

NO.MCI-6(2)/2017-MED./

MEDICAL COUNCIL OF INDIA**GENERAL BODY**9th Session (continuing 145th Session)

The Council met in the Council Office, Sector-8, Pocket – 14, Dwarka, New Delhi on 23rd March, 2018 at 11.00 a.m. with Dr. Jayshree Mehta, President, Medical Council of India in the Chair.

Present:

1.	Dr. Jayshree Mehta	President, MCI & Former Professor of Surgery, Govt. Medical College, Vadodara, Gujarat.
2.	Dr. C.V. Bhirmanandham	Vice-President & Former Vice-Chancellor of Dr. M.G.R. Health University, Tamil Nadu
3.	Dr. Ajay Kumar	Consultant Urology Surgeon, Palm View Hospital, Patna, Bihar
4.	Dr. Anil Mahajan	Prof. & HOD of Medicine Govt. Medical College, Jammu
5.	Dr. Abhijit Datta	Assoc. Prof. of Pathology, Agartala Government Medical College & GBP Hospital, Agartala. PIN - 799006
6.	Dr. Anil Chauhan	Principal, Dr. Radhakrishnan Government Medical College, Hamirpur - 177 001, Himachal Pradesh.
7.	Dr. Alok Ahuja	Dr. Ahujas' Pathology & Imaging Centre, Dehradun, Uttarakhand
8.	Dr. Asim K. Bardhan	Medical Director, Dr. B.C. Roy Institute of Medical Science and Research, Indian Institute of Technology, Kharagpur.
9.	Dr. Anilbhai Jaydev Nayak	Orthopaedic Surgeon, Doctor House, Jail Road, Mehsana - 384 002, Gujarat
10.	Dr. Bhavinbhai S. Kothari	Professor of General Surgery Kothari Surgical & Maternity Hospital, Mill Para Main Road, Rajkot-360002

11.	Dr. Bhanu Prakash Dubey	Dean, L.N. Medical College, Bhopal, Madhya Pradesh.
12.	Dr. Chitta Ranjan Kar	Professor, Prof. & Head, Deptt. Of Nephrology, SCB Medical College, Cuttack - 751 007, Orissa
13.	Dr. Dhurba Jyoti Borah	Principal-cum-Chief Superintendent, Assam Hills Medical College cum Research Centre, 26, M.G. Path, G.S.Road, Dispur-Christian Basti, Guwahati, Assam.
14.	Dr. D.P. Agarwal	Vice-Chancellor, Pacific Medical University, Udaipur
15.	Dr. Datteswar Hota	Professor & HOD, Department of Urology, SCB MCH, Cuttack, Orissa
16.	Dr. Fateh Singh Mehta	Dean/Principal, GMCH, Geetanjali University, Udaipur - 313 001, Rajasthan.
17.	Dr. Girish Kamlakarrao	Dr. Maindarkar Paediatrics Hospital, Mitra Nagar, Latur-413512, Maharashtra
18.	Dr. G. B. Gupta	Vice Chancellor, Ayush & Health Sciences University, G.E. Road, Raipur, Chhatisgarh-492001.
19.	Dr. Gurmej Singh	Janta Hospital & Maternity Home, Tanda Road, Near Shaheed Singh Sanghwal Chowk, Jalandhar - 144 004, Punjab.
20.	Dr. Hebri Subhaskrishna Ballal	Former Vice-Chancellor, Manipal University, Karnataka
21.	Dr. John Zohmingthanga	Consultant, Civil Hospital, Aizwal, Mizoram.
22.	Dr. Kampa Shankar	Professor, General Medicine & Superintendent, Sir Ronald Ross Institute of Tropical & Communicable Diseases, Nallkunta, Hyderabad
23.	Dr. Keshav Kumar Aggarwal (By order dt.17.02.2014 of Hon'ble High Court of Allahabad)	Professor of General Surgery, Rohilkhand Medical College and Hospital, Bareilly, UP-243006
24.	Dr. K S Sivakumar	Consultant Plastic Surgeon, Apollo Hospitals, Greams Road, Chennai
25.	Dr. (Smt.) Mukti Bhatnagar	Professor, Department of General Medicine, Subharti Medical College, Subhartipuram, Meerut

26.	Dr. Mohanan K	Professor of Radio-diagnosis, Govt. Medical College, Thrissur, Kerala.
27.	Dr. Mahendrasinh Dolatsinh Chauhan	Dean, Faculty of Medicine, V.N.S.G. University and Principal, ShriBhartimaiyaVidhyaShankul, Surat, Gujarat
28.	Dr. Muzaffar Ahmad	Ex-Director, Health Services, Shamingul Zakura, Srinagar - 190 006, Kashmir
29.	Dr. Nileshbhai V. Parekh	Professor & Head, Ophthalmology Deptt., Government Medical College, Bhavnagar, Gujarat
30.	Dr. Naraina Venktesh Bhandare	Consulting Surgeon, Bhandare Hospital, Fontainhas, Panaji, Goa-403001
31.	Dr. Nandakishore Dukkupati	Plot No 729, Road NO 36, Jubilee Hills, Hyderabad Andhra Pradesh
32.	Dr. Nitin S. Vora	Dean, GMERS Medical College Sola, Near New Gujarat High Court, Sola, S.G. Highway, Ahmedabad, Gujarat
33.	Dr. Praveenlal Kuttichira	Professor of Psychiatry, Government Medical College, Thrissur, Kerala
34.	Dr. P. A. Fazal Ghafoor,	Associate Professor of Neurology, MES Medical College, Perinthalmanna, Malapuram, Kerala
35.	Prof. Piaray Lal Kariholu	Dean, School of Medical Sciences & Research, Sharda University, Gr.Noida.
36.	Dr. (Prof.) Plaban Mukherjee	Professor & Head of the Department of Cardio Thoracic & Vascular Surgery, Medical College, 88 College Street, Kolkata - 700 070
37.	Dr. Pradeep Bharti	A-103, Alakhnanda Apartments, Rajpur Road, Dehradun, Uttarakhand.
38.	Dr. Rakesh Prasad Srivastava	Director and Chief Surgeon, Sarvodaya Hospital, Bokaro, Jharkhand.
39.	Dr. Rajendra Airan	Consultant, Ramniwas Airan hospital, 10, Shastri Nagar, Neemuch (M.P.)-458441

40.	Dr. Ritu Nath Deokota	Consultant & HOD, Department of OBG, STNM Hospital, Gangtok, Sikkim
41.	Dr. Rajiva Ranjan	Consultant Physician, Road No.2, Rajendra Nagar, Patna, C-2, KeshavDavakiDham Apartment, West Boaring Canal Road, Patna - 800001.
42.	Dr. Rajendra Mohanlal Shah	Asstt. Professor, Deptt. Of Radio- Diagnosis, Gujarat Adani Institute of Medical Sciences, Bhuj, Gujarat
43.	Dr. Rajeev Sood	HOD Urology & Nodal Cancer Officer, Dr. RML Hospital & PGIMER, Delhi
44.	Dr. Radha Madhab Tripathy	Professor and Head, Department of Community Medicine, MKCG Medical College, Berhampur.
45.	Dr. Raj Bahadur	Vice-Chancellor, Baba Farid University of Health Sciences, Sadiq Road, Faridkot - 151203
46.	Dr. Siri Bhagwan Siwach	Former Director, Post Graduate Institute of Medical Sciences, Rohtak, Haryana
47.	Dr. Shrinivas Shivcharan Viashya	Former Special Secretary (Health) Daman & Diu
48.	Dr. Sinam Rajendra Singh	"Rajprinee" Sangai, Chingmeirong East, Imphal, Manipur - 795 001.
49.	Dr. Sudhir Sachdev	Professor of Anaesthesiology, Mahatma Gandhi Medical College & Hospital, Sitapura, Jaipur - 302 022, Rajasthan
50.	Dr. Sahajanand Prasad Singh	Asstt. Professor in Surgery, VIMS, Pawapuri, Bihar.
51.	Dr. S.P. Yadav	Managing Director, Pushpanjali Hospital, Gurgaon, Haryana.
52.	Dr. Shirish H. Srivastava	Professor in Surgery, Dean Faculty of Medicine, Sardar Patel University, Gujarat
53.	Dr. S. S. Sangwan	Former Vice-Chancellor, Pt. B.D.S. Postgraduate Institute of Medical Sciences, Rohtak, Haryana.

54.	Dr. Ved Prakash Mishra	Plot No.8, Hitshree Apartments, Fifth Floor, Near Asha Mangal Karyalaya, Khare Town, Nagpur - 440 010, Maharashtra.
55.	Dr. Vijay Prakash Singh	Professor & Head, Department Of Gastroenterology, Patna Medical College, Patna, Bihar
56.	Dr. Vijay Shankar Singh	Former Professor & HOD of Orthopedics, Veer Kunwar Singh University, Ara, Bihar

Dr. ReenaNayyar, Secretary (I/c)

Apologies for absence were received from the following members of the Council:-

1. Dr. Ashok Seth
2. Dr. DilipMhaisekar
3. Dr. Baldev Singh Aulakh
4. Dr. K.S. Sharma
5. Dr. Kamlesh Agarwal.

At the outset, the House was apprised about the sad demise of Late Mrs. Prem Lata, PS to the President, the members paid their condolences and one minute silence was observed. They were further informed that a Letter of condolence had been sent to the bereaved family on 17.11.2017.

1. Notification of New Members

Secretary(I/c) read out the notification of the following new members elected/nominated as member of the Council since the last meeting of the Council held on 31.10.2017.

Sl. No.	Names	U/S	Constituency
1.	Dr.Ved Prakash Mishra	3(1)(a)	Maharashtra Govt.

2. Minutes of the last meeting of the Council - Confirmation of.

The minutes of the last meeting of the Council held on 31.10.2017 were confirmed.

While confirming the minutes of the last General Body meeting dated 31.10.2017, an issue (Item No.80 of PG Minutes) regarding date of recognition of PG courses was raised. It was suggested that it should be from the date of passing of first batch. This has been the consistent stand of Council.

Chairman, Postgraduate Committee however disagreed and said there has been misuse of this provision. Colleges don't apply for recognition in time and later on try to get retrospective recognition. PG Committee therefore recommends recognition from the date when the college first applies for recognition.

It was further clarified that Letter of Permission clearly mentions that permission is valid.

“.....till the first batch admitted appears in the final examination of the said course. The Teaching Institution be advised to apply for recognition of the qualification at the time of first available examination as per the provision of Section 11(2) of the IMC Act, 1956.”

Further, Chairman informed that the Council had at its meeting dt.31.10.2017 already approved the following recommendation of the *Postgraduate Medical Education Committee* :-

(1) *Addition in clause 6(1) of PGMER*

The prior permission granted by the Central Government for Postgraduate Degree/Postgraduate Diploma courses shall be for three and two academic years respectively.

(2) *Addition in clause 6 (2) of PGMER*

In the event of deficiencies being found in the assessment, the Institution shall be granted an opportunity to submit compliance within 30 days from the date of communication of deficiencies by the Council twice. The Postgraduate Medical Education Committee on finding the compliance satisfactory shall convey the recommendation to recognize the course. In all others cases, the prior permission of the Central Government granted under sub-clause (1) shall be deemed to have lapsed after three and two years for Postgraduate Degree/Postgraduate Diploma courses respectively. Further, in such cases the Postgraduate Medical Education Committee shall recommend to the Central Government to include the qualifications in the First Schedule of the Indian Medical Council Act, 1956 only in respect of first three batches of Postgraduate Degree Courses and two batches of Postgraduate Diploma courses.

(3) *Addition in clause 6 (3) of PGMER*

The Postgraduate Medical Education Committee in such cases may also consider to recommend to the Central Government for imposition of exemplary penalty which may extend to Rupees ten lakhs per seat of the postgraduate course; and/or stoppage of other postgraduate Medical courses of the Institution; and/or debar the Institution from making any application for starting or increase of seats in postgraduate courses for a specified period; and/or reducing the intake capacity in MBBS.”

And therefore the issue circulating in social medial is fake & frivolous.

Further, It was pointed out by the House that it at its meeting held on 29.03.2017, the Council took the following decision:

“.....the Council decided that the institution as and when submits the application for surrendering/stoppage of the diploma courses by way of undertaking & Central Govt. by way of notification deleting/removing the name of the course from First Schedule of the Indian Medical Council Act, 1956 and from the matrix of the courses of the college only thereafter the college may apply for increasing the equal numbers of seats in corresponding degree courses u/s 10(A) with requisite documents required as per regulations to the Central Govt. The Central Govt. shall forward such applications to the MCI. MCI after verifying the documents shall make an appropriate recommendations to the Central Govt. without any physical verification in normal circumstances. However, MCI, may, if so required carry out physical verification assessment before making any recommendation to Central Govt.”.....

The Council noted that the Postgraduate Committee of the Council observed that the colleges which have surrendered their diploma seats were not

able to secure equivalent number of degree seats in the same academic year because of the provision of the application to be submitted u/s 10A of the IMC Act, 1956 with requisite documents to the Central Government. The General Body therefore decided to do away with this requirement and the decision may now be read as under:-

“.....the Council decided that the institution as and when submits the application for surrendering/stoppage of the diploma courses by way of undertaking & Central Govt. by way of notification deleting/removing the name of the course from First Schedule of the Indian Medical Council Act, 1956 and from the matrix of the courses of the college would become eligible for equal number of seats in corresponding degree courses in the same Academic Year. The Central Govt. shall forward such applications to the MCI. MCI after verifying the documents shall make an appropriate recommendations to the Central Govt. without any physical verification in normal circumstances. However, MCI, may, if so required carry out physical verification assessment before making any recommendation to Central Govt.”

The necessary provision be made in the corresponding Regulation.

The above proposed amendment were read out, approved and confirmed in the meeting itself.

Further, the General Body of the Council perused the notification dated 17th September, 2010 with regard to the “The Opening of a New or Higher Course of Study or Training (including Postgraduate Course of Study or Training) and increase of Admission Capacity in any Course of Study or Training (including a Postgraduate course of Study or Training) Regulations, 2000 wherein clause 6 reads as under:-

“6 The maximum number of admissions in MBBS course shall not exceed 250 annually provided that the eligibility criteria for fixing upper ceiling of annual intake to 200/250 admissions annually shall be as under:

(a) For annual intake capacity of 200

- (i) Number of teaching beds not less than 900 with standing of not less than 10 years.*
- (ii) OPD strength per day not less than 2000*
- (iii) Bed occupancy: Average not less than 75%.*
- (iv) The hospital must be unitary.*

(b) For annual intake capacity of 250

- (i) Number of teaching beds not less than 1100 with standing of not less than 10 years.*
- (ii) OPD strength per day not less than 3000*
- (iii) Bed occupancy: Average not less than 75%.*
- (iv) The hospital must be unitary.*

After detailed deliberations on the above said notification, the Council decided to make the following amendment and the said Regulations be read as under:-

“6 The maximum number of admissions in MBBS course shall not exceed 250 annually provided that the eligibility criteria for fixing upper ceiling of annual intake to 200/250 admissions annually shall be as under:

(A) For annual intake capacity of 200

- (i) Number of teaching beds not less than 900 with standing of not less than 10 years. The period of ten years shall be from the date*

of submission of application to the Central Government of the year in which Letter of Permission has been granted.

- (ii) *OPD strength per day not less than 2000*
- (iii) *Bed occupancy: Average not less than 75%.*
- (iv) *The hospital must be unitary.*

(B) For annual intake capacity of 250

- (i) *Number of teaching beds not less than 1100 with standing of not less than 10 years. The period of ten years shall be from the date of submission of application to the Central Government of the year in which Letter of Permission has been granted.*
- (ii) *OPD strength per day not less than 3000*
- (iii) *Bed occupancy: Average not less than 75%.*
- (iv) *The hospital must be unitary.*

The necessary amendments be made in the corresponding Regulation.

The above proposed amendment were read out, approved and confirmed in the meeting itself.

The General Body also observed that the Notification dated 04.06.2012 with regard to Establishment of Medical College Regulations, wherein clause 2(2) has been substituted for the first and second paragraph with the following:

“.....Provided that in urban agglomerations/cities having population of 25 (twenty five) lakhs or more, namely, Delhi, Jaipur, Kanpur, Lucknow., Kolkata, Ahmedabad, Surat, Greater Mumbai, Pune, Hyderabad, Bangalore and Chennai, according to the Census of India, 2011 conducted by Govt. of India, the permissible FAR/FSI shall be the criterion for allowing the medical colleges provide that the total built up area required for adequate infrastructure including medical college, hospital, hostels, residential quarters and other infrastructure required as per Minimum Standard Requirement Regulations is made available in an area of not less than 10 acres based upon the permissible FAR/FSI allowed by the competent authority”.....

After detailed deliberations, the General Body of the Council decided that the above may further be extended to “**Capital of States/UTs**” also and be read as under:-

“.....Provided that in urban agglomerations/cities having population of 25 (twenty five) lakhs or more, namely, Delhi, Jaipur, Kanpur, Lucknow., Kolkata, Ahmedabad, Surat, Greater Mumbai, Pune, Hyderabad, Bangalore and Chennai and capitals of States/UTs according to the Census of India, 2011 conducted by Govt. of India, the permissible FAR/FSI shall be the criterion for allowing the medical colleges provide that the total built up area required for adequate infrastructure including medical college, hospital, hostels, residential quarters and other infrastructure required as per Minimum Standard Requirement Regulations is made available in an area of not less than 10 acres based upon the permissible FAR/FSI allowed by the competent authority”.....

The necessary amendments be made in the corresponding Regulation.

The above proposed amendment were read out, approved and confirmed in the meeting itself.

The Council further decided to forward above proposed amendments to Central Government through OC for its approval immediately.

3. Minutes of the last meeting of the Council – Action taken thereon.

The Council noted the action taken by the office on various items included in the minutes of the meeting of the Council held on 31.10.2017.

4. Address by the President.

Dr. Jayshree Mehta, President, delivered the presidential address and copy of the same was circulated to the members of the General Body, wherein she wholeheartedly welcomed all the members and was extremely proud to share with the House the accomplishments of the last few months. Not only has the Council completed processes within the prescribed time schedule but has also managed to go beyond the routine and achieve targets that have been given to the Council time and again by the Govt. The President referred to the one-time increase in seats granted on the basis of the 1:3 ratio by which the Council added 593 nos. of seats to the existing PG seats. All this has been made possible by the untiring efforts of the Postgraduate Committee.

The Council has taken several revolutionary steps for medical reforms –

Minimum Standard Requirement –

Various rational amendments have been provided in order to ease the establishment and increase of seats in existing medical colleges. These are particularly in terms of infrastructural, faculty and clinical material requirements such as reduction in student hostel intake from existing 75% to 60% of total student intake. Intern hostel reduced to 50% of total intake at time of recognition assessment. It has now been prescribed in the regulations itself that it is mandatory for SR & JR to stay in the campus. In terms of clinical material, the minimum bed occupancy has been reduced to 60% at the time of submission of application to 75% at the time of recognition. Similarly, the bed strength is to be increased in a phase-wise manner from 300 to 470 beds for 100 admissions and to 650 beds for 150 admissions.

Even the faculty is reduced to a bare minimum wherever feasible and possible.

All these amendments were brought in after detailed discussions & deliberations and with only one thing in mind that although the Council is sensitive to the need of the hour and has always tried to ease out the difficulties being faced by Govt./Non-Governmental applicant medical colleges. It cannot compromise on the quality of medical education and relaxations can only be provided to an extent that is conducive to all.

In addition to this, Council has also relaxed the TEQ norms for appointment of faculty at district medical colleges. Now a consultant/Specialist can become a Professor with 18 years of experience of working in a District Hospital owned and managed by state/central Govt. along with four publications. Similarly, they can be designated as Assoc. Prof. with 10 years of experience and two publications in Indexed journals as 1st Author or corresponding author.

NEET has been incorporated in the Graduate Medical Education Regulations and it has been provided that 5% of annual sanctioned intake capacity shall be filled up by candidates with benchmark disabilities in accordance with the provisions of the Rights of Persons with Disabilities Act, 2016 based on merit list of NEET.

It has also been prescribed that candidates from NIOS and Private candidates are not eligible to qualify for NEET and nor students with Biology/Biotechnology as an Additional subject.

A landmark amendment has been the introduction of the requirement of clearing NEET for Indian students wishing to study abroad. It has also been prescribed that the result of NEET shall deem to be treated as the eligibility certificate for such persons.

The President apprised the House about the progress in the DMMP project. Not only the Council have made OFAMOS "Go-live" but even UG/PG applications would be processed on-line this year. Eligibility software has also become operational and all 28 modules would soon become operational.

Even the second phase of DMMP has reached an advanced stage and include the Live Streaming of both classroom teaching and patient care in the teaching hospital as part of MCI Digital Mission mode Project (DMMP) with the help of CCTV solution, to enable the Council to maintain a constant vigil on the standard of medical education/training being imparted.

Another commendable achievement is the publishing of the AETCOM Module. The Academic Committee needs to be heartedly congratulated for such commendable work. The Council have made it a priced document and is available for all colleges and faculty at a normal price of Rs.300/-.

Even the competency based curriculum is in the final stages of proof reading and will soon be ready for notification.

The President apprised the House about the task dispensation of the following sections:-

Undergraduate Task Dispensation:

- Task dispensation for the year 2018-2019 is to the extent that of the 85(44-Govt.+41Pvt.) applications received for the establishment of new medical college, 53(20 Govt. +33Pvt.) applications have been recommended to the Central Govt. for disapproval. 1(Pvt.) application has been recommended to Central Govt. to issue LOP for the academic year 2018-2019. 31(24 Govt. + 7 Pvt.) application are under process at various stages.
- 99 (38 Govt. + 61 Pvt.) colleges were due for renewal of permission during the academic year 2018-2019. Out of 99 medical colleges 2 (Pvt.) medical colleges were not assessed during the academic year 2018-19 as were debarred for two academic year 2017-2018 and 2018-2019. 14(6 Govt. + 8 Pvt.) medical college have been permitted by the Central Govt. for renewal of permission for admission of MBBS students for the academic year 2018-2019. The Council sought compliances from 48(30 Govt. + 18) medical colleges and the same are under consideration.

02 medical colleges were recommended to the Central Govt. to debar 2018-19 and 2019-2020 which were granted conditional LOP by the Central Govt. for the academic year 2017-2018 and the same have been referred back from the Central Govt. for review and are under consideration of the Council. In 23 (Private) medical colleges , the Council recommended to the Central Govt. for applying clause 8(3)(1)(a)(b) and (d) out of these the cases of 13 medical colleges were referred back by the Central Govt. for review and are under consideration. 10 (private) medical colleges have been recommended to the Central Govt. not to renew the permission for the academic year 2018-2019.

- 24 new (Govt. 13+ 11 Pvt.) medical colleges are due for recognition u/s 11(2) of the IMC Act, 1956 during the academic year 2018-2019. Out of 24 medical colleges, 2 (Private Medical colleges have been recommended to the Central Govt. for recognition. 22(13 Govt. + 9 Pvt.) medical colleges are under consideration at various stages.

- Task dispensation for the year 2018-19 is to the extent that of the 18 (9 Govt. + 9 Pvt.) applications received for the increase of seats, 9 (4 Govt. +5 Pvt.) applications have been recommended to the Central Govt. for disapproval. 3 (1 Govt. + 2 Pvt.) applications were recommended to Central Govt. to issue LOP and 6 applications are under process for the academic year 2018-2019.
- 44 (28 Pvt. + 16 Govt.) colleges were due for renewal of permission during the academic year 2018-19. 14 (11 Pvt. + 3 Govt.) have been recommended to the Central Govt. for renewal of permission for increased intake of admission of MBBS students for the academic year 2018-19 and 27 (14 Pvt. + 13 Govt.) application is under process for the academic year 2018-2019. 3 (3 Pvt.) medical colleges had been recommended to the Central Govt. to debar for the academic year 2017-18 and 2018-19.
- 63+17 Old=80 (Govt. 9 + 2 Pvt.) medical college have been recommended to the Central Govt. for recognition. 69 (17 Pvt. + 52 Govt.) medical colleges are under process during the academic year 2018-2019.

Legal Task Dispensation:

- The dispensation of task in the legal arena is huge and substantial in as much as the Medical Council is required to defend in various courts/judicial forum all over the country in view of the geographical jurisdiction statutorily under its ambit.
- As of now during the impending period from 12.10.2017 to 14.03.2018, the new legal cases that have been added to the original pending number was 628. As such, the total number of pending cases before different judicial forum with MCI as a defendant/respondent or litigant are 4758 in various judicial forum across the country.

The President invited the Chairmen of the various Committees and Sub-Committees to present the details of immense work done by them since the last GB.

Postgraduate Task Dispensation:

1. PG task dispensation
 - For the Academic Year 2018-19, the number of applications received for starting as well as increase of PG courses in various specialities were 1038.
 - 998 Assessments were carried out in the Academic year 2018-19.
 - Seats granted 1103
2. Status of Recognition u/s 11(2) for the year 2017
 - (i) Recognition assessments carried out 759
 - (ii) Compliance verification assessments carried out 845
 Total: 1604.
3. 593 Seats have been increased in Broad-Speciality in Government Colleges as one time measure on the basis of Teacher: Student ratio for the academic year 2018-19

Registration Task Dispensation:

- Since the last meeting of the General Body held in October, 2017, out of total 1712 applications, 1385 applications for the said registration of additional qualifications have been disposed of.
- Similarly, a total 450 applications for certificate of Good Standing received in the Council office, all applications have been disposed off and nothing is pending.

Issuance of Eligibility Certificates:

- Since the last meeting of the General Body held in October, 2017, a total 9363 applications for eligibility certificates have been disposed off.

Augmentation of administrative efficacy:**Status of Ragging cases for the Year 2017- 2018.**

- I/ There are approx. 476 Medical Colleges in India.
- II/ During the academic year 2017-2018, 25(twenty five) complaints have been received for Ragging. Out of the twenty five complaints three complaints have been resolved & other are under consideration of the Council.
- III/ For curbing the menace of Ragging, all the Medical Colleges have been informed every year to comply with the provisions of the Medical Council of India (Prevention and Prohibition of Ragging in Medical Colleges/Institutions) Regulations, 2009. Amendments have also been done in the existing regulations for curbing the menace of Ragging. Further all the medical colleges are directed to send the information/compliance on the following points:-
 1. (i) Anti-Ragging Committee composition in the college (name of members with their telephone numbers and e-mail IDs).
 - (iii) Number of incidences of ragging reported and action taken in hard/soft copy, if any.
 - (iv) Number of FIRs lodged, if any.
 - (v) Punishment awarded, if any.
 2. Admission brochures/prospectus/booklets regarding inclusion of specific information on Anti-Ragging.
 3. Installation of CCTV Cameras in all the vulnerable places of college, Hospital and Hostels.
 4. Ensure submission of online undertaking by each student & every parent at www.antiragging.in and www.amanmovement.org.
 5. To get NAAC accreditation.
 6. Anti Ragging Posters & Hoarding (as per format) to be placed in different parts of Medical college/hostel.

DMMP Phase-I

- Medical Council of India's (MCI) Digital Mission Mode Project is the part of Digital India vision of our Hon'ble Prime Minister Sh. NarendraModiJi.
- MCI's DMMP-I Project was made 'Go-live' on 31.10.2017 and most of the DMMP modules are ready for use. The new website of the Council has been functional and available to the public for various information & services.
- One of the key components of this project is Online Faculty Monitoring System that will enable Ministry and MCI to monitor the attendance of faculty members in the college, thus improve the standards of Medical education. Presently, more than 60,000 medical faculties (except Senior Resident/Junior Resident) of 431 Medical Colleges, are enrolled in the system for biometric attendance and 4878 biometric machines have been installed at convenient locations in the college premises.
- Eligibility module for issuance of eligibility certificates has been made functional and available to the candidates to apply & process Eligibility applications. To achieve the paperless office, we have completed the digitization of approximately 75 lacs physical pages and they are now part of the Document Management system without any chances of getting lost or misplaced.

DMMP Phase – II

- As per direction of the Ministry of Health & Family Welfare to include the Live Streaming of both classroom teaching and patient care in the teaching hospital as part of MCI Digital Mission mode Project (DMMP) with the help of CCTV solution, to enable the Council to maintain a constant vigil on the standard of medical education/training being imparted. Necessary clause has also been incorporated in the MSR which was notified in the Gazette of India on 30/01/2017.
- Through open tender process the contract was awarded to M/s. Bodhtree Consulting Ltd. vide letter dated 05/09/2017 as system integrator for implementation of IP based CCTV Cameras at all the medical colleges.
- Necessary equipments i.e. all CISCO equipments, Softwares, DG Set, UPS, AC Units, Fire Fighting equipments, Rodent equipments, Racks Solutions for Command and Control Centre at 4th floor of the Council Building have been received and installed at fourth floor of the Council Building. The NOC Room and Data Centre is ready. The integration part of the CISCO equipments are under process.
- The Cameras and Switches have also been imported and presently lying at Chennai warehouse which are being shifted to Delhi warehouse soon.

Academic Task Dispensation:

- During the period of November 1, 2017 to February 23, 2018, two Academic Committee meetings were held on 15.12.2017 and 05.02.2018. In addition, the meetings of Expert Groups & Reconciliation Board were held to discuss and provide recommendations on various issues arising from time to time and these are given below.

- Meeting of Expert Group to finalise preparation of syllabus, Teacher Eligibility Qualifications (TEQ) and Minimum Standard Requirements (MSR) for DM in Pediatric Nephrology on 22nd November, 2017
- Sub-Committee meeting regarding inclusion of DM Cytogenetics and Genomics in PG Regulations, 2000 and issue pertaining to publications in Journals and their computation for the purposes of promotion and placement held on 15-12-2017,
- Meeting of Expert Group to finalize preparation of Guidelines, Teacher Eligibility Qualifications (TEQ) and Minimum Standard Requirements (MSR) for M.Ch in Hand Surgery held on 12th December, 2017,
- Meeting of the Sub-Group to discuss the VIP Reference from Sh. Rakesh Singh, Hon'ble MP (Lok Sabha) regarding revised Plan of Medical Education, held on 5th January, 2018,
- Meeting of the Reconciliation Board to finalise Graduate Medical Regulations, 2018 and Competency based MD/MS & Diploma curricula held on January 11 & 12, 2018,
- Expert group to examine letter from Chairman, Atomic Energy Regulatory Board (AERB) regarding inclusion of Radiation safety syllabus in concerned medical specialties, held on 21st February, 2018.

The Minutes of the above mentioned meetings were submitted to the Academic Committee and its recommendations were placed before the Executive Committee. The recommendations of the Academic Committee and decision of Executive Committee are summarized below.

1. The Academic Committee discussed the contents of the module "Personality development system for medical students" submitted by Dr. Thipperudraswamy Ganesh and was of the opinion that the contents given in the said module provided by Dr. Thipperudraswamy Ganesh are adequately covered in the revised Graduate Medical Education Regulations, 2017 in the form of AETCOM module. The Committee recommended that the documents provided by Dr. Thipperudraswamy Ganesh may be used as a referral document, as and when needed by the Reconciliation Board.
2. The Academic Committee discussed the representation of IADVL with regard to three recommendations for undergraduate teaching and concluded that having a separate paper in theory in final MBBS examination in the subject of DVL is not relevant in the context of structured competency based curriculum. The Committee recommended that status quo be maintained regarding faculty and internship posting.

As regards the representation for Postgraduate level teaching, the Academic Committee noted that the competency based PG Curriculum for DVL has been approved by the Academic Committee and will be placed on the Website after approval of the competent authorities of the Council.

The Academic Committee observed that the reduction of number of teaching beds and also the indoor occupancy has already been worked out in the context of daycare nature of services in Dermatology. Regarding the starting of fellowship courses it was made clear that the Council is not vested with the authority and jurisdiction towards the same. Further, MCI does not recognize any Journal on case to case basis. Credit point system to be used for evaluation of teachers is already recommended under the rubric assessment of teachers by learners.

3. The Society of Young Scientists, AIIMS has written to President, MCI requesting to reconsider recent draft Gazette notification in amendment to Clinical Establishment (Central Government) to Rules, 2012, MOH&FW, GOI.

The Academic Committee noted that the draft notification by MCI on CEA (Clinical Establishment Act) has been approved by the Hon'ble High Court of Delhi which has been upheld by the Hon'ble Supreme Court of India. The legal opinion rendered by the Law Officer of the Council was also taken note of wherein by citing various reasons it has been observed that the requisition made by the Young Scientist, All India Institute of Medical Sciences is not maintainable. Hence it is recommended the said requisition to retain the privileges to sign the laboratory test reports by clinical M.Sc. / Ph.D. Degree holders cannot be granted.

4. The Academic Committee discussed the letter from Rajasthan University of Health Sciences, Jaipur enclosing therewith letter from the Secretary, University Grants Commissions regarding implementation of six month core module syllabus for Environmental studies for under-graduates courses in all branches of Higher Education Institutes, to be implemented from the forthcoming session, as per the directions of the Hon'ble Supreme Court of India and that non-implementation of the order of the Supreme Court will be treated as contempt of Court.

The matter was referred to the Reconciliation Board of the Council, with approval of the Executive Committee.

The Chairman, Reconciliation Board in his report dated 29.05.2017, has given in detail the list of topics under each subject in the undergraduate curricula in which Environmental issues have been listed.

The Academic Committee noted the detailed report from the Chairman, Reconciliation Board bringing out the various topics for Environmental Studies covered under the competency based UG curriculum. The Academic Committee approved the report of the Reconciliation Board and recommended that there is no need for a separate six month core module syllabus for Environmental studies in undergraduate medical education in view of its adequate incorporation in the proposed curriculum.

5. The Academic Committee had discussed the note from UG section enclosing the letter from the Registrar, Tamil Nadu Dr. MGR Medical University, Chennai. The Registrar has sent the Minutes of the meeting of the 52nd Standing Academic Board held on 29.09.2016 which has suggested to increase the existing total marks for theory paper from 40 to 100 marks for MBBS Degree course so as to extensively cover the entire subject and to have proper evaluation and assessment of candidates thereby setting higher standards of Medical Education. The matter was referred to the Reconciliation Board.

The Academic Committee approved the report of the Reconciliation Board and recommended that the present system in vogue need not be altered.

6. The Academic Committee meeting held on 13th June, 2017 discussed the letter from Dr. J.S Kochher, JS (training & research), NHRC to President, MCI which enclosed the Minutes of the meeting of the Core Group on Mental Health, held on 30-11-2016 recommending that MOH & FW to have

a meeting with MCI for introducing a separate paper on Psychiatry in UG curriculum.

The Academic committee did not subscribe to a separate paper in Psychiatry in medical colleges in the UG Curriculum.

7. The Academic Committee noted the contents of the letter from Principal cum Superintendent, Jorhat Medical College, Jorhat and recommended that since most of the requirements for recognising the said college as a Regional Centre under MCI have been met by the said institution, the MEU of Jorhat Medical College, Jorhat may be recommended as an MCI Regional Centre, subject to a compliance report regarding the facilities available regarding infrastructure, staff and equipments (as per MCI Rules) on the basis of an onsite verification to be done by the Academic Cell of the MCI.

Further, the Academic Committee reiterated the earlier decision of the MCI that there should be an embargo on recognition of new Regional Centres/Nodal Centres in places where there are sufficient number of functional Regional Centres / Nodal Centres, other than in the North East region.

8. The Academic Committee was of the opinion that there is a need for including Diploma in Diabetology in the list of courses offered by MCI in the PG Regulations, 2000, in view of the magnitude of the problem in the country and the need for providing trained personnel for the same.
9. The Academic Committee discussed the contents of the E-mail dated 14.10.2017 from Dr. Shubha Phadke, Department of Medical Genetics, SPGIMS, Lucknow regarding eligibility requirements for DM Medical Genetics. The members were of the opinion that Medical Genetics is a part of the course curriculum in many subjects in the UG and PG courses and hence recommended that the present eligibility requirements for DM Medical Genetics as is existing in the PG Regulations, 2000 should be maintained.
10. The Sub-Committee consisting of Chairman, PG Committee, Academic Committee and TEQ Committee at the meeting held on 15.12.2017 discussed the issue pertaining to having DM Cytogenetics and Genomics as a Super speciality course to be included in the Postgraduate Medical Education Regulations, 2000. The members noted that DM Medical Genetics is a super speciality already included in the PG Regulations, 2000. An Expert Group has already formulated Syllabus, Minimum Standard Requirement and Teachers Eligibility Qualification Regulation for the same. The said syllabus includes the relevant areas in the domain of Cytogenetics and Genomics to the required extent. As such, having a separate sub-speciality (DM Cytogenetics and Genomics) is not desirable inter alia, warranted at this juncture. However, the concerns brought out by the Christian Medical College, Vellore on the said count be remitted to the expert group for their consideration and ensuring if there was any need for broadening of the curriculum for DM (Medical Genetics) course in the areas of Cytogenetics and Genomics respectively.
11. The Chairman, Reconciliation Board made a presentation to the Oversight Committee at AIIMS on November 15, 2017 of the Competency based UG curricula and revised Graduate Medical Education Regulations, 2017 by the Chairman, Reconciliation Board. The Minutes of the meeting and Action Points arising out of the discussion sent by Secretary, Oversight Committee were discussed in the Reconciliation Board.

The Reconciliation Board made (a) appropriate incorporation in the revised Graduate Medical Education (GME) Regulations, 2017 which was approved by the Academic Committee (b) comparison of GME Regulations 1997 & 2018 and (c) teaching hours in GME Regulations 1997 & 2018. These documents were approved by the Academic Committee and submitted to Executive Committee for consideration, approval and for further necessary action.

12. The Chairman, Academic Committee informed the members that 33 broad specialty curricula (MD/MS/Diploma), approved by the General Body of the Council in 2009-2010 and which were restructured into the competency pattern have been uploaded on MCI website already, after due permission from the competent authorities of the Council. The Reconciliation Board examined additional 17 MD and Diploma curricula sent by the Academic Cell and restructured them to the competency pattern. The Academic Committee approved that the above 17 curricula be uploaded on MCI website after obtaining permission from the Executive Committee since these have been approved already by the General Body of the Council in 2009/2010.

The list of 17 MD/Diploma curricula approved by the Academic Committee are as under:

1. MD in Immunohematology & Blood transfusion
2. MD in Family Medicine
3. MD in Radiotherapy
4. MD in Sports Medicine
5. MD in Dermatology, Venereology & Leprosy
6. MD in Physical Medicine & Rehabilitation
7. MD in Psychiatry
8. MD in Health Administration
9. MD in Hospital Administration
10. Diploma in Immunohematology & Blood transfusion
11. Diploma in Health Education
12. Diploma in Health Administration
13. Diploma in Occupational Health
14. Diploma in Psychiatry
15. Diploma in Sports Medicine
16. Diploma in Dermatology, Venereology & Leprosy
17. Diploma in Physical Medicine & Rehabilitation

The Academic Committee also recommended that all 50 MD/MS/Diploma be published by the Medical Council of India.

13. The Academic Committee approved the Guidelines, MSR & TEQ prepared by the Expert Group for (a) DM in Pediatric Nephrology and (b) M.Ch in Hand Surgery and recommended that, as per recommendations of the Executive Committee, Guidelines & MSR to be sent to PG section for placing before the PG Committee and TEQ to the TEQ Section, for further necessary action.
14. The Academic Committee discussed the letter received from Dr. NTR University of Health Sciences, Vijayawada regarding learning resources, Clinical skills development, among Medical Students and Faculty. The Academic Committee agreed with the suggestion of using the funds allocated to Medical Colleges for augmenting the skills labs in the colleges, rather than in procuring physical copies of journals and recommended the same to the Executive Committee for its consideration and approval.

15. The Academic Committee discussed the proposal by Sri BalajiVidyapeeth (Deemed University) for the recognition of Dept. of Health Professions Education as MCI Regional Centre in Medical Education. The Academic Committee reiterated its earlier decision that no new Regional Centres / Nodal Centres for Medical Education should be recognized by the Medical Council of India except in the North East Region. In view of this, the proposal Sri BalajiVidyapeeth (Deemed University) for the recognition of Dept. of Health Professions Education as MCI Regional Centre in Medical Education was deferred consideration.
16. The Academic Committee felt that the GST taxation as proposed currently is going to hamper to entire Higher Education System including the medical education. The committee therefore recommended that GST should be placed at the lowest taxable rate rather than 18% taxable rate.
17. Under the Faculty Development Programme of the Medical Council of India, the constituent colleges have trained ~ **37354** college faculty in Basic Course Workshop & AETCOM. Approximately, 1078 Basic Course workshops (pre- and revised) and 172 AETCOM training programmes have been conducted until December, 2017, across the country.
18. The Academic Committee recommended that training in AETOCM (Attitude, Ethics & Communication) module be started in medical colleges along with the revised Basic Course Workshop under supervision of observer from Regional & Nodal Centres. The current pattern of training which is operative in Regional & Nodal Centres viz., 3 days Revised Basic Course Workshop followed by one day training in AETCOM Module should be followed in the medical colleges, under supervision of an observer from the concerned Regional/Nodal Centre. The observer will be paid honorarium of Rs.2000/day for 4 days (ie.,Rs.8000/workshop instead of Rs. 6000/workshop as per current norms). The AETCOM module published by the Council will be the reference document and a copy will be provided to Conveners of all Nodal / Regional Centres for use in training and an additional copy for display in MEU Library.

The Academic Committee further recommended that the AETCOM module may be released ceremonially.

Ethical Cases Dispensation:

- The present day scenario has changed and as a result of the Consumer Protection Act made applicable to the practicing physicians, complaints/appeals against doctors have increased manifold.
- Total complaints received from 1.11.2017 to 7.3.2018 41
- Under consideration of the Ethics Committee 23
- Complaints referred to State Medical Councils 17
- Complaint disposed off 01
- Appeals received & placed before the Ethics Committee from 1.11.2017 to 7.3.2018 - 55
- Under Consideration of Ethics Committee - 51
- Appeals disposed off - 04
- From 1st November, 2017 to 7th March, 2018, 05 doctors (that is Dean/ Principal/faculty and practicing doctors) have been punished by the Ethics Committee of the Council.

Finance Committee:

- Audit on accounts of Council for the year 2014-15, 2015-16 and 2016-17 was conducted by a team deputed by Director General of Audit, Central Expenditure, New Delhi between 22/01/2018 to 20/02/2018.
- On receipt of approval for payment of sitting fees to members of the Council with retrospective effect (21/12/2013 to 28/02/2016) from Ministry of Health & Family Welfare. An amount of Rs. 85 Lakh approx as sitting fees to members of the Council is under process of remittance.
- Guidelines pertaining to travel and other entitlement of Assessors has been framed and uploaded in the Council website.
- Council has been got registered under the GST regime. GST for the month of December to February has been deposited.
- Obligatory payments of council such as land rent, house tax, electricity and water bills, insurance charges, CGHS contribution have been made.

Monitoring Sub-Committee:

- The Postgraduate Monitoring Sub-Committee for Monitoring PG admissions did a commendable job and considered approximately 700 cases detecting more than 116 irregular admissions from Gujarat, Kerala, Maharashtra, Puducherry, Telangana & Utter Pradesh. They were issued discharge notices and compliance is awaited.
- After Executive Committee decision taken on 08/08/2017, the Monitoring Cell scrutinized and detected 902 irregular MBBS admission found throughout the country. They were issued discharge notice and compliance is awaited.

TEQ Sub-Committee:

- After last meeting of the General Body of the Council held on 31 October, 2017, Two meeting of the TEQ Sub-Committee have been conducted on 15.12.2017 & 16.02.2017. In these meetings total 46 items have been considered. Action has been taken in all cases considered in the meeting of TEQ Sub-Committee held on 15/12/2017. The minutes of TEQ Sub-Committee meeting held on 16/02/2018 have been sent to Oversight Committee for approval & action will be taken as & when confirmation is received from OC.
- Further, from the last General Body of the Council, the TEQ Section has received 377 cases and action has been taken by TEQ Section on all the P.U.C's.
- The TEQ Section has received 227 RTI application and all the P.U.C's have been replied.
- The TEQ Section is also disposing grievances relating to TEQ received online or by post from time to time.

Appearance before the Parliamentary Committees:

The Department-related Parliamentary Standing Committee had invited the MCI to present its observations on National Medical Commission Bill, 2017 on 27th February, 2018. The submission on behalf the Council were made by President and Dr.Ved Prakash Mishra.

Meetings with Govt. of India:

Several meetings have been held between MCI and MOHFW in order to discuss important policy issues and many of the issues have been finalized and even amendments have been notified and published in the Gazette of India.

Participation at National & International Conferences:

Attended the 9th National Conference of Health Professionals' Education (NCHPE, 2017) at Jorhat Medical College, Jorhat as Chief Guest.

Attended the 4th Convocation Ceremony of Rajasthan University of Health Sciences, Jaipur as Guest of Honour.

Attended the 60th Diamond Jubilee State Conference of Delhi Medical Association at Hotel Lalit as Guest of Honour.

Attended the ALL INDIA WOMAN DOCTORS CONFERENCE--EVECON-2018 organized by Woman Doctors Wing of Ahmedabad Medical Association under the aegis of Indian Medical Association as GUEST OF HONOUR.

Attended the 11th Global Healthcare Summit organized by the American Association of Physicians of Indian Origin (AAPI) at Kolkata as Guest of Honour.

Visiting delegations:

- The delegation of Royal College of Physicians of Ireland (RCPI) comprising of Professor Mary Horgan, first woman President in the history of RCPI and her colleague/representative visited the office of the MCI on 13.02.2018. Professor Mary Horgan introduced herself as President, RCPI and said that this was only a courtesy visit to both, the MCI and the Ministry of Health & Family Welfare, Govt. of India. The delegation wanted to know the status of inclusion of MRCP qualification in the Part II of the III Schedule of the Indian Medical Council Act, 1956.
- A two member delegation from Ala-Too International University, Bishkek, Kyrgyzstan visited the office of the MCI on 5th March, 2018 to discuss the possibility of listing Ala-Too International University, Bishkek among medical school of MCI directory.

The President appreciated the members and felt that without their unfailing and timely support, the Council would not have been able to achieve all that have in these last few months.

She has no words to express her gratitude and heartfelt appreciation of the untiring efforts without which it would have been impossible to complete these mammoth tasks, timely and in a transparent, credible, committed and accountable manner. The Council with support, time and again proved to the critics that MCI's credibility and accountability is and will always remain top priority. The Council will always strive for excellence in the field of medical education and in delivery of public healthcare in the country.

At last of her speech, she remembered the golden words of William James

“The great use of life is to spend it, for something that will outlast it.”

Motion of thanks:-

Motion of thanks was moved by Dr. Ved Prakash Mishra recording appreciation for the achievements made by the Medical Council of India and effective task dispensation under the able guidance of the President. He also made special mention of the cooperation by staff of the Council. He said that it was his privilege on behalf of the Medical Council of India & General Body to move the motion of thanks and record a sense of appreciation & gratitude for all that has been achieved by the Council.

He further went on to say that the 109th report of the Parliamentary Standing Committee of Health & Family Welfare was made known on 20.03.2018. Deposition of President is notable and historical as well and is included in the parliamentary Standing Committee of Health & Family Welfare report. It is a bold statement by the President clarifying the position of the Council and the perception of public regarding MCI.

The members of the Council discussed and deliberated at length on the issue of proposed NMC Bill and observed as under:-

- The Medical Council of India strongly opposes any move to dissolve the Medical Council of India and replace it by the National Medical Commission.
- Section (4) of the Bill provides that the National Medical Commission will have an effective membership of 25 of which only 5 members (Part Time) will be elected. Thus, 21 of the Members would be nominated by the Government of the day and the Commission would not have 'a representative character'. Moreover, representation of stakeholders, i.e., from a) nominee of the State Govt. from amongst the resident medical practitioners included in State Medical Register of the concerned State, b) one representative of each University that has a medical faculty to be elected by the Senate / Court of the concerned University from amongst the members of the faculty of medicine of the University, c) one registered medical graduate elected from amongst the registered medical practitioners included in the State Medical Register of each State and d) eight nominees of the Government of India, who are registered medical practitioners included in the State Medical Register. Thus, the four key stakeholders in the domain of medical education, namely, the States as health is a state subject; Universities as the entitled authorities entitled for the conferment of the degrees; registered medical graduates included in the State Medical Register; and Government of India, as a overall policy making authority is completely missing. The composition generated out of these four streams of representation renders the present Council a National character in the sense that the whole country geographically stands represented. The composition of the Council as envisaged is section 3 of the IMC Act, 1956 is based upon the federal nature of Indian polity, that has been held to be a basic feature of the Indian Constitution. The proposed NMC is fundamentally flawed and constitutionally impermissible as it lacks representative character, a national identity and federal spirit.
- Furthermore, the inclusion of following persons in the proposed NMC is by the virtue of the Office they hold, namely DGHS; DG, ICMR; Director, PGIMER, Chandigarh; Director, AIIMS, New Delhi or his nominee ; Director, JIPMER, Puducherry; Director, Tata Memorial Hospital, Mumbai or his nominee; Director, NEIGRIMS, Shillong or his nominee. All these persons are appointed to their respective positions by the Central Government and their inclusion in the NMC has the potential of seriously compromising the autonomy and independence of the NMC.

- Further, there is inherent contradiction in the term of membership provided for in section 4 (4) (b) and section 6 of the NMC Bill, as in the former two-year term is contemplated while in section 6 the term contemplated is of four years.
- The composition of the Search Committee for appointment of Chairperson and Members of the NMC is completely bureaucratic, for out of seven-members of the Search Committee, three are going to be drawn from the Indian Administrative Services, namely, the Cabinet Secretary {s. 5 (1) (a)}; CEO, NITI Aayog {s. 5 (1) (b)}; and Secretary, MoHFW ({s. 5 (1) (f)}). This Search Committee is to be chaired by the Cabinet Secretary. It is pertinent to state that chairperson and members of others National Statutory authorities are appointed by a Committee headed by the Prime Minister and consisting of other holders of high Constitutional offices such as that of Speaker of the House of People, Minister Incharge of the Department, Leader of Opposition in both the Houses of Parliament. Perhaps, the composition of search Committee is indicative of the fact that “Health” of the nation is not an important Policy Agenda for the Government and can be handled in a routine bureaucratic manner. The absence of political executive in the appointment process diminishes the stature of the proposed NMC.
- The term of membership stipulated in the proposed Bill is 4 years in terms of Section 6(1) of the proposed Bill. However, at Section 4(b) it is stated that “there shall be three members to be appointed on rotational basis from amongst the nominees of the States and Union Territories in the Medical Advisory Council for the term of two years in such manner as may be prescribed”. This is discriminatory in as much as, as against a stipulated term of four years to all other members, a set of State Govt. nominees as members would have a term of two years only.
- Further, as against the present provision in the existing Indian Medical Council Act, every State is represented by its member on the Council for the full term of five years without any discrimination of any type. But in the present stipulation, each State apart from getting a restricted term of two years on a rotational basis, its next turn would come only after a gap of 10 years on rotation basis construing the total rotational strength of the states to be 30. Consequently there is complete marginalization of the representation of the States in what is supposed to be a National Body.
- The embargo on reemployment of Chairperson and Members of the Commission envisaged in Section 6(6) needs to be redrafted so as to do away with the discretion with the Central Government in second proviso of Section 6(6).
- The mode and manner of appointment of Secretary contained in the Bill makes the Secretary an appointee of the Central Government not that of the supposedly Autonomous Commission. Thus, the real authority to appoint would be with the Central Government and thereby the decision making process in the NMC would be controlled and steered by the Central Government. The qualifications as contained in the Act for Secretary is only a Post Graduate qualification thereby opening the position i.e., required to be filled by holders of PG qualifications in medical sciences by persons from any other discipline. This is detrimental as such a person would not be having any knowledge in the field of medical sciences, medical profession and its challenging requirements.
- Therefore, in any new dispensation it ought to be ensured that the Secretary of the Commission who would be a key functionary with reference to the matters of medical education to be dealt by the Regulatory Body, hence he / she ought to be not only from the medical stream

possessing medical qualifications but also should possess required teaching experience. Being full time salaried officer, the age of superannuation as applicable to a Central Government appointed public servant would be applicable to him / her.

- Furthermore, the engagement of experts by the Commission under Section 8(7) is like a backdoor entry in the work of Commission and gives power to the Commission to appoint as many persons as it so desires.
- It may be noted that under Section 19(A) of the IMC Act the responsibility to prescribe “minimum standards of medical education” has been entrusted upon the Council and the Council has in discharge of such obligation laid down Minimum Standard Requirement Regulations for physical & human resources and infrastructure. This ensures that the minimum facilities required for running a medical institution are always available in the medical institution concerned. On the contrary Section 10 (1) (a) requires the Commission to “lay down policies for maintaining a high quality and high standards in medical education and make necessary regulations in this behalf”. It is pertinent to add that “high quality” and “high standard” is subjective.
- Furthermore, the vesting of power to frame guidelines for fee regulation under Section 10 (i) in private medical institutions in the NMC is fraught with risks as the Commission would be setting fee for 40% of the seats leaving the remaining 60% to be fixed by the private entity on its own which can charge any fee that it wishes. Thus, these seats could be bought for wards of persons with the highest paying capacity and thus opening the doors of medical education for seat auction. It is nothing but a mechanism for reservation for rich and deprives the economically and socially backward from access to higher education.
- The proposed Bill at section 10(1)(f) authorizes the commission to take such measures as may be necessary to ensure compliance by the State Medical Councils of the guidelines framed and regulations made under this Act for their effective functioning under this Act.
- The functions vested with the Commission under the Act are generic and cosmetic in character. There under it is to exercise appellate jurisdiction with respect to decisions of the autonomous boards except that of the EMR Board as brought out at Section 10(g). However, at Section 30(4) it is stated that a medical practitioner or professional who is aggrieved by the decision of the EMR board may prefer an appeal to the Commission within 60 days of the communication of such decision, which is contradictory.
- Further, Section 30(4) of the proposed act provides an appellate jurisdiction exclusively to a medical practitioner or professional to prefer an appeal with the commission if aggrieved with the decision of the EMR Board. However, the said clause is absolutely silent in regard to providing appellate jurisdiction to the complainant, which is a substantial omission with reference to equity and providence for justice.
- Further, the provision of constituting sub-committees for accomplishing specific task under Section 10 (4) is borrowed from the existing MCI mechanism.
- The Medical Advisory Council is an advisory body which is completely nominated by the Central Government and has representation from non-medical fields such as the Chairman UGC, Director NAAC, Directors of IIT's, IIM's, IISC of the Vice Chancellor of a Health University/ if there is no health university then from a University having maximum number of medical colleges affiliated to it. Both the Vice-chancellor of Health University or of a university can be from non-medical fields.

- The possibility of representation of medical persons from the representatives of the State in the form of Vice Chancellors, these nominees would be having their rotational turn on being member of the National Medical Commission. At any given time there would be three representatives from amongst the group of nearly 30 of the States and the Union Territories, who would be members of the National Medical Commission for a limited term of two years. This would mean that a State will have representation on National Medical Commission for a period of two years and then its next term would come only after 10 years thus, a State would not be represented on the National Medical Commission for a period of one decade as a whole. This by itself indicates that the state representation on the key authority a National Medical Commission is not only compromised but is substantially marginalised. If State is relegated with respect to its representation to such a dismal situation then what is sacrificed in totality is the concept of federalism enshrined in the Constitution of India.
- The discriminatory feature is the accruable term which normally for other members is a four years as against the representative of State for whom it is two years. In addition the inclusion of Chairman University Grants Commission, Director National Assessment and Accreditation Council in the Medical Advisory Council is adding to the pool of non-medical participation at the cost of representation to medical men.
- In order to obtain a MBBS Degree medical graduate spends 5 ½ years undertaking 4½ years of rigorous studies in the Medical Institution and thereafter 1 year of Internship. The standard of medical education imparted by the Indian Medical Institution is globally recognized. This degree is obtained by passing the University examination, and in most of the States, the state-level Health Universities are conducting such examinations. Moreover, the Council has through the Graduate Medical Education Regulation, 1997 has provided for a uniform structure of examination and curriculum that is followed across the country. Subjecting Indian pass-outs to another examination after 5 ½ years of rigorous education is regressive, as even after such rigorous studies, it is making the medical graduate subject to another examination in order to obtain “licence” to practice. It may also be detrimental to the objective of NMC Bill of ensuring “adequate medical professional” in the nation. Furthermore, students particularly from socially and economically disadvantaged sections of society and from socially and economically regions may face difficulties in qualifying such examination. It has also the potential for opening a “coaching” industry for medical graduates.
- Section (16)(1) of the Bill provides for the composition of four autonomous boards to be known as the UGME Board, PGME Board, MAR(Medical Assessment and Rating) Board and EMR(Ethics and Medical Registration) Board. Each board consists of 3 members only and all these members will be nominated by Central Government. Totally these four boards shall consists of 12 members. They will constitute further sub committees to assist them.
- The four Boards are to be composed of 03 Members each. The composition does not provide for the inclusion of any elected Member, and thus these four Autonomous Boards are going to be autonomous for name-sake. Furthermore, the tasks assigned to these autonomous Boards are too enormous and would be difficult to be undertaken without adequate human resources being made available to such Boards.
- The composition of these Autonomous Boards needs a careful scrutiny in the context of existing statutory Committees, namely, the Executive Committee and the Post-graduate Medical Education Committee. These

Committees have a representative character, as it includes within it nominees from all constituencies under section 3 of the IMC Act, 1956. The functioning of both these Committees has stood the test of times and have ensured in maintaining highest standards of medical education in the country. The regulatory work carried out by these Committees has been in strict adherence to the provisions of the IMC Act, 1956 and the Regulations made thereunder provision Regulations made by the Council's Act and Regulations.

- The Government wishes to retain complete control over the affairs of NMC and its four autonomous Boards by ensuring that all appointments are made through the "Search Committee" constituted under section 5 of the Bill
- Sec 20- Advisory Committees of Experts.-- This provisions opens the possibility of "back-door entry" into the work of the Autonomous Boards.
- As per section 26(1)(b) of the Bill, all permissions to start medical college will be granted by MAR board directly which will be having only 3 members and all are nominated by Central Government. This particular provision has to be examined in the context of section 10A of the IMC Act, 1956 which contemplates permission for Medical Colleges as also for all courses of higher learning by the Central Government on the recommendation of the Council. The NMC Bill is totally silent in regard to the authority and procedure for starting of Postgraduate and Super Speciality courses at various institutions including the modality of increase of the seats in the ongoing courses. By necessary implications it means that once a Medical College is established it can start postgraduate and super speciality courses on its own including augmentation of the annual intake capacity. It is a recipe for complete disaster and creating chaos. The said silence cannot be said to be accidental in character or an act of inadvertent omission. On the contrary it is evident that the entire postgraduate medical education in regard to its launch of various speciality and super speciality courses and augmentation in annual intake in case of ongoing courses would be "free for all" without any regulating procedure and total absence of much desired checks and balances. Thus, the PGMEB turns out to be meager cosmetic in character.
- Further, the Bill under section 26(1) (d) empowers the MARB to employ "independent rating agencies" to conduct, rate and assess all medical institutions. Is it not a mechanism to rope in "private players" for such statutory purposes. Understanding the requirements of clinical material, human resources and physical infrastructure in a medical institution and a teaching hospital requires the expertise of medical teacher without adequate experience of teaching and research.
- The power to impose monetary penalty on medical institutions instead of debarring the Institution from undertaking fresh admissions is without any application of mind. The law that has been drafted is not a "taxation law" wherein failure to pay tax can be resolved by imposition of monetary penalty. Herein the provision is being made for training of Doctors who have to protect the health of the nation, and such provision has the possibility of allowing "half-baked Doctors" by compromised institutions.
- The present statutory mechanism under section 10A of the IMC Act, 1956 creates a system of checks and balances. The permission is granted by the Central Government on the recommendation of the Central Government for establishing a new Medical College; renewal of permission of existing Medical College; starting/increase of seats in a new or higher course of learning. The recommendation of the Council is on the basis of technical scrutiny and physical verification of the medical institution.

- As per section 26(1)(b) of the Bill, all permissions to start medical college will be granted by MAR board directly which will be having only 3 members and all are nominated by central Government. This particular provision has to be examined in the context of section 10A of the IMC Act, 1956 which contemplates permission for Medical Colleges as also for all courses of higher learning by the Central Government on the recommendation of the Council. The NMC Bill is totally silent in regard to the authority and procedure for starting of Postgraduate and Super Speciality courses at various institutions including the modality of increase of the seats in the ongoing courses. By necessary implications it means that once a Medical College is established it can start postgraduate and super speciality courses on its own including augmentation of the annual intake capacity. It is a recipe for complete disaster and creating chaos. The said silence cannot be said to be accidental in character or an act of inadvertent omission. On the contrary it is evident that the entire postgraduate medical education in regard to its launch of various speciality and super speciality courses and augmentation in annual intake in case of ongoing courses would be “free for all” without any regulating procedure and total absence of much desired checks and balances. Thus, the PGMEB turns out to be meagre cosmetic in character.
- As per section 29(b) of the Bill, the MAR board is to look into ‘whether adequate faculty and other necessary facilities have been provided to ensure proper functioning of the medical college or would be provided within the time limit specified in the scheme’ while granting permission to start Medical college or PG courses.. This vests the board with a wide discretionary power to accord approval on a hypothetical assumptive presumption that the stipulated minimum requirements would be completed in due course of time. This by itself entitles the MAR Board to permit learners to be taught and trained in compromised conditions impacting and prejudicing the desired quality of medical education.
- Added to this is as per provision to section 29(d) of the Bill, the MAR Board can relax the criteria for opening of the medical colleges at its discretion with the previous approval from the Central Government which yields not only a wide authority but also provides adequate scope for availing the discretion for extraneous considerations. More so the regulatory stipulations which are mandatory in nature and binding in character cannot be open for any concession or condonation vide discretionary authority.
- The said discretionary authority is not only vested with the autonomous board but also is with the Central Govt. as well. Such dual / double discretions to waive the applicability of statutory stipulations governing prescribed requirements per se bad in the eyes of the law and end up in providing ample scope for a free flowing corruption to dwell and get deep rooted.
- The State Medical Councils are established under an Act of State legislature. They enjoy their independent stature in law and are not a subordinate organ of the Medical Council of India. Such separation powers flows from the constitutional scheme wherein “health” is a State subject. The proposed Bill under section 30(2) entitles the Central Govt. to give direction to the State Medical Council for dispensation of task under their jurisdiction. All these provisions shall take away the autonomy vested with the State Medical Council and make them subservient to the Central Govt. This would be a great prejudice caused to the State Medical Councils.
- As such, the provisions included at 10(1)(f), 27(b), and 30(2) clearly bring out the annihilation of the autonomy of the State Medical Councils and the State Medical Councils and State Governments ought to examine the

constitutional permissibility of such a scheme, and ensure that the new Bill does not compromise their independent stature and autonomy.

- Under the existing scheme of consideration of complaints of professional misconduct against medical practitioners, both the complainant and medical practitioner has a right to prefer appeal to the Medical Council of India. Section 30(3) restricts this right only to the Medical Practitioner, and grants him two additional avenues of appeal, firstly against any decision of EMRB to the NMC and on being aggrieved by decision of NMC can prefer appeal to the Central Govt. The case of complainant ends with the State Medical Council only and such omission of appellate jurisdiction is against equity and justice.
- The Council strongly opposes the provision under section 31 (8) for maintenance of a separate National register for AYUSH practitioners who have qualified the bridge course contemplated under section 49.
- The integrity and purity of all the recognized systems of medicine, namely, Ayurveda, Unani, Siddha and Homeopathy and Modern medicine has to be respected. Crossopathy is not permissible in law. As water and oil cannot ever mix, same way all “art and science of healing” are unique and independent and ought to develop within their framework and no “bridge course” can make an AYUSH practitioner competent to practice modern medicine. Likewise, a medical practitioner cannot become equipped by bridge course to practice AYUSH.
- The Council opposes the criteria of qualifying licentiate examination for seeking registration by Indian Medical Graduates. This provision must be scrapped.
- Furthermore, the dropping of provisions contained in section 13(4A) and (4B) of Screening Test and Eligibility Certificate for Indian citizens who are foreign medical graduates is not correct. It is to be noted that foreign medical graduates after qualifying Screening Test undertake internship which is hands-on training in recognized medical institutions in the country. This ensures that such persons become equipped to understand and practice medicine in Indian context.
- It is also pertinent to add that a three year gestation period from the commencement of Act is provided in section 15(3) of the Bill and during this period the mode and manner in which foreign medical graduate would be considered has not been stipulated.
- The creation of exception by first proviso of section 33 (1) from qualifying National Licentiate examination in an open-ended manner by the Commission is legalizing quackery and playing with lives of people. Grant of such sweeping powers violates the lawful conferment of discretion and opens ample avenues for corruption. Therefore, if Licentiate Examination is to be retained it ought to be without any exception whatsoever.
- Furthermore, while Indian Medical Graduates and Indian citizens who are foreign medical graduates are required to qualify the National Licentiate Examination, the only criteria for allowing foreign medical practitioners is enrolment in their country of origin. Foreigners can only on that basis get temporary permission to practice. Further, issues relating to the disciplinary jurisdiction during their period of temporary practice in India are also not specified. There is a possibility of Indian citizens becoming guinea pigs for these foreign Doctors.
- Grant of sweeping powers for entry for entry of foreign medical qualifications with the Commission, without ensuring adequate checks and balances is a recipe for recognition of third rate foreign qualifications.

Moreover, as of now an Indian citizen is entitled to pursue and obtain foreign medical qualification from any country in the globe with only restriction being that the qualification should be recognized for enrolment in that country. Therefore, present provision restricts the choices of Indian citizens to acquire qualifications from foreign country and would be subject to entry in the Commission's list.

- The grant of absolute discretion is open to abuse/misuse and such blind powers may open floodgates for corruption.
- The hall-mark of the NMC Bill was supposedly professional autonomy but that remains compromised by s. 44 as the proposed Commission is to be bound by policy directions of the Central Government and the determination as to whether a direction is a policy direction or not is exclusively of the Central Govt. and virtually dilutes the autonomy of professional Commission and its autonomous Boards.
- Section 45: Power of Central Government to give directions to State Governments -The provision is inconsistent with the scheme of distribution of powers between the Union and the States and centralizes the powers in the Central Govt. Vesting absolute power with the Central Government being contrary to constitutional scheme it is liable to be struck down by constitutional courts.
- It is categorically stated that each recognized system of medicine is unique and exclusive. There cannot be any interface between the different systems of medicine. Therefore, this provision itself is contrary to the settled law and jurisprudence on the subject. Moreover, if bridge course comes into being Indian system of medicine and Homeopathy may get wiped out.
- It is also evident from definition of "medicine" contained in section 2 (j) of the NMC Bill that is based upon the exclusive nature of the "modern scientific medicine". Therefore, developing "bridges across the various systems of medicines and promote medical pluralism" as envisaged for in section 49(3) is a recipe for disaster. It has the tendency to expose the nation to legalized quackery. Moreover, there cannot be separate sets of rights arising out of same definition of "medicine" under the Bill. Accordingly, section 49 ought to be scrapped from the Bill.
- It is also to be noted that practitioners of Indian system of medicine and Homeopathy are registered with their respective Councils. Those who qualify Bridge course would have dual registration, one with their parent Council and second with EMRB. This would be opening backdoors for practicing of modern medicine by unqualified practitioners.
- Section 53 provides for the power of the central Govt. to supersede the commission in case it is unable to discharge the function and duties imposed on it by or under the provisions of the Act.
- This has to be viewed in the context of the material fact that although the National Commission is expected to be created with all autonomy at its disposal the same is negated by virtue of its composition, operational restrictions, authority vested with the Govt. to issue directions binding for the commission to abide and obey. Added to it is the authority vested with the Central Govt. to supersede the commission which brings that it will have to function under constant thread of a Sword of Damocles hanging over its heads in the name of its dissolution and supersession. As such, it is evident that by virtue of the absolute authority vested with the Central Govt. the National Commission Bill contemplates creating a subordinate, subservient, limping commission at the mercy of the Central Govt. for anything and everything to sneeze when called to do so and bend when directed. In spite

of the total stronghold of the Central Govt. over the proposed commission, it being designated as autonomous is nothing less than making a mockery of calling a totally subservient mechanism as autonomous, in the name of make belief mechanism which is nothing less than throwing the dust in the eyes of the people at large and tormenting the public prudence.

- The Council opposes the repeal of Indian Medical Council Act, 1956 and the dissolution of Medical Council of India by section 58(1) of the Act.
- It is to be noted that section 58 (3) provides that Chairman and Members of the Council shall be paid three months' pay and allowances for their premature termination of term of their office. It is ironical that the drafters of the Bill failed to note that the Office Bearers and Members of the Council serve the Council in an honorary capacity. They do not draw any salary or allowances from the Council. Only a nominal sitting fees is paid and that too has been allowed by the Government recently. All the Members are either Medical Teachers or medical practitioners of renown. Their livelihood and sustenance is not contingent upon their membership of the Council.
- The Bill in its most draconian provision terminates by way of second proviso of section 58(3) the services of 109 employees of the Secretariat of the Medical Council of India. By a stroke of legislative brush, services of employees in the category of Peon to Additional Secretary are thrown to winds. Such provision is constitutionally and legally impermissible and by stroke of legislation imposes collective punishment on employees of the Council. Their future becomes uncertain and they stand deprived of their livelihood. This particular clause impacts the future of employees in a most inhumane manner and renders them jobless and throughout their lives they have to live with a stigma that their services had been terminated by a law made by Parliament. The Constitution of India provides for creation of a welfare state which vests in all persons in pursuance of Article 12 and 21 entitlement to decent and living as a fundamental right and a corresponding duty upon the employer to be an ideal employer. MCI being a statutory authority constituted by Central Government has to be an ideal employer and it strongly opposes termination of the employees of the Council.

Dr. Ved Prakash Mishra said that we should thank and appreciate the efforts made by the IMA especially its past president Dr. Ajay Kumar and Dr. Vinay Aggarwal. No developed world can sustain without medical education.

The Council records sense of appreciation of struggle taken up by IMA and the immense enthusiasm with which they have adopted a stand to protect medical education & profession in the country. We are at a historic juncture. Whether MCI continues or not Medical Education will continue, it is a well known fact that Indian doctors have made a name for themselves abroad. If they go on strike today the entire medial system in UK/USA can collapse.

The members of the council during discussion were informed that the Executive Committee has already made it clear that only registered medical practitioner can sign lab reports and not M.Sc./Ph.D degree holders. Even in medical colleges M.Sc./Ph.D degree holders should not be appointed as faculty.

It was further informed that if MOHFW wants access to OFAMOS data the Council can provide them with it. It is anyway in public domain and is upto the Dean/Principal of college whether they want their staff to punch 1 or 2 times. MCI is only interested to know whether faculty is regular or not. It was further decided to send another circular in continuation of Circular dated 3.11.2017 to change the requirement of punching to only once a day.

The members of the Council after detailed deliberations decided to continue the present Regulation of percentile system in the PG admissions.

Dr. Ajay Kumar and the whole House seconded the motion of thanks.

5. **Minutes of the Academic Committee meeting held on 15th December, 2017.**

Read: the recommendations of the Executive Committee for approval with regard to Minutes of the Academic Committee meeting held on 15th December, 2017.

The Council approved the following recommendation of the Executive Committee:

“The Executive Committee of the Council approved the minutes of the Academic Committee meeting held on 15th December, 2017 in respect of the following items:-

Item No. 4. *Introduction of new subject: Personality development system to medical students: e-mail from Dr. Thipperudraswamy Ganesh.*

Item No. 5. *Representation of IADVL for issues pertaining to the composite specialty of Dermatology, Venereology & Leprology*

Item No. 6. *Letter from Society of Young Scientists, All India Institute of Medical Sciences regarding request to retain the Privileges to sign the Laboratory Test Reports by relevant Clinical MSc/PhD degree holder.*

Item No. 7. *Report from Reconciliation Board regarding compulsory implementation of six month core module syllabus for Environmental studies for under-graduate courses in all branches of Higher Education Institutes: recommendation of Academic Committee meeting held on 27 January, 2017 and EC on 16th March, 2017 Action taken after OC was dissolved.*

Item No. 8. *Academic Committee meeting held on 08-05-2017- Agenda Item 14: Letter from the Tamil Nadu Dr. MGR Medical University, Chennai to increase the existing total marks of 40 for theory paper to 100 marks in the MBBS course - forwarded by the UG Section on 12.01.2017.*

Item No. 9. *Letter from Dr. J.S Kochher enclosing Minutes of meeting of Core group on Mental Health held on 30-11-2016.*

Item No. 10. *Request for Regional Centre status for Jorhat Medical College & Hospital, Jorhat - documents sent by Principal cum Chief Superintendent.*

Item No. 13. *Letter received from Sh. Sunil KS Bhadoria, Section Officer, MoH&FW regarding presentation by Dr. R. C. Sharangpani on vision of Healthy India.*

Item No. 14. *Letter received from Dr. Anna B. Pulimood, Principal, Christian Medical College, Vellore requesting approval of the new course DM Cytogenetics and Genomics.*

Item No. 15. *Letter received from KumariMahaSabha dated 25.09.2017 to impart uniform and unbiased Education – One nation one system of education- education is the only means to make a*

man resourceful - to bring the education system in the central list from the concurrent list of our constitution.

- Item No. 16. *Minutes of the meeting of the Oversight Committee held on 15th November, 2017 at 2.30 p.m. at All India Institute of Medical Sciences, New Delhi & the Action points arising out of the discussion held on 15-11-2017 sent by Secretary, Oversight Committee.*
- Item No. 18. *Restructured MD/MS/Diploma curricula approved by the General Body of the Council in 2009/2010: for uploading on MCI Website.*
- Item No. 19. *Guidelines of the MCI for Medical Colleges which require reconsideration - letter from Mr. Devesh Deval, MOH&FW, New Delhi.*
- Item No. 20. *Note received from UG Section regarding Minutes of meeting on Participation of private Sector in Medical Education.*
- Item No. 21. *Note received from UG Section regarding representation received from Prof. Dr. Arun Jamkar Ex-Vice Chancellor, Maharashtra University of Health Sciences (MUHS), Nashik*
- Item No. 23. *Proposal by Sri Balaji Vidyapeeth (Deemed University) for the recognition of Dept. of Health Professions Education as MCI Regional Centre in Medical Education*
- Item No. 26. *Letter from Registrar, MUHS, Nashik regarding Syllabus for Spiritual Medicine for Modern Life Style Diseases*
- Item No. 27. *Any other item from permission from Chair.*
- a). *Proposal from Dr. Chetna K. Desai regarding training Interns for prescribing competency – Need and prescribing competency training and assessment (PCTA) Programme Outline.*

The Executive Committee further perused the minutes of the Academic Committee meeting held on 15th December, 2017 and observed as under:-

- Item No. 11. *Office Note received from PG Section to include Diploma in Diabetology in PG Medical Education Regulation, 2000.*

The Executive Committee directed that the matter be placed before the Postgraduate Committee of the Council.

- Item No. 12. *Office Note received from PG Section regarding DM Medical Genetics seats with correct eligibility criteria for mopping round.*

The Executive Committee approved the minutes of the Academic Committee and directed the office to inform the Institute that the Criteria prescribed by MCI are prescribed under Statutory Regulations and hence take precedence over criteria prescribed by Individual Institutions & have to be mandatorily followed by all authorities.

Item No. 17. Meeting of the Expert Group for DM in Pediatric Nephrology held on 22.11.2017: submission of Guidelines, MSR & TEQ.

The Executive Committee directed that the matter be placed before the Postgraduate Committee as well as TEQ Sub-Committee of the Council.

Item No. 22. Letter received from Dr. NTR University of Health Sciences, Vijayawada regarding Learning resources, Clinical skills development, among Medical Students and Faculty

The Executive Committee did not approve the recommendations of the Academic Committee. The Executive Committee noted that even to-day Net speed is very slow in large parts of the country and downloading of articles, particularly which involve graphics, charts, diagrams, photographs, etc. is taking too much time. Further availability of Internet Nodes is very less as compared with total strength of UG + PG students & faculty. Hence present system may continue till these are rectified. Prescribed requirement of number of Journals as per phasewise development schedule has to be met by physical copies only.

Item No. 24. Meeting of the Expert Group for M.Ch Hand Surgery held on 12.12.2017: submission of Guidelines, MSR & TEQ

The Executive Committee directed that the matter be placed before the Postgraduate Committee as well as TEQ Sub-Committee of the Council.

Item No. 25. One Single GST Clause proving to be a bane to Higher Education in India.

The Executive Committee directed the office to obtain the opinion of the Law Officer whether this falls within purview of MCI & matter be resubmitted.

Item No. 27. Any other item from permission from Chair.

b). Note from PG Section inclusion of DM (Aviation Human Engineering) and DM (Environmental and Space Physiology) in the Schedule to PGMER, 2000.

The Executive Committee directed that the matter be placed before the Postgraduate Committee of the Council.

6. Report of the Committee constituted by Executive Committee of the MCI :

Agenda Item 9: Letter from Dr. Mahesh Chandra, Haldwani regarding Mockery of Medical Council: research papers, and

Agenda Item.18: Note from PG section regarding inclusion of new course DM (Cytogenetics) in the regulation of the Council on Postgraduate Medical Education, 2000 - recommendations of the Sub-Committee consisting of Dr. S.B. Siwach, Dr. Ved Prakash Mishra, and Dr. Annil Mahajan -req.

Read: the recommendations of the Executive Committee for approval with regard to report of the Committee constituted by Executive Committee of the MCI :

The Council approved the following recommendation of the Executive Committee:

“The Executive Committee of the Council perused the report of the Sub-committee constituted by Executive Committee which reads as under:

“The Sub-Committee at its meeting held on 15.12.2017 at 3 p.m. in the office of the Council, deliberated on the two issues remitted to it for its consideration and observed as under:-

1. *Issue pertaining to having DM Cytogenetics and Genomics as a Super speciality course included in the list of entries in the Postgraduate Medical Education Regulations ,2000.*

It was observed that the Academic Committee considered the matter of inclusion of DM course in Cytogenetics in the Regulations of the Council on Postgraduate Medical Education and recommended that an expert group may be constituted for making an appropriate recommendation in this regard. The executive committee of the Council in its meeting held on 22nd Dec. 2016 approved the recommendations of the Academic Committee and authorized the President to constitute an Expert Group in consultation with Chairman, PG Committee, Academic Committee and TEQ Committee respectively.

The Chairman, Academic Committee informed that in the meeting of the Academic Committee held today dated 15.12.2017 at 11.30 am in the Council, the said issue was taken up for discussion whereat it was recommended that DM Medical Genetics as a super speciality is already included in the PG Regulations,2000. An Expert Group has already formulated Syllabus, Minimum Standard Requirement and Teachers Eligibility Qualification Regulation for the same. The said syllabus includes the relevant areas in the domain of Cytogenetics and Genomics to the required extent. As such, having a separate sub speciality (DM Cytogenetics and Genomics) is not desirable inter alia, warranted at this juncture. However, the concerns brought out by the Christian Medical College, Vellore on the said count be remitted to the expert group for their consideration and ensuring if there was any need for broadening of the curriculum for DM (Medical Genetics) course in the areas of Cytogenetics and Genomics respectively.

2. *Issue pertaining to publications in Journals and their computation for the purposes of promotion and placement and the posers raised thereto were considered by the Committee and upon critical deliberations; it was recommended that the present status quo be maintained with reference to the notification and the TEQ Regulation on the said count notified by the Medical Council of India.”*

After due deliberations, the Executive Committee of the Council decided to approve the report of the Sub-Committee constituted by the Executive Committee.

7. PC PNDT – Regarding.

Read: the recommendations of the Postgraduate Medical Education Committee for approval with regard to PC PNDT.

The General Body after detailed deliberations decided to refer back the matter to the Academic Committee for laying down modality of training.

8. **Change in the name of affiliating University for the students trained at Geetanjali Medical College & Hospital, Udaipur for MBBS course from Rajasthan University of Health Sciences, Jaipur to Geetanjali University, Udaipur.**

Read: the recommendations of the Executive Committee for approval with regard to change in the name of affiliating University for the students trained at Geetanjali Medical College & Hospital, Udaipur for MBBS course from Rajasthan University of Health Sciences, Jaipur to Geetanjali University, Udaipur.

The Council approved the following recommendation of the Executive Committee:

“The Executive Committee of the Council observed that at its meeting dt. 30/08/2017, E.C. had decided as under:

“...In view of above, the Executive Committee of the Council decided that the university be asked to submit the certificate/approval from University Grants Commission with regard to formation of Geetanjali University, Udaipur for further consideration of the matter.”

The Executive Committee further observed that the Registrar, Geetanjali University, Udaipur vide letter dated 04.11.2017 has stated as under:-

“In the above subject & reference letter and as per the directions of executive committee that the University be submit the certificate/approval from University Grant Commission with regard to formation of Geetanjali University, Udaipur, please find herewith Letter No. F.5-3/2017 (CPP/I/PU) date 22.02.2017 of University Grant Commission, New Delhi regarding approval of degrees of Geetanjali University, Udaipur U/s 22 of UGC Act. The letter states as follows:-

“Geetanjali University, Udaipur (Rajasthan) has been established by an Act of State Legislature of Rajasthan as a private university and is empowered to award degrees as specified under section 22 of the UGC Act through its main campus in regular mode with the approval of statutory bodies/council.”

Therefore, you are requested to accept the UGC approval and change the name of affiliating University for the students trained at Geetanjali Medical College & Hospital, Udaipur for MBBS course from Rajasthan University of Health Sciences, Jaipur to Geetanjali University, Udaipur admissions from session 2012-13 onwards which were done under the affiliation of Geetanjali University, Udaipur.

The Executive Committee observed that the Executive Committee at its meeting held in June 1988 had decided as under:-

“No inspection is required where there is change of name and change of affiliation of the University or the college whose medical qualifications are already recognized and included in the 1st schedule to the IMC Act, 1956 unless the Executive Committee decided otherwise”.

In view of above, the Executive Committee of the Council decided to accept the request of change of University Affiliation for the students trained at Geetanjali Medical College & Hospital, Udaipur for MBBS course from Rajasthan University of Health Sciences, Jaipur to Geetanjali University, Udaipur.”

9. **Change of University in respect of SGT Medical College, Hospital & Research Institute – Recognition of MBBS under SGT University u/s 11(2) of the IMC Act, 1956.**

Read: the recommendations of the Executive Committee for approval with regard to recognition of Change of University in respect of SGT Medical College, Hospital & Research Institute – Recognition of MBBS under SGT University u/s 11(2) of the IMC Act, 1956.

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

“The Executive Committee of the Council perused the letter from SGT University received through the Central Govt. MOHFW vide letter dt. 08/11/2017 which reads as under:

“In response to MCI letter dated 10.5.2013 which states that SGT Medical College would be recognized under SGT University when the first batch of MBBS students admitted under the new university appears in the final MBBS (P-II) examination, this is to inform you that the first batch of MBBS students admitted under SGT University is going to appear in the final MBBS (P-II) examination in the month of November/December, 2017.

You are therefore kindly requested to recognize Shree Guru Gobind Singh Tricentenary (SGT) Medical College, Hospital & Research Institute, Budhera, Gurugram under Shree Guru first batch of MBBS students admitted in academic session 2013-14 under this University is going to appear in the final MBBS part II examination in the months of Nov/Dec. 2017.

The Executive Committee observed that the Executive Committee at its meeting held in June 1988 had decided as under:-

“No inspection is required where there is change of name and change of affiliation of the University or the college whose medical qualifications are already recognized and included in the 1st schedule to the IMC Act, 1956 unless the Executive Committee decided otherwise”.

In view of above, the Executive Committee of the Council approved the request of the SGT University with regard to recognition of SGT Medical College, Hospital & Research Institute under SGT University u/s 11(2) of the IMC Act, 1956.”

10. **Chennai Medical College Hospital & Research Centre, Irungalur, Trichy Change of name and style as “Trichy SRM Medical College Hospital & Research Centre”- Requesting orders – regarding.**

Read: the recommendations of the Executive Committee for approval with regard to Chennai Medical College Hospital & Research Centre, Irungalur, Trichy Change of name and style as “Trichy SRM Medical College Hospital & Research Centre”- Requesting orders.

The Council approved the following recommendation of the Executive Committee:

“The Executive Committee of the Council perused the letter dated 18.12.2017 from Dean, Chennai Medical College Hospital & Research Centre, Trichy informing that the Tamil Nadu Government has issued G.O. (Ms.) No. 444, dated 30.11.2017 in the form an amendment as follows:

“The name and style of the “Chennai Medical College” Wherever mentioned in Government letter No. 54396/MCA2/2007-3, Health and Family Welfare Department, dated 27.06.2008, the name and style shall be substituted as follows “Trichy SRM Medical College Hospital and Research Centre”. This amendment comes to effect from the date of issue of this order.”

In view of above, the Executive Committee of the Council noted the change of name of Chennai Medical College Hospital & Research Centre, Trichy to “Trichy SRM Medical College Hospital and Research Centre”.

11. Change of name of Sri Ramachandra University to Sri Ramachandra Medical College and Research Institute (Deemed to be University), Porur, Chennai.

Read: the recommendations of the Executive Committee for approval with regard to change of name of Sri Ramachandra University to Sri Ramachandra Medical College and Research Institute (Deemed to be University), Porur, Chennai.

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

“The Executive Committee of the Council perused the letter dated 03.01.2018 received from Dean, Sri Ramachandra Medical & Research Institute (Deemed University), Chennai informing therein that in compliance of the directives of the University Grants Commission, New Delhi letter dated 29/11/2017, the name of the institution has been changed from Sri Ramachandra University to Sri Ramachandra Medical College and Research Institute (Deemed to be University) with effect from 01.12.2017.

In view of above, the Executive Committee of the Council noted the change name of Sri Ramachandra University to “Sri Ramachandra Medical College and Research Institute (Deemed to be University)”.

12. Final report of Study Group constituted to make recommendations in regard to the guidelines for section 8.6. of Code of Medical Ethics Regulations 2002.

Read: the recommendations of the Executive Committee for approval with regard to final report of Study Group constituted to make recommendations in regard to the guidelines for section 8.6. of Code of Medical Ethics Regulations 2002.

The General Body after detailed deliberations decided to refer back the matter to the Executive Committee for appropriate proposal and re-submit the same in the next meeting of the General Body.

13. To move motion regarding Section 1.2.2 of Professional Conduct, Etiquette and Ethics Regulations 2002.

Read: the matter with regard to move motion regarding Section 1.2.2 of Professional Conduct, Etiquette and Ethics regulations 2002.

The Council approved the Executive Committee recommendations regarding alteration/addition in section 1.2.2 of Professional Conduct, Etiquette and Ethics regulations 2002 as under:-

“Medical practice is known as "Profession" since time immemorial. Any vocation to be label as Profession has to fulfill these criteria

1. Have a School of training
2. Have a University to grant degree.
3. Have a licensing authority
4. Have a code of Ethics
5. A full time vocation
6. Have a local association.
7. Have a national association

Existing

Section 1.2.2 of Professional Conduct, Etiquette and Ethics regulations 2002“ For the advancement of his profession, a physician should affiliate with associations and societies of allopathic medical professions and involve in activity in the functioning of such bodies.”

Proposed Amendment

In exercise of the powers conferred under section 20 A read with section 33 (m) of the Indian Medical Council Act,1956 (102 of 1956), In the Indian Medical Council (Professional conduct, Etiquette and Ethics) Regulations,2002, Section 1.2.2 to be amended as follows

Section 1.2.2 of Professional Conduct, Etiquette and Ethics regulations 2002 “ For the advancement of his profession, a physician **shall** affiliate with associations and societies of modern medical science and involve in activity and the functioning of such bodies. If he/she is not the life member of his/her association, he/she will not be entitled to get his/her permanent registration in any State Medical Council or Medical Council of India.”

14. (i) Continuance of recognition of MBBS degree granted by Maharashtra University of Health Sciences, Nashik in respect of students being trained at Topiwala National Medical College, Mumbai - regarding.
- (ii) Continuance of recognition of MBBS degree granted by NTR University of Health Sciences, Vijaywadain respect of students being trained at Kurnool Medical College, Kurnool, Andhra – Reg.
- (iii) Continuance of recognition of MBBS degree granted by Manipal Academy of Higher Education (Deemed University), Manipalin respect of students being trained at Kasturba Medical College, Mangalore.
- (iv) Consideration of compliance verification assessment report with regard to continuance of recognition of MBBS degree granted by West Bengal University of Health Sciences, Kolkata in respect of students being trained at Midnapore Medical College, Midnapore.
- (v) Consideration of compliance verification assessment report with regard to continuance of recognition of MBBS degree granted by The Tamilnadu Dr. M.G.R. Medical University, Chennai in respect of students being trained at Govt. Theni Medical College, Theni.
- (vi) Consideration of compliance verification assessment report with regard to continuance of recognition of MBBS degree granted by Kerala University of Health Sciences, Thrissur in respect of

students being trained at Government Medical College, Kottayam–Reg.

- (vii) Consideration of compliance verification assessment report with regard to continuance of recognition of MBBS degree granted by Maharashtra University of Health Sciences, Nashik in respect of students being trained at Government Medical College, Aurangabad.
- (viii) Consideration of Compliance Verification Assessment report with regard to continuance of recognition of MBBS degree granted by Maharashtra University of Health Sciences, Nashik in respect of students being trained at Rajiv Gandhi Medical College & Chhatrapati Shivaji Maharaj Hospital, Thane.
- (ix) Compliance Verification Assessment of the physical and the other teaching facilities available for 100 MBBS seats KMCT Medical College, Kozhikode, Kerala under Kerala University of Health Sciences, Thrissur – regarding.
- (x) Recognition/approval of Govt. Siddhartha Medical College, Vijayawada for the award of MBBS degree granted by Dr. N.T.R. University of Health Sciences, Vijayawada against the increased intake i.e. from 100 to 150 seats u/s 11(2) of the IMC Act, 1956-- Compliance Verification Assessment Regarding.
- (xi) Recognition/approval of R.G. Kar Medical College & Hospital, Kolkata for the award of MBBS degree granted by The West Bengal University of Health Sciences, Kolkata against the increased intake i.e. from 150 to 200 seats u/s 11(2) of the IMC Act, 1956- Compliance Verification Assessment Regarding.
- (xii) Assessment of the physical and the other teaching facilities available for Recognition/approval of Era's Medical College & Hospital, Lucknow under Dr. R.M.L. Avadh University, Faizabad u/s 11(2) of the IMC Act, 1956 for the award of MBBS degree against the increased intake i.e. from 100 to 150 seats in pursuance of the Hon'ble Supreme Court order dated 09.10.2017 passed in WP © No. 432/2017- req.
- (xiii) Recognition/approval of Dr. Vaishampayan Memorial Govt. Medical College, Solapur, Maharashtra for the award of MBBS degree granted by Maharashtra University of Health Sciences, Nashik against the increased intake i.e. from 100 to 150 seats u/s 11(2) of the IMC Act, 1956- req.
- (xiv) Recognition/approval of Govt. Medical College, Kozhikode for the award of MBBS degree granted by Kerala University of Health Sciences, Thrissur against the increased intake i.e. from 200 to 250 seats u/s 11(2) of the IMC Act, 1956 – Compliance Verification Assessment Regarding.
- (xv) Recognition/approval of Govt. Medical College & Hospital, Chandigarh for the award of MBBS degree granted by Punjab University, Chandigarh against the increased intake i.e. from 50 to 100 seats u/s 11(2) of the IMC Act, 1956- req
- (xvi) Recognition/approval of Guru Gobind Singh Medical College, Faridkot for the award of MBBS degree granted by Baba Farid University of Health Sciences, Faridkot against the increased

intake i.e. from 50 to 100 seats u/s 11(2) of the IMC Act, 1956-req.

- (xvii) Recognition/approval of Sri Guru Ram Das Institute of Medical Sciences & Research, Sri Amritsar for the award of MBBS degree granted by Baba Farid University of Health Sciences, Faridkot against the increased intake i.e. from 100 to 150 seats u/s 11(2) of the IMC Act, 1956- req.
- (xviii) Recognition/ approval of Melmaruvathur Adhiprasakthi Institute of Medical Sciences & Research, Melmaruvathur for the award of MBBS degree (150 seats) granted by the Tamilnadu Dr. MGR Medical University, Chennai u/s 11(2) of the IMC Act, 1956
- (xix) Assessment of the physical and other teaching facilities available for Recognition/approval of Indian Institute of Medical Sciences and Research, Jalna, Maharashtra under Maharashtra University of Medical Sciences, Nashik u/s 11(2) of the IMC Act, 1956 for the award of MBBS degree (100 seats).
- (xx) Recognition/Approval of Maharishi Markandeshwar Medical College & Hospital, Kumarhatti, Solan, Himachal Pradesh for the award of MBBS degree (150 seats) granted by Maharishi Markandeshwar University, Solan u/s 11(2) of the IMC Act, 1956.
- (xxi) Recognition/Approval of Karpagam Faculty of medical Sciences & Research, Coimbatore, Tamilnadu for the award of MBBS degree (150 seats) granted by The Tamilnadu Dr. M.G. R. Medical University, Chennai u/s 11(2) of the IMC Act, 1956.

The Council noted and approved the recommendations of the Executive Committee for COR/Recognition/ Approval for award of MBBS degree with regard to subjects mentioned above.

15. Meeting of Expert group to examine letter from Chairman, Atomic Energy Regulatory Board (AERB) regarding inclusion of Radiation safety syllabus in concerned medical specialties was held on 21st February, 2018-approval of.

Read: the recommendations of the Executive Committee for approval with regard to meeting of Expert group to examine letter from Chairman, Atomic Energy Regulatory Board (AERB) regarding inclusion of Radiation safety syllabus in concerned medical specialties was held on 21st February, 2018-approval of.

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

The Executive Committee of the Council perused the minutes of the meeting of Expert group to examine letter from Chairman, Atomic Energy Regulatory Board (AERB) regarding inclusion of Radiation safety syllabus in concerned medical specialties, held on 21st February, 2018 as under:-

4. Basic Syllabus of Radiation safety (MBBS Level)

The Chairman, informed the members that the competency based undergraduate curriculum on Radiodiagnosis/Radiotherapy has been included radiation safety component appropriately.

16. Meeting of the Sub-Group to discuss the VIP Reference from Sh. Rakesh Singh, Hon'ble MP (Lok Sabha) regarding revised Plan of Medical Education, held on 5th January, 2018 -approval of.

Read: the recommendations of the Executive Committee for approval with regard to meeting of the Sub-Group to discuss the VIP Reference from Sh. Rakesh Singh, Hon'ble MP (Lok Sabha) regarding revised Plan of Medical Education, held on 5th January, 2018 -approval of.

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

The Executive Committee of the Council perused the minutes of the Sub-Group to discuss the VIP Reference from Sh. Rakesh Singh, Hon'ble MP (Lok Sabha) regarding revised plan of Medical Education, held on 5th January, 2018 and approved as under:-

The salient points of the proposal & recommendations.

The salient points of the revised plan for medical education are as under:

- a. *After PMT, students complete preclinical disciplines like Anatomy, Physiology & Biochemistry and also, basic Pathology (excluding Systemic Pathology), Microbiology and basic principles of Pharmacology excluding therapeutics) in one & half to 2 years. This is followed by pre-PG examination and students will be offered choice of Medicine, Surgery, Pediatrics or a basic science degree – MSc like Anatomy, Biochemistry, Microbiology etc. on merit basis.*

In the next 02 years, students choosing clinical subjects will spend time in a teaching hospital. They will also be taught applied aspects of Anatomy, Physiology, systemic Pathology, Therapeutics, Forensic Medicine & Preventive & Social Medicine. In the next three years, students can choose any one specialty for which currently MD/MS is offered. Thus, an entrant to medical college will get MD/MS in 07 years instead of the current eight and half years.

Recommendation: This requires wider consultation because it involves fundamental structural changes in the plan of medical education.

- b. *Superspecialty programme: two years + one year residency.*
- d. *Involve selected willing practicing specialists and super-specialists for teaching in the teaching hospital at a suitable honorarium.*

Recommendation: This cannot be done at the cost of substituting Minimum Standard Requirements for teachers.

17. Consideration of publications of teaching faculty req.

Read: the recommendations of the Postgraduate Medical Education Committee for approval with regard to consideration of publications of teaching faculty.

The Council approved the following recommendation of the Postgraduate Committee:-

“There has been a mushroom growth of journals, purely as business venture. They publish substandard articles and there are complaints that such publications are done for monetary considerations. MCI has become an indirect promoter of their business interests by making publications compulsory for promotion. It was noticed that 3-4 articles by same author have been published in same issue of the journal and at times, the author is not able to tell even the title of the article published under his name. The very purpose for which certain number of publications were made compulsory for promotions thus stand defeated. After detailed deliberations, the Postgraduate Committee resolved that –

1. *A Committee of three experts be constituted by the President in each subject which will draw a list of standard journals by name (not by indexing or impact factor) and articles published only in those journals will be accepted as research articles for the purpose of benefit in promotions.*
2. *A Standing Committee of MCI be constituted by the President which will hear representations from those journals which may feel left out in the first list and the Committee will have the power to include or exclude any journal from the list at any time.*

18. Minutes of meetings of the Executive Committee – for approval of.

Read: minutes of the Executive Committee meetings held on 22.11.2017, 14.12.2017, 04.01.2018, 06.02.2018 & 05.03.2018 for approval.

The Council approved the following minutes of the Executive Committee meetings:

22.11.2017, 14.12.2017, 04.01.2018, 06.02.2018 and 05.03.2018

19. Change of name of University from Kumaon University, Uttarakhand & Uttarakhand Technical Univeristy, Dehradun, Uttarakhand respectively to Hemwati Nandan Bahuguna Uttarakhand Medical Education University, Dehradun for PG courses in repsect Government Medical College, Haldwani & Veer Chanda Singh Garhwali Government Medical Collegel, Srinagar, Uttaakhand.

Read: the recommendations of the Postgraduate Medical Education Committee for approval with regard to change of name of University from Kumaon University, Uttarakhand & Uttarakhand Technical Univeristy, Dehradun, Uttarakhand respectively to Hemwati Nandan Bahuguna Uttarakhand Medical Education University, Dehradun for PG courses in repsect Government Medical College, Haldwani & Veer Chanda Singh Garhwali Government Medical Collegel, Srinagar, Uttaakhand.

The Council approved the following recommendation of the Postgraduate Medical Education Committee:-

“The Postgraduate Medical Education Committee considered the letter dated 23/11/2017 received from the Central Government, Ministry of Health & Family Welfare, New Delhi alongwith lettes dated 09/10/2017 and 18/11/2017 received from the Vice Chancellor, HNB Garhwal University, Uttarakhand and noted that the following qualifications in respect of Government Medical College, Haldwani & Veer Chandra Singh Garhwali Government Medical College, Srinagar, Uttarakhand are Recognized and included in the 1st Schedule of the IMC Act, 1956:-

Govt. Medical College, Haldwani

S.No.	Course Name	<u>Name and Address of Medical College / Medical Institution</u>	<u>University Name</u>	<u>Annual Intake (Seats)</u>	<u>Status</u>
1	MD - Anaesthesiology	<u>Government Medical College (Prev. Uttarakhand Forest Hospital Trust Med.Col.), Haldwani</u>	Kumaon University, Nainital	9	Recognized for 4 seats when degree granted on or after 2014. Seats increased from 4 to 9 u/s 10(A) from 2017-18.
2	MD - General Medicine	<u>Government Medical College (Prev. Uttarakhand Forest Hospital Trust Med.Col.), Haldwani</u>	Kumaon University, Nainital	12	Recognized for 3 seats when degree granted on or after 2014. Seats increased from 3 to 12 u/s 10(A) from 2017-18.
3	MD - Microbiology	<u>Government Medical College (Prev. Uttarakhand Forest Hospital Trust Med.Col.), Haldwani</u>	Kumaon University, Nainital	2	Recognized when degree granted on or after 2016.
4	MD - Paediatrics	<u>Government Medical College (Prev. Uttarakhand Forest Hospital Trust Med.Col.), Haldwani</u>	Kumaon University, Nainital	6	Recognized for 2 seats when degree granted on or after 2014. Seats increased from 2 to 6 u/s 10(A) from 2017-18.
5	MD - Pathology	<u>Government Medical College (Prev. Uttarakhand Forest Hospital Trust Med.Col.), Haldwani</u>	Kumaon University, Nainital	3	Recognized for 1 seat when degree granted on or after 2014. Seats increased from 1 to 3 u/s 10(A) from 2013-14.
6	MD - Pharmacology	<u>Government Medical College (Prev. Uttarakhand Forest Hospital Trust Med.Col.), Haldwani</u>	Kumaon University, Nainital	2	Recognized when degree granted on or after 2016.
7	MD - Social & Preventive Medicine / Community Medicine	<u>Government Medical College (Prev. Uttarakhand Forest Hospital Trust Med.Col.), Haldwani</u>	Kumaon University, Nainital	2	Recognized when degree granted on or after 2014.
8	MD/MS - Anatomy	<u>Government Medical College (Prev. Uttarakhand Forest Hospital Trust Med.Col.), Haldwani</u>	Kumaon University, Nainital	4	Recognized for 2 seats when degree granted on or after 2014. Recognised for increase of seats from 2 to 4.
9	MD/MS - Obstetrics & Gynaecology	<u>Government Medical College (Prev. Uttarakhand Forest Hospital Trust Med.Col.), Haldwani</u>	Kumaon University, Nainital	4	Recognized when degree granted on or after 2014.

10	MD/MS - Ophthalmology	<u>Government Medical College (Prev. Uttarakhand Forest Hospital Trust Med.Col.), Haldwani</u>	Kumaon University, Nainital	3	Recognized for 2 seats when degree granted on or after 2014. Seats increased from 2 to 3 u/s 10(A) from 2017-18.
11	MS - ENT	<u>Government Medical College (Prev. Uttarakhand Forest Hospital Trust Med.Col.), Haldwani</u>	Kumaon University, Nainital	4	Recognized for 2 seats when degree granted on or after 2014. Seats increased from 2 to 4 u/s 10(A) from 2017-18.
12	MS - General Surgery	<u>Government Medical College (Prev. Uttarakhand Forest Hospital Trust Med.Col.), Haldwani</u>	Kumaon University, Nainital	9	Recognized for 4 seats when degree granted on or after 2014. Seats increased from 4 to 9 u/s 10(A) from 2017-18.

**Veer Chandra Singh Garhwali Govt. Medical Sc. & Research Instt,
Srinagar, PauriGarhwal**

<u>S.No.</u>	<u>Course Name</u>	<u>State</u>	<u>Name and Address of Medical College / Medical Institution</u>	<u>University Name</u>	<u>Annual Intake (Seats)</u>	<u>Status</u>
1	MD/MS - Anatomy	Uttarakhand	<u>Veer Chandra Singh Garhwali Govt. Medical Sc. & Research Instt, Srinagar, Pauri Garhwal</u>	Uttarakhand Technical University, Dehradun	4	Recognized when degree granted on or after 2017.

In view of above, the Committee decided to recommend the change of university i.e. Kumaon University, Uttarakhand & Uttarakhand Technical University, Dehradun, Uttarakhand to Hemwati Nandan Bahuguna Uttarakhand Medical Education University, Dehradun and the said qualifications be recognized and included in the 1st Scheduled in the IMC Act, 1956 under Hemwati Nandan Bahuguna Uttarakhand Medical Education University, Dehradun.

The Postgraduate Committee further decided that students who are already registered will pass from Kumaon University, Uttarakhand & Uttarakhand Technical University, Dehradun, Uttarakhand respectively, itself."

20. Change of University from Barkatullah University, Bhopal to LNCT University, Bhopal in respect of L N Medical College, Bhopal.

Read: the recommendations of the Postgraduate Medical Education Committee for approval with regard to change of University from Barkatullah University, Bhopal to LNCT University, Bhopal in respect of L N Medical College, Bhopal.

The Council approved the following recommendation of the Postgraduate Medical Education Committee:-

“The Postgraduate Medical Education Committee considered the letter dated 01/11/2017 received from the Central Govt., Ministry of Health & Family Welfare, Nirman Bhavan, New Delhi alongwith the letter dated 15.09.2017 received from the Registrar, LNCT University, Bhopal and noted that MD(Physiology), MD(Microbiology), MD(Pharmacology), MD(Biochemistry) and MD(Community Medicine/SPM) at L.N. Medical College & Research Centre, Bhopal from Barkatullah University to LNCT University are already recognized.

In view of above, the Committee decided to recommend the change of university i.e. Barkatullah University to LNCT University, Bhopal and the said qualifications be recognized and included in the 1st Schedule in the IMC Act, 1956 under LNCT University, Bhopal.

The Postgraduate Committee further decided that students who are already registered will pass from Barkatullah University itself.”

21. Inclusion of certain Armed Force Medical Colleges in the list of Armed Forces Teaching Institution for consideration of teaching experience - Regarding.

Read: the recommendations of the Postgraduate Medical Education Committee for approval with regard to inclusion of certain Armed Force Medical Colleges in the list of Armed Forces Teaching Institution for consideration of teaching experience.

The Council approved the following recommendation of the Postgraduate Medical Education Committee:-

“The Postgraduate Medical Education Committee considered the letter dated 27/10/2017 received from the Director General Medical Services (Air), Air Headquarters, New Delhi and DGAFMS, New Delhi requesting inclusion of Institute of Aerospace Medicine in the list of Armed Forces teaching institutes recognized by Medical Council of India.

The Postgraduate Committee approved the above request that institute be included in the list of Armed Forces teaching institutes for Aerospace Medicine & related subjects.”

22. Inclusion of DM (Paediatric Neurology) – Reference received from Dr. A. Sampath Hon’ble MP, Lok Sabha.

Read: the recommendations of the Postgraduate Medical Education Committee for approval with regard to inclusion of DM (Paediatric Neurology) – Reference received from Dr. A. Sampath Hon’ble MP, Lok Sabha.

The Council approved the following recommendation of the Postgraduate Medical Education Committee:-

“The Postgraduate Medical Education Committee considered the letter dated 09.09.2017 received from the Ministry of Health & Family welfare, New Delhi with regard to inclusion of DM (Paediatric Neurology) in Postgraduate Medical Education Regulations, 2000 and noted that the subject has already been approved by Postgraduate Committee in its joint meeting in Academic Committee on 14.07.2015 and General Body on 01.10.2015. The subject of DM (Paediatric Neurology) be included in the Schedule of course in the first Schedule. MSR, TEQ etc. which has already been approved by Competent Authorities is reconfirmed.”

23. Amendment for deletion of M.Ch. (Reproductive Medicine) from Postgraduate Medical Education Regulations, 2000 – req.

Read: the recommendations of the Postgraduate Medical Education Committee for approval with regard to amendment for deletion of M.Ch. (Reproductive Medicine) from Postgraduate Medical Education Regulations, 2000.

The Council approved the following recommendation of the Postgraduate Medical Education Committee:

“The Postgraduate Medical Education Committee considered the matter and noted that the earlier nomenclature was DM(Reproductive Medicine) and subsequently, the nomenclature was to be changed as M.Ch.(Reproductive Medicine & Surgery). The office inadvertently had requested the Central Govt. for inclusion of M.Ch.(Reproductive Medicine) and hence, the Central Govt. issued the notification for inclusion as M.Ch.(Reproductive Medicine). Later on the office had requested the Central Govt. to issue notification by nomenclature of M.Ch. (Reproductive Medicine & Surgery) which has also been done. Now both the nomenclatures exist in the Postgraduate Medical Education Regulations, 2000.

In view of the above, the Committee decided to recommend to the Central Govt. for deletion of M.Ch.(Reproductive Medicine) from the Regulations of the Council on Postgraduate Medical Education Regulations, 2000 by suitable notification from the Central Govt.

However, if any batch has passed out with the nomenclature of M.Ch.(Reproductive Medicine) that will remain a recognized and equivalent qualification.

Further, the Postgraduate Committee decided that DM (Reproductive Medicine) will also remain recognized and equivalent to M.Ch. (Reproductive Medicine & Surgery).”

24. Change of name of affiliating University from Madhya Pradesh medical Sciences University, Jabalpur to Malwanchal University, Indore for MD/MS course.

Read: the recommendations of the Postgraduate Medical Education Committee for approval with regard to change of name of affiliating University from Madhya Pradesh medical Sciences University, Jabalpur to Malwanchal University, Indore for MD/MS course.

The Council approved the following recommendation of the Postgraduate Medical Education Committee:

“The Postgraduate Medical Education Committee considered the letter dated 30/12/2017 received from the Dean, Index Medical College Hospital & Research Centre, Indore along with the letter dated Nov., 2017 received from the Central Govt., Ministry of Health & Family Welfare, Nirman Bhavan, New Delhi and noted that the following qualifications are already recognized under Madhya Pradesh Medical Science University, Jabalpur:-

<u>S.No.</u>	<u>Course Name</u>	<u>Name and Address of Medical College / Medical</u>	<u>University Name</u>	<u>Annual Intake (Seats)</u>	<u>Status</u>

		<i>Institution</i>			
1	MD – Anaesthesiology	<i>Index Medical College Hospital & Research Centre, Indore</i>	<i>Madhya Pradesh Medical Science University, Jabalpur</i>	6	<i>Recognized when degree granted on or after 2017.</i>
2	MD - Bio-Chemistry	<i>Index Medical College Hospital & Research Centre, Indore</i>	<i>Madhya Pradesh Medical Science University, Jabalpur</i>	2	<i>Recognized when degree granted on or after 2015. (Previously under Devi Ahilya Vishwa Vidyalaya)</i>
4	MD - General Medicine	<i>Index Medical College Hospital & Research Centre, Indore</i>	<i>Madhya Pradesh Medical Science University, Jabalpur</i>	7	<i>Recognized when degree granted on or after 2017.</i>
5	MD - Microbiology	<i>Index Medical College Hospital & Research Centre, Indore</i>	<i>Madhya Pradesh Medical Science University, Jabalpur</i>	2	<i>Recognized when degree granted on or after 2015. (Previously under Devi Ahilya Vishwa Vidyalaya)</i>
6	MD - Paediatrics	<i>Index Medical College Hospital & Research Centre, Indore</i>	<i>Madhya Pradesh Medical Science University, Jabalpur</i>	4	<i>Recognized when degree granted on or after 2017.</i>
7	MD - Pathology	<i>Index Medical College Hospital & Research Centre, Indore</i>	<i>Madhya Pradesh Medical Science University, Jabalpur</i>	9	<i>Recognized for 3 seats when degree granted on or after 2014. (Previously under Devi Ahilya Vishwa Vidyalaya) Seats increased from 3 to 9 from 2014-15.</i>
8	MD - Pharmacology	<i>Index Medical College Hospital & Research Centre, Indore</i>	<i>Madhya Pradesh Medical Science University, Jabalpur</i>	1	<i>Recognized when degree granted on or after 2014. (Previously under Devi Ahilya Vishwa Vidyalaya)</i>
9	MD - Physiology	<i>Index Medical College Hospital & Research Centre, Indore.</i>	<i>Madhya Pradesh Medical Science University, Jabalpur</i>	3	<i>Recognized when degree granted on or after 2014. (Previously under Devi Ahilya Vishwa Vidyalaya)</i>

10	MD - Radio Diagnosis/Radiology	Index Medical College Hospital & Research Centre, Indore	Madhya Pradesh Medical Science University, Jabalpur	3	Recognized when degree granted on or after 2017.
11	MD - Social & Preventive Medicine / Community Medicine	Index Medical College Hospital & Research Centre, Indore	Madhya Pradesh Medical Science University, Jabalpur	2	Recognized when degree granted on or after 2014. (Previously under Devi Ahilya Vishwa Vidyalaya)
12	MD - Tuberculosis & Respiratory Diseases / Pulmonary Medicine	Index Medical College Hospital & Research Centre, Indore	Madhya Pradesh Medical Science University, Jabalpur	2	Recognized when degree granted on or after 2017.
13	MD/MS - Anatomy	Index Medical College Hospital & Research Centre, Indore	Madhya Pradesh Medical Science University, Jabalpur	2	Recognized when degree granted on or after 2015. (Previously under Devi Ahilya Vishwa Vidyalaya)
14	MD/MS - Obstetrics & Gynaecology	Index Medical College Hospital & Research Centre, Indore	Madhya Pradesh Medical Science University, Jabalpur	4	Recognized when degree granted on or after 2017.
15	MD/MS - Ophthalmology	Index Medical College Hospital & Research Centre, Indore	Madhya Pradesh Medical Science University, Jabalpur	2	Recognized when degree granted on or after 2017.
16	MS – ENT	Index Medical College Hospital & Research Centre, Indore	Madhya Pradesh Medical Science University, Jabalpur	2	Recognized when degree granted on or after 2017.
17	MS - General Surgery	Index Medical College Hospital & Research Centre, Indore	Madhya Pradesh Medical Science University, Jabalpur	7	Recognized when degree granted on or after 2017.
18	MS - Orthopaedics	Index Medical College Hospital & Research Centre, Indore	Madhya Pradesh Medical Science University, Jabalpur	4	Recognized when degree granted on or after 2017.

In view of above, the Committee decided to recommend the change of university i.e. M.P. Medical Sciences, University, Jabalpur to Malwanchal University, Indore and the said qualifications be

recognized and included in the 1st Scheduled in the IMC Act, 1956 under Malwanchal University, Indore.

The Postgraduate Committee further decided that students who are already registered will pass from M.P. Medical Sciences, University, Jabalpur, itself.”

25. Request for change of University from Baba Farid University of Health Sciences to Adesh University for PG courses in respect of Adesh Institute of Medical Sciences & Research, Bathinda.

Read: the recommendations of the Postgraduate Medical Education Committee for approval with regard to request for change of University from Baba Farid University of Health Sciences to Adesh University for PG courses in respect of Adesh Institute of Medical Sciences & Research, Bathinda.

The Council approved the following recommendation of the Postgraduate Medical Education Committee:-

“The Postgraduate Medical Education Committee considered the letter dated 26/12/2017 received from the Central Govt., Ministry of Health & Family Welfare, Nirman Bhavan, New Delhi alongwith the letter dated 08.12.2017 received from the Registrar, Adesh University and noted that MS(General Surgery), MD(Community Medicine/SPM), MD (Pathology) & MD (Microbiology) at Adesh Institute of Medical Sciences & Research, Bathinda under Baba Farid University of Health Sciences, Faridkot are already recognized.

In view of above, the Committee decided to recommend the change of university i.e. Baba Farid University of Health Sciences, Faridkot to Adesh University, Bathinda and the said qualifications be recognized and included in the 1st Scheduled in the IMC Act, 1956 under Adesh University.

The Postgraduate Committee further decided that students who are already registered will pass from Baba Farid University of Health Sciences, Faridkot itself.”

26. Amendments in Postgraduate Medical Education Regulations, 2000 with regard to lowering the minimum percentile for admissions in Postgraduate Courses and consideration for deletion of clause for Institutional reservations of 50%- Regarding.

Read: the recommendations of the Postgraduate Medical Education Committee for approval with regard to amendments in Postgraduate Medical Education Regulations, 2000 with regard to lowering the minimum percentile for admissions in Postgraduate Courses and consideration for deletion of clause for Institutional reservations of 50%.

The Council considered the following recommendation of the Postgraduate Medical Education Committee

“The Postgraduate Medical Education Committee considered the minutes of the monthly review meeting held on 26.05.2017 under the Chairmanship of JS(ME), Ministry of Health & Family Welfare, Govt. of India regarding retention of clause in Postgraduate Medical Education Regulations 2000, for lowering the minimum percentage/percentile marks if sufficient number of candidates fail to secure the minimum prescribed percentage of marks and seats remain vacant and noted that the Central Government has already taken decision on this which has been notified vide Gazette

Notification No.18(1)/2010/Med./62052, dated 15.02.2012. Hence no further action is required.

The matter with regard to agenda item 81(b) regarding deletion of clause for institutional reservation/preference of 50% from Postgraduate Medical Education Regulation, the Council had taken the opinion of Additional Solicitor General of India, the operative part of which reproduced below:-

1The querist has sought my opinion with regard to the permissibility of having institutional preference during the common counselling for admission in Post Graduate medical Courses for the academic year 2017-18. The issue which required to be considered is as to:-

“Whether the benefit of institutional preference can be granted to the students for admission in Post Graduate Courses at the time of common counselling by the State Government?”

- 4 It is in this background that the primary query to be answered by the present opinion is with regard to permissibility to any University/College/Educational Institution of granting institutional preference, while adhering to the basic principle of merit.
 - i. The issue of institutional reservation for the first time came up for consideration before the Hon'ble Supreme Court in the case of Pradeep Jain Vs. Union of India (1984)3 SCC 654. The Hon'ble Supreme Court in the above-Mentioned case held that it is constitutionally permissible for the States to have reservation of seats on the basis of institutional preference in the Post Graduate Medicine Course for students who have passed MBBS course from the same university /College. However, Such institutional reservation should not exceed the outer limit of 50% and the percentage of reservation of seats may be revised from time to time depending upon the prevailing situation.
 - ii Thereafter the Hon'ble Supreme Court in the case of AIIMS Students Union Vs AIIMS-(2002) 8 SCC 481 was pleased to hold that a reasonable percentage of seats may be reserved for students in post graduate medicine courses on the basis of institutional preference. However, the reservation of seats on the basis of institutional preference should not violate the principle of merit as well equality of opportunity in matters of education.
 - iii In the case of MaganMahrotra&Ors. Vs. Union of India &Ors. (2003) 11 SCC 186 the Hon'ble Supreme Court, while reiterating the principles laid down in the case of Pradeep Jain (supra), held that it is permissible to have reservation of seats at post graduate level on the basis institutional preference for students who have completed their MBBS Course from the same College/University. The Hon'ble Court further held that there cannot be any reservation in post graduate medicine courses on the basis of domicile / place of residence.
 - iv It is submitted that in the case of SaurabhChaudhri and Or. Vs. Union of India and Ors. – (2003) 11 SCC 146 the Constitution Bench of the Hon'ble Supreme Court examined in great detail the constitutional validity of institutional reservation. The Hon'ble Supreme Court, while upholding the validity of institutional reservations, was pleased to observe that institutional reservations do not violate the principles of equality enshrined under article 14 of the constitution.
- 6 The Hon'ble Supreme Court in the cases of Nikhil HimthaniVs. State of Uttarakhand&Ors. (2013) 10 SCC 237 and VikasGoyalVs State of Karnataka (2014) 11 SCC 456, while relying on the earlier decisions in the case of Pradeep Jain (supra) and SaurabhChaudhri, held that institutional reservations is matter of State policy and are permissible under the Constitution. However, the institutional reservation should not be

- disguised as domicile reservation and should also conform to the principle of equality provided under Article 14 of the Constitution.*
- 7 *In all the above-mentioned judgments by the Hon'ble Apex Court, it comes out clearly that there exists complete justification for any University/ college / Educational Institution to follow the principle of grant of institutional preference. The Hon'ble Apex Court has accepted the existence of objective, reasons and factors including institutional continuity in a particular branch / stream of education leading to admission in higher courses. In fact, the overall scheme of the medical education is completely dependent upon institutional continuity for any medical student, not only during the MBBS course itself but also for higher medical PG courses leading to such medical students securing Speciality and Super-speciality medical degrees / qualifications.*
- 8 *In view of the above factual matrix and having considered the judgments passed by the Hon'ble Supreme Court on the issue of institutional reservations in post graduate medicine courses, I am of the opinion that institutional reservations are permissible under the scheme of constitution. However, the institutional reservations should not be violative of the principles of merit as well as equality under Article 14 of the constitution. Accordingly, the Council may issue appropriate directions to all the stakeholders for granting institutional reservations to the candidates at the time of common counselling for admission in Post Graduate Medicine Courses.*
- 9 *Since any ambiguity in this regard may not only result in causing confusion at different levels / places in carrying out the critical duty of granting PG Medical admissions properly and appropriately, I am also of the opinion that it would be expected of the MCI to consider and issue an appropriate clarification by any Circular to the effect that any University / College / Educational Institution {while strictly adhering to the principle of merit by taking students from the merit list of NEET} would not get prohibited to adopt and follow the principle of institutional preference in granting admissions for PG medical courses.*

The Postgraduate Committee considered the above opinion of Additional Solicitor General of India and agreed with the same and decided to approve the above opinion. The Central Government be intimated accordingly."

Accordingly, the above decision was communicated to the Central Govt. vide letter dated 21.07.2017 with the request to include the clause with regard to relaxation for lowering the minimum marks if sufficient number of candidates fail to secure minimum marks in PG NEET in the notification as conveyed vide Council letter No. MCI-18(1)/2017-Med./107243 dated 28.04.2017.

In response to above, the Central Govt. vide letter dated 02.08.2017 requested to this Council to furnish the status of the proposed addition of Clause 9A(4) regarding institutional reservation of 50% as it was informed that the proposal has not been approved by the General Body of the Council.

The above recommendations alongwith Central Govt. letter dated 02.08.2017 were placed before the General Body at its meeting held on 31.10.2017.

The General Body approved as under: -

"The Postgraduate Medical Education Committee approved the inclusion of relaxation clause for lowering the minimum marks if sufficient number of candidates fail to secure minimum marks should be retained in PG NEET regulation.

The matter with regard to agenda item 81(b) regarding deletion of clause for institutional reservation/preference of 50% from Postgraduate Medical Education Regulation, the Council had taken the opinion of Additional Solicitor General of India, the operative part of which reproduced below:-

- 1 The querist has sought my opinion with regard to the permissibility of having institutional preference during the common counselling for admission in Post Graduate medical Courses for the academic year 2017- 18. The issue which required to be considered is as to:-

“Whether the benefit of institutional preference can be granted to the students for admission in Post Graduate Courses at the time of common counselling by the State Government?”

- 4 It is in this background that the primary query to be answered by the present opinion is with regard to permissibility to any University/College/Educational Institution of granting institutional preference, while adhering to the basic principle of merit.

- ii. The issue of institutional reservation for the first time came up for consideration before the Hon'ble Supreme Court in the case of Pradeep Jain Vs. Union of India (1984)3 SCC 654. The Hon'ble Supreme Court in the above-Mentioned case held that it is constitutionally permissible for the States to have reservation of seats on the basis of institutional preference in the Post Graduate Medicine Course for students who have passed MBBS course from the same university /College. However, Such institutional reservation should not exceed the outer limit of 50% and the percentage of reservation of seats may be revised from time to time depending upon the prevailing situation.

- ii Thereafter the Hon'ble Supreme Court in the case of AIIMS Students Union Vs AIIMS-(2002) 8 SCC 481 was pleased to hold that a reasonable percentage of seats may be reserved for students in post graduate medicine courses on the basis of institutional preference. However, the reservation of seats on the basis of institutional preference should not violate the principle of merit as well equality of opportunity in matters of education.

- iii In the case of MaganMahrotra&Ors. Vs. Union of India &Ors. (2003) 11 SCC 186 the Hon'ble Supreme Court, while reiterating the principles laid down in the case of Pradeep Jain (supra), held that it is permissible to have reservation of seats at post graduate level on the basis institutional preference for students who have completed their MBBS Course from the same College/University. The Hon'ble Court further held that there cannot be any reservation in post graduate medicine courses on the basis of domicile / place of residence.

- iv It is submitted that in the case of SaurabhChaudhri and Or. Vs. Union of India and Ors. – (2003) 11 SCC 146 the Constitution Bench of the Hon'ble Supreme Court examined in great detail the constitutional validity of institutional reservation. The Hon'ble Supreme Court, while upholding the validity of institutional reservations, was pleased to observe that institutional reservations do not violate the principles of equality enshrined under article 14 of the constitution.

- 6 The Hon'ble Supreme Court in the cases of Nikhil HimthaniVs. State of Uttarakhand&Ors. (2013) 10 SCC 237 and VikasGoyalVs State of Karnataka (2014) 11 SCC 456, while relying on the earlier decisions in the case of Pradeep Jain (supra) and SaurabhChaudhri, held that

institutional reservations is matter of State policy and are permissible under the Constitution. However, the institutional reservation should not be disguised as domicile reservation and should also conform to the principle of equality provided under Article 14 of the Constitution.

- 7 *In all the above-mentioned judgments by the Hon'ble Apex Court, it comes out clearly that there exists complete justification for any University/ college / Educational Institution to follow the principle of grant of institutional preference. The Hon'ble Apex Court has accepted the existence of objective, reasons and factors including institutional continuity in a particular branch / stream of education leading to admission in higher courses. In fact, the overall scheme of the medical education is completely dependent upon institutional continuity for any medical student, no only during the MBBS course itself but also for higher medical PG courses leading to such medical students securing Speciality and Super-speciality medical degrees / qualifications.*
- 8 *In view of the above factual matrix and having considered the judgments passed by the Hon'ble Supreme Court on the issue of institutional reservations in post graduate medicine courses, I am of the opinion that institutional reservations are permissible under the scheme of constitution. However, the institutional reservations should not be violative of the principles of merit as well as equality under Article 14 of the constitution. Accordingly, the Council may issue appropriate directions to all the stake- holders for granting institutional reservations to the candidates at the time of common counselling for admission in Post Graduate Medicine Courses.*
- 9 *Since any ambiguity in this regard may not only result in causing confusion at different levels / places in carrying out the critical duty of granting PG Medical admissions properly and appropriately, I am also of the opinion that it would be expected of the MCI to consider and issue an appropriate clarification by any Circular to the effect that any University / College / Educational Institution {while strictly adhering to the principle of merit by taking students from the merit list of NEET} would not get prohibited to adopt and follow the principle of institutional preference in granting admissions for PG medical courses.*

The Postgraduate Committee considered the above opinion of Additional Solicitor General of India and agreed with the same and decided to approve the above opinion. The Central Government be intimated accordingly."

The Oversight Committee vide e-mail letter dated 14.12.2017 has granted approval which is reproduced as under:-

S.No.	Issue dealt	Item Numbers	Description	The OC Decision
28	Amendments in Postgraduate Medical Education Regulation, 2000 with regard to lowering the minimum percentile for admissions in Postgraduate Courses and consideration of	Item No. 49	Proposal reg. Institutional reservation in based on Addl. SG's opinion	Approved

clause for institutional reservation of 50%			
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Sh. ArunSinghal, Joint Secretary, Ministry of Health & FW, NirmanBhavan, New Delhi vide D.O. No. JS/MCI/NEET-SS/Misc., dated 25.01.2018 has informed as under:-

"....DGHS conducts counselling for Postgraduate (Broad and Super-Speciality) Medical Seats every year. It has been submitted by DGHS that there is great difficulty in filling up vacant seats due to non-availability of adequate number of candidates. It has been proposed that a list of least three times the number of vacancies at PG broad Speciality level in each category and at least five times in the case of Super Speciality be made available in order to ensure that all seats can be filled up.

This will require amendment in the PGMER, 2000 which stipulate 50/45/40 percentile cut-offs for these exams. The Scores of NEET-PG have already been declared by NBE and merit list is to be declared shortly. Counselling for broad speciality seats is also scheduled to being in March, 2018, hence the matter is of great urgency. You are requested to kindly place the matter for consideration of the PG Committee on an urgent basis and furnish your recommendations through Oversight Committee at the earliest, preferably within a week."

The above matter was placed before the Postgraduate Committee at its meeting held on 15.02.2018 and the Committee decided as under:-

"The Postgraduate Medical Education Committee discussed in detail the reference made by Govt. vide letter DO No. JS/MCI/NEET-SS/Misc, dated 25.01.2018 and observed that:-

As per the result of NEET declared by NBE this year total number of qualifying students (as per minimum qualifying criteria) is 71398. Total number of available PG seats (Broad specialities) is as below:-

MD/MS: 24896

PG Diploma: 6052

Total: 30948

Out of these 6052 seats are in Pre and Para clinical departments for which there are few takers. So the number of qualifying students is roughly three times the number of available seats in clinical departments.

It will be pertinent to mention here that before last year the minimum qualifying criteria was minimum 50% marks in entrance test and no student could be admitted to any PG course who could not score minimum 50% marks in entrance examination. The minimum passing score in MBBS and MD/MS is also 50%. With change of minimum qualifying criteria last year from percentage to percentile the percentage of marks scored by last qualifying candidate in NEET 2018-19 examination in different categories is as below:

General Category 26.7%.

Physical Disabled (PWD) 25%

SC/ST/OBC 23.4%

The Postgraduate Committee is of the considered opinion that any further lowering of minimum qualifying criteria will have a very adverse effect on the standard of medical education in the country. However, in view of the acute shortage of faculty in pre & para clinical departments & not many students opting for pre & paraclinical subjects, the minimum qualifying criteria may be lowered in these subjects only in an attempt to fill up the vacant seats.”

The above minutes of the Postgraduate Committee was sent to the Oversight Committee. The oversight Committee vide letter dated 28.02.2018 has conveyed the decision and observations of the Oversight Committee. The operative part is reproduced as under:-

Remarks	OC's decision/observations
Consideration of Ministry's letter - PGMEC has agreed to lower percentile (percentage equivalent for existing percentile was Gen.26.7, PWD-25%, SC/ST/OBC-23.4) for Pre-Para Clinical subjects only (and not for clinical subjects)	The OC has desired that MCI may consider lowering percentile for Clinical subjects also as the Council has agreed to lower qualifying percentile for Pre/Para Clinical subjects, as such distinction between two streams is NOT proper.

In view of above the matter with regard to Amendments in Postgraduate Medical Education Regulations, 2000 with regard to lowering the minimum percentile for admissions in Postgraduate Courses along with the letter dated 22/02/2018 received from the Secretary to the Government of India, Ministry of Health & Family Welfare, New Delhi and recommendations of the Oversight Committee was placed before the Postgraduate Committee at its meeting held on 07.03.2018. The Committee decided as under:-

“The Postgraduate Medical Education Committee considered the matter with regard to Amendments in Postgraduate Medical Education Regulations, 2000 with regard to lowering the minimum percentile for admissions in Postgraduate Courses alongwith the letter dated 22/02/2018 received from the Secretary to the Government of India, Ministry of Health & Family Welfare, New Delhi and recommendations of the Oversight Committee and decided that this is a policy issue and be referred to the General Body of the Council.

The General Body after detailed deliberation decided that the existing provision in regulationson PGMER 2000 be continued.

27. Prior qualification (entry level) for admission in super-speciality courses – regarding.

Read: the recommendations of the Postgraduate Medical Education Committee for approval with regard to prior qualification (entry level) for admission in super-speciality courses – regarding.

The Council approved the following recommendation of the Postgraduate Medical Education Committee:

“The Postgraduate Medical Education Committee reviewed the matter as referred back by the Oversight Committee and decided as under:-

Name of Course	Proposed Prior qualification (entry level)
M.Ch. Reproductive Medicine and surgery	MD/MS Obst. &Gynae./MS General Surgery

DM Critical Care Medicine	MD Emergency Medicine/MD General Medicine/MD Respiratory Medicine/MD Anaesthesia/MD Paediatrics
DM Onco Pathology	MD Pathology
DM Virology	MD Microbiology
DM Geriatric Mental Health	MD Psychiatry/MD General Medicine
M.Ch. Hand Surgery	MS General Surgery/MS Orthopaedics/ M.Ch. Plastic Surgery
DM NeuroAnaesthesia	MD Anaesthesia
DM Neuro Radiology	MD Radio-diagnosis
DM Paediatrics Oncology	MD Paediatrics
DM Organ Transplant Anaesthesia& Critical Care	MD Anaesthesia
DM Paediatric Nephrology	MD Paediatrics
DM Paediatrics& Neonatal Anaesthesia	MD Anaesthesia
DM PaediatricsHepatology	MD Paediatrics
DM Medical Genetics	MD General Medicine or MD/MS OBG or MD Paediatrics or MD Anatomy or MD Physiologyor MD Community Medicine or MD Biochemistry.

Genetics claims front line position in faculty of health care sciences. The degree of DM in this field naturally claims the highest position. The question as to who is eligible to pursue this, may not have easy answer. Recent advances in this field and the research warrants a thorough knowledge of the subject. It is possible with sound knowledge of basic sciences like Anatomy, Physiology, and Biochemistry. The syllabus of these subjects in all the universities incorporate sizeable quantum of genetics. The branches under the field of Genetics include the following:-

- 1) *Molecular and Cytogenetics : Anatomy, Physiology*
- 2) *Developmental Genetics :Anatomy, Physiology*
- 3) *Biochemical Genetics : Biochemistry*
- 4) *Cancer Genetics : Pathology and Microbiology*
- 5) *Immuno-Genetics : Pathology and Microbiology*
- 6) *Population Genetics : Community Medicine*
- 7) *Clinical Genetics : Medicine and Paediatrics*
- 8) *Genetic Counseling : Medicine and Paediatrics*

It is ether clear from the above that postgraduates (MD) from any of these subjects can join the course of DM Medical Genetics. The course curriculum in DM Genetics, not being a core specialty, has an overlap input from multiple broad specialty subjects. The course curriculum during DM Medical Genetics entails study of all the subdivisions of Genetics. Candidate from any of the broad specialty who opts for DM Medical Genetics shall have to undertake enhancement of the knowledge as well as skill related to other subdivisions. It is also imperative that in the pre and paraclinical subject, the avenues for advancement of knowledge domain pertaining to particular branch be held open. It would not be advisable to restrict entry in to DM Medical Genetics to only broad specialty candidates from clinical subjects.”

The above minutes of the Postgraduate Committee was sent to the Oversight Committee. The oversight Committee vide letter dated 28.02.2018 has conveyed the decision and observations of the Oversight Committee. The operative part is reproduced as under:-

Remarks	OC's decision/observations
The PGMEC has not agreed to the Oc,s directions and has furnished justification for keeping status quo in case of DM (Med. Gen.) course.	The Oc recognize that the DM (Med Gen) entails Clinical evaluation of patients, diagnosis and treatment of the patients, diagnosis and treatment of the patients. At AIIMS, DM (Med Gen) course is open to MD/MS in clinical disciplines only. The PG in Non-Clinical subjects may be candidate for the DM (Basic Medical Genetics)/ Ph.D. courses. The concerns of the institution running DM (Med Gen) course that in case non-clinical are clinician are part of this programme, there is danger of inappropriate care and harm of patient to be managed by them as a part of their training and practice in the course of DM course. Therefore, the OC directs that it directions given earlier be followed. This matter should be closed as such to mitigate further uncertainty and decision may be put up on website on 01.03.2018

In view of above, the matter with regard to prior qualification (entry level) for admission in Super speciality Course DM (Medical Genetics) alongwith recommendations of the Oversight Committee were considered by the Postgraduate Committee at its meeting held on 07.03.2018. The Committee decided as under:-

“Personal hearing was given to Dr. Shubha Phadke, Prof. & Head of Medical Genetic, Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow, Uttar Pradesh. She was pleading that prior qualification of DM(Medical Genetics) should be only MD(General Medicine) & MD(Paediatrics). All others should be deleted. The Council has received directions from the Oversight Committee vide letter No. OC/2018/584-85, dated 28.02.2018, which reads as under:-

“the OC recognize that the DM(Medical Genetics) entails clinical evaluation of pateints, diagnosis and treatment of the pateints. At AIIMS, DM(Medical Genetics) course is open to MD/MS in clinical disciplines only. The PG in Non-clinical subjects may be candidate for the DM(Basic Medical Genetics)/Ph.D. courses. The concerns of the institution running DM(Medical Genetics) course that in case non-clinician are part of this program, there is danger of inappropriate care and harm to partients to be managed by them as a part of their training and practice in the course of DM course. Therefore, the OC directs that its directions given earlier be followed. This matter should be closed as such to mitigate further un-certainty and decision may be put on website by 01.03.2018”.

The same was conveyed Dr. Shubha Phadke that PG Section is directed to get the necessary amendments done in Postgraduate Medical Education Regulations 2000 as directed by Oversight Committee.

28. Resignation of Dr. Arti Sharma, Deputy Secretary, MCI.

Read: the recommendations of the Executive Committee for approval with regard to resignation of Dr. Arti Sharma, Deputy Secretary, MCI.

The Council approved the following recommendation of the Executive Committee:

“The Executive Committee of the Council considered the letter dated 13.11.2017 received from Dr. Arti Sharma, Deputy Secretary and decided to accept the resignation of Dr. Arti Sharma and directed the office to relieve her, as per rules.”

29. Appointment/Selection of Driver (Ordinary Grade) in the Council Office.

Read: the recommendations of the Executive Committee for approval with regard to appointment/selection of Driver (Ordinary Grade) in the Council Office.

The Council approved the following recommendation of the Executive Committee:

“The Executive Committee of the Council accepted the minutes of the Selection Committee meeting held on 07.11.2017.”

30. Extension of contractual engagement of Sh. Nirmal Singh, Consultant.

Read: the recommendations of the Executive Committee for approval with regard to extension of contractual engagement of Sh. Nirmal Singh, Consultant.

The Council approved the following recommendation of the Executive Committee:

“The Executive Committee of the Council considered the matter with regard to extension of services of Sh. Nirmal Singh, Consultant and decided to extend the period of engagement of Sh. Nirmal Singh for a further period of 6(Six) months w.e.f. 28.12.2017 on the existing terms and conditions.”

31. Extension of contractual engagement of Dr. Chandana Das, Consultant.

Read: the recommendations of the Executive Committee for approval with regard to extension of contractual engagement of Dr. Chandana Das, Consultant.

The Council approved the following recommendation of the Executive Committee:

“The Executive Committee of the Council decided to extend the contractual services of Dr. Chandana Das, Consultant for a period of six months.”

32. Extension of contractual services of Dr. M. Rajalakshmi, Chief Consultant (Academic Cell).

Read: the recommendations of the Executive Committee for approval with regard to extension of contractual services of Dr. M. Rajalakshmi, Chief Consultant (Academic Cell).

The Council approved the following recommendation of the Executive Committee:

“The Executive Committee of the Council decided to extend the contractual services of Dr. M. Rajalakshmi, Chief Consultant (Academic Cell) for a period of six months.”

33. Extension of contractual engagement of Dr. Rani Kumar (Consultant PG-UG Monitoring Cell).

Read: the recommendations of the Executive Committee for approval with regard to extension of contractual engagement of Dr. Rani Kumar (Consultant PG-UG Monitoring Cell).

The Council approved the following recommendation of the Executive Committee:

“The Executive Committee of the Council decided to extend the contractual services of Dr. Rani Kumar (Consultant PG-UG Monitoring Cell) for a period of six months.”

34. Extension of Services of Dr. SrikantaBarik, Consultant (Assessment Cell).

Read: the recommendations of the Executive Committee for approval with regard to extension of Services of Dr. SrikantaBarik, Consultant (Assessment Cell).

The Council approved the following recommendation of the Executive Committee:

“The Executive Committee of the Council decided to extend the contractual services of Dr. SrikantaBarik, Consultant(Assessment Cell) for a period of six months.”

35. Creation of minimum number of Hindi Posts for the compliance/implementation of the Official Languages Policy of the Central Government and compliance of Official Language Act.

Read: the recommendations of the Executive Committee for approval with regard to creation of minimum number of Hindi Posts for the compliance/implementation of the Official Languages Policy of the Central Government and compliance of Official Language Act.

The Council approved the following recommendation of the Executive Committee:

“The Executive Committee of the Council deliberated upon the minutes of Administration & Grievance Committee dated 17.01.2018 with regard to creation of minimum number of Hindi Posts for the compliance/implementation of the Official Languages Policy of the Central Government and compliance of Official Language Act.

The Executive Committee of the Council noted that a Bill has been introduced in the Parliament to replace the Medical Council of India with a new body i.e. National Medical Commission. Therefore, it will not be proper to approve the RRs for any post at this stage.

Accordingly, minutes of the Administration and Grievance Committee in this matter are not approved.

The Executive Committee of the Council further noted that the posts of the Hindi Officer (Assistant Director), Jr. Translator and two LDCs had been created by the Executive Committee in its meeting held on 11.07.2017.

In view of the above mentioned position, the Executive Committee of the Council decided that the decision taken by the Executive Committee on 11.07.2017 regarding creation of post may be treated as withdrawn. In the meantime, if considered essential, one Consultant (Hindi) may be engaged.”

36. Filling up the post of Private Secretary in MCI.

Read: the recommendations of the Executive Committee for approval with regard to filling up the post of Private Secretary in MCI.

The Council approved the following recommendation of the Executive Committee:

“The Executive Committee of the Council decided to defer the matter and directed the office to create one more post of Private Secretary in the Council Office since the workload of the office of the President and Secretary, MCI has increased immensely and more staff at the senior position having good knowledge, skill and experience of working in the Council Office are required to handle the same efficiently.”

The minutes of the above item were read out, approved and confirmed in the meeting itself.

37. Payment of sitting fee to the members of the Council.

Read: the recommendations of the Executive Committee for approval with regard to payment of sitting fee to the members of the Council.

The Council approved the following recommendation of the Executive Committee:

“The Executive Committee of the Council considered the letter dated 08th February, 2018 received from the Ministry of Health & F.W. allowing payment of the approved sitting fees to the President, Vice President, Chairman, PG Committee and Members of the council from the date of reconstitution of MCI in 2013 subject to the condition that no financial assistance will be made available for the purpose and the entire expenditure will be managed by MCI from its own resources.

In view of above letter of the Govt. of India, the Executive Committee decided to approve the sitting fees to the members of the council from the period 21/12/2013 to 28/02/2016.”

The minutes of the above item were read out, approved and confirmed in the meeting itself.

38. Minutes of the Academic Committee meeting held on 5thFebruary, 2018-approval of.

Read: the recommendations of the Executive Committee for approval with regard to minutes of the Academic Committee meeting held on 5thFebruary, 2018-approval of.

The Council approved the following recommendation of the Executive Committee:

The Executive Committee of the Council noted and approved the recommendations of the Academic Committee meeting held on 05th February, 2018 in respect of item nos. 5,6,7(a)(c)(d).

The Executive Committee further perused the recommendations of the Academic Committee meeting held on 05th February, 2018 and observed as under:-

Item No.3. Minutes of the Reconciliation Board Meeting held on 11th & 12th January, 2018.

The Executive Committee decided to form a Sub-Committee of the following:

- (1) Dr. Vijay Prakash Singh, Member, Executive Committee
- (2) Dr. G.B. Gupta, Member, Executive Committee
- (3) Dr. AvinashSupe, Member, Reconciliation Board

Item No. 4. Request from TEQ section to prepare TEQ for DM in Pediatric Emergency & Intensive care.

The Executive Committee decided to place the matter before the Postgraduate Committee of the Council.

Item No.7. Any other item with permission from Chair.

(b) Note from U.G. Section on Teaching of UG Classes (MBBS) by teachers of super-speciality departments

The Executive Committee observed that undergraduate curriculum does not include Superspecialties; only Broad specialities are included in the curriculum for which the faculty is prescribed who is supposed to teach UG students. This be communicated to the Institute.

- (e) E-mail from Shri Amit Biswas who has forwarded an e-mail from Mr. RajanVerma (rajan.verma0102@gmail.com) regarding publication criteria for faculty promotion.

The Executive Committee did not approve the recommendations of the Academic Committee and stated that existing Regulations are clear in this regard and no change is required.

39. Change of name of Jagadguru Sri Shivarathreeshwara University (JSSU) Mysuru, Karnataka to JSS Academy of Higher Education & Research, Mysuru.

Read: the recommendations of the Executive Committee for approval with regard to change of name of Jagadguru Sri Shivarathreeshwara University (JSSU) Mysuru, Karnataka to JSS Academy of Higher Education & Research, Mysuru.

The Council approved the following recommendation of the Executive Committee:

“The Executive Committee of the Council considered the letter dated 07.02.2018 received from Registrar, Jagadguru Sri Shivarathreeshwara University, Mysuru informing therein that in exercise of the powers conferred by Section 3 of the UGC Act 1956, the Central Government vide its Notification No. F. 9-9/2003-U-3 dated 28.05.2008 on the advice of UGC had declared Jagadguru Sri Shivarathreeshwara University (JSSU), Mysore-Karnataka, as a ‘Deemed to be University’ consisting of:

1. JSS Medical College, Mysore.
2. JSS Dental College, Mysore.
3. JSS Pharmacy College, Mysore, and
4. JSS Pharmacy College, Ooty (Tamilnadu) (off campus).

The Executive Committee also took note of the directions of the Hon'ble Supreme Court of India, vide its judgement order dated 03.11.2017 in civil appeal Nos. 17869-17870/2017 (arising out of SLP (C) Nos. 19807-19808/2012) and Civil Appeal Nos. 17902-17905/2017 (arising out of SLP C Nos. 35793-96 (2012) and on the advice of UGC in exercise of the powers conferred under Section 3 of the UGC Act 1956, the Central Government has changed the name of Jagadguru Sri Shivarathreeshwara University (JSSU), Mysore – Karnataka to JSS Academy of Higher Education & Research continuing to be a Deemed to be University with the powers conferred under Section 3 of the UGC Act 1956." The Registrar, Jagadguru Sri Shivarathreeshwara University, Mysuru has requested to kindly make a note of the same and make necessary changes in all records, website and other resources the change in the name of the Deemed to be University.

The Committee observed that the Executive Committee at its meeting held on June 1988 had decided as under:-

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

In view of above, the Executive Committee of the Council decided to accept the change of name of Jagadguru Sri Shivarathreeshwara University (JSSU) Mysuru, Karnataka to JSS Academy of Higher Education & Research, Mysuru."

40. Recommendations of various Postgraduate Committee meetings recommending recognition/recognition against increased in seats/renewal of recognition to Ministry of Health & Family Welfare-reg.

Read: the recommendations of the Postgraduate Medical Education Committee for approval with regard to recommendations of various Postgraduate Committee meetings recommending recognition/recognition against increased in seats/renewal of recognition to Ministry of Health & Family Welfare.

The Council approved the following recommendation of the Postgraduate Medical Education Committee:

"The Council considered the D.O. letter No. V.11025/04/2017-MEP(Pt.IV), dated 21st March, 2017 received from Shri ArunSinghal, Joint Secreatry, Ministry of Health & Family Welfare, Govt. of India with regard to delegation of powers by the General Body to Executive Committee/Postgraduate Committee only in respect of conveying recommendations to Central Govt. with regard to recognition/renewal of recognition/permission of MBBS course/increase of seats in MBBS and PG Courses and decided to accept the same."

41. (i) Recognition/Approval of BGS Global Institute of Medical Sciences, Bangalore, Karnataka for the award of MBBS degree (150 seats) granted by Rajiv Gandhi University of Health Sciences, Karnataka u/s 11(2) of the IMC Act, 1956.
- (ii) Recognition/Approval of ESIC Medical College, Gulbarga for the award of MBBS degree (100 seats) granted by Rajiv Gandhi University of Health Sciences, Karnataka u/s 11(2) of the IMC Act, 1956.
- (iii) Recognition/Approval of Kamineni Academy of Medical Sciences & Research Centre, Hyderabad, Telangana for the award of MBBS degree (150 seats) granted by Dr. NTR University of Health Sciences, Vijayawada u/s 11(2) of the IMC Act, 1956.
- (iv) Recognition/Approval of Govt. Thiruvannamalai Medical College, Thiruvannamalai for the award of MBBS degree (100 seats) granted by The Tamilnadu Dr. M.R.R. Medical University, Chennai u/s 11(2) of the IMC Act, 1956.
- (v) Recognition/approval of Dr. ShankarraoChavan Govt. Medical College, Nanded for the award of MBBS degree granted by Maharashtra University of Health Sciences, Nashik against the increased intake i.e. from 50 to 100 seats u/s 11(2) of the IMC Act, 1956.
- (vi) Recognition/approval of Shri VasanttraoNaik Govt. Medical College, Yavatmal for the award of MBBS degree granted by Maharashtra University of Health Sciences, Nashik against the increased intake i.e. from 100 to 150 seats u/s 11(2) of the IMC Act, 1956.
- (vii) Recognition/approval of Govt. Medical College, Miraj for the award of MBBS degree granted by Maharashtra University of Health Sciences, Nashik against the increased intake i.e. from 100 to 150 seats u/s 11(2) of the IMC Act, 1956.
- (viii) Recognition/approval of Institute of Postgraduate Medical Education & Research, Kolkata for the award of MBBS degree granted by West Bengal University of Health Sciences, Kolkata against the increased intake i.e. from 100 to 150 seats u/s 11(2) of the IMC Act, 1956.
- (ix) Recognition/approval of Burdwan Medical College, Burdwan for the award of MBBS degree granted by West Bengal University of Health Sciences, Kolkata against the increased intake i.e. from 100 to 150 seats u/s 11(2) of the IMC Act, 1956.
- (x) Recognition/approval of BankuraSammilani Medical College, Bankura, West Bengal for the award of MBBS degree granted by

West Bengal University of Health Sciences, Kolkata against the increased intake i.e. from 100 to 150 seats u/s 11(2) of the IMC Act, 1956.

- (xi) Recognition/approval of SMS Medical College, Jaipur for the award of MBBS degree granted by Rajasthan University of Health Sciences, Jaipur against the increased intake i.e. from 150 to 250 seats u/s 11(2) of the IMC Act, 1956.
- (xii) Recognition/approval of SreeBalaji Medical College & Hospital, Chennai for the award of MBBS degree granted by BharathInstitute of Higher Education & Research (Deemed University), Chennai against the increased intake i.e. from 100 to 150 seats u/s 11(2) of the IMC Act, 1956.
- (xiii) Recognition/approval of Sardar Patel Medical College, Bikaner for the award of MBBS degree granted by Rajasthan University of Health Sciences, Jaipur against the increased intake i.e. from 150 to 250 seats u/s 11(2) of the IMC Act, 1956.
- (xiv) Consideration of Compliance Verification assessment report with regard to continuance of recognition of MBBS degree granted by Guru Gobind Singh Indraprastha University in respect of students being trained at VardhmanMahavir Medical College & Safdarjung Hospital, Delhi.
- (xv) Consideration of compliance verification assessment report with regard to continuance of recognition of MBBS degree granted by Maharashtra University of Health Sciences, Nashik in respect of students being trained at Seth G.S. Medical College, Mumbai.
- (xvi) Consideration of Compliance Verification assessment report with regard to continuance of recognition of MBBS degree granted by NTR University of Health Sciences, Vijayawada in respect of students being trained at Narayana Medical College, Nellore.

Read: the recommendations of the Executive Committee for COR/Recognition/Approval for award of MBBS degree with regard to subjects mentioned above.

The Council approved the following recommendation of the Postgraduate Medical Education Committee:

“The Council considered the D.O. letter No. V.11025/04/2017-ME(Pt.IV), dated 21st March, 2017 received from Shri ArunSinghal, Joint Secretary, Ministry of Health & Family Welfare, Govt. of India with regard to delegation of powers of General Body to Executive Committee/Postgraduate Committee only in respect of conveying recommendations to Central Govt. with regard to recognition/renewal of recognition/permission of MBBS course/increase of seats in MBBS and PG courses and decided to accept the same.”

42. Approval of the Minutes of the Postgraduate Medical Education Committee meetings held on 27th October, 2017; 14th November, 2017; 28th November, 2017; 21st December, 2017; 28th December, 2017; 9th January, 2018, 24th January, 2018; 15th February, 2018 and 7th March, 2018.

Read: the Minutes of the Postgraduate Medical Education Committee meetings held on 27th October, 2017; 14th November, 2017; 28th November, 2017; 21st December, 2017; 28th December, 2017; 9th January, 2018, 24th January, 2018; 15th February, 2018 and 7th March, 2018.

The Council approved the following minutes of Postgraduate Medical Education Committee:

27th October, 2017; 14th November, 2017; 28th November, 2017; 21st December, 2017; 28th December, 2017; 9th January, 2018, 24th January, 2018; 15th February, 2018; 7th March, 2018.

43. Any other item with the permission of Chair.

Dr. Girish Kamlakar Rao Maindarkar – has raised the issue regarding nomination of one member to the MCI as there were cases of unethical practices against him. On the said issue, Dr. Ajay Kumar apprised the House that the matter is beyond the purview of Medical Council of India as members are elected /nominated Under Section 3 of the Indian Medical Council of Act, 1956, duly notified by the Government of India and Medical Council of India has no role in the matter.

The meeting ended with a vote of thanks to the Chair.



APPROVED

**(Dr. Reena Nayyar)
Secretary (I/C)**

**(Dr. Jayshree Mehta)
President**

**Dated : 23rd March, 2018
Place: New Delhi**