

EIGHTH REPORT

**ESTIMATES COMMITTEE
(2004-2005)**

(FOURTEENTH LOK SABHA)

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

MEDICAL COUNCIL OF INDIA

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Presented to Lok Sabha on 29th April, 2005

**LOK SABHA SECRETARIAT
NEW DELHI**

29th April ,2005/Vaisakha 9,1927(S)

CONTENTS

PAGE

COMPOSITION OF COMMITTEE ON ESTIMATES

Chapter I Introduction

1. Introductory
2. Historical Background
3. Objectives
4. Functions
5. Statutory Functions
6. Regulatory Functions
7. Maintenance of Quality of Medical Education
8. Relationship between MCI and Ministry of Health
9. Accountability of MCI to the Government

Chapter II Organisational Structure

1. Constitution of the Council
 - Executive Committee
 - President and Vice – President
 - Members of the Medical Council
2. Manpower

Chapter III Finance

1. Budget Allocations
2. Continuing Medical Education Programme (CME)
3. Indian Medical Register
4. Monitoring and Upkeep of the State Medical Registers
5. New Office and Library Building

Chapter IV Grant of Approval

1. Criteria for grant of permission
2. Conditions to be fulfilled by Institutions
3. Inspection of Medical College
4. Rectification of deficiencies
5. De-recognition of Medical College

6. Annual Seat Capacity
7. State Government's Role in granting of approval
8. Relationship between MCI and Universities
9. Recognition of Medical Qualifications

Chapter V Teaching Faculty

1. Student-Teacher Ratio
2. Shortage of Teaching staff

Chapter VI Miscellaneous

1. Regional Imbalance in setting up of Medical Colleges
2. Court cases against MCI
3. Code of Medical Ethics
4. Commercialization of Medical College

Observations/Recommendations of the Committee

APPENDICES

I. Minutes of Sitting of the Estimates Committee held on 16.11.2004.....

II. Minutes of Sitting of the Estimates Committee held on 12.1.2005.....

III. Minutes of Sitting of the Estimates Committee held on 26.4.2005

Annexure.....

COMPOSITION OF THE ESTIMATES COMMITTEE

(2004-2005)

Shri C. Kuppusami - Chairman

Members

2. Shri A. Sai Prathap
3. Shri B. Vinod Kumar
4. Prof. Chander Kumar
5. Shri Lalmuni Chaubay
6. Shri Adhir Ranjan Chowdhury
7. Shri Anant Gudhe
8. Shri Jai Prakash
9. Shri N.N. Krishnadas
10. Shri Samik Lahiri
11. Shri Bhartruhari Mahatab
12. Shri Sunil Kumar Mahato
13. Shri Sanat Kumar Mandal
14. Shri Zora Singh Mann
15. Shri Prabodh Panda
16. Shri Mahendra Prasad Nishad
17. Shri Sukhdeo Paswan
18. Shri Annasaheb M.K. Patil
19. Shri Harikewal Prasad
20. Prof. M. Ramadass
21. Shri K.S. Rao
22. Shri Iqbal Ahmed Saradgi
23. Shri Jyotiraditya Madhavrao Scindia
24. Shri Manabendra Shah
25. Shri Laxman Singh
26. Shri Sartaj Singh
27. Shri M.A. Kharabela Swain
28. Shri Akhilesh Yadav
29. Shri V. Kishore Chandra Deo
30. Shri Vijay Krishan

Secretariat

1. Shri John Joseph - Additional Secretary
2. Smt. P.K. Sandhu - Joint Secretary
3. Shri A.K. Singh - Principal Chief Parliamentary Interpreter
4. Shri B.D. Swan - Deputy Secretary
5. Shri Cyril John - Under Secretary

INTRODUCTION

I, the Chairman of the Estimates Committee, having been authorised by the Committee to submit the Report on their behalf, present this Eighth Report on the Ministry of Health and Family Welfare (Department of Health) – ‘Medical Council of India’.

2. The subject, ‘Medical Council of India’ was selected for detailed examination by the Estimates Committee (2003-2004). The Estimates Committee examined every aspect of the subject by calling for written information and taking evidence of the representatives of the Ministry of Health and Family Welfare (Department of Health) and Medical Council of India on 16.11.2004 and 12.1.2005. The Committee wish to express their thanks to the Officers of the Ministry of Health and Family Welfare (Department of Health) and Medical Council of India for placing before them detailed written notes on the subject and for furnishing information desired in connection with the examination of the subject. The Committee also appreciate the frankness with which the officers shared their views, perceptions and constraints with the Committee.

3. The Committee would also like to express their gratitude to the Estimates Committee 2003-2004 for the able guidance and right direction provided by them in obtaining information for indepth and comprehensive study of the subject.

4. The Report was considered and adopted by the Committee at their sitting held on 26th April, 2005.

5. The Report consists of seven chapters including recommendations. The Committee have inter-alia made the following important observations/ recommendations :-

- (i) MCI should discharge both regulatory and advisory roles in the sphere of medical education in the country.
- (ii) In view of the manifold increase in the number of medical colleges in the country, an independent professional institution should be engaged by Government to review the status of medical education in the country both in qualitative and quantitative terms.
- (iii) Instead of making the accreditation process a voluntary one, it should be made mandatory in a phased manner to ensure that all the medical colleges in the country come upto minimum standards of medical education.
- (iv) As MCI is accountable to the Government and to the Parliament, whatever comes in the way of a healthy balance between autonomy and accountability needs to be rectified.
- (v) A post of Chief Vigilance Officer should be created in MCI who will report directly to the President of the Council and the post be filled up expeditiously. A Public Grievances Redressal Cell should also be set up in MCI which should function under the Chief Vigilance Officer, who should be a person belonging to an organised service, like the Indian Police Service.
- (vi) The Continuing Medical Education (CME) Scheme should be encouraged as the medical practitioners need continuous updating of knowledge and skills since medical science is under constant evolution with new trends and practices emerging every day.

- (vii) As the publication of IMR for the year 1994 to 2004 in the Gazette has been pending for a long time, Government should release the grant required for its publication as early as possible.
- (viii) A time schedule should be drawn up by MCI for processing of various types of applications received by the Council.
- (ix) The entire procedure for inspection should be clearly laid down in the form of a regulation and a panel of inspectors known for their integrity should be drawn up for a specified period of time and they be deputed for inspection by rotation.
- (x) State should be asked to formulate a perspective plan on medical education and health care. On the basis of the plans drawn up by the States, a National Perspective Plan on Medical Education should be formulated and regions which are lagging behind should be encouraged to come up with plans for starting new medical colleges.
- (xi) MCI needs to be vigilant about the complaints being recorded against registered medical practitioners, check malpractices in the medical profession and initiate stringent action against fraudulent ones.

6. For facility of reference, the observations/recommendations of the Committee have been printed in bold type in the body of the Report and have also been reproduced in consolidated form in the Appendix to the Report.

New Delhi:
April 27, 2005
Vaisakha 7, 1927(Saka)

C. Kuppusami
Chairman
Committee on Estimates

CHAPTER I

Introductory

In a developing nation such as India, medical services play a very important role in the well-being of their citizens and indirectly play a very important part in the economic and overall development of the nation. The development of good medical services in the country is almost entirely dependent upon the medical education imparted in the various medical colleges of the country. Also, for the effective implementation of the National Health Programmes, and research work in the field of medicine, medical colleges and teaching hospitals play a very vital role. Thus, the onus of maintenance and development

of the medical colleges imparting medical education is vested with the Medical Council of India (MCI).

Historical Background

Prior to 1930, the General Medical Council (GMC) of the United Kingdom had accepted for registration of the degrees and diplomas of the Universities of Calcutta, Madras, Bombay and Allahabad. As it was felt by the GMC that medical education in India was deteriorating, after inspection of medical teaching in India, the GMC came to the conclusion that an All India Medical Council should be established with which they could deal directly. Accordingly, the Medical Council of India (MCI) was established as a statutory body under an Act of Parliament. This Act was brought into force on the 1st November, 1933 and the Council was constituted in February 1934. Under this Act the Council was entrusted with the functions of (i) establishment of a uniform standard of higher qualification of medicine for all provinces and (ii) recognition of medical qualification in States and Countries outside British India.

With the increasing number of medical colleges, it was felt that the provisions of the 1933 Act were not adequate to meet the challenges posed by the very fast development and the progress of medical education in the country. As a result, the Act was repealed and a new Act called the Indian Medical Council Act, 1956 was enacted. This Act has also been reviewed and amended in 1964, 1993 and 2001 keeping in view the development in Medical Education.

Objectives

The objectives for which the Medical Council of India came to be constituted are as mentioned below: -

A (I) Maintenance of uniform standards of Medical Education for both undergraduate and postgraduate courses for new colleges and continuance of already recognized courses. It also envisages inspection/visitations of medical colleges for permission to start medical colleges for MBBS course, starting of new Postgraduate courses and increase of seats (as per provisions of section 10A of the Act).

(II) Recommendation to the Central Government, Ministry of Health and Family Welfare, for recognition and de-recognition of medical qualifications of medical institutions (a) within (b) outside the country. After amendment of section 13(4) which provides for screening test, scope of recognition of foreign medical qualifications when held by Indian nationals has basic more or less met a dead end. In the matter of mutual recognition of medical qualifications as per provisions of Section 12(2) of the Act, matters can still be considered.

- B
- (i) Maintenance of Indian Medical Register.
 - (ii) Grant of provisional and permanent registration as applicable to persons holding recognized medical qualifications included in the schedules to the Indian Medical Council Act, 1956.
 - (ii) Issue of good standing certificates.

In this context, it is also stated that the other inherent objectives of the Council are as under :-

- a) Maintain standards of the medical education both undergraduate and postgraduate.
- b) Register medical practitioner and maintain All India Medical Register.

- c) Recognize medical degrees.
- d) Recognize/de-recognize Indian and foreign medical qualifications.
- e) Inspect and visit of medical colleges with a view to maintaining proper standard of medical education.
- f) Grant of permission to start postgraduate courses.
- g) Negotiate with other countries for reciprocity for the recognition of medical qualification.
- h) Register basic and additional qualifications and issue of good standing certificates.
- i) Issue of eligibility certificates and verification of documents.
- j) Lay down standards of professional conduct and etiquette and a code of ethics for the medical practitioners.

Functions

In order to achieve the aims and objectives of the Council, the following functions are performed by the Council: -

- (i) Inspection/Visitation with a view to maintain proper standards of medical education in India.
- (ii) Permission to start new medical colleges and postgraduate medical courses.
- (iii) Recognition/Derecognition of Indian qualifications and foreign medical qualifications.
- (iv) Permanent and Provisional registrations of doctors, registration of additional qualifications and issue of Good Standing Certificates.
- (v) Maintenance of All Indian Medical Register of persons who hold any of the recognized medical qualifications, who are for the time being registered with any of the State Medical Councils or the

Medical Council of India and printing of the Indian Medical Register; and

- (vi) Continuing Medical Education – The Council is assisting in organizing Continuing Medical Education programmes to utilize the talents of Indian doctors residing abroad (USA, UK & Canada) as well as of the expert faculty in Indian institutions.

Statutory Regulations

In furtherance of its objectives, the Council has been making regulations for the purpose of improvement in the standards of the Medical Education which are also reviewed from time to time in order to make suitable amendments to bring them at par with the standards set up in developed countries as also to meet the health needs of Indian population.

The Council has with the approval of the Central Government laid down the following twelve statutory regulations: -

1. Regulations on Graduate Medical Education, 1997 dealing with the procedure for admission to MBBS course, duration of the course, rules regarding migration/transfer of students from one recognized medical college to another, broad curriculum contents, procedure for appointment of examiners, the scheme of examination, details about internship etc. (Published in the Gazette of India dated 17 May, 1997).
2. Postgraduate Medical Education Regulations 2000 indicating the various specialties for which postgraduate courses may be conducted, minimum requirements for postgraduate medical education, criteria for selection of candidates, period of training and the method of training, appointment of examiners, etc. (Published in the Gazette of India dated the 7th October, 2000).

3. The Minimum Qualifications for Teachers in Medical Institutions Regulations 1998, which prescribes the minimum qualifications required for a person to be appointed as Lecturer/Assistant Professor, Reader, Associate Professor and Professor to the posts of teachers in medical colleges and attached hospitals for undergraduate and postgraduate teaching (Published in the Gazette of India on the 5th December, 1998).
4. Schedules to the I.M.C. Act, 1956 indicating the recognized medical qualifications awarded by Universities/Institutions, both undergraduate and postgraduate.
5. Three Regulations on the Minimum Standard Requirements for the medical college for 50 admissions annually/for 100 admissions annually/150 admissions annually respectively (published in the Gazette of India dated the 29th April, 1999). These regulations provide for details of requirement of accommodation, staff, beds, equipment, etc. In addition the Council is also formulating the minimum standards for the of medical colleges having annual admissions different from 50, 100 or 150 as and when the requests are received from the respective colleges.
6. Regulations for identification of students admitted in excess of the approved admission capacity of medical colleges (Published in the Gazette of India dated 23rd August, 1997).
7. The MCI Election of President, Vice - President, members of the Executive Committee and elected members of the Postgraduate Medical Education Committee Regulations, 1998 (published in the Gazette of India on the 26th November, 1998).

8. Establishment of Medical College Regulations, 1999 (published in the Gazette of India dated 28th August, 1999) providing the details to be given in the application, format of the Essentiality Certificate to be issued by the State Government, format of the consent of affiliation to be given by the University, etc. Schedule for receipt of applications and further processing also has been provided under which only applications received between the 1st August to 31st August of any year shall be considered for further processing for admission of students in the next academic year.
9. The Opening of a New or Higher course of study or Training (including Postgraduate Course of study or Training) and increase of Admission capacity in any course of study or Training (Including a postgraduate course of study or Training) Regulations, 2000. (Published in the Gazette of India dated the 7th October, 2000). Medical Council of India Regulations, 2000, dealing with procedure for holding meetings of the Council and its committees, powers and duties of officers, maintenance of Indian Medical Register, procedure for registration etc. (published in Gazette of India Extraordinary issue dated 15th November, 2000).
10. The Screening Test Regulations 2002 published in the Gazette of India extra ordinary issue dated the 18th February, 2002 to provide that an Indian citizen possessing a primary medical qualification (equivalent to MBBS in India) awarded by any medical institution outside India, who is desirous of getting Provisional or Permanent Registration with Medical Council of India or State Medical on or after 15th March, 2002 shall have to qualify a Screening Test conducted by the prescribed authority.

11. The Eligibility Requirement for taking admission in an Undergraduate Medical Course in a Foreign Medical Institution Regulations, 2002 published for issue of eligibility certificate by the Medical Council of India to an Indian citizen who has passed the qualifying examination either from India or an equivalent examination from abroad and is desirous of joining an undergraduate medical course in any foreign medical institution, on or after 5th March, 2002.
12. Indian Medical Council (Professional conduct Etiquette and Ethics) Regulations, 2002 published in the Gazette of India dated the 6th April, 2002 provide for various ethical principles to be observed by all medical practitioners and disciplinary action to be taken in case of proved contravention of the Regulation.

The Committee enquired whether the regulations have helped in improving the standards of medical education in the country. The Medical Council of India in its written reply stated that after the notification of these Regulations, all the new applications either for a new college, for increase of seat or for opening a higher course have to be submitted in a prescribed format alongwith permission from the concerned State Government and affiliating University. A set procedure has also been prescribed under Section 10(A) thereon for the evaluation of these proposals and recommendations of the Council.

With strict implementation of these Regulations, the Council has succeeded in bringing discipline in total number of admissions in all Government and private medical colleges, uniform curriculum and pattern/system of examination, starting of undergraduate and postgraduate courses, etc. throughout the country. The Regulations

have helped in overall improvement of the standards of medical education in the country.

MCI has notified Medical Council of India Regulation, 2000. The Committee further desired to know in what way has the notification helped in improving the functioning of the Council. The Medical Council of India in its written reply stated that MCI Regulations, 2000 have prescribed the procedure for conducting the meetings of the Council and its Committees, procedure for keeping the minutes of the meeting, procedure for resignation and filling of casual vacancies, powers and duties of the President and Vice President, and of Registrar, Whole Time Inspectors and other Officers of the Council. The procedure for inspection of examination and appointments of visitors has also been prescribed under the Regulations. Provision for maintenance of Indian Medical Register and Registration of the medical graduates are also prescribed in these Regulations.

Regulatory Functions

Further, the Indian Medical Council Act, 1956 mandates the Council to discharge regulatory as well as advisory functions. Regulatory functions are governed through formulation of appropriate regulations on Graduate Medical Education notified in 1997, Post Graduate Medical Education Regulations notified in 2001 and Teachers Eligibility Qualifications Regulations notified in 1998. In terms of Section 33 of the Act whereby the Council is required to prescribe regulations on such matters that have been delineated thereunder namely:-

- (a) The management of the property of the Council and the maintenance and audit of the accounts;

- (b) The summoning and holding of meetings of the Council, the times and places where such meetings are to be held, the conduct of business there at and the number of members necessary to constitute a quorum;
- (c) The resignation of members of the Council;
- (d) The powers and duties of the President and Vice – President
- (e) The mode of appointment of the Executive Committee and other Committees, the summoning and holding of meetings and the conduct of business of such Committees;
- (f) The tenure of office, and the powers and duties of the Registrar and other officers and servants of the Council;
- (fa) The form of the scheme, the particulars to be given in such scheme, the manner in which the scheme is to be preferred and the fee payable with scheme under clause(b) of sub-section(2) of section 10A;
- (fb) Any other factors under clause(g) of sub-section(7) of Section 10A;
- (fc) The criteria for identifying a student who has been granted a medical qualification referred to in the Explanation to sub-section(3) of section 10B;
- (g) The particulars to be stated, and the proof of qualifications to be given in applications for registration under this Act.
- (h) The fees to be paid on applications and appeals under this Act;
- (i) The appointment, powers, duties and procedure of medical inspectors and visitors;
- (j) The courses and period of study and of practical training to be undertaken, the subjects of examination and the

standards of proficiency therein to be obtained, in Universities or medical institutions for grant of recognized medical qualifications;

- (k) The standards of staff, equipment, accommodation, training and other facilities for medical education;
- (l) The conduct of professional examination; qualifications of examiners and the conditions of admissions to such examinations;
- (m) The standards of professional conduct and etiquette and code of ethics to be observed by medical practitioners; and
The modalities for conducting screening tests under sub-section (4a), and under the proviso to sub-section 4(B), and for issuing eligibility certification under sub-section 4(B) of section 13;
- (n) Any matter for which under this Act provision may be made by regulations.

The Advisory Function :

In terms of Section 20, the Council is supposed to prescribe standards of graduate and postgraduate medical education for the guidance of universities and is also supposed to advise universities in the matter of securing uniform standards for graduate and postgraduate medical education throughout India. It is pertinent to note that the Hon'ble Supreme Court has brought out conclusively that the regulations prescribed by the Council in discharge of its regulatory functions u/s 33 of the Act are binding and mandatory in character. Therefore, the functions of the Council by and large in detail have thus become regulatory in nature rather than advisory and mandatory in character rather than recommendatory.

Maintenance of Quality of Medical Education

One of the objectives of setting up MCI was to ensure maintenance of uniform standards of Medical Education in the country for both undergraduate and postgraduate courses in the medical colleges and institutions all over the country. There are as many as 229 Medical Colleges in the country, of which 125 are in the Government Sector and 104 in the private sector and about 21,000 graduates and 10,000 postgraduates pass out every year from these colleges.

Enquired about the mechanism available with MCI to ascertain the efficacy of standards of undergraduate/postgraduate medical courses, their syllabi/curricula, system of assessment/examination, etc. at the time of granting permission and at subsequent stages, the Medical Council of India in its written reply stated that the efficacy of standards of undergraduate and postgraduate medical courses including the syllabi, curricula, system of assessment and examination are periodically evaluated by the Council through the inspectors of the Council who are required to be reporting on these aspects in required details. It is pertinent to note that recognition of degree cannot be done without the standards of examination and scheme thereof being evaluated by the Council through its inspectors. As such the inspection for recognition of a degree is required to be caused when the University examination is on.

The Committee enquired as to how does MCI ensure uniform standards of medical education in all the institutions in the country. The Medical Council of India in a written reply stated that uniform maintenance of standards for undergraduate and postgraduate education throughout the country is evoked by the Council through an

effective system of monitoring by regular and periodic inspections including surprise inspections from time to time. Evaluation of such reports are made by the Executive Committee and the Postgraduate Committee respectively and decisions thereof are effective both in letter and spirit.

Enquired whether MCI has fulfilled its role of ensuring maintenance of uniform standards of Medical Education in all these institutions and bringing about qualitative and quantitative improvements in the field, the Medical Council of India in its written reply stated that the MCI has fulfilled its role of ensuring maintenance of uniform standards of medical education in all these institutions and bringing about qualitative and quantitative improvements in the field. The activities of monitoring cell in the identification of teachers who were claiming employment simultaneously in more than one medical college, identification of students who have been admitted after the prescribed last date of admission in undergraduate and postgraduate courses, identification of the colleges which are admitting students in excess and identification of universities and institutions where the Regulations pertaining to graduate medical education are not followed with the consequential actions, have definitely resulted in improving the standards of medical education system in the country.

Even the National Committee of Foreign Medical Education & Accreditation (NCFMEA) of USA at its meeting held in Washington on 17th September, 2004 after going through all the Regulations and documents, appreciated the efforts of the Council and was pleased to accept the view points put forth by the Council. It was also decided by the NCFMEA that MBBS degree of India be considered as an equivalent degree of MD of USA.

During the oral evidence a representative of the Medical Council of India stated as under-

“Coming to the uniformity of standards and monitoring, as you have rightly said, the Medical Council of India (MCI) contemplates on generation of standards and monitoring standards. The monitoring of standards is worked out through periodical inspections, which are carried out by the Medical Council of India(MCI). The recognition accorded to an Under-Graduate Medical College is only for a period of five years. After every five years, re-inspections, re-evaluation of infrastructure, recommendation made by the Medical Council of India(MCI), and the renewal of that particular recognition for a further period of five years will be done. Hence, there is vigilance, which is effected by the Medical Council of India(MCI) periodically. It is through this modality that the uniformity is being evoked.”

He further added :-

“The generation of standards has been dealt consistently by the Medical Council of India(MCI) through regulations. The maintenance and monitoring have also been done up to a reasonable degree by the Medical Council of India(MCI).”

The Committee further enquired whether any survey was conducted by the Ministry/MCI to assess the standard of Medical education in the country and if so, what were the major findings of the survey. In this regard, the Medical Council of India in its written reply stated that the Council conducts periodical inspections of all the recognised medical colleges at an interval of 5 years for continuance of recognition of the degree. Whenever, deficiencies are observed in terms of clinical material, teaching faculty, infrastructure and ancillary facilities, the findings of the inspection are sent to the concerned college and affiliating university for rectification. A copy of the report is also sent to the concerned State Government for remedial action. On receipt of the compliance, another inspection is carried out to verify the

compliance. If it is observed that the deficiency continues to persist for a long time in spite of repeated requests for compliance/rectification, suitable measures including recommendation for withdrawal of recognition u/s 19 of the Act are taken. It may be noted that recommendations have been made to Central Government for withdrawal of recognition in respect of 8 medical colleges and it is still pending with the Central Government.

The Committee further enquired about the terms of reference of the study group set up by MCI and when is the study group expected to submit its report. The Medical Council of India in the written reply has stated that the study group is constituted to go into depth in each aspect relating to the admission process in the country including the question of conducting of entrance examinations. Its unitary character, fee structure, the mechanism adopted by the appropriate authorities for filling up various quotas, either under the laws of the State or as per the orders by the Apex Court from time to time and for ensuring the required transparency and accountability in the entire process. It should also engage itself for determining effective means for the implementation of the time schedule provided in the Establishment of New Medical Colleges Regulations, 1999 and the time schedule for admission in the medical courses decided by the Council and approved by the Government of India on 14.05.2003.

The Study Group is supposed to submit its final report by March, 2005 so that if any further action is required to be taken by the Council, the Council should be able to do so well before the onset of the admission process for the next academic session i.e. 2005-06.

The Committee further enquired whether any system of accreditation of courses/programmes has been adopted by MCI in

order to give recognition to Medical colleges which have been maintaining higher standards of education and to encourage others to improve the quality of education. The Medical Council of India in their written reply have stated that the Council has already undertaken the process for accreditation of the Medical Colleges. A Committee has been appointed to prepare the modalities for the accreditation. Request was sent to all the medical colleges in the country for participation on voluntary basis. 28 programmes as a part of pilot study and Modalities for accreditation are under preparation.

Relationship between MCI and Ministry of Health and Family Welfare

The Committee enquired about the existing relationship between the Medical Council of India and the Department of Health with regard to Medical Education including research and training, continuing medical education etc. and the manner in which the coordination is maintained. The Medical Council of India in its written reply stated that in terms of the provisions in the Act, the Council is supposed to be making recommendations to the Government of India in respect of starting new medical colleges, courses, increase in intake capacity including postgraduate courses in terms of provisions u/s 10A of the Act. Likewise, the recommendations pertaining to the recognition of courses for incorporation in the schedule are also required to be made upon approval of such recommendations by the General Body of the Council. The matters which are required to be regulated through issuance of regulations are also formulated by the Council and are affected only with the prior approval of the Central Government. Thus it is evident that the Council is required to be making recommendations by virtue of the technical expertise at its disposal to the Government of

India which is the final executing/notifying authority including notifying the regulations u/s 33 of the Act.

MCI further giving the adequacy or otherwise of the existing mechanism for coordination between Department of Health and MCI on the one hand and MCI and medical colleges in different parts of the country on the other for maintaining uniform pattern of medical education in the country stated that the existing mechanism under the Act whereby the Ministry of Health, Government of India and MCI work in coordination on the areas that are prescribed under the Act. The policy framework prescribed by the Council through Government of India is required to be executed by the various medical institutions in various parts of the country so as to ensure that uniform pattern of medical education is upheld in the country. The situation as of now is satisfactory. The periodic review about the coordinating mechanism is evoked by the Council through holding of timely symposia/workshop for the purposes of procuring necessary feedback and based on the evaluation of the same and appropriate updating is done periodically. As of now, a national workshop is scheduled on 18th & 19th October, 2003 at New Delhi under the theme of Crisis in Medical Education wherein the thematic exercise is to update the 4 principal regulations namely Regulations on Graduate Medical Education, Regulations on Postgraduate Medical Education, Regulations on Minimum Requirements for Starting of a Medical College and Teachers Eligibility Qualifications Regulations.

The Committee further enquired about the existing level of coordination between MCI and the Ministry of Health and Family Welfare(Department of Health). It was pointed out that though it has been stated that the situation as of now is satisfactory, there were

media reports about soured relationship between the Ministry and MCI. In this regard, the Medical Council of India in their written reply stated that the relationship between the Ministry and MCI has been cordial and healthy. By and large the Ministry is honouring the recommendations of the Council. In the last 17 months, the recommendations of the Council have been accepted by the Ministry in all the cases except one.

The Committee during oral evidence further enquired about the relationship between MCI and Ministry of Health and Family Welfare (Department of Health. In response, a representative of MCI stated during oral evidence as under:-

“In all humility, our observation is that, we are totally co-ordinating with the Government of India. We have no grievances from our side.”

The President (Acting), MCI also added as under :-

“I fully endorse the opinion of Dr. Mishra. We do not have any problem with the Government.”

The Secretary, Ministry of Health and Family Welfare(Department of Health) expressing his view in regard to the relationship between MCI and the Ministry stated during oral evidence as under :-

“We have some perceptions about how to improve our interaction with the Medical Council. Some amendments are on the way. They are in the final stages. They would all come to Parliament and Hon’ble Members and Chairman would all have a chance to scrutinise them and advise us. They are not out of dissatisfaction per se but because of the situation where vacancies are there and we have to find out how to cope with these vacancies and reflect your aspirations.”

The Committee enquired about the suggestions to improve the relationship and coordination between the Ministry and MCI. The Medical Council of India in their written reply suggested that for better coordination between Ministry and the MCI, it is desirable that regular joint meetings be held between the office bearers and officials of both the organizations.

Accountability of Medical Council of India to Government

The Committee also enquired about the autonomy and accountability of MCI to the Ministry of Health and Family Welfare (Department of Health). In this regard, a representative from MCI stated during oral evidence as under :-

“Sir, accountability of the Medical Council of India to Parliament and to the Government is in-built in the Act itself.”

He further added :-

“That is precisely the point. It includes the Government because ultimately section 3 reads as, “The Central Government shall cause to constitute the Council.” Therefore, the constitution of the Council is the prerogative right of the Government.”

Enquired whether more provisions are needed to be incorporated to ensure autonomy and accountability, a representative of MCI stated as under :-

“As of now, from the Council side, the perception is that the present mechanism is adequate enough. It has worked well.

The Committee observed that MCI continuous to enjoy unlimited powers and autonomy in the field of medical education in the country without much of accountability and enquired about the suggestions to ensure better accountability of MCI to the Government. The Medical

Council of India in its written reply stated that it is not a fact that MCI continues to enjoy unlimited powers and autonomy in the field of medical education without much of accountability. The entire functioning of the Council is as per the provisions of IMC Act and the Rules and Regulations made thereunder. The Act is passed by the Parliament of the country. Every Rule and Regulation is notified in the gazette of Government of India only after the approval of Ministry of Health and Family Welfare, Government of India, and only thereafter, it becomes enforceable law. Thus, the question of MCI being not accountable or enjoying unlimited powers and autonomy in the field of medical education does not arise.

CHAPTER II

ORGANISATIONAL STRUCTURE

(A) Constitution of the Council

According to Section 3(1) of the Indian Medical Council Act, 1956 the Council consists of members, as under:

-
- a) One member from each State other than a Union Territory to be nominated by the Central Government in consultation with the State Government concerned.
 - b) One member from each University, to be elected from amongst the members of the medical faculty of the University by members of the Senate of the University or in case the University has no senate, by members of the Court.
 - c) One member from each State in which a State Medical Register is maintained, to be elected from amongst themselves by persons enrolled on such Register who possess the medical

qualifications included in the First and Second Schedule or in Part-II of the Third Schedule.

- d) Seven members to be elected from amongst themselves by persons who possess the medical qualifications included in Part I on the Third Schedule.
- e) Eight members to be nominated by the Central Government.

The President and Vice – President of the Council shall be elected by the members of the Council from amongst themselves.

The functions specifically assigned to the Council under the Indian Medical Act, 1956 are as under: -

- (a) Evaluation of Scheme for making appropriate recommendations for permission for establishment of new medical college, new course of study etc. including postgraduate courses and increase in the annual intake.
- (b) Non-recognition of medical qualification in certain cases.
- (c) Recognition of medical qualifications granted by Universities or medical institutions in India.
- (d) Recognition of medical qualifications granted by medical institutions in countries with which there is a scheme of reciprocity.
- (e) Recognition of medical qualifications granted by certain medical institutions whose qualifications are not included in the 1st or 2nd Schedule.
- (f) Determination of rights of persons possessing qualifications in the Schedules to be enrolled.
- (g) Has power to seek required information pertaining to the courses of study and examination conducted by the various medical colleges/institutions.

- (h) Conferment of recognition and withdrawal thereof.
- (i) Prescribing Minimum Standards of Medical Education.
- (j) Governing Postgraduate Medical Education through Postgraduate Medical Education Committee in terms of Section 20 of the Act.
- (k) Governing professional conduct, maintaining Indian Medical Register including registration of names and removal thereof.
- (l) Providing provisional registration.
- (m) Registration of additional qualifications; and

- (n) Making rules and regulations u/s 32 and 33 of the Act.

Executive Committee

The Medical Council of India stated in written reply that according to the provisions of the Act, the Council will constitute of the Executive Committee and Officers, Committees and Servants of the Council.

Therefore, composition, criteria for selection/nomination of members of the Executive Committee as per section 9(1), 10(1) & 10(2) of IMC Act, 1956 are as under:-

9(1) Constitute from amongst its members an Executive Committee and such other committees for general or special purposes as the Council deems necessary to carry out purposes of this Act.

10(1) The Executive Committee, hereinafter referred to as the Committee shall consist of the President and Vice – President, who shall be members ex-officio and not less than seven and not more than ten other members who shall be elected by the Council from amongst its members.

(4) The President and Vice – President shall be the President and Vice – President respectively of the Committee.

President and Vice-President

The Medical Council of India is headed by the President and Vice – President. The President of the Council is elected amongst the members of the Council. The Committee observed that presently the Council is being headed by an Acting President who has been appointed by the Supreme Court. The Committee therefore, enquired about the reasons for the Medical Council of India being looked after by an Acting President and as to why a regular President is not being appointed in the Council. The President (Acting), MCI stated during oral evidence as under:-

“Delhi High Court has removed our President on certain charges. We went in appeal to the Supreme Court. The Supreme Court ordered that the Vice – President be the Acting President. The Supreme Court appointed an Ad-hoc Committee consisting of four eminent Doctors to supervise the functions of the Act. At present, the Vice President and the Ad-hoc Committee consisting of three Supreme Court nominees are supervising the functions of the Council”.

The Committee wanted to know since how long the Acting President was presiding over the Council. The President (Acting), MCI informed the Committee that this arrangement was going on since November, 2002.

The Committee further enquired about the reasons for the removal of the President of Medical Council of India. The President (Acting), MCI clarified during oral evidence as under:-

“The charges were of corruption”.

He further added:-

“I do not think there was any proven corruption charges. They were only allegations against which we have approached the

Supreme Court. There was a CBI inquiry. I understand that the CBI inquiry has not proved any charges of corruption. They were only wild allegations. The Supreme Court has appointed me as the Acting President reposing full confidence in the Council”.

He also stated as under:-

“I am not expressing any opinion about the case which is pending before the hon’ble Supreme Court. I am not expected to say anything about it because the hon’ble Supreme Court is examining it. But, at present still I can confidently say that there is no corruption in the Council and the Supreme Court nominees are supervising and giving report to the hon’ble Supreme Court once in every three months. We have got the report of the Ad-hoc Committee also”.

The Committee, however, note that the High Court of Delhi had in the Judgement dated 23 November, 2001 made the following observations about Dr. Ketan Desai, the former President of MCI:-

- (i) The President was manipulating the affairs of the Council in such a manner that all major decisions were being taken by him even though the decisions are required to be taken by the Executive Committee.
- (ii) The Inspection Reports were manipulated as per the dictates of the President of the Council.
- (iii) Retired Teachers were appointed as Inspectors by the President of the Council who were obliged to the President for the job.
- (iv) There were large scale bunglings in the matter of admissions to medical colleges.
- (v) There were allegations of disproportionate assets amassed by the President.

The Delhi High Court had also passed the following orders:-

“To put the Medical Council of India back on its feet the Central Government which is enjoined with the task of constituting the Council under Section 3 of the Act, should do its duty. The Central Government is directed to constitute the Council as required under Section 3 of the Act as early as possible. After the Council is fully constituted in accordance with the statute, election be held for the offices of President and Vice President of the Council and the newly elected persons should take over the reins of the Council.”

Members of the Medical Council of India

The Medical Council of India consists of the representatives from the State Governments and Members elected under section 3(1) of the IMC Act, 1956, representing State Governments –3(1)(a), Representing Universities –3(1)(b), Representing Registered Medical Graduates –3(1)(c), Licentiate Group -3(1)(d) and Representing Central Government –3(1)(e).

The position of Council Members as on 04.11.2004 was as

follows:-

Under Section	Member in Position	Vacant	Total
3(1)(a)	23	05	28
3(1)(b)	32	28	60*
3(1)(c)	08	07	15
3(1)(d)	--	07	07
3(1)(e)	08	--	08
Total	71	47	118

*As regard membership of universities, the names of 19 universities have been deleted vide Central Government Notifications dated

27.3.2000, 17.5.2000, 25.7.2000 & 19.7.2001 at Sl. No 1, 3, 4, 8, 12, 14, 20, 28, 30, 38, 41, 45, 48, 52, 57, 60, 61, 62 & 69.

The Committee while observing that the total vacancy position was 47 in the various categories of representatives in the Council, enquired about the reasons for not-filling up the vacancies. The President (Acting), MCI replied as under:-

“It is the Government of India which conducts elections for these vacancies. We report the vacancies to the Government of India.”

The Secretary, Ministry of Health and Family Welfare (Department of Health) added as under:-

“We will have to look at the segmentation of these 118 members. Out of the State Government nominees of 28,24 are in position and there are four vacancies which we have taken up with them. But out of 60 positions for members elected by Universities, there are 28 vacancies. That is where the real vacancies have occurred. In another category the members with Licentiate qualifications – earlier LMPs – that category is vanishing and so nominations are not coming forward. That is why, some more amendments are contemplated to tackle these vacancies on war footing.”

The Committee observed that there are 28 vacant positions in the category of representatives to be sent by various universities all over the country. The Committee, therefore, enquired about the reasons as to why representatives are not being sent by the Universities. A representative of the Ministry of Health and Family Welfare (Department of Health) clarified during oral evidence as under:-

“That is one of the problems. In the Act, the responsibility for filling up of the vacancies is of the Central Government whereas

the actual Returning Officers are State Government officials or University officials. We are amending that provision also. Right now there is no such provision of taking any action.”

A representative of Medical Council of India, giving the factual position on the vacancies of members of the Council, stated as under :-

“I was to make my observation on the vacancies. Of course, our hon’ble Secretary has dealt with it. The vacancies have to be borne in mind primarily because, as you had observed, they are coming from the University side. The situation is that the University has to get its nominee through its Senate or the Court, and the person who is to be elected ought to be a member of the Faculty of Medicine of that University. Now, in Universities we do not have a Senate. There are Universities where the Senate meeting is not being held. So there are any number of situations which are beyond the authority and jurisdiction of the Council as well as the Government of India.”

The Committee further enquired as to when the vacancy position will be filled up. A representative of Ministry of Health and Family Welfare (Department of Health) replied as under:-

“Because of the inherent difficulty in filling up of the posts they are lying vacant. That is why we have come up with amendments so that the filling up of vacancies will not be as difficult as it is right now. That is why we are coming up with this amendment Bill.”

The Secretary, Ministry of Health and Family Welfare(Department of Health) further added as under:-

“We agree with you, Sir, we will have to improve the functioning.”

The Committee enquired about the provision for taking action against the Universities if there is inordinate delay in the matter from their side. In this connection, the Secretary, Ministry of Health and

Family Welfare (Department of Health) stated during evidence as under:-

“No, Sir, there is no such provision. In the amendment we are looking at all this. We have submitted to you respectfully that we are looking at a series of amendments to improve the procedures. We are looking for enabling provisions whereby we can effectively discharge the role which the hon'ble Chairman has pointed out.”

A representative of the Ministry of Health and Family Welfare (Department of Health) further added:-

“As Secretary pointed out, the main problem lies in the representation of the Universities. Now each University has to send one person to the Medical Council and there the problem lies. We have been writing to the Universities but somehow the elections have not taken place. Basically in the amendment we want to combine all the Universities in one particular State. They would elect one person from all the Universities. This is also necessary because now in many of the States we have one unified Health University. What happens is that those States have only one representative whereas a State which has more than 4-5 Universities will have 4-5 representatives. So, there is an imbalance there. So, to obviate this problem we want to have one representative of all the Universities in one State.”

The Committee further enquired about the suggestions for inclusion of representatives of management of medical colleges, eminent persons, experts in the field etc. on the Medical Council. The MCI in their written reply stated that the present composition of Council is fairly representative of all the stake holders in the field of medical education and health care. As such any change in this may not be desirable. It is also felt that inclusion of the representatives of the management of medical colleges would intrude upon stringent actions being planned by the Council for further streamlining and improving medical education in the country.

(B) **Manpower**

The work in the Council office is spread over several sections indicated as under:-

- a) Medical Education Section
- b) Registration and Eligibility
- c) Ethics
- d) Monitoring
- e) Administration (Establishment and Accounts)
- f) Legal
- g) Indian Medical Register
- h) Miscellaneous (Curriculum, Migration, Teachers' Eligibility and other matters not covered under any of the above)

The Committee enquired about the powers, functions, responsibilities and accountability associated with different positions at various levels of organisation in MCI. The Medical Council of India in their written reply elaborated that as regards the powers and duties of officers, these are provided in the Medical Council Regulations 2000. Broadly, the Secretary who is also the Registrar is the Principal Executive Officer of the Council and is responsible for the safety of the property of the Council and the control and management of the office, accounts and correspondence, attend and take notes of the meeting proceeding of the Council, Executive Committee, Post Graduate Medical Education Committee and other Committees appointed by the Council or any of its bodies. The other officers of the Council discharge such duties as assigned to them by the Registrar/Secretary, President or Council from time to time under the overall supervision of the Registrar.

Enquired about the sanctioned strength of manpower and the existing vacancies in various categories of officers/staff, the MCI furnished the following information:-

<u>Sl. No.</u>	<u>Post</u>	<u>Number of Sanctioned Post(s)</u>	<u>In Position</u>	<u>No. of Vacant Posts</u>	<u>Remarks</u>
1	Secretary	1	1	--	--
2	Additional Secretary	1	--	1	DPS has been constituted
3	Joint Secretary	1	1	--	--
4	Deputy Secretary (Medical)	2	2	--	--
5	Deputy Secretary (Non-Medical)	1	1	--	Presently on Deputation
6	Assistant Secretary	3	2	1	2 are on Deputation. DPC has been constituted for the vacant post.
7	Whole-time Inspector	3	2	1	Offer of appointment has been sent.
8	Computer Programmer	1	1	--	--
9	Law Officer	1	--	1	Under process
10	Administrative Officer	1	1	--	--
11	Section Officer	2	2	--	--
12.	Accounts Officer	1	1	--	--
13	Private Secretary	1	1	--	--
14	Personal Assistant	1	1	--	--
15	Superintendent	4	4	--	--
16	Accountant	1	1	--	--
17	Senior Stenographer	2	2	--	--
18	Head Clerk	11	11	--	--
19	Junior Stenographer	5	4	1	Under process
20	Telephone Operator-cum-Receptionist	1	1	--	--

21	Hindi Translator	1	1	--	--
22	Computer Operator	2	2	--	--
23	UDC/Store Keeper	17	9	8	Under process
24	Staff Car Driver Grade-I	1	1	--	--
25	Staff Car Driver Grade-II	1	1	--	--
26	Lower Division Clerk	29	26	3	Under process
27	Gestetner Operator	2	2	--	--
28	Record Keeper-cum-Librarian	1	--	1	Under process
29	Staff Car Driver Ordinary Grade	2	2	--	--
30	Daftary	3	3	--	--
31	Peon	5	5	--	--
32	Messenger	2	1	1	Under process
33	Farash	1	1	--	--
34	Safai Karamchari	1	1	--	--
Total :		112	94	18	

The Committee observed that in the above statement out of total 112 posts existing in MCI, 18 posts are lying vacant at various levels including that of Additional Secretary. The Committee enquired about the reasons as to why so many posts are lying vacant in MCI and the steps taken by the MCI to fill up the various posts. The Medical Council of India in its written reply stated that after the report was submitted, 11 posts have been filled following the due process of selection. The 7 posts which are still vacant are as under:-

- a) Additional Secretary
- b) Law Officer

c) Jr. Stenographer(OBC)

d) UDC(4 posts)

These posts have remained vacant inspite of several attempts made towards filling the said posts. The posts of UDC have remained vacant, as they have to be filled through promotion as per Recruitment Rules, and as on date no eligible departmental candidate is available for promotion.

The Committee further enquired whether the sanctioned number of posts are sufficient to meet the present work load in the Council in the scenario of increasing number of Medical Colleges and whether any work study was conducted to asses the latest requirement of staff in MCI. The Medical Council of India informed that the last cadre review for different posts was done in 1997. A cadre review for different posts done in the Council Office was placed before the Executive Committee at its meeting held on 28.03.2004 and thereafter the recommendations of the Executive Committee were placed before the Council at its General Body meeting held on 12.10.2004.

The Council approved the following new posts which are required for carrying out the work of the Council effectively :-

S. No.	Post.	Grade	Existing No.	Additional No. required
1.	Deputy Secretary (Medical)	Rs.12000-375-18000/-	3	1
2.	Assistant Secretary	Rs.10000-325-15200/-	3	2
3.	Stenographer Grade –II	Rs.5500-175-9000/-	2	2
4.	Computer Operator	Rs.4000-100-6000/-	2	4
5.	U.D.C	Rs.4000-100-6000/-	16	1
6.	Stenographer Grade-III	Rs.4000-100-6000/-	15	2

7.	Telephone Operator	Rs.4000-100-6000/-	1	1
8.	Electrician	Rs.4000-100-6000/-	Nil	1
9.	Lower Division Clerk	Rs.3050-75-3950-80-4590/-	29	1
10.	D.G. Set Operator	Rs.3050-75-3960-80-4950/-	Nil	1
11.	Peon	Rs.2550-55-2660-60-3200/-	5	3
12.	Messenger	Rs.2550-55-2660-60-3200/-	2	1

The Committee also observed that the post of Law Officer in MCI is being kept vacant for quite long time. The Committee enquired the date from which the post is lying vacant and the reasons for non-filling up of the post and the steps taken by MCI for filling up the post of law officer.

The Medical Council of India in their written reply have stated that after the creation of post of Law Officer in Medical Council of India, the post was advertised on 23.10.2000 and 28.12.2001 and interviews were held on 23.04.2001 and 16.07.2002 respectively but no candidate was found suitable for the above said post.

As the Council could not appoint Law Officer, a retainer advocate was appointed to look after day to day legal work of the Council so that it is not hampered. The incumbents appointed as retainer advocate are as under :-

S. No.	Name	From	To
1	Sh. Navin Prakesh	January, 1992	July, 2002
2	Sh. Vivek Singh	July, 2002	August, 2002
3	Sh. Ankur Talwar	Dec., 2002	Dec., 2003
4	Sh, Kirtiman Singh	January, 2004	Still Working

In this connection, a representative of Medical Council of India stated during oral evidence as under :-

“As I said earlier regarding the post of Law Officer, the post was advertised by the Council, applications were received and interviews were conducted but, for want of eligible/suitable person, we could not make any appointment. As far as the number of posts that have been filled in by the Council are concerned, I would like the Secretary to collect exact number on that, and then make appropriate observations to the hon. Members of Committee.”

The Committee enquired about the details of training imparted to officers/staff of MCI during the last three years. The Medical Council of India in its written reply stated that no officer was imparted specialised training during the last three years. However during the year 2003, one of staff member was provided training in Hindi translation for a period of three months. This training has helped in getting Hindi translations of general correspondence work as per instructions of Government of India. During the current year, training to officers and staff in the use of computer has been planned.

The Committee further enquired about the number of complaints received against officers and staff of MCI in each of the last five and the action taken against the employees on the basis of complaints. The Medical Council of India in their written reply have stated that no complaint has been received against any officer in the last 5 years. In respect of staff, the Council has received an intimation from Delhi Police that one of the UDC's namely Sh. Raj Kumar Dogra was required for investigation for case no. FIR –283/03. for Order to require attendance at investigation under Section 160 and 175, Criminal Procedure Code. As per the available records Delhi Police is still

investigating the case. The Medical Council of India stated that no complaint has been referred to CVC/CBI. There is no post of Chief Vigilance Officer in MCI.

CHAPTER III

FINANCE

(A) Budgetary Allocation

The original grants-in-aid revised estimates and actual expenditure incurred by the Medical Council of India both under Plan and Non-Plan during the last five years are as below:-

<u>YEAR</u>	<u>ORIGINAL ESTIMATE</u>	<u>REVISED ESTIMATE</u>	(Amt. in Lakhs)
			<u>ACTUAL EXPENDITURE</u>
1999-00	73	73	29.68
2000-01	80	55	86.30
2001-02	80	57*	73.64
		*(since Unspent Grant of previous year was available, so Govt. did not release the Grant for this year.)	
2002-03	100	90.58	136.69
2003-04	100	75.00	78.87

Note : It may be observed that the Actual Expenditure for the year 1990-00 was far less than the revised estimates while it is more during the year 2000-01, 2001-02 and 2002-03. This is due to the fact that the bills from the Hosting Institutions conducting Continuing Medical Education programmes were not received on time and hence the expenditure was to be postponed to the later years. Further, the revision and printing of IMR could not be

completed during the Ninth Plan period due to non receipt of complete information from the State Medical Councils and non receipt of latest information from the registered doctors with regard to their address and additional qualification.

GRANT-IN-AID(NON-PLAN)

(Amount in lakh)

<u>YEAR</u>	<u>ORIGINAL ESTIMATE</u>	<u>REVISED ESTIMATE</u>	<u>ACTUAL EXPENDITURE</u>
1999-00	56	61	283.46
2000-01	60	55	354.13
2001-02	60	58	379.59
2002-03	60	60	442.46
2003-04	60	60	685.85

Note : The Actual Expenditure is more than the Non Plan Grant from the Government and the excess expenditure beyond the Grant is met from its own-resources like inspection fee, registration fee, etc.

The Medical Council of India in its written reply stated that the Non-Plan income of the Council includes Grant-in-aid from Government of India (Ministry of Health and Family Welfare), inspection fees charged from medical institutions (for establishment of new medical colleges, periodical inspections, increases of seats both undergraduate and postgraduate, opening of new postgraduate courses, etc.), fees charged for Registration for Medical Practitioners, issue of Good Standing Certificates, fees for Eligibility Certificates for students going abroad for Medical Education, sale of publications, etc. the expenditure on Non-Plan side is mainly incurred for meeting, the salaries of offices and staff of the Council, TA/DA of the President and Vice President and Members of the Council, purchase of assets, stationery, etc., telephone charges, repair and maintenance, petrol oil and lubricant charges for staff car, printing charges, purchase of

computers and maintenance charges, legal charges, electricity, water and postage charges.

Enquired whether the scarcity of funds really come in the way of functioning of MCI the Medical Council of India in its written reply stated that the Non-Plan income of the Council generated mainly from two sources (1) Grant-in-aid towards (i) Non-Plan Scheme for day to day expenditure of Council (ii) Plan Scheme for reimbursement of bills of CME programmes to the CME hosting Institutions and revision & printing of Indian Medical Register. (2)Income from own receipts, as inspection fees from medical colleges, fee charged for issuing Registration Certificate, Certificate of Good Standing, Eligibility Certificates, etc.

The income from Non-Plan Grant-in-aid of Rs. 60 lakhs from Central Government to the Council is hardly sufficient to meet the expenditure on salaries of staff & officers of Council which comes to more than of Rs. 190 lakh per year. The expenditure of about Rs. 530 lakh per year, on travelling allowance stationary, postage, legal charges, electricity & water charges, purchase of computers and assets etc. are met out of the Council's own receipts. According to MCI, the income from issuing the Registration Certificate to Medical Graduates has been reducing every year because the Registration of Medical Graduates has been started by the State Medical Councils too. The income from inspection fee for starting of New Medical Colleges, New Post Graduate courses and increase in intake Capacity is temporary source of income which can get stagnated at any point of time and then the annual inspection fee & registration fee in addition to the Grant-in-Aid will be the only source of income to meet the day to day expenditure. Such income depends upon the receipt of

applications from the parties who want to start new medical college/courses.

The income from Grant-in-aid – under Plan Scheme having approved outlay of Rs. 100 lakhs per year is mainly utilized for reimbursement of bills of CME Programmes and needs Rs. 50 lakhs more every year for revision, printing & publication of IMR in Gazette of India. The cost of revision, printing & publication in Government Gazette of each year's IMR comes to Rs. 40-50 lakhs which is being charged by the Government Press for the same. Therefore, the sum of Rs. 500 lakhs is immediately required for printing & publication of IMR for the years from 1994 to 2004 in gazette of Government of India. Thus, the funds allocated under Grant-in-aid (Non-Plan & Plan) needs to be enhanced to meet the growing expenditure & for smooth working of the Council.

The Medical Council of India in their written reply also added that the projecting the need of more funds under Grant-in-aid is being submitted to the Ministry of Health & Family Welfare every year through the Annual Budget Estimate & Revised Budget Estimate. However, no enhancement has so far been made.

A representative of the MCI added during oral evidence as under: -

“There was a proposition on which the budgetary allocation was sought to be worked out. In nutshell, although I have tried to incorporate the detailed estimates of the last five years, I would like to put across two important things here.

If you take the total budgetary estimates of the Medical Council of India, seven percent of its receipt revenue comes as an aid from the Government and 93 percent of it is generated by its own resources.

The two major heads on which the Government is granting aid to the Medical Council of India is under Plan and Non-Plan. Under Non-Plan, the aid is to the extent of Rs. 60 lakh per year which includes payment of salary and other contingent expenditure and the Plan category pertains only to Continuing Medical Education(CME) where the outlay is on Plan basis and Rs. Five crore is the allocation for the entire Plan on which we are expected to be using on an average about Rs. One crore on Continuous Medical Education each year. I have tried to present the details thereof.”

The Committee also enquired about the project wise annual budget and actual expenditure of MCI for the last two Five Year Plans and whether it was as per the approved plan allocation. The Medical Council of India in their written reply furnished the following details pertaining to 8th & 9th Five Year Plans :-

Statement showing the project wise annual budget and actual expenditure of Medical Council of India for last two five years plans – Year 1992-97 & 1997-2002

(A)	8TH FIVE YEAR PLAN(1992-97)PLAN SCHEME		
			(Amt. In Lakhs)
<u>YEAR</u>	<u>CME Scheme</u>	<u>Total Amount</u>	<u>Grant Recd.</u>
<u>1992-93</u>			
Budget	10.00	10.00	10.00
Actual Expd.	2.62	2.62	
<u>1993-94</u>			
Budget	8.00	8.00	08.00
Actual Expd.	6.81	6.81	
<u>1994-95</u>			
Budget	20.00	20.00	20.00
Actual Expd.	5.12	5.12	
<u>1995-96</u>			
Budget	20.00	20.00	20.00
Actual Expd	12.92	12.92	
<u>1996-97</u>			

Budget	20.00	20.00	20.00
Actual Expd.	14.46	14.46	

(B) 9TH FIVE YEAR PLAN (1997-2002)(PLAN SCHEME)

	<u>CME</u>	<u>Revision & Printing Or IMR</u>	<u>Establishment of Library</u>	<u>Const. Of MCI Office Building</u>	<u>Total</u>	<u>Grant Recd.</u>
<u>1997-98</u>						
Budget	40.00	5.00	--	40	85.00	65
Expd.	15.28	--		40	55.28	
<u>1998-99</u>						
Budget	40.00	25.00	10	10	85.00	65
Expd.	19.73	--	--	10	29.73	
<u>1999-00</u>						
Budget	40.00	25.00	03	05	73.00	73
Expd.	21.67	3.01	--	05	29.68	
<u>2000-01</u>						
Budget	40.00	25.00	5	10	80.00	55
Expd.	50.33	25.97	--	10	86.30	
<u>2001-02</u>						
Budget	80.00	--	--	--	80.00	NIL
Expd.	73.64	--	--	--	73.62	

*(Since Unspent Grant of last years was available, so Govt. did not release the Grant for this year.)

Continuing Medical Education Programme (CME)

The Medical Council of India in their written reply have stated that in consultation with the Ministry of Health and Family Welfare, Government of India, it had been decided in 1985 to utilize the services of Indian Physicians settled in USA in continuing medical education and patient care in India. Two schemes were planned – (1) Continuing Medical Education Scheme (CME) and (2) Equipment Donation

Scheme (EDS). The Medical Council of India was named the nodal agency for collaborating these schemes and a CME Cell was set up in the Council Office in December, 1985 for this purpose. These schemes have been extended by the Central Government, Ministry of Health and Family Welfare in 1993 to involve Indian doctors from United Kingdom and Canada also.

The Medical Council of India in their written reply have further stated that during the 8th Five Year Plan Grant-in-aid by Government was provided only to meet the expenditure on CME Programme under which the Council used to release Grant of Rs. 50,000/- to the hosting institutions conducting the CME Programme to meet the expenditure for internal travel, of foreign faculty Programme to meet the expenditure for internal travel, of foreign faculty (Indian doctors settled in USA, UK & Canada), contingent expenditure like rent of venue, printing of proceedings etc. During the Ninth Plan period, the grant from MCI was increased to Rs. One lakh for CME Programme involving foreign faculty and further, the scheme was extended to CME Programmes involving Indian Faculty for which the financial assistance provided was Rs. 50.000/- per programme.

The Financial assistance provided by MCI for approved CME programme and the total number of CME programme held during each of last three years was as follows :-

S I. NO.	YEAR	<u>TOTAL PROGRAMMES</u>	<u>TOTAL PARTICIPANTS</u>	<u>MONEY SPENT</u>
1.	2002	147	22957	70.15 LAKHS
2.	2003	153	24662	66.98

				LAKHS
3.	2004	148*	11189*	52.73 LAKHS

*Provisional information as the reports and bills from some hosting institution are awaited.

The Committee further enquired to what extent the CME Programme facilitated continuing medical education, among registered medical practitioners of various disciplines and whether MCI has taken steps to ensure that registered medical practitioners in all disciplines participate periodically in CME programmes. In this regard MCI stated in a written reply that the CME Programmes have facilitated the dissemination of knowledge and information pertaining to the newer developments in the field of Medicine to the Registered Medical Practitioners as a part of continuous professional update.

Indian Medical Register

One of the major functions of Medical Council of India is to maintain and update Indian Medical Register(IMR) and monitor the State Medical Register. The President of MCI(Acting) elaborated this role during oral evidence as under :-

“Now, another important function of the Medical Council is the maintenance of the Indian Medical Register, then the grant of provisional and permanent registration as applicable to persons holding recognised medical qualifications included in the Schedules to the Indian Medical Council Act, 1956, then the issue of good standing certificates.”

Monitoring and upkeep of the State Medical Registers.

The provisions in the IMC Act, 1956, regarding the maintenance of Indian Medical Register is as follows :-.

(1) The Council shall maintain in the prescribed manner a register of medical practitioners to be known as the Indian Medical Register, which shall contain the names of all persons who are for the time being enrolled on any State Medical Register and who possess any of the recognized medical qualifications.

(2) It shall be the duty of the Registrar of the Council to keep the Indian Medical Register in accordance with the provisions of this Act and of any orders made by the Council, and from time to time to revise the register and publish it in the Gazette of India and in such other manner as may be prescribed.

(3) Such register shall be deemed to be public document within the meaning of the Indian Evidence Act, 1872 and may be proved by a copy published in the Gazette of India.

The Committee during oral evidence enquired about the updation of the Indian Medical Register. A representative of MCI stated as under :-

“The question of update of Indian Medical Register was also raised. I would like to deal with the finance part of it because even the Government of India has allocated an amount for updating of the Indian Medical Register. The updating of the Indian Medical Register has to be viewed in two contexts.”

The witness continued :-

“There are regional registration by the medical graduates which are made with the Medical Council of India and the bulk of the entries are expected to be passed on to us from State Medical Councils because every State has got a State Medical Council and it is supposed to maintain a State Medical Register. So, the Indian Medical Register is expected to be having common entries borne out of regional registrations with the Medical Council of India and the registrations which are coming from State Medical Councils. We are required to be pursuing with the

States for getting those entries and getting them updated including the removal of the names of the deceased and various other situations. So, it is a Herculean exercise, but I can put it to you that particular exercise is almost on the verge of its completion and we will be able to complete this job in the shortest possible duration.”

The Committee further enquired as to which year Indian Medical Register has been printed by Medical Council of India and whether it was desirable to have the Register printed annually. The Medical Council of India in its written reply stated that the MCI has printed the IMR upto the year 2002. It is notified in the Gazette up to the year 1993. MCI has already written to the Central Government several times for additional grant for the Gazette notification of IMR. As regards IMR for 2003 and 2004, data entry is in progress and printing of IMR would be taken soon after it is completed.

New Office and Library Building

The Committee noted that there were proposals for constructing a new Library Building and also the office building in Dwarka. The Committee, therefore, enquired about the present stage of the proposal for establishing a Library by MCI and what steps are being taken by MCI to establish the Library as early as possible. A representative of MCI stated during oral evidence as under :-

“There are two allocations which were pointed out by one of the Hon'ble Members. The first allocation is to the tune of Rs. 13 lakh for the library which is unutilised. The only problem is, since we have created a new building for the Medical Council of India, the library will be in that new building and therefore that particular amount is expected to be used for the library. The library is located in the new building because the space in the old building is very much insufficient even for our record keeping. Hence, it is not an unutilised amount. It is expected to be utilised. The

second allocation which was pointed out was to the tune of Rs. 40 lakh which was made for the purpose of creation of the building. It has already been availed when the piece of land was purchased from the Delhi Development Authority for the new building of the Medical Council of India. “

The MCI in their written reply have further added that MCI has constructed its own building in Dwarka, which has been completed and the finishing work is going on. On the ground floor of the building, a provision has been made for establishing a library covering an area of 1431 Sq. ft. All the modern books, journals, periodicals, newspapers, etc. will be kept in the proposed library.

The Committee further enquired about the original specification, cost and time of completion of the project and whether there has been cost and time over-run in the project. The MCI in its written reply stated that the civil work of Council building is mostly completed by all the agencies. The civil work of Council building was awarded to M/s L&T Ltd. for Rs. 8,10,00,000 on 28.01.2000. The time limit for completion of the civil work of the building was nine months. However, there had been considerable delay in starting the project due to several reasons including (a) approval from the Airports Authority of India regarding the height of the building, (b) approval from Delhi Urban Arts Commission, subsequent to in-principle approval by the authorities of DDA, (c) final approval by the authorities of DDA and (d) delay in finalization of electrical work. The building was handed over by the contractor in August, 2004.

Clearance from various agencies is still awaited for water connection, sewer connection, fire fighting, etc. for which the office is pursuing the matter with the Delhi Government for getting Building Completion Certificate. Otherwise the building is ready for occupation.

CHAPTER IV

Grant of Approval

As per the Regulations notified by the MCI, under the IMC Act 1956, it is mandatory for all medical colleges/institutions in the country including the private organizations to take approval of the MCI to start new medical colleges/institutions and to start new medical courses.

As regard to time-frame laid down for disposing of applications and granting of approval, the Medical Council of India stated that the grant of approval to the Medical college/institutions is a detailed process involving careful coordination and consultations with various agencies such as State Governments, Universities, etc.

Enquired whether granting of permission to the Medical Colleges is time bound, the Medical Council of India in its written reply stated that granting of initial permission to the medical college is a time bound phenomena as prescribed u/s 10A (5) which reads as under :-

“.....10A(5) Where, within a period of one year from the date of submission of the scheme to the Central Government under sub-section (1), no order passed by the Central Government has been communicated to the person or college submitting the scheme, such scheme shall be deemed to have been approved by the Central Government in the form in which it had been submitted, and accordingly, the permission of the Central Government required under sub-section (1) shall be deemed to have been granted...”

The Committee further enquired about the parameters

considered by the Medical Council of India for granting/according permission and the time taken to accord such permission. The Medical Council of India in its written reply stated that the MCI carries out inspection of the college at the time of application and thereafter every year till the degree awarded by the College is recognized. The criteria taken into consideration by the Council for granting/according recognition are as per the provisions of the regulations for requirements to be fulfilled by the applicant colleges for obtaining Letter of Intent and Letter of Permission for establishment of new medical colleges and yearly renewals u/s 10A of the I.M.C Act, 1956 and the Minimum Standard Requirements for the Medical College. When the college informs the Council that it has satisfactorily provided all the requirements, the inspection is carried out at the earliest. The inspection report is considered at the next meeting of the Executive Committee scheduled to be held after the inspection (on an average the Executive Committee meets 8-9 times in a year) and if the college has provided the requirements satisfactorily, as shown in the inspection report, the Executive Committee takes decision for recommending permission/recognition and the decision is communicated to the Central Government immediately thereafter. The time interval between the information provided by the college that it has satisfactorily provided all the requirements and is ready for inspection and the final communication of the decision of recommendation for permission/recognition is sought to be kept to a minimum. It is also on record that the meetings of the Executive Committee have been scheduled at frequent intervals in order to meet the deadline for admissions prescribed by various authorities. For instance during the months of June, 2003 to September 2003 – i.e.

only within a period of 4 months – a total of more than 100 inspections were carried out and 7 joint meetings of the Adhoc Committee and Executive Committee were held in order to consider these inspection reports. The decisions of the Adhoc Committee and Executive Committee were communicated to the Central Government within a maximum of one week of such decision being taken.

Conditions to be fulfilled by Institutions

The Committee enquired about the details of conditions which are required to be fulfilled by an institution for getting recognition from the MCI. The Medical Council of India in its written reply stated that the applicant for establishing a medical college in India is required to fulfill the qualifying criteria prescribed in the Establishment of Medical College Regulations, 1999 and in addition shall also have the full complement of staff of the said regulations at the time of MCI inspection for consideration of a request for issue of Letter of Intent or Letter of Permission(LOP). Once LOP is issued, the college is permitted to admit the First batch of students. Thereafter, the applicant also has to fulfill the year wise targets beginning from the first admission till the recognition of degree with regard to the construction of buildings, composition of staff, bed strength in the teaching hospital and other infrastructural and equipment facilities every year for which annual inspections are carried out by the Council and the permissions renewed by the Government following the recommendations of the Council. The inspection for recognition is conducted under the provisions of Section 11(2) of the Act at the time of final MBBS Part – II examination of the first batch of students and if the infrastructure, bed strength, equipments and staff complement etc. in terms of the Minimum Standard Requirements as prescribed under the regulations

are satisfactorily provided, the decision to recommend to the Government for approval and recognition of the degree is taken by the Executive Committee of the Council based upon the inspection report of the inspection carried out at the time of examination. This decision of recommending the approval is then submitted to the General Body of the Council and after approval by the General Body, it is sent to Central Government for further necessary action.

Inspection of Medical Colleges

To assure whether the requirements are being fulfilled by the applying medical colleges, the MCI conducts periodical inspections. The provisions of conducting inspections of the Medical colleges/institutions according to the I.M.C Act,1956 is as follows :-

- (1) The Committee shall appoint such number of medical inspectors as it may deem requisite to inspect any medical institution, college, hospital or examination held by any University or medical institution for the purpose of recommending to the Central Government recognition of medical qualifications granted by the University or medical institution.
- (2) The medical inspectors shall not interfere with the conduct of any training or examination, but shall report to the committee on the adequacy of the standards of medical education including staff, equipment, accommodation, training facilities prescribed for giving medical education or on the sufficiency of every examination which they attend.
- (3) The Committee shall forward a copy of any such report to the

university or medical institution concerned and shall also forward a copy with the remarks or the University or institution thereon, to the Central Government.

The Medical Council of India in their written reply gave in detail of the process of inspections for undergraduate and postgraduate courses, as under : -

- a) Initially, inspection for the establishment of a Medical College or a new medical course for the purpose of grant of letter of intent/letter of permission is carried out. In case of undergraduate courses, renewal are conducted every year till the first batch appears at the final MBBS Part-II examination.
- b) Inspection for the recognition of Undergraduate/Postgraduate courses which are conducted at the time of examination.
- c) Periodical inspection which are conducted at the interval of 5 years to review the infrastructure, equipment, staff, etc. for continuance of recognition of the degree. If, during any of these inspections the deficiencies are observed the same are communicated to the college. When the college submits the compliance of rectification of these deficiencies, the same is verified by way of compliance verification inspection. For Undergraduate courses the inspection is carried out by a team of three inspectors out of whom one is either a whole time or a regional inspector of the Council and the remaining two persons are drawn from a panel of inspectors which is regularly updated. For Postgraduate courses, the inspection is carried out by one member who is selected from among the panel of inspectors available at the relevant point of time. The panel of inspectors

include principals, senior officers of the medical colleges spread all over India.

- d) Once the inspection report is received the same is placed before the Executive Committee or Postgraduate Committee. The decision taken in these meetings is communicated to the Central Government at the earliest.

Asked about the number and periodicity of inspections carried out in the last five years, the Medical Council of India in its written reply furnished the following number of inspections carried out during last 5 years upto October, 2004 :-

- (i) For recognition of Graduate Courses in MBBS-30
- (ii) For continuance or recognition of MBBS courses-34
- (iii) Compliance verification inspection -285
- (iv) For establishment of new medical colleges including renewal of permission –196
- (v) For increase of seats including renewal of permission –95
- (vi) As per court order –17
- (vii) Starting of various postgraduate medical courses –572
- (viii) Recognition of postgraduate medical courses –862

The Committee pointed out that there have been reports of high-handedness on the part of MCI team while conducting inspections. Therefore, the Committee enquired about the steps being taken to ensure that MCI streamlines its role and functions in a manner befitting a dignified regulatory body. The Medical Council of India in its written reply clarified that the Council has not received any complaints regarding high - handedness on the part of MCI team in conducting inspections. The format of inspection report has been standardized and the same format is used by all the inspectors. The inspections are

carried out for verification of information supplied by the institution in Forms (A), (B) &(C) in which the information has to be supplied by the institution in a standardized format and verification of teaching faculty as per the information supplied by the teacher in the declaration form which is counter signed by the Dean/Principal of the college. The teams of inspectors include Director of medical education/Vice-Chancellors & Deans/Sr. Professors in Government medical colleges. The inspections are being carried out in a manner befitting a dignified regulatory body. However, it may be pointed out that in case the requirements in terms of staff, teaching faculty, clinical material and infrastructure etc. are not met with by the college, the deficiencies have to be pointed out by the inspectors. Similarly, in case it is found that a teacher has supplied wrong information/incomplete information in his declaration form and this has been counter signed by the Dean/Principal of the college which clearly amounts to an attempt to mislead/defraud the Council, this act of omission or commission has to be pointed out. Such an act of pointing out defects in declaration forms, clinical material, infrastructure & ancillary facilities, etc. cannot be considered as high – handed behavior on the part of the MCI team; on the contrary, it amounts to dispensation of duty bound obligation.

Rectification of Deficiencies

The Committee enquired that after an inspection is carried out by the MCI both at the undergraduate/postgraduate levels and some defects and deficiencies are detected by the Council, then how much time is given to the Medical College for rectification of defects/removal of the deficiencies. The Medical Council of India in its written reply stated that the inspection report of a college is placed before the

Executive Committee/Postgraduate Committee and if certain deficiencies are pointed out by the Committee, the same are communicated to the college concerned alongwith the decision of the Committee. If the deficiencies are found to be too glaring which would hamper the teaching and training of the relevant course of study, college is issued a show cause notice to reply/comply with the deficiencies within three months from the date of receipt of the letter. Even after that also, college is granted time to comply with the deficiencies beyond the period of three months if the college even attempts to rectify the deficiencies partly. Once the college submits the information that the deficiencies have been complied with, the compliance verification inspection is carried out of which the report is placed before the Executive Committee/Postgraduate Committee for consideration. This process is repeated till the college removes the deficiencies to the satisfaction of the Council.

The Committee further enquired about the action taken against Medical Colleges which have failed to rectify the deficiencies during the stipulated time period. The Medical Council of India in its written reply stated that despite communication of decision of the Executive Committee/Postgraduate Committee to rectify the deficiencies pointed out in the inspection report, and subsequent reminders over the months, sometimes even more than a year, the college fails to rectify the deficiencies, the Council recommends for disapproval of the scheme/non-renewal of permission or de-recognition of the college for degree awarded by the affiliating university in respect of students being trained at the college. If the Central Government agrees with the recommendations of the MCI, it issues notification; otherwise gives

opportunity to the college to rectify the deficiencies pointed out in the inspection report.

The Committee further enquired as to what action is taken by the Executive Committee of MCI if the Expert Committee finds that minimum standards prescribed by the Section 11(12) of Act are not fulfilled by the college. The Medical Council of India in its written reply stated that Executive Committee of the Council recommends to the Central Government not to approve the college if the Expert Committee finds that minimum standards prescribed under the Regulations are not fulfilled by the college. If the deficiencies are of grave nature, which would affect the medical education, it is further recommended that the college may not be granted permission to admit any further batch of students.

The Committee during the evidence further enquired about the process of de-recognition of the Medical colleges by MCI due to failure to rectify deficiencies pointed out during the inspections. A representative of the Medical Council of India replied as under:-

“There was an observation by the Committee pertaining to de-recognition of college and stoppage of admissions. Ultimately, whenever the Council is required to be coming across the situation of major violation of minimum norms, and I would like to make one thing very clear to the hon’ble Committee, the Council is ultimately with the Government of India prescribing minimum requirements and the caption of the regulation itself is minimum. This is something which is required to be fulfilled for the purpose of fetching recognition. As far as maximum requirement is concerned, there is no limit. Therefore, when we say that evaluation for a PG institution is made, it is made over and above the minimum requirements for an UG institution. De-recognition is never worked out on the basis of an isolated non-compliance. If a Professor is not there, that will not merit de-recognition. Informally, I can share with this Committee that the Council has consistently taken a view that 5 per cent deficiency in the

teaching staff, as against the minimum prescribed, is a condonable deficiency.”

He further added :-

“De-recognition is never done in one stroke. The process of de-recognition is statutory in nature. Whenever there is a necessity of de-recognition, a recommendation to that effect is made to the Government of India. The Government of India invariably grants hearing to the concerned college, to the concerned University and to the concerned State Government. Therefore, all the authorities which are major players in the domain of medical education are invariably heard. It is only on hearing and assessing the reply – whether it is satisfactory or otherwise – that the matter of de-recognition is decided. Therefore, any authority which is giving recognition will always be very keen and conscious in resorting to a step like de-recognition. It is because, ultimately, the victims are the students. Therefore, that view is always there. It is never abrupt and one time. It is always subject to compliance of the prescribed procedure in which the principles of natural justice, including grant of hearing of all the concerned authorities, are in-built. Only in such situations the question of de-recognition materializes and develops. De-recognition is never retrospective. Tomorrow, if an institution is de-recognized, it will be through a Notification which will be prospective in character. Another important thing is that de-recognition contemplates stoppage of admission at the point of entry. The interests of all those students who are there during the interregnum are kept in mind. Whenever they pass out, they are deemed to have passed out with that recognized degree. De-recognition is always effected prospectively, in phases, and without even adversely affecting the fate and future of students who are already doing the course during their period of that particular study.”

The Committee further enquired about the future of the students who are in the final stages of MBBS course in the colleges not fulfilling

the required conditions, and enquired as to how MCI ensures protection of interests of the students.

The Medical Council of India in its written reply stated that MCI, as per Regulation, permits the students of the MBBS course to continue since they had initially been admitted with the permission of the Central Government on the recommendations of the MCI. Further, if the deficiencies are grave in nature, then MCI recommends stoppage of further admissions and gives opportunity to the college to rectify the deficiencies. However, in an extreme scenario where the college closes down, as per the conditions of the Essentiality Certificate prescribed under establishment of Medical College Regulations, 1999, in case the college fails to create infrastructure for the medical college as per MCI norms and fresh admissions are stopped by the Central Government, the State Government takes over the responsibility of the students already admitted in the college with the permission of the Central Government. Thus, the interest of students already admitted in such colleges are fully safeguarded.

In this connection, a representative of Medical Council of India stated during oral evidence as under :-

“What we are contemplating in the scheme which is there is renewal and not recognition. Whenever a college is permitted, the eligibility for recognition comes at the end when the first admitted batch appears for the examination. Therefore, the recognition includes the standards created during the period of study, for the period of study, and also for the conduct of examination including the standards of examination. The renewals, which are contemplated, are on year to year basis. The scheme does not say that once permission is granted, it is permission for a period of five years. The permission is for one year. Admissions in that particular year are made. A newly started college ought to have four renewals. It is the eligibility for recognition. Once it is recognized, it is recognized for a period of five years. Recognition is given at the time when the boy appears for the MBBS final examination. “

He further added:-

“The difficulty will be that at the end of four-and-a-half years when the recognition part comes, we find that this college is not up to the mark for recognition. But the conditions are satisfied for admission to the next batch. Now, here lies the catch. The college is not recognized at the time of the end of the first batch. But the situation are not such that you will be in a position to stop admissions for the next admitted batch. Therefore, there will be a batch of students which will be unrecognized, but the renewal is there. Hence, it is in the interest of the college and in the interest of everybody to ensure that the recognition is procured at the time when it is required to be procured.”

The Committee further enquired about the fate of the students in a college in case it closes down. A representative of the MCI

replied as under :-

“Those students will be accommodated in other colleges for the purposes of carrying on their remaining terms. The expenditure which will be invoked on those particular students will be drawn out of the bank guarantee. We do not take bank guarantee from the State. Whenever a private institution applies, we invariably take a bank guarantee of substantial quantity from it.”

The Committee asked whether there is a provision for other colleges to accommodate them for the remaining two years. A representative of the MCI stated as under :-

“There is a provision. They will not be required to bear the expenditure thereof and that expenditure will be sustained from the bank guarantee which has been worked out for the previous applicant college.”

Annual Seat Capacity

According to the MCI provision regarding the annual capacity of seats is being formulated at the minimum standards at different levels from 50, 100 or 150 as and when the requests are received from the respective colleges. MCI is also in the process of formulating regulations for identification of students admitted in excess of the approved admission capacity of medical colleges.

The Committee enquired about issuance of guidelines with regard to the quota and fixation of quota of seats. A representative of Medical Council of India replied as under:-

“Sir we have issued guidelines. On 14th May, 2002, the Government of India has given a detailed circular on this. It has been adopted by the Medical Council of India(MCI), and guidelines to that effect have been circulated to all concerned. The merit of the Common Entry Test(CET) will be the only criterion in regard to the fixation of seats. The eligibility criteria prescribed in the Graduate Medical Education cannot be vitiated. The sanctioned intake has been notified by the Medical Council

of India(MCI), and it will be binding. The Medical Council of India(MCI) has not absolved of that responsibility; on the contrary, it has monitored that admissions have been made in terms of eligibility, in terms of percentage basis, and before cut-out date.”

The Committee during the oral evidence enquired about the regulations for limiting the annual seat capacity in the medical colleges.

A representative of MCI replied as under: -

“We have got a regulation on the minimum requirements for starting a medical college. As of now, the three annual intake capacities that have been catalogued are: a medical college with 50 seats capacity annually, a medical college with 100 seats annually and a medical college with 150 seats annually. So, with these regulations, one thing which is poignantly coming is that we do not contemplate a college to have more than 150 seats especially after the incorporation of Section 10A into the Medical Council of India Act, 1956.”

The Committee also enquired about the proposals pending with MCI for granting approval/recognition for new courses/enhancing the intake in respect of graduate level and postgraduate level courses, separately at end of each year in the last three years. Medical Council of India in its written reply stated that there was no proposal pending with MCI for granting approval/recognition for new courses or enhancing the intake capacity in respect of graduate level courses for the academic year 2002-03, 2003-04 & 2004-05. In those cases, where the colleges fail to come up to the expected standards as prescribed under the Regulations, the Council had recommended for disapproval of the scheme in case of new college.

The number of proposals pending with MCI for granting approval/recognition for new courses/enhancing the intake in respect of postgraduate level courses are as follows :-

Year	No. of Pending Proposals
2002	Nil
2003	Nil
2004	12

As regards 12 proposals which are shown to be pending, their break up together with the reasons for pendency are as given below :-

1. For 4 proposals, Inspectors have been appointed and report is awaited.
2. Files for 4 proposals were returned to the Central Government disapproving the proposals as the institutions had failed to allow the inspections to be carried out. Central Government has granted one months' time to the college authorities for getting the inspections carried out.
3. For rest of the 4 proposals Information/clarification/ documents with regard to essentiality certificate, consent of affiliation, feasible and time bound programme, etc. sought for from the concerned colleges have not been provided despite letters and their subsequent reminders by MCI.

The Committee enquired about the number of requests for opening medical colleges accepted/rejected alongwith reasons for

rejection for graduate as well as post graduate medical courses. The MCI in its written reply gave details of the number of requests for opening medical colleges and the number of requests accepted/rejected alongwith reasons for rejection for the graduate as well as post graduate medical courses. Requests for establishment of the medical colleges received during the year 2002-03 were as follows:-

1. GSL Medical College, Rajahmundry
2. Instt. Of Postgraduate Medical Education & Research, Kolkata
3. Jubilee Mission Medical College, Thrissur
4. M.E.S. Medical college, Calicut
5. Maharaja's Instt. Of Medical College, Nellimarla, Vizianagaram
6. M.M. Instt. Of Medical Sciences & Research, Mullana
7. Warrangal Instt. of Medical Sciences, Warrangal
8. NRI Medical College, Chinakakani
9. Dr. Pinnamaneni Siddhartha Instt. of Medical Sciences & Research , Foundation, Chinoutpalli
10. Vardhaman Medical college/Chalmeda Ananda Rao Instt. of Medical Sciences, Karimnagar
11. Arogyavaram Instt. of Medical Sciences, Madanepalle, Chittoor
12. Konaseema Instt. of Medical Sciences, Amalapuram
13. Amala Cancer Medical College, Amalanagar
14. Medical College at Vikarabad by Bhagwan Mahavir Memorial Trust, Hyderabad
15. Medical College at Shillong
16. Midnapore Medical College, West Bengal
17. Mennonite Medical Board, Dhamtari
18. Meenakshi Medical College & Research Institute, Enathur, Kancheepuram, Chennai
19. SBKS Medical Instt. & Research Centre, Piparia
20. Mohammadiya Educational Society, Cuddapah
21. Tesla Medical College, Hyderabad
22. Medical College at Davangere by Bapuji Educational Association
23. Kalinga Instt. of Industrial Technology, Bhubaneswar.

Letter of permission issued by the Central Government for establishment of the college & admission of students for the academic session 2003-04 is as follows:-

1. GSL Medical College, Rajahmundry
2. Jubilee Mission Medical College, Thrissur
3. Maharaja Instt. of Medical Sciences, Vizianagaram
4. M.M. Medical College, Maulana Ambala
5. NRI Medical College, Chinnakakani
6. Dr. Pinnaswami Siddhartha Instt. of Medical Sciences, Chinoutpally
7. Amala Cancer Medical College, Amalanagar
8. Meenakashi Medical College & Research Institute, Enathur, Kancheepuram, Chennai
9. SBKS Medical Instt. & Research Centre, Piparia
10. Vardhman Medical college, Karimnagar

Medical Colleges recommended to the Central Government for issuance of LOI for the academic session 2004-05 is as follows:-

1. Instt. of Postgraduate Medical Education & Research, Kolkatta
LOI – 2004-05
2. MES Medical College, Calicut
3. Midnapore Medical College, West Bengal
4. Medical College at Dhamtari.

Medical Colleges recommended for disapproval of the scheme in view of the deficiencies pointed out in the inspection reports carried out by the inspection team of the MCI is as follows:-

1. Warrangal Instt. of Medical, Warrangal

2. Arogyavaram Instt. of Medical Sciences, Chittor
3. Medical College at Vikarabad by Bhagwan Mahavir Memorial Trust, Hyderabad
4. Medical College at Shillong.

Application returned to the Central Government in view of the deficiencies pointed out in the project report or unwillingness of the college to get the inspections carried out is as follows:-

1. Konaseema Instt. of Medical Sciences, Amalapuram – In view of the deficiencies pointed out in the MCI inspection report it was recommended to the Central Government not to issue LOI for establishment of the college. On receipt of the compliance through the Central Government another inspection was arranged to be carried out by the Council. However the college authorities were not ready for inspection. Being a time bound matter, the application was returned to the Central Government on 6.8.2003 for taking further necessary action at their end. The Central Government has also returned the proposal to the applicant authority.
2. Mohammadiya Education Society, Cuddapah – The time bound submitted by the college authorities required under the qualifying criteria for establishment of medical college Regulations and other infrastructure facilities were not provided as per MCI norms. Hence application was returned to the Central Government on 25/4/2003. The Central Government has also returned the proposal to the applicant authority.
3. Medical College at Davangere by Bapuji Education Trust, Davangere – College authorities were not able to provide time bound programme as per regulations of the Council. Application

was returned to the Central Government on 30.6.2003. The Central Government vide its letter dated 7.7.2003 has also returned the proposal to the applicant authorities.

4. Tesla Medical College, Hyderabad – The college authorities failed to get the college inspected within the permissible time. Application was returned to the Central Government on 9.6.2003 the Central Government vide its letter dated 13.6.2003 has also returned the proposal to the applicant authority.
5. Kalinga Instt. of Industrial Technology, Bhubaneswar – The college authorities were not able to provide documents required under the qualifying criteria for Establishment of Medical College Regulations. Application was returned to the Central Government on 3.1.2003. The Central Government vide letter dated 7.1.2003 has also returned the proposal to the applicant authority.

State Government's Role in granting of approval

The Committee enquired about the provisions in the IMC Act, 1956 regarding consultation with State Government for granting permission to open medical colleges in the State. The Medical Council of India in its written reply stated that starting of new medical college is regulated in terms of provisions u/s 10A of the I.M.C. Act, 1956 under the Provisions of which the role of State Government is limited to the issue of Essentiality Certificate required at the time of making an application. Thereafter, the application is processed as per provisions of Section-10A under which no consultation with the State Government is required. A structured formal consultation with the State Government

is not provided either in the Act or in the Scheme favoured under the regulations.

The Committee further observed that opening of a medical college has much impact on the development of a region and therefore, enquired whether there wasn't need to have more meaningful consultation with the State Government and Universities. The Medical Council of India in its written reply stated that the recognition of a medical college is primarily a function based upon the regulations prescribed for setting up of medical college. These Regulations have been prescribed on a national basis in order to achieve a uniform standard of medical education throughout the country. However, it may be noted that whenever withdrawal of recognition is recommended by the Council, it is sent to their observations and rectification of deficiencies. Further action on these proposals is only taken after due consideration of the response from the concerned university and the State Government. Thus, there is meaningful consultation with the University or State Government before final decision of recommending withdrawal is taken.

The Committee also observed that some of the medical colleges/institutions have not been given recognition by the MCI but the State Council has given the recognition. The students studying in State recognised Medical Colleges are then limited to the state where they are being admitted and they are restricted to study or practice in other parts of the country. Commenting on this, a representative of MCI stated during evidence as under :-

“I got your point. Your observation is absolutely well-founded. The point is that when you are admitting 15 per cent students from the all-India quota, it means person from outside the State is coming. If that outside man is coming, he would like to be

getting back to his place of work. Therefore, the registration, which is entitled to him, will not be available in case it is not recognized by the Medical Council of India. It will be taking care of only the students belonging to that particular State. But beyond that, a student coming from outside the State will be left high and dry.”

The witness added:-

“The State will be in a position to give recognition limited to the State in as much as the jurisdiction will be the geographical jurisdiction of the State. There have been situations where a college is not recognised but the graduates coming out of that particular college are permitted to practice in that State through registration by the State Medical Council. So, as it was pointed out, in the federal structure, the State has that autonomy.”

Enquired as to how many medical colleges are there in the country which are recognized by the State Medical Council and not by MCI, a representative of MCI stated as under :-

“There will be a reasonable number of colleges in that category. There would be colleges which may be in the pipeline for admission because all those 10 A permitted colleges at the various stages might not have reached the level of recognition. That could also be a major category.”

Relationship between MCI and Universities

During oral evidence the Committee sought clarification regarding the relationship between Medical Council of India and the Universities. A representative of MCI stated as under: -

“There was an observation vis-à-vis the relevance of universities and the Medical Council of India. Medical Council of India has consistently taken a view that universities are ultimately expected to be one of the significant executing agencies with Medical Council of India. Just as the Medical Council of India is conscious of its autonomy and, therefore, responsibilities, so also various

universities, being creations of the States and other enactments, are also equally autonomous. Hence, without transgressing their autonomy, the execution part of the various universities are well regulated under our regulations. It has gone well as far as the execution of the academic syllabi are concerned. An exercise has been undertaken to calculate the work load at under graduate and postgraduate levels. By virtue of that, we are in a position to bring out uniformity in terms of hours of teaching workload for every subject and that is another avenue of uniformity which has been worked out through the affiliating universities in the country.”

The Committee also note that it is proposed to set up Medical University in every State, but many States have not taken any action in this regard. The Committee, therefore, enquired about the reasons as to why many of the States have not followed the directions of MCI

to set up Medical Universities. A representatives of Ministry of Health and Family Welfare (Department of Health) stated during evidence as under:-

“We have requested to all the States to form Health Universities, but till now only 5-6 states have set up the Medical Universities. In rest of the states it has not been set up yet. We have taken up with the State Governments but in this regard Medical Universities have been successfully set up in 5-6 states.”

Giving clarification on this, the Secretary, Ministry of Health and Family Welfare(Department of Health) stated as under: -

“Sir, it is a desirable goal. We are working on it. But in federal structure, states have to work in their own terms.”

Recognition of Medical Qualification

Through the Act, the Medical Council of India is entrusted with the mandate of giving recognition to medical degree awarded by various universities both in India and abroad.

The Committee enquired about the procedure followed by MCI to accord recognition to a degree acquired by an Indian National from abroad. The MCI in its written reply stated that the Council in its Screening Test Regulation, 2002 has prescribed that an Indian citizen possessing a primary medical qualification awarded by any medical institution outside India who is desirous of getting provisional or permanent registration with the Medical Council of India or any State Medical Council on or after 15.03.2002 shall have to qualify a Screening Test conducted by the prescribed authority for that purpose as per the provisions of section 13 of the Act : Provided that a person seeking permanent registration shall not have to qualify the screening test if he/she had already qualified the same before getting his/her provisional registration. As per the Screening Test Regulation, 2002 the Eligibility Requirement of taking admission in an undergraduate medical course in a foreign medical institution is prescribed as under :-

- (1) He/she is a citizen of India and possesses any primary medical qualification either whose name and the institution awarding it are included in the World Directory of Medical Schools, published by the World Health Organization; or which is confirmed by the Indian Embassy concerned to be a recognized qualification for enrolment as medical

practitioner in the country in which the institution awarding the said qualification is situated ;

- (2) He/she had obtained 'Eligibility Certificate' from the Medical Council of India as per the Eligibility Requirement for taking admission in an undergraduate medical course in a Foreign Medical Institution Regulations, 2002. This requirement shall not be necessary in respect of Indian citizens who have acquired the medical qualifications from foreign medical institutions or have acquired the medical qualifications from foreign medical institutions or have obtained admission in foreign medical institution before 15th March, 2002.

The Committee further enquired about the adequacy of the provision and modification if any, envisaged to be carried out to make the screening policy more stringent to curb the entry of fraudulent or unregistered degree holders in the country. The Medical Council of India in its written reply stated that the Screening Test Regulations, 2002 in force is adequate in itself. It is conducted by the National Board of Examinations, New Delhi. The entry of the persons entering with fraudulent certificates is checked through verification of documents by the Parent institutes/bodies issuing such certificates. Only when the certificates are certified as genuine by the concerned institution/body, the registration certificate is issued. When such fraudulent certificates are detected, FIR is lodged with the police for necessary action. Commenting on this, a representative of MCI stated during oral evidence as under :-

“Any Indian student now required to be going for any foreign qualification undergraduate outside the country, is required to be obtaining an eligibility certificate from Medical Council of India.

Therefore, the question of anybody without conforming to that eligibility being admitted is ruled out. Secondly, whenever such a graduate has come down with the degree under his belt, he will be required to be appearing for the screening test. Passing the screening test, he will be entitled for internship. Satisfactory completion of the internship will result in according of the permanent registration and then only he will be in a position to put himself into practice. Therefore, these two modalities have already been taken note of and they stand covered.”

The Committee also raised concern about the fate of Indian students in Russian Medical Colleges and recognition of their Medical qualifications in India. A representative of Medical Council of India explaining the situation during oral evidence stated as under:-

“There has been an observation about the Russian students’ problem. I would not like to go into the details of it. But two things need to be noted here. These matters were under a series of litigations before the various courts and ultimately the matter came up before the Supreme Court.”

He further added :-

“Apart from that, still there were certain set of students who went through series of litigation before the court of law. The court directed that the Government of India and the Medical Council of India should come out with a solution to that particular problem. Accordingly, a scheme which was worked out by Medical Council of India in consultation with the Government of India was presented to the Supreme Court. It has been approved by the Supreme Court, vide which the number of papers from three have been brought down into a cumulative paper one. Passing separately each of the paper has been waived, wherein now the boy is expected to be answering one paper in which he is expected to be getting 50 percent of marks as passing marks and he is entitled to have cleared the screening test and will be cleared off. The chance limit has also been altered. Therefore, the Russian problem per se as it was before the Supreme Court and before the various authorities have come to an end, bulk of it, I can say 100 percent of it stands sorted out amicably under

the aegis of the court with the intervention of the Government of India. The scheme worked out and that particular problem, in my humble little opinion, is taken care of.”

CHAPTER V

TEACHING FACULTY

The quality of the education ostensibly depends upon the teaching faculty in various Medical institutions all over the country.

Student - Teacher Ratio

According to MCI, the student-teacher ratio in a class for awarding recognition to medical colleges/institutions for undergraduate medical education through the minimum requirement regulations and for the postgraduate courses under the Postgraduate Medical Education Regulations, generally varies from 1:10 to 1:15 in each subject for undergraduate courses and 1:1 in Postgraduate courses. Through regular periodic inspections, the Council ensures that the said ratio is strictly adhered to. Whenever any violation in regard to the same is noted by the Council Inspectors, it is brought out in their report on the basis of which necessary action is initiated against such colleges by the Executive Committee in respect of the undergraduate courses and Postgraduate Committee in respect of postgraduate courses.

The Medical Council of India stated in its written reply that the Council in terms of its regulations have prescribed the requisite number of teaching faculty required for each subject including the levels for graduates and also the minimum eligibility in terms of academic qualifications and teaching experience. The Postgraduate

Medical Education Regulations govern these propositions for postgraduate teachers in medical colleges.

On being asked whether minimum educational requirements for teaching faculty is being strictly verified before awarding recognition to an institution the Medical Council of India in a written reply stated that the minimum educational requirements for teaching faculty is being strictly verified before recognizing such a teacher as a member of the teaching faculty. Only when the strength of the teaching faculty as prescribed under the Minimum Requirements for the Medical College is satisfactorily provided, the college is recommended for grant of permission/renewal/recognition. When it is observed that a particular faculty member does not meet the prescribed standards either by way of inadequate educational qualification or inadequate teaching experience, such a person is not considered as a teacher and it is shown as a deficiency in the teaching faculty of the particular medical college. When such deficiency exceeds 5% of the teaching staff strength required for the particular stage of the development of the college, such a college is not recommended for permission/renewal/recognition till the deficiencies are met with and are verified by way of inspection.

A representative of MCI clarified during oral evidence as under:-

“.....If a Professor is not there, that will not merit de-recognition. Informally, I can share with this Committee that the Council has consistently taken a view that 5 percent deficiency in the teaching staff, as against the minimum prescribed, is a condonable deficiency.”

Enquired whether any institute was de-recognized on account of inadequacy of teaching faculty in both its qualitative and quantitative dimensions in last five years, the Medical Council of India in its written

reply stated that there are many institutions to which permission/renewal/recognition was not recommended on account of inadequacy of teaching faculty in both qualitative and quantitative dimensions. The following colleges were recommended for de-recognition because of the inadequacy of the teaching faculty and various other factors:-

1. B.R.D. Medical College, Gorakhpur
2. Kasturba Medical College, Manipal
3. Kasturba Medical College, Mangalore
4. G.R. Medical College, Gwalior *
5. Gandhi Medical College, Bhopal *
6. MGM Medical College, Indore*
7. NSCB Medical College, Jabalpur *
8. S.S. Medical College, Rewa *

* The members of Adhoc Committee and Executive Committee have decided at the meeting held on 28.7.2003 to recommend the de-recognition of the degree. This item is being placed before the General Body at its meeting Scheduled to be held on 20th and 21st October, 2003. If the decision of Executive Committee is approved by the General Body, the same will be communicated to the Central Government.

The Executive Committee along with the members of the Adhoc Committee appointed by the Hon'ble Supreme Court opined that enough opportunities were given to all these five Government medical Colleges which are now falling short of staff and infrastructural facilities for which they were originally recognized by the Medical Council of India. All these colleges are also running postgraduate courses without adequate staff.

Noting the above facts, the Executive Committee and members

of the Adhoc Committee decided to –

1. recommend to the Council to withdraw the recognition of MBBS degree granted by respective Universities in respect of students being trained at the above mentioned medical colleges of the State of M.P. u/s 19 of the Indian Medical Council Act, 1956.
2. refer these reports to the Postgraduate Medical Education Committee of the Council for further consideration regarding postgraduate courses.

The Committee further enquired whether MCI had withdrawn recognition of MBBS in the above mentioned 5 Medical colleges in Madhya Pradesh. The Medical Council of India in its written reply stated that the Council, in its General Body meeting held on 20.10.2003, had approved the recommendations of the Executive Committee to withdraw the recognition of 5 medical colleges in Madhya Pradesh. The said recommendation has been submitted to the Central Government for approval, which is pending.

The Committee enquired whether the Medical Council of India has conducted any evaluation of teaching/non-teaching faculty in various recognized institutes across the country and their level of expertise in their respective areas. The Medical Council of India in its written reply stated that there has not been any formal evaluation of teaching/non-teaching faculty in various recognized institutions across the country and the level of expertise in the respective areas. However, strict adherence is ensured by the Council in respect of the fulfillment of the minimum requirements as prescribed through its regulations pertaining to infrastructural facilities and eligible teaching and non-teaching personnel.

Keeping in view the increased number of medical colleges coming up in the country the Committee further enquired whether it is not desirable to conduct a survey to make a qualitative and quantitative assessment of the existing teaching faculty in medical colleges. The Medical Council of India in its written reply stated that it may be noted that the Council is aware of this issue. In the year 2003 and 2004, three workshops were organised at Kolkata, Mumbai and Bangalore and a National Workshop was organised in New Delhi, wherein the requirements of each department in a medical college was discussed in detail by the Experts in the field of medical education viz. Deans/Principals of the medical colleges, representatives of the Central Government and the State Governments etc. and overall comprehensive view about the qualitative and quantitative assessment of the existing teaching faculty in the medical colleges has been taken. The recommendations at these workshops for amendments in the existing Regulations of the Minimum requirements were approved by the Executive Committee and the General Body of the Council and have been submitted to the Central Government for approval under Section 33 of the Act. In these amendments reduction in the teaching faculty has also been proposed to the extent of 10-15 per cent in each department.

Shortage of Teaching Staff

The Committee observed that there is shortage of teaching staff in various Medical colleges. Keeping in view the shortage of professors the Committee enquired as to what steps have been taken by MCI to solve the problem. A representative of Medical Council of India stated during evidence as under :-

“There were the contexts which were taken note of in our workshop and recommendations were made. For example, even the minimum requirements have been shelved. I would like to inform that prior to 1997, for a college, for 100 seats, the requirement was a 700-bedded hospital. That has been brought down. Now, for 100 seats the number of beds required is 500, and for 50 seats the number of beds required is 400. Similar is the case with the staff requirement. Earlier, a unit which comprises of 1 Professor, 3 Associate Professors, 6 Lecturers, etc., now requires 1 Professor, 2 Associate Professors and 4 Lecturers. It has now been reduced to 1:2:4.”

The Committee further enquired about the age limit of the teaching staff and the possibility of increasing the age limit of teachers/professors by another five years. A representative of Medical Council of India clarified during evidence as under :-

“The Council has prescribed that a medical teacher can work up to the age of 65. But, we are not in a position to prescribe service conditions for medical teachers. It is because it is the prerogative and the privilege of the employer. The Council has permitted teachers in all subjects and they are counted towards compliance of the minimum requirements of the regulation, up to the age of 60.”

He further added :-

“We are always open to it. If it is in the interest of medical education, and if it is going to cater to the cause of the medical education, absolutely the Council is always open. The Council is responsive to the contemporary requirements as and when they arise. As I said, in Government colleges, the deficiency of staff, which we condone, is up to the extent of 10 per cent, and that is all the cadres taken together. This is my perception and my office-bearers will share it with me. Superannuation is a part of the service condition, which is to be prescribed by the employer. Therefore, in a Government college, if the superannuation prescribed by the competent authority is 65, the Council cannot have any objection. We will be validating those teachers up to the age of 65. When we say teachers up to the age of 65, what we contemplate is full-time teachers. It is because that is the

definition of the word 'teacher'. Hence, as far as the observation made by the hon'ble Members of the Committee as to whether we will be in a position to permit a visiting teacher, an honorary teacher, or a part-time teacher is concerned, I would like to say that the Council does not contemplate that position as of now. We only recognize full-time teachers.”

When Committee enquired whether MCI have any suggestion to change the age limit to overcome the shortage of teaching staff, a representative of MCI replied as under :-

“As of now, a study group has been constituted by the General Body of the Council.”

To a query whether the change of age was not the prerogative of MCI, a representative of MCI follows :-

“We will take this as a term of reference. The Council is in a committed position that we will be counting medical teacher up to the age of 65 on full-time basis. Therefore, they are counted up to the age of 65, whether it is a Government college or a private college – for PG purposes also – in commensurate with the guidelines which are authoritatively made on this count. It is because the established authority is the University Grants Commissions. The University Grants Commission has contemplated it. They have prescribed the age of superannuation as 62, but the computation is up to the age of 65. The Council has adopted the calculation of workload, and the age of superannuation on the basis of the recommendation and the guidelines that have been prescribed by the University Grants Commission on this particular count.”

The Committee enquired whether there have been some instances, when Professors were found to be on the pay rolls of more than one college at a time and what was the action taken against such individuals and colleges by the MCI. The Medical Council of India

stated in their written reply that in this connection the General Body of the Council in its meeting held on 12.10.2004 had decided as under :-

“Over a period of last 1-2 years by considering the inspection reports of various medical colleges seeking permissions/renewals under Section 10A of the Act, it was felt and observed that a large number of doctors are claiming re-employment as medical teachers in more than one medical college at the same time. It was being observed that the names of the doctors shown as medical teachers in a particular medical college were getting repeated in the inspection reports of certain other medical colleges, in the same proximity of time. Apparently, the medical colleges and the medical teachers were indulging in such activities only to show to the inspection team of the Council that the colleges concerned are fulfilling the minimum requirement for the teaching staff for seeking permission/renewals under Section 10A of the Act.”

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

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

MCI stated that the Council has always tried to improve in this regard by ensuring that such misdeclarations/misstatements are completely eliminated or minimized to the extent possible with the clear perception that the Council should take appropriate action against such

erring doctors whenever it is found that the particular doctor has furnished more than one declaration form.

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

Before the General Body of the Council, cases of such misdeclarations and misstatements by the medical teachers have been placed for consideration. The Ethics Committee of the Council, after granting opportunity of being heard, has recommended imposition of punishment of removal of their names from the Indian Medical Register maintained by the Council.

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

The Council, therefore, without any ambiguity unanimously decided as under :-

- a. The names of the following teachers be erased temporarily upto 31st July, 2007.

- b. He/She will not be eligible to be counted as a teacher at the inspections to be carried out by MCI for the academic years 2005-06 and 2006-07.
- c. The names of all such teachers be published on the website and a circular be sent to all the Directors of Medical Education of all the States, all the Universities and all the Medical Colleges/Institutions.

It was further decided that in case of non-medical teachers who are not possessing a medical degree or a registration certificate, he/she will not be eligible to be counted as a teacher at the inspections to be carried out by MCI for the academic years 2005-06 and 2006-07.

The Council further decided that a circular be issued to all the D.M.Es., Universities and Medical Colleges/Institutions that the list of such defaulting teachers has been published on the website of the Council. It was further decided that this decision would be applicable mutates mutandis to all the teachers who have been found employed in more than one medical college for the academic year 2003-04 and whose case has not been finalized as yet due to non-appearance or any other reason.

CHAPTER VI

Miscellaneous

I. Regional Imbalance in Setting up of Medical Colleges

The Committee noticed that there is persistent phenomena of regional imbalance in the field of medical education. There is a high concentration of medical institutions/ colleges in the Western and Southern parts of India and the North and Eastern parts are lagging behind. The Committee also observed from the information on the

number of doctors registered in each State Medical Register, that there is wide variation in the number of doctors registered with State Medical Councils, viz. in Maharashtra there are as many as 90,855 doctors and in Karnataka 65,789, but in Jharkhand there were only 135, in Chattisgarh 213 and in Haryana 1326.

Explaining the procedure followed for setting up new medical colleges in the country, the Medical Council of India stated in a note that in the present scheme of the Act and the Regulations framed thereunder the proposal for setting up of a new medical college is received by the Central Government. The Central Government, after due scrutiny, sends the proposal to the Council for evaluation in case it is found in order. These proposals have to be accompanied by an Essentiality Certificate issued by the State Government stating inter-alia that it is not only desirable but also essential to open a medical college in the State. Once a proposal, which is complete in respect of documents and certificates as required, is received in the Council, there is no option for the Council but to evaluate and to submit its recommendations to the Central Government based upon the findings of the inspection reports. It may also be observed that the number of Doctors registered with the State Medical Councils in itself does not reflect regional imbalances. For instance, as Jharkhand State has come into existence only in 2000 and Jharkhand Medical Council has been established only in January, 2003. It is likely that all the Doctors particularly in this region would be registered with Bihar Medical Council or any other Council before that date.

During evidence Committee enquired about the reasons for

regional imbalances in respect of setting up of medical colleges and the steps envisaged to check the regional imbalance. A representative of the Medical Council of India stated as under :-

“...relating to imbalance criteria which has been there in regard to health manpower and the location of medical colleges. Although we do not have a statutory say on this yet there was an attempt made by the Council. Technical evaluation of any application, received by the Government of India from any person who is eligible under that category, comes under Section 10(A). It is not open for us to say anything because there are three things – No Objection Certificate of affiliation is to be given by the affiliating university, Essentiality Certificate is to be notified by the concerned State Government; technical evaluation is to be done by the Medical Council of India. Therefore the issue – which application should come from which place based on unequal distribution or mal-distribution – it is not open to us. We will not be able to entertain an application on the ground that there is saturation of medical colleges in a particular place or State, and there is want of medical colleges in another State. Hence, it is a natural consequence of imbalance, which is getting created. The Council per se under statute does not have a say on this. Therefore, we had suggested that we should have a national perspective plan on opening of medical colleges for duration of five years. That period is expected to be the plan period vis-à-vis statutory agencies in this country taking into consideration the required manpower, geo-concentration and deficient colleges inter alia such unequal criterion. Such provision already exists in the Acts of a good number of universities. Universities have a section, which says that there has to be a perspective plan for opening of new colleges, and based on that there has been a Study Group that has been constituted. I do not know whether this particular recommendation by the Council will be binding or otherwise but, taking into consideration this particular aspect, the Study Group is working on it for making its recommendations to the General Body. Likewise, not only on the inequalities of the distribution of medical colleges and the available manpower but another area, which the Study Group has been entrusted with, is the admission procedure and various variants thereof including fee and other things, on which Committee have expressed their anguish. The Council has suo motu taken note of it. We intend to

make a comprehensive document to be passed on to the Government of India on this particular count so that on that basis, systems or modalities could be streamlined in order to curb the abnormal variations whatever exist there, and an objective transparent policy could be worked out.”

The witness added :-

“That issue is wide open. We are not averse to it. We want to absolutely adopt a national perspective taking the requirements of the entire country as a unit and taking into consideration the existing number of colleges and manpower to population ratio in every State. It is not only that there has to be an equal distribution between the States but it should be equal distribution within the States also. The Study Group which we had constituted is expected to take stock of this. The idea is to have a national perspective plan for five years. If that is the recommendation of the Council and given a binding force, we would be able to find a solution to the concerns ventilated by the Hon’ble Committee.”

The Secretary, Ministry of Health and Family Welfare

(Department of Health) also expressed his views on regional imbalance during oral evidence as under :-

“In the case of regional imbalances, these are perhaps policies which they cannot address; but if the Government creates a set of policies, they are expected to implement them. The policies here would also not be a bureaucratic set of policies. They would be under the scrutiny of hon’ble Members of Parliament. These are very sensitive matters.”

II. Court Cases against MCI

Medical Council of India in its written reply informed the Committee that there are 1584 court cases pending against MCI in last five years. The Committee further observed that many of the cases

relate to areas such as Registration and Fee structure, admission in MBBS and PG courses, etc.

The Committee, therefore, enquired about the reasons for the large number of court cases being filed in these specific areas. The Medical Council of India in its written reply stated that majority of this litigation cases relate to registration, fee structure, admission etc. wherein MCI is a proforma party. It may be noted that out of 1548 cases, as on 12th January 2005, as many as 911 cases have been disposed off. With new cases being filed, the total number of pending cases on as on 12th January 2005 is only 749, out of which MCI is first respondent in only 152 cases, and in the remaining 597 cases i.e. as many as 80% of total pending cases, it is only a proforma party respondent.

Asked about the steps being taken by MCI for settlement of cases out of court and early disposal of pending cases, the MCI in its written reply stated that the Council has engaged a Panel of Advocates for defending its stand before the various Hon'ble Courts. It may be noted that in a majority of cases, the first respondent is usually a State Government or a University and it is the action of a State Government or a University which is primarily under challenge. As almost all the cases pertain to the Regulations which have been notified in the Gazette and which are binding in character, out of Court settlement is not possible.

III. Code of Medical Ethics

In the present day, the Consumer Protection Act has been made applicable to the practicing Physicians and complaints against doctors have increased manifold. In this scenario, the work of Ethical Committee has increased many times over. In this regard, the MCI

have stated that as a matter of rule, Council is required to refer the matter to concerned State Medical Council for investigation and punitive action, if any, where the doctor against whom a complaint is registered.

Asked whether the Ethical Sub-committee is now being burdened with increasing number of cases being registered against the doctors and punitive action being taken against the erring doctors, the Medical Council of India in its written reply stated that the number of complaints against doctors being received by the Council has increased over a period of last several years. The details of the complaints received, disposed of and action taken in each of the last 3 years is as follows :-

Year	Cases lodged	Cases disposed off	Pending cases as on date.
2002	262	255	7
2003	373	370	3
2004	529	474	55
Total	1164	1099	65

On being asked about the details of the action taken in the medico-legal cases, a representative of MCI stated during oral evidence as under :-

“There is an observation made about Code of Medical Ethics. The Code of Medical Ethics has been notified, it has been put into practice and quite a number of cases which have been referred to the Medical Council of India have been dealt with. The statistical figure has been incorporated in the circulated report, I am happy to share with the Hon’ble Members of the Committee that of the 1,752 cases that were received in totality, Council has been able to dispense of 1,523 as of now and 229 cases are pending at various levels.”

Enquired about the action taken against the erring doctors, a representative of MCI stated during oral evidence as under :-

“The action contemplated is under the Code of Medical Ethics regulation itself. There are three actions which are permissible at the level of the Council. One, you can suspend the registration. Two, you can issue a censure to be recorded against the IMR and make a wide notification of it. Three, you can permanently remove the name of the person from the register, resulting or disentitling him from practising the profession.”

Asked if such information is made public and is uploaded on the website of MCI, a representative of MCI stated as under :-

“It has been given. We have put it in the leading newspapers also for publication because that is a condition precedent which is mandated in the regulation. Regulation says that whenever you are removing the name or making an adverse entry against him, four things are binding on your part to be done. One, you will be issuing notification to all concerned, including Government, all universities, all registrars of the universities, all State Medical Councils, which are associated with the registering part of it. You will be making a wide publicity of it through appropriate media, including placement of our website.”

The Committee further enquired about the measures taken or contemplated to check frauds and malpractises by Medical Practitioners registered with MCI. The MCI in its written reply stated that whenever a complaint is received pertaining to fraudulent activity or malpractice by Medical Practitioners registered with MCI, an enquiry is conducted by the Ethics Committee of the Council. Suitable action is taken if the concerned Doctor is found guilty after giving him a personal hearing in the matter before the Ethics Committee.

Enquired about the regulations being laid down by the Ministry of Health and Family Welfare (Department of Health) or MCI detailing the code of conduct of registered medical practitioners in country, the MCI stated in its written reply stated that MCI has prescribed Professional Conduct Etiquette and Ethics Regulations, 2002, which have been notified in the Gazette of India on 6th April 2002. These Regulations have been further amended in February 2003 and in May 2004, wherein the procedure for complaint against a delinquent physician, which is not being decided by the State Medical Council, has been prescribed. These Regulations have been widely circulated to all the State Governments, State Medical Councils, Medical Colleges, Universities, etc.

IV Commercialization of Medical Colleges

The Committee observed that there have been complaints of exorbitant capitation fee/tuition fee being charged by private medical colleges. The Committee enquired about the mechanism available with MCI to ensure compliance of prescribed fee structure for merit, payment, NRI and management quota seats in the medical colleges and how many complaints were received by MCI in each of the last five years in this regard. The Medical Council of India in its written reply stated that fee structure for medical courses in private colleges in each State is prescribed, regulated and monitored by the Fee Committee appointed by each State Government which is headed by a retired High Court Judge. All the complaints in this regard have to be referred to this Fee Committee and it is for the State Government to look into the matter.

The Medical Council of India nominates its representative on the Committee for determining fee structure and regulating admission

procedure in private medical colleges in different States as and when such committees are constituted by the State. This has been done following the directions issued by the Hon'ble Supreme Court in WP(c) No. 350/1993 – Islamic Academy of Education & Another's Vs State of Karnataka & others.

During evidence a representative of the Medical Council of India, explaining the fee structure in medical colleges stated as under :-

“Sir the Hon'ble Supreme Court of India gave a landmark judgment on 31 October, 2002. An 11- Judge Bench ordered as to what would be the modality of the medical education in terms of the unaided institutions. After that, a Five-Judge Bench gave a clarificatory judgment thereon. This has brought out that two Committees have been constituted in each State. The First Committee was constituted under the Chairmanship of a retired High Court Judge of that particular State, with the representative of the Medical Council of India(MCI), with the representative from the Ministry of Finance, and with the representative from the Ministry of Education. The entire onus of monitoring the fee structure, in a way, has been vested with the Statutory Committee, which has been constituted under the Chairmanship of a retired High Court Judge. It has been applicable to every State. It will be defining the fee structure in that particular State for, at least, three years at any given point of time, and the review will be done at the end of every three years.

Sir, we ought to take note of it because the Judgment has resulted in the repealing of the Unnikrishnan Judgment. From 1991 onwards, there was a subsidized fee structure. The fee structure was divided into three categories. This subsidized fee structure was in vogue in colleges, which were run by the governmental institutions. Private institutions had three patterns of chargeable tuition fee. The first one was the subsidized fee structure, that is, on 50 percent basis. The second one was the extra or the additional cost-basis fee structure. The third one was the NRI quota where the chargeable tuition fee was payable in foreign currency, and it was usually five times the original chargeable tuition fee. By virtue of repealing this particular Judgment, one thing we ought to take note is that nowhere in the

country there is anything called NRI quota where the fee was five times the chargeable tuition fee.”

He further added as under :-

“The uniformity of the structure has already been envisaged by the Hon’ble Supreme Court’s order. The Supreme Court of India ordered that irrespective of the modality of admission, the chargeable tuition fee would be on parity basis. The Government will be fixing the chargeable tuition fee in the Government colleges where 100 percent admission will be done on the basis of securing 50 percent marks in the All-India Entrance Test. The remaining admissions will be done on the basis of Common Entrance Test conducted by that particular State. Fifty percent seats – I am talking of the previous year – was fixed by the Committee, which has been constituted by the Supreme Court of India. Every State has the fixed quota. The procedure of admission and conduct of the Common Entrance Test(CET) will be notified by that particular State Government through an appropriate notification. The Common Entrance Test(CET) is conducted for purpose of getting admission in unaided medical colleges. Through this Common Entrance Text, we pool all the private colleges together, and the merit of the Common Entrance Test(CET) is the qualifying criterion for getting admission.”

The Committee also raised concern over unduly large sums of capitation fee being charged specially by private medical colleges. In this regard, a representative of Medical Council of India stated during evidence as under :-

“The issue of capitation fee has been raised. The question is, all the judgements have barred that there is nothing like capitation fee and charging of capitation fee is not permitted. What you can charge is only the prescribed fee which includes a quotient of development fee which will be notified to that particular student in unaided institutions. Otherwise, there no other fee which is chargeable from the student in the name of any other thing other than the tuition fee which is expected to be paid by the student. Hence the question of capitation fee, if at all is being charged, it is absolutely violative and vitative

of the norms or rules prescribed anywhere either by the Council or by the Government of India or by any regulating agency, be it the concerned universities or the State Government. Therefore, the concept of capitation fee should not exist at all. That is the view of the Medical Council of India.”

He further added :-

“As I said, just as there is no concept of capitation fee presently, there has to be no concept any NRI quota in any of the situation. Therefore, admission to be made under NRI quota is absolutely obsolete and it is not permissible after the Supreme Court judgment which I have referred to.

The Committee also enquired about the monitoring by the MCI on the fee charged by the Medical Colleges/Institutions. A representative of MCI stated during evidence as under :-

“The monitoring part, in context of the factual position, was emanated out of the Unnikrishanan Judgment. From 1991 to 2002, the Medical Council of India was monitoring in terms of the scheme, which was in force, generated by the Unnikrishan Judgment.”

When the Committee wanted to know the specific role of MCI and the Fee Committee appointed by State Governments in checking irregularities like charging of huge amounts of money for admission by some private colleges, MCI state in a written reply as follows :-

It is submitted that the Hon'ble Supreme Court of India in Writ Petition No. 305 of 1993 Islamic Academy of Education and another –Vs-State of Karnataka and others had passed the orders for setting up of a Fee Committee as under :-

“.....We direct that in order to give effect to the judgment in TMA PAI's case the respective State Governments concerned authority shall set up, in each State, a Committee headed by a retired High Court judge who shall be nominated by the Chief Justice of that State. The other member, who shall be nominated by the Judge, should be a Chartered Accountant of

repute. A representative of the Medical Council of India (in short 'MCI') or the All India Council for Technical Education (in short 'AICTE'), depending on the type of institution, shall also be a member. The Secretary of the State Government in charge of Medical Education or Technical Education, as the case may be, shall be a member and Secretary of the Committee. The Committee should be free to nominate/co-opt another independent person of repute, so that total number of members of the Committee shall not exceed 5. Each educational Institute must place before this Committee, well in advance of the academic year, its proposed fee structure. Along with the proposed fee structure all relevant documents and books of accounts must also be produced before the committee for their scrutiny. The Committee shall, then decided whether the fees proposed by that Institute are justified and are not profiteering or charging capitaiton fee. The Committee will be at liberty to approve the fee structure or to propose some other fee which can be charged by the institute. The fee fixed by the committee shall be binding for a period of three years, at the end of which period the institute would be at liberty to apply for revision. Once fees are fixed by the Committee, the institute cannot charge either directly or indirectly any other amount over and above the amount fixed as fees. If any other amount is charged, under any other head or guise e.g. donations the same would amount to charging of capitation fee. The Government/appropriate authorities should consider framing appropriate regulations, if not already framed, whereunder if it is found that an institution is charging capitation fees or profiteering that institution can be appropriately penalised and also face the prospect of losing its recognition/affiliation.....”.

It is further submitted that in accordance with the above stated directions of the Hon'ble Apex Court, a representative of the MCI is nominated as a member of the Fee Committee whenever such a request is received from the State for setting up of such a Committee. It is also submitted that in accordance with the directions given by the Apex Court, all matters pertaining to the fees including charging huge amounts, capitation fees or any such irregularities are within the jurisdiction of the Fee Committee, constituted by the respective State Government. It may please be noted that no

other specific guidelines have been issued by the Government in this regard. It is therefore suggested that the Council should be empowered whereby it would be able to invoke disciplinary jurisdiction in these areas, for much desired streamlining in larger interests.

Observations/Recommendations of the Committee

1. The Medical Council of India was constituted in February 1934 as a statutory body under an Act of Parliament. With the increase in the number of medical colleges, the Act was repealed and a new Act called the Indian Medical Council Act, 1956 was enacted to meet the challenges posed by the very fast development and progress of medical education in the country. As envisaged in the Act, the mandate of maintaining uniform standards of medical education both for undergraduate and postgraduate courses for new colleges and continuance of already recognized courses vests with the Medical Council of India. After going into the working of MCI, the Committee are of the view that there is sufficient scope for improvement in several spheres of its working. These aspects have been dealt with by the Committee in detail in the subsequent paragraphs.

2. The Medical Council of India (MCI) has both regulatory and advisory roles to play for improving the standards of medical education in the country. As part of its regulatory functions, the MCI has issued 14 Statutory Regulations for regulating medical

education in the country, prescribing minimum qualifications for teaching staff in medical colleges, procedure for conducting screening test for Indian citizens possessing medical degrees awarded by foreign institutions, etc. With the ruling of the Supreme Court that the Regulations prescribed by the Council under Section 33 of the IMC Act, 1956 are binding and mandatory in character, the functions of the Council seem to have become more regulatory in nature rather than advisory. Although according to the IMC Act, MCI is expected to render advice to the Government, universities, etc. in the matter of securing uniform standards for graduate and postgraduate medical education throughout India, the Committee have gathered an impression that the Council has not done much to achieve its advisory role. They, therefore, suggest that MCI should take corrective measures and discharge both regulatory and advisory roles in the sphere of medical education in the country.

3. There are as many as 229 Medical Colleges in the country of which 125 are in the Government Sector and 104 in the Private Sector. About 21,000 graduates and 10,000 postgraduates pass out every year from these colleges. According to MCI, the standards of undergraduate and postgraduate medical courses including the syllabi, curricula, system of assessment and examination are periodically evaluated by the Council through its Inspectors who are required to be reporting on these aspects in required details. Although MCI has made loud claims that uniform standards of medical education in all the institutions in the country is ensured through an effective system of monitoring by

regular and periodic inspections, including surprise inspections from time to time, it is not fully convincing to the Committee. The Committee note to their dismay that there are only three sanctioned posts of Inspectors in MCI of which one post has been lying vacant. Moreover, it has emerged that MCI conducts inspection mostly once in five years for renewal of recognition for the degree courses. With the manifold increase in the number of medical colleges in the country, there is a need to review the qualitative and quantitative growth of medical education in the country. However, MCI has limited time and infrastructure to carry out a comprehensive review of the medical education scenario in the country. The Committee, therefore, recommend that a study should be got done by the Government on the status of medical education in the country both in qualitative and quantitative terms by engaging an independent professional institution. The Committee would like to be apprised of the follow up action taken by Government in this regard and the findings of such a review.

4. A Study Group was constituted by MCI to go into admission process, including conducting of entrance examinations, mechanism adopted for filling up various quotas, etc. with a view to ensuring the required transparency and accountability in the entire process. The Study Group was expected to submit its final report by March, 2005. The Committee would like to be apprised of the major recommendations of the Study group and the follow up action taken by the Council on the recommendations.

5. To a specific query made by the Committee, MCI informed that the Council has undertaken the process of accreditation of courses conducted by medical colleges. A Committee has been constituted to prepare the modalities for accreditation and request has been sent to all the medical colleges in the country to participate in it on voluntary basis. It is surprising to note that even after several decades of its existence, MCI had not introduced the system of accreditation of courses by medical colleges with a view to encouraging higher standards of medical education in the country. The Council is still in the initial stages of working out the modalities of accreditation. The Committee are of the view that grading and accreditation of courses by medical colleges will go a long way in promoting healthy competition among the institutions. They also stress that instead of making the accreditation process a voluntary one, it should be made mandatory in a phased manner to ensure that all the medical colleges in the country come upto minimum standards of medical education.

6. Although the IMC Act, 1956 has made adequate provisions for autonomy and at the same time accountability of the MCI to Government, there are reports about soured relationship between the Ministry and the MCI. Despite the denial by the Ministry and the MCI, the Committee have gathered an impression that there is much more than meets the eye. An effort seems to have been made to cover up the strained relationship between the Ministry

and the MCI before the Committee. The candid admission of the Secretary, Ministry of Health and Family Welfare (Department of Health) before the Committee : “We have some perceptions about how to improve our interaction with the Medical Council. Some amendments are on the way” confirms that view. While enjoying the autonomy as envisaged in the IMC Act, 1956, the Council, no doubt, is accountable to the Government and to the Parliament. Whatever comes in the way of a healthy balance between autonomy and accountability needs to be rectified. The Committee would expect the Ministry to apprise them of the steps taken by Government in this direction.

7. The Committee are constrained to note that the Vice-President of MCI has been functioning as the Acting President of the Council since November, 2002 as per the orders of the Supreme Court. The Supreme Court also appointed an Ad-hoc Committee consisting of four eminent doctors to supervise the functioning of the Council. The Committee are surprised to note that the President of the MCI was removed by Delhi High Court on corruption charges and MCI went in appeal to the Supreme Court against the orders of Delhi High Court. The Supreme Court ordered that the Vice- President be the Acting President of MCI since then. The Committee note that the High Court of Delhi had pointed out several irregularities in the style of functioning of the President of MCI, in the manner in which inspectors were appointed, decisions were taken and approvals were given to colleges. There were also corruption charges against him. The Committee are distressed to note the state of affairs in MCI. They

also note with concern that even after such glaring instances of misuse of office by the President of the Council have been brought out, no steps have been taken by Government to streamline the working of MCI and to put the house in order. While expressing their serious displeasure, the Committee desire that Government should take corrective measures to ensure that there is more transparency in the functioning of the Council and the President of the Council does not assume all powers and misuse his position for vested interest. The Committee are constrained to note that although the Delhi High Court had directed the Government on 23 November, 2001 to take necessary action to constitute the Council under Section 3 of the IMC Act and hold election to the Offices of President and Vice-President of the Council, no follow-up action has been taken in this regard. They, therefore, stress that steps should be taken for filling up the vacancies in the Council and holding election to the Offices of President and Vice-President of the Council without any further delay.

8. It is distressing to note that out of the total strength of 118 members in the Medical Council, only 71 were in position as on 4th November, 2004 and there were as many as 47 vacancies. The Committee were informed that about 28 vacancies on the Council were of representatives of different Universities. The Secretary, Ministry of Health and Family Welfare (Department of Health) informed the Committee that in view of the difficulties experienced in getting the representatives of Universities elected by the Senate, the provisions in the Act are being amended to

deal with the situation more effectively. It is also proposed to have one combined representative of all the Universities in a particular State to be represented on the Council in the future. The Committee would like to be apprised of the action taken and the results achieved in this regard.

9. The total sanctioned manpower strength of MCI was 112 out of which 18 posts were lying vacant when the Committee called for the information. However, subsequently they were informed that 11 of the vacant posts were filled up through the normal process of selection. Seven posts including that of the Additional Secretary and the Law Officer were still lying vacant. The Committee specifically enquired about the vacant post of Law Officer against whom a retainer advocate was engaged to look after day to day legal matters in MCI. It is surprising to find that despite advertising and holding interviews for the post twice, no candidate was found suitable for the post. The post seems to have been kept vacant for extraneous reasons which are incomprehensible. The Committee, therefore, desire that the post should be advertised and filled up within a period of three months and the Committee be apprised of the same. The Committee also desire that the 20 newly created posts including that of one Deputy Secretary and two Assistant Secretaries should also be filled up expeditiously.

10. It is pertinent to note that there is no vigilance section or post of a Chief Vigilance Officer in an organisation like MCI that is

engaged in granting of approval to courses in medical colleges and monitoring of medical education in the country where there are ample opportunities of red tapism, corruption and favouritism. It is astonishing to note that even a Public Grievances Redressal Cell does not exist in MCI. A person who has a grievance has no proper channel to get it redressed. Moreover, there is no mechanism for an ongoing surveillance on the functioning of officials of MCI. The Committee, therefore, recommend that a post of Chief Vigilance Officer should be created in MCI who will report directly to the President of the Council and the post be filled up expeditiously. A Public Grievances Redressal Cell should also be set up in MCI which should function under the Chief Vigilance Officer, who should be a person belonging to an organised service, like the Indian Police Service. The Committee would like to be apprised of the action taken for implementation of these recommendations.

11. The grant-in-aid under the Plan Scheme was Rs. 73 lakh in 1999-00, Rs. 55 lakh in 2000-01, Rs. 90.58 lakh in 2002-03 and Rs. 75 lakh in 2003-04. In the year 2001-02 Government did not release the grant as unspent amount of previous year was available. During the 8th Five Year Plan, grant-in-aid was provided by Government only to meet the expenditure for Continuing Medical Education Scheme (CME) and the Council used to release grant of Rs. 50,000/- to the hosting institutions conducting the CME programme. During the Ninth Plan period, the grant from MCI was increased to Rs. one lakh for CME programmes involving foreign faculty and further the scheme was extended to

CME programmes involving Indian faculty for which the financial assistance provided was Rs. 50,000/- per programme. This scheme, started in 1985, is intended to utilise the services of Indian physicians settled in USA, UK and Canada in continuing medical education and patient care in India. The Committee note with satisfaction that MCI has been made a nodal agency for conducting CME programmes with the objective of updating the knowledge and skills of registered medical practitioners. During the last 3 years i.e. 2002, 2003 and 2004, grants of Rs. 70.15 lakh, Rs. 66.98 lakh and Rs. 52.73 lakh respectively were given to various hosting institutions and the number of participants who attended the programmes during these years were 22,957, 24,662 and 11,189 respectively. The Committee feel that with lakhs of doctors registered with MCI and the present trend of participation, it will take 15 to 20 years to cover all the registered medical practitioners. The Committee also regret to note that although sums amounting to Rs. 78 lakh and Rs. 240 lakh were allocated to MCI for CME programme during 8th and 9th Five Years Plans respectively, the actual utilisation was only Rs. 41.93 lakh and Rs. 180.65 lakh respectively. No reasons for under-utilisation have been furnished to the Committee. The Committee, therefore, emphasize that specific steps should be taken by MCI for gearing up the machinery for proper and optimum utilisation of funds. The CME Scheme should be encouraged as the medical practitioners need continuous updating of knowledge and skills since medical science is under constant evolution with new trends and practices emerging every day and many of the

doctors, due to various reasons, are not able to keep pace with the latest developments.

12. The Committee note that one of the important functions of MCI is the maintenance of IMR. Regulation 63 of MCI provides that supplements to the Indian Medical Register (IMR) shall be published every year and the IMR shall be revised and published every five years. According to MCI, the IMR has been printed upto the year 2002 and notified in the Gazette upto the year 1993 and the reason for the inordinate delay is stated to be financial constraint for which MCI has written to the Government several times for additional grant. MCI further stated that Rs 500 lakh is immediately required for printing and publication of IMR in the Gazette. The Committee trust that IMR for the years 2003 and 2004 would be printed without any further delay. As the publication of IMR for the year 1994 to 2004 in the Gazette has been pending for a long time, the Committee recommend that Government should release the grant required for its publication as early as possible. They also stress that MCI should ensure that there is no lapse on its part in printing and publication of IMR which being a Statutory requirement, viz. supplements to the IMR to be published every year and revision and publication of the Register to be undertaken once in five years.

13. MCI had received an allocation of Rs. 13 lakh for setting up a Library, which has remained unutilised. The reason for non-utilisation of the amount is that the space in the old building is not sufficient for setting up the Library. The Library, therefore, is to be set up in the new office building of MCI. The Committee fail to understand as to why an allocation for establishing a new

Library was sought from the Government when there was no space available for setting it up in the present office building. The Committee deprecate such bad planning and lack of vision on the part of MCI. However, the Committee trust that the Library will now be set up on the ground floor of the new office building as assured by MCI. The civil work for the new office building for MCI was awarded to M/s. L&T Ltd. on January 28, 2000 for completion within nine months. On account of a number of factors, there was undue delay and the civil work was completed only in August, 2004. Even after seven months of handing over of the building by the contractor, clearance from various agencies for water connection, sewer connection, fire fighting, etc. is still awaited. The casual approach on the part of MCI in getting the office project completed is quite evident. The Committee cannot but condemn such apathy on the part of MCI and desire that the Council should obtain the Completion Certificate and shift its office to the new building without any further delay.

14. As per regulations notified by MCI under the IMC Act, 1956, it is mandatory for all medical colleges/institutions in the country including private organisations to take approval of MCI to start new medical colleges/institutions and also new medical courses. To ensure that all the requirements are fulfilled, MCI carries out inspection of the colleges at the time of application and thereafter, every year till the degree awarded by the college is recognised. The Committee wanted to know specifically how much time is taken between the application submitted by the college stating that it has satisfactorily provided all the minimum

standard requirements and the final communication issued by MCI granting permission for the course. MCI merely informed the Committee that the time gap between the intimation received by the college and the intimation sent by MCI is kept to a minimum. However, keeping in view the feedbacks the Committee received from various sources, they have arrived at the conclusion that it is important that a specific time-frame is fixed for various stages of consideration of applications received by MCI to make the process smooth and time-bound.

15. The Committee note that on an average, MCI has been conducting about 400 inspections per year for granting permission for new medical colleges, renewal of permission, starting new courses, etc. As the entire process of approval depends on the report of the inspection team, the inspection turns out to be of much significance for the institution inspected. It goes without saying that in the process there is ample scope for resorting to corrupt practices and nepotism. It is, therefore, appropriate that the entire procedure for inspection should be clearly laid down in the form of a regulation and a panel of inspectors known for their integrity should be drawn up for a specified period of time and they be deputed for inspection by rotation.

16. The Committee note that MCI has proposed that every State should set up a Medical University. However, according to the Council only 5 or 6 States have so far implemented the proposal and set up Medical Universities. The Committee expect the

Ministry and the MCI to follow up the proposal with individual States that all States may initiate action for setting up Medical Universities.

17. According to MCI, the prescribed teacher - student ratio varies from 1:10 to 1:15 in each subject for undergraduate courses and is 1:1 in postgraduate courses. When enquired by the Committee whether MCI has conducted any evaluation of teaching/non-teaching faculty in various recognised institutions in the country and their level of expertise in the respective fields, the Council admitted that no such evaluation has been undertaken. However, the Council maintained that strict adherence is ensured by the Council as far as fulfilment of the minimum requirements prescribed through the regulations pertaining to infrastructural facilities and teaching and non-teaching personnel by the colleges is concerned. The Council also admitted that there is acute shortage of qualified teaching staff in the country. This is also one reason why names of the same Professors are found on the pay rolls of more than one college at a time. Taking a serious note of this, MCI has taken the decision to remove the names of such Professors from the IMR maintained by the Council. On the basis of three regional and one national workshops organised for experts in the field of medical education, recommendations were drawn up for reduction of teaching faculty in the medical colleges to the extent of 10 to 15% in each department. Amendments to the existing Regulations in this regard duly approved by the Executive Committee and the General Body of the Council have been

submitted to the Government for approval. In view of the shortage of teaching staff in the medical colleges, a suggestion emerged that their retirement age should be increased. The Committee suggest that Government should weigh the pros and cons of enhancing the retirement age of teaching staff in the medical colleges and take a decision in this regard in consultation with UGC.

18. The Committee find that there is much regional imbalance in the number of medical colleges set up in the country which has an impact on the availability of registered medical practitioners in different regions. There is a high concentration of medical colleges in the Western and Southern parts of the country whereas the North and Eastern regions are lagging behind. According to the State Medical Register, there were 90,855 doctors in Maharashtra and 65,789 in Karnataka, but only 135 in Jharkhand, 213 in Chattisgarh and 1,326 in Haryana. Although Jharkhand and Chattisgarh are newly formed States, the disparity between the States is quite alarming. The MCI admitted that its role was limited as far as starting of new medical colleges is concerned as it depends on new applications coming from a State. This being a wider issue, the Committee feel that it needs to be addressed by the Ministry of Health and Family Welfare (Department of Health). Each State should be asked to formulate a perspective plan on medical education and health care. On the basis of the plans drawn up by the States, a National Perspective Plan on Medical Education should be formulated and regions which are lagging behind should be encouraged to come up with

plans for starting new medical colleges and strengthening the existing ones. Another disturbing trend noticed in certain States like Orissa, West Bengal and Assam is that freshers have ample opportunities to get admission in postgraduate medical courses, but they go abroad in search of better prospects. On the other hand, those who are already working in rural areas do not have the avenues to join postgraduate courses. The Committee, therefore, recommend that steps should be taken to correct this trend in order that medical graduates who volunteer to work in rural areas get sufficient opportunities for doing post graduate courses so that services may be available to the rural masses.

19. MCI has notified Professional Conduct, Etiquette and Ethics Regulations, 2002 in the Gazette of India to regulate the practice of medical practitioners. Under the regulations, anyone can register a complaint against a delinquent medical practitioner. From 2002 to 2004, 1164 cases were lodged with MCI against medical practitioners of which 1,099 cases have been disposed off and 65 cases are pending. The Ethics Sub-Committee of the Council conducts enquiry into the complaints and the action taken against delinquent medical practitioners is notified to the State Medical Councils, Universities, etc. The Committee take a serious note of the complaints lodged against medical practitioners which rose from 262 in 2002 to 373 in 2003 and 529 in 2004. MCI needs to be vigilant about the complaints being recorded against registered medical practitioners check malpractices in the medical profession and initiate stringent action against fraudulent ones. The Committee also express

their concern about as many as 1,548 cases of litigation relating to registration, fee structure, admission, etc. pending against MCI which, of course, were brought down to 749 in January, 2005. The Committee urge that efforts should be made to minimise litigations and also for early settlement of pending cases.

20. During evidence of the representatives of Ministry of Health and Family Welfare (Department of Health), the Committee expressed their concern about exorbitant capitation fee/tuition fee being charged by some of the privately owned medical colleges in the country. The MCI stated that on the basis of landmark judgement of the Supreme Court of India on October 31, 2002 fee structure of unaided institutions in the country is regulated and monitored by the Fee Committee appointed by each State Government headed by a retired High Court Judge. All the complaints in this regard are referred to the Fee Committee and it is for the State Government to look into the matter. MCI held out firmly that under the scheme of things charging of capitation fee for admission in medical colleges is not permitted. However, it is a matter of common knowledge that private medical colleges charge huge funds for admission, especially in the management quota. The Committee note that in this regard the Supreme Court had directed that “the Government/appropriate authorities should consider framing appropriate regulations, if not already framed, whereunder if it is found that an institution is charging capitation fees or profiteering that institution can be appropriately penalised and also face the prospect of losing its recognition/affiliation.....” The MCI has also expressed the view that the Council should be

empowered to take disciplinary action in such matters for streamlining the system. The Committee, therefore desire that regulations should be framed authorising MCI to take penal action against institutions which are flouting the norms under fee structure finalised by the Fee Committee in each State. The Committee would like to be apprised of the action taken in this regard.

NEW DELHI:
April 27, 2005
Vaisakha 7, 1927(S)

C. KUPPUSAMI
Chairman,
Committee on Estimates

MINUTES OF SITTING OF THE ESTIMATES COMMITTEE
(2004-2005)

SEVENTH SITTING

The Committee sat on Tuesday the 16th November, 2004 from 1100 to 1130 hours.

Present

Shri C. Kuppusami - Chairman

Members

2. Shri B. Vinod Kumar
3. Shri Chander Kumar
4. Shri Lalmuni Chaubay

5. Shri Anant Gudhe
6. Shri Jai Prakash
7. Shri Samik Lahiri
8. Shri Bhartruhari Mahtab
9. Shri Sanat Kumar Mandal
10. Shri Prabodh Panda
11. Shri Annasaheb M.K. Patil
12. Shri Harikewal Prasad
13. Shri M. Ramadass
14. Shri K.S. Rao
15. Shri Laxman Singh
16. Shri M.A. Kharabela Swain
17. Shri V. Kishore Chandra S. Deo

Secretariat

- | | | | |
|----|------------------|---|--|
| 1. | Smt. P.K. Sandhu | - | Joint Secretary |
| 2. | Shri A.K. Singh | - | Principal Chief Parliamentary
Interpreter |
| 3. | Shri Cyril John | - | Under Secretary |

2. As per the agenda for the sitting a briefing was to be given by the representatives of Medical Council of India on subject 'Ministry of Health and Family Welfare (Department of Health) – 'Medical Council of India'. However, at this sitting the Medical Council of India was represented by Lt. Col. (Retd.) Dr. A.R.N Setalvad, who is Secretary of the Council. Dr P.C. Kesavankutty Nayar, who is the President of Medical Council of India, neither attended the sitting nor took prior permission for his absence during the sitting. The Committee expressed their strong displeasure over the absence of the President, MCI during the sitting and also condemned his casual behaviour towards the Committee.

3. The Committee decided to send a communication seeking explanation from the President, Medical Council of India for his wilful absence during the above meeting. It was also decided that the matter be brought to the kind notice of Hon'ble Speaker.

4. It was decided to postpone the briefing and to fix the next date for briefing after receiving written explanation from the President of MCI.

The Committee then adjourned.

**MINUTES OF SITTING OF THE ESTIMATES COMMITTEE
(2004-2005)**

ELEVENTH SITTING

**The Committee sat on Wednesday, the 12th January, 2005
from 1100 to 1410 hours.**

Present

Shri C. Kuppusami - Chairman

Members

2. Shri. B. Vinod Kumar
3. Prof. Chander Kumar
4. Shri Lalmuni Chaubay
5. Shri Anant Gudhe
6. Shri Jai Prakash
7. Shri. N.N. Krishnadas
8. Shri Samik Lahiri
9. Shri Bhartruhari Mahatab

10. Shri Sanat Kumar Mandal
11. Shri Zora Singh Mann
12. Shri Annasaheb M.K. Patil
13. Shri Harikewal Prasad
14. Prof. M. Ramadass
15. Shri K.S. Rao
16. Shri Iqbal Ahmed Saradgi
17. Shri Jyotiraditya Madhavrao Scindia
18. Shri Sartaj Singh
19. Shri M.A. Kharabela Swain
20. Shri Vijoy Krishna

Secretariat

1. Smt. P.K. Sandhu - Joint Secretary
2. Shri A.K. Singh - Principal Chief Parliamentary
Interpreter
3. Shri Cyril John - Under Secretary

Witnesses

MINISTRY OF HEALTH AND FAMILY WELFARE

(DEPARTMENT OF HEALTH)

1. Shri P. Hota - Secretary
2. Shri B.P. Sharma - Joint Secretary
3. Sh. A.K. Jha - Director

MEDICAL COUNCIL OF INDIA

1. Dr. P.C. Kesavankutty Nayar - President(Acting)
2. Dr. Ved Prakash Mishra - Chairman,
Postgraduate Medical
Education Committee

3. Lt. Col. (Retd.) Dr. A.R.N. Setalvad- Secretary
4. Dr. P. Kumar - Joint Secretary

2. * * * * *

3. Thereafter, the Committee took oral evidence of the representatives of Ministry of Health and Family Welfare(Department of Health) and Medical Council of India on the subject 'Ministry of Health and Family Welfare(Department of Health) – 'Medical Council of India'. The evidence was concluded.

(The witnesses then withdrew)

4. A verbatim record of the proceedings was kept.

The Committee then adjourned.

**MINUTES OF SITTING OF THE ESTIMATES COMMITTEE
(2004-2005)**

FIFTEENTH SITTING

The Committee sat on Tuesday, the 26th April, 2005 from 1500 to 1610 hours.

Present

Shri C. Kuppusami - Chairman

Members

2. Prof. Chander Kumar
3. Shri Adhir Ranjan Chowdhury

4. Shri Anant Gudhe
5. Shri Jai Prakash
6. Shri Samik Lahiri
7. Shri Bhartruhari Mahatab
8. Shri Sunil Kumar Mahato
9. Shri Annasaheb M.K. Patil
10. Shri Harikewal Prasad
11. Shri Iqbal Ahmed Saradgi
12. Shri Laxman Singh
13. Shri V. Kishore Chandra S. Deo
14. Shri Vijoy Krishna

Secretariat

- | | | | |
|----|------------------|---|--|
| 1. | Smt. P.K. Sandhu | - | Joint Secretary |
| 2. | Shri A.K. Singh | - | Principal Chief Parliamentary
Interpreter |
| 3. | Shri B.D. Swan | - | Deputy Secretary |
| 4. | Shri Cyril John | - | Under Secretary |

2. The Committee considered the draft Report on Ministry of Health and Family Welfare (Department of Health) – ‘Medical Council of India’ and adopted the same with some modifications/additions as given in the Annexure.

3. The Committee authorised the Chairman to finalise the Report in the light of verbal and other consequential changes, if any, arising out of factual verification by the Ministry and present the same to the House.

The Committee then adjourned.

ANNEXURE

Amendments/Modifications made by the Estimates Committee in the Draft Report on Ministry of Health and Family Welfare (Department of Health) –‘Medical Council of India’

<u>Para No.</u>	<u>Amendments/Modifications</u>
2	<u>Delete</u> With the.....country, etc
2	<u>For</u> fulfill <u>Substitute</u> achieve
3	<u>For</u> The Committee..... terms <u>Substitute</u> The Committee, therefore, recommend that a study should be got done by the Government on the status of medical education in the country both in qualitative and quantitative terms by engaging an independent professional institution.
6	<u>Delete</u> media
6	<u>For</u> the Committee’s view point <u>Substitute</u> that view
7	<u>For</u> The Committee fail.....the Supreme Court . <u>Substitute</u> The Committee note that the High Court of Delhi had pointed out several irregularities in the style of functioning of the President of MCI, in the manner in which inspectors were appointed, decisions were taken and approvals

were given to colleges. There were also corruption charges against him. The Committee are distressed to note the state of affairs in MCI. They also note with concern that even after such glaring instances of misuse of office by the President of the Council have been brought out, no steps have been taken by Government to streamline the working of MCI and to put the house in order. While expressing their serious displeasure, the Committee desire that Government should take corrective measures to ensure that there is more transparency in the functioning of the Council and the President of the Council does not assume all powers and misuse his position for vested interest. The Committee are constrained to note that although the Delhi High Court had directed the Government on 23 November, 2001 to take necessary action to constitute the Council under Section 3 of the IMC Act and hold election to the Offices of President and Vice-President of the Council, no follow-up action has been taken in this regard. They, therefore, stress that steps should be taken for filling up the vacancies in the Council and holding election to the Offices of President and Vice-President of the Council without any further delay.

8

For The Committee..... Council.

Substitute The Committee would like to be apprised of the action taken and the results achieved in this regard.

9

For intentionally.
Substitute for extraneous reasons.

12

After as early as possible.
Add They also stress that MCI should ensure that there is no lapse on its part in printing and publication of IMR which is a Statutory requirement, viz. supplements to the IMR to be published every year and revision and publication of the Register to be undertaken once in five years.

13

For callousness
Substitute casual approach

14

Delete Therefore,.....information.

18

After medical colleges
Add and strengthening the existing ones. Another disturbing trend noticed in certain States like Orissa, West Bengal and Assam is that freshers have ample opportunities to get admission in postgraduate medical courses, but they go abroad in search of better prospects. On the other hand, those who are already working in rural areas do not have the avenues to join postgraduate courses. The Committee, therefore, recommend that steps should be taken to correct this trend in order that medical graduates who volunteer to work in rural areas get sufficient opportunities for doing post graduate courses that their services may be available to the rural masses.

19

For MCI needsprofession.

Substitute MCI needs to be vigilant about the complaints being recorded against registered medical practitioners, check malpractices in the medical profession and initiate stringent action against fraudulent ones.

20

For amounts of capitation fee

Substitute funds

20

For The Ministry.... of the same.

Substitute The Committee note that in this regard the Supreme Court had directed that “the Government/appropriate authorities should consider framing appropriate regulations, if not already framed, whereunder if it is found that an institution is charging capitation fees or profiteering that institution can be appropriately penalised and also face the prospect of losing its recognition/affiliation.....” The MCI has also expressed the view that the Council should be empowered to take disciplinary action in such matters for streamlining the system. The Committee, therefore desire that regulations should be framed authorising MCI to take penal action against institutions which are flouting the norms under fee structure finalised by the Fee Committee in each State. The Committee would like to be apprised of the action taken in this regard.

