

**No.MCI-5(3)/2009-Med./****MEDICAL COUNCIL OF INDIA****EXECUTIVE COMMITTEE****10<sup>th</sup> & 11<sup>th</sup> June, 2009**

Minutes of the meeting of the Executive Committee held on 10<sup>th</sup> & 11<sup>th</sup> June, 2009 at 11.30 a.m. in the Council Office at Sector 8, Pocket 14, Dwarka, New Delhi-110077.

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**Present on**  
**11<sup>th</sup> June, 2009:**

Dr. Ketan Desai	President, Medical Council of India, Professor & Head, Department of Urology, B.J. Medical College, <b><u>Ahmedabad (Gujarat)</u></b>
Dr. P.C. Kesavankutty Nayar	Vice-President, Medical Council of India, Former Dean, Govt. Medical College, <b><u>Thiruvananthapuram (Kerala)</u></b>
Dr. K.P. Mathur	Former Medical Superintendent, Ram Manohar Lohia Hospital, New Delhi, 77, Chitra Vihar, <b><u>Delhi-110092</u></b>
Dr. Muzaffar Ahmad	Director, Health Services, Govt. of Jammu & Kashmir, <b><u>Srinagar (J&amp;K)</u></b>
Dr. Nirbhay Srivastav	Officiating Dean and Professor & Head, Orthopedics Department, Gandhi Medical College, <b><u>Bhopal -462001(MP)</u></b>
Dr. P.K. Das	Professor & Head, Deptt. of General Medicine, S.C.B. Medical College, <b><u>Cuttack (Orissa)</u></b>
Dr. D.J. Borah	Principal, Jorhat Medical College, <b><u>Guwahati-781007 (Assam)</u></b>
Dr. G.K. Thakur	Prof. & HOD cum Superintendent Dept. of Radiology S.K. Medical College, <b><u>Muzaffarpur-842004 (Bihar)</u></b>
Dr. V.N. Jindal	Dean, Goa Medical College, Bombolim-403202, <b><u>Goa</u></b>
Dr. Baldev Singh Aulakh	Professor of Urology and Transplant Surgery, Head Transplant Unit, Dayanand Medical College, <b><u>Ludhiana</u></b>

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

-- Secretary

The Items No. 32, 35, 36, 37, 38, 39, 40, 41, 46, 47, 66, 85, 86, 87, 119 & 120 were considered on 11<sup>th</sup> June, 2009.

**32. The Palliative Care (Recognition, Teaching and Training) bill, 2008 by Shri C.K. Chandrappan, M.P.**

Read : The matter with regard to the Palliative Care (Recognition, Teaching and Training) bill, 2008 by Shri C.K. Chandrappan, M.P along with Sub-Committee report dated 12.05.2009.

The Executive Committee of the Council perused the report of Sub-Committee dated 12.05.2009 with regard to the Palliative Care (Recognition, Teaching and Training) bill, 2008 by Shri C.K. Chandrappan, M.P which reads as under:-

*“Minutes of the meeting of the Sub-Committee held on Tuesday, the May 12, 2009 at 11.00 am at New Delhi to consider the matter on Palliative Care (Recognition, teaching and training) Bill, 2008 by Sh. C.K. Chandrappan, M.P.*

*The Sub-Committee was attended by the following members:-*

- |    |                              |   |                |
|----|------------------------------|---|----------------|
| 1. | <i>Dr. Dhruvajyoti Borah</i> | - | <i>Chaiman</i> |
| 2. | <i>Dr. P.M. Jadhav,</i>      | - | <i>Member</i>  |
| 3. | <i>Dr. P.K. Sur.</i>         | - | <i>Member</i>  |

*The Sub-Committee constituted by the Executive Committee to deliberate on the Palliative Care (Recognition, teaching and training) Bill, 2008 by Sh. C.K. Chandrappan, M.P. have taken the whole subject matter into account along with the proposed Bill.*

*The Sub-Committee wants to state a short review of the Palliative Care based on which it has ultimately arrived at its decisions and on which it has based its suggestions:-*

*Explosion in HIV/AIDS in India has made the requirement for palliative form of treatment even more acute. Sources data suggests that for cancer there are 1 million new cases a year in India with over 80 % of patients presenting in stage 3 or 4 and 2/3<sup>rd</sup> of which need palliative care at initial presentation. Similarly, burden connected with HIV/AIDS is harder to predict. All such considerations may differ for the rural populations characterized by poor health, etc. The task need to be tackled in the immediate future, should include the implementation of the home based palliative care services, the ethical base of palliative care in India and introduction of palliative care principles into undergraduate & postgraduate medical and nursing curricula.*

*The verb ‘to palliate’ means to mitigate, to lessen the severity of (pain or disease), or to give temporary relief. Palliative medicine is recognized as a medical speciality and is defined as “the study and management of patients with active, progressive, far – advanced disease for which the prognosis is limited and the focus of care is the quality of life”. World Health Organization (WHO) has summarized the purpose of palliative care as that in which physical (control of pain, of other symptoms ), psychological, social and spiritual problems is taken care of. The goal of palliative care is achievement of best quality of life for patients and their families when patient’s disease is no longer responsive to curative treatment and life expectancy is relatively short.*

*So, Palliative care is the active total care of the patient’s body, mind and spirit and it also involves giving support for their families. Effective palliative care is not possible by only doctor or nurse but it requires a broad multidisciplinary approach that also includes patient’s family and makes use of available community resources. It can be provided in tertiary care facilities, in community health centers and even in patient’s home.*

*Goal of palliative care*

*The word ‘palliative’ is derived from latin word ‘pallium’ which means cloak or cover. So in palliative care symptoms are ‘cloaked’ with treatments. The primary aim of treatment is to promote patient comfort.*

*Palliative care team*

*Palliative care is a finely orchestrated teamwork. The core team consists of doctors and nurses. The supportive team has physiotherapist, occupational therapist, social worker, priest and volunteers*

#### *Essence of palliative care*

- *Courtesy in behavior*
- *Politeness in speech*
- *Being honest*
- *Listening is very important*
- *Explaining*
- *Agreeing priorities and goals*
- *Discussing treatment options*
- *Accepting treatment refusal*

#### *Different aspects of palliative care*

- *Effective communication*
- *Breaking bad news*
- *Strategies for coping with uncertainty*

#### *Physical care (symptom management)*

- 1) *Pain is the most important of all symptoms. Almost all cancer patients will experience pain at some point during their illness- pain may be caused by the disease itself, by treatments and by invasive diagnostic and therapeutic procedures as well as incidental pain from unrelated causes. Disease related pain can be acute or chronic and is usually caused by direct invasion of anatomical structures, by pressure on nerves or by obstruction. Treatment related pain can be either a direct result of physical intervention or a side effect of treatment. Cancer pain can be managed effectively in about 80-90% patients through relatively simple means such as the appropriate use of World Health Organization analgesic ladder. The dictum is by mouth, by the clock. Opioids, like morphine, form a major class of analgesics used in moderate to severe pain. They are usually effective, easily titrable and have a favourable benefit-to-risk ratio. psychological aspects of terminal illness dyspepsia*
- 2) *Constipation*
- 3) *Bowel obstruction*
- 4) *Dyspnoea*
- 5) *Cough*
- 6) *Urinary problem – the embarrassment and malodour associated with vaginal discharge and urinary incontinence in patients of carcinoma cervix is extremely distressing. Some women express intense worthlessness and helplessness associated with depression and suicidal ideation.*
- 7) *Lymphoedema of upper limb after treatment of carcinoma breast and of lower limb after treatment of gynaecological malignancy is a potentially disfiguring chronic condition that can have significant physical, psychological, and social consequences for the affected individual.*
- 8) *Wound care- Fungating wounds with the associated malodour, disfigurement and discharge are distressing to patients and caregivers . fungating and disfiguring wounds lead to a loss of self-esteem and social withdrawal.*

#### *Care of the relatives*

*Palliative care should be recognized as an integral part of cancer care and should make provision for psycho-social support for the family. Additional support is sometimes necessary and is provided by close friends or support group religious and cultural needs is important.*

#### *Spiritual care*

*Spirituality may be defined as awareness of the transcendent (the beyond in our midst), the awareness of something beyond intellectual knowledge or normal sensory experience. The basis of spiritual care is acceptance and affirmation – treating patient with deep genuine respect, thereby demonstrating that we regard them as valuable fellow human being, no matter who, what or how they are. Spiritual care generally includes the need for inner healing, that is achieving and maintaining a right relationship with one's self, others, environment and god/superpower. Any illness tends to concentrate the mind and raise questions about what is beyond death. Towards the end of life, there is commonly an increased need for affirmation and acceptance and a corresponding need for forgiveness and reconciliation. In the Valley of Shadow of Death it is necessary to acknowledge that 'a reaching out to what is beyond' is an expression of true faith and hope.*

### Palliative care service

*Palliative care can be delivered in several settings*

- *In-patient care*
- *Care at home is very important. The hospice approach or the institutionalized medical approach has failed to reach the majority of those in need of medical care, covering only a lucky few.*
- *Palliative care ward*
- *Out patient clinic of hospital*
- *Hospital care indoor*
- *Day care center*
- *Bereavement support*
- *Voluntary help*
- *Education- patient education is critical for prevention and management of the various complications.*
- *Research*

*In view of the above observations, the Sub-Committee is of the opinion that in the proposed Bill the Sections 3(2) and Section 5 are the Sections which required modification.*

*The Section 3(2) is given in the proposed Bill as follows:-*

*“3(2)..... The Central Government shall issue such directions as may be necessary to the Indian Medical Council to take steps for comprehensive study in Palliative care and take such steps as may be necessary to make Palliative care an integral part of health care system and medical education in the country.”*

*This Section may be changed as follows:-*

***“3(2).....The Central Government, shall, in consultation with Medical Council of India, take necessary steps for providing due emphasis to the study of Palliative care in the Postgraduate level of medical studies, so that the doctors are equate with necessary knowledge and skills of Palliative Care.”***

*Section 5, this Section in the original Bill reads as under:-*

*“Within two years from the commencement of this Act, every medical college or institution imparting medical education or training shall provide teaching and training or Palliative care in such manner as may be prescribe*

*This Section may be totally omitted in view of the changes already brought in the revised Section 3 (2) above.*

### **SUGGESTIONS:**

*The Sub-Committee after detailed discussion and deliberations is of the opinion that the aims and objectives and propose of the Bill is truly laudable. However, the Sub-Committee is not sure whether to achieve this aim enactment of the Parliamentary Legislation Act is of necessary or the proposed can be well served by an executive order.*

*It would also like to record the following suggestions:*

1. *Palliative Care Medicine training centres for doctors and nurses in each state.*
2. *Palliative Care Medicine Centre should be located primarily in:-*
  - (i) *All Regional Cancer Centres of India;*
  - (ii) *Medical colleges where Medical/Surgical Oncology, Radio-Therapy Departments are there and where Cancer treatment are regularly been done.*
  - (iii) *Dedicated Cancer treatment hospitals or units.*

After due deliberations, the Executive Committee of the Council approved the report of the Sub-Committee as under:-

Section 3(2) of the proposed Bill be changed as under:-

1. 3(2).....The Central Government, shall, in consultation with Medical Council of India, take necessary steps for providing due emphasis to the study of Palliative care in the Postgraduate level of medical studies, so that the doctors are equate with necessary knowledge and skills of Palliative Care.”
  2. Section 5 of the proposed Bill be totally omitted in view of the changes proposed in Section 3(2) as above.
  3. Palliative Care Medicine training centres should be established for doctors and nurses in each state.
  4. Palliative Care Medicine Centre should be located primarily in:-
    - (i) All Regional Cancer Centres of India;
    - (ii) Hospitals attached to Medical colleges/other hospitals where Cancer treatment are regularly been done.
    - (iii) Dedicated Cancer treatment hospitals or units.
- 35. Removal of name of Dr. Dilip Kumar Mazumdar and Dr. Debabrata Banerjee from the Indian Medical Register.**

Read: The letter dated 30.04.2009 received from the Registrar, West Bengal Medical Council, Kolkatta with regard to removal of name of Dr. Dilip Kumar Mazumdar and Dr. Debabrata from the Indian Medical Register – Registration No. 38397 and 42443.

The Executive Committee of the Council noted the letter dated 30.04.2009 received from the Registrar, West Bengal Medical Council, Kolkatta intimating that Dr. Dilip Kumar Mazumdar bearing Regn. No. 38397-WBMC & Dr. Debabrata Banerjee bearing Regn. No. 42443-WBMC have been removed from the register of Registered Medical Practitioners maintained by West Bengal Medical Council due to enquiry into the charges against these doctors u/s 25(A)(ii) of the Bengal Medical Act, 1914 with effect from 28.04.2009 (afternoon). The Committee decided to remove the names of above-mentioned doctors from the Indian Medical Register and also give intimation in this regard to all the State Medical Councils in the country.

**36. Consideration of bill submitted by Sh. Mukul Rohatgi, Sr. Advocate for appearing before the Hon'ble Supreme Court on behalf of MCI in C.A. No. 601-602/2002 – Medical Council of India & Ors. – Vs. – Dr. Harish Bhalla & Ors.**

Read : The bill submitted by Sh. Mukul Rohatgi, Sr. Advocate for appearing before the Hon'ble Supreme Court on behalf of MCI in C.A. No. 601-602/2002 – Medical Council of India & Ors. – Vs. – Dr. Harish Bhalla & Ors.

The Executive Committee of the Council noted that the issue for which the opinion of Shri Mukul Rohatgi was sought as Senior Counsel was very important as it related to matters pertaining to the I.M.C. Act, 1956.

The Executive Committee of the Council decided that it was very important for the Council to defend its stand of following the directives of the Hon'ble Supreme Court and therefore it was essential for the Council to obtain the opinion of Shri Mukul Rohatgi, Senior Advocate and his appearance as Sr. Advocate in the matter.

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 approve the payment of Shri Mukul Rohatgi, Senior Advocate for his opinion and his appearance in the matter.

**37. Purchase of Face Recognition based time attendance system.**

Read : The matter with regard to Purchase of Face Recognition based time attendance system.

The Executive Committee of the Council approved the recommendation of the Purchase Committee:-

*“The Purchase Committee comprising of Sh. Ashok Kr. Harit, Deputy Secretary (Admn.); Dr. Davinder Kumar, Deputy Secretary; Mrs. Madhu Handa, Assistant Secretary & Sh. A.K. Ahluwalia, Accounts Officer, met in the Council office on 13/05/2009 at 03.00 p.m. for finalizing the purchase of face recognition machine.*

*It has been observed by the Committee from the concerned file that the present thumb impression attendance machine is not giving the desired results and therefore it has been decided by the Office to install a face recognition machine in the Council office.*

*Total four quotations have been placed before the Purchase Committee and the comparative statement of the same is enclosed.*

*It has been noted by the Committee that the rates quoted by M/s Timetech Security Solutions, are the lowest and placed at L-1. Hence, the work may be awarded to M/s Timetech Security Solutions.*

*In view of above, the Committee recommends to purchase the face recognition machine and other accessories from M/s Timetech Security Solutions, at the rates mentioned above i.e. Rs.2,95,000/- for face recognition machine, Rs.10,000/- for installation & training charges, Rs.4,000/- for battery backup (25 minutes) and cabling charges Rs.55/- per mtr. (on actual basis).”*

**38. Draft guidelines on landslide management.**

Read : The matter with regard to draft guidelines on landslide management along with Sub-Committee report.

The Executive Committee of the Council perused the report of the Sub-Committee which reads as under:-

*“The Draft Guidelines prepared by the National Disaster Management Authority, Government of India have been studied in detail and is a well prepared document. The suggestions with regard to medical preparedness are as under:-*

*“Extensive Disaster Management Plans are required to be developed not only at the State levels but also at District/Tehsil/Block levels which should be comprehensive and with the aim of providing immediate medical aid/rescue & relief at the site of land slides. While preparing the plans the locations of the nearby hospitals alongwith teams who can be deployed at the shortest possible notice shall have to be identified well in time whose capacity of handling such emergencies/exigencies shall have to be developed and a proper (Standard Operative Procedure (SOP) shall have to be developed for taking care of the medical relief during the land slides. Since Orthopedic emergencies are going to comprise majority chunk of emergencies, special attention is to be given for training of doctors and paramedicals for dealing the Orthopedic emergencies especially spinal/other bone injuries and their transportation to the nearest health facility centres or to Tertiary Care Institutions either through ambulances or through air evacuation. Once the SOP for medical preparedness is in place, mock exercises shall have to be carried from time to time in order to check readiness/effectiveness of preparedness plans. The SOP should include not only the requirement of manpower but also requirement of drugs/materials/dressings and other essential supplies with identified ambulatory facilities.”*

After due deliberations, the Executive Committee of the Council approved the report of the Sub-Committee as under:-

The Draft Guidelines prepared by the National Disaster Management Authority, Government of India have been studied in detail and is a well prepared document. The suggestions with regard to medical preparedness are as under:-

1. Extensive Disaster Management Plans are required to be developed not only at the State levels but also at District/Tehsil/Block levels which should be comprehensive and with the aim of providing immediate medical aid/rescue & relief at the site of land slides.
2. While preparing the plans the locations of the nearby hospitals along with teams who can be deployed at the shortest possible notice shall have to be identified well in time whose capacity of handling such emergencies/exigencies shall have to be developed.
3. A proper Standard Operative Procedure (SOP) shall have to be developed for taking care of the medical relief during the land slides.
4. Since Orthopedic emergencies are going to comprise majority chunk of emergencies, special attention is to be given for training of doctors and paramedicals for dealing the Orthopedic emergencies especially spinal/other bone injuries and their transportation to the nearest health facility centres or to Tertiary Care Institutions either through ambulances or through air evacuation.
5. Once the SOP for medical preparedness is in place, mock exercises shall have to be carried from time to time in order to check readiness/effectiveness of preparedness plans.
6. The SOP should include not only the requirement of manpower but also requirement of drugs/materials/dressings and other essential supplies with identified ambulatory facilities.
7. A proper communication system should also be developed so that nearest hospital gets the information about landslide, where, it has occurred and approximate number of persons who can be affected so that proper transportation facilities are/can organized for shifting persons from site of landslide and be given pre hospital treatment.

**39. Appointment of L.D.Cs. in the Council office.**

Read : The matter with regard to appointment of L.D.Cs. in the Council office.

The Executive Committee of the Council approved the recommendations of the Selection Committee as under:-

“(A) OBC Candidates:

*“The Selection Committee for the post of L.D.C. (OBC) met in the Council office on 23/05/2009 wherein the following were present: -*

<i>Lt Col (Dr.) A.R.N. Setalvad (Retd.)</i>	<i>Chairman</i>
<i>Dr. P. Prasannaraj</i>	<i>Member</i>
<i>Sh. Ashok Kumar Harit</i>	<i>Member</i>
<i>Mrs. Madhu Handa</i>	<i>Member</i>

*Sixteen (16) candidates were called for interview, out of which, Fifteen (15) candidates attended the same.*

*The Committee, after interview and discussion, recommends the following as selected candidates for the post of L.D.C. (OBC): -*

*Selected*

#	Sr. # in list	Name of Candidate	Total Score
1	01	Ms. Deepika	68
2	02	Sh. Manish Kumar	62
3	15	Sh. Sandeep Kumar	59

(B) S.T. Candidates:

*“The Selection Committee for the post of L.D.C. (ST) met in the Council office on 23/05/2009 wherein the following were present: -*

<i>Lt Col (Dr.) A.R.N. Setalvad (Retd.)</i>	<i>Chairman</i>
<i>Dr. P. Prasannaraj</i>	<i>Member</i>
<i>Sh. Ashok Kumar Harit</i>	<i>Member</i>
<i>Mrs. Madhu Handa</i>	<i>Member</i>

*Three (03) candidates were called for interview and all the three candidates attended the same.*

*The Committee, after interview and discussion, recommends the following for the post of L.D.C. (S.T.): -*

*Selected*

#	Sr. # in list	Name of Candidate	Total Score
1		None found suitable	

( C ) General Candidates:

*“The Selection Committee for the post of L.D.C. (Gen.) met in the Council office on 23/05/2009 wherein the following were present: -*

<i>Lt Col (Dr.) A.R.N. Setalvad (Retd.)</i>	<i>Chairman</i>
<i>Dr. P. Prasannaraj</i>	<i>Member</i>
<i>Sh. Ashok Kumar Harit</i>	<i>Member</i>
<i>Mrs. Madhu Handa</i>	<i>Member</i>

*Thirteen (13) candidates were called for interview, out of which, Ten (10) candidates attended the same.*

*The Committee, after interview and discussion, recommends the following as selected candidates for the post of L.D.C. (Gen.): -*

*Selected*

#	Sr. # in list	Name of Candidate	Total Score
1	06	Sh. Ashutosh	78
2	01	Sh. Amit	75
3	02	Sh. Ravi Kumar	71

**(D) S.C. Candidates:**

“The Selection Committee for the post of L.D.C. (SC) met in the Council office on 23/05/2009 wherein the following were present: -

<i>Lt Col (Dr.) A.R.N. Setalvad (Retd.)</i>	<i>Chairman</i>
<i>Dr. P. Prasannaraj</i>	<i>Member</i>
<i>Sh. Ashok Kumar Harit</i>	<i>Member</i>
<i>Mrs. Madhu Handa</i>	<i>Member</i>

Fourteen (14) candidates were called for interview, out of which, Thirteen (13) candidates attended the same.

The Committee, after interview and discussion, recommends the following as selected candidates for the post of L.D.C. (SC): -

*Selected*

#	Sr. # in list	Name of Candidate	Total Score
1	02	Sh. Nisapati Sagaria	75
2	06	Sh. Daney Kumar	71
3	08	Ms. Kamlesh	64

**40. Appointment of Stenographer Grade-III in the Council office.**

Read : The matter with regard to appointment of Stenographer Grade -III in the Council office.

The Executive Committee of the Council approved the recommendations of the Selection Committee as under:-

**(A) General Candidates:**

“The Selection Committee for the post of Stenographer Grade-III (Gen.) met in the Council office on 23/05/2009 wherein the following were present: -

<i>Lt Col (Dr.) A.R.N. Setalvad (Retd.)</i>	<i>Chairman</i>
<i>Dr. P. Prasannaraj</i>	<i>Member</i>
<i>Sh. Ashok Kumar Harit</i>	<i>Member</i>
<i>Mrs. Madhu Handa</i>	<i>Member</i>

Seven (07) candidates were called for interview, out of which, Six (06) candidates attended the same.

The Committee, after interview and discussion, recommends the following as selected candidates for the post of Stenographer Grade-III (Gen.):-

*Selected*

#	Sr. # in list	Name of Candidate	Total Score
1	04	Ms. Charu Negi	71

**(B) S.C. Candidates:**

*“The Selection Committee for the post of Stenographer Grade-III (S.C.) met in the Council office on 23/05/2009 wherein the following were present: -*

<i>Lt Col (Dr.) A.R.N. Setalvad (Retd.)</i>	<i>Chairman</i>
<i>Dr. P. Prasannaraj</i>	<i>Member</i>
<i>Sh. Ashok Kumar Harit</i>	<i>Member</i>
<i>Mrs. Madhu Handa</i>	<i>Member</i>

*Three (03) candidates were called for interview and all the three candidates attended the same.*

*The Committee, after interview and discussion, recommends the following for the post of Stenographer Grade-III (S.C.): -*

*Selected*

<i>#</i>	<i>Sr. # in list</i>	<i>Name of Candidate</i>	<i>Total Score</i>
<i>None found suitable</i>			

**41. Appointment of Deputy Secretary (Medical) in the Council office.**

Read : The matter with regard to appointment of Deputy Secretary (Medical) in the Council office.

The Executive Committee of the Council approved the recommendation of the Selection Committee as under:-

*“The Selection Committee for the post of Deputy Secretary (Medical) in the Council office consisting the following members met on 27/05/2009: -*

<i>Dr. Ketan D. Desai, President</i>	<i>-</i>	<i>Chairman</i>
<i>Dr. P.C. Kesavankutty Nayar, Vice President</i>	<i>-</i>	<i>Member</i>
<i>Dr. K.P. Mathur</i>	<i>-</i>	<i>Member</i>
<i>Prof. Ashwani Kumar</i>	<i>-</i>	<i>Member</i>
<i>Lt Col (Dr.) A.R.N. Setalvad (Retd.), Secretary</i>	<i>-</i>	<i>Member Secretary</i>

*Ten (10) candidates were called for interview. Out of whom, 8 (Eight) candidates attended the interview.*

*The Committee, after interview and discussion recommends the following as selected candidate for the post of Deputy Secretary (Medical):*

*Selected*

- 1. Dr. Reena Nayyar*

*Waiting list:*

- 2. Dr. Charu Mohan*

**46. Appointment of Telephone Operator-cum-Receptionist (Gen.) in the Council office.**

Read : The matter with regard to Appointment of Telephone Operator-cum-Receptionist (Gen.) in the Council office.

The Executive Committee of the Council approved the recommendation of the Selection Committee as under:-

*“The Selection Committee for the post of Telephone Operator-cum-Receptionist (Gen.) met in the Council office on 30/05/2009 wherein the following were present: -*

<i>Lt Col (Dr.) A.R.N. Setalvad (Retd.)</i>	<i>Chairman</i>
<i>Dr. P. Prasannaraj</i>	<i>Member</i>
<i>Sh. Ashok Kumar Harit</i>	<i>Member</i>
<i>Sh. Jagtar Singh</i>	<i>Member</i>

*Thirteen (13) candidates were called for interview, out of which, Nine (9) candidates attended the same.*

*The Committee, after interview and discussion, recommends the following as selected candidates for the post of Telephone Operator-cum-Receptionist (Gen.): -*

*Selected*

<i>#</i>	<i>Sr. # in list</i>	<i>Name of Candidate</i>	<i>Total Score out of 10</i>
<i>1</i>	<i>10</i>	<i>Ms. Bharti Chopra</i>	<i>9</i>

*Waiting list*

<i>#</i>	<i>Sr. # in list</i>	<i>Name of Candidate</i>	<i>Total Score out of 10</i>
<i>1</i>	<i>02</i>	<i>Sh. Sunil Kumar</i>	<i>8</i>

**47. Establishment of Medical College Regulations, 1999 – Amendment of time schedule.**

Read : The matter with regard to Establishment of Medical College Regulations, 1999 – Amendment of time schedule.

The Executive Committee of the Council while considering the matter regarding the Schedule for receipt of applications for establishment of new medical colleges and processing of the applications by the Central Government and the Medical Council of India observed as under:-

The existing Schedule for receipt of applications for establishment of new medical colleges and processing of the applications by the Central Government and the Medical Council of India is as under:-

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

	<b>Stage of processing</b>	<b>Last date</b>
1.	Receipt of applications by the Central Govt.	From 1 <sup>st</sup> August to 31 <sup>st</sup> August (both days inclusive) of any year
2.	Receipt of applications by the MCI from Central Govt.	30 <sup>th</sup> September
3.	Recommendations of Medical Council of India to Central Government for issue of Letter of Intent	31 <sup>st</sup> December

4.	Issue of Letter of Intent by the Central Government.	31 <sup>st</sup> January
5.	Receipt of reply from the applicant by the Central Government requesting for Letter of permission.	28 <sup>th</sup> February
6.	Receipt of Letter from Central Government by the Medical Council of India for consideration for issue of Letter of Permission.	15 <sup>th</sup> March
7.	Recommendation of Medical Council of India to Central Government for issue of India to Central Government for issue of Letter of Permission.	15 <sup>th</sup> June
8.	Issue of Letter of Permission by the Central Government.	15 <sup>th</sup> July

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

In the last few years, it has been observed that the number of inspections to be carried out by the Council has increased manifold. Because of the tendency of the institutes to delay the inspection process as much as possible, they are concentrate during the period of April 15<sup>th</sup> to June 10<sup>th</sup> during which more than 100 inspections have to be carried out.

Each inspection has to be carried out by panel of three Inspectors whom one is the Whole-time/Additional Inspector of the Council and other two Inspectors are from the panel of Vice-Chancellors, DMEs, Deans and Professors of Medical Colleges in the Public Sector. The peak period of the inspections coincides that the vacation period wherein half of the staff is away on vacation and the remaining half remains on duty who has to carry out the entire functioning of the medical college and hospital because of the reduced availability of the people. During the vacations half many Inspectors find it difficult to obtain the leave from their employer for carrying out the inspection. Because of these reasons when large number of inspections have to be carried out in a short time, it is very difficult to get the panel inspectors for conducting the inspection.

Further, the teaching faculty of the medical colleges which are to be inspected are entitled for summer vacation during the period of May & June as per the statutes of the universities to which the respective medical colleges are affiliated. However, because of the pendency of the inspection the vacation is withheld and the teachers have to remain on duty which leads to a lot of grumbling and harassment also.

It has also been observed that because this period coincides with the peak tourist season, many a time tickets are not available and inspections have to be cancelled because of non-availability of the air tickets.

The schedule of admission as prescribed under the Graduate Medical Education Regulations envisages the 1<sup>st</sup> round of admission process in the different States to be completed by 25<sup>th</sup> July. In the present schedule the last date prescribed for the Central Govt. to issue Letter of Permission/Renewal of Permission is 15<sup>th</sup> July, very little time is left for incorporation of those colleges which are granted LOP/Renewal of Permission by the Govt. of India by 15<sup>th</sup> July of every year. This creates lot of difficulties for the meritorious students who are desirous to securing admission in the Govt. Quota from amongst the merit list of various admission tests. If the stage of sending the recommendations by the Medical Council of India to the Central Govt. is advanced by a month to 15<sup>th</sup> May and subsequent grant of LOP to 15<sup>th</sup> June, sufficient time will be available to various authorities to conduct the counseling for admission in

fair and transparent manner without disturbing the Schedule of the Admission Process as prescribed in the Graduate Medical Education Regulations, 1997.

In view of above and after due deliberations, the Executive Committee of the Council decided that the Schedule for receipt of applications for establishment of new medical colleges and processing of the applications by the Central Government and the Medical Council of India as prescribed in the Establishment of Medical College Regulations, 1999 be amended as under:-

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

	Stage of processing	Last date	
		Existing	Recommended
1.	Receipt of applications by the Central Govt.	From 1 <sup>st</sup> August to 31 <sup>st</sup> August (both days inclusive) of any year	From 1 <sup>st</sup> August to 31 <sup>st</sup> August (both days inclusive) of any year
2.	Receipt of applications by the MCI from Central Govt.	30 <sup>th</sup> September	30 <sup>th</sup> September
3.	Recommendations of Medical Council of India to Central Government for issue of Letter of Intent	31 <sup>st</sup> December	<b>15<sup>th</sup> December</b>
4.	Issue of Letter of Intent by the Central Government.	31 <sup>st</sup> January	<b>15<sup>th</sup> January</b>
5.	Receipt of reply from the applicant by the Central Government requesting for Letter of permission.	28 <sup>th</sup> February	<b>15<sup>th</sup> February</b>
6.	Receipt of Letter from Central Government by the Medical Council of India for consideration for issue of Letter of Permission.	15 <sup>th</sup> March	<b>1<sup>st</sup> March</b>
7.	Recommendation of Medical Council of India to Central Government for issue of India to Central Government for issue of Letter of Permission.	15 <sup>th</sup> June	<b>15<sup>th</sup> May</b>
8.	Issue of Letter of Permission by the Central Government.	15 <sup>th</sup> July	<b>15<sup>th</sup> June</b>

Note: (1) The information given by the applicant in Part-I of the application for setting up a medical college that is information regarding organization, basic infrastructural facilities, managerial and financial capabilities of the applicant shall be scrutinized by the Medical Council of India through an inspection and thereafter the Council may recommend issue of Letter of Intent by the Central Government.

(2) Renewal of permission shall not be granted to a medical college if the above schedule for opening a medical college is not adhered to and admissions shall not be made without prior approval of the Central Government....."

The minutes of this item were read out and confirmed in the meeting itself and it was decided that the decision be sent to the members of the General Body of the Council by circulation immediately for sending their approval within 10 days.

**66. Approval of Minutes of the Finance Committee held on 29<sup>th</sup> May, 2009**

The Executive Committee of the Council noted and approved the minutes of the Finance Committee meeting held on 29<sup>th</sup> May, 2009, which read as under:-

**“1. Minutes of the last meeting - Confirmation of.**

*The Finance Committee confirmed the minutes of the last meeting held on 4<sup>th</sup> February, 2009.*

**2. Minutes of last meeting of Finance Committee – Action Taken thereon.**

*The Finance Committee noted and approved the action taken by the Office on the various items included in the minutes of the meeting held on 4<sup>th</sup> February, 2009.*

**3. Annual Accounts of MCI for the year 2008-09.**

*Read: The matter with regard to consider & approve the Annual Accounts of Medical Council of India for the year 2008-09 for submission to the Director General (Audit), Central Revenues, New Delhi.*

*The Finance Committee approved the Annual Accounts of MCI for the financial year 2008-09 ending on 31<sup>st</sup> March 2009 for onward submission to the Director General Audit, Central Revenues, New Delhi to conduct the Audit for the year 2008-09 on the Accounts of Council.*

**4. Revision of Pay Scale for recruitment to the post of Law Officer in the Office of Medical Council of India.**

*Read: The matter with regard to consider the Revision of Pay Scale for recruitment to the post of Law Officer in the Office of Medical Council of India.*

*The Finance Committee decided to recommend the revised pay scale of Rs.37400-67000 with Grade Pay of Rs. 8700/-, which is for the post of Joint Secretary in the Council, for the post of Law Officer in Medical Council of India for consideration & approval by the Executive Committee of the Council.*

**5. Fee for complaint & appeal cases received u/s 8.8 & 8.8 of IMC (Professional Conduct, Etiquette & Ethics) regulation, 2002.**

*Read: The matter with regard to consider Fee for complaint & appeal cases received u/s 8.8 & 8.8 of IMC (Professional Conduct, Etiquette & Ethics) regulation, 2002.*

*The Finance Committee decided to recommend to the Executive Committee of the Council to reiterate its earlier decision, which was also approved by the General Body of the Council. The relative part of the recommendations is as under:*

*“The members of the Adhoc Committee appointed by the Hon’ble Sypreme Court and of the Executive Committee of the Council considered the matter along with the report of the Sub-Committee and decided to approve the following report of the Sub-Committee:-*

*After due deliberation the Sub-Committee decided to recommend to the Executive Committee and General Body of the Council that even this 10% fee for persons of Below Poverty Line (BPL) in both original complaint and appeal should be dispensed with to make the redressal mechanism for the common man easy and free. Therefore, Clause (C) of the decision of the Executive Committee/General Body may accordingly be modified as under:-*

*(C) Persons Below Poverty Line (BPL) shall not have to pay any fee for the original complaints or the appeals as the case may be provided that a certificate issued by a Government Authority/attested copy of the BPL Card issued by the competent authority is attached with the complaint/appeal.”*

**6. Proposal of M/s C.K. Associates for managing the Canteen, Guest House, Auditorium, Conference Halls & Lawns of the Council.**

*Read: The matter with regard to consider the proposal of M/s C.K. Associates for managing the Canteen, Guest House, Auditorium, Conference Halls & Lawns of the Council.*

*The Finance Committee discussed in detail the matter of managing the Council’s Canteen, Guest House, Auditorium, Conference Halls & Lawns by M/s C.K. Associates*

*and decided to defer the same for future meeting and directed to the Council office to explore the possibilities for a broader & better returns on investment.”*

**85. Recommendations of D.P.C. with regard to Deputy Secretary (Non-Medical).**

Read : The matter with regard to recommendations of D.P.C. with regard to Deputy Secretary (Non-Medical).

The Executive Committee of the Council approved the recommendations of the Departmental Promotion Committee as under:-

*“The Departmental Promotion Committee held on 27/05/2009 for the purpose of granting higher scale of pay to Shri Ashok Kumar Harit, Deputy Secretary (Admn.)*

*The following members of the D.P.C. were present:-*

<i>Dr. Ketan D. Desai, President</i>	<i>-</i>	<i>Chairman</i>
<i>Dr. P.C.Kesavankutty Nayar, Vice-President-</i>	<i>-</i>	<i>Member</i>
<i>Dr. K.P. Mathur</i>	<i>-</i>	<i>Member</i>
<i>Prof. Ashwani Kumar</i>	<i>-</i>	<i>Member</i>
<i>Lt.Co.(Dr.) A.R.N. Setalvad (Retd.), Secretary</i>	<i>-</i>	<i>Member Secretary</i>

*The Committee noted that Sh. Ashok Kumar Harit was appointed as Deputy Secretary (Admn.) on 24.04.2003 in the pay scale of Rs. 12000-375-18300/-.*

*As per the Recruitment Rules of the Council, the post of Deputy Secretary (Admn.) is an isolated post, resultantly, there are no promotional avenues for the incumbent to the said post. However, the Committee noted that in terms of the existing rules as circulated vide Govt. of India, DOPT, O.M. No.AB.14017/61/2008-Estt.(RR), dated 24/03/2009, the work experience in the lower post in the Pay Band-3 scale of Rs.15600-39100 – Grade Pay Rs. 7600/- (pre-revised scale of pay Rs.12000-18000), the minimum required eligibility for placement in the next higher scale of pay of Rs.37400-67000 – Grade Pay Rs.8700/- (Pay Band-4) is five years.*

*It is noted that the said eligibility of five years was acquired by Shri Ashok Kumar Harit on 24/04/2008.*

*It is also noted that the service record of Shri Ashok Kumar Harit for the last five years i.e. from 2004-2005 to 2008-2009 is rated as “Good”.*

*In view of the above, it is recommended that Shri Ashok Kumar Harit be placed in the higher scale of pay in Pay Band – 4 i.e. Rs.37400-67000 with Grade Pay of Rs.8700/- w.e.f. 24/04/2008, the date on which he has acquired the required eligibility in terms of five years of qualifying service, as per the prescribed Rules.”*

**86. Award of Courier Services contract in the Council office.**

Read : The matter with regard to award of Courier Services contract in the Council office.

The Executive Committee of the Council approved the recommendation of the Committee:-

*“The Committee comprising of Dr. P. Prasannaraj, Joint Secretary, Shri Ashok Kr. Harit, Deputy Secretary (Admn.), Shri Jagtar Singh, Assistant Secretary & Shri V.K. Agarwal, Assistant Accounts Officer, met in the Council office on 25.05.2009 at 3.00 p.m. for opening of tender for Courier Services.*

*Total four tenders are received from the following firms:-*

*M/s BlazeFlash Courier Ltd., Jhandewalan, New Delhi*

*M/s Skylark Express (Delhi) Pvt. Ltd., New Delhi*

*M/s Trackon Courier Pvt. Ltd., New Delhi*

*M/s Blazeplash Courier Ltd., Mahipalpur, New Delhi.*

*Representatives from all the four firms were present at the tender opening meeting & signed in the tender register.*

*Firstly, the Technical Bids were opened and on scrutiny only three Bidders qualified and one Bidder i.e. M/s Blazeplash Courier Ltd., Mahipalpur was not considered as qualified because they were not having Rs. 5.00 Crores turnover per year, as per the requirement of the tender.*

*Thereafter, the Commercial Bids of three firms were opened i.e. M/s Blazeplash Courier Ltd., Jhandewalan, New Delhi, M/s Skylark Express (Delhi) Pvt. Ltd., New Delhi, M/s Trackon Courier Pvt. Ltd., New Delhi. A comparative statement has been prepared and enclosed herewith.*

*M/s Blazeplash Courier Ltd., Jhandewalan, New Delhi has quoted the total product for one year amounting to Rs. 29,200/- which is the lowest amongst all the three tenders and hence placed at L-1."*

- 87. Story "Seat-for-sale scam in 2 med colleges", telecast on the TV channel 'Times Now' on 03.06.2009 & News Story (1) "UPA minister-run medical college wants Rs. 20L donation" & "No receipt for donation" published in the Times of India dated 03.06.2009 and (2) "Govt probes seat-for-sale scam, may derecognize 2 med colleges", published in the Times of India dated 04.06.2009.**

Read : The matter with regard to Story "Seat-for-sale scam in 2 med colleges", telecast on the TV channel 'Times Now' on 03.06.2009 & News Story (1) "UPA minister-run medical college wants Rs. 20L donation" & "No receipt for donation" published in the Times of India dated 03.06.2009 and (2) "Govt probes seat-for-sale scam, may derecognize 2 med colleges", published in the Times of India dated 04.06.2009.

The Executive Committee of the Council observed that a story "Seat-for-sale scam in 2 med colleges", was telecast on the TV channel 'Times Now' on 03.06.2009. The telecast was regarding two medical colleges regarding Sri Ramachandra University, Chennai and Shree Balaji Medical College, Chennai.

It is further stated that in the Times of India dated 03.06.2009 the news story had appeared under the caption (1) "UPA minister-run medical college wants Rs. 20L donation" & "No receipt for donation". Thereafter, another news story had appeared on 04.06.2009 under the caption "Govt probes seat-for-sale scam, may derecognize 2 med colleges". The full text of the stories read as under:-

Date : 03/06/2009

'UPA minister-run med college wants Rs 20L donation'

*"Less than a week after the Tamil Nadu government claimed to have put in place a system to curb collection of capitation fees by private medical colleges, a TOI investigation has caught on camera officials of two leading medical colleges demanding Rs 20 lakh to Rs 40 lakh for an MBBS seat.*

*The investigation exposes how Chennai-based colleges violate an SC order and state legislation banning capitation fee. Officials of Sri Ramachandra University (SRU) and Shree Balaji Medical College and Hospital were caught on camera demanding donations from a student who cleared his Class XII exams this year.*

*While Shree Balaji College asked for Rs 20 lakh, SRU demanded Rs 40 lakh for an MBBS seat. The colleges have 150 seats each. DMK MP and Union minister of state for information and broadcasting S Jagathrakshakan is the chairman of Shree Balaji Medical College and Hospital while SRU is run by a trust led by industrialist V. R. Venkataachalam.*

*When informed of TOI's investigation, state authorities promised to conduct an inquiry.*

*The Balaji college administrative officer, Johnson, is on camera directing the student to meet "an agent" at the Shree Lakshmi Ammal Educational Trust at 29, Tilak Street, T Nagar, where "negotiations" for the capitation fee of Rs 20 lakh could be conducted.*

*Asked if rates could be reduced, Johnson said: "Minister (Jagathrakshakan) tells us to charge not less than 20 lakh. Recommendations are all humbug. Nothing will happen. You meet Lakshmi," he said, referring to the agent.*

*The college, he said, would at best allow parents to pay the capitation fee in three installments before January 2010, but he insisted that the amount would have to be paid "only in cash" at T Nagar, in the heart of the city, where the Trust has an office in a twostorey building.*

*Lakshmi, who is in charge of the Trust, says she could give no guarantee that a seat would be available for Rs 14 lakh (the amount we quoted). "You book your seat with an advance of Rs 2 lakh. We will see if we can offer you the rate that you ask for. But if you don't book, the price would go up," she said.*

*Some other medical colleges charge more than double this amount. TOI has on camera Sri Ramachandra University deputy registrar (admissions) Dr A Subramaniyan telling the student that the capitation fee is Rs 40 lakh. He quickly clarified that this does not include the fees of Rs 3.25 lakh per annum. "There are chances that the fees get increased, then you may have to shell out more money every year. If you are ready with Rs 40 lakh we can start admission," he said.*

#### 'No receipt for donation'

*A Times Now expose has caught on camera officials of Sri Ramachandra University (SRU) and Shree Balaji Medical College and Hospital demanding donations from a student who cleared his Class XII exams this year. For BDS, the donation quoted was Rs 3.5 lakh. Asked for a receipt, he said: "We cannot give any receipts. Receipts can be given only for the fees. The payment has to be made in cash. Along with the 3.5 lakh fees you can pay the donation."*

*An MBBS student from SRU is also on camera saying the entrance exam conducted by the college is an eyewash. "No merit system here. For myself, an NRI, I paid Rs 75 lakh. For others, it was Rs 45 lakh. But I heard that the rates have come down to 40 lakh now."*

*When asked why the university has been collecting capitation fees, its vice chancellor Dr S Rangaswami said: "I can't talk to you now. We are busy with the inspection by MCI." Health authorities said they would recommend action if evidence is found. "Nobody has complained to us so far. If there is evidence, we would investigate and forward requisition for action against the colleges," said director of medical education S Vinayagam. Repeated attempts to contact Jagathrakshakan proved futile.*

Date : 04.06.2009

#### 'Govt. probes seat-for-sale scam, may derecognize 2 med colleges'

*"The Times of India's expose of medical seats being put on sale for Rs 20-40 lakh by medical colleges in Tamil Nadu has triggered a probe into the scam by the Union government. Both HRD and health ministries on Wednesday said that they were examining the expose, and if found correct, would take action against these colleges including their derecognition.*

*Expressing his shock at the expose, which was jointly done by TOI and Times Now, HRD minister Kapil Sibal said, "We are trying to get hold of the evidence. I have asked Times Now to furnish me the tapes. As soon as we verify the facts, action will be taken."*

*Union health secretary Naresh Dayal said the two colleges would be derecognised if the evidence against them is established. He said, "Such incidents are very disheartening and need to be seriously curbed. If the evidence is correct, we will take action like derecognizing such colleges." The Medical Council of India, the regulator for medical education, dubbed sale of medical seats an "unpardonable act" and has called an executive committee meeting to discuss the issue.*

*Meanwhile, the Tamil Nadu health department has decided to issue show-cause notices to Sri Ramachandra University and Shree Balaji Medical College, whose officials were caught on camera asking for capitation fees of Rs 20-40 lakh, for violating the TN Act and SC ruling banning capitation fee."*

*Mantri denies link, website says otherwise*

*"A picture of a beaming Union I&B minister of state S. Jagathrakshakan greets you on the site (<http://www.sbmch.ac.in/message.htm>). The page describes him as "the chairman of Shree Balaji Medical College and Hospital" and carries a message from him to students that says, "I am happy that you are joining our Medical College for pursuing the MBBS course of study....Let me greet you at the beginning of this journey of yours towards the goal of a rewardingly successful career in medicine."*

*However, a day after TOI exposed his college staff demanding capitation fees in the range of Rs 12-20 lakh, the minister brazenly denied any links with the college, while his party colleagues including chief minister M. Karunanidhi chose to avoid questions on the issue.*

*Incidentally, Jagathrakshakan was given a warm welcome by the college with fireworks, bouquets and sweets when he first visited the college on Tuesday after being sworn in as the minister. And it was the college administrative officer Johnson who told TOI on camera that "the minister only has told us not to charge less than Rs 20 lakh".*

*The minister evaded the press all through the morning."*

The office had requested the Editor, Times Now and Editor, Times of India vide letter dated 04.06.2009 (kept on file) to provide the full transcript with recording, other material and record available with them at the earliest to enable to place the matter before the Executive Committee at its meeting scheduled to be held on 10<sup>th</sup> & 11<sup>th</sup> June, 2009.

Vide letter dated 04.06.2009, Mr. Arnab Goswami, Editor-in-Chief, Times Global Broadcasting Company Ltd., Mumbai-400013, had provided 2 C.Ds. along with transcript of raw footage on 05.06.2009 in the afternoon.

In view of above, the President had directed as under:-

1. An Enquiry Committee of the following 3 members be appointed to look into the matter and to submit the report within 3 weeks:-
  1. Dr. Indrajit Ray, Pro-Vice-Chancellor, West Bengal University of Health Sciences, Kolkatta & Chairman, Postgraduate Committee
  2. Dr. D.J.Borah, Principal, Jorhat Medical College, Jorhat, Assam & Member, Executive Committee
  3. Dr. Muzaffar Ahmad, Director, Health Services, Govt. of Jammu & Kashmir & Member, Executive Committee

The Sub-Committee had met in the office of the Council on 09.06.2009 and examined the materials made available to it including newspaper reports and transcript of

“Medical Fee Spy Scam’ and Chennai Medical College Spy Scam.’ And it also viewed the CDs of raw footage provided by Times Global Broadcasting Company Ltd.

The Committee after due deliberations was of the view that to decipher the facts, it would be necessary to have an on the spot enquiry in both the colleges namely Sri Ramchandra Medical College & Research Institute and Sree Balaji Medical College & Hospital.

2. A Sub-Committee for evolving modality for Common Entrance Test for admission to medical course be also constituted comprising of the following members:-
  1. Dr. Ved Prakash Mishra, Vice-Chancellor, Datta Meghe Instt. of Medical Sciences University, Nagpur & Member, Executive Committee, MCI
  2. Dr. C.V. Bhirmanandham, Former Vice-Chancellor, The Tamil Nadu Dr. M.G.R. Medical University, Chennai & Chairman, TEQ Sub-Committee, MCI

The terms of reference for the Committee will be as under:-

1. To work out the ‘cogent reasons, grounds and basis’ for evolving a suitable modality of Entrance Test for admission to undergraduate Medical courses in various medical colleges/institutions in the country.
2. The modality worked out be in consonance with the pronouncements made by the Court of Law on this count, from time to time.
3. To propose agency/authority for conducting & monitoring the modality, so suggested.
4. The modality should be ‘effective, credible, transparent and accountable’ as well.
5. Any other matter, which may deem fit on the issue.

The Sub-Committee met in the office of the Council on 09.06.2009 and submitted its report which reads as under:-

*“The present Committee comprising of Dr. Ved Prakash Mishra, Member, Executive Committee and Dr. C.V. Bhirmanandham, Member, MCI (former Vice-Chancellor of MGR University of Health Sciences, Tamil Nadu) came to be constituted by the President, MCI with following terms of reference:-*

1. *To work out the ‘cogent reasons, grounds and basis’ for evolving a suitable modality of Entrance Test for admission to undergraduate Medical courses (MBBS) in various medical colleges/institutions all over the country.*
2. *The modality worked-out to be in consonance with the pronouncements made by the Courts of Law on this count, from time to time.*
3. *To propose agency/authority for conducting & monitoring the modality, so suggested.*
4. *The modality should be ‘effective, credible, transparent and accountable’ as well.*
5. *Any other aspect which may be relevant on the issue.*

*The Committee had its meeting on 09.06.2009 at 11.30 a.m. in the office of the Council. The Committee noted that the Regulations on Graduate Medical Education 1997 which are in vogue as of now govern Selection of Students through its clause 5 which states as under:-*

**“Selection of Students:** *The selection of students to medical college shall be based solely on merit of the candidate and for determination of merit, the following criteria be adopted uniformly throughout the country:*

- (1) *In states, having only one Medical College and one university / board/examining body conducting the qualifying examination, the marks obtained at such qualifying examination may be taken into consideration.*
- (2) *In states, having more than one university/board/examining body conducting the qualifying examination (or where there is more than one medical college under the administrative control of one authority) a*

*competitive entrance examination should be held so as to achieve a uniform evaluation as there may be variation of standards at qualifying examinations conducted by different agencies.*

(3) *Where there are more than one college in a state and only one university/board conducting the qualifying examination, then a joint selection board be constituted for all the colleges.*

(4) *A competitive entrance examination is absolutely necessary in the cases of Institutions of All India character.”*

*The said clause in its sub-clause 5 brings out procedure for selection to MBBS course at striatum 1 & 2 respectively which are as under:-*

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

i) *In case of admission on the basis of qualifying examination under Clause (1) based on merit, candidate for admission to MBBS course must have passed in the subjects of Physics, Chemistry, Biology & English individually and must have obtained a minimum of 50% marks taken together in Physics, Chemistry, and Biology at the qualifying examination as mentioned in Clause (2) of regulation 4. In respect of candidates belonging to Scheduled Castes, Scheduled Tribes or Other Backward Classes, the marks obtained in Physics, Chemistry and Biology taken together in qualifying examination be 40% instead of 50% as above.*

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

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

*The Regulations of MCI, in recognition of the aspect of respecting 'Merit', i.e. the most meritorious should be on the top of the list and the admissions are granted on the basis of the order of merit, has taken care of various factors in existence in different states. There are certain states where all the students pass the 10+2 examination from the same examining authority, i.e. one particular Board. In certain other states, there are different education boards who are conducting the 10+2 examination. On certain occasions the curriculum, the pattern of teaching, standard of examination do vary from one Education Board to the other. Thus, in States where there is only one Education Board conducting 10+2 examination, the admissions can be made on the basis of the result of qualifying examination being 10+2 examination. Where there are more than one examination board in a state for conducting 10+2 examination, the common entrance test is an imperative. It is also imperative in the case of institutions having All India character. It is reemphasized that the entire thrust of this Regulation is to give due preference to the merit of the candidate for admission in medical courses.*

*The provisions of sub-clause 5 of Graduate Medical Education Regulations categorically bring out that 2 units have been formulated wherein the first unit is “the State” and 2<sup>nd</sup> unit is “Medical Colleges/Institutions” that have all India character.*

*At sub-clause 4 of clause 5 a competitive entrance examination is an absolute necessity in regard to the institutions that have an ‘All India Character’. There is no exception made out on that count. However, in sub-clause 1, the situation governs those States that have a single medical college/institution and a single examining body conducting the qualifying examination. In such a situation the marks obtained at the qualifying examination are required to be taken as basis for selection of students to the MBBS course.*

*By present situation of distribution of medical colleges in the country only 3 States namely Goa, Manipur and Sikkim and one Union Territory i.e. Chandigarh would fit into this scheme, i.e. only one 10+2 Board and only one medical college in that territory thereby making it permissible to make admissions in the MBBS course on the basis of merit of the candidate in the qualifying examination. A logical extension of sub-clause 1 is in terms of sub-clause 3 whereby where there is more than one college in the State but the examining board is single then a Joint Selection Board is required to be constituted for all the colleges. These two clauses make an exception to the extent that entrance examination is not mandatory in these two situations.*

*However, under sub-clause 2 it is emphatically brought out that States that have more than one unit/board/examining body conducting the qualifying examination (10+2), having number of medical colleges, a competitive entrance examination (CET) is required to be held.*

*The basis that stands advocated for holding of the competitive entrance examination “is to achieve uniform evaluation as there may be variation of standards at qualifying examination conducted by different agencies”.*

*The Committee is aware that the Regulations notified by the Medical Council of India in terms of powers vested with it u/s 33 of the I.M.C. Act, 1956 are binding in nature and mandatory in character. As a result of this, they become an integral part of the over all governing statute. The basic purpose of the Regulations on Graduate Medical Education Regulations, 1997 is to determine and coordinate the standard of medical education in the country and to integrate its development through prescribing norms and requirements for the purpose of invoking uniformity in the country.*

*Operationally common entrance test, basically means an “entrance test in the common syllabus conducted by an authority for the purpose of admission to a designated course so as to arrive at an equation or standardization of the students of different styles or pattern of curricula and examinations, so as to compare the eligibility criteria for admissions”.*

*The variation that has been availed in formulating Graduate Medical Education Regulation in the context of its sub-clause 5 pertains to different examining authorities. However, the concept of variability in the examination conducted by the single authority also need to be comprehended. Even where there could be one examination by one authority, it is difficult to comprehend that this would end up in ‘absolute equality’, because as per the necessity, the answer papers are required to be examined by different examiners who obviously have different yardsticks of evaluation and resultant marking. Even in case of objective type test where there is no negative marking the possibility of ticking the right answer by accident rather than by required knowledge looms large. Likewise, even where there is negative marking, the possibility of securing more or less marks due to exigencies cannot be ruled out. It is thus, difficult to work out a particular method, which can be said to be best suited for deciphering of relative merit.*

*The legal basis for common entrance test is discernable from following legal pronouncements:-*

1. *GUJATRA UNIVERSITY VS KRISHNA RANGANATH MUDALIKA AIR 1963 SC 703*
2. *PERMCHAND JAIN AND ANOTHER VS R.K. CHHABRA 1984 (2) SCC 302*
3. *OSMANIA UNIVERSITY TEACHERS ASSOCIATION VS STATE OF ANDHRA PRADESH AND ANAOTHER 1987 (4) SCC 671*

4. *UNIVERSITY OF DELHI VS RAJSINGH AND OTHERS 1994 SUPP (3) SCC 516*
5. *STATE OF TAMILNADU VS ADIYAMAN EDUCATIONAL & RESEARCH INSTITUTE 1995 (4) SCC 104*
6. *RAVINDRA KUMAR RAI VS STATE OF MAHARASHTRA AND OTHERS 1998 (3) SCC 183*
7. *PREETI SRIVASTAVA VS STATE OF MADHYA PRADESH 1999 (7) SCC 120*
8. *BHARATI VIDYAPEETH & OTHERS VS STATE OF MAHARASHTRA AND ANAOTHER 2004 (11) SCC 755*
9. *PROF YASHPAL AND ANOTHER VS STATE OF CHHATTISGARH AND OTHERS 2005 (5) SCC 420*
10. *PA INAMDAR & OTHERS VS STATE OF MAHARASHTRA AND OTHERS 2005 (6) SCC 537*
11. *PRIYADARSHINI VS STATE OF TAMIL NADU 2005(3) CTC 449*
12. *MINOR NISHANTH RAMES VS STATE OF TAMILNADU 2006(2)L.W.1*

*A reference is being made by the Committee to excerpts wherein incorporation of entrance test has been emphasized. In a judgement delivered in Sri Chander Chinar Bada Akhara Udasin Vs State of J & K, 1996 (5) SCC 732, 1996 AIR SCW 3778, wherein it was observed that “it need not be pointed out that the percentage of marks secured by different applicant at different type of examinations at the Higher Secondary stage cannot be treated as uniform. Some of such examinations are conducted at State level, others at the national level including the Indian School Certificate Examination. The percentage secured at different examinations is bound to vary according to standard applied by such examination bodies, which is well known. As such, a common entrance examination has to be held” (Emphasis Supplied).*

*The mandatory nature of the common entrance test was again emphasized by the Constitution Bench of the Hon’ble Supreme Court in case of Preeti Shrivastava Vs. State of Madhya Pradesh, wherein it has been pronounced that standard of the candidates is directly related to the standard of education, i.e. higher the merit of the candidate, higher would be the standard of education as well.*

*It was brought out that “a common entrance examination, therefore, provide a uniform criterion for judging the merit of all candidates who come from different universities. Obviously, as soon as one concedes that there could be differing standards of teaching and evaluation in different universities, one cannot rule out the possibility that the candidates who have passed the MBBS examination from a university which is liberal in evaluating its students, would not, necessarily, have passed, had they appeared in an examination where a more strict evaluation is made. Similarly, candidates who have obtained very high marks in the MBBS examination where evaluation is liberal, would have got lesser marks had they appeared for the examination of a university where stricter standards were applied. Therefore, the purpose of such a common entrance examination is not merely to grade candidates for selection. The purpose is also to evaluate the candidates by a common yardstick. One must therefore also take into account the possibility that some of the candidates who may have passed the MBBS examination from more generous universities may not qualify at the entrance examination where a better and uniform standard for judging all the candidates from different universities is applied. In the interest of selecting suitable candidates for specified education, it is necessary that the common entrance examination of a certain standard and qualifying marks are prescribed for passing that examination. This alone will balance the competing equities of having competent students for specialised education and the need to provide for some room for the backward even at the stage of specialized postgraduate education which is one step below the super specialities”.*

*The judgement in the case of Sri Chander Chinar Bada Akhara Udasin Vs State of J & K was availed in disposal of Ravinder Kumar Rai Vs. State of Maharashtra case in 1998*

wherein the Govt. of Maharashtra was directed to held a common entrance examination for admission to various medical colleges in the State in terms of governing Regulations on Graduate Medical Education of 1997 made by the MCI. Similarly, in the case of State of Madhya Pradesh & Ors. Vs. Gopal D. Tirthani & Ors. – (2003) 7 SCC 83, the Apex Court had further held that the CET has to be common for selection of candidates coming from the Govt. services and from other streams. There cannot be two separate common entrance tests for two different streams for medical admissions in the same academic year. The common entrance test is to be common for selection of candidates from all streams for admissions in the same academic year.

The question of waiver of entrance examination was resorted to, by Govt. of Tamil Nadu through Tamil Nadu Act 2 of 2006, which was challenged before the Hon'ble Madras High Court. The Hon'ble High Court in its exhaustive judgement by citing various reasons stated that the State had no power to enact Tamil Nadu Act of 2006. The field being occupied by the Central Legislation, hence, the State had no legal competence to enact the impugned Act and the same is also not protected conceived by Article 15(5) of the Constitution of India. The Act is also liable to be set aside as is violative of principle of equity guaranteed under Article 14 of the Constitution. Resultantly, the State was directed to start the process of holding common entrance test in accordance with the MCI Regulations for the academic year 2006-07.

The Govt. of Tamil Nadu notified the Tamil Nadu Admission in Professional Education Institution Act 3 of 2007 wherein common entrance test for admission to professional courses in the State of Tamil Nadu was abolished. The same was challenged before the Hon'ble Madras High Court wherein the basic issue involved was as to whether the State had the legislative competence to abolish common entrance test for admission to professional courses violating the Law of the Central Govt. passed under entry 66, List I of the Constitution of India by statutory bodies like MCI. This was especially with reference to the essentials of conducting a common entrance test upheld in the judgement of the Hon'ble Supreme Court reported in 1998 (3) SCC 183 (Ravindra Kumar Rai Vs. State of Maharashtra) and followed in various decisions like Preeti Sreevastava Case (1999 (7) SCC and PA Inamdar Case 2005 (6) SCC by the Hon'ble Supreme Court.

The case also involved the question of law to the effect that whether the Presidential Assent to the impugned Act of Tamil Nadu, Act 3 of 2007 is relevant in the teeth of the law passed by the Central Govt. under entry 66 List I in as much as that the law passed by the Central Govt. cannot be over ridden by a Presidential Assent under article 254 (2) by a law passed by the State Govt. under entry 25 of List III.

However, the Hon'ble Madras High Court by its judgement dated 27.04.2007 upheld the abolition of Central Entrance Examination by the Govt. of Tamil Nadu citing various reasons therein. The said judgement has been challenged before the Hon'ble Supreme Court vide Civil Appeal 2761 of 2007 which is pending consideration.

The Committee does not have the required legal expertise at its disposal to decipher the niceties and nuances in this regard availed by the Hon'ble courts. However, the Graduate Medical Education Regulations contemplating competitive entrance test as a modality to obviate variables of qualifying examination makes a positive sense. As of now in terms of the judgement delivered in P.A. Inamdar case, the Unaided Private Medical Colleges in the State are also required to hold a common entrance test for the group of private colleges in the State put together.

The need for the common entrance test has been re-emphasized even in that judgement citing that independent of the nature and character of institutions either being privately funded or having the minority status, the common entrance test is an imperative.

The concern of the Committee is not just the relevance and significance of holding a common entrance test but the multiple entrance tests being in vogue. Each Central medical institution created vide the Parliamentary enactment holds its entrance test for admission on an All India basis. Likewise, during the pendency of UGC designating an agency for holding a common entrance test for the various Deemed universities in the domain of health science, each Deemed University which is created in terms of Section 3 of the UGC Act, 1956 holds its common All India character entrance test, separately.

*As of now, there are 31 deemed universities in the domain of health sciences, which goes to indicate that 31 entrance tests are in vogue conducted by them. These are in addition to All India Entrance Test conducted by the Govt. of India (through CBSE) for the 15% of the pooled seats (MBBS) from different Govt. run medical colleges in the country and the entrance test conducted by All India character public funded colleges created under the Parliamentary enactment. Further, each State other than the State of Tamil Nadu conducts such common entrance test for admission to various public funded medical colleges in the concerned State and the private medical college which do not have deemed university status have formed the association on the State basis and hold a common entrance test for admission to them.*

*The plethora of entrance examinations has compounded problems in a big way not only for the candidates but also for their parents / family members for making it possible to appear in the maximum number of common entrance tests held all over the country by different agencies. This also involves hardship of various kinds including for traveling to far-off places, overlapping dates, insufficient time gap between different entrance examinations held at different places, the money required to be spent for traveling and for fee etc. for participating in the entrance examinations and various other incidental expenses. Apart from it being problematic for the students appearing at these multiple tests held at different points of time at different geographical locations, despite the presence of the concerned University, State authorities, Monitoring Committees headed by the Retired High Court Judges (as per the directions of the Hon'ble Supreme Court) in the close vicinity of the concerned medical institution, yet they also fall short on the count of being effectively monitored for the purposes of being transparent, accountable and non-discriminatory in character.*

*It is for these vary reasons that have been brought out by the Committee, it is imperative that in the context of avoiding hardships of the eligible students from facing multiple entrance tests and for securing a fair and transparent selection procedure on the basis of merit, the concept of an unitary/single common entrance test is the crying necessity.*

*The single 'Common National Entrance Examination', will obviate several vagaries, which are in existence as of now for reasons more than one. There is nothing in terms of legal pronouncements which can be said to be coming in the way of prescribing a 'single national common entrance test'. These pronouncements by the courts from time to time have mandated for holding of the 'common entrance test' for the purposes of negating the variations resulting out of qualifying examinations conducted by the various examining authorities and for upholding the merit of the candidates for seeking admissions in medical courses.*

Recommendations:

*In view of the above, the Committee recommends as under:-*

1. *There should be only one common entrance test for admission in MBBS course in all medical institutions all over the country.*
2. *It is also necessary that the Govt. of India should be asked to identify an authority for the purposes of conducting of this examination availing a structured syllabus for the said purpose notified to all concerned.*
3. *The schedule of conduct of such an examination by the designated authority should be well articulated and notified for the information of all concerned well in advance and in conformity with the time schedule already approved by the Hon. Supreme Court in the case of Mridul Dhar – (2005) 2 SCC 65.*
4. *In order to overcome the manual variabilities of evaluation the structuring of the common entrance test would be such that it would be evaluated in a computerized mechanism thereby getting rid of the human/manual element out of it.*
5. *The suggestions so made by the Committee if find favour would result in incorporation of necessary amendments in Graduate Medical Education Regulations especially to clause 5 of it, wherein the segregation that has been made in terms of sub-clause 1 read with sub-clause 3 and sub-clause 2 & 4 respectively needs to be obliterated. It has to be incorporated specifically that admission to the MBBS course in all the medical institutions/colleges independent of their nature/character would be strictly made on the basis of inter se merit of the relevant applicants as generated out of a Single*

*National Common Entrance Test conducted by an authority designated by the Govt. of India.”*

After due deliberations, the Executive Committee of the Council ratified the action taken by the President regarding constitution of two Committees and approved the report of the Sub-Committee constituted for the purpose of implementing common entrance test as under:-

1. There should be only one common entrance test for admission in MBBS course in all medical institutions all over the country, which would be conducted in English and all the languages included in the Schedule to the Constitution of India.
2. It is also necessary that the Govt. of India should be asked to identify an authority for the purposes of conducting of this examination availing a structured syllabus for the said purpose notified to all concerned.
3. The schedule of conduct of such an examination by the designated authority should be well articulated and notified for the information of all concerned well in advance and in conformity with the time schedule already approved by the Hon. Supreme Court in the case of Mridul Dhar – (2005) 2 SCC 65.
4. In order to overcome the manual variabilities of evaluation the structuring of the common entrance test would be such that it would be evaluated in a computerized mechanism thereby getting rid of the human/manual element out of it.
5. Resultantly, by an amendment in the Graduate Medical Education Regulations especially to clause 5 of it, wherein the segregation that has been made in terms of sub-clause 1 read with sub-clause 3 and sub-clause 2 & 4 respectively needs to be obliterated. It be incorporated specifically that admission to the MBBS course in all the medical institutions/colleges independent of their nature/character would be strictly made on the basis of inter se merit of the relevant applicants as generated out of a Single National Common Entrance Test conducted by an authority designated by the Govt. of India.
6. A suitable mechanism be evolved to prescribe methodology by which the list of the students eligible in different States would be segregated from the total list of all the candidates, which could then be adopted and utilized by the respective State authorities to admit the students eligible for admission as per their admission criteria in the institutions located in the respective States.
7. Accordingly Regulation 5 in Chapter-II on Regulations on Graduate Medical Education 1997 be amended as under:-
  5. Selection of Students: The selection of students to medical college shall be based solely on merit of the candidate and for determination of the merit, the following criteria be adopted uniformly throughout the country:

<b>Sl.No.</b>	<b>Existing</b>	<b>Amendment proposed</b>
1.	In States having only one Medical College and one university/board/examining body conducting the qualifying examination, the marks obtained at such qualifying examination may be taken into consideration.	In institutions of All India Character including Deemed Universities, the institutions owned and managed by the Central Govt., State Govts., Universities, Public Sector Undertakings, Local Self Govts., Trusts/Charitable Societies and all other organizations, admissions will be based upon the merit obtained at the competitive National Common Entrance Examination conducted by an authority designated by the Govt. of India.
2.	In States, having more than one university/board/examining body conducting the qualifying examination (or where there is more than one medical college under the	To be deleted

	administrative control of one authority) a competitive entrance examination should be held so as to achieve a uniform evaluation as there may be variation of standards at qualifying examinations conducted by different agencies.	
3.	Where there are more than one college in a state and only one university/board conducting the qualifying examination, then a joint selection board be constituted for all the colleges.	To be deleted
4.	A competitive entrance examination is absolutely necessary in the cases of institutions of All India character.	To be deleted

The minutes of this item were read out and confirmed in the meeting itself and it was decided that the decision be sent to the members of the General Body of the Council by circulation immediately for sending their approval within 10 days.

**119. To consider the report of the Enquiry Committee with reference to CBI report in PE-DAI-2005-0015 in relation to two members and one officer of the Medical Council of India.**

Read : The report of Enquiry Committee with reference to CBI report in PE-DAI-2005-0015 in relation to two members and one officer of the Medical Council of India.

The minutes of this item are kept separately under the custody of President.

**120. Appointment of Advocates on record.**

Read : The matter with regard to Appointment of Advocates on record.

The Executive Committee of the Council observed that at its meeting held on 28.08.2002 had decided the panel of Lawyers to defend the cases on behalf of Medical Council of India in different courts.

It was further observed that Mr. Maninder Singh, Advocate has informed that he has been elevated as Senior Advocate by the Hon'ble Supreme Court of India.

Mr. Mariarputham & Co. has also informed that Mr. A. Mariarputham has been elevated as Senior Advocate by the Hon'ble High Court of Delhi.

It also considered the proposal dated 15.05.2009 of M/s Singh & Singh, Law Firm, New Delhi which reads as under:-

*“Pursuant to our discussion, it is to inform you that Mr. Maninder Singh, have been designated as a Senior Advocate would no longer be part of the firm M/s. Singh & Singh.*

*However, we propose that the legal cases of the MCI before various Hon'ble Courts including the Hon'ble Supreme Court can be handled by Advocates at Singh & Singh where along with the advocates who are already handling the matters of the MCI, Mr. Abhinav Mukerji who is also an advocate-on-record are associated.*

*The consideration and approval on this proposal by the MCI may kindly be communicated to the undersigned for further necessary action in future for defending the MCI in the litigations before the Hon'ble Courts including the Hon'ble Supreme Court.”*

After due deliberations, the Executive Committee of the Council approved the above proposal of M/s Singh & Singh, Law Firm and decided that the legal cases of the MCI before various Hon'ble Courts including the Hon'ble Supreme Court can be handled by Advocates at

Singh & Singh where along with the advocates who are already handling the matters of the MCI, Mr. Abhinav Mukerji who is also an advocate-on-record are associated.

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

**New Delhi, dated the**  
**11<sup>th</sup> June, 2009**

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

**(Dr. Ketan Desai)**  
**President**