

**No.MCI-5(3)/2008-Med./****MEDICAL COUNCIL OF INDIA****EXECUTIVE COMMITTEE**

Minutes of the meeting of the Executive Committee held on 13<sup>th</sup> March, 2009 at 11.30 a.m. in the Council office at Sector 8, Pocket 14, Dwarka, New Delhi.

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**Present:**

Dr. Ketan Desai	President, Medical Council of India, Professor & Head, Department of Urology, B.J. Medical College, <b><u>Ahmedabad</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. Ved Prakash Mishra	Vice Chancellor, Datta Meghe Instt. of Medical Sciences University, <b><u>Nagpur (Maharashtra)</u></b>
Dr. Muzaffar Ahmad	Director, Health Services, Govt. of Jammu & Kashmir, <b><u>Srinagar</u></b>
Dr. Nirbhay Srivastav	Officiating Dean and Professor & Head, Orthopedics Department, Gandhi Medical College, <b><u>Bhopal -462001(MP)</u></b>
Dr. Baldev Singh Aulakh	Professor of Urology and Transplant Surgery, Head Transplant Unit, Dayanand Medical College, <b><u>Ludhiana</u></b>
Dr. P.K. Das	Professor & Head, Deptt. of General Medicine, S.C.B. Medical College, <b><u>Cuttack</u></b>
Dr. V.N. Jindal	Dean, Goa Medical College, Bombolim-403202, <b><u>Goa</u></b>

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

Secretary

Apologies for absence were received from Dr. D.J. Borah and Dr. G.K. Thakur.

At the outset, the members of the Executive Committee congratulated Dr. Ketan Desai, Professor & Head, Department of Urology, B.J. Medical College, Ahmedabad, on his assuming the office of the President, Medical Council of India and wished him a very best towards adding to the fair name and credibility of the Council.

The President thanked Dr. P.C. Kesavankutty Nayar, the then President (Acting) for handling the affairs of the Council diligently and effectively during the past 7 years. All the members congratulated Dr. Nayar on his assuming the office of the Vice-President of the Council and wished him a very best.

The Executive Committee recorded its sincere sense of gratitude and profound sense of thankfulness to respected Dr. P.N. Tandon, Prof. N. Rangabashyam, Dr. S.K. Bhansali and Dr. (Mrs.) S. Kantha, the members of the erstwhile Adhoc Committee appointed by the Hon'ble Supreme Court for their constant advise, counsel and guidance as a result of which the Council was able to steer through the turbulent times with elegance and was able to add to its fair name and credibility amongst the all concerned. The co-operation rendered by them was not only exemplary but also inspiring as well. Their creative and constructive approach not only rendered decision making meaningful but also aided significantly to the cause of medical education in the country as a whole. Their dispensations shall perpetually stand out as beckons light for all times to come and shall remain inerasable in the annals of Medical Council of India.

The President, Dr. Ketan Desai then moved a resolution that a communication be sent to Dr. P.N. Tandon, Prof. N. Rangabashyam, Dr. S.K. Bhansali and Dr. (Mrs.) S. Kantha, members of the erstwhile Adhoc Committee appointed by the Hon'ble Supreme Court.

**1. Minutes of the Executive Committee Meeting held on 10<sup>th</sup> February, 2009 - Confirmation of.**

The Executive Committee of the Council confirmed the minutes of the last meeting held on 10<sup>th</sup> February, 2009.

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

The Executive Committee of the Council noted the action taken by the office on the various items included in the agenda of the last meeting held on 10<sup>th</sup> February, 2009.

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

The Executive Committee of the Council noted the list of pending items arising out of the decisions taken by the Executive Committee and directed the office to request the members of sub-committees to convene the meeting at the earliest and submit their report before the next meeting of the Executive Committee.

**4. Konaseema Institute of Medical Sciences & Research Foundation, Amalapuram - Renewal of permission for admission of 5<sup>th</sup> batch of students for the academic session 2009-2010.**

Read: The Council Inspectors report (12<sup>th</sup> & 13<sup>th</sup> February, 2009) for renewal of permission for admission of 5<sup>th</sup> batch of students for the academic session 2009-2010 at Konaseema Institute of Medical Sciences & Research Foundation, Amalapuram.

The Executive Committee of the Council considered the Council Inspectors report (12<sup>th</sup> & 13<sup>th</sup> February, 2009) and noted the following:-

1. (a) The following faculty were not counted while computing faculty deficiency for reasons given as under:-

Sl.No.	Name of faculty	Designation	Department	Remarks
1.	Dr. Padma Bandopadhyaya	Professor	Physiology	Does not have the requisite five years and four years experience as Assistant and Associate Professor.
2.	Dr. Epari Ravi Kumar	Professor	Community Medicine	Does not have the requisite four years experience as Associate Professor.
3.	Dr. Shanti Lata Parida	Professor	Pharmacology	Does not have the requisite four years experience as Associate Professor.
4.	Dr. Rajana Rathod	Associate Professor	Pathology	Does not have the requisite five years experience as Assistant Professor.
5.	Dr. Pruthivi Raj Kumar	Assistant Professor	Physiology	M.Sc. from Science Faculty.
6.	Dr. Mohan Rao Nakkina	Professor	E.N.T.	Does not have the requisite five years experience as Assistant Professor.
7.	Dr. Vinay Bhushan Kalra	Professor	Radiology	Does not have the requisite five years experience as Assistant Professor.
8.	Dr. M. Shankar	Professor	Dentistry	Does not have the requisite five years and four years experience as Assistant and Associate Professor.

- (b) In view of above, the shortage of teaching staff required at present stage is as under:-

a	Teaching Faculty	12.2%	21 out of 171	
	i	Professor	04	Biochemistry-1, Forensic Medicine-1, Radio-Diagnosis-1, Dentistry-1
	ii	Associate Professor	09	Anatomy-1, Physiology-1, Pharmacology-1, Pathology-2, Forensic Medicine-1, General Medicine-1, Paediatrics-1
	iii	Assistant Professor	08	Anatomy-1, Physiology-2, Pharmacology-1, Forensic Medicine-1, Community Medicine-2, Radio-Diagnosis-1

b	Residents	10.4%	12 out of 115
i	Sr. Residents	04	Pediatrics-1, Genl. Surgery-1, Radio-Diagnosis-2
ii	Jr. Residents	08	General Medicine-5, Genl.Surgery-2, Ortho-1

2. Clinical material available is inadequate as under:-

	Daily Average	Day of Inspection
Bed occupancy %	80%	70 %

The bed occupancy was found to be 81% on the day of inspection. However, on actual verification of the medical records, it was found that 11% of the cases in Paediatrics, General Medicine, Psychiatry and Dermatology wards were of no clinical significance and did not merit hospitalization. As such, these cases were not considered for computation of bed occupancy. Hence, the bed occupancy was found to be 70%.

3. Examination hall is available at the third floor of the Library Building having 200 seats which is inadequate against the requirement of 375.
4. Rural Health Centre at Razole has been taken on lease for a period of 3 years from 2007 to 2009 by the college which is not as per norms.
5. Hostels: Accommodation is available for 622 boys and girls against the requirement of 750. Second block of the Nurses Hostel consists of 60 four seater rooms and has got double decker beds.
6. C.T. Scan is out of order.
7. Forensic Medicine - The cooling cabinet is being shared with that of mortuary in Anatomy department. No postmortem is being done for want of permission.
8. Other deficiencies/remarks are in the main report.

In view of the above, the Executive Committee of the Council decided to recommend to the Central Govt. not to renew the permission for admission of 5<sup>th</sup> batch of MBBS students for the academic year 2009-10 at Konaseema Institute of Medical Sciences & Research Foundation, Amalapuram.

**5. Sree Gokulam Medical College & Research Foundation, Thiruvananthapuram - Renewal of permission for admission of 5<sup>th</sup> batch of students for the academic session 2009-2010.**

Read: The Council Inspectors report (12<sup>th</sup> & 13<sup>th</sup> February, 2009) for renewal of permission for admission of 5<sup>th</sup> batch of students for the academic session 2009-2010 at Sree Gokulam Medical College & Research Foundation, Thiruvananthapuram.

The Executive Committee of the Council considered the Council Inspectors report (12<sup>th</sup> & 13<sup>th</sup> February, 2009) and decided to recommend to the Central Govt. to renew the permission for admission of 5<sup>th</sup> batch of 50 (Fifty) MBBS students at Sree Gokulam Medical College & Research Foundation, Thiruvananthapuram for the academic session 2009-10.

**6. Shadan Institute of Medical Sciences, Research Centre & Teaching Hospital, Peerancheru, Hyderabad - Renewal of permission for admission of 5<sup>th</sup> batch of students for the academic session 2009-2010.**

Read: The Council Inspectors report (13<sup>th</sup> & 14<sup>th</sup> February, 2009) for renewal of permission for admission of 5<sup>th</sup> batch of students for the academic session 2009-2010 at Shadan Institute of Medical Sciences, Research Centre & Teaching Hospital, Peerancheru, Hyderabad.

The Executive Committee of the Council considered the Council Inspectors report (13<sup>th</sup> & 14<sup>th</sup> February, 2009) and noted the following:-

1. The shortage of teaching staff required at present stage is as under:-
  - (a) The shortage of teaching faculty is 21.05%
    - i) Professor - 6 (Biochemistry-1, Medicine-1, TB & Chest-1, Ophthalmology-1, Radiology-1, Dentistry-1)
    - ii) Associate Professor - 16 (Physiology-2, Pathology-1, Microbiology-1, Pharmacology-1, Forensic Medicine-2, Community Medicine-1, Medicine-4, TB & Chest-1, Pediatrics-1, Anesthesia-1, Psychiatrt-1)
    - iii) Assistant Professor - 13 (Lecturer in Bio-Physics-1, Community Medicine-3, Lecturer in Epidemiology-1, Lecturer in Statistics-1, Medicine-3, Skin & VD-1, Psychiatry-1, Orthopedic-1, Anesthesia-1)
    - iv) Tutor -1 (Anatomy-1)
  - (b) The shortage of Residents is 35.65% as under :-
    - i) Sr. Resident - 26 (Medicine-5, TB & Chest-1, Pediatrics-3, Surgery-3, Orthopedic-3, ENT-1, Ophthalmology-1, Radiology-4, Anesthesia-5)
    - ii) Jr. Resident - 15 (TB & Chest-1, Skin & VD-2, Psychiatry-1, Pediatric-2, Surgery-6, Orthopedic-3)
    - [c] Dr. M. Elias Ali Khan is the Medical Superintendent. He is MBBS (1974), M.D. (Hospital Administration 1992). He has not enclosed any experience certificate in the Declaration Form. Hence not accepted.
2. R.H.T.C. at Hydershah Kote is taken on rent for 15 years which is not as per norms.
3. Hostel accommodation for boys, girls, residents and interns is inadequate as it is available for 188 students only against the requirement of 750 at this stage.
4. Residential Quarters: Total 40 quarters are available within the campus for teaching faculty which is inadequate against the requirement of 85 at this stage.
5. Operation theatre unit: There are 8 operation theatres having total 8 tables against the requirement of 10 OTs at this stage.
6. There is no separate ICU. There is combined ICCU/ICU with 16 beds. Burns and Obstetrics ICUs are not available.

7. Only two mobile units of 60 MA and 30 MA are available which is inadequate.
8. There is no exhaust fan in CSSD.
9. Nursing Staff is grossly inadequate as under:-

Nursing Superintendent	:	01
Deputy Nursing Superintendent	:	02
Asstt. Nursing Superintendent	:	13
Nursing Sisters	:	77
ANM's	:	12
Staff nurses	:	104

10. Other deficiencies/remarks are in the main report.

In view of the above, the Executive Committee of the Council decided to recommend to the Central Govt. not to renew the permission for admission of 5<sup>th</sup> batch of students for the academic session 2009-2010 at Shadan Institute of Medical Sciences, Research Centre & Teaching Hospital, Peerancheru, Hyderabad.

**7. Bhaskar Medical College, Yenkapally, Andhra Pradesh - Renewal of permission for admission of 5<sup>th</sup> batch of students for the academic session 2009-2010.**

Read: The Council Inspectors report (13<sup>th</sup> & 14<sup>th</sup> February, 2009) for renewal of permission for admission of 5<sup>th</sup> batch of students for the academic session 2009-2010 at Bhaskar Medical College, Yenkapally, Andhra Pradesh.

The Executive Committee of the Council considered the Council Inspectors report (13<sup>th</sup> & 14<sup>th</sup> February, 2009) and noted the following:-

1. The shortage of teaching staff required at present stage is as under:-

a	Teaching Faculty	25 Out of 171	14.61 %
	i	Professor	2 Dermatology-1, Dentistry-1
	ii	Associate Professor	13 Anatomy-2, Pharmac-1, Forensic-2, Medicine-2, Surgery-1, Ortho-1, ENT-1, Anaesthesia-2, Radiology-1,
	iii	Assistant Professor	7 Physio-2, Patho-1, Forensic-1, Medicine-1, OBG-1, Radiology-1
	iv	Tutor	3 Pharmac-1, Patho-1, Dentistry-1
b	Residents	44 of 115	38.26 %
	i	Sr. Residents	24 Medicine-5, Pediatrics-3, TB-1, Surgery-3, Ortho-3, Opth-1, OBG-2, Anaesthesia-2, Radiology-4
	ii	Jr. Residents	20 Medicine-6, Pediatrics-4, TB-1, Dermatology-1, Psychiatry-2, Surgery-1, Ortho-3, Opth-1, OBG-1

## 2. Clinical Material is grossly inadequate as under:-

Clinical Material Available		Day of Inspection Data supplied by Institute .		Data as observed during inspection round on 13 - 02 -2009
O.P.D. attendance		478		250
Casualty attendance		15		8
Bed occupancy %		82		32 %
Admission / Discharge		84/76		35/28
Operative work				
1	Major surgical operations	3		2
2	Minor surgical operations	15		2
3	Normal deliveries	Nil		Nil
4	Caesarian Sections	1		1
Radiological Investigations				
1	X-Ray	143	30	64
2	Ultra-sonography	30	27	4
3	C.T. Scan	-	-	Nil
4	Special Investigations	15	5	Nil
Laboratory Investigations				
1	Biochemistry	105	45	59
2	Microbiology	10	5	36
3	Serology	72	35	44
4	Parasitology	8	2	6
5	Hematology	220	142	76
6	Histopathology	-	5	Nil
7	Cytopathology	-	7	Nil
8	Others:-	-	-	-

## 3. There is deficiency of 112 beds as under:-

Specialty		Required Beds/Units	Remarks	Deficiency
Medicine & Allied Specialties	General Medicine	180/6	120 beds are operational. Wards for the Remaining beds are under construction. Deficiency of 80 beds.	Deficiency of 60 beds.

	Pediatrics	90/3	No infrastructure is available for 22 beds in the ward on third floor-west wing. Deficiency of 22 beds.	Deficiency of 22 beds.
	TB & Chest	30/1	Female patients of TB and Skin are kept in One common ward.	
Surgery & Allied Specialties	General Surgery	180/6	30 beds in one ward on the top floor are non operational because of non-availability of required infrastructure. Deficiency of 30 beds.	Deficiency of 30 beds.
GRAND TOTAL		750/26		Total deficiency of 112 beds

4. There is no Medlar facility available in the central library.
5. No lecturer cum medical officer having M.D.{P.S.M.} is posted regularly at U.H.C.
6. Hostels: The total accommodation required for UG students at this stage is 750, whereas it is available only for 558.
7. Accommodation for Residents: Only 20 rooms are under construction against requirement of 300.
8. Nurses - There is no separate hostels for nurses.
9. In Wards : Each ward is not provided fully operational duty doctor room, nurse duty room, nursing station, pantry, examination / procedure room, teaching area and side laboratory. Some rooms are provided, but without any furniture, fixture and other functional utility. None of the teaching areas have been provided with audiovisual aids and other teaching facilities. Teaching facilities are in-adequate.
10. In ICUs occupancy is 42.10 % which is inadequate.
11. Other deficiencies/remarks are in the main report.

In view of the above, the Executive Committee of the Council decided to recommend to the Central Govt. not to renew the permission for admission of 5<sup>th</sup> batch of students for the academic session 2009-2010 at Bhaskar Medical College, Yenkapally, Andhra Pradesh.

**8. Smt. Kashibai Navale Medical College and General Hospital, Pune - Renewal of permission for admission of 3<sup>rd</sup> batch of students for the academic session 2009-2010.**

Read: The Council Inspectors report (20<sup>th</sup> & 21<sup>st</sup> February, 2009) for renewal of permission for admission of 3<sup>rd</sup> batch of students for the academic session 2009-2010 at Smt. Kashibai Navale Medical College and General Hospital, Pune.

The Executive Committee of the Council considered the Council Inspectors report (20<sup>th</sup> & 21<sup>st</sup> February, 2009) and decided to recommend to the Central Govt. to renew the permission for admission of 5<sup>th</sup> batch of 50 (Fifty) MBBS students at Sree Gokulam Medical College & Research Foundation, Thiruvananthapuram for the academic session 2009-10.

**9. Azeezia Institute of Medical Sciences & Research, Kollam - Renewal of permission for admission of 2<sup>nd</sup> batch of students for the academic session 2009-2010.**

Read: The Council Inspectors report (20<sup>th</sup> & 21<sup>st</sup> February, 2009) for renewal of permission for admission of 2<sup>nd</sup> batch of students for the academic session 2009-2010 at Azeezia Institute of Medical Sciences & Research, Kollam.

The Executive Committee of the Council considered the Council Inspectors report (20<sup>th</sup> & 21<sup>st</sup> February, 2009) and noted the following:-

1. The shortage of teaching faculty is 34.37% (33 out of 96) as under:-

a	Teaching Faculty	33 Out of 96	34.37%
	i Professor :	03	Pharmacology-1, Microbiology-1, Radiology-1
	ii Associate Professor	09	Anatomy-2, Physiology-1, Pharmacology-1, Pathology-2, Microbiology-1, Orthopaedic-1, OBG-1
	iii Assistant Professor :	14	Anatomy-2, Physiology-1, Pharmacology-1, Pharm. Chemist-1, Pathology-1, Forensic Medicine-1, Community Medicine-1, General Surgery-1, OBG-3, Anaesthesia-1, Radiology-1
	iv Tutor :	07	Physiology-1, Pharmacology-2, Pathology-4
The shortage of Residents is 66.07% (37 out of 56) as under:-			
b	Residents	37 out of 56	66.07%
	i Sr. Residents	10	General Medicine-3, Pediatrics-1, Genl. Surgery-1, Ortho-1, OBG-2, Radiology-2
	ii Jr. Residents	27	General Medicine-8, Pediatrics-3, TB & Chest-1, Dermatology-1, Psychiatry-1, Genl. Surgery-4, Ortho-2, ENT-1, Ophthalmology-2, OBG-4

2. Clinical material is grossly inadequate in terms of OPD attendance, casualty attendance, bed occupancy, operative work, number of normal deliveries and caesarian sections, radiological and lab investigations as under:-

	Daily Average	Day of Inspection
O.P.D. attendance	497	492
Casualty attendance	19	17
Number of admissions / discharge	33/32	47/35
Bed occupancy%	60%	50%

<u>Operative work</u>				
Number of major surgical operations	06		04	
Number of minor surgical operations	33		30	
Number of normal deliveries	01		Nil	
Number of caesarian Sections	15 to 20/month		Nil	
<u>Radiological Investigations</u>				
	O.P.	I.P.	O.P.	I.P.
X-ray	55	18	59	16
Ultrasonography	19	07	32	07
Special Investigations	02	01	03	-
C.T. Scan	03	01	0	03
<u>Laboratory Investigations</u>				
Biochemistry				
Microbiology	122	65	114	54
Serology	13	04	11	06
Parasitology	15	08	16	05
Haematology	06	01	07	03
Histopathology	118	47	123	39
Cytopathology	--	02	--	02
Others	05	--	03	--
Blood units issued /month	128	70	134	52
	20 to 25		--	--

- No investigations were done in most of the admitted patients other than the routine blood examination.
- Bed occupancy as submitted by Medical Superintendent on the day of inspection is 74%. However, 24-30% of these patients were of no clinical interest and did not require hospitalization.

3. There is deficiency of 15 teaching beds as under:-

Speciality	Required Beds/Units	Present Beds/Units	Remarks
General Medicine	85/3	80/1	05
General Surgery	90/3	80/2	10

- There is a deficiency of 7 clinical units (2 in General Medicine, 1 TB & Chest, 1 Psychiatry, 1 General Surgery, 1 Skin & V.D. and 1 Obst. & Gynae.)
  - The teaching beds of TB & Chest, Skin & V.D. and Psychiatry have been placed in the General Medicine ward which is not as per Regulations.
4. Examination hall is available with capacity of 120 seats which is inadequate against the requirement of 250 at this stage.
5. Out of 4681 books in the library, only 2186 books were entered in the accession register against the requirement of 2800 books, the remaining were packed in the boxes. Total number of journals subscribed are 14 (10 Indian and 4 Foreign) against the requirement of 28 Indian and 12 Foreign journals as per MCI norms.

6. R.H.T.C. Veliyam: No Lecturer cum medical officer having M.D.(P.S.M.) is available. Hostel and messing facilities are not available. Lecture hall cum seminar room is not available. No labour room is available.
7. U.H.C.: No lecturer cum medical officer having M.D.(P.S.M.) is posted.
8. Accommodation is available only for 30 Residents which is grossly inadequate.
9. Nurses Hostel : Accommodation is available only for 75 nurses which is inadequate.
10. In O.P.D. the consultation rooms in General Medicine and allied specialties are small and are not as per MCI norms. Audiometry technician is not available. Teaching areas in O.P.D.'s are located in the rooms of Head of Departments which is not as per MCI norms.
11. Registration and Medical Record Section is computerized but not cross linked with outdoor. The clinical data before Feb.,2009 was missing in the MRD.
12. Central oxygen and central suction facilities are not available in the hospital. Patients with headache, body ache and low grade fever were admitted in the casualty.
13. There are five operation theatres having total six tables which is not as per norms. No central oxygen and central suction facility is available in the O.T.
14. ICCU is not available.
15. Area of the labour room is very small and is not as per MCI norms. No record of birth registration is available in the hospital. Workload is grossly inadequate.
16. Radiological facilities: Facilities and workload are inadequate. No ultrasound machine is available in the OBG department.
17. Electrical drier is not available in the central laundry.
18. Anatomy Department : 57% of the teaching staff are non-medical which is not as per Regulations.
19. The departments of Pharmacology, Pathology, Microbiology, Forensic Medicine and Community Medicine are under construction and not functional at the present stage.
20. Inadequate number of books are available in the departmental library of TB & Chest, Skin & VD and Psychiatry.
21. The consultation rooms in General Medicine and allied specialities are small and are not as per MCI norms. Teaching areas in OPD's are located in the rooms of Head of Departments.
22. Surgery and Allied Specialities: Inadequate number of books are available in the departmental library. Audiometry technician is not available. Teaching areas in OPD's are located in the rooms of Head of Departments.

23. Teaching areas in OPD's of Obst. & Gynae. Department are located in the rooms of Head of Departments.
24. Other deficiencies/remarks are in the main report.

In view of the above, the Executive Committee of the Council decided to recommend to the Central Govt. not to renew the permission for admission of 2<sup>nd</sup> batch of students for the academic session 2009-2010 at Azeezia Institute of Medical Sciences & Research, Kollam.

**10. Rajarajeswari Medical College & Hospital, Bangalore - Renewal of permission for admission of 5<sup>th</sup> batch of students for the academic session 2009-2010.**

Read: The Council Inspectors report (24<sup>th</sup> & 25<sup>th</sup> February, 2009) for renewal of permission for admission of 5<sup>th</sup> batch of students for the academic session 2009-2010 at Rajarajeswari Medical College & Hospital, Bangalore.

The Executive Committee of the Council considered the Council Inspectors report (24<sup>th</sup> & 25<sup>th</sup> February, 2009) and noted the following:-

1. Examination hall has capacity of 160 seats which is inadequate against requirement of 250 at this stage.
2. R.H.T.C. Ittamadu is under the control of college as per the MoU executed by the Government of Karnataka and the Trust and the college is allowed to use its facilities for teaching purposes, which is not as per norms.
3. Radiological Facilities: IITV facility is not available. Only mobile unit of 60 MA is available which is inadequate .
4. Other deficiencies/remarks are in the main report.

In view of the above, the Executive Committee of the Council decided to recommend to the Central Govt. not to renew the permission for admission of 5<sup>th</sup> batch of students for the academic session 2009-2010 at Rajarajeswari Medical College & Hospital, Bangalore.

**11. Inspection of Teerthankar Mahaveer Medical College & Research Centre, Moradabad, Uttar Pradesh to verify the teaching faculty, residents, clinical material, hostels and other infrastructural facilities.**

Read: The Council Inspectors report (11<sup>th</sup> February, 2009) to verify the teaching faculty, residents, clinical material, hostels and other infrastructural facilities academic session 2009-2010 at Teerthankar Mahaveer Medical College & Research Centre, Moradabad, Uttar Pradesh.

The Executive Committee of the Council considered the Council Inspectors report (11<sup>th</sup> February, 2009) along with additional information received by the Council from the institute vide its letter dated 23.02.2009 regarding the availability of the teaching faculty and decided to verify the additional information by way of an inspection.

**12. Establishment of new medical college at Perambalur, Tamil Nadu by Government of Tamil Nadu.**

Read: The letter dated 09.02.2009 received from the Principal Secretary to Government, Health and Family (MCAI) Department, Chennai with regard to carry out

the inspection during the month of Sept., 2009 for grant of LOI/LOP for Establishment of new medical college at Perambalur, Tamil Nadu by Government of Tamil Nadu during the academic year 2010-2011.

The Executive Committee of the Council considered the letter dated 09.02.2009 received from the Principal Secretary to Government, Health and Family (MCAI) Department, Chennai with regard to carry out the inspection during the month of Sept., 2009 for grant of LOI/LOP for establishment of new medical college at Perambalur, Tamil Nadu by Government of Tamil Nadu during the academic year 2010-2011 and decided to return the application to the Central Govt. recommending disapproval of the scheme as there is no provision u/s 10A of the Indian Medical Council Act, 1956 or the regulations framed therein to keep the application pending in the Council office for the next academic year.

**13. Establishment of a new medical college at Puducherry by Puducherry Medical College Society (Govt. of Puducherry).**

Read: The letter dated 18.02.2009 received from the Dean, Perunthalaivar Kamaraj Medical & Research Institute, Puducherry with regard to consider the application for the next academic year 2010-2011.

The Executive Committee of the Council considered the letter dated 18.02.2009 received from the Dean, Perunthalaivar Kamaraj Medical & Research Institute, Puducherry with regard to consider the application for the next academic year 2010-2011 and decided to return the application to the Central Govt. recommending disapproval of the scheme as there is no provision u/s 10A of the Indian Medical Council Act, 1956 or the regulations framed therein to keep the application pending in the Council office for the next academic year.

**14. Establishment of new medical college at Kollam, Kerala by Quilon Medical Trust, Kollam.**

Read : The Central Govt. letter dated 20.09.2009 along with renewed consent of affiliation dated 03.02.2009 issued by the University of Kerala for Establishment of new medical college at Kollam, Kerala by Quilon Medical Trust, Kollam.

The Executive Committee of the Council observed that the application for establishment of new medical college at Kollam, Kerala by Quilon Medical Trust, Kollam was received through the Central Govt. vide letter dated 22.09.2009 which is within the time schedule prescribed for receipt of application in the office of the Council in the Establishment of New Medical College Regulations, 1999 - i.e. on or before 30<sup>th</sup> Sept.,2008. On scrutiny of the proposal it was observed that the Consent of Affiliation issued by the University of Kerala dated 29.05.2008 was only for the academic year 2008-09.

The application was therefore returned to the Central Govt. as the Eligibility Criteria 2 (4) regarding Consent of Affiliation as prescribed in the Establishment of New Medical College Regulations, 1999 was not fulfilled by the applicant vide Council letter dated 22.10.2008.

In reference to above, the Central Govt. vide letter dated 20.02.2009 has forwarded a copy of letter dated 05.02.2009 received from the Secretary, Quilon Medical Trust, Kollam Kerala along with a copy of renewed Consent of Affiliation dated 03.02.2009 for the academic year 2009-10 issued by University of Kerala.

Also the Central Govt. has requested the Council to arrange an inspection for grant of Letter of Permission and send the recommendation to the Ministry as per MCI Regulations, 1999.

It was further observed that the applications which are received in the office of the Council on or before 30<sup>th</sup> September i.e. the last date for receipt of the application in the office of the Council along with documents which were defective and if the applicant subsequently fulfilled the eligibility criteria in terms of Essentiality Certificate and the Consent of Affiliation, by removing the defects, have been processed by the Council if such documents in order, are received in the office of the Council through the Central Government. It was observed that the following proposals were considered and processed by the Council for the academic year 2008-09 when the documents in-order were received through the Central Government after removing the defects later while the applications were received in the office of the Council with defective documents before 30<sup>th</sup> September:-

1. Establishment of New Medical College at Kollam, Kerala by Podikunju Musaliar Memorial Charitable & Educational Trust, Kollam, Kerala
2. Establishment of new medical college at Kalahandi, Orissa by Selvam Educational & Charitable Trust, Tamilnadu.
3. Saraswathi Institute of Medical Sciences, NH-24, Anwarpur, Hapur,-Distt. Ghaziabad by Saraswathi Ammal Educational & Charitable Trust, Chennai

Further, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council at its meeting dated 10.02.2009 had decided that the following applications for establishment of new medical colleges be considered and processed by the Council for the academic year 2009-10 wherein the applications have been received before 30<sup>th</sup> September with defective documents and the documents in-order have been received through the Central Government subsequently:-

1. Establishment of new medical college at Gurgaon, Haryana by Dashmesh Educational Charitable Trust, New Delhi.
2. Establishment of new medical college at Chalaka, Ernakulam Distt., Kerala by Gurudeva Charitable Trust.
3. Establishment of new medical college at Aziznagar by Dr. VRK Educational Society, Hyderabad.

In view of above, the Executive Committee decided that as the application was received within the time limit prescribed under the Regulations and as the Eligibility Criteria are now fulfilled, the application for establishment of new medical college at Kollam, Kerala by Quilon Medical Trust, Kollam may be processed further for the academic year 2009-2010 as requested by the Central Govt. vide its letter dated 20.02.2009.

#### **15. Starting of second shift (evening shift) at VMMC, New Delhi.**

Read: The letter dated 21<sup>st</sup> Jan., & Feb., 2009 received from the Central Govt. with regard to starting of second shift (evening shift) at VMMC, New Delhi.

The Executive Committee of the Council considered the letter dated 21<sup>st</sup> Jan., & 10 Feb., 2009 received from the Central Govt. with regard to starting of second shift (evening shift) at VMMC, New Delhi and noted that establishment of medical college is governed under the Establishment of Medical College Regulations, 1999. The teaching for undergraduates is governed under the Regulations on Graduate Medical Education, 1997 wherein undergraduate has to undergo training in various aspects so that

competence of practice of Medicine for promotive, preventive, curative and rehabilitative is gained by the undergraduate during his study in a medical college. The training/teaching has to be undertaken by the full time faculty for both clinical, pre and para-clinical in an institution having requisite infrastructure/logistics prescribed by the MCI. The medical college has to have its own attached teaching hospital and that same facilities of that hospital cannot be shared by two medical colleges.

With regard to VMMC, New Delhi, the medical college is permitted for 100 (hundred) number of students for undergraduate studies.

It was further observed that there was no bifurcation of the hospital or of clinical material - i.e. the patients in the outdoor and in the wards will be the same for the students of both the shifts which will put heavy load on them. Besides, the teaching faculty, Residents and rest of the staff would also be the same for both the shifts which would not be conducive for proper teaching and training of students. There would be no outdoor conducted in evening or no routine investigations and operations would be carried out in the evening shift.

Taking all these facts into consideration, it was observed that availability of the clinical material which is the most important parameter of teaching and training of medical students would be severely hampered and inadequate for the students of evening shift. Hence, opening of second shift in the college without creating additional facilities is not permissible. However, the institute may be advised to open a second constituent college by bifurcating the affiliating teaching hospital i.e. Safdarjung Hospital into two as has been advised by the Council vide its letter dated 10.09.2008 to PMO, the operative part of which pertaining to Safdarjung Hospital reads as under:-

*".....6. For an example there are more than 1500 beds with abundance of clinical material at Safdarjung Hospital and also at Ram Manohar Lohia Hospital at New Delhi. Vardhman Mahavir Medical College at Safdarjung Hospital has now increased its capacity to 150 annual in the MBBS course which would require only 750 beds. In the case of Ram Manohar Lohia Hospital, they are not making any admission in the undergraduate MBBS course and when they have large tracks of land available to it.*

*7. Thus, it is possible for the Safdarjung Hospital to create two constituent colleges by dividing the 1500 beds into 750 beds each for these two constituent medical colleges attached to the hospital and thereby straightway increasing the admission capacity from 150 annually to 300 MBBS admissions annually. This would only require not very huge capital investments but with little effort by providing additional class rooms, hostels, staff quarters and the requisite number of faculty members - this noble objective can be achieved....."*

In view of above, the Executive Committee of the Council after due deliberations decided as under:-

1. Taking all the rules and regulations into consideration, opening of a second shift in the college without creating additional facilities is not permissible.
2. The institute may be advised to open a second constituent college by bifurcating the affiliated teaching hospital i.e. Safdarjung Hospital into two constituent medical colleges as has been suggested earlier by the Council vide its letter dated 10.09.2008.

**16. Request for forming an Expert Committee to review the reasons for decline in Medical Education – VIP reference.**

Read: The letter dated 9<sup>th</sup> Feb., 2009 received from the Central Govt. along with letter dated 9<sup>th</sup> September, 2008 received from Shri Balasaheb Vikhe Patil, Chairman Standing Committee on Defence, New Delhi with regard to framing expert Committee to review the reasons for decline in Medical Education.

The Executive Committee of the Council considered the letter dated 9<sup>th</sup> Feb., 2009 received from the Central Govt. along with letter dated 9<sup>th</sup> September, 2008 received from Shri Balasaheb Vikhe Patil, Chairman Standing Committee on Defence, New Delhi with regard to framing expert Committee to review the reasons for decline in Medical Education and decided to form a Sub-Committee comprising of Dr. Nirbhay Srivastava, Professor and Head, Department of Orthopaedics, Gandhi Medical College, Bhopal and Dr. D.J. Borah, Dean, Govt. Medical College, Jorhat (Assam) to examine the proposal and submit its report at the earliest and before the next meeting of the Executive Committee.

**17. 'Memorandum on Action Taken' by the Central Government on the recommendations of National Commission for Minority Educational Institutions (NCMEI) – Consideration of the Sub-Committee report.**

Read: The Sub-Committee report on 'Memorandum on Action Taken' by the Central Government on the recommendations of National Commission for Minority Educational Institutions (NCMEI).

The Executive Committee of the Council perused the report of the Sub-Committee on 'Memorandum on Action Taken' by the Central Government on the recommendations of National Commission for Minority Educational Institutions (NCMEI) dated 20.02.2009 which reads as under:-

*"In pursuance to the letter no. MCI-34(1)/CR/2008-Med./37230 dated 16.12.2008, the Sub-Committee deliberated on the subject matter on 20.02.2009. The connected files along with the legal opinion of the Retainer/Advocate and the connected papers was studied. The views of the Sub-Committee are as under:-*

*The Medical Council of India in exercise of its powers u/s 33 of the Act has laid down norms on Minimum Qualifications Requirement for Appointment of Medical Teachers in various disciplines/subjects. The Minimum Qualifications for Teachers in Medical Institutions Regulations 1998 contains the minimum qualification/criteria required for appointment of teachers in medical colleges/institutes. These norms/regulations have been prescribed in order to maintain standards of medical education in the country and these norms prescribed through statutory regulations, 1998 for appointment of teachers, is mandatory for ensuring the standard of medical education in the Country. These regulations are binding and cannot be violated by any medical college in Government/Private/Educational Sectors. As far as the Medical Council is concerned there is no restriction for the selection for appointment to the post of teachers in any medical college/institutes which also includes religious minority bodies run by the State Government or by Minority Societies or religious bodies. The appointing authorities viz. State Government or the Management Bodies of these minority institutions can appoint the teacher for other institutions/medical colleges strictly in accordance with the norms of Minimum Qualification for Teachers in Medical Institutions Regulations, 1998.*

*The Sub-Committee is of the view that the existing rules and regulations of Medical Council of India are in accordance with the principles of the law declared by the Hon'ble Supreme Court in the judgment of Brahmoji Samaj Educational Society Vs. State of*

*West Bengal & Others. And hence there is no need for any further action or amendment in its present regulations viz. Teachers Eligibility Qualifications Regulations, 1998."*

After due deliberations, the Executive Committee of the Council while approving the report of the Sub-Committee decided that the existing rules and regulations of Medical Council of India are in accordance with the principles of the law declared by the Hon'ble Supreme Court in the judgment of Brahmoji Samaj Educational Society Vs. State of West Bengal & Others. and hence there is no need for any further action or amendment in its present regulations viz. Teachers Eligibility Qualifications Regulations, 1998.

**18. Saraswathi Institute of Medical Sciences, Ghaziabad - Renewal of permission for admission of 2<sup>nd</sup> batch of students for the academic session 2009-2010.**

Read: The Council Inspectors report (20<sup>th</sup> & 21<sup>st</sup> February, 2009) for renewal of permission for admission of 2<sup>nd</sup> batch of students for the academic session 2009-2010 at Saraswathi Institute of Medical Sciences, Ghaziabad.

The Executive Committee of the Council considered the Council Inspectors report (20<sup>th</sup> & 21<sup>st</sup> February, 2009) and noted the following:-

- (a) The shortage of teaching faculty is 22.6% as under:-
- i) Professor -4 : (Bio Chemistry 1, Pathology 1, Forensic Medicine 1, Anesthesia 1)
  - ii) Associate Professor- 7 : (Anatomy 1, Bio Chemistry 1, Pharmacology 1, Community Medicine 1, Pediatric 1, OBG 1, Radiology 1)
  - iii) Assistant Professor - 7 : (Anatomy 1, Lecturer in Bio Physics 1, Community Medicine 2, Dentistry 1, ANMO 1, MWO 1)
  - iv) Tutor-4 : (Pharmacology 2, Pathology 2)
- (b) The shortage of Residents is 47.3% as under :-
- i) Sr. Resident-7 : (Medicine 2, OBG 1, Anesthesia 2, Pediatric 1, Radiology 1)
  - ii) Jr. Resident-20 : (Medicine 1, ENT 1, Ophthalmology 1, OBG 3, Pediatric 3, TB & Chest 1, Psychiatry 1, General Surgery 7, Ortho 2)
- [c] Dr. A K Verma, MD (Radiology-1980) shown as Medical Superintendent stated that all his documents have been lost during travel. He has submitted declaration form without any supporting documents for verification. Hence, he is not accepted as Medical Superintendent.
2. Clinical Material is grossly inadequate in terms of operative workload and deliveries as under:

	Daily Average	Day of Inspection (20/02/2009)
<b><u>Operative work</u></b>		
Number of major surgical operations	7	-
Number of minor surgical operations	5	6
Number of normal deliveries	1	1
Number of caesarian Sections	-	-

On the first day of inspection (20/02/2009) occupancy was 81%. On the second day (21/02/2009) bed occupancy was 35.2%. Average OPD Attendance is 798. On the 1<sup>st</sup> day of inspection OPD Attendance was 996. On the 2<sup>nd</sup> day (21/02/2009) OPD attendance was 182 at 12.45 PM and 296 at 4.00 PM.

3. Examination Hall: Space is available but not furnished.
4. Animal House: Civil Construction is in progress
5. Total number of books is 2770 which is inadequate against the requirement of 2800. Total number of journals subscribed is 11 Indian and 6 Foreign against the requirement of 28 Indian & 12 Foreign journals at this stage. Medlar facility is not available. The number of journals with back numbers is nil.
6. Hostels : Accommodation is available for 116 students against the requirement of 200 at this stage.
7. Resident's Hostel: Not available. At present, not a single resident is staying in the campus.
8. Nurses Hostel: On the 3<sup>rd</sup> floor of the hospital 17 nurses are staying in five rooms which is inadequate.
9. Only 16 residential quarters are available against the requirement of 19.
10. Teaching Units: In pediatric ward, beds are not numbered. In many wards, there is no unit wise distribution of beds. Patients are put on beds as per the availability of the beds.
11. O.P.D.: In many examination rooms, examination tray, wash basin are not provided. In most of the rooms there is no screen to provide privacy to the patients at the time of examination. Most of the teaching areas in OPD are without any furniture (only vacant rooms are available). Audiometric room is not soundproof. Air-conditioning should also be provided in the patient's chamber, immunization room, family welfare clinic, dark room, refraction room, minor O.T. etc. Skin OPD does not have laboratory. In the hospital collection of biological waste is not done as per the guidelines of pollution control board.
12. Wards: In most of the wards, bed side lockers are not available.
13. Central Casualty Service: There is a room labeled as Minor OT without any equipment.
14. Blood Bank: Not available. Institution has purchased only a few of equipment for establishing blood bank. No provision to store blood.
15. Intensive care: Patients are not available in any Intensive Care Area

16. ICCU / ICU: Pipelines for central oxygen and central suction are fitted but not functional.
17. Surgical ICU: It is not air-conditioned. Pipelines for central oxygen and central suction are fitted but not functional.
18. Central sterilization department: No ultrasonic instrument sterilization machine is available.
19. Central laundry: Laundry is outsourced. At present, one washing machine, one hydro extractor, and one dryer are available. They are not commissioned.
20. Kitchen: There is no provision to supply special diet as recommended by Physician. Services of dietician are not available.
21. Pharmacology Department: Civil construction of Experimental Pharmacology laboratory. Clinical Pharmacology & Pharmacy laboratory, museum, research laboratory and departmental library, is in progress.
22. Pathology Department: Civil Construction of demonstration room. Histopathology laboratory, Clinical Pathology/Hematology laboratory, Museum and Departmental Library, Research Laboratory is in progress.
23. Microbiology Department: Civil Construction of Demonstration room, Practical laboratory, departmental library cum seminar room, research laboratory and museum is in progress.
24. Forensic Medicine Department: Civil Construction of demonstration room, museum, laboratory, departmental library is in progress.
25. Mortuary: Civil construction is in progress.
26. Community Medicine Department: There is no practical laboratory
27. Clinical Departments: In most of the chambers adequate furniture is not provided. Departmental libraries have books as follows, which are inadequate as per Regulations:
  - Medicine: 55
  - TB & Chest: Nil
  - Skin & V.D.: Nil
  - Psychiatry: Nil
  - Pediatric: 50
28. In Surgery and Allied Specialities :Teachers are provided space to sit and work without adequate furniture. Departmental libraries have books as follows, which are inadequate as per Regulations:
  - General Surgery: 60
  - Orthopedics: 35
  - Oto-Rhino-Laryngology: 25
  - Ophthalmology: 25
  - Radio-Diagnosis: 25
  - Anesthesia: 45

29. Obstetrics & Gynecology Department: Teachers are provided space to sit and work without adequate furniture. Teaching areas are provided in O.P.D. and wards without furniture and facilities. Departmental library has 55 books, which is inadequate as per Regulations:
30. Other deficiencies/remarks are in the main report.

In view of the above, the Executive Committee of the Council decided to recommend to the Central Govt. not to renew the permission for admission of 2<sup>nd</sup> batch of students for the academic session 2009-2010 at Saraswathi Institute of Medical Sciences, Ghaziabad.

**19. Approval of Kanyakumari Government Medical College, Asaripallam, Kanyakumari for the award of MBBS degree granted by The Tamil Nadu Dr. MGR Medical University, Chennai.**

Read: The Council Inspectors report (25<sup>th</sup>, 26<sup>th</sup> & 27<sup>th</sup> February, 2009) for approval of Kanyakumari Government Medical College, Asaripallam, Kanyakumari for the award of MBBS degree granted by The Tamil Nadu Dr. MGR Medical University, Chennai.

The Executive Committee of the Council considered the Council Inspectors report (25<sup>th</sup>, 26<sup>th</sup> & 27<sup>th</sup> February, 2009) and noted the following:-

1. The shortage of teaching staff required at present stage is as under:-

a	Teaching Faculty	16 Out of 121	13.22 %
	i	Professor	2
	ii	Associate Professor	5
	iii	Assistant Professor	5
	iv	Tutor	4
b	Residents	62 Out of 85	72.94 %
	i	Sr. Residents	23
	ii	Jr. Residents	39

- [c] The following Resident Doctors are not considered because they are not staying in the hospital premises.

Subject	SR	JR
General Medicine	4	11
Pediatrics	2	5
Tuberculosis & Respiratory diseases	1	3
Dermatology, Venereology & Leprosy	1	3
Psychiatry	-	2
General Surgery	4	5

Orthopaedics	2	5
Oto-rhinolaryngology	1	3
Ophthalmology	1	3
Obstetrics & Gynaecology	2	2
Anaesthesiology	5	-
Radio-diagnosis	2	-
TOTAL	25	42

2. Lecture theatres: Out of the 4 gallery type lecture theatres, 3 with furniture for 80 students against the requirement for 120 students & 1 with furniture for 100 students against the requirement for 250 students. The furniture available is less than required.
3. Examination Hall : Furniture available is for 100 students against the requirement for 250 students . The hall is furnished with no drinking water facility.
4. Central Library: The college has no Medlar facility. Actual Journals available are as under against the requirement of total 100 journals combined :

Year	Indian	Foreign
2009	nil	nil
2008	30	35

5. Ward is common for male & female in Psychiatry, Skin & VD and ENT Departments.
6. Other deficiencies/remarks in the main report.

In view of the above, the Executive Committee of the Council decided not to approve Kanyakumari Government Medical College, Asaripallam, Kanyakumari for the award of MBBS degree granted by The Tamil Nadu Dr. MGR Medical University, Chennai.

**20. Admission of I year MBBS students at Government Medical College, Patiala for the academic year 2008-09.**

Read: The letter dated 23.01.2009 received from college authorities with regard to the admission of I year MBBS students at Government Medical College, Patiala for the academic year 2008-09.

The Executive Committee of the Council observed that Ms. Aashita Kaushik a student admitted under State Quota has secured only 280 marks out of 800 in PMT - i.e. 35% which is less than the required percentage of marks as per Regulation 5.5 (ii) of the Graduate Medical Education Regulations, 1997 and therefore is not eligible for admission to the medical courses.

In view of above, the Executive Committee of the Council decided to issue a discharge notice in respect of Ms. Aashita Kaushik.

It was further decided that henceforth such cases where the admissions are made in violation of Regulations or guidelines issued by the Council would be decided by the office of the Council and only the information of the action taken by the Council office would be placed before the Executive Committee.

**21. Admission of I year MBBS students at Vardhman Mahavir Medical College & Safdarjung Hospital, New Delhi for the academic year 2008-09.**

Read: The letter dated 14.01.2009 received from college authorities with regard to admission of I year MBBS students at Vardhman Mahavir Medical College & Safdarjung Hospital, New Delhi for the academic year 2008-09.

The Executive Committee of the Council noted the letter dated 14.01.2009 received from the Academic Registrar, Vardhman Mahavir Medical College & Safdarjung Hospital, New Delhi, which reads as under:-

*"The seat has been increased as per direction passed by Hon'ble Supreme Court in W.P. No. 384/2008-Jaiveer Singh and Ors. Accordingly, Ministry of Health & Family Welfare vide the No.U.1101/42/08-ME-H, dated 09.09.2008 has increased the seats from 100 to 150. The number of 50 additional seats would be spread over 3 years, 20 seats in 1<sup>st</sup> year 2008-09, 20 seats in 2<sup>nd</sup> year 2009-10 and 10 seats in 3<sup>rd</sup> year 2010-2011. Accordingly, during the year 2008-09, 20 seats were increased and thus the total of seats at this college is 120 and out of which 119 has been filled up whose detail has been given."*

**22. Admission of I year MBBS students at Maulana Azad Medical College, New Delhi for the academic year 2008-09 - Reconsideration of.**

Read: The letter dated 30.09.2008 received from college authorities with regard to admission of I year MBBS students at Maulana Azad Medical College, New Delhi for the academic year 2008-09.

The Executive Committee of the Council observed that the matter with regard to admission of three students at Maulana Azad Medical College, New Delhi after 30.09.2008 was placed before the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council for consideration at its meeting held on 30.12.2008. The operative part of the decision is as under:-

*"The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the matter and decided that action may be initiated by the Council by issuing discharge notice u/s 10B of the I.M.C. Act, 1956 in respect of the following students admitted by the Institute after the cut off date i.e. 30<sup>th</sup> September, 2008, as prescribed under the Graduate Medical Education Regulations, 1997:-*

Sl. No.	Name of the College	Name of Student	Date of Admission
1.	Maulana Azad Medical College, New Delhi	1.Stanzin Spalkit 2 Gaurav Agarwal 3.Tripti Johri	15.11.2008 15.11.2008 15.11.2008

The aforesaid decision of the Executive Committee was communicated to the concerned authorities on 05.02.2009.

Now, in reference to the Council letter cited above, the Principal, Maulana Azad Medical college, New Delhi vide his letter dated 13.02.2009 has stated that the date of

admission (15.11.2008) mentioned against the names of following 1<sup>st</sup> year MBBS students seems to be data entry mistake. The scrutiny of the record revealed as under:-

S.No.	Name of student	Date of Admission
1.	Stanzin Spalkit	16.07.2008
2.	Gaurav Agarwal	23.06.2008
3.	Tripti Johri	25.09.2008

On perusal of the admission orders issued by the University of Delhi in respect of such three students as submitted by the Dean of the college vide its letter cited above, it is noted that such admission orders have been issued on or before 25.09.2008 in respect of the aforesaid students.

In view of above, the Executive Committee of the Council decided to revoke the discharge notice issued in respect of Sl.No. 1,2,3 as they have been admitted before 30.09.2008 which is the last date prescribed under the Regulations for admission for the academic year 2008-09.

**23. Extension of services of Dr. M.C.R. Vyas as Whole Time Inspector.**

Read: The matter with regard to extension of services of Dr. M.C.R. Vyas as Whole Time Inspector.

The Executive Committee of the Council decided to extend the services of Dr. M.C.R. Vyas, Whole-Time Inspector of the Council for a further period of one year w.e.f. 10.04.2009.

**24. Selection for the post of Whole Time Inspector in the office of the Medical Council of India.**

Read: The matter with regard to selection for the post of Whole Time Inspector in the office of the Medical Council of India.

The Executive Committee of the Council approved the recommendation of the Selection Committee for the post of Whole Time Inspector in the office of the Medical Council of India as under:-

*"The Selection Committee for the post of Whole-time Inspector in the Council office, consisting of the following members, met on 23.02.2009:-*

- |    |                                       |   |                  |
|----|---------------------------------------|---|------------------|
| 1. | President (Acting)                    | - | Chairman         |
| 2. | Dr. V.P. Mishra                       | - | Member           |
| 3. | Dr. Muzaffar Ahmad                    | - | Member           |
| 4. | Dr. Nirbhay Srivastava                | - | Member           |
| 5. | Lt. Col.(Dr.) A.R.N. Setalvad (Retd.) | - | Member Secretary |

*Twenty Seven (27) candidates were called for interview. Out of whom, 21 (twenty one) candidates attended the interview.*

*The Committee, after interview and discussion recommends the following as selected candidates for the post of Whole-time Inspector:-*

*Dr. Sushma Vashist is selected – score 9/10"*

It was further observed that as per the present statutory scheme prescribed under the Establishment of Medical College Regulations, the application for establishment of a new medical college has to be submitted by the applicant to the

Central Govt. between 1<sup>st</sup> August to 31<sup>st</sup> August and the last date of recommendation of the Medical Council of India to the Central Govt. for issue of letter of permission, has been prescribed as 15<sup>th</sup> June. The letter of permission/renewal for MBBS course is to be granted by the Govt. of India on the recommendation of the MCI latest by 15<sup>th</sup> July. Similar schedule has been prescribed for the applications for increase intake in MBBS course in the existing medical colleges.

As per the directions passed by the Hon'ble Supreme Court in its order dated 12.01.2005 in Mridul Dhar's case all the authorities are required to strictly adhere to the time schedule prescribed in the regulations. This has also been reiterated by the Central Govt. vide letter dated 15.03.2005.

It may please be noted that for the current academic session 2009-2010, approximately 140 inspections are pending for LOP/Renewal of Permission for establishment of new medical college and for increase of seats. The Council has also to carry out inspections to verify the compliance if received by the colleges through the Central Govt. which were not recommended for Grant of LOP/Renewal of Permission in view of the deficiencies pointed out in the inspection report. Approximately 48 inspections for continuation of recognition and 15 inspections u/s 11(2) are pending.

In view of above, the Executive Committee of the Council directed the office that appointment order in respect of Dr. Sushma Vashist, Whole-time Inspector be issued immediately.

**25. Selection for the post of Additional Inspector in the office of the Medical Council of India.**

Read: the matter with regard to selection for the post of Additional Inspector in the office of the Medical Council of India.

The Executive Committee of the Council approved the recommendation of the Selection Committee for the post of Whole Time Inspector in the office of the Medical Council of India as under:-

*"The Selection Committee for the post of Additional Inspector in the Council office, consisting of the following members, met on 23.02.2009:-*

1.	President (Acting)	-	Chairman
2.	Dr. V.P. Mishra	-	Member
3.	Dr. Muzaffar Ahmad	-	Member
4.	Dr. Nirbhay Srivastava	-	Member
5.	Lt. Col.(Dr.) A.R.N. Setalvad (Retd.)	-	Member Secretary

*Twenty Eight (28) candidates were called for interview. Out of whom, 20 (twenty) candidates attended the interview.*

*The Committee, after interview and discussion recommends the following as selected candidates for the post of Whole-time Inspector:-*

*Dr. T.P. Kalaniti is selected – score 9/10*

Waiting list

*Dr. Ram Prakash – score 8/10"*

The Executive Committee of the Council further observed that vide letter dated 10.03.2009, Dr. T.P. Kalaniti has withdrawn his application for the post of Additional Inspector in the Medical Council of India.

It was further observed that as per the present statutory scheme prescribed under the Establishment of Medical College Regulations, the application for establishment of a new medical college has to be submitted by the applicant to the Central Govt. between 1<sup>st</sup> August to 31<sup>st</sup> August and the last date of recommendation of the Medical Council of India to the Central Govt. for issue of letter of permission, has been prescribed as 15<sup>th</sup> June. The letter of permission/renewal for MBBS course is to be granted by the Govt. of India on the recommendation of the MCI latest by 15<sup>th</sup> July. Similar schedule has been prescribed for the applications for increase intake in MBBS course in the existing medical colleges.

As per the directions passed by the Hon'ble Supreme Court in its order dated 12.01.2005 in Mridul Dhar's case all the authorities are required to strictly adhere to the time schedule prescribed in the regulations. This has also been reiterated by the Central Govt. vide letter dated 15.03.2005.

It may please be noted that for the current academic session 2009-2010, approximately 140 inspections are pending for LOP/Renewal of Permission for establishment of new medical college and for increase of seats. The Council has also to carry out inspections to verify the compliance if received by the colleges through the Central Govt. which were not recommended for Grant of LOP/Renewal of Permission in view of the deficiencies pointed out in the inspection report. Approximately 48 inspections for continuation of recognition and 15 inspections u/s 11(2) are pending.

In view of above, the Executive Committee of the Council decided to appoint Dr. Ram Prakash as Additional Inspector and directed the office that appointment order in respect of Dr. Ram Prakash, Additional Inspector be issued immediately.

**26. Santhiram Medical College, Nandayal - Renewal of permission for admission of 5<sup>th</sup> batch of students for the academic session 2009-2010.**

Read: the Council Inspectors report (20<sup>th</sup> & 21<sup>st</sup> February, 2009) for renewal of permission for admission of 5<sup>th</sup> batch of students for the academic session 2009-2010 at Santhiram Medical College, Nandayal.

The Executive Committee of the Council considered the Council Inspectors report (20<sup>th</sup> & 21<sup>st</sup> February, 2009) and decided to recommend to the Central Govt. to renew the permission for admission of 5<sup>th</sup> batch of 100 (One Hundred) MBBS students at Santhiram Medical College, Nandayal for the academic session 2009-10.

**27. Kannur Medical College, Kannur - Renewal of permission for admission of 4<sup>th</sup> batch of students for the academic session 2009-2010.**

Read: The Council Inspectors report (20<sup>th</sup> & 21<sup>st</sup> February, 2009) for renewal of permission for admission of 4<sup>th</sup> batch of students for the academic session 2009-2010 at Kannur Medical College, Kannur.

The Executive Committee of the Council considered the Council Inspectors report (20<sup>th</sup> & 21<sup>st</sup> February, 2009) and noted the following:-

1. (a) The following faculty members were not counted while computing faculty deficiency for reasons given as under:-

Sr. No.	Name	Designation	Department	Remarks
1.	Dr. M. Manjunath	Prof. & Head	Medicine	Does not have the requisite 4 years teaching experience as Assoc. Prof.
2.	Dr. Raveendran P	Assoc.Prof.	Medicine	Does not have the requisite 5 years teaching experience as Asst. Prof.
3.	Dr. K. Ramachandra	Professor	Medicine	Does not have the requisite 4 years teaching experience as Assoc. Prof.
4.	Dr. Sujith Ovalath	Assoc. Prof.	Medicine	Experience of Asst. Prof. in the Deptt. of Neurology w.e.f. 28.8.2000 to 26.6.2006 not counted. Hence, Asst.Prof. experience less than 5 years.
5.	Dr. K.V. Shivashankep	Assoc.Prof.	Surgery	Exp. certificate from Dr. B.R. Ambedkar Medical College from 01.12.1987 to 26.06.1990 as Asst. Prof. is not available. Hence, Asst. Prof. is less than 5 years.
6.	Dr. V. Abdullah	Prof.	General Surgery	His M.S. degree was illegible. He was not able to give title of his thesis. Not counted.
7.	Dr. Bij K.T.	Assoc. Prof.	Surgery	Does not have the requisite 5 years teaching experience as Asst. Prof.
8.	Dr. Jeffery Rupert N	Prof.	Anaesthesia	Does not have the requisite 5 years teaching experience as Asst. Prof.
9.	Dr. Sarojani V G	Prof.	Anaesthesia	Experience written in the D.F. shows special leave of 6 years from 1996 to 2002. Hence, does not have the requisite 4 years teaching experience as Assoc. Prof.
10.	Dr. Sudha Krishna Unni	Prof.	Paediatrics	Does not have the requisite 5 years teaching experience as Asst. Prof.
11.	Sathya Narayan	Assoc. Prof.	ENT	Does not have the requisite 5 years teaching experience as Asst. Prof.
12.	Dr. C.S. Ramesh	Assoc.Prof.	Radiology	Does not have the requisite 5 years teaching experience as Asst. Prof.
13.	Dr. Devender Shetty	Sr. Resident	Radiology	Does not have the requisite 3 years exp. in the deptt.
14.	Dr. Mohd. Shafeeq. M.T.	Asst. Prof.	Physiology	Does not have the requisite 3 years Tutor experience.
15.	Dr. Sreeja Kamath	Lecturer	Statistics (Community	Does not have the requisite 3 years Tutor experience.

			Medicine)	
16.	Dr. Shantha Santosh Hede	Prof.	Pharmacology	Does not have the requisite 4 years teaching experience as Assoc. Prof.
17.	Mr. K.K. Vijaya	Pharma-Chemist	Pharmacology	Ph. D. in Chemistry and not in Pharmaceutical Chemistry.
18.	Dr. Musthafa C.P.	Prof.	General Surgery	Does not have the requisite 4 years teaching experience as Assoc. Prof.

(b). In view of the above, shortage of teaching faculty is as under:-

(1) The shortage of teaching faculty is 15.7% (i.e. 19 out of 121) as under :-

(i)	Professor	6	(Physiology -1, Forensic Medicine -1, Pediatrics - 1, Obst. & Gynae. 1, Anesthesia -1, Radio diagnosis -1)
(ii)	Associate Professor	9	(Biochemistry -1, General Medicine-2, Pediatrics - 1, TB & Chest-1, Gen. Surgery - 3, Anaesthesia-1)
(iii)	Assistant Professor	4	(Physiology-1, Community Medicine - 1, General Surgery-1, Obst. & Gyane-1)
(iv)	Tutor	Nil	

2. Clinical materials is inadequate as under:-

	Daily Average	Date of Inspection
O.P.D. attendance	1094	493
Bed occupancy%	75%	30%
<b>Operative work</b>		
Number of normal deliveries	1	-
Number of caesarian sections	-	1
<b>Radiological Investigation</b>		
X-ray	75	25
Ultrasonography	20	5
Special investigations	-	-

- Most of the OPD's were empty till 12.30 p.m. However, the faculty was present.
- In Medicine and Paediatrics OPD, 3<sup>rd</sup> year students were present for their clinical posting but they had no patients for clinical examination.
- Most of the patients in the wards did not merit admission viz. in medicine ward more than 10 patients were admitted with cough and breathlessness. No history was written in the case sheets and no relevant investigations had been done. The patients looked normal and healthy. There were no infants in the Paediatrics wards. Only school going children were seen who were playing. General Surgery ward had only 1 post operative patient. In Ortho. Ward 30 women were occupying the beds with complaint of backache. Only 3 patients were getting traction.
- Nurses night report registers were either not available or had the entry in one hand writing "Nothing to Report".
- On an average 12-13 deliveries were conducted per months as per the birth registration register. The labour room register showed 35-50 deliveries per month.
- No Anaesthesia Register was available in the OT. The OT Register did not have any operation notes. It was filled by the nurse. No Register/records were available in casualty OT.

- Only Biochemistry & clinical Haematology investigation are carried out in the central lab.
  - None of the Blood & urine samples had OPD number and date. Only name of the patient was written on the samples. There were only 6 samples (4 urine and 2 blood) in Biochemistry and 8 samples in Haematology Section.
3. Registration and Medical Record Section: Follow up service is not available.
  4. At RHTC Payangadi, no other clinical departments like Medicine, Paediatrics, Obstetrics & Gynaecology participate in the outreach teaching programmes. Family welfare activities are not carried out. Field and family visits are yet to commence.
  5. Operation theatre unit: There are 9 operation theatres having total 11 tables, which is not as per MCI norms.
  6. Other deficiencies/remarks in the main report.

In view of the above, the Executive Committee of the Council decided to recommend to the Central Govt. not to renew the permission for admission of 4<sup>th</sup> batch of students for the academic session 2009-2010 at Kannur Medical College, Kannur.

**28. Kalinga Institute of Medical Sciences, Bhubaneswar - Renewal of permission for admission of 3<sup>rd</sup> batch of students for the academic session 2009-2010.**

Read: The Council Inspectors report (24<sup>th</sup> & 25<sup>th</sup> February, 2009) for renewal of permission for admission of 3<sup>rd</sup> batch of students for the academic session 2009-2010 at Kalinga Institute of Medical Sciences, Bhubaneswar.

The Executive Committee of the Council considered the Council Inspectors report (24<sup>th</sup> & 25<sup>th</sup> February, 2009) and noted the following:-

1. (a) The following faculty were not counted while computing faculty deficiency for reasons given as under:

S.No	Name	Designation	Department	Remarks
1	Dr.K.Ramarao	Professor	Anatomy	Does not have the requisite 4 years experience as Assoc.Prof
2	Dr.Subrata Ghosh	Associate Professor	Anatomy	Does not have the requisite 5 years experience as Asst.Prof
3	Dr.Minati Sahu	Professor	Physiology	Does not have the requisite 4 years experience as Assoc.Prof
4	Dr.Shyam Sundar Dey	Assistant Professor	Physiology	Ph.D from Science faculty.
5	Dr.Rabi Narayan Malik	Professor	Pathology	Does not have the requisite 4 years experience as Assoc.Prof
6	Dr.Gagan Chandra Misra	Professor	General Medicine	Does not have the requisite 4 years experience as Assoc.Prof
7	Dr.Sudhansu Sekhar Panda	Professor	General Medicine	Army experience. Does not have the requisite 5 years experience as Asst.Prof
8	Dr.Badrinarayan Biswal	Professor	Anaesthesia	Does not have the requisite 5 years experience as Asst.Prof

9	Dr.Subrat Kumar Mohanti	Assoc Professor	Surgery	Does not have the requisite 5 years experience as Asst.Prof
10	Dr.M.Kar	Assoc Prof	Surgery	Does not have the requisite 5 years experience as Asst.Prof

(b) In view of the above, the shortage of teaching staff required at present stage is as under:-

(1) The shortage of teaching faculty is 9.4% (i.e. 11 out of 116) as under:-

(i) Professor – 1 (Physiology - 1)

(ii) Associate Professor – 7 (Anatomy-2, Pathology-1, FMT-1 and General Medicine-3)

(iii) Assistant Professor – 3 (Physiology-3)

(2) The shortage of Residents is 14.6% (i.e. 12 out of 82) as under:-

(i) Senior Resident – 2 (Anaesthesiology – 2)

(ii) Junior Resident - 10 (General Med - 6, Ortho-1, ENT-2 and Ophthal-1)

2. Clinical Material is grossly inadequate as under:-

	Daily Average		Day of Inspection	
O.P.D. attendance	650		358	
Casualty attendance	10		06	
Bed occupancy%	70%		30%	
<u>Operative work</u>				
Number of major surgical operations	08		03	
Number of minor surgical operations	12		--	
Number of normal deliveries	01		--	
Number of caesarian Sections	--		--	
<u>Radiological Investigations</u>	O.P.	I.P.	O.P.	I.P.
X-ray	52	14	34	05
Ultrasonography	21	08	14	07
Special Investigations	--	-	--	-
C.T. Scan	01	01	01	01
<u>Laboratory Investigations</u>				
Biochemistry	30	12	32	16
Microbiology	05	02	04	02
Serology	11	07	08	02
Parasitology	--	--	--	--
Haematology	197	53	144	28
Histopathology	--	-	--	-
Cytopathology	04	03	03	02
Others	--	--	--	--

- The clinical material was low with OPD of 358 and bed occupancy of 30% on the day of the inspection.
- Most of the OPDs were empty. The OPD registers are not maintained by the faculty and residents. One worker makes the entry in each OPD, which has only OPD numbers and names of the patients, but no diagnosis is written. The names are repetitive in a particular sequence. Space/pages are left on each day with the OPD numbers for names to be filled up at a later stage. There is an obvious fudging of records.
- Similarly in the MRD, on 24.2.09, it was found that the total number of inpatients was available for 25<sup>th</sup> and 26<sup>th</sup> Feb 2009 also.

- Most of the patients in all the wards did not merit admission. Young school boys and girls and also local labourers were made to lie down in the wards. The case sheets were either not available or had no history and treatment notes written in them.
- The central clinical laboratory had a low work load. A total of 15 blood and 03 urine samples were available on the day of the inspection. Most of the samples did not have patients' name and OPD number. Registers and records were incomplete. A revisit to the laboratory in the evening showed that no appropriate report entries were found of the tested samples.
- There were only 03 surgeries on the day of inspection viz. one circumcision and two cystoscopic surgeries. There was a common register for major and minor surgeries. There was no anaesthesia register.
- The birth registration forms were not available.

3. Distribution of beds: There is a deficiency of 111 beds as under:-

Speciality	Required Beds/Units	Present Beds/Units	Deficiency if any
Medicine & Allied Specialities	93/3	76/3	There is a deficiency of 17 beds in General Medicine, 13 beds in Paediatrics, 4 beds in TB& Chest. No separate inpatients beds are provided for Skin and Psychiatry departments.
General Medicine	50/2	37/2	
Paediatrics	12/1	8/1	
TB & Chest	7/1	--	
Skin & VD	7/1	--	
Psychiatry			
Surgery & Allied Specialities			There is a deficiency of 13 beds in General Surgery and 22 beds in Orthopedics.
General Surgery	93/3	80/3	
Orthopaedics	50/2	28/2	
Obstetrics & Gynaecology	34	28	There is a deficiency of 28 beds in Obstetrics and Gynaecology.
Obstetrics & ANC	22		
Gynaecology			

- The number and distribution of beds in various units is not as per council norms as detailed above.
- The bed occupancy was 30% on the day of the inspection.

4. Registration and Medical Record Section: It is computerized, but not cross linked. No ICD-X software facility is available. Follow up service is not available.

5. In O.P.D. There is no registration counter separate for male and female patients. Teaching facilities like patient couch, stools, x-ray view box, examination tray, etc. are not provided in all the rooms. There is no separate injection room for male and female patients, no plaster room and plaster cutting room and no E.C.G. room. There is an audiometry room (not soundproof but Air-conditioned). There is no minor O.T adjacent to the Surgery OPD.

- Central laboratory is not located in the OPD block, but is located in the IPD block.

- There is no ECG machine in the Medical OPD.
  - Skin OPD does not have a procedure room/side lab.
  - There was only one functional OPD room in Gynecology OPD
  - OPDs did not have display boards showing the name of the departments.
  - The audiometry room is not sound proof, but is air-conditioned.
6. In Wards : Nursing Stations are haphazardly located. There is no doctor's duty room, nurse's duty room, pantry, examination / procedure room, teaching area and side laboratory. No clinical demonstration areas have been provided in the wards. There is no seminar hall in the major departments. Teaching facilities are inadequate.
- There are rooms housing 8 to 10 beds, viz. there are 7 such rooms and one passage/corridor in Medicine department housing 76 beds. The same scenario prevails in other departments.
  - There are no separate earmarked beds for the Dermatology and Psychiatry patients.
  - There is no pantry, examination/procedure room, teaching area and side lab in any of the wards.
  - There are no teaching areas in any of the wards. The teaching facilities are inadequate.
7. At R.H.T.C. Kalarabanka, other clinical departments like Medicine, Paediatrics, Obstetrics & Gynaecology do not participate in the outreach teaching programmes. Students are not posted. No hostel accommodation is available. No audiovisual aids have been provided. No Antenatal and immunization services are provided. The labour room is not available. No vaccines provided under UIP are available. Family welfare activities are not carried out.
8. Examination Hall: One large room has been allocated as examination hall. It was found to be empty and not furnished.
9. Common room for boys and girls: The girls' common room is being used as a store and furniture was found to be dumped in it. The boys' common room is furnished like a class room and it seems that classes are conducted in this room.
10. Animal House: There is a separate building for the animal house. However, it was found to be locked and the inspection team was informed that it is not in use and that there are no animals. No staff was available.
11. Operation theatre unit: There are 6 operation theatres having total 8 tables (General surgery-1, Ortho-1, ENT-1, Ophthalmology-1, OBGY-1 and Emergency OT-1), which is not as per MCI norms.
12. Labour room: Eclampsia facilities not available.
13. Central sterilization department: NIL bowl sterilizer, NIL Glove inspection machine and NIL instrument washing machine in CSSD.
14. Intensive care:
- (a) ICCU, ICU & Surgical ICU are combined with total 6 beds which is not as per norms.
  - (b) PICU & NICU are combined with total 6 beds which is not as per norms.
15. Other deficiencies/remarks in the main report.

In view of the above, the Executive Committee of the Council decided to recommend to the Central Govt. not to renew the permission for admission of 3<sup>rd</sup> batch of students for the academic session 2009-2010 at Kalinga Institute of Medical Sciences, Bhubaneswar.

**29. Rama Medical College Hospital & Research Centre, Kanpur - Renewal of permission for admission of 2<sup>nd</sup> batch of students for the academic session 2009-2010.**

Read: The Council Inspectors report (24<sup>th</sup> & 25<sup>th</sup> February, 2009) for renewal of permission for admission of 2<sup>nd</sup> batch of students for the academic session 2009-2010 at Rama Medical College Hospital & Research Centre, Kanpur.

The Executive Committee of the Council considered the Council Inspectors report (24<sup>th</sup> & 25<sup>th</sup> February, 2009) and noted the following:-

1. The shortage of teaching staff required at present stage is as under:-
  - (A) The following faculty members and residents were not considered as presented with their declaration form for the reasons provided hereunder:-
    - (1) V.D. Deshpande – Prof. of Obst. & Gynae. – does not possess the required 4 years of teaching experience as Assoc. Prof. He has resigned from Govt. service as Assoc. Prof. (His teaching experience as Assoc. Prof. is 2 years and 10 months). Hence not considered.
    - (2) Dr. Tondare Antappa Sanatappa – Prof. of Anaesthesia, who sought voluntarily retirement from the Govt. service as Professor, has not been considered as his teaching experience as Asst. Prof. is of 3 years 6 months.
    - (3) Dr. D.B. Dayal, Professor of Forensic Medicine – He does not possess the requisite teaching experience Asst. Prof./ Assoc. Prof. He has shown his teaching experience as Asst. Prof./Tutor 11 years and Assoc. Prof. 2 year in his declaration form. There is no documents showing evidence of his resignation/voluntarily retirement or other from Govt. service is not available.
    - (4) Dr. Rohdas Bapurao Kalamkar, Assoc. Prof. – His teaching experience as Lecturer is 4 years 4 months. There is no documents enclosed with the declaration form showing that his resignation or voluntary retirement and superannuation from Govt. Service.
    - (5) Dr. Roop Kumar Roy, Assoc. Prof. – Pharmacology has not been considered as he does not possess required 5 years teaching experience as Asst. Prof. (his teaching experience shown in declaration form is 3 year as Asst. Prof.
    - (6) Dr. Majid Bashir Mughal, Sr. Resident in General Surgery has been considered as Jr. Resident as he does not possess the required 3 years residency experience.

(B) In view of above, the shortage of teaching faculty is 7.2%(i.e. 7 out of 97) as under :-

(i)	Professor	: 1	(Biochemistry -1)
(ii)	Associate Professor	: 3	(Pharmacology -1, Forensic Medicine -1 & Anaesthesia -1)
(iii)	Assistant Professor	: 2	(Community Medicine -1 & Lect. Biophysics -1)
(iv)	Pharma Chemistry	: 1	

2. Clinical Material is inadequate as under:-

	Daily Average (Range)	Day of Inspection
Bed occupancy%	70-84%	70%**
Operative work		

Number of normal deliveries	0-2	1
Number of caesarian Sections	0-1	Nil

- \*\* The bed occupancy on physical verification of all the clinical wards was 80%. Further enquiries and review of the case sheets and from the patients revealed that a number of patients case sheets were not properly filled providing logical evidence of the admission. A good number of cases were of hydrocele, hernia, pain abdomen and anaemia and conditions not requiring hospitalization etc. Photocopies of some of the case sheets have also been obtained. Therefore, the factual bed occupancy status considered was 70%.
3. Dr. R.N. Dwivedi is the Medical Superintendent. He is M.D. (Medicine) and has 19 years of administrative experience. (The Medical Superintendent of the Hospital, Dr. N.B.L. Srivastava was absent, reported on leave on the day of inspection. Dr. R.K. Dwivedi Prof. of Medicine was asked to act as officiating Medical Superintendent by the Principal order on 24.02.2009 i.e. the day of inspection).
  4. Examination Hall is under process of furnishing and non-functional.
  5. Central Library: Total number of journals subscribed are 28 Indian and 12 Foreign of which 2 Indian and 3 foreign are actually received, which is inadequate as per Regulations.
  6. Pharmacology Department: Experimental Pharmacology laboratory is not available.
  7. Pathology Department: Clinical Pathology/Haematology laboratory is not available.
  8. Microbiology Department: There are no specimen in museum.
  9. Forensic Medicine Department: There is a practical laboratory which is being furnished and non-functional.
  10. Community Medicine Department: The space for practical laboratory has been provided and it is yet to be furnished and equipped with required furniture etc.
  11. Other deficiencies/remarks in the main report.

In view of the above, the Executive Committee of the Council decided to recommend to the Central Govt. not to renew the permission for admission of 2<sup>nd</sup> batch of students for the academic session 2009-2010 at Rama Medical College Hospital & Research Centre, Kanpur.

**30. Tripura Medical College and Dr. B.R.A.M. Teaching Hospital, Hapania, Agartala - Renewal of permission for admission of 4<sup>th</sup> batch of students for the academic session 2009-2010.**

Read: The Council Inspectors report (24<sup>th</sup> & 25<sup>th</sup> February, 2009) for renewal of permission for admission of 4<sup>th</sup> batch of students for the academic session 2009-2010 at Tripura Medical College and Dr. B.R.A.M. Teaching Hospital, Hapania, Agartala.

The Executive Committee of the Council considered the Council Inspectors report (24<sup>th</sup> & 25<sup>th</sup> February, 2009) and noted the following:-

1. The shortage of teaching staff required at present stage is as under:-

(a) The shortage of teaching faculty is 52.8% (shortage of 64 out of 121) as under:-

Sl No	Designation	No	Department
i)	Professor	11	(Physiology -1, Biochemistry -1, Forensic Medicine -1, Community Medicine -1, Paediatrics -1, General Surgery -1, Orthopaedics -1, ENT -1, Ophthalmology -1, Anaesthesia -1 & Radio Diagnosis -1)
ii)	Associate Professor	26	(Anatomy -2, Physiology -2, Biochemistry -1, Pharmacology -1, Pathology -3, Microbiology -1, Forensic Medicine -1, Community Medicine -1, General Medicine -3, Paediatrics -1, TB & Chest-1, Dermatology -1, Psychiatry -1, General Surgery -2, Orthopaedics -1, Anaesthesia -2, Radio Diagnosis -1 & Dentistry -1)
iii)	Assistant Professor	15	(Anatomy -3, Physiology -1, Lect.(Bio.)-1, Pharma.Cham.-1, Pathology -1, Community Medicine -3, Psychiatry -1, Anaesthesia -2 & Radio Diagnosis -2)
iv)	Tutor	12	(Anatomy -1, Physiology -2, Pharmacology -4, Pathology -3, Microbiology -1 & Forensic Medicine -1)

(c) The shortage of Residents is 63.5% as under (Shortage of 54 out of 85) as under:-

Sl No	Designation	No	Department
i)	Sr. Resident	17	(Paediatrics -1, TB & Chest -1, Dermatology -1, General Surgery -4, Orthopaedics -1, Obst. & Gynae. -2, Anaesthesia -4, Radio Diagnosis -3)
ii)	Jr. Resident	37	(General Medicine -6, Paediatrics -4, TB & Chest -3, Dermatology -3, Psychiatry -2, General Surgery -7, Orthopaedics -3, ENT -2, Ophthalmology -3, Obst. & Gynae. -4)

2. Clinical Material is grossly inadequate as under:-

	Daily Average		Day of Inspection	
O.P.D. attendance	600		150	
Casualty attendance	17		10	
Number of admissions / discharge	12/20		7/20	
Bed occupancy%	60%		15%	
Operative work				
Number of major surgical operations	5		3	
Number of minor surgical operations	10		3	
Number of normal deliveries	1		Nil	
Number of caesarian Sections	1		Nil	
<u>Radiological Investigations</u>	O.P.	I.P.	O.P.	I.P.
X-ray	40	12	nil	nil
Ultrasonography	30	6	nil	nil
Special Investigations	-	-	-	-
C.T. Scan	-	-	-	-

<u>Laboratory Investigations</u>				
Biochemistry	40	82	36	24
Microbiology	}	25	20	10
Serology				
Parasitology	30	35	26	20
Haematology	-	12 /month	Nil	Nil
Histopathology	80/month	-	Nil	Nil
Cytopathology	20	15	20	10
Others		20-25		-
Blood Bank-Collection (Units / month)		20-25		-
Issues (Units /month)				

- There was no faculty / tutor available in the department of radiology on both days of the inspection. Hence no radiological investigations were done during this time.
- Clinical material grossly inadequate in terms of OPD attendance, Casualty attendance, number of admissions, bed occupancy, operative work, radiological investigations & laboratory investigations.
- It has a total of 281 teaching beds and 10 clinical units, as against the MCI requirement of 450 beds and 17 clinical units.
- The wards of TB Chest, Skin, Orthopaedics, Ophthalmology and ENT were non-functional.
- There is no separate ward for Skin & VD & Psychiatry.

3. Distribution of beds is inadequate as under - :

Speciality	Required Beds/Units	Present Beds/Units	Deficiency
Medicine & Allied Specialities General Medicine	102/3	98/3(combined for GM, TB&C, Skin & VD and Psychiatry)	Beds not labeled
Paediatrics	60/2	44/2	Deficiency of 16 beds
TB & Chest	15/1	11 (Non functional)	11 beds in TB & Chest are non functional hence not counted
Skin & VD	09/1	Nil	There is no separate ward for skin & VD
Psychiatry	09/1	Nil	There is no separate ward for Psychiatry.
Total	195/8	142/5	Deficiency of 53 teaching beds and 3 clinical units
Surgery & Allied Specialities General Surgery	100/3	91/3(Combined for Gen. Surgery, Orthopaedics and ENT)	91 teaching beds placed in Gen. Surgery ward includes Orthopaedics, Ophthalmology, and ENT beds
Orthopaedics	60/2	60 (Non functional)	Deficiency of 60 teaching beds and 2 clinical unit.

Ophthalmology	18/1	18(Non functional)	Deficiency of 18 clinical beds and 1 clinical unit.
ENT	18/1	18(Non functional)	Deficiency of 18 clinical beds and 1 clinical unit.
Total	196/7	91/3	Deficiency of 105 clinical beds and 4 clinical units
Obstetrics & Gynaecology			
Obstetrics & ANC	36	24	Deficiency of 11 clinical beds
Gynaecology	23	24	
Total	59/2	48/2	
<b>Grand Total</b>	<b>450/17</b>	<b>281/10</b>	<b>169/7</b>

- Gen. Medicine Ward – 98 beds have been indiscriminately placed which includes clinical beds for Gen. Medicine, TB & Chest, Skin & VD and Psychiatry (no labeling done).
  - Gen. Surgery Ward – 91 beds have been indiscriminately placed which includes clinical beds for Gen. Surgery, Orthopaedics, and ENT (no labeling done).
  - There is deficiency of 169 teaching beds and is not as per MCI norms.
  - There is deficiency of 7 clinical units and is not as per MCI norms
  - The TB Chest ward, Orthopaedics Ward, ENT ward and Ophthalmology wards are non functional.
  - There is no separate ward for Skin & VD & Psychiatry.
4. OPD: Teaching areas are mainly provided in the lobbies after putting wooden partitions, which is not as per Regulations.
  5. Hostels: Accommodation is available for 228 students against the requirement of 400 at this stage.
  6. Residents: Accommodation is available for only 24, which is grossly inadequate as per Regulations.
  7. Nurses: Accommodation for only 60, which is grossly inadequate as per Regulations.
  8. Operation theatre: There are 5 operation theatres having total 5 tables against requirement of 8 OTs at this stage.
  9. Intensive care:
    - There is no SICU, Burns ICU, PICU and GICU
    - The NICU was not functional on the day of inspection.
  10. Clinical Laboratories:
    - The area of the Biochemistry lab and pathology lab is 120 sq ft., which is not as per MCI norms.
    - There is no facility for microbiology investigation in the central lab.

11. Residential Quarters: Total 12 quarters are available within the campus for the teaching faculty against the requirement of 48 quarters at this stage.
12. Lecture theatres:
  - No lecture theatres of 250 seating capacity.
  - Seating capacity of 3 Lecture Theatre is 100 as against the MCI requirements of 120.
13. Labour room: Inadequate workload is there in the labour room.
14. Examination Hall is available for 100 seats against the requirement of 250 at this stage.
15. At RHTC, Jogendranagar: No lecturer cum medical officer having M.D.{P.S.M.} is available. The RHTC is located in a rented house on 3 year's lease basis, which is not as per norms. Lecture hall cum seminar room is not available.
16. At U.H.C. Amtali: No lecturer cum medical office having M.D.{P.S.M.} is posted. The UHTC is located in a rented house on 2 year's lease basis, which is not as per norms. Duty rosters and records of various activities and investigations are not maintained properly
17. Central sterilization department:
  - There is no Central Sterilization Department in the hospital.
  - The sterilization facilities available in the OT complex are inadequate.
18. Intercom facilities: EPABX not functioning.
19. Nursing Staff is grossly inadequate as under:-
 

Nursing Superintendent	: 2
Deputy Nursing Superintendent	: 2
Matron	: 1
Asstt. Nursing Superintendent	: 5
Nursing Sisters	:15
Staff nurses	: 50
20. Blood Bank: Number of blood units collected and issued per month is 20 to 25 units, which is grossly inadequate.
21. Departmental libraries have books as follows: Medicine:40, TB & Chest:10, Skin & V.D.:11 Psychiatry:17, and Paediatrics 60, General Surgery:82, Orthopaedics:70, Oto-Rhino-Laryngology:50, Ophthalmology:48, Radio-Diagnosis:38 and Anaesthesia:26, which is inadequate as per Regulations.
22. Other deficiencies/remarks in the main report.

In view of the above, the Executive Committee of the Council decided to recommend to the Central Govt. not to renew the permission for admission of 4<sup>th</sup> batch of students for the academic session 2009-2010 at Tripura Medical College and Dr. B.R. A.M. Teaching Hospital, Hapania, Agartala.

**31. Approval of Coimbatore Medial College, Coimbatore for the award of MBBS degree granted by The Tamil Nadu Dr. MGR Medical University, Chennai against increased intake i.e. from 110 to 150.**

Read : The Council Inspectors report (25<sup>th</sup>, 26<sup>th</sup> & 27<sup>th</sup> February, 2009) for approval of Coimbatore Medial College, Coimbatore for the award of MBBS degree granted by The Tamil Nadu Dr. MGR Medical University, Chennai against increased intake i.e. from 110 to 150.

The Executive Committee of the Council observed that Coimbatore Medial College, Coimbatore is already recognized for the award of MBBS degree granted by the Tamil Nadu Dr. M.G.R. Medical University, Chennai with an annual intake of 110 seats. Now the matter is for approval of the college for the award of MBBS degree against the increased intake from 110 to 150.

The Executive Committee of the Council considered the Council Inspectors report (25<sup>th</sup>, 26<sup>th</sup> & 27<sup>th</sup> February, 2009) and decided to renew the permission for admission of fresh batch in respect of increase from 110 (One hundred ten) to 150 (One hundred fifty) MBBS students at Coimbatore Medial College, Coimbatore.

The Committee further decided to approve Coimbatore Medial College, Coimbatore for the award of MBBS degree granted by The Tamil Nadu Dr. MGR Medical University, Chennai against increased intake i.e. from 110 to 150.

The recommendation with regard to approval of the college for the increased intake i.e. from 110 to 150 will be placed before the General Body of the Council.

**32. Removal of name of Dr. (Mrs.) Ravi Prabha Yatendra from the Indian Medical Register - Registration No. 7188, dated 14.12.1978.**

Read: The letter dated 11.02.2009 received from the Registrar, Rajasthan Medical Council, Jaipur with regard to removal of name of Dr. (Mrs.) Ravi Prabha Yatendra from the Indian Medical Register - Registration No. 7188, dated 14.12.1978.

The Executive Committee of the Council noted the letter dated 11.02.2009 received from the Registrar, Rajasthan Medical Council, Jaipur intimating that Dr. (Mrs.) Ravi Prabha Yatendra bearing Registration No. 7188, dated 14.12.1978, had expired on 09.02.2009 and her name has been removed from the Register of Registered Medical Practitioners. The Committee decided to remove the name of above-mentioned doctor from the Indian Medical Register and also give intimation in this regard to all the State Medical Councils in the country.

**33. Shri Ram Murti Smarak Instt. of Medical Sciences, Bareilly - Renewal of permission for admission of 5<sup>th</sup> batch of students for the academic session 2009-2010.**

Read: The Council Inspectors report (20<sup>th</sup> & 21<sup>st</sup> February, 2009) for renewal of permission for admission of 5<sup>th</sup> batch of students for the academic session 2009-2010 at Shri Ram Murti Smarak Instt. of Medical Sciences, Bareilly.

The Executive Committee of the Council considered the Council Inspectors report (20<sup>th</sup> & 21<sup>st</sup> February, 2009) and noted the following:-

1. The shortage of teaching staff required at present stage is as under:-

a) Shortage of teaching faculty is 11.57%(i.e. 14 out of 121) as under:-			
(i)	Professor :	1	(Biochemistry-1)

(ii)	Associate Professor :	5	(Biochemistry-1, Patho-1, Forensic Medicine -1, Medicine-1, TB-1)
(iii)	Tutor :	8	{Biochemistry-1, Pathology-4, Microbiology-3}

b) The following Teaching Faculty has not been considered because of the reasons mentioned below.

Sr No	Name	Department	Designation	Reason for not considering
1	Dr. R K Mittal	Biochemistry	Professor	Does not possess prescribed qualification
2	Dr. S N Singh	Pathology	Professor	Does not possess required Teaching experience .

2. Clinical Material is inadequate as under:-

	Daily Average 1-8-08 to 31-1-09	Day of Inspection (Data supplied by Institute).	Data as verified by the inspection team on 20 - 02 - 2009 during visits.
O.P.D. attendance	1025	1068	358
Bed occupancy %	403	442	64 %

3. Common rooms for boys and girls available with no attached toilets.

Boys - Room is available but no furniture available.

4. Hostels: The total accommodation required for UG students at this stage is 500, whereas only 430 accommodation are available at present.

5. Nursing Staff is inadequate as under:-

Nursing Superintendent:	4
Deputy Nursing Superintendent:	4
Matron	1
Asstt. Nursing Superintendent	--
Nursing Sisters	10
Staff nurses	157

There is shortage of Nursing staff

6. Other deficiencies/remarks in the main report.

In view of the above, the Executive Committee of the Council decided to recommend to the Central Govt. not to renew the permission for admission of 5<sup>th</sup> batch of students for the academic session 2009-2010 at Shri Ram Murti Smarak Instt. of Medical Sciences, Bareilly.

#### **34. Requirement of Internship for Indian Medical students.**

Read: The letter dated 1<sup>st</sup> March, 2009 received from the Consulate General of India, Shanghai, China with regard to requirement of Internship for Indian Medical students.

The Executive Committee of the Council considered the letter dated 1<sup>st</sup> March, 2009 received from the Consulate General of India, Shanghai, China with regard to requirement of Internship for Indian Medical students, which reads as under:-

*“The first batch of Indian Medical students, studying in the universities in Eastern China, completed their course in January this year. As the students do not want to do practice in China, they do not want to do one year of internship in China, which they are required to do at the end of their course. The students want to go back to India to appear in the screening test and do the stipulated one year internship in India. The universities in Eastern China have so far not taken a decision whether to issue a degree certificate without students completing one year internship in China. As a result future of a large number of Indian students are hanging in balance. Request please let us know whether MCI is ready to allow students to sit for entrance examination, conducted by the National Board of Examination, with a provisional certificate and without a proper degree certificate. Request please also send us the latest rule position on this.”*

In this connection, it was observed that in a similar matter on the representation received by the Council on 04.11.2008 on behalf of the students (Medical Graduates) who had passed out from Three George University of P.R. China who had obtained provisional degree certificate, the Council had written to the National Board of Examinations as under:-

*“ This is with reference to the representation received by the Council on 04.11.2008 on behalf of the students (Medical Graduates) passed out from Three George University of P.R. China. After perusing their representation, it has been observed by me that these students have passed out from China with all the subjects in MBBS course with required marks and have obtained provisional degree certificate.*

*On the basis of the Provisional degree certificate, Eligibility Certificate & mark sheet they were allowed to appear in the screening test conducted by NBE on 28.09.2008. It is mentioned in their representation that their results have been withhold by the board on the ground that MBBS degree has not been submitted by them.*

*I would like to draw your attention to the relevant portion of the Screening Test Regulation, 2002: -*

*“2. Definitions: - In these Regulations, unless the context otherwise requires: -*

*.....*

*(f) “Primary Medical Qualification” means a medical qualification awarded by any medical Institution outside India which is a recognized medical qualification for enrolment as medical practitioner in the country in which the institution awarding the said qualification is situated and which is equivalent to MBBS in India;*

*(g) “Provisional Registration” means provisional registration in a State Medical Register or Indian Medical Register for the purpose of undergoing practical training in India as prescribed and for no other purpose by an Indian citizen possessing any primary medical qualification but has not undergone such practical training after obtaining that qualification as may be required by the rules or regulations in force in the country granting the qualification;*

*(h) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX;*

*(i) “Registration” means either Provisional Registration or Permanent Registration.*

*3. An Indian citizen possessing a primary medical qualification awarded by any medical institutions outside India who is desirous of getting provisional or permanent registration with the Medical Council of India or any State Medical Council on or after*

*15.03.2002 shall have to qualify a screening test conducted by the prescribed authority for that purpose as per the provisions of section 13 of the Act:*

*Provided that a person seeking permanent registration shall not have to qualify the screening test if he/she had already qualified the same before getting his/her provisional registration.*

.....

*11. The Prescribed Authority shall intimate the result of the Screening Test to the candidates as well as to the Secretary, Medical Council of India and the State Medical Councils. The unsuccessful candidates shall also be appropriately informed. The candidates who qualify the Screening Test may apply to the Secretary, Medical Council of India, New Delhi or to any State Medical Council for provisional registration/permanent registration along with the requisite registration fee in favour of Secretary, Medical Council of India or the State Medical Councils shall issue provisional registration to such successful candidates, who are yet to undergo one year internship in an approved institution and issue permanent registration to such eligible candidates who have already undergone one year internship, as the case may be."*

*The above mentioned regulations clearly stipulates that an Indian citizen possessing a primary medical qualification awarded by any medical institutions outside India who is desirous of getting provisional or permanent registration with the Medical Council of India or any State Medical Council on or after 15.03.2002 shall have to qualify a screening test conducted by the prescribed authority for that purpose as per the provisions of section 13 of the Act and it further clarifies that after qualifying the Screening Test, the candidate will apply to the Secretary, MCI or to the State Medical Council for provisional registration/permanent registration along with the requisite registration fee and the MCI or the State Medical Council shall issue provisional registration to such successful candidates, who are yet to undergo one year internship in an approved institution.*

*Accordingly, all the students who are similarly placed and who fulfill the minimum eligibility norms laid down by the Medical Council of India in Graduate Medical Education Regulations, 1997 and who have passed the MBBS course may kindly be permitted to appear in the Screening Test Examination conducted by the National Board of Examination and their result may be declared.*

*In view of above, you are requested to kindly release the results of these Medical Graduates from China Three George University, China, and other similarly placed candidates and who are otherwise eligible for admission to medical course to make the successful candidates eligible to apply for provisional registration to the Council, so that the Council shall issue provisional registration to such successful candidates, who are yet to undergo one year's internship in an approved institution."*

In view of above, the Executive Committee decided to inform the Consulate General of India at Shanghai, China that all the students who have passed final year examination and in possession of provisional degree certificate from the respective University and who fulfill the minimum eligibility norms laid down by the Medical Council of India in Graduate Medical Education Regulations, 1997 would be permitted to appear in the Screening Test Examination conducted by the National Board of Examination. However, permanent registration certificate can be issued only when the candidate submits final degree certificate.

**35. Aarupadai Veedu Medical College and Hospital, Puducherry - Request for inclusion of MBBS degree in the first schedule of IMC Act, 1956- Reg.**

Read: The letter dated 5<sup>th</sup> March, 2009 received from the Central Govt. with regard to inclusion of MBBS degree in the first schedule of IMC Act, 1956 of Aarupadai Veedu Medical College and Hospital, Puducherry under Vinayaka Missions University, Salem.

The Executive Committee of the Council considered the Central Govt. letter dated 5<sup>th</sup> March, 2009 enclosing therewith the letter dated 15.02.2009 received from the Dean, Vinayaka Mission University, Salem and observed that the Executive Committee at its meeting held on June 1988 had decided as under:-

*"No inspection is required where there is change of name and change of affiliation of the University or the college whose medical qualifications are already recognized and included in the I schedule to the IMC Act, 1956 unless the Executive Committee decided otherwise".*

The Executive Committee of the Council further noted that Aarupadai Veedu Medical College and Hospital, Puducherry is recognized medical college for the award of MBBS degree granted by Pondicherry University.

In view of above, the Executive Committee of the Council decided that Aarupadai Veedu Medical College & Hospital, Puducherry be recognized for the award of MBBS degree under Vinayaka Mission University, Salem being change of affiliation of University be recognized and included in the first scheduled in the IMC Act, 1956 and forwarded to the Govt. of India for appropriate notification of the same.

The Committee further decided to place the matter before the General Body of the Council.

**36. The International Physician Assessment Coalition (IPAC)**

Read: The letter dated 2<sup>nd</sup> January, 2009 received from the Ms. Roxanne Huff, IAMRA, Secretariat with regard to the International Physician Assessment Coalition (IPAC) meeting to be held in June,2009.

The Executive Committee of the Council considered the letter dated 2<sup>nd</sup> January,2009 received from the Ms. Roxanne Huff, IAMRA, Secretariat with regard to the International Physician Assessment Coalition (IPAC) meeting to be held in June,2009 at Quebec, Canada and decided to authorize the President to nominate the representative of the Council to attend the meeting.

**37. Draft guidelines on landslide management.**

Read: The letter dated 9<sup>th</sup> February, 2009 received from the Sh. H.S. Brahma, IAS, Special Secretary, National Disaster Management Authority Government of India, New Delhi with regard to draft guidelines on landslide management.

The Executive Committee of the Council considered the letter dated 9<sup>th</sup> February, 2009 received from the Sh. H.S. Brahma, IAS, Special Secretary, National Disaster Management Authority Government of India, New Delhi with regard to draft guidelines on landslide management and decided to form a Sub-Committee comprising of Dr. Muzaffar Ahmad, Member, EC and Dr. S.K. Kashyap, Principal/Dean, Indira Gandhi Medical College, Shimla to examine the proposal and submit its report at the earliest and before the next meeting of the Executive Committee.

**38. Recognition of Hospital for Compulsory Rotating Internship Training - Park Hospital, New Delhi.**

Read: Re-consider the matter with regard to recognition of Hospital for Compulsory Rotating Internship Training - Park Hospital, New Delhi.

The Executive Committee of the Council re-considered the matter with regard to recognition of Park Hospital, New Delhi for Compulsory Rotating Internship Training and decided to reiterate its earlier decision taken at its meeting held on 13.12.2008 which reads as under:-

*"The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the inspection report (25<sup>th</sup> & 26<sup>th</sup> November,2008) of Park Hospital, New Delhi for recognition of hospital for Compulsory Rotating Internship Training, New Delhi and noted the following:-*

1. *The number of beds in the department of Surgery, Pediatrics, Obst. & Gynae., ENT, Orthopaedics & Ophthalmology are less than 30 which is inadequate.*
2. *Number of deliveries are only 7-8 per month which is inadequate.*
3. *There are no full time staff members available in the Deptt. of Pediatrics.*
4. *Other deficiencies/remarks pointed out in the inspection report.*

*In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided not to grant recognition of Park Hospital, New Delhi for Compulsory Rotating Internship Training."*

**39. Withdrawal of FIR against Dr. Vandana P. Kumar, Associate Professor, Deptt. of Pediatrics, P.E.S. Medical College, Kuppam - reg. re-consideration of.**

Read: Re-consider the matter with regard to withdrawal of FIR against Dr. Vandana P. Kumar, Associate Professor, Deptt. of Pediatrics, P.E.S. Medical College, Kuppam.

The Executive Committee of the Council reconsidered the matter with regard to withdrawal of FIR against Dr. Vandana P. Kumar, Associate Professor, Deptt. of Pediatrics, P.E.S. Medical College, Kuppam and decided to send the information received from the Principal of Dr. B.R. Ambedkar Medical College, Bangalore vide letter dated 13.09.2008 along with the clarification dated 23.10.2008 to the Police authorities where the FIR was lodged for further necessary action at their end.

**40. Increase in MBBS seats from 100 to 150 at Subharati Medical College, Meerut, U.P.**

Read: The letter dated 9<sup>th</sup> March, 2009 received from the Subharati Medical College, Meerut, U.P. with regard to consider their application for the Increase of seats from 100 to 150 for the academic year 2010-11 instead of 2009-10.

The Executive Committee of the Council considered the letter dated 09.03.2009 received from the Principal, Subharati Medical College, Meerut, U.P. requesting the Council not to consider their application for increase of seats from 100 to 150 at present and instead consider it for the academic session 2010-11 and decided to return the application to the Central Govt. recommending disapproval of the scheme as there is no provision u/s 10A of the Indian Medical Council Act, 1956 or the regulations framed therein to keep the application pending in the Council office for the next academic year.

**41. Request for grant of Provisional/Permanent Registration/Additional qualification registration u/s 25(2) / 23 and 26(1) of the IMC Act, 1956 respectively – Change of name of universities - Regarding.**

Read: The matter with regard to request for grant of Provisional/Permanent Registration/Additional qualification registration u/s 25(2) / 23 and 26(1) of the IMC Act, 1956 respectively – Change of name of universities.

The Executive Committee of the Council observed that the Council issues provisional/permanent /additional qualification registrations to Indian nationals who have completed their MBBS in India from recognized medical institutions, u/s 25(2)/ 23 and 26(1) of the IMC Act, 1956 respectively.

Mr. Ankit Omprakash Gupta applied to this Council for permanent registration u/s 23 of the IMC Act, 1956. He has done his MBBS from **Padamshree Dr. D.Y. Patil Medical College, Nerul , Navi Mumbai** under **Padamshree Dr. D.Y. Patil University, Navi Mumbai**.

As per information available in the MCI records **Padamshree Dr. D.Y. Patil Medical College, Nerul, Navi Mumbai** is recognized under **Maharashtra University of Health Sciences, Nashik**. The matter with regard to recognition of MBBS degree awarded by **Padamshree Dr. D.Y. Patil Medical College, Navi Mumbai** under **Padamshree Dr. D.Y. Patil University, Navi Mumbai** was considered and approved by the General Body of the Council meeting held on 15.03.2008 on recommendation of the Executive Committee decision of 02.02.2008.

The Central Govt. vide letter dated 30/05/2008 had already been requested by the Council office for notification which is still pending.

It may please be noted that the certificate of registration under the new name of the University can only be generated if its new name is included in the list of universities and this insertion can only be made on the receipt of notification from the Central Govt. Hence, the office is not able to generate these registration certificate in respect of such students, who have obtained a recognized qualification from a university where the name has been changed but the notification of new name has not been issued by Central Govt.

It may please be noted that the similar problems is faced by the students who obtained recognized qualifications from the Universities which have changed there names but neither the institute now the universities have applied for change of name and requisition of qualifications under new names e.g. in the case of Nagpur University whose name has been change to **Rashtrasant Tukadoji Maharaj Nagpur University**. However, no request for change of name has been received in the Council office from the **Rashtrasant Tukadoji Maharaj Nagpur University** as well as the affiliating institute under it, till date.

In this connection, it is stated that the Executive Committee at its meeting held on June, 1988 considered the matter with regard to change of name and change of affiliation of University or the medical college whose qualification are already recognized in the I schedule, the Committee decided as under:-

*“No inspection is required where there is change of name and change of affiliation of the university or the college whose medical qualifications are already recognized and included in the I schedule to the IMC Act, 1956 unless the Executive Committee decided otherwise.”*

In view of above, the Executive Committee decided to send a reminder to the Central Govt. requesting to issue the pending notifications at the earliest highlighting the difficulties faced by the doctors possessing such qualifications.

It was further decided to advise such institutions to apply for recognition of the qualification in the changed name through its affiliating University as required u/s 11(2) of the I.M.C. Act,1956 for further necessary action in the matter.

**42. Chettinad Hospital & Research Institute, Kanchipuram - Renewal of permission for admission of 4<sup>th</sup> batch of students for the academic session 2009-2010.**

Read: The Compliance Verification Inspection report (6<sup>th</sup> March, 2009) for renewal of permission for admission of 4<sup>th</sup> batch of students for the academic session 2009-2010- Compliance Verification Inspection report at Chettinad Hospital & Research Institute, Kanchipuram.

The Executive Committee of the Council considered the compliance verification inspection report (6<sup>th</sup> March,2009) along with Council inspectors report (16<sup>th</sup> & 17<sup>th</sup> January,2009) and decided to recommend to the Central Govt. to renew the permission for admission of 4<sup>th</sup> batch of 150 (One hundred Fifty) MBBS students at Chettinad Hospital & Research Institute, Kanchipuram for the academic session 2009-10.

**43. Institute of Medical Sciences & SUM Hospital, Bhubaneswar - Renewal of permission for admission of 3<sup>rd</sup> batch of students for the academic session 2009-2010.**

Read: The Council Inspectors report (6<sup>th</sup> & 7<sup>th</sup> March, 2009) for renewal of permission for admission of 3<sup>rd</sup> batch of students for the academic session 2009-2010 at Institute of Medical Sciences & SUM Hospital, Bhubaneswar.

The Executive Committee of the Council considered the Council Inspectors report (6<sup>th</sup> & 7<sup>th</sup> March, 2009) and noted the following:-

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

Sl.No.	Name of faculty	Designation	Department	Remarks
1.	Dr. Mamata Devi Mohanty	Associate Professor	Paediatrics	Does not have the requisite five years experience as Assistant Professor.
2.	Dr. Juthika Mohanty	Professor & HOD	Skin & VD	Retired from Govt. as Asstt. Professor. Does not have the requisite four years experience as Associate Professor.
3.	Dr. Sudhir Kumar Nanda	Professor & HOD	E.N.T.	Army experience not as per MCI norms.
4.	Dr. Sitakanta Das	Associate Professor	Medicine	Does not possess the requisite 5 years teaching experience as Assistant Professor.
5.	Dr. Sachin Dev Acharya	Tutor	Radio-Diagnosis	Does not possess the requisite 3 years

				teaching experience in the department.
6.	Dr. Bichitra Swain	Associate Professor	Microbiology	Does not possess the requisite 5 years teaching experience as Assistant Professor.
7.	Dr. Rajashree Tripathy	Associate Professor	Pathology	Does not possess the requisite 5 years teaching experience as Assistant Professor.
8.	Dr. Suchandra Banerjee	Assistant Professor	Pharmacology	M.Sc.(Medical) does not possess the requisite 3 years teaching experience as Tutor.
9.	Mr. Agnimitra Dinda	Pharmaceutical Chemist	Pharmacology	M.Pharma. not counted.

2. RHTC Jagatsinghpur : Hostel and messing facilities are not available. Labour room and beds are not available. Investigation facilities are not available. Immunization and MCH services are not provided.
3. Hostels : Engineering students are found to be staying in one floor each of boys and girls hostels.
4. Residential Quarters : Only 16 flats are available for teaching faculty against the requirement of 34 at this stage.
5. Clinical material is inadequate in terms of OPD attendance and number of deliveries as under:-

	Daily Average		Day of Inspection	
O.P.D. attendance	782		525	
Number of normal deliveries	1		-	
Number of caesarian Sections	2		-	
<u>Laboratory Investigations</u>	OP	IP	OP	IP
Histopathology	-	-	-	-
Cytopathology	-	-	-	-
Others	-	-	-	-

6. Central Laboratory : No Microbiology, Histopathology, Cytopathology, Serology and Parasitology investigations are conducted in the central laboratory.
7. The number of books in the departmental libraries of TB & Chest, Skin & V.D., Psychiatry, Orthopaedics, ENT, Ophthalmology, Radio-Diagnosis and Anaesthesia are inadequate.
8. Other deficiencies/remarks in the main report.

In view of the above, the Executive Committee of the Council decided to recommend to the Central Govt. not to renew the permission for admission of 3<sup>rd</sup> batch of students for the academic session 2009-2010 at Institute of Medical Sciences & SUM Hospital, Bhubaneswar.

**44. Peoples College of Medical Sciences & Research Centre, Bhanpur - Renewal of permission for admission of 5<sup>th</sup> batch of students for the academic session 2009-2010.**

Read: The Council Inspectors report (6<sup>th</sup> & 7<sup>th</sup> March, 2009) for renewal of permission for admission of 5<sup>th</sup> batch of students for the academic session 2009-2010 at Peoples College of Medical Sciences & Research Centre, Bhanpur.

The Executive Committee of the Council considered the Council Inspectors report (6<sup>th</sup> & 7<sup>th</sup> March, 2009) and noted the following:-

1. Clinical material : The OPD attendance as submitted by the Medical Superintendent and recorded in the registration counter on the day of inspection was 1280. However, on physical verification of the same by the inspection team, it was found that the OPD attendance was 500.
2. RHTC Ratua : Mess facilities are not available.
3. Hostels : One block of 48 double seater rooms each for boys hostel and girls hostel are under construction. The hostel accommodation for undergraduate students is available for 576 against the requirement of 750 as per Regulations.
4. Interns hostel for 80 boys and 80 girls is under construction.
5. Number of books in the departmental libraries of Skin & V.D. are inadequate.
6. Other deficiencies/remarks in the main report.

In view of the above, the Executive Committee of the Council decided to recommend to the Central Govt. not to renew the permission for admission of 5<sup>th</sup> batch of MBBS students for the academic year 2009-10 at Peoples College of Medical Sciences, Bhanpur.

**45. Discharge of 1<sup>st</sup> year MBBS students who have secured less than the prescribed % of marks in PMT/Entrance Exam and admitted at Sree Gokulam Medical College & Research Foundation, Thiruvananthapuram for the Academic year 2007-08.**

Read: The matter with regard to withdrawal of discharge notice of 1<sup>st</sup> year MBBS students who have secured less than the prescribed % of marks in PMT/Entrance Exam and admitted at Sree Gokulam Medical College & Research Foundation, Thiruvananthapuram for the Academic year 2007-08 along with the legal opinion.

The members of the Executive Committee considered the matter with regard to the 17 students who were discharged by the Medical Council of India as per Regulations 5.5(ii) of the Graduate Medical Education, 1997 along with the legal opinion sought by the Council office in the matter and observed that these students have been admitted under the Management Quota as per the information supplied by the institute vide its letter dated 12.11.2007 and have secured more than minimum % of marks prescribed for being eligible to be admitted for admission to Medical course in the Graduate Medical Education Regulation i.e. 50% (for unreserved ) and 40% (for reserved category) at the Entrance Examination conducted by the Kerala Private Medical College Management Association as per the document submitted by the such candidates during the personal hearing dated 21.02.2009 and the information supplied by the Institute. They are thus eligible for admission into 1<sup>st</sup> year MBBS course at Sree Gokulam Medical College and Research Foundations, Thiruvananthapuram in the

academic year 2007-08, as per Regulations 5.5(ii) of the Graduate Medical Education, 1997.

In view of above, the members of the Executive Committee decided that the discharge notice issued by the Council office on 14.07.2008 in respect of such 17 students may be revoked and suitable communication may be issued to all the concerned authorities as well as the Council Advocate at Kochi to apprise the Hon'ble High Court.

**46. Medical student killed in ragging.**

Read: the letter from Ministry of HRD, Govt. of India dt. 12.03.2009 on the subject of the student killed in ragging.

The Executive Committee perused the fax letter received from the Govt. of India, Ministry of Human Resource Development, (Department of Higher Education), New Delhi, dated 12.03.2009, which reads as under:-

*"Sir,*

*I am directed to state that a report has appeared in media of a medical student killed in ragging at the Dr. Rajendra Prasad Medical College, Tanda in Kangra. A copy of report is enclosed.*

- 2 *It has been desired, by the Chairman of the Committee Dr. R.K. Raghavan appointed by the Supreme Court in monitor measures taken to prevent ragging, that the same may please be got investigated immediately and a preliminary report sent to this Ministry urgently. It is informed that the next meeting of the Committee is on 25<sup>th</sup> March, 2009 at New Delhi".*

A press cutting attached with the letter of the Times of India dated 10.03.2009 shows the news item on page 1 under the caption "*Medical student killed in ragging*" *Ex-DPS boy was beaten to death by seniors after he complained*", which reads as under:-

*"Dharamsala: A Delhi Public School student who had taken admission in a medical school in Himachal Pradesh last year met with a horrible death at the hands of seniors who are training to be doctors.*

*Amana Kachroo(19), who passed out of DPS International in Saket and enrolled at the Dr. Rajendra Prasad Medical College, Tanda, in Kangra last August had repeatedly complained to his parents about the brutal ragging that took place on campus – often by completely drunk third year students."*

The members of the Executive Committee also observed that pursuant to the decision taken at its meeting held on 30.12.2008 wherein the members of the Adhoc Committee appointed by the Hon'ble Supreme Court were also present, the Medical Council of India has prepared the guidelines to curb the menace of ragging in medical colleges and which have been circulated to the Deans/Principals of all the Medical Colleges/Institutions in India, Directorate of Medical Education of all the States in India, Health Secretary's of all the States Government in India and the Registrar of all the Universities and Deemed Universities in India vide Council circular No.MCI-34(1)/2009-Med./19639, dated 21.02.2009, the operative part of which reads as under:-

“The guidelines to curb the menace of ragging in medical colleges are as under:-

- (1) *Every students for the purposes of his/her admission to Medical College shall furnish a Character Certificate from the institutions wherefrom he/she has passed his qualifying examination, which would mention the status of his/her behavioral pattern specially in terms as to whether he/she has displayed persistent violent or aggressive behavior or any desire to harm others.*
- (2) *The admitting medical institution shall keep intense watch upon students who has a negative entry in this regard.*
- (3) *An annual undertaking signed by each student, whether fresher or senior and his/her parent (s) jointly stating that each of them have read the relevant instructions/regulations against ragging, as well as punishments, and that if the ward has been found guilty he/she shall be proceeded against, shall be procured.*
- (4) *Such an undertaking shall be furnished in English as well as in vernacular (mother tongue of the parent) at the beginning of each academic year by every student.*
- (5) *An undertaking to the similar effect should be obtained every year from each student admitted to the hostel.*
- (6) *The undertaking should be appended to the brochure containing the guidelines and other relevant instructions in regard to ragging and consequences of indulging in ragging.*
- (7) *The compliance to the above effect shall be ensured by each of the affiliating university to which the concerned medical institution is affiliated and would be verified by the council annually.*
- (8) *In order to ensure the ‘ragging free environment’ in the campus, each institution shall compulsorily in the ‘prospectus’ and other admission related documents, shall depict the earlier directions of the Apex court and/or of the Central or State Governments as applicable, so that candidates and their parents are sensitized in respect of the prohibition and consequences of ragging.*
- (9) *Each institution should engage or seek the assistance of ‘professional counselor’ at the time of admissions to counsel ‘freshers’ in order to prepare them for the life ahead, specially for adjusting to the life in hostels.*
- (10) *It should be ensured that there would be a clear gap of one to two weeks between the date of joining of ‘freshers’ and the ‘seniors’, ensuring that classes for the seniors shall commence later, so as to enable the ‘freshers’ to familiarize themselves with the campus environment and adjust to the sudden changeover from schools to higher education.*
- (11) *It shall be mandatory for the institutions to inform the parents of senior students to send their wards only on the due date of commencement of the academic session and not earlier.*

- (12) *All the examining Universities with which the institutions are affiliated or the deemed to be Universities shall compulsorily amend their relevant ordinances or byelaws, as the case may be, to incorporate the schedule gap of one or two weeks between the date joining of 'freshers' and 'seniors'.*
- (13) *Each institution shall arrange a joint 'sensitization' programme and 'counseling' of both 'freshers' and 'seniors' to be addressed by the Principal/Head of the institution and the Convener of the Anti Ragging Committee. The inmates of the Hostel shall be addressed on this count by the Hostel Warden.*
- (14) *Each institution shall have an Anti-Ragging Committee and Anti Ragging Squad, which shall comprise of other than senior teachers of the institution, representatives of Civil & Police administration and local media.*
- (15) *Each institution shall constitute a 'Mentoring Cell' to oversee and involve senior students as 'Mentors' for the 'freshers'.*
- (16) *Such a Mentoring Cell shall be constituted at the end of every academic year, where application shall be invited from the students to join the Mentoring Cell as Mentors for the succeeding academic year.*
- (17) *An anonymous random survey shall be conducted by each institution across the entire 1<sup>st</sup> year batch of students every fortnight during the first three months of the academic session in order to verify and cross-check whether the campus is genuinely ragging free or not.*
- (18) *The methodology of such survey may be designed by the institution appropriately. However, doing so it shall be ensured that the institution does not compromise with the anonymity of the 'whistle blowers'.*
- (19) *The institution shall ensure that private commercially managed lodges or hostels outside campuses, must be registered with the local Police Authorities and permission to start such hostel or their registration must necessarily be recommended by the Heads of the Medical Institutions.*
- (20) *In case the victim of ragging his/her parent/guardian is not satisfied with the action taken by the Head of the Institution or by other institutional authorities, or where Head of the institution is of the opinion that the incident ought to be so reported, it shall be mandatory for the institution to file a First Information Report with the local police authorities.*
- (21) *It must be ensured by each of the institution that the Complaints or information in regard to ragging could be oral or written and even from third parties and the confidentiality thereof must be protected at all costs.*
- (22) *Each institution shall ensure that remedial action is initiated and completed within a week of the incident itself, so that complaints do not linger and allow either interest in pursuing*

*the matter to vane or enable the culprits to tamper evidence or influence witnesses.*

In view of above, you are requested to implement the above guidelines and take immediate action in the matter, accordingly.

The status report on the compliance may be sent within four (4) weeks positively.”

After due deliberations, the Executive Committee decided to form a Sub-Committee comprising of (1) Dr. Baldev Singh Aulakh, Prof. of Urology & Transplant Surgery, Head Transplant Unit, Dayanand Medical College, Ludhiana, and Member, Executive Committee of Medical Council of India and (2) Dr. P. Prasannaraj, Joint Secretary, Medical Council of India, New Delhi to visit and investigate the incident at Dr. Rajendra Prasad Medial College, Tanda in Kangra and submit the preliminary report by 23<sup>rd</sup> March, 2009.

The members of the Executive Committee also authorized the President to take appropriate action upon receipt of the report of the Sub-Committee.

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

New Delhi, dated the  
13<sup>th</sup> March,2009

**APPROVED**

(Dr. Ketan Desai)  
President