

**SEVENTIETH REPORT**  
**ESTIMATES COMMITTEE**  
**(1983-84)**

(SEVENTH LOK SABHA)

**MINISTRY OF HEALTH AND FAMILY WELFARE**  
**MEDICAL RELIEF, EDUCATION, TRAINING**  
**AND RESEARCH**

**Action Taken on the Fifty-third Report**  
**(Seventh Lok Sabha)**



*Presented to Lok Sabha on 24th April, 1984*

**LOK SABHA SECRETARIAT**  
**NEW DELHI**

*April, 1984/Chaitra, 1906, (Saka)*

*Price: Rs. 2.70*

395A

Corrigenda to the 70th  
Report of Estimates Committee  
( 1983 - 84 )

<u>Sl.No.</u>	<u>Page</u>	<u>Para</u>	<u>Line</u>	<u>For</u>	<u>Read</u>
1.	Contents Page	-	Under Appendix	45th Report	53rd Report
2.	2	5	4	After the word control	<u>add</u> 'of'
3.	6	18	10	minds	mind
4.	9	28	12	sue	cue
5.	14	45	3	and the light	and <u>in</u> the light
6.	16	52	1	that was	that <u>it</u> was
7.	17	55	5	considered	consider

# CONTENTS

	PAGE
COMPOSITION OF THE ESTIMATES COMMITTEE . . . . .	(iii)
COMPOSITION OF THE STUDY GROUP ON ACTION TAKEN REPORT OF ESTIMATES COMMITTEE (1983-84) . . . . .	(v)
INTRODUCTION . . . . .	(vii)
CHAPTER I Report . . . . .	1
CHAPTER II Recommendations/Observations that have been accepted by Government. . . . .	9
CHAPTER III Recommendations/Observations which the Committee do not desire to pursue in view of Government's replies. . . . .	43
CHAPTER IV Recommendations/Observations in respect of which Replies of Government have not been accepted by the Committee. . . . .	47
CHAPTER V Recommendations/Observations in respect of which final replies of Government are awaited. . . . .	53

## APPENDIX

Analysis of Action Taken by Government on the recommendations contained in the 45th Report of the Estimates Committee (7th Lok Sabha) . . . . .	59
---	----

# ESTIMATES COMMITTEE

(1983-84)

---

## CHAIRMAN

Shri Bansi Lal

## MEMBERS

2. Begum Abida Ahmed
3. Shri Era Anbarasu
4. Shri P. Ankineedu Prasadarao Rao
5. Shri A. K. Balan
6. Dr. Krupasindhu Bhoi
7. Shri Tridib Chaudhari
8. Smt. Usha Prakash Chaudhari
9. Prof. Madhu Dandavate
10. Shri V. Kishore Chandra S. Deo
11. Shri B. V. Desai
12. Shri Bheravadan K. Gadhvi
13. Shri Ghuffran Azam
14. Shri Krishna Kumar Goyal
15. Shri Chintamani Jena
16. Shri M. Kandaswamy
17. Shri M. M. A. Khan
18. Shri Chinkwang Konyak
19. Shri Kunwar Ram
20. Prof. Ajit Kumar Mehta
21. Prof. Rupchand Pal
22. Shri Keshorao Pardhi
23. Smt. Sanyogita Rane
24. Shri M. Satyanarayana Rao
25. Shri Rasheed Masood
26. Shri Rajesh Kumar Singh

(iv)

27. Shri Krishan Datt Sultanpuri
28. Shri V. S. Vijayaraghavan
29. Shri Girdharj Lal Vyas
30. Shri Subhash Yadav

**SECRETARIAT**

1. Shri T. R. Krishnamachari—*Joint Secretary*
2. Shri Bipin Behari—*Chief Financial Committee Officer*
3. Shri S. P. Chanana—*Senior Financial Committee Officer.*

# STUDY GROUP ON ACTION TAKEN REPORTS

## ESTIMATES COMMITTEE

(1983-84)

1. Shri Bansi Lal—*Chairman*
2. Shri M. Satyanarayana Rao—*Convener*
3. Begum Abida Ahmed
4. Shri Tridib Chaudhuri
5. Prof. Madhu Dandavate
6. Shri B. V. Desai
7. Shri Krishna Kumar Goyal
8. Smt. Sanyogita Rane
9. Shri Girdhari Lal Vyas

## INTRODUCTION

I, the Chairman of the Estimates Committee having been authorised by the Committee to submit the Report on their behalf, present this Seventieth Report on Action Taken by Government on the recommendations contained in the Fifty-third Report of Estimates Committee (7th Lok Sabha) on the Ministry of Health and Family Welfare—Medical Relief, Education, Training and Research.

2. The 53rd Report was presented to Lok Sabha on 29 April, 1983. Government furnished their replies indicating action taken on the recommendations contained in that Report by 15 February, 1984. The replies were examined by Study Group on Action Taken Reports of Estimates Committee at their sitting held on 6 April, 1984. The draft Report was adopted by the Committee on 10 April, 1984.

3. The Report has been divided into the following Chapters:

I. Report

II. Recommendations/Observations that 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 replies of Government are awaited.

4. An analysis of action taken by Government on the recommendations contained in the 53rd Report of Estimates Committee is given in the Appendix. It would be observed therefrom that out of 61 recommendations made in the Report 39 recommendations i.e. about 64 per cent have been accepted by Government. Committee do not desire to pursue 4 recommendations i.e. about 7 per cent in view of Government replies. Replies of Government in respect of 8 recommendations i.e. about 13 per cent have not been accepted by the Committee. Final replies of Government in respect of 10 recommendations i.e. about 16 per cent are still awaited.

NEW DELHI;

April 18, 1984.

Chaitra 29, 1906 (S).

BANSI LAL

Chairman,

Estimates Committee.

## CHAPTER I

### REPORT

1. This Report of the Estimates Committee deals with action taken by Government on the recommendations contained in their 53rd Report (7th Lok Sabha) on the Ministry of Health and Family Welfare—Medical Relief, Education, Training and Research which was presented to Lok Sabha on 29th April, 1983.

2. Action Taken notes have been received in respect of all the 61 recommendations contained in the Report.

3. Action Taken notes on the recommendations of the Committee have been categorised as follows:—

(i) Recommendations/Observations which have been accepted by the Government:

Sl. Nos. 1, 3, 8, 10, 13, 15, 21, 22, 23, 24, 25, 26, 27, 29, 30, 31, 32, 33, 34, 35, 36, 37, 39, 40, 41, 43, 44, 45, 46, 47, 48, 50, 52, 54, 57, 58, 59, 60, 61.

(Total—39—Chapter II)

(ii) Recommendations/Observations which the Committee do not desire to pursue in view of Government replies:

Sl. Nos. 6, 7, 12, 55.

(Total—4—Chapter III)

(iii) Recommendations/Observations in respect of which Government's replies have not been accepted by the Committee:—

Sl. Nos. 4, 5, 9, 14, 28, 38, 51, 53.

(Total—8—Chapter IV)

(iv) Recommendations/Observations in respect of which final replies are still awaited:

Sl. Nos. 2, 11, 16, 17, 18, 19, 20, 42, 49, 56

(Total—10—Chapter V)

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

*Role of the Ministry/Medical Relief*

#### **Recommendation Sl. No. 1—(Para 1.5)**

5. The Estimates Committee were informed that Medical Relief was the responsibility of the States, but in actual practice the Gov-



ernment of India was providing substantial assistance to the States for the implementation of important Health and Family Welfare Programmes. Many priority Programmes like Family Welfare, Control of Leprosy and Control Blindness received 100 per cent assistance. The Committee did not consider the existing arrangement for monitoring the implementation of the Priority Programmes adequate. They suggested that an integrated planning and monitoring cell should be established in the Ministry to ensure that the Programmes were formulated and implemented properly. The functions of the cell should also include state-wise annual appraisal of implementation of the Programmes and undertaking on the spot studies with a view to suggesting corrective measures promptly. The results of such appraisals should be published in the Annual Reports and Performance Budget of the Ministry for information of Parliament.

6. In their reply the Ministry of Health and Family Welfare stated that the Government agreed with the views of the Committee that monitoring the implementation of the national priority programmes was extremely important. Taking note of this, the Government have already evolved a system under which the relevant data was collected and feed-back was given to the Programme Officers, both from the point of view of evaluation and course-correction wherever necessary. The Department of Family Welfare had a full fledged monitoring and evaluation cell headed by a Director together the relevant information pertaining to Family Welfare and MCH programmes including Special Area Development Projects. This cell was assisted by several field units to make on the spot checks and investigations and report about the veracity of the data gathered earlier. The data so gathered was analysed in the Cell and the feed-back information was given to the senior Officers in the Ministry and the field level programme officers for necessary action. Such information was also given to the State Governments for necessary corrective actions.

7. As regards the Health Sector, the nodal point for collection and analysis of such data was the Central Bureau of Health Intelligence. This Bureau, which again was headed by a Director and functions under the over-all administrative control and guidance of the Director General of Health Services collected information on three specific items:—

- (a) the four national programmes for the control/containment of materials, tuberculosis, leprosy and blindness apart from other forms of communicable diseases;

- (b) information relating to training of health manpower; and
- (c) consolidated data on family welfare and MCH programme.

8. For facilitating the collection and compilation of the data, standardised format had been prescribed and the various points on which information had to be submitted had been circulated down to the sub centre level. The information was gathered at the district level from the various sub centres and primary health centres and thereafter sent to the Central Bureau of Health Intelligence. In the Bureau, the data so gathered was sent to the National Information Centre for computerisation in the out-put tables which have been prepared in consultation with the programme officers of Malaria and Tuberculosis. Feed-back of this Centre was disseminated to the concerned programme officers, States and districts.

9. In addition the Government had in position 17 Regional Directors of Health and Family Welfare who were in constant touch with the concerned State Governments about the implementation of various programmes which were funded by the Union Government. These Regional Directors also did frequent field inspections and sent their reports every month to the Government. This was yet another channel of monitoring and evaluation which had been founded to be extremely useful by the Government.

10. In other words, essence of the recommendations of the Committee was already being followed. Efforts will be made to ensure that this system of monitoring and evaluation was further strengthened to give optimal results.

11. The Committee see that the present arrangements for monitoring and evaluation of various health schemes and plans did follow to certain extent the essence of their recommendations. All the same they find that the existing arrangements by the Ministry do not meet the requirements as suggested by the Committee. The Committee had suggested that an integrated planning and monitoring cell should be established in the Ministry to ensure proper formulation and implementation of various schemes. The Committee had even outlined the functions of the cell and had desired that the functions of the cell should include State-wise annual appraisal of implementation of the programmes and also undertaking on-the-spot studies with a view to suggesting corrective measures promptly. They further desired that the results of such appraisals should be published in the Annual Report and Performance Budget of the Ministry for information of Parliament. The Ministry have in their reply only described the existing arrange-

ments for monitoring. The Committee, therefore, have to reiterate their recommendation that monitoring cell may be set up in the Ministry and appraisals and reports of this cell should be published in the Annual Reports and Performance Budget of the Ministry for Information of Parliament.

*Medical Facilities in Rural Areas*

**(Recommendation Sl. Nos. 4 & 5—Paras 1.33, 1.34)**

12. The Committee were informed that out of a total Health Plan allocation of about 1972 crores in the 6th plan, roughly Rs. 1250 crores were allocated for rural health/medical relief schemes. Medical relief facilities were provided in rural areas through the centrally assisted Minimum Needs Programme by opening of sub-centres, primary health centres, subsidiary health centres, etc. There was also a Health Guide Scheme exclusively catering to the health needs of the rural areas, according to which one Health Guide was provided for an average of 1000 rural population. From a note furnished by the Ministry, it was seen that as on 1-4-1982, 56595 sub-centres, 5853 primary health centres, 2540 subsidiary health centres and 357 upgraded P.H.Cs./Health Centres were in position. During 1982-83 the Ministry had the target of setting up 7656 more sub-centres, 188 primary health centres, 637 subsidiary health centres and 93 upgraded P.H.Cs./Community Health Centres, in various States. It was, however, surprising to the Committee that in the States/Union Territories of Karnataka, Kerala, Manipur, Sikkim, Tripura, Andaman and Nicobar Islands, Arunachal Pradesh, Chandigarh, D&N Haveli, Goa, Daman and Diu, Lakshadweep and Pondicherry, there was neither a subsidiary health Centre at present nor there was any proposal to set up these by 1st April, 1983. Almost similar position obtained with regard to setting up of upgraded P.H.Cs./Community Health Centres. The Committee desired to know the reasons for this state of affairs. The Committee further desired that the Ministry should take the initiative in formulating these schemes for the regions which had not taken up these and ensure that there was a balanced development of the facilities in the remaining period of 6th plan and in future plan periods.

13. The Committee understood that as on 1-4-1982 there were 5853 primary Health Centres functioning in the country. These were a medium type of medical centres to cater to the primary health and medical relief needs of the rural areas. The Committee had reasons to believe that all the inputs necessary for the meaningful

functioning of these centres were actually not available. Health Secretary conceded in evidence that in 36 P.H.Cs. there were no doctors. If this was the position with regard to doctors, the position obtaining in regard to other inputs and their effectiveness could well be imagined. The Committee, therefore, desired that a machinery should be evolved in coordination with the Health Authorities of State Govts. to ensure that there was not a single P.H.C. which lacked any of the essential inputs including medicines.

14. In their reply the Ministry of Health and Family Welfare stated that the establishment of Subsidiary Health Centres, Primary Health Centres and Community Health Centres and posting necessary staff and providing the equipment were state sector plan activities. The Ministry of Health and Family Welfare did not provide any assistance to the State Governments for the establishment of these units. Health being a state subject and the fact that the expenditure on these activities had to be incurred by the States from their own resources/plan allocations, the role of Ministry of Health and Family Welfare was limited only to provide guidance and drawing the State Governments' attention towards the deficiencies existing in the infrastructure.

15. The Committee had desired the Ministry to take initiative in formulating schemes for setting up of upgraded PHCs/Community Health Centres in the regions where such centres had not been set up. With a view to a balanced development of the facilities in all the regions in the remaining period of 6th Plan as also in future plan periods, the Committee had also recommended that a machinery should be evolved in coordination with the health authorities of State Governments to ensure that in all the PHCs essential inputs including the medicines were available. From the reply of the Ministry they find to their dismay, that the Ministry have tried to wash off their hands of their responsibility by stating that setting up of such centres etc. and providing essential inputs to these centres was the responsibility of the States, through they have conceded that the role of Ministry of Health & Family Welfare was to provide guidance and drawing the State Governments attention towards the deficiencies existing in the infrastructure. In Committee's view their recommendation has been dealt with rather casually. Once the deficiencies in the existing system are admitted, nothing should stand in the way of the Central Ministry of Health and Family Welfare in implementing the Committee's recommendations with regard to taking initiative in formulating suitable schemes in this behalf. The Committee therefore reiterate the recommendation.

**Recommendation (Sl. No. 9—Para 1.38)**

16. The Committee had desired the Ministry to examine the possibility of introducing a scheme under which mobile dispensaries could be provided to the rural areas for pathological tests like blood, urine and stools tests etc., so that the people living in far flung areas, not connected with adequate transport facilities were able to avail themselves of these facilities.

17. In their reply, the Ministry have stated that the need for expansion of the laboratory facilities in rural areas was well appreciated by the Ministry of Health and Family Welfare and accordingly, the health plan provides for laboratory facilities for every P.H.C. to be established to cover 30,000 population in general and 20,000 population in tribal and hilly areas. As regards the Committee's suggestion for mobile dispensaries, the Ministry have stated that as there was no scheme for mobile dispensaries, "the question of providing laboratory facilities in mobile teams did not arise."

18. The Committee had desired the Ministry to introduce a scheme under which mobile dispensaries could be provided to the rural areas for pathological tests like Blood, urine and stools etc. so that the people living in far flung areas not connected with adequate transport facilities could avail themselves of such facilities. The Ministry's reply that "as there is no scheme for mobile dispensaries, the question of providing laboratory facilities in mobile teams does not arise" shows that the recommendation was not seriously considered at an appropriate level. The Committee expects the Ministry to go into the recommendations of the Committee rather seriously and apply their minds as to what best could be done. The Committee reiterate their earlier recommendation.

*Physical Medicine and Rehabilitation*

**Recommendation Sl. No. 14 (Para 1.77)**

19. The Committee were informed that a scheme of setting up limb fitting centres in 26 medical colleges in the country had been taken up with an allocation of Rs. 6 lakhs to each such college. Out of these 26 centres, 15 had already been commissioned and for the remaining 11 the work was in progress. The Committee desired that this work should be completed without delay. The Committee further desired the Ministry to examine feasibility of extending this scheme to all the 108 medical colleges in the country in a phased manner.

20. The Ministry in their reply stated that ALIMCO was under the administrative control of the Ministry of Social Welfare and the

Scheme was administered through that Ministry. According to the information furnished by the Ministry of Social Welfare, the Artificial Limbs Manufacturing Corporation (ALIMCO) had a scheme of setting up of a limb fitting centres in medical colleges and other hospitals in the country. For this purpose the Company received interest free loan from the National Defence Fund. ALIMCO had planned to set up 34 limb fitting centres and 27 centres had been set up till now. Of these 16 were located in medical college hospitals. The remaining 11 centres were located outside medical college hospitals. No more centres either in medical college hospitals or elsewhere had been set up as no further funds were available. As such it did not appear to be feasible to extend the scheme to other medical colleges in the country.

21. The Committee had recommended to the Ministry of Health and Family Welfare to examine the feasibility of extending the scheme of Limb fitting centres to all the 108 medical colleges in the country in a phased manner. Conceding the desirability of such a scheme Health Secretary had stated before the Committee during his evidence, "we will like to go in this direction because the facilities are better to develop in more and more medical colleges." Whether the scheme is to be administered or funds provided by the Ministry of Social Welfare or the Ministry of Health, the Committee's purpose is to provide this facility in more and more medical colleges. The Committee are rather surprised with the reply of Ministry that ALIMCO, which is under the administrative control of the Ministry of Social Welfare, has set up 27 centres so far, of which 16 are located in medical colleges, and that "no more centres either in medical college hospitals or elsewhere have been set up as no further funds are available. As such it does not appear to be feasible to extend the scheme to other medical colleges in the country." The Committee feel that Ministry of Health & Family Welfare and the Ministry of Social Welfare should jointly draw up a scheme for setting up more such centres in the medical colleges. The scheme may be financed out of the funds provided by both the Ministries.

#### Recommendation (Sl. No. 17—Para 1.80)

22. The Association of the Physiotherapist had in their memorandum referred to the inadequate promotional avenues and their pay scales being not commensurate with their status and responsibilities. The role of Physiotherapists and occupational therapists being crucial today in the field of medicine and physical rehabilitation, the Committee expected that the Ministry would carry out each of the assurance made before the Committee that "we will certainly ensure that their legitimate interests are taken care of...we will be too happy to create selection grade—higher grades for them."

The Committee recommended that an entrant to Government service should have at least three promotions during his entire career. This Principle should be applicable to physiotherapists also. The Committee further desired that the physiotherapists should be given an independent and appropriate status.

23. In their reply, the Ministry stated that the question regarding revision of pay scales so as to improve the promotional prospects of physiotherapists was taken up with Ministry of Finance. That Ministry advised to refer any such proposal to the Fourth Central Pay Commission as and when it was set up, as it was not appropriate to revise the existing scales which were likely to disturb the relativities with scales of other similar posts in our hospitals.

24. As regards Selection Grade/Higher Grade to the Physiotherapists, this had also to be examined by the Fourth Central Pay Commission, with reference to similar posts available under various Ministries/Departments of the Government. The matter was under consideration of the Ministry in consultation with Director General of Health Services and a reference to this effect to the Fourth Central Pay Commission will be made shortly.

25. In their recommendation the Committee had desired that the principle of three promotions during the entire career of a Government servant, should be applicable to the physiotherapists also. They had further desired that the Physiotherapists should be given an independent and an appropriate status. The Ministry in their reply have dealt with first part of Committee's recommendation by stating that a reference in this regard would be made to the Fourth Pay Commission. The reply of the Ministry is, however, silent to the second part. The Committee would like the Government to take action with regard to their recommendation about giving Physiotherapists an "independent" and "appropriate" status.

#### **Recommendation Sl. No. 25 (Para 2.42)**

26. The Committee had drawn the attention of the Ministry of Health & Family Welfare to the existence of an establishment calling itself 'Adarsh Netra Chikitsalaya', Hansi Gate, Bhiwani (Haryana) which, it was alleged, was not run by any qualified doctor and yet it was performing eye operations. The Committee desired the Ministry to make an enquiry into the matter and take suitable action.

27. The Ministry in their reply stated that the State Government of Haryana, Health & Medical Education Department had reported that there was no specific or general complaint against the Adarsh

Netra Chikitsalaya, Hansi Gate, Bhiwani (Haryana) about the performance of eye operations. The doctor incharge of hospital possessed the qualification of Vaidya Vachaspati. The Central Council of Indian Medicine stated that Vaidya Vachaspati awarded by DAV Managing Committee, Amritsar/Jullunder was recognised under the Indian Medicine Central Council Act, 1970. The question regarding eligibility of graduates of the Indian system of medicine to undertake the major operations was considered by the Council. The Council was stated to be of the view that since a large number of graduates were already performing operations successfully and their courses of study made adequate provisions for this training, there should be no bar to their performing major operations.

28. A Press Report appeared in *Indian Express* of 2nd December, 1983 with the caption "quackery Blinds 100 in Haryana". Asked to furnish a factual note on the report and action taken thereon by the Government, the Ministry of Health & Family Welfare stated *inter alia* as follows:—

"Following the Press Report, the State Government of Haryana deputed a team of Ophthalmologists headed by Prof. I. P. Singh Parmar, Professor & Head of Department of Ophthalmology Medical College, Rohtak and Ophthalmic Adviser to the Government of Haryana, to investigate into the matter.

The team taking sue from the records of the eye-camp organised by P.G.I. Chandigarh contacted 41 persons out of 52 cases recorded to be bilateral blind.

As per observations by the team 60 eyes of the 41 cases contacted were observed to have been involved with the following causes:—

Optic atrophy . . . . .	1	} Causes other than Surgery or quackery.
Injury . . . . .	5	
Diseases-Smallpox . . . . .	7	
Absolute Glaucoma . . . . .	2	
Surgery done . . . . .	24 + 15	
Operated by quacks earlier . . . . .	6	
		-----
	Total	60
		-----



*Conclusion.*—The press report, although exaggerated, throw light on the following:—

6 eyes lost due to quacks.

12 eyes lost due to antiquated methods of surgery.

2 eyes lost by an Ayurvedic Practitioner.

*Of the remainings.*—15 are due to cause other than Surgery or quackery.

8 Operations have been performed by qualified Ophth. Surgeons.

15 cannot be termed blind as per the statement of Dr. I. S. Jain—and also according to the investigation report.

2 Eyes operated by a Surgeon possessing Z.L.O. qualification.  
Total 60.”

29. The Ministry further stated that the State Government of Haryana had not taken any action against the quacks since their whereabouts were not known. However, one of the quacks, Shri Ami Lal of village Mandi Nangal had already been arrested by the Government of Rajasthan. The question of Ayurvedic Practitioners performing eye operations was still undecided. The State Government did not indicate any action being taken against Shri Girdhar who was not a qualified surgeon but was performing eye operations since three decades in K.L.J. Hospital, Bhiwani. His method of operating eyes had been reported to be unscientific in the report.

**30. The Committee take a very serious view of the situation and express their concern over blindness caused to innocent people on account of operations by quacks as also by antiquated methods of surgery in Haryana. They desire the Government to direct the Government of Haryana to take punitive action against quacks and bring them to book and take such preventive action as may be necessary to stop this callous practice.**

*Development of Medical Research*

#### **Recommendation (Sl. No. 28—Para 3.17)**

31. The Committee were informed by the Director-General, Indian Council of Medical Research during evidence that the Council had formulated a certain approach for attracting talent in the field of medical research, viz. 'Talent Search Scheme' through which the best among the graduates in Medicine (MBBS) were sought to be

attracted to one of the disciplines in medical research and 'Super-numerary Research Cadre Scheme' to provide opportunities to Indian Scientists working abroad to join the research effort in India. While the achievement in regard to the former scheme was stated to be modest, no Indian Scientist working abroad could be inlisted for research yet. Director General, ICMR added that about 29 Indian Scientists from abroad had sent in their bio-data which was being looked into. The statement of the Director General that 'I do not say that we have broken the ice but something is happening was significant and showed that much more was needed to be done in this direction. The matter for providing incentives to attract able people to have career in medical research was stated to be before the Scientific Advisory Committee of the Cabinet. The Committee desired that the matter should be considered early and steps taken to make the career in medical research really attractive for talented persons.

32. In their reply, the Ministry stated that the ICMR had already started a 'Talent Search Competitive Examination'. As in the previous years, the ICMR conducted the 9th Talent Search Competitive Examination at four Centres viz. Calcutta, Delhi, Hyderabad and Madras on 2nd May, 1983. 288 candidates who secured a minimum of 60 per cent marks and who completed the medical course without any failures, appeared for the examination. 50 candidates obtained about 70 per cent marks and above. Out of these 50 candidates, 23 candidates who secured first 15th position in order of merit, were selected by the Council for advanced training in Bio-medical Research under the 'Talent Research Scheme.'

33. The Committee were informed that the matter for providing incentives to attract the able people to have career in medical research was before the Scientific Advisory Committee of the Cabinet. The Estimates Committee therefore, desired the matter to be considered early and steps taken to make the career in medical research really attractive for talented persons. The Ministry in their reply have however, made no mention as to what has been the outcome of the consideration of the matter which was before the Scientific Advisory Committees of the Cabinet. The Committee, therefore, reiterate their recommendation and would like to be informed of the steps taken to make the career in medical research really attractive for talented persons.

#### Recommendation (Sl. No. 33—Para No. 4.23)

34. The Committee had found that there was a proposal to convert AIIMS, New Delhi and PGI, Chandigarh into referral hospitals.

The Committee pointed out that if such a proposal was accepted and implemented, it would deprive the public in Delhi and Chandigarh of the specialised medical services at present available in the hospitals attached to these institutes.

35. The Ministry in their reply stated that the observation of the Committee not to change the present system and convert the AIIMS, New Delhi and the PGI, Chandigarh into referral hospitals may have to be considered in depth keeping in view the workload of these two institutions.

**36. The Committee would await the outcome of the indepth study with regard to proposal for conversion of AIIMS, New Delhi and the PGI, Chandigarh into referral hospitals.**

37. The Committee had further suggested that Institutes like the AIIMS, New Delhi and PGI, Chandigarh should be set up in all regions of the country.

38. The Ministry in their reply have stated that with regard to this suggestion of the Committee for establishment of Institutes like AIIMS, New Delhi and PGI, Chandigarh in all regions of the country, it may not be feasible to do so in the near future because of financial constraints. However, the Govt. of India have already decided to set up an Institute of Medical Sciences in north eastern region on the pattern of AIIMS.

**39. The basic idea behind Committee's suggestion was to replicate such institutes as AIIMS and PGI in all the regions of the country progressively in order to make available specialist and super specialist facilities close to the needy persons. The Committee hope that this would be kept in view for the future.**

40. The Committee desired the Ministry to furnish information with regard to (i) number of Indian nationals who had visited USA, for cardiac by-pass surgery during each of the last 5 years, (ii) the total amount of foreign exchange released for the purpose during each of the last 5 years; and (iii) whether these facilities were available in India, and if so, in which of the hospitals/institutes and whether these facilities were of the standard of Houston, USA.

41. The information furnished by the Ministry of Health and Family Welfare/Ministry of Finance, Deptt. of Economic Affairs that whereas 49 persons visited USA for cardiac-by-pass surgery in 1980, the number of such persons increased to 197 in 1983; whereas foreign exchange released for the purpose during the year 1980 was

US \$ 818640 it rose to US \$ 3925759 during the year 1983. The Ministry have also furnished a list of 8 hospitals/institutes in India where facilities for cardiac by-pass surgery are available. Besides AIIMS, New Delhi and PGI, Chandigarh these are Southern Railways Headquarter Hospital, Perambur, Madras, Christian Medical College and Hospital, Vellore, and K. E. M. Hospital Bombay, Jaslok Hospital, Bombay, Bombay Hospital, Bombay, and Shri Chitra Tirunal Institute of Medical Sciences & Technology, Trivandrum. The Ministry have, however, stated that it is not possible for them to state whether the standard of treatment in these institutions is at par with what is available at Houston, USA. The Ministry have added that the question of providing additional in puts in these centres so as to strengthen them is under the consideration of the Government.

**42. The Committee find that there is a steep rise in the number of patients visiting USA for cardiac by-pass surgery as also in the foreign exchange released for the purpose. They would urge the Government to strengthen all the institutions where such facilities are available so as to raise them to the standard of Houston, USA at the earliest.**

*AIIMS & PGI, Chandigarh—Medical Manpower*

**Recommendation Sl. No. 38 (Para 4.36)**

43. While admitting that some Members of the Faculty of AIIMS, New Delhi and PGI, Chandigarh had left for betterment of their prospects elsewhere or for private practice, the Ministry of Health had denied that resignations of such faculty members were due to any "victimisation" or "because of alleged group politics". The Committee desired that Government should investigate the circumstances under which senior faculty members of specially PGI, Chandigarh, resigned during the last five years and on the basis of the findings thereof take steps to create conditions in which there could be harmonious functioning of the faculty.

44. In their reply, the Ministry stated that in order to look into grievances of the faculty staff, the AIIMS, New Delhi had appointed a Committee under the Chairmanship of Dr. M. L. Dhar to suggest rationalisation of pay structure and career prospects etc. Recommendation of the Dhar Committee were considered by both the Institutes, namely, AIIMS, New Delhi and PGIMER, Chandigarh. After considering the recommendations of the Institute Bodies of the two Institutes and on the basis of the report of the Committee headed by Dr. M. L. Dhar, the Govt. of India had issued orders rationalising the pay structure and career prospects in respect of faculty members of the AIIMS, and PGIMER, Chandi-

garh. A system of flexible complementing for promotion of Lecturers to Asstt. Professors and for promotion of Assistant Professors as Associate Professors had been introduced. The provision had also been made for creation of posts of Distinguished Professors.

**45. The Committee had desired the Government to investigate the circumstances under which senior faculty members of specially PGI Chandigarh, resigned during the last 5 years and the light of findings thereof take steps to create conditions in which there could be harmonious functions of the faculty. The Ministry's reply is silent whether the Government had investigated the matter at all. They would like the matter to be investigated and a follow up action taken urgently under intimation to the Committee.**

*Enquiry into Delhi Hospitals*

**(Recommendation Sl. No. 51—Para 5.7)**

46. The Committee had found that an Inquiry Committee under the Chairmanship of Dr. K. N. Rao, Former Director-General of Health Services, was appointed to review the working of medical, surgical and specialist care and that the report of the Committee was submitted in April, 1968. They were surprised that the relevant files in which the report had been dealt with were not readily available and therefore it had not been possible for the Directorate General of Health Services/Ministry of Health to give detailed information in regard to follow-up action taken on the recommendations of or that Committee. The Ministry had quoted the DGHS's statement that "to the best of their knowledge the findings of the Dr. K. N. Rao Committee were not officially accepted by the Government" and that "the suggestions made by the Committee were being followed in the Central Government Hospitals in one form or the other but the question of formal implementation of those recommendations does not appear to have been finally decided." The Committee deplored this casual approach to the Reports of Committees set up by Government on the production of which considerable time and money had been spent. They desired the Ministry to expeditiously examine, if necessary *de novo*, each recommendation of Dr. K. N. Rao Committee and, in the case of such recommendations as were accepted by the Government, take concrete follow-up action. They further desired that this process should be completed within the next six months under intimation to the Committee.

47. In their reply, the Ministry stated that the Dr. K. N. Rao, Committee submitted its report in April, 1968. Subsequently the Ministry appointed another Committee under the Chairmanship of Dr. M. M. S. Sidhu, M.P. which reviewed the implementation of Dr. Rao Committee's report, and submitted its report in August, 1979.

48. Further, at this stage after a lapse of 15 years it would, perhaps, not be very appropriate to examine *de novo* each recommendation of Dr. Rao Committee's report as these have been superceded by the Dr. Sidhu Committee report. The Report of the Dr. Sidhu Committee was in various stages of implementation. i

49. The Committee had recommended to expeditiously examine, if necessary *de novo*, the recommendations of Dr. K.N. Rao Committee and, in the case of such recommendations as were accepted by the Government, take concrete follow up action. The Committee had further desired that this process should be completed within next six months under intimation to the Committee. The Committee are surprised to note from the Ministry's reply that subsequent to the report of Dr. K. N. Rao which was submitted to them in April, 1968, the Ministry appointed another Committee under the Chairmanship of Dr. M. M. S. Sidhu whose report is stated to have been submitted in August, 1979, and that even this report is till today "in various stages of implementation". The Committee can at this stage, do no more than record their displeasure at the casual attitude of the Ministry to the reports of the Committees set up by them.

#### *Availability and Procurement of Drugs*

#### (Recommendation Sl. No. 53—Para No. 5.22)

50. The Committee found that the difficulties were being experienced by All India Institute of Medical Sciences and various other hospitals in procuring imported, or imported material based, life saving and other essential drugs. With regard to a suggestion that these drugs should also be imported through a centralised agency, Health Secretary had stated that the difficulty was that many of these drugs were branded drugs and each specialist preferred a certain brand made by a certain foreign manufacturing company. The Committee, desired that the Government may give a serious consideration to the suggestion of import of these drugs through a centralised agency in order to obviate difficulties experienced by the hospitals/consumers. That agency could, however, go into the question as to which of the formulations were most effective and popular among the doctors/specialists which could be imported.

51. In their reply, the Ministry informed the Committee that the question had been carefully examined by the Ministry of Health and Family Welfare in consultation with the Directorate General of Health Services and the Medical Superintendents of the Central Services and the Medical Superintendents of the Central hospitals in Delhi. No Central hospital was importing any drugs as such for their use. However, certain drugs recommended for CGHS beneficiaries which were required to be imported were done so usually by/through the CGHS. It had been ascertained that during 1982-83 approximately Rs. 3.00 lakhs worth of drugs were imported.

52. In view of this, the Government was of the opinion that was not necessary to set up a separate centralised agency for the import of drugs as the existing procedure for the import of drugs required by the CGHS did not pose any bottlenecks for importation and as the value of the drugs so imported was not very high.

53. The Committee had desired the Government to give a serious consideration to the suggestion for import of life saving and other essential drugs through a centralised agency in order to obviate difficulties experienced by the hospitals/consumers for procurement of these drugs. The Ministry have in their reply side-tracked the issue by referring to the import of drugs required for the CGHS only and stating that the "existing procedure for the import of drugs required by the CGHS does not pose any bottlenecks for importation." The Committee would, therefore, like the Ministry to re-examine their recommendation for creation of a centralised agency for importing life saving and other essential drugs for use of all hospitals/consumers including the CGHS. The decision of Government in this regard may be communicated to the Committee.

*Centralised Agency for Purchase of Drugs*

**(Recommendation Sl. No. 54—Para 5.23)**

54. The IDPL had indicated that the total purchases on account of hospital business in the country was to the tune of Rs. 450 crores. Out of which business accruing on account of IDPL range of products was around Rs. 220 crores, Central Government purchases accounting for Rs. 70 crores and State Government purchases accounting for around Rs. 150 crores. But, the present share of business enjoyed by the IDPL in the Central Sector was to the tune of only Rs. 8 crores and in the State sector only Rs. 34 crores. Prices of drugs and formulations of IDPL were stated to be fixed by Government themselves after cost study by Bureau of Industrial

Cost and Prices. The Committee recommended that other things like price and quality being equal, preference should be given to the purchase of drugs from the Public Undertakings. The Committee further recommended that the possibility of a centralised drug purchasing agency under the Ministry of Health & Family Welfare rather than going through the DGS&D should be explored.

55. The Ministry, in their reply, stated that the Government accepted the recommendation of the Committee that other things like price and quality being equal, preference should be given to the purchase of drugs from the Public Undertakings. Government however did not considered necessary to have one Centralised Drug Purchasing Agency under the Ministry of Health and Family Welfare. According to them, the present pattern under which the requirements were met through DGS&D, MSD and decentralised purchase made by the institutions themselves had certain decided advantages which would not be available under a single agency system.

56. The Committee had recommended that other things like price and quality being equal, preference should be given to the purchase of drugs for use of Central hospitals as also the GCHS etc. from the Public Undertakings. The Committee, had however, recommended that the possibility of creating a centralised Drug Purchasing Agency under the Ministry of Health & Family Welfare, be explored. The Ministry, while conveying their acceptance of Committee's recommendation with regard to purchase of drugs from Public Undertakings, expressed the view that the present pattern under which the requirements are met through DGS&D, MSD and direct purchase by individual institutes had "certain advantages" which would not be available under a single agency system. The Committee do not agree with the Ministry's views as they feel that there are many disadvantages in purchasing the drugs through a multiplicity of agencies. The Committee would like the Ministry to give serious consideration to the merits of creating Centralised Drug Purchasing agency under the Ministry itself for purchase of Drugs.

#### Implementation of Recommendations

57. The Committee would like to emphasise that they attach the greatest importance to the implementation of the recommendations accepted by Government. They would, therefore, urge that Government should make expeditious implementation of the recommendations accepted by Government. In case where it is not possible to implement the recommendations in letter and spirit for any reason, the matter should be reported to the Committee in time with reasons for non-implementation.



58. The Committee also desire that final replies in respect of the recommendations contained in Chapter V of this Report may be furnished to the Committee expeditiously.

---

## CHAPTER II

### RECOMMENDATIONS WHICH HAVE BEEN ACCEPTED BY GOVERNMENT

#### Recommendation, Serial No. 1 (Para No. 15)

Medical Relief is the responsibility of the States, but in actual practice the Government of India is providing substantial assistance to the States for the implementation of important Health and Family Welfare Programme. Many priority Programmes like Family Welfare, Control of Leprosy and Control of Blindness receive 100 per cent assistance. The Committee do not consider the existing arrangement for monitoring the implementation of the Priority Programmes, adequate. They suggest that an integrated planning and monitoring cell should be established in the Ministry to ensure that the Programmes are formulated and implemented properly. The functions of the cell should also include State-wise annual appraisal of implementation of the Programmes and undertaking on the spot studies with a view to suggesting corrective measures promptly. The results of such appraisals should be published in the Annual Reports and Performance Budget of the Ministry for information of Parliament.

#### Government's reply

The Government agrees with the views of the Committee that monitoring the implementation of the national priority programmes is extremely important. Taking note of this, the Government have already evolved a system under which the relevant data is collected and feed-back is given to the Programme Officers, both from the point of view of evaluation and course-correction wherever necessary. The Department of Family Welfare has a full fledged monitoring and evaluation cell headed by a Director to gather the relevant information pertaining to Family Welfare and MCH programmes including Special Area Development Projects. This cell is assisted by several field units to make on the spot checks and investigations and report about the veracity of the data gathered earlier. The data so gathered is analysed in the Cell and the feed-back information is given to the senior officers in the Ministry and the field level programme officers for necessary action. Such information is also given to the State Governments for necessary corrective actions.

2. As regards the Health Sector, the nodal point for collection and analysis of such data is the Central Bureau of Health Intelligence. This Bureau, which again is headed by a Director and functions under the over-all administrative control and guidance of the Director General of Health Services, collects information on three specific items:—

- (a) the four national programmes for the control/containment of malaria, tuberculosis, leprosy and blindness apart from other forms of communicable diseases;
- (b) information relating to training of health manpower; and
- (c) consolidated data on family welfare and MCH programme.

For facilitating the collection and compilation of the data, standardised format has been prescribed and the various points on which information have to be submitted have been circulated down to the sub-centre level. The information is gathered at the district level from the various sub-centres and primary health centres and thereafter sent to the Central Bureau of Health Intelligence. In the Bureau, the data so gathered is sent to the National Information Centre for computerisation in the out-put tables which have been prepared in consultation with the programme officers of malaria and Tuberculosis. Feed-back of this Central is disseminated to the concerned programme officers of States and districts.

In addition the Government have in position 17 Regional Directors of Health & Family Welfare who are in constant touch with the concerned State Government about the implementation of various programmes which are funded by the Union Government. These Regional Directors also do frequent field inspections and send their reports every month to the Government. This is yet another channel of monitoring and evaluation which has been found to be extremely useful by the Government.

3. In other words, it may be seen that essence of the recommendations of the Committee is already being followed. Efforts will be made to ensure that this system of monitoring and evaluation is further strengthened to give optimal results.

[Ministry of Health & Family Welfare O.M. No. G. 25013|1|83-B  
dated 5-12-1983]

**Recommendation Sl. No. 3 (Para 1.15)**

The Committee also welcome the appointment of the Medical education Review Committee for evolving a National Medical Education Policy. The Committee hope that the final Report of the Review Committee would have by now been received and Government would be in a position to announce the Medical Education Policy consistent with the National Health Policy soon.

**Reply of the Government**

The recommendations contained in the Report of the Medical Education Review Committee are being examined by the Empowered Committee appointed by the Government to facilitate speedy processing of the Report. Action will be taken to formulate a National Medical Education Policy after the recommendations of the Empowered Committee are considered by the Government.

[Ministry of Health & Family Welfare O.M. No. G. 25013|1|83-B  
dated 18-11-1983]

**Recommendation, Sl. No. 8 (Para 1.37)**

The Committee are told that to encourage doctors to serve in rural or remote areas, some of the States have made provision for incentives like special allowances, rent free accommodation, preference for admission in Post-Graduate Courses etc. Similarly under the Central Services also some incentives like liberal grant of study leave and posting in areas of their choice after serving in rural areas, are stated to have been provided. The Committee desire that these incentives may be continued and improved upon so that experienced doctors are attracted to work in rural areas.

**Action taken by Government**

The Ministry of Health and Family Welfare has appointed a working group to identify the problems of doctors, working in rural areas and to suggest the incentives which may be provided to them/ attract the doctors to serve in rural areas. The report of the Committee has been received and a copy of the same has been sent to the Planning Commission to consider how and to what extent Central Government can assist the States in implementing these recommendations. The Finance Commission has also been requested to recommend appropriate grants to the State Governments for this purpose.

[Ministry of Health & Family Welfare O.M. No. G. 25013|1|83-B  
dated 18-11-1983]

**Recommendation, Sl. No. 10 (Para 1.44)**

The Committee were disappointed at the statement of the Health Secretary before them that although the country had a large stock of health man-power in various systems other than Allopathy e.g. Ayurveda, Unani, Siddha, Homoeopathy, Yoga and Naturopathy yet these resources had not so far been adequately utilised, although practitioners of these system are known to have high local acceptance and respect in the community. It is only lately that the Ministry of Health have started laying emphasis on Indian systems of medicines, which the Committee welcome. The plan outlay for these systems during the 5th Plan was Rs. 12.50 crores whereas in the 6th Plan it was raised to 29 crores. The Committee desire that keeping in view the goal of health for all by the turn of the century, all available resources should be harnessed effectively and for this purpose there should be far greater allocation in future plans for the Indian systems of medicines.

**Reply of the Government**

The recommendation of the Committee for greater allocation in future plans for Indian Systems of Medicine will be taken into consideration at the time of formulating proposals for the Seventh Five Year Plan.

[Ministry of Health & Family Welfare O.M. No. G. 25013|183-B dated 18-11-1983]

**Recommendation, Sl. No. 13 (Para 1.76)**

The All India Institute of Physical Medicine and Rehabilitation, Bombay is reported to be a pioneer Institute in the field of rehabilitation in the whole of South East Asia. During an on-the-spot study of the institute the Study Group of the Committee found that, though over the years the role and functions of the Institute had expanded, but it was languishing for want of funds. Health Secretary, however, assured the Committee in evidence that "we will make a positive effort to provide assistance and funds". The Committee would await the concrete action taken in this regard to enable the institute to carry on its useful work in the field of rehabilitation of the physically handicapped without serious constraints. The construction of the building for the expansion of the institute should also be taken up early as it has been agreed to by the Bombay Municipal Corporation.

**Reply of the Government**

The Plan and the consequent budgetary allocation to the All India Institute of Physical Medicine and Rehabilitation, Bombay is determined in full consultation with the Director of the Institute after taking into account the needs and the requirements. The

approach towards the Plan allocation during the 7th Five Year Plan is likely to be finalised soon. The immediate and short-term requirement of the Institute would be kept in view, while projecting the requirements to the Planning Commission.

As regards construction of building of the Institute, the Director of the Institute has since been furnished a Master Plan and the matter is being processed.

[Ministry of Health & Family Welfare O.M. No. G 25013|1|83-B  
dated 26-11-1983]

**Recommendation, Sl. No. 15 (Para 1.78)**

The Committee greatly appreciate the idea of establishing a Central Institute of Trauma in the premises of the All India Institute of Medical Sciences. This is absolutely necessary in view of alarming increase in deaths due to accidents. The scheme should be taken up for implementation without delay and gradually extended to other important towns.

**Reply of the Government**

The Planning Commission have agreed in principle to the scheme for establishing a Central Institute of Trauma in the premises of the A.I.I.M.S., New Delhi. The matter is being pursued with the Ministry of Finance.

[Ministry of Health & Family Welfare O.M. No. G. 25013|1|83-B  
dated 18-11-1983]

**Recommendation, Sl. No. 21 (Para 2.33)**

Government had set up a Medical Education Review Committee to look into the entire gamut of medical education admission procedure internship, residency etc. That Committee has already given part of its Report. The said Committee has recommended that there should be a common entrance examination for medical admissions. The Committee endorse this recommendation and desire that further concrete steps should be taken in this direction without further delay.

**Reply of the Government**

The recommendations contained in the report of the Medical Education Review Committee are being examined by the Empowered Committee and a decision will be taken by the Government keeping in view the observations made by the Estimates Committee for a common entrance examination for admission to Medical Institutions.

[Ministry of Health & Family Welfare O.M. No. G. 25013|1|83-B  
dated 18-11-1983]

**Recommendation, Sl. No. 22 (Para 2.34)**

There have been reports that some of the medical Colleges have increased the number of seats without the approval of the Medical Council of India, irrespective of the fact whether the colleges had adequate training and clinical facilities or not. The Committee feel that Medical Council of India ought to have powers to regulate the intake according to the facilities available.

**Reply of the Government**

The recommendation of the Committee is accepted.

[Ministry of Health & Family Welfare O.M. No. G. 25013|1|83-B,  
dated 18-11-1983]

**Recommendation Sl. No. 23 (Para 2.35)**

The Committee are perturbed to note that as many as nine medical colleges in the States of Karnataka, Andhra Pradesh and Punjab had been charging large sums in the shape of capitation fees for admission to the medical courses. It is indeed deplorable that this unhealthy practice continues despite all persuasive methods adopted to stop it. The Committee feel that legislative compulsion is the only solution to this problem. They would accordingly recommend that the question of banning this practice by a central law may be re-examined by the Ministry in consultation with the Ministry of Law.

**Reply of the Government**

Suitable amendments are proposed to be made in the Indian Medical Council Act to meet the situation created by certain Medical Colleges admitting students on the basis of charging capitation fee.

[Ministry of Health & Family Welfare O.M. No. G. 25013|1|83-B,  
dated 18-11-1983]

**Recommendation Sl. No. 24 (Para 2.36)**

The Committee note that the Medical Education was placed in Concurrent list by the Constitution (42nd Amendment Act) 1976 which became effective from 3rd January, 1977. Though the Medical Council of India has been established under a Central Act the Council suffers from lack of adequate powers in ensuring standards in medical education in the country. The issues dealt with in the foregoing paragraphs would amply demonstrate the limitation of the Medical Council of India. Commenting on the situation Health Secretary stated that the Medical Council could recommend derecognition of the medical qualifications of the defaulting colleges. He also conceded that even in matters like formulating such recommendations on which Government could act, the procedures are

cumbersome. Such decisions of Medical Council of India are required to be approved by the General Body of the Council which meets only once in a year. Health Secretary however, assured the Committee that a proposal to bring forward a comprehensive legislation to amend Medical Council of India Act has been concretised by the Government to provide adequate Powers to the Council as also the Government to act effectively. The proposed amending legislation would reportedly provide powers to the Medical Council of India in matters by recognition of existing and new colleges, admission, capacity of teaching, reservations, scales of fees to be charged etc. The Committee desire that the legislation to amend the Medical Council of India Act should be introduced in Parliament without any further loss of time.

#### **Reply of the Government**

Action is under way to draft a comprehensive legislation for suitably amending the Indian Medical Council Act.

[Ministry of Health & Family Welfare O.M. No. G. 25013|1|83-B, dated 18-11-1983]

#### **Recommendation Sl. No. 25 (Para 2.41)**

A very disquieting feature is that a number of quacks, and unqualified/under qualified 'doctors' are practising in the country. This should not go on unchecked and unpunished. The horrible instances of blindness caused to a number of gullible people in Rajasthan by eye operations performed by quacks, are loathsome and revolting. The Committee strongly recommended that performance of operations, particularly eye operations, by unqualified/under qualified persons should be made a cognisable offence and law should be amended soon making provision for more stringent punishment. Further in regard to practice by unqualified medical practitioners the penal provisions of the law viz., MCI Act 1956 should be vigorously enforced.

#### **Reply of the Government**

Under Section 14 of the Indian Medical Council Act, 1956, suitable provisions exist whereby no person other than Medical Practitioners enrolled on a State Medical Register (a) shall hold office as Physician or Surgeon or any other office (by whatever designation called) in Government or in an Institution maintained by a Local or other authority; (b) shall practice medicine in any state; (c) shall be entitled to sign or authenticate a medical or fitness certificate or any other certificate required at any law to be signed or authenticated by a duly qualified medical practitioner; shall be entitled to give evidence at any inquest or in any court of law as an expert under Section 45 of the Indian Evidence Act, 1972 on any matter relating to medicine. Any person, who acts in contravention of any



provision of sub-section (2) shall be punished with imprisonment for a term which may extend to one year or with fine, which may extend to Rs. 1000, or with both. The State Governments have already been advised to vigorously enforce the penal provision under the Act.

[Ministry of Health & Family Welfare O.M. No. G. 25013|1|83-B, dated 18-11-1983]

2.42 The Committee would in particular invite the attention of the Ministry to the existence of an establishment calling itself 'Adarsh Netra Chikitsalya', Hansi Gate, Bhiwani (Haryana) which, it is alleged, is not run by any qualified doctor and yet it is performing eye operations. The Committee would like the Ministry to make an inquiry into the matter and take suitable action.

#### **Reply of the Government**

The State Government of Haryana, Health and Medical Education Department has reported that there is no specific or general complaint against the Adarsh Netra Chikitsalya, Hansi Gate, Bhiwani (Haryana) about the performance of eye operations. Dr. M. M. Gupta, incharge of the hospital possesses the qualification of Vaidya Vachaspati. The Central Council of Indian Medicine has stated that Vaidya Vachaspati qualification awarded by DAV Managing Committee, Amritsar/Jullundur is recognised under the Indian Medicine Central Council Act, 1970. The Central Council has prepared a list of qualifications of Indian Systems of Medicine whose course is supplemented with modern medicines and having adequate provision of training in surgery. The said Vaidya Vachaspati qualification also finds a place in the list. The question regarding eligibility of the graduates of Indian System of Medicine to undertake the major operations was considered by the Council. The Council is of the view that since a large number of graduates are already performing operations successfully and their courses of study make adequate provisions for this training, hence, there should be no bar to their performing major operations.

[Ministry of Health & Family Welfare O.M. No. G. 25013|1|83-B, dated 18-11-1983]

#### **Recommendation Serial No. 26 (Para 3.7)**

The Committee note that the allocation of funds for medical research is around Rs. 10 crores for the annual plan of 1982-83 apart from Rs. 5 crores from non-plan funds. Secretary General, ICMR testified before the Committee that 'medical research does not have substantial funds'. As medical research is intimately connected with medical relief and education, it deserves greater attention being paid and provision of more funds therefor.

### Reply of the Government

The Ministry has increased the allocation of funds for medical research for the annual plan 1983-84. An amount of Rs. 12.50 crores has been provided to the ICMR during the year 1983-84 for the purpose. (The funds provided for 1982-83 were Rs. 10 crores).

[Ministry of Health & Family Welfare O.M. No. G. 25013|1|83-B,  
dated 18-11-1983]

### Recommendation Sl. No. 27 (Para 3.11)

There does not appear to be any in-built system to periodically review the progress of on-going research projects and adjudge the success or contribution of individual scientists who are engaged on various projects. While the Committee agree that in matters like medical research no targets can be fixed for results, they feel that it should be possible to evolve an inbuilt system for assessment of the on-going research projects so as to ensure purposeful utilisation of research potential and funds. The Committee desire the Ministry to direct the ICMR to give a serious thought to this observation of the Committee and take steps to evolve such a system.

### Reply of the Government

There is a system of monitoring of progress of research projects which has been found to be adequate to review and monitor the ad-hoc research schemes, task force projects, research projects of research fellows and also multi-centric projects. Under this system day-to-day progress of the project is monitored by the technical and statistical staff at the ICMR Headquarters. The progress of these projects is reviewed annually before deciding on their continuation or otherwise, during subsequent year. The annual report is sent to the External Experts for technical review of the progress and suggestions. After this critical appraisal, suitable suggestions are communicated to the Investigator, alongwith the Council's decision on continuation or otherwise of the research project.

[Ministry of Health & Family Welfare O.M. No. G. 25013|1|83-B,  
dated 18-11-1983]

### Recommendation Sl. No. 29 (Para 3.20)

Though in order to encourage research in indigenous drugs, the Central Council for Research in Indian Medicine and Homoeopathy and Central Council for Research in Ayurveda System have been set up, the results are not very encouraging. It transpired during examination by the Committee that research on 'Gumgugul Cammaphera Mukul' which is known to reduce the blood cholesterol level is at controlled clinical trial stage and has yet to find a place in the Pharmacopoeia. 'Jatamansi' is another indigenous product trial on which is still on. The Committee recommended that research efforts in

Indian Systems of Medicine should be intensified to achieve quicker results.

### **Reply of the Government**

A review has been made early this year at the level of Secretary, Ministry of Health & Family Welfare on the research activities by the Research Councils in the Indian Systems of Medicine and Homoeopathy, under this Ministry.

[Ministry of Health & Family Welfare O.M. No. G. 25013|1|83-B,  
dated 18-11-1983]

### **Recommendation Sl. No. 30 (Para 4.7)**

The Committee note that though like a University the All India Institute of Medical Sciences, New Delhi and Post-Graduate Institute of Medical Education and Research, Chandigarh do award degrees, they do not enjoy the status, powers and autonomy of a University. The Committee would, nevertheless, recommend that these two Institutes should be allowed adequate autonomy to enable them to function independently in academic matters and without undue interference from outside in their day-to-day working in regard to other matters.

### **Reply of the Government**

Recently amendments to the rules and regulations of the AIIMS, New Delhi have been so as to empower the Institute to have more autonomy in th day-to-day affairs of the Institute. On the same basis, it is proposed to amend the rules and regulations of the PGI, Chandigarh. It may be pointed out that both the Institutes function independently in academic matters and without and interference from outside in their day-to-day working.

[Ministry of Health & Family Welfare O.M. No. G. 25013|1|83-B,  
dated 18-11-83]

### **Recommendation Sl. No. 31 (Para 4.7A)**

The Committee further recommend that composition of the Governing Institute Bodies of the AIIMS, New Delhi and PGI, Chandigarh should truly reflect the national character of these Institutions and that doctors who are practising locally at Chandigarh and Delhi should not be associated with these Bodies. The Committee attach great importance particularly to this recommendation and would expect expeditious action in this regard.

### Reply of the Government

The observations of the Committee have been noted and will be kept in view while constituting the Institute Bodies of the All India Institute of Medical Sciences, New Delhi, and Post-graduate Institute for Medical Education and Research, Chandigarh.

[Ministry of Health & Family Welfare O.M. No. G. 25013|1|83-B,  
dated 18-11-83]

#### Recommendation Sl. No. 32 (Para 4.22)

AIIMS, New Delhi and PGI, Chandigarh have published a number of books|Scientific Journals which contain innovations in the field of medical education and have held Workshops and Symposia etc. for the benefit of medical teachers in other Colleges in the country. There is, however, a weight in the observation of Mehta Committee about the absence of systematised mechanism for dissemination of the achievements of these Institutes. The Committee desire the Ministry to direct the Institutes to evolve appropriate mechanism and procedures in this behalf at the earliest.

### Reply of the Government

The Institutes have been asked to evolve appropriate mechanism for this purpose.

[Ministry of Health & Family Welfare O.M. No. G. 25013|1|83-B,  
dated 18-11-83]

#### Recommendation Sl. No. 33 (Para 4.23)

The Committee understand that there is a proposal to convert AIIMS, New Delhi and PGI, Chandigarh into referral Hospitals. The Committee wish to point out that if such a proposal is accepted and implemented, it would deprive the public in Delhi and Chandigarh of the specialised medical services at present available in the hospitals attached to these Institutes. The Committee recommend that the present system should not be changed. The Committee further suggest that establishment of Institutes like the AIIMS, New De'hi and PGI, Chandigarh in all regions of the country.

### Reply of the Government

The observations of the Committee not to change the present system and convert the AIIMS, New Delhi and the PGI, Chandigarh, into referral Hospitals may have to be considered in depth keeping in view the work-load on these two institutions. As regards the suggestion of the Committee for establishment of Institutes in all re-

gions of the country, it may not be feasible to do so in the near future because of financial constraints. However, the Govt. of India have already decided to set up an Institute of Medical Sciences in North Eastern Region on the pattern of AIIMS.

[Ministry of Health & Family Welfare O.M. No. G. 25013|1|83-B,  
dated 18-11-83]

**Recommendation Sl. No. 34 (Para 4.24)**

The Committee find that while the AIIMS, New Delhi conducts undergraduate courses, PGI, Chandigarh does not. The Review Committee is understood to have suggested that Under-Graduate Courses run by AIIMS, New Delhi should also be phased out. If the undergraduate courses are phased out at AIIMS, the Committee feel that this Institute will not be able to achieve one of its objectives namely setting an example of excellence in under-graduate teaching to other medical institutions in the country to emulate and there will not be any scope for new experiments and innovations in the methods of teaching and assessment of courses of study in the under-graduate medical education.

**Reply of the Government**

Recommendation of the Committee has already been accepted by the AIIMS, New Delhi.

[Ministry of Health & Family Welfare O.M. No. G. 25013|1|83-B,  
dated 18-11-83]

**Recommendation Sl. No. 35 (Para 4.25)**

The Committee find that out of 45 students admitted by AIIMS for MBBS Course in 1982, 25 were from Delhi and out of 115 students admitted for post-graduate courses, 34 were from Delhi. Though the Committee have been assured that admissions to these courses are made on the basis of open competitive examination and there are no interviews or personality tests, they would like to caution utmost objectively should be observed in admission so that no one carries an impression that AIIMS or for that matter PGI, Chandigarh has lost its All India Character. The Committee recommend that advertisements for admission to Under-graduate|Post-graduate courses should be inserted not only in all the national dailies but also in leading regional dailies to ensure water coverage.

**Reply of the Government**

AIIMS, New Delhi|PGIMER, Chandigarh, have noted the recommendation of the Committee for implementation.

[Ministry of Health & Family Welfare O.M. No. G. 25013|1|83-B,  
dated 18-11-83]

**Recommendation Sl. No. 36 (Para 4.26)**

The Committee note that there is a proposal, endorsed by the Review Committee, that the post-graduate teaching and training programmes in AIIMS, New Delhi and PGI, Chandigarh should be phased out and these Institutes should devote to the specific objective of upgrading the skills of the existing man-power, imparting education in least techniques and transfer of knowledge to the medical teachers sponsored by the States. According to the Health Secretary, Review Committee's recommendations in this regard are still before the Institute body. He, however, opined that the practical view would be that the Institutes continue to produce outstanding candidates with post-graduate qualifications and at the same time provide for in-service training in specialised skills to sponsored teachers/research scholars from various institutes in the country. The idea is to marry both the advantages. The Committee are in agreement with these views.

**Reply of the Government**

No action is called for.

[Ministry of Health & Family Welfare O.M. No. G. 25013|1|83-B,  
dated 18-11-83]

**Recommendation Sl. No. 37 (Para 4.35)**

It is indeed surprising that there is no standardised procedure for keeping a track of the specialists and super-specialists which come out of the AIIMS, New Delhi and PGI, Chandigarh. The Committee recommend that a system should be evolved with a view to ensuring that their talents are utilized properly in the country.

**Reply of the Government**

Efforts will be made to evolve a standard procedure for keeping track of the Specialists and Super-specialists trained at the Institute.

[Ministry of Health & Family Welfare O.M. No. G. 25013|1|83-B,  
dated 18-11-83]

**Recommendation Sl. No. 39 (para 4.36A)**

The Committee have been assured by the Ministry that the Government and the Institutes are making efforts to better the prospects of the members of the faculty by providing "running scales of pay and accelerated promotions". The Committee feel that this matter should not hang fire any more and that an early decision should be taken on related matters to avoid any frustration on this account.

### Reply of the Government

The position has been explained under recommendation at Sl. No. 38 para No. 4.36.

[Ministry of Health & Family Welfare O.M. No. G. 25013/1/83-B  
dated 18-11-83]

### Recommendation Sl. No. 40 (Para 4.42)

The Committee note the findings of the Review Committee brought to their notice that most of the research work carried out in AIIMS, New Delhi and PGI Chandigarh, is merely duplication of what has been done elsewhere earlier. Health Secretary, however, held the view that the research in these Institutions is related to what is nationally important and is not basic research, that is why it was competitive. According to him, such repetitions could not be avoided because the spectrum and severity of diseases differed in different geographic areas and different ethnic groups. The Committee desire that a system should be evolved whereby there is co-ordination and exchange of data etc., amongst the Institutes conducting research within the country.

### Reply of the Government

The recommendation of the Committee has been brought to the notice of the India Council of Medical Research for appropriate action.

[Ministry of Health & Family Welfare O.M. No. G. 25013/1/83-B  
dated 18-11-83]

### Recommendation Sl. No. 41 (Para 4.59)

It transpired during evidence that no separate statistics of rural and urban patients treated in the Hospitals of AIIMS, New Delhi and PGI, Chandigarh are being maintained. The Committee feel that it would be useful to compile such statistics.

### Reply of the Government

Both the Institutes, namely, AIIMS, New Delhi and PGIMER, Chandigarh have accepted the recommendation. They, however, feel that it may be difficult to rely on the authenticity of such statistics, as in many cases persons coming from rural areas give local addresses. However, efforts would be made to collect the data as far as practicable.

[Ministry of Health & Family Welfare O.M. No. G. 25013/1/83-B  
dated 18-11-83]

### **Recommendation Sl. No. 43 (Para 4.61)**

The Committee find that at PGI, Chandigarh there has been under-utilisation of funds in the Department of Super Speciality of Gastroenterology since its inception i.e. from the years 1976-77 to 1981-82 excepting during 1978-79. During the period 1976-77 to 1981-82 the Department could utilise only Rs. 10.89 lakhs out of total grant of Rs. 38.28 lakhs. Reasons advanced by the Ministry are non-creation of posts required by the Department and non-utilisation of beds for want of space. The Committee are surprised that no steps have been taken in this direction for all these years. That shows an attitude of indifference on the part of Institute authorities. The Committee recommend that corrective steps should be taken without any further delay.

### **Reply of the Government**

The PGI, Chandigarh has reported that space for 15 beds for the Paediatrics Gastroenterology Unit has since been provided. Necessary posts required by the Department have since been sanctioned and selections have been made.

[Ministry of Health & Family Welfare O.M. No. G. 25013/1/83-B dated 18-11-83]

### **Recommendation Sl. No. 44 (Para 4.62)**

The Committee find from the reported observation of the Review Committee that both, AIIMS, New Delhi and PGI, Chandigarh were expected to set up rural health centres to expose medical, dental and para-medical students to the health care problems of the rural population and make them aware of the conditions in which they would be required to work. The Review Committee is stated to have inspected the Centres set up by the Institutes and have found that 'both have failed to gain this objective even partially'. Health Secretary stated that 'a communication gap seems to have prevented adequate appreciation by the Review Committee. It is difficult for the Committee to accept Health Secretary's view in the face of a finding of the Review Committee made after an on the spot inspection of the Centres. The Committee regret that this vital objective of the Institute is not being achieved even partially. The Committee would like the Ministry to see that the AIIMS and PGI take concrete steps in pursuance of this objective.

### **Reply of the Government**

The A.I.I.M.S. have reported that all Under-graduate medical students, all interns and all Nursing students of the Institute besides other para-medical personnel are trained and have to go through a compulsory residential posting in the rural areas. However, constant



efforts are being made to improve the working of rural health centre with the involvement of faculty residents, students and para medical workers. PGI, have also noted the recommendations for compliance. [Ministry of Health & Family Welfare O.M. No. G. 25013/1/83-B dated 18-11-83]

**Recommendation Sl. No. 45 (Para 4.63)**

The Committee note that waiting period of patients for special radiology investigations and cardiac catheterisation in PGI, Chandigarh and Delhi hospitals is quite long. It varies from one month to 1½ months in certain Departments while it is as much as 6 months in the Department of Cardiology. Reasons ascribed to this situation are stated to be large number of patients coming up for such investigations and 4-6 hours taken for each special investigations in Radiology. The Committee cannot but express concern over such delays in these specialised investigations. In the Committee's view, if the waiting period are unduly long, the possibility of diseases becoming chronic or incurable or proving fatal cannot be ruled out. The Committee, therefore, urge that hospital services in these two Institutes should be so organised that the waiting period for investigations is the barest minimum.

**Reply of the Government**

Both the Institutes—A.I.I.M.S., New Delhi and PGIMER, Chandigarh, have been making constant efforts to reduce the waiting period for investigation to the barest minimum keeping in view the patient load and the physical and financial constraints. With the commissioning of super-speciality centres, such as Cardio-thoracic Centre and Neuro-science Centre and augmentation of the existing facilities at the A.I.I.M.S., the situation is likely to improve further.

[Ministry of Health & Family Welfare O.M. No. G. 25013/1/83-B dated 18-11-83]

**Recommendation Sl. No. 46 (Para 4.64)**

According to the Ministry of Health lack of civic sense in patients and their attendants is the main cause of insanitary conditions in hospitals of AIIMS, New Delhi and PGI, Chandigarh. The Committee recommend that if it is not possible for the sanitary staff of the hospital to ensure sanitation, outside agencies may be given contracts for maintaining cleanliness to begin with a few wards in the hospitals on experimental basis. This system, if found successful could later on be extended to other hospitals in Delhi also.

**Reply of the Government**

The observations of the Committee have been noted by both the Institutes. A proposal is under consideration for engaging outside

Agencies on contractual basis for operating the conservancy service on an experimental measure.

[Ministry of Health & Family Welfare O.M. No. G. 25013/1/83-B  
dated 18-11-83]

**Recommendation Sl. No. 47 (Para 4.65)**

The Committee find that as against their bed strength of 1011 and 774 respectively, AIIMS, New Delhi and PGI, Chandigarh have made arrangements for the boarding and lodging of 130 and 65 attendant of patients only. This, by any standard, is not at all adequate. The Committee can well imagine the hardships that attendants of the out-of-town patients admitted in these Hospitals must be facing in finding shelter. AIIMS, New Delhi is understood to be planning expansion of the existing facilities to accommodate at the most 75 more persons. The Committee feel that if the Institutes find it difficult to raise accommodation from their own funds, they should tap voluntary/Philanthropic agencies within the country and abroad for help in this humanitarian task. The Committee desire that there should be Dharamshalas with adequate accommodation and good sanitary facilities for the attendants of patients of these institutions.

**Reply of the Government**

Both the Institutes have noted the observations made by the Committee and have stated that they would make further efforts for raising funds through voluntary Philanthropic agencies. A 'Sarai' is being built with the help of Rotary Club at PGI, Chandigarh.

[Ministry of Health & Family Welfare O.M. No. G. 25013/1/83-B  
dated 18-11-83]

**Recommendation Sl. No. 48 (Para 4.66)**

During the course of their on the spot visit to PGI, Chandigarh, it was represented to the Committee that the area adjacent to the PGI complex, should be handed over to it for its expansion. In the area adjacent to the PGI, the Military Authorities are running a Hospital. But the Military Hospital is going to be shifted from there. The land and buildings at present occupied by the Army Hospital should be transferred to the PGI. The PGI is in dire need of more space and Buildings

### **Reply of the Government**

The PGI, Chandigarh have informed that they have noted this recommendation for compliance.

[Ministry of Health and F.W. O.M. No. G. 23013/1/83-B,  
dated 18-11-1983]

### **Recommendation Sl. No. 50 (Para 4.72)**

The Committee note that equipment worth Rs. 6.42 lakhs is lying idle in various departments for years together in PGI, Chandigarh. Ministry's explanation is that most of it has outlived its normal life and is required to be condemned. Spare parts are not available for some equipment and the concerned firms have stopped manufacture of those models. Efforts are stated to be on for repairing the equipment wherever spares are available. The Committee recommend that utmost care should be taken by the authorities concerned in procurement of equipment and purchase of obsolete models avoided. Timely decisions should also be taken for condemnation/disposal of unusable equipment.

### **Reply of the Government**

Both the Institutes have accepted the recommendations of the Committee in this regard and are making every effort to implement it.

[Ministry of Health & Family Welfare O.M. No. G. 25013/1/83-B  
dated 18-11-83]

### **Recommendation Serial No. 52 (Para 5.8)**

A former DGHS told the Committee that the state of Delhi hospitals and health situation in Delhi remains to be as it was in 1968 and that with the increase in population and other factors, the situation is probably worse. Conditions in hospitals are deplorable, even in emergencies; heart-patients are made to lie in the corridors; insanitary conditions lead to infections and drugs are not available. Worn out and dirty mattresses and linen are a common spectacle in Hospital Wards contribute to unhygienic conditions. The Committee recommend that a survey should be conducted by the Senior Officers of the Ministry to locate areas of deficiency in all the Delhi hospitals at the earliest and time bound measures evolved to bring about all round improvements. The details and the results of such an exercise should be communicated to the Committee, within six months. The Committee would, in particular, recommend that mattresses and Pillow should be changed at fixed periodic intervals. Washing plants of adequate capacity should be installed in all the hospitals, wherever not available. The colour of the bed sheets and pillow covers should

be such as would not be dull, drap and depressing to the patients. The Committee would appreciate if these suggestions could be communicated to the State Hospitals also.

### Reply of the Government

A team of senior officers visited the three major hospitals of Delhi, as desired by the Estimates Committee. The team observed that levels of sanitation and hygiene etc., were less than the optimal level primarily due to over-crowding of these hospitals. By and large, it was found that there was no general shortage of drugs in these hospitals and that the linen and mattresses etc. were not below the expected standard. The linen and mattresses are being changed regularly. They are also being cleaned periodically.

The team has recommended:—

- (1) Opening of the out-reach/satellite hospitals on the periphery of Delhi, to minimise the rush in the major hospitals of Delhi.
- (2) Zonalisation of the services i.e. zones should be earmarked as a feeding area for different central hospitals.
- (3) Wherever there are small hospitals under Municipal Corporation of Delhi, their services/facilities should be expanded so that they can cater to the needs of the local colonies.

The above recommendations are being considered by the Government. However, certain advance action has already been initiated by the Government such as opening of hospitals on the periphery of Delhi. Two 500 bedded hospitals are proposed to be constructed at Shahdara and Hari Nagar and three 100-bedded hospitals at Mangolpuri, Khichripur and Zaffarpur. With the opening of these hospitals, the rush on the Delhi hospitals would be considerably reduced. As regards the suggestion relating to the expansion of hospitals facilities under the Municipal Corporation of Delhi, the matter is being taken up with the Delhi Administration.

The Recommendations of the Team are also being sent to the State Govts./UTs for necessary action.

[Ministry of Health & Family Welfare O.M. No. G. 25013|1|81-B,  
dated 6-12-83]

### **Recommendation Sl. No. 54 (Para 5.23)**

The IDPL has indicated that the total purchases on account of hospital business in the country is to the tune of Rs. 450 crores. Out of which business accruing on account of IDPL range of products was around 220 crores, Central Government purchases accounting for 70 crores and State Government purchases accounting for around Rs. 150 crores. But, the present share of business enjoyed by the IDPL in the Central sector is to the tune of only Rs. 8 crores and in the State sector only Rs. 34 crores. Prices of drugs and formulations of IDPL are stated to be fixed by Government themselves after cost study by Bureau of Industrial Cost and Prices. The Committee recommend that other things like price and quality being equal, preference should be given to the purchase of drugs from the Public undertaking. The Committee further desire that such an Agency under the Ministry of Health and Family Welfare rather than going through the DGS&D should be explored.

### **Reply of the Government**

The Government accepts the recommendation of the Committee that other things like price and quality being equal preference should be given to the purchase of drugs from the Public Undertakings. It is however not considered necessary to have one Centralised Drug Purchasing Agency under the Ministry of Health and Family Welfare. The present pattern under which the requirements are met through DGS & D, MSD and decentralised purchases made by the institutions themselves has certain decided advantages which would not be available under a single agency system.

[Ministry of Health & Family Welfare O.M. No. G. 25013/1/83-B,  
dated 26-11-83]

### **Recommendation Sl. No. 57**

The Ministry in their reply to an observation contained in 22nd Report (19-1-82), informed the Committee that 'Comparatively small percentage of the candidates recommended by the UPSC for CGHS have joined their posts'. The percentage of candidates who joined CGHS ranges from 22 to 40. In Committee's view lack of adequate promotional avenues is one of the major reasons for lack of enthusiasm among doctors for joining Central Services. The Committee, therefore, reiterate their earlier recommendaion in para 1.30 of their 38th Action Taken Report (1982-83) that doctors and members of para-medical staff should get at least three promotions in their entire career.

### Reply of the Government

A cadre review of the Central Health Services has been completed which has improved the promotion prospect and led to the promotion of even 500 medical officers. The Medical Officers who enter CHS at its initial stage in the scale of Rs. 700—1300 in the General Duty sub-cadre have opportunity of promotion, subject to their fitness and satisfactory record to higher grade viz. Senior Medical Officer (Rs. 1100—1600), Chief Medical Officer (Rs. 1500—2000), Chief Medical Officer Non-Functional Selection Grade (Rs. 2000—2250) and Supertime Grade Level I & II (Rs. 2500—2750) & (Rs. 2250—2500).

Doctors joining as Specialists Grade II in the Teaching Non-Teaching and Public Health Sub-cadres in the scale of Rs. 1100—1800 have also chances of promotion, being otherwise found fit, to senior scale as Associate Professor (Rs. 1500—60—1800) for teaching sub-cadre only, Specialist Grade I (Rs. 1800—2250) Supertime Grade (Rs. 2250—2500) Level II and (Rs. 2500—2750) Level I.

Besides the posts in their own sub-cadre, the posts of Director General (Rs. 3500) Additional Director General (Rs. 3000/-), Medical Superintendents and Additional Medical Superintendents in the Supertime Grade Level I and Level II (Rs. 2500—2700) and (Rs. 2250—2500) which are common posts are also available for promotion.

[Ministry of Health & Family Welfare O.M. No. G. 25013/1/83-B,  
dated 26-11-83]

The cadre-review and restructuring of the Central Health Service (from which doctors are provided for CGHS) has been carried out and 48 posts of Chief Medical Officers in the scale of Rs. 1500—2000 have been upgraded in CGHS Delhi and out side and it is expected that the problem of stagnation will now be solved to a great extent.

As regards, para-medical staff, the Cadre Review Committee which has been constituted to go into the problem of providing promotional avenues to the various categories of para medical staff under CGHS, has completed the review and the report of the Committee is likely to be received shortly.

Further as Government have constituted the 4th Pay Commission to review and make recommendations *inter-alia* on the lack of adequate promotional avenues amongst the CGHS doctors/paramedical

staff, the Pay Commission's recommendations will also be taken into account before taking a final decision.

[Ministry of Health & Family Welfare O.M. No. G. 25013/1/83-B,  
dated 26-11-83]

#### **Recommendation Sl. No. 58 (Para 5.32)**

The Committee find that there are wide variations in the Doctor-patient ratio in Central Hospitals in Delhi. While the doctor-patient ratio in Lady Hardinge Medical College and Smt. S.K. Hospital and Dr. R.M.L. Hospital is 1:3 and 1:3.19 respectively, the ratio is 1:8 in the case of Lok Nayak Jaiprakash Narain Hospital and 1:13 in the case of Safdarjang Hospital. There are no prescribed norms for Doctor-patient ratio or for nurse-patient ratio. The Ministry of Health have pleaded that as requirement of Doctors vary from Department to Department and from service to service "it is not possible to fix a combined and unified criteria or norms for providing doctors/nurses in all the hospital". The Committee are not prepared to accept this contention. The Committee recommended that if norms cannot be fixed for the Hospital as a whole, attempt should be made to lay down norms Department/service-wise.

#### **Reply of the Government**

The Government appointed a Committee under the Chairmanship of former Director General of Health Services, Dr. I. D. Bajaj to suggest norms of staffing pattern etc. for different size of hospitals.

The Committee have made recommendations with regard to doctor-patient ratio etc. and the equipment required for hospitals of 50, 100, 200, 300, 400, etc. to 750 bed strength. The recommendations of the Committee are under active consideration.

[Ministry of Health & Family Welfare O.M. No. G. 25013/1/83-B,  
dated 26-11-83]

#### **Recommendation Sl. No. 59 (Para 5.36)**

The Committee find that the 6th Plan had provided for setting up of two 500-bedded and three 100 bedded hospitals in Delhi. The Committee recommend that these Hospitals should be set up soon to relieve pressure on existing Hospitals in Delhi.

#### **Reply of the Government**

Government agree that the two 500 bedded hospitals at Shahdara and Harinagar and three 100 bedded hospitals at Mangolpuri, Khichari-

pur and Zaffarpur should start functioning as soon as possible. However in view of the escalating cost of construction it has been found necessary to revise the estimates in respect of all these hospitals. Government are pursuing the matter actively.

[Ministry of Health & Family Welfare O.M. No. G. 25013/1/83-B,  
dated 26-11-83]

#### **Recommendation Sl. No. 60 (Para 5.37)**

The Committee underline the need for an increase in the circulation area of Out-Patient Departments in the Delhi Hospitals which are at present highly overcrowded and desire that way and means may be explored to make suitable additions to this area.

#### **Reply of the Government**

At present except for Safdarjang Hospital there is perhaps no scope for increasing the circulation area of the Out-Patient Departments of the various Delhi Hospitals. In the case of Safdarjang Hospital when the accommodation presently occupied by the University College of Medical Sciences is vacated by it by shifting to its own building at Shahdara, there is scope for expansion of the circulation area of the Out-Patients Department. Regarding others the only way out would be by opening of new peripheral hospitals so that the congestion in the Out-Patient Departments of existing hospitals is lessened.

[Ministry of Health & Family Welfare O.M. No. G. 25013/1/83-B,  
dated 26-11-83]

#### **Recommendation Sl. No. 61 (Para 5.41)**

The Committee are distressed to find gross under-utilisation of Plan funds in respect of the hospitals run by the Central Govt. in 5 years during the period 1976—82. One can imagine to what extent the augmentation of facilities for medical relief could have been retarded by the inefficiency of the authorities. Shortfalls in expenditure and surrenders of funds in this vital sector of Health, are highly deplorable. The Health Secretary assured the Committee that "in future our efforts will be to see that we do not allow a single pie to lapse".

#### **Reply of the Government**

The above recommendations of the Estimates Committee have been brought to the notice of all concerned officers in this Ministry



who have been advised to note this for strict compliance and to ensure that there are no savings in future.

[Ministry of Health & Family Welfare O.M. No. G. 25013/1/83-B,  
dated 18-11-1983]

## CHAPTER III

### RECOMMENDATIONS WHICH THE COMMITTEE DO NOT DESIRE TO PURSUE IN VIEW OF GOVERNMENT REPLIES

#### **Recommendation Sl. No. 6 & 7 (Para 1.35 and 1.36)**

The Committee note that as on 30-9-82, 2,27,582 health guides were functioning in rural areas under the Health Guides Scheme. Many of the States and Union Territories are stated to have achieved the target of appointing the Health Guides in all the districts. Some of the States are stated to have the programme to cover all their districts by 1983-84, excepting the State of Bihar. The Committee desire that the Bihar Government should also be enabled to cover all their districts under this Scheme by 1983-84.

The Committee feel that paltry sum of Rs. 50/- given as honorarium to the health guides to meet expenses towards visiting PHCs etc., is not adequate. They desire that its upward revision should be considered by the Ministry.

#### **Action taken by Government**

*Para. 35* The Government of India has been pressing the State authorities in Bihar to expedite the implementation of the Health Guide Scheme in that State. Health Guide Scheme being 100 per cent Centrally Sponsored Scheme, the Government of India has also assured the State Government that their financial requirements for implementing the Scheme expeditiously would be met by the Govt. of India. However, in spite of these assurances the State Government sanctioned the Health Guide Scheme in only 100 PHCs during 1982-83 and has proposed to extend it to 100 PHCs during 1983-84. The actual training of the health guides has not yet started. The State has informed that the training would start from September, 1983.

*Para 1.36* The concept of the Health Guide Scheme is to promote community participation and help them to have the expertise within the community itself to take care of their day to day health problems. The Health Guide is a voluntary worker. One of the criteria for selection of the Health Guide is that he should have independent source of income and should not take this work as a

part time or full time job. The honorarium of Rs. 50/- is provided to him to meet his out of pocket expenditure which has to incur in going to PHCs for collecting the supply of medicines, orientation and at times taking the sick persons to the PHCs. Increase in the amount of honorarium to compensate the Health Guide for their work would change the very concept of the Health Guide Scheme, which is not considered desirable.

[Ministry of Health & Family Welfare O.M. No. G. 25013/1/83-B,  
dated 18-11-1983]

### **Recommendations (Serial No. 12 (Para 1.59))**

The Committee are perturbed at the size of the population effected by major diseases like Tuberculosis (10 million) Leprosy (3.5 million) Malaria (16.2 million) and Polio in the country, which take a heavy toll of life year after year. Today T. B. is the largest killer and 5 to 6 lakh people are estimated to die of T. B. every year. The present system of detection and cure of the disease and the funds available therefore are admittedly totally inadequate. The Committee that while programme of control of T. B. is funded 100 per cent by the Central Government, the Plan expenditure on Malaria Eradication Programme and Tuberculosis Control is share with States on 50:50 basis. The Committee recommended that the T. B. Control Programme should be given top priority and it should be a centrally sponsored programme fully funded by the Centre. The districts roughly about 50 where there are no T. B. Centres should be equipped with such Centres within the current Plan period.

### **Reply of Government**

In view of the high priority assigned to Tuberculosis control and its inclusion in the 20-Point Programme, the Ministry had set up a Task Force on Tuberculosis for quickly drawing up plans for intensifying the National T. B. Control Programme. In its recommendation the task force stressed that urgent action needs to be taken for strengthening the Programme, Case finding and treatment are most important components of the programme, and the Task Force has accordingly laid special stress on these items while critically reviewing the programme. In its report the Task Force has also recommended that for the speedy expansion and intensification of the activities under T.B. Programme, the Government of India should again review the pattern of assistance and the essential schemes which have a direct bearing on the expansion of case finding activities and treatment programme should be taken up as 100 per cent Centrally Sponsored during the remaining period of the 6th Plan period.

The Planning Commission were requested to take quick decisions on the recommendations of the Task Force.

The Planning Commission in their letter dated 23rd May, 1983 agreed to this Ministry's proposals for augmentation of National T. B. Control Programme during the remaining period of the 6th Five Year Plan subject to the following stipulations:—

- (i) cost of the programme may be shared between the Centre and the States on a 50:50 basis and a suitable mechanism be devised to ensure that the States provide matching grants from their budget;
- (ii) The new drug regimen may be excluded from the purview of the programme in the Sixth Plan Period and may be considered for implementation in the Seventh Plan.
- (iii) Possibility of obtaining external assistance be explored for X-ray equipment with Odeca Cameras to the maximum extent possible since there are possibilities of getting it.
- (iv) Additional provision in the Revised Estimates for 1983-84 and the Annual Plan 1984-85 may be made keeping in view the progress of the schemes and availability of resources.

The Planning Commission have since agreed to an additional allocation of Rs. 3 crores for procurement of anti T. B. drugs during 1983-84.

[Ministry of Health & Family Welfare O.M. No. G. 25013/1/83-B, dated 18-11-1983]

#### **Recommendation Serial No. 55 (Para 5.27)**

The Committee have been informed that recruitment to Junior Class I posts of the Medical Service through UPSC takes more than a year to materialise. Recruitment to Specialists Grades too involves a delay of 4—6 months. After names are recommended by the U.P.S.C. it takes another 3-4 months to complete formalities like character verification and medical examination. The result is that Central Hospitals remain under-staffed for long periods. The Committee strongly urge that the delay in recruitment should be reduced. One of the reasons contributing to delays is the requirement to verify the Character antecedents of candidates before their appointment. The Committee suggest that the Ministry of Health may take up with the

Ministry of Home Affairs/Department of Personnel the question of appointments being made subject to police verification which may be got done after the appointment.

### Reply of the Government

The Ministry of Health & Family Welfare was already aware of the delay involved in appointment of officers, recruited through the U.P.S.C., to the Junior Class I of C.H.S. on account of the time taken in verification of their character and antecedents. This question was taken up with the Ministry of Home Affairs and it was recommended to them that this Ministry may be permitted to appoint the U.P.S.C. nominees, immediately, pending verification of their character and antecedents which process would be brought to a logical end in the normal course. The Ministry of Home Affairs replied that the Government was not in favour of a general relaxation, as complications may arise if subsequently verification of character and antecedents revealed some undesirable features in relation to any of the individuals concerned. That Ministry further suggested that all efforts should be made to expedite the verification of character and antecedents through the usual district administration agencies and that they would assist the Health Ministry in the matter of getting the verification expedited. Consequently, this Ministry has been taking necessary action, to verify the character and antecedents of the U.P.S.C. nominees, as laid down in the instructions issued by the Ministry of Home Affairs, from time to time, and has also been seeking the assistance of the Ministry of Home Affairs for expediting the verification reports from the district authorities.

[Ministry of Health & Family Welfare O.M. No. G. 25013/1/83-B.  
dated 26-11-83]

## CHAPTER IV

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

#### Recommendation Serial No. 4 & 5 (Para 1.33, 1.34)

1.33 Out of a total Health Plan allocation of about 1972 crores in the 6th Plan, roughly Rs. 1250 crores are stated to have been allocated for rural health/medical relief schemes. Medical relief facilities are provided in rural areas through the centrally assisted Minimum Needs Programme by opening of sub-centres, primary health centres, subsidiary health centres, etc. There is also a Health Guide Scheme exclusively catering to the health needs of the rural areas, according to which one Health Guide is provided for an average of 1000 rural population. From a note furnished by the Ministry, it is seen that as on 1-4-1982, 56595 sub-centres 5853 primary health centres, 2540 subsidiary health centres and 357 upgraded P.H.Cs./Health Centres are in position. During 1982-83 the Ministry has the target of setting up 7656 more sub-centres 188 primary health centre, 637 subsidiary health centres and 93 upgraded P.H.Cs./Community Health Centres in various States. It is, however, surprising that in the States/Union Territories of Karnataka, Kerala, Manipur, Sikkim, Tripura, Andaman and Nicobar Islands, Arunachal Pradesh, Chandigarh, D&N Haveli, Goa, Daman and Diu, Lakshadweep and Pondicherry, there is neither a subsidiary Health Centre at present nor there is any proposal to set up these by 1st April, 1983. Almost similar position obtains with regard to setting up of upgraded P.H.Cs./Community Health Centres. The Committee would like to know the reasons for this state of affairs. The Committee desire that the Ministry should take the initiative in formulating these schemes for the regions which have not taken up these and ensure that there is a balanced development of the facilities in the remaining period of 6th plan and in future plan periods.

1.34 The Committee understand that, as on 1-4-1982, there are 5853 primary Health Centres functioning in the country. These are a medium type of medical centres to cater to the primary health and medical relief needs of the rural areas. The Committee have reasons to believe that all the inputs necessary for the meaningful functioning of these centres are actually not available. Health Secretary conceded in

evidence that in 36 P.H.Cs. there were no doctors at present. If this is the position with regard to doctors, the position obtaining in regard to other inputs and their effectiveness can well be imagined. The Committee, therefore, desire that a machinery should be evolved in coordination with the Health Authorities of State Govts. to ensure that there is not a single P. H. C. which lacks any of the essential inputs including medicines.

### **Action Taken By Govt.**

The establishment of Subsidiary Health Centres, Primary Health Centres and Community Health Centres and posting necessary staff and providing the equipment are state sector plan activities. The Ministry of Health and Family Welfare does not provide any assistance to the State Governments for the establishment of these units. Health being a state subject and the fact that the expenditure on these activities have to be incurred by the States from their own resources|plan allocations, the role of Ministry of Health and Family Welfare is limited only to provide guidance and drawing the State Govts. attention towards the deficiencies existing in the infrastructure.

[Ministry of Health & Family Welfare O.M. No. G. 25013/1/83-B, dated 18-11-1983]

### **Recommendation Serial No. 9 (Para 1.38)**

The Committee would like the Ministry to examine the possibility of introducing a scheme under which mobile dispensaries could be provided to the rural areas for pathological tests like blood, urine and stools tests etc., so that the people living in far flung areas, not connected with adequate transport facilities, are able to avail themselves of these facilities.

### **Action Taken By Government**

The need for expansion of the laboratory facilities in rural areas is well appreciated by the Ministry of Health and Family Welfare and accordingly, the health plan provides for laboratory facilities for every P. H. C. to be established to cover 30,000 population in general and 20,000 population in tribal and hilly areas. As there is no scheme for mobile dispensaries, the question of providing laboratory facilities in mobile teams does not arise.

[Ministry of Health & Family Welfare O.M. No. G. 25013/1/83-B, dated 18-11-1983]

**Recommendation Serial No. 14 (Para 1.77)**

A scheme of setting up limb fitting centres in 26 medical colleges in the country has been taken up with an allocation of Rs. 6 lakhs to each such college. Out of these 26 centres, 15 have already been commissioned and for the remaining 11 the work is in progress. The Committee desire that this work should be completed without delay. The Committee would like the Ministry to examine feasibility of extending this scheme to all the 108 medical colleges in the country in a phased manner.

**Reply of the Government**

ALIMCO is under the administrative control of the Ministry of Social Welfare and the scheme is administered through that Ministry. According to the information furnished by the Ministry of Social Welfare, the Artificial Limbs Manufacturing Corporation (ALIMCO) had a scheme of setting up of a limb fitting centre in medical college and other hospitals in the country. For this purpose the Company received interest free loan from the National Defence Fund. ALIMCO had planned to set up 34 limb fitting centres and 27 centres have been set up till now. Of these 16 are located in medical college hospitals. The remaining 11 centres are located outside medical college hospitals. No more centres either in medical college hospitals or elsewhere have been set up as no further funds are available. As such it does not appear to be feasible to extend the scheme to other medical colleges in the country.

[Ministry of Health & Family Welfare O.M. No. G-25013/1/83-B,  
dated 15-2-84]

**Recommendation Sl. No. 28 (Para 3.17)**

There can be no two opinions about the need to find, nurture and encourage research talent. Director General, Indian Council of Medical Research told the Committee in evidence that the Council had formulated a certain approach for attracting talent in the field of medical research, viz. 'Talent Search Scheme' through which the best among the graduates in medicine (MBBS) are sought to be attracted to one of the disciplines in medical research and 'Supernumerary Research Cadre Scheme' to provide opportunities to Indian Scientists working abroad to join the research effort in India. While the achievement in regard to the former scheme is stated to be modest, no Indian Scientist working abroad could be enlisted for research yet. Director General, ICMR stated that about 29 Indian Scientists from



abroad had sent in their bio-data which was being looked into. The statement of the Director General that 'I do not say that we have broken the ice but something is happening' is significant and shows that much more is needed to be done in this direction. The matter for providing incentives to attract able people to have career in medical research is stated to be before the Scientific Advisory Committee of the Cabinet. The Committee desire that the matter should be considered early and steps taken to make the career in medical research really attractive for talented persons.

### **Reply of the Government**

The ICMR have already started a 'Talent Search Competitive Examination'. As in the previous years, the ICMR conducted the 9th talent search competitive examination at four Centres viz. Calcutta, Delhi, Hyderabad and Madras on 2nd May, 1983. 288 candidates who secured a minimum of 60 per cent marks and who completed the medical course without any failures, appeared for the examination. 50 candidates obtained about 70 per cent marks and above. Out of these 50 candidates, 23 candidates who secured first 15th position order of merit, were selected by the Council for advanced training in Bio-medical Research under their 'Talent Research Scheme'.

[Ministry of Health and Family Welfare O.M. No. G. 25013|1|83-B,  
dated 18-11-1983]

### **Recommendation Sl. No. 38 (Para 4.36)**

While admitting that some Members of the Faculty of AIIMS, New Delhi and PGI, Chandigarh had left for betterment of their prospects elsewhere for private practice, the Ministry of Health have denied that resignations of such faculty members were due to "any victimisation" or "because of alleged group politics". Whatever be the case, the fact remains that either the faculty Members were dissatisfied with their service conditions or did not enjoy the academic freedom to carry on their task. The Committee desire that Government should investigate the circumstances under which senior faculty members of specially PGI, Chandigarh, resigned during the last five years and on the basis of the findings thereof take steps to create conditions in which there could be harmonious functioning of the faculty.

### **Reply of the Government**

In order to look into the grievances of the faculty staff, the A.I.I.M.S., New Delhi had appointed a Committee under the Chairmanship of Dr. M. L. Dhar to suggest rationalisation of pay structure

and career prospects etc. Recommendation of the Dhar Committee were considered by both the Institutes, namely, A.I.I.M.S., New Delhi and UGIMER, Chandigarh. After considering the recommendations of the Institute Bodies of the two institutes and on the basis of the report of the Committee headed by Dr. M. L. Dhar, the Government of India have issued orders rationalising the pay structure and career prospects in respect of faculty members of the A.I.I.M.S. and PGIMER, Chandigarh. A system of flexible complementing for promotion of Lecturers to Asstt. Professors and for promotion of Assistant Professors as Associate Professors has been introduced. The provision has also been made for creation of posts of Distinguished Professors.

[Ministry of Health & Family Welfare O.M. No. G. 25013/1/83-B,  
dated 18-11-1983]

### **Recommendation Sl. No. 51 (Para 5.7)**

The Committee note that an Inquiry Committee under the Chairmanship of Dr. K. N. Rao, former Director-General of Health Services, was appointed to review the working of hospitals in Delhi with a view to improving the facilities for medical, surgical and specialist care and that the report of the Committee was submitted in April, 1968. They are surprised that the relevant files in which the report had been dealt with are not readily available and therefore it has not been possible for the Directorate General of Health Services|Ministry of Health to give detailed information in regard to follow-up action taken on the recommendations of that Committee. The Ministry have quoted the DGHS' statement that "to the best of their knowledge the findings of the Dr. K. N. Rao Committee were not officially accepted by the Government and that the suggestions made by the Committee are being followed in the Central Government Hospitals in one form or the other but the question of formal implementation of these recommendation does not appear to have been finally decided." The Committee cannot but deplore this casual approach to the Reports of Committee set up by Government on the production of which considerable time and money have been spent. They would like the Ministry to expeditiously examine, if necessary *de novo*, each recommendation of Dr. K. N. Rao Committee and, in the case of such recommendations as are accepted by the Government, take concrete follow-up action. This process should be completed within the next six months under intimation to the Committee.

### **Reply of the Government**

The Dr. K. N. Rao submitted its report in April, 1968. Subsequently the Ministry appointed another Committee under the

Chairmanship of Dr. M. M. S. Sidhu, M.P. which reviewed the implementation of Dr. Rao Committee's report, and submitted its report in August, 1979.

Further at this stage after a lapse of 15 years it would, perhaps not be very appropriate to examine *de novo* each recommendation of Dr. Rao Committee's report as these have been superseded by the Dr. Sidhu Committee report. The Report of the Dr. Sidhu Committee is in various stages of implementation.

[Ministry of Health & Family Welfare O.M. No. G. 25013/1/83-B,  
dated 18-11-1983]

**Recommendation Sl. No. 53 (Para 5.22)**

The Committee understand that the difficulties are being experienced by All India Institute of Medical Sciences and various other hospitals in procuring imported, or imported material based for life saving and other essential drugs. With regard to a suggestion that these drugs should also be imported through a centralised agency, Health Secretary stated that the difficulty was that many of these drugs were branded drugs and each specialists preferred a certain brand made by a certain foreign manufacturing company. Nevertheless the Committee, desire that the Government may give a serious consideration to the suggestion of import of these drugs through a centralised agency in order to obviate difficulties experienced by the hospitals|consumers. That agency can, however, go into the question as to which of the formulations are most effective and popular among the doctors|specialists which could be imported.

**Reply of the Government**

The question has been carefully examined by the Ministry of Health and Family Welfare in consultation with the Directorate General of Health Services and the Medical Superintendents of the Central hospitals in Delhi. No Central hospital is importing any drugs as such for their use. However, certain drugs recommended for CGHS beneficiaries which are required to be imported are done so usually by|through the CGHS. It has been ascertained that during 1982-83 approximately Rs. 3.00 lakhs worth of drugs were imported.

In view of this, the Government is of the opinion that it is not necessary to set up a separate centralised agency for the import of drugs as the existing procedure for the import of drugs required by the CGHS do not pose any bottlenecks for importation and as the value of the drugs so imported is not very high.

[Ministry of Health & Family Welfare O.M. No. G. 25013/1/83-B,  
dated 18-11-1983]

## CHAPTER V

### RECOMMENDATIONS IN RESPECT OF WHICH FINAL REPLIES ARE STILL AWAITED

#### Recommendation Sl. No. 2 (Para 1.14)

The Committee are happy to note that at long last Government have come out with a National Health Policy. The Policy envisages the goal of 'Health for All' by the year 2000 A.D. and lays special emphasis on the preventive, promotive and rehabilitative aspects of health care in the country. The Policy also stresses the need for decentralisation of the health services with emphasis on correcting rural and urban imbalances in the field of public health and medical relief. The Committee suggest that a perspective plan should be drawn up without loss of time to implement the policy with due regard to the need for balanced development. The centres responsibility for funding and other assistance should be clearly identified and put up a firm basis so as to leave no uncertainty and effective institutional arrangement for ensuring implementation avoiding time and cost overcut evolved.

#### Reply of the Government

The National Health Policy Statement has been approved by the Rajya Sabha. It is still to be discussed and approved by the Lok Sabha. Thereafter, action will be taken on the suggestion of the Committee to draw perspective plan for implementing the policy.

[Ministry of Health & Family Welfare O.M. No. G. 25013/1/83-B,  
dated 18-11-1983]

#### Recommendation Sl. No. 11 (Para 1.45)

State Governments have the discretion to decide which system of medicines they should have in the dispensaries they set up. Health Secretary stated that "U.P. Government was one state which appointed every third doctor from Ayurveda and Unani systems. Allopathic doctors got a stay order from the Allohabad High Court, as a result they are not able to appoint anyone"

The Committee recommend that the Ministry should find a way out and if necessary State Government should be advised to bring

forward legislation so as to acquire power to choose any of the various medical systems for the new dispensaries they set up and for appointment of adequate number of medical personnel to man them.

### **Reply of the Government**

The details regarding the Court case before the Allahabad High Court in respect of appointment of a third doctor in a PHC in UP, are being obtained from the Secretary, Health of the Government of U.P. Further action will be taken on receipt of the same.

[Ministry of Health & Family Welfare O.M. No. G. 25013/1/83-B, dated 18-11-1983]

### **Recommendation Sl. No. 16 (Para 1.79)**

The Committee note from the memorandum of the Indian Association of Physiotherapists that this class of medical professionals has developed into a distinct super speciality and they have diagnostic, therapeutic and prognostic responsibilities. In view of this position they have demanded a separate statutory Council for them. The Committee have been informed by the representative of the Ministry that the Ministry has a proposal for constituting a separate Council for para medical Rehabilitation Profession but the legislation in this regard required concurrence of the State Governments. He added: "our attempt is to have separate Council for them but it takes a little time to get the concurrence". The Committee desire that this process should be speeded up and necessary legislation put through. The Committee further suggest that the proposed legislation should provide for a separate cell for each of the constituents of the para medical Rehabilitation Profession.

### **Reply of the Government**

The All India Occupational Therapists Association had submitted a proposal for the setting up of a Council of Physiotherapists and Occupational Therapists for registration of Occupational Therapists practising in the country. In pursuance of the proposal, a Sub-Committee to examine the representation of the Association was formed by the Director General of Health Services. The Sub-Committee drafted a Bill for regulation of the practice of para-medical rehabilitation profession in the country. A copy of the Bill was sent to various State Governments/Union Territories for their comments. From the replies received, it is seen that the Kerala and Maharashtra Government did not favour the proposal. The other State Governments/Union Territories had either agreed to the proposal or had no com-

ments to offer. The matter was accordingly taken up with the Government of Kerala and Maharashtra. The Government of Kerala, however, reiterated their earlier views that the registration is premature. There has however, been no further response from the Maharashtra Government. The question as to whether it is possible to have a legislation in view of the lack of support from two major states is at present under consideration.

[Ministry of Health & Family Welfare O.M. No. G. 25013/1/83-B,  
dated 26-11-83]

### **Recommendation Sl. No. 17 (Para 1.80)**

The association of the Physiotherapist have also referred to the inadequate promotional avenues and their pay scales being not commensurate with their status and responsibilities. As admittedly "Physiotherapists and occupational therapists are crucial today in the field of medicine and physical rehabilitation", the Committee expect that the Ministry will carry out each of the assurance made before the Committee that "we will certainly ensure that their legitimate interests are taken care of. . . . we will be too happy to create selection grade higher grades for them". The Committee feel that an entrant to Government service should have at least three promotions during his entire career. This principle should be applicable to physiotherapists also. They further desire that the physiotherapists should be given an independent and appropriate status.

### **Reply of the Government**

The question regarding revision of pay scales so as to improve the promotional prospects of physiotherapists was taken up with Ministry of Finance. That Ministry advised to refer any such proposal to the Fourth Central Pay Commission as and when it is set up, as it was not appropriate to revise the existing scales which were likely to disturb the relativities with scales of other similar posts in our hospitals.

As regards Selection Grade|Higher Grade to the Physiotherapists, this has also to be examined by the Fourth Central Pay Commission, with reference to similar posts available under various Ministries|Departments of the Government. The matter is under consideration in consultation with Director General of Health Services and a reference to this effect to the Fourth Central Pay Commission will be made shortly.

[Ministry of Health & Family Welfare O.M. No. G. 25013/1/83-B,  
dated 26-11-83]

### **Recommendation Sl. No. 18 (Para 1.81)**

The demand for grant of non-practising allowance to physiotherapists appears to the Committee to be reasonable. They accordingly desire that this issue should be carefully considered by the Ministry. If it is not found feasible to grant them non-practising allowance they ought to be permitted to undertake Private Practice, which could improve their skills.

### **Reply of the Government**

As regards grant of NPA to the Physiotherapists, this was not recommended by the Third Central Pay Commission. However, the proposals are being reconsidered in consultation with Director General of Health Services with a view to make a reference to the Fourth Central Pay Commission. It is, however, not possible to permit them to undertake private practice under the existing service conditions.

[Ministry of Health & Family Welfare O.M. No. G. 25013/1/83-B, dated 26-11-83]

### **Recommendation Sl. No. 19 (Para 2.31)**

Universities whose medical qualifications have been recognised by the Medical Council of India can establish new colleges without prior permission of the Medical Council of India. The Medical Council of India can only inspect these colleges and see whether clinical facilities for training of students and staff etc. are adequate. The Medical Council can only advise such colleges to provide the requisite facilities but many of the colleges in many States do not care for the Council's advice. There is an instance of an Institution namely Guru Gobind Singh Medical College in Faridkot. This college lacks facilities for clinical and practical training and the Medical Council of India has been issuing directives. But those directives were ignored by the college. Health Secretary informed the Committee that arrangements have been made by this college for clinical training of its students in medical colleges in Amritsar and Patiala. The State Government has however, promised that a hospital for the purpose of training of students of this college will be put up by 1983. This must be ensured.

### **Reply of the Government**

For the purpose of providing clinical training to students of Guru Gobind Singh Medical College, Faridkot, the matter has been taken

up with the Government of Punjab for providing a Hospital for the purpose.

[Ministry of Health and Family Welfare O.M. No. G. 25013/1/83-B  
dated 18-11-83]

**Recommendation Sl. No. 20 (Para 2.32)**

The Committee have come across a peculiar practice with regard to admissions to Post-Graduate Courses in the medical colleges in Rajasthan. Here the admission to the Post-Graduate Courses is more or less made on the basis of marks obtained by the candidates in the MBBS Examination. But 5 per cent weightage is given to the candidates of the local colleges, with the result that candidates from outside getting higher marks are unable to get admissions. Medical Council of India has drawn the attention of the State Government Medical Authorities as also the colleges about this wrong practice but without avail. The Health Secretary assured the Committee that he would be taking up this matter with the State Government soon. The Committee would like to be apprised of the outcome.

**Reply of the Government**

The matter has already been taken up with the Government of Rajasthan and their reaction is awaited.

[Ministry of Health and Family Welfare O.M. No. G. 25013/1/83-B  
dated 18-11-83]

**Recommendation Sl. No. 42 (Para 4.60)**

The Committee are concerned to note that though cases of fire accidents in and around Delhi are increasing, the AIIMS, New Delhi has no Burns and Plastic Unit. The Committee regard this as a serious shortcoming and recommend that such a Unit be set up soon.

**Reply of the Government**

AIIMS proposes to examine the recommendation of the Committee keeping in view the fact that a Burns and Plastic Unit is already functioning in the Safdarjang Hospital located opposite the Institute.

[Ministry of Health and Family Welfare O.M. No. G. 25013/1/83-B  
dated 18-11-83]

**Recommendation Sl. No. 49 (Para 4.71)**

Health Secretary conceded in evidence the fact that modern management concepts and overall medical audit etc. are not present in



AIIMS, New Delhi and PGI, Chandigarh. The Committee were informed that these aspects are looked after by various Committees e.g. the Drug Purchases Committee, the Surgical Stores Purchases Committee etc. The purchases of equipments is stated to be centralized. The Committee feel that as Premier Institutes in the Medical Field, AIIMS & PGI should set an example to other medical Institutes by taking to modern management techniques which would not doubt entail some expenditure but will be an investment for future and could result in functional efficiency and savings in the long run.

#### **Reply of the Government**

The observations of the Committee have been brought to the notice of the two Institutes. Both the Institutes would examine the recommendation to introduce new management techniques keeping in view the financial constraints and feasibility. Such techniques could be introduced gradually at the Institutes with a view to achieving functional efficiency and savings in the long run.

[Ministry of Health and Family Welfare O.M. No. G. 25013/1/83-B  
dated 18-11-83]

#### **Recommendation Sl. No. 56 (Para 5.28)**

With regard to delay in recruitment of para-medical staff, the Ministry has stated that it occurs due to failure on the part of the Employment Exchange to make available sufficiently number of eligible candidates and non-availability of ST/SC candidates possessing requisite qualifications. The Committee suggests that a time limit may be fixed for the Employment Exchanges to send nominations failing which recourse may be had to making recruitment from open market.

#### **Reply of the Government**

The question of fixation of a time limit has been taken up with the Ministry of Labour and it has been suggested to the Ministry of Labour that the concerned institutions may be permitted to resort to open market recruitment in case the Employment Exchanges are not in a position to sponsor suitable candidates for para medical jobs within a period of three weeks from the date of receipt of the requisition. Necessary instructions would be issued after the concurrence of the Ministry of Labour is obtained.

[Ministry of Health and Family Welfare O.M. No. G. 25013/1/83-B  
dated 18-11-83]

NEW DELHI:

BANSI LAL,

April 18, 1984

Chairman.

Chaitra 29, 1906 (S)

Estimates Committees.

## APPENDIX

(Vide Introduction)

Analysis of action taken by Government on the 53rd Report of the Estimates Committee (7th Lok Sabha)

I. Total number of Recommendations	61
II. Recommendations which have been accepted by Government (Sl. Nos. 1, 3, 8, 10, 13, 15, 21, 22, 23, 24, 25, 26, 27, 29, 30, 31, 32, 33, 34, 35, 36, 37, 39, 40, 41, 43, 44, 45, 46, 47, 48, 50, 52, 54, 57, 58, 59, 60, 61).	39
Percentage to total	64%
III. Recommendations which the Committee do not desire to pursue in view of Government's replies (Sl. Nos. 6, 7, 12, 55)	4
Percentage to total	7%
IV. Recommendations in respect of which replies of Government have not been accepted by Committee (Sl. Nos. 4, 5, 9, 14, 28, 38, 51, 53)	8
Percentage to total	13%
V. Recommendations in respect of which final replies of Government are still awaited (Sl. Nos. 2, 11, 16, 17, 18, 19, 20, 42, 49, 56).	10
Percentage to total	16%

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

Sl. No.	Name of Agent	Sl. No.	Name of Agent
<b>BIHAR</b>		<b>TAMIL NADU</b>	
1.	M/s Crown Book Depot, Upper Bazar, Ranchi (Bihar).	10.	The Manager, M. M. Sub- scription Agencies, No. 2 1st Lay Out Sivananda Colony, Coimbatore—641012.
<b>GUJARAT</b>		<b>UTTAR PRADESH</b>	
2.	The New Order Book Company, Ellis Bridge, Ahmedabad-6.	11.	Law Publishers, Sardar Patel Marg, P. B. No. 77, Allahabad, U.P.
<b>MADHYA PRADESH</b>		<b>WEST BENGAL</b>	
3.	Modern Book House, Shiv Vilas Palace, Indore City.	12.	Mrs. Manimala, Buys and Sells, 128, Bow Bazar Street, Calcutta—12
<b>MAHARASHTRA</b>		<b>DELHI</b>	
4.	M/s Sunderdas Gian Chand, 601, Girgaum Road, Near Princess Street, Bombay-2.	13.	Jain Book Agency, Connaught Place, New Delhi.
5.	The International Book Service, Decan Gymkhana, Poona—4.	14.	J. M. Jain & Brother, Mori Gate, Delhi.
6.	The Current Book House, Maruti Lane, Raghunath Dadaji Street, Bombay—1.	15.	Oxford Book & Stationery Co., Scindia House, Connaught Place, New Delhi-1.
7.	M/s Usha Book Depot, Law Book Seller and Publishers' Agents Govt. Publications, 585, Chitra Bazar, Khan House, Bombay—2	16.	Bookwell 4, Sant Nirankari Colony, Kingsway Camp, Delhi—9.
8.	M&J Services, Publishers, Representative Accounts & Law Book Seller, Mohan Kunj, Ground Floor, 68, Jyotiba Fuele Road, Nalgaum-Dadar, Bombay—14.	17.	The Central News Agency, 23/90, Connaught Place, New Delhi.
9.	Subscribers Subscription Services India, 21, Raghunath Dadaji St., 2nd Floor, Bombay—1.	18.	M/s Rajendra Book Agency, IV-D/59, IV-D/50, Lajpat Nagar, Old Double Storey, Delhi—110024.
		19.	M/s Ashoka Book Agency, BH-82, Poorvi Shallmar Bagh, Delhi—110033.
		20.	Venus Enterprises, B-2/85, Phase—II, Ashok Vihar, Delhi.