

No.MCI-5(3)/2007-Med./

MEDICAL COUNCIL OF INDIA

EXECUTIVE COMMITTEE

24th August, 2007

Minutes of the meeting of the Executive Committee held on 24th August, 2007 at 11.00 a.m. in the Council Office at Sector 8, Pocket 14, Dwarka, New Delhi-110 077 where the members of the Adhoc Committee appointed as per the Hon'ble Supreme Court order dated 20.11.2002 were also present.

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Present:

Dr.P.C. Kesavankutty Nayar] President (Acting),] Former Dean,] Govt. Medical College,] Trivandrum.
Prof. P.N.Tandon] Former Prof. & Head of Neuro-] Surgery, A.I.I.M.S, New Delhi and] Member, Adhoc Committee] appointed by the Hon'ble Supreme Court.
Dr. (Mrs.) S. Kantha] Former Vice-Chancellor,] Rajiv Gandhi University of Health] Sciences, Bangalore and] Member, Adhoc Committee] appointed by the Hon'ble Supreme] Court.
Dr. Ketan D. Desai] Prof. & Head, Deptt. of Urology,] BJ Medical College, Ahmedabad.
Dr. K.P. Mathur] Former Medical Superintendent,] Dr. Ram Manohar Lohia Hospital,] New Delhi,] 77, Chitra Vihar,] Delhi-110092.
Dr. Mukesh Kr. Sharma] Deptt. of General Surgery,] S.M.S. Medical College,] Jaipur.
Dr. Bhanu Prakash Dubey] Prof. & Head of department of] Forensic Medicine, Gandhi] Medical College, Bhopal.
Dr. S.D. Dalvi] Prof. & Head, Department of PSM,] Govt. Medical College,] Nanded (Maharashtra).
Dr. P.K. Das] Head of the Department of] General Medicine,] SCB Medical College, Cuttack.
Lt.Col. (Retd.) Dr. A.R.N. Setalvad] Secretary, MCI.

The apology for absence was received from Dr. V.N. Jindal.

1. **Minutes of the Executive Committee Meeting held on 13th & 14th June 2007- Confirmation of.**

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council confirmed the minutes of the Executive Committee meeting held on 13th & 14th June, 2007 with the following corrections:-

1. Item No. 9: **Establishment of new medical college at Warangal, Andhra Pradesh by Medicare Educational Trust, Warangal, Andhra Pradesh – Compliance verification inspection thereof.**

On page 15 in the table in column Remarks the date "19.06.1975" be read corrected as "19.06.1995".

Dr.P.N. Tandon brought out that in the cases where we are recommending not to renew the permission, the existing deficiencies at the time of the inspection for recognition/approval may result in the negative recommendation for recognition/approval. In order to safeguard the interest of the students who have been already admitted with the permission being issued by the Central Government on the recommendations of the Council, it would be desirable to insert the following sentence in the decisions wherein the recommendation is not to recommend the renewal of permission:-

"Recognition of existing students already admitted in various batches in the institutes will be in jeopardy if deficiencies as pointed out are not rectified."

The members of the Adhoc Committee and of the Executive Committee unanimously decided to accept the suggestions of Dr. P.N.Tandon and approved the same.

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

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted the action taken by the office on the various items included in the agenda of the Executive Committee meeting held on 13th & 14th June,2007.

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

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted the list of pending items arising out of the decisions taken by the Executive Committee.

4. **Approval of Basveshwara Medical College, Chitradurga for the award of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore – Compliance verification inspection thereof.**

Read : The compliance verification inspection report (6th August 2007) for approval of Basveshwara Medical College, Chitradurga for the award of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the compliance verification inspection report (6th August, 2007) and decided to recommend to the Central Govt. to renew the permission for admissions of 7th batch of 100 (One hundred) MBBS students for the academic session 2007-08 at Basveshwara Medical College, Chitradurga.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the compliance verification inspection report (6th August, 2007) and decided to recommend to the General Body of the Council for approval of Basveshwara Medical College, Chitradurga for the award of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore with an annual intake of 100 (hundred) students.

5. **Approval of Prathima Institute of Medical Sciences, Karimnagar for the award of MBBS degree granted by N.T.R. University of Health Sciences, Vijayawada- Compliance verification inspection thereof.**

Read : The compliance verification inspection report (4th August 2007) for approval of Prathima Institute of Medical Sciences, Karimnagar for the award of MBBS degree granted by N.T.R. University of Health Sciences, Vijayawada.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the compliance verification inspection report (4th August, 2007) and decided to recommend to the Central Govt. to renew the permission for admissions of 6th batch of 150 (One Hundred Fifty) MBBS students for the academic session 2007-08 at Prathima Institute of Medical Sciences, Karimnagar.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the compliance verification inspection report (4th August, 2007) and decided to recommend to the General Body of the Council for approval of Prathima Institute of Medical Sciences, Karimnagar for the award of MBBS degree granted by N.T.R. University of Health Sciences, Vijayawada with an annual intake of 150 (one hundred fifty) students.

6. **Continuance of recognition of MBBS degree granted by Dr. M.G.R. Medical University, Chennai in respect of Vinayaka Missions Medical College, Salem.**

Read : The compliance verification inspection report (8th Aug., 2007) for continuance of recognition of MBBS degree granted by Dr. M.G.R. Medical University, Chennai in respect of Vinayaka Missions Medical College, Salem.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the compliance verification inspection report 8th August 2007 and observed the following:-

1. In the college, one gallery type Lecture theatre of 250-300 seats is required.
2. In hostels, total seats available for UG students is 378 as against the requirement of 500.
3. There are no hostel facilities for interns, resident doctors, postgraduate students and nursing staff.
4. Separate common room for boys and girls with attached toilets are available without any indoor games facilities and furniture.
5. Teaching Hospital : Most of the wards beds are not numbered. Unit wise distribution of bed is also not seen. Side tables are not provided to all the beds. Duty register of doctors are not available. No duty roster for doctors is available in any of the wards. Most of the wards side laboratories are not equipped or non functional.
6. There is no separate review OPD in any speciality. Dressing/Treatment room and emergency OT are commissioned recently but not functional. Records of emergency OT are not available.
7. In the casualty, only one CMO was present and nothing knowing about working of casualty.
8. Indoor and Outdoor registration is not computerized. Records are kept manually. Even the registration counters are not properly organized. In the reception area tables and chairs are kept in registration area.
9. In the operation theatres, only 1 infusion pump and 2 drip infusion pump are available which is inadequate.
10. Intensive care area is having inadequate facilities.
11. In Pharmacology department, no separate clinical pharmacology lab. is established. Half area of experimental Pharmacology laboratory is used as clinical pharmacology.
12. In Pathology department; one small room having one Binocular Microscope and one centrifuge is labeled as research laboratory. This cannot be accepted as research laboratory.

13. In the mortuary, there is no electric supply. Water supply and drainage facilities are inadequate. There is no fly proof. There is no cooling cabinet.
14. In Forensic Medicine; original museum space is converted into practical laboratories hence there is no museum. Museum specimens are kept in the practical laboratory and different areas of the department. One small room having entry from the practical laboratory is labeled as museum is having few specimens.
15. In Community Medicine; practical laboratory is very small, hence position is status quo.
16. Other deficiencies as pointed out in the inspection report.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to give 3 months time to the college authorities to rectify the above deficiencies and submit the compliance within the stipulated period.

7. Admission in Medical Course – Subject English-Level.

Read : The letters dt. 29.06.2007, 02.07.2007 and 17.07.2007 received from Shri William Bickerdike, Regional Manager South Asia, University of Cambridge with regard to admission in Medical Course for subject English-Level.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council after due deliberations decided that the determination of the syllabus in the paper of English at any examination would be best decided by the Central Board of Secondary Education (CBSE), 2, Community Centre, Preet Vihar, Delhi-110 301 and further decided to advise the University of Cambridge to approach the CBSE in the matter.

8. Partnership between National Assessment and Accreditation Council (NAAC) and Medical Council of India and also mutually beneficial in Designing and developing need based assessment and accreditation methodology, modules and manual.

Read : The letter dt. 06.08.2007 received from Shri V.S. Prasad, Director, National Assessment and Accreditation Council, Bangalore with regard to partnership between National Assessment and Accreditation Council (NAAC) and Medical Council of India and also mutually beneficial in Designing and developing need based assessment and accreditation methodology, modules and manual.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council deliberated upon the issue at length and observed as under:-

“Medical education has been one of the important avenues of technical education which has been sought of in a big way. It is construed as an achievement to gain entry to the avenues of medical education and attain a degree thereof. Medical education as such has been evoking a significant “Credit and Respect” in this country for quite sometime. Primarily because of intense recognition and demand for the same, we have seen a large number of medical institutions growing up in the country, as much as that on date there are 269 medical colleges in the country of which nearly 150 have been added in the last decade itself.

The issue of starting of the new colleges including the augmentation of the existing intake capacity thereto has been regulated through incorporation of an appropriate amendment as Section 10A to the IMC Act,1956, which has come into vogue from the academic year 1992-93. Eversince the incorporation of the said amendment, no new medical college or the augmentation of the existing intake capacity can be initiated without the prior approval by the Medical Council of India and a notification to that effect by the Govt. of India.

Parameters which would govern the starting of the medical colleges including augmentation of the intake capacity are clearly prescribed by the Medical Council of India through the regulations which are issued in terms of power vested with the Council u/s 33 of the I.M.C. Act,1956. The regulations on Graduate Medical Education and those governing minimum requirements with reference to intake capacity of 50,100 and 150 respectively are in vogue as of now.

It is worthwhile to note that these regulations prescribe the “minimum requirements” to be fulfilled by the concerned teaching institution and are monitored on an year to year basis till the recognition is accorded as is required u/s 11(2) of the I.M.C. Act,1956. The said recognition holds true for a period of five years, upon which it is required to be renewed through a periodic inspection to be carried out by the regulatory authority. The emphasis which governs the recognition of the medical institutions in the country by the MCI is compliance of the “minimum requirements” prescribed. Therefore, this turns out to be the “base- line” evoking recognition of the institution.

The aspect which merits consideration is that of “Quality Assurance” in medical education and also update of the various inputs which govern the medical education, so as to be relevant” to the various stake holders in a competitive sense in the context of Globalisation. Recognition based on “Maximal compliance of the Minimal” requirements, is but a humble beginning which necessarily could not be a guarantee of the “desired quality assurance” so as to be able to cater to the requirement of Global competition.

It is pertinent to note that by virtue of the demographic advantage that India has as of now, whereby about 52% of population is below the age of 25 years and nearly 74% of the population is below the age of 35 years, a wide scope of the development of manpower exists. It would be necessary for the planners of higher professional education in this country to harness the abundant youthful manpower for chiseling their capacities, so as to generate them as “knowledge providers” in the coming years. Equipped youthful generation alone would turn out to be a genuine asset to this country and also would be a handy mechanism for the conversion of this country from its present status of a “Developing” nation to that of a “Developed” nation.

The President, Medical Council of India constituted a Sub-Committee in March, 1998 to scrutinize the feasibility of the “Accreditation” being applied to medical teaching institutions in the country, along with evolving the necessary modalities thereof. The Sub-Committee consisted of late Dr. B. Ray Chaudhuri (Chairman), Dr. L.S. Chawla and Dr. Ved Prakash Mishra as members. The Sub-Committee submitted its report on 8th December, 2000.

As per the recommendation of the Sub-Committee, a Workshop involving medical education experts as well as representative of National Assessment and Accreditation Council, National Board of Accreditation (AICTE) and some Council Members was convened by MCI on 3rd April, 2001 at New Delhi.

The report of the Workshop was placed before the Executive Committee at its meeting held on 24th April, 2001 which is as under:-

“India having a definitive national and institutional goal for medical education essentially an appropriate process should be set in motion to maintain the relevance and quality of medical education. The recent quantitative expansion of medical education in India makes it all the more important. Accreditation which has been increasingly utilised as a means of quality assurance for other systems of education should also be made applicable to medical institutions and new medical graduates.

Accreditation is the process of giving credit for clearly visible and demonstrable strengths of an institution. In the context of educational activities, it would mean that the academic aims and objectives laid down as institutional goal to achieve declared national goal is being honestly pursued and effectively achieved and that the institution has demonstrated the capability of ensuring continued effectiveness of the educational programme over a period of time and have built up appropriate and adequate infrastructure for the same.

Assessment and Accreditation of Institutions of medical education has come to be recognised as the “Quality Ensuring Mechanism” all over the world. It has become necessary and relevant to a developing country, like that of ours for, we have developed the second largest system of medical education in the world. The growth rate of quantitative expansion of the system in last five decades has been not only eye catching, but has also come to exist as a matter of envy amongst the contemporary developing nations of the world.

It must be admitted that a rapid expansion inevitably results in generation of “heterogeneity” in various aspects of development. It is this factor, which mandates quality assurance of the system as a whole.

Essentially accreditation is a process of giving credit, where it is due for some clearly visible and demonstrable strength of academic activities. In the context of educational scenario, it connotes quality assurance that the academic, aims and objectives of the institutions are known to be honestly pursued and effectively achieved and that the institutions have demonstrated capabilities to ensure continued effectiveness of the educational programme, in the production of appropriate manpower for protection of people’s health.”

The exercise of assessment and accreditation, therefore, is neither an inspection to ensure “minimum standards” nor an exercise of “fault finding”. In case, the value judgement continuum is required to be considered in respect of the domain of assessment and accreditation, it could be –

Inspection Vs. Assessment
Minimum Standards Vs. Standards of Excellence
Fault finding Vs. Institutional Improvement
Sitting above Vs. Sitting Beside
Fragmentary Vs. Holistic
Impressionistic Vs. Data based
Subjective Vs. Objective
Informal Vs. Systematic
Looking at the past Vs. Looking into the future
Suspicion Vs. Trust
Incompetence Vs. Competence
Weaknesses Vs. Strengths

The Continuum, therefore, is a reflective mirror into which ones’ own image could be looked into for its precise and correct observation and evaluation for the purposes of ultimate improvisation. Update and upgrade are never possible until and unless one is objective enough to appreciate and understand the “Inbuilt Strengths” and “Consequential Weaknesses”. It is the process of consolidation of the strengths and eradication of the weaknesses that turns out to be core of the “Vertical” as well as “Horizontal” development of an institution including the one which is catering to the cause of medical education”.

The report was placed before the Executive Committee and thereafter before the General Body of the Council at its meeting held on 21st-22nd June, 2001. The decision of the Council was as follows.

“51. Accreditation of medical teaching institutions (UG Level).

Read:- The matter with regard to accreditation of medical teaching institutions (UG level) along with the proceedings of the workshop held in the Council office on 3rd April, 2001 as well as comments received from Dr. B. Ray Choudhuri, Dr. T.K. Parthasarthy, Dr. S. Chandrashekar Shetty and Dr. K.R. Shetty and decision taken by the Executive Committee at its meeting held on 24/4/2001.

The Council noted that a Sub-Committee consisting of three members with Dr. B. Ray Chaudhuri as its Chairman was constituted in March,1998 to scrutinise the feasibility of accreditation being applied to medical institutions in the country along with evolving the necessary modalities thereof. The recommendations of the Sub-Committee were considered at the workshop held in the Council office on 3.4.2001 where the participants were Council members, Vice-Chancellors of Universities of Health Sciences and Deemed Universities as well as representative of National Assessment Accreditation Council and the All India Council of Technical Education.

Council also noted that the proceedings of the Sub-Committee were placed before the Executive Committee at its meeting held on 24.04.2001. The Executive Committee had considered the recommendations of the Workshop along with the observations received from the participants.

Council also noted that while accepting the recommendations of the Workshop the Executive Committee had decided to take steps to get accreditation component included as part of the Indian Medical Council Act, 1956 to initiate action to assess certain willing institutions for accreditation with the Council.

The Council accepted the recommendations of the Workshop as accepted by the Executive Committee with the observations received from some members”.

As per the above decision, a Task Force was appointed with Late Dr. B. Ray Chaudhuri (Chairman), Dr. Ved Prakash Mishra & Dr. S. Chandrashekhar Shetty as Members. The Task Force at its meeting held on 27/8/2001 made certain suggestions including the following:-

1. Necessary steps to be taken to amend the IMC Act to empower the Council to implement the proposal through appropriate rules & regulations.
2. The white paper as approved be circulated to all recognized undergraduate medical institutions calling for voluntary participation of medical colleges for a pilot study on accreditation.
3. Council to prepare a panel of evaluators with appropriate credentials.
4. Orientation course to be organised for the empanelled evaluators.
5. A programme to be operated through the Medical Education Cell of the Council for the present.
6. Three documents namely accreditation of medical education programme, internal quality assurance and enhancement and grading of institutions by NAAC: a Meta – evaluation placed before the Task Force by Dr. Shetty were given to the members of the task force for sending their comments to Dr. B. Ray Chaudhuri with a copy to Secretary, MCI.

As per the above decision, the Principals of all recognized medical colleges were addressed vide Council’s letter dated 4/9/2001 to let us know whether they are interested to be taken up for pilot study on accreditation. 27 medical colleges had expressed their willingness for the pilot study as per list attached.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further observed that the Task Force on Accreditation of medical degree programmes in another meeting on 17th April, 2003 observed as under:-

1. *That the preamble included in the document on Assessment & Accreditation of Medical Colleges/Institutions in the country along with unitary document worked out by Rajiv Gandhi University of Health Sciences, Bangalore and document on weightage percentile score on the basis of compliance to the unitary requirements for the purpose of accrediting together shall be the document on Accreditation on Medical Institutions in its totality.*

In the light of said documents and for validation of the same the Council had sought the consent from various colleges all over the country for experimental evaluation, in response to which about 27 medical colleges have communicated their consent. As a matter of fact consequent upon this the tasks that need to be tackled are as under:-

- (a) *Processing the amendment required to be made to the Act which has been formulated as an additional entry as Section 11(A) and also a parallel amendment to Section 33 by insertion of an additional entry as (mb) to the Indian Medical Council Act, 1956.*
- (b) *In the meantime it is necessary that a panel of evaluators be identified. The Committee proposes the eligibility in terms of qualification and experience for such evaluators to be on par with the Whole-time Inspectors. The said identified evaluators in the form of a panel will have to be oriented in regard to the process and procedure of the accreditation and dispensation tasks thereof. It is emphasised that the said process shall be under the jurisdiction of MCI and hence for the purpose of co-ordination this Committee be christened as National Accreditation Board of the MCI. This will also necessitate creation of an independent “Accreditation Cell” in the Council which should be headed by a person not below the rank of Deputy Secretary in the Council to be assisted by a Head Clerk, a Steno/Typist, a Statistician and a Peon.*
- (c) *The Committee was informed by the Secretary that in view of the extensive work load with the staff of the Council, as of now for effective and smooth functioning the said Cell should be carved out separately and it is advisable if the same is created in terms of posts out of the financial resources of the Council to begin with during the pendency of approval to the*

amendment to the Act, that has been proposed by the Council to the Govt. of India. This shall facilitate immediate undertaking of the task so that the process and concept of accreditation gets going across the medical institutions in the country.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further observed that the new provisions which are to be considered for inclusion in the Act for giving effect to the proposal for accreditation as quality assurance mechanism may be on the following lines:-

To add a new

Section 11A

“11A. The Council may set up a Board of Accreditation to periodically conduct evaluation of medical institutions or programmes on the basis of guidelines, norms and standards specified by it and to make recommendations to the Council regarding assessment and accreditation of medical degree programmes on the basis of quality assurance.”

Section 33

May be amended to add a new clause, namely:-

(m,b) the establishment of Board of Accreditation procedure for conduct of its business, guidelines, norms and guidelines for amendment and accreditation of medical degree programmes, withdrawal of accreditation etc.”

It was also observed that the workshop has already prepared a list of benchmarks and weightage score to be applied for accreditation as under:-

BENCHMARKS:

1. What are the intended outcomes for a programme? How do they relate to the subject benchmark information? Are they appropriate to overall aim of the programme?
2. How does the subject provider ensures that the intended outcomes for programmes are identified and that the curricular contents are directly linked to them?
3. Does the assessment process enable learners to demonstrate achievement of the intended outcomes and internal and external examiners to distinguish between different levels of attainment?
4. How are the intended outcomes of a programme communicated to staff, students and external examiners?
5. What indicators are there that standards achieved by the learners meet or exceed the minimum expectation for the award as measured against the subject benchmark?
6. How does the subject provider review and seek to enhance standards?

The Workshop had also recommended that the five main areas included in the model formulated by AICTE (NBA) be accepted principally for the purposes of evaluation for accreditation of medical colleges by the Council. Nomenclature of the input “Industry Institution Interaction” as included in the National Board of Accreditation of All India Council of Technical Education model be re-worded as “Society Institution Interaction”. Likewise, the Workshop recommends that the questionnaire tagged with the said model for the purpose of eliciting of responses in regard to the unitised five areas be accepted by and large with suitable alterations wherever necessary. The procedure of evaluation along with the steps included therein and also the periodicity and the manner of the inspection and reporting thereon be also accepted.

The Workshop also has recommended that the various inputs which to be included for the purposes of accreditation of medical colleges/institutions to be in the perspective of institutional goal determined by MCI so that all the vital areas in terms of material, infrastructure, personnel including teaching and non-teaching staff, students, teaching and training patterns and processes, extension work, the research activities and the quality of the products are given adequate weightage.

A total compliance with the said minimum requirements commensurate with the annual intake capacity at par with governing regulations only shall not entitle a college to be “accredited”. This shall mean that for a college which is expected to be entitled for an accreditation grade the pre-requisite shall be a total compliance with the minimum requirements as included in the governing regulations. The accruable accreditation grades thereon shall be 3 namely “A,B,C” based on the weightageable percentile score on the basis of compliance with the specific inputs as indicated, herein below.

WEIGHTAGEABLE PERCENTILE SCORE ON THE BASIS OF COMPLIANCE WITH THE SPECIFIC INPUTS FOR THE PURPOSE OF GRADING

I.	MISSION, GOALS AND ORGANISATION	100
1.1	MANAGEMENT	50
a)	Mission & goals	10
b)	Commitment	10
c)	Attitude	10
d)	Planning & monitoring	10
e)	Incentives & effectiveness	10
1.2	Organisation and Governance	50
a)	Leadership & motivation	10
b)	Transparency	10
c)	Decentralization & delegation	10
d)	Involvement of faculty	10
e)	Efficiency	10
II.	AVAILABLE RESOURCES AND THEIR UTILISATION	125
	Capital resources	20
	Allocation for Operational activities	10
	Allocation for Maintenance	10
	Allocation for Development	10
	Land	20
	Buildings	10
	Hostels	10
	Support services (electricity, water, communication etc.)	10
	Office equipment	05
	Canteen	05
	Transport	05
	Medical facilities	10
III.	<u>HUMAN RESOURCES</u>	200
a.	Faculty :	
	Numbers	20
	Academic / Professional upgradation	20
	Recruitment procedures	20
	Teaching load	20
	Extension programme participation	20
	Faculty development programmes	20
	Performance appraisal	10
	Faculty involvement in management	10
	Attitudes and commitment	10
b.	Supporting Staff:	
	Numbers, Qualifications & Skills	20

	Recruitment procedures	10
	Attitudes and involvement	10
	Skill upgradation & Performance appraisal	10
IV.	STUDENTS	100
a.	Admission:	
	Admission process	05
	Aptitude assessment	05
	Competitive examination and/or Interview	05
	Any reservation other than Constitutional ones	05
	Academic results of last 5 years	10
	Performance in competitive exams of last 5 years	10
	Admission to PG Courses of last 5 years	10
	Co and extra- curricular Participation	10
	Percentage of employed students in a year	10
	Meritorious achievements of graduates of last five years	10
	Existence of active Alumnus Association	10
	Institutional support thereof	10
V.	TEACHING LEARNING PROCESS	320
a.	Curriculum:	
i.	Compatibility of the programmes with goals and objectives	10
	Initiation, review and redesign of programmes	10
	Feed back on programmes and interaction with academic peers and employees	10
	Programme options	10
ii.	Community orientation	10
	Horizontal and vertical integration	10
	Feed back from students	20
	Removal of obsolete and introduction of contemporary concepts	10
	Bridge courses	20
iii.	Academic Calendar : No. of instructional days	10
	Evaluation procedures and feed back	15
iv.	Community outreach programmes	25
v.	Innovations in education : Library facilities: No. of Books, CD ROM/Internet, Audio Video Cassettes, Level of automation and Computerization	20
	Computer education and additional programmes	15
	Lab – facilities	25
b.	Internship:	
	Structure	10
	Orientation	20
	Method of monitoring	20
c.	Research and publication	
	Institutional support for research UG & PG	10
	Research projects and Support by external agencies	20
	Publications	20
VI.	Community – Institution Interaction	90
i.	Community orientation in Teaching	20

	Extension services	10
	Community visits	10
	Project work	10
	Placement	10
ii.	Interaction of institutions with parents/ Guardians	10
	Ethos/Environment of college	10
	Grievance & Redressals	10

VII. Health Practices 65

	Any mechanism/process of internal quality checks	15
	National/International linkages established for training	10
	Practices of the college to impart value based education	20
	Sensitization to latest managerial concepts such as strategic planning, team work, decision making and computerization	10
	Efforts of the college towards all round personality development of the learners	10

Total 1000

The award of grading shall be as under:-

<u>Grade</u>	<u>Nomenclature</u>	<u>%Score</u>
A	Excellent	81% and above
B	Good	66 to 80%
C	Above Average	51 to 65%

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided that the process of accreditation of medical colleges should be carried out by the Council itself and necessary steps in this direction may be taken by the office and a status report be placed before the Executive Committee at its next meeting.

9. DIGITAL APPROACH TO MEDICAL EDUCATION-regarding.

Read : The letter dated 01.07.2007 received from Dr. Hari Prasad Chegu, Hyderabad with regard to CME programme on "Digital Approach to Medical Education".

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to constitute a Sub-Committee under the Chairmanship of Dr. Ved Prakash Mishra, Chairman, Postgraduate Medical Education Committee, MCI, and Dr. B.P. Dubey, Professor & Head, Department of Forensic Medicine, Gandhi Medical College, Bhopal to review the CD and to submit its report at the earliest.

10. Deletion of Rule 24 A from Aircraft Rules-Kaw Committee Recommendation.

Read : The letter dated 30.07.2007 received from Sh. R.P. Sahi, Joint Director General of Civil Aviation with regard to Deletion of Rule 24 A from Aircraft Rules-Kaw Committee Recommendation.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to constitute a Sub-Committee comprising of Dr. Rajat Ray, Professor of Psychiatry, AIIMS, New Delhi and Dr. Madhuri Bihari, Professor of

Neurology, AIIMS, New Delhi and further decided to request them to submit their report before the next meeting of the Executive Committee.

11. China adopting stricter controls on foreign medical undergraduate students-regarding.

Read : The letter dated nil received in this office on 26.07.2007 from Shri Gourangalal Das, First Secretary(P-II), Embassy of India, Beijing with regard to China adopting stricter controls on foreign medical undergraduate students.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council after due deliberations decided that henceforth the eligibility certificate should be issued only for the following institutes in China up to the number specified thereat in respect of candidates desirous of having medical education in China:-

S.N.	Institute	Intake in 2007-2008
1.	China Medical University	80
2.	Chongqing Medical University	100
3.	Capital Medical University	100
4.	Dalian Medical University	100
5.	Guangxi Medical University	55
6.	Harbin Medical University	50
7.	Huazhong University of S & T	100
8.	Jilin University	100
9.	Nanjing Medical University	100
10.	Qingdao University	60
11.	Southeast University	120
12.	Suzhou University	80
13.	Shandong University	60
14.	Southern Medical University	100
15.	Sichuan University	100
16.	Tianjin Medical University	120
17.	Wenzhou Medical College	80
18.	Wuhan University	100
19.	Xi'an Jiaotong University	120
20.	Xinjiang Medical University	100
21.	Zhejiang University	60
22.	Zhengzhou University	100
23.	Zhongnan University	30
24.	Zhongshan University	80
25.	Fudan University	0
26.	Hebei Medical University	0
27.	Peking University	0
28.	Shanghai Jiaotong University	0
29.	Tsinghua University School of Medicine	0
30.	Tongji University	0

It was further decided that in respect of 6 institutes in the above table for which the Govt. of China has decided not to have any intake in 2007-08, no eligibility certificate should be issued in respect of the candidates desiring to have admissions in these 6 institutes for the current academic year.

Office of the Council was also further directed to withdraw or recall any eligibility certificate which has been issued after 26.07.2007 i.e. the day on which the communication from Embassy of India, Beijing was received in the office of the Council, in respect of the candidates who have applied for admission to medical institutes in China which are not included in the above table as well as in 6 colleges in the above chart where no intake is permitted by the Govt. of China for the academic year 2007-2008.

12. Draft Agreement on Mutual Recognition of Degrees between India and China-regarding.

Read : The letter dated 18.02.2007 received from Sh. S.K. Sharma, Director (ICC), Ministry of Human Resource and Development, New Delhi with regard to Draft Agreement on Mutual Recognition of Degrees between India and China.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council deliberated upon the report submitted by the nominees of the Council as a part of Indian delegation for the visit to China which is incorporated in full at item No. 15 of this meeting and observed that the important recommendations of the delegation in this report are as under:-

“Recommendations

Medical undergraduate courses being run in China appears to be of totally deferent in nature from the Indian undergraduate medical courses. Graduates from China are unlikely to fit in into the Indian Medical System at all. Their learning, courses, curriculum everything appears to be inadequate. Therefore, in the National interest this coming of students to China should be discouraged and stopped forthwith.

Continuation of such practice of allowing Indian students to come to China would produce a large number of misfits who are academically not sound to start with in 10+2 level, whose training is more theoretical and totally inadequate and who would burden our country with half baked doctors once they go from here. Hence, it has to be stopped.

Regarding eligibility to appear for screening test in India – no relaxation should be given to these students as this would help in continuation of the problem.

Continuation of the practice of allowing Indian students to come to China would adversely affect the healthy growth of Indian Medical teaching institution in private sector and also possibly in Govt. sector as well.

Since there are no approved and universally accepted International standard or curriculum or methodology of training in undergraduate medical education, we have to accept Medical Council of India's guidelines & curriculum for undergraduate medical education which are similar to what is being followed in U.K., as the benchmark. Compared to these standards, standards of U.G. Medical Education imparted to Indian students in China is grossly inadequate from all aspects. It is more like a foundation course for medicine.”

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided that mutual recognition of degrees between India and China in respect of medical qualification is neither feasible nor desirable at this moment.

13. Probation period of Dr. P. Prasannaraj, Joint Secretary.

Read : The matter with regard to Probation period of Dr. P. Prasannaraj, Joint Secretary.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted the confidential reports for the probation period including extended probation period i.e. upto 05.07.2007 and decided that on successful completion of extended period of probation, Dr. P. Prasannaraj, Joint Secretary, be confirmed for the post of Joint Secretary in the pay scale of Rs.14300-400-18300/- w.e.f. 06.01.2006.

14. Award of Canteen contract in Medical Council of India.

Read : The matter with regard to award of Canteen contract in Medical Council of India.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the recommendation of the Purchase Committee for awarding the contract for the Canteen to M/s Kalpana's as per the terms and conditions mentioned in the offer document.

15. To assess the standards of Medical Education for Indian Students in China-As part of the Indian Delegation as Nominee of Medical Council of India.

Read : The visitation report with regard to his visit to China as part of the Indian Delegation to assess the standards of Medical Education for Indian Students in China.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to approve the report submitted by the nominees of the Council as part of the Indian delegation for visit to China which is as under:-

“OBSERVATIONS AFTER VISIT TO CHINA TO – “ASSESS THE STANDARDS OF MEDICAL EDUCATION FOR INDIAN STUDENTS IN CHINA” AS PART OF THE INDIAN DELEGATION AS NOMINEE OF MEDICAL COUNCIL OF INDIA

Observation :

After visit of Suzhou University, Jiamusi University, Zhangzhou University Dalian Medical University, Tianjin Medical University and interaction with the students, staff and the administration of the universities, the following observations can be placed as following –

A) Course content, duration & curriculum:

- The duration of is only 4 years plus 1 year internship – a total of five years which is 6 months less than Indian course. Some universities have said the course is 4½ years plus 1 year internship but no proof of the latter was obtained.*
- In one university – Tianjin Medical University the course is an integrated course of Chinese and Western medicine.*
- There appears to be wide variation from university to university regarding the curriculum and subjects taught.*
- Some subjects like Forensic Medicine, Pharmacology Social preventive medicine (called public health & hygiene etc in China) are either not taught or are very short consisting of 1 semester only (India – 3 semester). Forensic medicine is altogether absent in some universities.*
- Clinical Psychiatry, Dermatology, ENT as subjects were absent in some universities. In some Orthopedics is part of General surgery; Paediatrics is part of medicine. Pathology course is very inadequate.*
- The department of General Medicine appears to be absent as a department in most of the university colleges and hospital. Instead the component superspecialities like Cardiology Neurology, Gastroenterology, Endocrinology are separately present.*
- They have some additional subjects as cell / Molecular biology, Nuclear medicine etc. The emphasis is more on experimental physiology, animal experimentation, Chemistry and Biochemistry – which are more like a honours course on Zoology or other subjects in India. Experience and teaching of human physics and clinical based sciences appears to be very less.*
- Clinical exposure in the course is very less for the students – and it is mostly supervised observations then hands-on teaching and practice on patients.*
- The structuring of courses are totally different from Indian system – with only 2 divisions of preclinical and clinical which may be taught in 2 separate college of the same university. The first three years of the course is taught in colleges of basic medicine and the clinical part in college of clinical medicine. The duration of clinical medicine is 1 year only.*
- Chinese and Indian (Foreign) students are two totally separate streams. There is no fixed number for annual admission in both cases.*

B) Teaching and teachers :

- Teaching is done in English but teachers proficient in English teaching are very less in number. Moreover there is much deficiency, compared to Indian requirements, in the total number of teachers in each department.*
- Many teachers in preclinical and even some in clinical departments are non medical (non doctors) teachers. In some universities all the pre clinical and para clinical teachers (called teachers of basic medicine) are non doctors but are from general science stream.*
- Student teachers ratio is variable and not fixed. There appears to be no fixed ratio. Indian students in clinicals are divided into groups and put under one supervisor who takes them around the wards and demonstrate patients to them.*
- Most classes are didactic nature and clinical simulation on manequins are done – but how much that is done is doubtful. According to students, exposure is not much. Teaching in experimental medicine – with animal experiments is done here. Most of these classes are taken by non medical teachers and not by medical doctors.*
- The laboratories are well equipped but appears to be used not only for Indian (foreign) but also for Chinese undergraduate students and also for students from other streams as Pharmacy, Dental etc. Since Chinese admissions per annum is 650-2000, the facilities though good, do not seem to be adequate at all for such large number of students.*

C) Students :

- The students who come here came individually. They were brought by private agents. Most of the students could not make it through the Indian Medical Entrance Examination.*
- The main problems students face in China is that of language. Though they have mostly picked up rudimentary skills for personal communication, whether that is adequate for interaction with patients is difficult to make out.*
- The main worry of the students is whether they would be getting registration in India by MCI.*
- Language skills required by students is HSK level 3 to go into clinical levels. But to pass the licentiate examination required to be able to do practice in China one has to be proficient in Chinese language to the level of HSK 6-11 (the highest). Otherwise they would not be able to write the examination which is in Chinese. Most of the students are not sure that they would be able to pass this exam and acquire the basic competence to be able to practice in China. During talks with Chinese Education Ministry officials they said that they have not yet decided whether such examination can be offered to overseas student in English language. Hostels, mess, recreation are good.*

D) Examination :

- No internal assessment are there in a structured mode.*
- Semester ending examination including theory and practicals are usually a mix of MCQs or short questions (20% + 80%).*
- Evaluation is very lenient. The students who fail upto 3 subjects are allowed to go to the next level.*
- The examination are all internal. Teachers who teach are the examiners. There is no system of external examiner.*

E) Nomenclature of the degree :

What is the name of the final degree to be awarded to Indian students is not clear. Some say its MBBS, some MD-Medicine, some diploma, some Bachelor of Medicine.

F) Direction of the course :

The undergraduate medical courses are mostly theoretical, didactic, simulator based and observatory in nature. The concept of producing a competent graduate doctor strong in clinicals in tune with the actual health care needs of country (India) does not seem to be the goal of the course-curriculum. It appears mostly to be produced a graduate weak in clinicals, community health management, but possibly attuned mostly to the manning of tertiary care system in a global Market era.

G) Infrastructure :

- a) **Pre clinical college section :** *the facilities appear to be quite advanced. But considering the large number of students (both Indian, foreign and Chinese and also students from other stream) the facilities do not appear to be adequate at all. The facilities can not be adequate for a proper training with a proper curriculum.*
- b) **Clinical section :** *The clinical hospitals shown to us were tertiary care units, paying (from 150-600 Yuan every day), and also mostly superspeciality level. Nowhere I have seen any bed side clinics conducted in any of the hospitals. The students also say that clinical exposure is quite less. The hospitals do not appear to be right place for undergraduate training and internship.*

H) Internship :

There appears to be no clearcut policy regarding internship. Though the students were told that the course is 4 years with one year of internship. The students are under the impression that they would be able to do this internship in India in Indian hospitals after they return from China after 4 years. The agents who have recruited them have also given the same impression. The students said that they have been given to understand by agents as well as by Chinese authorities that they are to return with internship completion certificate from India and on production of that they would be given their degree certificate after which they would appear in the screening test for registration in India.

The Chinese authorities in the universities which we visited and also the Chinese Education and Health department officials could not give us a clear answer to the question of doing internship in China. Nor would they spell out whether the degree awarded is with or without internship. It appears that no clearcut policy or structured course curriculum for internship have yet been evolved by them.

I) Registration :

These appears to be no provision or policy of registration of Indian students after graduation in China. Nobody, including ministry officials could give us a clear picture in this regard. The system for Chinese students is like this. After graduation they have to undergo 1-2 year practical training in different hospitals where they are sent. This period is called practice period. It is not known whether it is structured like Indian internship with time distribution in different subjects or not. After this period they appear in a nation wide centralized licentiate examination. When they pass this they are registered and can take up employment, practice, do P.G. studies. For foreign and Indian students there appears to be no system for provisional registration (during internship) or final registration till date. Moreover there is the question of language. The licentiate exam is only held in Chinese language and needs very high proficiency to pass it. Indian students generally would not be able to muster it. The sum total is that the Indian students would not attain the level of competence (may be barring 1-2 exception) to get registration in the country where they graduate.

Further, as there is no system of provisional registration, their internship training is likely to be just demonstrative without any hands-on-training.

It is clear that Indian students after they pass out from Chinese colleges would not be able to get registration in China. The course is not structured or meant for that. Thus they would not be employable in China (should Chinese Govt. decide to employ them) also. Their whole teaching and training would thus be incomplete half baked and practically useless.

J) The Economic underpinnings of the whole operation :

The recruiting agents for Indian students seem to be advisers of many of the universities. They collect a hefty sum – to the tune of Rs. 1 lakh per student sent to China. The Chinese universities who are collecting money in dollars from students are having a financial windfall utilizing the same infrastructure in little addition. This market oriented approach is the main driving force behind the entire operation than holistic approach towards education.

Based on the above recorded observations, the following recommendations need to be made regarding training of Indian students in Chinese Universities and the advisability of its continuation in the future.

Recommendations

- Medical undergraduate courses being run in China appears to be of totally deferent in nature from the Indian undergraduate medical courses. Graduates from China are unlikely to fit in into the Indian Medical System at all. Their learning, course, curriculum everything appears to be inadequate. Therefore **in the National interest this coming of students to China should be discouraged and stopped forthwith.***
- Continuation of such practice of allowing Indian students to come to China would produce a large number of misfits who are academically not sound to start with in 10+2 level, whose training is more theoretical and totally inadequate and who would burden our country with half baked doctors once they go from here. **Hence it has to be stopped.***
- Regarding eligibility to appear for screening test in India – no relaxation should be given to these students as this would help in continuation of the problem.*
- Continuation of the practice of allowing Indian students to come to China **would adversely affect the healthy growth of Indian Medical teaching institution in private sector and also possibly in Govt. sector as well.***
- Since there are **no approved** and universally accepted International standard or curriculum or methodology of training in undergraduate medical education, we have to accept **Medical Council of India's guidelines** & curriculum for undergraduate medical education which are similar to what is being followed in U.K, as the benchmark. Compared to these standards, standards of U.G. Medical Education imparted to Indian students in China is grossly inadequate from all aspects. It is more like a foundation course for medicine.*
- Notes on the future of the students who have already come.***
(This is purely a personal suggestion)

Presuming that the continuation of the current practice of allowing medical students from India to come to China shall be put to an end by the Government of India, the question of the future students admitted upto 2007 will remain. This may be dealt in the following way to provide them Natural justice.

- a) *They shall attend special classes in regular Indian medical colleges for 1 year or for such period of time as is required and appear and pass in the clinical subjects in Medicine, Surgery, O&G, Paediatrics, Eye & ENT by payment of fees.*
- b) *Then they shall appear and clear the screening that by National Board.*
- c) *After that they shall complete the internship programme of India for 1 year. They shall have provisional registration during this period.*

- d) *Then they would have full registration by MCI becoming thus eligible either to pursue higher studies (P.G.) in India or go for practice.*
- e) *This provision shall also cease from batch to be admitted from 2008.”*

In view of above, the members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council further decided to send the above report to the Govt. of India for further necessary action in the matter.

16. Recognition of Sree Uthradom Thirunal Hospital, Thiruvananthapuram for Compulsory Rotating Internship Training.

Read : The Council Inspectors report (18th & 19th June 2007) for recognition of Sree Uthradom Thirunal Hospital, Thiruvananthapuram for Compulsory Rotating Internship Training.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council considered the Council Inspector’s report (18th & 19th June,2007) and decided to recommend that Sree Uthradom Thirunal Hospital, Thiruvananthapuram, Kerala be recognized for Compulsory Rotating Internship Training in the following subjects with number of interns mentioned against each:-

General Medicine	-	2(two)
Surgery	-	2(two)
Obst. & Gynae.	-	2(two)
Orthopaedics	-	2(two)
Paediatrics	-	2(two)

17. Medical Education in Foreign countries: Recognition by Medical Council of India.

Read : The letter dated 19.3.2007 received from the Sh. J.S. Pande, Ambassador of India, Bishkek with regard to recognition of Medical Education in Foreign Countries.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council after due deliberations decided that the Govt. of India may be requested to permit the Council to visit the institutions in Kyrgystan for recognition by the Council and further that the Govt. of India be requested to provide the funds in the budget for the same.

18. Approval of minutes of the Finance Committee held on 28th June, 2007.

Read : The minutes of the Finance Committee held on 28.06.2007.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council decided to approve the minutes of the Finance Committee meeting held on 28th June,2007.

19. Appointment of Chief Vigilance Officer in the Office of the Council.

Read : The D.O. letter dated 19.6.2007 along with the letter dated 11.6.2007 of the C.V.C. with regard to Appointment of Chief Vigilance officer in the Office of the Council.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council, after due deliberations, decided to reiterate its earlier decision taken in its meeting held on 13th & 14th June,2007 which reads as under:-

“ The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council observed that it would deserve to be stated that each statutory authority should function in a transparent manner for discharging its duties and responsibilities and for achieving the objective for which they have been created and constituted. They should always remain open to scrutiny as envisaged and provided for by law.

The Medical Council of India has always taken all steps for ensuring that there is transparency in its functioning and it is open to scrutiny in the manner prescribed. On having a closer look in the contents of the communications dated 16.12.2005, 15.01.2007, 24.02.2007 and 05.06.2007 sent on behalf of the MCI to the Health Ministry on the subject

of appointment of CVO – it is to be seen that the name of the MCI is not included in the list of ‘Select Organisation’ in the CVC Manual. Further for making any full time appointment, MCI is duty bound to follow and adhere to the provisions of its own Act and the Regulations made thereunder. As such, no other authority, other than the MCI, who would have the power or authority to make any appointment in the MCI. It would be the MCI alone who is obliged, under its Act, to make full time appointment for its functioning. Further there does not appear to be any provision in the CVC Act, 2003 which gives any power either to the CVC or to the Ministry of Health, or to DoPT, Govt. of India to make any appointment in the MCI.

In so far as the requirements for ‘Vigilance’ in the functioning of the MCI is concerned, it is to be seen that it has been pointed out that no such appointment of any CVO has been provided for by the CVC for certain other statutory authorities performing similar functions, such as UGC under the UGC Act, 1956, AICTE under the AICTE Act 1987, DCI under the Dentists Act 1948, Pharmacy Council of India under the Pharmacy Act 1958, Central Council on Homeopathy under the Homeopathy Central Council Act, 1973, Central Council on Indian Medicine under the Indian Medicine Central Council Act, 1970, Council of Architecture under the Architects Act, 1972 etc. There is no requirement under any of these acts for any full time CVO.

Obviously, any appointment to the post of CVO has to be made by the MCI in accordance with its own Act and the Regulations made thereunder. The MCI would certainly secure the approval of the Central Vigilance Commission irrespective of the fact that MCI is not included in the list of ‘Select Organisations’ in the Manual of the CVC. However, it would not be open or permissible to any other authority to claim power for making appointment of the CVO in the MCI and that will always remain with the MCI alone.

Reference is once again made to the contents of the para 2.6.1 of the CVC Manual which are also referred to in the above mentioned MCI’s communication dated 05.06.2007 and which reads as under:-

“2.6.1- Irrespective of the fact whether the post of a CVO in an insurance company, autonomous organization, Co-operative society etc., is on full time basis or on part time basis, such organization would forward, through their administrative Ministries/Departments, a panel of names of three officers of sufficiently higher level, who can report direct to the chief Executive in Vigilance related matters, arranged in order of preference, along with their bio-data and complete ACR dossiers for the Commission’s consideration. The officer approved by the Commission would be appointed as CVO in that organization.”

Even when it may be accepted that the MCI has to seek approval of CVC in relation to the suitable candidate selected by it for being appointed as CVO, evidently it is for the MCI to send a panel of its officers to the CVC for grant of such approval. The CVC Manual does not permit either the Ministry of Health or DoPT or the CVC to select and appoint as CVO any other officer, whose name has not been sent by the MCI in the panel forwarded by the MCI to the CVC.

It is also seen that all the abovementioned relevant aspects which have been raised and highlighted by the office of the MCI for consideration have not been adverted to and /or responded to either by the Health Ministry or by the CVC. The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council do not find any occasion or permissibility either for the Health Ministry or Personnel or for the CVC to create any exception or to make any departure from the procedure laid down in the CVC Manual in relation to the MCI in this behalf.

In view of above and other due deliberations, the members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council ratified the reply sent by the Secretary vide letter dated 05.06.2007 and further decided that it would be appropriate and necessary that the President (Acting) to take up this matter personally with the concerned officials in Health Ministry, in the DoPT and also with the CVC. It was further decided that the Ministry of Health and F.W., Govt. of India be requested to take back the communications indicating the name of Smt. Poonam Pandey as Chief Vigilance Officer in the MCI as it is contrary to the Act and Regulations and also contrary to the instructions contained within the CVC Manual for appointment of CVO in such organizations.”

It was further decided to endorse the letter dated 03.07.2007 written by Dr. P.C.Kesavankutty Nayar, President (Acting) to the Secretary (Health), Govt. of India, Ministry of Health & F.W., Nirman Bhavan, New Delhi in the matter and further decided to communicate to the Central Govt., Ministry of Health & F.W. accordingly.

20. Recognition of Chhatisgarh Institute of Medical Sciences, Bilaspur for the award of MBBS degree granted by Guru Ghasidas University.

Read : The Notification dated 23.7.2007 issued by the Central Govt., Ministry of Health & F.W. with regard to recognition of Chhatisgarh Institute of Medical Sciences, Bilaspur for the award of MBBS degree granted by Guru Ghasidas University.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council deliberated upon the issue and observed and decided as under:-

Chhatisgarh Institute of Medical Sciences, Bilaspur vide its letter dated 12th June, 2006 had informed the Council that the first batch of MBBS students was admitted in the year 2001, was now due to appear at the final year MBBS starting 1st July, 2006. An inspection to assess the undergraduate teaching and training facilities available at Chhatisgarh Institute of Medical Sciences, Bilaspur alongwith standard of examination held by Guru Ghasidas University for its recognition for the award of MBBS degree for the MBBS students at this medical institution was carried out by the Council Inspectors on 18th & 19th July, 2006. The inspection report was considered by the Executive Committee at its meeting held on 24th July, 2006 where the members of the Adhoc Committee appointed by the Hon'ble Supreme Court were also present. The decision is recorded hereunder:-

"The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (18th – 19th July, 2006) and noted the following:-

1. *The shortage of teaching faculty is as under:-*

(a) *Following faculty was not counted while computing faculty deficiency for reasons given as under:*

No.	Name	Designation	Dept.	Remarks
1	Dr. S.K.B. Patil	Professor	Biochemistry	M. Sc. from Science faculty. Ph.D. from faculty of Life Science.
2	Dr. Govind Sharma	Phar. Chem.	Pharmacology	Had a degree of Bachelor in Pharmacy
3	Dr. Raj Kishor Mahto	Asst. Prof.	Pharmacology	Had no post graduate degree. Hence accepted as tutor.
4	Dr. K.K. Patel	Demonstrator Non-medical	Microbiology	No M.Sc. Microbiology degree available.
5	Dr. Vikrant Singh	Junior Resident	Medicine	Has provisional MCI registration vide letter No. MCI/16086, dated 25-08-01.
6	Dr. T. Shyam	Senior Resident	ENT	Did not produce MBBS & MS degree.

(b) *In view of the above, the shortage of teaching faculty is 13.07% as under:-*

- i) *Professor - 3 (1 – Physiology, 1- Biochemistry & 1- Forensic Medicine)*
- ii) *Associate Professor - 5 (1- Pharmacology, 1 - Community Medicine, 2- General Medicine & 1 TB & Chest)*
- iii) *Assistant Professor - 7 (3-Anatomy, 1- Pharmacology, 1- Pharma-Chemst, 1- Community Medicine & 1 – TB & Chest.)*
- iv) *Tutor - 2 (1- Biochemistry & 1 – Microbiology)*

(c) *The shortage of Residents is 15.7% as under :-*

- (i) *Sr. Resident: 04 (1 Psychiatry, 3 General Surgery)*
- (ii) *Jr. Resident: 08 (3 General Medicine, 1 - Paediatrics, 2 - General Surgery, 2 ENT)*

2. *Clinical Material is inadequate in terms of bed occupancy, radiological examination and lab investigations as under:-*

	Daily Average		Day of Inspection	
Bed occupancy %	60		64	
<u>Radiological Investigations</u>	O.P.	I.P.	O.P.	I.P.
<u>X-ray</u>	42	25	39	23

Ultrasonography	15	06	07	04
Special Investigations	01	0	0	0
<u>C.T. Scan</u>	05	03	09	06
<u>Laboratory Investigations</u>	O.P.	I.P.	O.P.	I.P.
	82	45	36	77
Biochemistry	04	03	03	01
Microbiology	08	05	08	05
Serology	0	0	0	0
Parasitology	154	88	144	101
Haematology & Clinical Pathology	0	02	0	05
Histopathology	01	01	0	0
Cytopathology				

3. *Distribution of beds in Orthopedics Dept. is not as per MCI norms as only 50 beds are available against the requirement of 60 beds.*
4. Teaching beds available are 490 against the requirement of 500.
5. *Audio visual aid is not available in all the teaching area in the OPD.*
6. *Each O.T. is not having central oxygen & nitrous oxide supply and central suction.*
7. *Separate septic labour room and Eclampsia room are not available, which is not as per norms.*
8. *Burns, Paediatrics & Obstetrics ICU are not available. None of the ICU has central oxygen & central suction facility available.*
9. *Radiological facilities only 3 static units – (1 of 500 mA and 2 of 300 mA) and 02 mobile units (60 mA) which is not as per norms. One static machine of 800 mA is not available. Protective measures as per BARC specification are not provided.*
10. *There is no lecture theatre available in the hospital, which is not as per norms.*
11. *Hostels: One new block of nurses hostel has been constructed which is ground + four storied building having 70 double seated room. It is non-functional as water & electric connection are not provided. It has not been allotted to anyone. Hostel accommodation for UG students is inadequate as it is available for only 440 students against the requirement of 500.*
12. *Accommodation for the teaching and non- teaching staff does not have electrical and water connection. Hence they are non-functional and cannot be allotted. No boundary wall has been constructed around the houses. No accommodation is available for teaching faculty within the campus.*
13. *Separate interns' hostel is not available, which is not as per norms.*
14. *Separate residents hostel is not available within the campus, which is not as per norms. Even the available accommodation, which is shared with students, is available only for 92 residents against the requirement of accommodation for 114 residents within the campus at this stage.*
15. *Other deficiencies/remarks in the report.*

In view of above, the members of the Adhoc committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided not to recognize Chhattisgarh Instt. of Medical Sciences, Bilaspur for the award of MBBS degree granted by Guru Ghasidas University."

The above decision of the Executive Committee was communicated to the concerned authorities of the college/university and the Central Govt. vide MCI's letter dated 7.8.2006 conveying that in view of the gross deficiencies, the college cannot be recommended for grant of recognition for the award of recognized MBBS degrees to the students of this college.

In response to above, the Dean, Chhattisgarh Institute of Medical Sciences, Bilaspur vide his letters dated 28.12.2006 and 22.1.2007 had submitted the compliance report which was verified by the Council Inspectors on 8th & 9th Feb., 2007. The compliance verification inspection report was considered by the Executive Committee at its meeting held on 3rd March, 2007 where the members of the Adhoc Committee appointed by the Hon'ble Supreme Court were also present. In view of the deficiencies pointed out in the inspection report, the committee decided not to recognize Chhattisgarh Instt. of Medical Sciences, Bilaspur for the award of MBBS degree granted by Guru Ghasidas University. The decision is recorded hereunder:-

"The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the compliance verification inspection report (8th & 9th Feb.,2007) and noted the following:-

1. *The shortage of teaching faculty is as under:-*

(a) Faculty 23.96% (i.e. 29 out of 121)

- i) Professor : 6 (Ana.-1, Bio-1, Pharma-1, FMT-1, Ortho.-1, ENT-1)
- ii) Assoc. Prof.: 6 (Ana-1, Pharma-1, FMT-1, PSM-1, Pead.-1, Dent.-1).
- iii) Asstt. Prof.: 10 (Ana-3, Phy-1, Bio-1, Pharma-1, PSM-2, TB-1, Radio-1).
- iv) Tutor : 6 (PSM-2, Anaes-4)
- v) Pharma.Chemist – 1

(b) Resident: 29.41% (i.e. 25 out of 85)

- i) Sr. Resident : 9 (Pead.-1, TB-1, Psych-1, Surg-4, O&G-2).
- ii) Jr. Resident : 16 (Med-1, Pead-2, Skin-1, Psych-2, Surg-7, Ortho-1, ENT-1, O&G-1).

2. Clinical material is inadequate as under:-

	Daily Average	Day of Inspection
O.P.D. attendance	500-600	550
Bed occupancy%	65-80	80
<u>Operative work</u>		
Number of major surgical operations	10-15	8
Number of minor surgical operations	10-12	6
Number of normal deliveries	7-8	5
Number of caesarian Sections	1-2	1
<u>Radiological Investigations</u>		
X-ray	65-75	65
Ultrasonography	20-30	19
Special Investigations	1-2	1
C.T. Scan	5-10	6
<u>Laboratory Investigations</u>		
Biochemistry	120-145	137
Microbiology	15-25	20
Serology	15-25	20
Parasitology	2-5	2
Haematology	170-250	170
Histopathology	2-5	2
Cytopathology	2-5	4

The clinical material specifically in terms of OPD attendance, radiological and laboratories investigations is inadequate.

3. There is no lecture theatre in the hospital building which is not as per the regulations.

4. Residential quarters: Total of 173 quarters are available out side the campus at a distance of 5 kms in the GGD University campus. 96 quarters are earmarked for teaching faculty and 75 for non-teaching faculty. In addition there are two bungalow for Dean and Medical Superintendent. The road connecting to this residential block is kuccha and the quarters are yet to be allotted to various categories of staff. No boundary wall for this complex has been constructed. There are no residential quarters within the campus which is not as per regulations.

5. The RHTC has no regular posted medical office of Health/Lecturer with MD PSM degree. The RHTC does not have the required teaching facilities and hostel accommodation and messing facilities for students and interns. The UHTC setup is not properly organized, there is no teaching facility and no accommodation for staff.

6. Auditorium is not available. Deficiency remains as it is.

7. The indoor registration counter is not cross linked with out door registration numbers and MRD computers. Classification of diseases is not followed for indexing.

8. Other deficiencies as pointed out in the inspection report.

In view of above, the members of the Adhoc committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to reiterate its earlier decision taken at its meeting held on 24.07.2006 not to recognize Chhatisgarh Institute of Medical Sciences, Bilaspur for the award of MBBS degree granted by Guru Ghasidas University."

The above decision of the Committee was communicated to the concerned authorities of the college/university and the Central Govt. vide MCI's letter dated 9.3.2007 conveying that in view of the gross deficiencies, the college cannot be recommended for grant of recognition for the award of recognized MBBS degrees to the students of this college.

In response to above, the Dean, Chhatisgarh Institute of Medical Sciences, Bilaspur vide letter dated 9.5.2007 had submitted the compliance report which was again verified by the Council Inspectors on 31st May, 2007. The Compliance verification inspection report was again considered by the Executive Committee at its meeting held on 13th & 14th June, 2007 where the members of the

Adhoc Committee appointed by the Hon'ble Supreme Court were also present and it was decided as under:-

“ The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the compliance verification inspection report (31st May, 2007) alongwith the additional information submitted by the college authorities vide letter dated 30.5.2007 and noted the following:-

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

(a) The shortage of teaching faculty is 28.92%.

- (i) Professor 8 (Anatomy-1, Physiology-1, Biochemistry-1, Pharmacology-1, Microbiology-1, Forensic Medicine-1, Orthopaedics-1, Radio Diagnosis-1)
- (ii) Professor/Associate Prof. 11 – (Anatomy – 1, Physiology-1, Biochemistry-1, Pharmacology-1, Microbiology-1, Forensic Medicine-1, Community Medicine-1, General Medicine-1, Paediatrics-1, TB & Chest – 1, Dentistry-1)
- (iii) Assistant Professor 11 (Anatomy -3, Physiology - 2, Pharmacology-1, Forensic Medicine-1, Community Medicine-2, Orthopaedics-1, Radio Diagnosis-1)
- (iv) Assistant Professor 5 (Physiology 1, Biochemistry-1, Pharmacology-1, Microbiology-1, Community Medicine 1)

(b) The shortage of Residents is 28.1% as under:-

- (i) Sr. Resident 8(TB & Chest-1, Psychiatry-1, General Surgery-1, OBGY-1, Anaesthesia – 2, Radio Diagnosis-2)
- (ii) Jr. Resident 10(General Medicine 4, Paediatrics-2, General Surgery –2, Orthopaedics-2)

(c) There is no senior teaching faculty in the department of Forensic Medicine. There are only two tutors available in the department who are conducting the postmortem, which is against the norms.

(d) The faculty of pre-clinical department participates in teaching of BDS students of new Horizon college of Dental Sciences and Research center inspite of deficient teaching staff in these departments.

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

(a)

	Daily Average	Day of Inspection
O.P.D. attendance	781	740
Bed Occupancy %	60	63
<u>Radiological Investigations</u>		
X-ray	59	52
Ultrasonography	15	19
Special Investigations	01	01
C.T. Scan	08	08

3. The RHTC has one lecturer with MD PSM degree posted there by rotation. No teaching area is available it has been converted into store. Two dormitories are available at RHTC (one each for 5 boys and 5 girls) with no mess facilities. X-ray and ECG facilities are not available at RHTC.

4. At UHC no lecturer with MD PSM is available.

5. Auditorium is not available. Deficiency remains as it is. It is under construction.

6. The indoor registration counter is not cross linked with out door registration counter and MRD computers. ICD Classification of diseases is not followed for indexing. Deficiency remains as it is.

7. The accommodation for Resident is inadequate as it is available only for 76 Residents against the requirement of 114 as per Regulations. Deficiency remains as it is.

8. There is no sports ground available in the college campus. Deficiency remains as it is.

9. There is no lecture theatre in the hospital building which is not as per Regulations. Deficiency remains as it is.

10. Residential Quarters:-

Total of 173 quarters are available out side the campus at a distance of 5 kms in the GGD university campus. 96 quarters are earmarked for teaching faculty and 75 for non teaching faculty. In addition there are two bungalow for Dean and Medical Superintendent. The road connecting to this residential block is kuccha and the quarters are yet to be allotted to various categories of staff. No boundary wall for this complex has been constructed. There are no residential quarters within the campus which is not as per regulations. Deficiency remains as it is.

11. The accommodation is available only for 456 students against the requirement of 500 at this stage.

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

In view of above, the members of the Adhoc committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided not to recognize Chhattisgarh Institute of Medical Sciences, Bilaspur for the award of MBBS degree granted by Guru Ghasidas University.”

The above decision of the Committee was communicated to the concerned authorities of the college/university and the Central Govt. vide MCI's letter dated 15.6.2007 conveying that in view of the gross deficiencies, the college cannot be recommended for grant of recognition for the award of recognized MBBS degrees to the students of this college.

The Council has not received any further communication from the Central Govt. in this regard. However, it was observed that the Central Govt. has issued Notification dated 23.7.2007 for recognition of Chhatisgarh Institute of Medical Sciences, Bilaspur u/s 11(2) of the IMC Act, 1956.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further observed that the wording of the said Notification dated 23rd July, 2007 shows that "the Central Government after consulting the Medical Council of India hereby makes the following further amendments in the first schedule to the said Act" which indicates that the notification for granting recognition to the institute for the award of MBBS degree has been taken in consultation with the Medical Council of India.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further observed that not only this statement is patently incorrect and untrue, being contrary to the recommendations of the Council but it is also misleading in as much as the Council had made recommendations not to grant recognition/approval to the said institute vide its letter dated 15.6.2007. In the above said letter, it was pointed out that there is gross shortage of teaching faculty (28.92%) and residents (28.1%), inadequacy of clinical material and deficiency of infrastructure.

The statutory position that the Ministry of Health, Govt. of India can pass orders under the Act for grant of recognitions only on the recommendations of the MCI in this behalf – which is an imperative statutory precondition, as has also been held by the Hon'ble Apex Court in its pronouncements including in the case of MCI Vs. State of Karnataka – (1998) 6 SCC 131 and has also been specifically stipulated in the statutory regulations also.

The Ministry of Health and Family Welfare, Govt. of India, in acknowledgement of the abovementioned binding statutory position has stated in the notification dt. 23.7.07 that it has acted on the recommendations of the Council. It is stated that no order for recognition of degree could have been passed by the Ministry of Health, Govt. of India in the light of the recommendations of the MCI dt. 15.6.07 that in view of persisting gross deficiencies this college is not recommended for grant of recognition for the degrees of MBBS for its students. Further, nothing has been communicated by the Ministry of Health, Govt. of India to the MCI regarding any permissible and / or acceptable reasons for ignoring and disregarding the evident gross deficiencies in relation to infrastructural, teaching and other facilities required to be provided by the college as per the statutory regulations.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council also observed that Section 11 of the Indian Medical Council Act, 1956 pertaining to recognition of the medical qualification granted by universities or medical institutions in India reads as under:-

- “11. (1) *The medical qualifications granted by any university or medical Institution in India which are included in the first Schedule shall be recognised medical qualifications for the purposes of this Act.*
- (2) *Any university or medical Institution in India which grants a medical qualification not included in the First Schedule may apply to the Central Govt., to have such qualification recognised, and the Central Government, after consulting the Council, may, by notification in the official Gazette, amend the First Schedule so as to include such qualification therein, and any such notification may also direct that an entry shall be made in the last column of the First Schedule against such medical qualification declaring that it shall be a recognised medical qualification only when granted after a specified date.”*

It is necessary to refer to the following observations of the Hon'ble Supreme Court in the case of MCI Vs. State of Karnataka:-

“.....A medical student requires gruelling study and that can be done only if proper facilities are available in a medical college and the hospital attached to it has to be well equipped and the teaching faculty and doctors have to be competent enough that when a medical student comes out, he is perfect in the science of treatment of human beings and is not found wanting

in any way. The country does not want half-baked medical professionals coming out of medical colleges when they did not have full facilities of teaching and were not exposed to the patients and their ailments during the course of their study.....”

It is reemphasized that upon grant of recognition, the students passing out from a college recognized and included in the first schedule – become entitled for registration under the Act, necessarily required practicing medicine in India without any further restriction or limitation. For the protection of the patients, the law provides that the students who are not exposed to the adequate teaching and training with required infrastructural, teaching and other facilities, their degrees cannot be recognized and they cannot be granted registration for practicing medicine.

If the students are being trained in an institution which does not have adequate teaching faculty or clinical material even after being in existence for a period of 6 years it would lead to a situation in which they would not be properly and adequately trained and taught in the practice of clinical medicine. Exposing the population at large to treatment by such students who have not been adequately trained because of paucity of teaching faculty and clinical material in the affiliated teaching hospital and qualified teaching faculty is not conducive for good quality medical treatment.

It has been the consistent stand of the Council that it is one of the basic theme of the statutory scheme of the Act that adequacy of clinical material and qualified teaching faculty is of paramount importance in recognizing the degree awarded by any medical institution. It is also reiterated that as the inspection report itself had shown gross deficiencies of teaching faculty, residents, clinical material and other infrastructural facilities, the quality of the education provided in such an institute wherein there are gross deficiencies as outlined above, would not only be substandard but such an institute would be producing doctors who would not have received education as per the standards which are applied to all the institutes in India and yet because of the recognition u/s 11 would be entitled to practice in India without any restriction or limitation.

In view of above, the members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council decided to urge the Central Govt. to reconsider the matter and recall the notification dated 23.7.2007 issued by the Govt. of India for inclusion of the MBBS degree of Guru Ghasidas University awarded to the students trained at Chhatisgarh Institute of Medical Sciences, Bilaspur on or after March, 2006.

21. To note the letters of Intent/ Permission/Renewal of permission issued by the Central Govt. for establishment of medical colleges/increase of seats in Ist MBBS course for the academic session 2007-2008.

Read : The Letters of Intent/Letter of Permission/renewal of permission for establishment of new Medical Colleges/ increase of seats in 1st MBBS course for the academic session 2007-2008 issued by the Govt. of India.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council noted the following LOI/LOP/Renewal of permission issued by the Central Govt. for establishment of medical colleges/increase of seats in 1st MBBS course for the academic session 2007-2008:-

Name of the College	Date of issue of Letter of Intent/Permission/Renewal of Permission.
S.D.M. Medical College, Dharwad	Letter dated 8 th June, 2007 for renewal of permission for admission of 4 th batch of 100 MBBS students for the academic year 2007-2008.
M.M. Institute of Medical Sciences, Mullana, Ambala.	Letter dated 8 th June, 2007 for renewal of permission for admission of 5 th batch of 150 MBBS students for the academic year 2007-2008.
Malankara Orthodox Syrian Church Medical College, Kolencherry.	Letter dated 8 th June, 2007 for renewal of permission for admission of 6 th batch of 100

	MBBS students for the academic year 2007-2008.
Bharati Vidyapeeth Deemed University Medical College & Hospital, Sangli.	Letter dated 8 th June, 2007 for renewal of permission for admission of 3 rd batch of 100 MBBS students for the academic year 2007-2008.
Sri Manakula Vinayagar Medical College & Hospital, Kalitherathalkuppam, Pondicherry	Letter dated 8 th June, 2007 for renewal of permission for admission of 2 nd batch of 150 MBBS students for the academic year 2007-2008.
Sri Lakshmi Narayana Institute of Medical Sciences, Pondicherry.	Letter dated 8 th June, 2007 for renewal of permission for admission of 2 nd batch of 150 MBBS students for the academic year 2007-2008.
Uttarakhand Forest Hospital Trust Medical College, Haldwani.	Letter dated 8 th June, 2007 for renewal of permission for admission of 4 th batch of 100 MBBS students for the academic year 2007-2008.
S.Nijalingappa Medical College, Bagalkot.	Letter dated 8 th June, 2007 for renewal of permission for admission of 6 th batch of 100 MBBS students for the academic year 2007-2008.
Co-operative Medical College, Kochi	Letter dated 29 th June, 2007 for renewal of permission for admission of 7 th batch of 100 MBBS students for the academic year 2007-2008.
K.V.G. Medical College, Sullia	Letter dated 13 th July, 2007 for renewal of permission for admission of 6 th batch of 100 MBBS students for the academic year 2007-2008.
P.E.S. Institute of Medical Sciences, Kuppam	Letter dated 13 th July, 2007 for renewal of permission for admission of 6 th batch of 150 MBBS students for the academic year 2007-2008.
Pondicherry Instt.of Medical Sciences, Pondicherry	Letter dated 29 th June, 2007 for renewal of permission for admission of 6 th batch of 100 MBBS students for the academic year 2007-2008.
Government Medical College, Anantapur.	Letter dated 6 th July, 2007 for renewal of permission for admission of 7 th batch of 100 MBBS students for the academic year 2007-2008.
G.S.L. Medical College, Rajahmundry	Letter dated 13 th July, 2007 for renewal of permission for admission of 5 th batch of 150 MBBS students for the academic year 2007-2008.
Padamshri Dr. Vithalrao Vikhe Patil Foundation's Medical College, Ahmednagar.	Letter dated 13 th July, 2007 for renewal of permission for admission of 4 th batch of 100 MBBS students for the academic year 2007-2008.
Pushpagiri Instt. of Medical Sciences & Research Centre, Tiruvalla, Kerala.	Letter dated 13 th July, 2007 for renewal of permission for

	admission of 6 th batch of 100 MBBS students for the academic year 2007-2008.
M.E.S. Medical College, Malapuram	Letter dated 13 th July, 2007 for renewal of permission for admission of 4 th batch of 100 MBBS students for the academic year 2007-2008.
Chalmeda Anand Rao Institute of Medical Sciences, Karimnagar.	Letter dated 13 th July, 2007 for renewal of permission for admission of 5 th batch of 150 MBBS students for the academic year 2007-2008.
Mandya Institute of Medical Sciences, Mandya	Letter dated 13 th July, 2007 for renewal of permission for admission of 2 nd batch of 100 MBBS students for the academic year 2007-2008.
Theni Govt. Medical College, Theni.	Letter dated 6 th July, 2007 for renewal of permission for admission of 2 nd batch of 100 MBBS students for the academic year 2007-2008.
Govt. Vellore Medical College, Vellore.	Letter dated 6 th July, 2007 for renewal of permission for admission of 3 rd batch of 100 MBBS students for the academic year 2007-2008.
Hassan Institute of Medical Sciences, Hassan.	Letter dated 6/10.7.2007 for renewal of permission for admission of 2 nd batch of 100 MBBS students for the academic year 2007-2008.
Belgaum Institute of Medical Sciences, Belgaum.	Letter dated 6/10.7.2007 for renewal of permission for admission of 2 nd batch of 100 MBBS students for the academic year 2007-2008.
Govt. Medical College, NDMC, Jagdalpur.	Letter dated 13 th July, 2007 for renewal of permission for admission of 2 nd batch of 50 MBBS students for the academic year 2007-2008.
Agartala Govt. Medical College, Agartala.	Letter dated 6 th July, 2007 for renewal of permission for admission of 3 rd batch of 100 MBBS students for the academic year 2007-2008.
Kanyakumari Medcial College, Asaripallam.	Letter dated 6 th July, 2007 for renewal of permission for admission of 4 th batch of 100 MBBS students for the academic year 2007-2008.
Govt. Medical College, Akola.	Letter dated 29 th June, 2007 for renewal of permission for admission of 5 th batch of 100 MBBS students for the academic year 2007-2008.
Dr. Somervel Memorial CSI Hospital & Medical College, Karakonam, Kerala.	Letter dated 29 th June, 2007 for renewal of permission for admission of 6 th batch of 100 MBBS students for the academic year 2007-2008.

Sri Aurobindo Institute of Medical Sciences, Indore.	Letter dated 29 th June, 2007 for renewal of permission for admission of 4 th batch of 100 MBBS students for the academic year 2007-2008.
Bhaskar Medical College, Yenkapally.	Letter dated 10 th July, 2007 for renewal of permission for admission of 3 rd batch of 100 MBBS students for the academic year 2007-2008.
Govt. Medical College, Latur.	Letter dated 11 th July, 2007 for renewal of permission for admission of 5 th batch of 100 MBBS students for the academic year 2007-2008.
Dr. P.S.I. of Medical Sciences & Research Foundation, Chinoutpally.	Letter dated 11 th July, 2007 for renewal of permission for admission of 5 th batch of 150 MBBS students for the academic year 2007-2008.
Rajiv Gandhi Institute of Medical Sciences, Kadapa.	Letter dated 11 th July, 2007 for renewal of permission for admission of 2 nd batch of 150 MBBS students for the academic year 2007-2008.
Amla Institute of Medical Sciences, Amalanagar, Thrissur.	Letter dated 13 th July, 2007 for renewal of permission for admission of 5 th batch of 100 MBBS students for the academic year 2007-2008.
Shadan Institute of Medical Sciences & Teaching Hospital, Peerancheru.	Letter dated 13 th July, 2007 for renewal of permission for admission of 3 rd batch of 100 MBBS students for the academic year 2007-2008.
Maharaja's Institute of Medical Sciences, Vizinagaram.	Letter dated 13 th July, 2007 for renewal of permission for admission of 5 th batch of 100 MBBS students for the academic year 2007-2008.
Santhiram Medical College, Nandyal.	Letter dated 13 th July, 2007 for renewal of permission for admission of 3 rd batch of 100 MBBS students for the academic year 2007-2008.
Jubilee Mission Medical College & Research Institute, Thrissur.	Letter dated 13 th July, 2007 for renewal of permission for admission of 5 th batch of 100 MBBS students for the academic year 2007-2008.
Kalinga Institute of Industrial Technology at Bhubaheswar by Kalinga Institute of Industrial Technology.	LOI dated 8 th June, 2007. LOP dated 18 th June, 2007 for establishment of new medical college with an annual intake of 100 students for the academic year 2007-2008.
Sri Venkateswara Medical College & Research Centre, Pondicherry.	LOP dated 30.05.2007 for establishment of new medical college with an annual intake of 150 MBBS students for the academic year 2007-2008.
Bidar Institute of Medical Sciences, Bidar.	LOI dated 29 th June, 2007. LOP dated 10 th July, 2007 for

	establishment of new medical college with an annual intake of 100 MBBS students for the academic year 2007-2008.
Gian Sagar Medical College & Hospital, Ram Nagar, Patiala	LOI dated 6/10.7.2007. LOP dated 13 th July, 2007 for establishment of new medical college with an annual intake of 100 MBBS students for the academic year 2007-2008.
Raichur Institute of Medical Sciences, Raichur	LOI dated 13 th July, 2007. LOP dated 13 th July, 2007 for establishment of new medical college with an annual intake of 100 MBBS students for the academic year 2007-2008.
Shimoga Institute of Medical Sciences, Shimoga	LOI dated 13 th July, 2007. LOP dated 13 th July, 2007 for establishment of new medical college with an annual intake of 100 MBBS students for the academic year 2007-2008.
Institute of Medical Sciences and SUM Hospital, Bhubaneswar, Orissa.	LOP dated 6 th July, 2007 for establishment of new medical college with an annual intake of 100 MBBS students for the academic year 2007-2008.
M.K.C.G. Medical College, Berhampur	LOP dated 14 th July, 2007 for increase of seats in 1 st MBBS course from 107 to 150 students for the academic year 2007-2008.
Narayana Medical College, Nellore	LOI dated 8 th June, 2007. LOP dated 29 th June, 2007 for increase of seats in 1 st MBBS course from 100 to 150 students for the academic year 2007-2008.
Sri Guru Ram Das Institute of Medical Sciences & Research Centre, Sri Amritsar	LOI dated 10 th July, 2007. LOP dated 13 th July, 2007 for increase of seats in 1 st MBBS course from 50 to 100 students for the academic year 2007-2008.
V.S.S. Medical College, Burla	LOI dated 13 th July, 2007. LOP dated 14 th July, 2007 for increase of seats in 1 st MBBS course from 107 to 150 students for the academic year 2007-2008.
Mahatma Gandhi Medical College & Research Institute, Pondicherry	LOP dated 6 th July, 2007 for increase of seats in 1 st MBBS course from 100 to 150 students for the academic year 2007-2008.
T.D. Medical College, College, Alappuzha	LOI dated 20 th July, 2007. LOP dated 20 th July, 2007 for increase of seats in 1 st MBBS course from 100 to 150

	students for the academic year 2007-2008.
J.N. Medical College, Swangi, Wardha.	Letter dated 8 th June, 2007 for renewal of permission for admission of 5 th batch of MBBS students against the increased intake from 100 to 150 for the academic year 2007-2008.
Mamta Medical College, Khammam	Letter dated 8 th June, 2007 for renewal of permission for admission of 2 nd batch of MBBS students against the increased intake from 100 to 150 for the academic year 2007-2008.
Govt. Medical College, Surat.	Letter dated 8 th June, 2007 for renewal of permission for admission of 2 nd batch of MBBS students against the increased intake from 120 to 150 for the academic year 2007-2008.
Govt. Medical College, Bhavnagar.	Letter dated 8 th June, 2007 for renewal of permission for admission of 2 nd batch of MBBS students against the increased intake from 50 to 100 for the academic year 2007-2008.
S.V. Govt. Medical College, Tirupati	Letter dated 9 th July, 2007 for renewal of permission for admission of 7 th batch against the increased intake from 100 to 150 MBBS students for the academic year 2007-2008.
Government Medical College, Kota.	Letter dated 13 th July, 2007 for renewal of permission for admission of 2 nd batch against the increased intake from 50 to 100 MBBS students for the academic year 2007-2008.
S.C.B. Medical College, Cuttack.	Letter dated 6 th July, 2007 for renewal of permission for admission of 5 th batch against the increased intake from 107 to 150 MBBS students for the academic year 2007-2008.
Dr. D.Y. Patil Pratishthan's Medical College, Pimpri, Pune.	Letter dated 13 th July, 2007 for renewal of permission for admission of 5 th batch against the increased intake from 100 to 150 MBBS students for the academic year 2007-2008.
Govt. Medical College, Tirunelveli	Letter dated 29 th June, 2007 for renewal of permission for admission of 5 th batch against the increased intake from 100 to 150 MBBS students for the academic year 2007-2008.
Coimbatore Medical College, Coimbatore	Letter dated 29 th June, 2007 for

	renewal of permission for admission of 4 th batch against the increased intake from 110 to 150 MBBS students for the academic year 2007-2008.
Pt. Deendayal Medical College, Rajkot.	Letter dated 11 th July, 2007 for renewal of permission for admission of 2 nd batch against the increased intake from 50 to 100 MBBS students for the academic year 2007-2008.
Govt. Medical College, Kottayam	Letter dated 11 th July, 2007 for renewal of permission for admission of 2 nd batch against the increased intake from 100 to 150 MBBS students for the academic year 2007-2008.
Govt. Medical College, Thrissur	Letter dated 11 th July, 2007 for renewal of permission for admission of 2 nd batch against the increased intake from 100 to 150 MBBS students for the academic year 2007-2008.
M.R. Medical College, Gulbarga	Letter dated 13 th July, 2007 for renewal of permission for admission of 7 th batch against the increased intake from 100 to 150 MBBS students for the academic year 2007-2008.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council also noted that in the following instances the Central Govt. has granted Letter of Permission/Renewal of Permission for the academic year 2007-2008 contrary to the recommendations of the Council:-

S.NO.	NAME OF COLLEGES
1	Sri Guru Ram Rai Institute of Medical & Health Sciences, Dehradun
2	Mandya Institute of Medical Sciences, Mandya
3	Theni Govt. Medical College, Theni.
4	Govt. Vellore Medical College, Vellore.
5	Hassan Institute of Medical Sciences, Hassan.
6	Belgaum Institute of Medical Sciences, Belgaum.
7	Govt. Medical College, NDMC, Jagdalpur.
8	Agartala Govt. Medical College, Agartala.
9	Kanyakumari Medical College, Asaripallam.
10	Raichur Institute of Medical Sciences, Raichur
11	Shimoga Institute of Medical Sciences, Shimoga
12	Tripura Medical College & DR. B.R.A.M. Teaching Hospital, Agartala, Tripura
13	M.K.C.G. Medical College, Berhampur
14	V.S.S. Medical College, Burla
15	T.D. Medical College, College, Alappuzha
16	Government Medical College, Kota.
17	S.C.B. Medical College, Cuttack.
18.	Chhatisgarh Institute of Medical Sciences, Bilaspur.

22. Inclusion of Manipal University in the Schedule to the IMC Act, 1956.

Read : The letter from the Registrar, Manipal Academy of Higher Education (Deemed University), Manipal with regard to Inclusion of Manipal University in the Schedule to the IMC Act, 1956.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted the letter from the Registrar, Manipal Academy of Higher Education (Deemed University), Manipal with regard to inclusion of Manipal University in the Schedule to the I.M.C. Act,1956 and decided to advise the University to follow the procedure for change of name of University in this regard as per provision of I.M.C. Act,1956.

23. Inclusion of Rajasthan University of Health Sciences, Jaipur in the Schedule to the IMC Act, 1956.

Read : The letter from the Registrar, Rajasthan University of Health Sciences, Jaipur with regard to Inclusion of Rajasthan University of Health Sciences, Jaipur in the Schedule to the IMC Act, 1956.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted the letter dated 13.04.2007 from the Registrar, Rajasthan University of Health Sciences, Jaipur with regard to inclusion of Rajasthan University of Health Sciences, Jaipur in the Schedule to the IMC Act, 1956 and decided to advise the University to follow the procedure for change of name of University in this regard as per provision of I.M.C. Act,1956.

24. Sikkim Manipal Institute of Medical Sciences, Gangtok – Recognition of college for the award of MBBS degree granted by Sikkim Manipal University of Health, Medical and Technological Sciences, Tadong, Gangtok.

Read : The notification dated 11th May, 2007 issued by the Central Govt. for recognition of Sikkim Manipal Institute of Medical Sciences, Gangtok for the award of MBBS degree granted by Sikkim Manipal University of Health, Medical and Technological Sciences, Tadong, Gangtok.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council deliberated upon the matter and observed and decided as under:-

“The Central Government vide its letter dated 12.1.2006 had forwarded the request of Sikkim Manipal University of Health, Medical and Technological Sciences, Tadong, Gangtok for inspection of college during the final year MBBS examination scheduled to be held in March, 2006.

An inspection of the institute for recognition for the award of MBBS degree was carried out by the Council Inspectors on 20th and 21st March, 2006. The inspection report was considered by the Executive Committee at its meeting held on 24th April, 2006 wherein the members of the Adhoc Committee appointed by the Hon'ble Supreme Court were also present. In view of gross deficiencies of teaching faculty, residents, clinical material and infrastructure, it was decided not to recognise Sikkim Manipal Institute of Medical Sciences, Gangtok for the award of MBBS degree granted by Sikkim Manipal University of Health Medical & Technological Sciences, Gangtok. The decision was communicated to the Dean of the Institute with a copy to Registrar of the University and Secretary to Govt. of India, Ministry of Health & F.W. vide Council letter dated 5th May, 2006.

The Institute vide its letter dated 20th May, 2006 had submitted the compliance on the deficiencies pointed out in the MCI inspection report of March, 2006. Inspection to verify the compliance was carried out on 1st June, 2006. The compliance verification inspection was considered by the Executive Committee at its meeting held on 14/15.6.2006 wherein the members of the Adhoc Committee appointed by the Hon'ble Supreme Court were also present. In view of the continuing deficiencies of the teaching faculty, clinical material, residents and other infrastructural deficiencies, it was decided not to recognise Sikkim Manipal Institute of Medical Sciences, Gangtok for the award of MBBS degree granted by Sikkim Manipal University of Health Medical & Technological Sciences, Gangtok.

The Central Government vide its letter dated 30th June, 2006 had forwarded yet another compliance dated 27.6.2006 received from the institute. An inspection to verify the compliance was carried out on 5.7.2006 by the Council Inspectors. The compliance verification inspection report

was considered by the Executive Committee at its meeting held on 10th July, 2006 wherein the members of the Adhoc Committee appointed by the Hon'ble Supreme Court were also present. In view of the persisting deficiencies of teaching faculty (33.8%) and residents (60.52%), deficiency of bed occupancy (59%), OPD attendance (320), inadequacy of clinical material and deficiencies of infrastructure, it was decided to reiterate the earlier decision not to recognise Sikkim Manipal Institute of Medical Sciences, Gangtok for the award of MBBS degree granted by Sikkim Manipal University of Health Medical & Technological Sciences, Gangtok.

The Institute submitted yet another compliance vide its letter dated 11th August, 2006. An inspection to verify the compliance was carried out on 5/6.9.2006 by the Council Inspectors. The compliance verification inspection report was considered by the Executive Committee at its meeting held on 2.12.2006 wherein the members of the Adhoc Committee appointed by the Hon'ble Supreme Court were also present. In view of the deficiencies of the teaching faculty, clinical material, residents and other infrastructural deficiencies, it was decided to reiterate the earlier decision not to recognise Sikkim Manipal Institute of Medical Sciences, Gangtok for the award of MBBS degree granted by Sikkim Manipal University of Health Medical & Technological Sciences, Gangtok. The decision was communicated to the Central Government on 15.12.2006.

It is further stated that the Central Govt. letter dated 9.3.2007 and letter dated 12.3.2007 from the Vice-Chancellor, Sikkim Manipal University with regard to recognition of Sikkim Manipal Institute of Medical Sciences, Gangtok for the award of MBBS degree granted by Sikkim Manipal University of Health, Medical and Technological Sciences, Tadong, Gangtok were considered by the Executive Committee at its meeting held on 02.04.2007 where the members of the Adhoc Committee appointed by the Hon'ble Supreme Court were also present and it was decided as under:-

“The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council perused the letter dated 09.03.2007 received from the Institute which reads as under:-

“As you are aware, the LOP to Sikkim Manipal Institute of Medical Sciences was issued for 100 admissions in 2001. Thereafter in 2002 & 2003, it was renewed for 100 admissions for 1st and 2nd renewal respectively. As the institute was not able to meet the requirements for 100 admissions, the 3rd & 4th renewal of permissions by the Central Govt. for 2004 & 2005 were granted for 50 admissions.

The inspection for recognition under Section 11(2) of IMC Act, 1956 of SMIMS was carried out in April, 2006, when the first batch appeared in IIIrd MBBS Part II examination. Again, as the institute was not able to meet the requirements for recognition for 100 admissions, the MCI had not recommended recognition to this institute. The compliance was submitted by the institute for which verification inspection was carried out in September, 2006. However, due to deficiencies still persisting, we have not been able to get recognition. Further, many meetings on this matter have taken place, the last one under the Chairmanship of Hon'ble Minister for DONER during which we have realized that there is no provision under the IMC Act to grant conditional recognition for a particular batch.

It is thus evident that, it is difficult to meet all the requirements for recognition u/s 11(2) of IMC Act, 1956 for 100 admissions at present. We have therefore decided to make our application for recognition u/s 11(2) of IMC Act for 50 admissions only. Further, we request you to grant recognition of all the admissions made till date. We undertake to admit only 50 students from the academic year 2007-08 onwards. We shall make application for increase of seats as per provisions of IMC Act upon fulfillment of requirement of increase from 50 to 100 admissions.”

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to verify the same by way of an inspection for recognition u/s 11(2) of the Indian Medical Council Act, 1956 for 50 admissions”

Accordingly, an inspection to verify the compliance submitted by the college authorities was carried out by the Council's inspectors on 9th April 2007. The compliance verification inspection report along with letter dated 09.03.2007 received from the Vice-Chancellor, Sikkim Manipal University of Health Sciences, Gangtok forwarded by the Central Govt. vide letter dated 09.03.2007

and letter dated 03.04.2007 from the Vice-Chancellor of the University for recognition of the college for the award of MBBS degree granted by Sikkim Manipal University of Health Sciences, Gangtok and the undertaking given by the Dean of the institute vide letter dated 09.04.2007 at the time of inspection was considered by the Executive Committee at its meeting held on 28th April, 2007 where the members of the Adhoc Committee appointed by the Hon'ble Supreme Court were also present and it was decided as under: -

“The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted the letter dated 09.03.2007 received from the Vice-Chancellor, Sikkim Manipal University of Health Sciences, Gangtok forwarded by the Central Govt. vide letter dated 09.03.2007 and observed that the operative part of the letter reads as under:-

“.....It is thus evident that, it is difficult to meet all the requirements for recognition u/s 11(2) of IMC Act,1956 for 100 admissions at present. We have therefore decided to make our application for recognition u/s 11(2) of IMC Act for 50 admissions only. Further, we request you to grant recognition of all the admissions made till date. We undertake to admit only 50 students from academic year 2007-08 onwards. We shall make application for increase of seats as per provisions of IMC Act upon fulfillment of requirement for increase from 50 to 100 admissions.”

The members further noted the letter dated 03.04.2007 received from the Vice-Chancellor, Sikkim Manipal University of Health Sciences, Gangtok the operative part of which reads as under:-

“This has reference to our letter No. SMU/MOH&FW/2007-163 dated 9th March 2007, a copy of which was sent to you wherein we had communicated our decision to make our application for recognition under section 11(2) of IMC Act for 50 admissions only. Further we had requested for grant of recognition for all admissions made till date and we had given an undertaking to admit only 50 students from the academic year 2007-08 onwards.

In this regard, we had been communicated both from the Ministry as also from the Council, that there would be a need for another inspection to ascertain our faculty and patient load to consider grant of recognition for 50 admissions. The University and SMIMS has been diligently addressing all deficiencies and concerns pointed out by MCI and we are now in a position to be inspected for the grant of recognition for 50 seats.”

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the compliance verification inspection report (9th April,2007) carried out by the Council Inspectors and observed that the institute has requisite facilities required for recognition of a college with annual intake of only 50 students as per the Minimum Standard Requirements for a Medical College for 50 Admissions Annually, 1999.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided that MBBS degree granted by Sikkim Manipal University of Health Sciences, Gangtok in respect of students being trained at Sikkim Manipal Institute of Medical Sciences, Gangtok be recognized and included in the 1st Schedule to the I.M.C. Act,1956.

However, the authorities be directed to restrict the number of admissions to 50 students annually from the next academic session i.e. 2007-08 as per the undertaking given by the institute vide letters dated 09.03.2007 & 03.04.2007. The institution may apply for increase of seats after fulfilling all the requirements, in case they so desire, as per provisions of Section 10A of the IMC Act,1956.

In view of the undertaking given by the institute, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further decided to recommend to the Central Govt. to renew the permission for admission of next batch of 50 (fifty) MBBS students for the academic session 2007-08 at Sikkim Manipal Institute of Medical Sciences, Gangtok.”

The above decision of the Executive Committee was communicated to the Central Govt. vide this office letter dated 7.5.2007. The matter pertaining recognition of the MBBS degree will be placed before the General Body at its next meeting.

The Council has not received any further communication from the Central Govt. in this regard. However, it was observed that the Central Govt. has issued Notification dated 1.5.2007 for recognition of Sikkim Manipal Institute of Medical Sciences, Gangtok u/s 11(2) of the IMC Act, 1956.

It was further observed that the Central Govt. has neither provided any reasons for issuing the above said notification even when the Council in its letter dated 7.5.2007 had specifically communicated that the matter pertaining to the recognition would be placed before the General Body of the Council at its ensuing meeting nor any speaking order has been passed in this regard. It is also stated that the Council has not received any further communication in this matter after the decision of the Executive Committee at its meeting held on 28.4.2007 was communicated to the Central Govt. on 7.05.2007.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council also observed that Section 11 of the Indian Medical Council Act, 1956 pertaining to recognition of the medical qualification granted by universities or medical institutions in India reads as under:-

- “11. (1) *The medical qualifications granted by any university or medical Institution in India which are included in the first Schedule shall be recognised medical qualifications for the purposes of this Act.*
- (2) *Any university or medical Institution in India which grants a medical qualification not included in the First Schedule may apply to the Central Govt., to have such qualification recognised, and the Central Government, after consulting the Council, may, by notification in the official Gazette, amend the First Schedule so as to include such qualification therein, and any such notification may also direct that an entry shall be made in the last column of the First Schedule against such medical qualification declaring that it shall be a recognised medical qualification only when granted after a specified date.”*

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that in case of another institute – viz. M.N.R. Medical College, Sangareddy, A.P., the Executive Committee had approved the institute for the award of MBBS degree under N.T.R. University of Health Sciences, Vijayawada for 100 admissions at its meeting held on 2nd March, 2007 and the said item was also included in the agenda to be placed before the General Body of the Council at its meeting to be held on 10th March, 2007. However, as complaints were received in the office of the Council pertaining to the gross deficiencies of teaching faculty and clinical material, another inspection to verify the teaching faculty and clinical material was carried out on 9th March, 2007. As gross inadequacy of the teaching faculty (46.3%), residents (83%) and inadequacy of clinical material (bed occupancy-29%, OPD attendance-26) were observed at this inspection dated 9.3.2007, the General Body of the Council had decided not to approve MNR Medical College, Sangareddy for the award of MBBS degree granted by N.T.R. University of Health Sciences, Vijayawada even though the Executive Committee had recommended approval to the institute for award of MBBS degree.

The members of the Adhoc Committee appointed by Hon'ble Supreme Court and of the Executive Committee of the Council further observed that the recommendations for recognition of any medical college is to be made by the General Body of the Council to the Ministry of Health, Government of India. Every case for consideration for recommendation to the Ministry of Health, Government of India for recognition of any college is taken up by the Executive Committee of the Council. The Executive Committee makes the recommendations to the General Body of the Council for consideration for necessary action and notification of the case by the General Body of the Council, which, then makes the final decision which is conveyed to recommendation to the Ministry of Health, Government of India.

It is the recommendation of the General Body of the Council which is necessary for the Ministry of Health, Government of India for issuing any order for grant of recognition of a college. The approval of the recommendation of the Executive Committee by the General Body of the Council for recognition of any college is a condition precedent and therefore in the absence whereof the Ministry of Health, Government of India does not issue any order for grant of recognition to any college. In the light of the facts mentioned above in relation to the case of MNR Medical College where the recommendation was by the Executive Committee of the Council to the General Body and having regard to the subsequent facts as stated above, the General Body of the Council had decided not to approve MNR Medical College for the award of the MBBS Degree by the NTR

University, the Ministry of Health, Government of India could not have had issued the order for recognition of this college.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to request the Central Govt. to reconsider the matter and recall the notification dated 11.5.2007 issued by the Govt. of India for inclusion of the MBBS degree of Sikkim Manipal University of Health, Medical & Technological Sciences, Gangtok awarded to the students trained at Sikkim Manipal Institute of Medical Sciences, Gangtok on or after March, 2006.

25. Adjustment of seats in Govt. quota in respect of People's College of Medical Sciences, Bhopal which have admitted students in excess of its Management Quota in the academic year 2005-2006.

Read : The matter with regard to Adjustment of seats in Govt. quota in respect of People's College of Medical Sciences, Bhopal which have admitted students in excess of its Management Quota in the academic year 2005-2006.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted the letters dated 22.05.2007 and 27.07.2007 received from the Dean, People's College of Medical Sciences, Bhopal, with regard to adjustment of seats in Govt. quota in respect of People's College of Medical Sciences, Bhopal which have admitted students in excess of its Management Quota in the academic year 2005-2006.

26. Adjustment of seats in Govt. quota in respect of M.M. Institute of Medical Sciences, Mullana which have admitted students in excess of its Management Quota in the academic year 2004-2005.

Read : The matter with regard to Adjustment of seats in Govt. quota in respect of M.M. Institute of Medical Sciences, Mullana which have admitted students in excess of its Management Quota in the academic year 2004-2005.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted the letter dated 30.05.2007 from the Assistant Registrar (Regn. & SCH), Kurekshetra University, Kurukshetra with regard to adjustment of seats in Govt. quota in respect of M.M. Institute of Medical Sciences, Mullana which have admitted students in excess of its Management Quota in the academic year 2004-2005.

27. Requirement of IMR Database.

Read : The letter dated 10.08.2007 from Shri Sunil Bahri, Executive Director, National Knowledge Commission, New Delhi with regard to incorporation of IMR database available on the Medical Council's website into NKC's database.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the letter dated 10.08.2007 from Shri Sunil Bahri, Executive Director, National Knowledge Commission, New Delhi and decided to accede to the request of National Knowledge Commission to provide the IMR database available on the Medical Council's website for incorporation into NKC's database.

28. Kesar Sal Medical College and Research Institute, Ahmedabad - Renewal of permission for admission of 4th batch of students for the academic session 2007-2008 - Compliance verification inspection thereof.

Read : The compliance verification inspection report (11th August 2007) for renewal of permission for admission of 4th batch of students for the academic session 2007-2008 at Kesar Sal Medical College and Research Institute, Ahmedabad.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the compliance verification inspection report (11th August, 2007) and noted the following:-

1. Annexure I submitted with compliance, contains 47 names out of whom 45 are existing and 2 are new. Both the newly appointed teachers as claimed by the college & shown in

Annexure I – i.e. Dr. D’Souza, Asstt. Prof. in Anatomy & Dr. Verma, Assoc. Prof. in P.S.M. – were absent at the time of inspection. Out of 45 existing teachers, only 17 were present at this inspection. No new appointment orders have been issued or fresh joining letters as full time teachers have been produced before the inspection team in respect of these 17 teachers who were found to be working part time during the last inspection. The Dean informed that no fresh appointment orders have been issued or joining reports have been taken from the teachers who were found to be working part time during the last inspection.

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

- (a) The shortage of faculty is 64.4% (i.e. 78 out of 121)
- (i) Professor- 11 (Biochemistry-1, Pharmacology-1, Microbiology-1, Forensic Medicine-1, PSM-1, General Medicine-1, Orthopaedics-1, General Surgery-1, OB.GY.-1, Radio-Diagnosis-1, Ophthalmology-1)
- (ii) Assoc.Profs.-26 (Anatomy-2, Physiology-2, Biochemistry-1, Pharmacology-1, Pathology-3, Microbiology-1, Forensic Medicine-1, PSM-1, General Medicine-1, Paediatrics-1, TB & Chest-1, Psychiatry-1, Dermatology-1, General Surgery-3, Orthopaedics-1, Anaesthesia-2 Radio-Diagnosis-1, Dentistry-1, Obst.&Gynae.-1)
- (iii) Asstt.Profs.-24 (Anatomy-3, Physiology-2, Pharmacology-1, PSM-3, Paediatrics-1, TB & Chest-1, Psychiatry-1, Dermatology-1, General Surgery-1, ENT –1, Orthopaedics-2, Obst. & Gynae.- 2, Anaesthesia-2, Radio-Diagnosis-2, Dentistry-1)
- (iv) Tutors - 17 (Anatomy-4, Physiology-3, Pharmacology-3, Pathology-3, Microbiology-1, Forensic Medicine-1, PSM-2)
- (b) The shortage of Residents is 80% (i.e. 68 out of 85)
- (i) Sr. Residents-18 (Medicine-4, Paediatrics-1, TB & Chest-1, Psychiatry-1, General Surgery-3, Orthopaedics-2, ENT-1, Obst. & Gynae.- 1, Anaesthesia-2, Radiology-2)
- (ii) Jr. Residents- 50 (Medicine-11, Paediatrics-4, TB & Chest-3, Dermatology-3, Psychiatry-3, General Surgery-9, Orthopaedics-6, ENT-3, Ophthalmology –3, Obst. & Gynae.- 5)

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

	Daily Average	Day of Inspection
O.P.D. attendance	704	275
Casualty attendance	15	5
Bed occupancy%	80%	30%
<u>Operative work</u>		
Number of major surgical operations	10	5
Number of minor surgical operations	8	1
Number of normal deliveries	1	-
Number of caesarian Sections	1	-
<u>Radiological Investigations</u>		
X-ray		
Ultrasonography	98	46
Special Investigations	21	15
C.T. Scan	12	16
	-	-

<u>Laboratory Investigations</u>		
Biochemistry		
Microbiology	210	186
Serology	42	34
Parasitology	45	22
Haematology	20	15
Histopathology	267	210
Cytopathology	5	3
Others	6	5
	72	54

- There were very few samples in the Central lab.
 - Lab investigations viz. Microbiology, Parasitology, Serology, Histopathology investigations were low.
3. Teaching Hospital:
- There is overcrowding of the beds in most wards.
 - There is no clear-cut demarcation of clinical units.
 - A single ward has beds belonging to different specialities without demarcation.
4. In the central library, very few copies of recent journals were available. 13. No new books and journals have been added in the central library. Position is status quo. Deficiency persists.
5. The Doctors duty rooms, Nurses duty rooms, and side labs are either not available in the wards or are non functional. In most wards, the nursing stations are small and are placed inappropriately. The departmental offices of the Clinical Specialities are shown in the small partitioned spaces in the corridors of the hospital and are not as per the Council's norms. These partitioned spaces do not appear to be used.
6. There are no Air conditioners or Coolers provided in the college or the hospital.
7. The electricity meter reading is low suggesting low usage of the college/hospital. Deficiency persists.
8. Nursing, Technical and non-clinical/technical staff are inadequate for the present stage.
9. Registration and Medical Record Section is computerized but not cross linked with outdoor registration numbers. The inpatient date was not entered in the computer and manual data was also not available.
10. Other observations made on the day of inspection are as under:-
- In the pre and para clinical departments, not more than 2 faculty members/Tutors were present in each department.
 - In most of the OPD's, there were one or two faculty/residents present on the day of inspection.
 - There were no doctors present in most of the wards.
 - Most senior faculty members were absent.
 - Deficiency of nursing & allied staff was observed in most of the OPD's and Wards.
 - The Central Laboratory had one junior staff in each section. There were only 14 to 15 samples for all the sections.
11. Other deficiencies/remarks are in the main report.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to recommend to the Central Govt. not to renew the permission for admission of 4th batch of MBBS students at Kesar Sal Medical College and Research Institute, Ahmedabad for the academic session 2007-2008.

29. National Institute of Medical Sciences, Jaipur - Renewal of permission for admission of 4th batch of MBBS students for the academic session 2007-2008 – Compliance verification inspection thereof.

Read : The compliance verification inspection report (11th August 2007) alongwith the fax letter dated 21.8.2007 for renewal of permission for admission of 4th batch of students for the academic session 2007-2008 at National Institute of Medical Sciences, Jaipur.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the compliance verification inspection report (11th August, 2007) and noted the following:-

1. The deficiency of teaching staff is as under:-
 - (i) Faculty 8.3% (shortage of 10 out of 121)
Assoc. Prof. - 2 (Anatomy-1, Physiology-1)
Asstt. Prof. - 5 (Anatomy-1, Lect.(Bio)-1, PSM-1, TB & Chest-1, 1 MWO)
Tutor - 3 (Biochemistry – 1, Microbiology –2)
 - (ii) Residents 14.12% (shortage of 12 out of 85)
Sr. Resident – 1 (Radiology-1)
Jr. Resident – 11 (Medicine-3, Paediatrics-1, Surgery-4, ENT-2, Ophthal.-1)
2. Bed occupancy as claimed by the institute on the day of inspection was 91%. However, on verification, the occupancy of genuine patients requiring admission was found to be approximately 70%.
3. Other deficiencies/remarks are in the main report.

It was further observed that for the admission of 4th batch of 50 students, the deficiency of the teaching faculty residents and bed occupancy work out as under:-

- (a) Teaching Faculty – deficiency of 2.30%
 - (i) Asstt. Professor – 1 (TB & Chest-1)
 - (ii) Tutor – 1 (Microbiology-1)
- (b) Residents – 2.70%
 - (i) Jr. Residents – 2 (Paediatric-1, ENT-1).
- (c) Bed Occupancy 84%.

In view of above and noting that the infrastructure, clinical material and other facilities are adequate for reduced intake of 50 students, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and the Executive Committee of the Council decided to recommend to Central Govt. to renew the permission for admission of 4th batch of 50(Fifty] MBBS students at National Institute of Medical Sciences, Jaipur for the academic session 2007-2008.

30. Konaseema Institute of Medical Sciences & Research Foundation Amlapuram - Renewal of permission for admission of 3rd batch of students for the academic session 2007-2008 – Compliance verification inspection thereof.

Read : The compliance verification inspection report (13th August 2007) alongwith the fax letter dated 17.8.2007 for renewal of permission for admission of 3rd batch of students for the academic session 2007-2008 at Konaseema Institute of Medical Sciences & Research Foundation, Amlapuram.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the compliance verification inspection report (13th August, 2007) alongwith the request received from the college authorities vide letter dated 17.8.2007 to consider matter reduced intake of students in proportionate to availability of infrastructure, clinical material and faculty as per MCI norms and noted the following:-

1. The shortage of teaching staff is as under:-
 - (a) The shortage of faculty is 15.06% (shortage of 25 out of 166)
 - (i) Professor - Nil

- (ii) Assoc.Prof. - 16 (Anatomy-2, Physiology-2, Pharmacology-1, Forensic Medicine-2, Medicine- 2, Paediatrics-2, TB & Chest-1, General Surgery-2, Anaesthesia- 1 Dentistry-1)
- (iii) Asstt.Profs. - 7 (Anatomy-1, Pharmacology-1, PSM-1, Stats –1, Medicine-1, Radio-1, Dentistry-1)
- (iv) Tutors - 2 (Physiology-1, PSM-1)
- (b) The shortage of Residents is 14.15 as under (shortage of 16 out of 133)
 - (i) Sr. Residents- 8 (Dermatology-1, Psychiatry-1, General Surgery-2, Orthopaedics-1, Anaesthesia-2, Radio-1)
 - (ii) Jr. Residents- 8 (Medicine-5, Dermatology-1, Orthopaedics-1, Ophthalmology –1,)
- 2. Bed occupancy of genuine patients is approximately 70%.
- 3. Other deficiencies/remarks are in the main report.

It was further observed that for the admission of 3rd batch of 100 students, the deficiency of the teaching faculty residents and bed occupancy work out as under:-

- (a) Teaching Faculty – deficiency of 4.31% as under
 - (i) Assoc. Prof. – 3 (Anatomy –1, Physiology –1 & Forensic Medicine –1)
 - (ii) Asstt. Professor - 2 (Pharmacology –1 & Community Medicine –1)
- (a) Residents –
 - (i) Sr. Residents - 2 (Psychiatry –1 & Skin & VD –1)
 - (ii) Jr. Residents - 2 (Skin & VD –1 & Ophthalmology –1)
- (c] Bed Occupancy 92.75%

In view of above and noting that the infrastructure, clinical material and other facilities are otherwise adequate for reduced intake of 100 students, the members of the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and the Executive Committee of the Council decided to recommend to Central Govt. to renew the permission for admission of 3rd batch of 100 MBBS students at Konaseema Instt. of Medical Sciences & Research Foundation Amlapuram_for the academic session 2007-2008.

31. Kannur Medical College, Kannur Renewal of permission for admission of 2nd batch of students for the academic session 2007-2008 – Compliance verification inspection thereof.

Read : The compliance verification inspection report (17th August 2007) for renewal of permission for admission of 2nd batch of students for the academic session 2007-2008 at Kannur Medical College, Kannur.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the compliance verification inspection report (17th August, 2007) and decided to recommend to the Central Govt. to renew the permission for admission of 2nd batch of 100(One hundred) MBBS students at Kannur Medical College, Kannur for the academic session 2007-2008.

32. Karuna Medical College, Palakkad – Renewal of permission for admission of 2nd batch of students for the academic session 2007-2008 – Compliance verification inspection thereof.

Read : The compliance verification inspection report (18th August 2007) for renewal of permission for admission of 2nd batch of students for the academic session 2007-2008 at Karuna Medical College, Palakkad.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the compliance verification inspection report (18th August, 2007) and decided to recommend to the Central Govt. to renew the permission for admission of 2nd batch of 100(One hundred) MBBS students at Karuna Medical College, Palakkad for the academic session 2007-2008.

33. Sree Mookambika Institute of Medical Sciences, Kulasekharam - Renewal of permission for admission of 2nd batch of students for the academic session 2007-2008 – Compliance verification inspection thereof.

Read : The compliance verification inspection report (17th August 2007) for renewal of permission for admission of 2nd batch of students for the academic session 2007-2008 at Sree Mookambika Institute of Medical Sciences, Kulasekharam.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the compliance verification inspection report (17th August, 2007) and decided to recommend to the Central Govt. to renew the permission for admission of 2nd batch of 100(One hundred) MBBS students at Sree Mookambika Institute of Medical Sciences, Kulasekharam for the academic session 2007-2008.

34. Compilation of Indian Medical Register for the year 2006 in Microsoft Access Database format – Regarding.

Read : The matter with regard to compilation of Indian Medical Register for the year 2006 in Microsoft Database format.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted that the following State Medical Councils have not furnished the I.M.R. Data for the year 2006 in the new format since January,2006:-

- | | |
|----------------------|----------------------|
| 1. Andhra Pradesh | 7. Maharashtra |
| 2. Assam | 8. Himachal Pradesh |
| 3. Goa | 9. Arunachal Pradesh |
| 4. Haryana | 10. Meghalaya |
| 5. Jammu & Kashmir | 11. Uttaranchal |
| 6. Travancore-Cochin | |

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further decided to convene a meeting of the President & Registrar of the above said 11 Medical Councils to sort out the problem of IMR in Microsoft Access Database format.

35. Sree Gokulam Medical College & Research Foundation, Trivandrum Renewal of permission for admission of 3rd batch of 50 MBBS students for the academic session 2007-2008 – Compliance verification inspection thereof.

Read : The compliance verification inspection report (17th August 2007) for renewal of permission for admission of 3rd batch of 50 MBBS students for the academic session 2007-2008 at Sree Gokulam Medical College & Research Foundation, Trivandrum.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the compliance verification inspection report (17th August, 2007) and decided to recommend to the Central Govt. to renew the permission for admission of 3rd batch of 50 (Fifty) MBBS students at Sree Gokulam Medical College & Research Foundation, Trivandrum for the academic session 2007-2008.

36. Krishna Institute of Medical Sciences, Karad- Renewal of permission for admission of 3rd batch of students against the increased intake i.e. from 100 to 150 for the academic session 2007-2008 – Compliance verification inspection thereof.

Read : The compliance verification inspection report (13th August 2007) alongwith the letter dated 16.8.2007 for renewal of permission for admission of 3rd batch of students against the

increased intake i.e. from 100 to 150 for the academic session 2007-2008 at Krishna Institute of Medical Sciences, Karad.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the compliance verification inspection report (13th August, 2007) alongwith the letter dated 16.8.2007 received from the college authorities and noted the following:-

1. The shortage of teaching staff is as under:-
 - (a) The shortage of faculty is 32.22%
 - (i) Assoc.Prof.- 8 (Forensic Medicine-2, TB & Chest -1, Ortho-1, Radio-1, Anaesthesia -2)
 - (ii) Asstt.Profs.- 47 (Anatomy-3, Lecturer in Bio-physics-1, Pathology-4, Physiology-2, Forensic Medicine-1, Community Med.-4, Lecturer in Epidemiology -1, Lecturer in statistic-1, Medicine-4, TB & Chest-1, Paediatrics -4, General Surgery-9, Orthopaedics-3, Radiology-2, Anaesthesia-4, Obst.&Gynae.-3, ANMO-1, MWO-1)
 - (iii) Tutors - 13 (Anatomy-1, Physiology-1, Biochemistry-1, Pathology-1, Pharmacology-4, Forensic Medicine-3, Community Medicine-2)
 - (b) The shortage of Residents is 32.17% as under:-
 - (i) Sr. Residents-17 (Medicine-2, Psychiatry-1, Paediatrics-1, Surgery-3, Orthopaedics-2, ENT-1, Radiology-4, Anaesthesia-2, Skin & VD-1)
 - (ii) Jr. Residents- 20 (Medicine-5, Psychiatry-2, Paediatrics-3, Surgery-1, Orthopaedics-4, ENT-2, Ophthalmology -2, Skin & VD- 1)
 - (c) The Principal of college was informed at 9 AM to get assembled teaching faculty of clinical department in the hospital in three different areas namely 1) Meeting Hall, 2) Medical Superintendent office, 3) Administrative staff office at 11 AM. Verification of teaching faculty was started at 11 AM and completed at 12.05 PM. During the process of verification whosoever presented himself were considered as teacher present.
2. In the Intern Hostels, there are no warden room, visitor room, recreation room, kitchen and mess. Room allotment register of interns is not available.
3. Resident hostel – there is a resident hostel which is common for Boys and Girls. There are 48 double seater rooms. Total accommodation is 96 which is grossly inadequate. There is no warden room, visitor room, recreation room, kitchen and mess. Room allotment register of Resident is not available.
4. There is no separate hostel for nurses working in the hospital.
5. With high OPD attendance and bed occupancy commensurate increase in other clinical parameters like operations, radiological investigation and laboratory investigations is expected. Here operations, radiological investigation and laboratory investigations are not commensurate with high OPD attendance and bed occupancy.
6. Other deficiencies/remarks are in the main report.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to reiterate its earlier decision to recommend to the Central Govt. not to renew the permission for admission of 3rd batch of MBBS students against the increased intake i.e. from 100 to 150 for the academic session 2007-08 at Krishna Institute of Medical Sciences, Karad.

37. Approval of M.N.R. Medical College, Sangareddy for the award of MBBS degree granted by N.T.R. University of Health Sciences, Vijayawada- Compliance verification inspection thereof.

Read : The compliance verification inspection report (11th August 2007) for approval of M.N.R. Medical College, Sangareddy for the award of MBBS degree granted by N.T.R. University of Health Sciences, Vijayawada.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the compliance verification inspection report(11th August, 2007) and decided to recommend to the Central Govt. to renew the permission for admissions of 7th batch of 100(One Hundred) MBBS students for the academic session 2007-2008 at M.N.R. Medical College, Sangareddy.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the compliance verification inspection report (11th August, 2007) and decided to recommend to the General Body of the Council for approval of M.N.R. Medical College, Sangareddy for the award of MBBS degree granted by N.T.R. University of Health Sciences, Vijayawada with an annual intake of 100 (hundred) students.

38. Approval of Medicity Institute of Medical Sciences, Ghanpur for the award of MBBS degree granted by Dr. N.T.R. University of Health Sciences, Vijayawada – Compliance verification inspection thereof.

Read : The compliance verification inspection report (13th August 2007) for approval of Medicity Institute of Medical Sciences, Ghanpur for the award of MBBS degree granted by N.T.R. University of Health Sciences, Vijayawada.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the compliance verification inspection report (13th August, 2007) and decided to recommend to the Central Govt. to renew the permission for admissions of 6th batch of 100(One hundred) MBBS students for the academic session 2007-2008 at Medicity Institute of Medical Sciences, Ghanpur.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the compliance verification inspection report (13th August, 2007) and decided to recommend to the General Body of the Council for approval of Medicity Institute of Medical Sciences, Ghanpur for the award of MBBS degree granted by N.T.R. University of Health Sciences, Vijayawada with an annual intake of 100 (hundred) students.

39. Continuance of recognition of MBBS degree at Kasturba Medical College, Manipal granted by Manipal Academy of Higher Education(Deemed University)- Compliance verification inspection thereof.

Read : The compliance verification inspection report (2nd & 3rd August, 2007) for continuance of recognition of MBBS degree granted by Manipal Academy of Higher Education(Deemed University), Manipal in respect of students being trained at Kasturba Medical College, Manipal.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the compliance verification inspection report (2nd & 3rd August,2007) and observed as under:-

“The General Body of the Council at its meeting held on 27.8.2002 approved the recommendation of the Executive Committee to initiate action u/s 19 of the IMC Act, 1956 for withdrawal of recognition of MBBS degree granted by Manipal Academy of Higher Education in respect of students being trained at Kasturba Medical College, Manipal for not following the orders of the Hon'ble Supreme Court of India with regard to admission against NRI quota i.e 15% .

The above decision of the General Body of the Council was communicated to the Central Govt. on 27.9.2002 for further necessary action.

In this connection, the Central Govt. vide letter dated 31.12.2004 had forwarded a copy of representation dated 20.7.2004 received from Manipal Academy of Higher Education (Deemed University) requesting for withdrawal of the recommendation of the Council dated 27.8.2002 with regard to initiation of de-recognition proceedings in respect of the MBBS degree granted by MAHE in respect of the college under section 19 of the IMC Act, 1956, in the light of the judgement of the Hon'ble Supreme Court dated 31.10.2002 in the TMA Pai Foundation case and also in accordance with the provisions of section 19 of the Act. The Ministry had sought the comments of the Council in the matter.

The above letter received from the Govt. of India alongwith the status note was placed before the Executive Committee at its meeting held on 31.01.2005 where the members of the Adhoc Committee appointed by the Hon'ble Supreme Court were also present and it was decided as under:-

".....issue pertaining to the subject mentioned above with reference to admissions made in Kasturba Medical College Manipal in the NRI/Foreign category beyond the permissible limit of 15% of the annual intake capacity of the said institution, was taken up by the Executive Committee at its meeting held on 31.01.2005 wherein the members of the Adhoc Committee appointed by the Hon'ble Supreme Court were also present. The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council deliberated upon the matter at length and decided that:-

"Manipal Academy of Higher Education could not have made more than 37 admissions in the NRI category in each of its medical colleges. Therefore, as 103 students have been admitted in excess in the NRI category in Kasturba Medical College, Manipal, the academy should be required to ensure that it shall not make any admission in the NRI category in the next three academic years i.e. 2005-06 (37 seats), 2006-07 (37 seats) and 2007-08 (29 seats) in Kasturba Medical College, Manipal so as to offset the undue advantage gained by it by admitting 103 students in the NRI category in excess permissible 15% intake of 37 seats in any given academic year."

The decision of the Executive Committee was communicated to the authorities of Manipal Academy of Higher Education vide Council letter dated 08.02.2005.

The matter was once again placed before the Executive Committee at its meeting held on 24.03.2005.

After consideration of the above-mentioned relevant aspects, the members of the Executive Committee and of the Ad-hoc Committee appointed by the Hon'ble Supreme Court at its meeting held on 24-03-2005 resolved as under : -

".....(i) Both the constituent colleges of this Deemed University had been inspected in the year 2000. They are now due, after 5 years, for inspection for continuation of recognition. The inspection of both these institutions be carried out by panel of five inspectors comprising of two Whole-time Inspectors of the Council, one Vice-Chancellor of the University who is otherwise eligible to become an inspector and two Professors from institutions of All India character.

(ii) The inspection reports be placed before the EC for consideration.

(iii) Thereafter, the matter to be placed before the General Body of the Council so that if there are no deficiencies with regard to minimum infrastructural, teaching and other facilities, the General Body of the Council to take an appropriate view in that regard for suitable recommendations to the Central Govt.

(iv) Require MAHE to comply with the above-mentioned decision of the EC of the Council dated 31.01.2005 towards requisite adjustments for future

admissions in the NRI quota and further to strictly follow the proportion of NRI quota as fixed by the Hon'ble Supreme Court from time to time while making admissions in the MBBS course in both of its constituent colleges.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further decided that the matter be placed before the General Body of the Council."

The above decision duly approved by the General Body of the Council at its meeting held on 26.3.2005 was sent to the Central Govt. vide MCI letter dated 1.4.2005.

Inspection to assess the infrastructure, teaching and other facilities available at Kasturba Medical College, Manipal was carried out by the Council Inspectors on 17th & 18th November, 2006.

The above report was considered by the Executive Committee at its meeting held on 02.12.2006 and the committee decided as under:-

"The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted that the inspection of Kasturba Medical College, Manipal was carried out by a team of 5 inspectors comprising of two Whole Time/Zonal Inspectors of the Council, one Vice-Chancellor of Health University and two Professors of A.I.I.M.S. Perusal of the inspection report reveals as under:-

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

(a) *The shortage of teaching faculty is 17.2%*

- i) Professor 1 (Radiodiagnosis 1)*
- ii) Associate Professor 21 (Anatomy-4, Physiology-2, Biochem-3, Pharma-1, Patho-2, Foren Med-2, Paeds-2, Ophthal-2, Radiodiagnosis-3)*
- iii) Assistant Professor 13 (Comm Med-2, Paeds-1, TB Chest-1, Gen Surg-4, ENT-1, Anaethia-2, Radiodiagnosis-2)*
- iv) Tutors 27 (Anatomy-2 Comm Med-4, Anaesthesia-13, Radiodiagnosis-8)*

(b) *The shortage of Residents is 36% as under :-*

- i) Sr. Resident 49 (Gen Med-10, Paeds-5, TB Chest-8, Dermat-2, Psychiatry-2, Gen Surg-7, Ortho-4, ENT-3, Ophthal-3, OBGY-5)*
- ii) Jr. Resident 15 (TB Chest-8, Gen Surg-7)*

2. *The distribution of beds and units are inadequate and not as per Council norms as under:-*

<i>Speciality</i>	<i>Required Beds/Units</i>	<i>Present-Beds/Units</i>	<i>Deficiency if any</i>
<i>Medicine & Allied Specialities</i>			
<i>General Medicine</i>	<i>300/10</i>	<i>210/7</i>	<i>90/3</i>
<i>Paediatrics</i>	<i>150/5</i>	<i>98/3</i>	<i>52/2</i>
<i>TB & Chest</i>	<i>50/2</i>	<i>25/1</i>	<i>25/1</i>
<i>Skin & VD</i>	<i>25/1</i>	<i>30/1</i>	
<i>Psychiatry</i>	<i>25/1</i>	<i>30/1</i>	
<i>Total</i>	<i>550/19</i>	<i>293/13</i>	<i>167/6</i>
<i>Surgery & Allied Specialities</i>			
<i>General Surgery</i>	<i>300/10</i>	<i>210/7</i>	<i>90/3</i>
<i>Orthopaedics</i>	<i>150/5</i>	<i>150/5</i>	
<i>Ophthalmology</i>	<i>50/2</i>	<i>60/2</i>	
<i>ENT</i>	<i>50/2</i>	<i>60/2</i>	
<i>Total</i>	<i>550/19</i>	<i>480/16</i>	<i>90/3</i>
<i>Obstetrics & Gynaecology</i>			

<i>Obstetrics & ANC</i>	<i>150/5</i>	<i>81/3</i>	<i>69/2</i>
<i>Gynaecology</i>	<i>1250/43</i>	<i>854/32</i>	<i>326/11</i>
<i>Total</i>			

- *The college also utilizes 295 bed of the District Hospital, Udupi of which 90 beds are located in Govt. Maternity & Child Hospital, Udupi as per the GO No 805 GM 2004 Bangalore dated 17.05.05. This Hospital is located 4 kms away from the Medical College. This Distt. Hospital was not utilized by the college before May,2005. The terms of MoU are as under:-*

“As mentioned in reasons cited above, Kasturba Medical College is permitted clinical training facilities for its students in Govt. Distt. Hospital, Udupi on condition that the said college provides 25% seats for the Govt. C.E.T.

- 1. Permission for clinical training facilities granted is for duration of 3 years.*
 - 2. For the present year clinical fees payable as per total number of seats may be paid in advance.*
 - 3. If the clinical facilities thus permitted are not utilized within 3 months, this order would stand cancelled.”*
- *There is no financial or administrative control of the college over the hospital. There is no patient care control of the college in this hospital.*
 - *In view of above, the beds at District Hospital, Udupi cannot be considered as teaching beds as no permission has been taken for utilization of District Hospital, Udupi either u/s 10A at the time of utilization or u/s 11(2) at the time of recognition of award of MBBS degree.*

Distribution of beds in Govt. Distt. Hospital, Udupi

<i>Speciality</i>	<i>Present-Beds/Units</i>
<i>Medicine & Allied Specialities</i>	<i>90</i>
<i>General Medicine</i>	<i>30*</i>
<i>Paediatrics</i>	<i>25</i>
<i>TB & Chest</i>	<i>--</i>
<i>Skin & VD</i>	<i>--</i>
<i>Psychiatry</i>	<i>145</i>
<i>Total</i>	
<i>Surgery & Allied Specialities</i>	
<i>General Surgery</i>	<i>90</i>
<i>Orthopaedics</i>	<i>--</i>
<i>Ophthalmology</i>	<i>--</i>
<i>ENT</i>	<i>--</i>
<i>Total</i>	<i>90</i>
<i>Obstetrics & Gynaecology</i>	
<i>Obstetrics & ANC</i>	<i>60*</i>
<i>Gynaecology</i>	
<i>Total</i>	

- *There is no clear cut demarcation of units in the Govt. Dt. Udupi Hospital.*
 - *60 OB&G and 30 Paediatric beds are located in the Govt. Maternity and Child Hospital located at a distance of more than 1 KM from the Govt. Dt. Udupi Hospital.*
 - *Govt. Distt. Hospital, Udupi has bed occupancy of only 34% while that of Maternity and Child Hospital, Udupi is 30%.*
 - *In the Govt. Dt. Hospital at Udupi, there is overcrowding of cots with no teaching facilities. There is no MRD. No records are available for the students posting. No faculty was available. No Residents take rounds or write case sheets. Only Basic investigations are being done and no records are available for verification. No teaching activity seem to be taking place as per the Council requirements.*
- 3. Number of teaching units is 32 against the requirement of 43. There is a deficiency of 90 beds and 3 Units in Medicine, 52 beds and 2 Units in Paediatrics, 25 beds and 1 Unit in TB & Chest, 90 beds and 3 Units in General Surgery and 69 beds and 2 Units in OBGY. Thus,*

there is a total deficiency of 326 beds and 11 beds at the Kasturba Medical College Hospital.

4. *Melakka Manipal Medical College, Malaysia is a constituent institute of Manipal Academy of Higher Education admitting 125 students every six months. The students study pre and para clinical subjects at Manipal and clinical subjects in the Melakka campus. The students admitted in that college are provided training and teaching in this college for which the college claims to have separate faculty and infrastructure facilities which have not been shown to the Council Inspectors. It appears that the college has not taken permission u/s 10A for the same and no such permission was shown to the Inspectors.*
5. *Hostels: There is no separate hostels for interns, residents and postgraduates. They are all accommodated within the girls and boys hostels respectively. Hostels space is not course specific. Sharing of hostel rooms between MBBS/ BDS/ PG's/ Residents/Interns/Paramedical courses etc. is done depending on the ability of the students to pay the designated fee.*
6. *Accommodation for nurses is inadequate as only 98 nurses are accommodated in rooms in the Nursing Hostel for nursing students and 80 nurses are staying in Type C and D quarters while 357 nurses have made their own arrangements in the city.*

7. *Paramedical staff is inadequate as under:*

<i>Laboratory Technicians</i>	<i>39</i>
<i>Laboratory Assistants</i>	<i>Nil</i>
<i>Laboratory Attendants</i>	<i>Nil</i>

8. *The following deficiencies are observed in the infrastructure of pre and para clinical departments:-*

- *PG cum Tutors have been appointed in all the departments and their salary varies from Rs. 2,500 to 4,000.*
- *Laboratories and demonstration rooms are under renovation; civil work and flooring is completed but remains to be furnished.*
- *UHTC is not under the administrative and financial control of the deptt. of Community Medicine.*
- *In Anatomy department, there is space for 2 demonstration rooms each having a capacity of 30 seats which are inadequate as per norms.*
- *In Physiology department, each laboratory has 40 workplaces which are inadequate as per norms.*
- *In Pathology department, there are 2 demonstration rooms with capacity of 50 seats which are inadequate as per norms. Considering the number of specimens, the museum is over-crowded and need to be expanded.*
- *In Microbiology department, there are 2 demonstration rooms with capacity of 65 seats each which are inadequate as per norms.*

9. *The following deficiencies are observed in the infrastructure of clinical departments:-*

- *There is deficiency of 326 beds and 11 units in Kasturba Medical College Hospital.*
- *There is inadequacy of teaching facilities and clinical material in the Govt. Distt. Hospital, Udupi.*
- *In the Govt. Dt. Hospital at Udupi, there is overcrowding of cots with no teaching facilities. There is no MRD. No records are available for the students posting. No faculty was available. No Residents take rounds or write case sheets. Only Basic investigations are being done and no records are available for verification. No teaching activity seem to be taking place as per the Council requirements.*
- *The departmental libraries of Skin & VD and Pediatrics need to be upgraded.*
- *No CCTV facility is available in any of the OTs.*
- *There is no separate cadre of casualty medical officers. Faculty from departments are posted on casualty duties.*
- *Books in the departmental libraries of TB & Chest, Skin & VD & Paediatrics are inadequate.*

10. *U.H.C. is not owned and managed by the college. One medical officer and ANM's all employed by the State Government run the center. There is no laboratory or delivery services available in the center. There is no class room available and no lecturer from the department of PSM visit the center. Students are reported to visit the center only once in their rotation for which no records are available.*
11. *In the animal house, Guinea pigs and large animals are not available. Veterinary Officer is not available.*
12. *OPD registration is not computerized.*
13. *800 mA x-ray machine is not available.*
14. *Bowl sterilizer, Glove washing, drying and powdering machine and instrument washing machine are not available in CSSD.*
15. *Books in the departmental libraries of TB & Chest, Skin & VD & Radio-Diagnosis are inadequate.*

In view of above and as the deficiencies of teaching faculty, teaching beds, distribution of units, availability of paramedical staff and other infrastructure are still persisting, The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to reiterate its earlier decision taken at its meeting held on 22.5.2002 and as approved by the General Body of the Council presided over by the Administrator at its meeting held on 27.8.2002 to recommend to the Central Government to initiate action u/s 19 of the Indian Medical Council Act, 1956 for withdrawal of recognition of MBBS degree granted by Manipal Academic of Higher Education in respect of students being trained at Kasturba Medical College, Manipal and request the Central Government to direct the institute not to make any further admissions in the MBBS course w.e.f. academic year 2007-08. It was further decided to request the Central Government to direct the institute not to teach and train the students of Malekka Manipal Medical College, Malaysia unless proof of creating additional facilities for training such students is submitted to the Central Government and prior permission of the Central Government is obtained for such an arrangement.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further directed the office to place this decision before the Postgraduate Committee for its consideration and necessary action."

The above decision was communicated to the Central Govt. vide council letter dt. 15.12.2006.

The Postgraduate Committee at its meeting held on 28.02.2007 also took note of the deficiencies pointed out for undergraduate and postgraduate courses while considering the matter of continuance of recognition of postgraduate courses at Kasturba Medical College, Manipal and recommended for withdrawal of recognition of various postgraduate courses. The Postgraduate Committee further decided to direct the institution authorities to henceforth stop admissions in various postgraduate courses from the ensuing academic session.

The General Body of the Council at its meeting held on 10.03.2007 approved the recommendations of the Adhoc Committee/Executive Committee and Postgraduate Committee of withdrawal of recognition of MBBS degree and various postgraduate courses u/s 19 of the I.M.C. Act, 1956.

Thereafter the Central Govt. vide its letter dated 25.04.2007 had requested the institute to rectify the deficiencies pointed out by the MCI before the admission of next batch of MBBS students for the academic year 2007-2008 starts. Vide another letter dated 27.04.2007, the Central Govt. directed the institute not to admit students for the MBBS course for the academic year 2007-2008 till such time the deficiencies were rectified and the rectification report was accepted by the Govt. However, vide letter dated 15.06.2007, the Central Govt. decided to allow the colleges to admit MBBS students for the academic year 2007-2008 without receiving any recommendation from the Council in this regard. The Central Govt. in its letter dated 05.06.2007 had referred to the

compliance received from the Dean, Kasturba Medical College, Manipal **further requesting the Council to verify the compliance report and submit its recommendations at the earliest.** However, on scrutiny, it was observed that neither such compliance was attached with this letter nor any compliance was received in the office of the Council. The attention of the Central Govt. was drawn to this fact vide Council letter dated 21.06.2007. Thereafter, the compliance was received in the office of the Council on 24.06.2007. Vide letter dated 28.06.2007 the Council had informed the Central Govt. that in view of the deficiencies remaining as they are, the compliance submitted by the institute is completely unsatisfactory. The detailed report with the remarks of the Council on each point of the compliance was also enclosed with this letter.

Accordingly, as per Central Govt. letter dated 05.06.2007, an inspection to verify the compliance submitted by the institute was carried out by the Council Inspectors on 2nd & 3rd August, 2007. The compliance verification inspection report was placed before the Executive Committee at its meeting held on 24th August, 2007 where the members of the Adhoc Committee appointed by the Hon'ble Supreme Court were also present. After due deliberations, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed as under:-

“1. *For the first time in the history of MCI inspection carried out by the inspection teams a video recording of the entire inspection was insisted by the University authorities. The reason given for this recording is lack of faith in Medical Council of India which was repeatedly mentioned by the Pro Chancellor and Pro Vice Chancellor named Dr.H.S.Ballal and Brig SS Pabla, respectively. The inspection team appraised them that such type of video recording was never done to the best of our knowledge. Inspection team told them that if at all they wanted to proceed in this regard then they should seek the MCI's written permission. The college authorities later on came along with the personnel carrying video cameras. They mentioned that they have spoken to the Council and Council has not taken any objection for the same. To verify this claim the inspection team contacted the Council. We were told that this permission was never given and we should continue with our inspection. In spite of this the University officials continued with video recording with the help of 4 personnel each having video camera. It was also shocking note that the video recording was conveniently selective. The recording was not purposely done where there were glaring deficiencies. The recording was also done when the inspection work was not being done and the team was having a cup of tea.*

The manner in which the entire video was done was extremely humiliating to the inspection team. There was constant interference in the work particularly from the Pro Vice chancellor. He was constantly arguing and was interfering with the Council's work. The inspection team repeatedly mentioned to him that the team is supposed to interact with only the Dean of the institution.

The most shocking and painful incident occurred on 3rd August, 2007 in the afternoon. The confidential work after finishing the faculty and infrastructure verification was carried out in the hall adjacent to the Board Room. A Video camera person has suddenly entered in this room without taking the permission of the inspection team and started recording. On refusing the recording on confidential work Brig. Pabla, Pro Vice Chancellor of the Manipal University also entered in the room without permission started arguments, insulted the inspection team and used undemocratic language.

Since the video recording was done by the University in spite of refusal for the same by MCI, a copy of the same recording was requested by the inspection team as a matter of right in such hostile situation. The inspection team feared that this recording may be edited conveniently and may be misused for the selfish advantage of the college and university. Therefore the copy of the same was requested several times. In spite of these several requests the college/university showed total disregard to this simple request.

2. *Shortage of staff is as under:-*

(a) The shortage of teaching faculty is 9.43% (25 out of 263)

(i) Professor – 3 (1F.Med., 2 Radiology)

(ii) Associate Professor 13 (1 Anat, 1 Phy, 1 Pharm, 3 Patho, 1 Micro, 1 For.Med, 1 Oph, 2 RD, 1 Ortho, 1 Anaes)

(iii) Assistant Professor 8 (1 Anat, 1 Lect.(Bio), 1 Pharm. Chem, 1 Micro, 2 TB, 2 Ortho)

(iv) Tutor 1 (Pharm)

(b) The shortage of Residents is 79.51% as under (163 out of 205)

(i) Sr. Resident 61 (10 Med, 5 Paed, 3 TB, 2 Derm, 1 Psy, 10 Surg, 5 Ortho., 2 ENT, 3 Oph, 7RD, 11 Anaes, 2 Gynae)

(ii) Jr. Resident 102 (30 Med, 13 Paed, 5 TB, 1 Derm, 4 Psy, 26 Surg, 15 Ortho, 2 Oph, 3 ENT, 3 Gynae)

The inspection team asked Dean to give the details of the Faculty which have been appointed for rectifying the deficiency. In spite of the repeated request the details were not provided till about 2345 Hrs. on 3rd Aug.,07.

3. Melakka Manipal Medical College, Malaysia is a constituent institute of Manipal Academy of Higher Education admitting 125 students every six months. The students study pre and para clinical subjects at Manipal and clinical subjects in the Melakka campus. The students admitted in that college are provided training and teaching at Manipal.

Registrar, Manipal University vide their reference no.MU/REG/MCI dated May 19, 2007 has certified that Melaka Manipal Medical College (Manipal Campus), Manipal is a constituent college of Manipal University. The college has its own faculty and infrastructure and conducts its own academic programme.

The MCI inspection team has requested the University through Dean, Kasturba Medical College to provide the list of faculty teaching the students of Melaka Manipal Medical College at Manipal and show the infrastructure. The request was not considered. The University has said that this inspection is for Kasturba Medical College only. The MCI can ask directly regarding Melaka Manipal Medical College.

The MCI inspection team during its screening of the faculty observed that 3 staff members named Dr.Shripad Hebbar, Associate Professor, OBG, Dr.A.P.Manjunath, Associate Professor, OBG and Dr.Vinayak G, Assistant Professor, Paediatrics are going to Melaka Manipal Medical College, Malaysia for giving training in clinical subjects.

As per IMC Act, all the activities pertaining to the medical education in the country, falls in purview of this Act. This institution is carrying out medical teaching activity for 250 students from Malaysia for imparting preclinical, para clinical and even clinical training to these students. All this training is carried out in this campus and also in Mangalore campus of the same trust. The same infrastructure and the faculty is being utilized for the same. However, the college claims that there is separate staff and infrastructure for this activity. To verify this claim, the inspection team requested the college to show the separate infrastructure and the list of the separate faculty. The college refused to show the same. During the verification of faculty, three staff members had agreed that they were posted at Melaka campus in Malaysia for imparting training to the students of this program. Inspection team requested Dean to show the passport of the faculty for the verification. **The Dean flatly refused to comply with this request.** When probed, with some of the faculty, it was mentioned by them that they also teach Malaysian students. Since it was not possible to verify the separate infrastructure and the faculty for this program, due to the refusal from the college, documentary proof could not be obtained. However, since the inspection team found three faculty members working for this college and were also posted in Melaka campus. **It is evident that most likely there is no separate staff and infrastructure. The college has shown total disregard to the IMC Act and wants to exploit the situation. Some of the faculty members and pro vice chancellor mentioned that there are other programs are of similar nature. This matter is extremely serious and must be investigated.**

4. There is a deficiency of 295 teaching beds & 10 units in the hospital owned by college as under:-

Speciality	Required Beds/Units	Present Beds/Units	Deficiency if any

<i>Medicine & Allied Specialities</i>			
<i>General Medicine</i>	<i>300/10</i>	<i>210/7</i>	<i>90/3</i>
<i>Paediatrics</i>	<i>150/5</i>	<i>120/4</i>	<i>30/1</i>
<i>TB & Chest</i>	<i>50/2</i>	<i>25/1</i>	<i>25/1</i>
<i>Surgery & Allied Specialities</i>			
<i>General Surgery</i>	<i>300/10</i>	<i>210/7</i>	<i>90/3</i>
<i>Obstetrics & Gynaecology</i>			
<i>Obstetrics & ANC</i>	<i>150/5</i>	<i>51/3</i>	<i>60/2</i>
<i>Gynaecology</i>		<i>39/3</i>	
<i>Total</i>		<i>90/3</i>	
<i>Grand Total</i>	<i>1280/43</i>	<i>985/33</i>	<i>295/13</i>

Remarks: 1. The beds in each Unit in wards are not in continuity and there is no display.

- *The distribution of beds and units are not as per Council norms.*
- *The deficiency of beds and units is indicated above.*
- *The college also utilizes 295 beds of the District Hospital, Udupi of which 90 beds are located in Govt. Maternity & Child Hospital, Udupi as per the GO No. 805 GM 2004 Bangalore dated 17.05.05. This hospital is located 4 kms away from the Medical College. This Distt. Hospital was not utilized by the college before May,2005. The terms of MoU are as under:-*

“As mentioned in reasons cited above, Kasturba Medical College is permitted clinical training facilities for its students in Govt. Distt. Hospital, Udupi on condition that the said college provides 25% seats for the Govt. C.E.T.

- 1. Permission for clinical training facilities granted is for duration of 3 years.*
- 2. For the present year clinical fees payable as per total number of seats may be paid in advance.*
- 3. If the clinical facilities thus permitted are not utilized within 3 months, this order would stand cancelled.”*

There is no financial or administrative control of the college over the hospital. There is no patient care control of the college in this hospital. The district hospital is located about 5 km away from the college.

It has been further observed that –

- 1. The infrastructure available as of today is not adequate for the consideration of the teaching hospital.*
- 2. There is over crowding of beds with no teaching facilities/teaching area as per MCI norms.*
- 3. There is no Medical Record department.*
- 4. There are no records available of the students postings.*
- 5. Patients are admitted with only unit number and department. There is no name of clinicians as indoor case paper under whom the patient has been admitted. Therefore, it is not clear that the Faculty from this college is responsible for the unit/patients.*
- 6. Only basic investigations are done and the record is not maintained properly.*
- 7. There are no teaching areas either in the OPD or Wards.*
- 8. Residents postings was not available for the verification.*
- 9. There were no offices given to the teaching staff.*
- 10. There is another Hospital housing Gynae. and Pediatric sections is located at a distance of more than 1 kilometer away from this District Hospital.*
- 11. Only 4 patients were there out of 30 beds in pediatric ward.*
- 12. There is no clear cut demarcation of units in the Govt. Dt. Udupi Hospital.*
- 13. In view of the above the District Hospital is not considered as a Teaching hospital.*

In view of above, the beds at District Hospital, Udupi cannot be considered as teaching beds as no permission has been taken for utilization of District Hospital, Udupi either u/s 10A at the time of utilization or u/s 11(2) at the time of recognition of award of MBBS degree.

5. *Health Centres : The College utilizes a NGO running center under the name of FPAI (Family Planning Association of India) located 3 kms away from the college as UHC which is not as per Regulations. One MD (PSM) is posted from the department and on the day of inspection he was present in the college. One medical officer from Rotary is running the OPD which is not as per Regulations. LMO is not available. Labour room, operation theatre, indoor beds, lab facility and lecture cum seminar room are not available. Occasionally students are posted at UHC. No posting records of the students and interns are available.*
6. *Hostels for Boys, Girls, Interns, Residents & Nurses: Separate Hostels for Boys, Girls, Interns, Residents and Nurses are not ear marked. There is a common pool of hostels for each of the above category with the name of "Hostels for Health Sciences" and include Medical, Dental, Physiotherapy, Pharmacy, Life Sciences and Nursing College.*
7. *Burns and Obstetrics ICUs. are not available.*
8. *Paramedical staff is grossly inadequate as under:-*

Laboratory Technicians: 39
Laboratory Assistants: NIL
Laboratory Attendants: NIL
9. *Central sterilization department has no Vertical Autoclaves, no bowl sterilizer, no Glove inspection machine and Ultrasound Instrument Cleaning Machine is non functional.*
10. *In the departments of Anatomy, Physiology, Pharmacology Pathology, Forensic Medicine and Community Medicine, the capacity of demonstration rooms is inadequate as 2 demonstration rooms of capacity of 125 each are required in all these departments.*
11. *Number of books in the Departmental libraries of Paediatrics, TB & Chest, Skin & VD, Psychiatry, Orthopaedics, Oto-Rhino-Laryngology and Radio-Diagnosis are inadequate.*
12. *Other deficiencies/remarks in the main report."*

The statutory position that the Ministry of Health, Govt. of India can pass orders under the Act for grant of recognitions only on the recommendations of the MCI in this behalf – which is an imperative statutory precondition, as has also been held by the Hon'ble Apex Court in its pronouncements including in the case of MCI Vs. State of Karnataka – (1998) 6 SCC 131 and has also been specifically stipulated in the statutory regulations also.

It is necessary to refer to the following observations of the Hon'ble Supreme Court in the case of MCI Vs. State of Karnataka:-

".....A medical student requires gruelling study and that can be done only if proper facilities are available in a medical college and the hospital attached to it has to be well equipped and the teaching faculty and doctors have to be competent enough that when a medical student comes out, he is perfect in the science of treatment of human beings and is not found wanting in any way. The country does not want half-baked medical professionals coming out of medical colleges when they did not have full facilities of teaching and were not exposed to the patients and their ailments during the course of their study....."

It is reemphasized that upon grant of recognition, the students passing out from a college recognized and included in the first schedule – become entitled for registration under the Act, necessarily required practicing medicine in India without any further restriction or limitation. For the protection of the patients, the law provides that the students who are not exposed to the adequate teaching and training with required infrastructural, teaching and other facilities, their degrees cannot

be recognized and they cannot be granted registration for practicing medicine. A college which fails to continuously provide minimum required infrastructural, teaching and other facilities does not remain any more entitled to continue to make admissions in the medicine courses and is to be prohibited from doing so. In such cases, action under Section 19 of the Act for withdrawal of the recognition also becomes necessary.

If the students are being trained in an institution which does not have adequate teaching faculty or clinical material even after being in existence for a period of 6 years it would lead to a situation in which they would not be properly and adequately trained and taught in the practice of clinical medicine. Exposing the population at large to treatment by such students who have not been adequately trained because of paucity of teaching faculty and clinical material in the affiliated teaching hospital and qualified teaching faculty is not conducive for good quality medical treatment.

It has been the consistent stand of the Council that it is one of the basic theme of the statutory scheme of the Act that adequacy of clinical material and qualified teaching faculty is of paramount importance in continuing the recognition of the degree awarded by any medical institution. It is also reiterated that as the inspection report itself had shown gross deficiencies of teaching faculty, residents, clinical material and other infrastructural facilities, the quality of the education provided in such an institute wherein there are gross deficiencies as outlined above, would not only be substandard but such an institute would be producing doctors who would not have received education as per the standards which are applied to all the institutes in India.

In view of above and as the deficiencies of teaching faculty, teaching beds, distribution of units, availability of paramedical staff and other infrastructure are still persisting, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to reiterate its earlier decisions taken at its meeting held on 22.5.2002 and as approved by the General Body of the Council presided over by the Administrator at its meeting held on 27.8.2002 and by the Executive Committee on 02.12.2006 wherein the members of the Adhoc Committee appointed by the Hon'ble Supreme court were also present to recommend to the Central Government to initiate action u/s 19 of the Indian Medical Council Act,1956 for withdrawal of recognition of MBBS degree granted by Manipal Academy of Higher Education in respect of students being trained at Kasturba Medical College, Manipal and further decided to request the Central Government to recall the permission given by the Central Govt. vide letter dated 15.06.2007 to admit the students for MBBS course during the current academic year 2007-2008 and to direct the institute not to make any further admissions in the MBBS course for the academic year 2007-08. It was further decided to request the Central Government to direct the institute not to teach and train the students of Malekka Manipal Medical College, Malaysia unless evidence of creating additional facilities for training such students is submitted to the Central Government and prior permission of the Central Government is obtained for such an arrangement.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to record and convey to the concerned authorities its strong exception to the manner in which the University authorities tried to interfere with the inspection and also the manner in which the video recording of the inspection was done by the University authorities inspite of clear cut denial of permission for the same by the Inspectors and by the Secretary of the Council. It was further decided to request the Central Govt. not to take cognizance of video recording, if any, submitted by the institute as not only the video recording was not authorized, but also, as has been mentioned specifically by the Inspectors that only selective video recording was done as much as the video recording was not purposely done where there were glaring deficiencies and neither any copy of the video recording was given to the inspection team inspite of several requests made by the inspection team to the Vice-Chancellor of the University and to the Dean of the Institute.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council directed the office of the Council to send a copy of the communication to the Ministry of Human Resource Development, University Grants Commission, Health Secretary of Govt. of Karnataka and Director, Medical Education, Govt. of Karnataka for necessary action.

40. Continuance of recognition of MBBS course at Kasturba Medical College, Mangalore granted by Manipal Academy of Higher Education(Deemed University).

Read : The compliance verification inspection report (2nd & 3rd August, 2007) for continuance of recognition of MBBS degree granted by Manipal Academy of Higher Education(Deemed University), Manipal in respect of students being trained at Kasturba Medical College, Mangalore.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the compliance verification inspection report (2nd & 3rd August,2007) and observed as under:-

“The General Body of the Council at its meeting held on 27.8.2002 approved the recommendation of the Executive Committee to initiate action u/s 19 of the IMC Act, 1956 for withdrawal of recognition of MBBS degree granted by Manipal Academy of Higher Education in respect of students being trained at Kasturba Medical College, Mangalore for not following the orders of the Hon'ble Supreme Court of India with regard to admission against NRI quota i.e 15% in each of the medical colleges (Kasturba Medical College, Manipal and Kasturba Medical College, Mangalore) and approximately 50% of the total seats being filled up by the NRI/foreign students each year at Kasturba Medical College, Manipal which is also a total violation of the NRI quota fixed by the Hon'ble Supreme Court for one particular medical college.

The above decision of the General Body of the Council was communicated to the Central Govt. on 27.9.2002 for further necessary action.

In this connection, the Central Govt. vide letter dated 31.12.2004 had forwarded a copy of representation dated 20.7.2004 received from Manipal Academy of Higher Education(Deemed University) requesting for withdrawal of the recommendation of the Council dated 27.8.2002 with regard to initiation of de-recognition proceedings in respect of the MBBS degree granted by MAHE in respect of the college under section 19 of the IMC Act, 1956, in the light of the judgement of the Hon'ble Supreme Court dated 31.10.2002 in the TMA Pai Foundation case and also in accordance with the provisions of section 19 of the Act. The Ministry had sought the comments of the Council in the matter.

The above letter received from the Govt. of India along with the status note was placed before the Executive Committee at its meeting held on 24.03.2005.

After consideration of the above-mentioned relevant aspects, the members of the Executive Committee and of the Ad-hoc Committee appointed by the Hon'ble Supreme Court at its meeting held on 24-03-2005 resolved as under : -

“.....(i) *Both the constituent colleges of this Deemed University had been inspected in the year 2000. They are now due, after 5 years, for inspection for continuation of recognition. The inspection of both these institutions be carried out by panel of five inspectors comprising of two Whole-time Inspectors of the Council, one Vice-Chancellor of the University who is otherwise eligible to become an inspector and two Professors from institutions of All India character.*

(ii) *The inspection reports be placed before the EC for consideration.*

(iii) *Thereafter, the matter to be placed before the General Body of the Council so that if there are no deficiencies with regard to minimum infrastructural, teaching and other facilities, the General Body of the Council to take an appropriate view in that regard for suitable recommendations to the Central Govt.*

(iv) *Require MAHE to comply with the above-mentioned decision of the EC of the Council dated 31.01.2005 towards requisite adjustments for future admissions in the NRI quota and further to strictly follow the proportion of NRI quota as fixed by the Hon'ble Supreme Court form time to time while making admissions in the MBBS course in both of its constituent colleges.*

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further decided that the matter be placed before the General Body of the Council.”

The above decision duly approved by the General Body of the Council at its meeting held on 26.3.2005 was sent to the Central Govt. vide MCI letter dated 1.4.2005.

Inspection to assess the infrastructure, teaching and other facilities available at Kasturba Medical College, Mangalore was carried out by the Council Inspectors on 20th & 21st November, 2006.

The above report was considered by the Executive Committee at its meeting held on 02.12.2006 and the committee decided as under:-

“The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted that the inspection of Kasturba Medical College, Mangalore was carried out by a team of 5 inspectors comprising of two Whole Time/Zonal Inspectors of the Council, one Vice-Chancellor of Health University and two Professors of A.I.I.M.S. Perusal of the inspection report reveals as under:-

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

(a) *Faculty 12.57%*

Professor : 02 (Forensic medicine-1, Community medicine – 1)
Associate Professor: 07 (Anatomy -3, Physiology -1, Forensic medicine – 1, Orthopaedics -2)
Assistant Professor: 23 (Anatomy -2, Lecture Biophysics-1 , Pharmacology 1, Pathology-2, Epidemiologist -1, Paediatrics– 2, TB chest – 1, General Surgery – 6, Orthopaedics – 4, OBGY – 2, Radiodiagnosis - 1)
Tutor: 09(Pharmacology-3, Community Medicine – 6)

(b) *Resident 46.8%*

Sr. Resident: 67(General medicine – 10, Paediatrics – 4, TB & Chest- 3, Skin VD – 3, Psychiatry – 3, General surgery – 10, Orthopaedics – 4, ENT – 2, Ophthalmology – 3, OBGY – 5, Anaesthesia –12, Radiodiagnosis-8)
Jr. Resident: 29 (TB & Chest -9, Psychiatry – 5, OBGY – 15)

2. *Clinical material is inadequate in terms of bed occupancy, number of deliveries and x-ray investigations as under:-*

<i>Bed occupancy%</i>	<i>68%</i>		<i>63%</i>	
<i>Operative work</i>				
<i>Number of major surgical operations</i>	<i>14</i>		<i>11</i>	
<i>Number of minor surgical operations</i>	<i>9</i>		<i>3</i>	
<i>Number of normal deliveries</i>	<i>1</i>		<i>Nil</i>	
<i>Number of caesarian Sections</i>	<i>Nil</i>		<i>Nil</i>	
<i>Radiological Investigations</i>	<i>O.P.</i>	<i>I.P.</i>	<i>O.P.</i>	<i>I.P.</i>
<i>X-ray</i>	<i>60</i>	<i>70</i>	<i>47</i>	<i>55</i>
<i>Ultrasonography</i>	<i>22</i>	<i>16</i>	<i>14</i>	<i>15</i>
<i>Special Investigations</i>	<i>6</i>	<i>4</i>	<i>01</i>	<i>01</i>
<i>C.T. Scan</i>	<i>5</i>	<i>8</i>	<i>13</i>	<i>13</i>

Remarks : The bed occupancy as observed by the Inspection team in the 4 major departments which has been duly signed by the Medical Superintendent is as under:-

<i>Subject</i>	<i>Units</i>	<i>No. of Beds</i>	<i>Indoor Patients</i>	<i>Percentage</i>
<i>Surgery</i>	<i>3</i>	<i>90</i>	<i>41</i>	<i>45.5</i>
<i>Medicine</i>	<i>4</i>	<i>120</i>	<i>85</i>	<i>70</i>
<i>Paediatrics</i>	<i>2</i>	<i>60</i>	<i>38</i>	<i>63.3</i>
<i>Orthopaedics</i>	<i>2</i>	<i>60</i>	<i>25</i>	<i>41.6</i>
<i>OBGy</i>	<i>Not located in this hospital</i>			

3. The distribution of beds and units is as under:-

Speciality	Required Beds/Units		Present Beds/Units	
<i>Medicine & Allied Specialities</i>		<i>KMC Hospital</i>	<i>Wenlock District Hospital</i>	<i>Govt. Lady Goschen Hospital</i>
<i>General Medicine</i>	300/10	90/03	184/06	
<i>Paediatrics</i>	150/5	60/02	63/02	Nil
<i>TB & Chest</i>	50/2	50/02	50/02	
<i>Skin & VD</i>	25/1	Nil	30/01	
<i>Psychiatry</i>	25/1	25/01	Nil	
<i>Total</i>	550/19	225/08	277/09	
<i>Surgery & Allied Specialities</i>				
<i>General Surgery</i>	300/10	90/03	194/06	Nil
<i>Orthopaedics</i>	150/5	60/02	93/03	
<i>Ophthalmology</i>	50/2	30/01	30/01	
<i>ENT</i>		30/01	30/01	
<i>Total</i>	550/19	210/07	347/11	
<i>Obstetrics & Gynaecology</i>				
<i>Obstetrics & ANC</i>	100/3	Nil		180/05
<i>Gynaecology</i>	50/2			
	150/5			
<i>Total</i>				180/05
<i>Grand Total</i>	1250/43	435/15	624/20	(3)
		(1)	(2)	
		Total		
		(1+2+3)	=1239/40	

Distribution of teaching beds and teaching units is not as per MCI norms.

- *Govt. Wenlock District Hospital (one km from the Dean's Office) College claimed 624 as teaching beds out of 735 beds available in this hospital. The Karnataka Govt. is running this hospital and has provided 28 posts of Doctors including the Medical Superintendent. In addition the entire contingent of nursing and para medical staff are all Govt. employees and the state govt. incurs and expenditure of more than 10 crores in plan and non plan expenditure per annum. The facilities provided by the state govt. in this hospital include CT scan, ultrasound, X-ray machine, central sterilization unit, monitors, ventilators etc. KMC has not provided any patient care equipment. The entire expenditure for running the hospital is borne by the Govt. of Karnataka.*
- *The KMC is giving user charges per student to this hospital. In addition KMC is also paying coordinator allowance to 21 Govt. doctors of this hospital ranging from Rs. 3500/- to Rs.6000/- per month.)*
- *Govt. Lady Goschen Hospital (one km from the Dean's Office) College claimed 180 as teaching beds out of 290 beds available in this hospital. This hospital has 7 Govt. doctors working in the hospital. In addition the entire contingent of nursing and para medical staff are all Govt. employees and the state Govt. incurs an expenditure of more than 1.7 crores in plan and non plan expenditure per annum. The facilities provided by the state Govt. in this hospital include ultrasound, X-ray machine, central sterilization unit, monitors, ventilators etc. KMC has not provided any patient care equipment. The entire expenditure for running the hospital is borne by the Govt. of Karnataka.*

4. Teaching beds are as follows.

- (i) *Kasturba Medical College, Mangalore owns its own Corporate Hospital named as KMC Hospital Attavar. It has got 435 teaching beds and 100 non teaching beds. All the beds*

(teaching & non teaching) are paid beds. All OPD patients have to pay Rs. 130/- valid for one month and all indoor patients have to pay Rs.50/- per day.

The following two hospitals have been permitted by the Dept. of Health, Govt. of Madras for the purpose clinical training to medical students vide letter No. 3048 Health dated 25th September, 1952. However following two hospitals have no financial or administrative control by the KMC and are administrated exclusively by the Govt.

- (ii) Govt. Wenlock District Hospital (one km from the Dean's Office) College claimed 624 as teaching beds out of 704 beds available in this hospital. The Karnataka Govt. is running this hospital and has provided 28 posts of Doctors including the Medical Superintendent. In addition the entire contingent of nursing and para medical staff are all Govt. employees and the state govt. incurs and expenditure of more than 10 crores in plan and non plan expenditure per annum. The facilities provided by the state govt. in this hospital include CT scan, ultrasound, X-ray machine, central sterilization unit, monitors, ventilators etc. KMC has not provided any patient care equipment. The entire expenditure for running the hospital is borne by the govt. of Karnataka.
The KMC is giving user charges per the student to this Hospital. In addition KMC is also paying coordinator allowance to 21 Govt. doctors of this hospital ranging from Rs. 3500/- to Rs. 6000/- per month.
- (iii) Govt. Lady Goschen Hosptial (one km from the Dean's Office) College claimed 180 as teaching beds out of 260 beds available in this hospital. This hospital has 7 Govt. doctors working in the hospital. In addition the entire contingent of nursing and para medical staff are all Govt. employees and the state Govt. incurs and expenditure of more than 1.7 crores in plan and non plan expenditure per annum. The facilities provided by the state Govt. in this hospital include ultrasound, X-ray machine, central sterilization unit, monitors, ventilators etc. KMC has not provided any patient care equipment. The entire expenditure for running the hospital is borne by the govt. of Karnataka.
The KMC is giving user charges per the student to this Hospital also. In addition KMC is also paying coordinator allowance to some of the Govt. doctors of this hospital ranging from Rs. 3500/- to Rs. 6000/- per month.
Distribution of teaching beds in different specialties is not as per Council, requirements.
No. of teaching beds is 1239 as against 1250 as per MCI requirement after adding the beds of Government Wenlock District Hospital (624 beds) and Govt. Lady Goschen Hospital (180 beds). These two Govt. hospitals are not under the administrative and financial control of KMC.
No. of teaching beds in few clinical departments is not as per MCI norms.
The number of teaching beds in General Medicine are 274 as against 300 as per MCI requirement.
No. of teaching beds in Pediatrics department is 123 as against 150 as per MCI requirement
No. of teaching beds in General Surgery are 284 as against 300 as per MCI requirement.
5. Number of teaching units is 40 as against 43 as per MCI requirement.
6. The Operation Theatres are inadequate as only 7 OTs are available against the requirement of 10.
7. 800 mA x-ray machine is not available.
8. There is no hospital pharmacy available. The supply of medicine through a chemist shop located at the reception hall.
9. The central laundry is not available. The laundry services are being outsourced.
10. The para medical staff is inadequate as under:-
- | | |
|--|----|
| Laboratory Technicians | 48 |
| Laboratory Assistants &
Laboratory Attendants | 13 |
11. There is no lecture theatre available in the hospital. Lecture theatres are not as per norms as no lecture theatre is having a sitting capacity of more than 150 students.

12. *Hostels:*

- (a) *The institution possesses a large number of hostel space scattered all over the town but within approximately 3km of the campus. Girls hostel accommodations are close by within 500 meters of the main college campus. Hostel rooms are provided with basic furniture. Some Air conditioned and rest non A/c accommodation is available. Accommodations is mixed type in so far as occupancy is concerned. Single bed/double bed with attached bath, and with common bath room facility are available in both a/c and non a/c rooms. Some rooms even have triple occupancy. Hostel charges are on the basis of type of room allotted to the student.*
- (b) *Hostel space is not course specific. Sharing of Hostel rooms between MBBS/BDS/PG's/Residents/interns/M.Sc. students, Paramedical Courses etc. is done depending on the ability of the students to pay the designated fee.*
- (c) *Interns Hostel is in common with Undergraduates hostel accommodation.*

13. *No residential accommodation is available for Group C & D staff.*

14. *The following deficiencies are observed in the infrastructure of pre-clinical departments:-*

A) *Anatomy Department :*

1. *There are 2 demonstration rooms each having 100+60 seats which is inadequate as per norms.*
2. *There is shortage of 2 Assoc. Prof and 2 Asst. Prof.*
3. *Research lab. is located in a separate building.*

Physiology Department :

1. *Mammalian & research lab is located in a separate building.*
2. *There is shortage of 1 Assoc. Prof and 1 Lecturer (Bio). Laboratories are under renovation.*
3. *The laboratories are under renovation.*

Biochemistry Department:

1. *Laboratories are under renovation.*
2. *The research lab. is located in a separate building*

B) *In the pre-clinical department wing (Centre for basic sciences) there is a separate building which has :*

Mess for boys and girls on ground floor

Library and common room on first floor

Block C of boys hostel on 2nd floor

Research lab of Anatomy, Physiology & Biochemistry (having rats and mice) on 3rd floor

On one side of building there is a small physiology lab which has non-functional instruments and one animal room.

C) *The teaching block in the pre-clinical department is also utilized for teaching of other courses like BDS, Masters courses in Microbiology and Pharmacology & para-medical courses.*

15. *The following deficiencies are observed in the infrastructure of para-clinical departments:-*

A) *Pharmacology Department:*

1. *Pharmacology Department is on the 4th & 5th Floor of College Building.*
2. *Laboratories and demonstration room are under renovation.*

Pathology Department:

1. *The department is situated on 1st & 3rd Floor of Main College Building.*
2. *There is no room for tutors.*
3. *The demonstration room, laboratories and museum are under renovation. They were found to be non-functional on the day of inspection.*

Microbiology Department:

1. *The department is located on the 2nd, 4th & 7th Floor of the main College building.*
2. *The demonstration room and laboratories are under renovation and non-functional on the day of inspection.*
3. *There is over-crowding of seating arrangement in the demonstration room as well as practical lab which can accommodate 90 students only.*
4. *46.6% of the staff is non medical which is not as per norms.*

Forensic Medicine Department:

1. *The department is located on the second floor of the main college building.*
2. *The demonstration room and laboratories are under renovation.*
3. *There is inadequate space for the faculty.*

Community Medicine Department:

1. *The demonstration room and the museum was under renovation which was not functional on the day of inspection.*
2. *The capacity of the demonstration room is for 90 students although the seating was shown for 125 students.*
3. *There was a board of College Dental sciences displayed on the 3rd floor where the part of the community medicine department is located.*
4. *Part of the community medicine department is located on the 5th floor.*

- B) *The teaching block in the para-cinical department is also utilized for teaching of other courses like BDS, Masters courses in Microbiology and Pharmacology & para-medical courses which is not as per norms.*
16. *No lecturer-cum-medical officer having MD (PSM) is available at the RHTC Moodabidri and is under the control of Government of Karnataka and the college is allowed to teaching facilities which is not as per norms.*
 17. *No lecturer-cum-medical officer having MD (PSM) is available at the UHC. Immunization services are not available at UHC. The duty roaster and records of various activities are not maintained properly at the UHC.*
 18. *Only 7 beds are available against the requirement of 25 beds.*
 19. *Separate eclampsia room is not available in the labour room which is not as per norms.*

In view of above and as the deficiencies of teaching faculty, teaching beds, distribution of units, availability of paramedical staff and other infrastructure are still persisting, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to reiterate its earlier decision taken at its meeting held on 22.5.2002 and as approved by the General Body of the Council presided over by the Administrator at its meeting held on 27.8.2002 to recommend to the Central Government to initiate action u/s 19 of the Indian Medical Council Act,1956 for withdrawal of recognition of MBBS degree granted by Manipal Academic of Higher Education in respect of students being trained at Kasturba Medical College, Mangalore and request the Central Government to direct the institute not to make any further admissions in the MBBS course w.e.f. academic year 2007-08.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further directed the office to place this decision before the Postgraduate Committee for its consideration and necessary action."

The above decision was communicated to the Central Govt. vide Council letter dt. 15.12.2006.

The Postgraduate Committee at its meeting held on 28.02.2007 also took note of the deficiencies pointed out for undergraduate and postgraduate courses while considering the matter of continuance of recognition of postgraduate courses at Kasturba Medical College, Mangalore and recommended for withdrawal of recognition of various postgraduate courses. The Postgraduate Committee further decided to direct the institution authorities to henceforth stop admissions in various postgraduate courses from the ensuing academic session.

The General Body of the Council at its meeting held on 10.03.2007 approved the recommendations of the Adhoc Committee/Executive Committee and Postgraduate Committee of withdrawal of recognition of MBBS degree and various postgraduate courses u/s 19 of the I.M.C. Act,1956.

Thereafter the Central Govt. vide its letter dated 25.04.2007 had requested the institute to rectify the deficiencies pointed out by the MCI before the admission of next batch of MBBS students for the academic year 2007-2008 starts. Vide another letter dated 27.04.2007, the Central Govt. directed the institute not to admit students for the MBBS course for the academic year 2007-2008 till such time the deficiencies were rectified and the rectification report was accepted by the Govt. However, vide letter dated 15.06.2007, the Central Govt. decided to allow the colleges to admit MBBS students for the academic year 2007-2008 without receiving any recommendation from the Council in this regard. The Central Govt. in its letter dated 05.06.2007 had referred to the compliance received from the Dean, Kasturba Medical College, Mangalore **further requesting the Council to verify the compliance report and submit its recommendation at the earliest.** However, on scrutiny, it was observed that neither such compliance was attached with this letter nor any compliance was received in the office of the Council. The attention of the Central Govt. was drawn to this fact vide Council letter dated 21.06.2007. Thereafter, the compliance was received in the office of the Council on 24.06.2007. Vide letter dated 28.06.2007 the Council had informed the Central Govt. that in view of the deficiencies remaining as they are, the compliance submitted by the institute is completely unsatisfactory. The detailed report with the remarks of the Council on each point of the compliance was also enclosed with this letter.

Accordingly, as per the Central Govt. letter dated 05.06.2007, an inspection to verify the compliance submitted by the institute was carried out by the Council Inspectors on 2nd & 3rd August,2007. The compliance verification inspection report was placed before the Executive Committee at its meeting held on 24th August,2007 where the members of the Adhoc Committee appointed by the Hon'ble Supreme Court were also present. After due deliberations, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed as under:-

“1. *During inspection video recording of inspection was carried out by the authority of the college without the permission of the Inspectors. They have taken selective video recording of the areas which they wanted to show instead of taking recording of entire inspection. The copy of the video record was not given to inspector's inspite of inspector's request.*

2. *The shortage of teaching faculty is as under:-*

(a) *Faculty 8.53%*

Professor : 03 (Forensic medicine-2,Community medicine – 1)

Associate Professor: 06 (Anatomy -3, Physiology -2, Forensic medicine – 1)

Assistant Professor: 15 (Community Med.-3 Paediatrics – 3, TB chest – 2, Orthopaedics – 4, OBGY – 1, ANMO-1,MWO-1).

Tutor: 05 (Anatomy-1, Community Medicine – 4,)

(b) *The shortage of Resident is 20.87% as under:-*

Sr. Resident: 43 (General medicine – 10, Paeditrics –1, TB & Chest- 3, Skin & VD–2, Psychiatry – 1, General surgery –2, Ortho.– 4,Ophthalmology–1, Anaesthesiology-12, Radiology-6, Comm.Med.-1)

2. *Clinical Material is inadequate at the hospital owned by the college i.e. KMC Hospital, Attavar:*

	<i>Daily Average</i>	<i>Day of Inspection</i>
<i>O.P.D. attendance</i>	<i>523</i>	<i>435</i>
<i>Casualty attendance</i>	<i>24</i>	<i>16</i>
<i>Number of admissions/discharge</i>	<i>59/51</i>	<i>64/40</i>
<i>Bed occupancy%</i>	<i>64%</i>	<i>71%</i>

<u>Operative work</u>				
Number of major surgical operations				
Number of minor surgical operations	7		7	
Number of normal deliveries	5		4	
Number of caesarian Sections	0		0	
	0		0	
<u>Radiological Investigations</u>				
	O. P.	I. P.	O.P.	I.P.
X-ray	40	21	22	27
Ultrasonography	15	12	9	08
Special Investigations	0	0	0	01
C.T. Scan	6	12	11	04
<u>Laboratory Investigations</u>				
Biochemistry	876	179	1491	273
Microbiology	54	14	43	06
Serology	78	05	64	34
Parasitology				
Haematology	552	130	812	156
Histopathology	5	08	3	4
Cytopathology	11	1.2	2	0
Others				

On the second day of inspection, during inspection occupancy in Attavar hospital was 52% which is much lower than the first day of inspection.

No deliveries are conducted at the college own hospital.

3. *The institution is running Dental College in the same campus. Dean of the college has given a note stating that “Dental college students (BDS course) are being trained by the staff of Medical College in departments where required e.g. Anatomy, Physiology, Microbiology, Pharmacology, Medicine & Surgery and the same departmental infrastructure including labs. and wards are being used to train the students for practical/clinicals.” This is contrary to Regulations as separate teaching faculty and infrastructure are required for Dental College.*
4. *A lecture hall of 300 seating capacity is available which is inadequate as per the norms, as it should have 1 lecture hall of a capacity of 375 seats. Examination hall has 250 seats which is inadequate.*
5. *RHTC–Moodabidri RHTC is under the control of the Govt. of Karnataka and the college is allowed to use its facilities for teaching purposes which is contrary to Regulations. Students are not staying or visiting this centre. No audio visual aids have been provided. Lecturer cum medical officer having MD(PSM) is not available.*
6. *There is no separate hostel for interns. They are accommodated in undergraduate hostels. Specific number of interns staying in the hostel are not available.*
7. *Nurses hostel is inadequate. The PG Hostel, Interns hostels and Nurses hostels are having inadequate capacities.*
8. *The following two hospitals have been permitted by the Deptt. of Health, Govt. of Madras for the purpose of clinical training to medical students vide letter No.3048 health dated 25th September, 1952. However these two hospitals have no financial or administrative control by the Dean of KMC and are administered exclusively by the District Medical Officer of Govt. of Karnataka. District Medical Officer informed that Dean has no direct control on the hospital. Dean never visits these hospitals. There is no office for Dean to sit and work in Govt. hospitals.*

Govt. Wenlock Hospital (Govt. hospital) it is one km away from the Medical College. It has 654 teaching beds.

Govt. Lady Goschen Hospital (Govt. Hospital) It is 1 km away from the Medical College. It has 250 teaching beds.

9. *Distribution of teaching beds is as per council recommendation except in Paediatrics where there is deficiency of 27 beds.*
10. *In Govt. Lady Goschen hospital 250 beds are available. Patients are put on the beds as per the availability of beds. Although 5 units have been shown on paper, during inspection it appeared these units were not functioning as the beds are not distributed unit wise.*
11. *In the department of Paediatrics during inspection, it is found that there is no unitwise distribution of beds. Patients are put on the beds as per the availability of beds. It seems that they function like one unit.*
12. *In the department of Obst. & Gynae. – on paper they have shown 5 units each having more than 30 beds. During inspection, it is found that there is no unitwise distribution of beds. Patients are put on the beds as per the availability of beds. It seems that they function like one unit.*
13. *Govt. Wenlock district hospital – OPD space is inadequate. There is over crowding of patients. In OPD for each speciality one big common room is provided in which in all Senior and Junior doctors sit and take history of patients. There is no privacy while taking history. Male and female patients are put together. Teaching facilities like patient couch, stools, X-rays view box, examination trays etc. are not available in most of the places. Small teaching area having capacity of 15-20 students with only one examination couch is available. Teaching facilities are not available in OPD area. Most of the wards are over crowded. Space between the 2 beds is not sufficient. There is no unitwise distribution in Paediatric wards. Most of the wards are not having teaching area, nursing station, side laboratory, pantry & doctors duty room.*
14. *Govt. Lady Goschen Hospital – OPD is also having more or less same facilities as Govt. Wenlock District Hospital and are inadequate. It has no unitwise distribution of beds. Most of the wards are not having teaching area, nursing station, side laboratory, pantry & doctors duty room. Most of the wards are designed in the form of cubicles having incomplete walls or the rooms having six beds in each. Position of the nursing stations is not proper. In the hospital most of the nursing stations are outside the ward. Wards are either not having side laboratories or having non functional side laboratories.*
15. *In Central Casualty Service have no regular designated Casualty Medical Officers. Both the Govt. hospitals the casualty services are not properly organized. There are no regular designated Casualty Medical Officers.*
16. *There are 7 operation theatres which is inadequate against the requirement of 10 as per Regulations. There is no separate ICCU, Surgical ICU or Burns ICU.*
17. *Obstetrics ICU is not available. Labour room is available only in Govt. Lady Goschen hospital.*
18. *In Radiological department 2 static units (1 of 640 mA, 1 of 300 mA) are available which are inadequate as per Regulations. There is no hospital pharmacy available.*
19. *There is no central laundry available at the college own hospital. Laundry services are being outsourced.*
20. *Kitchen is not available at the college own hospital.*
21. *Anatomy department –Histology practical laboratory should have 150 work places.*
22. *Physiology department – There is one demonstration room having 100 seats which is inadequate against the requirement of 2 demonstration rooms each of 125 seats. All practical laboratories should have 150 work places.*
23. *Biochemistry department – There is one demonstration room with a capacity of 125 seats against the requirement of 2 demonstration rooms each of 125 seats. All practical laboratories should have 150 work places.*

24. *Pharmacology department - There is one demonstration room having 150 seats against the requirement of 2 demonstration rooms each of 125 seats.*
25. *Pathology department – There are 2 demonstration rooms with capacity of 75 seats against the requirement of two demonstration rooms of 125 seats.*
26. *Microbiology department – There are 2 demonstration rooms each of 125 seats are required. Practical laboratory should have 150 work places.*
27. *Comm.Med.department - There are 2 demonstration rooms each of 125 seats.*
28. *Books in the departmental libraries TB & Chest (6), Skin & VD(28), Psychiatry (15), Orthopaedics(34), Ophthalmology(43) & Radio-diagnosis(19) are inadequate.*
29. *Other deficiencies as pointed out in the inspection report.”*

The statutory position that the Ministry of Health, Govt. of India can pass orders under the Act for grant of recognitions only on the recommendations of the MCI in this behalf – which is an imperative statutory precondition, as has also been held by the Hon’ble Apex Court in its pronouncements including in the case of MCI Vs. State of Karnataka – (1998) 6 SCC 131 and has also been specifically stipulated in the statutory regulations also. It is necessary to refer to the following observations of the Hon’ble Supreme Court in the case of MCI Vs. State of Karnataka:-

“.....A medical student requires gruelling study and that can be done only if proper facilities are available in a medical college and the hospital attached to it has to be well equipped and the teaching faculty and doctors have to be competent enough that when a medical student comes out, he is perfect in the science of treatment of human beings and is not found wanting in any way. The country does not want half-baked medical professionals coming out of medical colleges when they did not have full facilities of teaching and were not exposed to the patients and their ailments during the course of their study.....”

It is reemphasized that upon grant of recognition, the students passing out from a college recognized and included in the first schedule – become entitled for registration under the Act, necessarily required practicing medicine in India without any further restriction or limitation. For the protection of the patients, the law provides that the students who are not exposed to the adequate teaching and training with required infrastructural, teaching and other facilities, their degrees cannot be recognized and they cannot be granted registration for practicing medicine.

If the students are being trained in an institution which does not have adequate teaching faculty or clinical material even after being in existence for a period of 6 years it would lead to a situation in which they would not be properly and adequately trained and taught in the practice of clinical medicine. Exposing the population at large to treatment by such students who have not been adequately trained because of paucity of teaching faculty and clinical material in the affiliated teaching hospital and qualified teaching faculty is not conducive for good quality medical treatment.

It has been the consistent stand of the Council that it is one of the basic theme of the statutory scheme of the Act that adequacy of clinical material and qualified teaching faculty is of paramount importance in continuing to recognize the degree awarded by any medical institution. In such cases, action under Section 19 of the Act for withdrawal of the recognition also becomes necessary. It is also reiterated that as the inspection report itself had shown gross deficiencies of teaching faculty, residents, clinical material and other infrastructural facilities, the quality of the education provided in such an institute wherein there are gross deficiencies as outlined above, would not only be substandard but such an institute would be producing doctors who would not have received education as per the standards which are applied to all the institutes in India.

In view of above and as the deficiencies of teaching faculty, teaching beds, distribution of units, availability of paramedical staff and other infrastructure are still persisting, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to reiterate its earlier decisions taken at its meeting held on 22.5.2002 and as approved by the General Body of the Council presided over by the Administrator at its meeting held on 27.8.2002 and by the Executive Committee on 02.12.2006 wherein the members of the Adhoc Committee appointed by the Hon’ble Supreme

Court were also present to recommend to the Central Government to initiate action u/s 19 of the Indian Medical Council Act,1956 for withdrawal of recognition of MBBS degree granted by Manipal Academy of Higher Education in respect of students being trained at Kasturba Medical College, Mangalore and further decided to request the Central Government to recall the permission given by the Central Govt. vide letter dated 15.06.2007 to admit the students for MBBS course during the current academic year 2007-2008 and to direct the institute not to make any further admissions in the MBBS course for the academic year 2007-08. It was further decided to request the Central Govt. to direct the institute not to teach and train the students of Dental College.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to record and convey to the concerned authorities its strong exception to the manner in which the University authorities tried to interfere with the inspection and also the manner in which the video recording of the inspection was done by the University authorities inspite of clear cut denial of permission for the same by the Inspectors and by the Secretary of the Council. It was further decided to request the Central Govt. not to take cognizance of video recording, if any, submitted by the institute as not only the video recording was not authorized, but also, as has been mentioned specifically by the Inspectors that only selective video recording was done as much as the video recording was not purposely done where there were glaring deficiencies and neither any copy of the video recording was given to the inspection team inspite of several requests made by the inspection team to the Vice-Chancellor of the University and to the Dean of the Institute.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council directed the office of the Council to send a copy of the communication to the Ministry of Human Resource Development, University Grants Commission, Health Secretary of Govt. of Karnataka and Director, Medical Education, Govt. of Karnataka for necessary action.

41. Removal of name of Dr. Harinder Paul from the Indian Medical Register.

Read : The letter dt. 07.06.2007 received from the Registrar, Punjab Medical Council, Mohali with regard to removal of name of Dr. Harinder Paul from the Indian Medical Register.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted the letter dated 07.06.2007 received from the Registrar, Punjab Medical Council intimating that Dr. Harinder Paul (Registration No.21386, dated 18.6.1981) had expired on 27.09.2006 and his name has been removed from the Register of Registered Medical Practitioners. The Committee decided to remove the name of above-mentioned doctor from the Indian Medical Register and also give intimation in this regard to all the State Medical Councils in the country.

42. Removal of name of Dr. Ranbir Singh from the Indian Medical Register.

Read : The letter dt. 09.07.2007 received from the Registrar, Punjab Medical Council, Mohali with regard to removal of name of Dr. Ranbir Singh from the Indian Medical Register.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted the letter dated 09.07.2007 received from the Registrar, Punjab Medical Council intimating that Dr. Ranbir Singh (Regn. No. 28292, dated 19.09.1994) vide his letter dated 18.06.2007 has requested Punjab Medical Council to remove his name from the medical register since he is going to adopt a legal profession.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided that the name of Dr. Ranbir Singh be also removed from the Indian Medical Register and also give intimation in this regard to all the State Medical Councils in the country.

43. Complaint against Doctors of Tuticorin Medical College, Hospital as alleged by Mr. S. Wilson Sundararaj, Chennai.

Read : The complaint against Doctors of Tuticorin Medical College, Hospital as alleged by Mr. S. Wilson Sundararaj, Chennai alongwith the recommendation of the Ethics Committee.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the following decision of the Ethics Committee:-

“It is stated that the Council received a complaint dated 25.11.2002 from Mr. S. Wilson Sundararaj addressed to this Council as well as Tamil Nadu Medical Council for taking appropriate action in the matter.

In this context, the Registrar, Tamil Nadu Medical Council was requested to investigate and take necessary action in the matter under intimation to this Council as well as to the complainant vide Council's letter dated 3.02.2003.

Mr. S. Wilson Sundararaj was sent a letter dated 18.02.2005 in which he has stated that the Tamil Nadu Medical Council has failed to disposed of the complaint within the stipulated period of six months and has requested the Council to take necessary action in the matter.

The matter was considered by the Ethics Committee at its meeting held on 19th & 20th April, 2005 and it was decided as under:-

“The Ethics Committee noted the letter dated 18.2.2005 of Mr.S.Wilson Sundararaj, Chennai and decided that a detailed report alongwith all the relevant documents may be obtained from the Tamil Nadu Medical Council.”

The above decision was communicated to the Registrar, Tamil Nadu Medical Council, Chennai vide Council's letter dated 20.06.2005 and subsequent reminder dated 19.07.2005. The reply was still awaited.

In this context, the matter was considered by the Ethics Committee at its meeting held on 19th & 20th April, 2005 and it was decided as under:-

“The Ethics Committee noted that this is a complaint against Doctors of Tuticorin Medical College Hospital as alleged by Mr. S. Wilson Sundararaj of Chennai. Mr. Sundararaj has informed the Council vide his letter dated 18.2.2005 that though the matter was under consideration of the Tamil Nadu Medical Council since 25.11.2002, till date they have not taken any action whatsoever on this particular case. Hence, he has requested MCI for doing necessary action at this end.

The Ethics Committee felt that according to Section 8.7 & 8.8 of the Code of Medical Ethics, the Council should take up the case and Tamil Nadu Medical Council may be informed accordingly to provide all the necessary documents lying with them.

The Ethics Committee further decided to call the complainant at 10 AM on 6th October 2005.”

The above decisions were communicated to the Registrar, Tamil Nadu Medical Council, Chennai and Mr.S.Wilson Sundararaj vide Council's letter dated 13.9.2005.

The matter was considered by the Ethics Committee at its meeting held on 6th & 7th October, 2005 and it was decided as under:-

“Sh. S. Wilson Sundararaj appeared before the Ethics Committee and his statement as follows:-

STATEMENT OF SHRI S.WILSON SUNDARARAJ

I, Sh. S.WILSON SUNDARARAJ, 6/109, Mugappair West Chennai-600037 was present before the Ethics Committee as a complainant in relation to complaint against five doctors of Tamil Nadu.

I explained the case in detail before the Hon'ble members of the Ethics Committee what I had submitted in writing already to the MCI. This case was referred to by the MCI to the Tamil Nadu Medical Council for taking necessary action as the alleged doctors are registered with the Tamil Nadu Medical Council. But as about 3½ years have passed and Tamil Nadu Medical Council have not taken any action till date, I have been forced to appeal to the MCI to take over this case.

I am thankful to the MCI for giving me an opportunity to be present here and explain the matter. I am submitting herewith some more relevant documents in the form of booklet from page no.1-132. These documents are true copies of the originals. I, therefore, request this Hon'ble Council to accept these documents as part and parcel of my pleadings and evidences substantiated against the delinquent doctors.

I have been asked by the Ethics Committee to submit the following information so that they can proceed with the case in a proper manner:-

1. *Name, Registration No., with which they are registered and their present postal address.*
2. *Authorisation letter from Sh. Suyambulingam, the victim.*

I am aware that until and unless the above information are being provided by me to the MCI, it will not be possible by them to proceed further in this case.

*Sd/
(S.WILSON SUNDARARAJ)
Complainant.*

This may be placed before the Ethics Committee in its next meeting.”

The Council was received another letter dated 24.10.2005 alongwith enclosures from Mr. S. Wilson Sundaraj, Chennai.

The matter was considered by the Ethics Committee at its meeting held on 28th & 29th November, 2005 and it was decided as under: -

“The Ethics Committee noted that the office has asked the Registrar, Tamilnadu Medical Council to send all the documents pertaining to this case by a letter dated 13.9.2005. A reminder of the same may be sent to the Registrar, Tamilnadu Medical Council urgently. A copy of the same may be marked to Mr. S. Wilson Sundararaj.

The Ethics Committee further noted that the Medical Council of India has received a letter dated 24.10.2005 from Mr. S. Wilson Sundararaj which was forwarded to the Ethics Committee on 2nd November, 2005. Mr. S. Wilson has asked permission to withdraw the complaint from MCI and he has no faith on the Council with liberty to file the same before the National Human Rights Commission. Hence, the Ethics Committee decided to proceed according to the norms.”

The above decision were communicated to the Registrar, Tamilnadu Medical Council and the complainant vide Council's letter dated 23.12.2005 & 3.1.2006. The reply was still awaited from the Registrar, Tamilnadu Medical Council.

Further, Mr. S.Wilson Sunderaj sent a letter dt.17.1.2006 in which it is stated as under:-

“I am anguished to realize that inspite of having acknowledged the receipt of my petition dt. 24.11.05 as early as on 26.11.05, the Board of Administrators constiduted to dischare the functions of the Medical Council of India which was dissolved owing to rampant corruption, have not cared to deal with the petition and thus proved to be worse than the currpt council.

As I despise the Board of Administrators appointed in the place of the dissolved Medical Council of India too and repose my trust only in the National Human Rights Commission, I request your good office to either refer my complaint to the National Human Rights Commission under intimation to me or pass orders permitting me to withdrawn my; complaint with liberty to file the same before the National Human Rights Commission immediately and thus redress.”

The reply was still awaited from the Registrar, Tamilnadu Medical Council.

The matter was considered by the Ethics Committee at its meeting held on 20th & 21st March, 2006 and it was decided as under :-

“The Ethics Committee considered the complaint against doctors of Tuticorin Medical College Hospital as alleged by Mr. S. Wilson Sundaraj, Chennai and noted that though Mr.Wilson Sundaraj while giving evidence before the Ethics Committee in its meeting held

on 6/7th October, 2005 categorically stated that he will submit the name and registration number of doctors against whom he has made complaint and also the authorization letter from Sh. Suyambulingam, the victim. He further submitted in his evidence that he was aware that until and unless the above information are being provided by him to the MCI, it will not be possible for MCI to proceed further in this case.

On enquiry from the office, it is found that no such communication has yet been made by Mr. S. Wilson Sundaraj till date.

In view of above, Ethics Committee decided not to proceed further in this particular case and Mr. S. Wilson Sundaraj may be informed accordingly and the file may be treated as closed.”

The above decision was communicated to the Mr. S. Wilson Sundaraj on 11.04.2006.

In above reference Mr. S. Wilson Sundaraj sent a letter dated 19.08.2006.

The matter was considered by the Ethics Committee at its meeting held on 18th & 19th September, 2006 and it was decided as under :-

“The Ethics Committee considered the matter with regard to complaint against doctors of Tuticorin Medical College & Hospital as alleged by Mr. S. Wilson Sundararaj, Chennai and noted the letters from Mr. S. Wilson Sundaraj, dated 29.05.2006, 19.08.2006 as well as letter from S. Suyambulingam dated 26.10.2005 and decided the following:-

- 1. S.Suyambulingam may be requested to appear before the Ethics Committee of this Council on 27th October, 2006 at 3.00 p.m. with all the relevant documents related to this particular case.*
- 2. Dr. C. Ramaswamy, Dr. K Parimalam, Dr. Lawrence Wesley, Dr. R. Kanagasabai & Dr. K. Chandran may be requested to provide their parawise comments in the complaint lodged by Mr. S. Wilson Sundararaj within 15 days of receipt of the communication.”*

As per above decision, Mr. S. Suyambulingam was requested to appear before the Ethics Committee on 27.10.2006 at 3.00.p.m alongwith all the relevant documents related to this particular case vide Council’s letter dated 4.10.2006.

Dr. C. Ramaswamy, Dr. K. Parimalam, Dr. Lawrence Wesley, Dr. R. Kanagasabai & Dr. K. Chandran were requested to provide parawise comments within 15 days of receipt of this communication vide Council’s letter dated 4.10.2006.

In response to above, Dr. K. Chandran sent a letter dated 9.10.2006.

Another letter dated 14.10.2006 received from Dr. Lawrence Wesley.

Further, a letter dated 18.10.2006 received from Dr. K. Parimalam.

The matter was considered by the Ethics Committee at its meeting held on 27th October, 2006 and it was decided as under :-

“The Ethics Committee considered the matter with regard to complaint against doctors of Tuticorin Medical College Hospital as alleged by Mr. S. Wilson Sundararaj, Chennai. Mr. S. Suyambulingam appeared before the Ethics Committee alongwith affidavit from the Hon’ble High Court of Madras (Chennai) wherein he has stated that Mr. Wilson Sunderaj is my cousin brother and whatever he has stated I have fully agreed with him. I am submitted herewith an affidavit.

The Ethics Committee decided that Dr. C.Ramaswamy, Dr. K. Parimalam,(2.30 p.m.), Dr. Lawrence Wesley, Dr. R. Kanagasabai (4.00 p.m.) & Dr. K. Chandran (2.30 p.m.) may be requested to appear before the Ethics Committee of this Council at its next meeting(1st Day).”

The above decision were communicated to Dr. C. Ramaswamy, Dr. K. Parimalam, Dr. Lawrence Wesley, Dr. R. Kanagasabai & Dr. K. Chandran vide Council's letter dated 22.11.2006.

The matter was considered by the Ethics Committee at its meeting held on 15.12.2006 and it was decided as under :-

"The Ethics Committee considered the matter with regard to complaint against doctors of Tuticorin Medical College Hospital as alleged by Mr. S. Wilson Sundararaj, Chennai.

Dr. J. Lawrence Wesley appeared before the Ethics Committee and his statement is as follows:-

15.12.2006

Statement of Dr. J. LAWRENCE WESLEY

I, Dr. J. Lawrence Wesley, did my MBBS from Stanley Medical College, Chennai in the year 1982 My registration No. is 36135 from Tamil Nadu Medical Council. My Date of Birth is 21.09.1958.

I am submitting herewith my reply to the complaint alleged against me. Regarding Prisoner 1527 Suyambu@Suyambulingam :-

1. *The telex message sent from Central Prison, Palayamkottai on 11.10.01 was not correct.*
2. *The message was sent by the Superintendent, Central Prison, Palayamkotai and not by the Prison Medical Officer.*
3. *The content of the message was not known to me (Prison Medical Officer) at that time, when it was sent.*
4. *Suyambu @ Suyambulingam was not brought to Central Prison, Palayamkottai at 4.20 p.m. on 22.09.2001.*
5. *He was not referred by the Prison Medical Officer to Tirunelveli Medical college Hospital.*
6. *No referral slip was given to the prisoner.*
7. *No entries in jail records.*
8. *I saw the prisoner only on 06.10.2001 (after discharged from Tirunelveli Medical College Hospital)*

The [Suyambu@ Suyambulingam](#) is a complaining character want to vengeance the police tries to use this respondent and other respondents as an instrument for the same. Thereby they somehow managed to get the telex message alleged that this respondent has referred the patient to the Tirunelveli Medical College Hospital by 16.20 hours on 22.09.2001. This respondent had no knowledge about the contents of the telex message when it was sent. The document viz. the remand register and the Medical Officer's Journal may prove the 3rd respondent had not referred or even see the said Suyambu @ Suyambulingam on 22.9.2001 and in this manner not committed an misconduct or violation of Human Rights.

I am also submitting herewith a letter from the Superintendent, Central Prison, Palayamkotai in relation to this particular case.

Sd/

(DR. J. LAWRENCE WESLEY)

Dr. C. Ramaswamy appeared before the Ethics Committee and his statement is as follows:-

15.12.2006

Statement of Dr. C. RAMASWAMY

I, Dr. C. Ramaswamy ,did my MBBS from Tirunelveli Medical College, Tirunelveli in the year 1977 & I did my M.S.(General Surgery) from the same institute in the year 1988 & I did my M.Ch. Urology from the Madras Medical College, Chennai in the year 1993. My

registration No. is 31626 from Tamil Nadu Medical Council. My Date of Birth is 28.04.1955.

I am posted at Tuticorin Medical College & Hospital as Asstt. Prof. of Urology. As part of my duty in rotation, this patient name Suyambu @ Suyambulingam was brought by the police personnel at casualty of Tuticorin Medical College & Hospital wherein in writing the police submitted that this gentleman sustained injuries in right knee while jumping from a small Railway Bridge on being chased by the police personnel. On examination I found he is conscious, answering questions and nature of injuries like swelling in right knee, incised like wound below right knee on anterior aspect, bleeding from the wound compound fracture of right leg are clearly recorded in accident register.

Neither I have seen this patient before nor afterwards. As such, I think, I have not done anything wrong.

I am submitting herewith the formal reply for the complaints alleged against me as well the Xerox copy of the Tamil Nadu Medical Code issued by the Govt. of Tamil Nadu in the year 1974, wherein it is categorically stated that "The Medical Officer when interrogating patients in the Casualty department will confine himself to questions of a purely professional nature in so far as they concern the immediate cause and treatment. Further details of accidents and injuries must be left for investigation by the police".

Sd/-

(DR. C. RAMASWAMY)

Dr. K.Parimalam appeared before the Ethics Committee on 15.12.2006 and her statement is as follows:-

15.12.2006

Statement of Dr. K. PARIMALAM

I, Dr. K. Parimalam, did my MBBS from Tirunelveli Medical College, Tirunelveli in the year 1974 & I did my Ms(General Surgery) from the same institute in the year 1983. My registration No. is 27552 from Tamil Nadu Medical Council. My Date of Birth is 03.09.1952.

I am submitting herewith my reply to the complaint alleged against me alongwith the attested copies of accident as well as the case sheet in relation to this particular case. I have not done anything wrong.

Sd/-

(DR. K. PARIMALAM)

The Ethics Committee further noted that Dr. R. Kanagasabai & Dr. K. Chandran did not appear before the Ethics Committee and decided to call both of them at 12 noon in the first day of its second next meeting."

As per above decision, Dr. R. Kanagasabai & Dr. K. Chandran were requested to appear before the Ethics Committee on 19.02.2007 at 12.00.noon vide Council's letter dated 29.01.2007.

The matter was considered by the Ethics Committee at its meeting held on 19.02.2007 and the decision was as under:-

"The Ethics Committee considered the complaint against Doctors of Tuticorin Medical College Hospital as alleged by Mr. S. Wilson Sundararaj, Chennai and noted that Dr. R.Kanagasabai & Dr. K. Chandran were requested to appear before the Ethics Committee on 19.2.2007 at 12.00 noon but none of them appeared.

In view of above, the Ethics Committee decided to call both of them at 12.00 noon in its next meeting"

As per above decision, Dr. R. Kanagasabai & Dr. K. Chandran was requested to appear before the Ethics Committee on 19.2.2007 at 12.00 noon vide Council's letter dated 27.02.2007.

In response to our above letter, Dr. K. Chandran vide his letter dated 02.03.2007 has stated as under:-

“Despite my previous letters to you, I have not received any acknowledgement or clarification. But the tone of your present letter suggests that I am at fault in failing to appear before you. The truth is I am sincere and willing to comply with your request provided you clarify my legal position regarding:-

- (i) Since this case occurred when I was in service in Govt. Hospital, whether the present HOD of Orthopaedic Surgery, MMC/GGH, Chennai is the competent authority to speak on this subject or me, now retired from Govt. Service?*
- (ii) If I need to appear personally, should the Government of TamilNadu and DME be informed of the matter or not if yes, who has to inform – myself or you?*
- (iii) Who has to bear my expenditure (traveling and accommodation) – If by Govt. of Tamilnadu, I have to get prior sanction and hence I need time – If to be paid by you, what is the eligible amount?”*

The matter was considered by the Ethics Committee at its meeting held on 19.03.2007 and the decision was as under:-

“The Ethics Committee considered the matter with regard to complaint against doctors of Tuticorin Medical College Hospital as alleged by Mr. S. Wilson Sundararaj, Chennai and noted that Dr. R.Kanagasabai & Dr. K. Chandran were requested to appear before the Ethics Committee on 19.3.2007 at 12.00 noon but none of them did not appear. However, this Council has received a letter from Dr. K. Chandran dated 02.03.2007 wherein he has raised some points which may be replied as follows:-

- (1) The Ethics Committee of the Medical Council India had decided to call you and submit your deposition before the Ethics Committee. Hence you have to appear.*
- (2) It is your duty to inform the Govt. of Tamil Nadu and Directorate of Medical Education, if you so desire.*
- (3) No TA/DA is paid/admissible by the Ethics Committee of the Medical Council India.*

The Ethics Committee further decided to give them a last chance and to call both of them before the Ethics Committee in its second next meeting at 4.00 p.m. failing which the Ethics Committee will take final decision in its said meeting without their appearance and the Ethics Committee will be constrained to inform the said failure to the Directorate of Medical Education, Govt. of Tamil Nadu & the Secretary(Health), Govt. of Tamil Nadu about non-appearance in this particular case.”

As per above decision, Dr. R. Kanagasabai & Dr. K. Chandran were requested to appear before the Ethics Committee on 14.5.2007 at 4.00 p.m vide Council’s letter dated 3.05.2007.

The matter was considered by the Ethics Committee at its meeting held on 14th & 15th May, 2007 and the decision was as under:-

“Dr.K.Chandran appeared before the Ethics Committee and his statement is as follows:-

Statement of Dr.K.Chandran

I, Dr.K.Chandran did my MBBS during the year 1968 and D.Ortho during the year 1972 & M.S. (Ortho.) during the year 1976 from Madras Medical College, Madras. My date of birth is 11.8.1944. My registration number is 19941 of T.N. Medical Council.

The allegations by one Mr.Wilson Sunderaraj is that I was pressurized by the authorities to discharge from the hospital before completing the treatment. On perusal of the case sheet, it was clearly showed that one Mr. Suyambulingam was operated by me and for sufficient time remained as an inpatient and completely regained full function. The only clarification I would like to mention is that removal of loose butterfly fragment and enucleation are same. As such I did my duty consciously and did everything which was necessary and there was no pressure from any quarters to discharge him before his recovery. I also submitting the letter alongwith this submission.

Sd/-

Encl.: As above.

The Ethics Committee considered the matter with regard to complaint against doctors of Tuticorin Medical College Hospital as alleged by Mr. S. Wilson Sundararaj, Chennai and decided as under:- Patient/Prisoner was brought to the hospital without being referred by Medical Officer though that was the normal practice. On perusal of the case, it is observed that Mr. S. Wilson Sundararaj received injuries around the right knee in the form of swelling, incise like wound below the right knee which was bleeding and comminuted fracture of the upper part of right Tibia. Seeing the nature direction and pattern of fracture as seen from the X-ray, the injury could have been most likely to be produced by application of blunt force like beating or assaulting with blunt object and were unlikely to be produced by a fall to the ground while walking a running. These observations were not mentioned in the first inquiry report resulting in the difficulty in the decision regarding accidental or assault as alleged by the victim. Though the clinical management of the case is found to be proper and in order.

The Ethics Committee decided to take up this case in the next meeting for final decision.”

The matter was considered by the Ethics Committee at its meeting held on 9th & 10th July, 2007 and the decision was as under:-

“The Ethics Committee considered the matter with regard to complaint against doctors of Tuticorin Medical College & Hospital as alleged by Mr. S. Wilson Sundararaj, Chennai and the Ethics Committee unanimously of the opinion that Dr. C. Ramaswamy who was the first person to have examined Mr. S.Suyambulingam in the casualty of the Tuticorin Medical College & Hospital has failed to discharge their duty properly on the following points:-

- 1. He has failed to record the history of the patient properly, relying merely on the submission of the police and has failed to take note of the complaint of the patient.*
- 2. He has failed to properly examine, diagnose and judge the nature of injuries sustained by the patient Mr. Suyambulingam whom he had examined. Whereas seeing the nature and direction and pattern of fracture as seen from the x-ray, the injury was most likely to be produced by application of blunt force like beating or assaulting with blunt object and were unlikely to be produced by a fall to the ground while walking a running.*
- 3. He has failed to mention this in the first inquiry report resulting in the difficulty in the decision regarding nature of injury and subsequent treatment of the patient.*

In view of above, the Ethics Committee is of the unanimous view that Dr. C. Ramaswamy has failed to discharge his duties as a doctor, despite him being a postgraduate, M.S.(General Surgery) and also M.Ch.(Urology). He has failed under Section 1.3, 2.1, 2.4 & 6.6 of the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002.

In view of above, the Ethics Committee has decided to issue a strong warning to Dr. C.Ramaswamy warning him to be very careful in future in discharging his duties in official capacity as a treating doctor. This warning may be recorded against his name in the IMR. The recommendations of the Ethics Committee may be placed before the Executive Committee/General Body of the Council for necessary action. Once the approval of the Executive Committee/General Body comes, the decision shall be conveyed to both Dr. C.Ramaswamy and also to the complainant.”

44. Appeal against Order dated 25.10.2006 of Delhi Medical Council on the complaint made by Mr. Rakesh Sharma.

Read : The appeal against Order dated 25.10.2006 of Delhi Medical Council on the complaint made by Mr. Rakesh Sharma along with the recommendation of the Ethics Committee.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to refer the matter back to the Ethics Committee for reconsideration.

45. Complaint against Dr. J.I. Kashyap & Dr. R.B. Singh as alleged Mr. B.P. Maheswari, Addl. Welfare Commissioner, Bhopal Gas Victims, Bhopal(F.No. 431/2004).

Read : The complaint against Dr. J.I. Kashyap & Dr. R.B. Singh as alleged Mr. B.P. Maheswari, Addl. Welfare Commissioner, Bhopal Gas Victims, Bhopal alongwith the recommendation of the Ethics Committee.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council were of the opinion that the Chairman, Ethics Committee be invited at the next meeting of the Executive Committee for deliberations and decided to defer consideration of the matter to its next meeting.

It was further decided that the Chairman, Ethics Committee may be invited to the meetings of the Executive Committee when the following cases are to be considered by the Executive Committee:-

- (1) Where the decisions of the State Medical Councils have been overruled by the Ethics Committee in appellate cases.
- (2) Where the Ethics Committee of the Council has decided the complaints directly.

46. Appeal against the Order dated 17.8.2006 of Rajasthan Medical Council as requested by Convenor/Chairman, All Rajasthan Dr. Ambedkar Development Forum Regional office, Jaitaran, Pali, Rajasthan.

Read : The appeal against the Order dated 17.8.2006 of Rajasthan Medical Council as requested by Convenor/Chairman, All Rajasthan Dr. Ambedkar Development Forum Regional office, Jaitaran, Pali, Rajasthan alongwith the recommendation of the Ethics Committee.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council were of the opinion that the Chairman, Ethics Committee be invited at the next meeting of the Executive Committee for deliberations and decided to defer consideration of the matter to its next meeting.

It was further decided that the Chairman, Ethics Committee may be invited to the meetings of the Executive Committee when the following cases are to be considered by the Executive Committee:-

- (1) Where the decisions of the State Medical Councils have been overruled by the Ethics Committee in appellate cases.
- (2) Where the Ethics Committee of the Council has decided the complaints directly.

47. Appeal against Order dated 28.1.2004 passed by Delhi Medical Council made by Mr. Tarun Adlakha.

Read : The appeal against Order dated 28.1.2004 passed by Delhi Medical Council made by Mr. Tarun Adlakha along with the recommendation of the Ethics Committee.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to defer consideration of the matter to its next meeting.

It was further decided that the Chairman, Ethics Committee may be invited to the meetings of the Executive Committee when the following cases are to be considered by the Executive Committee:-

- (1) Where the decisions of the State Medical Councils have been overruled by the Ethics Committee in appellate cases.
- (2) Where the Ethics Committee of the Council has decided the complaints directly.

48. Sree Uthradom Thirunal Academy of Medical Sciences, Trivandram- Renewal of permission for admission of 2nd batch of students for the academic session 2007-2008 – Compliance verification inspection thereof.

Read : The compliance verification inspection report (17th August 2007) for renewal of permission for admission of 2nd batch of students for the academic session 2007-2008 at Sree Uthradom Thirunal Academy of Medical Sciences, Trivandrum.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the compliance verification inspection report (17th August, 2007) and decided to recommend to the Central Govt. to renew the permission for admission of 2nd batch of 100(One hundred) MBBS students at Sree Uthradom Thirunal Academy of Medical Sciences, Trivandram for the academic session 2007-2008.

49. Shri Ram Murti Smark Institute of Medical Sciences, Bareilly - Renewal of permission for admission of 3rd batch of students for the academic session 2007-2008 – Compliance verification inspection thereof.

Read : The compliance verification inspection report (21st August 2007) for renewal of permission for admission of 3rd batch of students for the academic session 2007-2008 at Shri Ram Murti Smark Institute of Medical Sciences, Bareilly.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the compliance verification inspection report (21st August, 2007) and decided to recommend to the Central Govt. to renew the permission for admission of 3rd batch of 100(One Hundred) MBBS students at Shri Ram Murti Smark Institute of Medical Sciences, Bareilly for the academic session 2007-2008.

50. Muzaffarnagar Medical College, Muzaffarnagar - Renewal of permission for admission of 2nd batch of students for the academic session 2007-2008 – Compliance verification inspection thereof.

Read : The compliance verification inspection report (21st August 2007) for renewal of permission for admission of 2nd batch of students for the academic session 2007-2008 at Muzaffarnagar Medical College, Muzaffarnagar.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the compliance verification inspection report (21st August, 2007) and decided to recommend to the Central Govt. to renew the permission for admission of 2nd batch of 100(One Hundred) MBBS students at Muzaffarnagar Medical College, Muzaffarnagar for the academic session 2007-2008.

51. Departmental Promotions to the post of Section Officer in the office of the Medical Council of India.

Read : The recommendation of the Departmental Promotion Committee to the post of Section Officer in the office of the Medical Council of India.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the recommendation of the Departmental Promotion Committee meeting held on 22.08.2007 for the post of Section Officer in the office of the Medical Council of India as under:-

“The Committee noted that as per Recruitment Rules, method of recruitment for the post of Section Officer is “By promotion failing which by Direct recruitment”. It is also noted that for the purposes of promotion, the candidate has to be Superintendent with 3 years regular service in the grade of 5500-175-9000/-. Presently there is no designation of Superintendent in the Council office as the posts of Superintendent were merged with Section Officer in the pay scale of Rs.6500-10,500/-. The post of Head Clerk was also re-designated as Assistant in the pay scale of Rs.5500-175-9000/-.

A list of 9 departmental candidates in the grade of Assistant was put before the Committee. The Committee noted that Shri Rajiv Kumar, Assistant and Shri Anuj Kumar, Assistant are the senior most amongst above said 9 candidates. The Committee further noted that Shri

Rajiv Kumar, Assistant and Shri Anuj Kumar, Assistant both have completed more than 8 years service in the grade of Rs.5500-175-9000/-. The Committee also noted Annual Confidential Reports as available on record do not contain any adverse remarks. No vigilance case is pending against them. As such, Shri Rajiv Kumar and Shri Anuj Kumar may be promoted to the post of Section Officer.

In view of above, the Committee recommends that Shri Rajiv Kumar and Shri Anuj Kumar be promoted to the post of Section Officer in accordance with the Recruitment Rules.”

52. Departmental Promotions to the post of Assistant in the office of the Medical Council of India.

Read : The recommendation of the Departmental Promotion Committee to the post of Assistant in the office of the Medical Council of India.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council approved the recommendation of the Departmental Promotion Committee meeting held on 22.08.2007 for the post of Assistant in the office of the Medical Council of India as under:-

“A list of 2 departmental candidates in the Grade of U.D.C. was put before the Committee. It has been observed that there are two posts of Assistant lying vacant in the Council.

As per Recruitment Rules, U.D.C./Store Keeper in the grade of Rs.4000-6000/- with 8 years regular service in the grade or with 3 years regular service in the scale of Rs.4500-7000/- are eligible for promotion to the post of Head Clerk. It is noted by the Committee that the post of Head Clerk was re-designated as Assistant & the pay scale was also upgraded to Rs.5500-9000/-.

After perusal of the records/data submitted before the Committee, the Committee noted that the Annual Confidential Reports of the aforesaid two employees do not contain any adverse remarks and no vigilance case is pending against them. The Committee recommends the following for promotion to the post of Assistant:-

1. *Shri Kanaya Lal Bhan*
2. *Shri Pramodh Singh”*

53. IAMRA biennial conference in Wellington, New Zealand – Follow up on the session “Ethics and Governance of International Medical Regulation.”

Read : The E-mail letter dated 11th June, 2007 from the Executive Assistant, International Association of Medical Regulatory Authorities (IAMRA), USA with regard to follow up on the session “Ethics and Governance of International Medical Regulation” at the recent IAMIRA biennial conference in Wellington, New Zealand.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council decided to nominate Dr. D.J. Borah, Chairman, Ethics Committee, MCI, to participate in the organizational meeting in Toronto, Canada from September 29-October 1,2007.

54. S.B.K.S. Medical Instt. & Research Centre, Piparia, Vadodara - Renewal of permission for admission of 5th batch of students for the academic session 2007-2008 – Compliance verification inspection thereof.

Read : The compliance verification inspection report (11th August 2007) alongwith the letter dated 16.8.2007 for renewal of permission for admission of 5th batch of students for the academic session 2007-2008 at S.B.K.S. Medical Instt. & Research Centre, Piparia, Vadodara.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council considered the compliance verification inspection report (11th August, 2007) alongwith the request received from the college authorities vide letter dated 16.8.2007 to consider the matter in light of facilities/infrastructure available by reducing seats and noted the following:-

1(a) The following teachers have not been considered as their declaration forms have not been endorsed/countersigned by the Principal:-

- (1) Dr. Rajesh Suple-Asstt.Prof. of Medicine.
 - (2) Dr. Bhavesh M. Joshi-Asstt.Prof. of Medicine.
 - (3) Dr. A.C. Israni-Asstt.Prof. of Medicine. Also, he does not possess 3 years experience as Resident required as per Regulations.
 - (4) Dr. P.H. Zanzmera-Asstt.Prof. of Medicine.
 - (5) Dr. Vipul V. Shah-Asstt.Prof. of Medicine.
 - (6) Dr. V. Chanpura-Asstt.Prof. of Paediatrics. Also, no certificates of degree, registration and experience are attached with the declaration form. She has not produced Photo ID.
 - (7) Dr. Y.G. Nayee-Asstt.Prof. of Radiology.
 - (8) Dr. Nilesh V. Shah-Asstt.Prof. of Anaesthesia.
- (b) Dr. Manish K. Meghji, Asstt.Prof. of Community Medicine cannot be considered as he possesses experience of only 2 year 1 month as Tutor/Resident against requirement of 3 year as per Regulations.
- (c) Dr. S. Jain & Dr. Varsha Shah, Asstt.Prof. of Paediatrics cannot be considered as teachers as they do not possess prescribed academic qualification.
- (d) In view of above, the shortage of teaching faculty is 17% (i.e. 29 out of 171) as under:-
- (i) Professors-2 (Forensic Medicine-1, TB & Chest-1)
 - (ii) Assoc.Profs.-9 (Anatomy-2, Forensic Medicine-2, TB & Chest-1, Medicine-3, Anaesthesia-1)
 - (iii) Asstt.Profs.-6 (Physiology-1, Pathology-1, Community Medicine-1, Pharma. Chem.-1, Forensic Medicine-1, Ophthalmology-1)
 - (iv) Tutors-12 (Anatomy-2, Physiology-1, Biochemistry-2, Pathology-2, Pharmacology-2, Forensic Medicine-1 & Community Medicine-2)
- (e) The shortage of Residents is 33% i.e. 38 out of 115) as under:
- (i) Sr. Resident-16 (Psychiatry-1, Surgery-3, Orthopaedics-3, ENT-1, Obst. & Gynae-2, Radio-Diagnosis-4 & Anaesthesia-2)
 - (ii) Jr. Resident-22 (TB & Chest-1, Skin & VD-2, Psychiatry-3, Paediatrics-6, Surgery-5, ENT-3, Obst. & Gynae.-2)

2. Clinical material is inadequate as under:-

	Daily Average	Day of Inspection Upto 2.00 p.m.
OPD attendance	840-1062	510
Bed occupancy %	55-80%	48%
Operative work		
Number of major surgical operations	8-15	3
Number of minor surgical operations	5-15	1
No. of normal deliveries	0-5 per week	-
Number of caesarian sections	0-3 per week	-
Radiological Investigations		
X-ray	50-80	51
Ultrasonography	25-45	09
Special Investigations	1-5	01
C.T. Scan	-	-
Laboratory Investigations		
Biochemistry	250-325	163
Microbiology	25-40	08
Serology	40-55	30
Parasitology	5-10	05
Haematology	300-400	190
Histopathology	1-6	04
Cytopathology	2-6	02
Others (Pathology)	--	-

3. Other deficiencies pointed out in the inspection report.

It was further observed that for the admission of 5th batch of 50 students, the teaching faculty, residents and bed occupancy work out as under:-

- (c) Teaching Faculty – deficiency of 3.41% (i.e. 3 out of 88)
 - (j) Asstt. Professor - 2 (Forensic Medicine – 1, TB & Chest – 1)
 - (ii) Asst. Professor – 1 (Ophthalmology – 1)
- (d) Residents – deficiency of 4.48% (i.e. 3 out of 73)
 - (i) Sr.Residents – 3 (orthopaedics – 1, Obg – 1, Radiodiagnosis – 1)
- (c] Bed Occupancy - 90%

In view of above and noting that the infrastructure, clinical material and other facilities are adequate for reduced intake of 50 students, the members of the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and the Executive Committee of the Council decided to recommend to Central Govt. to renew the permission for admission of 5th batch of 50(Fifty) MBBS students at S.B.K.S. Medical Instt. & Research Centre, Piparia, Vadodara for the academic session 2007-2008.

55. Continuance of recognition of MBBS degree granted by Rajasthan University in respect of students being trained at Mahatma Gandhi Medical College & Hospital, Jaipur – Compliance verification inspection thereof.

Read : The compliance verification inspection report (21st August 2007) for continuance of recognition of MBBS degree granted by Rajasthan University in respect of students being trained at Mahatma Gandhi Medical College & Hospital, Jaipur.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the compliance verification inspection report(21st August, 2007) and noted the following:-

1. (a) The following teachers have not been considered as their declaration forms have not been signed either by the teacher or countersigned by the Principal:-
 - (1) Dr. Vikas Seth-Assoc.Prof. of Pharmacology. Also relieving order from IGMC, Shimla is not available.
 - (2) Dr. Kaushal Gautam is shown as Tutor of Microbiology. However, in the Declaration Form submitted by the Institute neither the Post nor Department are mentioned. He has also not produced original ID proof.
 - (3) Dr. Ashok K. Kanodia-Tutor of Pathology.
 - (4) Dr. Deepak Ghogra-Tutor of Pathology.
 - (5) Dr. Manish Khandelwal- Tutor of Pathology.
 - (6) Dr. Manoj K. Khandelwal is shown as Tutor of Pathology. However, in the Declaration Form submitted by the Institute neither the Post nor Department are mentioned. He has also not produced original ID.
 - (7) Dr. Sandeep Kothari is shown as Tutor of Pathology. However, in the Declaration Form submitted by the Institute neither the Post nor Department are mentioned. He has also not produced original ID.
 - (8) Dr. Rakesh Thakuriya is shown as Tutor of Pathology. However, in the Declaration Form submitted by the Institute neither the Post nor Department are mentioned. He has also not produced original ID.
- (b) Dr. Virender Kumar, Prof. of Anatomy has been appointed on 15.6.2007 after last inspection. He did not present himself upto 3.30pm although the faculty verification of Anatomy Department was over by 10.40am which was reconfirmed from the Principal of the college that no faculty from Anatomy was present and available for verification
- (c) Dr. B.L. Dalal, Prof. of Anatomy has been appointed on 1.5.2007 after last inspection. Even though he was present, he could not produce original ID proof for verification.
- (d) In view of above, the deficiency of the teaching faculty is 12.6% (Shortage of 15 out of 119) as under:-
 - (i) Professor-1 (Anatomy-1)
 - (ii) Assoc.Profs.-6(Anatomy-2, Physiology-2, Pharmacology-1, Psychiatry-1)

(iii) Tutor-8 (Anatomy-1, Microbiology-1, Pathology-6)

(e) The shortage of Residents is 7.14% (Shortage of 6 out of 84)

(i) Sr. Residents-4 (Medicine-1, TB & Chest-1, Radiology-2)

(ii) Jr. Residents-2 (Obst. & Gynae.-2)

2. Clinical material is inadequate as under:-

(b) Although, the institute claims average OPD attendance of 973 and bed occupancy of 79%, the number of special investigations are nil. The average number of CT scan performed is 1 per day. The higher OPD attendance and bed occupancy figures are not commensurate with the number of special investigations and CT scan carried out in the department of Radio-Diagnosis.

(c) Although the institute claims the number of major surgical operations as 19 per day (daily average) and 29 on the day of inspection. The number of Histopathology & Cytopathology investigations are done 2 each which are too low. The number of operations claimed by the institute are not commensurate with the Histopathology & Cytopathology investigations carried out by the institute.

(d) On the day of inspection, only one normal delivery and one caesarian section was carried out.

3. Boys hostel no. 2 and girls hostel no. 2 are partially furnished as inbuilt cupboards are not having any doors.

4. Other deficiencies pointed out in the inspection report.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to give three months time to the college authorities to rectify the above deficiencies and submit the compliance within the stipulated period.

56. Santosh Medical College, Ghaziabad- Renewal of permission for admission of 3rd batch of students against the increased intake i.e. from 50 to 100 for the academic session 2007-2008 – Compliance verification inspection thereof.

Read : The compliance verification inspection report (21st August 2007) for renewal of permission for admission of 3rd batch of students against the increased intake i.e. from 50 to 100 for the academic session 2007-2008 at Santosh Medical College, Ghaziabad.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the compliance verification inspection report (21st August, 2007) and decided to recommend to the Central Govt. to renew the permission for admission of 3rd batch of MBBS students against the increased intake i.e. from 50 to 100 at Santosh Medical College, Ghaziabad for the academic session 2007-2008.

57. Padmashree Dr. D.Y. Patil Medical College, Navi Mumbai– Renewal of permission for admission of 2nd batch of students against the increased intake i.e. from 100 to 150 for the academic session 2007-2008 – Compliance verification inspection thereof.

Read : The compliance verification inspection report (22nd August 2007) for renewal of permission for admission of 2nd batch of students against the increased intake i.e. from 100 to 150 for the academic session 2007-2008 at Padamashree Dr. D.Y. Patil Medical College, Navi Mumbai.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the compliance verification inspection report (22nd August, 2007) and decided to recommend to the Central Govt. to renew the permission for admission of 2nd batch of MBBS students against the increased intake i.e. from 100 to 150 at Padmashree Dr. D.Y. Pail Medical College, Navi Mumbai for the academic session 2007-2008.

58. Approval of Minutes of the Grievance Redressal Committee held on 22nd August, 2007.

Read : The minutes of the Grievance Redressal Committee meeting held on 22.8.2007.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the minutes of the Grievance Redressal Committee meeting held on 22.08.2007.

59. Approval of Minutes of the Teachers Eligibility Qualifications Sub-Committee held on 29th May, 2007.

Read : The minutes of the Teachers Eligibility Qualifications Sub-Committee held on 29th May, 2007.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to approve the minutes of the Teachers Eligibility Qualifications Sub-Committee meeting held on 29th May,2007 with observation that following items be referred back to the TEQ Sub-Committee for reconsideration:-

Item No. 7: **Eligibility to become a Teacher in Surgical Oncology – Dr. Raj Govind Sharma, Associate Professor, Department of Surgery.**

Item No. 16: **Non-acceptance of degree – Dr. Radhakrishnan R. – Reg.**

60. Undertaking given by Dr. Madhavo G. Raje for working in more than one medical college – Action to be taken in view of Code of Medical Ethics.

Read : The matter with regard to undertaking given by Dr. Madhavo G. Raje for working in more than one medical college along with the recommendation of the Ethics Committee.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted the following recommendation of the Ethics Committee:-

“The Ethics Committee heard Dr. Madhao G. Raje who appeared before the Ethics Committee at its meeting held on 9th & 10th July, 2007. Written statement was also taken from him which reads as under: -

Statement of Dr. Madhao G. Raje

I, Dr. Madhao G. Raje did my MBBS from Indira Gandhi Medical College, Nagpur in the year 1983 and I have done my M.D. in FMT from Indira Gandhi Medical College, Nagpur in the year 1987. My registration No. is 54178 with Maharashtra Medical Council and my date of birth is 17.02.1961.

In reply to the allegations against me, I have already submitted my explanation in writing to the Council office and a copy of which I am submitting again which clearly shows that I have not attended any inspection on 25.02.2005 at D.Y. Patil Medical College, Pimpri, Pune. In fact I have resigned from the college on 15.02.2005 and have joined N.K.P. Salve Medical College, Nagpur on 23.02.2005 and I am still working there. In support of my physical presence at Nagpur on 25.02.2005 I am submitting recently received fax cum certificate from Dean, N.K.P. Salve Medical College, Nagpur. These facts clearly prove that I had not worked simultaneously at two medical colleges. It also proves that on 25.02.2005 I was present at Nagpur.

Sd/- Dr. Madhao G. Raje

3.1.12 Dr.Madhao G.Raje

Dr. Madhao G. Raje was asked to be present before the Ethics Committee and he has presented himself before the Ethics Committee on 9.7.2007 and has given his deposition as well as written statement which is reproduced below.

Written statement

“Having read your letter & review in copies of declaration forms attached with your letter, I would like to bring following facts to your notice. (1) Declaration form submitted by NKP Salve medical college is signed by me on 24.2.05. The same is signed by Dean NKP SIMS on 17.03.05, day of MCI inspection. (2) Declaration form submitted by D Y Patil Medical College, Pimpri, Pune is signed by me on 15.12.04 (as per your letter MCI has inspected college on 25.02.05). So these two declaration forms ‘don’t’ reveal that I had worked simultaneously in these two medical colleges. To proceed one step ahead I would like to re-draw the same table of your letter in this way.

Name of the College	Date of joining	Date of Resignation	Date of Inspection
NKP Salve Instt. of Medical Sciences, Nagpur	23.02.05	Not yet	17.03.05
D Y Patil Pratishthan; MC of Women, Pimpri, Pune	18.03.04	15.02.05	25.02.05

I infer/conclude from all this, that there is ‘error’ in judgment. However to support that I had not worked simultaneously, I’m forwarding attested copies of experience certificate & relieving certificate from DY Patil College, which is adequate to confirm the same. Please re-view & kindly acquit me from the charge. With regards, Truly yours, Dr. Madhu G Raje, Prof. & HOD Dept. of Forensic Medicine, NKP Salve Medical College, Nagpur – 19”.

He has further submitted the experience certificate from the Dean, N.K.P. Salve Instt. of Medical Sciences & Research Centre & Lata Mangeshkar Hospital certifying that he is full time faculty at the Department of FMT in the said college w.e.f. 25.2.2005. However, on examination of declaration form, it has been seen that the MCI Inspector during inspection of D.Y. Patil Medical College has accepted him as Assoc. Prof. of Forensic Medicine Deptt. and has sent the form as such thereby. Dr. Madhao.G.Raje was present physically during the inspection of D.Y. Patil Medical College. Therefore a charge of working simultaneously in two medical colleges is tenable in this case.

The above mentioned medical teacher had submitted Declaration Form to the Inspection team of the Council at the time of conduct of inspection of the medical college/institution claiming employment as a full time medical teacher in the concerned medical college/institution. He had also incorporated a statement in the Declaration Form that all the contents and statements made in the Declaration Form duly signed by him are correct and true to his knowledge.

On the examination of the records of the Council i.e. inspection reports and the Declaration Forms submitted by various medical colleges/institutions inspected by the Council, it was prima facie found by the Monitoring Cell of the Council that the above mentioned medical teacher has made misstatements and false declarations in the Declaration Forms submitted by him to the effect and to the result that he has been found to be claiming employment as a full time medical teacher in more than one medical college/institution at the same point of time.

The above mentioned medical teacher was, therefore, issued “Show Cause Notices” calling upon him to explain why appropriate action be not taken against him for submitting more than one Declaration Forms signed and submitted by him claiming employment as full time medical teacher at the same point of time in more than one medical college/institution. Along with the respective “Show Cause Notice”, all the Declaration Forms, which he had submitted to the inspection team of the Council, were also sent to him.

The above mentioned medical teacher, pursuant to the Show Cause Notice issued to him, has submitted his written response giving his clarifications and explanations for the submission of more than one Declaration Form by him.

Upon consideration of the case of Dr. Madhao G. Raje, the Ethics Committee noted that explanation /clarification has not been found to be satisfactory and the misconduct of making mis-declaration/misstatement in Declaration Form having been found to be established.

The Ethics Committee perused the opinion of the Council Advocate Sh. Maninder Singh which reads as follows :-

“Though the issue of interpretation of certain provisions of the Act and the Regulations made thereunder with regard to grant of direct registration and taking action against doctors for misconduct is pending before the Hon’ble Supreme Court, however, since filing of false declarations by the individual doctors with or without the involvement of college authorities with a view to fraudulently mislead the Council for falsely achieving the fulfillment of the minimum teaching requirement in the medical colleges, is a serious violation/offence having the potential of causing serious threat and prejudice to the general public and larger public interest, I am of the prima facie opinion that besides and in addition to informing the police authorities such illegal acts of omission and commission for necessary action, the Council would be well advised and empowered to initiate appropriate proceedings for removal of the names of such medical teachers from the Indian Medical Register, in accordance with law.

The Ethics Committee also perused the decision of the General Body of the Council taken at its meeting held on 12.10.2004 on this matter in similar type of cases, the extract of which is as follows:-

“Over a period of last 1-2 years by considering the inspection reports of various medical colleges seeking permissions /renewals under Section 10A of the Act, it was felt and observed that a large number of doctors are claiming employment as medical teachers in more than one medical college at the same time. It was being observed that the names of the doctors shown as medical teachers in a particular medical college were getting repeated in the inspection reports of certain other medical colleges, in the same proximity of time.

Apparently, the medical colleges and the medical teachers were indulging in such activities only to show to the inspection team of the Council that the colleges concerned are fulfilling the minimum requirement for the teaching staff for seeking permissions/renewals under Section 10A of the Act.

The Council, therefore, to curb such unscrupulous tendencies, started adopting methods in this regard. Declaration forms were introduced to be signed by the doctors claiming employment as medical teachers in any given medical college and that they also remain present along with their declaration forms, at the time of the conduct of the inspection of that college.

Subsequently, a provision for endorsement by the Dean/Principal of the medical college was also introduced in the Declaration Forms to make this requirement more efficient and effective by stating that in the event of any declaration made by a particular medical teacher turns out to be untrue and incorrect, the Dean/Principal of the college putting signatures as endorsement of the truthfulness of the statement made in the declaration would also be held responsible in that event.

Needless to state that the Council has always tried to improve in this regard for ensuring that such misdeclaration /misstatements are completely eliminated or minimized to the extent possible with the clear percept on that the Council should take appropriate action against such erring doctors whenever it is found that the particular doctor has furnished more than one declaration forms towards claiming teaching employment in any medical college when such a doctor has already furnished similar declaration for claiming employment as medical teacher in certain other medical colleges at the same point of time.

This problem has engaged attention of the Council continuously during the last 1-2 years. The cases have also been considered by the Ethics Committee of the Council. Whenever it has been found that a particular doctor is claiming employment as medical teacher at the same point of time in more than one medical colleges, show cause notices had been issued seeking their replies. They were given due opportunities to present their explanation before the Ethics Committee.

This issue was considered by the General Body of the Council with all required seriousness. Undoubtedly, such kind of misconduct is much more serious than the alleged negligence in cases of treating the patients by doctors. Such misdeclarations /misstatements are made to cause deception not only to the Council but also on the Central Govt. for extracting permissions/renewals under Section 10A of the Act.

The worst part is that ultimately it is those innocent students who get admissions in such medical colleges where the minimum required medical teachers are shown only in such a dubious manner, causes irreparable prejudice to the fair interests of those students and further also to the patients who may be treated by such half-backed students who would not get their exposure and training with the minimum required number of medical teachers available to them.

The General Body was clearly of the view that such a tendency has to be completely eliminated and not only curbed. The situation does not brook any lenience in this regard and deserves to be dealt with a heavy hand. No doctor should ever be allowed to make such false declaration and get away with it. Timely efficient action in this regard is the need of the hour. It should also act as an effective deterrent so that others who are getting tempted to indulge into such activities should feel reluctant to do so.”

The Ethics Committee, after detailed deliberations and perusal of all the relevant documents as well as the oral and written statement of Dr.Madhao G. Raje along with the opinion of Advocate of this Council, Sh. Maninder Singh vide his letter dated 29.12.2003 and the decision of General Body dated 12.10.2004, have come to the unanimous decision that he has violated the Professional Conduct, Etiquette and Ethics Regulations, 2002 so far as the following sections are concerned:-

Section 1.1.1.

A Physician shall uphold the dignity and honour of his profession.

Section 1.1.2.

The prime object of the medical profession is to render service to humanity; reward or financial gain is a subordinate consideration. Who- so-ever chooses his profession, assumes the obligation to conduct himself in accordance with its ideals. A physician should be an upright man, instructed in the art of healings. He shall keep himself pure in character and be diligent in caring for the sick; he should be modest, sober, patient, prompt in discharging his duty without anxiety; conducting himself with propriety in his profession and in all the actions of his life.

The Ethics Committee is of the opinion that the Act of Commission in the part of Dr. Madhao G. Raje constitutes PROFESSIONAL MISCONDUCT, which render him liable for disciplinary action.

Under the above mentioned circumstances, the Ethics Committee unanimously recommended that his name may be erased from IMR temporarily for a period of 2 years, as per Section 8.1 of the PROFESSIONAL CONDUCT, ETIQUETTE AND ETHICS REGULATIONS, 2002, which reads as follows :-

“Section 8.1 - PUNISHMENT AND DISCIPLINARY ACTION

“It must be clearly understood that the instances of offences and of Professional misconduct which are given above do not constitute and are not intended to constitute a complete list of the infamous acts which calls for disciplinary action, and that by issuing this notice the Medical Council of India and or State Medical Councils are in no way precluded from considering and dealing with any other form of professional misconduct on the part of a registered practitioner. Circumstances may and do arise from time to time in relation to which there may occur questions of professional misconduct which do not come within any of these categories. Every care should be taken that the code is not violated in letter or spirit. In such instances as in all others, the Medical Council of India and/or State Medical Councils has to consider and decide upon the facts brought before the Medical Council of India and/or State Medical Councils.”

The Ethics Committee decided that the aforesaid decision may be placed before the Executive Committee and General Body of the Council for their approval and thereafter necessary action may please be taken following the procedure laid down in the Council.”

It was decided that the above decision of the Ethics Committee be placed before the General Body of the Council.

61. Meenakshi Medical College & Research Institute, Enathur –Renewal of permission for admission of 5th batch of students for the academic session 2007-2008- Verification inspection thereof.

Read : The verification inspection report(23rd August, 2007) for renewal of permission for admission of 5th batch of students for the academic session 2007-2008 at Meenakshi Medical College & Research Institute, Enathur .

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the verification inspection report (23rd August, 2007) and decided to reiterate its earlier decision taken at its meeting held on 13th & 14th June, 2007 recommending to the Central Govt. to renew the permission for admission of 5th batch of 100(One hundred) MBBS students at Meenakshi Medical College & Research Institute, Enathur for the academic session 2007-2008.

62. K.J. Somaiya Medical College, Mumbai- Renewal of permission for admission of 9th batch of students against the increased intake i.e. from 50 to 100 for the academic session 2007-2008 – Compliance verification inspection thereof.

Read : The compliance verification inspection report (23rd August 2007) for renewal of permission for admission of 9th batch of students against the increased intake i.e. from 50 to 100 for the academic session 2007-2008 at K.J. Somaiya Medical College, Mumbai.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the compliance verification inspection report (23rd August, 2007) and noted the following:-

1. (a) The shortage of teaching faculty is 29.13% as under:-

- (i) Prof. - 4 (Biochemistry -1, Forensic Medicine -1, Community Medicine -1 & Orthopaedics -1)
- (ii) Assoc. Prof. - 6 (Physiology -2, Biochemistry -1, Pharmacology -1, Forensic Medicine -1, Paediatrics -1)
- (iii) Asst. Prof. - 14 (Anatomy -2, Pharmacology -1, Pharmachemist -1, Pathology -1, Forensic Medicine -1, Community Medicine -1 Statistician -1, General Medicine -4 & Paediatrics -2)
- (iv) Tutor - 13 (Anatomy -1, Physiology -2, Biochemistry -1, Pharmacology -3, Pathology -2 & Community Medicine -4)

(b) The shortage of Residents is 5.8% as under:-

- (i) Sr. Resident - 5 (General Medicine -2, General Surgery -1, Orthopaeides -1 & Anaesthesia -1)

2. Clinical material is inadequate as under:-

	Daily Average	Day of Inspection
OPD attendance	506	435
Casualty attendance	54	20
No. of admissions/discharge	55/54	47/11
Bed occupancy %	56%	55%

Operative work				
Number of major surgical operations	11		6	
Number of minor surgical operations	5		7	
No. of normal deliveries	3		6	
Number of caesarian sections	1		-	
Radiological Investigations	O.P.	I.P.	O.P.	I.P.
X-ray	42	16	47	8
Ultrasonography	29	5	27	7
Special Investigations	2	-	2	1
C.T. Scan	-	-	-	-
Laboratory Investigations	270	157	224	63
Biochemistry	102	80	91	27
Microbiology	5	11	1	4
Serology	23	8	8	3
Parasitology	2	2	2	2
Haematology	97	45	113	16
Histopathology	2	6	3	7
Cytopathology	5	1	-	-
Others	9	5	6	4

Observations: -

- OPD attendance is low for 100 seats.
 - Bed occupancy is only 55%.
 - Caesarian sections are not adequate
 - Radiological investigations are quite low.
 - CT scan is not available.
3. In OPD, teaching areas with a capacity of 15-20 are available in main departments except surgery.
 4. Auditorium is available as a plain hall with a capacity of 350 seats against the requirement of 500, which is not adequate and not as per Regulations. Deficiency persists.
 5. Animal house has been shifted to Pharmacology department and located on one side of the pharmacy lab. In the animal house, air-conditioner is provided but was not found to be in use. The hygiene of the room in which the animals are kept is very poor and is stinking. Animals not available in the animal house are Rats & Large animals. Facilities for experimental work are not available. Deficiency persists.
 6. The casualty has only 12 beds which is inadequate against the requirement of 20 as per Regulations. There were no patients in the casualty on the day of inspection. Deficiency persists.
 7. Two of the lecture theatres in the college have a capacity of only 80 each which is inadequate as per Regulations. Lecture theatres in the hospital is of level type with capacity of 60 which is not as per Regulations. Deficiency is partially rectified in the lecture theatres, the capacity has been increased from 80 to 100 by adding few wooden benches. In Hospital only the space is earmarked for the lecture theatre.
 8. Hostel accommodation for boys & girls are grossly inadequate as under:-

Hostels	No.	Rooms	Capacity	Furnished Yes/No	Mess Yes/No
Boys	Two	15	15x3=45	Yes	Yes
Girls	One	12	12x3=36	Yes	Yes

- Accommodation is available only for 81 students against the requirement of 500 students at this stage. Hostels for students are located outside the campus at a distance of 4 kms. which is not as per Regulations. Deficiency persists.
9. Nurses accommodation is grossly inadequate as under:-

Hostels	No.	Rooms	Capacity	Furnished Yes/No	Mess Yes/No
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Nurses	One	4	20	Yes	Yes
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- On the 4th floor of the college building, 37 wooden partitioned rooms are provided for the interns and residents with a capacity of 111. Only cots have been provided. There is no other furniture.
10. There is a combined hostel for interns & residents with a capacity of 1,1,1 which is grossly inadequate. Deficiency persists.
 11. In the department of Radio-Diagnosis, CT scan is not available. Deficiency persists.
 12. In the CSSD, glove inspection machine and instrument washing machine are not available. The receiving and distribution are not separate. Mixtures are not available. Adequate CSSD facilities are not available. Deficiency persists.
 13. There is no separate ICCU, Medical & Surgical ICCU, and Burns ICU. There is a combined ICU with 8 beds which is not as per Regulations. Deficiency persists.
 14. Total 6 quarters are available within the campus and two are available outside the campus at a distance of two kms. for the teaching faculty which are inadequate against the requirement of 60 quarters at the present stage. Deficiency persists.
 15. There are 7+1 (minor) operation theatres having total 9 tables which is inadequate against the requirement of 10 O.T.'s for the present stage. There is no separate earmarked post operative ward; each OT has its own 2 -3 post operative beds. Deficiency persists.
 16. In the department of Anatomy, the demonstration rooms do not have adequate seating arrangements. The research laboratory is not adequately equipped. Deficiency persists.
 17. In the Department of Physiology – No artificial light in Haematology Laboratory. Clinical Physiology Laboratory – only a space has been earmarked for Physiology Research lab on the 6th floor of the college building. Deficiency persists.
 18. In the department of Pharmacology, museum is over-crowding of samples and display of samples needs to be reorganized. Deficiency persists.
 19. In the department of Microbiology, the research laboratory and departmental library are located in one room.
 20. In the department of Community Medicine, the demonstration room is having the capacity of 40 which is inadequate as per Regulations.
 21. In the department of Forensic Medicine, there is no Research Laboratory. The mortuary is not as per Council norms. It is located in one room only. The research laboratory is available but poorly equipped. Deficiency persists.
 22. Other deficiencies pointed out in the inspection report.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to reiterate its earlier decision taken at its meeting held on 2.4.2007 recommending to the Central Govt. not to renew the permission for admission of 9th batch of MBBS students against the increased intake i.e. from 50 to 100 for the academic session 2007-08 at K.J. Somaiya Medical College, Mumbai.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further decided to reiterate its earlier decision to disapprove the scheme and return the application to the Central Government as the institution has failed to provide adequate facilities required as per Regulations inspite of numerous attempts over a period of 8(eight) years and the same deficiencies have been observed consecutively for a period of more than 4 years.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further decided to reiterate its earlier decision to issue a show cause notice to the institute why the recognition for the award of MBBS degree should not be

withdrawn u/s 19 of the IMC Act, 1956 and further decided to place the inspection report before the Postgraduate Committee. Copy of the letter be also marked to DME of the concerned State Govt., Registrar of the University to which the college is affiliated and also to the member of the MCI representing the State where the college is located.

63. Continuance of Recognition of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore in respect of students being trained at Sree Siddhartha Medical College, Tumkur- Compliance verification inspection thereof.

Read : The compliance verification inspection report (23rd August 2007) for continuance of recognition of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore in respect of students being trained at Sree Siddhartha Medical College, Tumkur.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the compliance verification inspection report 23.08.2007 and decided to recommend that the recognition of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore in respect of students being trained at Sree Siddhartha Medical College, Tumkur be continued restricting the number of admissions to 130 (One hundred thirty) students annually.

It was further decided that the recommendations of the Committee with regard to continuance of recognition of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore in respect of students being trained at Sree Siddhartha Medical College, Tumkur will be placed before the General Body of the Council for its consideration and approval.

64. NHRC – Review Meeting on the Recommendations of Core Group on Health & Public Hearing on Health. – Reg.

Read : The minutes of Sub-Committee with regard to review meeting on the recommendations of Core Group on Health & Public Hearing on Health.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council accepted the following report of the Sub-Committee with regard to review meeting on the recommendations of Core Group on Health & Public Hearing on Health:-

“Report of the Sub-Committee on NHRC – Review meeting on the recommendations of the Core Group on Health & Public Hearing on Health

Minutes of the meeting held on 21.08.2007 at the office of Medical Council of India, New Delhi.

Members Present – Prof. P.N. Tandon, Former Prof. & Head of Neuro-Surgery, A.I.I.M.S, New Delhi.

*Dr. Sneh Bhargava, Former Director of AIIMS
Consultant Radiologist, New Delhi.*

*Dr. G.B. Gupta, Professor & Head, Department of Medicine, Pt.J.N.M. Medical
College, Raipur (Chhattisgarh)*

*Dr. P.K. Sur, Director, Institute of Postgraduate Medical Education & Research,
Kolkatta (West Bengal)*

Reference letter D.O. No. 11/9/2001-PRP&P, dated 03.01.2007 from Dr. Justice Shivaraj V. Patil, Acting Chairperson, National Human Rights Commission, New Delhi stating that NHRC in its “Review Meeting on the Recommendations of Core Group on Health and Public Hearing on Health” that was held on 4th of March, 2006 at Vigyan Bhavan, New Delhi has made a number of recommendations. Out of these recommendations, the following three have a direct bearing on the mandate of the Medical Council of India (MCI). There is dearth of trained manpower in rural and remote parts of the country. This is perpetuating poor correctional measures to reduce infant mortality Rate (IMR) and Maternal Mortality Rate (MMR). India has committed itself to fulfilling Millennium Development Goals (MDGs) and the need therefore is to evolve methods to correct the fallacy. These recommendations are as follows:-

- I. The MCI should design a three-year course for training doctors on basic preventive and curative health services so that the paucity or non-availability of manpower is taken care of. Another alternative is to have one year bridge course for doctors of Indian System of Medicine and post them at the CHCs and PHCs.*

- II. *There is need to give recognition to 'mid-wife course' and induct more number of local women to practice as mid-wives independently. A 2-3 year course will enable these women to ensure proper pre-natal, ante-natal care and also handle institutional deliveries. This in a way would contribute to reduction in MMR.*
- III. *MCI should consider developing 'Emergency Medicine' as a speciality.*

The Committee deliberated upon the above 3 issues.

Issue No. 1 – Three years course for training of doctors - It was pointed out by NHRC that there is dearth of trained manpower in rural and remote parts of the country. The required norm for doctor patient ratio is 1:3500 (reference - Govt. of India, Bulletin on Rural Health Statistics in India, June,1993, DGHS, New Delhi). The current data reveals that there is 1:1429 doctor patient relationship as reported by WHO 2006 in India (reference - The Rural Health Report 2006 – Working together for Health).

There is no dearth of allopathic doctors. The statistics from West Bengal also reveals that the doctor population ratio in rural areas is 1:4476 and in urban areas is 1:783 (reference Health on March 2006-07, Govt. of West Bengal). This shows that the real problem is of mal distribution of doctors between rural and urban areas than that of their actual numbers.

There was existence of 3 years Licentiate Medical Practitioners (LMP) course in the country which was abolished about 40 years ago because of its short comings. It was again tried by the Government of West Bengal and Govt. of Chhatisgarh. A short term course of 3 years allopathic medicine in the past and had to stop them after 3 years due to various problems:

- (i) They wanted to settle in the urban areas and not in the rural areas for which they were primarily meant.*
- (ii) They wanted salary etc. at par with the Medical Officers of the Government.*
- (iii) Prescribing drugs under Pharmacy Act was not possible and it require establishment of a separate Board in the State which would give them registration. In the existing Pharmacy Act, "drugs are to be sold on the prescription of registered medical practitioners only".*
- (iv) Certificate of illness and fitness issued by them will be acceptable to all (State Governments and others).*
- (v) Issue of death certificate while caring for a sick person.*
- (vi) Filling up of LIC claims forms etc.*
- (vii) Medico-legal cases, Legal cases*
- (viii) Court cases- challenging the start of the course by different organizations.*

In the light of above facts, the 3 years course could not be sustained in these States and were stopped. The purpose of starting these courses in both the States was not achieved.

The Committee also feels that the above cited problems would also be relevant for "nurse practitioner". It also felt that restricting the diploma holders or nurse practitioner to rural areas only may not be feasible or constitutional viable even if they are granted registration by the State Regulatory Authority. They would be able to practice anywhere within the State including urban areas.

The Committee feels that imparting modern medical care requires minimum level of knowledge and expertise, which has been reflected in the graduate medical course (as per MCI) in India and i.e. fairly standardized in content and time. Any abridgement of that requirement will be harmful for the people at large. Population of rural area should also be provided with standard medical care.

However, the Committee deliberated upon the requirement of the health care in the country, particularly in the rural areas and was of the opinion that some kind of services should be provided by generating/training persons for the purpose. It was thought that a new category of "Community Health Assistance" be developed which will be able to provide immediate first aid care and emergency services and able to treat common medical disorder. They should be posted in PHCs, CSCs and villages. The Committee felt that the Govt. should have career advancement programme for the workers where after initial service of 5 years in the rural setting, they should be brought back to District Hospital for training of one year and should be promoted as "Senior Community Health Assistance". On further discussion, two questions were raised (i) the duration and contents of the training and (ii) who should be recruited for training. Looking to the problem of settling of these trained persons into urban areas, it was thought that persons residing in the area be preferred with 10+2 of any scheme and trained for 2 years. Here, a special system of health care delivery was discussed which is currently operating in Chhatisgarh of "Mitanin" where ladies workers residing in the villages and provide health care in the area. Such kind of existing para medical staff may be upgraded in their knowledge also to function as "Community Health Assistance".

The Committee therefore recommends that instead of starting 3 years course for training doctors on basic preventive and curative health services does not appear justified rather than Government may adopt any of the training programme, suggested above. In addition, we may seriously consider looking at some of the existing programmes for providing rural health care like the one carried out by Dr. Devi Shetty at Narayan Hrudayalaya of Bangalore.

The alternate proposal of one year bridge course for doctors of Indian System of Medicine and post them at the CHCs and PHCs. The Indian System of Medicine consists of Ayurveda, Siddha and Unani. Right to practice a system of medicine is derived from the Act under which a medical practitioner is registered. In a Civil Appeal No. 8856 of 1994 the Hon'ble Supreme Court of India in a case of Poonam Varma Vs. Dr. Ashwin Patel and Ors. has following para in the judgement:

“.....41. A person who does not have knowledge of a particular System of Medicine but practices in that System is a Quack and a mere pretender to medical knowledge or skill, or to put it differently a Charlatan.....”

As per the Indian Medical Council Act, 1956, there is no scope of one year bridge course of Indian System of Medicine, hence, the Committee rejects this proposal.

Issue No. 2 – Regarding Recognition of ‘mid-wife’ course – The Committee recommends that the same “Community Health Assistance” will be trained for the said purpose.

Issue No.3- Regarding developing “Emergency Medicine” as a speciality - The Committee discussed the point regarding “Emergency Medicine” programme and it was deliberated that –

- (i) Large number of road traffic accident/trauma cases are approaching for treatment.*
- (ii) The acute emergency patients having multiple problems may be treated promptly by the trained staff in emergency medicine.*

The Committee strongly feels that MD (Emergency Medicine) course should be started.”

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

A P P R O V E D

(Dr. P.C.Kesavankutty Nayar)
President (Acting)

New Delhi, dated the
24th August, 2007

