

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

MEDICAL COUNCIL OF INDIA

EXECUTIVE COMMITTEE

Minutes of the meeting of the Executive Committee held on 27th April, 2009 at 11.30 a.m. in the Council office at Sector 8, Pocket 14, Dwarka, New Delhi.

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. K.P. Mathur	Former Medical Superintendent, Ram Manohar Lohia Hospital, New Delhi, 77, Chitra Vihar, <u>Delhi-110092</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	Officiating Dean and Professor & Head, Orthopedics Department, Gandhi Medical College, <u>Bhopal -462001(MP)</u>
Dr. P.K. Das	Professor & Head, Deptt. of General Medicine, S.C.B. Medical College, <u>Cuttack, Orissa</u>
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. V.N. Jindal	Dean, Goa Medical College, Bombolim-403202, <u>Goa</u>

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

Apology for absence was received from Dr. Baldev Singh Aulakh.

1. **Minutes of the Executive Committee Meeting held on 8th April, 2009 - Confirmation of.**

The Executive Committee of the Council confirmed the minutes of the last meeting held on 8th April, 2009.

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

The Executive Committee of the Council noted the action taken by the office on the various items included in the agenda of the last meeting held on 8th April, 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.

4. **Rohilkhand Medical College & Hospital, Bareilly -Renewal of permission for admission of 4th batch of students for the academic session 2009-2010.**

Read: The Council Inspectors Report (8th & 9th April, 2009) for renewal of permission for admission of 4th batch of MBBS students for the academic session 2009-2010 at Rohilkhand Medical College & Hospital, Bareilly.

The Executive Committee of the Council considered the Council Inspectors report (8th & 9th April, 2009) and noted the following:-

1. The shortage of teaching faculty is 20.66% (i.e. 25 out of 121) as under:-

a	Teaching Faculty	25 Out of 121	20.66 %
	i	Professor :	7 Biochem-1, Ped-1, TB-1, Derma-1, Psych-1, Orhto-1, Radio-1
	ii	Associate Professor :	16 Physio-1, Patho-3, Forensic-1, Med-2, Ped-1, Psych-1, Surg-2, Ortho-1, ENT-1, Opth-1, Anaesthesia-1, Radiology-1
	iii	Assistant Professor :	2 Lect. Biophysics-1, Stat-1
	iv	Tutor :	1 Pharmac-1
b	Residents	38 Out of 85	44.70 %
	i	Sr. Residents	18 Med-4, Ped-1, TB-1, Derma-1, Surg-1, Ortho-1, ENT-1, Anesthesia—5, Radiology-3
	ii	Jr. Residents	20 Med-5, TB-1, Derma-1, Psych-1, Surg-3., Orhto-3, ENT-2, OBG-4

2. Clinical material is inadequate in terms of number of deliveries and histopathology investigations as under:-

Clinical Material Available		Daily Average 1-10-08 to 31-3-09		Day of Inspection Data supplied by Institute 8-4-2009.		Data as observed during inspection round on 8 - 4 -2009
1	Normal deliveries	2		1		Nil
2	Caesarian Sections	1		-		Nil
Laboratory Investigations						
1	Histopathology	2	2	0	1	-

3. OPD: Teaching area is not available in ENT, Dermatology, Psychiatry and TB OPD.
4. Wards: Separate teaching area is not provided in any of the Wards.
5. Health Center: At PHC, no lecturer cum medical officer having M.D. {P.S.M.} is available. Messing facilities are not available. Lecture hall cum seminar room is not available. The labour room has One table but it is not functional. There is no ECG facility. At UHC, Duty rosters and records of various activities and investigations are not maintained properly.
6. Radiological facilities: One mammography unit is available but it is not working. Two X-Ray machines are installed in one room which is not permissible by BARC/ AERB.
7. The college has not acquired Medlar facility in the Central library.
8. Dedicated SICU is not available.
9. Special diet is not supplied by kitchen.
10. The number of specimen in the Anatomy museum is 74 only, which is too less and it requires to be increased.
11. The number of specimen in the Pathology museum is 84 only, which is too less and it requires to be increased.
12. No medico legal postmortems are performed at present.
13. Other deficiencies/remarks are in the report.

The Executive Committee of the Council also perused the report submitted by the Inspectors with regard to the admissions made by the institute along with the list of admitted students submitted by the institute to the office of the Council vide letter dated 06.10.2008. The names of students admitted are identical except in the case of one Mr. Abhishek Pandey who is claimed to have been admitted by the institute on 30.09.2008 and whose name is included in the list supplied by the institute in October 2008. But no records are available regarding any payment of fee by him. Instead of him, in the list of April, 2009, the name of one Ms. Deepniti Goyal is included who does not appear in the list of October, 2008 submitted by the institute. It was further observed that Ms. Goyal has deposited Rs. 1,35,000/- in cash towards part payment of fees on 31.03.2009. There is no record of any other payment as fees by Ms. Goyal. Thus, it is evident that Ms. Goyal has been admitted only in March 2009 – i.e. after the cutoff date of 30th September 2008 as prescribed under the Regulations.

Out of 100 students claimed to have been admitted by the institute on or before 30.09.2008 as many as 64 students have paid their fees after 30.09.2008 as under:-

Sl.No.	Month of payment	Number of students
1.	October	46
2.	November	05
3.	December	01
4.	January	03
5.	February	05
6.	March	02
7.	No payment till date	02

The college has collected fees in cash from many students whereas the rules of the college as enshrined in the prospectus issued by the institute for the academic year 2008-09 stipulate the payment of fees by either demand draft or by cheque only.

In view of the above, the Executive Committee of the Council decided to recommend to the Central Govt. not to renew the permission for admission of 4th batch of MBBS students for the academic year 2009-10 at Rohilkhand Medical College & Hospital, Bareilly.

It was further decided as under:-

1. A discharge notice u/s 10B of the I.M.C. Act,1956 be issued in respect of Ms. Deepniti Goyal whose name does not appear in the list of the admitted students sent by the institute vide its letter dated 06.10.2008 and is admitted after 30.9.2008 which is the cut off date as per schedule prescribed in the Regulations
2. To place the matter before the Fee Regulatory Committee of U.P. for further necessary action in the matter particularly in view of the fact that the institute has violated the guidelines by collecting the fees in cash and also at a different periods after the closing date of the admission.
5. **S S Institute of Medical Sciences & Research Centre, Davangere - Renewal of permission for admission of 4th batch of students for the academic session 2009-2010.**

Read: The Council Inspectors Report (6th & 7th April, 2009) for renewal of permission for admission of 4th batch of MBBS students for the academic session 2009-2010 at S. S. Institute of Medical Sciences & Research Centre, Davangere.

The Executive Committee of the Council considered the Council Inspectors Report (6th & 7th April, 2009) and decided to recommend to the Central Govt. to renew the permission for admission of 4th batch of 150 (One Hundred Fifty) MBBS students at S. S. Institute of Medical Sciences & Research Centre, Davangere for the academic session 2009-10.

6. **Silchar Medical College, Silchar – Renewal of permission for admission of 2nd batch of students against the increased intake i.e. from 65 to 100 for the academic session 2009-2010.**

Read: The Council Inspectors Report (6th & 7th April, 2009) for renewal of permission for admission of 2nd batch of MBBS students against the increased intake i.e. 65 to 100 for the academic session 2009-2010 at Silchar Medical College, Silchar.

The Executive Committee of the Council considered the Council Inspectors report (6th & 7th April, 2009) and decided to recommend to the Central Govt. to renew the permission for admission of 2nd batch of MBBS students against the increased intake i.e. from 65 to 100 at Silchar Medical College, Silchar for the academic session 2009-2010.

7. Increase of MBBS seats from 100 to 150 at Sree Balaji Medical College & Hospital, Chennai.

Read: The Council Inspectors Report (9th & 10th April, 2009) for grant of Letter of Permission for the proposed increase of seats in Ist MBBS course from 100 to 150 at Sree Balaji Medical College & Hospital, Chennai.

The Executive Committee of the Council considered the Council Inspectors report (9th & 10th April, 2009) and noted the following:-

- 1.(a) The shortage of teaching faculty is 28.4 % as under
- i) Professor- 2 (1 Psychiatry, 1 Ophthalmology)
 - ii) Associate Professor - 13 (1 Anatomy, 2 Pathology, 3 Paediatrics, 1 TB & Chest, 1 Psychiatry, 2 Orthopaedics, 1 ENT, 1 Ophthalmology, 1 OBG)
 - iii) Assistant Professor - 28 (1 Pharm-chemist, 3 pathology, 1 Forensic Medicine, 1 PSM, 5 G.Med, 5 Paediatrics, 4 G.Surg., 4, Ortho, 2 OBG, 1 ANMO, 1 MWO)
 - iv) Tutor- 10 (3 Anatomy, 3 physiology, 3 pathology, 1 Forensic Medicine)
- (b) The shortage of Residents is 28.68 % as under
- i) Sr. Resident 7 (1 TB&Chest, 1 Dermatology, 1 psychiatry, 2 G.Surg, 1 Ortho, 1 Anaesthesia)
 - ii) Jr. Resident 30 (5 G.Med, 8 paediatrics, 1 psychiatry, 2 G.Surg, 7 ortho, 1 ENT, 2 Ophthal, 4 OBG,)
2. Clinical material is inadequate in terms of bed occupancy, operative workload and radiological investigations as under:-

	Day of Inspection	
Bed occupancy%	45%	
<u>Operative work</u>		
Number of major surgical operations	4	
<u>Radiological Investigations</u>	O.P	I.P
X-ray	43	7
Ultrasonography	48	6
Special Investigations	2	1
C.T. Scan	6	5

3. Other deficiencies/remarks are in the report.

In view of the above, the Executive Committee of the Council decided to recommend to the Central Govt. not to issue Letter of Permission for the proposed increase of seats in Ist MBBS course from 100 to 150 at Sree Balaji Medical College & Hospital, Chennai.

8. Increase of MBBS seats from 100 to 150 at Meenakshi Medical College & Research Institute, Kanchipuram.

Read: The Council Inspectors Report (9TH & 10TH April, 2009) for grant of Letter of Permission for the proposed increase of seats in Ist MBBS course from 100 to 150 at Meenakshi Medical College & Research Institute, Kanchipuram.

The Executive Committee of the Council considered the Council Inspectors report (9th & 10th April, 2009) and noted the following:-

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

Sl. No.	Name	Designation	Department	Remarks
1.	Dr. N. Sivarama Krishna Prasad	Prof. & Head	Pharmacology	In his declaration form, he has claimed that he has worked as Professor at Mamtha Medical College, Khammam as Prof. from 1.1.2005 to 11.3.2006. While on confirmation the Dean & Principal, Mamtha Medical College, Khammam vide his letter dt. 31 st Dec.2008 has confirmed that he has not worked at their institute as Prof. of Pharmacology during the said period and therefore he cannot be accepted as a teacher.
2.	Dr. S. Srinivas	Assoc.Prof.	Comm. Medicine	In his declaration form, he has claimed that he has worked at Dr. P.S.I. of Medical Sciences & Research, Chinnotpalli as Asstt.Prof. from 1.10.2007 to 30.6.2008 and as Assoc.Prof. from 1.7.2008 to 30.9.2008. While on confirmation the Principal, of the said college vide his letter dt. 5.1.2009 has confirmed that he has worked as Asstt.Prof in the department from 29.2.2008 to 30.9.2008 only at their institute and therefore he cannot be accepted as a teacher.

3.	Dr. Rabindra Nath Mishra	Assoc.Prof.	Pharmacology	In his declaration form, he has claimed that he has worked at GSL Medical College, Rajahmundry as Assoc. Prof. from 7.9.2004 to 14.9.2005 While on confirmation the Dean of the said college vide his letter dt. 1.1.2009 has confirmed that he has worked as Asstt.Prof in the department from 7.9.2004 to 31.3.2005 and as Assoc.Prof. from 1.4.2005 to 14.9.2005 at their institute and therefore he cannot be accepted as a teacher.
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The Executive Committee of the Council were, therefore, clearly of the view that the Council should take steps for referring these cases to the Police authorities for registration of FIRs and conducting investigations. It was observed that in the complaint to be sent to the Police authorities, it should also be clearly requested that in these cases where there is a collusion and conspiracy of such persons with the management of the colleges, the necessary action should also be taken against the management of those colleges. It was further decided that appropriate action be taken against the Doctor and the Principal of the college in accordance with Professional Conduct (Etiquette and Ethics) Regulations, 2002.

2. Clinical material is inadequate in terms of OPD attendance, bed occupancy & radiological investigations. No deliveries & caesarian sections were conducted on the day of inspection as under:-

	Daily Average		Day of Inspection	
O.P.D. attendance	700-750		685	
Bed occupancy%	60-65		60%	
Operative work				
Number of major surgical operations	12		12	
Number of minor surgical operations	07		07	
Number of normal deliveries	02		Nil	
Number of caesarian Sections	01		Nil	
<u>Radiological Investigations</u>	O.P.	I.P.	O.P.	I.P.
X-ray	54	55	42	40
Ultrasonography	10	13	25	13
Special Investigations	-	01	-	-
C.T. Scan	03	03	04	01

3. Hostel facilities are inadequate for the present stage for UG students (boys & girls as well as for interns
4. Health Centres: No lecturer cum medical officer having M.D.{P.S.M.} is available. Audiovisual aids have not been provided. X-ray & ECG are not available.
5. Other deficiencies/remarks in the main report.

In view of the above, the Executive Committee of the Council decided to recommend to the Central Govt. not to issue Letter of Permission for the proposed increase of seats in Ist MBBS course from 100 to 150 at Meenakshi Medical College & Research Institute, Kanchipuram.

It was further decided to place the matter in respect of Dr. N. Sivarama Krishna Prasad, Prof. & Head of Pharmacology, Dr. S. Srinivas, Assoc.Prof. of Community Medicine and Dr. Rabindra Nath Mishra, Assoc.Prof. of Pharmacology before the Ethics Committee for further action against these doctors and the Dean/Principal of the institute and also file an FIR as indicated above.

9. Establishment of Medical College at Kolambakkam, Kanchipuram, Tamil Nadu by Karpaga Vinayagar Educational Trust, Kachipuram, Tamil Nadu.

Read: The Council Inspectors Report (9th & 10th April, 2009) for grant of Letter of Permission for Establishment of Medical College at Kolambakkam, Kanchipuram, Tamil Nadu by Karpaga Vinayagar Educational Trust, Kachipuram, Tamil Nadu.

The Executive Committee of the Council considered the Council Inspectors report (9th & 10th April, 2009) and noted the following:-

1. (a) The shortage of teaching faculty is 24.39% as under:-
 - i) Professor 2 (Anatomy -1, Medicine -1)
 - ii) Associate Professor 3 (Anatomy -1, Physiology -2)
 - iii) Assistant Professor 5 (Anatomy -1, Physiology -1, Lecturer in Bio- Physics -1, Bio-Chemistry -1, Radiology -1)
- (b) The shortage of Residents is 62.86% as under: -
 - i) Sr. Resident 16 (Medicine -4, Paediatric -1, Surgery -4, Orthopaedic-1, ENT -1, Ophthalmology -1, OBG -2, Radiology -2)
 - ii) Jr. Resident 6 (Medicine -2, Paediatric -1, surgery -1, Orthopaedic -2)
- (c) Dr. Prem Chandran is the Medical Superintendent. He is M.S.(General Surgery) and has 10 years of administrative experience. As he has not enclosed the relieving order from the previous institution, he is not considered. There is no office of medical superintendent in the hospital. On the first day of inspection he was not available for inspection work after 7.00 p.m. He left the institution without informing inspectors.
2. Clinical material is inadequate in term of bed occupancy, normal deliveries and caesarian sections as under:

	Daily Average	Day of Inspection
Bed occupancy%	80	72
Number of normal deliveries	1	0
Number of caesarian Sections	0	0

3. The Medical Superintendent could not attend the evening round and be available for the logistics and analysis of the various sections and departments of the hospital. The Dean, Medical College, the MD of the institution and few other staff of Anesthesia and Dental Department accompanied the Inspector.

The Casualty Medical officer had attended to a couple of patients. The asthma patient, who apparently came to the casualty for treatment could not be located in the hospital. Some entries of the injection room and lab register showed irregularities in the type of medicine prescribed and the one actually given, number quantity. The lab register did not reflect from which ward the investigation was ordered. Apparently the recording of the register was unsystematic and disproportionate to the number of patients seen to be admitted in the various wards.

Most of the beds in the ward were lying vacant and the head count in the various wards was 34.

The records maintained in the OT did not show any work from 4th April to 8th April 2009. Contrary to this, it was told and was seen by the inspector personally that one appendicectomy had been performed on 8th and 09th. But only one appendicectomy was performed on 9th as shown in the register.

The Nursing care and the record keeping was highly sub-optimal. However, some case sheets were scrutinized and the records were being maintained in the case sheet itself as confirmed by the Dean of the institution.

The record room personnel were unable to produce the hard copies of the various data identified by the inspector. They stated that their was stored in the computer itself with effect from 2006, which is inappropriate as it is at the risk of being wiped out.

The services of the blood bank were not functional yet many surgeries requiring blood transfusions were being carried out as shown in the OT register. It was clarified that there was arrangements from the Chengalpet blood bank or private blood bank whenever such a need arose.

Bed occupancy was 11.33% at 7 p.m. on 09.04.2009. Medical Superintendent has reported that bed occupancy is 72% on the day of inspection which is not acceptable. Number of major operations, number of minor operations, laboratory investigations and X-ray investigations for indoor patients do not commensurate with the actual low bed occupancy [11.33%].

The operation register signed by Medical Superintendent shows that number of surgeries performed on 09.04.09 is two. While the report of clinical material signed by Medical Superintendent shows 05 surgeries. This shows that both the reports signed by same person are contradictory.

Operation register shows that entries of 06.04.09 to 08.04.09 bearing the serial numbers 19 to 29 are entered after 09.04.09 record i.e., after the first day of inspection.

3. Distribution of Units: Department of Medicine is having one unit with 80 beds and department of Surgery is having one unit with 90 beds, which is not as per norms.
4. In OPD: there is paucity of privacy to the patients. X-Ray view boxes are not available in many rooms. Examination tray is not available in any room. There is no immunization room & family welfare clinic.
5. In Ward: The side laboratories and pantry are not having any Equipment/Furniture. They are not functional. Departmental offices of most of the faculty members are empty (no furniture)
6. Operation theatre unit: There is no central suction and compressed air supply. No entry of surgery performed is found in operation register after 04.04.09. The medical superintendent informed that as blood was not available, surgeries were not performed. Hence entries are not made.
7. Neonatal ICU is not available. Paediatric ICU is also not available.
8. Radiological facilities: IITV facility not available. Endoscopy table is kept in ultra sound room which is not desirable.

9. Blood Bank: It has valid license from 04.11.2008 to 03.11.2013. In spite of having the license blood bank is not functional. No blood units are available in the blood bank on the day of inspection.
10. Central sterilization department: Staff of CSSD department verbally informed that on an average daily 12-18 drums and 120-130 trays are being prepared for which there was no records. There is no exhaust fan in CSSD. The receiving and distribution points are not separate.
11. Kitchen: Vegetarian food is supplied free of charge to 100-150 patients daily for which record was not available. There is no provision to supply special diet as recommended by Physician. Services of dietician are not available.
12. Other deficiencies/remarks in the main report.

In view of the above, the Executive Committee of the Council decided to recommend to the Central Government not to issue Letter of Permission for establishment of medical college at Kolambakkam, Kanchipuram, Tamil Nadu by Karpaga Vinayagar Educational Trust, Kachipuram, Tamil Nadu.

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

Read: The Compliance Verification Inspection Report (11th April, 2009) along with the Compliance Report and the Council Inspectors Report (24th & 25th Feb, 2009) for renewal of permission for admission of 5th batch of students for the academic session 2009-2010 at Rajarajeswari Medical College & Hospital, Bangalore.

The Executive Committee of the Council considered the compliance verification inspection report (11th April, 2009) along with the Council Inspectors report (24th & 25th Feb, 2009) and noted the following:-

1. (a) The shortage of teaching faculty is 14.87% (18 out of 121).

S.No.	Designation	No.	Department
i)	Professor	1	(Radiodiagnosis)
ii)	Asso. Prof	3	(Physiology-1, General Medicine-1, Orthopaedic-1)
iii)	Asst Prof	10	(Anatomy-2, Physiology-1, Lect Bioph-1, Pharmacology-1, Pharma Chemist-1, Pathology-1, Community Medicine-1, Statistician -1, Anesthesia -1)
iv)	Tutor	4	Anatomy -1, Pathology-3,

2. Clinical material is grossly inadequate, in terms of OPD attendance, bed occupancy, operative work & radiological investigations as under:-

	Daily Average	Day of Inspection 11-04-2009
O.P.D. attendance	660-750	640
Bed occupancy%	65-70%	42
Operative work		
Number of major surgical operations	06/day	1
Number of minor surgical operations	5-6/day	7
Number of normal deliveries	02	2
Number of caesarian Sections	01	-

<u>Radiological Investigations</u>			O.P.	I.P.
X-ray	35	10	37	07
Ultrasonography	15	10	15	06
Special Investigations	02	01	2	00
C.T. Scan	02	03	1	02
<u>Laboratory Investigations</u>				
Biochemistry	300	150	120	75
Microbiology	60	20	15	10
Serology	100	70	61	20
Parasitology	10	10	14	5
Haematology	350	200	401	175
Histopathology	0	04	0	1
Cytopathology	5-6	0	2	0
Others	Nil	Nil	nil	nil

3. Other deficiencies/remarks in the main report.

In view of the above, the Executive Committee of the Council decided to recommend to the Central Govt. not to renew the permission for admission of 5th batch of MBBS students for the academic year 2009-10 at Rajarajeswari Medical College & Hospital, Bangalore.

11. Mamata Medical College, Khammam– Renewal of permission for admission of 4th batch of students against the increased intake i.e. from 100 to 150 for the academic session 2009-2010.

Read: The Compliance Verification Inspection Report (13th April, 2009) along with Council Inspectors Report (30th & 31st Jan, 2009) for renewal of permission for admission of 4th batch of MBBS students against the increased intake i.e. from 100 to 150 for the academic session 2009-2010 at Mamata Medical College, Khammam.

The Executive Committee of the Council considered the compliance verification inspection report (13th April, 2009) alongwith Council Inspectors report (30th & 31st Jan, 2009) and decided to recommend to the Central Govt. to renew the permission for admission of 4th batch of MBBS students against the increased intake i.e. from 100 to 150 at Mamata Medical College, Khammam for the academic session 2009-2010.

12. Saraswathi Institute of Medical Sciences, Ghaziabad - Renewal of permission for admission of 2nd batch of students for the academic session 2009-2010.

Read: The Compliance Verification Inspection Report (13th April, 2009) along with Council Inspectors Report (30th & 31st Jan, 2009) for renewal of permission for admission of 4th batch of MBBS students against the increased intake i.e. from 100 to 150 for the academic session 2009-2010 at Saraswathi Institute of Medical Sciences, Ghaziabad .

The Executive Committee of the Council considered the compliance verification inspection report (11th April, 2009) along with the Council Inspectors report (20th & 21st Jan, 2009) and noted the following:-

1. The shortage of teaching staff is as under:-
 - a) The shortage of teaching faculty is 88.65% as under :-

- (i) Professor : 15 (Anatomy -1, Physiology -1, Biochemistry -1, Pathology -1, Microbiology -1, Pharmacology -1, Forensic Medicine -1, Community Medicine -1, General Medicine -1, Paediatrics -1, General Surgery -1, Orthopaedics -1, Obst. & Gynae. -1, Radio Diagnosis -1 & Anaesthesia -1)
- (ii) Associate Professor : 18 (Anatomy -2, Physiology -2, Biochemistry -1, Pathology -3, Microbiology -1, Pharmacology -1, Forensic Medicine -1, General Medicine -1, Paediatrics -1, General Surgery -1, Orthopaedics -1, Obst. & Gynae. -1, Radio Diagnosis -1 & Anaesthesia -1)
- (iii) Assistant Professor : 28 (Anatomy -3, Physiology -2, Biochemistry -1, Pathology -3, Microbiology -1, Pharmacology -2, Forensic Medicine -1, Community Medicine -3, General Medicine -3, T B & Chest -1, Psychiatry -1, Paediatrics -1, General Surgery -1, ENT -1, Ophthalmology -1, Obst. & Gynae. -1, Radio Diagnosis -1, & Dentistry -1)
- (iv) Tutor : 25 (Anatomy -4, Physiology -4, Biochemistry -2, Pathology -3, Microbiology -1, Pharmacology -4, Forensic Medicine -2, Community Medicine -1, Anaesthesia -3 & Dentistry -1)

(b) The shortage of Residents is more than 80% as under :-

- (i) Sr. Resident : 12 (General Medicine -4, Paediatrics -2, General Surgery -3, Orthopaedics -1, ENT -1, Ophthalmology -1)
- (ii) Jr. Resident : 34 (General Medicine -8, T B & Chest -1, Skin & VD -1, Psychiatry -1, Paediatrics -4, General Surgery -8, Orthopaedics -3, ENT -2, Ophthalmology -2, Obst. & Gynae. -4)

2. Clinical material is grossly inadequate as under:

	Day of Inspection	
O.P.D. attendance	32	
Casualty attendance	2	
Bed occupancy%	20.5%	
Operative work		
Number of major surgical operations	-	
Number of minor surgical operations	-	
Number of normal deliveries	-	
Number of caesarian Sections	-	
<u>Radiological Investigations</u>	O.P.	I.P.
X-ray	-	-
Ultrasonography	-	-
Special Investigations	-	-
C.T. Scan	-	-
<u>Laboratory Investigations</u>		
Biochemistry	-	
Microbiology	-	
Serology	-	
Parasitology	-	
Haematology	-	
Histopathology	-	
Cytopathology	-	
Others	-	

- The Clinical material was low in terms of OPD attendance (32) and Bed occupancy (20.5%) on the day of the inspection. All patients admitted in the respective wards were counted.
 - There were no OPD patient till 11:00 am on the day of inspection. Second round of the OPD showed 32 patients, the breakup of patients department wise is given in table below.
 - The Central Lab had no samples in all the sections till 1 pm. There was no reporting register/sample receiving register.
 - There was no OT list in any operation theatres on the day of inspection.
 - No deliveries were conducted on the day of the inspection. The delivery register was available in the labour room. However, no birth registration record was available.
 - The immunization clinic, family welfare clinic, plaster room etc. were found to be locked.
 - There were not more than 10 nurses in the entire hospital. They were not wearing their uniform.
 - The Dean & Medical Superintendent reported in the hospital after 11.00 a.m.
3. OPD Attendance & Bed Occupancy in major departments on the day of inspection is as under:

Name of the Department	OPD	Beds	Bed occupancy
Medicine	6	85	14
Paediatrics	4	38	6
TB & Chest	1	10	3
Psychiatry	-	5	-
Dermatology	1	5	1
General Surgery	6	90	17
Orthopaedics	4	38	6
Ophthalmology	2	13	4
ENT	-	13	6
Obst. & Gynae	8	53	15
Total	32	350	72 (20.5%)

- The inspection team took 2 rounds of the OPD and wards. The first round was conducted between 9:00 am to 10:00 am when the OPD's were found to be deserted and locked. There were no patients in the OPD. The number of patients in the wards was counted and is reflected in the column of bed occupancy in the table above.
 - The second OPD round was conducted between 12:00 noon to 12:30 pm. The number of patients was 32 as reflected in the table above.
 - The second ward round was conducted between 12.30 & 1.30 p.m. and the number of patients was found to be the same.
4. Examination Hall: Space is earmarked but flooring has not been done.
 5. The capacity for boys and girls hostel on the day of inspection is 102. In addition, another girl's hostel is under construction. Construction of Ground and First floor is complete and are partially furnished though some civil works is pending.
 6. There is an accommodation for 32 nurses only which is inadequate.
 7. Intensive care: It is equipped. No patients were admitted in the ICU.
 8. There is no separate kitchen. Food is cooked in the canteen and distributed.
 9. Accommodation for 102 boys & girls is available in their respective hostels. Another girl's hostel is under construction.
 10. Blood bank is available but not functional. The institution has applied for blood bank license vide Letter No.SIMS/Admn./190109/01 dt. 1901.2009.
 11. Other deficiencies/remarks are in the main report.

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

13. Establishment of New Medical College at Panikhaiti by Down Town Charity Trust.

Read: The Council Inspectors Report (8th & 9th April, 2009) for grant of Letter of Permission for Establishment of Medical College at Panikhaiti by Down Town Charity Trust u/s 10 (A) of the IMC Act, 1956.

The Executive Committee of the Council considered the Council Inspectors report (08th & 09th April, 2009) and noted the following:-

1.(a) The shortage of teaching faculty is 25.4% (i.e. 14 out of 55) as under:-

i)	Professor	2	(Anatomy -1, Physiology-1)
ii)	Associate Professor	8	(Anatomy-2, Biochemistry-1, Pathology-1, Microbiology-1, Paediatrics-1, Orthopaedics-1 & OBGY-1)
iii)	Assistant Professor	4	(Anatomy-1, Physiology-1, FMT-1, OBGY-1)
iv)	Tutor	nil	

(b) The shortage of Residents is 4.7%(i.e. 2 out of 42) as under :-

i)	Sr. Resident	1	(OBGY-1)
ii)	Jr. Resident	1	(Dentistry-1)

2. Clinical material is grossly inadequate as under:

	Day of Inspection		
O.P.D. attendance	102		
Casualty attendance	4		
Bed occupancy%	25%		
Operative work	-		
Number of major surgical operations	1		
Number of minor surgical operations	-		
Number of normal deliveries	-		
Number of caesarian Sections	-		
<u>Radiological Investigations</u>	O.P.	+	I.P.
X-ray	15		
Ultrasonography	4		
Special Investigations	-		
C.T. Scan	-		
<u>Laboratory Investigations</u>			
Biochemistry	36		
Microbiology	-		
Serology	-		

Parasitology	-
Haematology	108
Histopathology	-
Cytopathology	-
Others	-

- The clinical data of daily average could not be computed because of the lack of availability of records and registers in the MRD.
 - The Clinical material was low in terms of OPD attendance (102) and Bed occupancy (25.6%) on the day of the inspection. All patients admitted in the respective wards were counted.
 - There were no OPD patient on the second day of inspection. All OPDs were found to be empty at 11.00 a.m.
 - The Central Lab had a total of 15 samples in all the sections till 5 pm. There was a reporting register/sample receiving register which was incomplete. It did not have entry on patients name, OPD no. etc.
 - The OT list on the day of inspection showed 3 surgeries viz. appendisectomy, cholecystectomy and excision of lymph node. However, no surgeries were done and no reason was given for their cancellation.
 - No deliveries are being conducted.
 - There were not more than 20 nurses in the entire hospital.
 - The immunization room appeared to be non-functional. No staff was available. There were no records of Immunization.
 - Overall, it appeared that the hospital was made functional for the purpose of inspection.
3. OPD Attendance & Bed Occupancy in major departments on the day of inspection was inadequate as under:

Name of the Department	OPD	Beds	Bed occupancy
Medicine	22	80	22
Paediatrics	14	30	12
TB & Chest	-	-	-
Psychiatry	-	-	-
Dermatology	6	-	-
General Surgery	16	90	21
Orthopaedics	12	30	10
Ophthalmology	9	10	4
ENT	14	10	6
Obst. & Gynae	09	50	2
Total	102	300	77 (25.6%)

- The OPD attendance was 102 and bed occupancy was 25.6% on the day of the inspection.
 - More than 50% of the in-patients had been admitted on 7th & 8th April 2009.
4. In OTs. TV with camera attachment is not available. There is no post-operative ward.
5. There were no patients in any of the ICU's.
6. There are no ultrasound given to Obstetrics & Gynaecology department.
7. Other deficiencies/remarks are in the main report.

In view of the above, the Executive Committee of the Council decided to recommend to the Central Government not to issue Letter of Permission for establishment of new medical college at Panikhaiti by Down Town Charity Trust.

14. Introduction of trades of Pharmaceutical Assistant and Anesthesia Assistant under the Apprenticeship Training Scheme – Regarding.

Read: The letter dated 23.03.2009 from Sh. A.S. Kesai, Director for Apprenticeship Training, Government of India, Ministry of Labour and Environment, New Delhi with regard to introduction of trades of Pharmaceutical Assistant and Anaesthesia Assistant under the Apprenticeship Training Scheme.

The Executive Committee of the Council considered the letter dated 23.03.2009 from Sh. A.S. Kesai, Director for Apprenticeship Training, Government of India, Ministry of Labour and Environment, New Delhi with regard to introduction of trades of Pharmaceutical Assistant and Anaesthesia Assistant under the Apprenticeship Training Scheme and decided that the matter of apprenticeship training of Anaesthesia Assistant and Pharmaceutical Assistant does not come within the purview of the Medical Council of India. However, as these are the trades pertaining to the health related activities the Director for Apprenticeship Training, Govt. of India, Ministry of Labour and Environment, New Delhi may be advised to approach the Ministry of Health & Family Welfare, Govt. of India for further necessary action in this regard.

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

Read: The Council Inspectors Report (11th April, 2009) of the inspection carried out on behalf of the Council to verify the teaching faculty, residents, clinical material, hostels and other infrastructural facilities at Teerthankar Mahaveer Medical College & Research Centre, Moradabad Uttar Pradesh.

The Executive Committee of the Council considered the Council Inspectors report (11th April, 2009) and decided to send the inspection report to the Central Govt.

16. Sri Venkateshwaraa Medical College & Research Centre, Pondicherry - Renewal of permission for admission of 3rd batch of students for the academic session 2009-2010.

Read: The Council Inspectors Report (6th & 7th April, 2009) for renewal of permission for admission of 3rd batch of MBBS students for the academic session 2009-2010 at Sri Venkateshwaraa Medical College & Research Centre, Pondicherry.

The Executive Committee of the Council considered the Council Inspectors Report (6th & 7th April, 2009) and decided to recommend to the Central Govt. to renew the permission for admission of 3rd batch of 150 (One Hundred Fifty) MBBS students at Sri Venkateshwaraa Medical College & Research Centre, Pondicherry for the academic session 2009-10.

17. Request for forming an Expert Committee to review the reasons for decline in Medical Education – VIP reference -Regarding.

Read: The Report of the Sub-Committee along with the Central Govt. letter dated 9th February, 2009 as well as letter of Shri Balasaheb Vikhe Patil, Chairman Standing Committee dated 9th September, 2008 regarding decline in admission in Medical Education for the last few years.

The Executive Committee of the Council perused the report of the Sub-Committee along with the Central Govt. letter dated 9th February, 2009 as well as letter of

Shri Balasaheb Vikhe Patil, Chairman Standing Committee dated 9th September, 2008 regarding decline in admission in Medical Education for the last few years, which reads as under:-

“A Sub-Committee comprising of Dr. Nirbhay Shrivastava, Professor and Head, Department of Orthopaedics, Gandhi Medical College, Bhopal and Dr. D.J. Borah, Dean, Govt. Medical College, Jorhat (Assam) with regard to framing expert Committee to review the reasons for decline in Medical Education met on 8th April, 2009 in the Council office at Dwarka, New Delhi.

The letter of Shri Balasaheb Vikhe Patil, M.P. (Lok Sabha) Chairman of Standing Committee on Defense, addressed to Hon'ble Minister Health & Family Welfare, Govt. of India, New Delhi raised following issues:-

1. *Decline in admission in medical education for last few years.*
2. *To consider for reduction in time limit for medical education.*
3. *Form an expert committee to review both these issues.*

Comments: -

1. Decline in admission in medical education for last few years – *There are 289 medical colleges in India at present and approximately 35000 doctors are produced every year. However, the need for the country is to produce 100000 doctors every year.*

None of the seat of MBBS course is vacant and there is always a waiting list. Most of the students those who aspire to be a doctor take a drop of one year and prepare for competitive entrance examination so that they can be successful.

Medical education should not be compared to engineering or any other professional education course, as these students, who take a drop and prepare for medical entrance is a proof in itself that interest in students for medical education is there.

Many students from our country are going overseas to pursue the medical qualification, this itself is a proof in itself that interest in students for medical education is not declining.

2. To consider for reduction in time limit for medical education – *It is true that medical studies take longer duration but then they will be dealing with health of human beings and will be helping the suffering population from any disease or calamity. There should be no compromise with quality of training and development of skills during the studies and training period. Further in some of the advanced countries the period of undergraduate medical training is still more.*

Govt. may consider to support doctors for good health delivery system by providing them better working conditions in terms of investigative support, medicines and advanced treatment facilities. Govt. may consider to enhance their salary in view of prolonged training.

3. Form an expert committee to review both these issues – *Our submission is that at present there is no need to form an expert committee on both these issues at present in view of the reasons cited above.”*

The Executive Committee of the Council after due deliberations decided as under:-

1. None of the seats of the MBBS course has been found to be vacant for last 3 years and there is always a waiting list.
2. There should not be any compromise with the quality of training and development of skill during the studies for which the training period of 4 ½ years is the minimally optimal period.
3. In view of above, it was decided that at present there is no need to form an Expert Committee for decline in admission in medical education and reduction in time limit in medical education at present.

18. Establishment of a new medical college at Almora, Uttarakhand by Govt. of Uttarakhand.

Read: The letter dated 31.03.2009 received from the Secretary, Medical Education, Health & F.W., Govt. of Uttarakhand for consideration the application for establishment of new medical college at Almora, Uttarakhand by Govt. of Uttarakhand for the next academic year as the institute is not ready for inspection.

The Executive Committee of the Council considered the letter dated 31.03.2009 received from the Secretary, Medical Education, Health & F.W., Govt. of Uttarakhand for consideration the application for establishment of new medical college at Almora, Uttarakhand by Govt. of Uttarakhand for the next academic year as the institute is not ready for inspection and decided to return the application to the Central Govt. recommending disapproval of the scheme as there is no provision u/s 10A of the Indian Medical Council Act, 1956 or the regulations framed therein to keep the application pending in the Council office for the next academic year.

19. Theni Government Medical College, Theni -Renewal of permission for admission of 4th batch of students for the academic session 2009-2010.

Read: The Council Inspectors Report (15th & 16th April, 2009) for renewal of permission for admission of 4th batch of MBBS students for the academic session 2009-2010 at Theni Government Medical College, Theni along with letter dated 15.7.2004 from the Joint Secretary, Govt. of India, Ministry of Health & F.W.

The Executive Committee of the Council considered the Council Inspectors Report (15th & 16th April, 2009) and observed as under:-

1. In RHTC - No lecturer-cum-medical officer having MD(PSM) is available.
2. In UHC - No lecturer cum medical officer having M.D. {P.S.M.} is posted.
3. Dr.L.Tulasiram, M.S. (Ortho) is the Medical Superintendent and having two years of administrative experience.
4. Number of books in the departmental libraries of Medicine, TB & Chest, Skin & VD, Psychiatry, Paediatric, General Surgery, Orthopaedics, ENT, Ophthalmology, Anaesthesia & Radio-diagnosis are inadequate.

The Committee considered the inspection report alongwith letter dated 15.7.2004 from the Joint Secretary, Govt. of India, Ministry of Health & F.W., and it was decided to recommend to the Central Govt. to renew the permission for admission of 4th batch of 100 (One Hundred) MBBS students at Theni Government Medical College, Theni for the academic session 2009-10. The attention of the institute be drawn to the aforesaid observations.

Office Note: The Committee directed the office that the compliance in respect of the observations should be ascertained from the institute after 3 months.

20. Government Vellore Medical College, Vellore -Renewal of permission for admission of 5th batch of students for the academic session 2009-2010.

Read: The Council Inspectors Report (15th & 16th April, 2009) for renewal of permission for admission of 5th batch of MBBS students for the academic session 2009-2010 at Government Vellore Medical College, Vellore along with letter dated 15.7.2004 from the Joint Secretary, Govt. of India, Ministry of Health & F.W.

The Executive Committee of the Council considered the Council Inspectors Report (15th & 16th April, 2009) and observed as under:-

1. Dr. S. Rajasekaran, MS (ENT), Medical Superintendent does not possess the requisite administrative experience. He has only 6 years and 10 months of administrative experience, which is not as per norms.
2. Operation theatre unit: there are 7 operation theatres having total 14 tables, which is not as per norms.
3. R.H.T.C.: Lecturer cum medical officer having M.D. {P.S.M.} is not available.
4. U.H.C.: No Lecturer / Assistant Professor having MD. (P.S.M.) is available.
5. Departmental libraries have books as follows: TB & Chest: 50, Psychiatry: 45, Anesthesia: 68 and Dental: 23, which are inadequate.

The Committee considered the inspection report alongwith letter dated 15.7.2004 from the Joint Secretary, Govt. of India, Ministry of Health & F.W., and it was decided to recommend to the Central Govt. to renew the permission for admission of 5th batch of 100 (One Hundred) MBBS students at Government Vellore Medical College, Vellore for the academic session 2009-10. The attention of the institute be drawn to the aforesaid observations.

Office Note: The Committee directed the office that the compliance in respect of the observations should be ascertained from the institute after 3 months.

21. Government Dharamapuri Medical College, Dharmapuri -Renewal of permission for admission of 2nd batch of students for the academic session 2009-2010.

Read: The Council Inspectors Report (15th & 16th April, 2009) for renewal of permission for admission of 2nd batch of MBBS students for the academic session 2009-2010 at Government Dharamapuri Medical College, Dharmapuri.

The Executive Committee of the Council considered the Council Inspectors report (15th & 16th April, 2009) and noted the following:-

1. The shortage of teaching staff required at present stage is as under:-
 - (a) The shortage of teaching faculty is 12.24% (i.e. 12 out of 98)

(i) Professor	:	5 (Anat-1, Physio-1, Pharma-1, Paed-1 Radio-1)
(ii) Associate Professor	:	2 (Ana-1, FM-1)
(iii) Assistant Professor	:	2 (PSM-2)
(iv) Tutor	:	3 (Physio-1, Pharma-1, FM-1)
 - (b) The shortage of Residents is 28.57 % (i.e. 16 out of 56)

i) Sr. Resident	:	4 (Gen Med-1, Paed-1, Ortho-2)
ii) Jr. Resident	:	12 (Gen Med-4, Paed-2 Gen Surg-4, Ortho-2)

2. Dr. V. Dhandapani, is the Medical Superintendent. He is M.D.(Gen. Medicine) and does not possess the requisite administrative experience for this post.
3. Hostels:
- Total accommodation available is for 92 students against the requirement of 200.
 - There is no mess facility available in either boys or girls hostel. Students take their food in hospital canteen.
 - Residents hostel 21, one bed room houses are allotted by Tamilnadu housing board for residents but they are lying vacant.
 - Nurses Hostel_ Not available at present.
 - The existing hostel facilities for boys, girls, residents and the residential quarters of the faculty is available outside the campus at a distance of 5 kms from the existing college building. The accommodation has been provided in the rented housing board quarters.
4. In O.P.D. Teaching facilities are not adequate as per the Council requirement. The existing OPD facilities in relation to the OPD and IPD patient load is inadequate. Most of the OPD and IPD work being done manually. Only one computer is provided in the OPD registration counter which is not being linked with any other computer of the hospital. The whole OPD area is heavily congested. No teaching areas have been provided in the OPD area.
5. In Wards: There is no teaching area, no examination room, no pantry, no side laboratory and no room for clinical faculty in the wards.
6. Registration and Medical Record Section: Most of the registration work is done manually. There is a Medical Record department it is not computerized and has inadequate staff. ICD X classification of disease is not followed for indexing and follow up services is not available.
7. Operation theatre unit: There are 5 Major operation theatres having total 6 tables, which is inadequate against the requirement of 6 O.T.s at this stage. Pre-operative and post-operative facilities are available but inadequate.
8. No separate Surgical ICU is available. ICCU and MICU has combined 4 beds in one room. No separate Paediatrics and Obst. & Gynae. ICU is available.
9. Radiological facilities: The existing radiology Department in the Govt. District Teaching Hospital has inadequate space, there is no staff room, no teaching area and the whole department is too congested. Though the workload is heavy.
10. Central sterilization department: No bowl sterilizer, no Glove inspection machine and no ETO available in CSSD. No racks, no trays and no mixers are available.
11. Nursing Staff is inadequate as under:-

Nursing Superintendent	:	1
Deputy Nursing Superintendent	:	2
Matron	:	3
Asstt. Nursing Superintendent	:	3
Nursing Sisters	:	--
Staff nurses	:	74

12. Lecture theatres are as under:-

	College	Hospital
Number	1	Nil
Type	Level	Nil

Capacity	120	Nil
A.V.Aids	available	Nil

- There is only one Lecture Theatre of Level type of 120 capacity available in college which is not as per MCI norms.
 - The same lecture theatre of the college is presently used as examination hall also.
13. Examination Hall: Under construction, presently the examinations are conducted in the lecture hall of the college.
 14. Common room for boys and girls is not available
 15. Animal House is not available.
 16. Central Library: Internet and medlar facilities are not available. There are no back volumes available and no computer is available in the library. The library has 1500 books as against the requirements of 2800 books for the present stage of first renewal.
 17. Residential Quarters: Total 12 quarters are available outside the campus at a distance of 3 to 4kms against the requirement of 19 at this stage.
 18. In Anatomy Department : Museum has not been organized for the proper display of the exhibits. The catalogues are not available.
 19. In Department of Physiology:-
 - (a) In the Physiology department there is no demonstration hall in the department, they are sharing with a demonstration hall of Anatomy department.
 - (b) There is no separate Amphibian experimental physiology laboratory and Mammalian experimental laboratory.
 - (c) There are 2 small rooms organized as Haematology laboratory of capacity 18 and 20 respectively with 35 student Microscopes which is not as per the requirement.
 20. In Pharmacology Department: There is a space for one demonstration room of capacity of 35 students. The departmental library is yet to be developed. The Museum has not been created and organized. Only space has been provided for practical labs, demonstration hall and Museum, there is no furniture available. The Museum is not available.
 21. In Pathology Department: There is no demonstration room, no practical laboratory and no microscopes. There are no service laboratories in the college or in the hospital. Histopathology and cytopathology has yet not started. There is no departmental library cum seminar room. There are no books in the department.
 22. In Microbiology Department: There is no demonstration room, no practical laboratory and no microscopes. There are no service laboratories in the college or in the hospital. There is no departmental library cum seminar room. There are no books in the department.
 23. In Forensic Medicine Department: There is no demonstration room. No Museum. There is no laboratory, no departmental library cum seminar room and no microscopes.
 24. Mortuary- there is no gallery type viewing.
 25. In Community Medicine Department: no demonstration room, no practical lab, no microscopes, no museum, no departmental library cum seminar room and no research laboratories.
 27. In Clinical Departments: No teaching areas are provided in O.P.D and wards. There are no departmental libraries.
 28. Other deficiencies/remarks in the main report.

In view of the above, the Executive Committee of the Council decided to recommend to the Central Govt. not to renew the permission for admission of 2nd batch of MBBS students for the academic session 2009-2010 at Government Dharamapuri Medical College, Dharamapuri.

22. Increase of MBBS seats from 100 to 150 at Alluri Sitaram Raju Academy of Medical Sciences, Eluru.

Read: The Council Inspectors Report (10th & 11th April, 2009) for grant of Letter of Permission for the proposed increase of seats in Ist MBBS course from 100 to 150 at Alluri Sitaram Raju Academy of Medical Sciences, Eluru.

The Executive Committee of the Council considered the Council Inspectors Report (10th & 11th April, 2009) and decided to recommend to the Central Govt. to issue Letter of Permission for increase of seats in 1st MBBS course from 100 to 150 at Alluri Sitaram Raju Academy of Medical Sciences, Eluru for the academic session 2009-2010.

23. Minutes of the meeting of the Sub-Committee held on 04.02.2008 to consider the letter dated 25.10.2007 of Mrs. Aruna Sharma, Joint Secretary, National Human Rights Commission (NHRC), New Delhi.

Read: The letter dated 25.10.2007 received from Mrs. Aruna Sharma, Joint Secretary, National Human Rights Commission (NHRC), New Delhi along with the report of the Sub-Committee.

The Executive Committee of the Council observed that the letter dated 25.10.2007 received from Mrs. Aruna Sharma, Joint Secretary, National Human Rights Commission (NHRC), New Delhi referred to the following 3 issues:-

1. Compulsory service and posting of doctors in rural areas at PHCs.
2. Inclusion of Emergency Medicine as a postgraduate speciality.
3. Increasing the number of Psychiatrists to cater to the problem of mental health in the country.

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

“Minutes of the Sub Committee Meeting held on February 4th 2008 in the Council Office

In response to Mrs. Aruna Sharma's D.O. letter dated 25-10-2007 with reference to the NHRC meeting to review the implementation of the recommendations of the National Review Meeting on health and further elaboration of the issue with the following concerned to be incorporated :

1. *Compulsory service in rural areas at PHC's.*
2. *Degree will be issued after completion of rural service.*
3. *The rural service will also be a pre requisite requirement to qualify for PG entrance.*

Dr. P. N. Tandon, Dr. Sneh Bhargava and Dr. G. B. Gupta were present at this meeting.

In addition to reiterating our previous recommendations submitted to the Chairman of the NHRC on 30-08-2003 on the 3 points raised by the Commission, we now submit below our response to the 7 action points recommended by the commission to overcome the shortage of doctors in rural and remote areas also taking into consideration the responses of the Ministry of Health, Medical Council of India and Nursing Council of India..

We fully recognize the need to provide health services that are accessible, available and affordable to all citizens, rural or urban as a matter of basic human

rights, which are now part of fundamental rights and we are duty bound to do our best to realize these rights.

With special reference to healthcare and health status of the people may we humbly submit that where as India has committed itself to fulfilling the Millennium Development Goals (MDG's) to reduce IMR and MMR to acceptable levels the corrective measures required need to be evaluated on a broader canvas not only in terms of the availability of the presence of Doctors but also in terms of the broader objective of the health status of the nation.

We know from innumerable studies conducted in the country by our researches and by UN agencies that 50-60 % of the poor health status and subsequent high IMR and MMR are due to causes outside the narrow field of non availability of doctors in rural areas – there are a number of non-medical causes leading to not only high IMR and MMR but much higher morbidity rates that account for the poor health status of the nation. The leading non medical causes are :

- 1. Malnutrition of the rural population*
- 2. Lack of safe drinking water*
- 3. Poor sanitation.*

These 3 factors account for 80 % of our diseases which are preventable and do not need the presence of doctors. Corrective measures are policy issues.

With specific reference of MMR, the leading causes of a high unacceptable MMR are as follows :

- 1. Maternal anaemia due to poor nutrition.*
- 2. Obstructed labour and subsequent hemorrhage due to poor skeletal development of the mother.*
- 3. Lack of appropriate pre, peri and post natal care because of a non functional referral system.*
- 4. Non availability of drugs and consumables on site.*

Doctors have very little role to play in addressing the above causes.

With reference to high IMR and under 5 mortality, the leading causes are

- (a) Low birth weight babies*
- (b) Intra uterine growth retardation*
- (c) Insufficient milk for breast feeding due to poor maternal health*
- (d) Resultant poor immunity for dealing with recurrent respiratory disorders and multiple episodes of diarrhea*
- (e) Gender bias for the female child.*

All the above do not need doctors they are all preventable situations and a critical situation analysis of the current scenario.

The next step is to accept these facts and challenges and deal with them by specifically trained manpower as follows : -

The requirements for healthcare of a nation can be broadly classified as non-medical or preventive and promotive care and medical as curative care.

The non-medical preventive and promotive care has been totally ignored by us because we are obsessed with doctors not going to rural areas as the cause of our poor health status and care system.

Changes in the IMC Act to have one year compulsory rural attachment for doctors means the MBBS course and subsequent registration shall now be 6½ years instead of the current 5½ years.

If in the 60 years of our independence compulsion of this type has not achieved the goal of getting MBBS doctors to the rural areas then the strategy is wrong and needs to be reviewed instead of extending the course to 6½ years – which will only produce more disgruntled and unwilling workers who cannot acquire or hone their skills in the absence of supervisors or mentors, therefore we do not subscribe to this compulsion strategy.

We need to improve the working conditions in the rural areas, both of infra structure and supervision, or else make incentives so attractive like the British did for the Tea estates.

If on the other hand, the aim of the NHRC is that “National Service” is required to be delivered by all citizens who have had the advantage of a university education then this compulsory rural attachment should be applicable across the board in the country cutting across all professions, be it engineers, lawyers, accountants IT professionals and the media. Why this discrimination and denial of human rights for doctors only by a body such as the NHRC.

Alternatively, we should take advantage of the fact of doctors not going to rural areas and develop cadres of appropriately trained women power and manpower from amongst our rural communities in areas that impinge heavily on community health. By such a strategy, we would be addressing both gender bias and employment. In our considered opinion, three cadres that need to be developed or retrained to serve rural communities and urban slums are as follows :

- 1. Public Health Cadre*
- 2. Community Health Assistants Cadre*
- 3. Nurse practitioners Cadre.*

The public health cadres which do not exist and community health assistants cadres can be drawn from students, 10th class / 10+2 class pass from villages and train them for 1 year, 2 year & 3 year courses depending upon their capability and our requirements. The training centres need to be located in the villages at subcentre, PHC and CHC levels. The medium of instruction should be the local language. A career path planning and promotions should be built in for all cadres if we wish to retain this man power in the villages with opportunities of upgrading themselves upto District level. The nodal agency for this would be the National Institute of health and Family Welfare or Public Health Foundation of India and their state branches – who in consultation with a para medical council can prepare curricula and assessment methods.

The public health workers so trained can address the problems of safe drinking water, sanitation, health education, nutrition, environment, law, finances etc.

The community health assistant can be drawn from existing cadres of multipurpose workers existing already in the system, dressers, compounders, pharmacist, lab technicians, X-Ray technicians, Ophthalmic assistants and supervisors for 3-4 sub-centres. All these personnel can be retrained as multi-skilled workers, in addition to new entrants from the 10/10+2 stream of students.

At the present limited attendance at the PHC makes it unlikely that all the above workers have work for an 8 hours day for which they are paid therefore, the PHC loses economic viability with serious under utilization of the staff employed at PHC.

A training programme which merges all these skill into a community Health Assistants courses appears to be the answer. To standardize these training courses and provide oversight a properly constituted paramedical council needs to be created.

This cannot be done by the MCI but needs professional bodies of paramedicals to do so. This is the urgent need.

With reference to the medical aspects of health care : -

It is imperative to recognize the contribution nurses can make in the public sector health care programs by upgrading the skills of the diploma nurses 40000 of which are available in the system, by providing expansion of their training to include clinical nurses and nurse practitioners for community health care. Countries like the USA, UK, Australia, New Zealand have training programmes which prepare nurses for community level care managers, independent nurse practitioners, nurse consultants, successfully. We need similar training programmes to meet the gaps and to provide access to care. Our best possible option is to upgrade the skills of the diploma nurses to undertake a set of primary healthcare tasks of common diseases and emergencies which are at present entirely the domain of doctors – who are not available at PHC and unlikely to be available even if you change the IMC Act to 6½ years of training, you will create a larger “Transfer Industry” than is running today.

Diploma nurses are already in the allopathic stream, they are allowed to treat minor ailments and to handle drugs under the National Health and Family Welfare programmes.

Recently the Drugs Controller of India has further approved ANM’s, LHV and Nurses to use selected life saving drugs in obstetric emergencies.

In view of the above the medical part of health care can be looked after by appropriately trained ANM’s LHV and Diploma nurses to serve as nurse practitioners.

The 3 year graduate nursing courses can be run in teaching hospitals and nursing colleges for creating training and teaching manpower of those areas but for community healthcare nursing schools attached to all district hospitals appear to be the answer, drawing students from ANM’s, LVH and Nurse Diplomas and the 10 & 10+2 stream.

It is heartening to note that the Nursing Council has planned 14 specialties for the Nurses, out of which syllabi for 9 have been finalized. It is however not clear whether these training programmes include upgrading the skills of the 40000 diploma nurses already in the system because the NCI has already announced the closing of the diploma in nursing courses by 2010, saying that there will be only graduate courses available to the nurses after 2010.

This strategy is excellent for the global market but for the domestic needs, the diploma nurse with upgraded skills is vital to start with. The NCI however would have to exercise strict vigil and through its state academies to continue to train and assess nurse practitioners, maintain standards and revise curricula according to local needs. The nodal agency for oversight has to be the NCI and its state academics.

These training centres need to be located in the villages themselves with links to the District Hospitals, With reference to the NCI’s dilution of their earlier norms to have 5 acres of land to 54000 sq. feet of carpet area only will be applicable to Nursing Colleges, because it is unlikely that district hospitals will have that type of space built or 2 M.Sc. Nursing teachers for training students or 3 patients for 1 student because we are talking of nurse practitioner for community health care in PHC settings and not in a tertiary care hospital. Norms for such nursing schools in villages and attached to district hospitals will have to be laid down separately and be overseen by the state nursing academies for their standardization. The money being sanctioned for the 2.30 nursing colleges need to go to Nursing School in every district.

Our Response to Ministry of Health & Family Welfare’s statements

Hiring on contract basis, doctors and nurses is a short term measure. The Ministry of Health needs to seriously consider a functioning manpower development cell in the Ministry taking a 20 year perspective based on the current and emerging disease patterns in the country. Rs. 15000 crores to strengthen medical education is welcome but it must be planned and implemented based on the credible data of our requirement. Rural and

urban slums – not only anaesthesia and gynaecology training. With regard to opening 230 nursing colleges in the district hospitals themselves, one presumes it is based on some data which is not clearly stated. The need is for Nursing Schools and Nurse Practitioner at sub centre, PHC and CHC levels rather than at District hospitals only. Standardisation of Medical Education upto global standards is the need.

Our Response to MCI Statements :

The proposed “Emergency Medicine” as a specialty has been approved and should start shortly in 2008.

Post Graduate in Psychiatry

The Medical Council of India needs to relook at its stringent prerequisites for PG training in the era of advances in Communication Technology and paucity of teachers for training psychiatrists. The 1:1 ratio is O.K. in ideal circumstances. But the situation in which we are functioning is neither ideal nor a remedy for meeting specific shortages in manpower. This ratio of 1:1 is necessary where learning skills for operations are required to be imparted, these pre requisites can be relooked and relaxed in subjects like Psychiatry and many others where operative skills are not required and one teacher can teach many more students and in many more institutions with current communication technology. The 30 bed units required in some specialties may not be required, if a large chunk of the curriculum can be conducted on OPD basis and regional Psychiatric centres used for training and courses. Courses for psychiatrist social workers be developed and delivered according to needs.

Our Response to INC statements

Dilution of their earlier norms for a Nursing College is not the answer to the non availability of Nurse Practitioners for PHC. Specific courses are required for them and upgradation of the skills of Diploma Nurses to serve as nurse Practitioner is required, rather than discontinuation of the diploma courses for 2010 and all qualifications to be graduates as is being contemplated by NCI as elaborated above.”

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

1. There are a number of non-medical causes leading to not only high IMR and MMR which also account for the poor health status of the nation which are as under:-

General

- a. Malnutrition of the rural population
- b. Lack of safe drinking water
- c. Poor sanitation.

High Maternal Mortality Rate

- a. Maternal anaemia due to poor nutrition.
- b. Obstructed labour and subsequent hemorrhage due to poor skeletal development of the mother.
- c. Lack of appropriate pre, peri and post natal care because of a non functional referral system.
- d. Non availability of drugs and consumables on site.

High Infant Mortality Rate

- a. Low birth weight babies
- b. Intra uterine growth retardation

- c. Insufficient milk for breast feeding due to poor maternal health
- d. Resultant poor immunity for dealing with recurrent respiratory disorders and multiple episodes of diarrhea
- e. Gender bias for the female child.

2. All these above causes are preventable socio economic factors which do not require the presence of doctors. Rather they can be tackled by creating cadres of health workers who should be trained to serve the rural communities and urban slums as under:-

- (a) Public Health Cadre
- (b) Community Health Assistants Cadre
- (c) Nurse practitioners Cadre

3. Compulsory service in rural area at PHCs for one more year is not conducive for the development of proper health service and rather may prove to be counter productive.
4. The Council has already approved Emergency Medicine as a speciality in which postgraduate degree can be awarded and which has been included in the Schedule.
5. The Council has already recommended the ratio of teacher to student to be increased from 1:1 to 1:2 for Professors for all the broad specialities including Psychiatry. This would increase the postgraduate teaching facilities available in the country to a great extent. Council has granted permission to start the M.D.(Psychiatry) degree course to 18 institutes during the years 2005,2006, 2007 & 2008 and to start D.P.M. course to 7 institutes during the same period. It has also granted permission for increasing the number of seats in M.D.(Psychiatry) course to 4 institutes during the same period. This has resulted in addition of 25 seats in M.D.(Psychiatry) course and 8 seats in D.P.M. course.

24. Establishment of new medical college at Calicut, Kerala in the name of Malabar Medical College Hospital & Research Centre, Modakkallur, Calicut by Sree Anjaneya Medical Trust, Calicut, Kerala.

Read: The matter with regard to grant of Letter of Permission for establishment of new medical college Calicut, Kerala in the name of Malabar Medical College Hospital & Research Centre, Modakkallur, Calicut by Sree Anjaneya Medical Trust, Calicut, Kerala.

The Executive Committee of the Council perused the request made by the institute and forwarded by the Central Govt. vide letter dated 31.03.2009 along with the reply dated 21.02.2009 from the Additional Secretary, Health & Family Welfare Department, Govt. of Kerala and observed that the reply of the Govt. of Kerala dated 21.2.2009 stated that Essentiality Certificate dated 28.06.2008 issued to Sree Anjaneya Medical Trust for establishing a new Medical College at Kozhikode was on the basis of the Inspection report of the Director of Medical Education wherein it is reported that the Trust possesses a 300 bedded hospital with all clinical facilities for starting a new medical college.

In view of above, the Executive Committee of the Council decided to verify the compliance by way of an inspection.

25. Increase of MBBS seats from 100 to 150 at N.K.P. Salve Institute of Medical Sciences, Nagpur.

Read: The Council Inspectors Report (17th & 18th April, 2009) for grant of Letter of Permission for the proposed increase of seats in Ist MBBS course from 100 to 150 u/s

10A of the I.M.C Act, 1956 for the academic session 2009-2010 at N.K.P. Salve Institute of Medical Sciences, Nagpur.

The Executive Committee of the Council considered the Council Inspectors Report (17th & 18th April, 2009) and decided to recommend to the Central Govt. to issue Letter of Permission for increase of seats in Ist MBBS course from 100 to 150 at N.K.P. Salve Institute of Medical Sciences, Nagpur for the academic session 2009-10.

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

Read: The compliance verification inspection report (15.04.2009) along with the council inspectors report (25th, 26th & 27th February, 2009) for approval of Kanyakumari Government Medical College, Asaripallam, Kanyakumari for the award of MBBS degree granted by The Tamil Nadu Dr. MGR Medical University, Chennai

The Executive Committee of the Council considered the compliance verification inspection report (15.04.2009) along with the Council Inspectors Report (25th, 26th & 27th February, 2009) and decided to recommend to the Central Govt. to renew the permission for admission of 6th batch of 100 (One Hundred) MBBS students at Kanyakumari Government Medical College, Asaripallam, Kanyakumari for the academic session 2009-10.

The Committee further decided to recommend that Kanyakumari Government Medical College, Asaripallam, Kanyakumari be approved for the award of MBBS degree granted by The Tamil Nadu Dr. MGR Medical University, Chennai with an annual intake of 100 (One Hundred) students per year.

27. Consideration of the observations made by Prof. Raj Kachroo, father of deceased Mr. Aman Kachroo, to eradicate ragging in India .

Read: The e-mail received from Prof. Raj Kachroo, father of deceased Mr. Aman Kachroo to provide him a copy of the investigation report prepared by the Medical Council of India in the case of Aman Kachroo and consideration of his observations with regard to eradicate ragging in India.

The Executive Committee of the Council decided that a copy of the report of the Enquiry Committee may be provided to Prof. Raj Kachroo father of deceased Mr. Aman Kachroo as requested by him.

28. Approval of Minutes of the Teachers Eligibility Qualifications Sub-Committee held on 01.04.2009.

The Executive Committee approved the minutes of the Teachers Eligibility Qualifications Sub-Committee held on 01.04.2009

The Executive Committee of the Council approved the minutes of the meeting of the Teachers Eligibility Qualifications Sub-Committee held on 01.04.2009 except item Nos. 3,5,6,8,9,11 and 18 which are referred back to TEQ Sub-Committee for reconsideration.

29. Request from Sonological Society of India for “protection” of rights of MBBS doctors.

Read: The letter dt. Nil on 01.09.2008 from Sonological Society of India, New Delhi along with the recommendations of the Ethics Committee with regard to Protection of Rights of MBBS doctors.

The Executive Committee of the Council perused the report of the Sub-Committee and the decision of the Ethics Committee and decided as under:-

“The Ultrasonography can be undertaken by a specialist who possess postgraduate qualification in the speciality of Radio-Diagnosis. However, specialist doctor in their speciality can also undertake Ultrasonography for the purpose of certification subject to the condition that he/she has undergone orientation training in the Ultrasonography in the department of Radio-diagnosis in a recognized medical institution under recognized medical teacher for a minimum period of 6 months wherein he has not only observed the procedure of Ultrasonography but also has undergone hands on training to enable him to practice in the field of Ultrasonography for the diagnostic purposes pertaining to his/her speciality.”

30. Clarification as requested by the Secretary, Delhi Medical Council regarding who can claim to be a specialist.

Read: The letter dated 29/12/2008 from Delhi Medical Council together with the recommendations of the Ethics Committee regarding who can claim to be a Specialist.

The Executive Committee of the Council perused the decision of the Ethics Committee taken at its meeting held on 31st March & 1st April, 2009 and observed that there is no list of infamous acts containing Sr.No. (18) of the act which are specified under Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002.

In view of above, the Executive Committee approved the decision of the Ethics Committee that “a physician can claim to be a Specialist only if he has a registerable qualification in the subject concerned.”

31. Request for Grant of Permanent Registration by (1) Dr. T.V.R. Kondala Rao (2) Dr. Nageshwara Rao (3) Dr. Gurram Srinivasa Rao and (4) Dr. Riaz Basha.

Read: The matter along with the legal opinion with regard to Grant of Permanent Registration by (1) Dr. T.V.R. Kondala Rao (2) Dr. Nageshwara Rao (3) Dr. Gurram Srinivasa Rao and (4) Dr. Riaz Basha.

The Executive Committee of the Council observed that four candidates namely (1) Dr. T.V.R. Kondala Rao (2) Dr. Nageshwara Rao (3) Dr. Gurram Srinivasa Rao and (4) Dr. Riaz Basha had cleared their Screening Test in 2004 and were granted Provisional Registration and their documents i.e. 10+2 marksheet & Degree were sent for confirmation to the concerned boards and Indian High Commission at Tanzania. The 10+2 verification have been received from the concerned boards.

The Indian High Commission through its communication to MCI informed that initial part i.e. approx. 3 months of the course has been conducted in India before students went to Tanzania in early Jan/Feb.1998 and completed their course there.

The matter of such candidates was considered by the Executive Committee at its meeting held on 10th February, 2006 and it was decided as under:

“The member of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council decided not to grant registration to such students who have undergone part of their training in an institution in India without obtaining the permission from the Central Govt./MCI as required u/s 10A of the IMC Act, 1956.”

The above decision of the Executive Committee was communicated to all these candidates vide MCI letter's dated April, 2006.

It was further observed that the Registration & Equivalence Committee of the Council at its meeting held on 14.12.2007 had decided that the candidates cannot be considered eligible for grant of permanent registration as there is no alternative to attending the complete duration of the medical course and also there is no provision of condonement of shortfall in the duration of the medical course.

Further, the Retainer Advocate of the Council vide his opinion on 30.03.2009 has opined as under:-

"It has been informed to me by the legal section that the Council has filed SLP before the Hon'ble Supreme Court being SLP © No. 23641-23653 of 2008 against the impugned judgement dated 02.05.2008 and the Hon'ble Apex Court has already issued notice in the said appeal and the matter is pending for final adjudication.

Therefore, in my opinion, the permanent registration cannot be issued to the above mentioned candidates by the Registration Section, till the matter is decided by the Hon'ble Supreme Court in SLP © No. 23641-23653 of 2008."

In view of above, the Executive Committee of the Council decided that in accordance with the opinion of the Retainer Advocate the permanent registration cannot be issued to the above mentioned 4 candidates namely 1) Dr. T.V.R. Kondala Rao (2) Dr. Nageshwara Rao (3) Dr. Gurram Srinivasa Rao and (4) Dr. Riaz Basha.

32. Karuna Medical College, Palakkad -Renewal of permission for admission of 4th batch of students for the academic session 2009-2010.

Read: The Council Inspectors Report (20th & 21st April, 2009) for renewal of permission for admission of 4th batch of MBBS students for the academic session 2009-2010 at Karuna Medical College, Palakkad

The Executive Committee of the Council considered the Council Inspectors report (20th & 21st April, 2009) and noted the following:-

1.(a) The shortage of teaching faculty is 52.89% (i.e. 64 out of 121) as under :-

(i)	Professor	: 07	(Biochemistry -1, Pharmacology -1, Forensic Medicine -1, Community Medicine -1, Paediatrics -1, Obst. & Gynae. -1 & Radiology -1)
(ii)	Associate Professor	: 15	(Anatomy -1, Physiology -2, Pharmacology -1, Pathology -3, Microbiology -1, Community Medicine -1, Forensic Medicine -1, TB & Chest -1, Surgery -1, Anaesthesia -1, Dentistry -1 & Radiology -1)
(iii)	Assistant Professor	: 20	(Anatomy -1, Physiology -2, Biochemistry -1, Pharmacology -1, Pathology -2, Microbiology -1, Forensic Medicine -1, Community Medicine -3, Medicine -1, TB & Chest -1, Psychiatry -1, Obst. & Gynae. -2, Radio diagnosis -2 & Dentistry -1)
(iv)	Tutor	: 22	(Anatomy -4, Biochemistry -2, Pharmacology -3, Pathology -6, Microbiology -1, Forensic Medicine -2 & Community Medicine -4)
(v)	Lect. Biophysics	: 01	
(vi)	Pharmaceutical Chemist	: 01	

(b) The shortage of Residents is 48.38%(i.e. 31 out of 85) as under :-

- (i) Sr. Resident : 16 (General Medicine -3, TB & Chest – 1, Surgery - 2, Ortho. -2, Anaesthesia -4, Radiology -3 & Dentistry -1 (Tutor))
- (ii) Jr. Resident : 15 (General Medicine -2, Paediatrics -3, Psychiatry -1, Surgery -7, Orthopaedics -2)

2. The clinical material is inadequate as under:-

	Daily Average	Day of Inspection
Bed occupancy %	30-60%	30%*
Operative work / day		
Number of normal deliveries	2	1
Number of caesarian Sections	1	-
<u>Radiological Investigations</u>		
X-ray	22	22
Ultrasonography	22	22
Special Investigations	01	01
C.T. Scan	03	03
<u>Laboratory Investigations / day</u>		
Microbiology	10	10
Histopathology	5	02

* The bed occupancy evaluated in all the indoor wards ranged from 25% to 30% in the morning visit of the wards. In the evening also all the indoor wards were visited and the bed occupancy was found to be less than 15%. Most of the cases were admitted on 20th & 21st of April, 2009 i.e. the date of inspection.

3. There is no Lecturer cum Medical Officer having MD(PSM) is available.
4. There is a medical record department with inadequate space for staking of the records and for sitting of the personnel working there.
5. There are 21 ICU beds but 5 beds were occupied on the day of inspection.
6. The dept. of forensic medicine is housed in a separate building complex where the entire department except poorly maintained mortuary hall was locked and no faculty members were available. They were reported to be on leave giving an impression of a non functioning department.
7. Number of books in the departmental libraries of Psychiatry & Radio-diagnosis are inadequate.
8. The institution also does not have the permission for performing postmortem. No documentary proof was available for the students attending postmortem demonstration elsewhere.
9. The Medical Superintendent of the Hospital is not having the requisite administrative experience for the post.
10. Other deficiencies/remarks are in the main report.

In view of the above, the Executive Committee of the Council decided to recommend to the Central Govt. not to renew the permission for admission of 4th batch of MBBS students for the academic year 2009-10 at Karuna Medical College, Palakkad.

33. Azeezia Institute of Medical Sciences & Research, Kollam - Renewal of permission for admission of 2nd batch of students for the academic session 2009-2010.

Read: The compliance verification report (17.04.2009) along with the Council Inspectors report (20th & 21st February, 2009) for renewal of permission for admission of 2nd batch of students for the academic session 2009-2010 at Azeezia Institute of Medical Sciences & Research, Kollam

The Executive Committee of the Council considered the compliance verification inspection report (17.04.2009) along with the Council Inspectors report (20th & 21st February, 2009) and noted the following:-

1(a) The shortage of teaching faculty is 62.5% as under:-

- i) Professor- 6 (1 Pharmacology, 1 Microbiology, 1 Medicine, 1 Paediatrics, 1, Orthopaedics, 1 Anaesthesia)
- ii) Associate Prof. 14 (2 Anatomy, 1 Physiology, 1 Pharmacology, 2 Pathology, 1 Microbiology, 1 Medicine, 1 Paediatrics, 1 Gen. Surgery , 1 Orthopaedics, 1OBG, 1-Anaesthesia, 1 Radio - Diagnosis)
- iii) Assistant Prof. 20 (Anatomy, 1 Physiology, 1 Lect(Bio), 1 Biochemistry, 2 Pharmacology, 1 Pharm.Chemist, 2 pathology, 1 Forensic Medicine, 3 Gen.Medicine, 1 TB & Chest, 1 Psychiatry, 1 Gen.Surgery, 1 ANMO, 2 Anesthesia, 1 Radio Diagnosis)
- iv) Tutor 20 (4 Anatomy, 2 Physiology, 1 Biochemistry, 4 Pharmacology, 6 Pathology, 1 Microbiology, 2 Forensic Medicine)

(b) The shortage of Residents is 82.1% as under :-

- i) Sr. Resident 17 (4 Medicine, 2 Paediatrics, Surgery, 1 Orthopaedics, 2 OBG, 2 Anaesthesia, 2 Radio - Diagnosis)
- ii) Jr. Resident 29 (5 Gen..Med, 2 Paediatrics, 1 TB & chest, 1 Skin & VD , 1 Psychiatry, 8 Gen. Surgery, 4 Orthopaedics, 2 E N T, 2,Ophthalmology, 3 OBG)

2. Clinical material is grossly inadequate as under:-

	Daily Average	Day of Inspection
O.P.D. attendance	642	428
Bed occupancy%	85%	43%
Operative work	08	05
Number of major surgical operations	03	Nil
Number of normal deliveries	01	Nil
Number of caesarian Sections		

Radiological Investigations	O.P.	I.P.	O.P.	I.P
X-ray	56	18	52	17
Laboratory Investigations				
Microbiology	04	05	05	03
Histopathology	2		1	
Cytopathology	8		6	
Others	-		-	

1. OPD 's Attendance at the time of Inspection is very poor.
 2. Bed occupancy is 7.42%
 3. Number of patients in ICCU is 1, ICU Medical is 1, NICU is 1,
 4. Number of patients in Casualty admitted for observation are 4
 5. No surgical Operations(Major/Minor)on the day of Inspection.
 6. No delivery on the day of Inspection.
 7. Radiological investigations in OPD's Patients are - Plain X-ray's in 9 ,
Ultra Sound in 8 and CT Scan 1.
3. Unit-wise bed distribution is not displayed. Deficiency remains as it is.
 4. The teaching beds of TB & Chest, Skin & VD & Psychiatry have been placed in General Medicine ward which is not as per Regulations. Deficiency remains as it is.
 5. ICCU has only 1 bed which is inadequate.
 6. The departments of Pharmacology, pathology, Microbiology, Forensic Medicine and Community Medicine are non-functional. Deficiency remains as it is.
 7. Number of books in the departmental libraries of TB & Chest, Skin & VD, Psychiatry, Orthopaedics, ENT & Ophthalmology are inadequate. Deficiency remains as it is.
 8. Other deficiencies/remarks are in the main report.

In view of the above, the Executive Committee of the Council decided to recommend to the Central Govt. not to renew the permission for admission of 2nd batch of MBBS students for the academic year 2009-10 at Azeezia Institute of Medical Sciences & Research, Kollam.

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

Read: The proposal of M/s C.K. Associates for Managing the Canteen, Guest House, Auditorium, Conference Halls & Lawns of the Council.

The Executive Committee of the Council deliberated upon the proposal received from M/s C.K. Associates for Managing the Canteen, Guest House, Auditorium, Conference Halls & Lawns of the Council and decided to place it before the Finance Committee of the Council for detailed examination.

35. Fee as prescribed by the General Body for complaint & appeal cases received u/s 8.7 & 8.8 of Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002 – Govt. letter dated 09.03.2009 regarding.

Read: The Central Government DO letter dated 09.03.2009 with regard to the fee as prescribed by the General Body for complaint & appeal cases received u/s 8.7 & 8.8 of Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002.

The Executive Committee of the Council considered the Central Government DO letter dated 09.03.2009 and decided to refer to the matter to the Finance Committee of the Council for examination.

36. Installation of Video Conferencing System in the council Office.

Read: The matter with regard to purchase of Video Conferencing System for the Council office along with the recommendations of the Purchase Committee.

The Executive Committee of the Council approved the recommendations of the Purchase Committee for installation of Video Conferencing system in the Council Office through the NCCF Limited as under:-

S. No.	Particulars	Quantity	Rate (Rs.)	Installation
1.	Sony Group Video Communication system Complete with installation PCP-1P	Two nos.	2,87,500/- each (VAT extra)	One each at President's Office at New Delhi and One at President's Office at Ahmedabad.
2.	Sony Group Video Communication System Complete with installation PCS-G5OP	One No.	3,83,654/- each (VAT extra)	Secretary's office at New Delhi

37. Non receipt of compliance with regard to the Continuance of recognition of MBBS degree granted by NTR University of Health Sciences, Vijaywada in respect of students being trained at Deccan College of Medical Sciences, Hyderabad.

Read: The matter with regard to the non receipt of the compliance report from college authorities on rectification of the deficiencies as pointed out in the Council Inspectors Report (11th and 12th Jan, 2008) for continuance of recognition of MBBS degree granted by NTR University of Health Sciences, Vijaywada in respect of students being trained at Deccan College of Medical Sciences, Hyderabad.

The Executive Committee of the Council noted that inspite of sending letters dated 25.7.2008, 16.10.2008, 25.2.2009 & 30.3.2009 to the college authorities for sending the compliance, pointwise compliance has not been submitted by the institute; decided to send the final reminder to the institute to submit the proper compliance on rectification of all the deficiencies pointed out by the inspection report within 1 month failing which Council will take appropriate action accordingly.

38. Clarification regarding "Vacancy in receiving college" where migration is sought by student.

Read: The letter dated 25.02.2009 received from the Director, Medical Education and Research, Mumbai with regard to the clarification regarding "Vacancy in receiving college" where migration is sought by student.

The Executive Committee of the Council considered the letter dated 25.2.2009 received from the Director, Medical Education and Research, Mumbai and approved the recommendations of the Migration Sub-Committee meeting held on 31.3.2009 and decided that the definition of the migration shall be as under:-

"Vacancy in any batch, in any medical college for the purpose of migration is that number which when filled after migration shall not result in increase in the sanctioned intake capacity for the academic year concerned in respect of that medical college".

39. Withdrawal of discharge notice dated 23.03.2009 issued by the Medical Council of India in respect of students admitted at RNT Medical College, Udaipur in the academic year 2008-09 – for information.

Read: The matter with regard to withdrawal of discharge notice dated 23.03.2009 issued by the Medical Council of India in respect of students admitted at RNT Medical College, Udaipur in the academic year 2008-09.

The Executive Committee of the Council observed that the Council office vide its letter No. 34(MC)/2008Raj-3/54225 dated 23.03.2007 had issued a discharge notice to the Principal, R.N.T. Medical College, Udaipur in respect of the following 4 students who were found not eligible as per Regulations 5.5.(ii) of the Graduate Medical Education, 1997:-

S.No.	Name of student	Sub category	Marks in PMT/Entrance Examination.
1	Ashok Kumar Bairwa	Other	98/200
2.	Mahendra Jourwal	Other	86/200
3	Ravi Kumar Meena	Other	99/200
4.	Vijay Singh Meena	Other	85/200

In reference to the office letter cited above, the Principal & Controller, R.N.T. Medical College, Udaipur vide its letter No. RNT/Acad/UG/331, dated 31.03.2009 had informed this Council office that all such 4 students admitted through CPMT quota belongs to the reserved category. He had forwarded the photocopies of the caste certificate of such student duly attested by the Principal of the college itself.

On perusal of the caste certificates, it was noted that all 4 students belongs to the reserved category and possess more than 40% marks in the Entrance as required as per Regulations 5.5.(ii) of the Graduate Medical Education, 1997 and eligible for admission into MBBS course.

Accordingly, the Council office vide its letter No. MCI34(MC)/2008Raj-3/3174, dated 22.04.2009 has withdrawn the discharge notice issued to the Principal, R.N.T. Medical College, Udaipur on 23.03.2009 in respect of the such 4 students.

In view of above, the Executive Committee ratified the action taken by the Council Office of withdrawing the discharge notice dated 23.3.2009 issued by the Medical Council of India in respect of the above mentioned four students of RNT Medical College, Udaipur in the academic year 2008-09.

40. Establishment of New Medical College at Bhopal by H.K. Kalchuri Education Trust, Bhopal, Madhya Pradesh.

Read: The Council Inspectors Report (16th & 17th April, 2009) for grant of Letter of Permission for Establishment of New Medical College at Bhopal by H.K. Kalchuri Education Trust, Bhopal, Madhya Pradesh u/s 10 of the IMC Act, 1956.

The Executive Committee of the Council considered the Council Inspectors report (16th & 17th April, 2009) and noted the following:-

1. The shortage of teaching staff is as under:-
 - (a) Faculty 25.75% (i.e. 17 out of 66) as under:-

Sl.No.	Designation	No.	Department
i)	Professor	Nil	
ii)	Associate Professor	05	(Anatomy -1, Physiology -1, Pathology -1, Microbiology -1 & Anaesthesia -1)
iii)	Assistant Professor	07	(Anatomy -2, Physiology -1, Lec.Bio. -1, Biochemistry -1, General Surgery -1 & Dentistry -1)
iv)	Tutor	05	(Anatomy -1, Physiology -1, Pharmacology -1, Pathology -1 & Forensic Medicine -1)

(b) Resident 39.5% (i.e. 17 out of 43) as under:-

Sl.No.	Designation	No.	Department
i)	Sr. Resident	03	(General Surgery -2 & ENT -1)
ii)	Jr. Resident	14	(General Medicine -4, General Surgery -7, Orthopaedics -1, ENT -1 & Ophthalmology -1)

© The office had procured Ration Cards for 65% to 70% of the medical staff with no date of issue (for faculty as well as resident doctors) on the basis of allotment letters issued by the authorities in the campus. However, on physical verification it was found that there were only 16 quarters constructed for the faculty whereas the allotment letters were issued to more than 40 faculty members. Out of these 16 quarters available for the faculty only one was occupied by staff of Bio Medical Engineering Department. No resident doctor was staying in the resident doctors hostel, although, their allotment letters and ration cards were available with the Dean.

- (d) There was no proof of salary being distributed to teaching and non-teaching staff.
(e) Signatures of two teaching staff (Dr. Shikha Verma, Asst. Prof. of General & Dr. Shabbir Hassan, Sr. Resident of ENT) were forged.

2.(a) Available clinical material is grossly inadequate as under:

	Daily Average	Day of Inspection
O.P.D. attendance	150	60
Casualty attendance	14	2
No. of admissions/discharge	50/40	30/22
Bed occupancy%	40%	45%
Operative work		
Number of major surgical operations	3-4	3
Number of minor surgical operations	6-8	4
Number of normal deliveries	1 per week	NIL
Number of caesarian Sections	2 per month	NIL
Radiological Investigations		
X-ray	40	35
Ultrasonography	47	30
Special Investigations	01	NIL
C.T. Scan	N.A.	
Laboratory Investigations		
Biochemistry	100	85
Microbiology	09	06
Serology	18-20	19
Parasitology	01	NIL
Haematology	100-125	60
Histopathology	01-02	NIL
Cytopathology	01-02	NIL

- Clinical material is grossly inadequate in terms of OPD attendance, casualty attendance, number of admissions/discharges, bed occupancy, operative work, radiological and lab. investigations.
 - The clinical material data available in the central computer did not tally with the data available in the MRD section as well as the data available in the registers of OPD as well as IPD.
- 2(b) There was utter chaos in the hospital, as the people were running from one ward to another in the direction of movement of inspection team. The same patients were lying in different wards as they were running towards the beds before the inspection team could reach the respective wards.
 3. Distribution of beds in different wards is not proper. In Gynae. ward – there are 20 beds for Gynae, 5 beds for Ophthalmology and 5 beds for ENT. In male general medicine ward, there are 20 beds for Gen. Medicine, 5 beds for ENT & 5 beds for Ophthalmology.
 4. There is no Audiometry room in the ENT OPD.
 5. In wards there are no seminar hall in the major departments. There are no Audio-visual aids in the clinical demonstration areas.
 6. The records in the Central Computer do not tally with the records available in the MRD as well as in wards and OPDs.
 7. Statistical unit is not available.
 8. College Council is not available.
 9. Animal House is not available.
 10. Central photography cum audio-visual units is not available.
 11. Workshop is not available
 12. The students hostel have only been partially furnished. The Girls Hostel was occupied by Male & Female Nursing Staff. Furniture is inadequate in all the hostels.
 13. Hostel accommodation is available for only 36 residents which is inadequate. It is partially furnished.
 14. Hostel accommodation is available for 87 Nurses which is inadequate.
 15. Sports & recreation facilities are not available.
 16. The casualty services for Obstetrics & Gynaecology are not available. Central oxygen supply, central suction facilities are not available. The equipments in the casualty are inadequate and non-functional.
 17. The teaching staff in the central laboratory is inadequate. Workload is inadequate in the clinical laboratories.
 18. Each O.T. is not having central oxygen & nitrous oxide supply and central suction. The O.T. register was incomplete as there was no address of the patients mentioned, no name of the surgeon, anaesthetist, Assisting doctor & scrubbed nurse.
 19. Facilities and equipment in ICUs are inadequate
 20. Bed Occupancy in NICU and PICU was Zero on the day of Inspection.
 21. The Labour rooms were non functional on both the days of Inspection (16th & 17th April 2009). The work load in the labour Room is negligible (2 LSCS & 5 Normal deliveries from 1st April to 17th April 2009)
 22. There is one statistics unit in the casualty which is inadequate.
 23. There is no Ultrasound given to the Gynae. department.
 24. Central Sterilization facilities are not available in operation block. There is no ETO machine available.
 25. Mechanized Central Laundry is not available.
 26. There is no intercom available in the pre clinical departments as well as in the college administrative block.
 27. Para-medical staff and Nursing staff are grossly inadequate. Total number could be ascertained as the names of the staff on the pay rolls did not tally with the names of the staff who were physically present.
 28. In the department of Anatomy – No cadavers are available. The cooling cabinet is non functional. There is no band saw. There is no embalming room. There are no

- catalogues available. No water in the preparation room adjacent to the lab. The department is non-functional.
29. In the Physiology department - There is no water connection in all the labs except Haematology Lab. No water in the preparation room adjacent to the lab. There is no electric point in the amphibian lab. The department is non-functional.
 30. In the department of Biochemistry - No water in the preparation room adjacent to the lab.
 31. Other deficiencies/remarks are in the main report.

In view of the above, the Executive Committee of the Council decided to recommend to the Central Government not to issue Letter of Permission for establishment of medical college at Bhopal by H.K. Kalchuri Education Trust, Bhopal, Madhya Pradesh.

41. Muzaffarnagar Medical College, Muzaffarnagar - Renewal of permission for admission of 4th batch of students for the academic session 2009-2010.

Read: The Council Inspectors Report (20th and 21st April, 2009) for renewal of permission for admission of 4th batch of MBBS students for the academic session 2009-2010 at Muzaffarnagar Medical College, Muzaffarnagar.

The Executive Committee of the Council considered the Council Inspectors report (20th and 21st April, 2009) and noted the following:-

1. (a) The following faculty was not accepted.
 - (a) The teaching staff who came after 12 noon.
 - (b) Dr. Shashank Tyagi – Prof. (Biochemistry) came after 12 noon and has M.Sc. from science faculty.
 - (c) Dr. R.K. Srivastava, Prof. (Pharmacology) – working as Dean and there is no other Professor in the department.
 - (d) Dr. Anil S Solanki – Prof. (Orthopaedics) – working on part time basis.
 - (e) Dr. Kiran A Khatri – Prof. (Radiology) – working on part time basis.
 - (f) Dr. Renu Mishra – Prof. (Obst. & Gynae.) – Practicing in Moolchand Hospital & Sitaram Bharti Hospital, Delhi and Sitaram Bharti Hospital, Gurgaon.
 - (g) Dr. Hind Paul Bhatia – Prof. (Dentistry) – working as Prof. in Santosh Dental College, Ghaziabad.
- (b) In view of above, the shortage of teaching faculty is 43.8%(i.e. 53 out of 121) as under :-

(i)	Professor	: 12	(Anatomy -1, Biochemistry -1, Pharmacology -1, General Medicine -1, Pediatrics -1, General Surgery -1, Orthopaedics -1, ENT -1, Ophthalmology -1, Obst. & Gynae. -1, Anaesthesia -1 & Radio Diagnosis -1)
(ii)	Associate Professor	: 20	(Anatomy -1, Physiology -2, Pathology -3, Microbiology -1, Forensic Medicine -1, Community Medicine -1, General Medicine -2, TB & Chest -1, Skin & VD -1, Psychiatry -1, General Surgery -1, Obst. & Gynae. -1, Anaesthesia -2, Radio Diagnosis -1 & Dentistry -1)
(iii)	Assistant Professor	: 12	(Lect. Bio.-1, Pharmacology -1, Pharma.chemist -1, Forensic Medicine -1, Statistician -1, TB & Chest -1, Psychiatry -1, General Surgery -1, Obst. & Gynae. -1, Radio Diagnosis -2 & Dentistry -1)
(iv)	Tutor	: 09	(Anatomy -1, Pathology -5, Microbiology -1, Community Medicine -2)

- (c) The shortage of Residents is 52.9% (i.e. 45 out of 85) as under :-
- (i) Sr. Resident : 16 (Paediatrics -1, TB & Chest -1, Skin & VD -1, Psychiatry -1, General Surgery -3, Orthopaedics -1, ENT -1, Obst. & Gynae. -1, Anaesthesia -5 & Radio Diagnosis -1)
- (ii) Jr. Resident : 29 (General Medicine -6, Paediatrics -4, Skin & VD -2, Psychiatry -1, General Surgery -6, Orthopaedics -3, ENT -1, Ophthalmology -2, Obst. & Gynae. -4)
2. (a) Clinical material is grossly inadequate in term of OPD attendance, casualty attendance, bed occupancy and number of deliveries as under:-

	Daily Average	Day of Inspection
O.P.D. attendance	700-750	150
Casualty attendance	34	04
Bed occupancy%	70%	38.8%
Number of normal deliveries	01	-
Number of caesarian Sections	8-9 per month	01

- (b) Bed occupancy as physically verified by the inspection team and duly attested by the faculty members of the respective departments who were accompanying the inspection team on the day of inspection i.e. 20th April, 2009 is 38.8% (i.e. 167 out of 430) as under:-
- | Speciality | Beds available | Beds occupied |
|------------------|----------------|---------------|
| General Medicine | 102 | 48 |
| Paediatrics | 45 | 07 |
| TB & Chest | 15 | 03 |
| Skin & VD | 09 | 07 |
| Psychiatry | 09 | - |
| Total | 180 | 65 |
| General Surgery | 100 | 25 |
| Orthopaedics | 60 | 41 |
| Ophthalmology | 18 | 09 |
| ENT | 18 | 05 |
| Total | 196 | 80 |
| Obstetrics & ANC | | |
| Gynaecology | 54 | 22 |
| Grand Total | 430 | 167 |
3. Central Library: Total number of journals subscribed are 35 Indian and 12 foreign against the requirement of 56 Indian and 24 foreign at this stage. Total number of books are 4480 against the requirement of 5600 at this stage. The staff is inadequate in the central library. Working hours are inadequate. There is no separate room for the staff/resident doctors.
4. RHTC : RHTC is under the control of the Medical Superintendent, CHC Khatauli and the college has limited access to its facilities for teaching purposes. The Under Graduate students posted in community medicine are not allowed free access to the center including clinical/teaching facilities. There is no hostel / mess facility available at the RHTC. There is no facility for ECG. Lecture hall is available at the center with inadequate teaching facilities.
5. U.H.C.: Students are not posted at the UHC. Out patients attendance at UHC is almost negligible.(2 to 4 per day). Family Welfare activities are not regularly carried out. Activities under the national programmes are not carried out. Delivery services are not available. Immunization services are not provided, antenatal care & MCH services are also not provided. Duty rosters and records of various activities and investigations are not available.

6. Hostels: Hostel facilities are inadequate at the present stage for students – i.e. 304 against the requirement of 400, resident doctors (female) and nursing staff (96 as against the requirement of accommodation for 100% nursing staff).
7. Residential Quarters: Most of the residential quarters (60%) were lying vacant. There is no register maintained regarding the allotment of residential accommodation to the faculty. As per the statement of the Dean, the office does not allot the accommodation to the faculty and faculty is allowed to occupy the vacant houses.
8. There is deficiency of 15 teaching beds in Paediatrics and 5 teaching beds in Obst. as under:-

Speciality	Required Beds/Units	Present Beds/Units	Deficiency if any
Paediatrics	60/2	45/2	15
Obstetrics & ANC	36	31	5

9. In O.P.D. : Injection room, dressing room, plaster room, plaster cutting room, ECG room, Audiometry room, immunization room, child guidance room, family welfare clinics and physiotherapy room, infertility room, refraction room, sputum collection room, procedure room were locked till 10.30 a.m. when the inspection team took the round of the OPD. There are only 1 to 2 rooms for examination of patients in most of the speciality. No specialist was available in 90% of the OPDs when the inspection team took the round between 9.00 am to 11.00 am.
10. In Wards : No doctors were available in the wards from 9.00 am. to 11.00 am.
11. Registration and Medical Record Section: It is not computerised. There is no record of MLC cases and death cases in the MRD section.
12. Radiological facilities: There are only two mobile x-rays unit as against the MCI requirement of 6. Workload and facilities are inadequate.
13. Incinerator: There is no incinerator as per the guidelines of UPSPCB.
14. Animal House: There is no Veterinary Officer/Technicians in the Animal House. Number of animals available are as under:-
 - (a) Rats: nil
 - (b) Guinea pig: nil
 - (c) Rabbit: nil
 - (d) Mice: nil
15. The following deficiencies are observed in the infrastructure of para-clinical departments:-
 - (a) Pathology - Inadequate workload is there in the Blood Bank. (Number of units collected and issued per month is 30-35.
 - (b) Community Medicine - There is no preparation room in the practical laboratory. Nil Catalogues are available in the museum. There is a research laboratory with no equipment.
16. Other deficiencies/remarks are in the main report.

In view of the above, the Executive Committee of the Council decided to recommend to the Central Govt. not to renew the permission for admission of 4th batch of MBBS students for the academic year 2009-10 at Muzaffarnagar Medical College, Muzaffarnagar.

42. N.D.M.C. Govt. Medical College, Jagdalpur - Renewal of permission for admission of 4th batch of students for the academic session 2009-2010.

Read: The Council Inspectors Report (21st and 22nd April, 2009) for renewal of permission for admission of 4th batch of MBBS students for the academic session 2009-2010 at N.D.M.C. Govt. Medical College, Jagdalpur.

The Executive Committee of the Council considered the Council Inspectors report (21st and 22nd April, 2009) and noted the following:-

1.(a) The shortage of teaching faculty is 51.7% (i.e. 45 out of 87) as under :-

- (i) Professor : 13 (Anatomy -1, Physiology-1, Biochemistry -1, Pharmacology -1, Pathology -1, Microbiology -1, Forensic Medicine -1, Paediatrics -1, Orthopaedics -1, ENT -1, Ophthalmology -1, Obsy & Gynae. -1 & Radio Diagnosis -1)
- (ii) Associate Professor : 18 (Anatomy -1, Physiology-1, Biochemistry -1, Pharmacology -1, Pathology -1, Microbiology-1, Community Medicine-1, Medicine -2, Paediatrics -1, TB & Chest -1, Psychiatry -1, General Surgery -2, Orthopaedics -1, Obst. & Gynae. -1, Radio Diagnosis -1 & Dentistry -1)
- (iii) Assistant Professor : 12 (Anatomy -1, Biochemistry -1, Forensic Medicine -1, Community Medicine -2, TB & Chest -1, Psychiatry -1, ENT -1, OBG -2, Radiology -1 & Dentistry -1)
- (iv) Tutor :02 (Microbiology -1 & Forensic Medicine -1)

(b) The shortage of Residents is 58.1%(i.e. 43 out of 74) as under :-

- (i) Sr. Resident : 16 (General Medicine -3, TB & Chest -1, Dermatology -1, Psychiatry -1, General Surgery -2, Orthopaedics -1, Ophthalmology -1, Obst. & Gynae. -1. Anaesthesia -3 & Radio Diagnosis -2)
- (ii) Jr. Resident : 27 (General Medicine -3, Dermatology -3, Psychiatry -1, General Surgery -4, Orthopaedics -6, Ophthalmology -3, Ophthalmology -3, Obst. & Gynae. -3 & Dentistry -1)

2. Clinical material is grossly inadequate in terms of OPD attendance, x-ray and laboratory investigations as under:-

	Daily Average	Day of Inspection
O.P.D. attendance	488	387
<u>Radiological Investigations</u>		
X-ray	47	34
Ultrasonography	15	7
Special Investigations	-	-
C.T. Scan	5	2
<u>Laboratory Investigations</u>		
Biochemistry	67	34
Microbiology	16	8
Serology	31	11
Parasitology	62	5
Haematology	131	95
Histopathology	-	-
Cytopathology	1	-
Others	-	-

3. There is overcrowding of beds in all the wards. There is open sewage outside all wards & the hygiene of the wards & the adjoining toilets is poor.
4. There was no demarcation of clinical units in different specialities. Most of the case sheets did not have the unit written on them.
5. In the Gynae. OPD, there was no separate enclosure/Screen for privacy of the patients. There is a common injection room for male and female patients. There is no dressing room, plaster room, plaster cutting room, E.C.G. room, audiometry room, immunization room & family welfare clinic. There are no teaching areas in the OPD.
6. Wards: Most of the wards are not provided doctors duty room, nurses duty room, nursing station, pantry, examination/procedure room, teaching area and side laboratory. There is no seminar hall in wards of major departments. Teaching facilities are inadequate.
7. Health Center: At PHCs, messing facilities are not available. Lecture hall cum seminar room is not available. No audiovisual aids have been provided. X-ray machine is not functioning.
8. At UHC, no beds have been provided. The outpatient attendance is 40 per day. Delivery services are not available. Duty rosters and records of various activities and investigations are not maintained.
9. Operation Theatre: There are only 5 OTs against the requirement of 8 at this stage. There are total 7 tables in 5 OTs which is not as per norms. There is no central oxygen, nitrous oxide supply and central suction. There is no post operative recovery room and post operative ward within the OT complex. TV with camera attachment is not available. Resuscitation and monitoring equipment is shared by the different O.T.s. One OT is under renovation.
10. There is no medical or surgical ICU, no pediatric & Obstetrics ICU. Facilities and equipment in ICUs are available.
11. There is no central sterilization department. However, sterilizations facilities are available in the OT block.
12. There is no Central Laundry. Equipment like washing machine, hydro-extractor and pressing machine have been purchased since the last year but have not been installed.
13. Intercom facilities are not available in the college. Limited intercom facilities are available in the hospital.
14. No canteen is available in the hospital for staff, students and patients' relatives.
15. In Radio-Diagnosis department, only one statistic unit of 500 mA and 2 mobile units of 50 mA are available which is inadequate.
16. The total capacity of boy's & girls hostel is 102 which is inadequate against the requirement of 200 for the present stage.
17. No Quarters for teaching faculty are available in the campus.
18. Common room for boys and girls is not available.
19. Facilities for experimental work are not available. All facilities for carrying out minor surgical procedures are also not available. The staff available is as under:-

Veterinary Officer	:	-
Animal Attendants	:	01
Technicians	:	-
Sweepers	:	01
20. In the department of Anatomy. no Band saw is available. Departmental library cum seminar room has no seating arrangements. Sufficient student lockers are not provided.
21. There is no separate departmental library in the departments of Biochemistry, Pharmacology, Pathology, Microbiology, Forensic Medicine & Community Medicine.
22. Other deficiencies/remarks in the main report.

In view of the above, the Executive Committee of the Council decided to recommend to the Central Govt. not to renew the permission for admission of 4th batch of

MBBS students for the academic year 2009-10 at N.D.M.C. Govt. Medical College, Jagdalpur.

43. KMCT Medical College, Kozhikode -Renewal of permission for admission of 2nd batch of students for the academic session 2009-2010.

Read: The Council Inspectors Report (20th and 21st April, 2009) for renewal of permission for admission of 2nd batch of MBBS students for the academic session 2009-2010 at KMCT Medical College, Kozhikode.

The Executive Committee of the Council considered the Council Inspectors report (20th & 21st April, 2009, 2009) and noted the following:-

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

a	Teaching Faculty	18 out of 97	18.56 %
	i	Professor :	3
	ii	Associate Professor :	7
	iii	Assistant Professor :	7
	iv	Tutor :	1
			Biochem-1, Forensic-1, Ortho-1
			Physiology-1, Forensic-1, Ped-1, Surg-1, Ortho-1, ENT-1, Anaesthesia-1
			Biophysics-1, Med-2, Surg-2, OBG-2
			Pathology-1
b	Residents	4 out of 57	7.02 %
	i	Sr. Residents	3
	ii	Jr. Residents	1
			Opth-1, Radiology-2
			Psychiatry-1

2. Clinical material is inadequate as under:-

Clinical Material Available	Daily Average 1-10-08 to 31-3 -09	Day of Inspection 20-4-2009 Data supplied by Institute.	Data as observed during inspection round by Inspectors on 20 - 4 - 2009
O.P.D. attendance	690	716	360
Casualty attendance	66-70	68	05
Bed occupancy %	40/50	50/60	64 %
Admission / Discharge	112 %	123 %	76 / 01
Operative work			
1 Major surgical operations	8-12	8	09
2 Minor surgical operations	15-18	18	18
3 Normal deliveries	2-3	2	3
4 Caesarian Sections	1-2	2	2
Radiological Investigations			
1 X-Ray	63-65	20-25	66
2 Ultra-sonography	14-16	10-12	14
3 C.T. Scan	-	-	-
4 Special Investigations	3	2	2
Laboratory Investigations			
1 Biochemistry	150	50-100	102
2 Microbiology	15-18	10-12	6
3 Serology	80-90	35-45	45
4 Parasitology	1-2	1-2	1
5 Hematology	200-	150-200	90

6	Histopathology	0-1	4-5	0	4	-
7	Cytopathology	6-7	1-2	1	1	04

3. Dr. K M Ashik , MD (Pediatrics) is the Medical Superintendent and has worked as a Medical Superintendent at a National Hospital for 15 yrs. The National Hospital is a Private hospital. He has not acquired any teaching experience as Professor / HOD in a Teaching Hospital attached to a Medical College.
4. ICCU is not available
5. There is no CT Scan available. No MRI, Mammography available. The number of X-Ray units are required to be increased as per norms
6. There is no separate Kitchen available
7. There is no incinerator in the hospital.
8. Central Library: The college has not acquired Medlar facility.
9. The number of specimen in Anatomy Museum requires to be increased.
10. The circulation area requires to be increased in Biochemistry Lab , so as to provide easy movements of the students and staff.
11. In Pharmacology department, research lab needs to be created. No of books in Dept. Library are to be increased in the departmental library.
12. In Pathology department, seating arrangement requires to be increased in Library. Hist.-patho and all others sections are not created. Research Lab is not available.
13. In Microbiology department, Micro Lab is under construction for Microbiology, Bacteriological and Cultures etc. All the sections including TB, Virology, Immunology, Bacteriology, Parasitology, Serology,etc are requires to be strengthened in term of equipment and wide range of investigations. No of books in Dept. Library are to be increased in the departmental library.
14. In Forensic Medicine department, No seating arrangement in Library. Mortuary is under construction. There is no Permission to perform Medico legal Post mortems.
15. In PSM department, only two rooms are available. The college has adopted three PHCs. The remaining part of the department is under construction.
16. Other deficiencies/remarks are in the main report.

In view of the above, the Executive Committee of the Council decided to recommend to the Central Govt. not to renew the permission for admission of 2nd batch of MBBS students for the academic year 2009-10 at KMCT Medical College, Kozhikode.

44. Establishment of new medical college at Bishnupur Distt. Manipur by College of Medical Sciences Society, Bishnupur – Non submission of declaration forms of teaching faculty till date.

Read: The matter with regard to non submission of declaration of teaching faculties for establishment of new medical college at Bishnupur Distt. Manipur by College of Medical Sciences Society, Bishnupur.

The Executive Committee deliberated upon the matter at length and noted that it at its meeting held on 12.5.2008 had decided as under:-

“

the members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council decided to return the application to the Central Govt. recommending disapproval of scheme u/s 10A of the I.M.C. Act, 1956 for establishment of new medical college for the academic session 2008-2009 as College of Medical Sciences Society, Bishnupur is neither willing nor submitting the Declaration forms of teaching faculty in spite of repeated reminders.”

The above decision was communicated to the Central Govt. vide Council letter dater 15.05.2008.

In reference to above, the Central Govt. vide letter dated 12.08.2008 requested the Council to evaluate the proposal for the academic year 2009-10 at the appropriate time.

Accordingly, the college authorities vide Council letter dated 24.01.2009 and subsequent reminders dated 14.02.2009 and 17.04.2009 were requested to submit the declaration form alongwith necessary annexures and Standard Form 'A' & 'B' for Letter of Permission for the academic year 2009-10.

However, no declaration forms has been submitted by the college authorities till date although the institute was asked to submit the Declaration form and SIF latest by 21st April, 2009.

The Executive Committee further noted that inspite of various communications sent to the college authorities by the Council for sending the declaration form alongwith necessary annexures and Standard Form 'A' and 'B' for Letter of Permission for the academic year 2009-10, the same has not been submitted till date.

In view of above, the Executive Committee of the Council decided to return the application to the Central Govt. recommending disapproval of the scheme for establishment of new medical college at Bishnupur Distt. Manipur by College of Medical Sciences Society, Bishnupur received u/s 10A of the I.M.C. Act,1956.

45. Approval of Indira Gandhi Government Medical College, Nagpur for the award of MBBS Degree granted by Maharashtra University of Health Sciences, Nashik against the increased intake, i.e., 60-100 – consideration of the compliance.

Read: The compliance dated 04.04.2009 received from the Dean, Indira Gandhi Govt. Medical College, Nagpur for approval of Indira Gandhi Government Medical College, Nagpur for the award of MBBS Degree granted by Maharashtra University of Health Sciences, Nashik against the increased intake, i.e., 60-100.

The Executive Committee of the Council considered the compliance dated 04.04.2009 received from the Dean, Indira Gandhi Govt. Medical College, Nagpur and decided to verify the same by way of an inspection.

46. Increase of MBBS seats from 100 to 150 at PSG Institute of Medical Sciences & Research, Coimbatore.

Read: The Council Inspectors Report (20th & 21st April, 2009) for grant of Letter of Permission for the proposed increase of seats in Ist MBBS course from 100 to 150 at PSG Institute of Medical Sciences & Research, Coimbatore.

The Executive Committee of the Council considered the Council Inspectors Report (20th & 21st April, 2009) and decided to recommend to the Central Govt. to issue Letter of Permission for increase of seats in Ist MBBS course from 100 to 150 at PSG Institute of Medical Sciences & Research, Coimbatore for the academic session 2009-10.

47. Kannur Medical College, Kannur - Renewal of permission for admission of 4th batch of students for the academic session 2009-2010.

Read: The compliance verification inspection report (23rd April, 2009) along with the Council Inspectors Report (20th & 21st February, 2009) for renewal of permission for admission of 4th batch of students for the academic session 2009-2010 at Kannur Medical College, Kannur.

The Executive Committee of the Council considered the compliance verification inspection report (23rd April, 2009) along with the Council Inspectors Report (20th & 21st February, 2009) and noted the following:-

1. The shortage of teaching staff is as under:-

a	Teaching Faculty	12 Out of 121	9.91 %
	i	Professor :	3
			Forensic-1, Opth-1, Anaesthesia-1
	ii	Associate Prof. :	8
			Physio-1, Biochem-1, Pharma-1, Micro-1, Med-1, Ped-1, TB-1, ENT-1
	iii	Assistant Prof.:	1
			Radiology-1
	iv	Tutor :	nil
			nil
b	Residents	24 Out of 85	28.23
	i	Sr. Residents 27	10
			Med-4, Ped-1, Surg-1, Ortho-1, Opth-1, OBG-2
	ii	Jr. Residents 58	14
			Med-6, Ped-1, Surg-2, Orho-1, Opth-1, OBG-3

- [c] (a) Dr Sanmathi Nithy Anand, Associate Prof. of Anatomy has shown her teaching experience of Associate Professor as Asst. Prof obtained at MES Medical College. The certificate issued by college shows exp . as Assoc. Prof. Therefore She is not considered.
- (b) Dr Sudha K, Associate Professor of Paediatrics has shown her teaching experience of Associate Professor as Asst. Prof obtained at Calicut Medical College. There is no certificate from College and this needs further verification from the issuing authority.
- (c) Dr Jeffrey Rupert N , Prof. Of Anaesthesiology does not possess the required teaching experience and therefore not considered. Part of Teaching experience of Associate Prof. has been shown as that of Asst. Prof. to complete the Five yrs TE as Asst. Prof. The certificate from Dean is not produced. The certificate issued by HOD is not considered.

2. Clinical material is inadequate in terms of bed occupancy and radiological investigations as under:-

Clinical Material Available		Data as observed during inspection round on 23 - 4 - 2009
Bed occupancy %		** 65 %
1	X-Ray	55
2	Ultra-sonographys	14
3	C.T. Scan	5

** There were large number of persons lying on bed in different wards . Majority of them were not genuine patients and having no clinical significance and had no definite indication for hospitalization. Some of the comments given by their own Residents and Asst. Profs. on duty in various wards are as below.

- a. "In casualty five out of nine patients were labeled as COPD with falling O2 saturation, however ABG was not done in any of the case."- Dr Vinaya S G , CMO
- b. "Four out of Six male patients in Dermatology ward do not require hospitalization."- Dr Jyothi P, Asst. Prof.
- c. "Most children in Pediatric ward are sitting and playing." – Dr Gorge, Asst. Prof.
- d. "Patients in Female Medical Ward are admitted with following Diagnosis" Migrane, Headache, Myopia, URC, UTI, URC, Lichen Planus , Backache, DM .

- Most of these patients belong to other specialty, That means they are not genuine admissions. This list of Patients is signed by the Dean.
- e. "There is only one Post operative patient in Female Surgical Ward out of 30 patients."- Dr Srinivas, JR. Usually there are at least 25 % of Post operative patients in a Surgical Ward.
 - f. "10 out of 30 patients admitted were of Lumbar Spondylosis in Female Surgical Ward." – Dr Sudhindra, SR.
 3. At RHTC Payangadi, no other clinical departments like Medicine, Pediatrics, Obstetrics & Gynecology participate in the outreach teaching programmes. Family welfare activities are not carried out. Field and family visits are yet to commence.
 4. Other deficiencies/remarks are in the main report.

In view of the above, the Executive Committee of the Council decided to recommend to the Central Govt. not to renew the permission for admission of 4th batch of MBBS students for the academic year 2009-10 at Kannur Medical College, Kannur.

It was further decided to place the matter in respect of Dr. Sanmathi Nithy Anand, Associate Professor of Anatomy, Dr. Sudha K, Associate Professor of Paediatrics and Dr. Jeffrey Rupert N, Professor of Anaesthesiology before the Ethics Committee for further action against the doctors and the Dean/Principal of the institute and also file an FIR as indicated above.

48. Shadan Instt. of Medical Sciences, Research & Teaching Hospital, Peerancheru, Hyderabad - Renewal of permission for admission of 5th batch of students for the academic session 2009-2010.

Read: The compliance verification inspection report (21st April, 2009) along with the Council Inspectors Report (13th & 14th February, 2009) for renewal of permission for admission of 5th batch of students for the academic session 2009-2010 at Shadan Instt. of Medical Sciences, Research & Teaching Hospital, Peerancheru, Hyderabad.

The Executive Committee of the Council considered the compliance verification inspection report (21st April, 2009) along with the Council inspectors report (13th & 14th February, 2009) and noted the following:-

1. The shortage of teaching faculty is 11.11% (19 out of 171) as under:-
 - (a) The shortage of teaching faculty is 11.11% (Shortage of 19 out of 171)
 - i) Professor 1 (Anesthesia)
 - ii) Associate Professor 7 (2 Forensic Medicine, 1 Medicine, 1 Psychiatry, 1 Orthopedic, 1 Anesthesia, 1 Radio-diagnosis)
 - iii) Assistant Professor 10 (1 Pharm. Chem., 2 Medicine, 2 Surgery, 1 Orthopedic, 2 Anesthesia, 2 Radio-diagnosis)
 - iv) Tutor 1 (Pathology)
 - (b) The shortage of Residents is 22.6% as under:- (Shortage of 26 out of 115)
 - i) Sr. Resident 8 (2 Surgery, 1 OBG. 5 Anesthesia)
 - ii) Jr. Resident 18 (1 Medicine, 1 Pediatrics, 1 TB & Chest, 1 Psychiatry, 6 Surgery, 4 Orthopedic, 1 ENT, 3 OBG)

2. R.H.T.C. at Hydershah Kote is taken on rent for 15 years which is not as per norms. Deficiency remains as it is.
3. Hostel accommodation is available for 445 students against the requirement of 750 at this stage. Deficiency is partially rectified.
4. Accommodation is available for 104 residents which is inadequate.
5. Total 40 residential quarters are available within the campus for teaching faculty which is inadequate against the requirement of 85 at this stage. Deficiency remains as it is.
6. Nursing staff is inadequate as under:-

Nursing Superintendent	:	01
Deputy Nursing Superintendent	:	04
Asstt. Nursing Superintendent	:	06
Nursing Sisters	:	60
ANM's	:	30
Staff nurses	:	148

7. There is no specialized equipment in burns and Obst. ICU.
8. Other deficiencies/remarks are in the main report.

In view of the above, the Executive Committee of the Council decided to recommend to the Central Govt. not to renew the permission for admission of 5th batch of MBBS students for the academic year 2009-10 at Shadan Instt. of Medical Sciences, Research & Teaching Hospital, Peerancheru, Hyderabad.

49. Kalinga Institute of Medical Sciences, Bhubaneswar - Renewal of permission for admission of 3rd batch of students for the academic session 2009-2010.

Read: The compliance verification inspection report (24th April, 2009) along with the Council Inspectors Report (24th & 25th February, 2009) for renewal of permission for admission of 3rd batch of students for the academic session 2009-2010 at Kalinga Institute of Medical Sciences, Bhubaneswar.

The Executive Committee of the Council considered the compliance verification inspection report (24th April, 2009) along with the Council Inspectors Report (24th & 25th February, 2009) noted the following:-

1. The shortage of teaching staff required is as under:-
 - (a) The shortage of teaching faculty is 50.8% (i.e. 59 out of 116) as under:-
 - (i) Professor 07 (Forensic Medicine -1, Community Medicine -1, General Medicine -1, Paediatrics -1, General Surgery -1, Anaesthesia -1, Radiology -1)
 - (ii) Associate Professor 18 (Anatomy -2, Biochemistry -1, Pathology -3, Forensic Medicine -1, Community Medicine -1, General Medicine -3, Paediatrics -1, General Surgery -1, Orthopaedics -1, Obst. & Gynae. -1, Anaesthesia -1, Radiology -1, Dentistry -1)
 - (iii) Assistant Professor 16 (Anatomy -2, Physiology -2, General Medicine -2, General Surgery -4, Anaesthesia -3, Radiology -2 & Dentistry -1)
 - (iv) Tutor 16 (Pathology -4, Forensic Medicine -2, Community Medicine -4, Anaesthesia -4 & Radiology -2)
 - (v) Lect. Biophysics 01
 - (vi) Pharma. Chemist 01

(b) The shortage of Residents is 65.8% (i.e. 54 out of 82) as under :-

- (i) Sr. Resident 14 (General Medicine -2, Paedi. -1, TB & Chest -1, Skin & VD -1, Psychiatry -1, General Surgery -2, Ortho. -2, ENT -1, Ophthal. -1, Obst. & Gynae. -2)
- (ii) Jr. Resident 40 (Medicine -7, Paed. -5, TB & Chest -2, Skin & VD -2, Surgery -9, Ortho. -3, ENT -3, Ophthal.-3, OBG -6)

2. Clinical material is grossly inadequate as under:-

	Day of Inspection
O.P.D. attendance	207
Casualty attendance	4
Bed occupancy%	13.7%
Operative work	3
Number of major surgical operations	1
Number of minor surgical operations	1
Number of normal deliveries	1
Number of caesarian Sections	
<u>Radiological Investigations</u>	
X-ray	35
Ultrasonography	5
Special Investigations	1
C.T. Scan	2
<u>Laboratory Investigations</u>	
Biochemistry	55
Microbiology	3
Serology	5
Parasitology	4
Haematology	76
Histopathology	1
Cytopathology	-

3. There is a deficiency of 75 teaching beds required at this stage as under:-

Speciality	Required Beds/Units	Present Beds/Units	Shortage of Beds
Medicine & Allied Specialities	93	64	29
General Medicine	50	30	20
Paediatrics	12	-	12
TB & Chest	7	-	7
Skin & VD	7	-	7
Psychiatry	167	94	75
Total			

- There were no separate beds for TB & Chest, Skin & VD & Psychiatry.

4. In the OPD register, only OPD numbers and names of the patients are written but no other details like diagnosis etc. are given. The record keeping is not proper. 7. In OPD, there is no separate registration counter for male and female patients. There is no minor OT adjacent to the Surgery OPD.

5. ICD X classification is not available in the MRD.
6. There were only 03 total surgeries on the day of inspection Viz 1 ENT – Tympana Plasty, 1 Gyane and Obs.-Caessarian, and 1 Orthopedics-correction of compound fracture. There was common register for major and minor surgeries. There was a register available for Eye & ENT. There was no operation in general surgery. There was no Anaesthesia register.
7. The workload is minimal in the central laboratory on the day of inspection.
8. In the wards, nursing stations are haphazardly located. There is no side laboratories in many wards. There is no seminar hall in the major departments. There are rooms housing 8 beds i.e. there are 7 such rooms and one passage/corridor in the Medicine department with total of 76 beds. The same scenario prevails in other departments also. The deficiency is not rectified.
9. At RHTC Kalarabanka, clinical departments like Medicine, Paediatrics, Obstetrics & Gynaecology do not participate in the outreach teaching programmes. Students are not posted. Audio visual aids are not provided. Hostel accommodation, immunization services are not available. Family welfare activities are not provided. Residential accommodation for doctors in the premises is not provided. No separate toilet facility for males and females patients are available. The deficiency remains as it is.
10. In CSSD, instrument washing machine is not available.
- 11 (a)ICCU, ICU & Surgical ICU are combined with total of 6 beds which is not as per norms.
(b) PICU & NICU are combined with total 6 beds which is not as per norms. Deficiency remains as it is.
12. There is no separate building for Animal House. The AC was not working on the day of inspection. Veterinary Doctor and the Incharge of the Animal House were not available on the day of inspection.
13. Other deficiencies/remarks are in the main report.

In view of the above, the Executive Committee of the Council decided to recommend to the Central Govt. not to renew the permission for admission of 3rd batch of MBBS students for the academic year 2009-10 at Kalinga Institute of Medical Sciences, Bhubaneswar.

50. Institute of Medical Sciences & SUM Hospital, Bhubaneswar - Renewal of permission for admission of 3rd batch of students for the academic session 2009-2010.

Read: The compliance verification inspection report (24th April, 2009) along with the Council Inspectors Report (6th & 7th March, 2009) for renewal of permission for admission of 3rd batch of students for the academic session 2009-2010 at Institute of Medical Sciences & SUM Hospital, Bhubaneswar.

The Executive Committee of the Council considered the compliance verification inspection report (24th April, 2009) along with the Council Inspectors Report (6th & 7th March, 2009) and noted the following:-

1. [a] The shortage of teaching faculty is 45.6 % (i.e. 52 out of 114) as under :
 - (i) Professor : 06 (Anatomy-1,Biochemistry-1,Pathology-1,Gen. Med. -1, Paediatric-1, Radio-diagnosis-1)
 - (ii) Associate Professor : 14 (Anatomy-2,Physiology-1,Biochemistry-1,Pharmacology-1, Pathology-2, Microbiology-1,FMT-1,Comm.Med.-1, Gen.Med.-1,Gen.Surg-1,Anaesthesia-1, Radio-Diagnosis-1)
 - (iii) Assistant Professor : 16 (Anatomy-3,Physiology-1, Pathology-2,FMT-1, Community Medicine-6,Gen.Med-1,Gen.Surg-1,Ob.& Gy.-1)

(iv) Tutor : 16 (Anatomy-2, Pharmacology-3, Pathology-6, FMT-2, Community Medicine-3)

[b] The shortage of Residents is 67.9% (i.e. 55 out of 81) as under :

- (i) Sr. Resident : 15 (Paediatrics-2, Gen.Surg.-4, ENT-1, OBGY-2, Anaesthesia-5, Radio-Diagnosis-1)
(ii) Jr. Resident : 40 (Gen.Med.-8, Paediatrics-3, TB& Chest-1, Dermatology-2, Psychiatry-2, Gen.Surg-12, ENT-3, Ophthalmology-3, OBGY-6)

[c] Dr. (Mrs.) K. Dukhu, Dean of the Medical College and Dr. K.C. Biswal, Medical Superintendent were absent during inspection.

2. Clinical Material is grossly inadequate as under:-

	Day of Inspection
O.P.D. attendance	210
Casualty attendance	03
Bed occupancy%	16.75%
Operative work	1
Number of major surgical operations	4
Number of minor surgical operations	1
Number of normal deliveries	-
Number of caesarian Sections	-
<u>Radiological Investigations</u>	
X-ray	15
Ultrasonography	05
Special Investigations	-
C.T. Scan	1
<u>Laboratory Investigations</u>	
Biochemistry	25
Microbiology	04
Serology	02
Parasitology	01
Haematology	30
Histopathology	01
Cytopathology	01
Others	-

- The OPD attendance (210), bed occupancy(16.75%) was low on the day of inspection. The operative radiological and laboratory workload was also found to be low on the day of inspection. There was only 1 major surgery (abdominal hysterectomy) and one normal delivery on the day of inspection. Histopathology, Cytopathology, Serology and Parasitology investigations are conducted in the central lab., but the workload is minimal.
- The hospital appeared to be functional though the clinical material and bed occupancy was low as indicated above.

3. There is deficiency of 194 teaching beds as under:-

Speciality	Required Beds/Units	Present Beds/Units	Shortage of Beds
Medicine & Allied Specialities	93/3	60	33
General Medicine	50/2	30	20
Paediatrics	12/1	-	12
TB & Chest	7/1	-	7
Skin & VD	7/1	-	7
Psychiatry	169/8	90	79
Total			
Surgery & Allied Specialities	93/3	60	33
General Surgery	50/2	-	50
Orthopaedics	16/1	-	16
Ophthalmology	16/1	-	16
ENT	175/7	60	115
Total			
Obstetrics & Gynaecology	34/2	34	
Obstetrics & ANC	22	22	Nil
Gynaecology	56/2	56	
Total			
Grand Total	400/17	206	194

- The distribution of Beds and Units is not as per Council norms.
 - There are no separate earmarked beds for TB & Chest, Psychiatry & Dermatology. Patients of these departments are admitted in Medicine Wards. Similarly there are no separate earmarked beds for Orthopaedics, Ophthalmology & ENT. Patients of these departments are admitted in Surgery wards.
 - The actual bed strength was only 206 against the requirement of 400 for the present stage. Thus there is a deficiency of 194 beds.
4. Engineering students are still staying in boys and girls hostel respectively. Deficiency remains as it is.
 5. Only 16 flats are available for teaching faculty against the requirement of 34 at this stage. Deficiency remains as it is.
 6. Other deficiencies/remarks are in the main report.

In view of the above, the Executive Committee of the Council decided to recommend to the Central Govt. not to renew the permission for admission of 3rd batch of MBBS students for the academic year 2009-10 at Institute of Medical Sciences & SUM Hospital, Bhubaneswar.

51. Establishment of New Medical College at Aziznagar, R.R. District, A.P. by Dr. VRK Educational Society, Hyderabad.

Read: The Council Inspectors Report (22nd & 23rd April, 2009) for grant of Letter of Permission for Establishment of Medical College at Aziznagar, R.R. District, A.P. by Dr. VRK Educational Society, Hyderabad.

The Executive Committee of the Council considered the Council Inspectors report (22nd & 23rd April, 2009) and noted the following:-

1. (a) The shortage of teaching faculty is 30.9% (Shortage of 17 out of 55)

- i) Professor 3 (1 Anatomy, 1 Physiology, 1 Biochemistry)
 ii) Associate Professor 8 (2 Anatomy, 2 Physiology, 1 Pharmacology, 1 Pediatrics, 1 Anesthesia, 1 Radio Diagnosis)
 iii) Assistant Professor 6 (2 Anatomy, 1 Community Medicine, 1 General Medicine, 1 Radio Diagnosis, 1 Dental)
 iv) Tutor Nil
- (c) The shortage of Residents is 30.95% (Shortage of 13 out of 42)
- i) Sr. Resident 12 (4 Medicine, 4 Surgery, 1 ENT, 2 Anesthesia, 1 Radio Diagnosis)
 ii) Jr. Resident 1 (1 OBG)
- (c) Dr. A.Y. Chary, Dean of the college is also working as the Medical Superintendent of the hospital which is not as per Regulations.

2. Clinical material is grossly inadequate in terms of bed occupancy, operative work, radiological investigations and laboratory investigations as under:

	Day of Inspection	
Bed occupancy%	20%	
Operative work	-	
Number of major surgical operations	6	
Number of minor surgical operations	-	
Number of normal deliveries	-	
Number of caesarian Sections	-	
Radiological Investigations	O.P.	I.P.
X-ray	-	-
Ultrasonography	-	-
Special Investigations	-	-
C.T. Scan	-	-
Laboratory Investigations		
Biochemistry	80	57
Microbiology	-	-
Serology	22	15
Parasitology	-	-
Haematology	65	74
Histopathology	-	-
Cytopathology	-	-
Others	-	-

3. There is deficiency of 90 teaching beds as under:-

Speciality	Required Beds/Units	Present Beds/Units	Shortage
General Surgery	90	70	20
Ophthalmology	10	-	10
ENT	10	-	10
Obstetrics & ANC	30	-	30
Gynaecology	20	-	20

4. College Council is not available.
5. One lecture theatre is yet to be furnished and non-functional. Audio-visual aids are not available in any of the lecture theatre.
6. Common room for girls is not available.

7. Animal house is not available.
8. Central laboratory is not available.
9. Central Photography Unit is not available.
10. Central Workshop is not available.
11. The hostel for students is not functional as it is yet to be furnished.
12. Residential quarters are not available.
13. Sports and recreation facilities are not available.
14. Registration and Medical Record Section is yet to be established.
15. In casualty area and Ots. Central oxygen supply and suction fittings are yet to be started.
16. The ICCUs are yet to be furnished with the required equipments.
17. In Radio-Diagnosis department the statical unit is yet to be made functional.
18. CSSD is not available.
19. Intercom is not available.
20. Central laundry is not available.
21. Kitchen and canteen are not available.
22. Incinerator is not available.
23. Para-medical staff is grossly inadequate as under:-

Laboratory Technicians	:	6
Laboratory Assistants	:	8
Laboratory Attendants	:	4

24. Nursing staff is inadequate as under:-

Nursing Superintendent	:	1
Deputy Nursing Superintendent	:	1
Matron	:	1
Asstt. Nursing Superintendent	:	1
Staff nurses	:	68

25. Departments of Anatomy, Physiology and Biochemistry are yet to be furnished and are non-functional.
26. Other deficiencies/remarks are in the main report.

In view of above, whereby it has been observed that the applicant has failed to fulfill the mandatory and statutory precondition at Sr. No. 2(5) of the qualifying criteria of owning & managing of a functional hospital of not less than 300 beds having adequate clinical material laid down in the Establishment of Medical College Regulations, the Executive Committee of the Council decided to return the application to the Central Govt. recommending disapproval of the scheme for establishment of new medical college at Aziznagar, R.R. District, A.P. by Dr. VRK Educational Society, Hyderabad for the academic year 2009-10 received u/s 10A of the I.M.C. Act, 1956 as the applicant has failed to fulfill the mandatory and statutory qualifying criterion at Sl.No.2(5) in respect of the functional hospital of not less than 300 beds having adequate clinical material.

The Executive Committee of the Council further decided to write a letter to the State Govt. of Andhra Pradesh requesting to intimate as to how they have issued the Essentiality Certificate certifying that the applicant owned and managed a functional hospital of 300 beds having adequate clinical material when on inspection it has been observed that only 210 functional beds are available.

It was further decided that the Government of Andhra Pradesh be requested to issue a fresh Essentiality Certificate certifying that a functional hospital of not less than 300 beds with adequate clinical material is available.

52. Award of Annual Maintenance Contract for 500 KVA Kirlosker make DG Set.

Read: The matter with regard to award of Annual Maintenance Contract for 500 KVA Kirlosker make DG Set.

The Executive Committee of the Council decided to approve the recommendations for awarding the Annual Maintenance Contract for 500 KVA DG Set complete including AMF Panel @ Rs.36,000/- plus Service Tax to M/s. P.R. Sales Services Pvt. Ltd., Mundka, Udyog Vihar, New Delhi who are the authorized service center of Kirloskar make DG Set.

53. Consideration of draft regulations framed by the Sub-Committee with regard to curbing the menace of ragging in medical institutions in the country.

Read: The draft Regulations framed by the Sub-Committee with regard to curbing the menace of ragging in medical institutions in the country.

The Executive Committee considered the matter alongwith the draft Regulation framed by the Sub-Committee curbing the menace of ragging in medical institutions in the country and decided to approve the Draft Regulations as modified as under:-

**DRAFT
NOTIFICATION**

New Delhi, the _____/2009

No. MCI-34(1)/2009-Med./_____, In exercise of the powers conferred by Section 33 of the Indian Medical Council Act, 1956 (102 of 1956) the Medical Council of India with the previous sanction of the Central Government hereby makes the following Regulations, namely:-

1. Short title, commencement and applicability

- (i) These Regulations may be called the Medical Council of India (Prevention and Prohibition of Ragging in Medical Colleges/Institutions) Regulations, 2009.
- (ii) They shall come into force on the date of their publication in the Official Gazette.

2. Objective:-

To root out ragging in all its forms from medical colleges/institutions in the country by prohibiting it by law, preventing its occurrence by following the provisions of these Regulations and punishing those who indulge in ragging as provided for in these Regulations and the appropriate law in force.

3. Definitions:- For the purposes of these Regulations:-

3.1 "Medical College" means an institution, whether known as such or by any other name, which provides for a programme, beyond 12 years of schooling, for obtaining recognized MBBS qualification from a university and which, in accordance with the rules and regulations of such university, is recognized as competent to provide for such programmes of study and present students undergoing such programmes of study for the examination for the award of recognized MBBS/PG Degree/Diploma qualifications.

3.2 "Head of the institution" means the Dean/Principal/Director of the concerned medical college/institution.

3.3 "Ragging" includes the following:

Any conduct whether by words spoken or written or by an act which has the effect of harassing, teasing, treating or handling with rudeness any other student, indulging in rowdy or undisciplined activities which causes or is likely to cause annoyance, hardship or psychological harm or to raise fear or apprehension thereof in a fresher or a junior student or asking the students to do any act or perform something which such student will not in the ordinary course and which has the effect of causing or generating a sense of shame or embarrassment so as to adversely affect the physique or psyche of a fresher or a junior student.

3.4 MCI means MCI constituted in terms of Section 3 of Indian Medical Council Act, 1956.

3.5 "University" means a university established or incorporated by or under a Central Act, a Provincial Act or a State Act, an institution deemed to be university under Section 3 of the UGC Act, 1956, or an institution specially empowered by an Act of Parliament to confer or grant degrees.

4 Punishable ingredients of Ragging:-

- Abetment to ragging;
- Criminal conspiracy to rag;
- Unlawful assembly and rioting while ragging;
- Public nuisance created during ragging;
- Violation of decency and morals through ragging;
- Injury to body, causing hurt or grievous hurt;
- Wrongful restraint;
- Wrongful confinement;
- Use of criminal force;
- Assault as well as sexual offences or even unnatural offences;
- Extortion;
- Criminal trespass;
- Offences against property;
- Criminal intimidation;
- Attempts to commit any or all of the above mentioned offences against the victim(s);
- Physical or psychological humiliation.
- All other offences following from the definition of "Ragging".

5 Measures for prohibition of ragging:-

5.1 The Medical College/Institution / University shall strictly observe the provisions of the Act of the Central Government and the State Governments, if any, or if enacted and / or for the time being in force, considering ragging as a cognizable offence under the law at par with rape and other atrocities against women and ill-treatment of persons belonging to the SC/ST and prohibiting ragging in all its forms in all institutions.

5.2 Ragging in all its forms shall be totally banned in the entire Medical College/Institution / University including its departments, constituent units, all its premises (academic, residential, sports, canteen, etc) whether located within the campus or outside and in all means of transportation of students whether public or private.

5.3 The Medical College/Institution / University shall take strict action against those found guilty of ragging and/or of abetting ragging.

6. Measures for prevention of ragging at the institution level:-

6.1 Before admissions:-

6.1.1 The advertisement for admissions shall clearly mention that ragging is totally banned / prohibited in the Medical College/Institution and anyone found guilty of ragging and/or abetting ragging is liable to be punished appropriately.

6.1.2 The brochure of admission/instruction booklet for candidates shall print in block letters these Regulations in full (including Annexures).

6.1.3 The 'Prospectus' and other admission related documents shall incorporate all directions of the Hon'ble Supreme Court and /or the Central or State Governments as applicable, so that the candidates and their parents/ guardians are sensitized in respect of the prohibition and consequences of ragging.

6.1.4 The application form for admission/ enrolment shall have a printed undertaking, preferably both in English/Hindi and in one of the regional languages known to the institution and the applicant (English version given in Annexure I, Part I), to be filled up and signed by the candidate to the effect that he/she is aware of the law regarding prohibition of ragging as well as the punishments, and to the effect that he/she has not been expelled and/or debarred from admission by any institution and that he/she, if found guilty of the offence of ragging and/or abetting ragging, is liable to be punished appropriately.

6.1.5 The application form shall also contain a printed undertaking, preferably both in English/Hindi and in one of the regional languages known to the institution and the parent/ guardian (English version given in Annexure I, Part II), to be signed by the parent/ guardian of the applicant to the effect that he/ she is also aware of the law in this regard and agrees to abide by the punishment meted out to his/ her ward in case the latter is found guilty of ragging and/or abetting ragging.

6.1.6 The application for admission shall be accompanied by a document in the form of the School Leaving Certificate/transfer certificate/migration certificate/ Character Certificate which shall include a report on the behavioral pattern of the applicant, so that the institution can thereafter keep intense watch upon a student who has a negative entry in this regard.

6.1.7 A student seeking admission to the hostel shall have to submit additional undertaking in the form of Annexure I (both Parts) along with his/ her application for hostel accommodation.

6.1.8 At the commencement of the academic session the Head of the Institution shall convene and address a meeting of various functionaries/agencies, like Wardens, representatives of students, parents/guardians, faculty, district administration including police, to discuss the measures to be taken to prevent ragging in the Institution and steps to be taken to identify the offenders and punish them suitably.

6.1.9 To make the community at large and the students in particular aware of the dehumanizing effect of ragging, and the approach of the institution towards those indulging in ragging, big posters (preferably multicolored with different colours for the provisions of law, punishments, etc.) shall be prominently displayed on all Notice Boards of all departments, hostels and other buildings as well as at vulnerable places. Some of such posters shall be of permanent nature in certain vulnerable places.

6.1.10 The Medical College/Institution/University shall request the media to give adequate publicity to the law prohibiting ragging and the negative aspects of ragging and the institution's resolve to ban ragging and punish those found guilty without fear or favour.

6.1.11 The Medical College/Institution/University shall identify, properly illuminate and man all vulnerable locations.

6.1.12 The Medical College/Institution/University shall tighten security in its premises, especially at the vulnerable places. If necessary, intense policing shall be resorted to at such points at odd hours during the early months of the academic session.

6.1.13 The Medical College/Institution/University shall utilize the vacation period before the start of the new academic year to launch wide publicity campaign against ragging through posters, leaflets, seminars, street plays, etc.

6.1.14 The faculties/ departments/ units of the Medical College/Institution /University shall have induction arrangements (including those which anticipate, identify and plan to meet any special needs of any specific section of students) in place well in advance of the beginning of the academic year with a clear sense of the main aims and objectives of the induction process.

6.2 On admission:-

6.2.1 Every fresher admitted to the Medical College/Institution/University shall be given a printed leaflet detailing when and to whom he/she has to turn to for help and guidance for various purposes (including Wardens, Head of the institution, members of the anti-ragging committees, relevant district and police authorities), addresses and telephone numbers of such persons/authorities, etc., so that the fresher need not look up to the seniors for help in such matters and get indebted to them and start doing things, right or wrong, at their behest. Such a step will reduce the freshers' dependence on their seniors.

6.2.2 The Medical College/Institution/University through the leaflet mentioned above shall explain to the new entrants the arrangements for their induction and orientation which promote efficient and effective means of integrating them fully as students.

6.2.3 The leaflet mentioned above shall also inform the freshers about their rights as bonafide students of the institution and clearly instructing them that they should desist from doing anything against their will even if ordered by the seniors, and that they have nothing to fear as the institution cares for them and shall not tolerate any atrocities against them.

6.2.4 The leaflet mentioned above shall contain a calendar of events and activities laid down by the institution to facilitate and complement familiarization of freshers with the academic environment of the institution.

6.2.5 The Medical College/Institution/University shall also organize joint sensitization programmes of 'freshers' and seniors.

6.2.6 Freshers shall be encouraged to report incidents of ragging, either as victims, or even as witnesses.

6.3. At the end of the academic year:-

6.3.1 At the end of every academic year the Dean/Principal/Director shall send a letter to the parents/guardians of the students who are completing the first year informing them about the law regarding ragging and the punishments, and appealing to them to impress upon their wards to desist from indulging in ragging when they come back at the beginning of the next academic session.

6.3.2 At the end of every academic year the Medical College/Institution /University shall form a 'Mentoring Cell' consisting of Mentors for the succeeding academic year. There shall be as many levels or tiers of Mentors as the number of batches in the institution, at the rate of 1 Mentor for 6 freshers and 1 Mentor of a higher level for 6 Mentors of the lower level.

6.4 Setting up of Committees and their functions:-

6.4.1 The Anti-Ragging Committee:- The Anti-Ragging Committee shall be headed by the Head of the institution and shall consist of representatives of faculty members, parents, students belonging to the freshers' category as well as seniors and non-teaching staff. It shall monitor the Anti Ragging activities in the institution, consider the recommendations of the Anti-Ragging Squad and take appropriate decisions, including spelling out suitable punishments to those found guilty.

6.4.2 The Anti-Ragging Squad:- The Anti-Ragging Squad shall be nominated by the Head of the institution with such representation as considered necessary and shall consist of members belonging to the various sections of the campus community. The Squad shall have vigil, oversight and patrolling functions. It shall be kept mobile, alert and active at all times and shall be empowered to inspect places of potential ragging and make surprise raids on hostels and other hot spots. The Squad shall investigate incidents of ragging and make recommendations to the Anti-Ragging Committee and shall work under the overall guidance of the said Committee.

6.5 Other measures:-

6.5.1 The Annexures mentioned in 6.1.4, 6.1.5 and 6.1.7 of these Regulations shall be furnished at the beginning of each academic year by every student, that is, by freshers as well as seniors.

6.5.2 The Medical College/Institution /University shall arrange for regular and periodic psychological counseling and orientation for students (for freshers separately, as well as jointly with seniors) by professional counselors during the first three months of the new academic year. This shall be done at the institution and department/ course levels. Parents and teachers shall also be involved in such sessions.

6.5.3 Apart from placing posters mentioned in sub-clause 6.1.9 above at strategic places, the Medical College/Institution shall undertake measures for extensive publicity against ragging by means of audio-visual aids, by holding counseling sessions, workshops, painting and design competitions among students and other methods as it deems fit.

6.5.4 Wardens shall be appointed as per the eligibility criteria laid down for the post reflecting both the command and control aspects of maintaining discipline, as well as the softer skills of counseling and communicating with the youth outside the class-room situations. Wardens shall be accessible at all hours and shall be provided with mobile phones. The institution shall review and suitably enhance the powers and perquisites of Wardens and authorities involved in curbing the menace of ragging.

6.5.5 The security personnel posted in hostels shall be under the direct control of the Wardens and assessed by them.

6.5.6 Private commercially managed lodges and hostels shall be registered with the local police authorities, and this shall be done necessarily on the recommendation of the Head of the institution. Local police, local administration and the institutional authorities shall ensure vigil on incidents that may come within the definition of ragging and shall be responsible for action in the event of ragging in such premises, just as they would be for incidents within the campus. Managements of such private hostels shall be responsible for not reporting cases of ragging in their premises.

6.5.7 The Head of the institution shall take immediate action on receipt of the recommendations of the Anti-Ragging Squad. He/ She shall also take action suo motu if the circumstances so warrant.

6.5.8 Freshers who do not report the incidents of ragging either as victims or as witnesses shall also be punished suitably.

6.5.9 Anonymous random surveys shall be conducted across the 1st year batch of students (freshers) every fortnight during the first three months of the academic year to verify and cross-check whether the campus is indeed free of ragging or not. The institution may design its own methodology of conducting such surveys.

6.5.10 *The burden of proof shall lie on the perpetrator of ragging and not on the victim.*

6.5.11 *The institution shall file an FIR with the police / local authorities whenever a case of ragging is reported, but continue with its own enquiry and other measures without waiting for action on the part of the police/ local authorities. Remedial action shall be initiated and completed within the one week of the incident itself.*

6.5.12 *The Migration/Transfer Certificate issued to the student by the Medical College/Institution /University shall have an entry, apart from those relating to general conduct and behaviour, whether the student has been punished for the offence of committing or abetting ragging, or not, as also whether the student has displayed persistent violent or aggressive behaviour or any inclination to harm others.*

6.5.13 *Preventing or acting against ragging shall be the collective responsibility of all levels and sections of authorities or functionaries in the Medical College/Institution /University, including faculty, and not merely that of the specific body/ committee constituted for prevention of ragging.*

6.5.14 *Access to mobile phones and public phones shall be unrestricted in hostels and campuses, except in class-rooms, seminar halls, library etc. where jammers shall be installed to restrict the use of mobile phones.*

6.6 Measures for encouraging healthy interaction between freshers and seniors:-

6.6.1 *The Medical College/Institution /University shall set up appropriate committees including the course-in- charge, student advisor, Warden and some senior students to actively monitor, promote and regulate healthy interaction between the freshers and senior students.*

6.6.2 *Freshers' welcome parties shall be organized in each department by the senior students and the faculty together soon after admissions, preferably within the first two weeks of the beginning of the academic session, for proper introduction to one another and where the talents of the freshers are brought out properly in the presence of the faculty, thus helping them to shed their inferiority complex, if any, and remove their inhibitions.*

6.6.3 *The Medical College/Institution /University shall enhance the student-faculty interaction by involving the students in all matters of the institution, except those relating to the actual processes of evaluation and of faculty appointments, so that the students shall feel that they are responsible partners in managing the affairs of the institution and consequently the credit due to the institution for good work/ performance is due to them as well.*

7. Regulatory Measures

The inspecting/visiting committees of MCI shall cross verify that the medical college/institution has strictly complied with the anti ragging measures and has a blemishless record in terms of there being no incident of ragging during the impending period (i.e. from earlier inspection) or otherwise.

8. Punishments:-

8.1 At the Medical College/Institution level:

Depending upon the nature and gravity of the offence as established by the Anti-Ragging Committee of the institution, the possible punishments for those found guilty of ragging at the institution level shall be any one or any combination of the following:

- 8.1.1 *Suspension from attending classes and academic privileges.*
- 8.1.2 *Withholding/withdrawing scholarship/ fellowship and other benefits*
- 8.1.3 *Debarring from appearing in any test/ examination or other evaluation Process.*
- 8.1.4 *Withholding results*
- 8.1.5 *Debarring from representing the institution in any regional, national or international meet, tournament, youth festival, etc.*
- 8.1.6 *Suspension/ expulsion from the hostel*
- 8.1.7 *Cancellation of admission.*
- 8.1.8 *Rustication from the institution for period ranging from 1 to 4 semesters*
- 8.1.9 *Expulsion from the institution and consequent debarring from admission to any other institution for a specific period.*
- 8.1.10 *Fine of Rs. 25,000/- and Rs. 1 lakh.*
- 8.1.11 *Collective punishment: When the persons committing or abetting the crime of ragging are not identified, the institution shall resort to collective punishment.*

8.2 At the appointing authority level:

The authorities of the institution particularly the Head of the institution, shall be responsible to ensure that no incident of ragging takes place in the institution. In case any incident of ragging takes place, the Head shall take prompt and appropriate action against the person (s) whose dereliction of duty lead to the incident. The authority designated to appoint the Head shall, in its turn, take prompt and appropriate action against the Head.

8.3 At the MCI level

8.3.1 Impose an exemplary fine of Rs. 1 lakh for each incident of ragging payable by erring medical college/institution to such authority as may be designated by the appropriate Govt., as the case may be.

8.3.2 Declare the erring Medical College/Institution/University as not having the minimum academic standards and warning the potential candidates for admission at such institution through public notice and posing on the MCI website.

8.3.3 Declare the erring Medical College/Institution/University to be ineligible for preferring any application u/s 10A of the Indian Medical Council Act, 1956 for a minimum period of one year, extendable by such quantum by the Council as would be commensurate with the wrong.

ANNEXURE I, Part I**UNDERTAKING BY THE CANDIDATE/STUDENT**

1. I, _____
S/o. D/o. of Mr./Mrs./Ms. _____ have carefully read and fully understood the law prohibiting ragging and the directions of the Supreme Court and the Central/State Government in this regard.

2. I have received a copy of the MCI Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009.

3. I hereby undertake that-

- I will not indulge in any behavior or act that may come under the definition of ragging,
- I will not participate in or abet or propagate ragging in any form,
- I will not hurt anyone physically or psychologically or cause any other harm.

4. I hereby agree that if found guilty of any aspect of ragging, I may be punished as per the provisions of the MCI Regulations mentioned above and/or as per the law in force.

Signed this _____ day of _____ month of _____ year

Signature

Name:

Address:

(1) Witness:

(2) Witness:

ANNEXURE I, Part II**UNDERTAKING BY PARENT/GUARDIAN**

1. I, _____
F/o. M/o. G/o _____, have carefully read and fully understood the law prohibiting ragging and the directions of the Hon'ble Supreme Court and the Central/State Government in this regard as well as the MCI Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009.

2. I assure you that my son/ daughter/ ward will not indulge in any act of ragging.

3. I hereby agree that if he/she is found guilty of any aspect of ragging, he/she may be punished as per the provisions of the MCI Regulations mentioned above and/or as per the law in force.

Signed this _____ day of _____ month of _____ Year

Signature

Name:

Address:

(1) Witness:

(2) Witness:

It was further decided that looking into the urgency for promulgating the anti-ragging Regulations, the minutes of this item were read out and confirmed in the meeting itself.

It was further decided that the draft Regulations may be sent to the members of the Council for approval immediately by circulation.

54. Army College of Medical Sciences, Delhi Cantt - Renewal of permission for admission of 2nd batch of students for the academic session 2009-2010.

Read: the Compliance Verification Inspection Report (25th April, 2009) along with the Council Inspectors Report (27th & 28th March, 2009) for renewal of permission for admission of 2nd batch of students for the academic session 2009-2010 at Army College of Medical Sciences, Delhi Cantt.

The Executive Committee of the Council considered the Compliance Verification Inspection Report (25th April, 2009) along with the Council Inspectors Report (27th & 28th March, 2009) and decided to recommend to the Central Govt. to issue Letter of Permission for renewal of permission for admission of 2nd batch of 100 (One hundred) MBBS students at Army College of Medical Sciences, Delhi Cantt. for the academic session 2009-2010.

55. Establishment of New Medical College at Ragolu, A.P. by Aditya Educational Society, Andhra Pradesh.

Read: the Council Inspectors Report (24th & 25th April, 2009) for grant of Letter of Permission for Establishment of Medical College at Ragolu, A.P. by Aditya Educational Society, Andhra Pradesh u/s 10A of the IMC Act, 1956.

The Executive Committee of the Council considered the Council Inspectors report (24th & 25th April, 2009) and noted the following:-

1.(a) The shortage of teaching faculty is 85.4% (i.e. 47 out of 55) as under :-

- | | | | |
|-------|---------------------|------|---|
| (i) | Professor | : 05 | (Anatomy -1, Physiology -1, Biochemistry -1, General Medicine -1, General Surgery -1) |
| (ii) | Associate Professor | : 12 | (Anatomy -2, Physiology -2, Biochemistry -1, Pharmacology -1, Pathology -1, Microbiology -1, Paediatrics -1, Orthopaedics -1, Anaesthesia -1 & Radio Diagnosis-1) |
| (iii) | Assistant Professor | : 17 | (Anatomy -3, Physiology -2, Lect. Biophysics -1, Pathology -1, Forensic Medicine -1, Community Medicine -1, General Medicine -1, General Surgery -3, ENT -1, Ophthalmology -1, Anaesthesia -1 & Radiology -1) |
| (iv) | Tutor | : 13 | (Anatomy -4, Physiology -4, Biochemistry -1, Pharmacology -1, Pathology -1, Microbiology -1, Forensic Medicine -1 & Community Medicine -1) |

(b) The shortage of Residents is 83.3% (i.e. 35 out of 42) as under :-

- | | | | |
|------|--------------|------|--|
| (i) | Sr. Resident | : 15 | (General Medicine -4, General Surgery -3, Orthopaedics -1, ENT -1, Ophthalmology -1, Obst. & Gynae. -2, Anaesthesia -1 & Radiology -2) |
| (ii) | Jr. Resident | : 20 | (General Medicine -6, Paediatrics -1, General Surgery -8, Orthopaedics -2, ENT -1, Ophthalmology -1, Obst. & Gynae. -1) |

- (c) Medical Superintendent is not available.
- (d) The following teaching staff was not accepted.
- (i) Dr. Pradeep Indurkar Samuel S, Assoc.Prof. of Anaesthesia – He was working at Index Medical College till 24.10.2008 whereas his joining report in the Great Eastern Medical College has been shown on 07.08.2008. Signature on the declaration form forged.
 - (ii) Dr. B. Mallikarjuna Rao, Tutor – Anatomy - Signature on the declaration form forged.

2. Clinical material is grossly inadequate as under:-

	Daily Average	Day of Inspection
O.P.D. attendance	-	30
Casualty attendance	-	Nil
Number of admissions / discharge	-	Nil
Bed occupancy%	-	Nil
Operative work	-	Nil
Number of major surgical operations		Nil
Number of minor surgical operations		Nil
Number of normal deliveries		Nil
Number of caesarian Sections		Nil
<u>Radiological Investigations</u>		
X-ray	-	Nil
Ultrasonography	-	
Special Investigations	-	
C.T. Scan	-	
<u>Laboratory Investigations</u>		
Biochemistry	-	nil
Microbiology	-	
Serology	-	
Parasitology	-	
Haematology	-	
Histopathology	-	
Cytopathology	-	
Others	-	

- Clinical Material - Daily average could not be ascertained as the hospital has started the OPD services only from 1st April 2009 to 7th April 2009
 - Again the OPD has been started with the inadequate facilities with effect from the first day of inspection (i.e., 24th April 2009)
 - The casualty, ICU's, Indoor registration, operation theatres, labour room, radiology department and Central lab have not started functioning till date.
3. Dean's Office is not existing at the present stage with no administrative block.
 4. The hospital is non-functional. There is a deficiency of 300 teaching beds. Only cots have been placed in some wards. No other facilities have been provided. There is no furniture or equipment in any of the ward.
 5. Central laundry is not available.
 6. College Council is non-functional.
 7. Central photographic unit is not available.
 8. The capacity of two lecture theatres is only 60 against the requirement of 120. Audio-visuals aids are not available. One of the lecture theatres is of flat type which is not as per norms.

9. Hostels: Accommodation for 40 students is available against the requirement of 100 students. Even this accommodation is partially furnished with no electric and water connection. Hence, hostel is non-functional.
10. Residential quarters are non-functional as no electric work and sanitation facilities are available.
11. Sports & recreation facilities are not available.
12. In OPD, teaching facilities are inadequate. Dressing room, plaster room, plaster cutting room, ECG room, central clinical laboratory are non-functional. Audiometry room, Minor OT room is not available and functional.
13. MRD is not available. Registration counter is not computerized. Manual OPD registers were available for the period from 1st April to 7th April, 2009. There is no register from 8th April to 23rd April, 2009. The OPD registers were prepared on the spot on the day of inspection i.e. 24th April 2009. Central casualty services is non functional.
14. Emergency OT is non-functional.
15. Clinical laboratories are non-functional.
16. Operation Theatres: Only areas are identified with no equipment in three OTs which are not airconditioned. The Operation theatres are non-functional. Central oxygen, nitrous oxide supply and central suction are not available.
17. ICUs are non-functional.
18. Labour rooms are not available.
19. Only one statistic unit is available in Radio-Diagnosis department which is not adequate. Protective measures as per BARC specification are not provided.
20. Pharmacy is not available.
21. CSSD is not available.
22. Intercom, central laundry, kitchen and canteen are not available.
23. Para medical staff is grossly inadequate as under:-

Laboratory Technicians	:	11
Laboratory Assistants	:	02
Laboratory Attendants	:	nil
24. Nursing staff is grossly inadequate as under:-

Nursing Superintendent	:	NA
Deputy Nursing Superintendent	:	NA
Matron	:	NA
Asstt. Nursing Superintendent	:	NA
Nursing Sisters	:	nil
Staff nurses	:	37

 - No registers are maintained with regard to their appointments and salary disbursement.
25. The departments of Anatomy, Physiology and Biochemistry are not functional. Staff in the departments of Anatomy, Physiology, Biochemistry are not available. No furniture or equipment is available in any of the department. Electrical fittings and electric wiring are not available. Sanitary fittings and plumbing work is not complete.
26. The departments of Pharmacology, Pathology, Microbiology, Forensic Medicine & Community Medicine do not exist.
27. Other deficiencies/remarks are in the main report.

In view of above, whereby it has been observed that the applicant has failed to fulfill the mandatory and statutory precondition at Sr. No. 2(5) of the qualifying criteria of owning & managing of a functional hospital of not less than 300 beds having adequate clinical material laid down in the Establishment of Medical College Regulations, the Executive Committee of the Council decided to return the application to the Central Govt. recommending disapproval of the scheme for establishment of new medical college at Ragolu, A.P. by Aditya Educational Society, Andhra Pradesh for the academic year 2009-10 received u/s 10A of the I.M.C. Act, 1956 as the applicant has failed to fulfill the mandatory and statutory qualifying criterion at Sl.No.2(5) in respect of the functional hospital of not less than 300 beds having adequate clinical material.

It was further decided to write a letter to the State Govt. of Andhra Pradesh requesting to intimate as to how they have issued the Essentiality Certificate certifying that the applicant owned and managed a functional hospital of 300 beds having adequate clinical material.

It was further decided that the Government of Andhra Pradesh be requested to issue a fresh Essentiality Certificate certifying that a functional hospital of not less than 300 beds with adequate clinical material is available.

56. Shri Guru Ram Rai Institute of Medical Sciences, Dehradun -Renewal of permission for admission of 4th batch of students for the academic session 2009-2010.

Read: the Council Inspectors Report (15th & 16th April, 2009) for renewal of permission for admission of 4th batch of MBBS students for the academic session 2009-2010 at Shri Guru Ram Rai Institute of Medical Sciences, Dehradun.

The Executive Committee of the Council considered the Council Inspectors report (15th & 16th April, 2009) and noted the following:-

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

Sl. No.	Name	Designation	Department	Remarks
1.	Dr. Shivnath Nandan	Assoc.Prof.	Medicine	In his declaration form, he has claimed that he has worked at Medical College, Ujjain as Asstt.Prof. from 1.1.2003 to 3.5.2007. While on confirmation the Medical Director of the R.D. Gardi Medical College, Ujjain vide his letter dt. 12.2.2009 has confirmed that he has worked as Asstt.Prof in the department from 1.3.2005 to 30.4.2007 only at their institute and therefore he cannot be accepted as a teacher.

The Executive Committee of the Council was therefore, clearly of the view that the Council should take steps for referring this case to the Police authorities for registration of FIR and conducting investigations. It was observed that in the complaint to be sent to the Police authorities, it should also be clearly requested that in this case where there is a collusion and conspiracy of such person with the management of the college, the necessary action should also be taken against the management of the college. It was further decided that appropriate action be taken against the Doctor and the Principal of the college in accordance with Professional Conduct (Etiquette and Ethics) Regulations, 2002.

- (b) The following teaching faculty has not been considered because of the reasons mentioned below.

Sr No	Name	Department	Designation	Reason for not considering
1	Dr Sukhenu Datta	Anatomy	Assoc. Prof.	Does not possess required teaching experience.
2	Dr Ashish Ranjan	Physiology	Prof.	Does not possess prescribed qualification.
3	Dr Punam Verma	Physiology	Assoc. Prof.	Does not possess required teaching experience.
4	Dr Ravi Nagpaul	Biochemistry	Prof.	Does not possess prescribed qualification.
5	Dr Nita Garg	Biochemistry	Asst. Prof	Does not possess required teaching experience.
6	Dr Sandip Kudesia	Pathology	Profs.	Does not possess required teaching experience.
7	Dr Sanjeev Kishore			
8	Dr Kusum Jailakshmi	Microbiology	Assoc. Prof	Does not possess required teaching experience.
9	Dr V P Mallik	Forensic Medicine	Prof. Profs	Has not produced the relieving order from Previous Medical College
10	Dr V K Mishra			Does not possess required teaching experience.
11	Dr Alok Kumar	Medicine	Assoc. Prof.	Does not possess required teaching experience.
12	Dr S K Rana	Pediatrics	Prof.	Does not possess required teaching experience.
13	Dr Sanjay Bansal	TB	Assoc. Prof	Does not possess required teaching experience and appeared in MCI Inspection in Peoples, Medical College , Bhopal on 2-1-2009
14	Dr B K S Sanjoy	Orthopedics	Prof.	Has not produced the relieving order from Previous Medical College and does not possess required teaching experience.
15	Dr Sanjeev Mittal	Ophthalmology	Prof.	Does not possess required teaching experience.
16	Dr Abhinav Puri	Dentistry	Assoc. Prof.	Does not possess required teaching experience.

- (c) The following Residents are not considered because they are not staying in hospital premises.

S.No.	Name	Designation	Department
1	Dr. Kranti Nanda	Senior Resident	Medicine
2	Dr. Mahi pal Singh	Junior Resident	Medicine
3	Dr Jankee Bartwal	Junior Resident	Medicine
4	Dr Kartikey R. Singh	Junior Resident	T.B & Chest
5	Dr.P.K Gupta	Senior Resident	Psychiatry
6	Dr. Vinay Kaul Zuisi	Senior Resident	Skin & V.D.
7	Dr. Vinod Kumar Bihari	Senior Resident	Surgery
8	Dr Anurag Bialwan	Senior Resident	Surgery
9	Dr. Rohit Arora	Senior Resident	Surgery
10	Dr. V. K. Sharma	Junior Resident	Surgery
11	Dr. D.P.S Tyagi	Junior Resident	Surgery

12	Dr Suchit Kumar	Junior Resident	Surgery
13	Dr. Manav Luthra	Senior Resident	Orthopaedics
14	Dr. Harish Kohli	Senior Resident	Orthopaedics
15	Dr. Piyush Sagar	Junior Resident	Orthopaedics
16	Dr. Mannu Dev Dang	Junior Resident	E.N.T
17	Dr. N.K. Khotiyal	Junior Resident	Ophthalmology
18	Dr Alok Chaudhari	Senior Resident	Radiodiagnosis
19	Dr Ashok Sachdewa	Senior Resident	Radiodiagnosis
20	Dr Subhash Chandra	Senior Resident	Radiodiagnosis
21	Dr Rajendr Garg	Senior Resident	Radiodiagnosis
22	Dr. Rakesh Bharti	Senior Resident	Anaesthesia
23	Dr. Puneet Purohit	Senior Resident	Anaesthesia
24	Dr Mudit Garg	Senior Resident	Anaesthesia
25	Dr. ArchanaTandon	Senior Resident	Obst. & Gynae
26	Dr. Anuja Nanda	Senior Resident	Obst. & Gynae
27	Dr. Aruna Rani	Senior Resident	Obst. & Gynae
28	Dr. Vashanavi Purohit	Senior Resident	Obst. & Gynae
29	Dr. Neelima Bahal	Junior Resident	Obst. & Gynae
30	Dr. Neha Uphadaya	Junior Resident	Obst. & Gynae
31	Dr. Arnumna Goyal	Junior Resident	Obst. & Gynae
32	Dr. Amit Bharthari	Senior Resident	Paediatrics
33	Dr. Kapil Suri	Senior Resident	Paediatrics

- (d) The following SR are not considered because they are not possessing required experience.

S.No.	Name	Designation	Department
1.	Dr Tribhuwan Sharma	Senior Resident	Medicine
2.	Dr. Sanjay Sarin	Senior Resident	T.B & Chest
3.	Dr.P.K Gupta	Senior Resident	Psychiatry
4.	Dr. Vinay Kaul Zuisi	Senior Resident	Skin & V.D.
5.	Dr. Vinod Kumar Bihari	Senior Resident	Surgery
6.	Dr Manish Anand	Senior Resident	Surgery
7.	Dr Anurag Bialwan	Senior Resident	Surgery
8.	Dr. Vishal Goyal	Senior Resident	Orthopaedics
9.	Dr Dev Raj Day	Senior Resident	E.N.T
10.	Dr Shishir Gupta	Senior Resident	E.N.T
11.	Dr Swati Bashisht	Senior Resident	Ophthalmology
12.	Dr Pankaj Sharma	Senior Resident	Radiodiagnosis
13.	Dr Alok Chaudhari	Senior Resident	Radiodiagnosis
14.	Dr Ashok Sachdewa	Senior Resident	Radiodiagnosis
15.	Dr Subhash Chandra	Senior Resident	Radiodiagnosis
16.	Dr Rajendr Garg	Senior Resident	Radiodiagnosis
17.	Dr Sudhir Kumar Singh	Senior Resident	Anaesthesia
18.	Dr Vijay P Tyagi	Senior Resident	Anaesthesia
19.	Dr Mudit Garg	Senior Resident	Anaesthesia
20.	Dr. Sonali	Senior Resident	Obst. & Gynae
21.	Dr Purnima Sharma	Senior Resident	Obst. & Gynae
22.	Dr. Anuja Nanda	Senior Resident	Obst. & Gynae
23.	Dr. Aruna Rani	Senior Resident	Obst. & Gynae
24.	Dr Shruti Kumar	Senior Resident	Paediatrics

(e) In view of above, the shortage of teaching faculty is 19% (i.e. 23/121) as under:-

I	Professor :	6	Biochem-1, Patho-1, Forensic-1, ENT-1, Opth-1, Radiology-1
II	Associate Prof.	12	Physio-1, Patho-1, Micro-1, Med-2, Ped-1, TB-1, Surgery-2, Ortho-1, Anaesthesia-1, Radiology-1, Dentistry-1
III	Assistant Prof. :	2	Anatomy-1, Lect Biophy-1
IV	Tutor :	3	Pharmac-2, Derma-1

(f) The shortage of residents is 47.1% (i.e. 40/85) as under:-

I	Sr. Residents	15	Med-2, Ped-2, TB-1, Derma-1, Psych-1, Surg-2, ENT-1, Anaesthesia-2, Radiology-3
ii	Jr. Residents	25	Med-2, TB-1, Derma-1, Surg-11, Ortho-1, ENT-2, Opth-1, OBG-6

2. Clinical material is inadequate in terms of OPD, bed occupancy, operative workload, deliveries, Radiological investigations as under:-

Clinical Material Available	Daily Average 1-10-08 to 31-3-09	Day of Inspection (Data supplied by Institute).	Data as observed during inspection round on 15 - 4 -2009
O.P.D. attendance	883	1040	390
Bed occupancy %	81%	82.40%	42 %
Operative work			
1 Normal deliveries	01	Nil	0
2 Caesarian Sections	0.5	01	0
Radiological Investigations			
1 X-Ray	54	71	37
2 Ultra-sonographys	21	27	25
3 C.T. Scan	02	02	1
4 Special Investigations	08	07	Nil

- Few healthy persons in queue near OPD registration counter were from education dept with no surgical or medical problem. On enquiry they were found to be the teachers in Education department. Two of them revealed their names as Mr M S Mehta and Manoj.
 - Some healthy ladies were standing in queue and chitchatting and waiting for registration in OPD. On inquiry these ladies appeared to be some employee of the organization working in the premises. None of them was having any problem.
 - There were many persons seating in the chairs opposite registration counter in OPD and on inquiry they revealed that they were the Labourer diploid for the construction work in progress in the hospital campus.
3. The hospital provides services in Neurology , Nephrology, Plastic Surgery , Neurosurgery and Urology. For these super specialty service no special beds are provided , but the common bed available are utilized.

4. O.P.D:
 - Teaching facilities like patient couch, stools, x-ray, view box, examination tray, etc. are provided in some of the rooms only.
 - In surgery OPD, three seating tables were placed in one room with no examination table.
 - Table in male dressing room was used for examining patients.
 - In medicine OPD, the demonstration room has only 12 chairs. There was no view box, examination tray and torch.
 - In ENT OPD, split A/C is placed inside the audiometry room.
 - Hospital corridor is converted into demonstration room.
 - Gynec OPD only two rooms have table for lithotomy position. Demo room is in the corridor.
 - Pediatric OPD has only one examination table. There is no separate immunization room. Departmental library books are kept in OPD. Part of space is shared by Radiologist for USG. Demo room is deficient of examination table and view box.
5. Wards: Many wards are not provided duty doctor room, nurse duty room, nursing station, pantry, examination / procedure room, teaching area and side laboratory. All the wards are crowded. There is no sufficient distance between two beds. Insufficient space for store room and nursing station in the wards. Resident doctor duty rooms in wards are inadequate and at places made up of aluminum partitions. There is no nursing station, doc duty room and side lab in female ENT ward. Bedside lockers are less in no in female eye ward. There is one common doctors duty room for eye, ENT & Surgery wards. In orthopedics female ward there are only 12 beds and no other infrastructure is available.
No clinical department (Medicine, Paeds, dermatology, Psychiatry, Surgery, Ortho, ENT, Ophth, & OBGY) has departmental office space, clerical staff and departmental library.
Ward no 127 : On the day of inspection, 13 school children from 4th std to 9th std were brought and found to be playing on the beds. These children are studying in the school run by the same society and staying in their hostel in the campus. None of them was having any problem.
In ward no 126, 12 children from Jhanda moholla were brought and admitted. These were apparently healthy children and accompanied by escort. In pediatric ward, doc duty room was devoid of any furniture with no attached toilet.
6. In Medical Record Section, case Papers of Discharged / Dead patients are not maintained scientifically. On examining some of the case records it was observed that none of the case sheet had a proper indoor case with the patients data, details of the investigations, operative notes etc.
7. In Central Casualty, only 17 beds are available against the requirement of 20. There are no proper record of the cases maintained in casualty. There is no ventilator. It is inadequately equipped.
10. There is no Microbiological lab in the Central Laboratory of the hospital.
11. There is one OT near casualty which is not fully equipped and is not fully functional. There is one minor OT which is not operational.
13. In Radio-Diagnosis department, there is a deficiency of one Static Unit and two mobile x-ray unit.
14. In CSSD, bowl sterilizers, instrument washing machine are not available.
15. Other deficiencies/remarks are in the main report.

In view of the above, the Executive Committee of the Council decided to recommend to the Central Govt. not to renew the permission for admission of 4th batch of MBBS students for the academic year 2009-10 at Shri Guru Ram Rai Institute of Medical Sciences, Dehradun.

It was further decided to place the matter in respect of Dr. Shivnath Nandan, Associate Professor of Medicine before the Ethics Committee for further action against the doctor and the Dean/Principal of the institute and also file an FIR as indicated above.

57. Peoples College of Medical Sciences & Research Centre, Bhanpur – Renewal of permission for admission of 5th batch of students for the academic session 2009-2010.

Read: the compliance verification report (15.04.2009) along with the Council Inspectors report on (6th & 7th March, 2009) for renewal of permission for admission of 5th batch of students for the academic session 2009-2010 at Peoples College of Medical Sciences & Research Centre, Bhanpur

The Executive Committee of the Council considered the compliance verification report (15th April, 2009) along with the Council Inspectors report on (6th & 7th March, 2009) and noted the following:-

1. The shortage of teaching staff is as under:-

(a) Faculty 11.9% (i.e. 20 out of 168) as under:-

Sl. No.	Designation	Numbers	Department
i).	Professor	02	(ENT -1 & Obst. & Gynae. -1)
ii).	Assoc. Prof.	06	(Pharmacology -1, General Medicine -2, Orthopaedics -1, Anaesthesia -1 & Radio Diagnosis -1)
iii).	Asst. Prof.	03	(Lect. Bio. -1, Pharma.Chemist-1, Statistician -1)
iv).	Tutor	09	(Anatomy -1, Physiology -6, Biochemistry -1 & Community Medicine -1)

(b) Resident 42.1% (i.e. 48 out of 114) as under:-

Sl. No.	Designation	Numbers	Department
i)	Sr. Resident	13	(General Medicine -5, Paediatrics -1, General Surgery -2, Orthopaedics -2, Anaesthesia -3)
ii)	Jr. Resident	35	(General Medicine -13, Paediatrics -2, TB & Chest -2, Psychiatry -1, General Surgery -12, Orthopaedics -1, ENT-1 & Obst. & Gynae. -3)

2. Clinical material is inadequate in terms of bed occupancy, radiological investigations and OPD attendance as under:-

	Day of Inspection
O.P.D. attendance	803
Bed occupancy%	59.7%
<u>Radiological Investigations</u>	
X-ray	60
Ultrasonography	02
Special Investigations	04
C.T. Scan	06

- The OPD attendance as submitted by the Medical Superintendent and recorded in the registration counter on the day of inspection was 1224. However, on physical verification of the same by the inspection team, it was found that the OPD attendance was 803.
- Clinical material is inadequate in terms of OPD attendance, casualty attendance, bed occupancy, operative work (number of minor surgeries, normal deliveries and LSCS) & radiological & laboratory investigations. Total number of samples

collected on the day of inspection were 110 sample of blood, 98 sample of urine, 3 units of body fluids. The number of unit of blood issued on the day of inspection were only 3.

- The faculty members/resident doctors in all clinical departments do not maintain any register about the number of patients examined by them as well as their provisional diagnosis.
OPD attendance & bed occupancy on the day of inspection as physically verified by the inspection team.

DEPARTMENT	OPD ATTENDANCE	BED OCCUPANCY
General Surgery	71	97/180
Orthopaedics	91	54/90
ENT	64	16/30
Ophthalmology	83	17/30
Obst. & Gynae.	94	61/90
General Medicine	201	108/180
Paediatrics	94	57/90
TB & Chest	40	22/30
Skin & VD	42	12/15
Psychiatry	23	04/15
Total	803	448/750 = 59.7%

The OPD attendance & bed occupancy was recorded from various OPD and IPD Registers in the presence of Medical Superintendent. However, he refused to sign the data which was recorded in his presence.

3. The hostel accommodation is available for 576 students against the requirement of 750 beds at this stage. Deficiency remains as it is. The new hostel is under construction and not functional at present.
4. Other deficiencies/remarks are in the main report.

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

58. Establishment of new medical college at Bokaro, Jharkhand by Bokaro Ispat Educational Trust, Bokaro, Jharkhand.

Read: the matter with regard to establishment of new medical college at Bokaro, Jharkhand by Bokaro Ispat Educational Trust, Bokaro, Jharkhand.

The Executive Committee of the Council observed that in the Essentiality Certificate in Form – 2 issued by the Government of Jharkhand which is enclosed with the application, it is certified at point “(a) that the applicant owns and manages a 300 bedded hospital, was established in.....”

However, as per the records submitted by the hospital on 21.4.2009, it was observed that the hospital is owned by Steel Authority of India Limited while the applicant for establishment of new medical college is Bokaro Ispat Educational Trust, Bokaro. Thus, it is evident that the applicant trust does not own and manage a 300 bedded hospital and therefore does not fulfill qualifying criterion at number 2(5) of Establishment of New Medical College Regulations, 1999 viz. owning & managing of a functional hospital of not less than 300 beds, laid down in the Establishment of Medical College Regulations, 1999.

In view of above, the Executive Committee of the Council decided to return the application to the Central Govt. recommending disapproval of the scheme for establishment of new medical college at Bokaro, Jharkhand by Bokaro Ispat Educational Trust, Bokaro, Jharkhand received u/s 10A of the I.M.C. Act,1956 as the institute is not fulfilling the qualifying criterion at number 2(5) of Establishment of New Medical College Regulations, 1999, which states that the applicant should own and manage a hospital of not less than 300 beds with necessary infrastructural facilities capable of being developed into a teaching institution in the campus of the proposed medical college.

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

Place: New Delhi
Dated : 27th April, 2009

A P P R O V E D

**(DR. KETAN DESAI)
PRESIDENT**