

No.MCI-5(3)/2006-Med./**MEDICAL COUNCIL OF INDIA****EXECUTIVE COMMITTEE**

Minutes of the meeting of the Executive Committee held on Monday, the 5th Feb., 2007 at 10.30 a.m. in the Council office at Sector 8, Pocket 14, Dwarka, New Delhi-110 075 where the members of the Adhoc Committee appointed as per the Hon'ble Supreme Court order dated 20.11.2002 were also present.

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Present:

Dr.P.C. Kesavankutty Nayar]President (Acting),]Former Dean,]Govt. Medical College,]Trivandrum
Prof. P.N.Tandon]Former Prof. & Head of Neuro-]Surgery,A.I.I.M.S,NewDelhi and]Member, Adhoc Committee]appointed by the Hon'ble Supreme Court
Dr. (Mrs.) S. Kantha]Former Vice-Chancellor,]Rajiv Gandhi University of Health]Sciences, Bangalore and]Member, Adhoc Committee]appointed by the Hon'ble Supreme]Court
Dr. K.P. Mathur]Former Medical Superintendent,]Ram Manohar Lohia Hospital,]77, Chitra Vihar,]Delhi-110092
Dr. Mukesh Kr. Sharma]Deptt. of General Surgery,]S.M.S. Medical College,]Jaipur
Dr. G.K. Thakur]Professor & Head,]Department of Radiodiagnosis,]S.K.Medical College, Muzaffarpur
Dr. D.K. Sharma]Former Professor & Head,]Department of Paediatrics,]L.L.R.M. Medical College,]Meerut
Dr. G.B. Gupta]Prof. of Medicine,]Pt.JNM Medical College,]Raipur
Dr. B.C. Das]Director,]State Instt. of Health &]Family Welfare,]Govt. of Orissa, Nayapalli,]Bhubaneshwar

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

Secretary

The apology for absence was received from Dr. P.K. Sur, Member, Executive Committee.

1. Minutes of the Executive Committee Meeting held on 30/12/2006 - 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 30.12.2006.

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 on the minutes of the Executive Committee meeting held on 30.12.2006.

3. Meenakshi Medical College and Research Institute, Enathur -Renewal of permission for admission of 5th batch of students for the academic session 2007-08.

This item be read along with item No.29

Read : The inspection reports (19th & 20th January, 2007 and 01.02.2007) for renewal of permission for admission of 5th batch of MBBS students for the academic session 2007-2008 at Meenakshi Medical College and Research Institute, Enathur.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (19th & 20th Jan., 2007 and 01.02. 2007) and noted the following:-

1. (a) The shortage of teaching faculty is 30.7% as under:-
 - (i) Professor-2 (Forensic Medicine-1, Radio-Diagnosis-1)
 - (ii) Assoc.Prof.-7 (Anatomy-1, Pathology-1, Forensic Med.-1, Paed.-1, Orthopaedics-1, Anaesthesia-1, Dentistry-1)
 - (iii) Asstt.Prof.-10 (Forensic Med.-1, Community Medicine-3, General Medicine-1, TB & Chest-1, General Surgery-1, Orthopaedics-1, Anaesthesia-1, Dentistry-1)
 - (iv) Tutors-21 (Anatomy-4, Physiology-4, Pharma.-3, Pathology-2, Forensic Med.-1, Community Medicine-1, Anaes.-4, Radio-Diagnosis-2)
- (b) The shortage of Residents is 57.8% as under:-
 - (i) Sr.Residents-3 (Gen. Medicine.-1, TB & Chest-1, Psychiatry-1)
 - (ii) Jr.Residents-41 (Gen. Medicine-12, Paed.-6, TB & Chest-1, Dermatology-1, Psychiatry-3, General Surgery-12, Orthopaedics-3, Ophthalmology-3)
2. Clinical material is grossly inadequate as under:-

	Daily Average	Day of inspection
OPD attendance	842	325
Bed Occupancy%	62%	50%
Operative Work		
Number of normal deliveries	03	-
Number of caesarian sections	02	01

- Average bed occupancy from January to December 2006 is 62%
- Bed occupancy on the day of inspection was 50%.
- Bed occupancy in Surgery, Orthopedics and Obst. & Gynae. was 70% while in Medicine and allied departments, Paediatrics, ENT and Ophthalmology was less than 30%.
- Histopathology, Parasitology and Cytopathology investigations are low.

3. Other deficiencies/remarks in the report.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to recommend to the Central Govt. not to renew the permission for admission of 5th batch of MBBS students for the academic session 2007-08 at Meenakshi Medical College & Research Institute, Enathur.

In view of gross deficiencies of teaching faculty and clinical material, it was further decided to communicate the same to the affiliating university and to the State Govt. of Tamil Nadu for further necessary action in the matter.

4. **N.R.I. Medical College, Guntur - Renewal of permission for admission of 5th batch of students for the academic session 2007-08.**

Read : The inspection report (24th & 25th January, 2007) for renewal of permission for admission of 5th batch of MBBS students for the academic session 2007-2008 at N.R.I. Medical College, Guntur.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (24th & 25th January, 2007) and noted as under:

- 1 (a) In relation to certain Declaration Forms submitted on behalf of the medical teachers and endorsed by the Principal of the medical college, it was observed/found that teaching experience shown in those Declaration Forms is incorrect and in certain cases, it was seriously doubted. The office of the Council had undertaken the exercise of verifying the individual particulars regarding the claimed teaching experience from the Medical institutions concerned and found their claim to be fake. The following teaching faculty cannot be considered as the experience certificates submitted by him is forged as shown below:

S.No.	Name	Designation	Department	Remarks
1.	Dr. Rajendra Prasad Ch.	Associate Professor	Pathology	In his declaration form, he has claimed that he has worked at Mamata Medical College, Khammam as Asstt.Prof. from July, 1998 to May, 2000 and from August, 2001 to Feb., 2003. In its letter, Mamata Medical College, Khammam has stated that he has not worked at all in the institution. Thus, he has submitted a false and forged experience certificate and therefore cannot be accepted as a teacher.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council were, therefore, were clearly of the view that the Council should take steps for referring these cases to the Police authorities for registration of FIRs and conducting investigations in all such cases. It was observed that in the complaint to be sent to the Police authorities, it should also be clearly requested that all those cases where there is a collusion and conspiracy of such persons with the management of the colleges, the necessary action should also be taken against the management of those colleges. It was further decided that appropriate action be taken against these Doctors and the Principal of the college in accordance with Professional Conduct (Etiquette and Ethics) Regulations, 2002.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted that even after removing the above mentioned teacher, the shortage of teaching faculty remains as less than 5%.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to recommend to the Central Govt. to renew the permission for admission of 5th batch of 150 MBBS students at N.R.I. Medical College, Guntur for the academic session 2007-08.

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

Read : The inspection report (24th & 25th January, 2007) for renewal of permission for admission of 2nd batch of MBBS students for the academic session 2007-2008 at Kamineni Institute of Medical Sciences, Narketpally.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council perused the Council Inspectors report (24th & 25th January, 2007) along with additional information supplied by the institute vide letter dated 01.02.2007 and decided to verify the additional information by way of an inspection.

6. Recognition of MBBS degree awarded by Kathmandu University in respect of students being trained at College of Medical Sciences, Bharatpur, Chitwan (Dist.) Nepal u/s 12(2) of the IMC Act, 1956.

Read : The inspection report (5th & 6th January, 2007) to assess the undergraduate teaching and training facilities available at College of Medical Sciences, Bharatpur, Chitwan (Dist.), Nepal alongwith the letter dated 10.1.2007 received from the Director, College of Medical Sciences, Nepal.

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 (5th & 6th January, 2007) alongwith the letter dated 10.1.2007 received from the Director, College of Medical Sciences, Nepal and noted the following:-

1. The shortage of teaching faculty is 33.8% as under:-
 - (a) Professors-8 (Anatomy-1, Physiology-1, Biochemistry-1, Pharmacology-1, Pathology-1, Forensic Medicine-1, Community Medicine-1, General Surgery-1)
 - (b) Assoc.Prof.-16 (Physiology-2, Pharmacology-1, Pathology-3, Microbiology-2, Forensic Medicine-1, Community Medicine-1, General Medicine-1, Psychiatry-1, Orthopaedics-1, Anaesthesiology-2, Radio-Diagnosis-1)
 - © Asstt.Prof.12 - (Anatomy-3, Physiology-1, Biophysics-1, Pharma Chemist-1, Community Medicine-1, Epidemiologist-1, RHTC-1, UHC-1, TB-1, Dermatology-1)
 - (d) Tutors-5 (Pharmacology-1, Microbiology-1, Community Medicine-3)
2. The shortage of Residents is more than 5% as under:-

- (a) Sr. Resident – 4 (General Surgery-2, Radiology-2)
 (b) Jr. Resident-1 (General Surgery-1)
3. The college owns and is in possession of 4 plots of lands which is not as per Establishment of Medical College Regulations, 1999 located in Bharatpur, Chitwan Distt. Nepal and well connected by road and by public transport.
- | | | |
|-------|--|----------|
| (i) | College & Teaching Hospital | 09 acres |
| (ii) | Bageshwori campus for Boys & Girls hostel
(located at a distance of 2 kms from the college) | 48 acres |
| (iii) | Anatomy & Forensic Medicine Departments
(located at a distance of ½ kms) | 04 acres |
| (iv) | New Plot (Bharatpur Height)
(located at a distance of ½ kms) | 02 acres |
4. There is no Blood Bank in the college supplying the blood and affiliated teaching hospital which is not as per Regulations.
5. Two static units of 500 mA and one mobile unit of 60mA are available in the Radio-Diagnosis department which is inadequate as per Regulations.
6. Paramedical staff are inadequate as under:-
- | | |
|------------------------|----|
| Laboratory Technicians | 30 |
| Laboratory Assistants | 15 |
| Laboratory Attendants | 22 |
7. There are only 2 gallery type lecture theatres available in the college and 2 flat type lecture theatres available in the college which is not as per Regulations.
8. Accommodation in the hostels is available only for 375 students against the requirement of 500. Hostels are located outside the campus which is not as per Regulations.
9. Accommodation is available only for 60 interns against the requirement of 100.
10. Accommodation is available for 90 residents against the requirement of 125.
11. The area of Central Library is 511 sq.mt. against the requirement of 800 sq.mt. Total number of journals subscribed are 70 Indian and 25 foreign which is not as per Regulations.
12. Auditorium is not available in the college.
13. Independent examination halls are not available.
14. Animal House is not available.
15. The RHTC, Devghat is the property of Galeshwara Ashram and the institute has provided the infrastructure and staff which is not as per norms. No Lecturer cum Medical Officer having MD (PSM) is available. Labour room is not available at RHTC.
16. At UHC, no Lecturer cum Medical Officer having MD (PSM) is posted.
17. 35 bungalows are taken on long term lease on rent by the International Society for Medical Education Pvt.Ltd. outside the campus which is not as per Regulations. Seventy five faculty members are accommodated in these bungalows. Class-III & Class IV accommodation is not available.
18. In several departments, the capacity of demonstration room is 50 seats which is not as per Regulations.

19. In the department of Physiology, only Hematology and Clinical Physiology experiments are not performed by the students which is not as per Regulations.
20. In the department of Pharmacology, pharmacy laboratory is not provided in the curriculum. Museum does not have medicinal plants. Experimental pharmacology practicals are not carried out.
21. Postmortems are not performed in the college. No arrangements for teaching postmortem to the students has been shown to the Inspectors. The cooling cabinet is shared between the Forensic Medicine and Anatomy department which is not as per norms.
22. Other deficiencies/remarks in the report.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided not to recognize the MBBS degree awarded by Kathmandu University in respect of students being trained at College of Medical Sciences, Bharatpur, Chitwan (Dist.) Nepal u/s 12(2) of the IMC Act, 1956.

7. **Recognition of MBBS degree awarded by Tribhuvan University in respect of students being trained at Universal College of Medical Sciences, Bhairahawa, Nepal u/s 12(2) of the IMC Act, 1956.**

Read : The inspection report (19th & 20th January, 2007) to reassess the facilities available at Universal College of Medical Sciences, Bhairahawa, Nepal in accordance with the letter of the Central Govt. Ministry of Health & F.W. Nirman Bhawan, New Delhi vide its letter No. V. 11015/8/2003/ME (P.I) dated 11.01.2007.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (19th & 20th January, 2007) along with letter from the Principal, Dr. V.K. Pahwa and Medical Superintendent Dr. H. Ramachandran dated 20.01.2007 stating as under:-

“MCI inspection team arrived for inspection to Universal College of Medical Sciences – Teaching Hospital on 19th January, 2007.

Since the employees are on strike, only emergency hospital services are functional. The striking employees have locked up the main gate, clinical departments, offices and out patient departments. They were not permitting the administrative staff to enter the hospital premises.

In spite of pleading by the CEO, Principal and the MS, the striking employees did not allow the team of MCI inspectors to enter the hospital premises. Therefore the scheduled inspection could not take place.

We apologize for the inconvenience to the inspecting team.”

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 re-inspect the Universal College of Medical Sciences, Bhairahawa, Nepal and further decided not to grant provisional/final registration u/s 12(2) of the I.M.C. Act, 1956 till the matter is finally decided.

8. **Recognition of MBBS degree awarded by Kathmandu University in respect of students being trained at Manipal College of Medical Sciences, Pokhara, Nepal u/s 12(2) of the IMC Act, 1956.**

Read : The inspection report (19th & 20th January, 2007) to reassess the facilities available at Manipal College of Medical Sciences, Pokhara, Nepal in accordance with the letter of the Central Govt. Ministry of Health & F.W. Nirman Bhawan, New Delhi vide its letter No. V. 11015/8/2003/ME (P.I) dated 11.01.2007.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council perused the letter dated 18.01.2007 and 19.01.2007

from Dr. S.K. Dham, Principal, Manipal College of Medical Sciences, Pokhara, Nepal stating as under:-

18.01.2007

“.....We submit again that the MBBS degree awarded by the Kathmandu for students trained at the Manipal College of Medical Sciences, Pokhara, since July 1999 is a recognized degree within the ambit of Section 12(2) of the IMC Act, 1956 vide Government Notification issued on 26.9.2001. Since the above said degree is already recognized and gazette notification to that effect has been issued by the Government of India by inclusion of the relevant details in the Second Schedule of the IMC Act, 1956, there does not seem to arise a necessity for the reassessment of the facilities.

Our college is recognized and regularly inspected by the Nepal Medical Council which is the authority regulating medical colleges in Nepal.

It is further our understanding that recognition granted under Section 12 of the IMC Act, 1956 is on a reciprocal basis between the authorities namely the Medical Council of India and the Nepal Medical Council and we understand that colleges/degrees/universities recognized under this process are not subject to reassessment by Medical Council of India. It is also our understanding that none of the institutions in Nepal so recognized under Section 12 of the IMC Act before our recognition, have been reassessed.

In light of the above clarification, we request you to cancel your visit and do the needful as requested.”

19.01.2007

“I am handing over to Dr.(Mrs.) Malti Mehra copies of two letters (enclosed) written to the Secretary, MCI on 17th & 18th January, 2007 wherein we have stated our position that we understand that colleges recognized by MCI and duly gazetted under the Second Schedule of the Indian Medical Council Act, 1956 under section 12(2) are not subject to reassessment by MCI.”

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council while perusing the inspection report of the inspection carried out by the Council Inspectors on 19th & 20th January, 2007 also observed as under:-

1. The College admits 75 students every 6 months i.e. 150 students per year in 2 batches. The details of admissions were not provided.
2. Auditorium: Not available. An open-air theatre with stage is available. No seating arrangements are provided.
3. Examination Hall : Not available in the college building.
4. Common room for boys and girls: Not Available.
5. Animal House: Not seen in the college building.
6. There is no lecture theatre in the hospital.
7. Central Library: Total area available is 600sq.mt. approx. which is inadequate The number of seats available for the reading rooms are as under:-

		Rooms	Capacity
a.	Students	2 Halls	100 & 150
b.	Interns & Residents	Nil	-
c.	Staff	1 reading room	15
	Total	3	265

The staff available in the library:

Librarian: Nil

Deputy/Assistant Librarian: 1

Others: 3

Total numbers of journals subscribed are 30 Indian and 50 Foreign which is not as per norms.

8. Central photography cum audio-visual units are not available.
9. There is no separate hostel for interns, residents & PGs. They are accommodated in the girls and boys hostel respectively. Accommodation is available for only 146 students which is grossly inadequate.
10. Nurses are residing on the top floor of the hospital building, which was not shown to the inspection team.
11. Sports and recreation facilities are not available.
12. The following deficiencies were observed during the visit to the college:-

[i] There were a total of 8 faculty members, 6 non-teaching staff & 6 ancillary staff present in the entire college. Boys hostel has 53 rooms, which accommodated 106 boys and girls hostel has 20 rooms with accommodation for 40 girls. One of the girls hostel is under renovation. There is no separate hostel for interns, residents & nurses. The nurses are accommodated on the top floor of the hospital building & the interns & residents are accommodated in the girls & boys hostel respectively.

[ii] There are no demonstration rooms in any department. However, arrangements for teaching 10 to 15 students are made in each department either in the museum or in the laboratories.

[iii] There are no seminar rooms.

[iv] The departmental libraries need to be upgraded.

[v] There are no research labs in any department.

13. Distribution of beds: Not provided. However, the observations made by the inspection team on visiting the hospital are as under:-

(A) OPD:-

[i] On the day of inspection, there were not more than 100 patients in the OPD.

[ii] There are no display boards showing units & unit-wise distribution of faculty. No teaching designations have been given to doctors. Only the names of the doctors with their degrees are displayed.

[B] Wards:-

1. All hospital wards are in 5 bedded cubicles, each with 1 toilet and bath. Many cubicles had "private ward" written outside the room.
2. There were no side laboratories, doctors and nurses duty rooms, teaching areas in any of the wards.
3. There was no display of units & beds.
4. No teaching designations have been given to the faculty.
5. The bed occupancy was less than 20% on the day of inspection.
6. The inspection team met a total of 5 doctors both in the hospital. Almost all doctors were retired service officers whose Army/Air Force experience could not be verified. Most of them were above the age of 65 years.
7. No Senior & Junior Residents were available in the OPD and Wards. Only one intern was on duty. Very few nurses were seen to be present on duty.

8. There are only 10 beds in casualty. One casualty Medical Officer & two staff nurses are on 12 hourly rotation duty. Average casualty patients range from 10 to 17 per day.
9. On an average 3 to 4 major & 5 to 7 minor surgeries are done per day. 20 to 25 deliveries are conducted per month including one caesarian section every 3 to 4 days.
10. There were 7 OTs, of which 2 were not in use.
11. There is a Central Sample Collection Centre. On an average, 70 sample are received per day from OPD, emergency and in patients combined.
12. The radiology department had 2 static (300 mA & 500 mA) 3 mobile units, 2 colour Doppler's & 1 CT Scan. One ultrasound machine is in Obst. & Gynae.
13. ICU with 8 beds, NICU with 16 beds and PICU with 3 beds is available. There is no ICCU, separate medical and surgical ICU, Obstetrics ICU or Burns ICU.
14. There was a central paid pharmacy with paid sub-stores on each floor.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council also perused Section 12 (2) & (3) of the I.M.C. Act, 1956 pertaining to Recognition of medical qualifications granted by medical institutions in countries with which there is a scheme of reciprocity, which reads as under:-

.....12(2) "The Council may enter into negotiations with the authority in any country outside India which by the law of such country is entrusted with the maintenance of a register of medical practitioners, for the settling of a scheme of reciprocity for the recognition of medical qualifications, and in pursuance of any such scheme, the Central Govt. may, by notification in the Official Gazette, amend the Second Schedule so as to include therein the medical qualification which the Council has decided should be recognized, and any such notification may also direct that an entry shall be made in the last column of the Second Schedule against such medical qualification declaring that it shall be a recognized medical qualification only when granted after a specified date.

12(3) The Central Government, after consultation with the Council, may, by notification in the Official Gazette, amend the Second Schedule by direction that an entry be made therein in respect of any medical qualification declaring that it shall be a recognized medical qualification only when granted before a specified date....."

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council also perused the opinion of the Ld. ASG Shri R. Mohan. Para 8 of the opinion reads as under:-

"8.....Sub-section 3 of Section 12, even though does not specifically state about the withdrawal of recognition of medical degrees of foreign countries, it confers power on the Central Government after consultation with the Council, amend the Second Schedule and this amounts to withdrawal. If such a direction to amend the Second Schedule is given, it tantamounts to remove that particular medical qualification from the recognized degrees mentioned in the Second Schedule. Of course, such an amendment can be given only prospectively. The relevant phrases in the last sentence of the sub-section (2) and (3) respectively is worth to mention (i) "after a specified date" (ii) "before a specified date". Under sub-section (2) recognition would take effect after a specified date. For example, if a degree of a foreign country is recognized it would take effect only from the specified date mentioned in the notification. On the other hand, sub-section (3) which contemplates withdrawal of recognition or amendment of recognition would not have retrospective effect. Any degree that has been withdrawn from the Second Schedule would cease to be recognized only from that date. This would give the benefit to the holders of that degree prior to that date.

Section 19 contemplates withdrawal of recognition within the country. It specifies the ground on which such recognition can be withdrawn. Further, it also contains specific provision for the State Government to play its role in regard to the institutions situated in the State and they have to offer their remarks. So, the procedure contemplated in Section 19 would not apply to the provisions contain in Section 12(3).

To sum up in the background of what I had discussed in the preceding paragraphs, I am of the opinion that unless the requirements contained in paragraph six, the application forwarded by a foreign medical institution seeking recognition cannot be entertained. Section 12(3) is also very clear that it relates to withdrawal of recognition or de-recognition as detailed in paragraph eight.”

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 re-inspect the Manipal College of Medical Sciences, Pokhara, Nepal and further decided not to grant provisional/final registration u/s 12(2) of the I.M.C. Act, 1956 till the matter is finally decided..

9. Establishment of a new medical college at Barpeta, Assam by Society for Medical Education - Request received from the Trust authorities to consider their application for the year 2008-2009.

Read : The letter dated 27/12/2006 received from the Principal, Fakhruddin Ali Ahmed Medical College, Barpeta, Assam 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 noted the letter dated 27/12/2006 received from the Principal, Fakhruddin Ali Ahmed Medical College, Barpeta intimating that the infrastructure and other facilities required for LOI/LOP inspection of the Fakhruddin Ali Ahmed Medical College, Barpeta are not yet ready and would require some more time for completion and requested to defer the inspection of the college to the next academic session.

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

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

Read : The letter dated 4th Jan., 2007 received from the Under Secretary, Ministry of Health & F.W., New Delhi along with letter dated 04th May, 2006 from Sri Ramachandra Medical College & Research Institute (Deemed University), Chennai with regard to increase of MBBS seats from 150 to 200 at Sri Ramachandra Medical College & Research Institute (Deemed University), Chennai.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the letter dated 4th Jan., 2007 received from the Under Secretary, Ministry of Health & F.W., New Delhi along with letter dated 04th May, 2006 from Sri Ramachandra Medical College & Research Institute (Deemed University), Chennai with regard to increase of MBBS seats from 150 to 200 at Sri Ramachandra Medical College & Research Institute (Deemed University), Chennai and decided to form a Sub-Committee comprising of the following members to go through the matter and submit its report at the earliest:-

1. Dr. Indrajit Ray, Principal, Kolkatta Medical College, Kolkatta
2. Dr. V.K.Jain, Pt. B.D.Sharma PGIMS, Rohtak

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further decided to defer the consideration of the matter till then.

11. NHRC - Review Meeting on the Recommendations of Core Group on Health & Public Hearing on Health.

Read : The D.O. letter dated (3rd January, 2007) received from the Dr. Justice Shivaraj V. Patial, Acting Chairperson, National Human Rights Commission, Faridkot House, New Delhi

with regard to review meeting on the Recommendations of Core Group on Health & Public Hearing on Health.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the D.O. letter dated (3rd January, 2007) received from the Dr. Justice Shivaraj V. Patial, Acting Chairperson, National Human Rights Commission, Faridkot House, New Delhi with regard to review meeting on the Recommendations of Core Group on Health & Public Hearing on Health and decided to form a Sub-Committee comprising of the following members to go through the matter and submit its report at the earliest:-

1. Dr. G.B. Gupta, Member, Executive Committee
2. Dr. P.K. Sur, Member, Executive Committee

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further decided to defer the consideration of the matter till then.

12. Manufacturing of Medicines & Dissemination of Information regarding diseases and medicines.

Read : The letter dated 3rd November, 2006 received from the Directorate General of Health Services, New Delhi along with its enclosures with regard to manufacturing of Medicines & Dissemination of Information regarding diseases and medicines.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council endorsed the communication dated 12.12.2006 issued by the office of the Council stating that the matter is beyond the purview of the Council.

13. Recognition of Kasturba Hospital Managed by SEWA Rural, Jagadia, Gujarat for Compulsory Rotating Internship Training.

Read : The inspection report dated 14.10.2006 on the physical and other teaching facilities available at Kasturba Hospital Managed by SEWA Rural, Jagadia, Gujarat for Compulsory Rotating Internship Training.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspector's report (14.10.2006) and decided to recommend that Kasturba Hospital Managed by SEWA Rural, Jagadia, Gujarat be recognized for Compulsory Rotating Internship Training in the following subjects with number of interns mentioned against each:-

Ophthalmology	-	2(two)
Preventive & Social Medicine	-	4(four)

14. About justice "Sachar's Committee report"

Read : The D.O. letter dt. 02.01.2007 received from Shri P.M. Nair, Secretary to the President of India alongwith e.mail letter dt. 18.12.2006 of Dr. M. Aslam Khan, Director, National Unani and Ayurvedic Medical College, Saharanpur with regard to the "Sachar's Committee report".

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the D.O. letter dt. 02.01.2007 received from Shri P.M. Nair, Secretary to the President of India alongwith e.mail letter dt. 18.12.2006 of Dr. M. Aslam Khan, Director, National Unani and Ayurvedic Medical College, Saharanpur with regard to the "Sachar's Committee report" and was of the opinion that the issue proposed in the letter of Dr. M. Aslam Khan pertaining to the minority run Ayurvedic & Unani diploma institutions is beyond the purview of the Medical Council of India and further requesting the President's Secretariat to contact the President/Registrar, Central Council of Indian Medicine, 61-65, Institutional Area, Janakpuri, New Delhi-58 in the matter.

15. CWP No. 6753/2003-Ms. Sharda Dhir & Anr Vs UOI & Ors in the Hon'ble High Court of Delhi.

Read : The letter dt. 01.01.2007, received from Shri Maninder Singh Council's Advocate, alongwith interim order dt. 20.12.2006 passed by the Hon'ble High Court in CWP No. 6753/2003-Ms. Sharda Dhir & Anr Vs UOI & Ors.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council perused the letter of Council Advocate dated 1st January, 2007 alongwith the order of the Hon'ble Delhi High Court in WP © No. 6753 of 2003 – Sharda Dhir & Anr. Vs. Union of India & Ors. After due deliberations, the members of the Adhoc Committee and of the Executive Committee of the Council decided as under:

“It was noted that the Hon'ble High Court of Delhi in WP © No. 6753 of 2003 has issued the following interim directions concerning the Medical Council of India-

“...(i) The Medical Council of India (MCI) would consider objectively if it is possible for this august body to provide, at least, some practical training as well introduce necessary part thereof in academic courses of MD (Medicine), MD (Psychiatry), MD (Paediatrics) and MD (Paediatrics/Development).

Mr. Maninder Singh, counsel appearing for respondent/MCI, has fairly stated that this matter would be taken up at the earliest and report will be placed before the Court.

We direct that the Medical Council of India (MCI), in the meanwhile, would inform its State-counterparts as well as the main medical institutions of the country in Delhi to start some definite work in this direction...”

In accordance with the above mentioned directions of the Hon'ble Delhi High Court, it was decided as under:-

(i) In the guidelines for Competency based Postgraduate Training Programme for MD (Paediatrics & DCH), in the Syllabus for Postgraduate Degree/Diploma Training Programmes, published by Medical Council of India,

(a) The following shall be added to the specific learning objectives:

“1 to 23.....

24. To recognize the mental condition characterized by self absorption and reduced ability to respond to the outside world (eg Autism) and keep the fundamental attributes of such conditions in focus while treating such affected children in association with Psychiatrist/Child Psychologist .

25. To recognize the conditions in infants and children characterized by abnormal functioning in social interaction with or without repetitive behaviour and/or poor communications and keep the fundamental attributes of such conditions in focus while treating such affected children in association with Psychiatrist/Child Psychologist .”

(b) The words “Recognition of Signs & Symptoms characterizing the self absorption and reduced ability to the outside world”, abnormal functioning in social interaction with or without repetitive behaviour and/or poor communications shall be added to “1. History & Examination” in the portion on “Skills”.

(c) In point no.3 pertaining to General Paediatrics including advances in Paediatrics of course content, in sub-point “Growth & Development” and in the sub-point “Behaviour & Psychological Disorder”, the word “Autism” shall be added.

(ii) In the guidelines for Competency based Postgraduate Training Programme for MD (Psychiatry) and DPM, in the Syllabus for Postgraduate Degree/Diploma Training Programmes, published by Medical Council of India

(a) The following shall be added to the specific learning objectives:

“b. Clinical/Practical skills.....

He should be able to recognize the mental condition in infants and children characterized by self absorption and reduced ability to respond to the outside world (e.g. Autism), Abnormal functioning in social interaction with or without repetitive behaviour and/or poor communications, etc.”

(b) In the course contents in sub-point E of (i) “Theoretical Concept”, the word “mental condition characterized by completely self absorption with reduced ability to the outside world (Autism), “Abnormal functioning in social interaction with or without repetitive behaviour and/or poor communications, etc.” shall be added.

(iii) In the guidelines for Competency based Postgraduate Training Programme for MD (General Medicine), in the Syllabus for Postgraduate Degree/Diploma Training Programmes, published by Medical Council of India,

(a) The following shall be added to the specific learning objectives:

“b. Clinical/Practical skills.....

He should be able to recognize the mental conditions characterized by self absorption and reduced ability to respond to the outside world (e.g. Autism), Abnormal functioning in social interaction with or without repetitive behaviour and/or poor communications, etc.”

(b) In the course contents in sub-point E of (i) “Theoretical Concept”, the word “mental condition characterized by completely self absorption with reduced ability to the outside world (Autism), “Abnormal functioning in social interaction with or without repetitive behaviour and/or poor communications etc.” shall be added.”

It was further decided that the Council Advocate may be requested to place before the Hon’ble Delhi High Court that there is no course with the nomenclature of MD (Paediatrics./Development).

It was decided that the proposed modifications in the syllabus and curriculum may be placed before the General Body of the Council for its approval, for incorporating the proposed modifications in the syllabus for Postgraduate Degree/Diploma training programmes, published by Medical Council of India for the subject of MD(Paediatrics) & DCH, MD(Psychiatry) & DPM, and MD(General Medicine).

In the meantime, the office of the Council is directed to issue a circular informing medical institutions regarding proposed modifications in the curriculum and on the approval of the General Body of the Council for its incorporation by amendment in the curriculum and syllabus. It has also been considered to request all the medical institutions offering postgraduate courses in this subject to develop micro-level modules for imparting proper and effective training with relation to such disorder immediately.”

16. Conversion of MBBS marks given in grade by the concerned Universities abroad by converting slabs in to % of marks.

Read : The matter with regard to conversion of MBBS marks given in grade by the concerned Universities abroad by converting slabs in to % of marks.

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:-

“The Committee at its meeting held on 09.01.2007 at 3.00 p.m. in the office of the Council noted that the Executive Committee of the Council at its meeting held on 07.09.2006 had decided that *“The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council considered the matter in detail alongwith the recommendations of the Sub-Committee and were of the opinion that there is no way of converting grades into percentage of marks in the present stage in our country and consequently its comparison with the marks awarded by Indian Universities. Further, for any conversion to be meaningful detailed analysis of the curriculum, examination pattern and methodology of awarding grades/marks has to be made which is a long exercise.*

In view of this the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided that the matter of conversion of grades awarded by foreign universities and their conversion into marks and then parity with marks awarded by Indian universities is beyond the purview of the Council”.

Accordingly, the decision so taken was appraised on behalf of the Council to the Hon’ble Punjab & Haryana High Court.

The Committee further noted that in a communication dated 31.10.2006 Counsel for the MCI representing the instant case before the Hon’ble court amongst other things has informed the Secretary of the Medical Council of India that “the bench observed that the Medical Council of India is the expert body. It is only the Medical Council of India who can guide and formulate the procedure for conversion of grades into marks. Neither any University nor any other authority can take any decision. It is wrong to suggest on part of the Medical Council of India to say it is not within the purview of the Council to take decision. During the course of arguments bench also observed that if felt necessary Council can also take the help of the Medical Universities. But the Council cannot be allowed to say that it is not within the purview of the Medical Council to take decision.

As such, the matter was considered by the Executive Committee of the Medical Council of India at its meeting held on 02.12.2006 wherein the said letter from the learned advocate representing MCI dated 31.10.2006 was looked into. The Committee decided as under:-

“The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council deliberated upon the matter at length and in view of the observations made by the Hon’ble High Court of Punjab & Haryana in CWP No. 5304/06 – Jasdeep Singh Vs. the State of Punjab & Ors. decided to request the Sub-Committee comprising of Dr. Ved Prakash Mishra and Dr. D.K. Sharma to have a re-look in the matter in light of the observations made by the Hon’ble High Court of Punjab & Haryana and submit the report at the earliest for further consideration in the matter.”

Accordingly, the Committee has perused the relevant documents and noted that the equivalence certificates which are appended to the petition are from (1) Dean of Foreign Students, Kazakh National Medical University; (2) Daghestan State Medical Academy, Makhachkala (Russia); (3) Saint Petersburg State Medical Academy; (4) Yerevan State Medical University, Armenia and (5) Sechenov Moscow Medical Academy, Moscow respectively.

Kazakh National Medical Academy has brought that as per evaluation system of Commonwealth of Independent State (C.I.S.), the academic performance of a medical student is judged in terms of relative performance vis-à-vis corresponding percentage which is as under:-

<u>Sl.No.</u>	<u>Relative performance</u>	<u>Corresponding percentage</u>
1. (5)	Excellent	81% and above
2. (4)	Good	71% to 80%
3. (3)	Satisfactory	50% to 70%
4. (2)	Fail	Below 50%
5.	Pass - It indicates that a student has successfully completed his subject and has collected full credits in it.	

Daghestan State Medical Academy follows a 5-point rating system wherein 'Excellent' grade stands for 90% to 100%, 'Good' grade stands for 80% to 89.9% and 'Satisfactory' grade for 70% to 79.9% score. Likewise, Saint Petersburg State Medical Academy evaluation is in terms of grade 5 (Excellent) which denotes 75% to 100%, grade 4(Good) denotes 60% to 74% and grade 3(Satisfactory) denotes 50% to 59%. Similarly, the equivalence grade awarded by Yeveran State Medical University, Armenia is Fair/ Satisfactory denoting 50% to 69%, Good grade denoting 70% to 89% and Excellent grade denoting 90% and above. On similar lines, Sechenov Moscow Medical Academy's evaluation grades are 'Excellent' contemplating 90% and above, 'Good' 80-89% and 'Satisfactory' contemplating 70-75%. The perusal brings out that the grades in commonality out of these certifying scales could be reduced down to 3 namely (Excellent), (Good) and (Satisfactory).

The Committee would like to put on record that the scheme of examination which is required to be adopted by the various examining statutory universities in the country has to be in accordance with the one prescribed under the Graduate Medical Education Regulations, 1997 notified by MCI with the prior approval of Govt. of India in terms of governing provisions included at Section 33 of the I.M.C. Act, 1956.

Perusal of the said scheme there under, it could be seen that the Council has not prescribed any 'allocable grades' for the undergraduate examination. The only incorporation which is made thereat is the effect that the candidate will pass the examination in the concerned subject in case he/she obtains 50% marks in aggregate with a minimum of 50% in theory including orals in concerned subject and minimum of 50% in practicals/clinical exam, as the case may be.

This is by and large a binding practice which is adopted by the various statutory examining universities in the country resulting in conferment of the MBBS degree upon satisfactory completion of rotating prescribed internship. The another factor which is also to be taken note of that a student getting 75% or more marks in some universities is declared to have passed the examination with 'Distinction grade'. Likewise, the examinee getting 75% or more marks in a subject is also declared to pass that subject with 'Distinction'. Thus, if at all there are grades in the Indian system of evaluation then there are only two grades i.e. Pass grade contemplating 50-74.9% marks and Distinction grade contemplating 75% and more marks. As such, the Committee proposes is of the opinion that the 3 grades i.e. Excellent, Good and Satisfactory which have been commonly availed by the examining authorities could be reduced down to matchable marks as under:-

Satisfactory grade would mean – a pass percentage of 50%
 Good grade would mean – 50.1% to 54.9% marks
 Excellent grade would mean – 55% and above

Notwithstanding the proposal that has been made above, the Committee is of the considered opinion that conversion of grades to marks even in the aforesaid manner is not based on a sound logic, which can be said to be unassailable.

It is pertinent to note that even the entrance tests for admission to various medical courses were propounded primarily on the theory that the merit by different examining authorities is not comparable and therefore there has to be a common yardstick which needs to be applicable to all concerned.

In the present situation, all the applicants who have procured their qualification from foreign universities have been subjected to the screening test which in terms of the regulations they are required to pass before they are awarded permanent registration number by the Council. The Screening Test is conducted with reference to the curriculum which is prescribed in the various Indian universities and is a test in which the evaluation is made with reference to the total curriculum of the MBBS course including pre-clinical, para-clinical and clinical components as a whole.

The Committee, therefore is of the opinion that the merit at the Screening Test converted to percentage would be a better matchable proposition for the computation of inter-se merit in the instant case.”

17. SDM College of Medical Sciences & Hospital, Dharwad - Renewal of permission for admission of 4th batch of students for the academic session 2007-08.

Read: The inspection report (31st January & 1st February, 2007) for renewal of permission for admission of 4th batch of MBBS students for the academic session 2007-2008 at SDM College of Medical Sciences & Hospital, Dharwad.

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 (31st Jan. & 1st Feb., 2007) and noted the following:-

1. (a) The shortage of teaching faculty is 5.88% as under:-
 - (i) Professor-1 (ENT-1)
 - (ii) Assoc.Prof.-2 (Psychiatry-1, Radio-Diagnosis-1)
 - (iii) Asstt.Prof.-4 (Pharma Chemist-1, Forensic Medicine-1, Community Medicine-1, Radio-Diagnosis-1)
- (b) The shortage of Residents is 16.67% as under:-
 - (i) Sr.Resident-6 (TB Chest-1, General Surgery-2, Anaesthesia-3)
 - (ii) Jr.Residents-8 (General Medicine-2, Dermatology-1, General Surgery-1, Orthopaedics-3, Ophthalmology-1)
2. Clinical material is inadequate in terms of OPD attendance, radiological investigations as under:-

	Daily Average		Day of inspection	
OPD attendance	741		688	
<u>Radiological investigations</u>	OP	IP	OP	IP
X-ray	45	18	41	24
Ultrasonography	10	16	18	09
Special investigations	00	00	01	00

3. The Veterinary Officer is part time. In the Animal House, only rats and rabbits are provided. Mice and Guinea pigs are not available.
4. RHTC, Yadwad is under the control of Govt. of Karnataka and the college is allowed to use its facilities for teaching purposes which is not as per norms. Hostels for student is under construction. Lecture hall cum seminar room is not available. No beds have provided at RHTC.
5. No quarters are available for non-teaching staff in the campus.
6. Other deficiencies/remarks in the report.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to recommend to the Central Govt. not to renew the permission for admission of 4th batch of MBBS students for the academic session 2007-2008 at SDM College of Medical Sciences & Hospital, Dharwad.

18. Continuance of recognition of MBBS degree granted by Maharashtra University of Health Sciences, Nashik in respect of students being trained at Dr. Panjabrao Alias Bhausaheb Deshmukh Memorial Medical College, Amravati-Compliance Verification Inspection regarding.

Read: The compliance verification inspection report (5th & 6th January 2007) of Dr. Panjabrao Alias Bhausaheb Deshmukh Memorial Medical College, Amravati for continuance of recognition of MBBS degree granted by Maharashtra University of Health Sciences, Nashik.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the compliance verification inspection report (5th & 6th January,2007) and noted the following:-

1. The shortage of teaching faculty is as under:-
 - (a) Shortage of teaching faculty is 9.91%.
 - i) Professor-02 (Biochemistry-1, Comm.Med.-1)
 - ii) Associate Professor-04(Anatomy-2, For. Med.-1, Anaesthesia-1)
 - iii) Asstt. Professor-05 (Anatomy-1, Physiology-1,Pharma.Chemist-1, Lecturer in Epidimiology-1, Comm.Med.-1,).
 - iv) Tutor - 01 (Radiology-1)
 - (b) The shortage of Residents is more than 5% is as under:-
 - (i) Sr. Resident -06(Peadiatric-2, TB & Chest-1, Surgery-2, Orthopaedics-1).
2. Hostel accommodation is inadequate as it is available only for 336 students against the requirement of 500.
3. Interns hostel is not available.
4. Accommodation for only 66 residents is available against the requirement of 114 residents; thus it is inadequate.
5. Accommodation for nurses is grossly inadequate as only 10 double-seated rooms for accommodating 20 nurses are available.
6. Only 12 quarters are available within the campus for the teaching faculty, which are inadequate as per norms.
7. The following deficiencies are observed in the infrastructure of pre-clinical departments:-
 - (i) Anatomy Department – Cooling cabinet is not functioning.
Dissection hall needs proper light.
Catalogues in the museum are not available.
MRI & CT Scan specimens are not available.
8. The following deficiencies are observed in the infrastructure of para-clinical departments:-
 - (i) Pathology Deptt.- Haematology practical laboratory is not provided artificial light for use of microscope.
9. At RHTC, Labour room is not functional. Investigations facilities for basic laboratory Investigation, X-ray, ECG are not available. Transport is not provided to the students and staff by the institution for visiting these centers. Audio-visual aids are not provided.

10. At UHC, Lecturer cum Medical Officer having M.D(PSM) qualification is not posted. Pharmacist is not available. Duty rosters & record of various activities and investigations are not maintained properly. Transport is not provided to staff and students.
11. Animal House is non-functional. No animals are available. Facilities for experimental work are not available. No staff is available for animal house. Facilities for carrying out minor surgical procedures are also not available.
12. The area available for library is only 630 sq.mt. which is inadequate against the requirement of 800 sq.mt.. Total number of journals subscribed are 13 Indian and 46 Foreign, which is inadequate against the requirement of 100 journals – 30 Indian and 70 foreign.
13. Common room for boys and girls are not available.
14. Only two lecture theatres are available in the college with capacity of 100 students each against the requirement of 3 lecture theatres of 120 capacity and one lecture theatre of 250 capacity.
15. The guidelines of Pollution Control Board for collection and segregation of hospital biomedical waste are not followed.
16. Kitchen is not available for patient, staff and students.
17. Central Sterilization department has only one room provided on the 2nd floor of the operation block. It has only one cylindrical autoclave. It runs from 8.00 a.m. to 12.00 noon and 2.00 p.m. to 6.00 p.m. in two shifts. No other equipments are available. There is no water connection/taps in the room. Daily an average of only 25 drums and 20 trays are prepared. The receiving and distribution points are not separate. Only one technician is available. CSSD needs improvement.
18. Only two static units of 500 M.A. and two mobile units are available which is inadequate in the Radiological department as per norms. CT scan is not available.
19. In the OPD space provided for examination of patients and accommodation for doctors are inadequate. Audiologist is not qualified. There is no minor OT and dressing room for surgical OPD.
20. There is overcrowding of beds in wards. Patients of tuberculosis, Skin & VD and Psychiatry are kept in the Medicine Ward which is not acceptable.
21. The registration counter for OPD and indoor admission registration counter are not computerized. The Medical Record Officer is not qualified. ICD X classification of diseases is not followed for indexing. Follow up service is not available.
22. There is no Central Oxygen and central suction facilities in casualty.
23. There are only 9 operation theatres against the requirement of 10 operation theatres.
24. Blood Bank has license for whole blood and blood components. It is under pathology department. License is valid upto 31.12.2000. Institution has applied for renewal of the license on 31.12.2002. The competent authority has inspected the blood bank on 21.4.2006. Reply from the authority is awaited.
25. Capacity of examination hall is only 110, which is inadequate against the requirement of 250 seats.
26. Books in the departmental libraries of Biochemistry, Microbiology, Forensic Medicine, TB & Chest, Skin & VD, Psychiatry, ENT, Anaesthesia and Dentistry are inadequate as per norms.
27. Other deficiencies/remarks in the 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 12th November, 2005 and as approved by the General Body of the Council at its meeting held on 18th Feb., 2006 to recommend to the Central Govt. to initiate action u/s 19 of the Indian Medical Council Act, 1956 for withdrawal of recognition of MBBS degree granted by Amravati University in respect of students being trained at Dr. Panjabrao Alias Bhausahab Deshmukh Memorial Medical College, Amravati and request the Central Government to direct the institute not to make any further admission in MBBS course w.e.f. academic year 2007-2008 .

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further decided that this report be placed before the Postgraduate Committee of the Council in respect of applications received from the institute for various postgraduate courses.

19. Personal Accident Insurance cover to member's of MCI, New Delhi.

Read : The letter dated nil received from Dr. G.B. Gupta, Professor & Head Dept. of Medicine, Pt. JNM Medical College & Hospital, Raipur (C.G.) with regard to Personal Accident Insurance cover to members of MCI, New Delhi.

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 nil received from Dr. G.B. Gupta, Professor & Head Dept. of Medicine, Pt. JNM Medical College & Hospital, Raipur (C.G.) with regard to Personal Accident Insurance cover to members of MCI, New Delhi and decided to form a Sub-Committee comprising of the following members to examine the matter in detail and submit its report at the earliest:-

1. Dr. Mukesh Kr. Sharma, Member, Executive Committee
2. Dr. Indrajit Ray, Member, Postgraduate Committee

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further decided to defer the consideration of the matter till then.

20. Matter raised under Rule 377 by Smt. D. Purandeshwari, MP, regarding 'need to have a separate Geriatric Department in all the major Government hospitals and introduce a course on Geriatric Medicine as a part of MBBS curriculum – Regarding.

Read : The Sub-Committee report with regard to matter raised under Rule 377 by Smt. D. Purandeshwari, MP, regarding 'need to have a separate Geriatric Department in all the major Government hospitals and introduce a course on Geriatric Medicine as a part of MBBS curriculum.

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:-

“The Executive Committee of the Medical Council of India considered the matter with reference to a question raised by Smt. D. Purandeshwari, MP under rule 377 regarding 'Need to have a separate Geriatric Department in all the major Government Hospitals and introduce a course on Geriatric Medicine as a part of MBBS curriculum' at its meeting held on 30.12.2006 vide item No. 26. The members of the Executive Committee and of the Adhoc Committee appointed by the Hon'ble Supreme Court had decided to constitute a Sub-Committee to look into the matter in detail.

Accordingly, the Sub-Committee met on 31.01.2007 in the Council office, Sector-8, Pocket-14, Dwarka, New Delhi at 10.30 a.m. The following members were present:-

1. Dr. Sneh Bhargava, Ex-Director, AIIMS & Member, PG Committee, MCI.
2. Dr. C.V. Bhirmanandham, Former Vice-Chancellor, Dr. M.G.R. Medical University, Chennai & Chairman, TEQ Sub-Committee, MCI
3. Dr. A.B. Dey, Professor of Medicine, AIIMS, New Delhi

The Sub-Committee considered that the time has come to have a separate Geriatric Medicine Department in all the major hospitals. The detailed justification for the same is attached as an annexure.

Regarding the course in Geriatric Medicine as a part of the MBBS curriculum, the Committee feels that 4-5 lectures in Geriatric Medicine would be adequate for the undergraduate students as part of internal medicine. No separate course on Geriatric Medicine is warranted.”

21. Proposal from Secretary, Ministry of Overseas Indian Affairs regarding establishment of a University for PIO in India by the Manipal Academy, i.e. Manipal Education and Medical Group.

Read : The Sub-Committee report with regard to Proposal from Secretary, Ministry of Overseas Indian Affairs regarding establishment of a University for PIO in India by the Manipal Academy, i.e. Manipal Education and Medical Group.

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:-

“The present Committee came to be constituted by the Executive Committee of the Council at its meeting held on 30.12.2006 (vide item No. 25) for the purposes of clarifying to specific posers from the Secretary, Ministry of Overseas Indian Affairs regarding the proposal of establishment of a University for PIO's (People of Indian Origin) in India by the Manipal Academy i.e. Manipal Education and Medical Group.

The Committee met on 02.02.2007 in the Council office, Sector-8, Pocket-14, Dwarka, New Delhi. The following members were present:-

Dr. K.P. Mathur, Member, Executive Committee
 Dr. Ved Prakash Mishra, Chairman, PG Committee
 Dr. M.K. Sharma, Member, Executive Committee

In this connection, the Committee noted the communication dated 02.05.2006 from the Ministry of Health & F.W., Govt. of India, wherein the response from MCI on the posers pertaining to the said proposal were desired. A communication dated 05.04.2006 from the Secretary, Ministry of Overseas Indian Affairs, Govt. of India which is a demi official communication to the Secretary, Health & F.W. is enclosed, wherein comments of the Ministry have been desired.

The Principal Secretary to the Hon'ble Prime Minister had desired a concept note from the Ministry of Overseas Indian Affairs after obtaining necessary inputs from the Ministries of Commerce, HRD and Health & Family Welfare. Accordingly, the Ministry of Health & F.W. has sought the opinion on the certain pertinent points from the MCI.

The primary issue pertains to starting of a University for PIO by the Manipal Academy with reference to a conferred character of SEZ (Special Economic Zones) under the governing SEZ Act and rules formulated thereto.

On going through the points brought out in the context of the Manipal Academy proposal which are as under:-

I. In the context of the Manipal Academy Proposal:

- (i) Presuming that the Manipal Academy Campus for a PIO University is conferred the character of a SEZ under the SEZ Act/Rules, would the M/o Health & Family Welfare be supportive or concur in a proposal to grant exemption under Section 49 of the SEZ Act from the operation of various medical Acts/regulations including the MCI Act?*
- (ii) In such a situation what would be the status of the degrees/certificates/diplomas given by such a PIO university? Would there be difficulty in recognizing the same in India?*
- (iii) In case the exemptions provided for under Section 49 of the SEZ Act are not resorted to, would the Ministry of Health & Family Welfare be in a position to facilitate the conferment of such recognition and other facilitation under various medical Acts and*

regulations including the Medical Council of India Act on the proposed PIO university. Again in a situation where section 49 of the SEZ Act is not resorted to, what other routes would the Ministry suggest?

II. In the context of an alternative proposal involving the Central/State Govt. promoting such a proposal after acquiring land:

- (i) Would the Ministry of Health & Family Welfare approve of a stand alone or a national institution like AIIMS to be established under an Act of Parliament or the State Legislature for instance? If so, what are the steps to be gone through?*
- (ii) Is there a minimum area prescribed for a university campus of the nature proposed i.e. catering to both medical and technical education and also having an attached hospital to cater to clinical training required by medical students?*

The Committee is of the considered opinion that the University which is contemplated to be created ought to be a university within the scope and meaning of the definition of the same under Section 2 of the IMC Act,1956 and also in terms of the definition of the same included under the University Grants Commission Act,1956.

Any statutory university to which a medical college is ought to be affiliated or would be conducted by it can be started exclusively in terms of the governing provisions of Section 10A of the IMC Act and regulations thereto. Such a medical college which is permitted under the scheme incorporated at Section 10A would be entitled for the recognition by the Council u/s 11(2) of the I.M.C. Act,1956 subject to the fulfillment of prescribed norms. There is nothing, whereby it can be concluded that there would be any exemption from these binding provisions under the IMC Act,1956 and enabling regulations thereunder. The Committee is of the considered opinion that SEZ Act including Section 49 thereat cannot result in any exemption from the binding operation of Section 10A read with Section 11(2) of the I.M.C. Act,1956 in regard to starting of a medical college and its recognition.

With reference to observation at serial No. II (i), the Committee has no comments to offer. However, the minimum area prescribed for starting of a medical college in terms of Establishment of Medical College Regulations and regulations on Minimum Requirements is 25 acres, for the purposes of a unitary campus thereon. However, Council has not prescribed minimum area for a university campus as the same is outside its ambit, and also in regard to area required for running both medical and technical education having an attached hospital to cater to clinical training required by medical students.”

22. Request for Grant of Permanent Registration to the candidates who after obtaining MBBS qualification from Indian Universities have completed one year internship without obtaining provisional registration certificates or beyond validity period of certificate.

Read : The Request for grant of Permanent Registration to the candidates who after obtaining MBBS qualification from Indian Universities have completed one year internship without obtaining provisional registration certificates or beyond validity period of certificate.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council observed that Ms. Sameena Khan has passed her final MBBS in 2001 from J.N. Medical College, Aligarh and she was granted provisional registration No.35344, dated 29.01.2001 by the U.P. Medical Council in which it has been stated that such certificate of registration is valid for one year compulsory rotating internship and for no other purposes.

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 refer the matter to U.P. Medical Council for taking decision in the matter at their end.

23. Appeal against Order passed by Karnataka Medical Council on the complaint made by Mrs. Fahima (F.No. 129/2004).

Read : The matter with regard to appeal against Order passed by Karnataka Medical Council on the complaint made by Mrs. Fahima.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the following recommendations of the Ethics Committee meeting held on 5.1.2007:-

“The Ethics Committee considered the appeal against the order passed by the Karnataka Medical Council on the complaint made by Mrs. Fahima. The Ethics Committee scrutinized the complaint lodged by Mrs.Fahima alongwith all the relevant documents submitted by her, the case sheet of this particular case as well as all the relevant documents regarding the treatment of Mrs.Fahima at Nishant Nursing Home, Bhatkal, documents provided by the Karnataka Medical Council in respect of this particular case, expert opinion obtained, statement of Dr.M.Shoba who helped Dr.M.Jalaluddin to complete the repair of survival at Nishant Nursing Home, Bhatkal and all other relevant documents pertaining to this case and after due deliberation, was of the unanimous opinion that Dr. Jalaluddin has committed professional negligence while performing delivery of Mrs.Fahima leading to complication and hence recommends removal of name of Dr.Jalaluddin from the Indian Medical Register for a period of six months. This may be placed before the Executive Committee and General Body of the Council for approval.”

24. Appeal against Order passed by West Bengal Medical Council as requested by Mrs. Sonali Muzumdar.

Read : The matter with regard to appeal against Order passed by West Bengal Medical Council as requested by Mrs. Sonali Muzumdar.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the following recommendations of the Ethics Committee meeting held on 15.12.2006:-

“The Ethics Committee considered the appeal against the Order passed by West Bengal Medical Council as requested by Mrs. Sonali Mazumdar and further considered the expert opinion from the Director Professor V.K. Ramteke, HOD, Deptt. of Surgery, Maulana Azad Medical College, New Delhi which states as follows:-

1. *The wound infection following surgery did not improve with antibiotics therapy and dressings. At no point of time is it apparent that the operating surgeons considered a possibility of a retained sponge.*
2. *Ultrasound and/or CAT scanning are the best investigative tools to establish the presence or absence of a foreign body. Any one of these investigations could have been ordered by the operating surgeons. It was only after the consulting physicians ordered these investigation was a definite diagnosis possible which lead to the removal of the foreign body and the full recovery of the patient.*
3. *There is very little possibility of the gauze piece finding its way deep into the wound in the retroperitoneal space.*
4. *In view of the non healing wound which was not responsive to antibiotics and which responded to the removal of a foreign body, apparently the cause is the foreign body most likely left behind at the time of surgery.*
5. *By convention, special sponges are only used in the operation theatres and there are strict guidelines regarding their usage such that they are not left behind in the operation site. By and large, gauze pieces are not used during the operation; however, in some circumstances gauze piece may be used with the express knowledge of the concerned surgeons and the wash sister. Such gauze pieces are carefully counted after the operation to ensure that they have been duly removed. Despite all the precautions there are numerous reports in literature of retained sponges following operations. The Ethics Committee after due deliberation considering the appeal lodged by Sonali Mazumdar. The deposition of Dr.D.R.Das and Dr.Gita Chatterjee, appeal against the order passed by the West Bengal Medical Council in this particular case, operation note of Prof. S.K. Chatterjee, note of the nursing sisters of the institution where the 2nd operation was performed and the expert opinion of Director-Professor V.K. Ramteke and was of the unanimous opinion that there is negligence on the part of Dr.Gita Chatterjee*

in this particular case and her registration may be suspended for a period of six months. This may be placed before the Executive Committee and General Body of the Council for approval."

25. Status report of the cases considered by the Ethics Committee.

Read : The matter with regard to status report of the cases considered by the Ethics Committee.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted the status report of the following cases considered by the Ethics Committee:

Year	Cases lodged	Cases disposed off	Pending cases as on date.
1993	16	16	NIL
1994	26	26	NIL
1995	46	46	NIL
1996	116	116	NIL
1997	106	106	NIL
1998	59	59	NIL
1999	145	145	NIL
2000	122	122	NIL
2001	127	127	NIL
2002	262	248+14(M)	NIL
2003	373(354+19)	365+8(M)	NIL
2004	530(443+87)	526+1(M)	3
2005	632(590+42)	627	2
2006	569(509+60)	540	29
Total	3129	3072+23(M)	34

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council appreciated the work carried out by the members of the Ethics Committee in disposing off the cases and further decided that the matter be placed before the General Body of the Council.

26. Clarification as requested by Mr. Kande.

Read : The e.mail letter dated 17.08.2006 from Dr. O.P.S. Kande, Chairman, Action Committee cum Legal Cell IMA Punjab, Patiala along with the opinion of the Retainer Advocate of the Council in the matter.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed the e.mail letter received from Dr. O.P.S. Kande, Chairman, Action Committee cum Legal Cell IMA Punjab, Patiala requesting the Council to get the section 15(3) of the Indian Medical Council Act,1956 amended from the Govt. of India so that the contravention of the provisions of sub-section (2) may be considered as "cognizable offence".

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council perused Section 15 of the Indian Medical Council Act,1956 which reads as under:

- "15. *RIGHT OF PERSONS POSSESSING QUALIFICATIONS IN THE SCHEDULES TO BE ENROLLED.*
- (1) *Subject to the other provisions contained in this Act, the medical qualifications included in the Schedules shall be sufficient qualification for enrolment on any State Medical Register.*
- (2) *Save as provided in section 25, no person other than a medical practitioner enrolled on*
- a*
- (a) shall hold office as physician or surgeon or any other office (by whatever designation called) in Government or in any institution maintained by a local or other authority;*
- (b) shall practice medicine in any State;*

- (c) shall be entitled to sign or authenticate a medical or fitness certificate or any other certificate required by any law to be signed or authenticated by a duly qualified medical practitioner:
- (d) shall be entitled to give evidence at any inquest or in any court of law as an expert under section 45 of the Indian Evidence Act, 1872 on any matter relating to medicine.
- (3) Any person who acts in contravention of any provision of sub-section (2) shall be punished with imprisonment for a term which may extend to one year or with fine which may extend to one thousand rupees, or with both;”

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council also perused the opinion received from the Retainer Advocate of the Council in the matter which reads as under:-

“The MCI has received letter dated 17.8.2006 from Dr. O.P.S. Kande to draw the attention of the authorities to Section 15(3) of the IMC Act which reads as follows:-

‘Any person who acts in contravention of any provision of sub-section (2) shall be punished with imprisonment for a term which may extend to one year or with fine which may extend to one thousand rupees, or with both’

Dr. O.P.S. Kande desires to convey that section 15(3) of the Indian Medical Council Act, 1956 declares the contravention of the provisions of the sub-section (2) as a “Non-Cognizable Offence”. This is the main reason that inspite of the orders of the various courts against quackery the police refuses to act against the persons practicing modern system of medicine in contravention to section 15(2) of the IMC Act, 1956.

The MCI in exercise of the powers conferred under section 20-A of Professional Conduct &Etiquettes and a Code of Ethics for medical practitioners 2 Regulations made by the Council under Sub-Section 1 may specify which violations thereof shall constitute infamous conduct in any professional respect, that is to say, professional misconduct and such provisions shall have effect notwithstanding anything contained in any law for the time being in force.

Section 33 Powers to make Regulations- The Council may with the previous sanctions of the Central Govt. make regulations, generally to carry out the purpose for this Act.

Thus, in exercise of powers conferred under section 20-A and read with Section 33 of the IMC Act, 1956, the MCI with previous approval of the Central Govt. shall make amendments to the Indian Medical Council Professional Conduct, Etiquette and Ethics Regulations, 2004.

Therefore, changing the provisions of Sub-Section(3) of Section 15 of the IMC Act, 1956 as mentioned above from “Non-Cognizable Offence” to “Cognizable Offence”, the MCI has to suggest for amendments in the said regulations and the same can be done only in exercise of the powers conferred upon him u/s 20-A read with section 33(m) of the IMC Act, with the previous approval of the Central Govt. for preventing “quackery” the amendment has to be made in clause under section 15 of the IMC Act and for which the offence is to be made cognizable as per provisions under Code of Criminal Procedure, 1973 and the Council may constitute a Committee of Experts to discuss on the said issue and make its recommendations to the Central Govt. for its consideration and approval”.

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 approved the following decision of the Ethics Committee meeting held on 15-12-2006:-

“The Ethics Committee considered the matter with regard to clarification as requested by Mr. Kande alongwith the legal opinion from the Retainer Advocate of the Council, Sh. J.S. Bhasin.

After due deliberations, the Ethics Committee is of the opinion that this matter does not fall under the purview of the Ethics Committee”

27. Removal of name of Dr. Rameshwar Sharma from the Indian Medical Register.

Read : The letter dt. 06.01.2007 received from the Registrar, Rajasthan Medical Council, Jaipur with regard to removal of name of Dr. Rameshwar Sharma 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 06.01.2007 received from the Registrar, Rajasthan Medical Council intimating that Dr. Rameshwar Sharma (Registration No. 712, dated 03.11.1961) had expired on 05.01.2007 and his name has been removed from the register of Registered Medical Practitioners.

In view of above, 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.

28. Approval of Minutes of the meeting of the Teachers' Eligibility Qualification Sub-Committee held on 27/04/2006.

Read : The minutes of the Teachers' Eligibility Qualification Sub-Committee held on 27/04/2006.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the minutes of the Teachers' Eligibility Qualification Sub-Committee held on 27/04/2006 with the modification that item No. 20 – "Consideration of candidates with MD(M.C.H.) for faculty appointment in Community Medicine" be referred back to the TEQ Sub-Committee for reconsideration of the matter.

29. In continuation of Item No.3 for Meenakshi Medical College and Research Institute, Enathur -Renewal of permission for admission of 5th batch of students for the academic session 2007-08.

(This item may be read along with item No.3 of the Main Agenda)

Read : The verification inspection report (01st February, 2007) for renewal of permission for admission of 5th batch of students for the academic session 2007-08. at Meenakshi Medical College and Research Institute, Enathur.

The minutes are recorded under item No.3.

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

Read : The matter with regard to recognition of Sikkim Manipal Institute of Medical Sciences, Gangtok for the award of MBBS degree granted by Sikkim Manipal University of Health, Medical and Technological Sciences, Tadong, Gangtok.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the compliance received from the college dated 19.1.2007 and 26.1.2007 and the letters of the Council dated 22.1.2007 and 30.10.2006 and letter from the Central Government dated 11.10.2006. The members of the Adhoc Committee and of the Executive Committee of the Council noted the discussion which transpired during the meeting chaired by Sh. K. Raamamoorthy, Joint Secretary, Ministry of Health & F.W. where Dr. K. Jayakumar, Vice Chancellor, SMIMS, Sh. K. Gyatso, Principal-Secretary (Health), Govt. of Sikkim, Sh. Amardeep S. Bhatia, Deputy Secretary (NE), Ministry of Health & F.W. and the Secretary, MCI were also present. The members of the Adhoc Committee and of the Executive Committee of the Council after going through the previous letters of the Central Government, the institute and the replies by the Council and taking note of the discussions during the meeting dated 22.1.2007 observed as under:-

1. It is not correct that each and every observation of the MCI pointed out in the nature of deficiency in the inspection report of September, 2006 has been rectified by the institute. It is stated that the scheme as provided under Section 10A of the IMC Act, 1956 itself states that "*adequate hospital facilities, having regard to the number or students likely to attend such medical college or course of study or training or as a result of the increased admission capacity, have been provided or would be provided within the time limit specified in the scheme*". The qualifying criteria at number 2(5) of Establishment of New Medical College Regulations, 1999 also state that the applicant should own and manage a hospital of not less than 300 beds with necessary infrastructural facilities capable of being developed into a teaching institution in the campus of the proposed medical college. Part –3 of the form to be submitted by the applicant includes the details about the expansion

of the hospital including phasing and scheduling of the expansion of scheme, as per the Regulations of Minimum Standard Requirements for the medical college for 100 admissions annually.

2. As per the present Regulations, the applicant college for having annual intake 100 students should have a teaching affiliated hospital of 500 beds with adequate clinical material within the campus of the Medical College. It may be noted that Regulations B pertaining to the teaching hospital of Minimum Standard Requirements for the Medical college for 100 Admissions Annually Regulations, 1999 reads as under:-
 - B.1. 1 (1) *All the teaching hospitals shall be under the academic, administrative and disciplinary control of the Dean/Principal of the medical college.*
 - B.1.7 *There shall be a minimum OPD attendance of 8 patients per day (old and new) per student intake.*
 - B.1.8 *Indoor beds occupancy-Average occupancy of indoor beds shall be a minimum of 80% per annum.*

There is no provision under the scheme of the act or any other Regulations that any facility or any hospital other than owned or managed by the applicant college itself or any hospital owned and managed by the applicant but outside the campus can be considered for the purpose of recognition of the college under Section 11(2) of the IMC Act, 1956. As STNM Hospital is not owned and managed by the applicant college, it cannot be counted towards the fulfillment of requirements under the Act or the Regulations. It is further reiterated that it is also stipulated in the Regulations that *in toto* 100 percent infrastructure *in toto* has to be provided within the campus. Any such tie-up arrangement with any organization is not provided under the scheme of Act or in the Regulations.

3. None of these deficiencies have admittedly been rectified even in the letters of institute dt. 19.01.2007 and 26.1.2007. No data of improvement in the clinical material is provided by the college. The College itself has admitted in its letters dt. 19.01.2007 & 26.1.2007 that the shortage of teaching faculty was 11.5%. At this point it may kindly be noted that the relaxation of 10% deficiency in the teaching faculty is considered by the Council only in respect of the Government Medical Colleges on the suggestion made by the Central Govt. vide its letter dated 15.07.2004. Further, even those Govt. colleges which had deficiency of teaching faculty of more than 10% have not been considered for recommending grant of Letter of Permission/Renewal of Permission or recognition. It is also to be noted that SMIMS continues to remain a private medical college even today.
4. The institute itself has admitted that the shortage of Senior Resident is not rectified. In its letter dt. 19.01.2007, it is merely stated that “*efforts have already been taken to fill in these positions by SMIMS*”. Even in letter dated 26.1.2007, it is only stated that “strategic measures are being implemented which includes aggressive measures to fill the marginal gap in faculty and that of residents.” It is not correct for the institute to claim that the shortage of 27 Junior Residents - i.e. 47%- would not sufficiently impact on quality of medical education. The Residents - i.e. both Senior & Junior – have an important role to play in providing round the clock to health care services essential for the teaching hospital. They have a big supportive role to play in providing adequate clinical material for teaching of medical students. The institute has not stated whether they have rectified the deficiency of 27 Junior Residents or not. Hence, the fact remains with the deficiency of residents is more than permissible limits under the Regulations. It is further stated that it is not correct for the applicant institute to claim whether a particular component required under the Regulations is necessary or not. Any institute/medical college established in India under the scheme as prescribed under Section 10A of the Indian Medical Council Act, 1956 has to follow the Minimum Standard Requirements Regulations and has to create facilities as per the Regulations *in toto*.
5. It would also be noted that the above said circular of the Govt. of India, dt. 04.05.2000 clearly mentioned that during the period in which it is permitted to utilize the facilities of a Govt. Hospital, the concerned medical college should take necessary steps to make the clinical material available in its own hospital. In the present case, SMIMS over a period of 6 years has consistently failed to have sufficient and adequate clinical material available in its own hospital. On perusal of the inspection report for the last 4 years, it is

observed that SMIMS has consistently failed to achieve bed occupancy of more than 40% (as against the prescribed minimum requirement of 80% bed occupancy) and OPD attendance more than 300 per day (as against the prescribed minimum requirement of 800 patients per day) and has consistently grossly inadequate clinical material through out these years.

6. The claim that any new hospital in Sikkim with its peculiar terrain and residential patterns, unique morbidity profiles and socio-cultural practices needs time to develop towards a patient level easily achievable in towns in other parts of the country is not tenable particularly in view of the fact that the CRH which is the main affiliating hospital of SMIMS is now over 6 years old and further particularly in view of the fact that STNM hospital which is a general non-teaching hospital and located only a few km. away from CHR is able to attract clinical material in a great abundance. It would be relevant in this context to mention that since the enforcement of minimum prescribed requirements is an imperative for each medical college/institution that in similar circumstances, the MCI and the Ministry of Health had insisted for compliance in the case of Dr. Rajendra Prasad Medical College, Tanda which had been established by the State of Himachal Pradesh. On similar pleas raised by the State of Himachal Pradesh, when the Hon'ble Himachal Pradesh High Court had granted permission for admissions to the State Govt. for this new medical college, in the appeals filed by the MCI and the Govt. of India, the Hon'ble Supreme Court had stayed the judgement of the Hon'ble High Court. It was on the State of H.P. subsequently providing the minimum prescribed infrastructural, teaching and other facilities that the permission u/s 10A had been granted.

7. It also deserves to be noted that the fundamental parameter of good quality medical education is availability of the minimum required clinical material and qualified teaching faculty. To achieve this purpose it has been the practice of all the medical institutions all over the world including India that the treatment of the patients who are being utilized as a source of clinical material by the medical teachers has to be undertaken by the teachers themselves at the teaching institution, because they have to demonstrate and train the medical students on all aspects of clinical practice including examination, investigation and treatment. Such an arrangement as indicated in the revised MoU would never secure this objective for the training of the medical students effectively as the clinical control of the patients would not remain with the faculty of SMIMS. Further, whenever there is difference of opinion in the arrangement as indicated in the MoU so far as the patients in STNM Hospital are concerned the view of the doctors of STNM Hospital would be final which is not at all permissible/desirable for proper medical teaching of the students. ***This defect pointed out earlier is not rectified by the institute even in its last letter dt. 26.01.2007.***

8. It is further to be appreciated that incidental factors like high literacy rate, small family norms, excellent climatic conditions etc. cannot be a ground for not providing and fulfilling the minimum prescribed clinical material, other infrastructural and teaching requirements in a teaching hospital. The most crucial and significant aspect which cannot be ignored by anyone is that the function of a teaching hospital is not only to provide health services but also to teach medical students and in the absence of adequate clinical material, practical training which is very vital and important in medical curriculum is likely to lag behind and the students when they complete their course may not be fully conversant with all the aspects of clinical medicine. This scenario is not desirable in a teaching hospital. It is in this context, the Hon'ble Supreme Court was pleased to recognize and enforce the following crucial and significant aspects of medical education by observing in its judgement in the case of MCI –Vs. State of Karnataka – (1998) 6 SCC 131, as under:-

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

9. As per the MOU, the ownership and management of the STNM hospital as well as the employees of the STNM hospital including medical doctors still remains with the State Government and not with the college authorities. Moreover, it is pertinent to note that in this circular dt. 04.05.2000 of the Govt. of India, it was never intended that the employees of the State Govt. who are on non-teaching cadre can ever be permitted to be considered as medical teachers who shall be full time employees of the medical college. The institute has not appointed teachers on regular basis as stipulated in the said circular and has thus failed to comply with the minimum requirements of the teaching staff prescribed by the statutory regulations. ***This observation also has not been replied by the institute even in its last letter dt. 26.01.2007.***
10. It is reiterated that an MoU, even if entered into by the State Govt., cannot be accepted if the said MoU is contrary to the Regulations which being statutory Regulations are mandatory and binding in character. Such an MoU therefore cannot fulfill the requirements laid down in the Minimum Standard Requirements Regulations unless a hospital owned and managed by the applicant in the same premises of the medical college with adequate clinical material as prescribed under the Regulations is available.
11. Perusal of the letter dated 26.1.2007 gives an impression as if the suggestion that SMIMS should refrain from admitting students to the MBBS course for the year 2007-08 did not emanate from the SMIMS. However, it has been brought to the notice of the Executive Committee and Adhoc Committee appointed by the Hon'ble Supreme Court that this was a specific suggestion made by the Vice-Chancellor of the Sikkim Manipal University of Health Sciences in the meeting. It has further been brought to the notice of Executive Committee and Adhoc Committee appointed by the Hon'ble Supreme Court that during the said meeting of 22.1.2007, it was vehemently and specifically pleaded by the Vice-Chancellor, Sikkim Manipal University of Health Sciences that the first two batches – i.e. one that has already passed out and one which will be appearing in March, 2007- may be granted temporary recognition for a period of one year till the institute rectifies the deficiencies pointed out in the inspection report and till such period the institute would not admit any student. In view of this specific pleading by the Vice-Chancellor during the said meeting that it is not correct for the Vice-Chancellor now to plead for admitting 50 students for the year 2007-08 at this juncture in view of the pleadings made by him and endorsed by the Principal-Secretary, Govt. of Sikkim during the meeting. It is not correct for the SMIMS to refer to the points emerging from the discussion in the meeting as the decisions taken at the meeting. It may also please be noted that the institute is admitting the students from other States and the North East State also and is admitting NRI students to the extent of 15% of its permitted capacity. There is no legal bar that the students who have passed from SMIMS would not practice anywhere in India except in the State of Sikkim. It would also not be appropriate for the population of the State of Sikkim to be exposed to the health care being provided by the doctors coming out of an institute which does not have adequate teaching faculty and clinical material which are the two most important parameters of medical education.
12. **It also deserves to be appreciated that there is no provision under the scheme of the Act or any Regulation that temporary recognition for any batch or for the first two batches, as desired by the Institute in its letter dated 26.1.2007, particularly in view of the fact that no recognition of the MBBS degree has been granted to this institute so far, till date.**

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 concluded that the compliance submitted by the institute is not satisfactory as the deficiencies of teaching faculty and clinical material which are the two most important parameters of medical education have not been rectified and in view of the persisting deficiencies of teaching faculty, clinical material and other deficiencies, the members of the Adhoc Committee and of the Executive Committee of the Council decided to reiterate its earlier decisions taken at its meeting held on 24.4.2006, 14/15 June,2006 & 2.12.2006 recommending not to recognize Sikkim Manipal Institute of Medical Sciences, Gangtok for the award of MBBS degree granted by Sikkim Manipal University of Health, Medical & Technological Sciences, Gangtok.

31. Registration in Indian Medical Register requirement for State Medical Council regarding.

Read : The matter with regard to registration in Indian Medical Register requirement for State Medical Council regarding.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the opinion of the Retainer Advocate of the Council requesting the President (Acting) to discuss the matter in the meeting of the State Councils convened in the office of the Council on 05.02.2007.

32. Departmental Promotions to the post of Section Officer in the office of the Medical Council of India.

Read : The recommendations of the Departmental Promotions to the post of Section Officer in the office of the Medical Council of India.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the recommendation of the Departmental Promotion Committee meeting held on 05.02.2007 for the post of Section Officer in the office of the Medical Council of India as under:-

“The Committee noted that as per Recruitment Rules, method of recruitment for the post of Section Officer is “By promotion failing which by Direct recruitment”. It also noted that for the purposes of promotion, the candidate has to be Superintendent with 3 years regular service in the grade of 5500-175-9000.

A list of 10 departmental candidates in the grade of Assistant was put before the Committee. The Committee noted that Shri Ansuya Prasad, Assistant is the senior most amongst above said 10 candidates. The Committee further noted that Shri Ansuya Prasad has completed more than 8 years service in the grade of 5500-175-9000. The Committee also noted Annual Confidential Reports as available on record do not contain any adverse remarks. No vigilance case is pending against him. As such, Shri Ansuya Prasad may be promoted to the post of Section Officer.

In view of above, the Committee recommends that Shri Ansuya Prasad, Assistant be promoted to the post of Section Officer in accordance with the Recruitment Rules.”

33. Departmental Promotions to the post of Daftary in the office of the Medical Council of India.

Read : The recommendations of the Departmental Promotions to the post of Daftary in the office of the Medical Council of India.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the recommendation of the Departmental Promotion Committee meeting held on 01.02.2007 for the post of Daftary in the office of the Medical Council of India as under:-

“A list of 2 departmental candidates in the Grade of Peon was put before the Committee. It has been observed that one post of Daftary is lying vacant in the Council office. After perusal of the records/data submitted before the Committee, the Committee noted that Sh. Vir Bhan was suspended vide Council office letter dated 23.10.2001 and an enquiry was conducted against him by the Council advocate. It has further been observed that Sh. Vir Bhan submitted a representation dated 24.04.2003 tendering unconditional apology which was placed before Competent Authority and it was decided that he may be reinstated in the service with all consequential benefits subject to his behaviour & performance may be seen for six months and the same may be renewed on quarterly basis. Shri Vir Bhan reported for duty w.e.f. 08.05.2003. Total four quarterly performance reports were filled up out of which first two reports were ‘Average’ and last

two reports were assessed as 'Good'. The matter was further placed before Competent Authority and Shri Vir Bhan was paid all the consequential benefits.

Further, it has also been observed that the Annual Confidential Reports of Shri Vir Bhan & Shri Sunder Giri do not contain any adverse remarks and no vigilance case is pending against them.

The Committee recommends the following for promotion to the post of Daftary:-

Sl.No.	Name	Category
1.	Shri Vir Bhan	General

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

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

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

35. Nomination of Selection Committee members for the post of Whole Time Inspector, MCI.

Read: The matter with regard to nomination of Selection Committee members for the post of Whole Time Inspector.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council nominated Dr. C.V. Bhirmanandham, Chairman, TEQ Sub-Committee, Dr.P.K. Sur, Director, IPGMER, Kolkatta and Dr. V.N. Jindal, Dean, Govt. Medical College, Goa on the Selection Committee for the post of Whole Time Inspector.

36. Nomination of Selection Committee members for the post of Zonal Inspectors.

Read: The matter with regard to nomination of the Selection Committee members for the post of Zonal Inspectors in the Council office.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council nominated Dr. C.V. Bhirmanandham, Chairman, TEQ Sub-Committee, Dr. P.K. Sur, Director, IPGMER, Kolkatta and Dr. V.N. Jindal, Dean, Govt. Medical College, Goa on the Selection Committee for the post of Zonal Inspectors, MCI.

37. Nomination of Selection Committee for the post of Law Officer.

Read: The matter with regard to nomination of the Selection Committee for the post of Law Officer.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council nominated Dr. Ved Prakash Mishra, Chairman, Legal Monitoring Committee and Dr. B.C. Das, Director, State Institute of Health & Family Welfare, Govt. of Orissa, Nayapalli, Bhubaneshwar on the Selection Committee for the post of Law Officer.

38. Alleged misconduct of Dr. K.K. Arora, Deputy Secretary.

Read: Letter dated 05.02.2007 received from Mr. P.C. Rawal, IAS (Retd.), Enquiry Officer in the matter pertaining to alleged misconduct of Dr. K.K. Arora, Deputy Secretary.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council perused the letter dated 05.02.2007 received from Mr. P.C. Rawal, IAS (Retd.), Enquiry Officer and decided to relieve him as Enquiry Officer in view of conveying his inability to continue as Enquiry Officer and further decided that the office of the Council should try if a retired Hon'ble Judge be preferably requested to conduct this enquiry and for this purpose the office of the Council should coordinate with the Council Advocate.

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

New Delhi, dated the
5th Feb.,2007

A P P R O V E D

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