

No.MCI-5(3)/2009-Med./

MEDICAL COUNCIL OF INDIA

EXECUTIVE COMMITTEE

17th November, 2009.

Minutes of the meeting of the Executive Committee held on Tuesday, the 17th November, 2009 at 2.00 p.m. in the Council Office at Sector 8, Pocket 14, Dwarka, New Delhi-110077.

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Present:

Dr. Ketan Desai	President, Medical Council of India, Professor & Head, Department of Urology, B.J. Medical College, <u>Ahmedabad (Gujarat)</u>
Dr. P.C. Kesavankutty Nayar	Vice-President, Medical Council of India, Former Dean, Govt. Medical College, <u>Thiruvananthapuram (Kerala)</u>
Dr. Ved Prakash Mishra	Vice Chancellor, Datta Meghe Instt. of Medical Sciences University, <u>Nagpur (Maharashtra)</u>
Dr. Muzaffar Ahmad	Director, Health Services, Govt. of Jammu & Kashmir, <u>Srinagar (J&K)</u>
Dr. Nirbhay Srivastav	Officer on Special Duty, Directorate of Medical Education, Govt. of Madhya Pradesh, <u>Bhopal</u>
Dr. D.J. Borah	Principal, Jorhat Medical College, <u>Guwahati-781007 (Assam)</u>
Dr. G.K. Thakur	Prof. & HOD cum Superintendent Dept. of Radiology S.K. Medical College, <u>Muzaffarpur-842004 (Bihar)</u>
Dr. Baldev Singh Aulakh	Professor of Urology and Transplant Surgery, Head Transplant Unit, Dayanand Medical College, <u>Ludhiana</u>
Dr. P.K. Das	Professor & Head of the Deptt. of General Medicine, S.C.B. Medical College, <u>Cuttack</u>

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

Apologies for absence were received from Dr. K.P. Mathur and Dr. V.N. Jindal.

1. Minutes of the Executive Committee Meeting held on 8th October, 2009 and 13th October, 2009 - Confirmation of.

The Executive Committee of the Council confirmed the minutes of the last meetings held on 8th October,2009 and 13th October,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 meetings held on 8th October,2009 and 13th October,2009.

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

The Executive Committee of the Council noted the pending items arising out of the decisions taken by the Executive Committee as under:-

Sl. No.	Date of EC	Item No.	Subject	Members of the Sub-Committee
1.	28.04.07	-	CME Programmes	Dr. Ved Prakash Mishra Dr. Ketan Desai Dr.(Mrs.) Sneh Bhargava
2.	02.07.08	25	Complaints regarding delay in holding of convocation by the Universities and granting of degrees to the medical students.	Dr. D.K. Sharma Dr. Indrajit Ray
3.	14.04.08	3	Pending items arising out of the decisions taken by the Executive Committee.	Dr. Ved Prakash Mishra Dr. Mukesh Kumar Sharma

4. To note the letters of Intent/ Permission/Renewal of permission issued by the Central Govt. for establishment of medical colleges/increase of seats in Ist MBBS course for the academic session 2009-2010.

The Executive Committee of the Council noted the Letters of Intent/Letter of Permission /renewal of permission for establishment of new Medical Colleges/ increase of seats in 1st MBBS course for the academic session 2009-2010 issued by the Govt. of India as under:-

Name of the College	Date of issue of Letter of Intent/Permission/Renewal of Permission.
Sagar Medical College, Sagar, Madhya Pradesh.	Letter of Intent dated 14 th October, 2009 and Letter of Permission 14 th /15 th October, 2009 for Establishment of new medical college in the name of “Sagar Medical College, Sagar, Madhya Pradesh.
Tripura Medical College & Dr. BRAM Teaching Hospital, Agartala.	Letter dated 14 th October, 2009 for renewal of permission for the admission of 4 th batch of 100 MBBS

	students for the academic year 2009 – 10.
Dharmapuri Government Medical College, Dharmapuri	Letter dated 14 th October, 2009 for renewal of permission for the admission of 2 nd batch of 100 MBBS students for the academic year 2009 – 10.

5. Out come analysis of the decisions of the Executive Committee.

Read: The matter with regard to the outcome analysis of the decision of the MCI.

The Executive Committee of the Council observed that the following decisions have been sent to Central Govt. with regard to withdrawal of recognition and amendment of regulations etc. but no response has been received from the Central Govt. till date:-

S.No.	Name of College	Status
1.	Continuance of recognition of MBBS degree granted by Maharashtra University of Health Sciences, Nashik in respect of students being trained at Dr. Panjabrao Alias Bhausaheb Deshmukh Memorial Medical College, Amravati.	Recommended to the Central Govt. on 05.06.2009 & 10.08.2009 to withdrawal of recognition and further directed to the institute not to make further admission from the academic year 2009-10.
2.	Common Entrance Test for Admission in MBBS Course.	Recommended to the Central Govt. on 23.06.2009 to accord approval of the Central Govt. u/s 33 of the IMC Act, 1956.
3.	Continuance of recognition of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore in respect of students being trained Dr. B.R. Ambedkar Medical College, Bangalore.	Recommended to the Central Govt. on 23.06.2009 to withdrawal of recognition and further directed to the institute not to make further admission from the academic year 2009-10.
4.	Draft Regulation to conduct the Elections for the Students Union in the medical colleges/institutions in India – Consideration of.	Recommended to the Central Govt. on 10.08.2009 to accord approval of the Central Govt. u/s 33 of the IMC Act, 1956. However, as per Central Govt. letter dated 23.09.2009 there is no need to formulate separate regulations for conducting elections of students unions in medical colleges as there is no such provision in the IMC Act 1956 under which such these regulations could be framed.
5.	Peoples College of Medical Sciences & Research Centre, Bhanpur - Renewal of permission for admission of 5 th batch of students for the academic session 2009-2010.	Recommended for renewal of permission for 2009-10.

6. Approval of M.E.S. Medical College, Malapuram for the award of MBBS degree granted by Calicut University, Calicut.

Read : The Council Inspectors report (13th, 14th & 15th October, 2009) for approval of M.E.S. Medical College, Malapuram for the award of MBBS degree granted by Calicut University, Calicut.

The Executive Committee of the Council considered the Council Inspectors report (13th, 14th & 15th October, 2009) and decided to recommend that M.E.S. Medical College, Malapuram be approved for the award of MBBS degree granted by Calicut University, Calicut with an annual intake of 100 (one hundred) students per year.

7. Consideration of bill submitted by Sh. Amarjit Singh Chandhiok, Additional Solicitor General of India for rendering written opinion against the order dated 20.5.2009 passed by the Hon'ble High Court of Madras in WP No. 9274/2005 – P. Illamparithi – Vs. – Union of India & Ors.

Read : The bill submitted by Sh. Amarjit Singh Chandhiok, Additional Solicitor General of India for rendering written opinion against the order dated 20.5.2009 passed by the Hon'ble High Court of Madras in WP No. 9274/2005 – P. Illamparithi – Vs. – Union of India & Ors.

The Executive Committee of the Council decided to defer the consideration of the matter for the next meeting.

8. Removal of name of Dr. Vikram Sanghvi Regn. No.31303, dated 16.01.1974 and Dr.Ravindra V. Patel Regn. No.29217, dated 28.12.1972 from the Indian Medical Register.

Read : The letter dated 25.09.2009 received from the Registrar, Maharashtra Medical Council, Mumbai with regard to removal of name of Dr. Vikram Sanghvi Regn. No. 31303 and Dr. Ravindra V. Patel Regn. No. 29217 from the Indian Medical Register.

The minutes of this item be read with item No. 50.

9. Change in the Eligibility Criteria pertaining to the qualifying examination for entering into medical courses.

Read : The matter with regard to change in the Eligibility Criteria pertaining to the qualifying examination for entering into medical courses.

The Members of the Executive Committee noted the existing Regulation 4 (2) of Chapter II pertaining to the Admission, Selection, Migration and Training of students of Medical Council of India Regulations on Graduate Medical Education, 1997, reads as under:-

“4. *Admission to the Medical Course - Eligibility Criteria:* No Candidate shall be allowed to be admitted to the Medical Curriculum proper of first Bachelor of Medicine and Bachelor of Surgery (MBBS) Course until:

(1)

(2) *He/she has passed qualifying examination as under:*

(a) *The higher secondary examination or the Indian School Certificate Examination which is equivalent to 10+2 Higher Secondary Examination after a period of 12 years study, the last two years of study comprising of physics, Chemistry, Biology and Mathematics or any other elective subjects with English at a level not less than the core course for English as prescribed by the National Council for Educational Research and Training after the introduction of the 10+2+3 years educational structure as recommended by the National Committee on education.*

Note: Where the course content is not as prescribed for 10+2 education structure of the National Committee, the candidates will have to undergo a period of one year pre-professional training before admission to the Medical colleges.

or

- (b) *The Intermediate examination in science of an Indian University/Board or other recognized examining body with Physics, Chemistry and Biology which shall include a practical test in these subjects and also English as a compulsory subject.*

or

- (c) *The pre-professional/pre-medical examination with Physics, Chemistry and Biology, after passing either the higher secondary school examination, or the pre-university or an equivalent examination. The pre-professional/pre-medical examination shall include a practical test in Physics, Chemistry & Biology and also English as a compulsory subject.*

or

- (d) *The first year of the three years degree course of a recognized university, with Physics, Chemistry and Biology including a practical test in these subjects provided the examination is a "University Examination" and candidate has passed 10+2 with English at a level not less than a core course.*

or

- (e) *B.Sc examination of an Indian University, provided that he/she has passed the B.Sc examination with not less than two of the following subjects Physics, Chemistry, Biology (Botany, Zoology) and further that he/she has passed the earlier qualifying examination with the following subjects - Physics, Chemistry, Biology and English.*

or

- (f) *Any other examination which, in scope and standard is found to be equivalent to the intermediate science examination of an Indian University/Board, taking Physics, Chemistry and Biology including practical test in each of these subjects and English.*

Note:

The pre-medical course may be conducted either at Medical College or a Science College.

Marks obtained in mathematics are not to be considered for admission to MBBS course.

After the 10+2 course is introduced, the integrated courses should be abolished."

It is further observed that the alternatives prescribed at Sub-Clause (b), (c) & (f) are no longer relevant in the present scheme of the Science Stream 10 + 2 pattern education.

It is also observed that Sub-Clause (d) provides for eligibility at 1st Year of the three-year degree course which is superfluous as Sub-Clause (e) provides for B.Sc. Examination which is a full three-year degree course.

After due and detailed deliberations, the Members of the Executive Committee decided that Section 4 (2) of Regulations on Graduate Medical Education, 1997 pertaining to admission to the medical course – Eligibility Criteria may be amended as under:-

“4. Admission to the Medical Course - Eligibility Criteria: No Candidate shall be allowed to be admitted to the Medical Curriculum proper of first Bachelor of Medicine and Bachelor of Surgery (MBBS) Course until:

- (1)

4 (2) *He/She has passed qualifying examination as under:-*

- a. *The higher secondary examination or the Indian School Certificate Examination which is equivalent to 10+2 Higher Secondary Examination or any other examination which is equivalent to the Higher Secondary Examination under 10+2 pattern of 12 years study period, the last two years of study comprising of Physics, Chemistry, Biology and Mathematics or any other elective subjects with English at a level not less than core course of English as prescribed by the National Council of Educational Research and Training after the introduction of the 10+2+3 years educational structure as recommended by the National Committee on education.*

Note: Marks obtained in Mathematics are not to be considered for admission to MBBS Course.

- b. *Deleted*
 c. *Deleted*
 d. *Deleted*
 e. *Deleted*
 f. *Deleted*

10. Consideration of the Proposal – ‘Tag Faculty’, the Faculty Identification, Tracking and Monitoring Solution.

Read : The Proposal – ‘Tag Faculty’, the Faculty Identification, Tracking and Monitoring Solution.

The Executive Committee considered the matter along with the Proposal – ‘Tag Faculty’, the Faculty Identification, Tracking and Monitoring Solution and observed as under :-

“A proposal received from the M/s Rasilant Technologies Pvt. Ltd., Mumbai for preparing the RFID – Smart Identity Card for the Faculty members of the medical colleges / institutions for upholding the standard and standards of Medical Education in the country, was considered by the Members of the Ad hoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee at its meeting held on 28.04.2007 and the Committee decided as under:-

“The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council deliberated upon the matter at length and decided to adopt the system of RFID based Access Control Smart ID Card to be issued by the MCI after due verification. This card will have the Photo of the individual, degrees obtained by him, Signature of the individual and faculty number in that speciality allotted by MCI duly signed by the Authority of MCI. The expenses for this work can be collected from the individual concerned and the entire job can be outsourced, as has been done by the Dental Council of India.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council observed that the benefits which will accrue to the objective of providing quality medical education will be as under:-

1. *This will avoid teachers with unrecognized postgraduate qualification getting employed as teacher.*
2. *This particular system of issuing teaching faculty number in those specialities issued by the MCI just like issuing PAN Card by the Income-tax Department will also eliminate a particular teacher being shown in more than one college.*
3. *This will also help the MCI inspectors to check and verify whether they are really qualified teachers from a recognized medical college.*

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to approve the proposal of M/s Rasilant Technologies, Mumbai on the same terms and conditions as approved by the Dental Council of India, New Delhi, subject to the modification that the cost of RFID based Smart ID Cards will be Rs.185/- (Rupees one hundred eighty five only) per card instead of Rs.200/- (Rupees two hundred only) per card approved by the Dental Council of India and quoted earlier by M/s Rasilant Technologies, Mumbai and accordingly directed the office to intimate all the medical institutions to get the faculty Smart ID card prepared from M/s Rasilant Technologies latest by 30.06.2007."

The first phase of implementation of RFID Smart card for faculty identification, tracking and monitoring solution almost successfully completed by M/s Rasilant Technologies Pvt. Ltd., Mumbai.

In view of above, the implementation of the 2nd phase of RFID – Faculty Identification, Tracking and Monitoring is required to be undertaken which is proposed as under :-

PROPOSAL – ‘TAG FACULTY’, THE FACULTY IDENTIFICATION, TRACKING AND MONITORING SOLUTION

1. Executive Summary

1.1 Background

- * *This proposal is in furtherance to the first phase of implementation of Tag ID – The RFID Faculty Smart Identification across all the Medical Colleges in India.*
- * *After the successful and timely execution of the first phase, this proposal offers a detailed insight of the transition into the second phase – From TagID – ‘Faculty Identification’ to TagFaculty – ‘Faculty Identification, Tracking and Monitoring’ with the execution, timeline and strategic implications.*
- * *This document represents an overview of the entire framework to tackle the problem statement with the economics involved.*
- * *This proposal takes into account the software integration of the Faculty Identification and Tracking Module with the RFID infrastructure based on the requirement of the client.*

1.2 Challenges

MCI is India’s premium medical organization with 299 medical colleges in India as it’s stakeholders.

The key challenges being faced by the MIC as observed include:

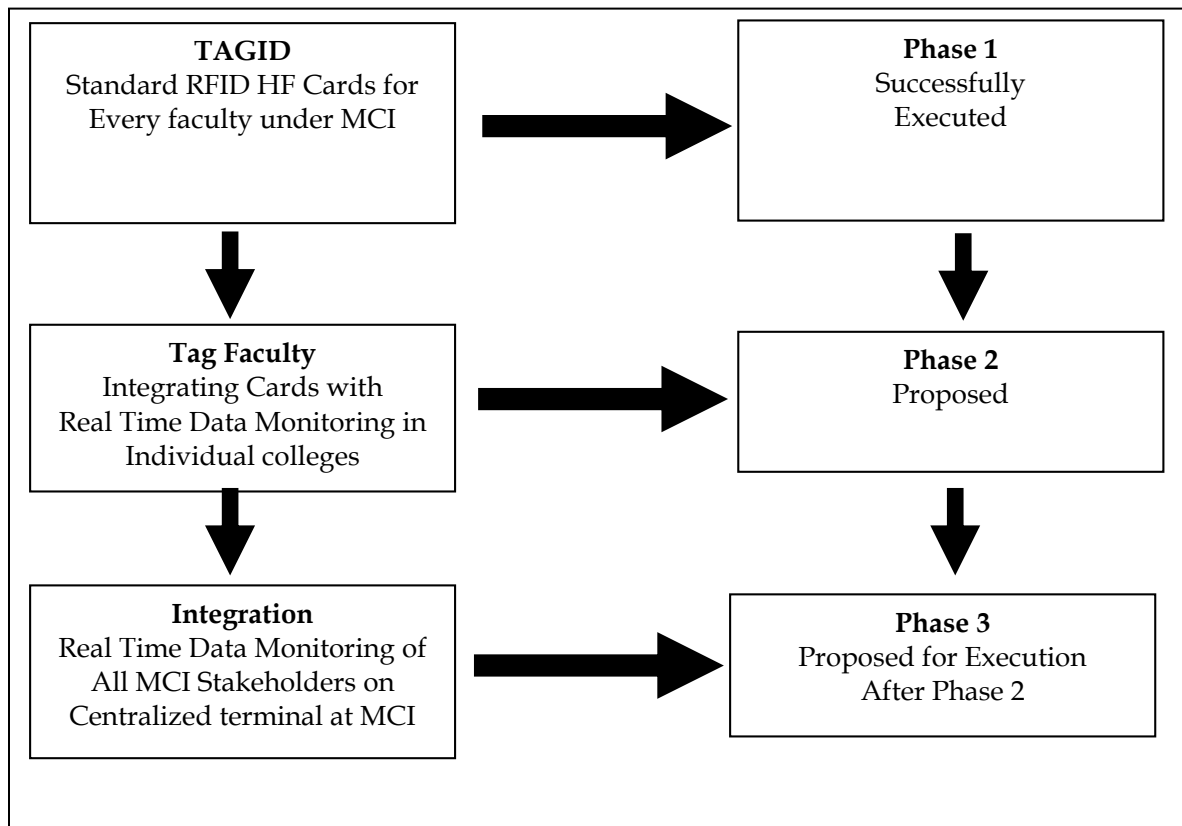
- * *No standard MCI identity leading to identity conflicts*
- * *Manual Data Records leading to integrity cases and human error.*
- * *Manual Maintenance leading to High Turn Around Time.*
- * *No real time status of reports for audits.*

1.3 Problem Statement

No centralized standard identification, tracking and monitoring system leading to irregularities and breach of MCI policies.

1.4 Technology Overview

The proposed solution to tackle the problem statement include the combination of automated identification, tracking and monitoring of Faculty using Radio Frequency Identification (RFID) technology with real time displayed elaborate reports for faculty tracking analysis.



1.5 Scope of the Project

This project aims to deliver a technology integrated business solution that is tied within various levels of the information technology framework existing at MCI. It provides a complete solution to the existing need of the client including backup fail-safe mechanisms, but is not classified as a mission critical process component. No shortcomings or limitations have been identified by us to implement the entire solution.

The project offers a facility to be scaled up to real time viewing of faculty status at a centralized terminal in MCI in the third phase.

1.6 Purpose

The objective of this proposal is to offer an overview of the Tag Faculty with automated Faculty identification, tracking and monitoring hereby eliminating manual irregularities. A comprehensive insight into the benefits and advantages of this solution which is designed to be both cost-effective and competitive is entailed herewith.

1.7 Strategic Implications

- * *Increased Operational Excellence with*
- * *Strategic Fit between all activities – human and automated*
- * *Double authentication Manual and Automated leading to high authentication eliminating manual irregularities*
- * *Very low turn around time in up gradation and maintenance*
- * *Real time automated reports eliminating the human error*
- * *Increased scope for faculty/vs college pattern analysis*
- * *Modular System*
- * *High ROI through*

- * *Reduced Operational Costs*
- * *Reduced Human Resource Costs*
- * *Optimum Resource Allocation*
- * *Reduced Opportunity Loss*
- * *Stronger Brand Loyalty, Reduced Irregularities leading to stronger Brand Equity*

2. Background

MCI being India's medical organization with 300 medical colleges in India as it's stakeholders faced a number of challenges a detailed below with the strategic implications

Challenges	Description	Strategic Implications
<i>No standard MCI identity</i>	<i>Every college has a different identification tool for their respective faculty</i>	* <i>Identity not linked to MCI leading to conflicts and reduces MCI Brand Equity</i>
<i>Manual Data Records</i>	<i>Records of Faculty at MCI are manually received from colleges leading to sole dependence on colleges for authenticity of data</i>	Integrity Issues * <i>One faculty associated with more than one institute with out MCI's knowledge</i> * <i>Actual Number v/s Revealed number of faculty by college.</i>
<i>Manual Maintenance</i>	<i>Data at MCI is manually maintained based on updates from respective colleges</i>	* High Turn Around Time
<i>No Real Time Status</i>	<i>At no point can MCI access the real time status of faculty in a college</i>	* <i>Denies Prompt monitoring from a central terminal</i> * <i>Manual reports have limited scope for analysis during surprise audits in colleges.</i>

3. Current Scenario

Challenges	Description	Strategic Implications
<i>No Standard MCI Identity</i>	<i>Every college has a different identification tool for their respective faculty</i>	* <i>Identity not linked to MCI leading to conflicts and reduces MCI Brand Equity.</i>
<i>Manual Data Records</i>	<i>Records of Faculty at MCI are manually received from colleges leading to sole dependence on colleges for authenticity of data.</i>	Integrity Issues * <i>One faculty associated with more than one institute without MCI's knowledge</i> * <i>Actual Number v/s Revealed number of faculty by college.</i>

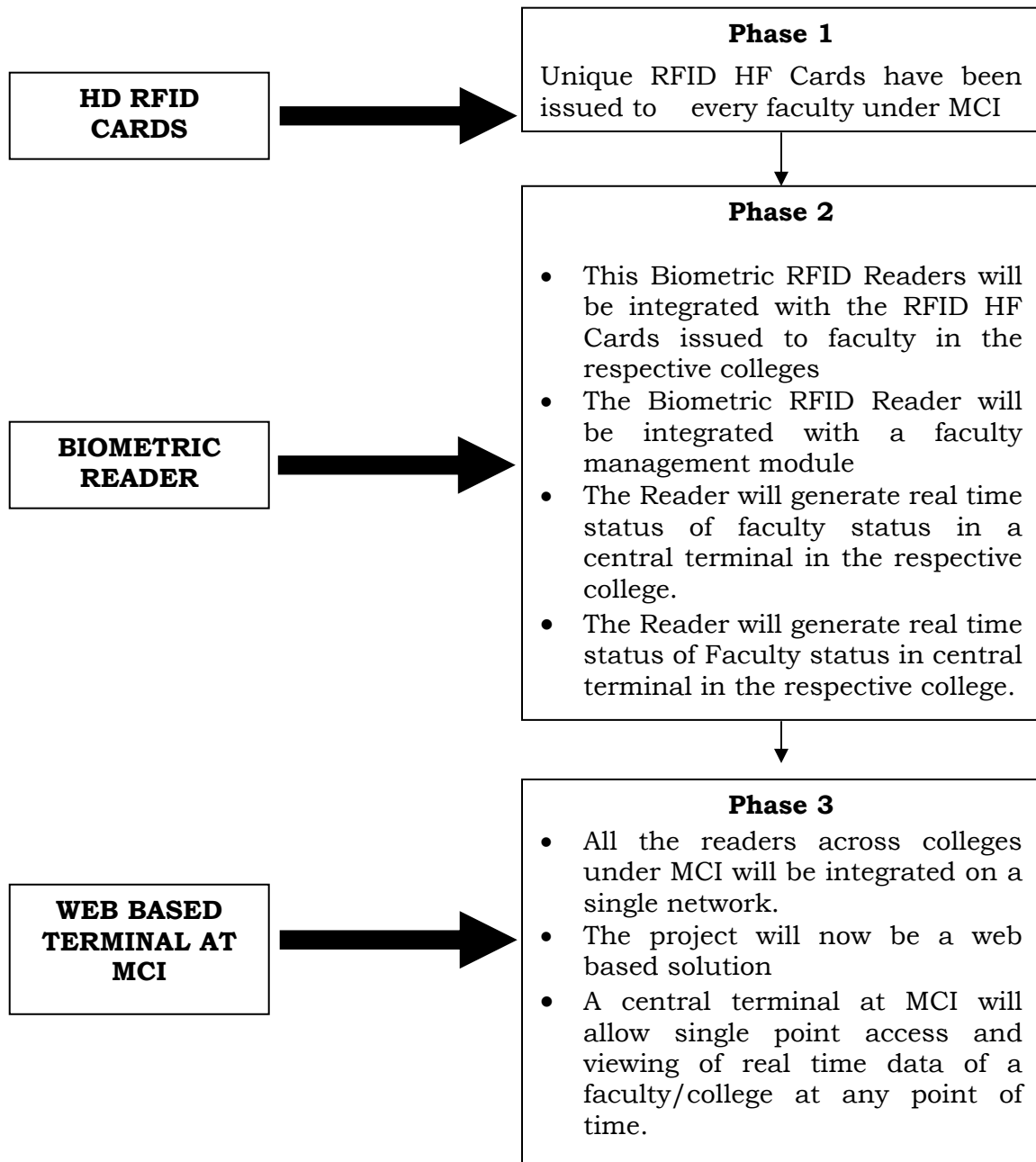
Rasilant Technologies has successfully completed the first phase of implementation of Tag ID – The RFID Smart Faculty identification Solution across almost all colleges under MCI thereby tackling the first and the second challenge

Asset	Description	Strategic Implications
<i>Standard MCI Identity</i>	<i>Every faculty in every college has the same identification tool disbursed by a central source in partnership with MCI</i>	<p><i>* Every faculty has a unique identity authorized to be linked with only one college a time thereby abiding by MCI policy</i></p> <p><i>* Any default by associating with more than one college at a time alerts Rasilant Technologies</i></p>

Existing Gaps	
<i>* Manual Maintenance -</i>	<i>High Turn Around Time in the alert when another college requests Rasilant for a new card issue</i>
<i>* No real time status –</i>	<i>As the data from cards is not captured at any checkpoint, no real time reports are available for audit</i>

Proposed Solution

After the successful execution of Phase 1, detailed below is the succession plan in Phase 2 and Phase 3.



5. *Strategic Implications*

- Phase 2* →
- * *Real Time Status In College Terminal – Faculty data available in colleges at every point of time.*
 - * *Faculty Audit – attendance, regularity status available for MCI to access on surprise visits to the college*
 - * *High Data Authenticity – Eliminates Human Manipulation or Interference even when sending reports to MCI*
- Phase 3* →
- * *Centralized Real Time Status with manipulation alerts a click away AT MCI*
 - * *Reducing travel, time and other operational losses*

STRATEGIC IMPLICATATIONS ON PHASE – 1, PHASE – 2, PHASE 3 COMPLETION

Strategic fit between all activities – human and automated

- * *Double authentication – Manual and Automated leading to high authentication elimination manual irregularities*
- * *Very low turn around time in up gradation and maintenance*
- * *Real time automated reports at MCI eliminating the human error*
- * *Increased scope for faculty v/s college pattern analysis*
- * *Modular system*
- * *High ROI through*
 - * *Reduced Operational costs*
 - * *Reduced Human Resource Costs*
 - * *Optimum Resource Allocation*
 - * *Reduced Opportunity Loss*
 - * *Stronger Brand Loyalty, Reduced Irregularities leading to stronger Brand Equity*

6 *Approximate Pricing*

**THE APPROXIMATE PRICING/INSTALLATION WILL BE BETWEEN
90, 000 INR TO 95, 000 INR**

In view of above, the Executive Committee approved the Proposal – ‘Tag Faculty’, the Faculty Identification, Tracking and Monitoring Solution and decided to place the same before the General Body for its approval for further action. “

11. Continuance of recognition of MBBS degree granted by C.S.J.M. University, Kanpur in respect of students being trained at G.S.V.M. Medical College, Kanpur.

Read : The compliance along with inspection report (30th & 31st October, 2009) for continuance of recognition of MBBS degree granted by C.S.J.M. University, Kanpur in respect of students being trained at G.S.V.M. Medical College, Kanpur.

The Executive Committee of the Council decided to defer the consideration of the matter for the next meeting.

12. Continuance of recognition of MBBS degree granted by Bhim Rao Ambedkar University, Agra in respect of students being trained at S.N. Medical College, Agra.

Read : The compliance along with inspection report (30th & 31st October, 2009) for continuance of recognition of MBBS degree granted by Bhim Rao Ambedkar University, Agra in respect of students being trained at S.N. Medical College, Agra.

The Executive Committee of the Council decided to defer the consideration of the matter for the next meeting.

13. Continuance of recognition of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore in respect of students being trained at J.S.S. Medical College, Mysore.

Read : The compliance along with inspection report (9th October, 2009) for continuance of recognition of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore in respect of students being trained at J.S.S. Medical College, Mysore.

The Executive Committee of the Council decided to defer the consideration of the matter for the next meeting.

14. Continuance of recognition of MBBS degree granted by Kannur University in respect of students being trained at Academy of Medical Sciences, Parriyaram, Kannur.

Read : The compliance along with inspection report (9th & 10th October, 2009) for continuance of recognition of MBBS degree granted by Kannur University in respect of students being trained at Academy of Medical Sciences, Parriyaram, Kannur.

The Executive Committee of the Council decided to defer the consideration of the matter for the next meeting.

15. Continuance of recognition of MBBS degree granted by Sher-E-Kashmir Instt. of Medical Sciences (Deemed University) in respect of students being trained at Sher-E-Kashmir Instt. of Medical Sciences, Bemina, Srinagar – Periodical inspection thereof.

Read : The Council inspector report (12th & 13th October, 2009) for continuance of recognition of MBBS degree granted by Sher-E-Kashmir Instt. of Medical Sciences (Deemed University) in respect of students being trained at Sher-E-Kashmir Instt. of Medical Sciences, Bemina, Srinagar.

The Executive Committee of the Council decided to defer the consideration of the matter for the next meeting.

16. Continuance of recognition of MBBS degree granted by Baba Farid University of Health Sciences, Faridkot in respect of students being trained at Guru Gobind Singh Medical College, Faridkot.

Read : The compliance along with inspection report (7th & 8th October, 2009) for continuance of recognition of MBBS degree granted by Baba Farid University of Health Sciences, Faridkot in respect of students being trained at Guru Gobind Singh Medical College, Faridkot.

The Executive Committee of the Council decided to defer the consideration of the matter for the next meeting.

17. Continuance of recognition of MBBS degree granted by Baba Farid University of Health Sciences, Faridkot in respect of students being trained at Govt. Medical College, Amritsar.

Read : The compliance along with inspection report (7th & 8th October, 2009) for continuance of recognition of MBBS degree granted by Baba Farid University of Health Sciences, Faridkot in respect of students being trained at Govt. Medical College, Amritsar.

The Executive Committee of the Council decided to defer the consideration of the matter for the next meeting.

18. Continuance of recognition of MBBS degree granted by Baba Farid University of Health Sciences, Faridkot in respect of students being trained at Govt. Medical College, Patiala.

Read : The compliance along with inspection report (7th & 8th October, 2009) for continuance of recognition of MBBS degree granted by Baba Farid University of Health Sciences, Faridkot in respect of students being trained at Govt. Medical College, Patiala.

The Executive Committee of the Council decided to defer the consideration of the matter for the next meeting.

19. Continuance of recognition of MBBS degree granted by B.N. Mandal University in respect of students being trained at Mata Gujri Memorial Medical College, Kishanganj.

Read : The compliance along with inspection report (27th & 28th October, 2009) for continuance of recognition of MBBS degree granted by B.N. Mandal University in respect of students being trained at Mata Gujri Memorial Medical College, Kishanganj.

The Executive Committee of the Council decided to defer the consideration of the matter for the next meeting.

20. Continuance of recognition of Hospital for Internship Training – Holy Cross Hospital, Kottiyam, Kerala.

Read : The matter with regard to continuance of recognition of Hospital for Internship Training – Holy Cross Hospital, Kottiyam, Kerala.

The Executive Committee of the Council decided to defer the consideration of the matter for the next meeting.

21. Recognition of Hospital for Internship Training – Shri Moolchand Kharaiti Ram Hospital & Ayurvedic Research Institute, New Delhi.

Read : The matter with regard to recognition of Hospital for Internship Training – Shri Moolchand Kharaiti Ram Hospital & Ayurvedic Research Institute, New Delhi.

The Executive Committee of the Council decided to defer the consideration of the matter for the next meeting.

22. Approval of Minutes of the Teachers Eligibility Qualifications Sub-committee held on 05.10.2009.

Read : The minutes of the Teachers Eligibility Qualifications Sub-committee held on 05.10.2009.

The Executive Committee of the Council decided to defer the consideration of the matter for the next meeting.

23. MEDICAL COUNCIL OF INDIA, ANNUAL REPORT 2008-2009

The Executive Committee of the Council approved the annual report of the Medical Council Of India for the year 2008-2009.

24. Award of House Keeping Services Contract in the Council office.

Read : The matter with regard to award of House Keeping Services Contract in the Council office.

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

“The Committee comprising of Sh. Ashok Kr. Harit, Deputy Secretary (Admn.); Mrs. Madhu Handa, Assistant Secretary; Sh. A.K. Ahluwalia, Accounts Officer & Sh. Bhagwan Das, Administrative Officer, was constituted to open the tenders received for the award of House Keeping Contract and also to prepare the comparative statement of the tenders received.

It has been observed by the Committee that the Council has given an advertisement in the Newspapers and the last date for the submission of tenders was 18/09/2009 upto 4.00 p.m. In response to the said advertisement, 14 tenders were received for providing the House Keeping Services. Out of 14 tenderers, 13 representatives of the said tenderers attended the tender opening meeting on 22/09/2009 at 3.00 p.m. The rates of all the tenders were announced in the meeting and duly entered in the Tender Register which was signed by the said Committee members as well as by the representatives of the tenderers.

The Committee prepared the statement showing the computation of total cost as per minimum wages Act., 1948 applicable w.e.f. 01/08/2009 as notified by the Labour Department of Govt. of NCT of Delhi. This statement also showing the total product for one year as per minimum wages and factor given in the tender document, which is amounting to Rs.14,93,029.48. This amount has been considered for finalizing the tender as per terms of tender documents. The said statement is enclosed as Annexure-I.

The comparative statement has also been prepared based upon the inputs given in the respective tenders and the same is enclosed as Annexure-II. The tenders which are not considered eligible, as per the terms & conditions of the tender document, are mentioned against their name in the comparative statement along with the reasons thereof. The rank/position of the agency is also mentioned against each.”

After due and detailed deliberations, the Executive Committee of the Council decided to accept the report of the Purchase Committee and further decided to award the House Keeping Services Contract to the lowest bidder as proposed by the Purchase Committee.

25. Award of Security Services Contract in the Council office.

Read : The matter with regard to award of Security Services Contract in the Council office.

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

“The Committee comprising of Sh. Ashok Kr. Harit, Deputy Secretary (Admn.); Mrs. Madhu Handa, Assistant Secretary; Sh. A.K. Ahluwalia, Accounts Officer & Sh. Bhagwan Das, Administrative Officer, was constituted to open the tenders received for the award of Security Contract and also to prepare the comparative statement of the tenders received.

It has been observed by the Committee that the Council has given an advertisement in the Newspapers and the last date for the submission of tenders was 18/09/2009 upto 4.00 p.m. In response to the said advertisement, 16 tenders were received for providing the Security Services. Out of 16 tenderers, 15 representatives of the said tenderers attended the tender opening meeting on 22/09/2009 at 3.00 p.m. The rates of all the tenders were announced in the meeting and duly entered in the Tender Register which was signed by the said Committee members as well as by the representatives of the tenderers.

The Committee prepared the statement showing the computation of total cost as per minimum wages Act., 1948 applicable w.e.f. 01/08/2009 as notified by the Labour Department of Govt. of NCT of Delhi. This statement also showing the total product for one year as per minimum wages and factor given in the tender document, which is amounting to Rs.12,94,236.23. This amount has been considered for finalizing the tender as per terms of tender documents. The said statement is enclosed as Annexure-I.

The comparative statement has also been prepared based upon the inputs given in the respective tenders and the same is enclosed as Annexure-II. The tenders which are not considered eligible, as per the terms & conditions of the tender document, are mentioned against their name in the comparative statement along with the reasons thereof. The rank/position of the agency is also mentioned against each.”

After due and detailed deliberations, The Executive Committee of the Council decided to accept the report of the Purchase Committee and further decided to award the Security Services Contract to the lowest bidder as proposed by the Purchase Committee.

26. Continuance of recognition of MBBS degree granted by Bundelkhand University, Jhansi in respect of students being trained at M.L.B. Medical College, Jhansi.

Read : The compliance along with inspection report (30th & 31st October, 2009) for continuance of recognition of MBBS degree granted by Bundelkhand University, Jhansi in respect of students being trained at M.L.B. Medical College, Jhansi.

The Executive Committee of the Council decided to defer the consideration of the matter for the next meeting.

27. Continuance of recognition of MBBS degree granted by Maharashtra University of Medical Sciences, Nasik in respect of students being trained at Maharashtra Instt. Of Medical Sciences, Talegaon.

Read : The compliance along with inspection report (5th & 6th November, 2009) for continuance of recognition of MBBS degree granted by Maharashtra University of Medical

Sciences, Nasik in respect of students being trained at Maharashtra Instt. Of Medical Sciences, Talegaon.

The Executive Committee of the Council decided to defer the consideration of the matter for the next meeting.

28. Continuance of recognition of MBBS degree granted by Sadar Patel University in respect of students being trained at Pramukhswami Medical College, Karamsad.

Read : The compliance along with inspection report (4th & 5th November, 2009) for continuance of recognition of MBBS degree granted by Sadar Patel University in respect of students being trained at Pramukhswami Medical College, Karamsad.

The Executive Committee of the Council decided to defer the consideration of the matter for the next meeting.

29. Continuance of recognition of MBBS degree granted by Allahabad University in respect of students being trained at MLN Medical College, Allahabad.

Read : The compliance along with inspection report (30th & 31st October, 2009) for Continuance of recognition of MBBS degree granted by Allahabad University in respect of students being trained at MLN Medical College, Allahabad.

The Executive Committee of the Council decided to defer the consideration of the matter for the next meeting.

30. Continuance of recognition of MBBS degree granted by The T.N. Dr. MGR Medical University, Chennai in respect of students being trained at Vinayaka Mission Medical College, Salem.

Read : The compliance along with inspection report (5th & 6th November, 2009) for Continuance of recognition of MBBS degree granted by The T.N. Dr. MGR Medical University, Chennai in respect of students being trained at Vinayaka Mission Medical College, Salem.

The Executive Committee of the Council decided to defer the consideration of the matter for the next meeting.

31. Continuance of recognition of MBBS degree granted by The T.N. Dr. MGR Medical University, Chennai in respect of students being trained at Christian Medical College, Vellore.

Read : The compliance along with inspection report (4th & 5th November, 2009) for continuance of recognition of MBBS degree granted by The T.N. Dr. MGR Medical University, Chennai in respect of students being trained at Christian Medical College, Vellore.

The Executive Committee of the Council considered the compliance verification inspection report (4th & 5th November, 2009) and decided that recognition of MBBS degree granted by The Tamil Nadu Dr. MGR Medical University, Chennai in respect of students being trained at Christian Medical College, Vellore be continued restricting the number of admissions to 60 (Sixty) students per year.

32. Continuance of recognition of MBBS degree granted by Gorakhpur University in respect of students being trained at BRD Medical College, Gorakhpur.

Read : The compliance along with inspection report (30th & 31st October, 2009) for Continuance of recognition of MBBS degree granted by Gorakhpur University in respect of students being trained at BRD Medical College, Gorakhpur.

The Executive Committee of the Council decided to defer the consideration of the matter for the next meeting.

33. Inspection of Dr. Rajendra Prasad Govt. Medical College, Tanda, Himachal Pradesh to verify the teaching faculty, resident, clinical matterial, hostel and other infrastructural facilities.

Read : The compliance along with inspection report (5th & 6th November, 2009) for Inspection of Dr. Rajendra Prasad Govt. Medical College, Tanda, Himachal Pradesh to verify the teaching faculty, resident, clinical material, hostel and other infrastructural facilities.

The Executive Committee of the Council considered the compliance verification inspection report (5th & 6th November,2009) and noted the following:-

1. [a] The following faculty has not been counted for the reasons mentioned against each:-

S.N.	Name	Designation	Deptt	Reason
1	Dr. Viney Malik	Asstt. Prof.	Biochemistry	M.Sc. from science faculty
2.	Dr. Satya Bhushan	Lecturer	Biochemistry	M.Sc. from science faculty
3.	Ms. Aditi Sharma	Tutor	Microbiology	M.Sc. from science faculty
4.	Dr. Vipin Sharma	Asstt. Prof.	Orthopedics	Does not possess the required academic qualification

[b] The following Sr. Residents has not been accepted for the reasons mentioned against each:-

S.N.	Name	Designation	Deptt	Reason
1	Dr. Aditi Panwar	Sr. Resident	Radiology	Does not possess the required academic qualification/experience
2.	Dr. Tilak Bhagra	Sr. Resident	Radiology	Does not possess the required academic qualification/experience

[c] In view of above, the shortage of teaching staff is as under:-

(a) The shortage of teaching faculty is 15.9%(i.e. 14 out of 88) as under:-

- (i) Professor : 06 (Physiology -1, Biochemistry -1, Forensic Medicine -1, Psychiatry -1, ENT -1 & Dentistry – 1)
- (ii) Associate Professor : 02 (Anatomy -1 & Pathology -1)
- (iii) Assistant Professor : 06 (Anatomy-1, Physiology-1, Biochemistry -1, Pathology -1, Forensic Medicine -1, Community Medicine -1)
- (iv) Tutor : Nil

(b) The shortage of Residents is 20.2%(i.e. 15 out of 74) as under :-

- (i) Sr. Resident : 05 (TB & Chest -1, Psychiatry -1, Orthopaedics -1 & Anaesthesia -2)

- (ii) Jr. Resident : 10 (General Medicine -3, General Surgery -2, Orthopaedics -4, Obst. & gynae. -1)

Note:-

- i. Dr. Suresh Sankhyan, Prof, Deptt. Forensic Medicine has been placed under suspension vide letter No. HFW-B(B)3-13/2009 dated 30/03/09 from the Principal Secretary (Health) Govt. of Himachal Pradesh.
 - ii. Dr. R.S Yadav, Prof, Deptt. of Biochemistry has been placed under suspension vide letter No. Health-B(3)-93/91-Loose dated 13/04/09 from the Principal Secretary (Health) Govt. of Himachal Pradesh.
 - iii. More than 50% of the faculty in Biochemistry Department is non-medical.
2. In the Central Library, college is not subscribing any journal since 2004. Medlar facility is not available.
 3. The college does not have any established Medical Education Unit as per Council Regulations.
 4. In Registration & Medical Record Section, ICD X system for classification of diseases is not followed.
 5. One emergency theatre is non-functional.
 6. In CSD department, instrument washing machine is not available.
 7. In the department of Anatomy, embalming machine is non-functional.
 8. Other deficiencies pointed out in the inspection report.

In view of above, the Executive Committee of the Council decided that the institute be asked to submit its compliance within a period of 1 month for rectification of the deficiencies of teaching faculty and other deficiencies of infrastructure. Copy of the letter be also marked to Secretary (Medical Education), DME of the concerned State Govt., Registrar of the University to which the college is affiliated and also to the member of the MCI representing the State where the college is located.

34. Requirements to be fulfilled by the applicant colleges for obtaining Letter of Intent and Letter of Permission for Establishment of New Medical Colleges and yearly renewals u/s 10A of the IMC Act, 1956.

Read : The matter with regard to Requirements to be fulfilled by the applicant colleges for obtaining Letter of Intent and Letter of Permission for Establishment of New Medical Colleges and yearly renewals u/s 10A of the IMC Act, 1956.

The Executive Committee considered the matter alongwith the correct phase wise requirements of operation theatres in accordance with the amendments made in the Regulations with regard to requirements to be fulfilled by the applicant colleges for obtaining Letter of Intent and Letter of Permission for Establishment of New Medical Colleges and yearly renewals u/s 10A of the IMC Act, 1956 and observed as under :-

“The Executive Committee of the Council noted that with the prior approval of the Central Government, the Council has notified the amendments to Minimum Standard Requirements for 100 MBBS Admissions Annually Regulations, 1999 vide Gazette Notification dated 20.10.2008 and 01.12.2008.

Similarly with the prior approval of the Central Government, the Council has notified the amendments for Minimum Standard Requirements for 50/150 Admissions Annually Regulations, 1999 vide Gazette Notification dated 08.07.2009.

After due deliberations, the members of the Executive Committee decided that as the minimum standard requirements with regard to teaching faculty and infrastructure have been changed substantially in these amendments, the phase-wise targets to be achieved by an applicant of the new medical college admitting 50/100/150 students in a phase-wise manner is also required to be amended accordingly, and approved the phase-wise targets to be achieved by the applicant of the new medical college for annual intake of 50/100/150 students in a phase-wise manner as shown in Annexures A,B & C respectively.”

The Executive Committee further observed that inadvertently the phase-wise requirements of Operation Theatres has shown wrongly in the Annexures A, B & C and the correct phase-wise requirements of the Operation Theatres in accordance with the amendments made in the Regulations shall be as under :-

“1. OPERATION THEATRE FOR 50 ADMISSIONS

Facilities required to be present	At the Beginning of First Admission	At the time of 1st Renewal Inspection	At the time of 2nd Renewal Inspection	At the time of 3rd Renewal Inspection	At the time of 4th Renewal Inspection
Major Operation Theatre	4	5	6	6 *	6 *
Minor Operation Theatre	2 [§]	2 [§]	2 [§]	2 [§]	2 [§]

* Separate space to be provided for Endoscopy.

§ 01 (One) Operation Theatre Each For Casualty & OPD

2. OPERATION THEATRE FOR 100 ADMISSIONS

Facilities required to be present	At the Beginning of First Admission	At the time of 1st Renewal Inspection	At the time of 2nd Renewal Inspection	At the time of 3rd Renewal Inspection	At the time of 4th Renewal Inspection
Major Operation Theatre	4	6	7	7 *	7 *
Minor Operation Theatre	2 [§]	2 [§]	2 [§]	2 [§]	2 [§]

* Separate space to be provided for Endoscopy.

§ 01 (One) Operation Theatre Each For Casualty & OPD

3. OPERATION THEATRE FOR 150 ADMISSIONS

Facilities required to be present	At the Beginning of First Admission	At the time of 1st Renewal Inspection	At the time of 2nd Renewal Inspection	At the time of 3rd Renewal Inspection	At the time of 4th Renewal Inspection
Major Operation Theatre	4	7	8	9 *	9 *
Minor Operation Theatre	2 [§]	2 [§]	2 [§]	2 [§]	2 [§]

* Separate space to be provided for Endoscopy.

\$ 01 (One) Operation Theatre Each For Casualty & OPD”

The Executive Committee also observed that in the phase wise requirements for 100 admissions annually, the requirement of One (1) Associate Professor in the department of Community Medicine at the time of First Renewal has been missed inadvertently and the same shall be as under :-

“8. Community Medicine / Prev. & Soc. Medicine

Deptt. / Staff	At Inception	At the time of 1 st Renewal Inspection	At the time of 2 nd Renewal Inspection	At the time of 3 rd Renewal Inspection	At the time of 4 th Renewal Inspection
Assoc. Prof.	1	1	2	2	2

In view of above, the Executive Committee approved the above amendments in the Requirements to be fulfilled by the applicant colleges for obtaining Letter of Intent and Letter of Permission for Establishment of New Medical Colleges and yearly renewals u/s 10A of the IMC Act, 1956 and decided to place the same before the General Body for its approval.

35. Discharge of 1st Year MBBS students in terms of Regulation 7(6)(A) and 7(6)(B) as prescribed in the Graduate Medical Education Regulations, 1997 who have been admitted at various medical colleges/institutions for the Academic Year 2009-2010 after the cut-off date – i.e. 30.09.2009.

Read : The matter with regard to discharge of 1st Year MBBS students in terms of Regulation 7(6)(A) and 7(6)(B) as prescribed in the Graduate Medical Education Regulations, 1997 who have been admitted at various medical colleges/institutions for the Academic Year 2009-2010 after the cut-off date – i.e. 30.09.2009.

The Executive Committee of the Council noted the matter with regard to discharge of 1st Year MBBS students in terms of Regulation 7(6)(A) and 7(6)(B) as prescribed in the Graduate Medical Education Regulations, 1997 who have been admitted at various medical colleges/institutions for the Academic Year 2009-2010 after the cut-off date – i.e. 30.09.2009 as under:-

Sl. No.	Name of the College	Name of Student	Date of Admission
1.	KVG Medical College, Sulia	Ms. Sreeja D. Nayak	12.10.2009
2.	MNR Medical College, Sangareddy	Ms. M. Deepthi	05.10.2009
3.	Kakatiya Medical College, Warangal	Mr. Sumanth Chityala	03.10.2009

36. Discharge of 1st Year MBBS students who have been found not eligible in terms of Regulation 5(5)(ii) as prescribed in the Graduate Medical Education Regulations, 1997 and admitted at various medical colleges/institutions in India for the Academic Year 2009-2010.

Read : The matter with regard to Discharge of 1st Year MBBS students who have been found not eligible in terms of Regulation 5(5)(ii) as prescribed in the Graduate Medical Education Regulations, 1997 and admitted at various medical colleges/institutions in India for the Academic Year 2009-2010.

The Executive Committee of the Council noted the matter with regard to discharge of 1st Year MBBS students who have been found not eligible in terms of Regulation 5(5)(ii) as prescribed in the Graduate Medical Education Regulations, 1997 and admitted at various medical colleges/institutions in India for the Academic Year 2009-2010 as under:-

Sl. No.	Name of the College	Name of Student	Category	Marks in Entrance Examination
1.	KVG Medical College, Sulia	• Mr. Manjunatha D.N.	GM	73/180
		• Mr. Shashwath Shetty	GM	76/180
		• Ms. Janhavi M.S.	GM	73/180
		• Ms. Sunayana U.K.	GM	82/180
2.	Shri B.M. Patil Medical College, Bijapur	• Mr. Vijayakumar Patil Singh	GEN	85/180
3.	Rama Medical College, Kanpur	• Ms. Vertika Singh	GEN	123/250
4.	Kannur Medical College, Kannur	• Ms. Archana Latha	ST	237/960
5.	KMCT Medical College, Kozhikode	• Ms. Sunu Subramanian	ST	357/960
6.	Sree Narayana Institute of Medical Sciences, Chalaka	• Mr. Vishu Vijayan	TS	297/960
7.	Saraswathi Institute of Medical Sciences, Gaziabad	• Mr. Rohit Deovra	GEN	54/250

37. Non submission of the list of 1st Year MBBS Students admitted at various medical colleges/institutions in India for the Academic Year 2009-2010.

Read : The matter with regard to non submission of the list of 1st Year MBBS Students admitted at various medical colleges/institutions in India for the Academic Year 2009-2010.

The Executive Committee of the Council noted that the following medical colleges/institutions have not submitted the list of admitted students in spite of repeated letters/reminders from the Council:-

Sl. No.	Name of the College
1)	Silchar Medical College, Silchar
2)	Pandit Jawaharlal Nehru Medical College, Raipur
3)	Indira Gandhi Medical College, Shimla
4)	Govt. Medical College, Jammu
5)	Rajendra Institute of Medical Sciences, Ranchi
6)	Government Medical College, Kottayam
7)	T D Medical College, Alappuzha (Alleppy)
8)	B.J. Medical College, Pune
9)	Seth G. S. Medical College, Mumbai
10)	V.S.S. Medical College, Burla
11)	JIPMER, Pondicherry
12)	Govt. Medical College, Patiala
13)	Stanley Medical College, Chennai
14)	Kanyakumari Government Medical College, Kanyakumari
15)	North Bengal Medical College, Darjeeling
16)	Burdwan Medical College, Burdwan
17)	Medical College, Kolkata

It was decided that a reminder may be sent to the Secretary (Medical Education). Copy of the letter be marked to the Director of Medical Education of the concerned State and

Dean of the medical college. It was also decided that a communication be sent to the members of the Council representing the State Govts. in which these institutions are located with the request to process the matter and ask the Dean to submit the list of admitted students immediately.

38. Providing the forged/false certificate/information by Dr. Subhash Narayan Lulay, medical teacher with the declaration form at the time of MCI inspection carried out on 15th April, 2009 at Peoples College of Medical Sciences & Research Centre, Bhanpur, Bhopal.

Read : The matter with regard to providing the forged/false certificate/information by Dr. Subhash Narayan Lulay, medical teacher with the declaration form at the time of MCI inspection carried out on 15th April, 2009 at Peoples College of Medical Sciences & Research Centre, Bhanpur, Bhopal.

The Executive Committee of the Council decided to defer the consideration of the matter for the next meeting.

39. Matter with regard to Dr. Mohd.Abdul Mushtaq Pasha who has allegedly worked at more than one medical college simultaneously.

Read : The matter with regard to matter with regard to Dr. Mohd. Abdul Mushtaq Pasha who has allegedly worked at more than one medical college simultaneously.

The Executive Committee of the Council decided to defer the consideration of the matter for the next meeting.

40. Matter with regard to Dr. Aftabuddin Ahmad who has allegedly worked at more than one medical college simultaneously.

Read : The matter with regard to matter with regard to Dr. Aftabuddin Ahmad who has allegedly worked at more than one medical college simultaneously.

The Executive Committee of the Council decided to defer the consideration of the matter for the next meeting.

41. Matter with regard to Dr. Bimal Kumar Agarwal who has allegedly worked at more than one medical college simultaneously.

Read : The matter with regard to matter with regard to Dr. Bimal Kumar Agarwal who has allegedly worked at more than one medical college simultaneously.

The Executive Committee of the Council decided to defer the consideration of the matter for the next meeting.

42. Matter with regards to supply of alleged forged/fake information/certificate in/with the declaration forms submitted to the MCI by Dr. P. Sireesha, Medical Teacher.

Read : The matter with regard to matter with regards to supply of alleged forged/fake information/certificate in/with the declaration forms submitted to the MCI by Dr. P. Sireesha, Medical Teacher.

The Executive Committee of the Council decided to defer the consideration of the matter for the next meeting.

43. Matter with regards to supply of alleged forged/fake information/certificate in/with the declaration forms submitted to the MCI by Dr. N. Bhaskar Prabhu, Medical Teacher.

Read : The matter with regard to matter with regards to supply of alleged forged/fake information/certificate in/with the declaration forms submitted to the MCI by Dr. N. Bhaskar Prabhu, Medical Teacher.

The Executive Committee of the Council decided to defer the consideration of the matter for the next meeting.

44. Matter with regards to supply of alleged forged/fake information/certificate in/with the declaration forms submitted to the MCI by Dr. B.L. Kudagi, Medical teacher.

Read : The matter with regard to matter with regards to supply of alleged forged/fake information/certificate in/with the declaration forms submitted to the MCI by Dr. B.L. Kudagi, Medical teacher.

The Executive Committee of the Council decided to defer the consideration of the matter for the next meeting.

45. Matter with regards to supply of alleged forged/fake information/certificate in/with the declaration forms submitted to the MCI by Dr. K. Manoharan, Medical teacher.

Read : The matter with regard to matter with regards to supply of alleged forged/fake information/certificate in/with the declaration forms submitted to the MCI by Dr. K. Manoharan, Medical teacher.

The Executive Committee of the Council decided to defer the consideration of the matter for the next meeting.

46. Delhi High Court Order dated 14.5.2009 in the matter of Dr. Praveen Garg Vs. Medical Council of India for compliance regarding.

Read : The matter with regard to Delhi High Court Order dated 14.5.2009 in the matter of Dr. Praveen Garg Vs. Medical Council of India for compliance regarding.

The Executive Committee of the Council observed that the Ethics Committee at its today's meeting i.e. 16.09.09 considered the ongoing matter of Order dated 14.5.2009 of High Court of Delhi in the matter of Dr. Praveen Garg Vs. Medical Council of India with regards/respect to MCI's order dt.10.10.2003 in the matter of complaint against Dr. Praveen Garg by Mr. Vikram Raheja for allegedly 'causing' death of his brother Mr. Sandeep Kumar Raheja and noted –

- i) The General Body of the Council at its meeting held on 16/10/2002 in the matter of complaint against Dr. Praveen Garg, Karnal as alleged by Mr. Vikram Raheja due to causing death of Sandeep Kumar Raheja considered the matter and decided as under :-

“The Council considered the following recommendations of the Ethical Committee as approved by the Executive Committee:-

“The Executive Committee considered the following recommendations of the Ethical Committee with regard to removal of name of Dr. Praveen Garg, Karnal from the Medical Register for a period of three months and decided that the matter be discussed in the General Body as referred by the Ethical Committee:-

“The Ethical Committee considered on several occasions the complaint against Dr. Praveen Garg made by Mr. Vikram Raheja which led to the death of Mr. Sandeep Kumar Raheja.

The Committee perused the available records and have heard Dr. Praveen Garg in person on 28.06.2002. The Committee arrived at a unanimous conclusion that there is evidence of medical negligence by Dr. Praveen Garg bearing Regn.No.MCI-5577 dated 21.4.96 whereby he failed to take prompt remedial measures during the post operative period while the patient had recovered fully from Anaesthesia, which every diligent doctor is expected to do. The Committee also noted that Dr. Praveen Garg does not possess resuscitation equipment within precincts of his hospital.

The Committee therefore unanimously recommends to the General Body of the Medical Council of India that his name be temporarily erased from the medical register for a period of 3 months.”

The Council agreed with the recommendations of the Executive Committee that the name of Dr. Praveen Garg, bearing Regn. No. MCI-5577 dated 21.4.96 be temporarily erased from the medical register for a period of three months.”

A circular dated 10/10/2003 by MCI was addressed to all concerned with regard to removal of name of Dr. Praveen Garg temporarily for a period of 3 months from IMR.

- ii) The Hon'ble High Court of Delhi vide its order dated 14.05.2009 in the matter of Dr. Praveen Garg Vs. Medical Council of India has remanded the matter back to the Medical Council of India to take a fresh re-look and decide in to the complaint accordingly.

The Hon'ble Court directed the petitioner/Dr. Praveen Garg to appear before the Medical Council of India at 2.00 pm on 12th June 2009 for presenting his case etc. Dr. Praveen Garg came to the office of the Council on 12.6.2009 and verbally informed that he would be submitting the detailed representation later. Subsequently, Dr. Praveen Garg sent representation dated nil which was received in this Council on 03/07/2009.

The operative part of the Court order is as under: -

“.....

8. In these circumstances, I have no other option but to remit this matter back to the Medical Council of India to take a fresh re-look and decide the complaint. Impugned order suspending/cancelling the petitioner's licence is set aside.
9. The petitioner will appear before the Medical Council of India on 12th June 2009 at 2 pm. The Medical Council of India will complete the enquiry expeditiously and within a period of four months from the said date. Interveners in the present petition will be also permitted to join the said enquiry as per procedure and Rules of Medical Council of India.
11. It is clarified that this Court has not expressed any opinion on the merits of the complaint and the stand of the petitioner or on the question whether he is guilty of professional misconduct.”

- iii) The following decision of the Ethics Committee taken at its meeting held on 08th & 09th July, 2009:-

“The Ethics Committee considered the directions of Hon'ble Delhi High Court vide Order dated 14.5.2009 and noted that the matter is directed to be completed in a time bound manner of 4 months from the day of order.

The Committee decided that all those who had been called by the Ethics Committee during the time when the matter was last considered and decided by the Ethics

Committee may be called at the next meeting of the Ethics Committee to appear before the Committee.”

- iv) The following decision of the Ethics Committee taken at its meeting held on 28th & 29th July, 2009:-

“The Ethics Committee considered the Order dated 14.5.2009 of the High Court of Delhi in the matter of Dr. Praveen Garg Vs. Medical Council of India and noted that Dr. Praveen Garg, the treating doctor and the complainant Mr. Vikram Raheja and Mrs. Meena Raheja had been called to appear before the Ethics Committee. However, Dr. Praveen Garg has failed to appear before the Committee and a letter dt. 21.07.09 has been received from him conveying therein that he is seriously ill and would be in a position to appear only if he gets well. Mr. Ashwani Raheja, on behalf of Mr. Vikram Raheja, the complainant & his elder brother presently in U.S.A.; and his sister-in-law Mrs. Meena Raheja who is wife of the deceased, has appeared before the Ethics Committee. He has submitted the affidavits on their behalf to appear before the Committee and the same are accepted. The statement of Mr. Ashwani Raheja is as under:-

Statement of Mr. Ashwani Kumar Raheja

That Sh. Sandeep Raheja, my elder brother was admitted to the hospital of Dr. Praveen Garg on 8.6.2001 at around 8.00 a.m. for elective surgery of Gallbladder Stone. The surgery which was to be performed in the morning was postponed to evening and performed at around 4.00 p.m. The patient was shifted to room on 1st floor immediately after the operation. After that till 8.30 p.m. no doctor/staff checked the vitals of the

patient. At this time, patient complained of pain in the abdomen, which was reported to the doctor on the ground floor. Dr. Praveen Garg and his wife Dr. Neha Garg left the hospital and directed compounder Mr. Paramjeet (who was unqualified) to administer Fortwin and Phenargon Injection. No other doctor was available in the hospital to take care of the patient. At around 9.25 p.m. my brother started shivering and I rushed to the Ground floor and informed the compounder and requested him to immediately call the doctor. He called on the doctor from the hospital landline on his mobile. When I observed the reluctance of the doctor to come back to the hospital and insisted again to talk to the doctor myself and again conveyed him the complication of the patient i.e. shivering and requested him to reach the hospital. On seeing the condition of the patient, compounder expressed his helplessness. Again at around 10.07 p.m. I called Dr. Praveen from my mobile and reported the critical condition of the patient and even the compounder informed the doctor that the patient was sinking and there was danger to his life. Dr. Praveen Garg advised the compounder to administer injections of Avil, Dexona etc. The mobile calls were repeated at 10.23 p.m., 10.24 p.m. and 10.26 p.m. and requested the doctor to reach the hospital and attend the patient but he was reluctant with the plea that injection have been given and the patient will improve. At around 10.45 p.m., Dr. Praveen Garg and his wife reached but by that time, the patient was unconscious in state of no senses, no pulse dilated pupils and abdomen distended. The drainage pipe, which was inserted inside the operated cavity of the patient was found hanging out with both ends. There was no arrangement of oxygen in the room and even on the first floor. Thereafter, the heart and brain of the patient could not be revived as the doctor was too late in attending the patient. The delay in starting cardio pulmonary resuscitation measure, caused the brain death of the patient. Bed head ticket of the patient was blank at that time. Dr. Praveen Garg directed us to shift the patient to Apollo Hospital, New Delhi. At around 4.40 a.m. ambulance reached at Apollo Hospital, but strangely Dr. Praveen Garg and his wife had already arrived there. Since, no case file was brought, so doctor himself dictated the details of the patient's illness and treatment to the Apollo Hospital. At around 6.05 a.m. the doctors of Apollo Hospital

declared the death of the patient Mr. Sandeep Raheja and handed over the body to the family.

The letter of Director Medical Services, Apollo Hospital has been placed on record wherein it is mentioned that there was no case file brought from the previous hospital and Dr. Praveen Garg had come 10 minutes before the patient arrived in Apollo Hospital. The condition of the patient recorded on arrival may be looked into as mere the declaration of the death was made in Apollo Hospital. The bed head ticket of the patient was also forged at later stage by Dr. Praveen Garg, after the death according to his convenience.

- *The phone call details have also been provided in the case.*
- *The patient case record in Apollo Hospital has been provided wherein the doctor has recorded that the patient was undergoing well till 9.30 p.m.(on the saying of Dr. Praveen Garg), when he develops shivering ??????*
- *In the questionnaire of MCI Dr. Praveen Garg has stated that he never left the hospital but in his petition before the High Court, he has stated that he was at his parental house at 10.07 p.m. and rushed to the nursing home. So, there is contradiction.*
- *In the petition before the High Court, the doctor has stated that at 4.40 a.m. the bed head ticket containing all examination/ observation of the doctors and the medicines administered to the patient was shown to the doctors at Apollo Hospital but they have denied the same as stated in the letter of Director, Medical*

Services, which proves that the bed head ticket was forged at later stages stated by us.

- *Dr. Praveen Garg caused the death of my brother due to his negligence proved on the following grounds.*
 - a) *He failed to attend the patient after performing the operation at the time of complication and the patient was allowed to handle by unqualified compounder. He failed to reach the hospital inspite of the repeated calls on his mobile phone.*
 - b) *Dr. Praveen Garg has not obtained clearance/fitness of the patient in writing from anaesthetist and the physician before conducting the operation.*
 - c) *There was no defibrillator and other resuscitation equipment available in the hospital which was required to save the life.*
 - d) *Dr. Praveen Garg failed to take prompt remedial measures during the post operative period which he was expected to do so.*
 - e) *As per the doctor statement before the MCI in questionnaire, the surgical consent bears the signature of the father of the patient but in the petition before High Court he has wrongly stated that patient and his father signed the consent letter, so, this is misleading. The documents in this regard, if any, might have been forged.*

Dr. Praveen Garg was negligent in management and treatment of my brother Mr. Sandeep Raheja and caused his death and action should be taken against him.

Thanking you,

*Sd/-
(Mr. Ashwani Kumar Raheja)*

The Ethics Committee after a patient hearing to Mr. Ashwani Raheja deliberated in the matter and decided as under:-

- (I) *The Medical Superintendent of Apollo Hospital, Delhi should be requested to appear before the next meeting of the Ethics Committee. He should come with all the relevant records and also should arrange for the appearance of the treating doctors alongwith him on the date of hearing. A copy of the letter issued by the Apollo Hospital in this case in the year - 2001 may be enclosed with the MCI letter.*
- (II) *Dr.Praveen Garg should be given one and final opportunity to appear before the Ethics Committee at its meeting and he should come with original treatment records of the patient so that he is in a position to reply to the relevant pertinent questions. In addition, Dr.Praveen Garg should also bring the certificate of qualification of the A Grade staff Nurse stated to be working in his hospital alongwith her (Nurse) salary statement and any income tax paper of that period.*
- (III) *Dr.Vinod Sharma, Anasthetist and the then staff Nurse Ms.Paramjeet, both c/o Dr.Praveen Surgical Hospital, Karnal should also be requested to appear before the Ethics Committee.*

The Ethics Committee further decided that the persons being called at its next meeting should be informed that they should ensure their appearance before the Ethics Committee at its next meeting i.e. on 27th August, 2009 at 11.00 a.m., otherwise the Committee shall be constrained to take ex-parte decision.

The above minutes are confirmed in this meeting itself and action may be taken with immediate effect.”

- v) The following decision of the Ethics Committee taken at its meeting held on 27.08.09:-

“...

The Ethics Committee while considering the matter noted that the Medical Supdt., Apollo Hospital, New Delhi Dr.Praveen Garg, Dr.Vinod Sharma and Mr.Paramjeet, Nurse had been requested to appear before the Ethics Committee at its meeting on 27.08.09 and they have all have come and have given the following statements:-

STATEMENT OF DR. RITU RAWAT

I, Dr. Ritu Rawat, passed my MBBS from Rajendra Medical College, Ranchi in the year 1989. I did my MBA from the FMS, Delhi University in year 2002. I am registered with the Delhi Medical Council, bearing Registration No.345. My statement is as under:-

I am the Medical Superintendent of Indraprastha Apollo Hospital since October, 2003. In reference to the present case, I wish to state that as per records, Mr. Sandeep Raheja, 40 years old gentleman was brought to emergency triage of Indraprastha Apollo Hospital, New Delhi on 09.06.2001 at about 4.45 a.m. His condition was very critical (BP 60/40, pulse 160/min., pupils mid dilated, non-reacting, unconscious, on ventilator and Inotropic support). I/V fluid and other supportive measures were started. Blood investigations were ordered and patient was shifted to Coronary Care Unit. However, patient suffered another cardiac arrest and could not be resuscitated and was declared dead at 6.05 a.m. on 9.06.2001. Time was too short to start any dynamic and active surgical intervention.

*Sd/-
(Ritu Rawat)
27.08.2009*

STATEMENT OF DR. VINOD SHARMA

I, Dr. Vinod Sharma, passed my MBBS from JNM Medical College, Raipur in the year 1995. I did my DA(Anaesthesia) from the MGM Medical College, Indore in year 1999. I am registered with the M.P. Medical Council, bearing Registration No.13807. My statement in this is as under:-

I have worked in the hospital from 1999 to 2003. I have seen this patient and given him Anaesthesia. This particular patient pre surgery and post surgery anaesthetic was done by me. I examined the patient.

Q.- Did you assess the patient.

A.- Yes I assess the patient, he was fit for anaesthetic and I gave general anaesthesia for operation.

Q.- Did you give general anaesthesia.

A.- Yes.

Q.- How long the operation?

A.- Half an hours.

Q.- Did you see the patient in the post operative period.

A.- Yes, 3 times I have seen the patient.

Q.- When you see the patient last?

A.- at about 8.30 p.m. when the patient was alright and then I left for my home. I have been called at 10.30 p.m. to attend the patient for cardiac arrest. I have told, the patient had cardiac arrest.

Q.- Ventilation and resuscitated measure in progress.

A.- Yes.

Q.- Were there any defibrillator available in the hospital.

A.- Yes, but it arranged/borrowed from neighbouring hospital.

Q.- What you did there?

A.- I just monitor the patient.

Q.- How major surgeries are done in your hospital without defibrillator.

A.- It borrowed from the neighbourhood hospital.

Q.- Did any second cardiac arrest occurred in the hospital?

A.- No

Q.- Was any cardiac arrest occurred during transportation from Karnal to Delhi? When you accompanying with the patient in the ambulance.

A.- No.

Q.- Was there a cardiac monitor or defibrillator at the time of transportation from Karnal to Delhi.

A.- No.

Q.- How you counted the pulses?

A.- By palpable and pulse monitor.

Q.- How much time you took from Karnal to Delhi.

A.- 2 ½ hours.

Q.- Would you believe the patient revive?

A.- Yes

Q.- Was any ventilator support with you during transportation from Karnal to Delhi?

A.- Yes, oral intubation with ambu bag available at the time of shifting the patient.

Q.- What can be the cause of cardiac arrest in this case?

A.- I can't say.

Q.- exploratory laparotomy could be done?

A.- No.

Q.- Have any life saving equipments available in the hospital?

A.- Yes.

Q.- No life saving equipments were available in your hospital/OT. Are you agreed with me?

A.- No.

Sd/-
(Dr. Vinod Sharma)

Statement of Mr. Pramjeet Singh

I, Pramjeet Singh was working as ward boy/helper in the hospital when this patient was operated. Injections Avil & Dexona was given by staff nurse as directed by Dr. Praveen Garg over telephone to me. These injections were not given by doctors.

Sd/-
(Pramjeet Singh)

Statement of Dr. Praveen Garg

I Dr. Praveen Garg, passed my MBBS from Medical College, Rohtak in the year 1984 and MS. from the same institution in the year 1989. My Date of Birth is 7.1.1962. I am registered with MCI vide registration No. 5577 and also with Haryana Medical Council. Presently, I am running my own nursing home in Haryana.

Q. 1. Was any defibrillator is available in your hospital?

A. It is available in the hospital.

Q. 2. Why it was not been used?

A. Patient was resuscitated with cardiac massage and endotracheal intubation.

Q.3. Do you know the cause of cardiac arrest in this case?

A. No, I don't know the cause as the postmortem has not been done.

Q.4. In post operative, cause of cardiac arrest, there are three major causes of cardiac arrest: i) Acute myocardial infection ii) Pulmonary embolism iii) Bleeding at the post operative intra abdominal bleeding in this case. Do you suspect any of above three reasons?

A. I did not suspect the bleeding as cause of cardiac arrest as the vitals of the patient were stable and patient had passed urine on his own.

Q.5. If you have suspective bleeding, have you done HB, RBC count and ultrasound of the abdomen?

A. These investigations were not done since the patients condition did not warrant and bleeding was not suspected.

- Q.6. Have you done the ECG and recorded the same in the file?*
A. ECG was done but it was not in the file as the same has been misplaced when file was handed over to the Police.
- Q.7. Have you recorded the ECG observations in the file?*
A. ECG was done by the physician and findings were not recorded in the file.
- Q.8. Myocardial infection and pulmonary infection, as the cause of death recorded have been excluded in the case?*
A. The patient was revived by cardio respiratory support and shifted to Apollo Hospital.
- Q.9. What was the cause of sudden cardiac arrest.*
A. Patient was resuscitated and shifted to Apollo Hospital as postmortem was not done cause of sudden cardiac arrest cannot be commented but there were no sign and symptoms of abdominal bleeding.
- Q.10. Do you have defibrillator at that time?*
A. Defibrillator was available in our neighbouring nursing home with adjacent walls.
- Q.11. Do you have defibrillator in the operation theatre?*
A. Defibrillator is available in the OT in hospital.
- Q. 12. If cardiac arrest develop in the OT, how do you recognize it and treat?*
A. The immediate ECG monitoring is done and treatment given according to the cause.
- Q. 13. A male ward-boy have given the injection to the patient?*
A. The ward-boy completed the injection being given by nurse by intravenous route in the drip as she went to check-up the blood pressure and asked ward-boy to complete the injection.
- Q.14. Whether a ward-boy has been authorised to given the injection?*
A. No.

Thanking you,

*Sd/-
(Dr. Praveen Garg)*

The Ethics Committee after deliberating in the matter in the light of the above facts and after discussion, decided that Dr. Praveen Garg may be requested to appear before the Ethics Committee alongwith all the original case sheet/records at its next meeting.”

The Ethics Committee considering the above noted that as requested Dr.Parveen Garg has come to appear before the Ethics Committee. His statement/replies are as under:-

Statement of Dr.Parveen Garg

The Ethics Committee put various questions to Dr.Parveen Garg which are as under:-

- Q1. What is your basic degree and when did you pass?*
Ans. MBBS (1985) & MS(Surgery) (1989).
- Q.2 When did you start your Nursing Home?*
Ans. January, 1991.
- Q.3 Are you doing major surgeries from the day you started your Nursing Home?*

- Ans. In practice we gradually started major surgeries within six months to one year practice.*
- Q.4. When was the patient admitted in your Nursing Home?*
Ans. This patient was admitted in the morning of 8th June, 2001.
- Q.5. How many Laproscopic Cholesystectomies have been done by you before this patient was taken?*
Ans. Approx. 1000 and around 10-15 patients per month before this patient was admitted.
- Q.6. This is a Laproscopic or open surgery?*
Ans. This was done by Laproscopic method.
- Q.7. How many major surgeries you would have done?*
Ans. 60-70 surgeries per month and approx. 3000 major surgeries have been done before this particular surgery have been taken.
- Q.8. How many beds you have in your Nursing Home?*
Ans. At that time we had approx. 20 beds.
- Q.9. How 3000 surgeries have been done in 20 beds?*
Ans. These many surgery had been done over a period of 10 years and Laproscopic, Hernia, Piles, Vaginal hysterectomy, Appendix and many such surgeries required only one day admission.
- Q.10. You have done 3000 major surgeries before you contemplated surgery in this patient. Do you have your own ECG machine or borrowed?*
Ans. We have our own ECG machine.
- Q.11. Do you have your own Defibrillator?*
Ans. No. Defibrillator was available in our neighbouring nursing home with adjacent walls which was kept in our hospital most of the time.
- Q.12. On the day of incident did you keep the defibrillator?*
Ans. Yes it was lying in my nursing home during this patient treatment.
- Q.13. Can you show from the record available that the defibrillator was available at the time of surgery?*
Ans. There is no system of recording instrument is available in the nursing home for that particular surgery.
- Q.14. When did you start and complete the operation?*
Ans. The operation was started at 3.25 p.m. and completed at 4.05 p.m. on 8.6.01.
- Q.15. Is your operation theatre on ground floor or 1st floor?*
Ans. Operation theatre is on the ground floor.
- Q.16. After Surgery did you shift the patient to the room?*
Ans. After surgery the patient was shifted to the post operative care unit in the ground floor adjacent to the O.T.
- Q.17. When did you shift the patient into the room?*
Ans. The patient shifted in the room after 6.15 p.m. once the patient was stable and advised by the Anesthetist after the examination to be shifted to the room on 1st floor.
- Q.18. Was any Nurse available in the room when the patient was shifted?*
Ans. While patient was shifted to the room, staff nurse Jessy was there.

Q.19. All the time the nurse was available with the patient?

Ans. There are five rooms in the floor and the staff nurse look after the patient.

Q.20. When did the cardiac arrest take place?

Ans. Around 10.30 p.m.

Q.21. Who recorded the cardiac arrest?

Ans. Cardiac arrest was recognised by me as I was with the patient at that time. The patient developed shivering at around 10.07 p.m. I reached the bed side of the patient in about 5 minutes time. Thereafter I monitored the patient. Since shivering was not settling down and remained with him since he was a very close friend.

Q.21. Was there any monitor attached to the patient in the room?

Ans. No.

Q.22. How did you recognize cardiac arrest?

Ans. There was a sudden rigor and stoppage of breathing and loss of cardiac activity the patient became still.

Q.23. What cardiac resuscitation measure you have taken to revive the patient?

Ans. Immediate after clearing the air way, immediate mouth to mouth breathing and cardiac massage was started and patient was shifted to operation theatre where Endo-tracheal intubation was done and patient was put on ventilator. Cardiac massage was continued. In the meantime the call was sent to Physician and Anaesthetists.

Q.24. When the defibrillator was available in the Nursing Home, why defibrillator was not used to revive the patient?

Ans. Patient was revived by the above measures only even before defibrillator could be used by that time so the defibrillator was not required.

Q.25. Has ECG done on the patient after cardiac arrest?

Ans. ECG was done after the resuscitation but it has got misplaced when file was handed over to the Police.

Q.26. Have you recorded the resuscitation measures taken in the case file?

Ans. All the measures taken to revive the patient have been recorded in the case file including the observations of physician and Anaesthetists who were there for the resuscitation.

Q.27. As a treating primary doctor did you find out from other doctors the cause for cardiac arrest?

Ans. Other doctors could not suggest any accurate cause of cardiac arrest but arrhythmia was strong.

Q.28. What was the cause of cardiac arrest?

Ans. I tried to find out the cause of cardiac arrest even from the specialist Dr.M.C. Mishra, Prof. & Head of Surgery, AIIMS, New Delhi to whom the case was referred. Patient was resuscitated and later on shifted to Apollo Hospital as demanded by the attendants and advised by Dr.O.P. Miglani, Sr.Surgeon, who came to examine the patient after cardiac arrest.

Q.29. On the day of incident did you have the Ultrasound machine in your Nursing Home?

Ans. No Ultrasound machine was available at that time. Since our was a single speciality nursing home at that time. Hospital did not own Ultrasound machine.

Q.30. Did you get ultrasound done?

Ans. The condition of the patient did not show any sign or symptoms of internal bleeding and it was opined by other attending doctors also. So ultrasound examination was not required at that time and it was not possible to get the ultrasound done at that time as it was not possible to shift the patient for ultrasound to other clinic.

Q.31. How many kilometers your nursing home from Apollo Hospital?

Ans. Approx. 150 kms.

Q.32. How long will you reach Apollo Hospital?

Ans. Approx. 3 hrs.

Q.33. Why the patient was shifted to Apollo hospital?

Ans. The patient was revived of cardiac arrest. By 1.30 a.m. patient had blood pressure of approx. 140/ 90 mm of Hg, Tachycardia, spontaneous respiratory efforts though patient was on ventilator. Attendants of the patient and Dr.O.P. Miglani, Sr. Surgeon of Karnal and other doctors who were present at that time were of the opinion that patient may be shifted to Apollo hospital for further management.

Q.34. Do you have Blood Gas Analyser?

Ans. Yes.

Q.35. Why you have not opened the abdomen to find out the cause of critically ill patient?

Ans. There were no signs and symptoms of any surgical complication like internal bleeding as vitals of the patient were stable, urine output was adequate and there was no pallor, abdomen was soft. Patient was examined by other doctors also and no one felt that patient had bleeding in abdomen so respiratory was not contemplated.

Q.36. Why was patient allowed to go to toilet after few hours of surgery?

Ans. The surgery was done under general anaesthesia and patient was shifted to room once he has recovered completely from the effects of anaesthesia and after 5 hrs. of surgery, the patient was allowed to go to toilet attached to the room as early ambulation after surgery.

Q.37. Can early ambulation cause slipping of clip applied to the artery?

Ans. No, I am not aware of such complication on earlier ambulation.

Q.38. How was patient shifted to Apollo hospital?

Ans. The patient was shifted in the ambulance and was accompanied by Anaesthetist by Dr.Vinod Sharma, Sr. staff member of the hospital and the brother of the patient.

Q.39. By doing Laparoscopy, is it possible to find out bleeding in the abdomen?

Ans. Yes it is possible to find out bleeding in the abdomen.

Q.40. Was any injection given by Ward boy to the patient?

Ans. No. The ward boy completed the injection being given by nurse by intravenous route in the drip as she went to check up the blood pressure and asked ward boy to complete the injection.

Q.41. Where is the consent form and Anaesthesia notes?

Ans. Consent form signed by the patient and his father and pre anaesthesia notes, notes during operation and post operative notes by Anaesthetist are their on the case file submitted.

Q.42. What was the qualification of the patient?

Ans. He has done B.Com. & MBA.

Q.43. What was the pre operative assessment of the patient?

Ans. Patient has got all the Lab. Investigations done from Dr.Rajiv Rana, Ultrasound done from Dr.Arun Goyal, ECG and Medical examination done by Dr.Alok Gupta and pre-anaesthetic check up done by Dr.Vinod Sharma and patient was clinically examined by

me alongwith all those reports and procedure and complications were explained to the patient as well as attendants and written consent was taken from patient as well as his father.

Q.44. As a doctor treating the patient what do you think the cause of cardiac arrest?

Ans. The patient did not have any sign or symptoms of internal bleeding.

Q.45. Did you have operation register in your hospital?

Ans. No separate operation register is maintained. We have indoor register maintaining the number and kind of operation done.

Q.46. Do you have qualified nurses in your hospital?

Ans. Yes, there are qualified A Grade staff nurses in the hospital whose certificates have been submitted alongwith the reply.

Q. Was a ventilator or defibrillator accompanied the patient was available in the ambulance during transit from Karnal to Delhi.

Ans. No.

*Sd/-
(Dr.Parveen Garg)*

Dr. Praveen Garg appeared before the Ethics Committee and was questioned by the members for which he gave the answers and which is placed in the file. The Committee members observed the following deficiencies/mistakes:-

- (i) The patient was allowed to go to the bathroom from his private room.*
- (ii) There was no nurse to monitor the patient in his private room.*
- (iii) Dr. Garg reached the hospital at about 10 p.m. when the patient condition was bad. Dr. Garg has recognized the cardiac arrest at 10.10. p.m. when the patient was not breathing.*
- (iv) No ECG was recorded as per the case record.*
- (v) No ECG Monitor was attached to the patient after the cardiac arrest.*
- (vi) Operation Theater details were not recorded in the case-sheet. No attempt was made to estimate Haemoglobin, no attempt was made to recognise whether the patient was bleeding intra abdominally.*
- (vii) Instructions to give an injection was advised by Dr. Garg without examining the patient, when the patient was critical.*
- (viii) Injection was given by the ward-boy.*
- (ix) No duty doctor for post operative case in the nursing home.*
- (x) For cardiac arrest IV adrenaline was given and not intra cardiac adrenaline when the patient had total circulatory arrest.*
- (xi) Why lasix was given could not be explained by the doctor.*

- (xii) *No blood Gas study was done when the patient develop a cardiac arrest.*
- (xiii) *Patient progress was not written properly in the case sheet.*
- (xiv) *The hand written notes show the notes were written by the same person at the same time.*
- (xv) *It appears on the case sheet that cardiac massage was stopped at 11.15 p.m. Why this was done, when the patient recovered from cardiac arrest at 10.15 p.m. is not recorded, thereby creates a suspicion that this may be a false record. It appears that the case sheet notes were written by one person after the entire episode.*
- (xvi) *Why ECG was not recorded after the cardiac arrest is not known.*
- (xvii) *No defibrillator was available in the hospital and every time it has to be borrowed from the neighbouring hospital, even though, doctor claims that he has done more than 3000 major surgeries.*
- (xviii) *When the patient was in a critical condition, he was transferred from Karnal to Apollo Hospital, Delhi to cover a distance of about 150 k.m., involving 3 hours travel time without mechanical ventilator. When the patient was so critical this could have been avoided.*
- (xix) *During transportation, no ECG monitor, no defibrillator, no mechanical ventilator accompanied with the patient.*
- (xx) *Dr. Garg being a primary doctor attending on the patient, he has not traveled with the patient but reached the hospital in his own car.*
- (xxi) *Patient had mid dilated and non reacting pupil when reached Apollo Hospital, thereby one can infer the brain stem ischemic had already taken place during or before travel.*
- (xxii) *If he had been properly ventilated at Karnal, this could have been prevented.*
- (xxiii) *IV injection was given by the ward boy, which was instructed by Dr. Garg, and it should have been avoided.*
- (xxiv) *The doctor does not maintain the record of major surgeries which he performed in his hospital, which is against the medical ethics.*
- (xxv) *He has not made any attempt to find out the cause of cardiac arrest which occurred at 10.10. p.m.*
- (xxvi) *The doctor has not suspected intra-abdominal bleeding, nor he has recorded in the case file that there was no intra abdominal bleeding.*
- (xxvii) *The ECG recorded in the Apollo Hospital ruled out the possibility of pulmonary embolism and myocardial infarction as the cause of cardiac arrest and thereby leaving the greater suspicion of intra abdominal bleeding as a possible cause of Hypovolumic Shock resulting in cardiac arrest.*

In the light of the above observations, the Ethics Committee feels the only possible method which he could have developed cardiac arrest was internal bleeding which was not excluded by the treating doctor by way of doing ultrasound of the abdomen, Haemoglobin estimation, RBC count or laparoscopic evaluation for intra abdominal bleed.

The Committee is of the considered unanimous opinion that there has been medical negligence in the management of the patient with regard to diagnosis, treatment, transportation to such a long distance when patient was critically ill.

In view of above observations, the Ethics Committee unanimously decided to recommend that the name of Dr. Praveen Garg be temporarily erased from the Indian Medical Register for a period of 6 months.

The Committee directed to place the decision before the Executive Committee and General Body of the Council.”

47. Appeal by Mr. Mulakh Raj Dhamija against order dated 02.01.2009 of Delhi Medical Council.

Read : The matter with regard to appeal by Mr. Mulakh Raj Dhamija against order dated 02.01.2009 of Delhi Medical Council.

The Executive Committee of the Council observed that although the Ethics Committee in its report had stated that “On the day, the surgery was done, there was no valid license for transplantation procedure for that hospital” no such finding has been recorded in the statements of Dr. D.K.Baluja, Medical Superintendent, Jaipur Golden Hospital, New Delhi or Dr. R.K. Saxena, Kidney Transplant Surgeon & Dr. Umesh C.D. Nautiyal, Nephrologist, Jaipur Golden Hospital, New Delhi.

It was further observed that in the statement dated 8th & 9th July,2009 filed by Mr. Mulakh Raj Dhamija, all the grievances raised by him were pertaining to the treatment of the patient and manipulation of records by the hospital and none to the performance of operation in a hospital not permitted by the authorities.

In view of above, The Executive Committee of the Council decided to refer the matter back to the Ethics Committee.

48. Admissions of 1st year MBBS students at Mahatama Gandhi Instt. of Medical Sciences, Jaipur in the academic year 2008-2009.

Read : The matter with regard to admissions of 1st year MBBS students at Mahatama Gandhi Instt. of Medical Sciences, Jaipur in the academic year 2008-2009.

The Executive Committee of the Council observed that the discharge notice to Mr. Ankit Mehra, who was not eligible as he secured less than the qualifying marks, has already been issued by the office of the Council vide letter dated 13.08.09. However, the issue was placed before the Ethics Committee because the Additional Principal Dr. Narayani Joshi, Mahatma Gandhi Instt. of Medical Sciences, Jaipur while filing the list of the admitted students before the Council stated that Mr. Ankit Mehra had secured 360 marks out of 900 thereby making him eligible for admission to medical courses by not only concealing the fact that he was not eligible but also by showing wrong marks in the list of admitted students.

In view of above, The Executive Committee of the Council decided to refer the matter back to the Ethics Committee.

49. Matter with regards to supply of alleged forged/fake information/certificate in/with the declaration forms submitted to the MCI by Dr. S. Srinivas, Medical Teacher.

Read : The matter with regard to matter with regards to supply of alleged forged/fake information/certificate in/with the declaration forms submitted to the MCI by Dr. S. Srinivas, Medical Teacher.

The Executive Committee of the Council decided to defer the consideration of the matter for the next meeting.

50. Appeal by Vikramkumar D. Sanghvi and Dr. Ravi Patel against order dated 30.05.2009 of Maharashtra Medical Council.

Read : The matter with regard to appeal by Vikramkumar D. Sanghvi and Dr. Ravi Patel against order dated 30.05.2009 of Maharashtra Medical Council.

The Executive Committee observed the following decision of the Ethics Committee taken at its meeting held on 8-9th October, 2009 as under:-

“The Ethics Committee considered the matter with regards to appeal by Dr. Vikramkumar D. Sanghvi and Dr. Ravi Patel against order dated 30/05/2009 of Maharashtra Medical Council and noted that the complainant as also the Doctors namely Dr. Vikramkumar D. Sanghvi and Dr. Ravi Patel had been requested to appear before the Ethics Committee at its today’s meeting i.e. on 08.10.09. Dr. Vikramkumar D. Sanghvi and Dr. Ravi Patel and Mr.Abdul Qadir on behalf of the complainant have come to appear before the Committee. Their statements are as under:-

Statement of Mr. Abdul Qadir
(on behalf of the complainant)

The Ethics Committee considered the appeal by Dr. Vikramkumar D. Sanghvi and Dr. Ravi Patel against order dated 30.05.2009 of Maharashtra Medical Council and noted that the complainant Dr. Ujala Ambikaprasad Pathak as also Dr. Vikramkumar D. Sanghvi and Dr. Ravi Patel were requested to appear at 2.30 p.m. before the Ethics Committee of the Council.

One Mr. Abdul Qadir has claimed that he is appearing on behalf of complainant Dr. Ujala Ambikaprasad Pathak.

On being asked if he is carrying some authority letter on behalf of the complainant. He replied that he is not carrying any authority letter on behalf of the complainant. One Mrs. Nilofar Quareshi had represented this complainant’s case before the Hon’ble High Court of Mumbai and I am her junior and in that capacity I am appearing before the Ethics Committee. A Vakalatnama which the advocate filed on behalf of the complainant before the Hon’ble High Court of Mumbai, a copy of the same is being presented before the Ethics Committee which shows that he is junior to the advocate representing the complainant at the Hon’ble High Court of Mumbai.

Q. Do you want to bring to the notice of the Committee anything new other than what has been already brought out to the notice of the Committee and Hon’ble High Court of Mumbai?

A. I have not prepared anything about the case to represent before the Committee.

Q. Are you aware of the order of the Hon’ble court in the case?

A. I am not much aware of the case.

Sd/-
(Abdul Qadir)
Dated: 08.10.2009

Dr. Vikram D. Sanghvi appeared before the Ethics Committee on 8th October 2009 at 3.00 pm and answered the questions put forward by the Ethics Committee.

Statement of Dr. Vikram D. Sanghvi

I Dr. Vikram D. Sanghvi passed MBBS in 1972 from M.P. Shah Medical College, Jamnagar. My Registration no. 31303 registered with Maharashtra Medical Council. Done M.S. from Bombay University in 1977

Q: 1 Are you the person who operated on the patient, Mr. Alok Pathak?

Ans: Yes.

Q: 2 Who helped you in the operation?

Ans: Dr. Ravi Patel.

Q: 3 What was your clinical diagnosis?

Ans: Cancer of the right buccal mucosa including a retro molar area. It was stage three cancer.

Q: 4 How do you come to the conclusion that it is stage three cancer?

Ans: Because of the muscles involvement, I considered this as a stage three cancer.

Q: 5 Do you asked for the X-ray of the mandible?

Ans: Yes.

Q: 6 Do you know that the mandible was involved or not?

Ans: I don't remember.

Q: 7 Did you asked for the ultrasound of the affected region underneath?

Ans: Yes.

Q: 8 Is there any involvement of the gland in that report?

Ans: I have not seen the report.

Q: 9 Why did you did hemi-mandible in this case?

Ans: It is have a wider margin of excision.

Q: 10 In your opinion it is a major surgery or minor surgery?

Ans: I don't call it as a major surgery but it is also not a minor surgery.

Q: 11 What do you think whether radical surgery is a major surgery or minor surgery?

Ans: It is a major surgery.

Q:12 How many hours did you take to perform this surgery?

Ans: Total 3 hours including the anaesthesia time that was 20 minutes before and 20 minutes after.

Q:13 A surgery requiring the time of more than 3hrs is considered as a major surgery. Do you agree?

Ans: Yes. I agree.

Q:14 From how many years this nursing home is functioning?

Ans: From 1984 onwards.

Q:15 How many beds are there in this nursing home?

Ans: There are 18 beds in this nursing home.

Q:16 How many staff nurses are working in this nursing home?

Ans: Total 6 staff nurses are working in this nursing home.

Q:17 How many residents doctors are working in this nursing home?

Ans: 2 Resident doctors to cover 24 hours.

Q:18 Is there any Intensive Surgical Care Unit in this nursing home?

Ans: There is no Intensive Surgical Care Unit.

Q:19 How many surgeries are being done in this nursing home?

Ans: I don't know.

Q:20 In the recovery room how many beds are there?

Ans: There are two (2) beds in the recovery room.

Q:21 Do you write the detail notes of the surgery you are doing?

Ans: Yes. I always write.

Q:22 Have you written any detailed surgical notes in this particular patient's case?

Ans: Yes.

Q:23 Can you show from the records that you have prepared detailed surgical notes in this case?

Ans: Yes.

Q:24 When did you see the patient last?

Ans: At 12.30

Q:25 At what time you started the surgery?

Ans: Around 8.30 a.m.

Q:26 Did the patient recovered after the anaesthesia?

Ans: Yes.

Q:27 How do you decided that the patient is recovering from the anaesthesia?

- Ans: Because the patient responded to the command that was given to him like open your eyes, open your mouth, show me your tongue. He opened his eyes.
- Q:28 Who removed the stitches from the tongue?
- Ans: Theatre Assistant removed the stitches.
- Q:29 At what time the stitches were removed?
- Ans: It is removed around 4 O' clock.
- Q:30 Why did the theatre assistant removed the stitches and not the doctor?
- Ans: Dr. Patel can answer that?
- Q:31 You agreed that you performed the major surgery as it lasts for three hours. Was there any medical officer present at that particular time?
- Ans: No medical officer was present after 3 O' clock in the nursing home.
- Q:32 Who takes the care of the patient when the emergency arises in major cases?
- Ans: I and Dr. Patel. Dr. Patel stays nearby the nursing home.
- Q:33 How many kilometres away is Dr. Ravi Patel's residence from the nursing home?
- Ans: 1.5 kms away from the nursing home.
- Q: 34 In post operative cases, emergency arises at any time. Do you agree?
- Ans: Yes.
- Q:35 Was the UCG monitor was attached to the patient subsequently?
- Ans: Monitor is there in the O.T. and the Recovery Room.
- Q: 36 Does the nurse prepares the notes in the post operative period?
- Ans: Yes.
- Q: 37 Do you have one single nurse from 7 am to 8 pm on that day?
- Ans: Yes I agree that the same nurse was attending the patient from 24.09.2007 11 p.m till 25.09.2007 8 p.m. upto the death.
- Q: 38 Have you put your post operative note in the case sheet after the operation was over?
- Ans: Yes.
- Q: 39 The call was sent from nurse regarding the breathing problem to the Dr. Ravi Patel at 6 pm and he reached at 7.40 pm, why did it took so long to Dr. Ravi Patel to reached the hospital?
- Ans: Dr. Ravi Patel can answer this question.
- Q: 40 At what time you have reached the hospital?
- Ans: I reached at 8.05 pm.
- Q: 41 Was the patient examined between 6 pm to 7.40pm?
- Ans. No.
- Q: 42 Did you give any instruction to the nurse when she called you?
- Ans: Nurse informed to Dr. Ravi Patel about the patient. I received a call from the patient's son. And Dr. Ravi Patel has already given the instruction to the nurse.
- Q:43 What do you think the cause of death of the patient in your opinion?
- Ans: In my judgment it could be sudden cardiac death.
- Q: 44 Do you agree that the patient died due to the lung collapsed?
- Ans: It can occur.
- Q: 45 Why did you choose 25th September being Ganesh Chaturthi, the date of operation?
- Ans: I have suggested 26th but the son of the patient insisted for 25th the day for operation.
- Q: 46 When there was no ICU and no other facilities were there in the nursing home, why did you operate the patient in that nursing home?
- Ans: Because certain operations were already conducted in this nursing home.
- Q:47 Do you agree that the fair detailed enquiry was conducted on you by the Ethics Committee?
- Ans: Yes.

Sd/-

(Dr. Vikram D. Sanghvi)

Statement of Dr. Ravi Patel

The Ethics Committee enquired Dr. Patel on 8.10.2009 at 4.15 p.m. in the Council Office, and he has given the following answers for the questions put forward by the Ethics Committee of the Medical Council of India.

- Q. 1. From how many years, you have been practicing as a surgeon?*
A. I am practicing as a Surgeon since 1979, I have done my MBBS in 1975.
- Q.2 Did you operate the patient?*
A. Dr. Sanghvi was the primary surgeon and I was assisting him in this case.
- Q.3. It is a nursing home belongs to you?*
A. Yes.
- Q.4 When the Nursing Home started?*
A. The Nursing home was started in January 1981.
- Q.5. How many beds you have in the nursing home?*
A. 19 Beds are available in the nursing home.
- Q.6. Do you have intensify surgical care room in your hospital?*
A. No. We have recovery room having of two beds. It is very close to the operation theater.
- Q.7. Do you have ABG study in your hospital?*
A. No, we do not have the same. We sent to Nanawati Hospital, which is very close, if necessary.
- Q. 8 How far your home is from nursing home?*
A. My home is approx. 1 Km from the nursing home.
- Q.9. How much time have you take to reach the nursing home?*
A. I have taken 3-4 minutes to reach the nursing home.
- Q.10 How long patient in shifted?*
A. Patient was shifted at 11.00 am till he was in the recovery room till 8.00 p.m.
- Q. 11 Normally how long keep the patient in the recovery room?*
A. We keep at least 24 hours. Next day I observe the patient.
- Q.12. How many operation you do per day(an average)?*
A. Both minor and major, we catch 3-4 operation per day. Average 7-8 major operations in a month including emergency surgery also.
- Q.13 Is this a major surgery or minor surgery?*
A. It is a major surgery, according to me.
- Q.14. What type of anaesthesia was given to the patient?*
A. General anaesthesia was given with intubation.
- Q.15. In your opinion, did the patient recovered fully in the recovery room?*
A. Patient was out of anaesthesia and fully recovered by 12.30 a.m. and responding.
- Q.16. Did you see the tongue?*
A. Patient showed the tongue. He was moving the tongue.
- Q.17. Who removed the stitches of the tongue?*
A. Theater Assistant(trained man) removed the stitches of the tongue.
- Q.18. Why the tongue stitches was removed after the doctor had left the hospital?*
A. Patient was restless due to pain. Hence it was removed.
- Q.19. Whom did he complain about the tongue pain?*
A. He was complaining about the tongue pain to the nurse and nurse informed me telephonically. I give him instructions on telephone to remove the stitches.
- Q.20. When did you leave the hospital?*
A. I left the hospital at about 3.00 p.m.
- Q.21. If you take 2-3 minutes to reach the hospital, why did you instruct theater assistant to remove the stitches?*
A. Because the patient was alright at 3.00 p.m. and I decided to leave the hospital as all the parameters were O.K.
- Q.22. Who had seen the patient from 3.00 p.m.? Was any doctor available after 3.00 p.m.?*
A. I have seen the patient at 3.00 p.m. No doctor was available after 3.00 p.m. Only nurse and theater assistant were available in the hospital.

- Q.23 Do you know that duty doctor has left the hospital?
A. Due to Ganesh Visarjan, I give him the permission to leave the hospital.
- Q.24. Why did you take up the surgery on that particular day as you know that day was a bad day in your opinion?
A. From the request of the patient, I did the operation. I made a mistake that I had left the hospital at 3.00 p.m. and I, myself permitted duty doctor to leave the hospital at 3.00 p.m.
- Q.25. When do you know the condition of the patient was bad?
A. At 6.00 p.m., patient was finding difficulty in breathing.
- Q.26 What instructions you given to the nurse?
A. I asked the nurse to give an injection of Efcorlin over telephone.
- Q.27 Why did you given Efcorline to the patient (a post-operative patient)?
A. I thought it was lung spasm.
- Q. 28 Why did you given Deriphyllin without seeing the in the post operative period?
A. I thought that it was a bronchitis.
- Q. 29. As per the nurse, condition of the patient became better after Efcorlin?
A. Again nurse telephoned at 6.30 p.m. as the condition was bad and I reached the hospital at 7.40 p.m.
- Q.30 What did you do after reaching the hospital at 7.40 p.m.?
A. At 7.40 p.m., patient was having difficulty in breathing. I intubated the patient immediately and given him ventilation through Ambu bags. The patient was not conscious at that time.
- Q.31 You reached at 7.40 p.m. and intubated the patient, was the patient conscious at that time?
A. Patient was unconscious at that time.
- Q.32 How did you diagnosed a cardiac arrest at 7.40 p.m.?
A. By Stethoscope.
- Q.33. When did you recognise the cardiac arrest?
A. After intubation I realise the patient had cardiac arrest.
- Q. 34 How do you know the heart has stopped?
A. The heart sounds were not heard. That time the patient was not on monitor.
- Q.35. What time monitor had been disconnected and why?
A. At around 5.00 p.m.
- Q.36. Did you have a defibrillator?
A. Yes.
- Q.37. Why did you disconnected the monitor at 5.00 p.m. and who disconnected the monitor?
A. The nurse disconnected the monitor.
- Q.38 Who instructed the nurse to disconnect the monitor when a medical officer was not there?
A. The patient was moving too much, nurse herself disconnected the monitor. She had informed me and after informing me she removed the monitor.
- Q. 39. Did you record the same in the case file?
A. It has not been recorded in the records that monitor was disconnected.
- Q.40. Was the throat suction done in this patient?
A. Yes
- Q.41. Is it in the record?
A. No it has not been in the record.
- Q.42 How do you know, it has been done?
A. I do not know whether it has been done or not. I know the suction was done because I have belief in my staff.
- Q.43 Do you expected intravenous adrenaline to be effective when there was no circulation in the patient due to cardiac arrest?
A. I do not expect it to be effective.
- Q.44 Did you record ECG of this patient after cardiac arrest?
A. ECG was not recorded.
- Q.45 Did you contact any doctor or physician for this emergency?
A. I contacted the doctor at 7.30 p.m. but because of traffic problem he could not reach.

Q.46 Has any Chest x-ray was done of this patient?

A. No.

Q.47 Do you think that ECG and x-ray are vital test when patient was suffering from breathing problem?

A. Yes.

Q.48. Insulin was given, Do you think that Insulin may have produced hypoglycaemia, which leading cardiac arrest?

A. I don't think so.

Q. 49 What do you think the cause of death in this case?

A. Sudden cardiac arrest, because of the patient was already suffering certain diseases like diabetics.

Q.50 Don't you think, it is all the more a serious reason for duty medical officer to be there in the post operative period?

A. Yes

Q.51. Do you think the patient was died because of aspiration and pulmonary collapse?

A. I do not agree.

Q.52 The post-mortem showed there is a partial lung collapse and there was blood in the lungs?

A. Yes

Q.53. Do you think that the Ethical Committee is fair in questioning you?

A. Yes

Q.55 Do you want to say anything else or any extra points want to recorded?

A. No

Thanking you,

Sd/-(. Ravi Patel)

The members of the Ethics Committee discussed and deliberated in detail in the case and noted the following salient points from the records available with them and answers replied for questionnaire put before them. They have also read in detail various affidavits, statements, Maharashtra Medical Council proceedings.

- 1. It is said by Dr. Vikramkumar D. Sanghvi that "he (patient relative) inspected PNH and facilities available at operation theatre, recovery room, patient accommodation etc. very carefully and then said he is satisfied". There is nothing in the record to confirm that statement.*
- 2. Dr. Sanghvi has said in his statement "inspite of comprehensive treatment nearly 25 to 30% recurrence of cancer are observed and cure cannot be guaranteed". The doctor has not recorded this in the case sheet while taking concurrence from the patient.*
- 3. Dr. Sanghvi left PNH after 12.30 p.m.. After that he has not come back and examined the patient when he was alive.*
- 4. The Blood Sugar of the patient was 267 mg at 1.30 p.m. After that there is no record of Blood Sugar done for in a diabetic patient during post operative period.*
- 5. Dr. Ravi Patel left PNH at 3.00 p.m. After that no Medical Officer neither he nor any other medical officer had examined the patient till 7.40 p.m.*
- 6. Tongue stitches removed at 4.00 p.m. by Theatre Assistant and not by a doctor or staff nurse.*
- 7. As per the statement of Dr. Sanghvi he received phone calls from Dr. Pathak around 7-7.15 p.m. , he has informed that he has not received any phone call from the staff nurse about breathing difficulty and perspiring.*

8. *At 6.00 p.m. when the patient was suffering from breathing difficulty the instruction to give Efcorlin and Deriphyllin was given by Dr. Ravi Patel without examining the patient.*
9. *No Physician was requested to see the patient when he was alive even though a Physician is claimed to be attached with the Nursing Home.*
10. *No ECG or X-ray Chest was done when the patient had breathing difficulty and sweating.*
11. *Dr. Ravi Patel said when he reached hospital at 7.40 p.m. he observed the BP was not recordable and the patient was gasping for breath. Even at that time neither ECG nor X-ray Chest nor Blood Gas Study was done.*
12. *No pressor agent like dopamine was given to raise the B.P. when B.P. was not recordable.*
13. *Dr. Ravi Patel has said that he used to come in short notice to the Nursing Home when he gets a phone call from the staff nurse during emergency. In this case, he had taken one hour and 40 minutes to reach the Nursing Home.*
14. *As per their exhibit number 9 Ventilator was available and 3 Suction Machines were available. Patient was not put on Ventilator when his condition was serious, nor any evidence available in the case sheet about usage of suction apparatus during post operative stay in the recovery room.*
15. *There was no Surgical ICU in the Nursing Home.*
16. *Why Deriphyllin and Efcorlin was given without examining the patient by the doctor, the doctor was unable to answer properly. For cardiac arrest, Adrenaline was given intravenously and not by the intracardiac route.*
17. *No ECG Monitor was attached when the patient became bad after 6 p.m. In fact, during questioning Dr. Ravi Patel has admitted that the Monitor was removed at 5.00 p.m. by the staff nurse.*
18. *There were only 6 staff nurses for 24 hours coverage for the entire Nursing Home which has 19 beds.*
19. *There was only one duty doctor at a time to cover all the 19 patients in the Nursing Home. Total 2 R.M.O. were working by shift system.*
20. *On the day of incidence, the one doctor who was R.H.O. was permitted by Dr. Ravi Patel to leave at 1.00 p.m. and no coverage by any doctor nor any alternate arrangement were made to take care of the post operative patients.*
21. *Ketones in Urine had not been checked during post operative period in a Diabetic patient who had undergone a major surgery.*
22. *It is seen from the Post mortem report, atherosclerotic changes were seen in the coronary arteries but there is no evidence of obstruction resulting in Myocardial Infarction as cause of death in this patient.*
23. *Both the lungs were partially collapsed and cut section of the lungs showed bloody frothy fluid.*
24. *Stomach showed 200 ml of dark coloured fluid blood.*
25. *Larynx, Trachea and bronchi showed redish froth.*

26. *The above findings strongly indicate that he had been bleeding and aspirating and swallowing the blood.*
27. *Page 485 Sl.No. 11 as per exhibit B Dr. Sanghvi received phone call at 7.10 p.m. and 8.01 p.m. and Dr. Ravi Patel received phone call at 7.30 p.m., 7.37 p.m. and 7.46 p.m., thereby indicating that they would not have received any information about the patient's condition earlier than 7.10 p.m.*
28. *The notes written by the staff nurse is unbelievable because the hand writing was the same from 11.00 p.m. on the previous day till 8.00 p.m. on the day of death.*
29. *The patient died at 8.00 p.m. but Police was informed only at 9.00 p.m. There is delay in informing the Police.*
30. *Hand written chart of B.P., I.V.Fluid, Fluid intake and out put chart from day 24.09.2007 to 25.09.2007 from 11.00 p.m. on the previous day to 8.00 p.m. on the second day were written by the same person at one time. According to exhibit P-2 history sheet of the patient B.P. not recordable while B.P. chart shows B.P. of 90/60. This indicates B.P. chart is not genuine. It is observed from the record on page 529 "If it is considered the said chart is genuine then at 8.00 p.m. when the patient was declared dead, the patient had B.P. of 70/60".*

It is further observed from the statement made by Dr. Vikramkumar D. Sanghvi on 08.10.2009. He answered the following:-

Q: 1 Did you ask for the ultrasound of the affected region underneath?

Ans: Yes.

Q: 2 Is there any involvement of the gland in that report?

Ans: I have not seen the report – This is a lapse by the doctor.

Q: 3 What do you think whether radical surgery is a major surgery or minor surgery?

Ans: It is a major surgery.

Q: 4 Is there any Intensive Surgical Care Unit in this nursing home?

Ans: There is no Intensive Surgical Care Unit - This is a lapse for major surgery.

Q: 5 You agreed that you performed the major surgery as it lasts for three hours. Was there any medical officer present at that particular time?

Ans: No medical officer was present after 3 O' clock in the nursing home - This is a major lapse in the management and is a negligence.

Q: 6 Do you have one single nurse from 7 am to 8 pm on that day?

Ans: Yes I agree that the same nurse was attending the patient from 24.09.2007 11 p.m till 25.09.2007 8 p.m. upto the death- This is unbelievable.

Q: 7 Was the patient examined between 6 pm to 7.40pm?

Ans. No – This is a lapse.

Q: 8 When there was no ICU and no other facilities were there in the nursing home, why did you operate the patient in that nursing home?

Ans: Because certain operations were already conducted in this nursing home - This is also a lapse.

Statement of Dr. Ravi Patel made on 08.10.2009 before the Committee

Q.1. Do you have ABG study in your hospital?

- A. *No, we do not have the same. We sent to Nanawati Hospital, which is very close, if necessary.*
- Q.2. *How much time have you take to reach the nursing home?*
- A. *I have taken 3-4 minutes to reach the nursing home.*
- Q.3. *Is this a major surgery or minor surgery?*
- A. *It is a major surgery, according to me.*
- Q. 4. *Who removed the stitches of the tongue?*
- A. *Theatre Assistant – This is not acceptable.*
- Q.5. *Why it was removed?*
- A. *Patient was restless.*
- Q.6. *Was any doctor available after 3.00 p.m.?*
- A. *No doctor was available after 3.00 p.m. Only nurse and theater assistant were available in the hospital- This is a major lapse.*
- Q.7. *Do you know that duty doctor has left the hospital?*
- A. *Due to Ganesh Visarjan, I give him the permission to leave the hospital – Wrong deed.*
- Q.8. *Why did you take up the surgery on that particular day as you know that day was a bad day in your opinion?*
- A. *From the request of the patient, I did the operation. I made a mistake that I had left the hospital at 3.00 p.m. and I, myself permitted duty doctor to leave the hospital at 3.00 p.m. – This is a major negligence.*
- Q.9. *When do you know the condition of the patient was bad?*
- A. *At 6.00 p.m., patient was finding difficulty in breathing.*
- Q.10. *What instructions you given to the nurse?*
- A. *I asked the nurse to give an injection of Efcorlin over telephone – Wrong procedure.*
- Q. 11. *Why did you give Deriphyllin without seeing the in the post operative period?*
- A. *I thought that it was a bronchitis – Wrong procedure.*
- Q.12. *What did you do after reaching the hospital at 7.40 p.m.?*
- A. *At 7.40 p.m., patient was having difficulty in breathing. I intubated the patient immediately and given him ventilation through Ambu bags. The patient was not conscious at that time.*
- Q.13. *You reached at 7.40 p.m. and intubated the patient, was the patient conscious at that time?*
- A. *Patient was unconscious at that time.*
- Q.14 *How did you diagnosed a cardiac arrest at 7.40 p.m.?*
- A. *By Stethoscope – Professional inefficiency.*
- Q.15. *Why did you disconnected the monitor at 5.00 p.m. and who disconnected the monitor?*
- A. *The nurse disconnected the monitor.*
- Q. 16. *Did you record the same in the case file?*
- A. *It has not been recorded in the records that monitor was disconnected.*
- Q.17. *Was the throat suction done in this patient?*
- A. *Yes – Not believable.*
- Q.18. *Is it in the record?*
- A. *No it has not been in the record.*
- Q.19. *How do you know, it has been done?*
- A. *I do not know whether it has been done or not. I know the suction was done because I have belief in my staff.*
- Q.20. *Do you expected intravenous adrenaline to be effective when there was no circulation in the patient due to cardiac arrest?*
- A. *I do not expect it to be effective – Wrong management.*
- Q.21. *Did you record ECG of this patient after cardiac arrest?*
- A. *ECG was not recorded – Major negligence.*
- Q.22. *Did you contact any doctor or physician for this emergency?*
- A. *I contacted the doctor at 7.30 p.m. but because of traffic problem he could not reach.*
- Q.23. *Has any Chest x-ray was done of this patient?*
- A. *No - Negligence.*

- Q.24. *Do you think that ECG and x-ray are vital test when patient was suffering from breathing problem?*
- A. *Yes.*
- Q.25. *Has any Chest x-ray was done of this patient?*
- A. *No – Negligence.*
- Q.26. *Do you think that ECG and x-ray are vital test when patient was suffering from breathing problem?*
- A. *Yes.*
- Q.27. *Insulin was given, Do you think that Insulin may have produced hypoglycaemia, which lead to cardiac arrest?*
- A. *I don't think so.*
- Q. 28. *What do you think the cause of death in this case?*
- A. *Sudden cardiac arrest, because of the patient was already suffering certain diseases like diabeties.*
- Q.29. *Don't you think, it is all the more a serious reason for duty medical officer to be there in the post operative period?*
- A. *Yes – Serious lapse in management.*
- Q.30. *Do you think the patient was died because of aspiration and pulmonary collapse?*
- A. *I do not agree.*
- Q.31. *The post-mortem showed there is a partial lung collapse and there was blood in the lungs?*
- A. *Yes*
- Q.32. *Any major point you want to be recorded?*
- A. *No.*

The above facts were carefully analysed and deliberated and the members of the Ethics Committee came to unanimous conclusion as follows:-

1. *The patient should not have been operated on 25.09.2007 as it was a day of religious festival where the procession was being taken and doctors could not reach the Nursing Home during the time of emergency.*
2. *Having well known the above facts to both the doctors, they should not have left the hospital at 12.30 p.m. and 3.00 p.m. respectively. More so when a major surgery was done on a patient more particularly when permission was given to duty RMO to leave at 1.00 p.m.*
3. *There was no Medical Officer from 3.00 p.m. till 7.40 p.m. when the patient developed Cardiac arrest.*
4. *The post operative management care was so much deficient that Blood Sugar Monitoring for Diabetic patients, post operative, recording of ECG at the time of cardiac arrest, doing the x-ray chest when the patient was having chest problem was not done and the patient was left at the mercy of one staff nurse alone.*
5. *There is a gross negligence in the management of patient during post operative period for a major surgery.*
6. *Even the Medical Officer Dr. Patel who attended the patient at 7.40 p.m. gave intravenous injection when there was a total circulatory arrest secondary to cardiac arrest. This indicate a total lack of knowledge in the management of patient during cardiac arrest.*
7. *Neither Dr. Patel nor Dr. Sanghvi has made any effort to call the physician to help the patient.*
8. *There is nothing on record to show that frequent throat suction have been done to the patient to prevent aspiration and swallowing of the blood.*

9. *It is clear from the post mortem report that 200 ml. of dark coloured blood fluid and partial collapse of lung with blood frothy secretions in the lungs; and blood in larynx, trachea and bronchi indicate that this patient would have aspirated and swallowed a considerable amount of blood leaking from the operative site. If this has been taken care of at by periodical examination, evaluation and proper intervention during the post operative period, the death of the patient could have been avoided.*
10. *Post mortem report clearly stated that it is an unnatural death. It is clear from the report that there was no myocardial infarction and there was only atheroma which was non obstructive. So the Medical Officer cannot take a defence by saying that the patient died due to coronary arteries disease.*
11. *The nurse's report is false, as it is in the same hand writing from 11.00 p.m. of the previous day up to the death of the patient, thereby indicating a false record in the case file.*
12. *Again the B.P. recording of 70/60 mm when the patient was declared dead is a clear proof of false records.*
13. *Regarding the hospital facilities, there is no Intensive surgical care ward when major surgeries are being conducted from 1981.*
14. *There are only 2 Resident Medical Officers of which one was on duty at a time.*
15. *The nursing management as available from the record is poor which the doctor should have overseen and corrected.*

Conclusion – The members of the Ethics Committee after taking into consideration of the above facts unanimously opined that due to gross medical negligence, negligence of duty by the doctors, inappropriate postoperative care on the patient resulted in the death of Mr. Ambikaprasad Sarangdhar Pathak. The names of 2 doctors namely Dr. Vikramkumar D. Sanghvi and Dr. Ravi Patel (Dr. Ravinderkumar V. Patel) be removed temporarily from the Indian Medical Register for a period of 6 months being a violator of Code of Medical Ethics for guilty of negligence, violation of Professional Etiquettes and Professional Misconduct.”

The Executive Committee of the Council further observed that as per the statement of Dr. Vikram Kumar D. Sanghvi as recorded by the Ethics Committee, he had seen the patient for the last time at 12.30 p.m. on 25th September, 2009 and at that time and the patient had recovered after anaesthesia. It is also stated by him that the patient responded to the command given to him like “open your eyes, open your mouth, show your tongue” and he opened his eyes. This has not been contravened at any stage. It was further observed that the postmortem findings of a partial long collapse and presence of blood in the longs has not been co-related with the radical surgery and the subsequent post operative event.

In view of above, the Executive Committee of the Council decided to refer the matter back to the Ethics Committee for reconsideration.”

The matter was considered by the Ethics Committee at its meeting held on 10th November, 2009 and the decision was as under:

“While perusing the minutes of the meeting of the Ethics Committee held on 8th & 9th October, 2009 in Item No.17 i.e. Dr. Vikram D. Sanghvi & Dr. Ravi Patel, the Committee found certain grammatical & spelling mistakes. So the Committee decided to correct the same in the questionnaire. The answer given by Dr. Vikram D. Sanghvi & Dr. Ravi Patel is not corrected.

Questionnaire of Dr. Vikram D. Sanghvi

Question No.	Incorrect	Correct
4.	How do you come to the conclusion that it is stage three cancer?	How did you come to the conclusion that it was a stage three cancer?
5.	Do you asked for the X-ray of the mandible?	Did you ask for the X-ray of the mandible?
7.	Did you asked for the ultrasound of the affected region underneath?	Did you ask for the ultrasound of the affected region underneath?
8.	Is there any involvement of the gland in that report?	Was there any involvement of the gland in that report?
9.	Why did you did hemi-mandible in this case?	Why did you do hemi-mandibulectomy in this case?
10.	In your opinion it is a major surgery or minor surgery?	In your opinion was it a major surgery or minor surgery?
14.	From how many years this nursing home is functioning?	For how many years this nursing home is functioning?
22.	Have you written any detailed surgical notes in this particular patient's case?	Have you written any detailed surgical notes in this particular case?
23.	Can you show from the records that you have prepared detailed surgical notes in this case?	Can you show from the records that you have written detailed surgical notes in this case?
27.	How do you decided that the patient is recovering from the anaesthesia?	How did you decide that the patient has recovered from the anaesthesia?
31.	You agreed that you performed the major surgery as it lasts for three hours. Was there any medical officer present at that particular time?	You agreed that you have performed the major surgery as it lasts for three hours. Was there any medical officer present after 12.30 p.m.?
35.	Was the UCG monitor was attached to the patient subsequently?	Was the ECG monitor attached to the patient subsequently?
37.	Do you Do you have one single nurse from 7 am to 8 pm on that day?	Did you have only one nurse from 7 am to 8 pm on that day?
38.	Have you put your post operative note in the case sheet after the operation was over?	Did you write post operative note in the case sheet after the operation was over?
39.	The call was sent from nurse regarding the breathing problem to the Dr. Ravi Patel at 6 pm and he reached at 7.40 pm, why did it took so long to Dr. Ravi Patel to reached the hospital?	The call was sent from nurse regarding the breathing problem to Dr. Ravi Patel at 6 pm and he reached at 7.40 pm, why did he take so long to reach the hospital?
44.	Do you agree that the patient died due to the lung collapsed?	Do you agree that the patient died due to the lung collapse?

Questionnaire of Dr. Ravi Patel

Question No.	Incorrect	Correct
4.	When the Nursing Home started?	When was the Nursing Home started?

5.	How many beds you have in the nursing home?	How many beds do you have in your nursing home?
6.	Do you have intensify surgical care room in your hospital?	Do you have intensive surgical care room in your hospital?
9.	How much time have you take to reach the nursing home?	How much time do you take to reach the nursing home?
10.	How long patient in shifted?	When was the patient shifted?
11.	Normally how long keep the patient in the recovery room?	Normally how long you keep the patient in the recovery room?
25.	When do you know the condition of the patient was bad?	When did you come to know the condition of the patient was bad?
27.	Why did you given Efcorline to the patient (a post-operative patient)?	Why did you give Efcorline to the patient (a post-operative patient)?
28.	Why did you given Deriphyllin without seeing the in the post operative period?	Why did you give Deriphyllin without seeing the in the post operative period?
34.	How do you know the heart has stopped?	How did you know the heart stopped?
37.	Why did you disconnected the monitor at 5.00 p.m. and who disconnected the monitor?	Why did you disconnect the monitor at 5.00 p.m. and who disconnected the monitor?
43.	Do you expected intravenous adrenaline to be effective when there was no circulation in the patient due to cardiac arrest?	Do you expect intravenous adrenaline to be effective when there was no circulation in the patient due to cardiac arrest?
48.	Insulin was given, Do you think that Insulin may have produced hypoglycaemia, which leading cardiac arrest?	Insulin was given, do you think that Insulin may have produced hypoglycaemia, which has lead to cardiac arrest?
51.	Do you think the patient was died because of aspiration and pulmonary collapse?	Do you think the patient died because of aspiration and pulmonary collapse?
52.	The post-mortem showed there is a partial lung collapse and there was blood in the lungs?	The post-mortem showed there was partial lung collapse and there was blood in the lungs. Do you agree?
55.	Do you want to say anything else or any extra points want to recorded?	Do you want to say anything else or any extra points wants to be recorded?

The Ethics Committee perused the letter dated 09/11/2009 received from Ms. Simran Puri, Advocate which states as under:

“A letter dated 9th November, 2009 is received from Ms. Simran Puri, Advocate at Mumbai in which it is stated as under:-

*“ Re: In the Bombay High Court,
W.P. (L) No.(1)2015 of 2009
Dr. Vikram Singhvi & Anr. Vs- MMC & Ors.*

The above matter was listed before Court for directions on 6th November, 2009. As informed to yourselves via SMS the same date, the Court has directed MCI to pass an

order on the Appeal of the Petitioners on 10th Nov.,2009 when the matter will be reconsidered.

Kindly note the above and inform me of the outcome so that I can convey the same to the Court on the next date of hearing. The matter will be listed on 20th November, 2009."

In view of above, as per the decision of the Executive Committee dt.13.10.09, the Ethics Committee reconsidered the matter and decided as under:-

The Members of the Ethics Committee have reviewed the matter in light of the Executive Committee noting as well as the application of Dr. Vikramkumar D. Sanghvi dated 13.10.2009 and come to the following conclusion:-

1. Dr. Sanghvi had chosen a nursing home where adequate infrastructure and medical facilities were not available to operate on this patient. Dr. Sanghvi himself has accepted in his letter dated 13.10.2009 and stated that "Parvarish Nursing Home was not a full-fledged hospital but a nursing home."
2. He should not have chosen this hospital for a major case, especially, when he was not fully satisfied with the facilities, infrastructure facilities and where adequate number of duty doctors and nurses were not available in the nursing home. He should not have chosen the nursing home despite the insistence of patient's and his relatives.
3. Dr. Sanghvi should not have chosen a date on which he could not rush back to attend to the emergencies. He should not have listened to the patient's relatives to choose that particular date.
4. His concept of patient died due to Carcinogenic Shock is not accepted, in view of non-obstructive coronary arteries and there was no evidence of infarction in the autopsy.
5. The presence of blood in the stomach and the partial collapse of the lungs clearly indicate that the patient died due to Hemorrhagic shock and aspiration.
6. Dr. Sanghvi was possibly not aware of the fact that the duty doctor would go away at 01:00 p.m. with permission of Dr. Ravi Patel. Dr. Ravi Patel had also left at 03:00 p.m. Dr. Sanghvi was under the impression that Dr. Ravi Patel and the duty doctor Medical Officer (RMO) would give coverage of his case on that day.
7. The Committee also noted that Dr. Sanghvi being a primary surgeon for this patient. The surgical procedure intra-operative, early post-operative period were well within the surgical norms and uneventful.
8. Only the punishment awarded to Dr. Sanghvi has been modified. Dr. Sanghvi is warned to be more careful in future and decided to reiterate the punishment awarded to Dr. Ravi Patel stands as removal of his name from the Indian Medical Register for six months is confirmed in this meeting.

Taking the above points in view, the Committee considered that Dr. Vikramkumar D. Sanghvi be warned to be more careful in future when choosing the nursing home for major surgeries, the date of surgery and make sure that the medical officers are available to take care of the patient during the post operative period.

It was further decided to reiterate the punishment awarded to Dr. Ravi Patel stands as removal of his name from the Indian Medical Register for six months.

51. Extension of services of Dr. C.A. Desai as Additional Inspector on consolidated salary.

Read: The matter with regard to extension of services of Dr. C.A. Desai as Additional Inspectors on consolidated salary.

The Executive Committee of the Council decided to extend the services of Dr. C.A. Desai, Additional Inspector of the Council for a further period of one year w.e.f. 02/11/2009.

52. Extension of services of Dr. S.B. Aggarwal as Additional Inspector on consolidated salary.

Read : The matter with regard to extension of services of Dr. S.B. Aggarwal as Additional Inspectors on consolidated salary.

The Executive Committee of the Council decided to extend the services of Dr. S.B. Aggarwal, Additional Inspector of the Council for a further period of one year w.e.f. 30/11/2009.

53. Extension of services of Dr. Malti Mehra as Whole Time Inspector.

Read : The matter with regard to extension of services of Dr. Malti Mehra as Whole Time Inspector.

The Executive Committee of the Council decided to extend the services of Dr. Malti Mehra, Whole Time Inspector of the Council for a further period of one year w.e.f. 14/11/2009.

54. Continuance of recognition of MBBS degree granted by Chaudhary Charan Singh University in respect of students being trained at LLRM Medical College, Meerut.

Read : The compliance along with inspection report (30th & 31st October, 2009) for continuance of recognition of MBBS degree granted by Chaudhary Charan Singh University in respect of students being trained at LLRM Medical College, Meerut.

The Executive Committee of the Council decided to defer the consideration of the matter for the next meeting.

55. Continuance of recognition of MBBS degree granted by Maharashtra University of Medical Sciences, Nasik in respect of students being trained at Maharashtra Instt. Of Medical Sciences, Latur.

Read : The compliance along with inspection report (10th & 11th November, 2009) for continuance of recognition of MBBS degree granted by Maharashtra University of Medical Sciences, Nasik in respect of students being trained at Maharashtra Instt. Of Medical Sciences, Latur.

The Executive Committee of the Council decided to defer the consideration of the matter for the next meeting.

56. Continuance of recognition of MBBS degree granted by NTR University of Health Sciences, Vijayawada in respect of students being trained at Andhra Medical College, Visakhapatnam.

Read : The compliance along with inspection report (12th & 13th November, 2009) for continuance of recognition of MBBS degree granted by NTR University of Health Sciences, Vijayawada in respect of students being trained at Andhra Medical College, Visakhapatnam.

The Executive Committee of the Council considered the Compliance Verification Inspection Report (12th & 13th Nov.,2009) along with the Council Inspectors Report (18th July, 2009) and decided to recommend that recognition of MBBS degree granted by Dr. NTR University of Health Sciences, Vijaywada in respect of students being trained at Andhra Medical College, Visakhapatnam be continued restricting the number of admission to 150(One Hundred Fifty) students.

57. Continuance of recognition of MBBS degree granted by Dr. NTR University of Health Sciences, Vijayawada in respect of students being trained at Deccan College of Medical Sciences, Hyderabad.

Read : The compliance along with inspection report (12th & 13th November, 2009) for continuance of recognition of MBBS degree granted by Dr. NTR University of Health Sciences, Vijayawada in respect of students being trained at Deccan College of Medical Sciences, Hyderabad.

The Executive Committee of the Council decided to defer the consideration of the matter for the next meeting.

58. Continuance of recognition of MBBS degree granted by The Tamil Nadu Dr. MGR Medical College & University, Chennai in respect of students being trained at Chengalpattu Medical College, Chengalpattu.

Read : The compliance along with inspection report (13th & 14th November, 2009) for continuance of recognition of MBBS degree granted by The Tamil Nadu Dr. MGR Medical College & University, Chennai in respect of students being trained at Chengalpattu Medical College, Chengalpattu.

The Executive Committee of the Council decided to defer the consideration of the matter for the next meeting.

59. Continuance of recognition of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore in respect of students being trained at Dr. B.R. Ambedkar Medical College, Bangalore.

Read : The compliance along with inspection report (13th & 14th November, 2009) for continuance of recognition of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore in respect of students being trained at Dr. B.R. Ambedkar Medical College, Bangalore.

The Executive Committee of the Council decided to defer the consideration of the matter for the next meeting.

60. Matter with regards to supply of alleged forged/fake information/certificate in/with the declaration forms submitted to the MCI by Dr. Ashoojit Kaur Anand, Medical Teacher.

Read : The matter with regard to supply of alleged forged/fake information/certificate in/with the declaration forms submitted to the MCI by Dr. Ashoojit Kaur Anand, Medical Teacher.

The Executive Committee of the Council decided to defer the consideration of the matter for the next meeting.

61. Appeal against Order dt. 30.11.07 passed by Rajasthan Medical Council on the complaint of Sh. Avtar Singh, Jaipur against Dr. Gopal Verma. (F.No. 70/2008).

Read : The matter with regard to appeal against Order dt. 30.11.07 passed by Rajasthan Medical Council on the complaint of Sh. Avtar Singh, Jaipur against Dr. Gopal Verma. (F.No. 70/2008).

The Executive Committee of the Council considered the matter with regard to appeal against Order dt. 30.11.07 passed by Rajasthan Medical Council on the complaint of Sh. Avtar Singh, Jaipur against Dr. Gopal Verma and decided to approve the following decision of the Ethics Committee:-

“The Ethics Committee considered the ongoing matter of appeal against the order dt. 30.11.07 passed by Rajasthan Medical Council on the complaint of Sh. Avtar Singh, Jaipur against Dr. Gopal Verma and noted:-

- i) The Council received an appeal letter dt.22.02.08 from Sh. Avtar Singh against the order dt. 30.11.07 of Rajasthan Medical Council which is as under:-

“The Council examined the complaint made by Shri Avtar Singh, documents available and the statement of Dr. Gopal Lal Verma. After discussion & due examination, it is resolved that there is no negligence on the part of the treating doctor. ”

- ii) Sh. Avtar Singh had submitted an affidavit before the MCI which states as under:

“I made a complaint to the Rajasthan Medical Council in March 07 against eye surgeon Dr. Gopal Verma. After 9 months Council replied through an undated letter bearing no. RMC/S/1473-76 (Copy enclosed) Council gave verdict in favour of Dr. Gopal Verma. During these 9 months Council did not summon me. I was not given a single chance to have interaction with Dr. Gopal Verma in presence of the council members. My eye was not tested by any senior surgeon of repute in presence of the Council members. Therefore, I am not satisfied with the decision given by the Council. I think my request for the justice was turned down unheard. I submitted a reminder to the state Council to have a relook at my request but did not receive any sympathy (copy enclosed).

In this regard I am submitting my complaint to the Medical Council of India against Eye Surgeon Dr. Gopal Verma. I will be receiving fair chance to present my case and Dr. Gopal Verma will be summoned and his treatment and prescription will be thoroughly scrutinized by the Council members.”

- iii) The following decision of the Ethics Committee taken at its meeting held on 21/05/2008:

“The Ethics Committee considered the matter with regard to appeal against Order passed by Rajasthan Medical Council on the complaint of Sh. Avtar Singh, Jaipur against Dr. Gopal Verma and decided to take up this case as an appeal case against the decision of Rajasthan Medical Council. The Registrar, Rajasthan Medical Council may be requested to submit copy of record of this case available with them.

Dr. Gopal Verma against whom the complaint is alleged may be asked to submit detailed parawise comments on the points raised by the complainant. The address of Dr. Gopal Verma is Eye Surgery & Laser Centre, C – 401, Malviya Nagar, Jaipur – 302017.”

- iv) The following decision of the Ethics Committee taken at its meeting held on 07th & 08th July, 2008:-

“The Ethics Committee considered the matter with regard to appeal against Order passed by Rajasthan Medical Council on the complaint of Sh. Avtar

Singh, Jaipur against Dr. Gopal Verma and the Ethics Committee decided to call the complainant i.e. Mr. Avtar Singh and the doctor i.e. Dr. Gopal Verma to appear before the Ethics Committee at one of its next meetings on separate date and time.”

- v) The following decision of the Ethics Committee taken at its meeting held on 11th & 12th December, 2008:-

“The Ethics Committee considered the matter with regards to appeal by Sh. Avtar Singh against order dt. 30.11.07 of Rajasthan Medical Council and noted that the complainant (Sh. Avtar Singh) and the concerned doctor – Dr. Gopal Verma were requested to appear before the Ethics Committee but they have failed to appear before the Ethics Committee. The Ethics Committee further noted that Dr. Gopal Verma vide his letter dt. 9.12.08 has requested that he may be called after January 2009 since he is suffering from backache and is unable to travel.

The Ethics Committee decided that both – complainant and the doctor be called at one of its next meetings.”

- vi) The following decision of the Ethics Committee taken at its meeting held on 19th & 20th January, 2009:

“The Ethics Committee considered the matter of appeal against order No. RMC/5/07/1473-76 dated nil passed by Rajasthan Medical Council on the complaint of Sh. Avtar Singh and noted that as decided Mr. Avtar Singh, complainant was requested to appear before the Ethics Committee today on 19.1.2009 and he has appeared. The Hon’ble members of the Ethics Committee heard his oral disposition and had discussion on the various aspects of the treatment. Shri Avtar Singh has stated that he has already submitted a written statement to the MCI regarding the whole sequence of events. Shri Avtar Singh has stated that he has narrated all the facts regarding this case sequencely in the complaint itself and said there is no further need to add anything except what he has recorded.

Statement of Shri Avtar Singh

I, Shri Avtar Singh, age 56 years, r/o 3/54, Agarwal Farm (SFS), Mansrover, Jaipur would like to say that what I have written in the complaint in addition to that I want the expenditure of total approx. Rs.50,000/- incurred by me should be compensate to me.

*Sd/-
(Shri Avtar Singh)*

The Ethics Committee decided that Dr. Gopal Verma may be called in its next meeting.”

- vii) The following decision of the Ethics Committee taken at its meeting held on 21st & 22nd May, 2009:

“The Ethics Committee considered the matter with regards to appeal against Order No.RMC/S/07/1473276, dated Nil passed by Rajasthan Medical Council on the complaint of Sh. Avtar Singh, Jaipur against Dr. Gopal Verma and noted that Dr.Gopal Verma had been requested to appear before the Ethics Committee. Dr.Gopal Verma has appeared before the Ethics Committee and his statement is as under:-

Statement of Dr. Gopal Lal Verma

I Dr, Gopal Verma did my MBBS from JLN Medical College, Ajmer in the year 1973 and did my MS(Ophthalmology) from MAMC, New Delhi in the year 1977. I did fellowship in Vitreo Retinal Surgery from Moorfield's Eye Hospital, University of London in the year 1985 and fellowship in Vitreo Retinal Diseases from University of Vienna and formerly Professor in Ophthalmology at SMS Medical College, Jaipur and currently Vice-President of Vitreo Retinal Society of India. My date of birth is 03.09.1949. My registration number is 4809/1096 from Rajasthan Medical Council.

Mr. Avtar Singh, patient came to my clinic on 9th January, 2006 with history of total loss of vision in left eye of approx. six months duration. He revealed that he is diabetic and alcoholic and under medication. He also gave history of road traffic accident few year ago injuring his cornea and lens for that he had already undergone cataract surgery with anterior chamber lens implantation in the very same eye. Left eye examination reveal hazy cornea with anterior chamber lens, old corneal opacity, intraocular pressure low (08 mm hg.), Retinal examination on indirect ophthalmoscopy showed left eye macula off rhegmatogenous retinal detachment with PVR changes grade C3 following Giant retinal tear 2 to 6 O' clock. Patient was keen to undergo retinal surgery. Patient was explained visual prognosis risks and need for multiple operation involving retina and cornea to which patient consented in his own hand written note and signature. Patient had undergone PVR surgery on 11.1.2006 (vitreoretinal surgery) – 3 port vitrectomy with membrane removal, endolaser, 6 O' clock Iridectomy, PFCL – silicon oil exchange with no adverse intra-operative events.

Post operative follow-up as usual. Post operative vision counting finger 2 metres. Patient was advised silicon oil removal on 11th April, 2006 and was declared fit to join duty on 26th April, 2006. On follow-up exam retina was attached after silicon oil removal and remain attached as per B-scan report of July, 2006. Patient developed lowering of eye ball pressure (hypotony in July, 2006) and Descemet's folds in cornea. Patient had finger counting close to face and was asked to consult cornea specialist. Patient wanted medical summary of the case which was given to him on next arrival to my clinic and never returned thereafter for follow-up examination

*Sd/-
(Dr. Gopal L. Verma)*

The Ethics Committee considered the matter in the light of above and noted that it was not desirable on the part of renowned Ophthalmic Surgeon to have subjected the patient (Mr. Avtar Singh) to an unwarranted surgery and therefore, decided that the treating doctor should be issued a show cause notice as to why his name be not erased from the Indian Medical Register and further that he should ensure that the reply to the show cause notice should be sent within one month's period positively from the date of issue of the letter to this effect."

viii) The following decision of the Ethics Committee taken at its meeting held on 29th & 30th July, 2009:

"The Ethics Committee considered the matter of appeal against order passed by Rajasthan Medical Council on the complaint of Sh. Avtar Singh, Jaipur and noting that in response to the show cause notice, Dr. Gopal Verma vide his letter dated 09.07.09 has sent his reply to the Council; decided that :-

1. *The letter dt. 09.07.09 from Dr. Gopal Verma may be made available to the complainant Mr. Avtar Singh and he may be requested to send his comments.*
2. *This report may also be made available to Hon'ble member Dr. S. L. Adiley for his study and opinion."*

The Ethics Committee after due deliberations and perusal of all the records/documents/the statements and the communications from the complainant as well as the respondent has decided to warn Dr. Gopal Verma to be careful in future.”

62. Approval of Minutes of the Finance Committee held on 12th November, 2009.

Read : The minutes of the Finance Committee Meeting held on 12th November, 2009.

The Executive Committee of the Council decided to defer the consideration of the matter for the next meeting.

63. Report of the Members of Sub-Committee meeting held on 13.11.2009 to take stock of the alternative/innovative undergraduate medical education model, readied by the Council for its update with reference to its operationalisation.

Read : The matter with regard to report of the Members of Sub-Committee meeting held on 13.11.2009 to take stock of the alternative/innovative undergraduate medical education model, readied by the Council for its update with reference to its operationalisation.

The Executive Committee of the Council decided to defer the consideration of the matter for the next meeting.

64. Removal of name of deceased person from the Indian Medical Register temporarily/permanently - Regarding.

Read: The matter with regard to removal of name of deceased person from the Indian Medical Register temporarily/permanently - Regarding.

The Executive Committee of the Council observed that the Council is receiving the request from the State Medical Councils with regard to removal of name of deceased persons from the Indian Medical Register for the respective years. Presently, the matter is being placed before the Executive Committee of this Council and the recommendations of the same are being placed before the General Body for its approval. It takes 6 to 12 months in processing the matter.

It further observed that Section 21 pertaining to the Maintenance of Indian Medical Register reads as under:

“

21. INDIAN MEDICAL REGISTER

1. The Council shall cause to be maintained in the prescribed manner a register of medical practitioners to be known as the Indian Medical Register, which shall contain the names of all persons who are for the time being enrolled on any State Medical Register and who possess any of the recognised medical qualifications.
2. It shall be the duty of the Registrar of the Council to keep the Indian Medical Register in accordance with the provisions of this Act and of any orders made by the Council, and from time to time to revise the register and publish it in the Gazette of India and in such other manner as may be prescribed.
3. Such register shall be deemed to be public document within the meaning of the Indian Evidence Act, 1872 and may be proved by a copy published in the Gazette of India.

..... “

It further observed that Section 23 pertaining to the Registration and Section 24 pertaining to the removal of names from Indian Medical Register read as under:

“

23. REGISTRATION IN THE INDIAN MEDICAL REGISTER

The Registrar of the Council, may, on receipt of the report of registration of a person in a State Medical Register or on application made in the prescribed manner by any such person, enter his name in the Indian Medical Register, Provided that the Registrar is satisfied that the person concerned possesses a recognised medical qualification.

24. REMOVAL OF NAMES FROM THE INDIAN MEDICAL REGISTER

1. If the name of any person enrolled on a State Medical Register is removed there from in pursuance of any power conferred by or under any law relating to medical practitioners for the time being in force in any State, the Council shall direct the removal of the name of such person from the Indian Medical Register.
2. Where the name of any person has been removed from a State Medical Register on the ground of professional misconduct or any other ground except that he is not possessed of the requisite medical qualifications or where any application made by the said person for restoration of his name to the State Medical Register has been rejected, he may appeal in the prescribed manner and subject to such conditions including conditions as to the payment of a fee as may be laid down in rules made by the Central Government in this behalf, to the Central Government, whose decision, which shall be given after consulting the Council, shall be binding on the State Government and on the authorities concerned with the preparation of the State Medical Register.

.....”

In view of above, the members of the Executive Committee decided that whenever a request is received from the State Medical Council with regard to removal of the name of the deceased person, the appropriate action can be taken by the Council office.

65. Discharge of 1st Year MBBS Students admitted at Chennai Medical College Hospital & Research Centre, Trichy for the Academic Year 2009-2010.

Read : The matter with regard to Discharge of 1st Year MBBS Students admitted at Chennai Medical College Hospital & Research Centre, Trichy for the Academic Year 2009-2010.

The Executive Committee of the Council noted the action taken by the Council Office with regard to the discharge of all 150 students who were admitted at Chennai Medical College Hospital & Research Centre, Trichy for the Academic Year 2009-2010 through an entrance examination conducted by the college/university itself which was against the Central Govt. letter dated 30.7.2009.

66. Invitation to attend the Second World Health Professions Conference on Regulations (WHPCR) Geneva, Switzerland, 18 & 19 February, 2010 – Reg.

Read : The matter with regard to Invitation to attend the Second World Health Professions Conference on Regulations (WHPCR) Geneva, Switzerland, 18 & 19 February, 2010.

The Executive Committee of the Council considered the matter with regard to invitation to attend the Second World Health Professions Conference on Regulations (WHPCR) Geneva, Switzerland, 18 & 19 February, 2010 received from World Health Professions Alliance.

After due and detailed deliberations, the Committee decided to accept the invitation of World Health Professions Alliance (WHPA) and further decided to nominate Dr. Ketan Desai, President of the Council to attend the Second World Health Professions Conference on Regulations (WHPCR) at Geneva, Switzerland on 18 & 19 February, 2010.

67. Building a Healthy Relationship Based on Self Regulation Between Doctors and Pharmaceutical and Allied Health Sector Industries (And Preventing Unscrupulous Practices by Doctors).

Read : The report of the Sub-Committee with regard to building a Healthy Relationship Based on Self Regulation Between Doctors and Pharmaceutical and Allied Health Sector Industries (And Preventing Unscrupulous Practices by Doctors)

The Executive Committee of the Council considered the matter with regard to building a Healthy Relationship Based on Self Regulation Between Doctors and Pharmaceutical and Allied Health Sector Industries (And Preventing Unscrupulous Practices by Doctors) and decided to approve the report of the Sub-Committee which reads as under:-

“The Medical Council of India had started a process of evolving a set of policies that would seek to define the relationship between a doctor and pharmaceutical, medical equipment and devices manufacturing and selling companies on the one hand, and laying down a code of ethical conduct to be followed by individual doctors as well as professional bodies and associations formed by doctors in this particular field on the other hand. This process, started in September 2004, was initiated by the Ethics Committee of the Medical Council of India and was deliberated upon by the Members of the Executive Committee of Medical Council of India. Lots of study, debates and discussion have been conducted within the Council on this subject. After a first report on the subject was submitted by Professor D. J. Borah, then Member of the Ethics Committee, the Ethics Committee debated it and sent it to the Executive Committee of the Council for its consideration. As per the decision of the Executive Committee, the President MCI constituted a sub-committee consisting of Professor Indrajit Ray, Professor D. K. Sharma and Professor L.S. Sharma to study this matter alongwith the report and to give its recommendations. The Sub-committee submitted its report, endorsed the main points of the initial report and called for wider consultation all over the nation. The Executive Committee entrusted the Ethics Committee to initiate the process of consultation. The Ethics Committee than decided to write all the State Medical Councils and all the major national professional associations to obtain their views on this matter. Many national associations and State Medical Councils responded and sent in their comments and suggestions after discussion and deliberations. The relevant reports and views of the Councils and Associations are placed in the Annexure to this report.

The following are the associations and councils who have sent in their views and comments:

Associations:

1. Cardiological Society of India (CSI)
2. The Federation of Obstetrics and Gynaecological Societies of India (FOGSI)
3. Indian Academy of Paediatrics (IAP)
4. National College of Chest Physician (NCCP)

Councils:

1. Tamil Nadu Medical Council,
2. Sikkim Medical Council,
3. Karnataka Medical Council,
4. Jharkhand State Medical Council,
5. Arunanchal Pradesh Medical Council,
6. Delhi Medical Council
7. Rajasthan Medical Council,
8. The Bihar Council of Medical Registration.
9. Madhya Pradesh Medical Council
10. West Bengal Medical Council,
11. Gujarat Medical Council,

12. *Chattisgarh Medical Council,*
13. *Haryana Medical Council,*
14. *The Orissa Council of Medical Registration*

When one goes through the responses of the associations and the State Medical Councils, it is really heartening to note that, all of them have expressed an unequivocal view that urgent measures are needed to be taken to define the relationship between a doctor and pharmaceutical and allied industries on ethical grounds on one hand, and a code of conduct in this aspect should form part of the ethics regulations of MCI to discourage and prevent doctors from a knowingly or unknowingly committing unethical and unscrupulous acts in their dealings with pharmaceutical and allied industries on the other. It is further hearting to note that while some of the Councils have straightway fully endorsed the five points of the concern sent by MCI, many councils and associations have enriched the deliberations with well thought out suggestions. The other important suggestion that has emerged out of this consultation is setting up a mechanism of holding Continuing Medical Education (CME) programmes with the help of MCI for the different specialities. Some of the associations have stressed on the need of transparency in dealing with pharmaceutical and allied industries by doctors and professional organizations as well.

With this wide ranging support received by MCI and the inputs gathered from the consultation with the associations and councils, an attempts is now being made to approach the task of defining relation of a doctor with the pharmaceutical and allied industry and laying down a code of conduct for doctors in this aspect.

In attempting to do so, studies were made of different guidelines on this aspect brought out by reputed international organizations like WORLD MEDICAL ASSOCAITON (WMA), Ethics guidelines of General Medical Council (UK), Medial Council of Australia, World Health Organization (WHO) and others.

It was observed that in the international field and in most of the developed countries of the world, great efforts were made to evolve credible and enforceable guidelines in this particular field. The purpose is threefold. First to protect the doctor from the machinations, manipulations and inducement of the market place controlled by the industrial - financial clout of these industries; second to formulate a set of conduct that would help a doctor in self regulation and thus to do an ethical practice; third to define a transparent, logical and scientific mechanism whereby the doctor and the industry both may benefit from mutual co-operation, specially in education and medical research. Accordingly, the following ethical guidelines for incorporation in the Ethic Regulation is presented for consideration.

A. **Introduction:** *The relationship between a doctor and pharmaceutical and other allied health sector industries.*

It is undeniable that there exists a close interrelationship between a doctor by virtue of his profession and the pharmaceutical and other health sector industries.

The industry makes huge investments in the development of newer drugs, technologies, instruments and equipments, materials, diagnostic techniques and therapeutic measures.

All these needs to be tested first in actual hospitals settings on human patients to determine their safety and efficacy and then these have to be sold in the market so that patients can get access to them.

In all these phases of development, testing and selling, the industry requires the help of the knowledge, experience, skills of the doctors alongwith their acceptability, to make their products viable commercial propositions.

For this purpose the industry provides funds and facilities for medical research and encourages the doctor to take up research.

The industry further supports scientific seminars, medical conferences, continuing medical education programmes, publication of scientific medical journals, where the results of such research can be professionally presented, discussed and accepted and where members of the profession can be educated about recent advances in medical science.

However in the competitive world of medical commerce, this close inter-relationship can create situations of conflict of interest between the doctor and the industry and can bring about ethical issues and dilemma for the doctor. Allurements, unethical incentives, gifts, sponsorship to the doctor by the industry and sales people can cause these problems. This brings not only conflicts but disrepute to both the industry as well as individual doctors and also the profession. To prevent these unwanted situations from occurring, a code of conduct should govern the doctor in his / her relationship with the pharmaceutical and allied industries.

Code of conduct for doctors and professional association of doctors in their relationship with pharmaceutical and allied health sector industry.

In dealing with Pharmaceutical and allied health sector industry, a doctor and professional associations of doctors shall follow the code of conduct given below:-

1. Gifts : *A doctor shall not receive any gift from any pharmaceutical or allied health care industry and their sales people or representatives.*
2. Travel facilities: *A doctor shall not accept any travel facility inside the country or outside, including rail, air, ship , cruise tickets, paid vacations etc. from any pharmaceutical or allied healthcare industry or their representatives for self and family members for vacation or for attending conferences, seminars, workshops, CME programme etc either as a delegate.*
3. Hospitality: *A doctor shall not accept individually any hospitality like hotel accommodation for self and family members under any pretext.*
4. Cash or monetary grants: *A doctor shall not receive any cash or monetary grants from any pharmaceutical and allied healthcare industry for individual purpose on individual capacity under any pretext. Funding for medical research, study etc. can only be received through approved institutions by modalities laid down by law in a transparent manner. It shall always be fully disclosed.*
5. Medical Research: *A doctor may carry out, participate in, work in research projects funded by pharmaceutical and allied healthcare industries. But in accepting such a position a doctor shall :*
 - (i) *Ensure beyond all reasonable doubts that the particular research proposal has the due permission from competent legal authorities.*
 - (ii) *Ensure that such a research project has the clearance of national / state / institutional ethics committees / bodies.*
 - (iii) *Ensure that it fulfils all the legal requirements prescribed for medical research.*
 - (iv) *Ensure that the source and amount of funding is publically disclosed in the beginning.*
 - (v) *Ensure that proper care and facilities are provided to human voluntaries, if they are necessary for the research project.*
 - (vi) *Ensure that undue animal experimentations are not done and when these are necessary they are done in a scientific and a humane way.*

- (vii) *Ensure that while accepting such an assignment the doctor shall have the freedom to publish the results of the research in the greater interest of the society by inserting such a clause in the MoU.*
 - (viii) *The doctor shall realize that unless point (i) to (vii) are fulfilled the research project funded by industry would be entirely legal and ethical.*
6. Maintaining Professional Autonomy: *In dealing with pharmaceutical and allied healthcare industry a doctor shall always ensure that his / her professional autonomy and freedom is never compromised.*
7. Affiliation: *A doctor may work for pharmaceutical and allied healthcare industries in advisory capacities, as consultants, as researchers, as treating doctors or in any other professional capacity. In doing so, a doctor shall always:*
- (i) *Ensure that his professional integrity and freedom are maintained.*
 - (ii) *Ensure that patients interest are not compromised in any way.*
 - (iii) *Ensure that such affiliations are within the law.*
 - (iv) *Ensure that such affiliations / employments are fully transparent and disclosed.*
8. Endorsement: *A doctor shall not endorse any drug or product of the industry publically. Any study conducted on the efficacy or otherwise of such products shall be presented only on appropriate scientific bodies or published in appropriate scientific journals in a proper way.*
9. Relation of Professional Medical Associations , institutions Organizations: *Relation of professional medical associations, institutions and organizations of doctors that are constituted under law with pharmaceutical and allied healthcare industries is very important as the office bearers of these are professional doctors and they have the responsibility to uphold the prestige of the profession. And to ensure that certain codes of conduct needs to be evolved.*

(A) **Sponsorship**

Associations and other such legal professional organizations of doctors may receive sponsorship from the pharmaceutical and other allied healthcare industries for seminars, workshops, CME programmes, conferences only on fulfilment of the following:

- (i) *The source, amount and nature of such sponsorship and financial help shall be immediately disclosed and acknowledged. The same shall be informed to all the members before the event as soon as they are received and not after.*
- (ii) *The professional associations may make provisions out of the sponsorship for travel, hospitality and food for the organizers and speakers attending the programme and all such arrangements shall be done transparently and equitably and disclosed properly.*
- (iii) *The expenditure incurred out of the sponsorship shall be done in a transparent manner and item wise disclosure shall be made to the members and sponsorers.*
- (iv) *The organisers shall ensure that sponsorers have no influence on the subject, content, presentation, choice of lectures and programmes, choice of speakers, proceedings and publication of results.*

(B) **Endorsement**

Professional organizations, Associations of doctors shall not publically endorse any drug, product or commercial good manufactured, promoted or sold by any

pharmaceutical or allied healthcare industries unless such an endorsement becomes necessary strictly for public health purpose. In such cases the product shall be endorsed only by its generic name and not by the trade name.

(C) **Financial Grants**

All financial grants received by Professional associations, organizations of doctors from the Pharmaceutical and allied health sector industry shall be fully disclosed and be transparently utilized for the purpose they are received with disclosure of accounts.

It is strongly felt that if these recommendations are made a part of the Ethics regulations of the Medical Council of India by suitable amendment, it will go a long way in ushering in a credible, transparent, just and scientific relationship between doctors and pharmaceutical and allied healthcare industries.”

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

New Delhi, dated the
17th November, 2009

APPROVED

(Dr. Ketan Desai)
President