

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

**MINISTRY OF HEALTH AND FAMILY WELFARE**

**PUBLIC ACCOUNTS  
COMMITTEE  
2004-05**

**SEVENTH REPORT**

**FOURTEENTH LOK SABHA**



**LOK SABHA SECRETARIAT  
NEW DELHI**

SEVENTH REPORT  
PUBLIC ACCOUNTS COMMITTEE  
(2004-2005)

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MINISTRY OF HEALTH AND FAMILY WELFARE



*Presented to Lok Sabha on \_\_\_\_\_*  
*Laid in Rajya Sabha on \_\_\_\_\_*

LOK SABHA SECRETARIAT  
NEW DELHI

*January 2005/Pausa 1926 (Saka)*

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COMPOSITION OF PUBLIC ACCOUNTS COMMITTEE  
(2004-2005)

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\* Shri Naveen Jindal, MP has been elected a Member to the Committee on 16th December, 2004 *vice* Shri A.R. Antulay, MP who resigned from the membership of the Committee *w.e.f.* 27th August, 2004.

## INTRODUCTION

I, the Chairman, Public Accounts Committee having been authorised by the Committee, do present on their behalf, this Seventh Report (14th Lok Sabha) on "All India Institute of Medical Sciences (AIIMS)" based on Paragraph No. 1 of the Comptroller and Auditor General Report No. 4 of 2001.

2. The C&AG Report No. 4 of 2001 for the year ended March, 2000 Union Government (Civil—Autonomous Bodies) was laid on the Table of the House on 14th August, 2001.

3. The Committee (2002-2003) took oral evidence of the representatives of the Ministry of Health and Family Welfare and AIIMS at their sitting held on 3rd October, 2002. The Committee (2004-2004) took oral evidence of the representatives at their sittings held on 28th and 29th September, 2004. The Committee (2004-2005) considered and finalised this report at their sitting held on 3rd January, 2005. Minutes of the sittings form Part-II of the Report.

4. 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 the Annexures to the Report.

5. The Committee would like to express their thanks to the officers of the Ministry of Health and Family Welfare and AIIMS for the cooperation extended by them in furnishing information and tendering evidence before the Committee.

6. 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.

NEW DELHI;  
13th January, 2005  
*23 Pausa, 1926 (Saka)*

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

## **REPORT**

### **Introductory**

The Health Survey and Development Committee, chaired by Sir Joseph Bore, an Indian Civil Servant, had in 1946 recommended the establishment of a national medical centre which would concentrate on meeting the need for highly qualified manpower to look after the nation's expanding health care activities. The recommendations of the Bore Committee converged to create a proposal which found favour with the Government of New Zealand. A generous grant from New Zealand under the Colombo Plan made it possible to lay the foundation stone of All India Institute of Medical Sciences (AIIMS) in 1952. The AIIMS was finally created in 1956, as an autonomous institution through an Act of Parliament, to serve as a nucleus for nurturing excellence in all aspects of health care with the following objectives:—

- (i) To develop patterns of teaching in Undergraduate & Post-graduate Medical Education in all its branches so as to demonstrate a high standard of Medical Education in India;
- (ii) To bring together in one place educational facilities of the highest order for the training of personnel in all important branches of health activity; and
- (iii) To attain self-sufficiency in Post-graduate Medical Education.

2. The All India Institute of Medical Sciences (AIIMS) Act of 1956 specifies certain functions of the Institute in order to achieve these objectives. According to the Act, the Institute may:

- (i) Provide for Undergraduate and Post-graduate teaching in the science of modern medicine and other allied sciences, including physical and biological science.
- (ii) Provide facilities for Research in the various branches of such sciences.
- (iii) Provide for the teaching of Humanities in the Undergraduate courses.
- (iv) Conduct experiments in new methods and Medical Education, both Undergraduate & Post-graduate, in order to arrive at satisfactory standards of such education.
- (v) Train teachers for different medical colleges in India.

### **Organisational set up**

3. AIIMS is under the administrative control of Ministry of Health and Family Welfare. The Executive authority of the Institute is vested in a Governing Body.

According to Clause 7(1) of the Act, the Central Government nominates from amongst the members of the Institute, the President of the Institute who is also the *ex-officio* chairman of the Governing Body. The Minister of Health and Family Welfare is, at present, nominated by name as a member of the Institute and also the President of the Institute. The Director is the Chief Executive Officer.

4. The Institute is recognized as a foremost centre for learning by undergraduate students as well as post-doctoral residents. It conducts teaching programmes in medical and para-medical courses both at Undergraduate and Postgraduate levels and awards its own degrees. It also runs a College of Nursing and trains students for B.Sc. (Hons.). Teaching & Research are conducted in 42 disciplines. In the field of Medical Research, AIIMS has to its credit, more than 600 research publications by its faculty and researchers in a year.

5. According to the information provided by the Ministry to the Committee in September, 2004, AIIMS consists of 50 Departments and Centres, 142 Speciality Clinics and 13 General Out-Patient Departments (OPDs) providing services to the patients on different allotted days as well as five Specialised Centres, namely, the Centre for Community Medicine, the Centre for Cardiothoracic Sciences, the Institute Rotary Cancer Hospital (IRCH), the Centre for Neurosciences and Dr. R.P. Centre for Ophthalmic Sciences.

These clinical departments alongwith Super Speciality Centres manage all types of disease conditions except burn cases, dog-bite cases and patients suffering from infectious diseases. A comprehensive Rural Health Centre at Ballabhgarh in Haryana, managed by AIIMS, provides health cover to about 2.5 lakh population through the Centre for Community Medicine.

6. This Report is based on the Audit Review contained in Paragraph 1 of the Report of the C&AG of India for the year ended March 2000—Union Government (Autonomous Bodies) No. 4 of 2001 relating to "All India Institute of Medical Sciences (AIIMS)". The review of the Institute was conducted in Audit for the period 1995-96 to 1999-2000 with the objective of evaluating the performance of the Institute as a center of excellence in Medical Research, Teaching and Patient care. Audit scrutiny had revealed that the All India Institute of Medical Sciences, which was established as a Teaching Hospital for developing excellence in Medical Education and Research in 1956, had over the years developed into a large hospital without adequate emphasis on Teaching or Research. While Teaching had suffered due to shortage of teaching staff, very little resources had been allocated for Research. A large complement of teaching staff were employed on *ad-hoc* basis. There was no evidence of utilization of Research findings.

7. Further, the Audit Review indicated that the hospital infrastructure was deficient and the Specialised Centres for treatment of cancer and trauma had not developed. The Drug De-addiction Centre was also found to be not fully functional. Substantial part of resources received from the National Illness Assistance Fund for providing

\*For details please refer to the Audit Paragraph.



treatment to the poor had remained unutilized. With regard to the cadre of doctors and nurses, the Audit stated that large shortages had resulted in depriving the patients of diagnosis, treatment and medical care. The doctor patient ratio was very high and the waiting time for surgery was very long. The Audit further noticed various instances of losses and mismanagement in the administration of the Institute. Large investments in providing subsidized Medical Education for providing excellence and sufficiency had gone substantially unreturned. On the basis of the Audit Review, the Committee called for written information from the Ministry of Health and Family Welfare and the AIIMS or certain aforesaid issues. Thereafter, the Committee, took Oral Evidences of the representatives of the Ministry of Health & Family Welfare and the All India Institute of Medical Sciences. During the course of examination of the functioning of AIIMS, the Public Accounts Committee noted various shortcomings in the working of Institute/ Ministry which have been dealt in detail with in the succeeding chapters.

### **Objectives of the Institute**

8. The All-India Institute of Medical Sciences was established as an institution of national importance by an Act of Parliament to develop patterns of teaching in Undergraduate and Post-graduate Medical Education in all its branches so as to demonstrate a high standard of Medical Education in India; to bring together in one place educational facilities of the highest order for the training of personnel in all important branches of health activity; and to attain self-sufficiency in Post-graduate Medical Education.

9. The objectives behind setting up AIIMS was to have comprehensive facilities for Medical Research, Teaching and Patient-care. It was conceived as a Centre of excellence in the areas of Medical Research and Education while serving as a hospital for specialized Medical Services. However, the audit review has revealed that over the years, the Institute has grown only in terms of general medical services at the expense of Research, Education and Specialisation.

### **Research Activities**

10. The Committee have been given to understand that research schemes relating to health and medical subjects are undertaken by faculty members of AIIMS on behalf of national and international agencies. According to Audit paragraph, all members of the faculty are entitled to the grant of research funds for inter-departmental Research Projects, Projects connected with national health priorities and Projects involving development/acquisition of new techniques or skills which have not been undertaken by the Institute. The audit scrutiny has revealed that during the period 1995-96 to 1999-2000, out of 185 Research Projects/schemes completed in the Institute, final reports were not submitted by the Principal investigators in 99 projects/schemes. It has been further pointed out by Audit that none of the research findings were got patented/commercialised. Final reports from the principal Investigators in respect of 54 of the 154 completed Projects/schemes undertaken during 1991—95 were outstanding till March 2001.

11. As regard to the total Research Projects undertaken in the Institute during the last decade, the Ministry, in a written note, have submitted as under:—

Year	Opening Balance	New projects sanctioned during the year	Projects closed during the year	Projects remaining at the end of the year
1994-1995	125	78	53	150
1995-1996	150	66	36	180
1996-1997	180	44	17	207
1997-1998	207	79	44	242
1998-1999	242	72	86	228
1999-2000	228	63	64	227
2000-2001	227	107	74	260
2001-2002	260	125	100	285
2002-2003	285	86	93	278
2003-2004	278	105	79	304

According to the Ministry, the Final reports were submitted to the Funding agency by the Project Investigators themselves. However, the average time taken to complete the final report in each of the projects was 3-6 months after completion of the project.

12. Regarding the monitoring of the Research Projects that was followed at the Institute, the Financial Advisor of the Institute, while deposing before the Committee, *inter-alia* stated:

"Till such time, as the CAG took it up in their Report, the onus of the final report submitted was more or less with the funding agency in question, and they were actually monitoring the budget allocated for a certain project, and whether the project was being used for certain purpose. A similar concurrent monitoring procedure was not in place in the institute, which has now been brought into place after this whole issue was raised by CAG."

He further added:

"Then, there is a small amount that the Institute gives for actually promoting research for the younger generation of the faculties to enable them to build research projects. That could be then sent for funding to the major donor agencies. There were 42 such projects where certain advances have been given which remained, for some reason or the other, outstanding. Actually they were not outstanding if I may be permitted to say so. But there were some adjustment problems. They just had not bothered to send in the report. And, our regulatory mechanism in the research section was very weak. In compliance to the CAG observations, a stringent mechanism has been put in place to ensure that does not happen".

13. Audit has pointed out that the Estimate 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. It

was seen by audit that review of research projects was conducted for one year (1997-98) only. The review for the years 1995-96, 1996-97 1998-99 and 1999-2000 was not conducted.

14. The Committee desired to know the reasons for non-compliance of the recommendation of Estimates Committee by AIIMS. The Ministry of Health and Family Welfare, in a note, replied as under:

"It is regretted that the review of research projects at AIIMS was not conducted on a regular basis. The observation of Audit has been noted for compliance and the work of Research Projects not taken up for review earlier has been undertaken by the Reserach Cell at AIIMS and is likely to be completed by October/ November 2002."

15. In reply to a question, the Ministry of Health and Family Welfare have stated that an allocation of Rs. 12.00 lakhs is being made each year as Institute Research Grant (I.R.G.) from the Budget allocated to the Institute during the year 1994-95 to 2003-2004. The details regarding funds allotment and expenditure in respect of Research Projects in AIIMS during the last ten years alongwith the percentage of expenditure incurred on research work out of total budgets allotments is as under :

(Rs. in lakhs)

Year	Total Budget allocated under Non-Plan
1994-1995	5300
1995-1996	6629
1996-1997	7353
1997-1998	8921
1998-1999	14950
1999-2000	16000
2000-2001	16112
2001-2002	15500
2002-2003	12350
2003-2004	21818

16. In the Institute, the Patient care services and research activities are inter-related. The normal grant to the Institute caters to the reserach activities and patient care activities simultaneously. However, the Institute receives research grants from other Govt. funding organizations and Non-Govt. agencies also. Details of the extra annual grant and expenditure on research projects for the last ten years from 1994-95 to 2003-04 are as follows:—

(Rs. in Lakhs)

Year	Extra Mural funds received	Expenditure
1	2	3
1994-1995	986.40	850.08
1995-1996	747.96	730.03
1996-1997	754.58	820.67

1	2	3
1997-1998	1022.36	916.72
1998-1999	1133.82	1090.83
1999-2000	1253.68	1210.62
2000-2001	1670.78	1465.79
2001-2002	2083.54	1893.74
2002-2003	2351.04	2243.42
2003-2004	2038.19	2226.93

17. It is evident from the above table that funds for Research projects was either external agencies (extra-mural grants) or the intra-mural grants of the Institute. In this connection, the Committee noted during evidence that Project Reports in both the cases were submitted differently. In case of intra-mural grants, Reports were given to the Institute and in the case of extra-mural grants, the Director, AIIMS had deposited as follows:

"All the research projects and all the research workers are answerable to those organizations for giving their reports."

He, however, added that the system was changed after the C&AG Report and now the Reports for the extra-mural as well as intra-mural grants are required to be sent to the institution.

18. The Committee desired to know as to why final reports in respect of 99 Projects/Schemes out of 185 research Projects/Schemes during 1995-96 to 1999-2000 were not submitted. In reply, the Ministry of Health and Family Welfare have stated in a note, as under:

"The final reports of most of the projects were being submitted by the Principal Investigators directly to the funding agencies. In compliance to the objection raised by audit, effort is being made to obtain copies of the final reports and the submission of a copy of the final report has also been made mandatory in the case of all ongoing projects at AIIMS..... Research activity did not suffer in any way. Reporting is an ongoing process that cannot be always quantified. The final research outcome in many cases take years to materialize."

19. A test check of records of research section by Audit has revealed that investigators of projects were given advances to undertake the projects and amounts were posted in the ledgers. In certain cases, the investigators did not render the accounts even after completion of projects resulting in accumulation of money in the hands of investigators. There were cases where the investigators had either retired or had left the Institute without clearing the advances. While Rs 41.86 lakh were outstanding with Investigators in respect of 110 projects. Rs 5.42 lakh was outstanding in respect of 42 projects which were closed four to ten years ago.

20. As regards the issue of the investigators not rendering the accounts of the advances given to undertake Research Projects, the Institute, in a written note have stated as follows:

"The advances are sanctioned to project investigators on their request and the same are noted in advance payment register. The register is reviewed quarterly to know the position of total number of outstanding advances..... In case of retiring project investigators, they are advised to settle their advances before superannuation, otherwise outstanding advances are shown in their no demand certificate for recovery actionout of their terminal benefits."

21. In reply to a query about the status of the outstanding advances, the Committee were informed that:

"Of the Rs. 5.42 lakh outstanding in respect of 42 cases, 9 cases amounting to Rs. 174230/- have already been sorted out and the reconciliation of the rest is in the pipeline. Only 5-6 faculty members/researchers have retired and the rest are still working at the Institue. The reason for the non-clearance is that the residual work in a project sometimes continues well beyond the time a project is supposed to have technically ended."

22. In response to a subsequent query on the extent of money recovered in cases of investigators who had since retired, it was informed that a sum of Rs. 17,68,800 had since been recovered from them.

#### **Achievements of the Research Projects**

23. The Audit Review had revealed that the results of Research in AIIMS did not bring in the intended benefits in terms of improved methodology, patenting or commercialization. However, the Ministry, while taking a different view on the matter in their written note, submitted as follows:

"AIIMS has been rated as the top Institution in Clinical Medical Research in the country. It has also been rated as the top health institution in Biomedical Reserach.

According to an assessment done by NISSAT, Department of Scientific and Industrial Research, 1999—it is the only health institution amongst 8 high output-high impact research institutions representing all science disciplines."

24. Explaining the position in this regard the Director, AIIMS, stated as under:

"AIIMS has been in the fore-front of biomedical research. The nature of research at AIIMS is largely clinical research and basic research as applied to patient needs. Research at AIIMS contributes not only in terms of the large publication output—more than 1300 publications in the last academic year, to be exact 1393, but also in terms of the receiving, a large corpus of extramural grants, by a process of competitive adjudication. The last financial year saw AIIMS receive Rs. 23 crore as extramural grants. From the view point of funding agencies, AIIMS, in recent years, has received the largest contribution to any biomedical institution from the Indian Council of Medical Research, Department of Science and Technology and Department of Biotechnology. The recognition of AIIMS

faculty as research workers of the highest quality is also obvious from their selection as Fellows of the three main science Academies of the country. 22 faculty members from AIIMS are fellows of the Indian Academy of Science, 28 are Fellows of the National Academy of Science and 15 are Fellows of the Indian National Science Academy. No other medical institution in the country has as many Fellows. Moreover, six Faculty members (current and retired) are Fellows of all three Science Academies—again an unmatched achievement. The research prowess has also been acknowledged by Science Academies in the US and Europe. Two of three Indian Fellows of the Royal Society, UK belong to the AIIMS. Four AIIMS faculty members are Fellows of the Third World Academy of Sciences, and one each of the USSR, USSR and Norwegian Academy of Sciences.

The quantum of research, which the AIIMS performs has also to be viewed in the context of the proportion of time the Faculty can apportion for research activities. The large patient care load and the equally important training programmes for undergraduates, postgraduates, doctoral and post-doctoral students also require a significant proportion of their time. This is unlike any other research institution in which there is some teaching, there is no service element at all. Despite this, the AIIMS is the only health institution among eight high output/high impact institutions in all scientific disciplines. This is indeed a major achievement for an institution which is not a full time research institution, since the faculty has to equitably distribute its time between patient care, teaching and research. the AIIMS has been identified as the top institution in clinical medical research and the top health institution in biomedical research by independent assessment.

Research at AIIMS can also be gauged by the impact it has made on the National Health Programmes and Policies. The National Goitre Control Programme and its resultant Iodine Deficiency Disorders Programme stem entirely from the seminal work conducted by several generations of research workers at AIIMS."

25. Elaborating further in this connection, the Director added:

"One is the stem cell research. This is the foremost in the world now. In this research, the stem cells are taken out and introduced into the patient by way of transplantation. We are injecting the autologous stem cells into the myocardium or heart muscle to regenerate the heart muscle. Clinical studies, which are the largest in the world, have been completed in the institute. We have done it in 35 cases where we have been able to show that the myocardium or the heart muscle, which is damaged, can be repaired and regenerated as a working heart muscle.

Similarly we try to do this in pancreas. We are injecting the stem cells into pancreas. We are trying to develop a methodology whereby we can control the diabetes or we can eliminate the diabetes. The third and the foremost is the neurological area. If we inject the stem cells into a person after the stroke, the area of damaged brain can be reduced and recovery and rehabilitation will be faster.

The other area of research, which is being done, is the Parkinson's disease. This is the basic, significant and important stem cell research which has been done.

We have established a national facility called Organ Retrieval Banking Organisation (ORBO) which is a nodal agency for the heart transplantation. Also, for the first time we are able to do combined liver pancreatic and kidney transplantation in the patients suffering from young onset pancreatic disease. We have carried out the first heart transplantation in 1994. Since then we have been doing heart transplantation regularly. Third August has been declared as the national heart transplantation day".

26. Furthermore, in a written note, the Ministry provided a brief account of the progress of research in AIIMS as follows:

"In the field of medical research, both basic and applied, AIIMS is the acknowledged leader. The institute faculty has published 1108 papers in reputed indexed journals while more than 300 research projects were completed during the year 1999-2000 alone. Our milestones in research include important research outcomes used to control Diarrheal diseases, Leprosy, Malaria, Cancer, Tuberculosis, AIDS, Genetic Disorders, Iodine Deficiency Disorders and Hepatitis and Liver Diseases. Our new initiatives in Research include progress in areas such as Molecular Diagnostics and Therapeutics especially in Malaria, hepatitis, leprosy, tuberculosis, diarrheal diseases, sexually transmitted diseases, respiratory infections, Proteomics and Genomics for diagnosis and prognostification of diseases and drug development, Structure based drug design for rapid drug development and use of Molecular Epidemiology for identification of viruses and bacteria".

27. During Oral Evidence, the Secretary, Ministry of Health further made the following submission:

"As many as 8 patents have been filled by AIIMS in the last few years. As far as diagnostic products are concerned, 12 new diagnostic products have been brought out by AIIMS. All these have been the fruits of the research conducted by this institute. So, it will be incorrect to say that this institute has not been doing any research and adequate funds are not being provided. As far as research is concerned, definitely, there is no limit to it. It can be done provided funds are available. Like any other institute, this institute is also handicapped for want of adequate funds because the entire health budget is limited....."

28. When asked to explain the level of interaction in AIIMS with the best available Medical Research-Oriented Institutes, it was stated:

"A large number of researchers from abroad and India visit AIIMS & deliver lectures and debate on collaborative research projects. This has led to the development of many task forces, collaborative national research projects and collaborative international research projects outlined under research activities. The Institute has benefited from this interaction in the areas of Breast Cancer, Lung Cancer, Radiological Procedures and Does Reaction in Chemo-Therapy, Orthopaedics and Epidemiological studies etc."

### **Research in dental sciences**

29. According to Audit para the Estimate Committee of the Fifth Lok Sabha had recommended for establishment of a Centre for Post-graduate Education and Research



in Dental Sciences in the Institute during Sixth Five-year plan (1980—85). However, it had not been set up so far, The Institute had stated in a written note submitted in August 2000 that the Academic Committee had approved the proposal in July 1998 for establishment of a Centre for Dental Education and Research. They had further stated that the EFC memo had been prepared and approved by the Project Committee constituted by the Institute and that the proposal was ready for placing before the Finance Committee/Governing Body for its approval.

30. When enquired by the Committee regarding the reasons due to which the Centre for Dental Education and Research could not be approved by Academic Committee before July, 1998, the Ministry of Health & Family Welfare responded as follows:

"Initially the Academic Committee approved the setting up of the Centre for Dental Education and Research in 1979. It was resubmitted in January 1998 for the re-consideration by the Academic Committee of the Institute. The Academic Committee in its meeting held on 25th July 1998 approved the proposal for the Establishment of Centre for Dental Education and Research."

31. In response to the query with regard to the setting up of the Centre for Dental Education not materialising, the Ministry *inter-alia* stated:

"It is true that the proposal for Establishment of Centre for Dental Sciences was first approved by the Academic Committee in 1979. It could not materialize because of financial constraints and the proposal was resubmitted to the same Committee in 1998."

32. Responding to the query of the Committee pertaining to the status of the proposal placed before the Financial Committee/Governing Body and the expected date by which Centre would be in service of public, the Ministry in their written note, *inter-alia*, stated:

"The site for the Centre has been identified and the architectural plan for the Centre is now under consideration and will soon be submitted to the Delhi Urban Arts Commission. However, because of insufficient funds projected in the said EFC Memo, a revised EFC Memo for Rs. 42.14 crores has been resubmitted to the Ministry for its reconsideration. Once approved, the Centre would be ready for public service within two years of the time of initiation of the project."

33. In his submission before the Committee, the Director, All India Institute of Medical Sciences assured the Committee as follows:

"We are going to have a dental college. I think the programme is on. The EFC has been cleared. We will start a dental college. I think this was in the initial part of the Parliament's report or when the Act was framed that there will be a dental college. But for many reasons, I think the dental college was not taken up. But we have taken it up now and a dental college will start. There is a need for post graduation in dental services. We have lots of colleges where they are providing under graduates in dental sciences. But there are very few post graduate colleges. In fact the country is facing a shortage of post-graduate teachers for these under graduate dental colleges."



34. In a written note submitted to the Committee, it was stated that the Centre was expected to be completed within the stipulated period *i.e.* by September, 2005.

In another written submission to the Committee, the Ministry informed:

"Degree courses (MDS) in all branches of Dentistry will be started once the centre is functional in 2005."

#### **Academic Infrastructure**

35. One of objectives of the Institute was to develop patterns of teaching in undergraduate 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.

It is pertinent to note in this connection that, as per Audit, 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). It may be seen that the largest shortages are 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 ad-hoc 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. The ad-hoc arrangement diluted the staffing norms while not contributing effectively to excellence in education.

36. The Committee desired to know the system followed at the Institute to estimate their requirement of Faculty Members. In reply the Ministry of Health and Family Welfare *inter-alia* submitted *vide* their written note:—

"..... the proposals for creation of faculty posts are submitted by the Heads of the Department with detailed justification based on the requirements of their respective Departments viz. increase in the number of patients, man-power to handle new techniques, introduction of new facilities etc. The proposals so received are placed before the Academic Committee for its approval. Once the approval is sought, the same is placed before the Standing Finance Committee for its approval from the purview of financial implications. On the ratification of the minutes of the Standing Finance Committee by the Governing Body, the proposal for creation of posts at the Professor level is sent to the Ministry of Health and Family Welfare for its approval. After creation of the posts, the same are advertised as temporary faculty posts."

37. When asked to explain the reasons for a large number of vacancies in the cadre of Assistant Professors, the Ministry of Health and Family Welfare stated in a note as under:

".....about 135 ad-hoc appointments at the level of Assistant Professor have been made during the last 8 years against leave vacancies on the request of concerned Head of the Department of the Institute. These ad-hoc appointments have been resorted to, as no regular appointments could be made in the entry-level faculty posts of Assistant Professor at this Institute since September, 1993 due to an interim order passed by the Hon'ble High Court of Delhi on 15.11.1994,

i.e. "till next date, reservation be not given effect to" in a Civil Writ Petition filed by the Faculty Association of AIIMS on the issue of the reservations in Faculty posts. Finally, the Hon'ble High Court of Delhi dismissed the aforesaid Writ Petition on 26.11.2001 and accordingly, 164 vacant posts of Assistant Professors in various disciplines were advertised with reservation as per the Government Rules, for making regular appointment. The last date for receipt of applications was 10.5.2002. The process of selection to these post has already been started and it is expected to be completed within the next 2-3 months."

38. On the issue of ad-hoc appointments of Doctors and vacancies in faculty, the Secretary, Ministry of Health & Family Welfare stated:

"...because of the court case and other such things, we were not able to take Assistant Professors, which is the entry point of the faculty members. So we took them on ad hoc basis. This type of ad hoc business was done because there was a court binding on us. Faculty of AIIMS went to the court against the reservation policy that there should be no reservation of vacancies for SC/ST and OBC categories. The courts sat over it for 7 years. In these 7 years work had to be performed. We have to look after the patient-care services. That is how the ad hoc appointments have come. Otherwise, the ad hoc appointments were not the pattern earlier.

As regards regularization of the ad hoc doctors, already 164 doctors have been regularized. So the problem of ad hoc doctors that we were carrying, today we have come out of it. Now there is no further ad hoc appointment. We have something like 70 vacancies in faculty. All these posts have been advertised. The process of recruitment is going on. Within next two-three months, all these vacancies will be filled up."

39. In a subsequent note furnished to the Committee, the Ministry have furnished the following position in respect of sanctioned and in-position strength in respect of teaching staff.

<b>Year 2004</b>			
Sl. No.	Name of the Post	Sanctioned strength	In position strength
1.	Professor	115	139
2.	Additional Professor	44	103
3.	Associate Professor	115	83
4.	Assistant Professor	226	112
5.	Principal/Lecturer, College of Nursing	08	06

It is evident, from the table that there was still shortage of teaching staff, particularly Associate Professors and Assistant Professors in AIIMS.

40. Audit review has also revealed that the Institute neither proceeded on a definite organised basis to create the requisite impact on the functioning of medical institutions elsewhere in the country nor formed any committee to achieve the above objectives. No exercise had been done to correlate the production of any category of professional, para medical or non-medical staff to meet specific identified needs.

41. However, in a note, the Ministry have contended that the cherished objective of the Institute to develop patterns of teaching in all branches of undergraduate and postgraduate medical education to demonstrate high standard of Medical Education is being fully accomplished. Based on a nation-wide survey, the AIIMS medical college has been voted to be the best in the country.

42. Further, according to the Ministry, a Centre for Medical Education and Technology (CMET) was established at AIIMS in 1989 in keeping with the leadership role in education, with the following broad objectives:

- To promote Faculty development and develop skills in curricular planning.
- To rationalize the use of educational technology for designing effective teaching.
- To influence institutional policies for improved educational planning.
- To undertake research in medical education.
- To act as an advanced centre for designing formal instructional courses for certification.
- To develop database and information retrieval services on various aspects of medical education.
- To undertake production of learning resource materials for the training of medical and other health care personnel.

43. Further according to the Ministry, CMET was designed by WHO-SEARO as a regional centre for organizing training programs for the health professionals in the South East Asian region. The Faculty members of CMET were also being invited as Resource persons for various national training workshops organized by the State Governments and other organizations.

44. Explaining the position further in this regard, the Ministry have stated:

"The AIIMS has also been actively involved in disseminating information and training medical professionals through the process of short and long term training programmes, which are not linked to degrees. Short-term training attachments last for a maximum of 6 months and provide necessary skills enhancement for postgraduates and even senior medical professionals from different parts of the country. From 1996-2003, AIIMS has imparted short-term training in several clinical and basic disciplines to 1678 doctors and scientists from different parts of the country, mainly from various governmental institutions and medical colleges. This has helped in resource enhancement in these institutions and transfer of the necessary expertise to different parts of the country. Long-term training has also been imparted for periods upto 2 years, mainly to medical professionals sponsored through the WHO fellowship scheme and also for defence medical personnel. From 1996-2003, 303 candidates have utilized the WHO fellowship scheme to receive long-term training at AIIMS. In addition, 62 other medical professionals (mainly from the Armed Forces) received long-term training at AIIMS."

### **Brain Drain**

45. It has been pointed out in the Audit para that the Estimate Committee in their 102nd report (Fifth Lok Sabha) had recommended that steps should be taken to complete studies for ascertaining the cost of education and training in the Institute and to bring home to students the cost incurred by Government on their training so as to instil in them a sense of obligation to the country. The Institute had not conducted studies to ascertain the cost of training graduate and post-graduate doctor since 1987. The academic section of the Institute never conducted any survey of graduates/post-graduates who qualified from the Institute and the Institute was not able to provide any detail of that. However, on going through report on review of extra-mural funded projects from different funding agencies which were closed as on 31.3.1992 in a pilot study based on 390 respondents, 49 per cent were practising/employed abroad. To that extent specialised medical attention has been denied to the beneficiaries.

46. The Committee expressed concern that substantial number of students were practising/employed abroad. Responding to it the Institute *inter-alia* submitted as follows:

"It will perhaps be not possible to put a pre-condition on such bright students on not going abroad after obtaining training at the Institute as this will amount to denying the right of self progression and advancement. If the country can create appropriate opportunities of training, jobs and environment, remuneration etc., such an outflow will automatically be reduced."

However, in a written submission made to the Committee it was added:

"As of now the system has been completely streamlined & the guidelines for going abroad are strictly enforced. This has ensured that there is no exodus of doctors on foreign assignment. However, still if someone resigns the job, vacancies are filled up through the due recruitment process."

47. Replying to another question as to whether the Ministry had assessed the cost of medical education provided to such Doctors who had found their vocations abroad, it was replied:

"No such assessment of the cost of medical education provided to the doctors has been conducted so far."

48. The Committee desired to know as to what action was taken against those members of teaching staff who had gone abroad on study leave but failed to return. In reply, the Ministry submitted as follows:

"During the last five years, 08 faculty members did not return after completion of the approved period of leave. The penalty of removal from service has been imposed on 05 faculty members and with-holding of two increments was imposed on another such faculty member. Rest of the 2 were exonerated by the Inquiry Committee."

49. When the Committee sought to know the criteria for grant of study leave, the Secretary informed the Committee *viz.*:

"The guidelines are to entitle one year's assignment abroad for every five years of service in the Institute. Once he comes back, he has to serve for a minimum period of three years... 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."

50. Enumerating the guidelines framed by the Governing Body of the Institute, it was *inter-alia* stated that:

"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."

51. Responding to a question whether the Departments of the Institute faced any problems due to absence of such Faculty Members who proceeded on long study leave, the Secretary stated:

".....the Head of the Department before sending anybody is asked to give an undertaking in writing that he will manage the work with the help of existing staff."

52. Clarifying the situation further, the Secretary, Ministry of Health and Family Welfare stated during the Oral Evidence:

"As far as the people leaving the organization is concerned, the position is as follows. Of course, it is said that a number of people are leaving AIIMS, etc. Here, I would like to place one issue before you. Till recently a large number of faculty members of AIIMS were on *ad hoc* appointments. They did not have a regular position in AIIMS. So, they were not very sure as to what was going to be their future in AIIMS. So they started leaving. When they got a better opportunity in Escorts or some other Institute here or abroad, they left AIIMS in large numbers. But, in the last one year, most of those *ad hoc* appointees have now been regularized. Today, except a few, I think, most of the people, who were on *ad hoc* appointments, have been regularized. This has been a great achievement in AIIMS in the last couple of years. So, now the Director is very confident that this brain drain will not take place. From the regular faculty of AIIMS, not many people have left. In the last three or four years, only eight people have left the Institute out of the regular faculty. Earlier, many of those who were on *ad hoc* appointments used to leave. Now that they have been regularized, we expect that there will not be much of brain drain from AIIMS."

53. While elaborating on the preventive action taken to stop brain drain, he further stated as follows:

"Today we have evolved a pattern by which people cannot just leave the institution on their will. Even those who want to go abroad on foreign training or other such assignment, there is a stipulation that any member of the faculty can

have certain limited number of years. After putting in five years of service a member can have one year's assignment abroad. After one year he will have to come back. There are nine such cases where members after completing one year have overstayed the period of deputation. Disciplinary action has been taken against all of them. In fact some of them have been removed from service also."

He also assured the Committee as follows:

"As of today, there is not even a single member of faculty who is overstaying. That discipline has been brought back now because now the faculty understands very clearly that if anybody overstays he will be checked out."

### **Autonomy of AIIMS**

54. During the course of examination of the Audit findings, the Committee had expressed grave concern over the fact that this Premier Institute had strayed away from its intended objectives. While analysing the causes for the same, the Committee were of the view that the foremost reason for the same was erosion in the level of autonomy enjoyed by this Institute.

On being asked, the Ministry in its written submission *inter-alia* stated:

".....the functioning of the Institute is affected due to the limited nature of autonomy. This pertains mainly to creation of posts at the Institute."

55. When the Committee sought suggestions from the Institute to restore their autonomy and bring them on par with the other Premier autonomous institutions like IITs and IIMs, it was candidly stated:

"AIIMS should be given complete financial and functional autonomy. Besides complete financial & functional autonomy on the pattern of IIMs & IITs is desired without any political interference in management and decision making process of the AIIMS."

56. The following suggestions were submitted by AIIMS for grant of fair measure of autonomy:—

"As per para (7) of the AIIMS Act—(i) There shall be a President of the Institute who shall be nominated by the Central Government from among the members other than the Director of the Institute. (ii) The President shall exercise such powers and discharge such functions as are laid down in this Act or as may be prescribed by rules or regulations. Generally the Union Minister of Health and Family Welfare is nominated as President of the Institute. However, system for appointment of President as prevalent in the Central Universities, IIMS & IITs may be followed.

Despite being an autonomous Institute, the AIIMS depends upon the Ministry of Health and Family Welfare for financial grants under the plan and non-plan heads. This causes problems as funds are never sufficient to meet the requirements of AIIMS and are subject to multiple level scrutiny. It is proposed that the plan budget may be allocated to the AIIMS directly by the Planning

Commission and the non-plan budget may be provided in sufficient quantity to meet the minimum patient care obligations of AIIMS as per the actual requirement.

Many of the proposals, particularly, those relating to revision of pay scales or upgradation of pay scales at AIIMS are subject to the approval of the Ministry of Finance. This causes lots of delay and many times rejection of the proposals from the Ministry of Finance. Within the delegated financial powers of the AIIMS these matters may also be decided at the level of the Institute only with the approval of appropriate bodies like SFC and GB."

57. When asked to comment on the above suggestions, the Ministry *inter-alia* stated as follows:

".....except for the appointment of Director, the institute has been given full powers for creation of posts upto the level of Associate Professor and also in regard to filling up of the same. The All India Institute of Medical Sciences is a super-speciality institution and enjoys autonomy in providing in-patient and out-patient services, teaching, training of undergraduate/postgraduate students, research, etc. and provides tertiary care to patients. The institute enjoys full autonomy in the above matter. Sufficient funds are provided to the institute both under Plan and Non-Plan within the limited resources available. However, while utilizing the plan funds, the institute has to keep in mind the general economy instructions and guidelines issued by the Ministry of Finance and other departments from time to time. Plan funds are utilized in respect of only approved plan schemes for which they are to follow rules and regulations and guidelines issued by the Planning Commission from time to time."

It was further added:

"It is absolutely essential that the staff selection function be taken away from the Staff Selection Committee of the institute and function needs to be entrusted to outside agency like UPSC or such independent and creditable agency. The Act of 1956 needs to be relocated as it has become outdated. The command and control system needs to be re-oriented encouraging functional autonomy but administrative needs to be made hierarchical."

58. The Ministry expressed agreement over the suggestion that the status of the Institute be made similar to that of IITs & IIMs. On the appointment of President, Ministry stated that the suggestion of the Institute to make it as the one prevalent in Central Universities, IIMs & IITs, was under process.

### **Patient Care Services**

59. According to the Ministry, AIIMS is rated as a leading Hospital-cum-Research Institute in India providing specialist and super specialist treatment to general as well as referred cases from all over the country. However, Audit in their scrutiny had concluded that this Institute as a teaching hospital had failed on one hand in developing academic excellence and innovation in technology, and, on the other, in providing quality treatment as a specialist referral hospital of national importance. The basic reason cited by Audit for the same were large shortages in the cadre of doctors and



nurses that had resulted in depriving the patients timely diagnosis, treatment and medical care. As per the Audit review, the doctor-patient ratio was very high in the Institute and the waiting time for surgery ranged from two and a half months to 34 months.

60. The Audit further reported that a large number of equipments, procured for use in specialized diagnosis and treatment, were either installed late or not installed at all or were lying damaged. Since most of the resources of the Institute had gone towards the upkeep of the hospital, the infrastructure continued to be deficient. Audit had also noticed that the Institute could not use a substantial part of resources that it received from the National Illness Assistance Fund for providing treatment to the poorest of the poor. Further, patient care a crucial element in drug de-addiction treatment, had suffered as the total number of nurses deployed on duty was half of the requisite strength and casualty, emergency & intensive care facilities were not available. The Audit also pointed out that the Cancer Hospital was not fully functional and Specialized Centre for treatment of Trauma had not materialized though the plan was approved in 1995.

61. The succeeding paragraphs deal with the various shortcomings/irregularities in the patient care services provided by the Institute, as noted by the Public Accounts Committee during their course of further examination of the subject.

#### **Hospital services—Wards and OPDs**

62. The Institute provides medical care to patients either by admitting them to Private and various General wards or through the OPD. The Institute has 50 clinical departments including superspeciality centres to manage practically, all types of diseases except burn cases, dog-bite cases and cases of infectious diseases. According to the Institute, on an average about 7,000 patients attend the OPD per day. About 75,000 patients are admitted per year. In AIIMS evening OPDs were started in the discipline of Medicine, Surgery, Paediatrics and Obst. & Gynaecology in January, 2003 with the existing manpower and Infrastructure on the second floor of Rajkumari Amrit Kaur OPD Block. However, the same was discontinued in July, 2003 as it was seen that the number of patients attending in the evening OPD was abysmally low.

63. 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 for deployment of doctors in OPD on the basis of workload to ensure satisfactory patient care. On being inquired of the action taken by the Institute on the said recommendation of PAC, the Ministry of Health and Family Welfare, *vide* the information submitted to the Committee *inter-alia* responded as follows:

"The Committee has recommended increase in the number of doctors without taking into consideration the constraint of space in the existing buildings. Further uncontrolled and excessive increase in the population of Delhi without commensurating increase of hospitals and lack of referral character of the AIIMS, resulting in large number of patients with trivial ailments coming to the AIIMS OPD besides the serious patients, contributed to the excessive workload for the



doctors in the OPD's and long waiting time for the patients. However, appropriate action has been initiated to meet the requirements of better patient care and lesser waiting time for more number of patients availing services of various specialities and super-specialities. An ambitious master plan has also been made to almost quadruple its patient care facilities including the services, doctors, nurses and other staff. The mega project has been approved by the Governing Body and is awaiting approval from statutory Government authorities."

It was further added:

"A committee under the chairmanship of the Dean periodically reviews the clinical workload of the departments concerned and decides on development and/or introduction of newer speciality and super speciality clinics and also analyzes the requirement of doctors at a given point of time. It is the job of the Standing Committees like Academic Committee, Finance Committee, and the Governing Body of the Institute to review the recommendations and sanction additions/upgradations whenever needed".

64. The Committee desired to know the Doctor-Patient ratio in AIIMS in each discipline and whether there has been any increase noticed on the same, particularly in view of the fact that patients from all over the country avail of specialist treatment facilities in the Institute. In reply the Ministry have stated as under:

"As far as the General OPD in the AIIMS Main Hospital is concerned, there are about 130 doctors available daily for providing consultation and treatment to the patients. The average doctor-patient ratio is 1:32 as far as General OPDs are concerned. As regards super speciality OPDs/clinics, the number of doctors available is variable and depends on other responsibilities pertaining to O.T., emergency, teaching, training and research. In the last 5 years the increase noticed on the same is as under:

Year	Ratio
1999-2000	1:21
2000-2001	1:24
2001-2002	1:26
2002-2003	1:30
2003-2004	1:32

AIIMS follows the norms of having a fixed "core" strength of six faculty members and six residents (Senior and Junior) for unit/ward comprising of 40 general beds and 2-3 isolation rooms. Thus the doctor patient ratio as far as indoor services is concerned comes to 1:35. However, it may be noted that other categories of doctors like Pool Officers, Research Associates, S.R.Os. and J.R.Os. also involved in patient care activities along with research, have not been taken into consideration for calculating this doctor patient ratio."

65. To a specific query of the Committee regarding adequacy of the existing set up in terms of space, teaching and non-teaching staff and facilities/services, the Ministry stated as follows:

"As far as AIIMS is concerned, with regard to the requirement of space, steps were undertaken for optimum utilization of existing facilities. This *inter-alia* included (a) Decongestion of RAK OPD Block, (b) Streamlining of Emergency Services in addition to construction of emergency ward with 60 beds including two High Dependency Units, (c) Augmentation of new Pvt. Ward facilities. In spite of shortage of manpower in AIIMS, the existing manpower was re-deployed in a judicious and rational manner to provide patient-care services in the areas mentioned above. Trauma Centre with a capacity of 186 beds was nearing completion. Centre of Dental Education and Research with 20 beds was likely to be completed by June, 2005. Position Emission Tomography which would provide diagnostic facilities in the field of Cardiology, Oncology and Neurology was likely to be commissioned by September-October, 2004. CN Tower with 7 floors was proposed to be constructed. IRCH with 7 floors increasing the bed strength from 96-200 had been commissioned."

#### **Indoor Patients**

66. As regards the procedures of admission of patients to the Institute, the Committee have been informed that:

"The patients are admitted for in-patient treatment in various departments depending upon the nature and severity of the ailment and as such specific number of patients in the wait list for various ailments in each department is not maintained. However, presently there is no waiting time for private ward admission. For general ward patients, the waiting time depends upon number of factors *i.e.* disease being treated, stage of disease, other system involvement, critically of condition, operability etc.

As far as AIIMS Hospital is concerned, there is a provision of accommodation/shelter to the patients/attendants by way of two Dharmshalas namely Rajgarhia Vishram Sadan & Surekha Vishram Sadan. One more Dharmshala (Sai Bhakti Samaj) is also likely to be operational shortly. The total bed capacity of all the three Dharmshalas providing shelter to the relatives of the patients is 402 beds."

67. According to the Institute, the number of beds available in various wards/units of the hospital and the centres for indoor patients as on 1.7.2004 is as under:

A.I.I.M.S. Hospital (Main)	986 (including casualty)
C.N. Centre	360
RP Centre	301
Dr. BRA IRCH	96
Drug De-addiction Centre	50
CRHS Ballabgarh	60
Total	1853

68. The Ministry further informed the Committee that in the next one year AIIMS would add another 465 beds to its existing strength of 1853. When asked to explain whether the Institute was capable of handling the ever-increasing rush of patients, as it was expected to be well equipped for treating mostly critical cases, the Ministry submitted as follows:

"AIIMS is facing a huge attendance in the OPD with about 15,00,000 patients per year attending it. Many speciality/super speciality departments have already augmented their indoor facilities by developing High Dependency Units (HDUs) for the respective wards and designated ICUs for admitting critical patients in the Main Hospital. Several new speciality Centres are being planned. The Trauma Centre, Dental Centre, Dr. BRA IRCH, additional Cardio-Thoracic & Neuro Sciences Tower will be commissioned in the coming year itself."

#### Strength of Doctors and Nurses

69. According to the Audit, the number of patients, number of specialists available and time taken per patient during March 2000 in six main OPDs (Dental, Paediatric surgery, Neurology, Cardiology, IRCH & ENT) was as follows:—

Sl. No.	Speciality (OPD)	Total No. of Patients seen in March 2000	Total No. of days in March 2000	Duration of OPD on working day in March 2000 (in hours)	No. of Specialists who attended OPD in March 2000	No. of Patients seen per hour per specialist/doctor	Time taken per patient in Minutes
1.	Dental	5862	25	6	6	7	9
2.	Paediatric Surgery	1702	25	5	1	13	4
3.	Neurology	2842	14	4	7	7	9
4.	Cardiology + CTVs	9443	25	4	14	7	9
5.	IRCH	4133	20	7	4	7	9
6.	ENT	9635	25	4	6	16	4

70. The Committee desired to know whether the present strength of doctors and nurses is sufficient to provide medical care to the patients. In reply, the Ministry has stated:—

"So far as break-up of Nurses is concerned, the nurses are posted in the Department/wards on rotational basis keeping in view the requirement in each department/wards. At present total bed strength is 1853 while the sanctioned strength of nurses is 1866. The sanctioned strength of nurses is in accordance with the norms and enough to meet the existing load of patient care services. More nurses posts are going to be sanctioned shortly in the revised EFC proposal for Trauma Centre & Dr. BRA IRCH. Whenever, bed strength and support services are increased the strength of the Nurses and doctors will also require to be increased as per norms. With the completion of various projects in the pipeline not only will additional patient care facilities be created but also additional manpower will be employed.

At present 65 faculty posts are lying vacant at this Institute. Most of these vacancies have fallen vacant during the 2003 and 2004 due to promotion, retirement and all the vacancies are being published in the national dailies soon for making regular appointments and will be filled within 5-6 months."

71. When the Committee enquired about the steps taken to enhance the strength of Doctors and nurses so as to provide proper medical care to the patients, the Ministry assured the Committee *viz.* :

"The sanctioned strength of nurses is in accordance with the norms and enough to meet the existing load of patient care services. Whenever, bed strength and support services are included, the strength of Nurses & Doctors will also require to be included as per norms. With the completion of various projects in the pipeline, not only will additional patient care facilities be created but also additional manpower will be employed."

72. The Committee further sought to know if the Institute proposed to give any financial incentives/more and better accommodation and other relevant facilities etc. to Doctors as well as Nursing Staff for handling increased workload due to heavy patient traffic, and long and odd hours of duty. To this, the Ministry *inter alia* stated:

"Nursing staff and Resident doctors have shift duties. Most of them are being provided residential accommodation in the Institute Campuses/Hostels. However, in the future expansion programme for AIIMS more residential units will be constructed. Regarding financial incentives the pay scales of faculty at AIIMS are higher as compared to other hospitals. They are given financial grants for foreign visits."

73. Regarding the steps taken by the Ministry/AIIMS to increase the manpower in technical/non-technical category in the Institute, the following was submitted:

"The activities of the Institute have increased manifold and many new areas have been developed/established, but the strength of the manpower has not been increased proportionately. To ensure that patient care services are not hampered, 811 persons in Group 'C' and 1061 persons in Groups D, are working on temporary/adhoc basis. In addition to this, Institute has also given some services on contract.

The requirement of the posts and departments have been worked out and action has already been initiated to create posts. But the same has not fully materialised due to financial constraints of the Institute."

### **Deployment of Nurses**

74. According to Audit, 319 new posts were created in the cadre of nurses during 1994—99, however, it did not serve the purpose as the sanctioned strength of 1994-95 was not fully utilized. It was observed in Audit scrutiny that there was a shortage in cadre of nurses ranging between 27 to 38 percent during the review period.

75. The Committee asked the Ministry to explain reasons for shortage in the cadre of nurses as well as present position of deployment of nurses. The Ministry of Health & Family Welfare, in their advance information, replied as follows:

"the shortage in the cadre of nurses was because of the reservation policy of the Government. Since qualified nurses from the reserved categories were not

available, the posts were lying vacant. By special recruitment drives, most of these posts have been filled up and now more than 95% of the sanctioned posts of the nursing staff are filled up."

76. On being inquired about the assessment of the impact of shortage of nurses on patient care and action thereon, the Ministry, in their advance information, stated:

"the shortage is being constantly monitored. Even the earlier shortage of nurses was not allowed to affect the patient care in the Institute by employing ad-hoc/ temporary nursing staff against the vacant posts."

77. The Audit also observed that nurses were being trained in two courses only *i.e.* B.Sc. Nursing (Post Certificate) and B.Sc. (Hons.) Nursing which provided general training and no specialized training in critical areas was provided.

78. Replying to the query of the Committee in this regard, the Ministry informed as follows:

"the nurses are being deputed to participate in various specialized training programmes, conferences, workshops synopsis etc. to enhance their knowledge and skills. In the last financial year (2001-2002) 56 nurses participated in various training programmes, conferences etc.

.....Besides that, the AIIMS runs its own regular in-service training/programme for the nurses in various specialized areas, in collaboration with respective clinical departments and hospital administration like intensive care, accident and emergency care, nursing care of the AIDS affected patients and hospital waste management."

#### **Waiting time for surgery and availing diagnostic facilities**

79. It is pertinent to note that the waiting time for patients awaiting surgery in AIIMS ranged between 2 months to 34 months. However, the audit noted that actual waiting time may be much higher if the waiting time for Ultra Sound, C.T. Scan, M.R.I. Scan are added.

When required, the Institute in a written note, stated as under:-

"all patients undergoing surgery are normally admitted at least one or two days prior to the operation and remain in the hospital for 4 days to even more than a month after operation depending upon the procedure carried out and the level of sickness involved. As the beds belonging to different surgical disciplines are different, the availability and allocation of beds according to the need of the patients leads to different waiting time for patient of different categories and disciplines. Diagnostic investigations like MRI, CT Scan, Ultrasound are also made available to patients according to their degree of disability and urgency. Efforts are being made to increase the hours of running of these services in order to ensure that the waiting period is substantially reduced."

80. When enquired by the Committee whether patients visitings AIIMS for treatment were made to wait for a painfully long time to undergo diagnostic procedure e.g. Ultrasonography, CT Scan, X-ray, MRI Scan, Mammography etc., the Ministry in a written note stated as under:

Sl. No.	Name of the diagnostic Investigation	Waiting time		
		General OPD	Private OPD	Indoor patients
1.	CT Scan	0-6 weeks	0-6 weeks	2-3 days
2.	Ultrasound	-do-	-do-	-do-
3.	Conventional X-ray	No waiting time except when bowel preparation required		
4.	Mammography	0-6 weeks	0-6 weeks	2-3 days
5.	MRI	2-3 months	2-3 months	2-4 days

81. On being asked if the patients were made to wait for months together to avail facilities available for various diagnostic procedures, it was stated:

"It is not a fact that the patients are compelled to wait for months together for various tests/diagnostic procedures. Since priority is given to Emergency/indoor patients, in whose case all efforts are made to carry out the investigations on the same day, the OPD patients may have to wait."

It was further submitted:

".....we are moving forward to open a new diagnostic facility centre whereby the existing facilities are totally used for the general ward patients. The number of private wards is going to be 170 in the near future. These new diagnostic facilities will be separated so that the time taken by the private ward patients and the general patients will be considerably reduced thereby avoiding the waiting period. As of now, in certain Department, there is no waiting list for any of the procedures."

82. The Committee desired to know whether any study has been conducted to work out of the total number of machines required in AIIMS to cater to the heavy patient load and reduce waiting time, the Ministry informed that necessary machines and equipment are being provided to meet the ever increasing demands based on the patients load, availability of new technology and its direct impact on patients care & research.

#### **Supply of Surgical consumables and Medicines to patients**

83. According to Audit, the Institute purchased surgical consumables to be supplied to the patients undergoing surgery free of cost. A few patients were also asked to purchase certain items which were not available with the hospital. On test check, the Audit found that a patient was asked to purchase certain items including 21 surgical ones from the market in the months of March 2000 despite those being available with the main store of the Institute, out of which 15 items were issued by the main store on indents of the concerned department.

84. On the policy of the Institute regarding the supply of surgical items to patients, the Ministry of Health & Family Welfare *inter-alia* submitted the following:

"All commonly used surgical items (like bandages, gauze, gloves, syringes, I.V. sets, B.T. set etc.) and life saving/emergency items (like endotracheal tube, foley's

catheter, gastric tube etc.) are procured and supplied for all the patients in the AIIMS hospital. However, the costly items like hip/knee replacement prosthesis, shunts etc. are usually bought by the patients. However, in case of very poor/indigent patients, the hospital procures and supplies all the items required on the commendation of the treating consultant/medical social services officer."

It was further added by the Ministry, in a written note as under:

"As far as AIIMS main hospital is concerned, all medicines and surgical items are provided to patients attending emergency services (Casualty). For admitted general ward patients, essential drugs and surgical items numbering 130 approximately are issued from the hospital. However, due to constraints of budget, main hospital cannot afford to provide higher antibiotics, anticancer drugs, specialized suture and other surgical consumables from hospital stores. However, some financial assistance programme for poor and indigent patients are in existence."

Further, it was submitted that:

"Poor patients who cannot afford to buy medicines etc. are issued the same from the hospital on the recommendations of the treating consultant to the effect that the patient is poor and cannot afford to buy the medicines etc."

85. The Committee sought to know the Ministry's position on the objections raised in Audit review about non-supply of surgical consumables to a patient. The Ministry, in their written note, *inter-alia* stated as follows:

"It is possible that in the instant case, the item available was not a commonly used life saving item and therefore the patient could have been asked to purchase the surgical items.

The remedial measure to stop repetition of such an event is that all the medical and surgical items required for all the patients in the hospital are procured and issued by the hospital for which the non-plan budget of the Institute would need to be increased drastically. The Institute is also in the process of levying package charges for the entire spectrum of therapeutic, diagnostic and surgical services being offered by it on the prevailing pattern of the Cardio thoracic and Neurosciences Center. This step would obviate the scope of any adhocism in the procurement and use of surgical or other items."

86. When asked to elaborate the existing procedure for procurement, storage and supply of medicines/drugs to patients, the Ministry informed:

"A full-fledged store section in the main hospital headed by the Store Officer and other staff working under him are responsible for the procurement and issue of medicines and other surgical/general/linen etc. items to the various patient care areas in the hospital. The drugs and surgical items are selected by respective selection Committees comprising of senior faculty members from major disciplines who are responsible for selection of items based on their experience, following the laid down store purchase rules/procedures.



All life saving and basic drugs and surgical items are provided free of cost to the indoor patients, in General wards & Emergency/Casualty. However, patients are requested to procure expensive antibiotics and surgical items used in patients care."

87. To a question whether any discrepancies were noticed in the supply of medicines to patients, the Ministry replied:

"No case has come to notice where discrepancies were noticed in the supply of medicine to the patients in last three years."

#### **Treatment for poor patients**

88. Audit scrutiny had revealed that the Institute had been receiving grants/ financial assistance from the Ministry and the Prime Minister's Relief Fund, besides other outside agencies, by cheques drawn in favour of the Director of the Institute for treatment of individual poor patients. Money so received was kept in patient treatment account. Apart from this, money was also received in the form of cash donations from individuals, religious trusts & donations boxes in various wards and OPDs of the hospital for which the Institute maintained poor patient accounts.

89. While furnishing details regarding the facilities available to poor-patients, the Ministry, in their written note, submitted that:

"Patients belonging to the lowest strata of Society are provided financial assistance from various Govt. and other voluntary agencies like P.M. Relief Fund, National Arogya Nidhi, Delhi C.M. Relief Fund, NIAF, Sai Baba Trust, Cancer Sahyog, Rotarians etc."

90. The Committee learnt that National Illness Assistance Fund (NIAF) was established by the Government in January 1997 in order to provide financial assistance to poor patients living below the poverty line for treatment of life threatening diseases. Under this scheme, the Government of India provided an advance payment of Rs. 10 lakh to the Medical superintendent of the Institute to enable him to sanction an amount upto Rs. 25,000 immediately to reach deserving case for treatment in the Institute. Cases requiring more than Rs. 25,000 were sent to the Managing Committee of NIAF for approval/sanction.

91. Audit noticed that an amount of Rs. 10 lakh received in December 1997 remained deposited in the bank account till October 1999. It was further noticed that an amount of Rs. 4.85 lakh was utilized between November 1999 and March 2000 leaving credit balance of Rs. 5.15 lakh.

92. When asked to respond to the Audit observation during the course of examination by the Committee, the Ministry in a written note *inter-alia* stated:

"There was certain teething operational problems related to the effective operation of the National illness Assistance fund which were surmounted after the first few months of the starting of the fund. The fund is being very effectively utilized at this juncture to redress the constraints faced by the poor patients."



93. On being further queried as to why the NIAF was not optimally utilized, the Ministry *inter-alia* stated:

"The NIAF during the time of its inception could not be utilized to its optimum due to various technical difficulties and bottlenecks which were likely in the way of implementation. The Central Committee of NIAF was apprised of the difficulties being faced by the hospital. These difficulties have been sorted and now a large number of poor and indigent patients are getting regular financial assistance under this scheme."

94. Elaborating further on the utilization of the fund by AIIMS, it was stated:

"Due to awareness regarding this scheme, the number of applicants has increased manifold. As a result, funds get exhausted soon and there is timelag in replenishment of funds from central agency. Patients who have been recommended assistance under this scheme have to wait for disbursement during this timelag."

95. On the steps that could be taken so that deserving patients get relief from this fund well in time, the Institute has suggested that:

"Allocation of a higher quantum of funds and well in advance before last allocated funds exhaust, can avoid this delay. As a beginning a sum of Rs. 10.00 crores may be given to the AIIMS for treatment of only poor patients needing immediate medical assistance. This will take care of all serious diseases like Kidney, Heart Liver, Cancer, Brain etc."

#### **Machinery and Equipments**

96. As regard to the purchase and disposal of machinery and equipment in the Institute, various irregularities were noted by Audit. The Institute had purchased one 'Counter chamber' to be used as sample analyser for Department of Pharmacology in the year 1994-95 for Rs. 46.55 lakh out of a grant from Germany. The machine was stated to be non-functioning. However, the machine was neither taken in the stock register of the department nor anyone know about its working and whereabouts of the local agent. In another case cited by Audit, a repeat order for 'Non-Invasive continuous hemodynamic monitoring system' costing Rs. 13.86 lakh was placed by the Institute in August 1997 on the basis of purchase made in May 1996 without calling for tenders for the Department of Anesthesiology when the earlier equipment purchased in 1996 was not being used by the department. Audit also noted that the four vital equipments costing Rs. 2.30 crore purchased/imported during 1993 to March 2000 were not installed as the essential parts required to run the system were not supplied and the equipments supplied were different from those ordered. Four equipments costing Rs. 34.70 lakh and one costing 42650 Swiss Francs installed during September 1989 to March 1998 remained out of order for most of the time upto June 2000.

97. During their examination, the Committee sought to know about the system in place for the procurement of equipments in the Institute. The Ministry, in their written note, explained the same as follows:

"In the matter of procurement of stores/equipments, the Institute follows the procedure prescribed under various Government regulations like GFR./DGS&D manual etc. The specifications for the store/equipments to be purchased are

drawn by the Technical Committee constituted under the Competent Authority and the rates are obtained through the limited tender for stores (upto the value of Rs. 2 lakhs) and open/global tender for stores (costing more than Rs. 2 lakhs). Such tenders are evaluated by the Technical Committee and based on their recommendations purchases are made from the lowest quotee."

98. The Committee enquired about the case cited in the Audit Review where a counter chamber costing Rs. 46.55 lakh was not taken in the stock register of the Department of Pharmacology. The Institute, in their written information, *inter-alia* submitted:

"The stock entries are made by the user departments only when the equipment/ machinery is installed and commissioned satisfactorily. The counter chamber in question was not taken into stock since this equipment was not installed by the user department from the very beginning. In compliance to the observation raised by Audit, a system is being devised whereby the stock entry shall be made upon the receipt/inspection of stores."

99. With regard to the non-functioning of the said 'Counter Chamber', the Committee were informed as follows:

"The case is presently with the Vigilance Department on receipt of information of non-installation from the present enquiry. A Committee comprising of senior Faculty Members and Store Officer was constituted in December 1999 and the enquiry report was submitted by the Committee. Action is being initiated by the Vigilance Cell, AIIMS, to fix responsibility for the same."

100. On being inquired about the repeat order for purchase of Non Invasive continuous hemodynamic monitoring system for the Department of Anesthesiology without calling tender, the Director, AIIMS, while deposing during the course of Oral Evidence, stated *viz.*:

"This is actually for patients who are very sick and being anesthetized. Because the tender process would have taken a long time, the department certified that there was no upgradation of the equipment till date. So, it was a repeat order only."

101. The Committee enquired about the reasons due to which equipments purchased/imported by the Institute could not be installed or installation was delayed. The Ministry of Health & Family Welfare *vide* their written information *inter-alia* submitted:

"in some unforeseen circumstances, like the non availability of site or some part of the equipment not received from the consignee, unavoidable delay beyond the control of the department takes places. Steps have been taken to obviate such delays in the future."

102. In reply to the Committee's query on the action taken on the supplier, who did not supply the parts required to run the system, the Ministry stated that when the equipment was supplied in 1993, part of the equipment, including a software for

integration of data with the Force Plates and Kinematics systems and one Camera was not supplied with the equipment. Since the supply was done through WHO, the fund position of WHO reportedly did not allow for purchase of the remaining software and hardware for the equipment, though the request were sent to WHO for the same. Despite several correspondence made with the Principal suppliers in U.K. and the local agents in India, the matter remained pending. However, it was intimated that a move was on to contact another agent who was proficient in the installation of the equipment. According to the Ministry, the reasons for the equipments remaining out of order were mainly attributable to non-supply of essential parts of equipments by the suppliers in time. The Committee were informed that necessary corrective measures to enforce warranty, Performance Guarantee and Down Time Clauses effectively had been taken.

103. On being enquired of the current status of 28 equipments costing Rs. 23.11 crores plus US\$ 1,31,400, the Ministry, in their written note, stated:

"All the equipments have since been installed and as of now all the equipments are fully operational except the Counter Chamber from the Department of Pharmacology. This case is under investigation by the Central Vigilance Commission."

104. While apprising the Committee of another significant proposal to purchase sophisticated equipment by the Institute, the Secretary or Ministry of Health and Family Welfare stated:

"There is a proposal for a Positron Emission Tomography (PET) facility, which is, again an ultra-modern, state-of-art diagnostic facility. This is going to cost about Rs. 18 crore. This has been sanctioned and the equipment is about to arrive, and AIIMS is going to commission it in December, 2004. This will be a new facility, in the entire North India, where we do not have any PET scan facility. I think, this is the first one which is going to be added in the field of cardiology, oncology and neurology. It will predict a disease before its onset. This is the most important facility that we have here."

105. Elaborating on the steps taken to augment the number of machines required for various investigations, the Ministry *inter alia* stated:—

"In the AIIMS a two pronged approach has been adopted to provide necessary machines & equipment to meet the ever increasing demands. Firstly based on the patient load availability of new technology and its direct impact on patient care & research all the Departments project their requirements every year. This is discussed with the Departments and necessary funds are provided to procure them depending upon their priority and availability of finances. Secondly, additional facilities and centres are further strengthened and established to provide more physical space and patient care facilities. Without additional space machines cannot be installed."

## ESTABLISHMENT OF VARIOUS CENTRES

### Institute Rotary Cancer Hospital (IRCH)

106. According to audit, the Institute with the collaboration of Cancer Foundation Society of India established a Rotary Cancer Hospital. The construction work upto first floor of proposed eight storeyed building was completed (Civil work only) in May 1981. In 1992, the Institute found the need to develop a comprehensive cancer centre in North India at IRCH. Since the patients attending IRCH came from different parts of the country and the waiting period for admission and treatment of cancer patients was inordinately long, it was decided to construct six additional storeys above the existing block and one additional block. When the Institute had submitted memorandum for EFC approval in 1992, it had projected the completion of construction of building in three years and functioning of the hospital to start by the end of the Eighth Five Year Plan. Audit also observed that though the building plans were approved by New Delhi Municipal Council (NDMC) in December, 1995, the construction work was taken up only in January, 1999. Reasons for delay were not made available to audit. The safeguard of liquidated damages were not provided in the contract.

In their written note, Ministry replied:

"M/s. Hospital Services Consultancy Corporation (HSCC) was entrusted the project management for the work on 21.2.1997 and agreement was signed between H.S.C.C. and AIIMS on 2.3.1998. The process of shortlisting of contractors and tender process was started and the work was awarded on 18.12.1998. Work was started by the firm in January, 1999 and is likely to be completed by December, 2002."

107. While explaining the expansion of IRCH project, the Ministry, *vide* their written information, had *inter alia* stated:—

"At present the second, third, fourth & fifth floors have been handed over to AIIMS. Patient care activities are being carried out on the second & third floors only. The fourth & fifth floors cannot be utilized in the absence of electricity. The sixth & seventh floors have been substantially completed and are expected to be handed over within a few weeks.

As far as the construction of the building is concerned it can be completed within two-three months (*i.e.* by December, 2002) subject to the availability of funds."

108. In a written note regarding the current status of IRCH, the Committee were informed as follows:—

"A new building with 7 floors increasing the bed strength from 96 to 200 has been commissioned. It will be fully functional after the deployment of additional staff and machinery and equipment, after approval of revised EFC."

109. The Secretary, Ministry of Health, while deposing before the Committee on the Rotary Cancer Hospital *inter alia* stated:—

"It has been made operational with 96 beds which are fully functional. Another 104 beds will be made functional. There is some shortage of staff. We have not

been able to create new posts because of the economy Circular of the Government. It cannot be managed with the existing number of people, so we need new posts. So, we are approaching the Ministry of Finance for creation of posts, and with that all the 200 beds will be fully commissioned. Today, about four floors are functioning, another four floors are vacant and they are waiting for the posts. So, with all these additional facilities, which have come, we have been able to add 118 beds in the last one year to the existing 1853 beds. By next year, 465 beds will be added to the existing capacity."

#### **Trauma Centre**

110. AIIMS had prepared a scheme for the establishment of CATS (Centralized Accident and Trauma Service) for the city of Delhi which would include the establishment of an Apex Centre and Peripheral Hospitals with the following objectives:

- (i) to provide trauma services to the injured; preferably the treatment to be started at the site of the accident;
- (ii) to train personnel to deal with such emergencies;
- (iii) to establish a Research Centre in collaboration with transport, communication, law and police authorities to prevent accidents by constant data evaluation and public education; and
- (iv) to use rehabilitation techniques for effective treatment in the shortest possible time and also to make invalid victims useful citizens.

111. According to audit, the Government had approved the setting up of a Centralised Accident and Trauma Service (CATS) under the aegis of AIIMS at a cost of Rs. 16.65 crores and it was conveyed in May 1984. This was subject to condition that the construction work of the Centralised Accident Hospital (Apex Centre) would be taken up immediately and the Centre would be made functional within five years. In 1989 it was decided that the scheme would be transferred from the Central sector to the Delhi Administration and be implemented by a society registered for the purpose and supported by Delhi Administration. Taking into consideration the aspects of cost and utility, in 1991 it was felt that it would not be feasible to set up CATS by Delhi Administration. The Centre envisaged under CATS was necessarily to be a part of a multi-disciplinary hospital like AIIMS of Safdarjung Hospital. New Delhi Municipal Council and Delhi Urban Art Commission had in 1995, approved the drawings of Trauma Centre. However, till November, 2000 the construction had not commenced though an expenditure of Rs. 13.56 crore had already been incurred towards payment of land charges, consultancy fee etc.

112. The Ministry, in their written Note submitted:—

"The Cabinet Committee on Economics Affairs has approved the proposal for setting up of an Apex Centre for Trauma Care at the cost of Rs. 54.14 crore. The construction of the 140 bedded centre began in December, 2001. The building is expected to be completed/commissioned in 12-15 months after the start of construction *i.e.* by March, 2003."

113. On being asked to state reasons leading to delay in commencement of construction work of Trauma Relief Centre by November 2000, the Ministry of Health and Family Welfare *inter-alia* submitted before the Committee as follows:

"The Trauma Centre was originally conceived to be taken up by the AIIMS and land was handed over in January 1986. On the recommendation of Lt. Governor of Delhi, the Project was handed over to the Delhi Administration. A meeting was taken by the then Union Health Minister in 1991 with Lt. Governor of Delhi in which it emerged that it would not be feasible for the Delhi Government to set up the proposed apex centre not only in view of the financial constraints but also from the view-point of its utility and cost effectiveness. It was felt necessary that the centre be part and parcel of multi-disciplinary hospital like AIIMS or Safdarjung Hospital. It was decided that the land measuring about 14.5 acres near the Raj Nagar Crossing, Ring Road should be returned by the Delhi Administration to Central Government for utilization as site for Trauma Centre. The land was handed over the AIIMS in December 1992. In January, 1993 M/s. Hospital Services Consultancy Corporation (A Govt. of India Undertaking) was engaged for architectural and structural designs. Site plans were prepared for the Trauma Centre and the same were approved by the Delhi Urban Arts Commission, the Delhi Fire Services and the New Delhi Municipal Council. In view of the tremendous paucity of funds a revised EFC Memo for the first phase of construction could only be seen through in March 2001."

114. On being asked about the current status as well as the likely date for completion of construction work, the Ministry of Health and Family Welfare informed the Committee *viz.*:

"The work was started for a tendered amount of Rs. 34.72 crore (building and services) in January 2002 with a contract period of 12 months. Structure work of the Trauma Centre building is almost complete and the finishing work is underway. The value of work done till date under the present contract including consultancy fee and other incidental expenses is Rs. 21 crore (approximately). The targeted date of completion of the construction is January 2003. Further it may take three months for commissioning of the Centre. However, this is subject to the availability of funds from the Ministry commensurate with the project requirements."

115. The Committee during the course of evidence observed that the Director of the Institute had initially assured the Committee that the Centre would be in operation two years after the sanction was received from the Government thereby creating a vacuum of two years between the promise and the actual implementation. The Secretary, Ministry of Health & Family Welfare clarified thereon as follows:

"For the Trauma Centre sanction has already been accorded. The work is at a very advanced stage. In fact the building is about to be completed. Thereafter it is a question of procurement of the necessary equipment. May be the functioning will start with the available staff. If additional staff is required, the necessary procedure will be undergone."

116. In September, 2004, the Ministry intimated the Committee that the Trauma Centre, having a capacity of 186 beds was nearing completion.

117. The Secretary, Ministry of Health and Family Welfare, while deposing before the Committee during evidence on the latest position of Trauma Centre *inter alia* stated:—

".....it went through several ups and downs. Even though there was an EFC approval for Rs. 54 crore, two more floors were also added to the building. Now, the civil construction is complete. Unfortunately, at the time of earlier EFC approval, adequate provision was not made for the equipment that is needed for a large Trauma Centre like this. So, we again had to go back to the Finance Ministry with a new EFC which was approved just about two days back with an outlay of about Rs. 162 crore. This is clear now. Now, we are able to order whatever equipment is required for the Trauma Centre, and the Director has promised that by April, 2005 this Trauma Centre will be fully functional and operational."

118. On the issue of manpower deployment at the Trauma Centre, the Director, AIIMS had *inter alia* submitted:

"In our institution, we have an in-charge of the casualty and we are carrying out routine training programmes for the residents and for the senior residents in trauma care as well as first-aid and resuscitation. This is a programme which goes on. When we have the Trauma Centre facility, we will rotate the doctors in that Trauma Centre from the main institution so that we can provide a continuity of care in those areas."

#### **Drug De-Addiction Centre**

119. The Drug De-addiction Centre was established at Deen Dayal Upadhyaya Hospital under the aegis of the Institute. Necessary funds, as required, were provided to the Institute during Seventh Plan with the following objectives:

"to establish system from continuous monitoring which could evaluate changing trends in substance abuse over a period of time, specially in vulnerable section; to develop rational strategies for reducing and preventing drugs alcohol related disabilities so that the centre would become a centre of excellence and resource for SAARC and South-East countries for training, research and other related aspects."

120. According to Audit, the Centre did not have its own casualty/emergency and ICU facilities. Patients of casualty/emergency were being sent to the casualty department of Deen Dayal Upadhyaya Hospital for treatment. The shortfall noticed in the deployment of the nurses for the treatment of in-patients against the sanctioned strength was more than 50 per cent during the years 1993-94 to 1998-99, which adversely affected the patient care. Audit had also observed, that though there was a considerable increase in the number of new and old patients since 1995-96, the in-patient admissions remained almost stagnant.



121. The Committee enquired as to whether the required facilities such as casualty/emergency and ICU for running the Drug-De-addiction Centre were set up, the Ministry/AIIMS *inter alia* stated:

"It was never planned to start a separate casualty/emergency/ICU facility separately for the De-addiction Centre. As this centre was located within the premises of a general hospital namely Deen Dayal Upadhyaya Hospital (DDUH), it was not necessary to establish its separate emergency/casualty services. Patients requiring such care were managed within the overall emergency/ICU service of Deen Dayal Upadhyaya Hospital."

122. When the Committee enquired about the reasons for the shortfall of more than 50%, in the deployment of nurses during 1993-94 to 1998-99 for treatment of in-patients, the Ministry stated:

"The sanctioned position of the nurses was not filled up, as the bed strength of the Centre had reduced to 16 by then. The M.S., DDUH had taken over 50% of the sanctioned beds for other facilities of the DDUH. The available strength of nurses in the centre was adequate to run effectively all the activities of the Centre, which included OPD, ward and Community Clinic."

123. The Committee enquired about the in-patient admission capacity at the Centre as well as any subsequent arrangement made to cater to the enhanced requirement. The Ministry *vide* their written note, *inter-alia* stated:

"The Centre functions with 16 beds only and conscious attempts have been made to shorten the hospital stay and practice energetic OPD treatment which is more cost effective. The Centre has been allotted 10 acres of land at Ghaziabad for a 50-bedded hospital, which would be equipped with the entire spectrum of services essential to a hospital. The construction work is on at full swing and the hospital is expected to be fully functional by May, 2003."

124. Subsequently, the Committee were informed that the Drug De-Addiction Centre had already been established on 10 acres of land allotted at Ghaziabad for a 50 bedded hospital and was functioning since April, 2003 though the target date set for the same was May, 2003. The Centre was well equipped with modern equipments. Clinical care was also provided to the patients at this hospital. The Centre had a total of 9 faculty members out of which two were pre-clinical scientists and remaining 7 were psychiatrists. In addition, the Centre had non-faculty permanent staff from various disciplines *viz.*, Biochemistry, Clinical Psychology and Social work.

#### **Department of Physical Medicine & Rehabilitation**

125. As per Audit, the Department of Physical Medicine and Rehabilitation attended to the requirement of handicapped patients and helped them to return to their normal lives by providing physiotherapy, occupational therapy services as well as artificial limbs. The Prosthetic and Orthotic workshop attached to the Department produced/modified/repared and distributed limbs, calipers, shoes, etc. Audit observed that the number of patients, especially the number of old patients were increasing since 1995-96 but the production of appliances remained stagnant except during



1998-99 and 1999-2000 which showed downward trend. During their test check of the records, the audit noticed that no norms had been fixed for deployment of doctors, paramedical and workshop staff and no targets were fixed for evaluating the performance of the Department. The waiting period of patients ranged between 12 to 15 months.

126. The Institute, with regard to the production of appliances by a Prosthetic and Orthotic workshop of the Department of Physical Medicine and Rehabilitation, in their written Note *inter-alia* stated:

"The number of appliances produced in the Departments' workshop reduced from the previous level because out of the 13 technical workers engaged in the manufacture of the appliances, 4 workers retired. The production scaled down from the previous level corresponding with the number of technical hands available in the workshop."

127. As regard to the waiting period of patients in prosthetic workshop and the non-installation of equipment, the Institute *inter-alia* informed as follows:

"It is true that the waiting period of the patients for prosthetics is 12—15 months. The waiting list is dependent on the number of patients requiring appliances and the waiting list varies with the number of patients requiring appliances."

128. On the query of the Committee on the remedial measures to minimize waiting period for patients, the Ministry of Health & Family Welfare and the All India Institute of Medical Sciences *vide* their written information replied as under:

"The evaluation of performance of the department is based mainly on the number of patients treated, teaching and other activities. Vacant positions in Prosthetic and Orthotic Workshop are in the process of being filled. The waiting period for prosthetic appliances has been reduced to about six months whereas there is no waiting period for Orthotic appliances."

#### **Organ Retrieval Banking Organisation**

129. During the course of examination of the audit paragraph, the Director, AIIMS informed the Committee about ORBO as follows:—

"We have established a national facility called Organ Retrieval Banking Organisation (ORBO) which is a nodal agency for the heart transplantation. Also, for the first time we are able to do combined liver pancreatic and kidney transplantation in the patients suffering from young onset pancreatic disease."

#### **Finances of the Institute**

130. The Institute is largely fed by grants from the Government. According to Audit, receipts at the Institute grew during 1995-96 to 1999-2000 from Rs. 243.8 crore to Rs. 625 crore. This growth was mainly due to substantial increase in non-plan grants from the Central Government *i.e.* Rs 66 crore in 1995-96 to 160 crore in 1999-2000. Plan grants grew at a moderate pace rising from Rs. 53 crore in 1995-96 to Rs. 80 crore in 1999-2000. As per the Audit, evidently large resources are being made available to the Institute for its functioning without specifying the objectives. In 1995-96 the ratio of

non-plan to plan resources was close to 1:1, while in 1999-2000 it is 2:1. The Audit concluded that increasing the non-plan grant allocation while allowing the plan grant allocation to grow at a slow pace has resulted in defocusing the emphasis.

131. Audit noted that for the functioning of the Institute, large resources were made available without specifying the objectives and moderate increase on the specific purpose grants was there only to the tune of Rs. 5 crore during the period. The hospital receipts during the last five years were almost static (Rs. five-six crore) and donations were insubstantial.

132. The total Budget allocated under Non-Plan during each of the last 10 years is as under:

Year	Total Budget allocated under Non-Plan (Rs. in lakhs)
1994-95	5300
1995-96	6629
1996-97	7353
1997-98	8921
1998-99	14950
1999-2000	16000
2000-2001	16112
2001-2002	15500
2002-2003	12350
2003-2004	21818

133. Regarding the substantial growth in non-plan grants as compared to moderate growth in plan grants during the period of review, the Ministry of Health & Family Welfare *vide* their written information stated:

"Substantial increase in Non-Plan grants is mainly the result of heavy expenditure on salaries/pensionary benefits due to revision of pay scale w.e.f. 1.1.96 on the recommendation of Vth pay Commission and with the increasing load of patients at the institute, a substantial increase in the running costs of the hospital. There was no such impact on expenditure on 'Plan' side, where the grants/expenditure grew at a moderate pace."

134. In reply to a query on the utilization/sufficiency of non-plan funds, AIIMS in a written note submitted:

"In respect of the Non-Plan funds, sufficient funds are provided based on the requirement of the institute and within the overall allocation of the Ministry. The institute also utilizes the funds generated by the institute to meet the day-to-day activities. The problem regarding shortage of Non-Plan funds is mainly because the All India Institute of Medical Sciences has made recruitment of Group C & D posts over and above sanctioned strength for which the institute is taking action for regularization of the same as and when the vacancy arises and other economic instructions issued by the Ministry of Finance from time to time. AIIMS is provided funds within the limited resources available with the Ministry."

135. According to Audit specific purpose grants to the institute have increased by a moderate Rs 5 crore in five years. In this regard, AIIMS in a written note submitted as follows:

"Though there was not much increase on account of hospital receipts, the overall revenue generation of the institute by way of user charges, licence fee, etc. has gone up from Rs. 8.91 crores in 1995-96 to Rs. 15.88 crores in 1999-2000. The hospital charges are in the process of being further rationalized."

136. Audit has further pointed out that unspent balances at the end of the year grew from Rs. 3.82 crore at the beginning of 1995-96 to Rs. 95.94 crore at the beginning of 1999-2000. Similarly investment of surplus funds went up from Rs. 31.6 crore in 1995-96 to Rs. 96 crore in 1999-2000. This must be seen in the background of the fact that a large number of projects remain incomplete."

137. Explaining the position in this regard, the representative of the Institute stated as follows:

"This (surplus) money was not part of the plan or non-plan allocation, the regular allocation given to the institute. But basically a large amount of it is the money generated by the institute. Prior to 1990-95, the institute was not raising any charges against the treatment given to patients. We are still treating a majority of the patients, specially the poor patients, free of cost. But for the paying category now, in certain centres, specially cardiothoracic and Neuro-sciences centers, there is a system of package charges. That was introduced in 1994-95. Consequently, on the revenue side till 1994-95, we had a small amount of money which was basically on innocuous things like security deposit, earnest deposit, caution money, employees insurance money etc. But this suddenly grew. Part of the reason of its growth was also that it was not liquidated on plan or non-plan scheme. A large part of this money belongs to the Cardio-thoracic and Neuro-Sciences centres alone where a system of package charges was levied in 1995. This is an internal revenue generation mechanism of the institute which has actually helped to evolve a system where we are generating a certain amount of revenue which, at some stage, has to be dovetailed back into the projects."

138. In this connection, the Secretary, Ministry of Health & Family Welfare added as follows:

"It did not have the approval either of the institute body or the Governing body but perhaps a particular department in their anxiety to create some resources for improving that department, they started charging it. And, now, it has been stopped.

Now that it has come to the notice, we will certainly take this into account. As the institute has been raising the question of constraint of resources, this will be brought into the fold of budgetary resources. We will try to take this amount into the budgetary process and see to it that certain activities for which they have been clamouring for resources are met out of this and we will be able to liquidate this very soon."

### **Accounting Mechanism**

139. As regards the steps being taken to enforce proper accounting mechanism, the Secretary, Ministry of Health and Family Welfare stated during evidence as under:

"They are trying to put in place a very stringent accounting mechanism. I agree that whether the money came from any source, it is public money, and it should have been accounted for thoroughly and properly. If somebody has given the advances for a particular purpose, it ought to have been taken into account that whether it has been properly utilized and accounted for. I think, most of them have already been settled. But whatever has not been settled will be taken care of. But for future, certainly we will lay down the system so that they are properly maintained."

140. While expressing the need to have a Chartered Accountant for auditing the accounts of the institute, the submission of AIIMS was as follows:

"There is also a need for development of a system so as to examine the requirement of the institute in respect of machine and equipment and upkeep of the same and also to utilize the funds on priority basis."

141. On the need to have an internal audit in respect of the accounts of the institute, AIIMS submitted that:

"There is an urgent need to have an internal audit in respect of the accounts of the institute so as to develop a system of proper utilization of the resources available and utilization of public money to the maximum possible extent."

142. Responding to a query from the Committee on the overall adequacy of fund for AIIMS to undertake various activities, the institute has submitted:

"AIIMS suffers from inadequacy of funds to undertake various activities of Patient care services and Research work and the same has been intimated to Ministry from time to time. During the Xth plan as against the projected requirement of Rs. 1059.15 crores, only Rs. 675.00 crores have been allocated. In fact AIIMS has projected an additional requirement of Rs. 600 crores to start new super-speciality Centres. All these requirements have been projected to the Ministry from time to time."

### **AIIMS—Like institutes**

143. The Ministry in a written note has informed the Committee that under the Pradhan Mantri Swasthya Suraksha Yojana, formulated by the Government of India in 2003 the opening of six more hospitals has been announced in the country with the same standard as that of AIIMS. These proposed AIIMS-like institutions are to be set up in Bhopal (Madhya Pradesh), Jodhpur (Rajasthan), Raipur (Chhattisgarh), Rishikesh (Uttanchal), Patna (Bihar) and Bhubaneshwar (Orissa). These particular States were identified on the basis of various Socio-Economic indicators like human development index, literacy rate, population below poverty line and per capita income. The Ministry further informed that these factors were compared with the availability of the number of Medical Colleges which provided speciality/super speciality treatment in those States which had led to overflow of referral cases requiring tertiary super speciality care in AIIMS, New Delhi leading to inconvenience, high expenditure to the patients and high fatality rates due to loss of time in providing critical care to the patients.

144. When enquired about the objectives of the six AIIMS-Like institutes, the Ministry, in their written submission to the Committee, has stated:

- (i) The institutes would provide state-of-art medical care in 39 specialities and super-specialities.
- (ii) The project will 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 specialist and super-specialists comparable to the level of AIIMS.
- (iii) The Institutes will function as apex medical institute in the State. The State can develop and streamline a referral system that will ensure that all health institutions are optimally utilized. The guidance and feedback from the institute can strengthen the units at the other levels of the referral chain.
- (iv) There are sizeable social benefits for the families in the States with the added prospect of bringing super-speciality services practically to their doorsteps. Improvement of health will stimulate all round socio-economic development in these States and particularly in the backward areas.
- (v) Adjoining State patients can have access to these Super-Speciality care."

145. In reply to a question about the status of work in respect of setting up of these AIIMS like Institutions, the Ministry, in a written note have submitted as follows:

"Ministry of Finance and Planning Commission have already given in-principle approval for the Project.

A Project Management Committee (PMC) has been formed under Chairmanship of Secretary (Health) with Director General of Health Services, Additional Secretary (Health), Joint Secretary concerned and representatives from Finance, Planning Commission, Airports Authority of India and Director (AIIMS) to oversee the implementation of the Project. The Committee is meeting regularly to decide/monitor the various related issues.

Foundation Stones at the sites of proposed AIIMS have already been laid and construction of boundary walls around the land earmarked for the purpose is being taken up.

HSCC(I) Ltd. a PSU under the Ministry has been appointed as the In-house Consultant to assist the Ministry in selection of a Project Consultant and selection of architectural firms/architects for finalisation of the architectural concept/design and also in assisting the construction of boundary wall at the sites of proposed AIIMS.

Draft rules and regulation have already been framed for formation of a Society under the Societies Registration Act for managing the affairs of the six proposed AIIMS. Draft EFC proposal has been prepared and comments from the appraising agencies are being obtained. Comments from Plan Finance and Establishment division of Deptt. of Expenditure have been received. Comments from Planning Commission, Medical Council of India and HRD are awaited.

The process for Selecting Project Consultant for providing Comprehensive Consultancy services for setting up six AIIMS have already been started Advertisement for the selection of project Consultant was released and EOI received in response to the advertisement are being short-listed for issuing of Request for Proposal document. Advertisement for seeking EOI from architectural firms/architects for participating in global competition for providing prototype Architectural concept/design for six AIIMS is being finalized and likely to be advertised shortly."

146. As regards the progress of construction work of AIIMS-like Institutes, the Secretary *inter-alia* stated during evidence as under:

"Project preparation has been started. We have to go to the Expenditure Finance Committee. This memorandum is ready. It is now with the hon. Minister for Health and Family Welfare. Once he approves it, this will be placed before the EFC. The Planning Commission has already given an in-principle approval to this. The Finance Ministry also has given an in-principle approval to the setting up of these six institutes. These approvals are on the file and the moment the hon. Minister approves it, we would be taking it to the EFC.

On the other side, we have a Project Management Committee headed by me with some other members and the Director (AIIMS) is also a member of that Committee. We have already short-listed six Project Consultants of international repute. We have asked them to prepare proposals. Based on that we will be appointing a project consultant who will give us the project design and the estimated expenditure. We also are putting advertisements in international journals and magazines asking for a good architect who can give us a good architectural design for these institutes that will be used as a base. Based on that, the Project Consultant will make the detailed estimates. This exercise is on. The moment the EFC approves it, the proposal would be taken to the Cabinet Committee on Economic Affairs."

Explaining further in this regard, the Secretary stated:

".....In reply to a Starred Question, the hon. Minister said, the scheme is currently in the process of being placed before the EFC. Therefore, there is definitely a commitment on the part of the Ministry to take this issue forward and to get the necessary approval before the actual work starts. This year there is a provision of Rs. 60 crore in the Budget. Last year we had 6 crore Rupees for putting up the compound wall and around the land we got. That is already on and in some places it has been completed as well.

This Rs. 60 crore is mainly for the appointment of project consultant and to pay him for the initial work so that he can start the project design. We have already asked the Planning Commission to keep a provision of at least Rs. 1000 crore next year, that is, 2005-06 so that once the project design is available the actual work can start. So far as the Ministry is concerned, we are moving forward. The question is, how long will it take. This is something which can be decided once we have got the project design from the consultant."

147. In reply to a query, the Ministry have informed that the total project duration from zero date to completion is estimated at 36 months.

148. In a subsequent clarification, the Ministry have stated that there is no proposal to enhance such number of Institutes in the remaining part of the country.

149. When asked to explain the role of State Governments in the establishment of these AIIMS like Institutes, the Secretary, while deposing before the Committee, stated that:

"The support that has to be given by the State Governments is that for the new ones they have to give about 100 acres of land free of cost and also provide services like road connectivity, electricity and water supply. This was the stipulation that the State Governments have to contribute. The capital cost of each of these institutes has been worked out to roughly about Rs. 280 crore non-recurring and about Rs. 60 crore for each of these institutes as recurring expenditure by the Government of India."

150. When the Committee expressed concern about other States, the Secretary submitted as follows:

"Six other States are chosen where one medical college would be upgraded to the level of AIIMS. These are Andhra Pradesh, Jharkhand, Jammu & Kashmir, Tamil Nadu, Uttar Pradesh and West Bengal. The institutes that have been selected for upgradation are as follows: Government Medical College, Jammu; Nizam Institute of Medical Sciences, Hyderabad in Andhra Pradesh; K.P. Viswanathan Government Medical College, Trichy in Tamil Nadu; Government Medical College, Kolkata in West Bengal, Rajendra Prasad Institute of Medical Sciences, Ranchi, and Sanjay Gandhi Post-Graduate Institute of Medical Sciences, Lucknow in Uttar Pradesh. These six centres have been selected for upgradation."

151. While furnishing the details regarding the infrastructure about these upgraded hospitals, the Ministry stated:

"This would entail infrastructure development of facilities, provision of Super-specialities based on the specific needs of that facility. Running and staff costs for these would be borne by the respective States themselves."

152. Replying to a query on whether there would be co-ordination among these upgraded hospitals for sharing of information as well as for reference of cases, the Ministry submitted:

"Co-ordination and sharing of information among the six medical institutes proposed to be upgraded would be worked out by the governing bodies of respective institutes, if such need is felt by them."

153. The Committee desired to know if the original character of the Institute was being revived in the light of setting up of the six AIIMS-like Institutes. The Ministry *inter-alia* stated as follows:

"At present, there is no proposal under consideration in the Ministry to declare AIIMS as a referral hospital. AIIMS is a super-speciality institution and enjoys autonomy in providing in-patient & out-patient services, teaching/training of



Under Graduate/Post-Graduate students, research, etc. and provides tertiary care to patients. A large number of patients including serious patients with multifarious ailments come directly to AIIMS OPD/Emergency for treatment. The AIIMS is involved in research activities and the faculty of AIIMS on their own are able to attract research funds from various funding agencies, like Department of Biotechnology, Department of Sciences & Technology, Indian Council of Medical Research, etc. The Institute was able to attract Rs. 20.3 crores of research grant in the year 2003-04 from outside agencies. In order to reduce patient care load on AIIMS, there was a proposal to set up six AIIMS like institutions in the States of Bihar, Chhattisgarh, Madhya Pradesh, Orissa, Rajasthan and Uttaranchal."

## MISCELLANEOUS

### A. Unauthorised occupation of land

154. Audit in its review has brought out that the unauthorized occupation of land allotted to the Institute at Masjid Moth had not only resulted in blockage of funds of Rs. 9.97 crore but had also affected the construction of quarters, thereby defeating the purpose which was sought to be achieved.

155. According to audit the Institute was allotted 32.09 acres land at Masjid Moth during 1966-69, out of which about 22 acres was under encroachment by the Jhuggi Jhompadi (JJ) dwellers as the land remained vacant due to paucity of funds for construction of the projects. A joint survey of this cluster was carried out in 1992-93 by the officers of the Slum Department of Delhi Development Authority (now MCD) as well as the Institute, which revealed that the number of JJ dwellers, who were eligible for alternate site, were 2456. Resettlement charges were to be paid by the land owning agencies (Institute) which were revised by the MCD from Rs. 10000 per Jhuggi to Rs. 29000 per Jhuggi from April 1993. The Institute deposited first instalment of Rs. 2.97 crore with Slum Department of MCD as their share of relocation cost (upto September 1993). A cursory survey conducted by the Slum Wing Department revealed that in addition to 2456 eligible JJ dwellers, there existed 4500 ineligible JJ dwellers in the cluster. After detailed deliberations in the meeting held in December 1996 under the Chairmanship of Secretary (Urban Development), Ministry of Urban Affairs and Employment, it was decided that 2456 eligible JJ families and about 4500 ineligible JJ families (as on March 1996) needed to be shifted from the site belonging to the Institute. The institute would pay Rs. 4.28 crore (Rs. 7.25 crore - Rs. 2.97 crore already paid) for relocation of eligible JJ families and Rs. 9.90 crore for ineligible JJ families. Thus the Institute would pay a total sum of Rs. 17.15 crore to the MCD as relocation cost. The additional amount could be paid in two instalments. Accordingly the Institute paid Rs. 7 crore to MCD in August 1997. The time schedule for shifting the JJ cluster was fixed as March 1998 or 12 Months from the date of depositing the amount of Rs. 7 crore to the Slum Department of the MCD. The Institute would then protect the land and start development. As such the Institute, paid Rs. 9.97 crore to MCD for giving possession of land. However neither the vacation nor the possession of land was attained (July 2000).



156. In this connection, the Ministry of Health & Family Welfare have furnished the following information:

"The land measuring 32.09 acres at Masjid Moth was allotted in phases from 1966 to 1969. The land remained vacant for sometime on account of dispute centering around a proposal for the construction of a 60 feet wide zonal road connecting Gautam Nagar to Ring Road. AIIMS utilized the land partially to construct Type II quarters in the year 1973. After active follow-up and persuasions, the MCD took up the work of relocation of the jhuggies cluster and the same was completed in April 2001".

157. While furnishing a reply to the query of the Committee as to how the vacated land would be utilized, It was *inter-alia* submitted:

"It is planned to utilize the said land for construction of super speciality centers and hostels. For the same the land use of the said campus is to be got changed as "Institutional" and Ministry of Urban Development has to grant the said land use change permission. The matter has already been taken up with the Ministry of Health and Family Welfare and Urban Development for relaxation/permission required for construction of additional super specialty centers in the said campus. Once the same are obtained, the re-development plan of Masjid Moth Campus and Ansari Nagar Campus shall be finalized and submitted to the NDMC for approval. This land is a part of development in the Master Plan for AIIMS."

#### **B. Computerization**

158. According to Audit, the Institute acquired a computer system at a cost of Rs. 2.03 crore in April 1989. The software of patient care system (one of the modules of the computerisation programme) was developed by Tata Consultancy Services at a cost of Rs. 25 lakh in May, 1990. Audit has observed that the Institute realised in August 1996 that the patient care system had not been used successfully due to bottlenecks, lack of direction and coordinated efforts and it was decided that there should be no extension of the annual maintenance contract. Audit has found that there was no record to exhibit how far the requirements, which were shown at the time of initiation of computerization, were achieved.

159. According to Audit, the institute was unable to keep up its decision regarding replacement of the computerized system timely due to which even the data stored during its functioning could not be further utilised. As a result, despite incurring an expenditure of Rs. 3.99 crore, the Institute got no benefit from computerization.

160. On being asked about the accomplishment of the objectives of setting up of Computerization system at the Institute, when the system was not running successfully, the Institute/Ministry in their written information stated:

"The computerization system was set up at the institute with the prime objective of introduction of computerization at AIIMS and it was to be implemented for Patient Care System, Administration, Library, Academics and Research & Teaching. The Institute has established a very large network on the basis of which the above programmes have been implemented. It is only the Patient Care

System Computerization that has been terminated on various other accounts than the overall computerization programme itself, such as,

- (i) Whereas on one side, for the computerization of Patient Care System recommended by the DG(NIC) and supplied by the ECIL, the main-frame computer system as was of a very old technology, on the other hand the faculty, student, staff of the institute started using the personal computer which were much faster than the terminals of the main-frame system.
- (ii) The system was not capable of handling more than 24 online users, whereas, the number of users on the network had increased beyond 100. It required immediate replacement/upgradation.
- (iii) The expenditure for the replacement of the system on its upgradation was manifold as compared to the latest technologies that were available in the market."

161. On the query of the Computer regarding the bottlenecks in the implementation of computerization programme and the efforts to plug these bottlenecks, the Ministry/AIIMS in their written information *inter-alia* stated:

"The bottleneck was the mainframe hardware which had limited functions and was unable to meet the complete requirements of the faculty and the management. The Institute has taken the services of a consultant firm that has prepared reports and submitted the documents related to the procurement of the hardware, software and implementation plan which shall take care of the bottlenecks through a well defined Information Strategy Document also prepared by the same consultant firm. These documents have since been approved by the Steering Committee of the Institute, consisting of Heads of various departments, senior functionaries, Chiefs of Centres and the Director, AIIMS in chair."

162. The Committee desired to know whether any inquiry has been set up to review the whole episode of setting up of computerized system with a view to fix the responsibility. In their reply, the Ministry *inter-alia* stated that the review has been made by the Technical Sub-Committee of the Institute alongwith the consultant appointed by the Institute. All the facts that related to the functioning of the mainframe system were considered by the Committee, and it was of the view that the availability of state of the art technology on one side and the obsoleted mainframe technology of the computerized Patient Care System created an imbalance that caused the closure of the mainframe system. Cost benefit analysis favoured implementation of the state-of-art technology that must be reviewed every time after a period of 18-22 months for upgradation. This could not be possible due to high costs involved at that point of time for the upgradation of the mainframe system. No single individual could be held responsible for the closure of the erstwhile unsuccessful programme.

### **C. Misleading advertisement by quacks**

163. During evidence the Committee pointed out that various advertisements appeared regularly in print media/visual media which claimed to give immediate remedies/relief for incurable/dreaded diseases such as epilepsy, cancer etc., which

was a very serious matter. The Committee observed that such unauthorized/illegal medical practices by quacks and healers were banned under the Law. When asked on the steps taken to prevent such practices, the Ministry *inter alia* submitted:

"It is proposed that a statutory regulatory frame work should be provided, specifying the procedure as to how any new medical system will be examined by an Expert Committee for recognition or rejection of claim of any new system of medicine/pathy, after, making an objective analysis. It is also proposed that while giving details of the procedure to be followed for recognition, it will be provided that practice in unrecognized system of medicine/pathy is prohibited. A penalty clause will have to be added to specify that practicing in any medical system which has not been recognized under the procedures of the said statutory framework, and which does not have a Regulatory Act of its own, will be an offence for which penalty can be specified. Under the proposed framework, the responsibility of enforcing the prohibition and penal provisions to be included in the Act, would be given to the State Govts./UT administrations."

#### **Observations and Recommendations**

**164. 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.**

**165. 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 specialised 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 commercialisation. 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 lakh being made every year for the purpose. Thus, barely one to two percent 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 Rs. 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.**

166. 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.

167. 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 years 1995-96, 1996-97, 1998-99 and 1999-2000 was not conducted.

168. Further as there is no evidence of the utilisation 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 should 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 reports. 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.

169. 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 application 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.

170. 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. 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 ad hoc 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.

171. 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 investments in providing subsidised

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. This, 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 needs 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 care scenario.

172. One of the objectives of the Institute is to demonstrate a high standard of medical education to all medical colleges and allied institutions in the country. The Committee note that the methods adopted for dissemination of information regarding high standards of medical education evolved by AIIMS include publication of such information in the Annual Reports of the Institute, 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 under-graduate and post-graduate medical education in the country.

173. 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, 1988. 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 emphasise the need for taking suitable steps to ensure that this Centre is completed and made functional by the target date.

174. 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 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, the Act of 1956 may be suitably amended in the light of ground realities particularly for constitution of the Governing 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.

175. 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 a hospital for specialised 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 specialisation. 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 visualised. 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 specialised 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 diagnosis 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 infrastructural 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 co-ordinators and increase co-operation between its various departments.

176. 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 reports first. It is here that a 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 patient to half an hour at the most, the Institute had not fixed so far any norms for deployment of doctors in OPD on the basis of work load 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 to 1:26 in 2001-2002 and further to 1:32 in 2003-2004. The Doctor-Patient ratio in the indoor services 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 services 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 appointments, which has brought administrative inefficiency in the Institute and consequently, the patient-care services have received a serious jolt. Since adhocism 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.



177. The Audit Review has revealed that a large number of equipment 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 equipments, are compelled to wait considerably for various tests/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 relatives 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 equipment 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.

178. Another significant features 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 in-door 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 needs 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.

179. The Committee are of the opinion that casualty/emergency services of a hospital is gaining increasing importance on account of the stressful modern life in urban conditions where people are subject to different types of accidents/medical emergencies requiring immediate attention and care. This, obviously, puts pressure on the casualty/emergency wings of Delhi Hospitals. The Committee learn that AIIMS has one of the largest such facilities in Delhi. However, the Committee feel that Specialists are generally not available for immediate consultation, particularly, for cases involving head injuries, cardiac arrests, kidney problems of paediatric emergencies. The Committee feel that in Emergency/Casualty Wing, where patients and their relatives remain under emotional strain and anxiety, it is imperative that these wings are manned by experienced and competent doctors who can render timely

and effective medical aid under trying circumstances. The Committee would further like to point out that Emergency Wards are always managed by Junior doctors and Senior Resident/Specialists, who, generally, are either not bothered or arrive considerably late. This usually compels the relatives of patients to rush to private hospitals for prompt treatment. It is, therefore, of paramount importance that there ought to be a system to ensure availability of Senior doctors regularly in Emergency Wards. This can only be possible if a Senior Doctor/Specialist in each discipline is present round the clock so that best possible medical treatment is made available to patients, who are rushed to emergency wards in serious/critical conditions.

180. 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 select 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.

181. 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 on 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.

182. 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 A SM 100 X-Ray Generator in working condition, extra expenditure of Rs. 23.97 lakh 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 lakh 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 hemodynamic 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.

183. Various instance of losses and mismanagement of resources were noticed in the administration of the Institute. The Institute failed to collect at least Rs 2.43 crore 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 at least Rs 55.38 lakh. 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 crore 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 crore 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.

184. 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 Jhomapri) 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 crore was fixed for the relocation of those JJ families and it was decided to shift JJ cluster by March 1998. The Committee observe that despite the Institute paying Rs. 9.97 crore 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 at Ayurvigyan Nagar. They further note that it is now planned to utilize the said land for construction of super-speciality centres 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.

185. The Committee note from the Audit findings that a computerization system was set up at a cost of Rs. 2.03 crore 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 lakh 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.

186. 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 a 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.

187. 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 Bhubaneswar 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:

- \*\*\* State-of-the-art medical care in 39 specialities and super-specialities;
- \*\*\* A fillip for raising the prevailing standards of medical education;
- \*\*\* 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 shortly 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.

188. 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 specialist and super-specialists comparable to the level of the AIIMS.

189. 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.

190. 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.

191. 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.

NEW DELHI;  
13 January, 2005  
23 Pausa, 1926 (Saka)

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

## APPENDIX I

PARAGRAPH NO. 1 OF THE REPORT OF C & AG OF INDIA FOR THE YEAR  
ENDED 31 MARCH, 2000

(No. 4 of 2001)

### Department of Health

#### 1. All India Institute of Medical Sciences

##### *Highlights*

- The All India Institute of Medical Sciences (AIIMS), established in 1956 as a teaching hospital for developing excellence in medical education and research has by 2000, grown into a large hospital without adequate emphasis on teaching or research. Teaching has suffered due to shortage of teaching staff, and to overcome the problem large scale adhoc recruitment has been made by the Institute in deviation of the norms. Evidently adhoc recruitment would not attract sufficiently qualified professionals. The magnitude of the problem can be estimated from the fact that more than hundred Assistant Professors are currently on adhoc appointment and all of them are continuing as such without any further career prospects.
- The Institute has failed to emphasize medical research though this was one of its major objectives. Barely one to two per cent of allocation of funds to the Institute is being earmarked for research. The results of research have not brought in the benefits in terms of improved methodology, patenting or commercialisation. In purely quantitative terms 339 research projects commissioned during the decade 1991 to 2000 have been completed, but no final reports have been received in respect of 153 projects. Atleast 54 out of these 153 projects were completed on paper during the period 1991—95. Since there is no evidence of the utilisation or dissemination of research findings, it has to be concluded 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 result.
- Career profile of doctors trained by the Institute showed that 49 per cent of doctors trained at AIIMS have found their vocations abroad, while the country suffers from a lack of trained medical professionals. Large investments in providing subsidised medical education for developing excellence and sufficiency have gone substantially unreturned. The Institute has failed to review and assess the cost of medical education subsidised by the Government despite the recommendations of the Estimates Committee since 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 Institute, as a teaching hospital, failed on the one hand in developing academic excellence and innovation in technology, and on the other failed to provide quality treatment as a specialised 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. A large number of equipments, procured for use in specialised diagnosis and treatment were installed late, not installed at all or are lying damaged. In a significant disclosure it was noticed that the Institute could not use a substantial part of resources it received from the National Illness Assistance Fund for providing treatment to the poorest of the poor. A small amount of Rs. 10 lakh received in 1997 remained deposited till October 1999 and thereafter until March 2000 only Rs. 4.85 lakh could be used. Patient care, a crucial element in the de-addiction treatment has suffered as deployment of nurses is at half of what is required and further casualty, emergency and intensive care facilities are not available. The Institute surprisingly did not possess a modern hygienic kitchen and there was no facility for testing dietary articles.
- While most of the resources of the Institute have gone towards the upkeep of the hospital, the infrastructure continues to be deficient. The specialised centre for treatment of cancer remains partially operational as only two out of proposed eight floors have been constructed, even though the building was scheduled to be completed in 1995. A painful consequence of this has been that atleast three to four terminally ill cancer patients are turned away daily for lack of facility. The specialised centre for treatment of trauma has not materialised even though the plan was approved in 1995. In the treatment of socially disadvantage drug addicts, the Institute failed to provide the much needed infrastructure at its Drug De-Addiction Centre.
- 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 crore 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 at least Rs. 55.38 lakh. Instances of manipulation of records were noticed in the auctioning of an equipment in working condition. The Institute failed to reflect Rs. 2.57 crore 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 crore in its cash balance though it was shown as debit in the final head of accounts. In an instance of mismanagement of Government funds the Institute spent Rs. 9.97 crore on the vacation and possession of a piece of land at Masjid Moth.



### 1.1 Introduction

AIIMS<sup>1</sup> (Institute) was established in New Delhi in June 1956 through an Act of Parliament as an autonomous institution under the administrative control of Ministry of Health and Family Welfare.

### 1.2 Objectives

The objectives of the Institute are:

- (a) To develop 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;
- (b) To bring together in one place educational facilities of the highest order for the training of personnel in all important branches of health activity; and
- (c) To attain self-sufficiency in post-graduate medical education.

The Institute is envisaged to have comprehensive facilities for teaching, research and patient-care. As provided in the Act, the Institute conducts teaching programmes in medical and para-medical courses both at under-graduate and post-graduate levels and awards its own degrees. Teaching and research are conducted in 42 disciplines.

### 1.3 Organisational set-up

As per clause 7(1) of the Act, the Central Government nominates from among the members of the Institute the President of the Institute who is also the *ex-officio* Chairman of the Governing Body. At present, the Minister of Health and Family Welfare is nominated by Name as a member of the Institute and also nominated as the President of the Institute. The Director is the Chief Executive Officer. There are 36 departments in the Institute providing inpatient and outpatient services in addition to training and research in selected areas. Besides, the Institute has five specialised centres: namely the Centre for Community Medicine, the Cardiothoracic Science Centre, Institute Rotary Cancer Hospital, Neurosciences Centre and Dr. R.P. Centre for Ophthalmic Sciences.

### 1.4 Scope of Review

The accounts and records of the Institute for the years 1995-96 to 1999-2000 were test checked in audit during June 2000 to November 2000. The review was conducted with the object of evaluating the performance of the Institute as a centre of excellence in teaching, research and patient care.

### 1.5 Evaluation indicators

On the basis of the range of activities, the infrastructural system available and the pattern of delivery of services, Audit adopted the following evaluation indicators for the review:

- Has the Institute been functioning as a centre of excellence?
- Has research received the desired emphasis?

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<sup>1</sup> All India Institute of Medical Sciences

- Is the academic infrastructure adequate?
- Is patient care satisfactory?

## **1.6 Results of Review**

### **1.6.1 Administration of resources**

The trend of receipts and expenditure over the period 1995-96 to 1999-2000 (summary of Receipts and Payments Accounts at Appendix I) brought out that:

- During the period, receipts have grown from Rs. 243.8 crore to Rs. 625 crore. The growth is principally due to substantial increase in non-plan grants from the Central Government (from Rs. 66 crore in 1995-96 to 160 crore in 1999-2000). Plan grants have however grown at a moderate pace rising from Rs. 53 crore in 1995-96 to Rs. 80 crore in 1999-2000. Evidently large resources are being made available to the Institute for its functioning without specifying the objectives. In 1995-96 the ratio of non-plan to plan resources was close to 1:1, while in 1999-2000 it is 2:1. Increasing the non-plan grant allocation while allowing the plan grant allocation to grow at a slow pace has resulted in defocusing the emphasis.
- Specific purpose grants have increased by a moderate Rs. 5 crore in five years, donations are insubstantial and hospital receipts are almost static in the range of Rs. five-six crore during the last five years.
- Unspent balances at the end of the year have grown from Rs. 3.82 crore at the beginning of 1995-96 to Rs. 95.94 crore at the beginning of 1999-2000. Similarly investment of surplus funds went up from Rs. 31.6 crore in 1995-96 to Rs. 96 crore in 1999-2000. This must be seen in the background of the fact that a large number of projects remain incomplete.
- Funding of Specialised Centres which is depicted by contra entries in the Accounts have increased from Rs. 36 crore to Rs. 94 crore, without any corresponding change in the quality of delivery. Evidently, most of the resources have gone to provide services to a larger number of patients without ensuring quality infrastructure.
- Capital expenditure has grown from Rs. 12 crore in 1995-96 to Rs. 19 crore in 1999-2000, while miscellaneous contingent expenditure has grown from Rs. 16 crore to Rs. 36 crore during these indicative periods. Pay and allowances have increased from Rs. 44 crore to Rs. 115 crore.

### **1.6.2 The Institute as a centre of excellence**

The Institute was conceived as a centre of excellence in the areas of medical research and medical education while serving as a hospital for specialised medical services. The review brought out that over the years the Institute has grown in terms of delivery of general medical services at the expense of research, education and required specialisation. 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 visualised. The succeeding paragraphs would show that adequate attention has not been paid in building the required infrastructure and to research, training and education. The Institute's commitment to develop and nurture trained medical professionals has failed as no survey has been conducted and no steps have been taken to arrest brain drain. Construction of the building of the Regional Cancer Centre has not been completed though the Institute has projected its full fledged functioning by the end of the eighth five year plan leading to a situation where three to four cancer patients have to be refused admission daily. The proposed centre for Dental Education at the instance of the Estimates Committee has not materialised. The existing centres have not been performing satisfactorily considering the span of attention available and large number of specialised equipments remaining unutilised. A large number of research projects remain incomplete. This is particularly significant in the background of the fact that the Institute has been investing only Rs. 7 crore to Rs. 12 crore annually on research programmes against its annual budget of around Rs. 600 crore. Thus research works out to barely one to two *per cent* of the total expenditure. This should be considered very poor in the context of the avowed objective of the Institute to develop medical research with the intention of using research output in enhancing both teaching standards and specialised areas of medical treatment. Patients do not get the quality time of the doctors largely because of the reasons that the hospital is receiving patients at all levels, its referral character having been largely lost. Detailed audit findings on all these aspects are furnished in the succeeding paragraphs.

#### 1.6.2.1. Academic infrastructure

Following was the position of sanctioned strength and men in position of the faculty members as on 31.3.2000:

**Table 1.6.2.1: Sanctioned strength and men in position of faculty members**

S. No.	Category	Sanctioned strength	Men in position	Vacant posts
1.	Director	01	01	Nil
2.	Professors	110	108	02
3.	Additional Professor	40	119	(+79)
4.	Associate Professor	115	82	33
5.	Assistant Professor	199	07	192
6.	Medical Superintendent	02	01	01
7.	Principal, College of Nursing	01	01	Nil
8.	Lecturer in Nursing	07	05	02
<b>Total</b>		<b>475</b>	<b>324</b>	<b>151</b>

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*). It may be seen that the largest shortages are 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 Hight 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 adhoc basis three to seven years back. The adhoc arrangement dilutes the staffing norms while not contributing effectively to excellence in education.

Institute failed to create impact on other medical institutions in the country.

1.6.2.2 The Institute neither proceeded on a definite organised basis, to create the requisite impact on the functioning of medical institutions elsewhere in the country nor formed any committee to achieve the above objectives. No exercise had been done to correlate the production of any category of professional, para medical or non-medical staff to meet specific identified needs.

#### **1.6.2.3 Survey of graduates/post-graduate who passed out from Institute**

Institute had not conducted studies to ascertain the cost of training.

The Estimate Committee in their 102<sup>nd</sup> report (Fifth Lok Sabha) had recommended that steps should be taken to complete studies for ascertaining the cost of education and training in the Institute and to bring home to students the cost incurred by Government on their training so as to instil in them a sense of obligation to the country. The Institute had not conducted studies to ascertain the cost of training graduate and post-graduate doctor since 1987. The academic section of the Institute never conducted any survey of graduates/post-graduates who qualified from the Institute and the Institute was not able to provide any detail of that. However, on going through report on review of extra-mural funded projects from different funding agencies which were closed as on 31.3.1992 in a pilot study based on 390 respondents, 49 *per cent* were practising/employed abroad. To that extent specialised medical attention has been denied to the beneficiaries.

#### **1.6.2.4 Centre for dental education**

Centre for post-graduate research in Dental Sciences not set up even after the 15th year of targeted period.

The Estimate Committee of the Fifth Lok Sabha in their recommendation had suggested the establishment of a centre for post-graduate education and research in Dental Sciences in the Institute. It was envisaged to establish such a centre during sixth five-year plan (1980-85) but it has not been set up so far. The Institute stated (August 2000) that academic committee had approved the proposal in July 1998 for establishment of centre for dental education and research, that the EFC memo has been prepared and approved by the project committee constituted by the Institute and that the proposal was ready for placing before the Finance Committee/Governing Body for its approval.

### **1.6.3 Research programmes**

The faculty members undertake research schemes related to health and medical subjects on behalf of national and international agencies. Agency-wise receipt and expenditure incurred during the last five years was as under:

**Table 1.6.3: Research programmes undertaken**

(Rs. in lakh)

Name of Agency	1995-96		1996-97		1997-98		1998-99		1999-2000	
	Rec.	Exp.	Rec.	Exp.	Rec.	Exp.	Rec.	Exp.	Rec.	Exp.
Government agencies/ Autonomous bodies	601.65	549.14	565.69	593.52	683.66	655.29	752.12	737.27	792.96	779.19
International agencies	130.87	168.43	165.17	209.68	302.55	231.99	358.27	324.27	403.38	389.22
Private agencies	15.43	12.47	23.72	17.47	36.16	29.44	23.42	29.29	57.34	42.21
<b>Total</b>	<b>747.95</b>	<b>730.04</b>	<b>754.58</b>	<b>820.67</b>	<b>1022.37</b>	<b>916.72</b>	<b>1133.81</b>	<b>1090.83</b>	<b>1253.68</b>	<b>1210.62</b>

**1.6.3.1 Review of research projects**

The Estimate Committee 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. It was seen in audit that review of research projects was conducted for one year (1997-98) only. The review for the years 1995-96, 1996-97, 1998-99 and 1999-2000 was not conducted.

Half-yearly review of research projects not done by the Director and Dean.

**1.6.3.2 Projects/Schemes sponsored by Indian Council of Medical Research (ICMR)/Department of Science and Technology (DST)**

As per terms and conditions of the grants released by the ICMR/DST, for permanent and semi-permanent assets acquired solely out of the grant, a separate register of assets was required to be maintained by the Institute. The Institute did not produce the asset register in respect of asset acquired by it out of the grants-in-aid received for research schemes/projects, which had been completed. It could not, therefore, be checked in audit whether the said assets had been returned to the funding agency or utilised by the Institute with the permission of funding agencies after accounting for the same in the Institute's stock register.

In the absence of centralised asset register, the assets could not be checked.

**1.6.3.3 Research schemes of the Institute**

All members of faculty are entitled to the grant of research funds for (a) inter-departmental research projects, (b) projects connected with national health priorities and (c) projects, involving development/acquisition of new techniques or skill not undertaken by the Institute. The number of projects/schemes undertaken by the Institute and completed since 1995-96 was as indicated below:

**Table 1.6.3.3: Position of Research Schemes undertaken during preceding five years**

Year	No. of Projects/ Schemes undertaken	Funds allotted/ Released (Rs. in lakh)	No. of projects/ schemes completed	No. of projects/ schemes completed but final report not submitted	No. of projects/ schemes in which final report submitted
1995-96	43	12/10.02	43	17	26
1996-97	46	12/11.18	46	17	29
1997-98	37	12/8.63	37	16	21
1998-99	26	12/6.46	26	19	7
1999-2000	33	12/8.57	33	30	3
<b>Total</b>	<b>185</b>	<b>60/44.86</b>	<b>185</b>	<b>99</b>	<b>86</b>

Out of 185 projects undertaken only in 86 cases final report submitted.

Since 1995-96, the Institute claimed to have completed 185 projects/schemes (March 2000). In 86 of these, final reports were submitted by the principal investigator and in remaining 99 projects/schemes, though stated to have been completed, the final reports were not submitted by the principal investigators. None of the research findings were got patented/commercialised. It was further observed that out of 154 projects/schemes undertaken during 1991—95, 54 projects/schemes stated to have been completed, no final report has been submitted by the Principal Investigators till March, 2001. There is a real risk that the research projects output would go waste after lapse of such a long period. The Institute does not seem to be concerned on such lapses.

#### 1.6.3.4 Non-accounting of research projects

In respect of 54 projects undertaken/completed during 1991—95, final report not submitted till March, 2001.

A test check of records of research section revealed that investigators of projects were given advances to undertake the projects and amounts were posted in the ledgers. In certain cases, the investigators did not render the account even after completion of projects resulting in accumulation of money in the hands of investigators. There were cases the investigators had either retired or had left the Institute without clearing the advances. Year-wise break-up of such outstanding advances is given below:

**Table 1.6.3.4: Year-wise Advance of Investigators**

Year	Amount	No. of projects	Closed projects
1990-91	10475.00	2	2
1991-92	78445.00	7	7
1992-93	45100.00	7	7
1993-94	66100.00	7	7
1994-95	30623.00	7	7
1995-96	98011.00	9	9
1996-97	213690.00	3	3
1997-98	78988.00	7	-
1998-99	85020.00	5	-
1999-2000	3479442.00	56	-
	<b>4185894.00</b>	<b>110</b>	<b>42</b>

While Rs. 41.86 lakh were outstanding with Investigators in respect of 110 projects, Rs. 5.42 lakh was outstanding in respect of 42 projects which were closed four to ten years ago.

#### 1.6.4. Hospital services

The Institute provides medical care to patients either by admitting them to private and general wards or through the OPD.

The Institute has 25 clinical departments including four superspeciality centres to manage practically, all types of disease except burn cases, dog-bite cases and cases of infectious diseases. The Institute also manages a 60-bedded hospital in the form of Comprehensive Rural Health Centre at Ballabgarh in Haryana and provides health cover to about 2.5 lakh local population through the Centre for Community Medicine.

Institute is not treating burn cases, dog-bite cases and infectious diseases.

##### 1.6.4.1 Out Patient Departments (OPD)

Number of Patients, number of Specialists available and time taken per patient during March 2000 in six main OPDs (Dental, Paediatric Surgery, Neurology, Cardiology, IRCH, and ENT) was as follows:

**Table 1.6.4.1**

S. No.	Speciality (OPD)	Total No. of Patients seen in March 2000	Total No. of days in March 2000	Duration of OPD on working day in March 2000 (In hours)	No. of Specialists who attended OPD in March 2000	No. of Patients seen per hour per specialist/doctor	Time taken per patient in Minutes
1.	Dental	5862	25	6	6	7	9
2.	Paediatric Surgery	1702	25	5	1	13	4
3.	Neurology	2842	14	4	7	7	9
4.	Cardiology+ CTVs	9443	25	4	14	7	9
5.	IRCH	4133	20	7	4	7	9
6.	ENT	9635	25	4	6	16	4

As seen from the table above, on an average seven to sixteen patients were examined per hour, taking four to nine minutes per patient.

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 for deployment of doctors in OPD on the basis of workload to ensure satisfactory patient care.

Norms for deployment of doctors in OPD were not fixed.

### 1.6.4.2 Patients awaiting surgery

The position of patients awaiting surgery as on March 2000 was as under:

**Table 1.6.4.2: Patients awaiting surgery**

S. No.	Name of the department	Number of patients awaiting surgery	Period by which backlog will be cleared	Remarks
1.	Department of Otorhinolaryngology			
	(a) Surgery under GA	5000	34 months	Disease like cancer and aggressive benign disease adjusted early against patients already awaiting surgery under GA (One and half month) Patients for biopsies and other procedure in main OT who need adjustment against patients already awaiting surgery under LA (Seven and half months)
	(b) Surgery under LA	7000	34 months	
2.	Dental	75	Will be cleared in six months if extra OT and beds will be provided, otherwise it can never be cleared seven months	
3.	Department of Nephrology	60		
4.	Department of Neurosurgery			
	(a) Unit I	446	eight months	
	(b) Unit II	206	six months	
5.	Department of Gastrointestinal Surgery	68	two and half months	

From the above table it is apparent that waiting time for patients awaiting surgery ranged between 2 ½ months to 34 months. However, actual waiting time may be much higher if the waiting time for Ultra Sound, C.T. Scan, MRI-Scan, are added.

### 1.6.4.3 Deployment of nurses

The number of nurses deployed to look after in-patients, *vis-a-vis* the sanctioned strength and new posts created during last six years was as under:

**Table 1.6.4.3**

Year	Sanctioned strength	No. of new posts created	Total	In position	Shortfall	Percentage shortfall
1993-94	1453	—	1453	983	470	32
1994-95	1453	119	1572	983	589	37
1995-96	1572	39	1611	1004	607	38
1996-97	1611	8	1619	1166	453	28
1997-98	1619	15	1634	1188	446	27
1998-99	1634	138	1772	1249	523	30

*Note: The Institute did not furnish the sanctioned strength and men in position of the Institute for the year ending March 2000.*



Though 319 new posts have been created during 1994-99, it has not served any purpose. Even the sanctioned strength of 1994-95 is not yet fully utilised. As seen from the table above, the shortage in cadre of nurses ranged between 27 to 38 per cent during review period. It was also seen that at present nurses are trained in two courses only (1) B.Sc. Nursing (Post Certificate) & (2) B.Sc. (Hons.) Nursing. Both courses provide general training and no specialised training in critical areas are provided.

No rational to create new posts when institute failed to fill the existing vacancies. Shortfall ranged between 27 to 38 percent.

#### **1.6.4.4 Surgical items available with the hospital but patients asked to purchase from the market**

The Institute was purchasing surgical consumables for supply to the patients undergoing surgery free of cost and a few patients were being asked to purchase certain items not available with the hospital. On test check it was observed that in the month of March 2000 a patient was asked to purchase certain items from the market which included 21 surgical items which were available with the main store and out of which 15 items were issued by the main store on indents of the concerned department.

Patient was asked to bring surgical items which were available with the Institute.

#### **1.6.4.5 Diet**

The hospital dietary service provides food to the indoor patients of the main Hospital and all the Centres. The diet covers normal diet, private diet, semi-solid diet, modified liquid diet and therapeutic and modified diet, being prescribed by the dieticians.

The Institute had no basic facilities for testing dietary articles, which were being examined visually by staff on duty before supply to patients. For testing food there was no composite testing laboratory. The Institute prescribed the scale of diet in February 1991 in terms of ingredients given to patients. But the scales were different for general patients and private patients. The institute was providing per patient per day diet worth Rs. 20.50 to general patients whereas diet worth Rs. 49.15 was given to private patient. The reasons for discrimination could not be explained in the light of the therapeutic indicator prescribed by the dietician.

No basic facility exists for testing dietary articles.

It was also noticed that a proposal for modernisation of main kitchen of the Institute, was moved in the year 1993-94 which was got approved in October 1994 by the dietary Advisory Committee. The estimate for construction of new kitchen amounted to Rs. 2.07 crore. However, no action has been taken till date (December 2000) due to non-finalisation of the alternate site for shifting the existing kitchen. Thus, due to delay in dedicing alternate site, modernisation of kitchen has been delayed by more than six years. In the meantime the kitchen continues to operate with outmoded and unhealthy working arrangements.

Delay in deciding site resulted in non-modernisation of kitchen.

### 1.6.5 Poor patient account/patient treatment account

The Institute has been receiving grants/Financial assistance provided by the Ministry and the Prime Minister's Relief Fund besides other agencies, by cheques drawn in favour of the Director of the Institute for treatment of individual poor patients. Money thus received are kept in patient treatment account. Apart from this, money is also received in the form of cash donations from individuals, religious trusts and through donation boxes in various wards and OPDs of the hospital for which the Institute maintains poor patients account.

Final action is still awaited in case of shortage of cash for the month of November 1993.

- (i) A test check of poor patient account of Institute (Main), revealed that a shortage of cash of Rs. 1.17 lakh was depicted in the accounts for the month of November, 1993. The misappropriated amount has not been recovered as yet. The Institute stated in may 1999 that disciplinary proceedings against concerned individual have been completed and the report submitted to disciplinary authority for final decision.
- (ii) NIAF<sup>3</sup> was established in January 1997 with a view to provide financial assistance to poor patients living below the poverty line for treatment of life threatening diseases. Under this scheme, the Government of India provided an advance payment of Rs. 10 lakh to the Medical Superintendent of the Institute to enable him to sanction an amount upto Rs. 25000 immediately to each deserving case for treatment in the Institute. Cases requiring more than Rs. 25000 were required to be sent to Managing Committee of NIAF for approval/sanction. This amount would be replenished as and when utilisation certificate/report was submitted to the Government. Financial assistance is given only on the request of the patient in requisite proforma application duly recommended by the treating physician alongwith supportive documents which is subject to the scrutiny of sub-committee. Poverty line is determined by the sub-committee as per Ministry's guidelines according to the list of per capita income per head notified by them.

Financial assistance for poor patients not utilised upto October 1999.

It was noticed that an amount of Rs. 10 lakh received in December 1997 through the Ministry under the NIAF Scheme remained deposited in the bank account till October 1999. Rs. 4.85 lakh was utilised by the different departments of the Institute between November 1999 and March 2000 leaving credit balance of Rs. 5.15 lakh at the close of March 2000.

### 1.6.6 Machinery and Equipments

Various irregularities were noticed in the purchase and disposal of machinery and equipment:

Auction of equipment in working condition.

- (i) SM100 X-Ray generator was installed in Room No. 75 of the department of Radio Diagnosis on which certain tests were conducted. Similar types of tests were done on another similar

machine installed in Room No. 44 of the same department. In April, 1999, the department submitted a proposal for condemnation of the said equipment (in Room No. 75) which was purchased at cost of Rs. 12.33 lakh in 1982, stating that it was completely worn out. The said equipment was auctioned. The upgraded version of the said equipment was purchased at a cost of Rs. 30.27 lakh and was installed in August 1999. As per the service report (March 1999) and statistical register of different machines between March 1999 to August 1999, the machine was in good working condition and tests were continued to be done on that machine. In reply to the observations the department stated that to keep the continuity of records the number of investigations were kept as before. But on comparison it was observed that between March 1999 to August 1999 the outlived machine had performed even better than the machine installed in Room No. 44.

- (ii) As per Appendix 8, Rule 7 of General Financial rules, availability of funds is a pre-requisite for placing an order for the procurement of the stores. It was noticed that for purchase of Cath Lab. I & II—each costing Rs. 2.75 crore, Gamma knife costing Rs. 11 crore and Cath Lab. III costing Rs two crore, Institute paid Rs. 2.20 crore to the State Bank of India for opening of Letters of Credit and the balance amount was to be paid on the receipt of the funds from Government. The bank charged interest of Rs. 23.97 lakh. Thus placing of order and opening of Letters of Credit without availability of funds resulted in extra-additional expenditure of Rs. 23.97 lakh.
- (iii) The Institute purchased one machinery/equipment known as 'Counter Chamber' used as sample analyser for Department of Pharmacology in the year 1994-95 at a cost of Rs. 46.55 lakh out of German grant. The machine is stated to be non-functioning. The machine was neither taken in the stock register of the department nor anybody knows about its working and where about of the local agent. Non-accounting of this machine in the department's store indicates that institute has no proper control to ensure that prescribed procedure was being followed for recording and smooth running of the machine. non-functioning of this machine has not only resulted in the non-utilisation of an asset of Rs. 46.55 lakh but also in depriving genuine patients of essential care.
- (iv) Department of Dermatology and Venerology procured Copper Laser Vapours with Dye Laser at a cost of Rs. 18.00 lakh. When the equipment was received in the department in February 1994, it was realised that this laser was inadequate

Extra expenditure of Rs. 23.97 lakh due to placing of orders without availability of funds.

Machine costing Rs. 46.55 lakh procured in 1994-95 remained unutilised right from its installation and also not taken in stock.

Equipment not selected according to the requirements.

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<sup>3</sup>National illness Assistance Fund.

for dermatology treatment, it also required high running cost and needed isolated space for running because high intensity of noise. The equipment remained in crated condition for six years and was transferred to Bhabha Atomic Research Centre through a Memorandum of Understanding against which Rs. 15.50 lakh was received.

- Purchase of equipment which was not justified. (v) A repeat order for 'Non-Invasive continuous hemodynamic monitoring system' costing Rs. 13.86 lakh was placed in August 1997 on the basis of purchase made in May, 1996 without calling for tenders for the Department of Anaesthesiology. A perusal of records revealed that the earlier equipment purchased in 1996 was not being used by the department. There was no justification for making the second purchase. Further, the equipment was software based and in view of the rapid improvement in software not only the cost would have been reduced but also a newer and upgraded version would have been available. The purchase of the equipment on the basis of more than one year old purchase without ascertaining the price could not be justified by the department.
- Proper records not maintained to keep watch over receipt and working of equipments. (vi) Store section of the main Institute was making purchases of foreign equipments for different departments of the Institute (Main). After making payment for opening of Letter of Credit and placement of supply order no centralised record was kept to watch the receipt and installation of the equipment. No adjustment bills were being submitted to accounts branch indicating the stock entry/difference of amount due to fluctuation in the exchange rate at the time of releasing payment by the bank. In the absence of maintenance of proper and complete records by the Institute, the receipt of the equipments and payments made thereof could not be vouch safed in audit. A test check of records revealed that for purchase of 2-D hardware/software package costing DM-20000 equivalent to Rs. five lakh approx. Letter of Credit was opened in March, 1996 and supply order was placed in May 1996. Out of three cartons said to have been loaded, only one carton was received in March, 1997. The Institute reminded cargo, Air India in February, 1998, no action was taken thereafter.
- Delay upto 448 days in clearance of consignments. (vii) Scrutiny of challan files for the year 1998-99 and 1999-2000 revealed that 851 consignments were received. Of these, in 655 cases, the consignments were got cleared very late and the delays in clearance ranged upto 448 days resulted in payment of demurrage charges of Rs. 17.25 lakh.

### 1.6.6.1 Delay in utilisation, installation and functioning of equipment

The Institute purchased/imported a large number of expensive equipments and machines for running various departments of the Hospital Wing. No centralised monitoring was done to watch the receipt, installation and utilisation of these equipments. On being asked by Audit the Institute could collect information from 19 departments only in four months. Scrutiny of that information and other records brought out the following:

#### 1.6.6.2 Equipment not installed

Four vital equipments costing Rs. 2.30 crore purchased/imported during 1993 to March 2000 were not installed due to non-supply of essential parts to run the system, equipments supplied other than ordered etc.

#### 1.6.6.3 Equipments not working

Four equipments costing Rs. 34.70 lakh and one costing 42650 Swiss Francs installed during September 1989 to March 1998 remained out of order for most of the time upto June 2000.

#### 1.6.6.4 Delay in installation of equipment

28 equipments costing Rs. 23.11 crore+US\$131400 were purchased/imported during August 1993 to September 1998 and installed during February 1995 to April 2000. The delay in installation of equipment ranged between four to thirty one months.

#### 1.6.6.5 Department of Rehabilitation and Artificial Limbs

The Department of Rehabilitation and Artificial limbs attended to the requirements of handicapped patients and helped them to return to their normal lives by providing physiotherapy, occupational therapy services and by providing them with artificial limbs. A Prosthetic and orthotic workshop was also attached with the department for production and distribution of limbs, callipers, shoes, repair and modification etc. B.Sc. (Nursing) and Physiotherapy students were also provided clinical training, fieldwork alongwith under-graduate and post-graduate medical students.

It was seen in audit that the number of patients, especially the number of old patients; showed increase since 1995-96, but the production of appliances (artificial limbs, calliper, shoes etc.) remained stagnant except during 1998-99 and 1999-2000 which showed downward trend as detailed below:

**Table 1.6.6.5**

Year	Number of Patients			Production of Appliances
	New	Old	Total	
1995-1996	7518	20212	27730	1195
1996-1997	10720	18604	29324	1226
1997-1998	17340	29665	47005	1228
1998-1999	12266	31116	43382	928
1999-2000	17755	36091	53846	975

Test check of records further revealed that:

- (a) No norms for deployment of doctors, paramedical and workshop staff had been fixed. Further, no targets were fixed for evaluating the performance of the department.
- (b) The waiting period of patients in prosthetic workshop ranged between 12 months to 15 months.
- (c) Equipments costing Rs. 43.35 lakh were also awaiting installation due to reasons either the essential parts were not supplied or the equipment supplied was other than the specification and looked damaged.

### 1.6.7 Establishment of Rotary Cancer Hospital

Only two floors of the eight storeyed building were completed.

The Institute, with the collaboration of Cancer Foundation Society of India established a Rotary Cancer Hospital. The construction work upto first floor of proposed eight storeyed building was completed (civil work only) in may 1981. With the rising public demands for services in the field of Oncology and need for diagnosis, prevention and treatment of cancer to fulfil the objectives of National Cancer Control Programme, the expansion of IRCH to a full fledged cancer centre was considered essential. In 1992, the Institute responded to the need to develop a comprehensive cancer centre in north India at IRCH as at that time the north zone had only 35 beds at IRCH, the only cancer centre of the region as compared to 1100 beds in west zone, 787 in south zone, 370 in east zone and 65 in central zone. The patients attending IRCH come from diffeent parts of the country namely Uttar Pradesh, Bihar, Punjab, Rajasthan and some time from neighboring countries but the waiting period for admission and treatment of cancer patients was inordinately long. Therefore, it was decided to construct six additional storeys above the existing block and one additional block. With a view to establishing a full fledged regional cancer centre the Institute while submitting memorandum for EFC approval in 1992 had projected completion of construction of building in three years and functioning of the hospital by the end of the eighth five year plan. The proposal for extension of IRCH was approved by EFC and first instalment of Rs. 2.85 crore was received during 1992-93 and next instalment of Rs. 1.65 crore during 1993-94 by the Institute.

Three to four critically ill patients were refused admission daily.

It was observed that while submitting the EFC memorandum the Institute had projected completion of construction by 1995 while as per the Architectural Consultant to whom four *per cent* charges on actual cost were to be paid, the likely date of completion of building was January 1997. The building plans were approved by NDMC in December, 1995 but the construction work was taken up only in January, 1999. The project which was expected to be

completed for Rs. 4.60 crore in 1992 was awarded at a cost of Rs. 14.91 crore and actual cost of the construction taking price escalation etc. can be known only after the completion of the building. Reasons for delay were not made available to audit. The safeguard of liquidated damages was not provided in the contract. In the meantime lack of facility has resulted in the refusal of admission to three to four critically ill patients daily for the last five years. The accumulated impact could be enormous.

#### **1.6.8 Establishment of Trauma Centre**

In the context of rapid industrialisation, increase in vehicular traffic, use of machinery and equipment and growing social tensions, the AIIMS prepared a scheme for the establishment of a CATS<sup>4</sup> for the city of Delhi which would include the establishment of an Apex Centre and Peripheral Hospitals with the following objectives:

- (i) to provide trauma services to the injured; preferably the treatment to be started at the site of the accident;
- (ii) to train personnel to deal with such emergencies;
- (iii) to establish a research centre in collaboration with transport, communication, law and police authorities to prevent accidents by constant data evaluation and public education; and
- (iv) to use rehabilitation techniques for effective treatment in the shortest possible time and also to make invalid victims useful citizens.

The approval of the Government for setting up a CATS project under the aegis of AIIMS at a cost of Rs. 16.65 crore was conveyed in May 1984 subject to condition, among others, that the construction work of the Centralised Accident Hospital (Apex Centre) should be taken up immediately, and the Centre should be made functional within five years. The possession of land measuring about 14.5 acres near Safdarjung Hospital was taken in January 1986. The scheme was reviewed by Ministry in 1989 and keeping in view the requirement of multi-sectoral coordination with number of agencies, mostly under Delhi Administration, it was decided that the scheme may be transferred from the Central Sector to the Delhi Administration and be implemented by a society registered for the purpose and supported by Delhi Administration. It was, however, felt in 1991 that it would not be feasible to set up the CATS by Delhi Administration considering the aspects of cost and utility. The centre envisaged under CATS was necessarily to be a part and parcel of a multi-disciplinary hospital like AIIMS or Safdarjung Hospital. New Delhi Municipal Committee and Delhi Urban Art Commission in 1995 approved the drawings of Trauma Centre. The construction has not started till date (November 2000), though an expenditure of Rs. 13.56 crore had already been incurred towards payment of land charges, consultancy fee etc.

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<sup>4</sup>Centralised Accident and Trauma Service.



### 1.6.9 Drug De-Addiction Centre

Drug De-Addiction Centre was established at Deen Dayal Upadhyaya Hospital under the aegis of the Institute and necessary funds, as required, were provided to the Institute during Seventh Plan with the following objectives:

- (i) to establish system for continuous monitoring which can evaluate changing trends in substance abuse over a period of time, specially in vulnerable section;
- (ii) to develop rational strategies for reducing and preventing drugs alcohol related disabilities so that the centre would become a centre of excellence and resource for SAARC and South-East countries for training, research and other related aspects.

The inputs include strengthening of the staff teaching, training and research as well as for health education. Suitable administrative staff, clinical laboratories and other staff were also employed.

The centre does not have its own casualty/emergency and ICU facilities. Patients of casualty/emergency were being sent to the casualty department of Deen Dayal Upadhyaya Hospital for treatment. The number of nurses deployed for the treatment of in-patient, sanctioned strength and shortfall was as under:

**Table 1.6.9(i)**

Year	Sanctioned strength	Actual posted	Vacant
1993-94	41	20	21
1994-95	41	18	23
1995-96	41	16	25
1996-97	41	16	25
1997-98	41	20	21
1998-99	41	20	21

More than 50 per cent short fall in deployment of nurses.

The shortfall was more than 50 *per cent* during the years 1993-94 to 1998-99, which adversely affected the patient care.

Number of OPD cases and in-patient admission during 1993-94 to 1998-99 was as under:

**Table 1.6.9(ii)**

Year	OPD patients			Admissions (in-patients)
	New	Old	Total	
1993-94	2664	8160	10824	492
1994-95	2103	7263	9366	495
1995-96	2434	8234	10668	499
1996-97	2713	10105	12818	478
1997-98	3393	13565	16928	529
1998-99	3927	15438	19365	458



Though there was a considerable increase in number of new and old patients since 1995-96, but the in-patients admissions remained almost stagnant. The Institute did not furnish the data for 1999-2000.

Number of in-patients remained almost stagnant.

### 1.6.10 Accounts

#### 1.6.10.1 Un-reconciled expenditure

In the balance sheet as of March, 2000 Rs. 21.98 crore were shown as advances paid for foreign purchases under the head Machinery & Equipment of Institute (Main). But a scrutiny of records revealed that advances of Rs. 21.39 crore only were made during the year. The Institute could not reconcile the difference of Rs. 59 lakh.

#### 1.6.10.2 Wrong booking of expenditure of Rs. 18.73 crore in March 2000

Out of the aforesaid Rs. 21.39 crore, Rs. 18.73 crore were debited in the accounts on 31 March, 2000. But a scrutiny of records revealed that the letters of credit thereof for making advance payments to the foreign suppliers were opened from April to August, 2000. The expenditure was thus wrongly shown as incurred in 1999-2000 as cheques drawn on that account remained with the Institute itself.

#### 1.6.10.3 Levy stamps

From April 1995 the Institute prescribed a registration fee of Rs. 10 for new patients in Out Patient Department (OPD). This is collected by affixation of levy stamps by the Institute on registration card. These stamps are also fixed on old cards after one year of registration. EHS patients referred from their dispensary for these specialities and the patients referred from one OPD to another are exempted from payment of Rs. 10 on this account. For this purpose the levy stamps are got printed by the Institute and kept with the cashier of the Institute, who issues the stamps to the OPD/Centres for affixation on the registration cards. A counter check of the stock and issue register of levy stamps with the figure of new OPD patients in different centres revealed the following discrepancies:

**Table 1.6.10.3: Discrepancy in the stamps account**

Year	No. of New cases in OPD	Amount of Levy stamps chargeable@ Rs. 10 per patient	Levy stamps sold as per record (in Rs.)
1995-96	708641	7086410	2575740
1996-97	759971	7599710	2931150
1997-98	770370	7703700	2818850
1998-99	732474	7324740	2450280
1999-2000	827828	8278280	2958460
<b>Total</b>		<b>37992840</b>	<b>13734480</b>

Thus, there is a difference of Rs. 2.43 crore, which could not be explained by the Institute. Since the levy stamps provide revenue to the Institute, the difference between the chargeable amount and the amount actually collected, established the volume (almost 63.68 per cent) of revenue foregone.

Revenue of Rs. 2.43 crore foregone.

<sup>2</sup>Out Patient Department.

#### 1.6.10.4 Outstanding advances against private firms

The Institute had been making advance payments to various firms through departments/store for purchase of material, stores etc. The department/stores in turn render accounts in respect of these advances. The Institute did not furnish the records of these advance payments. However, as per list furnished by the Institute, outstanding advances as on 31 March 2000 were as under:

**Table 1.6.10.4: Outstanding advances**

(Rs. in lakh)

Year	Amount
1990-91	4.5
1991-92	1.74
1992-93	48.37
1993-94	8.58
1994-95	6.40
1995-96	14.83
1996-97	13.69
1997-98	27.39
1998-99	30.13
1999-2000	102.14
<b>Total</b>	<b>257.79</b>

Advances of Rs. 2.57 crore not reflected in the annual accounts.

The Institute did not furnish the reasons for aforesaid outstanding. However, long outstanding advances were indicative of the fact that no sincere steps to adjust/recover these outstanding advances were taken by the Institute. Further, by the passage of time the possibility of their becoming bad debts cannot be ruled out. It was further noticed that these advances were not reflected in the annual accounts. The accounts were thus gravely deficient to that extent.

#### 1.6.10.5 Un-reconciled amount of Rs. 14.69 lakh under Cardiothoracic Vascular Surgery accounts

Rs. 14.69 lakh not physical available shown as un-reconciled balance in the accounts.

Scrutiny of accounts of the Institute for the year 1990-91 revealed that cash receipt from heart surgery patients was not being accounted for in the Institute's accounts since the inception of Cardiothoracic Vascular Surgery (CTVS) *i.e.* from 1979. The matter was taken up with the Ministry in February 1993 to incorporate these transactions and to revise the accounts for the year 1991-92. Accordingly the Institute revised its accounts after incorporating therein the total receipts and expenditure as worked out from the cash registers and patients file etc. available with the Institute, which revealed a difference of Rs. 25.47 lakh. Out of this Rs. 3.64 lakh and Rs. 7.14 lakh were reconciled during 1993-94 and 1994-95 respectively leaving un-reconciled difference of Rs. 14.69 lakh. As the balance amounting to Rs. 14.69 lakh was not physically available with the institute it was shown as un-reconciled balance in the accounts.

The Institute stated (August 2000) that the concerned official was charge sheeted under Rule 14 of CCS (CCA) Rules. A departmental enquiry was conducted and disciplinary authority (Director, AIIMS) imposed the penalty to withhold his increment since September, 1990 and the individual retired on same basic pay on 30.9.1997. The Institute could not make any case for misappropriation against the official and it was decided that this un-reconciled amount of Rs. 14.69 lakh may be made good out of the interest earned by short term investments of CT Patients Fund. It was authorised by standing finance committee in its meeting (August, 1998) and was approved by Chief of Cardio thoracic Centre (December, 1999).

### **1.6.11 Miscellaneous**

#### **1.6.11.1 Unauthorised occupation of land**

The Institute was allotted 32.09 acres land at Masjid Moth during 1966-69, out of which about 22 acres was under encroachment by the Jhuggi Jhompari dwellers as the land remained vacant due to paucity of funds for construction of the projects. A joint survey of this cluster was carried out in 1992-93 by the officers of the slum department of Delhi Development authority now Municipal Corporation of Delhi and the Institute, which revealed that the number of JJ dwellers who were eligible for alternate site were 2456. Resettlement charges were to be paid by the land owning agencies (Institute) which were revised by the MCD from Rs. 10000 per Jhuggi to Rs. 29000 per Jhuggi from April, 1993. Institute deposited first instalment of Rs. 2.97 crore with slum department of MCD as their share of relocation cost (upto September 1993). A cursory survey conducted by the slum wing of MCD revealed that in addition to 2456 eligible JJ dweller; there existed 4500 ineligible JJ dwellers in the cluster. After detailed deliberations in the meeting held in December 1996 under the chairmanship of Secretary (Urban Development), Ministry of Urban Affairs and Employment it was decided that 2456 eligible JJ families and about 4500 ineligible JJ families (as on March 1996) needed to be shifted from the site belonging to the Institute. The Institute would pay Rs. 4.28 crore (Rs. 7.25 crore — Rs. 2.97 crore already paid) for relocation of eligible JJ families and Rs. 9.90 crore for ineligible JJ families. Thus the Institute would pay a total sum of Rs. 17.15 crore to the MCD as relocation cost. The additional amount could be paid in two instalments. Accordingly the Institute paid Rs. seven crore to MCD in August 1997. The time schedule for shifting the JJ cluster was fixed as March 1998 or 12 months from the date of depositing the amount of Rs. seven crore to the slum department of the MCD. The Institute would then protect the land and start development. As such the Institute paid Rs. 9.97 crore to MCD for giving possession of land. However, neither the vacation nor the possession of land was attained (July, 2000).

Despite payment of relocation cost of Rs. 9.97 crore vacant possession of land was still to be obtained.

This has resulted not only in blockage of funds of Rs. 9.97 crore but also affected the construction of quarters defeating the very purpose ought to be achieved.

**1.6.11.2 Non-realisation of electricity bills for Rs. 13.23 lakh from outside agencies**

Payment of Rs. 13.23 lakh has not been received. Some private agencies are running their business in the Institute premises. These agencies are provided facilities of electricity and water. It was noticed that electricity bills for Rs. 9.29 lakh in respect of State Bank of India for the period May, 1993 to August, 2000 and bills for Rs. 3.94 lakh in respect of Super Bazar drug shop for the period March, 1994 to January, 2000 were raised between November, 1998 and September, 2000 but payment has not been received till date (November, 2000). This has resulted in non-realisation of electricity bills to the tune of Rs. 13.23 lakh. Reasons for raising late demand were not furnished by the Institute.

**1.6.11.3 Loss of revenue of Rs. 55.38 lakh towards licence fee**

- (a) In 1975 the Institute handed over two garages with water supply and electricity connection located on the ground floor of the private wards to Super Bazaar for the opening of a drug and medical appliances shop at a nominal licence fee of Re. one per month only. The matter for charging licence fee was reconsidered in 1977 and it was decided to charge Rs. 400 per month towards licence fee instead of Re. one per month from Super Bazaar. The Super Bazaar paid Rs. 400 per month till May 1997 towards licence fee. After May, 1997 no licence fee was recovered from Super Bazaar. A proposal for second-outlet of drug shop was initiated in December, 1993. A private party quoted Rs. four lakh per month towards licence fee for the space, which had lesser area than that occupied by Super Bazaar. Super Bazaar had also quoted licence fee of Rs. 25000 per month for the same space. The contract was, however, not finalised due to the plea that the location of the proposed shop was not proper in view of traffic and VIP movement considerations, though existing Super Bazaar drug shop was functioning at the same place. Audit was of the view that even if this contract could not be finalised due to aforesaid reason Super Bazaar should have been charged licence fee for Rs. 25000 per month for the space which was already occupied by them. No efforts have been made to recover the licence fee @ Rs. 25000 from the Super Bazaar which has resulted in a loss of Rs. 18.59 lakh (March 2000).

The Institute had not accepted the licence fee @ Rs. 400 p.m. from December 1997 onwards and asked (January 1998) Super Bazaar to vacate the premises which had not yet been vacated. No alternate site could be finalised by the Institute.

- (b) A provision store at Ayurvigyan Nagar is being managed by Super Bazaar Co-operative Stores Ltd. on a token licence fee of Rs. 200 per month. It was decided to charge Super Bazaar @ Rs. 50 per square feet as licence fee from

September 1994. Accordingly the licence fee worked out to Rs. 50600 per month which was duly approved by the Director of the Institute. However, in July 1997 Director revoked his earlier order and decided to charge Rs. 200 per month as earlier fixed and treated the entire period on contract and extended the contract upto December, 1997 on existing rates. The contract was extended retrospectively in September, 2000 for the period for January, 1998 to September, 2000. Super Bazaar being a commercial organisation should have been charged as per CPWD norms. Thus the revocation of orders for not realising the licence fee at current rates has resulted in loss of Rs. 36.79 lakh till September 2000. Super Bazaar was asked to vacate the occupied premises at Ayurvigyan Nagar on or before September, 2000. The store is not vacated till October, 2000.

Thus, total loss on account of licence fee amounted to Rs. 55.38 lakh (Rs. 18.59 lakh + Rs. 36.79 lakh).

#### **1.6.11.4 Over payment of transport allowance**

As per Ministry of Finance order of 3.10.97 effective from 1.8.97, the transport allowance shall not be admissible to those employees who are provided with Government accommodation within a distance of one kilometre or within a campus housing the place of work and residence and also to those employees who have been provided with the facility of Government transport. It was, however, noticed that in contravention to these orders the Institute was making payment of transport allowance to those employees who were residing in Government accommodation within a distance of one kilometre or within the Institute's campus and also those employees who were availing the facility of Government transport. The Institute did not furnish the full details of those employees. However, as on March 2000, 938 number of employees were found availing the facility of Government transport and the Institute was maintaining 888 quarters in its campus at Ansari Nagar. The over paid transport allowance during the period from August 1997 to October 2000 worked out to Rs. 1.30 crore.

Overpayment of Rs. 1.30 crore towards transport allowance in contravention of Government orders.

#### **1.6.11.5 Infructuous expenditure of Rs. 3.99 crore on computerisation**

The Institute acquired a computer system at a cost of Rs. 2.03 crore in April 1989. The software of patient care system (one of the modules of the computerisation programme) was developed by Tata Consultancy Service at a cost of Rs. 25 lakh in May, 1990. In August, 1996 Institute realised that the patient care system had not been used successfully due to bottlenecks and lack of direction and coordinated efforts for the implementation of patient care system. Accordingly, it was decided that there should not be extension to the annual maintenance contract. There was no record to

exhibit how far the requirements, which were shown at the time of initiation of computerisation were achieved. The break up of expenditure incurred on computer system and its maintenance, which is lying idle since May, 1996 was as under:

**Table 1.6.11.5: Break up of expenditure on computer system**

	(Rs. in lakh)
Purchase of computer system	202.64
Development of PCS software	25.00
Annual maintenance charges	143.26
Purchase of terminals (as per the stock register from March 1988 to March 1996 excluding cost of 27 terminals)	27.64

The institute itself was unable to keep up its decision regarding replacement of the computerised system timely due to which even the data stored during its functioning could not be further utilised. Thus despite incurring an expenditure of Rs. 3.99 crore, the Institute could not be benefited of the computerisation.

#### **1.6.12 Evaluation and monitoring**

##### **1.6.12.1 Performance review not conducted**

Government's decision 5(C) below GFR 150 envisaged that a review of the performance of the grantee Institute, in respect of grant-in-aid would be undertaken by the sanctioning authority concerned at least once in three to five years. No such review of performance was ever conducted by the Ministry.

The matter was referred to the Ministry in December 2000; their reply was awaited as of February, 2001.

## APPENDIX-I

(Referred to in paragraph 1.6.1)

### Receipt and Payment Account

#### Receipt account

(Rs. in Lakh)

Sl. No	Receipts	1995-96 Non-Plan/ Plan	1996-97 Non-Plan/ Plan	1997-98 Non-Plan/ Plan	1998-99 Non-Plan/ Plan	1999-2000 Non-Plan/ Plan
1.	Opening balance	382.00#	2190.74^	3650.81	5538.83	9593.81
2.	Grants from Government (including all centres)	6629.00	7353.00	8921.00	14950.00	16000.00
3.	Grants received for specific purpose	5306.77	7714.77	6155.99	7723.88	8017.36
4.	Donations received from outside agencies	774.41	826.73	1069.35	1254.89	1277.09
5.	Hospital receipts	27.17	36.91	32.59	56.37	52.14
6.	Miscellaneous receipts	548.52	525.81	591.63	546.80	656.24
7.	Provident fund (including Insurance)	366.28	246.32	562.88	320.79	1031.31*
8.	Deposits	643.11	703.69	905.49	1446.77	2202.93
9.	Recoverable advances	106.97	150.55	173.16	201.66	208.96
10.	Outside recoveries	46.05	51.75	53.60	65.09	111.28
11.	Investment	75.78	66.48	57.86	234.30	662.40
12.	Revolving fund	3160.09	5603.70	3000.00	3800.00	9600.00
13.	Interest on investment out of Grant/Donation/ Recoverable advances	113.91	111.42	105.75	153.65	176.64
14.	Patient treatment account	113.03	123.39	155.63	181.56	353.67
15.	Poor Patient account	2468.75	2594.75	2921.59	2638.32	3161.27
16.	Contra entries	5.01	5.44	8.23	2.41	2.14
	<b>Total</b>	<b>3617.00</b>	<b>6368.00</b>	<b>5147.81</b>	<b>7730.47</b>	<b>9422.56</b>
		<b>24383.85</b>	<b>34673.65</b>	<b>33513.37</b>	<b>46845.79</b>	<b>62529.80</b>

# Excludes Rs. 0.78 lakh pertaining to scheme account for the year 1994-95.

^ Includes Rs. 200.00 lakh FDR of CT Patient account depicted as opening balance, omitted to be included in the closing balance for the year 1995-96.

\* Includes Rs. 42.53 lakh on account of defective machinery returned.



**Payment account**

(Rs. in lakh)

S No. Payments	1995-96	1996-97	1997-98	1998-99	1999-2000
<b>(a) Revenue Expenditure (including all centres)</b>					
					<b>Including Non-Plan &amp; Plan</b>
1. Pay & Allowances	4447.51	5171.20	6520.62	11002.91	11551.81
2. Machinery & equipment	2328.75	4711.03	2034.56	2238.61	6107.15
3. Material & supply	2226.63	2117.79	2459.32	2749.10	3294.08
4. Miscellaneous expenditure/contingencies (Including maintenance of building)	1602.44	1908.57	2180.37	2754.19	3595.74
5. Recoverable advances	81.05	73.99	65.24	208.87	306.80
6. Outside recoveries	169.56	205.49	221.00	496.37	1059.06
7. Investments	3004.25	5510.38	3003.25	3800.00	9602.00
8. Expenditure out of grants for specific purposes	736.98	841.28	920.64	1093.54	1221.16
9. Provident fund (including insurance)	550.03	599.48	762.82	1243.30	1829.65
10. Deposits/refunds	60.88	100.51	140.55	175.57	142.41
11. Revolving fund	208.10	70.12	102.28	115.97	90.97
12. Patient treatment account	2130.72	2034.51	2389.88	2179.24	2870.62
13. Poor patient account	1.21	3.80	15.98	4.14	6.50
<b>(b) Capital Expenditure</b>	1228.00	1306.69	2010.22	1459.70	1944.03
Construction of building and advances for building, specialised services, mobile ophthalmic units etc.					
Contra entries	3617.00	6368.00	5147.81	7730.47	9422.56
Closing balance	1990.74	3650.81	5538.83	9593.81	9485.26
<b>Total</b>	<b>24383.85</b>	<b>34673.65</b>	<b>33513.37</b>	<b>46845.79</b>	<b>62529.80</b>

## APPENDIX-II

### STATEMENT OF CONCLUSIONS AND RECOMMENDATIONS

Sl. No.	Para No.	Ministry/ Department	Conclusions & Recommendations
1	2	3	4
1.	164	Health and Family Welfare	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.
2.	165	Health and Family Welfare	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 specialised 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 commercialisation. 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

1	2	3	4
			<p>from the budget allocation of the Institute of Rs. 12 lakh 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.</p>
3.	166	Health and Family Welfare	<p>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 was received in respect of 153 projects. Atleast 54 out of these 153 projects were completed on paper during the period 1991-95.</p>
4.	167	Health and Family Welfare	<p>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.</p>

1	2	3	4
5.	168	Health and Family Welfare	<p>Further as there is no evidence of the utilisation 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 intitutional 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.</p> <p>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 reports. 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 unkonwn 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.</p>
6.	169	Health and Family Welfare	<p>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</p>

1	2	3	4
			<p>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 undergraduate and post-graduate medical education.</p>
7.	170.	Health and Family Welfare	<p>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. 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 <i>subjudice</i> 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</p>

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8.	171	Health and Family Welfare	<p>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.</p> <p>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 investments in providing subsidised 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. This, 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</p>

1	2	3	4
9.	172	Health and Family Welfare	<p>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 needs 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 care scenario.</p> <p>One of the objectives of the Institute is to demonstrate a high standard of medical education to all medical colleges and allied institutions in the country. The Committee note that the methods adopted for dissemination of information regarding high standards of medical education evolved by AIIMS include publication of such information in the Annual Reports of the Institute, 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 perported to be achieved through models evolved by AIIMS is actually attained. This will need a systematic evaluation of the standards achieved by these</p>



1	2	3	4
			colleges <i>vis-a-vis</i> 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 under-graduate and post-graduate medical education in the country.
10.	173	Health and Family Welfare	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 emphasise the need for taking suitable steps to ensure that this Centre is completed and made functional by the target date.
11.	174	-do-	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

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12.	175	Health and Family Welfare	<p>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, the Act of 1956 may be suitably amended in the light of ground realities particularly for constitution of the Governing 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.</p> <p>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 a hospital or specialised 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 specialisation. 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 visualised. 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 specialised 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</p>

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			<p>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 infrastructural 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 co-ordinators and increase co-operation between its various departments.</p>
13.	176	Health and Family Welfare	<p>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 a 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 for 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 to 1:26 in 2001-2002 and further to 1:32 in 2003-2004. The Doctor-Patient ratio in the indoor services 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 appointments, which has brought administrative inefficiency in the Institute and consequently, the patient-care services have received a serious jolt. Since adhocism has dented the reputation</p>

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			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.
14.	177	Health and Family Welfare	<p>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 equipments, are compelled to wait considerably for various tests/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 relatives 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.</p>
15.	178	-do-	<p>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</p>

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			<p>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.</p>
16.	179	Health and Family Welfare	<p>The Committee are of the opinion that casualty/emergency services of a hospital is gaining increasing importance on account of the stressful modern life in urban conditions where people are subject to different types of accidents/medical emergencies requiring immediate attention and care. This, obviously, puts pressure on the casualty/emergency wings of Delhi Hospitals. The Committee learn that AIIMS has one of the largest such facilities in Delhi. However, the Committee feel that Specialists are generally not available for immediate consultation, particularly, for cases involving head injuries, cardiac arrests, kidney problems or paediatric emergencies. The Committee feel that in Emergency/Casualty Wing, where patients and their relatives remain under emotional strain and anxiety, it is imperative that these wings are manned by experienced and competent doctors who can render timely and effective medical aid under trying circumstances. The Committee would further like to point out that emergency wards are always managed by Junior doctors and Senior Resident/Specialists, who, generally, are either not bothered or arrive considerably late. This usually compels the relatives of patients to rush to private hospitals for prompt treatment. It is, therefore, of paramount importance that there ought to be a system to ensure availability of Senior doctors regularly in Emergency Wards. This can only be possible if a Senior Doctor/Specialist in each discipline is present round the clock so that best possible medical treatment is made available to patients, who are rushed to emergency wards in serious/critical conditions.</p>

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17.	180	Health and Family Welfare	<p>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 select 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.</p>
18.	181	-do-	<p>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,</p>

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			<p>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.</p>
19.	182	Health and Family Welfare	<p>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 A SM 100 X-Ray Generator in working condition, extra expenditure of Rs. 23.97 lakh on Cath Lab. I, II &amp; III and Gamma Knife due to placing of orders without availability of funds; a machine known as Counter Chamber costing Rs. 46.55 lakh 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 hemodynamic 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.</p>
20.	183	-do-	<p>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 crore 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 lakh. Instances of manipulation of records were noticed in the auctioning</p>



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			<p>of an equipment in working condition. Moreover, the Institute failed to reflect Rs. 2.57 crore 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 crore 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.</p>
21.	184	Health and Family Welfare	<p>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 crore was fixed for the relocation of those JJ families and it was decided to shift JJ cluster by March, 1998. The Committee observe that despite the Institute paying Rs. 9.97 crore 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 at Ayurvigyan Nagar. They further note that it is now planned to utilize the said land for construction of super-speciality centres 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.</p>
22.	185	-do-	<p>The Committee note from the Audit findings that a computerization system was set up at a cost of Rs. 2.03 crore at the Institute in April, 1989 for Patient Care System, Administration, Library, Academic &amp; Research</p>

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			<p>and Teaching. The software of the patient care system was developed by Tata Consultancy Services at a cost of Rs. 25 lakh 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 <i>vis-a-vis</i> 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.</p>
23.	186	Health and Family Welfare	<p>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</p>

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			<p>a proposal in the Ministry to provide a 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.</p>
24.	187	Health and Family Welfare	<p>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 Bhubaneswar 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:</p> <p>**** State-of-the-art medical care in 39 Specialities and super-specialities;</p> <p>****A fillip for raising the prevailing standards of medical education;</p> <p>****A referral system that will ensure that all health institutions are optimally utilized.</p> <p>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</p>

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			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.
25.	188	Health and Family Welfare	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.
26.	189	-do-	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.
27.	190	-do-	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

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			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.
28.	191	Health and Family Welfare	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.

## **PART-II**

### **MINUTES OF THE EIGHTH SITTING OF THE PUBLIC ACCOUNTS COMMITTEE (2002-2003) HELD ON 03 OCTOBER, 2002**

The Committee sat from 1100 hrs. to 1330 hrs. on 03 October, 2002 in Committee Room "D", Parliament House Annexe, New Delhi.

#### **PRESENT**

Sardar Buta Singh — *Chairman*

#### **MEMBERS**

##### *Lok Sabha*

2. Shri M.O.H. Farook
3. Dr. Madan Prasad Jaiswal
4. Shri Bhartuhari Mahtab
5. Dr. K. Malaisamy
6. Shri N. Janardhana Reddy
7. Shri Chinmayanand Swami

##### *Rajya Sabha*

8. Shri Santosh Bagrodia
9. Shri K. Rehman Khan
10. Dr. Alladi P. Rajkumar

#### **SECRETARIAT**

1. Shri P.D.T. Achary — *Additional Secretary*
2. Shri Devender Singh — *Deputy Secretary*
3. Shri R.C. Kakkar — *Under Secretary*
4. Shri B.S. Dahiya — *Under Secretary*

#### **Officers of the Office of C & AG of India**

1. Shri N. Sunder Rajan — ADAI (Reports-Central)
2. Shri H.P. Das — Director General of Audit
3. Shri H. Pradeep Rao — Pr. Director of Audit (RC)

#### **Representatives of the Ministry of Health and Family Welfare (Department of Health) and AIIMS**

1. Shri S.K. Naik — Secretary
2. Shri G.R. Patwardhan — Special Secretary
3. Dr. P.K. Dave — Director (AIIMS)
4. Shri Rakesh Behari — JS & FA
5. Smt. Sujata Prasad — Sr. Financial Adviser (AIIMS)

**2.** The officers of Comptroller & Auditor General of India briefed the Committee on Paragraphs 1 of the Report of C&AG of India for the year ended March 2000, No. 4 of 2001, [Union Govt.(Civil)-Autonomous Bodies] relating to "All India Institute of Medical Sciences".

**3.** After the briefing by Audit and preliminary discussion amongst the Members, the representatives of the Ministry of Health and Family Welfare (Department of Health) and AIIMS were called and the Committee took their evidence on the subject.

**4.** A copy of the verbatim proceedings of the sitting has been kept on record.

*The Committee then adjourned.*



MINUTES OF THE THIRD SITTING OF THE PUBLIC ACCOUNTS COMMITTEE  
(2004-2005) HELD ON 28 SEPTEMBER, 2004

The Committee sat from 1600 hrs. to 1745 hrs. on 28 September, 2004 in Room No. "139", Parliament House Annexe, New Delhi.

PRESENT

Prof. Vijay Kumar Malhotra — *Chairman*

MEMBERS

*Lok Sabha*

2. Shri Ramesh Bais
3. Shri Khagen Das
4. Shri Raghunath Jha
5. Shri Brij Bhushan Sharan Singh
6. Shri Ram Lakhani Singh
7. Shri Tarit Baran Topdar

*Rajya Sabha*

8. Shri Prasanta Chatterjee
9. Shri R.K. Dhawan
10. Shri V. Narayanasamy
11. Shri C. Ramachandraiah
12. Shri Jairam Ramesh
13. Prof. R.B.S. Verma

SECRETARIAT

1. Shri S.K. Sharma — *Joint Secretary*
2. Shri Ashok Sarin — *Director*
3. Shri N.S. Hooda — *Under Secretary*
4. Smt. Anita B. Panda — *Under Secretary*

**Office of C&AG of India**

1. Smt. Anusua Basu — ADAI
2. Dr. A.K. Banerjee — Director General
3. Shri Roy S. Mathrani — Pr. Director of Audit

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3. \*\*\*\*
4. \*\*\*\*
5. \*\*\*\*

6. Thereafter, the Officers of the Office of C&AG of India briefed the Committee on the specific points arising out of Paragraph No. 1 of Audit Report No. 4 of 2001. The representatives of the Ministry of Health & Family Welfare (Department of Health) and AIIMS were called and the Committee commenced the oral evidence. The evidence on the subject was not completed and the Committee decided to continue it on 29<sup>th</sup> September, 2004.

7. A copy of the verbatim proceedings of the sitting has been kept on record.

*The Committee then adjourned.*

MINUTES OF THE FOURTH SITTING OF THE PUBLIC ACCOUNTS COMMITTEE  
(2004-2005) HELD ON 29 SEPTEMBER, 2004

The Committee sat from 1100 hrs. to 1235 hrs. on 29 September, 2004 in Committee Room "E", Parliament House Annexe, New Delhi.

PRESENT

Prof. Vijay Kumar Malhotra — *Chairman*

MEMBERS

*Lok Sabha*

2. Shri Ramesh Bais
3. Shri Khagen Das
4. Dr. M. Jagannath
5. Shri Raghunath Jha
6. Shri Brij Bhushan Sharan Singh
7. Shri Ram Lakhan Singh

*Rajya Sabha*

8. Shri R.K. Dhawan
9. Shri Jairam Ramesh
10. Prof. R.B.S. Varma

SECRETARIAT

1. Shri P.D.T. Achary — *Additional Secretary*
2. Shri Ashok Sarin — *Director*
3. Shri N.S. Hooda — *Under Secretary*
4. Smt. Anita B. Panda — *Under Secretary*

**Office of C&AG of India**

1. Smt. Anusua Basu — ADAI
2. Dr. A.K. Banerjee — Director General
3. Shri Roy S. Mathrani — Pr. Director of Audit

2. To begin with the Chairman, PAC welcomed the Members of the Committee, the representatives of Ministry of Health & Family Welfare (Department of Health) and All India Institute of Medical Sciences (AIIMS) and the Officials of C&AG to the sitting of the Committee.

3. As the evidence on the subject had remained inconclusive on 28 September, 2004, the Committee resumed oral evidence of the representatives of the Ministry of Health & Family Welfare (Department of Health) and AIIMS on Paragraph 1 of Report of the C&AG of India for the year ended March, 2000, Union Government (Civil-

Autonomous Bodies) No. 4 of 2001 on "AIIMS" and other related matters in continuation to the evidence held on 28<sup>th</sup> September, 2004. The Secretary, Department of Health and Director, AIIMS explained to the various points and queries raised by the Members.

4. A copy of the verbatim proceedings of the sitting has been kept on record.

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*The Committee then adjourned.*



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7. The Committee then took up for consideration and adoption of the draft Report on Paragraph 1 of the Report of C&AG of India for the year ended March 2000 Union Government (Civil-Autonomous Bodies), No. 4 of 2001 relating to "All India Institute of Medical Sciences (AIIMS)". The Committee adopted the same with minor changes and authorized the Chairman to finalise the draft Report in the light of the changes suggested and present the Report to House in the next session of Parliament.

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*The Committee then adjourned.*