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**MINISTRY OF HEALTH AND
FAMILY WELFARE
(DEPARTMENT OF HEALTH)**

**ALL INDIA INSTITUTE OF
MEDICAL SCIENCES**

**ESTIMATES COMMITTEE
1990-91**

NINTH LOK SABHA



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**LOK SABHA SECRETARIAT
NEW DELHI**

**THIRD REPORT
ESTIMATES COMMITTEE
(1990-91)**

(NINTH LOK SABHA)

**MINISTRY OF HEALTH AND
FAMILY WELFARE
(DEPARTMENT OF HEALTH)
ALL INDIA INSTITUTE OF
MEDICAL SCIENCES**

**Action Taken by Government on the recommendations
contained in the Seventy-ninth Report of Estimates
Committee (Eighth Lok Sabha)**



***Presented to Lok Sabha on 10 August, 1990
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**LOK SABHA SECRETARIAT
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7. **Shri Kailash Nath Singh Yadav**

INTRODUCTION

1. The Chairman of Estimates Committee having been authorised by the Committee to submit the Report on their behalf present this Third Report on action taken by Government on the recommendations contained in the Seventy-Ninth Report of the Estimates Committee (Eighth Lok Sabha) on the Ministry of Health and Family Welfare, Department of Health—All India Institute of Medical Sciences.

2. The Seventy-Ninth Report was presented to Lok Sabha on 26th April, 1989. Government furnished their replies indicating action taken on the recommendations contained in that Report on 8th December, 1989. The replies were examined and the Draft Report was adopted by the Estimates Committee at their sitting held on 12 June, 1990.

3. The Report has been divided into following chapters:—

- (i) Report
- (ii) Recommendations/observations which have been accepted by Government.
- (iii) Recommendations/observations which the Committee do not desire to pursue in view of Government's replies.
- (iv) Recommendations/observations in respect of which replies of Government have not been accepted by the Committee.
- (v) Recommendations/observations in respect of which final replies of Government are still awaited.

4. An analysis of action taken by Government on the recommendations contained in Seventy-Ninth Report of Estimates Committee (Eighth Lok Sabha) is given in Appendix. It would be observed that out of 71 recommendations made in the Report 34 recommendations *i.e.* about 47.88 percent have been accepted by Government. The Committee have desired not to pursue 16 recommendations *i.e.* 22.54 percent in view of the Government's reply. Replies have not been accepted in respect of 15 recommendations *i.e.* 21.12 per cent. Final replies of Government in respect of 6 recommendations *i.e.* 8.46 per cent are still awaited.

NEW DELHI;
July 13, 1990.

Asadha 22, 1912 (S).

JASWANT SINGH,
Chairman,
Estimates Committee

CHAPTER I

REPORT

1.1 This Report of the Estimates Committee deals with Action Taken by Government on the recommendations contained in their 79th Report (8th Lok Sabha) on the Ministry of Health and Family Welfare (Deptt. of Health)—All India Institute of Medical Sciences which was presented to Lok Sabha on 26th April, 1989.

1.2 Action Taken Notes have been received in respect of all the recommendations contained in the Report. These Action Taken Notes have been categorised as follows:—

- (i) Recommendations/Observations which have been accepted by the Government:
Sl. Nos. 1,3,4,5,8,9,10,17,18,26,27,29,30,31,34,35,
40,41,42,43,47,54,59,60 64,65,66,68,69,70,71.
(Total 34 Chapter II)
- (ii) Recommendations/Observations which the Committee do not desire to pursue in view of Government's replies:—
Sl. Nos. 2,14,19,20,21,22,23,33,38,39,49,53,55,57,58,67.
(Total 16 Chapter III)
- (iii) Recommendations/Observations in respect of which Government's replies have not been accepted by the committee:
Sl. Nos. 6,7,11,12,24,25,28,44,45,46,48,50,51,52,56.
(Total 15 Chapter IV)
- (iv) Recommendations/Observations in respect of which final replies are still awaited:—
Sl. Nos. 13,15,16,32,36,37.
(Total 6 Chapter V)

1.3 The Committee will now deal with action taken by Government on some of the recommendations.

Recommendation Sl. No. 4 (Para 1.32)

Relationship between MCI and AIIMS

1.4 The Committee had observed that relevant statutes of the AIIMS as well as that of Medical Council of India be amended suitably, with due ~~promptness~~ so as to provide for a formal representation of the Institute on the Council and *Vice Versa*.

1.5 The Ministry in its reply stated that while suitable amendment to Indian Medical Council Act was being considered so that the Director,

AIIMS would be an *ex-officio* member of the Medical Council of India, corresponding representation of Medical Council of India on the Institute Body of AIIMS would be considered as and when proposal for amendment to the AIIMS was taken up at the appropriate time.

1.6 The Committee while welcoming the steps being taken to carry out necessary amendment to Indian Medical Council Act so that the Director, AIIMS could become an *ex-officio* member of the Medical Council of India also desire that amendment to the AIIMS Act to provide for the representation of Medical Council of India on the Institute Body of AIIMS should also be carried out expeditiously. This is to enable the AIIMS to demonstrate effectively high standards of medical education to all medical colleges and other allied institutions in the country. They would like to be apprised of developments in this regard.

Recommendation Sl. No. 5 (Para 1.33)

Coordination between PGI and AIIMS

1.7 The Committee had recommended that while providing super-specialist facilities there should be close coordination between the PGI and AIIMS in the matter of capital construction, import and purchase of sophisticated equipment and expansion of existing specialised departments. They had also found it desirable that there should be a more constructive dialogue and exchange of knowledge on medical education and research.

1.8 The Ministry stated in its reply that Directors of both the Institutes had been advised to take note of the aforesaid recommendation for effective action.

1.9 The Committee are not satisfied with the above reply of the Ministry. This is a vital matter relating to provision of super-specialist facilities in the Northern Region. It is necessary that concrete action is taken in the matter. Only that will ensure a more meaningful dialogue and exchange of knowledge on Medical Education and Research. The Committee are of the view that effective coordination between AIIMS and PGI, in the matter of providing super-specialist facilities would eventually result in providing better medical facilities, in the development of medical education and research, and would also result in economy. They would like to be apprised expeditiously of further developments in this regard.

Non-availability of infrastructure for formal collaboration between AIIMS and other Central Health and Medical Institutions in the country

1.10 The Committee had recommended that there should be frequent exchange of ideas. For this, it is vital that there is participation of faculty of all the major National Health and Medical Institutions in the country. This would facilitate medical education and research. The Committee had desired that the Ministry should formulate and implement necessary proposals, on a priority basis, to achieve the above objectives.

1.11 The Ministry in its reply stated that a number of workshops,

seminars are being conducted in different parts of the country, as well as in the AIIMS in which the faculty staff of the AIIMS and other national institutions do take part and exchange ideas.

1.12 The Committee while appreciating the clarifications provided would wish to know what additional steps are being taken for developing infrastructural facilities like Guests Houses, Scholars Hostels etc. This had been recommended by the Committee. The Committee are of the view that this aspect should be re-examined and the comments of the Ministry made available.

Recommendation Sl. No. 7 (Para 1.35)

Opening of Branches of AIIMS in Metropolitan cities

1.13 The Committee had recommended that it was absolutely essential to open either Branches of AIIMS in metropolitan cities like Bombay, Calcutta and Madras or to open other similar central Institutes of excellence there.

1.14 The Ministry stated that a Regional Institute of Post Graduate Medical Education and Research, fully financed by the Government of India, was being set up at Shillong. As regards the opening of other institutes the Ministry stated that due to paucity of funds it was not possible to do so as the AIIMS had been allotted funds to the extent of Rs. 32 crores during the 7th Plan period.

1.15 The Committee appreciate the aspect of extreme stringency of funds. It is however the view of the Committee that to have only one Centre like the AIIMS is an unsatisfactory position. They, therefore, desire that the Ministry must approach the Planning Commission for the release of additional funds so that an extension of medical facilities in the country are more evenly spaced out. The Committee are of the view that to concentrate all facilities only in the Capital is not satisfactory. The Committee would therefore urge the Ministry to take steps in this regard and to apprise the Committee about them.

Recommendation Sl. Nos. 11 and 12 (Paras 2.45 and 2.46)

Collection of information regarding Specialists, Super-Specialists, etc. trained at various Institutes

1.16 The Committee had recommended that the Ministry should take concrete steps to assess the existing strength of teachers, specialists etc. and to identify areas in which there was deficiency of medical manpower. Also to, thereafter, take effective remedial measures with the promptness. A reference was also made to the earlier Action Taken reply of the Ministry, furnished in Nov., 1983, with regard to the Fifty-third Report (Seventh Lok Sabha). This had desired that efforts should be made to evolve a standard procedure for keeping track of the specialists and super-specialists, trained at the institutes.

1.17 The Ministry states in reply that the information was being

collected from the various State Governments and other sources. It was also stated that more reliable data would become available at the time of census, 1991.

1.18 The Committee do not find this satisfactory at all. It is unfortunate, and disquieting, that even though a reply was furnished by the Ministry in November, 1983, that efforts to evolve a standard procedure for keeping track of specialists and super-specialists trained, it does not appear to have been acted upon. The census of 1990-91, being cited by the Ministry as the occasion when such information would be compiled is a strange rationale. The Committee are of the view that it should be within the powers of the Ministry to obtain the required data and to keep it updated at all times. In the absence of such data, there can be no proper utilization of specialists' and super-specialists' man power of the country. The Committee would therefore desire the Ministry to give the matter the priority that it merits, to have the information compiled early and to apprise the Committee about the steps taken by the Ministry in this regard.

Recommendation Sl. No. 18 (Para 2.52)

Abolition of Capitation fee, observance of minimum standards by medical colleges, etc.

1.19 The Committee had recommended that capitation fees for admission to Medical Colleges should be totally abolished. Further, that the MCI should have sufficient powers to ensure minimum standards of medical education in the country. The Committee had also desired that the system of monitoring by MCI should be improved, that the periodicity of inspections presently once in 5 years, should be reduced to once in 3 years. This was to oversee the arrangements in regard to accommodation, staff standards, medical equipment etc. They also recommended the establishment of a National Medical and Health Education Commission which could be vested with adequate financial powers to properly monitor the quality of education in medical colleges and Institutes.

1.20 In its reply the Ministry stated that the Indian Medical Council (Amendment) Bill, which had been finalised by the Joint Committee of both Houses of Parliament, and which would be placed before Parliament for their consideration, in the next session, provided for abolition of capitation fee. Further, the Medical Council of India had agreed to undertake inspections of medical colleges after every 3 years, as recommended by the Committee, provided more funds were made available to them. As regards establishment of Medical and Health Education Commission, the Ministry stated that the modalities of setting up of a Commission would be worked out, in due course, and that the Committee's direction regarding the framing of rules for the Commission would be kept in view.

1.21 While appreciating the proposal of the Ministry regarding the Indian Medical Council (Amendment) Bill, which provides, for abolition of capitation fee, the Committee hope that scrupulous care would be taken to

ensure that the spirit of the Committee's recommendation is not defeated. Further, that emphasis is laid on the strict observance of minimum standards by all Medical colleges throughout the country. The Committee would, therefore, reiterate their recommendation about the Medical Council of India, and that this Council would be empowered to prevent an unchecked growth of medical colleges and institutions, then also to ensure a rigid observance of the prescribed standards. The Committee also desire that the Medical Health and Education Commission as recommended, ought to be considered by the Government.

Recommendation Sl. No. 25 (Para 2.71)

Exchange Programme between faculty of AIIMS & Scientists of other Medical Institutes

1.22 The Committee had desired the Ministry to take steps to introduce the Exchange Programmes between the faculty of AIIMS and Scientists working at other Medical Institutes in India. This had been accepted by the Academic Committee in 1974 so that there was a proper exchange of ideas.

1.23 The Ministry in its reply stated that it had not been found feasible to have an exchange programme between the faculty of AIIMS and scientists working at other medical institutions, particularly in view of the continuous academic research and patient care programmes, in operation, in the Institute, for which the regular faculty of the AIIMS must be available. However, the teachers of other medical colleges do attend workshops and seminars, conducted in the AIIMS, and do also get training at the AIIMS for short periods. Further, the faculty of AIIMS were sent wherever new institutions were set up.

1.24 The Committee while appreciating the constraints pointed out by the Ministry, nevertheless, recommend that exchange programmes between the faculties of AIIMS and scientists working at other institutions would be fruitful for the entire medical community. It is the Committee's hope that the Government would work in this direction.

Recommendation Sl. No. 28 (Para 2.90)

Establishment of a Dental College at AIIMS

1.25 The Committee had recommended that the Ministry would endeavour to establish a Dental College at the AIIMS as provided in their Act.

1.26 The Ministry in its reply stated that the recommendations of the Committee would be duly kept in view as and when the Ministry considered a proposal to set up a Dental College in Delhi.

1.27 The Committee find it unfortunate that Ministry has relegated the recommendation of the Committee to some future unspecified date. The setting up of a Dental College, as a recommendation of the Committee,

merits acceptance by the Government. It is not sufficient for the Ministry to relegate it to the future on the grounds "when a proposal is received". The Committee's recommendation should, therefore, be re-examined by the Government and its response made available at the earliest.

Recommendation Sl. No. 29 (Para 3.27)

Review of Research Projects

1.28 The Committee had noted that there was no evaluation/review by an independent body of the research and the experiment done at the AIIMS.

1.29 The Ministry stated that it would request ICMR to take independent evaluation/review of the Research and Experiments done by the AIIMS.

1.30 The Committee would like to be apprised about the status of the request made by the Ministry to the I.C.M.R. about an independent evaluation/review of the research and experiments done by the AIIMS.

Recommendation Sl. Nos. 30 and 31 (Paras 3.28 & 3.29)

Review of on-going research projects

1.31 The Committee was extremely concerned to note that the Government had not implemented their earlier recommendations about review of on-going research projects which was required to be done by the Director half-yearly and by the Government every three years. They desired the Government to get the review done, by the Director, half-yearly and by the Government once in three years without any further loss of time.

1.32 The Ministry in its reply stated that the Director, AIIMS had been asked to undertake a half-yearly review in conjunction with the Dean concerned. As regards the review by the Government, the Ministry would appoint a Committee to review the research work done by the Institute.

1.33 The Committee are pained to note that no review has been undertaken by the Director, AIIMS even by the time Action Taken replies had been received by the Committee. This is despite the fact that a review by the Director, AIIMS was to be undertaken every 6 months. The Committee must place on record its serious concern at the indifference shown by the Ministry in implementing the recommendations duly made by the Committee. It is the desire of the Committee that the Ministry ought not to permit such lapses in future.

Recommendation Sl. Nos. 44 and 45 (Paras 6.4 & 6.5)

Introduction of modern management concepts and overall medical audit

1.34 The Committee had recommended that modern management concepts and overall medical audit should be introduced in AIIMS and PGI, Chandigarh.

1.35 The Ministry in its reply stated that AIIMS had already taken steps

to introduce modern management concepts in managing various Departments of the Institute and the staff in various departments was also being trained in modern management techniques.

1.36 While welcoming the steps taken by the Ministry in introducing modern management concepts in the AIIMS the Committee desire that similar steps should be taken in regard to PGI, Chandigarh as recommended by them earlier.

Recommendation Sl. Nos. 46 & 48 (Paras 6.33 & 6.35)

Conversion of AIIMS, New Delhi and PGI, Chandigarh into Referral Hospitals.

1.37 The Committee had recommended that indepth examination by an Experts Committee, relating to the conversion of AIIMS, New Delhi and PGI, Chandigarh into referral Hospitals should be undertaken expeditiously. It had also deplored the delay in undertaking such an examinations which had been recommended, by the Committee, in their 70th Report presented to the Lok Sabha on 24th April, 1984. The Committee had recommended that effective remedial measures should be taken to augment OPD facilities, by creating more space and infrastructure for further expansion. They had also desired that the introduction of a system of screening OPD be expedited. ofas

1.38 In its reply the Ministry stated that OPDs., Wing was proposed to be re-organised in the 8th Five Year Plan. As regards the question of making AIIMS a Referral Hospital it was stated that no hasty steps should be taken to make it a referral hospital since there was a need for variety of general out-patient cases for the clinical training of MBBS students studying in AIIMS.

1.39 The Committee note that the Ministry has not given a specific reply regarding an in depth examination as promised to be done by an Experts Committee relating to the conversion of AIIMS, New Delhi and PGI, Chandigarh into referral hospitals. They would like to reiterate that every care should be taken to prepare replies to the observations of the Committee and desire that the tendency to give evasive replies ought to be strictly curbed. The Committee, while reiterating their earlier recommendations in this regard, urge the Ministry to give a specific reply in the matter with due promptitude.

While the Committee appreciate the point of the Ministry that no "hasty steps" are to be taken regarding the conversion of AIIMS as a referral hospitals, it is the view of the Committee that such a conclusion ought to be the consequence of an indepth examination by an Experts Committee, as already recommended, and not merely a reiteration of the Ministry's position. The Committee would like to know the Ministry's response.

Recommendation Sl. No.-50 (Para 6.66)*Drawing of perspective plan for AIIMS Hospital*

1.40 The Committee had recommended that a perspective plan relating to indoor admission of patients in AIIMS Hospital should be drawn in association with experts. It should take into account the likely increase in the number of patients due to increase in the population influx of outsiders etc.

1.41 In its reply the Ministry stated that the present bed strength of the surgical units was proportionate to the "operation capability of the Hospital". It was, however, hoped that with the augmentation of the other facilities the strength would gradually increase in future.

1.42 The Committee expresses their disappointment that the Ministry has not reacted to their suggestion of drawing up a perspective plan relating to indoor facilities available in the AIIMS Hospital. While reiterating their earlier recommendation, they desire the problem to be examined in depth so that patients in dire need of medical help are not denied admission in the hospital due to paucity of beds. They would like to be apprised of the exact position in this regard.

Recommendation Sl. No. 51 (Para 6.67)*Opening of Psychiatric Ward*

1.43 The Committee had recommended the opening of an exclusive indoor Psychiatric Ward especially equipped to deal with such patients.

1.44 In its reply the Ministry stated that it might be feasible to plan a complete Psychiatric ward in future with all modern facilities depending upon the availability of funds and other resources.

1.45 The Committee appreciate the point about fund availability. They, however, reiterate their earlier recommendation on grounds of the need for a complete psychiatric Ward for indoor patients. They would like to be apprised of developments in this regard.

Recommendation Sl. No. 52 (Para 6.68)*Doctor-patient ratio*

1.46 The Committee had found that there were no norms fixed for doctor-patient ratio in the AIIMS Hospital, further that the Institute was in the process of evolving such norms. The Committee had desired that since the Government had taken a final decision in regard to the recommendations of the Bajaj Committee, regarding to norms for a doctor-patient ratio, they should be apprised of further developments in this regard.

1.47 The Ministry in its reply stated that the Bajaj Committee's recommendations on the staffing pattern would be taken into consideration by the AIIMS Hospital while finalising norms for the Institute. The

AIIMS would be asked to finalise the norms at the earliest, keeping in view Bajaj Committee's recommendations.

1.48 The Committee would wish to be informed of progress in this regard; as to by when norms for staffing are likely to be finalised in accordance with Bajaj Committee's recommendations.

Recommendation Sl. No. 56 (Para 6.77)

Review of arrangements in regard to maintenance machines, availability of drugs and injections, etc. in Casualty and Emergency Service.

1.49 The Committee had asked the Institute to ensure that the maintenance of machines and life saving equipment was exemplary and that they were in operational use at the time of emergencies. It was also desired that efficiency of arrangements in this regard should be periodically reviewed, at an appropriate level, so that any deficiencies in the working of machines, shortages of drugs etc. are made up with due despatch.

1.50 The Ministry in its reply stated that the advice given by the Committee had been noted, that all effective measures were being taken to improve the services in the Casualty department of AIIMS Hospital through coordinated efforts of the administration and Clinical Specialists of the hospitals. The AIIMS hospital, at present, was having a Casualty Department which was well-knit and coordinated with other Clinical Departments of AIIMS Hospital. Due to factors like non-availability of beds, excessive work-load, which were beyond the control of the AIIMS—there was very little scope of improvement in efficiency. The Ministry further stated that as also agreed by the Committee, the real solution lay in developing an effective and credible emergency service for the whole of Delhi and its surrounding areas in the neighbouring States.

1.51 The Committee express their disappointment that the Ministry has not yet provided for a periodical review of machines and life saving equipment; also for ascertaining deficiencies and/or shortage of drugs etc. It is the expectation of the Committee that the recommendations made by them, regarding periodical review, be implemented.

Recommendation Sl. No. 60 (Para 6.86)

Construction of additional accommodation for patients' relatives

1.52 The Committee were informed that the existing accommodation in Rajgarhia Vishram Sadan was not adequate and was required to be augmented. The plan for construction of one more dormitory to accommodate about 30 more persons was approved by the NDMC and for this plan money was also available from the savings of Rajgarhia Vishram Sadar. The Committee had desired the Institute to construct additional accommodation soon, to draw a plan of action for augmenting additional accommodation, taking into account the not just present requirements but also future demands.

1.53 The Ministry in its reply stated that the Rajgarhia Vishram Sadan

had been further extended. The accommodation in the existing building was going to take another 6 months to be completed and occupied by the patients' relatives. However, no philanthropist had so far come forward to donate finances to construct another Vishram Sadan on the land, earmarked by the AIIMS for this purpose. Further, only 3% of the people who were occupying the footpath on the road side were the relatives of the patients admitted to the AIIMS Hospital. 57 per cent were relatives of outpatients of AIIMS and Safdarjung Hospitals who had nowhere else to go in Delhi; 40% being identified as beggars, hawkers, casual workers and strangers, staying in the metropolis.

The Ministry further stated that the concern expressed by the Committee had been noted and philanthropic Associations would be approached to provide the additional resources.

1.54 The Committee well recognise the constraints pointed out by the Ministry. Notwithstanding them, it is the opinion of the Committee that an occupation of footpaths on the door steps of the AIIMS, is a comment on our concern about human dignity. No doubt, it does also constitute a health hazard for the AIIMS. It is the expectation of the Committee that these areas be made as a free of hawkers, beggars and others, as possible, under the circumstances.

Recommendation Sl. No. 61 (Para 6.89)

Catering facilities for patients and their attendants at AIIMS

1.55 While referring to the catering facilities available in the PGI, Chandigarh where canteens and other counters were managed by U.T. Red Cross Society and Public Sector Undertakings, the Committee had desired that similar facilities should be provided in the AIIMS.

1.56 In its reply, the Ministry stated that the AIIMS was being asked to comply with the recommendations of the Committee for providing good catering facilities.

1.57 The Committee while noting the reply would wish to know how the AIIMS is complying with the recommendations of the Committee and by when they are likely to be implemented.

Recommendation Sl. No. 63 (Para 6.106)

Opening of More Chemist shops in AIIMS Campus

1.58 The Committee were informed that the existing facilities for buying medicines, and other materials, available to patients within the hospital premises of AIIMS were not adequate. M/s. Super Bazar was therefore required to improve the customer handling rate and availability status of drugs. This was stated to be only 65%. The Committee had found that the existing arrangements at PGI, Chandigarh in this regard were better as there were 3 different shops, two of them being Super Bazar shops run by Union Territory Administration and the third one run by a private

contractor. The Committee had desired the Institute to take concrete steps to mitigate the hardships of the patients in this respect, without any further loss of time, by opening more chemist shops in the AIIMS Campus.

1.59 In its reply, the Ministry stated that the Super Bazar had been repeatedly requested by the Institute for providing a vehicle on wheel for dispensing the drugs and the matter was under their active consideration. The Super Bazar had also been repeatedly requested for enhancement of staff for dispensing drugs both during the peak hours as well as during the night and it had done so to some extent now.

1.60 The Committee are not satisfied with the above reply of the Ministry. They had desired the Institute to take concrete steps to mitigate the hardships of the patient by opening more Chemist shops in the AIIMS campus. The Committee have not been informed whether this has been done. The Committee hope that the Institute will take early steps in this regard. They would like to be apprised of steps taken.

Implementation of Recommendations

1.61 The Committee would like to emphasise that they attach the greatest importance to the implementation of recommendations accepted by Government. They would, therefore, urge that Government should keep a close watch so as to ensure expeditious implementations of the recommendations accepted by them. In cases where it is not possible to implement the recommendations, in letter or in spirit, for any reasons, the matter should be reported to the Committee, in time, with reasons for non-implementation.

1.62 The Committee desire that reply in respect of the recommendations contained in Chapter V of the Report may be finalised and final replies of the Government furnished to Committee expeditiously. The Committee also desire that every care should be taken in replying to their observations/recommendations and evasive/irrelevant replies not sent.

CHAPTER II

RECOMMENDATION/OBSERVATION THAT HAVE BEEN ACCEPTED BY GOVERNMENT

Recommendation Sl. No. 1 (Para 1.29)

The Committee note that the All India Institute of Medical Sciences was set up in 1956 by an Act of Parliament as an autonomous institution of national importance with the objectives of developing patterns of teaching in under-graduate and post-graduate medical education in all its branches so as to demonstrate a high standard of medical education to all medical colleges and other allied institutions in India; to bring together in one place educational facilities of the highest order for the training of personnel in all important branches of health activity; and to attain self-sufficiency in post-graduate medical education.

Reply of the Government

No comments. These are the objectives laid down in section 13 of the All India Institute of Medical Sciences Act, 1956.

Ministry of Health & Family Welfare [F. No. G. 20018/9/89-ME (PG) dated 8.12.1989].

Recommendation Sl No. 3 (Para 1.31)

The Committee hope that the AIIMS would endeavour to keep itself apprised of medical advancements in the international field also and would play a dominating role in bringing about a qualitative improvement in under-graduate and post-graduate medical education in the country.

Reply of the Government

The All India Institute of Medical Sciences would endeavour to come up to the expectations of the Committee to keep itself apprised of medical advancement in the international field and to play a dominant role in bringing out a qualitative improvement in undergraduate and postgraduate medical education in the country.

Ministry of Health & Family Welfare [F. No. G. 20018/9/89-ME (PG) dated 8.12.1989].

Recommendation Sl No. 4 (Para 1.32)

The Committee have been informed that at present there is no formal or statutory requirement for representation of Medical Council of India on the Institute Body of AIIMS or *vice versa* even though the Director of the Institute is represented on the managing bodies of MCI. The only link that has been provided is that the Director General of Health Services is the

member of both the MCI body as well as AIIMS body. This arrangement is not considered satisfactory as it is not possible for the MCI to fruitfully utilise the experience of AIIMS in Medical Research and Education. The Committee, therefore, recommend that the relevant statues of the Institute as well as that of MCI be amended suitably with due promptitude to provide for formal representation of the Institute on the Council and *vice versa*. It will facilitate adoption of methods and patterns of medical education developed by AIIMS by the medical colleges in India with the approval of MCI. This will enable the AIIMS to demonstrate effectively high standards of medical education to all medical colleges and other allied institutions in the country.

Reply of the Government

As already pointed out in reply to para 1.30 above the Government has proposed suitable amendment to Indian Medical Council Act so that the Director, All India Institute of Medical Sciences will be an ex-officio member of the MCI. As regards representation of MCI on the Institute Body of AIIMS, this will be considered as and when proposal for amendment to the AIIMS Act is taken up at the appropriate time.

Ministry of Health & Family Welfare [F. No. G. 20018/9/89-ME (PG)
dated 8.12.1989].

Recommendation SI No. 5 (Para 1.33)

The Committee also note with dismay that the existing relationship between AIIMS and PGI, Chandigarh is merely restricted to a joint academic Committee where only common problems of academic nature are discussed. The Director of one institute is the member of the Academic Committee set up by the other. Since both the AIIMS and PGI are located in the North and are quite close to each other, it is desirable in the interest of better utilisation of resources that while providing super-specialists facilities in these regions there should be close coordination between the two institutes in the matter of capital construction, import and purchase of expensive and sophisticated equipment and expansion of existing highly specialised departments. It is also desirable that there is more meaningful dialogue and exchange of knowledge on medical education and research.

Reply of the Government

The question of nominating the Directors of AIIMS and PGI on the relevant Institute Bodies of the other Institutes will be considered on a formal basis as and when amendmants to both the Acts are taken up for consideration. At present, however, Director AIIMS is the member of the Institute Body and Academic Committee of the PGI, Chandigarh.

As regards coordination between two institutions, in the mattar of capital construction, import and purchase of expansive and sophisticated equipment and expansion of existing highly specialisad departments, the

Directors of both Institutes have been advised to take note of the recommendation for affective action in this regard.

Ministry of Health & Family Welfare [F. No. G. 20018/9/89-ME (PG)
dated 8.12.1989].

Recommendation Sl. No. 8 (Para 1.36).

They are also of the opinion that overall resources provided to the Health Sector which was merely 3.69% of total outlay for all heads of development during 7th Plan needs to be stepped up at least 4 to 5% so that it is possible to open at least one more advanced institute of the type of AIIMS in another metropolitan city during the eighth plan period and also to improve the general health conditions in the country. The Committee would like to be apprised of further development in this regard.

Reply of the Government

The Central Council of Health in its last meeting held in February, 1989 recommended that the outlay for Health sector should be to the extent of 7% of the total Plan outlay. This recommendation has been forwarded to the Planning Commission for consideration.

Ministry of Health & Family Welfare [F. No. G. 20018/9/89-ME (PG)
dated 8.12.1989].

Recommendation Sl. No. 9 (Para 1.37)

The Committee note that the National Health Policy was adopted in 1983. However, the work relating to the drafting of National Medical Education Policy which was initiated in 1978 has still not been finalised despite a lapse of more than 10 Years. They deprecate that in a vital matter concerning the medical education of the country, there should not have been such an inordinate delay of more than 10 Years as whatever be the reasons they should not have been insurmountable. At this stage the Committee can only express the hope that the draft National Medical Education Policy would be finalised within six months as promised by the Ministry.

Reply of the Government

1 The draft National Education Policy in Health Sciences has since been prepared by a Consultative Group under the Chairmanship of Dr. J.S. Bajaj. It has been circulated to State Governments/Universities and the various Central Ministries for their comments. The draft will also be placed before the next meeting of the Central Council of Health & Family Welfare early next year and thereafter it will be finalised.

Ministry of Health & Family Welfare [F. No. G. 20018/9/89-ME (PG)
dated 8.12.1989].

Recommendation Sl. No. 10 (Para 1.38)

The Committee have also been informed that the statistics relating to the availability of existing strength of medical man powers has not been compiled so far. The information about actual requirement of medical man power is very essential to decide the ratio between populating and a doctor, ratio between doctor and nurses and to make an assessment of para medical men. The Committee desire that expeditious steps should be taken to compile the statistics relating to the availability of medical man power in the country so that it is possible to do a rational planning in regard to man power in medical education and hospitals, etc.

Reply of the Government

The Ministry have already addressed the various State Governments, the professional councils etc. recently requesting them to furnish information regarding the availability of health manpower in the country. The Registrar General of Census has also been addressed to collect the relevant information regarding the availability of health manpower during the 1991 census as it is considered that such information will be more reliable.

Ministry of Health & Family Welfare [F.No. G. 20018/9/89-ME(PG)
dated 8-12-1989]

Recommendation Sl. No. 17 (Para 2.51)

The Committee note that for under-graduate training departmental barriers are being gradually removed and holistic system oriented approach is adopted in the teaching of problem oriented topics to the under-graduate students. Further, the programme also includes an important element of orienting students in the needs of the community at appropriately organised rural and urban (slum) community centres. Further more the institute has also started innovative methods for the training of under-graduate students in community health care so that the graduates coming out of AIIMS are better equipped to provide primary health care services. The Committee welcome these measures which would ultimately benefit rural and urban (slum) community centres and desire that the MCI should also be asked to ensure that similar steps are taken by other Medical Colleges in India so that residents of rural and urban community centres who are in dire need of medical aid are attended to in a better way. They would like to be apprised of further developments in this regard.

Reply of the Government

The recommendation of the Committee has been forwarded to the MCI for necessary action in this regard.

Ministry of Health & Family Welfare [F.No.G.20018/9/89-ME(PG) dated
8.12.1989]

Recommendation Sl. No. 18 (Para 2.52)

The Committee note with concern that a number of medical colleges in the States of Karnataka, Tamil Nadu and Maharashtra are still charging capitation fees for admission to Medical Colleges. This nefarious practice is a national disgrace. It was brought out during evidence that a Bill to amend the Medical Council Act was before the Joint select committee of the Parliament. The Committee also note that certain medical colleges do not have even basic amenities and hospitals are not attached with them. This is mainly due to the fact that MCI does not have sufficient powers to enforce its will. In the opinion of the Committee in a profession like medicine, it is extremely important that a medical college has certain standards, qualities, discipline and dignity. The Committee note that the MCI suffers from lack of adequate powers in ensuring standards of medical education in the country. The issues referred to above are indicative of the limitations of the MCI. They hope that the proposed legislation would take due care of existing lacunae so as to ensure the total abolition of capitation fees in the country and observance of minimum standards by medical colleges. This will ensure that the dignity of medical profession is maintained. They would like to be apprised of further developments in this regard. They hope that the proposed bill would also contain sufficient provisions to check the mushroom growth of medical colleges and institutions as there cannot and should not be any compromise with risks involving human health. The system of monitoring by MCI should also be intensified and the periodicity of inspections which is presently once in 5 years should be reduced to 3 years to oversee the arrangements in regard to accommodation, staff standard, medical equipments etc. The Committee hope that the Government would finally consider the establishment of National Medical and Health Education Commission which should be vested with adequate financial powers to properly monitor the quality of education in medical colleges and institutes. It is considered imperative that before it is established the whole system of monitoring should be reviewed in detail so that rules framed are clear, precise and unambiguous and the proposed commission is able to discharge its functions purposefully and objectively. They would like to be apprised of further developments in this regard.

Reply of the Government

The Indian Medical Council (Amendment) Bill which has been finalised by the Joint Committee of both Houses of Parliament will be placed before the next session of Parliament for their consideration. The Bill provides for abolition of capitation fee, prescription of different scales of fees by the Medical Council of India for different medical colleges etc. As regards the increase in the periodicity of inspections of medical colleges by the MCI; the Medical Council has agreed to undertake inspections after every three years as recommended by the Committee, provided more funds are made

available to them. As regards establishment of Medical and Health Education Commission, the Ministry had consulted the medical education experts in this regard who have come to the conclusion that an Education Commission in Health Sciences should be set up as early as possible. The modalities of the setting up of the Commission will be worked out in due course. The Committee's direction regarding the framing of rules for the Commission will be kept in view.

Ministry of Health & Family Welfare [F.No. G.20018/9/89-ME(PG) dated 8.12.1989]

Recommendation Sl. No. 26 (Para 2.72)

The Committee note that the Ministry has not so far conducted a review of the Institutions which have adopted the pattern of teaching as adopted/recommended by the AIIMS. In the absence of such a review the Committee feel that it would not be possible to discern the magnitude of impact made by the AIIMS on these Institutions. They desire that the necessary review should be conducted expeditiously and Committee apprised accordingly.

Reply of the Government

The AIIMS if being requested to write to the various medical colleges in the country, indicating the patterns of medical education, both undergraduate and postgraduate teaching which have been formulated by the Institute and to collect the information as to how many institutions have followed such patterns. After the information is available, a Committee will be set up by AIIMS to give its recommendations to the Ministry within 6 months. On the basis of these recommendations, the Ministry will review the position and take suitable measures.

Ministry of Health & Family Welfare [F.No. G. 20018/9/89-ME(PG) dated 8-12-1989]

Recommendation Sl. No. 27 (Para 2.84)

The Committee are pained to note that AIIMS has not formulated any norms regarding the teacher-student ratio in various wings of the Institute. The norms formulated by the Medical Council of India are applicable to other Medical Colleges of India. They are not applicable to AIIMS, as the student local there being undergraduate post-graduate; 250:450 which is the opposite of what is prevalent in most medical colleges under the Governance of MCI. The Committee also note that no specific study has been conducted by AIIMS on the work load of various teachers, which is based on teaching, patients care, research generated, etc. The Secretary of the Ministry also conceded during evidence that there should be norms. The Committee view this situation with concern as non-fixation of norms would encourage *ad-hocism* and would not be desirable in the interest of the AIIMS. They hope that the Institute would be able to evolve rational norms both for teacher-student ratio and on the work load of various

teachers. So far as post-graduate teaching is concerned there should be some consistency with the practise obtaining in PGI, Chandigarh. Once the norms are fixed, deviation should be there in exceptional circumstances with the approval of the governing body of the Institute. The Committee would like to be apprised of further action taken in this regard.

Reply of the Government

The norms have been prepared by the AIIMS and are under consideration of the Visiting Committee appointed by the Governing Body of the Institute.

Ministry of Health & Family Welfare [F.No. G. 20018/9/89-ME(PG) dated 8.12.1989]

Recommendation Sl. No 29 (Para 3.27)

The Committee note that a Research Committee consisting of senior faculty members of the Institute under the Chairmanship of Dean has been constituted by the Director of Institute to review projects on a 6 monthly basis. The Committee have been informed that the review is inbuilt into the project at the time of sanction. If the review is not satisfactory further funds are usually not provided. The Committee are constrained to note that no evaluation/review by an independent body has been conducted of the research and experiments done at the AIIMS.

Reply of the Government

Keeping in view the Committee's recommendations, the Ministry would request ICMR to take independent evaluation/review of the Research and Experiments done by the AIIMS.

Ministry of Health & Family Welfare [F.No.G.20018/9/89-ME(PG) dated 8.12.1989]

Recommendation Sl. No. 30 (Para 3.28)

It is disquieting to note that no half yearly review is done by the director in conjunction with the Dean concerned with reference to the progress made, expenditure incurred, and time already spent, the likely expenditure and time required to achieve results so as to take meaningful decisions for providing additional input, if necessary, with a view to accelerate progress or to abandon the unrewarding project at the earliest possible as recommended by this Committee is Para 5.41 of their 102nd report (Fifth Lok Sabha). Further as also recommended no overall review of all the on-going research projects is done by the Government once in 3 years to have an objective and critical assessment of the progress made in the context of time and money already spent and to be spent in the future and to determine the future course of action keeping in view the national priorities on medical research. The Committee would also like to refer to their recommendations in Sixth Report (Action Taken Report, 6th Lok Sabha) in this regard.

Recommendation Sl. No 31 (Para 3.29)

They are shocked that the government have not cared to implement their earlier recommendations which have been treated so casually by them. The Committee attach the greatest importance to the implementation of their recommendations and would strongly urge the Government to get the half yearly review done by the Director and by the Government, once in 3 years as detailed above without any further loss of time. They would also like to be apprised of the reasons leading to this sad state of affairs in which their earlier recommendation, despite reiteration in subsequent Action Taken Report, were treated with apathy by the Government.

Reply of the Government

The recommendation of the Committee has been taken note of and the Director, AIIMS has been asked to undertake a half yearly review in conjunction with the Dean concerned. The Government will also shortly appoint an expert Committee to make an overall review of all the ongoing research projects as desired by the Committee. The Government was of the view that reviews of such projects normally done by the Institute would be sufficient. It is regretted that the Government could not directly review such projects due to other pressing issues facing the Ministry. However, the Ministry would appoint a Committee to review the research work done by the Institute.

Ministry of Health & Family Welfare [F.No. G.20018/9/89-ME(PG) dated 8.12.1989]

Recommendation Sl. No 34 (Para 3.32)

The Committee have been informed that sometime delay take place in getting funds for the projects which result in delay in their execution. They are of the view that steps should be taken to cut down delays in the sanctioning of projects and release of funds so that there is no delay in their execution. They also feel that every effort should be made to give encouragement to young medical scientists. They are of the opinion that the lack of finances should not stand in their way. In their Action Taken Report (70th report of Seventh Lok Sabha), this Committee had desired to be apprised of the outcome of the consideration of the matter which was earlier reported to be with the Scientific Advisory Committee of the Cabinet. The Committee would like to be apprised of latest position in this regard, and would urge the Ministry to take effective steps to make the career in Medical research really attractive for budding medical scientists who should be given every possible help in research work.

Recommendation Sl. No 35 (Para 3.33)

The Committee would like to point out that the purpose of medical research is to apply the results for practical use in the fight against diseases with exemplary promptitude so that benefits of research reach the ailing humanity. The Committee, therefore, desire that time-bound programme for completion of ongoing research projects should be formulated and the pace of research and their practical application in the medical field should be intensified.

Reply of the Government

The concern expressed by the Committee over the delay in execution of the Research Project has been noted. In this connection, it is stated that the efforts of the Research Management Committee formed by the AIIMS under the Chairmanship of the Dean, have brought about some improvements, but there are still many difficulties to the optimal development of medical research which are being tackled. The Institute is being requested to formulate a time, bound programme for completion of ongoing research projects with a view to accelerate the pace of research and to intensify their practical application in the medical field.

Ministry of Health & Family Welfare [F. No. G. 20018/9/89-ME (PG)
dated 8-12-1989]

Recommendation Sl. No. 40 (Para 5.15)

The Committee are constrained to note that no review has been conducted so far by the Institute to examine that the Doctor/Teacher/Staff provided in various Departments are commensurate with the work load. They have been informed that a Committee constituted for laying down norms for various categories of medical and para Medical staff at the Institute is expected to give its report within one month. The Committee deprecate that AIIMS could not finalise the norms after more than 30 years of inception of the Institute and hope that expeditious action would now be taken to get the norms finalised.

Reply of the Government

The draft norms for various categories of medical and para-medical staff have been prepared by the AIIMS and referred to the visiting Committee constituted by the Governing Body of the Institute.

Ministry of Health & Family Welfare [F. No. G. 20018/9/89-ME(PG)
dated 8.12.1989]

Recommendation Sl. No. 41 (Para 5.16)

The Committee will also like that study of the work load of various categories of staff in all the wings of the Institute/Hospital may be carried out periodically to contemplate change in norms with reference to change in situation. They are also of the view that an O.M. cell should be instituted in the AIIMS to study changes in staff patterns, organisation and

methods involved in training and recruitment and ensuring optimum level of efficiency of the staff.

Reply of the Government

The recommendation is accepted and the AIIMS will be asked to set up an O & M Cell of its own.

Ministry of Health & Family Welfare [F.No. G. 20018/9/89-ME(PG)
dated 8-12-1989]

Recommendation Sl. No. 42 (Para 5.17)

The Committee are pained to note that there is resentment in the scientists/staff of AIIMS, regarding their service conditions. The main demands are stated to be enhancement of emoluments to Ph. D. students and revision of pay-scales of senior demonstrators. The Committee have been informed that these demands have discussed at the Standing Committee of the Institute, Ministry of Health & Family Welfare and with the President of the Institute a few times and the proposal in this regard has been sent to the Ministry of Finance by the Ministry of Health and Family Welfare after recommending the same.

Reply of the Government

Orders regarding revision of emoluments to Ph. D. Students and Senior Demonstrators (Non-Medical) have since been issued. A copy each of the orders is placed at Annexures II & III.

Ministry of Health & Family Welfare [F.No. G. 20018/9/89-ME(PG) dated
8-12-1989]

Recommendation Sl. No. 43 (Para 5.18)

The Committee appreciate the measures/steps taken by the Ministry/ Institute in the redressal of the grievances of staff and they further hope that the Ministry/AIIMS will take adequate interest in redressal of genuine grievances of the staff so that they are motivated to give better service to the Institute.

Reply of the Government

The Governmnet/Institute will continue to take suitable measures to redress the grievances of staff.

Ministry of Health & Family Welfare [F.No. G.20018/9/89-ME(PG) dated
8.12.1989]

Recommendation Sl. No. 47 (Para 6.34)

The Committee also feel that an integrated approach and preparation of a master plan is imperative taking into account the future increase in population in the city and the influx of outsiders to seek treatment in AIIMS. It is high time that all the aspects of the problems are discerned right now after taking into account long term view of the issues involved,

While considering the expansion of OPD of AIIMS. the Ministry may also consider the creation of more hospitals in and around Delhi to find a long term solution of the problem by constituting an Expert Committee, if so considered necessary. They would like to be apprised of further developments in this regard.

Reply of the Government

At the instance of the Ministry of Health and Family Welfare, the Delhi Administration has initiated action for establishing nine new 100 bedded hospitals in the peripheral areas at the following locations with a view to reduce overcrowding in existing hospitals :—

1. Sanjay Gandhi Memorial Hospital, Mangolpuri.
2. Rao Tula Ram Hospital, Jaffarpur
3. Hospital at Khichripur
4. Hospital at Jahangirpuri
5. Hospital at Phoodkhurd
6. Hospital at Maidan Garhi
7. Hospital at Rohini Complex
8. Hospital at Raghbir Nagar
9. Hospital at Siraspur.

Hospitals at Mangolpuri and Jaffarpur referred to at S. No. 1 and 2 above have already been completed. In addition, a number of private hospitals are also coming up. As such, the pressure on OPD of AIIMS is likely to ease considerably in the near future.

**Ministry of Health & Family Welfare [F.No. G. 20018/9/89-ME(PG)
dated 8-12-1989]**

Recommendation Sl. No. 54 (Para 6.73)

The Committee welcome the provision for the creation of a separate Department of Clinical and Immunology in the VIII Plan and hope that the Ministry would take expeditious step for the adequate provision of funds and space for facilitation expeditious implementation of the above project.

Reply of the Government

Provisions for setting up a separate Department of Clinical Immunology has been included in the Eighth Five Year Plan proposals of the Institute and the same will be considered keeping in view the overall allocation and priorities of the Institute.

**Ministry of Health & Family Welfare [F.No.G.20018/9/89—ME(PG)
dated 8.12.1989]**

Recommendation Sl. No. 59 (Para 6.85)

The Committee appreciate that there is a proposal for the establishment of Centralised Accident & Trauma Services for Delhi which was submitted by AIIMS to the Government of India. The Committee are of the view that it is absolutely necessary to implement the above proposal having regard to alarming increase in the accident cases. The Committee would like the Government Institute to finalise the proposal without further loss of time. They would like to be apprised of the progress made in this regard.

Reply of the Government

A Society known as "Centralised Accident and Trauma Services" (CATS) has already been registered on 15th June 1989 under the Registration of Societies Act, 1860 with Lt. Governor of Delhi as President of the Society and Chief Executive Councillor as Vice President and with an executive body headed by Chief Secretary Delhi Administration with among others the Director General of Health Services as member. The CATS Societies would be responsible for establishing and running all the facilities under the scheme of Centralised Accident and Trauma Services like Ambulance Communication net work etc. the hospital services including establishment and running of an apex centre and modernisation and support of satellite hospitals and post hospital services including rehabilitation facilities in the apex centre. The Hospital Services Consultancy Corporation, a Government of India Enterprise have already been engaged as consultants for the construction of the apex centre and an agreement has been signed by the Society on 24th October 1989 with them. Formulation of a comprehensive plan of action for modernisation of pre-hospital services including Ambulance net work is also being undertaken by a sub committee of the Governing Body of the CATS Society.

Ministry of Health & Family Welfare [F.No. G.20018/9/89-ME(PG)
dated 8.12.1989]

Recommendation Sl. No. 60 (Para 1.91)

The Committee note that a large number of relations of patients admitted in the Hospital from outside are staying on the footpaths nearby the hospital. This is a disgraceful sight and serious health hazard not only for the attendants but also for other citizens of the city. The Committee have been informed that present accommodation available in Rajgarhia Vishram Sadan is not adequate and needs to be augmented. The plan for construction of one more dormitory to accommodate about 30 more persons has been approved by the NDMC and for this plan money is also available from savings of Rajgarhia Vishram Sadan. The Committee hope that the additional accommodation would be constructed soon. They also note that even after augmentation of accommodation there would not be sufficient accommodation for the stay of attendants of patients. It is

imperative that adequate plans are made for augmentation of additional accommodation not only taking into account the present requirement but also after accounting for the future demands in this regard. The Committee urge the Ministry to draw a plan of action for immediate formulation. Taking into account the size of the city it does not seem difficult to manage the additional resources by approaching philanthropist associations.

Reply of the Government

It is true that relatives of indoor patients are staying outside the AIIMS Hospital. As regards the accommodation is concerned, AIIMS has already created a Vishram Sadan, the details of which is already in the knowledge of the Committee. The Rajgarhia Vishram Sadan has been extended further. The accommodation in the existing building which is going to take another 6 months to be completed and occupied by the patients' relatives. It is, however, disheartening that no philanthropist so far could come forward to donate finances to construct another Vishram Sadan on the land earmarked by the AIIMS for this purpose. It may be also be noted that only 3% of the people who are occupying the footpath on the roadside were the relatives of the patients admitted to the AIIMS Hospital. 57% of the crowds are relatives of the attending out-patients of AIIMS and Safdarjung Hospital and have nowhere to go in Delhi and 40% of the crowd consisted of individuals who are identified as beggars, hawkers, casual workers and strangers are staying in the metropolis of Delhi. However, the concern expressed by the Committee has been noted by the Ministry and philanthropist Associations will be approached to provide the additional resources.

Ministry of Health & Family Welfare [F.No. G.20018/9/89-ME(PG)
dated 8.12.1989]

Recommendation Sl. No. 61 (Para 6.94)

Thus, as mentioned above, no Canteen service rendered to the patients and their attendants at the AIIMS. There is cafe, run by the Ladies club in the OPD for the general public. The Committee deprecate that even though the average number of patients who visit the AIIMS is on an average more than 5000 per day and they are generally accompanied by attendants yet there is no satisfactory arrangements for their food and refreshment. As these persons have on an average wait for one hour per day, it is absolutely essential to make satisfactory arrangements for their food and refreshments at reasonable price. In PGI, Chandigarh, there are four canteens run by U.T., Red Cross Society besides 3 juice counters and one milk supply counter which are run by Public Sector Undertakings. In the opinion of the Committee the arrangements for food and refreshments of patients in AIIMS are not only inadequate but totally unsatisfactory and they desire that the Institute should take immediate action to provide facilities to patients and their attendants for food and refreshment on the

pattern of those available in the campus of PGI, Chandigarh so as to mitigate the hardships of such persons most of whom are in indigent circumstances.

Reply of the Government

The AIIMS is being asked to comply with the recommendations of the Committee for providing good catering facilities.

Ministry of Health & Family Welfare [F.No. G.20018/9/89-ME(PG)
dated 8.12.1989]

Recommendation Sl. No. 62 (Para 6.105)

35 complaints and suggestion boxes are available in all the wards, OPDs and Casualty area of the hospital. The AIIMS is stated to have evolved a comprehensive system for redressal of grievances and according to them, the complaints received, are properly enquired into and disposed of. The Committee find that only 66 complaints were received with regard to sanitation, behaviour of staff and doctors and pilferages of medicines etc. in seven months i.e. from January to July, 1988. The Committee fail to understand that inspite of comprehensive grievances redressal Cell stated to be existing at the Institute, the monthly receipt of the complaint is around 10 only, which seems to be quite negligible. Taking into account the fact that about an average of 3440 and 5287 patients per day visited the OPD of AIIMS during 1987-88 and 1988-89 respectively, the receipt of such a small number of complaints, the Committee apprehend does not seem to be a correct index of the exact state of affairs and they cannot help remarking that something is seriously wrong in the system. The Committee are of the opinion that this Cell is not as effective in the redressal of the complaints as it should be and the whole system of complaints needs restructuring. The possibility of the public not being aware of the availability of this mode of redressal of their grievances cannot be ruled out. The Committee desire that the existence of complaints and suggestion boxes should be duly publicised and this medium should be used as an effective instrument for redressal of grievances of patients and their attendents and serious action taken against those found to be careless, negligent and discourteous in the performance of their duties. There should also be a system of sending a proper reply to the complainants to give them a sense of satisfaction. This will also act as a feed-back for the AIIMS to know their shortcomings and deficiencies which will also result in its better functioning in future.

Reply of the Government

The suggestions made by the Committee for further improvement in the grievances and redressal system is greatly appreciated. However, the fact that fewer complaints have come in writing to the grievance Cell is no reason to suspect the efficiency and effectiveness of the Grievances and Redressal System of the Hospital. Most of the complaints made by the

public are done verbally and not in writing with the specially nominated officers for this purpose in the outdoor as well as indoor. Such complaints are looked into promptly and solved by the medical social workers or the medical social guides or the officer incharge of the OPD services on the spot. This includes some small complaints like missing of laboratory reports, failure to see doctors and undesirable behaviour of the hospital staff, and looked into on the spot and removed. Such complaints are not recorded and neither it is any use to do so. The patient population is constantly changing and they come from different parts of the country and Delhi and, therefore, all of them are not aware of the procedures inspite of their being clearly laid-down and displayed on the Notice Board outside the Out Patient Department both in English and Hindi. The information about the grievances redressal system has been widely advertised in the daily newspapers and such information is periodically released to the press again and again. Since, appropriate action has been taken against the defaulters, every hospital worker has become cautious and takes proper steps not to repeat any such faults. It is the policy of the Institute to take prompt action against every defaulting employee.

Ministry of Health & Family Welfare [F.No. G.20018/9/89-ME(PG)
dated 8.12.1989]

Recommendation Sl. No. 63 (Para 6.111)

The Committee have been informed that the existing facilities available to patients within the hospital premises of AIIMS buying the medicines and other materials are not adequate in the sense that M/s. Super Bazar need to improve the customer handling rate and the availability status of drugs which is stated to be only 65%. The reasons for this sad state of affairs is non-availability of space to expand the services of the Super Bazar at AIIMS campus and want of necessary licence with the Super Bazar for importing surgical disposable items and prosthesis. The Committee find that the existing arrangements at PGI, Chandigarh in this regard are better as there are three different shops, two of them are Super Bazar shops run by Union Territory Administration and the one run by the private contractor. Even otherwise also the number of patients visiting the PGI may be less than those visiting AIIMS. There is thus a strong case for augmentation of chemists shops in the AIIMS campus. During the course of visit of the Committee to AIIMS some remedial measures, viz. (i) Super Bazar on Wheels; (ii) enhancement of the manpower; and (iii) availability of Import Licence for surgicals, were suggested in this regard. The Committee fail to understand why this Institute has not paid any attention in this regard so far. The Committee would like the Institute to take concrete steps to mitigate the hardships of the patients in this respect without any further loss of time. They would like to be apprised of the steps taken in this direction.

Reply of the Government

It may be mentioned that all life saving drugs are made available by the AIIMS Hospital at all times and in all patient care areas including Casualty. It is only certain type of drugs like tonics, vitamins, cough syrups which are not available at times in the medical stores of the AIIMS Hospital. Even when non-availability of such drugs is only of temporary and is not of great consequences. However, percentage of such drugs in the overall drug inventory of the each patient of AIIMS does not come to more than 10% to 15% at the most. It is only this group of patients who have to go outside the Hospital to procure the drugs. Out of these 10% to 15% only 65% of the drugs are made available by the Super Bazar which is working round the clock. So infact, it is only 35% of the 10% of drugs that are not available within the premises of the AIIMS Hospital. The difficulty of the Super Bazar for additional space has been met to a great extent by providing 2 additional rooms with a storage capacity of by 20ft. × 20ft. which has enabled them to store drugs in larger quantities. The Super Bazar has been repeatedly requested by the Institute for providing a vehicle on wheel for dispensing the drugs and the matter is under their active consideration. The Super Bazar has been repeatedly requested by the Institute for enhancement of staff for dispensing drugs both during the peack hours as well as during the night and it has done so to some extent now. However, the demand still continues to be on slightly heavier side during the peack hours in the morning when all the patients attending the OPD come to purchase the drugs. After 1 O'clock practically there is no que at the Super Bazar. The Super Bazar has obtained licences of some of the surgical disposables though more licences will have to be obtained by them and AIIMS is constantly in touch with them on this subject.

**Ministry of Health & Family Welfare [F.No. G.20018/9/89-ME(PG)
dated 8.12.1989]**

Recommendation Sl. No. 64 (Para 6.117)

The Committee deprecate the casual approach of the Ministry in dealing with their earlier recommendation as is reflected in the reply which states that "this has not been considered feasible so far". They regret that such a vital issue has been dealt with in such unsatisfactory manner which is at the cost of human life and deprecate the casual attitude of the Ministry in this case. The Committee attach the great importance to the implementation of their recommendations. They urge the Ministry to ensure that such things do not happen in future. In view of the great spurt in the number of burn cases in big cities, it is imperative to start such a centre with due expedition. Opening of mobile dispensary to treat such cases should also be considered. It is also desirable to open special ward with necessary infrastructure so as to save human lives. Steps are also needed to keep abreast of latest advancement in developed countries which could be advantageously utilised to eradicate the sufferings of humanity.

Reply of the Government

The proposal for Burns Plastic Units has been included by the Institute in the Eighth Five Year Plan. It is also submitted for information of the Committee that whenever such patients come to the AIIMS Casualty they are given first-aid and directed immediately to Safdarjung Hospital which is just across the road. Safdarjung Hospital has fulfilled department of Burns and Plastic Units with standard facilities and large strength. The Institute would certainly strive to keep itself abreast of latest advancement in developed countries which could be advantageously utilised to eradicate the sufferings of the humanity.

**Ministry of Health & Family Welfare [F.No. G.20018/9/89-ME(PG)
dated 8.12.1989]**

Recommendation Sl. No. 65 (Para 6.117)

The Committee urge that it is essential to develop standard medical facilities for AIDS which is developing into a deadly menace and intensive efforts are needed to check the spread of the fatal disease and also to provide care in consultation with the specialists institutes/hospitals in the country. It is imperative to educate the masses particularly those in rural and remote areas as to how to avoid getting AIDS in an appropriate manner and through the use of mass medias like Doordarshan and AIR.

Reply of the Government

The recommendations of the Committee to develop standard medical facilities for AIDS and to educate the masses particularly in the rural and urban areas to avoid getting AIDS is laudable. The Government have already taken various measures to check the spread of AIDS. India initiated a surveillance programme in 1985. One of the main methods of preventing AIDS is through health education. The Central Health Education Bureau has produced radio spots which are already being broadcast. A number of video spots have already been prepared for telecast. Cinema slides are under preparation by CHEB to be released on All India basis in various cinema halls. Posters and folders were also printed for distribution and a number of hoardings were displayed on all prominent places in all States. It is proposed to intensify health education activities in the country. Another important preventive measure for control of AIDS is testing of blood donors to eliminate the possibilities of transmission of AIDS through blood. Testing of all blood donors has already started in Christian Medical College, Vellore, Madras Medical College, Madras and AIIMS, New Delhi. It is proposed to establish screening facilities in various parts of the country for testing blood in a phased manner.

**Ministry of Health & Family Welfare [F.No. G.20018/9/89-ME(PG)
dated 8.12.1989]**

Recommendation Sl. No. 66 (Para 6.121)

The Committee note that in big cities the drug menace has started playing havoc particularly with the lives of young boys and girls and is perilous to their career. Effective preventive and remedial steps are needed to tackle the problem on a national level. The committee hope that Narcotic and Psychotherapeutic Substances Act would be amended with due expedition so as to make the possession of drugs and trade in drugs a very major offence with substantial penalties. While educating the masses particularly youngsters about the deadly ramifications of this habit, it is essential to open specialised drug de-addiction centre. The Committee hope that the AIIMS would strengthen the existing facilities in tackling this problem. They also hope that the Ministry would take other steps in consultation with other Ministries to eradicate this menace.

Reply of the Government

The recommendation of the Committee that effective preventive and remedial steps are needed to tackle the drug menace on a national level has been noted. The existing facilities at AIIMS would be strengthened and suitable measures will be taken in consultation with other Ministries to eradicate this menace. Regional workshops and training programme are also being conducted.

Ministry of Health & Family Welfare [F. No. G.20018/9/89-ME(PG)
dated 8.12.1989]

Recommendation Sl. No. 68 (Para 6.130)

The Committee are happy to be informed that a Central Ambulance Service has been started for the city and about its functioning, the public has been informed through press. The Committee would like that such agencies should have functional coordination with other bodies like Red Cross, Police, Fire Brigade etc. so that Ambulances may be available from a number of sources and patients may not suffer on this account. It is also imperative that the ambulances should be road worthy and their maintenance should be ensured. The arrangements for the Central Ambulance Service should be periodically monitored at a higher level to ensure their availability and mobility. The Committee would like to have more details relating to the working of the Central Ambulance Service.

Reply of the Government

It may be pointed out that Delhi Administration have already started a Central Ambulance Service. The Fire Brigade of Delhi is also running ambulance service. In addition, Delhi Police has also its own fleet of ambulances. The suggestion of the Committee that the arrangements for the

Central Ambulance Service should be periodically monitored at a higher level to ensure their availability and mobility has been taken note of.

Ministry of Health & Family Welfare [F.No. G.20018/9/89-ME(PG)
dated 8.12.1989]

Recommendation Sl. No. 69 (Para 6.131)

The Committee are constrained to note that the break-up of the trips for transporting patients as well as bringing the Doctors is not maintained. They feel that it should not at all be difficult to have the requisite information. The Committee would like the Institute to maintain a separate register for all the ambulances and also keep a record of the distances covered for the patients, Doctors, etc. and petrol, Oil & Lubricant used.

Reply of the Government

The suggestions of the Committee for maintenance of a separate register for use of ambulances and distance covered by them for transporting patients and the doctors etc., has been taken up by the AIIMS in right earnest and is being practiced now.

Ministry of Health & Family Welfare [F.No. G.20018/9/89-ME(PG)
dated 8.12.1989]

Recommendation Sl. No. 70 (Para 6.132)

The Committee note that 53 Personal Computers costing Rs. 39.47 Lacs were bought in March, 1988. They are to be hooked on to mainframe which is yet to be arrived in the AIIMS. The Committee also find that 80% of the computers are being utilised. They note that 20% of computers are lying idle even after a lapse of one year. The Committee are not convinced with the reply that 'the mainframe is to arrive in a short time and whole Institute is to be computerised.' The Committee are of the opinion that necessary steps have not been taken by the Institute to put the whole computer system operative in the Institute. The Committee would like the Institute to install the necessary 'Main Frame' in the Institute without any further loss of time so that these Computers are hooked on it and utilized fully. The Committee would like to be apprised the progress achieved in this regard.

Reply of the Government

The AIIMS have informed that it was not that 20% of the computers were lying idle at the time of submission of this report in January, 1989 and it should read as "all the computers were utilised to about 80% of their capacity within 9 months of their arrival and their full (100%) utilisation would be after they are connected to the mainframe, which will be around December, 1989." The main frame has already arrived in March, 1989 and it has been installed, tested for its acceptance by the AIIMS and made functional. 34 terminals/Pcs have already been con-

nected to it in the computer facility. The network installations and connecting of the terminals/Pcs is likely to be completed by 15th December, 1989. The software has been developed and installed by the Institute in various areas and the training is imparted to the faculty of the staff of AIIMS.

Ministry of Health & Family Welfare [F.No.G.20018/9/89-ME(PG)
dated 8.12.1989]

Recommendation Sl. No. 71 (Para 6.149)

The Committee note that the Primary Health Centres are being established one each for population of 30,000 in the plains and 20,000 in the difficult hilly and tribal areas. Further, one Community Health Centre is being established for every 1.20 lakh population so as to serve as a referral institution. The Committee feel that Primary Health Centres should be attached to the Community Health Centres. The Community Health Centres should then be linked with hospitals at sub-divisional level which, in turn, should be linked with district hospitals. There should be a system of linking district hospitals with the concerned medical colleges in the State. The Committee hope that the Ministry would devise a suitable system of linking the above units which would be appropriately coordinated to ensure adequate care of patients.

Reply of the Government

The recommendation made by the Estimates Committee regarding establishment of proper linkages at various levels by establishing an efficient research system under the Primary Health Care approach is quite appreciable. The planners, senior level Managers and the Implementors of the Comprehensive Health Care programme and policies were seized of this problem and considered it in quite detail during the Working Group on Health Care Delivery system in Rural and Urban areas while formulating the 7th Five Year Plan. It was unanimously confirmed that the Primary Health Care programme has to be backed up by an efficient research system covering the basic specialised services. The curative services that are being dispensed at the peripheral level, i.e. through the Health Guides and sub-centres are necessarily of a restricted nature, covering simple common ailments. A large number of cases needing the attention of a qualified doctor are adequate at the Primary Health Centre level. 6 sub-centres (each covering a population of 5000 in plain area and 3000 in hilly, tribal and backward areas) are attached to Primary Health Centres (covering a population on 30,000 in plain area and 20,000 in hilly, tribal and backward areas). A definite linkage between the sub-centres and PHCs has been established. The Primary Health Centre is the first point where the services of a medical officer are available. PHC is the point of identification of cases needing specialised consultative/treatment. It is from this point that the referral system has been strengthened, by ensuring necessary linkages with the CHC/Taluk Hospitals/sub-divisional hospitals.

Linkages of 4 PHCs with Community Health Centre have been established. These referral institutes (CHC/Taluk Hospital/Sub-divisional hospital) provide facilities for specialised services of surgeon, obstetricians, Physicians and Paediatricians. The 8th Five Year Plan Working Group have also emphasised on the establishment of a efficient referral system. The Distt. Hospital should function as a referral hospital for CHC/upgraded PHCs. After successful treatment, the patient will be sent to the CHC/PHC from where the referral came, for further follow up/as necessary. Hospitals in the State capital may be equipped with more modern facilities for routine use and some of the super-specialities. These hospitals will be the second tire of the referral system. It is common knowledge that the Distt. hospitals are generally linked to State Govt. Hospitals for medical college hospitals for further referral of complicated cases and for sophisticated gadgetory reasons, investigations, treatment etc.

**Ministry of Health & Family Welfare [F.No.G. 20018/9/89-ME(PG)
dated 8-12-1989]**

CHAPTER III

RECOMMENDATIONS/OBSERVATIONS WHICH THE COMMITTEE DO NOT DESIRE TO PURSUE IN VIEW OF GOVERNMENT'S REPLIES

Recommendation Sl. No. 2 (Para 1.30)

The Committee, however, note that despite a lapse of 33 years there is no mechanism for an interaction between the AIIMS and Medical Council of India which is a body responsible for maintaining minimum standard of medical education in medical colleges in the country and this constitutes a serious handicap in the pragmatic demonstration of newer models of medical education evolved by AIIMS. They are of the view that a mechanism needs to be evolved expeditiously so that research efforts of AIIMS and other Central Research Institutes in the country and newer models of medical education developed by AIIMS are available to the MCI to be adopted nationwide. It is imperative that there should be a system to ensure that AIIMS and the other advanced Central Institutes in the country could transfer all their experiences to the Medical Council of India from time to time to enable the MCI to incorporate such of them as are approved by the Council in its recommendations on under-graduate and post-graduate medical education. The mechanism should be evolved by an expert Committee which may have its representatives from MCI, AIIMS, PGI, Chandigarh, JIPMER, Pondicherry, All India Institute of Hygiene and Public Health, Calcutta and All India Institute of Physical Medicines, Bombay. In the absence of a systematic mechanism, the Committee cannot comprehend as to how the valuable research work done by AIIMS and patterns of teaching in medical education developed by AIIMS are profitably utilised by medical colleges in the country.

Reply of the Government

It is stated that the Govt. have already initiated action and in accordance with the provisions of the Indian Medical Council (Amendment) Bill as reported by the Joint Committee of Parliament and which will be placed before the next session of Parliament for consideration, the Directors of AIIMS, New Delhi, PGIMER Chandigarh and Sree Chitra Tirunal Institute of Medical Sciences, Trivandrum will become ex-officio members of the MCI. The idea of nominating them as ex-officio members of the MCI is mainly to ensure that the experience gained by these institutes of excellence are passed on to the MCI which can consider as to how such of those newer pattern of medical education, developed by these institutes, which were adopted by other medical colleges in the country can be incorporated in the Council's recommendations on undergraduate and

postgraduate medical education. In so far as JIPMER, Pondicherry, All India Institute of Hygiene and Public Health, Calcutta, All India Institute of Physical Medicine, Bombay are concerned, these are subordinate institutes of the Ministry and they follow the regulations prescribed by the MCI. As such it is not considered necessary to appoint an expert committee, as recommended by the Estimates Committee.

Ministry of Health & Family Welfare [F.No.G. 20018/9/89-ME(PG)
dated 8-12-1989]

Recommendation Sl. No. 14 (Para 2.48)

The Committee also note that AIIMS had also organised 2 workshops on strategies for reorientation of medical education in 1987 and it was envisaged to create a net work among national institutes in the country to spearhead and introduce the required changes. They would like to know concrete steps taken in establishing the requisite net-work so that appropriate strategies for reorientation of medical education are worked out and put in actual practice

Reply of the Government

The All India Institute of Medical Sciences organised two national workshops on the review of Medical Education at the Institute in 1987, the first being for Medical Education and Primary Health Care Needs; Experiences on Successes and Failure, and the second being Strategies For Re-direction of Medical Education towards Primary Health Care. As a result of these workshops a consortium network of 4 institutes in India i.e. JIPMER, Pondicherry, CMC, Vellore, BHU, Varanasi and AIIMS, New Delhi and Medical Education Deptt., University of Illinois, Chicago has been formed. Formal By-laws are in the process of being framed. It is envisaged that all medical schools interested in improving their educational processes, would join the Consortium. The Consortium had its first workshop in Varanasi in October, 1989, where Director, AIIMS, presided, being the initiator of this process. All the participating institutes were represented and the process of data gathering and formation of a data base of morbidity and mortality in the various regions of the country with a view to effect curricular change on a scientific basis has been initiated. The participating teams are now in the process of developing instruments that can validate data collected from students, general practitioners, community leaders and perceptions of the faculties themselves. The proposed instruments have been circulated amongst the Consortium last week. The next meeting of the Consortium is scheduled to be held in Vellore in February, 1990, where all this data shall be collected and further plans made. The final meeting of the Consortium is scheduled for April, 1990 at Delhi, where at a National Conference the data gathered after the necessary health services research mentioned above and the recommendations emerged will be presented to the National Medical Community of Teachers, Planners and Managers of Medical manpower, to be debated.

discussed and finally implemented. Funds for these activities are being provided by WHO through the Ministry of Health and Family Welfare. It is envisaged that a Policy will emerge after this exercise, which can be incorporated into the rules and regulations of the Medical Council of India.

Ministry of Health & Family Welfare [F.No.G. 20018/9/89-ME(PG)
dated 8-12-1989]

Recommendation Sl. No. 19 (Para 2.53)

The Committee while deploring the delay in the establishment of a Cell as a tripartite project between AIIMS, New Zealand and British Council due to financial constraints, hope that the same would now be established soon to effectively monitor the developments in teaching standards in various institutions and colleges in the country.

Reply of the Government

The Institute has stated that the tripartite project between the AIIMS and New Zealand and British Councils for the setting up of the Medical Education Cell has finally been approved and the Institute has initiated the training of the faculty. Under the aegis of this Cell with the help of WHO, the Institute has formed a network of four medical Colleges in India, namely, Varanasi, Vellore, JIPMER & AIIMS with Department of Medical Education, University of Illinois, Chicago. While the colleges covered by this network will spearhead the necessary changes, it is not the mandate of the AIIMS under the Act to monitor the developments in teaching standards in various institutions and colleges in the country.

teaching

Ministry of Health & Family Welfare [F.No.G. 20018/9/89-ME(PG)
dated 8-12-1989]

Recommendation Sl. No. 20 (Para 2.66)

The Committee note that there is no systematic mechanism available with AIIMS/Medical Council of India for proper evaluation of the achievements of AIIMS in the development of newer patterns of teaching or in demonstrating higher standard of Medical education to all medical colleges and allied institutions in the country.

Recommendation Sl. No. 21 (Para 2.67)

It is regrettable that even after a lapse of more than 30 years it has not been possible for the Ministry to build a systematic mechanism with the result that the achievements of AIIMS in this regard cannot be properly evaluated. Unless, there is such an evaluation there cannot be a proper machinery to review the deficiencies and to achieve better results in future.

Recommendation Sl. No. 22 (Para 2.68)

One of the objectives of the Institute is to demonstrate a high standard of Medical education to all medical colleges and allied institutions in the country. The Committee note that the methods adopted for dissemination of information regarding high standards of medical education evolved by AIIMS include publication of such information in the Annual Reports of the Institute, organisation of workshops and symposia on different aspects of medical education offering short-term courses to teachers, publication of Memoranda and Text books on medical education, etc.

Recommendation Sl. No. 23 (Para 2.69)

The above methods are, in the opinion of the Committee, not adequate by themselves. Mere supplying of information to all medical colleges and allied institutions is not considered sufficient unless the high standard of medical education purported to be achieved through models evolved by AIIMS is actually achieved. This will need a systematic evaluation of the standards achieved by these colleges vis-a-vis that in existence in AIIMS so that deficiencies, if any, noticed are rectified with promptitude. It will be desirable to have a periodic text-check of the standards of few medical colleges to undertake the necessary evaluation.

Reply of the Government

The changes brought about by AIIMS can only be disseminated to other colleges by means of workshops or seminars for which the faculty of the AIIMS participate and there is no other method by which it can be done. However, now that the Director of AIIMS will be an ex-officio member of the Medical Council of India after the proposed Bill is passed by Parliament, it should be possible for the Director to regularly apprise the MCI of the newer techniques adopted by the AIIMS so that the MCI may make necessary changes in the Regulations which will be adopted by other medical colleges in the country.

Ministry of Health & Family Welfare [F.No.G. 20018/9/89-ME(PG)
dated 8-12-1989]

Recommendation Sl. No. 33 (Para 3.31)

The Committee are constrained to note that the grants received in the years 1980-81, 1984-85, 1985-86 and 1987-88 were not utilized fully for research work which is one of the major and important functions of the Institute. The Committee have not been apprised of the detailed reasons for these slippages. They are of the opinion that every effort should be made to utilise fully the grants received and progress in the utilisation of grants should be periodically monitored so that there are no occasions of lapse of grants in future. They would like to be apprised of effective steps taken in this direction.

Reply of the Government

The concern expressed by the Committee over not fully utilising the grant for research work has been taken note of. One of the reasons for the same is that there are problems in timely procurement of chemicals, instruments, other research facilities etc. The efforts of the Research Management Committee formed by the Institute under the Chairmanship of Dean have brought about some improvement but still there are some difficulties to the optimal development of medical research e.g. disparity in the emoluments and career development prospects and opportunities available to the medical and non-medical research students in the same campus. The greater attraction towards clinical medicine for medical graduates has caused an acute shortage of medical research workers particularly in the para-medical and basic science subjects. The Institute is, however, addressing itself to all these problems and every effort will be made to ensure that there are no actions of lapse of grant in future.

Ministry of Health & Family Welfare [F.No.G. 20018/9/89-ME(PG)
dated 8-12-1989]

Recommendation Sl. No. 38 (Para 5.13)

To render an efficient service, it is imperative to have a full complement of staff in the AIIMS/Hospital. The Committee are constrained to note that there are as many as 501 posts including those of professors/doctors and nurses which are lying vacant. Some of them have been lying vacant even from 1983.

Recommendation Sl. No. 39 (Para 5.14)

A large number of vacancies in AIIMS and hospital dilute the efficiency of the organisation which also results in considerable inconvenience to patients in one form or the other. It is desirable that appropriate action is taken to fill those vacancies by advance planning and periodical monitoring at an appropriately higher level.

Reply of the Government

Remedial measures are always taken by the AIIMS to manage the work within the existing staff by making ad hoc appointment against those posts where suitable candidates are not readily available.

Ministry of Health & Family Welfare [F.No.G. 20018/9/89-ME(PG)
dated 8-12-1989]

Recommendation Sl. No. 49 (Para 6.36)

The Committee note that no adequate records are maintained regarding patients referred from various states or from Delhi by authorised medical practitioners. While a systematic record of such patients is essential, it may also be desirable to give them some preference for OPD consultation to the extent possible, within existing constraints.

Reply of the Government

The Government agree with the recommendations of the Committee for the need for imparting suitable in-service training to the clerical staff and Class IV staff posted in the O.P.Ds of the AIIMS to inculcate in them a sense of service with a smile. The AIIMS has appointed part time special guides who are spread in all the O.P.Ds in order to render necessary assistance to the patients. The Institute will display sufficient number of playcards 'May I help You' but constraints of space prohibit opening of more counters. The position in regard to conversion of AIIMS, New Delhi and P.G.I., Chandigarh into referred hospitals has already been explained in para 6.33 above.

Ministry of Health & Family Welfare [F.No.G. 20018/9/89-ME(PG)
dated 8-12-1989]

Recommendation Sl. No. 53 (Para 6.71)

While the Committee appreciate that open heart/bypass surgeries are being performed in the AIIMS, they, however, note that cost of such operations, particularly those requiring replacement of valves is quite high, which the vast multitude of poor people may not be able to afford. While they are well aware of the factors due to which such operations and valve replacements are costly affair, they are of the view that nothing could be more precious than human life. Therefore, some steps are essential to mitigate the hardships of patients in indigent circumstances who approach various relief funds/newspapers, etc. for donations. Such a situation must be avoided and a system should be devised under which the cost of operations including those of replacement of valves is reduced so as to avoid hardship to such patients. The questions of subsidising cost of valves in such cases may also be considered. The Committee would like to be apprised of suitable steps taken in this regard.

Reply of the Government

The Ministry is also concerned about the high cost of Open Heart Surgery. It must be noted that for the Open Heart Surgery most of the material needed are disposable and cannot be re-used. These are presently imported and not available indigenously. The rising cost of dollar value has been a major factor in recent years for the cost. However, if we note for the same operation utilising same material the cost at AIIMS is dollars 1500—dollars 2000. The same would cost dollars 25000—dollars 30000 in USA. In the Private hospitals in India the basic cost of Open Heart Operation is nearly Rs. 75,000/- which is four times the cost of operation at the AIIMS. In addition the private hospitals charge separately the cost of valve. The valve available cost from Rs. 13,000/- to Rs. 30,000/-. The cost of valve used at AIIMS is around Rs. 15,000/-. The AIIMS have informed that if a sum of Rs. 6 crores can be sanctioned and given as a recurring expenditure, 2000 operations can be done without any patient

paying. However, due of financial constraints, it is not possible for the Ministry to provide funds to the extent of Rs. 6 crores. Philanthropic Associations can, however, provide financial assistance to the needy patients. It is however hoped that the cost will come down when the valves are manufactured in India.

Ministry of Health & Family Welfare [F.No.G.20018/9/89-ME (PG)
dated 8.12.1989]

Recommendation Sl. No. 55 (Para 6.81)

It is imperative to intensify Casualty and Emergency services in big cities which, on account of stress and strain of modern cities, different types of accidents and cardio vascular and cerebral diseases, are under great pressure and have to attend to large number of patients than they can normally handle. The Institute has in a written note furnished that they are not fully satisfied with the Emergency service due to constraints of space and limited number of available beds.

Recommendation Sl. No. 57 (Para 6.83)

The Committee note with dismay that bed-strength in the Emergency Ward has remained the same since 1965. They also agree with the views of the Ministry that it is impossible for any single Emergency Department to meet the needs of ever-increasing population of the city and that the real solution would be to develop, equally efficient Emergency services in terms of trained staff, equipment and back-up services in all hospitals of Delhi on realistically planned geographical zones.

Recommendation Sl. No. 58 (Para 6.84)

The Committee are of the opinion that an integrated approach involving all the hospitals of Delhi is essential to make Emergency and Casualty service in the capital as a model set-up. They desire the Ministry to undertake the necessary review involving representatives from all the hospitals and make out a prospective plan which should be executed under a time-bound programme, so as to ensure that the Casualty and Emergency services which have to cater to a very large number of casualties and emergency admissions are provided without any delay. They would like to be apprised of steps taken in this direction. The Committee also desire that in the meantime, it is absolutely essential to increase the number of beds in Casualty and Emergency Ward which is 70 and has remained static since 1965.

Reply of the Government

The advice given by the committee has been noted. All effective measures are being taken to strictly improve the services in the AIIMS Hospital, Casualty department by coordinated efforts of the administration and Clinical Specialists of the hospitals. The AIIMS hospital, at present is having a Casualty Department which is will knit coordinated with other Clinical Departments of AIIMS Hospital in terms of its functioning and

work distribution. Factors like non-availability of beds, excessive work load, which are beyond the control of the AIIMS and as such there is very **little scope of effects and perceptible improvement** in the construction of further efficiency. As also agreed by the committee, the real solution lies in developing an effective and credible emergency services for the whole of Delhi and its surrounding areas in the neighbouring States. An integrated approach involving all the hospitals of Delhi is essential to make Emergency and Casualty Service in the capital, a model set up. Steps have already been initiated to augment these services and the Delhi Administration has initiated action for establishing 9 new hospitals in the periferal areas, with a view to reduce over crowding in the existing hospitals. In fact two too bedded hospitals namely, Sanjay Gandhi Memorial Hospital and Rao Tula Ram Hospital have already started functioning at Mangolepur and Jaffarpur respectively. There is also a proposal, under consideration, for reorganisation of medical care facilities in the Union Territory of Delhi which *inter-alia* includes the possibility of establishment of a Delhi Hospital Authority.

Ministry of Health & Family Welfare [F.No.G.20018/9/89-ME (PG)
dated 8.12.1989]

Recommendation Sl. No. 67 (Para 6.129)

The Committee are pained to note that ambulances meant for the service of the patients are being used by the Institute to bring the doctors from their residences. It is regretable that the Ambulances are not being utilised by the Institute for the purpose they have been procured. The Committee have been informed that some more vehicles have been purchased by the Institute and are being converted into Ambulances. The Committee would like the Institute to make some alternate arrangement like staff car, etc. for the use of Doctors instead of providing them ambulances which is at the cost of service to patients.

Reply of the Government

The suggestions of the Committee that alternative arrangements like staff cars etc., for the use of doctors instead of ambulances at the cost of service to the patients has been noted. It is stated that the AIIMS Hospital has at present 5 ambulances and 2 of these are always on duty in the Casualty under the control of Senior Casualty Medical Officer for use of the acutely ill patients. The AIIMS provides ambulance service to the immobile and acutely ill patients admitted in the Hospital for movement within the premises in the Institute and also to send them to other Hospitals like Safdarjung Hospital etc. Since the Institute has no other mode of transport to bring the doctors from their residences when they are needed in emergency and are called for duty, the ambulances are used to bring them to the Casualty speedily in the interest of patient care. Every care is taken to ensure that the patients do not have to wait for the arrival of the ambulance if it has not been sent to bring the doctors. The Institute

is spread over a vast area and it is necessary to provide speedy transport service to the doctors when they are called upon to attend upon the emergencies. In case of such a transport is not provided it would take longer time for the doctors to reach the Casualty and the patients would have to wait longer for his advice and delay in this could be fatal. In order to provide them some transport, Institute will have to maintain a separate fleet of staff cars for this purpose for which considerable avoidable expenditure will have to be incurred not only for purchase of vehicles but also on the salaries of the drivers and maintenance of the vehicles. As a matter of fact, the Institute is saving a lot of money by using the ambulances for dual purpose by avoiding duplication. The Committee is assured that patient care services will not be allowed to suffer because of this dual uses. The Institute have 5 ambulances now.

Ministry of Health & Family Welfare [F.No.G.20018/9/89-ME (PG)
dated 8.12.1989]

CHAPTER IV

RECOMMENDATIONS/OBSERVATIONS IN RESPECT OF WHICH REPLIES OF GOVERNMENT HAVE NOT BEEN ACCEPTED BY THE COMMITTEE

Recommendation Sl. No. 6 (Para 1.34)

The Committee also find that there is no formal collaboration between AIIMS and other Central Health and Medical Institutes in the country due to non-availability of infrastructure viz. guest houses/scholars hostel etc. They are of the considered view that there should be frequent exchange of ideas and participation of faculty of all the major national institutes to facilitate acceleration of medical education and research. The Committee, therefore, desire that the Ministry should formulate and implement the necessary proposals on a priority basis to achieve the above objective. They would like to be apprised of further developments in this regard.

Reply of the Government

Already a number of workshops, seminars are being conducted in different parts of the country as well as in AIIMS in which the faculty staff of the AIIMS and other National Institutes take part and exchange ideas.

A list of such workshops held during 1989 is enclosed. (Annexure-I)

Ministry of Health & Family Welfare [F.No.G.20018/9/89-ME (PG)
dated 8.12.1989]

Recommendation Sl. No. 7 (Para 1.35)

The Committee note that the only other Central Institute of the type of AIIMS is the Post Graduate Institute of Medical Education and Research which is also located in the North at Chandigarh and has also a hospital for treatment of inpatients and outpatients. While some State Governments have established similar institutes, in the opinion of the Committee, these cannot attain the same level of excellence. For a country of India's size it is important to have similar institutions which should be capable of attending to patients with the best and modern medicines and equipments dispersed so that specialised medical assistance is available to all at a reasonable cost. It has to be appreciated that vast multitude of the population is poor who cannot afford to travel to far off places to seek medical treatment. They also note that there is overcrowding in AIIMS Hospital for which one of the factors may be the influx of patients from outside areas. The Committee are of the opinion that, to start with, it is absolutely essential to open either the branches of AIIMS in metropolitan cities of Bombay, Calcutta and Madras or to open there similar Central

Institutes of excellence so as to mitigate the hardships of poor citizens who are in woeful condition due to lack of resources. Taking into account the vast population of Calcutta and the abject poverty of the people living there due to which it is not possible for them to seek Medical treatment in Private Hospital or to travel to far off places to seek such a treatment, the Committee feel that priority should be given for opening of another institute or branch of the AIIMS at Calcutta.

Reply of the Government

The question of opening branches of the All India Institute of Medical Sciences or similar Institutes in other parts of the country has been considered by the Ministry. The view of this Ministry is that it would not be feasible to have branches of the AIIMS in other places; what can be considered is to have AIIMS type of medical Institutions in proper locations in the country. A branch of AIIMS would not be a feasible proposition from the administrative, functional and financial points of view as such a branch or branches will not have organic relationship with the mother institution. The Ministry is also of the view that Calcutta, due to its position in commerce, communication and infrastructure available in terms of medical colleges and hospitals is an appropriate place for an Institute of Medical Sciences, with a referral hospital not only for West Bengal but also for adjoining North-Eastern States. Such an Institution should be set up separately and not as an expansion of existing medical Institution. It will require about Rs. 300 crores over a period of seven years for which Planning Commission will have to provide separate funds over and above the existing allocations of this Ministry. It may also be mentioned that a Regional Institute of Post Graduate Medical Education and Research fully financed by the Govt. of India is being set up at Shillong.

It may be stated that against the total 7th Plan allocation of Rs. 897.34 crores for the health sector which includes National Health Programme e.g. National Malaria Eradication Programme, National Filariasis Control Programme, National T.B. Control Programme, National Leprosy Control Programme, National Programme for Control of Blindness etc. The AIIMS have been allotted funds to the extent of Rs. 32 crores (i.e. 3.56% approx.) during the 7th Plan period and any accretion to these resources would imply a reduction in resources for other disease control programmes.

**Ministry of Health & Family Welfare [F.No.G.20018/9/89-ME (PG)
dated 8.12.1989]**

Recommendation Sl. No. 11 (Para 2.45)

The Committee note that the Ministry/Institute has not undertaken any concrete steps so far to assess the existing strength of teachers, specialists etc. So that such an assessment could become the basis for making reliable projections regarding the areas in which the institute should concentrate to produce the requisite number of teachers, specialists etc. The Committee

would, therefore, desire that the Ministry should undertake the necessary exercise, expeditiously to assess the available strength of teachers, specialists etc. to identify the areas in which there is deficiency of medical manpower and to take effective remedial measures with due promptitude.

Recommendation Sl. No. 12 (Para 2.46)

It may be pointed out that this Committee had in their Fifty Third Report (Seventh Lok Sabha) recommended that a system should be evolved with a view to ensuring that talents of such specialists and super-specialists are utilised properly in the country. In their Action Taken reply furnished in November, 1983, the Ministry had stated that efforts would be made to evolve a standard procedure for keeping track of the specialists and super-specialists trained at the institutes. While working out the availability of teachers and specialists their earlier recommendations should also be kept in view so as to ensure proper utilisation of such specialists and super-specialists.

Reply of the Government

The information regarding the existing number of teachers, specialists, etc. is being collected from the various State Governments and other sources. However, it is considered that more reliable data will become available at the time of census 1991. The areas where there is shortage etc. will be identified after collecting the information. The Institute will be asked to evolve a suitable procedure for keeping track of the specialists and supespecialists trained at the Institute.

**Ministry of Health & Family Welfare [F.No.G.20018/9/89-ME (PG)
dated 8.12.1989]**

Recommendation Sl. No. 24 (Para 2.70)

The Committee have been informed that the proposal for introducing a profitable exchange programme between faculty of the AIIMS and Scientists working at other medical institutions in India which was accepted by the Academic Committee in 1974 but could not be implemented due to financial constraints.

Recommendation Sl. No. 25 (Para 2.71)

The Committee urge the Ministry to review the position and take appropriate steps to introduce the aforesaid exchange programme between faculty of AIIMS and Scientists working at other medical institutes in India so that there is meaningful and perposeful exchange of ideas. Already much time has already been lost and it is imperative that there should not be any further delay in the introduction of the exchange programme.

Reply of the Government

It has not been found feasible to have an exchange programme between the faculty of AIIMS and scientists working at other medical institutions, particularly in view of the continuous academic research and patient care programmes in operation in the Institute for which the regular faculty of the AIIMS should be available always. However, the teachers of other medical colleges attend the workshops and seminars conducted in the AIIMS and also get training at the AIIMS for short periods. Further, the faculty of AIIMS are sent wherever new institutions are set up. For example, one of the faculty members of AIIMS was involved in the setting up of Indira Gandhi Institute of Medical Sciences at Patna. The experience of faculty of AIIMS is always utilised by the Government wherever required.

Ministry of Health & Family Welfare [F.No.G.20018/9/89-ME (PG)
dated 8.12.1989]

Recommendation Sl. No. 28 (Para 2.90)

AIIMS Act, 1956 envisages the setting up of a Dental College at the AIIMS with such institutional facilities for practice of dentistry and for practical training of students as may be necessary. The Committee note that there was a provision in the 5th & 6th Plans also for setting up of a Centre for Dental education and research. This Committee had also recommended in their 102nd Report (5th Lok Sabha, 1975-76) that Government should review the position so as to enable the post graduate department in this subject to be set up as soon as resources position improved. In their Action Taken reply to the above recommendation the Government had stated that the suggestion regarding the post-graduate studies in dental science had been accepted and would be followed through the normal procedures as laid down for the initiation of post graduate courses in any discipline. But due to financial constraints a centre has not been established so far. The Committee have now been informed that post graduate course in Dental Surgery leading to the award of the degree of MDS (Orthodontics) has been started since July, 1986 and the Government do not think the need for a separate Dental College or the Centre for Dental Education & Research at the Institute as there are sufficient number of Dental Colleges in the country and there is also one Dental wing functioning in the Maulana Azad Medical College which is conducting Dental course. While the Committee welcome the establishment of Post-Graduate Course in Dental Surgery, they hope that the Ministry would also endeavour to establish a Dental College at the AIIMS as provided in their Act. They would like to be apprised of further development in this regard.

Reply of the Government

The recommendations of the Committee will be duly kept in view as and when this Ministry consider a proposal to set up a Dental college in Delhi.

**Ministry of Health & Family Welfare [F.No.G.20018/9/89-ME (PG)
dated 8.12.1989]**

Recommendation Sl. No. 44 (Para 6.4)

The Committee had in their 53rd report (Seventh Lok Sabha) recommended that modern management concepts and overall medical audit should be introduced in AIIMS Delhi and PGI, Chandigarh as these two premier Institutes in the country should set an example to other medical institutes by taking to modern management techniques which would, no doubt, entail some expenditure but would be an investment in future and could result in functional efficiency and savings in the long run. In their Action Taken Reply the Ministry had stated that such techniques could be introduced gradually at the Institutes with a view to achieving functional efficiency and savings on the long run.

Recommendation Sl. No. 45 (Para 6.5)

The Committee reiterate their earlier recommendations and would like to be apprised of the exact position in this regard in both the Institutes.

Reply of the Government

The AIIMS have already taken steps to introduce modern management concepts in managing various Departments of the Institute. They are also making use of Computer system for medical records. Staff in various departments is also being trained in modern management techniques.

**Ministry of Health & Family Welfare [F.No.G.20018/9/89-ME (PG)
dated 8.12.1989]**

Recommendation Sl., No. 46 (Para 6.33)

The Committee note with dismay that overcrowding of patients in the O.P.D. has assumed alarming proportions. While the hospital is equipped to handle 2000 patients per day it had to handle 1030568 patients during the year 1987-88 giving an average of 3440 patients per day. The average of 3440 patients per day increased to 5287 patients per day during the year 1988-89. There are only 13 counters to attend to these patients. In the matter of physical space it works out to four sq. metre per person. In view of progressive increase in population in Delhi, the situation is bound to deteriorate further unless effective remedial measures are taken in time to augment the OPD facilities by creating more space and creating infrastructure for further expansion. The Committee have also been informed that due to financial constraints no outlay could be provided for the improvement of OPD facilities during the 5th, 6th and 7th plans. They note with satisfaction that a plan of action has been drawn by the Institute to

improve the physical OPD facilities of the AIIMS and a system of screening OPD located a little away is proposed to be organised. They hope that the reorganisation would be completed expeditiously and redtapism and usual procedural wrangles would not be allowed to stand in the way of expeditious finalisation of the scheme so that the hardships of patients are mitigated.

Reply of the Governemnt

The Institute has already included a proposal to re-organise OPD Wing in the Eighth Five Year Plan and the same is proposed to be taken up during the Eighth five Year Plan keeping in view the overall financial outlay and the priorities of Institute.

The question of making AIIMS a referral hospital has been considered several times in the past but due to the inadequacy of general hospitals in around Delhi where the maximum load of O.P.D. cases could be handled, it could not be possible to restrict only the referral cases being attended by the AIIMS hospital. However, with the coming up of a number of hospitals in and around Delhi in near future it is hoped that it would be possible to make AIIMS a referral hospital. It may however be mentioned that no hasty steps should be taken to make it a referral hospital since there is need for variety of general out patient cases for the clinical training of MBBS students studying in AIIMS.

Ministry of Health & Family Welfare [F.No.G.20018/9/89-ME (PG)
dated 8.12.1989]

Recommendation Sl. No. 48 (Para 6.35)

The note with dissatisfaction that number of counters opened to attend to the patient in OPD is totally in-sufficient to cope with the situation and besides wasting a lot of time of patients it adds to their agony to stand in long queues. Constraints of physical space also add to the magnitude of the problem. While anticipating further expansion of the OPD this aspect should be duly taken care of. The Committee are of the view that the attitude of clerical staff who attend to the patients for preparing their cards, sending them to Doctors and also tracing their records before referred to Doctors, needs a radical change. While their irritational approach may be due to their being over worked it is imperative to inculcate a sense of service with smile which will go a long way in mitigating the hardships of patients. They should be made to understand that they are dealing with a class of citizens who are already suffering and a service with smile will be something precious which they will cherish in the days to come. Notwithstanding the dedication and devotion of doctors who are working under great pressure, sometimes agonies faced due to discourteous behaviour of clerical staff mar the prestige of such Institutions. While considering favourably the augmentation of such staff a suitable training should be imparted even by resorting to audio-visual aids, so that they may be motivated to deal with patients in more pleasant and courteous manner. There should be sufficient number of counters with the placard "may I

help you" to help the vast multitude of them who are illiterates and comes from far off places and may have language problems, and need to be properly advised. The Class IV staff posted for such duties should be properly trained and motivated to attend to patients and to direct them to prapper places. AIIMS is a national pride and is a symbol of national development in the medical field and necessary steps are essential to ensure that patients are treated with care and are able to got OPD Service with reasonable promptitude. The Committee also hope that indepth examination which was promised to be done by an Expert Committee relating to the conversion of AIIMS, New Delhi and PGI, Chandigarh into referral hospitals would also be undertaken expeditiously. They also deplore that the Ministry has inordinately delayed such an examination which was recommended by this Committee in their Seventieth Report Presented to the Lok Sabha on 24th April, 1984. They desire that the Ministry should ensure that such delays do not occure in future.

Recommendation Sl. No. 50 (Para 6.66)

The committee note that there are 24 wings in the AIIMS Hospital housing the indoor patients and there is an elaborate procedure for the admission in the general ward of the Hospital. The Committee have been informed that there is heavy demand for the beds which are stated to be only 816 in the AIIMS Hospital. The strength of the beds falls short of the desired level with the result that a patient has to wait for quite some time to get admission and the period of waiting varies from 3 months to more than 2 years depending upon the nature of illness and the particular department where admission is sought. The Committee note with dismay that waiting period for admission for surgery in ENT is upto middle of 1991. The situation is considered to be highly un-satisfactory. The Committee express great conceren over delays in admission on specialised departments. If the waiting periods for admission are unduly long, the possibility of diseases becoming chronic or incurable or proving fatal cannot be ruled out. It is imperative that capacity of indoor admission is suitably augmented taking into account the waiting period in different wings. It is imperative to draw a perspective plan which should also take into account the likely increase in the number of patients due to increase in population influx of outsiders etc. The Committee would like the Ministry to undertake the necessary exercise in association with experts and apprise them of the outcome of the same.

Reply of the Government

It is admitted that there are long waiting lists in some of the Surgical Specialities in the main hospital. This is not only due to lack of beds but also due to lack of operating time in the limited number of Operation Theatres that the AIIMS has. The Surgical "Operation Capability" of the hospital also needs to be supported by adequate facilities for recovery post operative and intensive care beds. In addition to large number of trained

man power not only at the level of Surgeons but also at the level of Operating Room Assistants, O.T.A. nurses, Group 'D' Staff. It also need the support of such services like C.S.S.D. the laundry, Blood Bank and disposable material supply. It would, therefore, be seen that the reducing the waiting time for Surgical Specialities would involved augmentation of all these areas involving a considerable expenditure. Hence the cost of running a surgical bed is always heavy. Long queues for surgical operations are a well known phenomenon even in the more advanced countries like USA and U.K. Therefore, if only bed strength is increased in such a situation it would only mean a over-stay of the patients in the hospital bed without being operated upon. In view of the position stated above, the present bed strength of the Surgical Units is just proportionate enough to the "Operation capability of the hospital" at present. It is, however, hoped that with the augmentation of other facilities, the bed strength will gradually increase in future.

Ministry of Health & Family Welfare [F. No. G. 20018/9/89-ME(PG)
dated 8-12-1989]

Recommendation Sl. No. 51 (Para 6.67)

The Committee are constrained to note that no provision was made for the expansion of Inpatient services during the 7th Plan period. The Committee fail to understand as to why the Institute has not accorded the priority and importance for augmentation of indoor admission facilities. In any case steps are required to be taken promptly to ensure that in all cases where the delay in hospitalisation is likely to be detrimental to the patients health, admission should be arranged. They also note that psychiatric patients indoor ward is a part of the general ward complex of the AIIMS hospital. since psychiatric patients require special type or care and treatment and indoor treatment facilities in this regard are extromoly unsuited, it is imperative to open exclusive indoor psychiatric ward specially equipped to deal with such patients to mitigate the distress of not only such patients but also of their attendants.

Reply of the Government

The observations made by the Committee have been noted. It may be pointed out that the plan of expansion of the indoor admission capability has, in fact, been taken up in the VIIth Five Year Plan in the form of construction of Neuro Sciences, Cardiothoracic and Cancer Centres where new wards have been commissioned due to which it has become possible to admit more patients in the specialities Cardiology, CTVS, Neurology, Neuro-Surgery, and Cancer. By shifting the already existing facilities that were housed in the main hospital occupied by these departments i.e. Cardiology, CTVS, Neurology and Neuro-Surgery, the beds in the main hospital have become available, for augmentation of the existing beds of various speciality in the main hospital. It is a fact that the Psychiatry beds are located at present in wards in the main hospital and it is also true that

Psychiatry patients require special care. This type of special care is adequately provided by the AIIMS Hospital. It may be noted that the type of Psychiatry patients who are admitted in the Psychiatry ward of the AIIMS Hospital, are not violent and who are dangerous to themselves or to the other persons. The Hospital admission policy of the Psychiatric patients is clear and firm on this matter. There is a vast group of Psychiatric patients who can be treated in natural environment. In fact, modern psychiatry practices encourages that the patient should not be severely isolated from his natural environment. However, it may be feasible to plan a complete Psychiatry Centre in future with all modern facilities like De-addiction, Walk-in-Day Consultation Clinics, special therapy facility special hospitalisation facility for all types of Psychiatric Patients and competitive rehabilitative services, depending upon the availability of funds and other resources.

Ministry of Health & Family Welfare [F.No.G.20018/9/89-ME (PG)
dated 8.12.1989]

Recommendation Sl.No. 52 (Para 6.68)

The Committee find that there are no norms fixed for doctor-patient ratio in the AIIMS Hospital and the Institute is in the process of evolving these norms. The Committee have been informed that norms for patient care involvement for doctors is feasible only when the system permits the recruitment of doctors as per work load or the system permits fixation of the number of patient-load, depending upon the number of doctors available. Since none of these are feasible or have been worked out in the past, it has not been possible to fix any norms in this regard arbitrarily. The Committee desire that since that the Government have taken final decision in regard to the recommendations given by the Bajaj Committee relating to norms for the doctor-patient ratio they should be apprised of further developments in this regard.

Reply of the Government

A copy of the Bajaj Committee's recommendations on the staffing pattern of a 750 bedded hospital is placed at Annexure IV This will be taken into consideration by the AIIMS Hospital while finalising norms for the Institute. However, it may be stated that the norms of Bajaj Committee are not feasible to be applied to a Super Speciality Teaching Research Hospital like AIIMS, New Delhi and P.G.I., Chandigarh. The AIIMS would be asked to finalise the norms at the earliest, keeping in view Bajaj committee's recommendations.

Ministry of Health & Family Welfare [F.No.G.20018/9/89-MG (PG)
dated 8.12.1989]

Recommendation Sl.No. 56 (Para 6.82)

In the opinion of the Committee, the AIIMS is a national Institute of prestige and has wider spectrum of responsibilities in the matter of improvement of health conditions in the country and they see no reason why with persistent and coordinated efforts it should not be possible to develop an efficient casualty and emergency set up, wellknit with other departments of the AIIMS hospital with well laid out procedure and work distribution so that patients brought in the Casualty and Emergency Ward are treated with exemplary promptitude and given competent treatment worth emulation by other Institutes and Hospitals in the country. Besides availability of the Doctors to examine patients in critical conditions, it is also highly desirable to ensure that all life saving drugs and equipments are in position and no human life is lost due to any slippages in the arrangements. It has to be ensured that the maintenance of machines and life saving equipment is perfect and they are in operational use at the time of emergencies. The suitability of arrangements in this regard should be periodically reviewed at an appropriately higher level so that any deficiencies in the working of machines etc. and shortages of drugs and injections are made up with swiftness.

Reply of the Government

The advice given by the committee has been noted. All effective measures are being taken to strictly improve the services in the AIIMS Hospital. Casualty department by coordinated efforts of the administration and Clinical Specialists of the hospitals. The AIIMS hospital, at present is having a Casualty Department which is wellknit coordinated with other Clinical Departments of AIIMS Hospital in terms of its functioning and work distribution. Factors like non-availability of beds, excessive work load, which are beyond the control of the AIIMS and as such there is very little scope of effects and perceptible improvement in the construction of further efficiency. As also agreed by the committee, the real solution lies in developing an effective and credible emergency services for the whole of Delhi and its surrounding areas in the neighbouring States. An integrated approach involving all the hospitals of Delhi is essential to make Emergency and Casualty Service in the capital, a model set up. Steps have already been initiated to augment these services and the Delhi Administration has initiated action for establishing 9 new hospitals in the periferal areas, with a view to reduce over crowding in the existing hospitals. In fact two too bedded hospitals namely, Sanjay Gandhi Memorial Hospital and Rao Tula Ram Hospital have already started functioning at Mangolepur and Jaffarpur respectively. There is also a proposal, under consideration, for reorganization of medical care facilities in the Union Territory of Delhi

which *Inter-alia* includes the possibility of establishment of a Delhi Hospital Authority.

**Ministry of Health & Family Welfare [F.No.G.20018/9/89-MG (PG)
dated 8.12.1989]**

CHAPTER V

RECOMMENDATIONS/OBSERVATIONS IN RESPECT OF WHICH FINAL REPLIES OF GOVERNMENT ARE AWAITED

Recommendation Sl. No. 13 (Para 2.47)

The Committee note that at the end of December 1987, 2756 students had successfully completed post-graduate and post-doctoral courses leading to various degrees and more than 3/4th of them are working in the country. The Committee would like to know whether any study has been made about the number of such students who had migrated abroad after completing these courses thereby causing brain drain. It is generally reported that when doctors land back in India after overseas training and education they discover that the environments are hardly congenial for practice in medicine. For highly qualified doctors modern equipment, medicine and money are at an easy reach abroad and they do not find the Indian Conditions worth-while. The Committee are of the view that the situation needs to be studied in depth and effective step taken to remedy this malaise so that not only further exodus of doctors abroad is stopped but also congenial conditions are created so as to attract them to their mother-land on completion of training/study abroad. They would like to be apprised of steps taken in this direction.

Reply of the Government

The Ministry of Science & Technology are funding such a study by two members of the faculty of the Institute and this Ministry have supported the proposal.

Ministry of Health & Family Welfare [F.No.G.20018/9/89-ME (PG)
dated 8-12-1989]

Recommendation Sl. No. 15 (Para 2.49)

The Committee note that from the very beginning the semester system has been the basis for under-graduate medical education which was accepted by the Medical Council of India and is being practised by all Medical Colleges of India. In 1979 the institute experimented and further modified the curriculum for the under-graduate Courses. The pre-clinical course had been reduced to one years whereas para clinical remained 1½ years and the clinical course teaching had been proportionately increased to 2½ years.

Recommendation Sl. No. 16 (Para 2.50)

The Committee are dismayed that the above change in the system contemplated in 1979 has still not been implemented in the medical colleges in India as the AIIMS has not yet taken a final decision on the usefulness of the change. They are of the opinion that such unusual delays in the issues concerning change in syllabus are indicative of non-business like approach of the Institute in finalising such matter. The Committee hope that the desired review would now be undertaken promptly to facilitate a final decision in the matter and that in future AIIMS would do meticulous planning in considering such issues so that changes effected are radical and in tune with the latest requirements. They also recommend that while improving curriculum of under-graduate courses, the AIIMS should ensure that the technology of medicines should also be inexpensive and appropriate to socio-economic conditions in the country.

Reply of the Government

The Institute will be requested to review the changes in the under-graduate curriculum and let us have a report on the same so that the Medical Council of India could be requested to consider such changes for introduction in other medical colleges in the country.

Ministry of Health & Family Welfare [F.No.G.20018/9/89-ME (PG)
dated 8.12.1989]

Recommendation Sl. No. 32 (Para 3.30)

The Committee note that a wide base of research both in basic and applied fields has been established in the AIIMS. The Committee have been informed that some of the major research contributions have been in the fields of Endemic goitre, malnutrition, fertility control and communicable and non-communicable diseases which have received national and international recognition. The AIIMS is involved in studies with other medical colleges through the agency of I.C.M.R. Currently some of the running projects are Rheumatic fever and Rheumatic heart diseases, Coronary artery disease and prevention of blindness. The Committee urge that necessary clinical trials in these fields should be completed at the earliest so that the results of these important researches could be applied for the treatment of the diseases and human sufferings on these account are alleviated.

Reply of the Government

The AIIMS will be asked to complete the field trails and let this Ministry know the results at the earliest.

Ministry of Health & Family Welfare [F. No. G. 20018/9/89-ME (PG)
dated 8.12.1989]

Recommendation Sl. No. 36 (Para 4.12)

The Committee have been informed that many faculty members of the Institute were permitted to go abroad on the requests of various Ministries to provide technical assistance in the field of medical education, under ITEC programme, for rendering expert advice to other developing countries at the request of WHO, to attend workshops or seminars, (short duration course in specialisation), to attend conferences, and for consultancy operations, etc. The total expenditure on such visits during the period from 1983-84 to 1987-88 was stated to be around Rs. 13.88 lakhs. The Committee have been informed that guidelines have been laid down by Government for regulating such visits. The Committee would, therefore, like the Government to undertake an indepth study regarding the visits of faculty members abroad during the last five years to assess the extent to which the objectives of these visits were actually achieved and to assess their utility to medical education and research of such studies, the guidelines could be suitably revised if considered necessary. The Committee recommend that such a review may be carried out by associating eminent persons in medical field outside the Institute.

Recommendation Sl. No. 37 (Para 4.13)

While the Committee appreciate that some kind of cross-fertilisation in ideas for upgradation of skills is essential in the interest of medical education and research there should be some re-thinking on allowing experts to go abroad for a long period of two years as they go for their own benefit and gain, even though the expertise and knowledge has been imparted to them by the Institute. Moreover, absence of such experts for the period of 2 years is also at great cost of the patients' health. They would like to be apprised of further developments after the necessary review is undertaken.

Reply of the Government

The recommendations of the Committee urging the Government to undertake a review of the visit of faculty members abroad during last 5 years on short-term as well as long term basis is accepted by the Government. A Committee will soon be appointed with eminent persons in medical field outside the Institute to undertake the review.

[Ministry of Health & Family Welfare [F.No.G. 20018/9/89-ME(PG)
dated 8.12.1989]

NEW DELHI;

July 13, 1990

Asadha 22, 1912 (S)

JASWANT SINGH

Chairman,
Estimates Committee.

STATEMENT OF WORKSHOPS/SEMINARS/SYMPOSIA/TRAINING COURSES HELD AT THE AIIMS DURING THE YEAR 1989 (FROM JANUARY, 1989)

1. First National Congress Cum Workshop of Indian Association of Micoplasmologists from 21st to 24th February, 1989 — Deptt. of Microbiology.
2. National Workshop on haemophilia from 23.1.89 to 25.1.89 — Haematology.
3. Training Course for medical officers on 3.1.89 and National Workshop on Rational use of Psychotropic Drug on 23rd January, 1989 to 25th January, 1989 — Deptt. of Psychiatry.
4. Workshop on recent advances in intensive care from 26.11.89 to 29.11.89 — Deptt. of Anaesthesiology.
5. National Symposium on "Equipments for Neonatal use: a need for self-reliance" from 29th September, to 30th September, 89 — Paediatrics.
6. International Sumposium on "Genetics & Epilepsy" from 16th to 17th October, 1989 — Deptt. of Anatomy.
7. National Workshop on Golgi Staining techniques from 15.11.89 to 25.11.89 — Deptt. of Anatomy.
8. Workshop on Experimental Medicine Surgery in Primates from 4th to 9th December, 1989 — Deptt. of Rep. Biology.
9. North Zone conference of Indian Pharmaceutical Society from 7th to 8th October, 1989 — Deptt. of Pharmacology.
10. Workshop on tissue culture techniques: September, 1989 — Biochemistry.
11. Vth National Conference of Urolithiasis Society of India from 10th to 12th November, 1989 — Deptt. of Urology.
12. Workshop on "Kotic classification of the hearing impaired and the habilitation methodology from 6th to 18th March, 89—Deptt.of ENT.
13. First National Workshop on "Tissue Culture Techniques in Biomedical Research" from 21st to 30th April, 89 — Dept. of Biochemistry.
14. Endoscopy Teaching Seminar from 24th to 29th April, 89 — Gastroent-
tology.
15. Update in clinical Nutrition on 19.3.89 — HNO.

16. Training course on Drug & Alcohol Dependence for Medical Officers from 27th March to 13th April, 1989 — Psychiatry.
17. National Seminar on Diet, Disease & Vegetarianism on 16.4.89 — HNU.
18. Training Course in Decortication Septoplasty and Endoscopy of Nose & Paranasal Sinuses 17th to 19th September, 89 — Deptt. of ENT.
19. First National Seminar on "Base of Skull Surgery" From 13th to 14th October, 1989 and course on 'Microsurgery of the Temporal Bone from 15th to 18th October, 1989 — Deptt. of ENT.
20. Update & Refresher Course in Emergency Medicine from 18th to 20th October, 1989 — Deptt. of Surgery.
21. Training Course on Drug & Alcohol Dependence from 6th to 21st November, 1989 — Deptt. of Psychiatry.
22. Course on Ultrasound Training in Obstetrics & Gynaecology from 15th to 25th November, 1989 — Deptt. of Obst. & Gynae.
23. International Workshop on 'Recent Methods in Cytogenetics and Molecular Genetics' from 31st December, 1989 to 13th January, 1990—Deptt. of Anatomy.
24. Workshop on "Effective Teaching Methods in Epidemiology" from 4th November, 89 — Centre for Community Medicine.

This list includes only those workshops/seminars/symposia/training courses for which the respective departments/disciplines informed about these activities, to the Academic Section.

No. V. 16020/13/89-ME(PG)
 Government of India
 Ministry of Health & Family Welfare
 (Department of Health)

New Delhi, the 7th Nov. 1989

To

The Director,
 All India Institute of Medical Sciences,
 Ansari Nagar,
 New Delhi - 29.

Subject : Revision of emoluments of Ph.D Students — Regarding.

Madam,

I am directed to refer to the correspondence on the subject mentioned above and to convey the approval of the Government of India to the revision of the emoluments of the Ph.D. Students (non-medical) as follows:

<u>Existing emoluments</u>	<u>Revised emoluments</u>
1st year Rs. 400 + DA and CCA	Rs. 1800 (fixed) + Contingency grant of Rs. 7500/- per year.
2nd year Rs. 450 + DA and CCA	Rs. 1800 (fixed) + Contingency grant of Rs. 7500/- per year.
3rd year 500 + DA and CCA	Rs. 2100 (fixed) + Contingency grant of Rs. 7500/- per year.

The revision of scale will take effect from 1.4.1987 i.e. the date on which the U.G.C. revised the emoluments to the Junior Research fellows working in Universities/Institutions. It may again be clarified that the Ph.D. students will not be entitled to DA or CCA in addition to their revised emoluments. However, they will be eligible for HRA if they are not provided accommodation in the Institution's hostel.

This issue with the concurrence of the Ministry of Finance, Department of Expenditure vide their D.O. No. F.S. (80)-E-III/89 dated 12.10.1989.

Sd/-

(R. Srinivasan)

Under Secretary to the Govt. of India.

Copy to:—

1. D.G.H.S., New Delhi.

2. Director, PGIMER, Chandigarh.
3. Ministry of Finance, Deptt. of Expenditure, N.D.
4. Finance Desk II.
5. ME(PG) Desk.

Sd/-

(R. Srinivasan)

Under Secretary to the Govt. of India.

**No. S. 11014/9/87-ME(P)
Government of India
Ministry of Health & Family Welfare
(Department of Health)**

New Delhi, the 7th Nov. 1989

To

**The Director,
All India Institute of Medical Sciences,
Ansari Nagar,
New Delhi - 29.**

**Sub: Revision of pay scales of Senior Demonstrators (non-medical)—
Regarding.**

Madam,

I am directed to refer to the correspondence on the subject mentioned above and to convey the approval of the Govt. of India to the revision of pay scales of Senior Demonstrators (non-medical) as follows:—

<u>Existing scale</u>	<u>Revised scale</u>
Rs. 650-710	Rs. 2000-60-2120

The revision will take effect from 1st January, 1986.

It has also been decided that this pay scale will be applicable only to the existing incumbents and no further appointments to these posts should be made in future.

The tenure posts of Senior Demonstrators (non-medical) may be abolished as soon as the tenure of the present incumbent expires.

This issues with the concurrence of Ministry of Finance, Department of Expenditure vide their D.O. No. 5(80)-E-III/89 dated 12.10.89.

Receipt of this letter may please be acknowledged.

Sd/-

(R. Srinivasan)

Under Secretary to the Govt. of India.

Copy to:—

1. Director General of Health Services, New Delhi.
2. Director, Post Graduate Institute of Medical Education & Research, Chandigarh.

3. Secretary (Medical), Delhi Administration, Delhi.
4. Ministry of Finance, Deptt. of Expenditure, New Delhi.
5. Finance Desk II, M/O. Health & F.W.
6. ME (PG) Desk.

Sd/-
(R. Srinivasan)

Under Secretary to the Govt. of India

Extracts from Bajaj Committee Report

750 bedded hospital

The 750 bedded hospital is normally a teaching hospital attached with a medical college. Staffing pattern for such a hospital with 100 admissions per year is given departmentwise. According to the new residency scheme, the strength of junior doctors is also given. The post-graduate admission capacity of this hospital has been taken to 50 students per year. The school of Nursing has been with 50 admissions per year.

I. Department of Hospital Administration:

<i>Designation</i>	<i>No.</i>
Medical Supdt.	1*
D.M.S.	1*
Asstt. Med. Supdt.	2*

If this department is having a formal certificate, diploma for degree course in hospital administration or has training programme in hospital administration, then these posts will also have additional teaching designations like medical superintendent-cum-professor of hospital administration, Dy. Med. Supdt.-cum-Astt. Professor of Hospital Administration, Astt. Med. Supdt.-cum-lecturer in Hospital Administration.

Nursing Supdt.	1**
Principal Tutor (Nursing)	1
Administrative Officer	1**
Dy. Nursing Supdt.	1**
Accts. Officer	
Acctt. Nursing Supdt.	1**
Welfare Officer	1
Purchase Officer	1
Office Supdts.	3
Accountants	2
Cashier	1

N.B. * Should be qualified in Hospital Administration.

** Preference will be given to those with qualification in Hospital Administration.

Asstt. Cashier	1
Stenographers	10
Head Clerks	3
U.D.C.s	15
L.D.Cs	45
Store Keepers	10
(Out of these, 3 will be qualified pharmacists.)	
Peons	20
II Medical Staff for clinical services:	
1. Jr. Med. Officers	
Sr. residents	50
Jr. " 3rd Year	50
Jr. " 2nd Year	50
Jr. " 1st Year	100
2. General Duty Officers	
3. Sr. Medical Staff for medical speciality	
(a) Medicine:	
Prof. & Head of Deptt. of Medicine (Physician)	1
Asstt. Prof.	2
Asstt. Prof.	2
Lecturers	3
(b) Paediatrics:	
Prof. & Head of the Deptt. of Paediatrics	1
Asstt. Prof.	1
Lecturers	2
(c) Psychiatry:	
Assoc. Prof. (Psychiatrist)	1
Asstt. Prof.	1
Lecturer	1
Psychologists	1
(d) Dermatology S.T.S. and Leprosy:	
Prof. & Head of the Deptt. of Dermatology (Dermatologist)	1
Asstt. Prof.	1
Lecturers	2

(e)	Cardiology:	
	Prof. & Head of the Deptt. of Cardiology (Cardiologist)	1
	Asstt. Prof. of Cardiology	1
	Lecturer	1
(f)	Surgical Speciality:	
	Prof. & Head of the Deptt. of Surgery (Surgeon)	1
	Assoc. Prof.	2
	Asstt. Prof.	2
	Lecturers	3
(g)	Orthopaedic:	
	Prof. & Head of the Deptt. of Orthopaedics (Ortho. Surgeon)	1
	Asstt. Prof.	2
	Lecturers	3
(h)	Eye:	
	Prof. & Head of the Deptt. of Ophthalmology (Ophthalmologist)	1
	Asstt. Prof.	1
	Lecturers	2
(i)	E.N.T.:	
	Prof. & Head of the Deptt. of ENT (Oto—Rhino Larynglost)	1
	Asstt. Prof.	1
	Lecturers	2
(j)	OB & GYN:	
	Prof. & Head of the Deptt. of O.B. & GYN. (Obstetrician & Gynaecologist)	1
	Assoc. Prof.	1
	Asstt. Profs.	2
	Lecturers	3
(k)	Anaesthesia:—	
	Prof. & Head of the Deptt. of Anaesthesia (Anaesthetists)	1

	Sr. Anaesthetists	4
	Jr. Anaesthetists	8
	Tech. Asstt. (Anaesthesia)	1
	Anaesthesia Technicians	3
(I)	Neuro-Surgery:	
	Prof. & Head of the Deptt. of Neuro-Surgery (Neuro Surgeon)	1
	Asstt. Prof. of Neurosurgery	1
	Lecturer in neuro-surgery	1
III.	Dental Services:	
	Assoc. Prof. (Dental Surgery)	1
	Asstt. Prof. (Dental Surgery)	1
	Dentists	2
	Dental Tech.	3
	Dental attendants	3
IV.	Nursing Staff	
	Sr. Tutors	5
	Asstt. Nursing Supdts.	9
	Nursing Sisters	63
	Home Sisters	5
	Staff Nurses	260
	House-Keeping staff:	
(i)	Sanitation:	
	Sanitary Supdt.	1
	Sanitary Insp.	2
	Havildrs	7
	Class IV staff	365**
	Barbers	3
(ii)	Security:—	
	Security Officer	1
	Caretaker	1
	Asstt. Caretaker	1
	Chowkidars	50*

N.B. * may be designated security guards.

** this includes N/O, Stretcher Bearer, N/A, Sweepers and sweepers and also class IV staff of Dietary Deptt. 1 other Deptt.

VI. *Medico-administrative services:*(i) *Medical Record Deptt. including Enquiry & Admission Office*

Med. record officer	1
Asstt. Medical record Officer	1
Tech. Asstt.	1
Medical Record Tech.	12
Med. Record Attendants	10

(ii) *Medico-social department*

Medico-social worker	1
Social Workers	5
Social guides	10

(iii) *Dietary Deptt.*

Dietician	1
Asstt. Dietician	1
Tech. Asstt.	1
Technicians	3
Stewards	2

Necessary class IV staff for dietary department like head cooks, masalchis etc. will come out of the class IV staff given under the house-keeping department.

VII. *Supportive services:*

1. Radiology services-both radio-diagnosis and radio-therapy:—

Prof. & Head of the Deptt. of radiology (Radiologist)	1
Assoc. Prof.	1
Asstt. Prof.	1
Lecturers	2
Hosp. Physicist	1
Radiographers	8
Radiology Technicians	5
Dark room attendants	3

Necessary nurses and class IV staff will come out of the general pool of nursing staff and class IV staff.

2. *Laboratory Services:—*

Class IV staff will come out of the general pool of class IV.

The other staff will be:—

Prof. & Head of the Deptt. of Pathology (Pathologist)	1
Assoc. Prof.	1
Asstt. Prof.	1
Lecturers	2
Bio-chemist	1
Tech. Asstts.	14
Technicians	6
Lab. attendants	10

3. *Pharmacy services:—*

Class IV staff will come out of the general pool of class IVs.

1. Chief Hosp. Pharmacist	1
2. Manufacturing Pharmacist	1
3. Asstt. Chief Hosp. Pharmacist	1
4. Tech. Asstt. (Pharmacy)	3
5. Head Pharmacists	2
6. Pharmacists	10

4. *Blood Bank:*

Blood transfusion officer	1
Asstt. Blood transfusion officer	1
Tech. Asstt. (Blood Bank)	1
Technicians (Blood Bank)	7
Blood Bank Attendants	4
Social workers, nurses, and class IV staff will come out of the general pool.	

5. *Central Supply Services Deptt...*

CSSD Supervisor	1
Asstt. CSSD supervisor	1
Tech. Asstt.	1
Technicians	
Class IV staff required for this department will come out of the general pool.	6

6. *ECG Services:*

Tech. Asstt.	1
ECG Tech.	5

Nurses and class IV officers required will come out of the General pool.

7. *Hospital Library:—*

The hospital library will be part of the college library complex.

8. *Laundry services:—*

Laundry Supervisor	1
Asst. Laundry Supervisor	1
Tect. Asstt. (Laundry)	1
Laundry Tech.	3
Washerman	5

Class IV staff will come out of the general pool.

9. *Rehabilitation services:—*

Med. Officer incharge (Rehabilitation)	1
Physiotherapists	4
Occupational therapists	2
Technicians	2
Vocational guide	

Social workers, nurses and class IV staff will come out of the general pool.

10. *Operational theatre services:—*

O.T. Supervisor (Medical)	1
Asst. Supervisor (Medical)	1
Tech. Asstt. (O.T.)	3
O.T. Techs.	10
O.T. Asstt.	10

Nurses and other class IV staff will come out of the general pool.

VIII. *Engineering services:*

Executive Engineer	1
Asstt. Engineer (Civil)	1
Asstt. Engineer (Elec.)	1
Asstt. Engineer (Air-conditioning)	1
Asstt. Engineer (Horticulture)	1
Section Officer	5
Carpenters	3
Electricians	4

Plumbers	4
Welder	1
Sewage cleaners	6
Khalasis	6
Malees	12
IX. Hospital Workshop:	
Workshop Supervisor	6
Carpenter	1
Mechanic	1
Electrician	1
Blacksmith	1
Glass blower	1
Painter	1
Khalasis	2
X. Hospital Transport:	
Vehicle Supervisor	1
Asst. Vehicle Supervisor	1
Senior Driver	1
Drivers	10
Cleaners	4
XI. Hospital Mortuary:	
This will be under Prof. of Pathology and medical staff will be provided by them. This will be for both medico-legal and non-medico-legal work. The other staff will be as under.	
Tech. Asstt.	1
Mortuary Technicians	4
Mortuary Attendants	4
XII. Telephone Exch.:-	
Telephone Supervisor	1
Telephone operators	5
XIII. Family Welfare Services:-	
F.P. Officer (Male)	1
" " (Female)	1
Se. Will be the Chief	
Exten. Educators (1 male, 1 female)	2

F.P. field workers

(one male, one female)

2

Nurses and class IV staff required will come out of the general pool.

XIV *Health Education Services:—*

Health educator

1

Projectionist

1

Artist-cum-photographer

1

XV. *Photographic Cell:—*

Sr. Photographer

1

Photographer

1

Dark Room Attendant

1

(This includes 10% leave reserve)

APPENDIX

(Vide Introduction)

Analysis of Action Taken by Government on the 79th Report of Estimates Committee (Eighth Lok Sabha)

I.	Total Number of Recommendations	71
II.	Recommendations/Observations which have been accepted by the Government; Sl. Nos. 1,3,4,5,8 to 10, 17,18,26, 27, 29, 30, 31, 34, 35, 40 to 43, 47, 54, 59, 60 to 64, 65, 66, 68, 69, 70, 71	
	Total	34
	Percentage	47.88
III.	Recommendations/Observations which the Committee do not desire to pursue in view of Government's replies; Sl. Nos. 2, 14, 19 to 23, 33, 38, 39, 49, 53, 55, 57, 58, 67	
	Total	16
	Percentage	22.54
IV.	Recommendations/Observations in respect of which Government's replies have not been accepted by the Committee; Sl. Nos. 6, 7, 11, 12, 24, 25, 28, 44, 45, 46, 48, 50, 51, 52, 56	
	Total	15
	Percentage	21.12
V.	Recommendations/Observations in respect of which final replies are still awaited; Sl. Nos. 13, 15, 16, 32, 36, 37	
	Total	6
	Percentage	8.46

**LIST OF AUTHORISED AGENTS FOR THE SALE OF LOK SABHA
SECRETARIAT PUBLICATIONS**

Sl. No.	Name of Agent	Sl. No.	Name of Agent
ANDHRA PRADESH		UTTAR PRADESH	
1.	M/s. Vijay Book Agency, 11-1-477, Mylargadda, Secunderabad-500 361.	12.	Law Publishers, Sardar Patel Marg, P.B. No. 77, Allahabad, U.P.
BIHAR		WEST BENGAL	
2.	M/s. Crown Book Depot., Upper Bazar, Ranchi (Bihar).	13.	M/s. Madimala, Buys & Sells, 123, Bow Bazar Street, Calcutta-1.
GUJARAT		DELHI	
3.	The New Order Book Company, Ellis Bridge, Ahmedabad-380 006. (T. No. 79065)	14.	M/s. Jain Book Agency, C-9, Connaught Place, New Delhi, (T. No. 351663 & 350806)
MADHYA PRADESH		15.	M/s. J.M. Jaina & Brothers, P. Box 1020, Mori Gate, Delhi-110006 (T. No. 2915064 & 230936).
4.	Modern Book House, Shiv Vilas Place, Indore City. (T. No. 35289).	16.	M/s. Oxford Book & Stationery Co., Scindia House, Connaught Place, New Delhi-110001. (T. No. 3315308 & 45896)
MAHARASHTRA		17.	M/s. Bookwell, 2/72, Sant Nirankari Colony, Kingsway Camp, Delhi-110 009. (T. No. 7112309).
5.	M/s. Sunderdas Gian Chand, 601, Girgaum Road, Near Princes Street, Bombay-400 002.	18.	M/s. Rajendra Book Agency, IV-DR59, Lajpat Nagar; Old Double Storey, New Delhi-110 024. (T. No. 6412362 & 6412131).
6.	The International Book Service, Deccan Gymkhana, Poona-4.	19.	M/s. Ashok Book Agency, BH-82, Poorvi Shalimar Bagh, Delhi-110 033.
7.	The Current Book House, Maruti Lane, Raghunath Dadaji Street, Bombay-400 001.	20.	M/s. Venus Enterprises, B-2/85, Phase-II, Ashok Vihar, Delhi.
8.	M/s. Usha Book Depot, 'Law Book Seller and Publishers' Agents Govt. Publications, 585, Chira Bazar, Khan House, Bombay-400 002.	21.	M/s. Central News Agency Pvt. Ltd., 23/90, Connaught Circus, New Delhi-110 001. (T. No. 344448, 322705, 344478 & 344508).
9.	M & J Services, Publishers, Rep- resentative Accounts & Law Book Sellers, Mohan Kunj, Ground Floor, 68, Jyotiba Fuele Road Nalgaum, Dadar, Bombay-400 014.	22.	M/s. Amrit Book Co., N-21, Connaught Circus, New Delhi.
10.	Subscribers Subscription Services India, 21, Raghunath Dadaji Street, 2nd Floor, Bombay-400 001.	23.	M/s. Books India Corporation Pub- lishers, Importers & Exporters, L-27, Shastri Nagar, Delhi-110 052. (T. No. 269631 & 714465).
TAMIL NADU		24.	M/s. Sangam Book Depot, 4378/4B, Murari Lal Street, Ansari Road, Darya Ganj, New Delhi-110 002.
11.	M/s. M. M. Subscription Agencies, 14th Murali Street (1st Floor), Mahalingapuram, Nungambakkam, Madras-600 034. (T. No. 476558)		