

**ALL INDIA INSTITUTE OF  
MEDICAL SCIENCES (AIIMS)**

**MINISTRY OF HEALTH AND  
FAMILY WELFARE**

**PUBLIC ACCOUNTS  
COMMITTEE  
2006-2007**

**FORTY-FOURTH REPORT**

**FOURTEENTH LOK SABHA**



**LOK SABHA SECRETARIAT  
NEW DELHI**

**FORTY-FOURTH REPORT**  
**PUBLIC ACCOUNTS COMMITTEE**  
**(2006-2007)**

(FOURTEENTH LOK SABHA)

**ALL INDIA INSTITUTE OF MEDICAL  
SCIENCES (AIIMS)**

**MINISTRY OF HEALTH AND  
FAMILY WELFARE**

*[Action Taken on 7th Report of Public Accounts  
Committee (14th Lok Sabha)]*



*Presented to Lok Sabha on 27.04.2007*  
*Laid in Rajya Sabha on 27.04.2007*

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

*April, 2007/Chaitra-Vaisakha, 1929 (Saka)*

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COMPOSITION OF THE PUBLIC ACCOUNTS COMMITTEE  
(2006-2007)

Prof. Vijay Kumar Malhotra — *Chairman*

MEMBERS

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3. Shri Brahm Dutt — *Director*
4. Shri R.K. Suryanarayanan — *Under Secretary*
5. Smt. A. Jyothirmayi — *Committee Officer*

## INTRODUCTION

I, the Chairman, Public Accounts Committee, as authorised by the Committee, do present this Forty-fourth Report on action taken by Government on the recommendations of the Public Accounts Committee contained in their 7th Report (14th Lok Sabha) on "All India Institute of Medical Sciences (AIIMS)".

2. This Report was considered and adopted by the Public Accounts Committee at their sitting held on 19th April, 2007. Minutes of the sitting form Part II of the Report.

3. For facility of reference and convenience, the Observations and Recommendations of the Committee have been printed in thick type in the body of the Report and have also been reproduced in a consolidated form in Appendix to the Report.

4. The Committee place on record their appreciation of the assistance rendered to them in the matter by the Office of the Comptroller and Auditor General of India.

5. The Committee also place on record their appreciation for the invaluable assistance rendered to them by the Officials of Lok Sabha Secretariat attached with the Committee.

NEW DELHI;  
19 April, 2007  

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29 Chaitra, 1929 (Saka)

PROF. VIJAY KUMAR MALHOTRA,  
*Chairman,*  
*Public Accounts Committee.*

## CHAPTER I

### REPORT

This Report of the Committee deals with the action taken by the Government on the Observations/Recommendations of the Committee contained in their Seventh Report (Fourteenth Lok Sabha) on “All India Institute of Medical Sciences (AIIMS).”.

2. In the Seventh Report, the Committee had dealt with various issues concerning All India Institute of Medical Sciences (AIIMS) like the aims/objects of the Institute, its research activities, achievements of the research projects, academic infrastructure that was prevalent in the Institute, autonomy of AIIMS, patient care services, hospital services, strength of doctors and nurses, diagnostic facilities, establishment of various Centres and AIIMS-like Institutes *etc.* The Report contained twenty-eight Observations/Recommendations.

3. The action taken notes have been received from the Ministry of Health and Family Welfare in respect of all the 28 Observations/ Recommendations and these have been categorised as follows:—

- (i) Observations/Recommendations which have been accepted by Government;  
Sl.Nos. 1- 10, 12-13, 16,19, 20, 22 - 27 and 28
- (ii) Observations/Recommendations which the Committee do not desire to pursue in view of the replies received from Government;  
Sl. Nos. 14 and 15
- (iii) Observations/Recommendations in respect of which replies of Government have not been accepted by the Committee and which require reiteration;  
Sl. Nos. 11, 17, 18 and 21
- (iv) Observations/Recommendations in respect of which Government have furnished interim replies;

– NIL –

4. The action taken notes furnished by the Ministry of Health and Family Welfare have been reproduced in the subsequent Chapters of this Report. The Committee will now deal with the action taken by the Government on some of their Observations/ Recommendations that require reiteration or merit comments.

**A. Gist of Committee's Observations/Recommendations in 7th Report (14th Lok Sabha)**

5. The important Observations/Recommendations made by the Committee in their 7th Report on the subject are as follows:

- Barely one to two percent of funds allotted is being earmarked for medical research. Though the total budget allocated under Non-Plan head has increased from Rs. 53 crore in 1994-95 to Rs. 218.18 crore in 2003-04, the inability of the Institute to allocate increased budget for research purposes indicate that the Institute has failed to put adequate emphasis on medical research. The Grants for research in AIIMS need to be augmented.
- Research in AIIMS has been adversely afflicted not only for want of funds but also due to the laxity shown by the Institute authorities to review/monitor the projects.
- The sanctioned strength of the faculty members should be filled up at the earliest and also sanctioned strength should be reviewed periodically to meet the growing demand on account of increase in the number of students from time to time.
- Considering that excessive Government control erodes the efficiency and growth capacity of the Institute, the Committee opined that complete autonomy in conducting bio-medical research is an essential pre-requisite for the growth of AIIMS. If need be, the AIIMS Act of 1956 may be suitably amended in the light of ground realities, particularly for the constitution of the Governing Body and reforms be implemented based on an expert study to be conducted by an external agency.
- Concerted steps need to be taken to overcome information related problems, including those of staffing and for providing better facilities for patients thronging the hospital. The Institute needs to develop a modern patient administration system, appoint patient coordinators and increase co-operation among its various Departments.
- The strength of doctors in various Departments of the Institute needs to be reviewed and refixed on the basis of well-determined norms and guidelines.
- Proper diagnostic facilities with the installation of larger number of machines is the need of the hour. Simultaneously, the machines already installed should be optimally utilized and maintained properly.
- A time-bound programme should be drawn up for the completion of the various centers of the Institute including the development of the Institute land at Masjid Moth.
- The proposal to set up six Research-cum-Referral Hospitals in Bhopal, Jodhpur, Raipur, Rishikesh, Patna and Bhubneshwar with the same standards as that of AIIMS should be concretized early.



## **B. Functional/Professional Autonomy**

### **(Recommendation Sl. No. 11 - Para No. 174)**

6. In their 7th Report, the Committee had noted that AIIMS which was established as an autonomous institution was dependent on the Ministry of Health and Family Welfare for grants and thus autonomy was somewhat hampered. The Committee had desired that the question of autonomy of AIIMS be carefully examined by an external agency so that the glory of this premier Institute could be revived.

7. The Ministry of Health and Family Welfare have responded *vide* their Action Taken Notes stating that the Government has taken initiative in the matter of studying the need for functional and financial autonomy. It is proposed to conduct a Peer Review and Organizational Study of AIIMS and Study of Finance and Accounts of AIIMS. The Government has entrusted the task of studying the functioning of the Institute to the Management Development Institute, Gurgaon. This study also covers the financial management of the Institute including expenditure control, internal audit and costing. The specific issues relating to grant of further functional/financial autonomy will be considered subsequently.

**8. The Committee are keen that a premier Institute like AIIMS should get the requisite functional autonomy and professional independence while discharging their mandate under the statute. The apprehensions of the Committee on this count increase particularly in the light of recent events highlighting disagreement and conflict between the administrative Ministry and the Institute. Although the Committee have been informed that an external agency, as recommended by the Committee, has been appointed to conduct an overall study about the functioning of the Institute including various financial aspects, it is not clear whether the terms of reference of the study include aspects of functional and professional autonomy *vis-à-vis* the role of the Ministry. The Committee desire that even these aspects which are crucial for maintaining the standards of the Institute together with changes, if any, required in the governing statute should be included in the purview of the aforesaid study. The Committee would like to be apprised about the action taken in the matter.**

## **C. Manpower Management – augmenting strength of Doctors/Faculty**

### **(Recommendation Sl. Nos. 7 & 13 - Para Nos. 170 & 176)**

9. In their 7th Report on the subject, the Committee had noted that AIIMS was to function as a Teaching Hospital to develop excellence in Medical Education and Research. The Committee had found that teaching had suffered on account of shortage of teaching staff and employment of teaching staff on *ad hoc* basis. It was also observed that there was considerable shortage of faculty members in the cadre of Assistant Professors. The Committee had felt that such *ad hoc* arrangements not only diluted the staffing norms but also affected the standards of education. The Committee had thus opined that if such a situation was left unattended, then education would gradually degenerate and this would tarnish the Institute's image as a Premier Teaching Institution. The Committee had therefore desired that the sanctioned strength of the Faculty Members should not only be filled up with suitable persons at the earliest but also the sanctioned strength itself should be reviewed periodically to meet the growing demand of students.

10. The Committee had also expressed serious concern over the fact that the Doctor-Patient ratio in the Out Patient Department (OPD) had increased from 1:21 in 1999-2000 to 1:32 in 2003-2004 and had urged the Government to bring it down to a reasonable level. The Committee had opined that the strength of the Doctors in various Departments of the Institute was to be reviewed and refixed on the basis of well-determined norms and guidelines so as to enable them to render satisfactory service to patients. In Committee's view *ad-hoc* appointments had brought about administrative inefficiency in the Institute which in turn had affected the patient-care services.

11. The Ministry of Health and Family Welfare in their Action Taken Notes have *inter alia* replied as under:—

“At present, the sanctioned strength of faculty is 510. 425 faculties are in position. In addition, 18 Assistant Professors are working on *ad-hoc* basis. The vacant posts were advertised and recruitment process have been completed. As regards non filling of entry level posts of Assistant Professor from 1993, it is submitted that the Faculty Association, AIIMS had filed a suit against reservation and the Hon'ble High Court of Delhi had passed an interim order dated 15.11.1994. The Hon'ble High Court dismissed the aforesaid Writ Petition on 26.11.2001. Subsequently, 170 vacant posts of Assistant Professors in various disciplines were advertised. Selections were held in February/March/April 2003. Appointments were made in June 2003. Out of 152 Assistant Professors on *ad-hoc* basis at that time, 123 were selected and appointed on regular basis. 12 posts of Assistant Professors remained unfilled due to non-availability of suitable candidates. Since July 2003, no *ad-hoc* appointments to the faculty posts had been made.

The faculty posts are created in accordance with the established procedure. It is now ensured that in the event of vacancies recruitment is to be made expeditiously. In June-July 2005, 124 faculty posts were advertised against which the posts have been filled on regular basis. The vacancies are being regularly reviewed for filling them on regular basis”

The Ministry have further stated that:

“AIIMS has been providing excellent clinical services to patients from all over India and even from neighbouring countries. Because of its good reputation, number of patients visiting various Out Patients Departments and indoor facilities has been rising steadily.

For ideal functioning it would be preferable if the number of patients coming to the hospital could be regulated in order that proper Doctor-Patient Ratio is maintained. One of the ways to reduce the patient load would be by making AIIMS as a referral tertiary care hospital. However, if AIIMS is made a referral tertiary care hospital, then it would not be possible to continue with the MBBS students at AIIMS because for teaching MBBS students we need general patients also. However, as per the Act, AIIMS has to conduct courses in Undergraduate and Postgraduate medical disciplines.

It may also be seen that 60% of the patients to AIIMS are coming from other States of India. One of the reasons why patients travel such a long distance

and come to the Institute is because of non-availability of proper health care facilities in other states. If more specialized centres could be built up in the various states, it would help in reducing patients load at AIIMS.

Under Pradhan Mantri Swasthya Suraksha Yojana, it is envisaged to set up six AIIMS like Institutions in under-served areas and upgrade 13 existing medical institutions. The proposal of setting up of these Institutions will go a long way in reducing patient load on AIIMS.

The Governing Body has recently approved the recommendation of Selection Committee for various posts in AIIMS. With the filling up of all these posts, the situation would improve.”

**12. The Committee are concerned about the adequacy or otherwise of the number of posts of faculty as well as doctors working in the Institute. Although the Ministry and the Institute have taken steps to fill the posts on regular basis, the Committee would like to emphasize that the concerned authorities should not at any event keep any post unfilled in the Institute as this will adversely affect patient-care services. As regards the Committee’s suggestion for reviewing and augmenting the strength of doctors, the Ministry have not put forward any proposal in this regard. Instead, they have tried to side-step the issue by seeking to lower the patient-doctor ratio on the premise of lesser number of patients visiting the Institute, when the proposal to build six AIIMS –like Institutions in various States fructifies. As the Committee are not convinced about this plea advanced by the Ministry, they would like to reiterate that the Ministry and the Institute should take immediate steps to not only fill up the existing vacant posts of faculty and doctors on regular basis but also review the existing sanctioned strength with a view to augmenting the number of faculty members and doctors with a leave reserve for ensuring a better patient-doctor ratio and consequent improvement in patient services especially in the Super-Speciality disciplines like Neurology, Cardiology, Nephrology, Oncology etc.**

#### **D. Tardy progress in setting up of Centres/Facilities**

##### **(Recommendation Sl. Nos. 18 and 21, Para Nos. 181 and 184]**

13. The Committee in their 7th Report had expressed their disappointment over the tardy progress in setting up various Centres by the Institute, particularly the Institute Rotary Cancer Hospital (IRCH), which was started in 1992 and remained incomplete. The Committee had also noted that the Centralised Accident and Trauma Centre, approved in 1984, also remained incomplete. The Committee had further recommended that re-development of land at Masjid Moth should be vigorously pursued and the Master Plan of the Institute implemented accordingly. The Committee had urged the authorities concerned to draw up a time-bound programme for completion of all these projects and take necessary action without further loss of time.

14. In their Action Taken Note, the Ministry while apprising the Committee about the progress made in the operationalisation of the various projects/centres have stated that the Trauma Centre, which has already been approved by the Government is likely to be completed by the end of 2005. It will cater to the requirement

of all trauma cases including emergency cases and it will have the latest and state-of-art diagnostic facilities. Similarly, a separate Dental Centre is coming up at the AIIMS, which will reduce the waiting time of patients suffering from dental problems. A new Cardio-Neuro Tower is also under construction. This will provide 63 more beds for cardiac and neuro patients and four new Operation Theatres. As regards the Institute Rotary Cancer Hospital (IRCH), the Ministry have informed that a new building with a bed strength of 104 has been made functional. The remaining 96 beds could not be made functional due to shortage of additional staff and machinery and equipment. In this regard, the revised estimate amounting to Rs. 98.41 crore has already been recommended for approval by the Expenditure Finance Committee of the Ministry.

15. As regards the re-development of Masjid Moth campus, the Ministry in their Action Taken Note have informed that :—

“AIIMS is in process of preparing a re-development plan and more super speciality centres shall be constructed in existing Masjid Moth/Ansari Nagar campus. Once the project is completed, the bed strength will also increase substantially. In addition, the pressure on AIIMS will be considerably reduced once the six new AIIMS like Institutions and upgradation of Medical Institutes is approved under PMSSY in the different under-served States.”

**16. The Committee are unhappy over the tardy progress in the construction and operationalisation of various centres/projects of the Institute like the Institute Rotary Cancer Hospital and re-development of Masjid Moth/Ansari Nagar campus etc. Although the Ministry have sought to assure the Committee about the Centres being made functional soon, considering their track record in this matter, the Committee urge the Ministry to show greater urgency on this issue and render all possible assistance and cooperation to the Institute for ensuring the setting up of the proposed Centres and completion of the projects so that the schedule stipulated in the AIIMS Master Plan is closely adhered to without leading to cost-overruns. The Committee would like to be apprised about the conclusive action taken in regard to completion of all the projects including operationalisation of the Master Plan envisaged for re-development of the Masjid Moth/Ansari Nagar campuses. As regards the augmentation of the existing facilities like diagnostics, OPD and beds, the Committee hope that the Institute will take effective steps and constraints, if any, faced by them will be promptly addressed by the Ministry.**

#### **E. Early setting up of AIIMS-like Institutes**

##### **(Recommendation Sl. Nos. 17 and 24, Para Nos. 180 and 187)**

17. The Committee had desired that AIIMS should retain its original character by serving as a super-speciality referral hospital only for serious patients referred by select hospitals from all over the country. Towards this end, it was imperative that basic condition in other hospitals in the country must be upgraded to such an extent that patients are easily and successfully treated there and are not required to rush to the Institute for treatment of minor/manageable illness. This would help AIIMS to pay requisite attention to the more serious and complicated cases. In this connection, the Committee had desired that concerted and timely steps should be taken to ensure early commencement and completion of the proposed six Research-cum-Referral Hospitals in Bhopal, Jodhpur, Raipur, Rishikesh, Patna and Bhubneshwar with the same standards as that of AIIMS.

18. The Ministry of Health and Family Welfare have informed *vide* their Action Taken Notes that:—

“To address the problem of huge influx of patients, from other parts of India, the Government has taken steps to establish six Super-Speciality Hospitals in under-served States, under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY). Besides the above, it also envisages upgradation of Institutions and grant of financial assistance to State Governments for upgradation of medical Colleges. Thus, the fresh creation of tertiary care facilities and upgradation would greatly ease the present problems being faced by AIIMS.”

19. Further, the Ministry have also apprised the Committee about the current status of the proposal for setting up of AIIMS – like Institutions in the other parts of the country as under:—

“A Project management committee has been constituted under the Chairmanship of Secretary (H&FW) with representatives from M/o Finance, Planning Commission, Airports Authority of India, Director (AIIMS) and officials of this Ministry to oversee the effective and timely implementation of the Pradhan Mantri Swasthya Suraksha Yojana (PMSSY). Various start-up activities like construction of boundary wall, the process for selection of Project Consultant for providing comprehensive consultancy services and selection of architectural concepts/designs for the setting up of AIIMS like institutions in six States have been taken up.

Hospital Services and Consultancy Corporation (India) Limited, a PSU under the Ministry, has been appointed as the in-house consultant for assisting the Ministry for start-up activities. For establishing and running all the six institutes, it is proposed to set up a Central Apex Society under Societies registration Act 1860. Draft Memorandum of Association (MoA), prepared for the Central Apex Society, contains a provision that if necessary, the Society would be competent to consider the establishment of more such institutions in other parts of the country.

The proposal for implementation of PMSSY has been cleared by the Expenditure Finance Committee of the Ministry and the same is pending approval of the competent authority.”

**20. The Committee are not satisfied with the progress made by the Ministry so far in the setting up of the proposed Institutions in various States with the same standards as AIIMS. The Committee have been informed that the aforesaid proposal has been cleared by the Expenditure Finance Committee of the Ministry, but it is still pending for approval by the competent authority. It is a matter of concern and dismay for the Committee that this proposal has been hanging fire with the Ministry so long. The Committee would now like the Ministry to take up this proposal in right earnest and concretise the same without further delay. The Committee hope that with the implementation of this proposal, the functioning of AIIMS as a super speciality referral hospital of excellence will be facilitated.**

## **CHAPTER II**

### **OBSERVATIONS/RECOMMENDATIONS WHICH HAVE BEEN ACCEPTED BY THE GOVERNMENT**

#### **Action taken report on the recommendations contained in Seventh Report of Public Accounts Committee (14th Lok Sabha)**

##### **Recommendation**

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

[Sl. No 1 Appendix II Para 164 of Seventh Report of PAC (Lok Sabha)]

##### **Action Taken**

The AIIMS was declared as the Institution of National Importance as has been envisaged in Section 5 of the AIIMS Act, 1956 and the Institute has legitimately established its supremacy in medical education, research and patient care in India and abroad. AIIMS has achieved its present eminent stature not only in the country but throughout the world by virtue of its untiring commitment.

It is universally recognized that AIIMS has not only succeeded in its objectives but has in many ways, gone beyond its original mandate. The Institute has attracted the attention of the Hon'ble Prime Ministers and the Presidents in the past also and these eminent personalities of the country have held the Institute not only the country's most prestigious teaching Institution in medicine but also the best-known hospital. Various luminaries have laid emphasis that the AIIMS have special responsibility to set standards of excellence in all areas of medical studies and services. As a result AIIMS has become an epitome of excellence in the field of medical education, research and patient care services.

At present, AIIMS is involved in more than 375 research projects some of which in collaboration with leading research centres abroad, in areas of national importance like leprosy, tuberculosis, malaria, age-related cataract, corneal blindness, iodine deficiency disorders and childhood diarrhoea, both at the basic as well as the applied levels. Other advanced areas of research include: diagnosis and identification of risk genes infectious diseases, developmental neurology, cancer, HIV, male contraception, heart disease, life style intervention, chronic hepatitis, thalassemia, leukemia, stem-cell, In-vitro Fertilization, etc.

At AIIMS 25 clinical departments including four superspeciality centres, manage practically all types of disease conditions with support from pre and para-clinical departments. AIIMS has over 2000 hospital beds and more beds are likely to be added to its total bed strength. There are over 60 laboratories in which over 45 lakhs routine as well as advanced investigations are performed every year. Two full-fledged blood banks collect, process and deliver approximately 40,000 units blood per annum maintaining rigorous quality control. Over 3,25,000 routine and special radiological procedures, including X-rays, fluoroscopy, CT scans, MRIs Ultrasounds etc. are performed every year. A staggering 1,15,000 surgical operations are conducted at AIIMS. Organ transplant programme for heart, kidney, cornea and bone marrow are a routine at AIIMS. All types of open heart surgery, surgery of congenital defects of heart and neonatal cardiac surgery, arterial bypass graft and total arterial bypass revascularization surgery are performed at AIIMS regularly. Various advanced neurosurgical procedures are routinely undertaken. Interventional neuroradiology is practiced on a regular basis. Sutureless cataract surgery has been standardized. Laser is also in use for various operative procedures and corneal transplantation programme. Endoscopic surgery, spinal surgery, joint replacement surgery, orthoscopic and micro-surgery have attained world class expertise at AIIMS. AIIMS caters to a tremendous load of patients every day as there is influx of patients towards AIIMS not only from every nook & corner of the country, but also from neighbouring countries. The patients load at AIIMS is more than double of its capacity and also more than double in proportion of its resources and existing manpower.

The Institute has been called upon to respond to several challenges of national importance — be it plague or dengue epidemic, iodine deficiency and goitre or hepatitis control. The Institute has been providing medical cover to VVIPs besides taking care of an enormous load of patients coming from different parts of the country. It is the excellence of the Institute by virtue of team work of its staff, the country has always expected the Institute to perform at its best and the Institute has endeavoured hard to come up to the expectations of the country.

*The said argument is not based on facts since other such organizations have not been given the status of National Importance and none of them has achieved the stature of "Centre of Excellence" and also neither of them has attained the world fame and reached such a height as the AIIMS has, by virtue of the collective responsibility, endeavour, devotion and enthusiasm of all categories of its staff. Such an argument is also not tenable in view of the fact that within the territory of India, no other Institution/Medical College cater to the needs of the people, coming from every nook & corner of the country coming to AIIMS for their best treatment.*

This is the only Institution, perhaps not only in the country, but in the world which caters three-tier treatment viz. primary, secondary and tertiary. Perhaps, every Indian wants to get treatment in AIIMS even for a primary nature of disease without any peril to get oneself treatment at other dispensaries, Government Hospital/Medical Colleges.

AIIMS has been providing excellent clinical services to patients from all over India and even from neighbouring countries. Because of its good reputation, number of patients visiting various Out Patients Departments and indoor facilities has been rising steadily. At present more than 7000 patients have been attending various OPDs every day. Catering to such a heavy patient load consumes most of the time of the faculty

members. In spite of this heavy patient load, faculty members have been carrying out excellent research and publishing the results in national and international journals and also teach undergraduate and postgraduate students and look after other clinical duties.

A large number of publications — national and international, in indexed journals were published by faculty members based upon their research status. During 2003-2004, almost 1300 papers were published in various journals. In a survey carried out by the Department of Scientific and Industrial Research, only 8 Indian scientific institutions could be classified as high impact institution. AIIMS was the only medical institution which came in the category, AIIMS was at No. 4 in this list, higher than any IIT.

Even though AIIMS is not a technology institution it has 12 patents, and 4 products attributed to its research workers in the last 5 years. Also 12 indigenous, cheap and reliable diagnostic kits, and 4 new diagnostic techniques, for diseases relevant to our population, have been designed by AIIMS researchers. The rota virus vaccine and the HIV vaccine — both undergoing trials are also contributions from AIIMS research workers.

A large number of faculty members have received several awards based upon their research activities. This includes awards of ICMR, Ranbaxy Science Foundations and Fellowships of various scientific academies.

It is creditable that AIIMS is being nominated as the best medical college in the country by 'India Today' over the many years in the past. A survey carried out & published (April 2005) by 'The Week' has also rated AIIMS as the best hospital and top medical college in the country.

The patient care system is severely constrained with a very heavy load of patients. Large numbers of patients, almost all over the country, come to the OPDs, which has resulted in over crowding, long queues and long waiting list for admission and surgical procedures etc. Efforts of the Institute to make it a completely referral hospital have not yielded any results, even though the Institute Body and many Parliamentary Committees have recommended the implementation of referral system at the Institute many a times. If the AIIMS becomes a completely referral hospital, these constraints could be removed. AIIMS as a referral tertiary care hospital will have better inpatient care services.

### **Recommendation**

The Committee note that the foremost objective behind setting up of the All India Institute of Medical Sciences (AIIMS) in the year 1956 was to establish a Centre of excellence in Medical Research while serving as a hospital for specialized Medical Services. The Committee are constrained to point out that All India Institute of Medical Sciences (AIIMS) established as a teaching hospital for developing excellence in medical education and research has grown into a large hospital without adequate emphasis on teaching or research. The Institute has failed to emphasize medical research though this was one of its major objectives. The results of research have not brought in the benefits in terms of improved methodology, patenting or commercialization. The Committee further note that a very small amount has been earmarked every year as Institute Research Grant from the budget allocated to the institute during the period 1994-95 to 2003-2004. Though there has been increase in the annual extra mural funds from the Non-Government/International Agencies for Research from Rs. 9.86 crores in 1994-95 to Rs. 20.38 crores in 2003-2004, there has been hardly any increase in the allocation from the budget allocation of the Institute of Rs. 12 lakhs being made every



year for the purpose. Thus, barely one to two per cent of allocation of funds to Institute is being allotted for research. Though the total budget allocated under Non-Plan has increased from Rs. 53 crores in 1994-95 to 218.18 crores in 2003-2004, the inability of the Institute to allocate appropriate commensurate increase of the budget for research purposes indicate that the Institute has failed to put adequate emphasis on medical research.

[Sl. No. 2, Appendix II, Para 165 of Seventh Report of PAC (Lok Sabha)]

#### **Action Taken**

The All India Institute of Medical Sciences is a premier Institute, which has been carrying out research on topics of national/international importance since its inception. The nature of research at the AIIMS is largely clinical research and basic research as applied to patient needs. The results of these researches carried out are being published in national and international journals, which are peer reviewed. Even though AIIMS is not a technology institution it has 12 patents and 4 products attributed to its research workers in the last 5 years. Also 12 indigenous, cheap and reliable diagnostic kits, and 4 new diagnostic techniques for diseases relevant to our population, have been designed by AIIMS researchers. The Rota virus vaccine and the HIV vaccine—both undergoing trials are also contributions from AIIMS researchers.

With regard to meagre allocation of funds for research activities from the budget allocated to the Institute, it is stated that patient care services are research activities are complementary to each other. The normal grant to the Institute caters to the research activities and patient care activities simultaneously. During the year 2005-06 funds for research activities have been enhanced to Rs. 50 lakhs from the earlier allocation of Rs. 12 lakhs per year. Additionally every year about Rs. 25 crores is spent on procurement of Machinery & Equipment meant for both research and patient care. The state of the art Position Emission Tomography (PET) machine costing Rs. 16 crores will provide landmark results in the area of bio-medical research and patient care. Further, the research activities have never been hampered due to the paucity of funds as there has been increase in the annual extra mural funds from the Non-Government/international agencies. A grant of Rs. 9.80 crores was received during the year 1994-95, which has been increased to Rs. 20.3 crores during the year 2003-04.

The vast reservoir of skilled manpower and the advanced medical equipment available in the Institute afford excellent support base for any research. Thus, the adequate emphasis on medical research is taken care of by the Institute.

#### **Recommendation**

Various Research projects related to health care are undertaken by the members of AIIMS Faculty on behalf of national and international agencies. All Members are entitled to grant of funds for (a) inter-departmental research projects (b) projects connected with national health priorities and (c) projects involving development/acquisition of new techniques or skills not undertaken by the Institute. The Committee regret to observe that research in AIIMS has been adversely affected not only for want of funds but also due to certain laxity shown by the Institute authorities to review/monitor the projects. In purely quantitative terms, 339 research projects

commissioned during the decade 1991 to 2000 have been completed, but no final reports were received in respect of 153 projects. At least 54 out of these 153 projects were completed on paper during the period 1991-95.

[Sl. No. 3, Appendix II Para 166 of Seventh Report of PAC (Lok Sabha)]

#### **Action Taken**

Research reporting is an ongoing process. The final research outcome in many cases take years to materialize. Regarding non-furnishing of final report, it is submitted that now it has been made mandatory that final report is also required to be furnished to the Institute. Earlier it was being sent to the funding agency only. As regards monitoring/review of the projects, a research committee under the chairmanship of Dean and members from different specialities has been reconstituted to oversee the working of the research section/project. Funds for Research works has also been enhanced for Rs. 12.00 lakhs to Rs. 50.00 lakhs per annum for the financial year 2005-06. Additionally every year about Rs. 25 crores is spent on procurement of Machinery & Equipment which have dual utility of research & patient care.

#### **Recommendation**

The Committee are surprised that most of the Research Projects undertaken in AIIMS are not reviewed despite a recommendation from the Estimates Committee made in their 102nd Report of Fifth Lok Sabha. The Committee note the Estimates Committee had recommended that the research projects conducted at the Institute should be reviewed by the Director and Dean half yearly with reference to the progress made, expenditure incurred and time spent and likely time and expenditure required to achieve the desired results. However, the Audit Review has revealed that review of Research projects was conducted for one year (1997-98) only. The review for the year 1995-96, 1996-97, 1998-99 and 1999-2000 was not conducted.

[Sl. No. 4 Appendix II Para 167 of Seventh Report of PAC (Lok Sabha)]

#### **Action Taken**

As per recommendations of the Estimate Committee, review of research projects completed between 1992-95 was conducted by a Committee comprising of the Director, Dean (Chairman, Research Committee), Co-ordinator and Invited Experts on yearly basis. The Research Review Presentation for the year 1998-99 to 2003-04 has been completed on 24.1.2005 and 28.2.2005 respectively. In this regard it is also stated that a Research Committee under the chairmanship of Dean and members from different specialities has since been re-constituted to oversee the working of the Research Section/Project.

#### **Recommendation**

Further as there is no evidence of the utilization or dissemination of research findings, the Committee are inclined to conclude that even the small efforts at promoting innovation have gone waste due to lack of will and application. Higher allocation would also not improve matters until the institutional arrangements improve and the projects are monitored for desired results. The Committee regret to point out that the

Institute has failed to carry out the reviews as recommended by the Estimates Committee of Parliament. The Committee have now been informed that Director AIIMS has constituted a Research Review Presentation Committee, which would review the Research Projects.

The Committee hope that the monitoring and review of all Research Projects would be undertaken by the Review committee with a regular periodicity so as to assess the progress and viability of Research Projects. Although the Committee have been apprised of an impressive list of various Research activities undertaken in AIIMS in the last few years, it is felt that there is need for timely submission of investigation report. The Committee recommend that it is essential to ensure that all Reports of research work funded by Government/non-Government/International Agencies are invariably submitted to the Institute. The Institute should ensure that the research findings are patented/commercialized timely so as to use them to the best advantage of the nation and humanity. A national research agenda may be formulated to meet the emerging and resurgent medical needs of the country and also to strengthen the capacity to investigate and successfully handle outbreaks of hitherto unknown diseases for instance, AIDS, SARS etc. In order to meet this objective, the Committee desire that the Institute should develop necessary infrastructure for surveillance, rapid laboratory diagnosis and timely interventions, which, in turn, would enable the country to effectively handle any health catastrophe. In this connection, the Committee strongly feel that grants for Research in AIIMS need to be augmented suitably.

[Sl. No. 5 Appendix II Para 168 of Seventh Report of PAC (Lok Sabha)]

#### **Action Taken**

It is mandatory for all the investigators to submit a copy of final report to the Institute. Further, as per recommendations of the Estimate Committee, review of research projects completed between 1992—95 was conducted by a Committee comprising of the Director AIIMS, Dean (Chairman, Research Committee), Coordinator and Invited Expert on yearly basis. The Research Review presentation for the year 1998-99 to 2003-04 has also been completed on 24.1.2005 and 28.2.2005. In future, review of all completed research projects will be carried out yearly by external technical experts. As regards the control of epidemics of communicable diseases like AIDS, SARS etc., the National Institute of Communicable Disease is made exclusively responsible for this purpose. However, AIIMS is not lagging behind. A number of research projects on various aspects of tuberculosis, AIDS, Leprosy, Diarrhoeal diseases are being undertaken. Efforts are going on for developing Kit for diagnosis of AIDS and Tuberculosis etc. Further, the AIIMS may provide inputs to NICD and ICMR for diagnosis of communicable diseases. It is further stated that the Cell has already been established at the AIIMS. Although the AIIMS is not a technology institution, it has 12 and 4 products attributed to its research workers in the last 5 years. Regarding augmentation of grants for research, the Institute Research Grant has since been increased from Rs. 12.00 lakhs to Rs. 50.00 lakhs per annum from the financial year 2005-06. This was in addition to about Rs. 25 crores spent on Machinery & Equipment used for both research & patient care.

The priority areas of research for the 10th Plan period have been identified by ICMR. A continuous review of priorities and priority-setting mechanism is essential since research priorities change over time as a result of epidemiological, demographic and economic changes.

Training courses are being organized by Council's National Institute of Epidemiology, Chennai for outbreak investigations and outbreak responses.

A high containment laboratory (Biosafety level 3+) has been set up at Pune to handle new and emerging infectious diseases. Three more are planned for Mumbai, Chennai and Kolkata respectively.

### **Recommendation**

The Committee would like to point out that the purpose of medical research is to apply the results thereof for practical use in the fight against diseases with exemplary promptitude so that benefits of research reach the ailing humanity. The Committee, therefore, desire that time-bound programme for completion of ongoing research projects should be formulated and the pace of research and their practical applications in the medical field should be intensified. A mechanism needs to be evolved expeditiously so that research efforts of AIIMS and other Central Medical Research Institutes in the country and newer models of medical education developed by AIIMS are available to the Medical Council of India (MCI) to be adopted nationwide. It is imperative that there should be a system to ensure that AIIMS and the other advanced Central Institutes in the field transfer all their experiences to the MCI from time to time to enable the Council to incorporate some of those, as are approved by the Council in its recommendations, on under-graduate and post-graduate medical education.

[Sl. No., 6 Appendix II, Para 169 of Seventh Report of PAC (Lok Sabha)]

### **Action Taken**

Medical Council of India (MCI) is not directly concerned with all research activities. Research may be in the field of basic research, operational research, epidemiological research or research in educational methodology. Informing about research in the field of education to MCI is a good idea as then it could be disseminated in the country.

Most of the research projects at AIIMS are funded by outside agencies like ICMR, DBT, DST, CSIR etc. and are time bound programme. All the project investigators submit their annual reports and final reports to these agencies. However, it has now made mandatory to submit a copy of the final report to the Institute also.

The results of various research activities are being presented at various scientific meetings and published/disseminated through the Annual Report of the Institute and research publications in various national and international journals.

It is ensured that information about such research findings are widely disseminated so that more people gain from the knowledge/latest development.

The ICMR has formulated a draft National Health Research Policy, wherein it is proposed to set up a National Health Research Management Forum, which will have representation of all stakeholders with ICMR as its Secretariat. One of its functions would be to review the biomedical and health research management, and suggest strategies to overcome problem in implementing the outcome of research conducted in the country. To facilitate utilization of research results the Foundation would be chaired by Union Minister for Health & Family Welfare.

#### **Recommendation**

As per the latest information furnished by the Ministry, there are 444 faculty members in position as against the sanctioned strength of 509. The Committee note that All India Institute of Medical Sciences was to function as a Teaching Hospital to develop excellence in Medical Education and Research teaching. However, teaching has suffered on account of shortage of teaching staff and the employment of teaching staff on ad-hoc basis due to the matter remaining subjudice for seven years. For instance, the Committee note that against the sanctioned strength of 475 faculty members as on 31st March 2000, only 324 members were in position resulting in a shortage of 151 (32 per cent). Considerable shortage of faculty members existed in the cadre of Assistant Professors. These posts were not filled up on regular basis after September 1993 due to orders passed by the Hon'ble High Court of Delhi in November 1994. However, 115 adhoc Assistant Professors were appointed between 1993-94 to 2000-01, out of which 52 were appointed on ad-hoc basis three to seven years back. It may not be out of place to mention that an ad-hoc arrangement dilutes the staffing norms while contributing adversely to attaining excellence in education. The Committee feel that such a situation, if left unattended, would gradually degenerate thereby seriously hampering the Institute's reputation as a Premier Teaching Institution. The Committee, however, have been given to understand that of late all ad-hoc appointments have been stopped and would not be made in future also. The Committee feel that not only the sanctioned strength of the faculty members should be filled up with suitable persons at the earliest but it is necessary to review the sanctioned strength periodically to meet the growing demand resulting from increase in number of students from time to time.

[Sl. No. 7, Appendix II, Para 170 of Seventh Report of PAC (Lok Sabha)]

#### **Action Taken**

At present, the sanctioned strength of faculty is 510. 425 faculties are in position. In addition, 18 Assistant Professors are working on ad-hoc basis. The vacant posts were advertised and recruitment process have been completed. As regards non filling of entry level posts of Assistant Professor from 1993, it is submitted that the Faculty Association, AIIMS had filed a suit against reservation and the Hon'ble High Court had passed an interim order dated 15.11.1994 as under:-

"Till next date, reservation be not given effect to".

The Hon'ble High Court of Delhi dismissed the aforesaid Writ Petition on 26.11.2001. 170 vacant posts of Assistant Professors in various disciplines were advertised. Selections were held in February/March/April 2003. Appointments were made in June 2003. Out of 152 Assistant Professors on *ad-hoc* basis at that time, 123 were selected and appointed on regular basis. 12 posts of Assistant Professors remained unfilled due to non-availability of suitable candidates. Since July 2001, no *ad-hoc* appointments to the faculty posts had been made.

The faculty posts are created in accordance with the established procedure. It is now ensured that in the event of vacancies recruitment is to be made expeditiously. At present the screening process for recruiting 124 faculties has been completed & selection committee is likely to be held shortly.

### **Recommendation**

The Committee find it very disappointing that Doctors employed in the Institute invariably go on study leave abroad but seldom return on time for a substantial period in order to earn money. The Audit review of the extramural funded projects from different funding agencies, which were closed as on 31.3.1992 in a pilot study based on 390 respondents, showed that 49 per cent were practicing/employed abroad. The Committee regret to observe that large investment in providing subsidized medical education for developing excellence and sufficiency have gone substantially unreturned. Though the Committee agree that the opportunities for self-progression through exposures to advancements in the bio-medical field should not be denied yet they feel that it is unethical to use the country's meagre resources for training just to enable the trained personnel leave the country later in search of greener pastures abroad. The Committee are further surprised to find that the Institute did not undertake any study to ascertain the costs incurred by the Government on providing world-class education to Medical professionals, despite the recommendations of the Estimates Committee in 1987. The Estimates Committee had expected that medical professionals, trained at the Institute would develop a sense of obligation when they know that the country invests its scarce resources for their training. The Committee are of the opinion that such a study is imperative. Thus, the Committee further feel, could prevent the exodus of the skilled personnel to a certain extent. They, therefore, desire that the Government must make a study to assess the cost of subsidized medical education to doctors. The Committee have been informed that AIIMS has now started formulating necessary guidelines for doctors going abroad on study leave or assignments and would enforce its strict compliance. The Committee feel that the Ministry may also explore the possibility of stipulating a provision in the existing procedures that the doctors trained and absorbed in AIIMS will have to serve the Institute for a minimum number of years before they are considered eligible to apply for study leave to go abroad. The Committee further desire that appropriate action, penal or otherwise, should be taken against the doctors who overstay while on study leave abroad. In this connection, it is pertinent to note the statement of the Director, AIIMS that any person over staying/extending his stay of a maximum period of two years in one go will be treated as having resigned from the AIIMS. The Committee view this as a welcome step which need to be sustained with same vigour. The Committee also hope

that the Institute will take specific steps in regard to certain particular super-speciality disciplines for example Neurology, Cardiology, Nephrology, Oncology etc. to ensure that services in their Departments do not suffer due to absence of doctors who proceed on study leave. The Committee are apprehensive that if the brain-drain is not checked well in time then the Institute would drift away from the avowed objective of being a Centre of Excellence to train highly qualified manpower to look after the nation's expanding health case scenario.

[(Sl. No. 8, Appendix II, Para 171 of Seventh Report of PAC (Lok Sabha)]

#### **Action Taken**

The faculty members of the Institute are permitted for fellowship/training and to accept assignments abroad in accordance with the guidelines, which provides as under:—

#### **Guideline No. 4 foreign Visits.**

- (i) The application/requests of the faculty members for assignment/fellowship etc. be forwarded by the Director after looking into the requirements of the concerned department to which the faculty member belongs and also after taking into consideration the requirements/interest of the Institute as a whole.
- (ii) A member of the faculty may be permitted by the Institute to accept short term fellowship/assignment; long term fellowship/assignments, visiting scientist to UN or other international agencies; visiting faculty or research centre/training programme/scholarship in India or abroad not exceeding a total period of 5 years during the entire service as a faculty member at this Institute.
- (iii) Entitlement shall accrue at the rate of 1 year per 5 years of service. A member of the faculty may not be permitted to take up any above fellowship/assignment for more than 2 years at a time (short or long) before completion of 2 years service at AIIMS (as 2 years is the probation period). The services of a faculty member rendered on *ad-hoc* basis would also be counted for this purpose. However, the faculty member should be working on regular basis before he/she is permitted to take up above fellowship/assignment. There should be a gap of 3 years (bond period) between two long-term assignments (beyond six months). Any request for extension after completion of maximum permitted duration, *i.e.* two years will be considered as resignation letter, which will be processed by the competent authority immediately.
- (iv) At a given time, one faculty member from a particular department may be permitted for a long term assignment/fellowships etc. and one faculty member for a short term assignment/fellowship upto 3 months keeping in view the strength of the concerned department, so that the work of the department may not suffer.

- (v) The resignation/voluntary retirement of a faculty member will not be accepted if he/she is on assignment/fellowship training. In case such request is received then the concerned person is required to join back duty and then submit his/her resignation/voluntary retirement. Institute will allow this to the concerned person subject to the condition:
  - (a) That the Bond money is deposited, *i.e.* Rs. 5.00 lac for long term assignments/fellowships etc. and Rs. 3 lacs for short term; and other usual notices requirement or salary in lieu thereof. The resignation/voluntary retirement of the concerned person will not be considered until & unless he/she deposits full amount in this regard.
- (vi) The provision of SR-12 will not apply where extraordinary leave without pay is availed of by a person for accepting the assignments/fellowship/training etc.
- (vii) The member of the faculty/staff may not be permitted to take up the assignment/fellowship/training etc. of a private organization, which are running on commercial basis in India. They can be permitted to avail of the assignment/fellowship/training abroad where the Institution/Colleges are associated recognized by the concerned government.

#### **Bond**

- (viii) Faculty Members/staff members who are permitted to avail of fellowship/training/assignment etc. for a period exceeding 45 days including transit period will be required to execute a bond for a sum of Rs. 3 lacs for short term assignments/fellowships etc. (up to 6 months) and Rs. 5 lacs for long term assignments/fellowships etc. (beyond six months) binding themselves to serve the Institute for a period of one year and three years respectively or up to the date of superannuation, whichever is earlier, on their return from the assignment/fellowship/training etc. failing which a sum of Rs. 3 lacs or Rs. 5 lacs as the case may be, will be payable to the Institute by the concerned person.

There will be no Bond in case of deputation with the organization in pursuance of the obligation under agreement entered into by the Govt. of India or by the AIIMS etc. BPKIHS, Dharan, Nepal etc.

The aforesaid guidelines are strictly complied with while processing the requests of the faculty members for availing of fellowships/training/assignments abroad.

Five faculty members were removed from the service of the Institute on account of their overstay abroad. Penalty of withholding of two increments without cumulative effect was also imposed on a faculty member for his un-authorized absence abroad.

The Government is in the process of reviewing the tuition fee structure of Central Government Medical College Institutions including Autonomous Institutions like, AIIMS, New Delhi and PGIMER, Chandigarh. Government is examining the incentive/disincentive to CHS Doctors and AIIMS, New Delhi, PGIMER doctors going



abroad for training/assignment to prevent them from leaving, without serving the Institute. The Government is also reviewing the tuition fee structure.

### **Recommendation**

One of the objectives of the Institute is to demonstrate a high standard of medical education to all medical colleges and allied institutions in the country. The Committee note that the methods adopted for dissemination of information regarding high standards of medical education evolved by AIIMS include publications of such information in the Annual Reports of the Institute, organization of workshops and symposia on different aspects of medical education, offering short-term courses to teachers, publication of memoranda and Text books on medical education, etc. The above methods are, in the opinion of the Committee, not adequate by themselves. Mere supply of information to all medical colleges and allied institutions can not be considered sufficient unless the high standard of medical education purported to be achieved through models evolved by AIIMS is actually attained. This will need a systematic evaluation of the standards achieved by these colleges *vis-a-vis* those in existence in AIIMS so that deficiencies noticed, if any, are rectified with promptitude. It will be desirable to have a periodic test-check of the standards of few medical colleges to undertake the necessary evaluation. The Committee desire that AIIMS should endeavour to keep itself apprised of medical advancements in the international field also so as to play a dominating role in bringing about a qualitative improvement in undergraduate and post-graduate medical education in the country.

[Sl. No. 9, Appendix II, Para 172 of Seventh Report of PAC (Lok Sabha)]

### **Action Taken**

The Institute has comprehensive facilities for teaching, research and patient-care. AIIMS conducts teaching programmes in medical and para-medical courses both at undergraduate and postgraduate levels and awards its own degrees. Teaching and research are conducted in 50 disciplines. In the field of medical research AIIMS is the leader, having more than 1300 research publication by its faculty and researchers in a year. AIIMS also runs a College of Nursing, training for the students for B.Sc. Nursing (Post-Certificate) degrees.

The AIIMS for the first time introduced one year internship in the MBBS course which was later on implemented by the Medical Council of India (MCI) as well as all other medical colleges in India. AIIMS was the first Institution which restricted its MBBS Course to include 1 year for pre-clinical subjects, 1½ years for para-clinical subjects and 2 years for clinical subjects. This model has been subsequently adopted by MCI. AIIMS was the first Institution to launch 3 months residential rural posting during internship. The incorporation of integrated seminars across the undergraduate curriculum and introduction of an objective assessment strategy are also novel modifications to undergraduate teaching brought about by AIIMS. The AIIMS at present is awarding degrees in 18 super specialities courses besides postgraduate and undergraduate. The AIIMS was the first medical institution to start a 3 years post-graduate course and also was the first to start 3 years super-specialities courses.

The AIIMS has raised the period of super-specialities courses from 2 years to 3 years *viz.* DM/MCh. This has been implemented by all other medical colleges as well as MCI. The AIIMS has an established syllabus for post-graduate courses as well as super-speciality courses, while the Medical Council of India is still in the process of preparing the syllabus for post-graduate courses in India. The AIIMS has an established syllabus for all the other academic courses which are running at this Institute.

Further practical training for developing model education training programmes for under-graduates and post-graduates are being done through workshops, seminars, symposia. Hands on Training programmes for participants of different national and international standards are done at the AIIMS regularly.

We agree to the PAC recommendation on the need for proper dissemination/ inculcation of high standards of Medical Education achieved in AIIMS to other Medical Colleges/Institutions.

#### **Recommendation**

An instance of casual attitude of the Ministry as well as Institute in the field of Medical Education is evident from the fact that the Centre for Post Graduate Education and Research in Dental Services, which was proposed to be established during Sixth Five Year Plan (1980—1985) is yet to be set up. The proposal for this Centre, approved as early as in 1979, was again considered and approved by the Academic Committee in July, 1998. The Centre is now planned to be completed by September, 2005. The inordinate delay in completion of this Centre is nothing, but inexplicable. At this stage, the Committee cannot but strongly emphasize the need for taking suitable steps to ensure that this Centre is completed and made functional by the target date.

[Sl.No. 10, Appendix II, Para 173 of Seventh Report of PAC (Lok Sabha)]

#### **Action Taken**

In this regard it is stated that the construction work of Centre for Dental Education & Research at AIIMS has started in March, 2005 and the Centre is likely to be made functional by next year.

#### **Recommendation**

The Committee note that the Institute was conceived as a centre of excellence in the areas of medical research and medical education while serving as hospital or specialized medical services. The Audit review has revealed that over the years the Institute has grown in terms of delivery of general medical services at the expense of research, education and specialization. As a result, the objectives remain largely unfulfilled while additional resources continue to be deployed with the expectation that the Institute is growing in the direction visualized. The Institute, as a teaching hospital, failed on the one hand in developing academic excellence and innovation in technology, and on the other, in providing quality treatment as a specialized referral hospital of national importance. Large shortages in the cadre of doctors and nurses have resulted in depriving the patients of the quality time in diagnosis, treatment and medical care. The doctor-patient ratio is very high in as much as a patient gets barely

four to nine minutes of attention from the doctor at the OPD. Waiting time for surgery ranges from two and a half months to 34 months. If the waiting time for diagnostic tests are added, the waiting time would be even longer. The Committee are of the view that various factors responsible for this state of affairs are resource constraints, adhocism and shortfalls in adequate strength of doctors, nurses and skilled personnel, overcrowding of outdoor and indoor patients, inadequacy of beds and inappropriate diagnostic facilities, poor quality patient-care facilities etc. available in the Institute. The Committee feel that concerted action needs to be taken to overcome infrastructure problems, including those of staffing and providing better facilities for patients thronging the Hospital. The Institute needs to develop a modern patient administration system, appoint patient coordinators and increase co-operation between its various departments.

[Sl.No. 12, Appendix II, Para 175, of Seventh Report of PAC (Lok Sabha)]

#### **Action Taken**

AIIMS has been providing excellent clinical services to patients from all over India and even from neighbouring countries. Because of its good reputation, number of patients visiting various out patients Departments and indoor facilities has been rising steadily. At present more than 7000 patients have been attending various OPDs every day. Catering to such a heavy patient load consumes most of the time of the faculty members. In spite of this heavy load, faculty members have been carrying out excellent research and publishing the results in national and international journals and also teach undergraduate and postgraduate students and look after other clinical duties.

The AIIMS faculty members has been generating research funds to the tune of Rs. 23 crores approximately per year from various governmental and international funding agencies like DST, CSIR, ICMR, WHO etc. In addition there are many grants bilateral collaboration programme such as Indo-US, French & Indo-German etc. All these funding agencies give research grant on a competitive basis based upon the project.

A large number of publications—national and international, in indexed journals were published by faculty members based upon their research status. During 2003-2004, almost 1300 papers were published in various journals. In survey carried out by the Department of Scientific and Industrial Research, only 8 Indian scientific Institutions could be classified as high impact institutions. AIIMS was only medical institutions, which came in the category, AIIMS was at no. 4 in the list, higher than any IIT.

Even though AIIMS is not a technology Institution, it has 12 patents, and 4 products attributed to its reasearch workers in the last 5 years. Also 12 indigenous, cheap and reliable diagnostic kits, and 4 new diagnostic techniques, for diseases relevant to our population, have been designed by AIIMS researchers. The rota virus vaccine and the HIV vaccine—both undergoing trials are also contributions from AIIMS research workers.

A large number of faculty members have received several awards based upon their research activities. This includes awards of ICMR, Ranbaxy Science Foundations and Fellowships of various scientific academies.

However, for ideal functioning it would be preferable if the number of patients coming to the hospital could be regulated. One of the ways to reduce the patient load would be by making AIIMS as a referral tertiary care hospital. However, if AIIMS is made a referral tertiary care hospital, then it would not be possible to continue with the MBBS students at AIIMS because for teaching MBBS students we need general patients also. However, as per AIIMS Act, the Institute has to conduct courses in Undergraduate and Postgraduate medical disciplines.

It is creditable that AIIMS is being nominated as the best medical college in the country by "India-Today" over many years in the past. A survey carried out and published (April 2005) by "The Week" has also rated AIIMS as the best hospital and top medical college in the country.

The problems of long waiting time and over crowding of indoor and outdoor patients are due to large influx of patients coming from various States. It is proposed to develop more centres of excellence under PMSSY in the underserved areas to serve as a counter magnet to increasing inflow of patients to AIIMS. Further, within AIIMS also, the re-development of AIIMS is an ongoing exercise and the increase in bed strength/creation of new super speciality Centre will be considered in the 11th Plan.

However, projection of expansion of services to cope up with the increasing workload has been made from time to time in the areas like Emergency Ward/Private Ward beds where the number of beds have been increased by about 167 beds. Capacity utilization of support service has been made, so that it copes up with the workload. The projection of additional manpower is under consideration of different statutory bodies constituted for the purpose.

### **Recommendation**

The Committee feel that the Out Patient Department (OPD) of a hospital is the most important unit where almost all patients suffering from mild to severe conditions report first. It is here that patient forms his first impression of the type of service that he should expect to get from the hospital. On an average about 7,000 patients attend the OPD of the Institute per day. Though the Public Accounts Committee (Sixth Lok Sabha) in their 49th Report had recommended that the strength of doctors be suitably fixed to bring down the waiting time of out patients to half an hour at the most, the Institute had not fixed so far any norms of deployment of doctors in OPD on the basis of workload to ensure satisfactory patient care. The Committee are concerned to point out the average Doctor-Patient ratio in the OPD in the AIIMS has increased gradually from 1:21 in 1990-2000 in 1:26 to 2001-2002 and further to 1:32 in 2003-2004. The Doctor-Patient ratio in the indoor service is stated to be 1:35. The Committee feel that this Doctor-Patient ratio is abnormally high and needs to be brought to a reasonable level. The Committee are of the opinion that the strength of doctors in various Departments of the Institute needs to be reviewed and refixed on the basis of well-

determined norms and guidelines so as to enable them to render satisfactory service to patients coming for treatment in the Institute. The Committee further note that owing to certain specific reasons, many key posts in the Institute were filled up through *ad-hoc* appointment, which has brought administrative inefficiency in the Institute and consequently, the patient-care services have received a serious jolt. Since *ad-hocism* has dented the reputation of the Institute, the Committee feel that the problem needs to be urgently addressed to ensure that the Institute continues to be one of the best in the world in providing specialized health care.

[SI. No. 13, Appendix. II, Para 176 of Seventh Report of PAC (Lok Sabha)]

### **Action Taken**

AIIMS has been providing excellent clinical services to patients from all over India and even from neighbouring countries. Because of its good reputation, number of patients visiting various Out Patients Departments and indoor facilities has been rising steadily. At present more than 7000 patients have been attending various OPDs every day. Catering to such a heavy patient load consumes most of the time of the faculty members. In spite of this heavy load, faculty members have been carrying out excellent research and publishing the results in national and international journals and also teach undergraduate and postgraduate students and look after other clinical duties.

However, for ideal functioning it would be preferable if the number of patients coming to the hospital could be regulated in order that proper Doctor-Patient Ratio is maintained. One of the ways to reduce the patient load would be by making AIIMS as a referral tertiary care hospital. However, if AIIMS is made a referral tertiary care hospital, then it would not be possible to continue with the MBBS students at AIIMS because for teaching MBBS students we need general patients also. However, as per the Act, AIIMS has to conduct courses in Undergraduate and Postgraduate medical disciplines.

It may also be seen that 60% of the patients to AIIMS are coming from other states of India. One of the reasons why patients travel such a long distance and come to the Institute is because of non-availability of proper health care facilities in other States. If more specialized centres could be built up in the various States, it would help in reducing patients load at AIIMS. The proposal of setting up of 6 AIIMS like Institutions will go a long way in reducing patients load at AIIMS.

The Governing Body has recently approved the recommendation of Selection Committee for various posts in AIIMS. With the filling up of all these posts, the situation would improve.

However, the workload of casualty has been increased by more than 25 per cent in the last 4 years. With a view to provide the best medical treatment round the clock in each discipline of Casualty/Emergency services in addition to the above, 21 posts of

Senior Residents and 39 posts of Junior Residents (Non-Acad.) have been sanctioned by the Standing Finance Committee of the Institute on 20-06-2005 as per details below:—

Senior Residents		Junior Residents	
(Non-Acad.)		(Non-Acad.)	
Medicine	- 8		
Surgery	- 6	Jr. Residents	- 39
Anaesthesia	- 4		
Paediatrics	- 3		
N. Surgery	- 4		
Anatomy	- 2		
<b>Total</b>	<b>- 27</b>		<b>- 39</b>

However, the situation needs to be assessed on continuous basis so as to deploy more senior doctors/specialists to manage the Casualty/Emergency Wards.

#### **Recommendation**

Various irregularities in the purchase and disposal of machinery and equipment have come to the notice of the Committee during the examination of the subject. These included auction of equipment ASM 100 X-Ray Generator in working condition, extra expenditure of Rs. 23.97 lakhs on Cath Lab. I, II & III and Gamma Knife due to placing of orders without availability of funds; a machine known as Counter Chamber costing Rs. 46.55 lakhs procured in 1994-95 having remained unutilized right from its installation and also not taken in stock. It was further noted that the equipment Copper Laser Vapours with Dye Laser was not selected according to the requirements; the purchase of Non-Invasive continuous homodynamic monitoring system was done without calling for tenders and proper records were not maintained to keep a watch over the receipt and working of foreign equipment. The Committee desire that the Institute should be careful in future while buying such machinery and equipment.

[Sl. No. 19, Appendix II, Para 182 of Seventh Report of PAC (Lok Sabha)]

#### **Action Taken**

In this regard it is stated that all the Chief of the Centres and Head of the Departments have been instructed to prioritize and procure machinery & equipments on strict merits and only those which are genuinely required. Further, either there should be no additional requirement of site, water, space, manpower etc. or it should be ensured that all these pre-installation requirements are arranged simultaneously so that machinery & equipments could be utilized optimally right from their arrival/installation.

#### **Recommendation**

Various instances of losses and mismanagement of resources were noticed in the administration of the Institute. The Institute failed to collect at least Rs. 2.43 crores as Registration Fees from 64 per cent of the OPD patients. The Institute allowed a drug store and a provision store to function in its premises at a loss of revenue of atleast

Rs. 55.38 lakhs. Instances of manipulation of records were noticed in the auctioning of an equipment in working condition. Moreover, the Institute failed to reflect Rs. 2.57 crores of outstanding advances against private firms on its books of accounts. In certain cases, the institute continued to keep an amount of Rs. 18.73 crores in its cash balance though it was shown as debit in the final head of accounts. The Committee consider these irregularities as a reflection on the part of the administrative efficiency of the AIIMS. The Committee would like the Institute management to draw appropriate lessons from these lapses with a view to avoid the same in future.

[Sl. No. 20, Appendix II, Para 183 of Seventh Report of PAC (Lok Sabha)]

#### **Action Taken**

Regarding loss of revenue on account of levy of stamps it is submitted that as of date no revenue loss has been noticed by the Institute. As already stated in the cases of a vast majority of patients, like referred patients from general OPD departments to another OPD, E.H.S. beneficiaries, patients attending through casualty OPDs and in some cases very poor patients are not required to pay registration fee. This system of registration might have been perceived as loss of revenue. However, steps are being taken to ensure a better management information system and separate record maintenance for the paying and exemption categories.

As regards loss of revenue towards licence fees, the Super Bazar being a cooperative sector venture was given the space at nominal licence fee to ensure the availability of drugs at reduced cost rather than starting a commercial venture. Similarly in case of provision of store at Ayurvigyan Nagar managed by Super Bazar Co-operative Stores Ltd; it was allowed to continue the contract on existing terms and conditions keeping in view the services being provided by the Super Bazar at reasonably fair prices being a Cooperative Society under the Ministry of Food and Civil Supplies. However, both the sites have already been evicted.

With regard to auctioning of an equipment in working condition it is submitted that SM-100 was proposed for upgradation after utilizing it for 16 years. Whenever a unit is malfunctioning and repairing is difficult it is proposed for replacement/upgradation. However, efforts are being made to keep the equipment in working condition by all means till it is ready for replacement so that patient care does not suffer. Most of the equipment needs to be replaced after 10-15 years. Further, the Generator Room No. 75 was closed down from 15-4-99 to 16-8-99 for replacement of the machine.

During this time the fluoroscopic studies of indoor patients were performed in other fluoroscopy rooms. Therefore, it is not true that the equipment was auctioned while it was in working condition.

As regards outstanding advances to the private firms/parties, it is submitted that all the advances have been adjusted and in future due to close monitoring and regular review of the advances, it will be ensured that the advances are adjusted with in a very short span.

Regarding keeping of Rs. 18.73 crores in its cash balances it is submitted that all the concerned centres/departments/units etc. have been instructed to streamline the purchase procedure so that such type of lapse could be avoided/minimized.

### **Recommendation**

The Committee note from the Audit findings that a computerization system was set up at a cost of Rs. 2.03 crores at the Institute in April, 1989 for Patient Care System, Administration, Library, Academic & Research and Teaching. The software of the Patient Care System was developed by Tata Consultancy Services at a cost of Rs. 25 lakhs in May, 1990. The Committee, however, find that the Patient Care System had not been used successfully as the mainframe computer system was rendered obsolete and thus was unable to handle more than 25 online users, whereas, the number of users on the network had increased beyond 100. The Committee are of the opinion that Institute, being a Research Centre in advanced Medicine, should have a system in place to periodically study their software requirements *vis-a-vis* available technology and recommend updating of the system. It appears that the Institute continued to maintain a system which was obsolete in terms of requirement and was incurring heavy expenditure on its maintenance. The Committee regret to observe that AIIMS, despite being a leading Super Speciality Hospital, does not have a modern information system. The Committee, therefore, recommend that necessary mechanism be developed to keep the Institute in-sync with the latest computer technology, which would support the day-to-day working of the Institute.

[Sl. No. 22 Appendix II Para 185 of Seventh Report of PAC (Lok Sabha)]

### **Action Taken**

In this regard it is stated that with a view to incorporate with the latest computer technology which would support the day to day working of the Institute, the proposal for inviting tenders from the interested firms has been finalized. The global tender process is expected to be completed by the end of December, 2005. This will be followed by operationalization of the Computer System at AIIMS.

As regards development of modern information system in-sync in latest technology, it may be stated that the Government is considering a proposal to study the organizational set up of AIIMS through a Management Institution. While entrusting the study, the observation of the Committee would be kept in mind to remove the deficiency.

### **Recommendation**

The Committee note with grave concern that various advertisements from quacks claiming to give immediate relief from various diseases regularly appear in National Dailies which take gullible patients for a ride. The Committee would like to point out that as per the provisions of the Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954, no person is to take any part in the publication of any advertisement referring to any drug/magic remedies which suggest any diagnosis, cure, mitigation, treatment or prevention of any disease, disorder or condition specified in the Schedule of the Act that includes epilepsy, leprosy, fits, insanity, paralysis, leucoderma etc. Imprisonment extending to six months in the case of first conviction and upto one year in case of subsequent conviction has been provided as penalty for any offence committed under this Act. The Committee, however, regret to observe that



no effective system exists to enforce the provisions of this Act to check the malpractices, which could be one of the reasons as to why quacks enjoy flourishing business in a short span of time. The Committee have been given to understand that there is a proposal in the Ministry to provide statutory regulatory framework specifying the procedure for an Expert Committee to examine the claims made by quacks. It is also intended to have a penalty clause for such offences. The Committee desire that the Ministry should take urgent steps to enforce the provisions specified under the Drugs and Magic Remedies Act of 1954 as well as ensure that the proposed regulatory framework is operationalised at the earliest.

[Sl. No. 2 Appendix II Para 186 of Seventh Report of PAC (Lok Sabha)]

#### **Action Taken**

The Drugs and Magic Remedies (Objectionable Advertisements) Bill for the amendment of Drugs and Magic Remedies(Objectionable Advertisements) Act to make responsive to present day needs is under consideration of the Ministry of Health for finalization.

#### **Recommendation**

The Committee have been given to understand that Six Research-cum-Referral Hospitals are proposed to be set up by the Government in Bhopal, Jodhpur, Raipur, Rishikesh, Patna and Bhubneshwar with the same standards of that of AIIMS. According to the Ministry, particular States in which these Hospitals are to be set up, have been selected primarily on the basis of their socio-economic development parameters and availability of health infrastructure. The main objective of these Institutes will be to provide:

1. State-of-the-art medical care in 39 Specialities and super-specialities;
2. A fillip for raising the prevailing standards of medical education;
3. A referral system that will ensure that all health institutions are optimally utilized.

The Ministry of Health proposed to place before EFC for clearance of these proposals short after which approval of Cabinet Committee on Economic Affairs would be sought. According to the Ministry, the State Governments would provide 100 acres of free-land, road connectivity, electricity and water supply for these Institutes. The likely construction time from the date of commencement is stated to be 36 months. The Committee appreciate these proposals of the Ministry of Health and Family Welfare and desire that concerted, effective and timely steps should be taken to ensure early commencement and completion of these Institutes which would go a long way in helping the population of the States with the added benefit of bringing super-speciality services practically to their doorsteps. The Committee also feel that these steps would be instrumental in decreasing the excessive patient load on AIIMS, Delhi and thus, desire that the project must be completed within the set target date without any cost overruns. The Committee further desire that once the experiment is successful,

the Ministry may explore the possibility of further expanding these facilities in other deprived regions of the country as well.

[Sl. No. 24 Appendix II Para 187 of Seventh Report of PAC (Lok Sabha)]

#### **Action Taken**

The Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) launched in 2003 envisages to offer specialities and super-specialities medical care and quality medical education in under-served States. Under PMSSY *inter-alia*, it is proposed to set up one AIIMS-like institution each in the States of Bihar (Patna), Raipur, Madhya Pradesh (Bhopal), Orissa (Bhubaneswar), Rajasthan (Jodhpur) and Uttaranchal (Rishikesh) and to manage them.

A Project Management Committee has been constituted under the chairmanship of Secretary (H&FW) with representative from M/o Finance, Planning Commission, Airport Authority of India, Director (AIIMS) and officials of this Ministry to oversee the effective and timely implementation of the Pradhan Mantri Swasthya Suraksha Yojana (PMSSY). Various start-up activities like construction of boundary wall, the process for selection of Project Consultant for providing comprehensive consultancy services and selection of architectural concepts/designs for AIIMS like institution have been taken up.

HSCC(I) Ltd. a PSU under the Ministry, has been appointed as the in-house consultant for assisting the Ministry for start up activities. For establishing and running all the six institutes, it is proposed to set up a Central Apex Society under Societies registration Act, 1860. Draft Memorandum of Association (MoA) prepared for the Central Apex Society, contains a provision that if necessary, Society would be competent to consider the establishment of more such institutions in other parts of the country.

The proposal for implementation of PMSSY has been cleared by the Expenditure Finance Committee and pending approval of the competent authority.

#### **Recommendation**

The Committee also understand that there is a proposal to upgrade one medical college each in the States of Andhra Pradesh, Jharkhand, Jammu & Kashmir, Tamil Nadu, Uttar Pradesh and West Bengal to the level of the proposed AIIMS like institutions. This would be a one time exercise wherein the Central Government would render estimated assistance of Rs. 120 crores to each existing institution to bring it to the level of AIIMS like facilities. The Committee welcome this proposal also and desire that this should be followed up and implemented at the earliest as it would provide a fillip for raising the prevailing standards of medical education and provide a capable medical workforce of not only medical graduates but also well-trained specialists and super-specialists comparable to the level of the AIIMS.

[(Sl. No. 25 Appendix II Para 188 of Seventh Report of PAC (Lok Sabha)]

### **Action Taken**

The revised PMSSY proposal envisages *inter-alia* upgradation of one existing Medical Institute each in the State of Jharkhand, Jammu & Kashmir, Tamil Nadu, Uttar Pradesh, West Bengal and two existing medical institutes in the State of Andhra Pradesh. The proposal for implementation of PMSSY has been cleared by the Expenditure Finance Committee and is pending approval of the competent authority.

### **Recommendation**

The Committee note that AIIMS has Vishram Sadans for the relatives/attendants of patients coming from outside Delhi. As a large number of relatives of patients admitted in the Hospital from outside Delhi have to stay in the Hospital premises, the Committee feel that the existing arrangements by the Institute need to be augmented further to cater to their requirements. The Committee would also like the Institute to ensure adequate canteen facilities and 24 hrs. chemist shop in the premises of the Institute so that the attendants of the patients do not face any difficulty on this account.

[(Sl. No. 26 Appendix II Para 189 of Seventh Report of PAC (Lok Sabha)]

### **Action Taken**

In this regard it is stated that the Institute with the help of volunteer organizations has created 400 beds by constructing three vishram sadans namely Rajgharia Vishram Sadan, Sai Vishram Sadan and Sulekha Vishram Sadan in the Western Campus of Ansari Nagar. These are functioning for the benefit of patients and relatives. Regarding adequate canteen facilities it is stated that the Institute has licensed two canteens near the main entrance gate for the supply of the food items to the patients and their relatives. As regards 24 hours chemist shop it is once again submitted that patients and their relatives are not facing any difficulty on this account as number of drug shops are opened round the clock in the subway adjacent to the Institute.

### **Recommendation**

The Committee note that the Ministry has taken action to fill up vacancies in the posts of teaching staff, nurses, technical staff and other supporting staff. In this connection, the Committee would like to point out that several vacancies continue to exist in these categories thereby affecting services rendered by the Institute. A large number of vacancies in AIIMS dilute the efficiency of the organization which also results in considerable inconvenience to patients in one form or the other. It is desirable that appropriate action is taken to fill these vacancies by advance planning and periodical monitoring at an appropriately higher level. The Committee desire that a study may be undertaken in the Institute to examine that the Doctor/Teacher/Staff provided in various Departments are commensurate with the work load. The Committee express concern over the fact that there is some resentment among researchers, doctors, nurses and supporting staff regarding their pay structure, service conditions, facilities etc. The Committee hope that suitable measures would be taken by the Ministry/Institute for the redressal of their grievances.

[(Sl. No. 27 Appendix II Para 190 of Seventh Report of PAC (Lok Sabha)]

### **Action Taken**

The Institute has made serious efforts to fill up the existing vacancies. During the last two years 1165 number of vacancies at various levels have been filled up. Currently the process to fill up the vacancies of the faculty is on. Regarding advance planning, from the last over a year the Institute has started doing DPCs six-months in advance to ensure that the vacancies by promotion are filled-up immediately upon creation. Besides this there are many proposals for creation of posts which are under consideration. Efforts are on to expedite these proposals.

Even though there are vacancies in the Institute, but it is not a fact that the services of the Institute have been affected/suffered. The AIIMS has been providing excellent clinical services to patients from all over India and even from neighbouring countries and there are no compromises in providing better services to the patients. It is creditable that "India Today" has nominated AIIMS as the best medical college in the country in last many years. A survey carried out and published in April, 2005 by "The Week" has also rated AIIMS as the best hospital and top medical college in the country.

As regards, the suggestion of the Committee for a study, an organizational study is under consideration.

Regarding resentment among researchers, doctors, nurses and supporting staff for their pay structure, service conditions, facilities are concerned, it is stated that as per the provision of AIIMS Act, the Institute has to create posts, on scales of pay applicable to similar posts under the Government or on scales of pay approved by the Government, classify them into grades and specify their designations and service conditions applicable to the Central Government Employees are applicable to the employees of the institute *mutatis mutandis*. Therefore, the Institute is giving pay scales and all other service conditions, facilities accordingly. As far as Faculty staff is concerned, the Government have already implemented the recommendations of the Bakshi Committee.

The staffing pattern and the working environments of AIIMS staff are totally different from that of Central Government Dispensaries/Hospitals.

### **Recommendation**

The Committee understand that many ad-hoc appointments have been made against Group 'C' and 'D' posts in the Institute in the past. The problem of large number of ad-hoc employees working in these categories has been brought to the notice of the Committee. The Committee recommend that the Government should devise a rational method to deal with the problem of regularization of ad-hoc employees. Further the Committee desire that no *ad-hoc* appointments should be made in future in these categories.

[Sl. No. 28 Appendix II Para 191 of Seventh Report of PAC (Lok Sabha)]

**Action Taken**

In this context, it is stated that a proposal with regards to regularization of Group C & D staff working as Ad-hoc/Temporary Status/Daily Wages was placed before the Standing Finance Committee of the Institute in its meeting held on 06.10.2004. However, the Standing Finance Committee did not approve the said proposal. In view of that there was no provision to regularize ad-hoc employees automatically & these ad-hoc employees have to go through regular selection process as Departmental Candidates against the vacancies. During the last two years 398 ad-hoc employees & 123 ad-hoc faculty have been regularized. It is further stated that the Institute has totally banned ad-hoc appointment & no such ad-hoc appointments have been made by the Institute during the last 2 years.

### **CHAPTER III**

#### **OBSERVATIONS/RECOMMENDATIONS WHICH THE COMMITTEE DO NOT DESIRE TO PURSUE IN VIEW OF THE REPLIES RECEIVED FROM GOVERNMENT**

##### **Recommendation**

The Audit Review has revealed that a large number of equipments for use for diagnosis and treatment were installed late, not installed at all or lying damaged. No wonder that patients in AIIMS, especially outdoor ones, which have increased manifold without corresponding increase in diagnostic facilities and equipment, are compelled to wait considerably for various test/investigations. Needless to say that without proper and early tests and investigations the patients cannot be given timely and exact treatment. The Ministry have taken the stand that since priority is given to Emergency/indoor patients, the OPD patients may have to wait. The Committee do not agree with the Ministry's view point and feel that notwithstanding all the steps taken by the Institute's authorities to minimize excessive waiting time, the problem continues to persist. The Committee are of the view that though certain delays are unavoidable and inevitable, yet the problem has to be tackled boldly and effectively so as to minimize the inconvenience and anxiety caused to the patients and their relative due to agonizing wait in queues. The Committee cannot but over emphasise the need for early suitable steps to ensure that waiting time for the patients to get diagnostic tests is reduced to bare minimum. For this, proper diagnostic facilities with the installation of more and more machines and equipment is the need of the hour. At the same time, the Committee would like the Institute to ensure that various machines and equipments are optimally utilized and are repaired immediately, and put to use again, in case any of those goes out of order. The Committee would like to be apprised of the precise steps taken in this regard.

[Sl. No. 14 Appendix II Para 177 of Seventh Report of PAC (Lok Sabha)]

##### **Action Taken**

The Institute has taken note of the concern of the Committee. As has been explained earlier the waiting period in the diagnostic procedures is mainly for outdoor patients because priority is given to the patients in the Casualty/Emergency (where there is no waiting period) and for indoor patients. The existing facilities at the Institute have been stretched to the limit due to heavy increase in the number of patients who arrive in the OPDs. At present, approximately 7,000 patients per day report in the OPDs and the Casualty of AIIMS. A large number of patients are from the poor section of the society and, hence, the diagnostic and other facilities at the AIIMS are mainly used for their benefit.

However, keeping in view the ever-increasing number of patients certain immediate steps have been taken to address the problem of waiting list. A latest state-of-the-art MRI machine has been procured which takes less time compared to

the old machine. The number of working hours for the MRI have been increased to 12 hours per day. Secondly, a separate diagnostic facility is being created at the AIIMS to take care of the patients in the private wards. This will make the diagnostic facilities already existing in the AIIMS available for a longer period of time for general patients. In the long term 12 independent advanced facilities in various super-specialities have been planned at the AIIMS, which will have additional diagnostic facilities. The Trauma Centre which has already been approved by the Government is likely to be completed by the end of 2005. It will cater to the requirement of all trauma cases including emergency cases and it will have the latest and state-of-the-art diagnostic facilities. Similarly, a separate Dental Centre is coming up at the AIIMS. It will reduce the waiting time of patients suffering from dental problems. A new Cardio-Neuro Tower is also under construction. This will provide 63 more beds for cardiac and neuro patients and four new Operation Theatres. The Dr. B.R. Ambedkar Institute Rotary Cancer Hospital is likely to be approved shortly. This will add another over 100 beds for cancer patients. Besides some more facilities already added/going to be added are as follows:—

- \* Decongestion of OPD Block—AIIMS gets about 7000 patients per day in the OPD. This led to lots of congestion in the OPD Block. A new fully air conditioned OPD Block for Medicine and Paediatrics was commissioned having separate registration counters, 30 consultation rooms, large waiting hall with sitting arrangements, immunization room, X-ray facility etc. This has resulted in de-congestion of existing OPD as over 1000 patients per day benefit from this additional facility.
- \* Streamlining of Emergency Services—A new emergency ward with 60 beds, including 2 High Dependency Units, has been constructed adjacent to the medicine emergency. This has been segregated into three functional support areas *i.e.* Surgery and Orthopaedics, Medicine and Paediatrics Emergency. A large waiting area has been constructed just near the Casualty with facilities like tea, coffee and snacks, sitting arrangements, toilet facilities, PCO, Public Address System etc.
- \* Augmentation of New Private Wards Facility—An additional 60 bed private ward has been commissioned. The waiting list has been virtually eliminated and more beds are now available in general wards for poor patients. Another 57 rooms have been completed.
- \* In-Vitro Fertilisation Facility (IVF)—A new IVF facility is going to be started within this year providing a ray of hope to childless couples. This will be the first IVF facility in any civilian government hospital in India.

Thus during the coming year another 450 bed will be added to the existing bed strength of 1953 beds raising the total bed strength to 2403. Last year 118 beds were added.

- \* Positron Emission Tomography (PET)—This ultra modern state-of-the-art diagnostic facility has been finalized at the cost of about Rs. 18 crores. This will be fully commissioned shortly. This will provide diagnostic facility in the

field of Cardiology, Oncology and Neurology and will predict a disease even before its onset. This is the only facility of its kind in any government hospital in the country.

The situation will be reviewed periodically and necessary action will be initiated to address this problem in future also.

#### **Recommendation**

Another significant feature in the patient care services in AIIMS, which the Committee have noted, is inadequate number of beds which, at present, is 1853 for indoor patients. The Committee understand that while the Institute faces a huge attendance in OPD, the possibility of getting beds in most of the Wards is generally remote for a large number of patients requiring Indoor treatment. Although 465 beds are proposed to be augmented next year, still the number of beds available would be far short considering the fact that 7000 patients attend the OPD per day and a good number out of these need Indoor treatment. The Committee have been given to understand that various ward facilities in AIIMS are proposed to be augmented in the near future. The Committee would like the authorities to keep the bed requirements in view when the additional facilities are planned. The Committee desire that urgent measures should be taken to augment the availability of beds as the institute is gravely short of the requisite number of beds.

[Sl. No. 15 Appendix II Para 178 of Seventh Report of PAC (Lok Sabha)]

#### **Action Taken**

AIIMS is in process of preparing a re-development plan and more super speciality centres shall be constructed in existing Masjid Moth/Ansari Nagar campus. Once the project is completed, the bed strength will also increase substantially. In addition, the pressure on AIIMS will be considerably reduced once the six new AIIMS like Institutions and upgradation of Medical Institutes is approved under PMSSY in the different under-served States.



## **CHAPTER IV**

### **OBSERVATIONS/RECOMMENDATIONS IN RESPECT OF WHICH REPLIES OF GOVERNMENT HAVE NOT BEEN ACCEPTED BY THE COMMITTEE AND WHICH REQUIRE REITERATION**

#### **Recommendation**

The Committee are aware of the serious debate currently doing the rounds over the level of autonomy enjoyed by the Institute. They note that AIIMS was established as an autonomous Institution to serve as a Centre of Excellence in the areas of medical service and education while serving as a super-speciality hospital. However, the Committee are concerned to note that by and large various activities undertaken in AIIMS are dependent on the Ministry of Health and Family Welfare for grants and thus, autonomy, which was meant to spell out 'freedom of action', as envisaged during the setting up of AIIMS, has been somewhat hampered. During evidence, the Institute expressed reservations over the limited autonomy available to them and informed the Committee that their functioning has been adversely affected for want of complete 'functional' and 'financial' autonomy. The Committee are in agreement with the apprehensions expressed that excessive Government control as well as political influence erodes the efficiency and growth capacity of an institute. They therefore, are of the view that complete autonomy in conducting bio-medical research is an essential pre-requisite for the growth of AIIMS so as to reach the standards of excellence envisaged in the Act of 1956. The Committee desire that the question of autonomy of AIIMS may be carefully examined by appointing an external agency immediately which ought to ensure, in the process, the outstanding character of the Institute. Further the Committee stress that, if need be, Act of 1956 may be suitably amended in the light of ground realities particularly for constitution of the Government Body of AIIMS, and immediate reforms be implemented in the light of study conducted by the aforesaid expert body. The Committee feel that these measures would go a long way in reviving the glory of this Premier Institute and would help it in the achievement of its avowed objectives.

[Sl. No. 11 Appendix II Para 174 of Seventh Report of PAC (Lok Sabha)]

#### **Action Taken**

The Government has taken initiative in the matter of studying the need for functional and financial autonomy. It is proposed to conduct a Peer review and Organizational Study of AIIMS and study of Finance and Accounts of AIIMS. It is also proposed to get various aspects of financial management including expenditure control; internal audit and costing, evaluated by an independent external agency. The specific issues relating to grant of further functional/financial autonomy will be considered subsequently.

The Government has given sufficient autonomy to AIIMS in the matter of conducting Bio Medical Research and its endeavour to reach the standards of excellence in Medical Education. Since the Institute is completely dependent upon the Consolidated Fund of India/Government of India for its existence, there has to be some accountability to the Parliament/Exchequer. Therefore, till such time the Institute is financially dependent upon the exchequer it will have to continue to remain accountable and follow general economy instructions.

#### **Recommendation**

The Committee note that AIIMS, being a premier super-speciality Government Hospital-cum-Research Institute, receives a huge influx of patients not only from Delhi but also from outside Delhi for outdoor as well as indoor treatment. This puts tremendous pressure on the Institute's infrastructure, which, in turn, adversely affects the Institute's endeavour towards medical research and education. The Committee find that AIIMS was envisaged to be a referral hospital catering to the needs of patients requiring specialized treatment and not for those who can be successfully treated in a routine manner in other hospitals as well. The Committee, therefore, desire that AIIMS should retain its original character by serving as a super-speciality referral hospital only for serious patients referred by selected hospitals all over the country for this, it is also imperative that basic conditions in other hospitals of the country must be upgraded/improved to such an extent so that patients are easily and successfully treated there and need not rush to the Institute for treatment of minor/manageable illnesses. The Committee hope that this would help the AIIMS to pay requisite attention to the more serious and complicated cases.

[Sl. No. 17 Appendix II Para 180 of Seventh Report of PAC (Lok Sabha)]

#### **Action Taken**

To address the problem of huge influx of patients, from other parts of India, the Government has taken steps to establish six Super-Speciality Hospitals in under-served States, under Pradhan Mantri Swasthya Surakasha Yojana (PMSSY). Besides the above, it also envisages upgradation of Institutions and grant of financial assistance to State Governments for upgradation of Medical Colleges. Thus, the fresh creation of tertiary care facilities and upgradation would greatly ease the present problems being faced by AIIMS.

#### **Recommendation**

The Committee are disappointed to note the extremely tardy progress in setting up of various Centres of the Institute particularly the Institute Rotary Cancer Hospital (IRCH), which was conceived to serve as a comprehensive Cancer Centre in entire North India and the Centralised Accident and Trauma Centre. The IRCH project, which was started 12 years ago in 1992, remains incomplete as on date as only 96 beds are operational in the Centre. The Committee have been informed by the Ministry that another 104 beds are yet to be made functional. In another case, the Committee have been distressed to find that the Centralized Accident and Trauma Centre, which was approved by the Government in May, 1984 is yet to be completed. The Committee note

that the project suffered inordinate delay due to its transfer from the Delhi Administration to the Central Government. The Committee have further been given to understand that due to tremendous paucity of funds, a revised EFC Memo. could be placed for the first phase of construction only in March, 2001 which was stated to be completed by March, 2003. However, the Committee understand that the project could not be completed as the scope of work had increased. The revised estimate of Rs. 132.82 crores is awaiting the approval of Cabinet Committee on Economic Affairs. The Committee feel that this is yet another instance of inordinate delay and lack of coordination on the part of the Ministry with concerned agencies to make such a significant Centre operationalised. The Committee, therefore, urge the authorities concerned to draw up a time-bound programme for completion of both the aforementioned projects and take necessary action without further loss of time. The Committee would like to be informed of the exact dates when these two Centres became operational.

[Sl. No. 18 Appendix II Para 181 of Seventh Report of PAC (Lok Sabha)]

#### **Action Taken**

The status of the IRCH and Trauma Centre is as under:—

- (i) **IRCH:**— A new building with a bed strength of 104 has been functional. The remaining 96 beds could not be made functional due to shortage of additional staff and machinery and equipment. The revised EFC amounting to Rs. 98.41 crores has already been recommended by the EFC in the Ministry of Health & Family Welfare. As soon as it is approved remaining beds will be made functional.
- (ii) **Trauma Centre:**— The necessary approval to revised EFC has been given by the CCEA. The Centre is likely to be functional by end 2005.

#### **Recommendation**

The Committee were informed that the Institute was allotted 32.09 acres of land at Masjid Moth during 1966—69 for construction of the projects out of which 22 acres land was encroached upon by JJ (Jhuggi Jhompari) dwellers as the land remained unutilized for quite some time due to paucity of funds. The Committee were informed that later an amount of Rs. 17.15 crores fixed for the relocation of those JJ families and it was decided to shift JJ cluster by March, 1988. The Committee observe that despite the Institute paying Rs. 9.97 crores to MCD for getting possession of land, the jhuggis could not be relocated till April, 2001. The Committee find that the proposal to build residential quarters on this land had to be shelved and the same had to be built to Ayurvigyan Nagar. They further note that it is now planned to utilize the said land for construction of super-speciality centers and hostels. The land use is, therefore, required to be changed from 'Residential' to 'Institutional'. According to the Ministry, the matter has been taken up with the Ministries concerned and permission is awaited. The Committee recommend that the matter be pursued vigorously so that this land, which is a part of development in the Master Plan for AIIMS, could be utilized effectively. The Committee strongly believe that it requires co-ordination and co-operation at all

levels in Government. Hence there is a need to secure better collaboration between various Government Departments, agencies and services.

[Sl. No. 21 Appendix II Para 184 of Seventh Report of PAC (Lok Sabha)]

**Action Taken**

As regards to encroachment it is submitted that jhuggi dwellers have been relocated and land is now free from any encroachment. Regarding change of land use it is submitted that matter has been taken up with the concerned Ministries. It is ensured that proper-co-ordination and co-operation at all levels will be tried at best. All efforts will be made to ensure better collaboration between various Government Departments, agencies and services.

**CHAPTER V**

OBSERVATIONS/RECOMMENDATIONS IN RESPECT OF WHICH GOVERNMENT  
HAVE FURNISHED INTERIM REPLIES:

—NIL—

NEW DELHI;  
19 April, 2007  
29 Chaitra, 1929 (Saka)

PROF. VIJAY KUMAR MALHOTRA,  
*Chairman,*  
*Public Accounts Committee.*

PART-II

MINUTES OF THE TWENTY-FIRST SITTING OF THE PUBLIC ACCOUNTS  
COMMITTEE (2006-2007) HELD ON 19TH APRIL, 2007

The Committee sat from 1600 hrs. to 1630 hrs. on 19th April, 2007 in  
Room No. "53", Parliament House, New Delhi.

PRESENT

Prof. Vijay Kumar Malhotra — *Chairman*

MEMBERS

*Lok Sabha*

2. Shri Khagen Das
3. Shri Raghunath Jha
4. Shri Bhartruhari Mahtab
5. Shri Rajiv Ranjan 'Lalan' Singh
6. Shri Kharabela Swain
7. Shri Tarit Baran Topdar

*Rajya Sabha*

8. Shri R.K. Dhawan
9. Shri Suresh Bhardwaj
10. Shri Prasanta Chatterjee
11. Dr. K. Malaisamy

SECRETARIAT

1. Shri S.K. Sharma — *Additional Secretary*
2. Shri A. Mukhopadhyay — *Joint Secretary*
3. Shri Brahm Dutt — *Director*
4. Shri M.K. Madhusudhan — *Deputy Secretary*
5. Shri Ramkumar Suryanarayanan — *Under Secretary*

OFFICERS OF THE OFFICE OF THE COMPTROLLER AND AUDITOR GENERAL OF INDIA

1. Shri P.K. Kataria — *Pr. Director of Audit (RC)*
2. Shri Nand Kishore — *Pr. Director of Audit (AB)*
3. Ms. Sudha Krishnan — *Pr. Director of Audit (DT)*
4. Shri Jayanti Prasad — *Pr. Director of Audit (INDT)*
5. Ms. Subhashini Srinivasan — *Pr. Director of Audit (Railways)*

2. At the outset, the Chairman, PAC welcomed the Members to the sitting of the Committee. Thereafter the Committee took up for consideration the following draft Reports:—

(A) Draft original Reports on the following subjects:

- (i) Concession Meant for Small Scale Industries availed of by Large Scale Manufacturers;

- (ii) Allotment of land to Educational Institutions by Delhi Development Authority;
  - (iii) Performance Audit of Sarva Shiksha Abhiyan (SSA);
- (B) Draft Action Taken Reports on Action Taken by the Government on the following Reports:—
- (i) 7th Report of PAC (14th Lok Sabha) relating to “All India Institute of Medical Sciences (AIIMS)”;
  - (ii) 21st Report of PAC (14th Lok Sabha) relating to “Excesses Over Voted Grants and Charged Appropriations (2003-04)”;
  - (iii) 24th Report of PAC (14th Lok Sabha) relating to “Kendriya Vidyalaya Sangathan”;
  - (iv) 29th Report of PAC (14th Lok Sabha) relating to “Status of improvement of efficiency through the 'Restructuring' of Income Tax Department”.

The Chairman invited suggestions of the Members on the Draft Reports. After discussing the contents of the draft Reports in brief, the Committee adopted the same.

3. The Committee authorised the Chairman to finalise these Reports in the light of verbal discussion and consequential changes arising out of factual verification by the Audit or otherwise and present the same to Parliament.

4. As the term of the Committee ends on 30th April, 2007, the Chairman apprised the Members of the work done by the Committee in their current term. He stated that during the present term, the Committee have finalized twenty Reports (11 Original and 9 Action Taken), out of which thirteen reports have already been presented and the remaining seven will be presented in the current Session of Parliament. He expressed his thanks to all the Members for the co-operation extended by them in making this possible and hoped that this momentum would be carried through to the next Committee.

5. The Chairman specially expressed his thanks to the Members namely, Shri Magunta Sreenivasulu Reddy, Shri Madan Lal Sharma, Shri K.V. Thangabalu and Shri R.K. Dhawan, for their co-operation and contribution in the successful working of the Committee. These Members will not be part of the Public Accounts Committee in the next term beginning from 1st May, 2007.

6. On behalf of the Committee, the Chairman placed on record their appreciation of the Officers/Staff of the Lok Sabha Secretariat attached with the Committee for their hard work and dedication in rendering Secretarial assistance to the Committee.

7. The Committee also expressed their thanks to the C&AG of India and his team for providing assistance to the Committee.

*The Committee then adjourned.*

## APPENDIX

### STATEMENT OF OBSERVATIONS AND RECOMMENDATIONS

Sl. No.	Para No.	Ministry/Department	Observations/Recommendations
1	2	3	4
1.	8	Health and Family Welfare	The Committee are keen that a premier Institute like AIIMS should get the requisite functional autonomy and professional independence while discharging their mandate under the statute. The apprehensions of the Committee on this count increase particularly in the light of recent events highlighting disagreement and conflict between the administrative Ministry and the Institute. Although the Committee have been informed that an external agency, as recommended by the Committee, has been appointed to conduct an overall study about the functioning of the Institute including various financial aspects, it is not clear whether the terms of reference of the study include aspects of functional and professional autonomy <i>vis-à-vis</i> the role of the Ministry. The Committee desire that even these aspects which are crucial for maintaining the standards of the Institute together with changes, if any, required in the governing statute should be included in the purview of the aforesaid study. The Committee would like to be apprised about the action taken in the matter.
2.	12	-do-	The Committee are concerned about the adequacy or otherwise of the number of posts of faculty as well as doctors working in the Institute. Although the



1	2	3	4
			<p>Ministry and the Institute have taken steps to fill the posts on regular basis, the Committee would like to emphasize that the concerned authorities should not at any event keep any post unfilled in the Institute as this will adversely affect patient-care services. As regards the Committee's suggestion for reviewing and augmenting the strength of doctors, the Ministry have not put forward any proposal in this regard. Instead, they have tried to side-step the issue by seeking to lower the patient-doctor ratio on the premise of lesser number of patients visiting the Institute, when the proposal to build six AIIMS – like Institutions in various States fructifies. As the Committee are not convinced about this plea advanced by the Ministry, they would like to reiterate that the Ministry and the Institute should take immediate steps to not only fill up the existing vacant posts of faculty and doctors on regular basis but also review the existing sanctioned strength with a view to augmenting the number of faculty members and doctors with a leave reserve for ensuring a better patient-doctor ratio and consequent improvement in patient services especially in the super speciality disciplines like Neurology, Cardiology, Nephrology, Oncology etc.</p>
3.	16	Health and Family Welfare	<p>The Committee are unhappy over the tardy progress in the construction and operationalisation of various centres/projects of the Institute like the Institute Rotary Cancer Hospital and re-development of Masjid Moth/Ansari Nagar campus etc. Although the Ministry have sought to assure the Committee about the Centres being made functional soon, considering their track record in</p>

1	2	3	4
			<p>this matter, the Committee urge the Ministry to show greater urgency on this issue and render all possible assistance and cooperation to the Institute for ensuring the setting up of the proposed Centres and completion of the projects so that the schedule stipulated in the AIIMS Master Plan is closely adhered to without leading to cost- overruns. The Committee would like to be apprised about the conclusive action taken in regard to completion of all the projects including operationalisation of the Master Plan envisaged for re-development of the Masjid Moth/Ansari Nagar campuses. As regards the augmentation of the existing facilities like diagnostics, OPD and beds, the Committee hope that the Institute will take effective steps and constraints, if any, faced by them will be promptly addressed by the Ministry.</p>
4.	20	Health and Family Welfare	<p>The Committee are not satisfied with the progress made by the Ministry so far in the setting up of the proposed Institutions in various States with the same standards as AIIMS. The Committee have been informed that the aforesaid proposal has been cleared by the Expenditure Finance Committee of the Ministry, but it is still pending for approval by the competent authority. It is a matter of concern and dismay for the Committee that this proposal has been hanging fire with the Ministry so long. The Committee would now like the Ministry to take up this proposal in right earnest and concretise the same without further delay. The Committee hope that with the implementation of this proposal, the functioning of AIIMS as a super speciality referral hospital of excellence will be facilitated.</p>