

## MINISTRY OF HEALTH AND FAMILY WELFARE

### MEDICAL COUNCIL OF INDIA

[Action taken by the Government on the recommendations contained in the  
Eighth Report (Fourteenth Lok Sabha) of the Committee on Estimates]

COMMITTEE ON ESTIMATES

(2013-2014)

TWENTY EIGHTH REPORT

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(FIFTEENTH LOK SABHA)



LOK SABHA SECRETARIAT

NEW DELHI

# **TWENTY EIGHTH REPORT**

**COMMITTEE ON ESTIMATES**

**(2013-2014)**

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**Presented to Lok Sabha on 12 December, 2013**



**LOK SABHA SECRETARIAT**

**NEW DELHI**

**December, 2013/Agrahayana, 1935(S)**

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## **COMPOSITION OF THE COMMITTEE ON ESTIMATES (2013-14)**

Shri Francisco Sardinha – Chairman

### **Members**

- 2 Smt. Harsimrat Kaur Badal
- 3 Smt. Bijoya Chakravarty
- 4 Shri Harish Chaudhary
- 5 Shri Khagen Das
- 6 Shri Pralhad Joshi
- 7 Shri Bapi Raju Kanumuru
- 8 Shri Chandrakant Khaire
- 9 Dr. Thokchom Meinya
- 10 Dr. Sanjeev Ganesh Naik
- 11 Kum. Meenakshi Natrajan
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- 13 Dr. Vinay Kumar Pandey “Vinnu”
- 14 Shri Jagdish Singh Rana
- 15 Shri R. Sambasiva Rao
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- 17 Smt. Yashodhara Raje Scindia
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- 27 Smt. Annu Tandon
- 28 Shri Mukul Wasnik
- 29 Shri Om Prakash Yadav

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1. Shri A. Louis Martin - Joint Secretary
2. Smt. Anita B. Panda - Director
3. Dr. Yumnam Arun Kumar - Deputy Secretary
4. Ms. Savdha Kalia - Committee Officer

## **INTRODUCTION**

I, the Chairman of Committee on Estimates (2013-14) having been authorized by the Committee to present the Report on their behalf, present this Twenty Eighth Report on action taken by the Government on the recommendations contained in the Eighth Report of the Committee (Fourteenth Lok Sabha) on the subject 'Medical Council of India' pertaining to Ministry of Health and Family Welfare.

2. The Eighth Report of the Committee on Estimates (Fourteenth Lok Sabha) was presented to Lok Sabha on 29 April, 2005. The Government furnished their replies indicating action taken on the recommendations contained in the Eighth Report (Fourteenth Lok Sabha) on 28 October, 2013. The draft report was considered and approved on 9 December, 2013 by the Study Group of the Committee on Estimates, constituted to consider the action taken replies furnished by the Government. Thereafter, the Report was adopted by the Committee on the same day.

3. An analysis of action taken by the Government on the recommendations contained in the Second Report of Committee on Estimates (Fifteenth Lok Sabha) is given in Appendix III.

**NEW DELHI;**  
**11 December, 2013**  
**Agrahayana 20, 1935 (Saka)**

**FRANCISCO SARDINHA,**  
**CHAIRMAN,**  
**COMMITTEE ON ESTIMATES.**

## CHAPTER – I

### REPORT

This Report of the Committee deals with the action taken by the Government on the Recommendations contained in the Eighth Report of the Committee on Estimates (Fourteenth Lok Sabha) on the subject 'Medical Council of India' pertaining to the Ministry of Health and Family Welfare.

1.2 The Committee's Eighth Report (Fourteenth Lok Sabha) was presented to Lok Sabha on 29.04.2005. It contained 20 Recommendations/Observations. Updated Action Taken Replies in respect of all the Recommendations/Observations were received from the Ministry of Health and Family Welfare on 28.10.2013.

1.3 Replies to the Recommendations/Observations contained in the Report have broadly been categorized as under:-

- (i) Recommendations/Observations which have been accepted by the Government:  
Sl. Nos. 1, 9, 10, 11, 13, 14, 15, 16 and 17 (Total 09)  
(Chapter – II)
- (ii) Recommendations/Observations which the Committee do not desire to pursue in view of the Government's reply:  
Sl. Nos. 2, 6 and 12 (Total 03)  
(Chapter – III)
- (iii) Recommendations/Observations in respect of which the Government's replies have not been accepted by the Committee:  
Sl. Nos. 3, 4, 5, 7, 8, 18, 19 and 20 (Total 08)  
(Chapter – IV)

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

Sl. Nos. NIL

(Total NIL)

(Chapter – V)

**1.4 The Committee desire that response to comments contained in Chapter-I of this Report should be furnished expeditiously.**

1.5 The Committee will now deal with the action taken by the Government on some of their Recommendations.

**A. Need for an independent study to review the qualitative and quantitative growth of education**

#### **Observation/Recommendation (Sl. No. 3)**

1.6 The Committee, in their original report, had *inter alia* desired that since there is a need to review the qualitative and quantitative growth of medical education in the country, and MCI has limited time and infrastructure to carry out a comprehensive review of the medical education scenario in the country, a study should be got done by the Government on the same by engaging an independent professional institution.

**1.7 The Government's action taken reply does not contain any specific response to the aforesaid recommendation of the Committee. The Committee would await an explanation from them as to why this issue has not been dealt with in their action taken reply. The Committee reiterate that an independent study should be got done by the Government in a time bound manner on the qualitative and quantitative growth of medical education in the country.**



**B. Study Group for ensuring transparency and accountability in admission process**

**Observation/Recommendation (Sl. No. 4)**

1.8 While inviting attention of the Medical Council of India (MCI) to the need of ensuring transparency and accountability in the process of admission to various colleges, the Committee, in their original report had desired that they be apprised of the major recommendations of the final report scheduled to be submitted in March, 2005 by the Study Group constituted for the purpose, and their consequent follow up action by MCI.

1.9 In response, the Ministry of Health and Family Welfare in the action taken reply dated 10 October, 2013 has submitted that the recommendations of the Study Group, once finalized and approved by competent authority, would be forwarded to the Central Government for requisite action.

**1.10 The Committee are aghast that the Study Group which was expected to submit its final Report by March, 2005, is yet to finalize its report. It is not clear why despite a lapse of more than 8 years, the Study Group could not submit its report. The Committee would like to know the composition and terms of reference of the Study Group and the reasons for inordinate delay in submission of its report.**

**C. Need for mandatory accreditation of courses of medical colleges**

**Observation/ Recommendation (Sl. No. 5)**

1.11 As MCI could not complete the process of accreditation of courses conducted by medical colleges even after several decades of its existence and as a committee constituted by MCI was still in the process of preparing modalities for accreditation of courses conducted by the medical colleges, the Committee had in their original report, observed that grading and accreditation of courses by medical colleges will go a long way in promoting healthy competition among the institutions. They, therefore,

recommended for mandatory accreditation in a phased manner to ensure that all medical colleges come upto minimum standards of medical education in the country.

1.12 The Ministry of Health and Family Welfare in their action taken reply have responded by stating that the present IMC Act does not envisage accreditation of medical colleges. Till the amendments in the Act are made , the accreditation process can not be made mandatory.

**1.13. The Government's reply is silent as to why no action has been initiated to amend the IMC Act to enable accreditation of medical colleges The Committee would await an explanation in this regard and reiterate that necessary steps should be taken to ensure accreditation of medical colleges.**

#### **D. Streamlining of working and filling of vacancies in MCI**

##### **Observation/Recommendation (Sl. No. 7&8)**

1.14 While expressing serious displeasure against glaring instances of misuse of office by the President of MCI, the Committee had urged the Government to take steps for streamlining the working of MCI. Besides, the Committee had also stressed that steps be taken to fill up vacancies in the Council and holding elections for the offices of President and Vice-President of the Council without delay.

1.15 The Ministry, in its action taken reply, has stated that the Council has been superseded by the Board of Governors and its term is expiring on 10 November, 2013. Also election to the posts of President and Vice Presidents is being organized. As regards vacancies, it has been stated that the role of MCI is limited only to intimating the Government about vacancies and the function to fill the same lies under purview of the Central Government.

The Committee have also been apprised that nominees/intimation of elected representatives from 12 constituencies have been received by the Council and intimated to the Central Government, which are pending at their level for want of issue of notification.

**1.16 The Committee observe from the action taken reply that no concrete progress has been made in streamlining the functioning of MCI. Superceding the Council by the Board of Governors cannot be the permanent solution to the problem. The Government should take immediate steps to restore the Council with full strength and ensure that it performs its duly assigned role effectively and efficiently.**

**E. Need for formulating regulations on inspections by MCI**

**Observation /Recommendation (Sl. No. 15)**

1.17 While observing an ample scope for resorting to corrupt practices and nepotism in the process of inspections conducted by MCI prior to granting permission for new medical colleges , renewal of permission, starting new courses , etc, the Committee had recommended that the entire procedure for inspection should be clearly laid down in the form of a regulation and a panel of inspectors known for their integrity should be drawn up for a specified period of time and they be deputed for inspection by rotation.

1.18. In their response, the Ministry have inter alia submitted that inspection team of 3 members, consisting of Professors and above rank experts, selected from Data Bank through randomization process has been drawn up, thus ensuring more transparency.

**1.19 The Committee had recommended that entire procedure for inspection should be clearly laid down in the form of regulation. The reply of the Government is silent on this point. The Committee would like to be provided a copy of the procedure laid down in this regard for their information.**

**F. Setting up of Medical Universities in all the States.**

**Observation/Recommendation (Sl. No. 16)**

1.20 Observing that only for 6 states had so far set up medical universities as per the proposal of MCI that requires setting up of a medical university by every State, the

Committee had recommended that the Ministry and MCI should follow up with the individual States to ensure that all the States set up medical universities.

1.21 The Ministry in their action taken reply have stated that presently there are 12 Universities of Health Sciences functioning in the country and have enclosed the list. Besides, MCIs being requested to pursue setting up of Health Universities in the remaining States.

**1.22 The Committee had expected the MCI proposal that every State should set up a medical university be followed up with individual States. It is observed from the information furnished in the reply that only 12 states have so far set up medical universities. The Committee expect the Ministry of Health and Family Welfare to take up the matter at the highest level with the remaining State Governments and ensure that medical universities are set up in each state.**

#### **G. Regional Imbalances in number of Medical Colleges**

##### **Observation/recommendation (Sl. No. 18)**

1.23 The Committee, had *inter-alia*, desired that concrete steps be taken by the Ministry of Health & Family Welfare, to address the problem of regional imbalances in the number of medical colleges in different parts of the country. Moreover, they had desired that the Ministry should ask each State to formulate a perspective plan on medical education and health care, on the basis of which a National Perspective Plan on Medical Education could be formulated. Further, the Committee had urged that steps be taken to ensure better avenues for admissions in Post-Graduate courses for those medical graduates who volunteer to work in rural areas so that medical services may be available to the rural masses.

1.24 The Ministry, in its action taken reply, has indicated that various amendments to MCI's Establishment of Medical College Regulations, 1999 have been notified to relax the criteria for a period of five years for establishing medical colleges in the States of Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Odisha, Rajasthan, Uttar Pradesh,

and West Bengal where the number of medical colleges is less as compared to the Southern and Western parts of the country.

**1.25 The Committee are constrained to note that the action taken reply is completely silent on their recommendations regarding efforts on the part of the Government to urge each State to formulate a perspective plan on medical education and health care, based on which a National Perspective Plan could be formulated. The action taken reply has also not addressed the issue of offering better opportunities for admission in post-graduate courses to those graduates who volunteer for medical practice in rural areas. The Committee, therefore, reiterate their earlier recommendation and desire to be apprised of the precise action taken on the two issues.**

#### **H. Tackling of Malpractices in medical profession**

##### **Observation/ Recommendation (Sl. No. 19)**

1.26 Observing a constant increase in the complaints against the Registered Medical Practitioners (RMPs) as well as large number of pending litigation cases relating to registration, fee structure, admissions, etc., the Committee had suggested that MCI needs to be vigilant about the complaints being recorded against RMPs, check malpractices in the medical profession and initiate stringent action against fraudulent ones. The Committee had also recommended that efforts should be made to minimize litigation and also for early settlement of pending cases.

1.27 The Ministry, in their action taken reply, have stated that all efforts are being made to bring down the litigation in various courts. As on date, 2014 cases were pending in Hon'ble Supreme Court and various High Courts of different States where prayer of relief was sought against MCI or where MCI was involved as a direct party.

**1.28 Nothing has been mentioned in the reply as to what action has been taken to check malpractices in the medical profession and specific steps taken to minimize litigations and for early settlement of pending cases. The Committee would await Governments' precise response in this regard.**

**(I) Exorbitant Capitation/ Tuition Fee**

**Observation/recommendation (SI. No. 20)**

1.29 The Committee, while expressing their concern over exorbitant capitation/tuition fee being charged by some of the privately owned medical colleges in the country and taking note of the Hon'ble Supreme Court direction "that Government/appropriate authorities should consider framing appropriate regulations, if not already framed, where under if it is found that an institution is charging capitation fees or profiteering, that institution can be appropriately penalized and also face the prospect of losing its recognition/affiliation...", had desired that regulations should be framed authorizing MCI to take penal action against institutions which are flouting the norms under fee structure finalized by the Fee Committee in each State. The Committee also noted the MCI view that the Council should be empowered to take disciplinary action in such matters.

1.30 The Ministry, in its action taken reply has stated that no provision exists in the Indian Medical Council Act, 1956 authorizing the MCI to take any penal action against institutions that flout the norms under fee structure finalized by the Fee Committee in the States.

**1.31 From the action taken reply submitted by the Ministry, it appears that though charging of capitation fee is an extremely serious matter, no progress has been made in the direction of streamlining the system so far. The reply merely mentions absence of any provision in MCI Act, 1956 authorizing MCI to take penal action in such cases. It is not clear what prevents the Government to initiate steps to suitably amend MCI Act to enable MCI to take penal action. The Committee would expect appropriate action in this regard without any further delay.**

## **CHAPTER-II**

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

#### **Observations/Recommendations (Sl. No. 1)**

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

#### **Reply by the Government**

No action required to be taken by the Council.

#### **Observations/Recommendations (Sl. No. 9)**

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

months and the Committee be apprised of the same. The Committee also desire that the 20 newly created posts including that of one Deputy Secretary and Two Assistant Secretaries should also be filled up expeditiously.

### **Reply by the Government**

The post of Law Officer is now filled up on regular basis.

The post of Additional Secretary has been filled by an in-house candidate Dr. P. Prasanna Raj.

Three posts of Assistant Secretary are now lying vacant due to stay granted by Hon'ble CAT, New Delhi on 13.05.2013 in OA No. 4218/2012 filed by Shri Bhagwan Das v/s MCI & others.

### **Observations/Recommendations (Sl. No. 10)**

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



## **Reply by the Government**

A public grievance redressal cell is functioning in the Council.

A post of CVO has since been created and filled up by Shri H.K. Jethip, a candidate selected and appointed by the Central Government (DOPT) on the basis of recommendation of CVC.

### **Observations/Recommendations (Sl. No. 11)**

The grant-in-aid under the Plan Scheme was ₹73 lakh in 1999-00 ₹35 lakh in 2000-01, ₹90.58 lakh in 2002-01 and ₹75 lakh in 2003-04. In the year 2001-02 Government did not release the grant as unspent amount of previous year was available. During the 8<sup>th</sup> Five Year Plan, grant-in-aid was provided by Government only to meet the expenditure for Continuing Medical Education Scheme (CME) and the Council used to release grant of ₹ 50,000/- to the hosting institutions conducting the CME Programme. During the Ninth Plan period, the grant from MCI was increased to ₹ One lakh for CME programmes involving foreign faculty and further the scheme was extended to CME programmes involving Indian faculty for which the financial assistance provided was ₹ 50,000/- per programme. This scheme started in 1985, in intended to utilize the services of Indian physicians settled in USA, UK and Canada in continuing medical education and patient care in India. The Committee note with satisfaction that MCI has been made a nodal agency for conducting CME programmes with the objective of updating the knowledge and skills of registered medical practitioners. During the last 3 years i.e. 2002,2003 and 2004, grant of Rs. 70.15 lakh, ₹ 66.98 lakh and ₹ 52.73 lakh respectively were given to various hosting institutions and the member of participants who attended the programmes during these years were 22,957, 24,662 and 11,189 respectively. The Committee feel that with lakhs of doctors registered with MCI and the present trend of participation, it will take 15 to 20 years to cover all the registered medical practitioners. The Committee also regret to note that although sums amounting to ₹ 78 lakhs and ₹ 2:9 lakhs were allocated to MCI for CME programme during 8<sup>th</sup> and 9<sup>th</sup> Five Years Plan respectively, the actual utilization was only ₹ 41.93 lakh and ₹ 180.65 lakh respectively. No reasons for underutilization have been furnished to the Committee. The Committee, therefore, emphasize that specific steps should be taken by MCI for gearing up the

machinery for proper and optimum utilization of funds. The CME Scheme should be encouraged as the medical practitioners need continuous updating of knowledge and skills since medical service is under constant evolution with new trends and practices emerging every day and many of the doctors due to various reasons are not able to keep pace with the latest developments.

### **Reply by the Government**

All the eligible proposals received for holding of CME Programmes during the last 3 years have been sanctioned by the Council from time to time.

It may be noted that in the last 3 years, 594 Continuing Medical Education programmes have been sanctioned. The expenditure incurred on CME during 2012-13 was ₹ 80,31,801/-

### **Observations/Recommendations (Sl. No. 13)**

MCI had received an allocation of ₹ 13 lakh for setting up a Library, which has remained unutilized. The reason for non-utilisation of the amount is that the space in the old building is not sufficient for setting up the Library. The Library, therefore, is to be set up in the new office building of MCI. The Committee fail to understand as to why an allocation for establishing a new Library was sought from the Government when there was no space available for setting it up in the present office building. The Committee deprecate such bad planning and lack of vision on the part of MCI. However, the Committee trust that the Library will now be set up on the ground floor of the new office building as assured by MCI. The civil work for the new office building for MCI was awarded to M/s L&T Ltd. On January 28, 2000 for completion within nine months. On account of a number of factors, there was undue delay and the civil work was completed only in August, 2004. Even after seven months of handing over of the building by the contractor, clearance from various agencies for water connection, sewer connection, fire fighting, etc. is still awaited. The casual approach on the part of MCI in getting the office project completed is quite evident. The Committee cannot but condemn such apathy on

the part of MCI and desire that the council should obtain the completion Certificate and shift its office to the new building without any further delay.

### **Reply by the Government**

The clearance from various agencies for water connection, sewer connection, firefighting etc. have already been obtained in respect of new building at Dwarka. After obtaining necessary clearances from all concerned agencies, the MCI is now housed in the new building at Dwarka w.e.f. March, 2006.

### **Observations/Recommendations (Sl. No. 14)**

As per regulations notified by MCI under the IMC Act, 1956, it is mandatory for all medical colleges/institutions in the country including private organizations to take approval of MCI to start new medical colleges/institutions and also new medical courses. To ensure that all the requirements are fulfilled, MCI carries out inspection of the colleges at the time of application and thereafter, every year till the degree awarded by the college is recognized. The Committee wanted to know specifically how much time is taken between the application submitted by the college stating that it has satisfactorily provided all the minimum standard requirements and the final communication issued by MCI granting permission for the course. MCI merely informed the Committee that the time gap between the intimation received by the college and the intimation sent by MCI is kept to a minimum. However, keeping in view the feedbacks the Committee received from various sources, they have arrived at the conclusion that it is important that a specific time-frame is fixed for various stages of consideration of applications received by MCI to make the process smooth and time-bound.

### **Reply by the Government**

The Schedule for receipt of applications for establishment of new medical colleges and process of the applications by the Central Govt. and the MCI has already been prescribed under the Establishment of Medical College Regulation, 1999. As per this Schedule the date of receipt of applications by the Central Govt. has been prescribed as

1-31<sup>st</sup> August of any year and the receipt of applications by the MCI from the Central Govt. has been prescribed as 30<sup>th</sup> September of any year. The last date for the recommendation of MCI to the Central Govt. for issue of Letter of Permission has been prescribed as 15<sup>th</sup> June. The Council has been superseded by the Board of Governors w.e.f. 14.05.2010. All the powers under Section 10A of the IMC Act, 1956 for grant of permission to the medical colleges have been delegated to the BOGs. All the inspections to be carried out annually have been carried out, as per the time schedule laid down in the Regulations.

### **Observations/Recommendations (Sl. No. 15)**

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

### **Reply by the Government**

The inspections are carried out with a view to assess the infrastructure, teaching, hospital, clinical material and other facilities as prescribed under the minimum Standard Requirements for 50/100/150/200/250 admissions (as the case may be). The Inspection team of three members consists of Professors and above rank experts in their own specialization, selected from the Data Bank through randomization process, thus ensuring more transparency in the matter of appointment of assessors through randomization of names.

### **Comments of the Committee**

(Please see Para No. 1.19 of Chapter No. 1)

### **Observations/Recommendations (Sl. No. 16)**

The Committee note that MCI has proposed that every State should set up a Medical University. However, according to the Council only 5 or 6 States have so far implemented the proposal and set up Medical Universities. The Committee expect the Ministry and the MCI to follow up the proposal with individual States that all States may initiate action for setting up Medical Universities.

### **Reply by the Government**

As per information available, presently there are 12 Universities of Health Sciences in function in the country. A list of the Health Universities is Annexed. The MCI is being requested to pursue setting up of Health Universities in the remaining States.

### **Comments of the Committee**

(Please see Para No. 1.22 of Chapter No. 1)

### **Observations/Recommendations (Sl. No. 17)**

According to MCI, the prescribed teacher-student ratio varies from 1:10 to 1:15 in each subject for undergraduate courses and is 1:1 in postgraduate courses. When enquired by the Committee whether MCI has conducted any evaluation of teaching/non-teaching faculty in various recognized institutions in the country and their level of expertise in the respective fields, the Council admitted that no such evaluation has been undertaken. However, the Council maintained that strict adherence is ensured by the Council as far as fulfillment of the minimum requirements prescribed through the regulations pertaining to infrastructural facilities and teaching and non-teaching personnel by the colleges is concerned. The Council also admitted that there is acute shortage of qualified teaching staff in the country. This is also one reason why names of the same Professors are found on the pay rolls of more than one college at a time. Taking a serious note of this, MCI has taken the decision to remove the names of such

Professors from the IMR maintained by the Council. On the basis of three regional and one national workshops organized for experts in the field of medical education, recommendations were drawn up for reduction of teaching faculty in the medical colleges to the extent of 10 to 15% in each department. Amendments to the existing Regulations in this regard duly approved by the Executive Committee and the General Body of the Council have been submitted to the Government for approval. In view of the shortage of teaching staff in the medical colleges, a suggestion emerged that their retirement age should be increased. The Committee suggest that Government should weigh the pros and cons of enhancing the retirement age of teaching staff in the medical colleges and take a decision in this regard in consultation with UGC.

### **Reply by the Government**

It may be noted that the amendments in the Graduated Medical Education Regulations, Regulations on Postgraduate Medical Education, Regulations on Teachers Eligibility Qualifications and Minimum Standard Requirements for 50/100/150/200/250 Admissions have already been notified. The ratio of PG courses with reference to teacher student ratio has been amended from 1:1 to 1:2 and now 1:3 (selected subjects). So far as the enhancement of retirement age of teaching staff in the medical colleges is concerned, the Medical Council of India, with the prior approval of the Central Government, amended "Minimum Qualifications for Teachers in Medical Institutions Regulations, 1998" thereby enhancing age limit for appointment/extension/re-employment in-service against posts of teachers/dean/principal/director in medical colleges from 65 to 70 years.

## **CHAPTER-III**

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

#### **Observations/Recommendations (Sl. No. 2)**

The Medical Council of India (MCI) has both regulatory and advisory roles to play for improving the standards of medical education in the country. As part of its regulatory functions, the MCI has issued 14 Statutory Regulations for regulating medical education in the country, prescribing minimum qualifications for teaching staff in medical colleges, procedure for conducting screening test for Indian citizens possessing medical degrees awarded by foreign institutions, etc. With the ruling of the Supreme Court that the Regulations prescribed by the Council under Section 33 of the IMC Act, 1956 are binding and mandatory in character, the functions of the Council seem to have become more regulatory in nature rather than advisory. Although according to the IMC Act, MCI is expected to render advice to the Government, universities, etc. in the matter of securing uniform standards for graduate and postgraduate medical education throughout India, the Committee have gathered an impression that the Council has not done much to achieve its advisory role. They, therefore, suggest that MCI should take corrective measures and discharge both regulatory and advisory roles in the sphere of medical education in the country.

#### **Reply by the Government**

The MCI has been and is dispensing its advisory role effectively as is contemplated u/s. 10A of the IMC Act, 1956. Further, it has also been rendering timely advice to all the Universities, Medical Colleges and Medical Institutions all over the country on all such matters which have a bearing on the standards of medical education routinely. The opinion/advice is also rendered to the Govt. of India, State Govt., Universities and Medical Institutions as and when it is sought.

It is worthwhile to note that the Council's advice/assistance has also been sought by the Hon'ble Supreme Court and various High Courts on several vital issues which has been promptly rendered and the same has been acknowledged.

### **Observations/Recommendations (SI. No. 6)**

Although the IMC Act, 1956 has made adequate provisions for autonomy and at the same time accountability of the MCI to Government, there are reports about soured relationship between the ministry and the MCI. Despite the denial by the Ministry and the MCI, the Committee have gathered an impression that there is much more than meets the eye. An effort seems to have been made to cover up the strained relationship between the Ministry and the MCI before the Committee. The candid admission of the Secretary, Ministry of Health and Family Welfare (Department of Health) before the Committee: "We have some perceptions about how to improve our interaction with the Medical Council. Some amendments are on the way" confirms that view. While enjoying the autonomy as envisaged in the IMC Act, 1956, the Council, no doubt, is accountable to the Government and to the Parliament. Whatever comes in the way of a health balance between autonomy and accountability needs to be rectified. The Committee would expect the Ministry to apprise them of the steps taken by Government in this direction.

### **Reply by the Government**

It may please be noted that as per Section 3 regarding Constitution and composition of the Council, it is the Central Govt. who shall cause to constitute the Council in which under Section 3(1)(e) eight members are to be nominated by the Central Govt.

Section 4 concerning 'Mode of election', the sub-section 4(2) reads as under:-

4(2) Where any dispute arises regarding any election to the Council, it shall be referred to the Central Government whose decision shall be final.



As per Section 10A concerning Permission for establishment of new medical college or new course of study, 'No person shall establish a medical college or no medical college shall open a new or higher course of study or training or increase its admission capacity in any course of study or training except with the previous permission of the Central Govt. obtained in accordance with the provisions of this Section'.

Section 11 concerning Recognition of medical qualifications granted by Universities or medical institutions in India, vide Sub clause (2) brings out that –

11(2) Any University or medical institution in India which grants a medical qualification not included in the First Schedule may apply to the Central Govt. to have such qualification recognized, and the Central Government, after consulting the Council, may, by notification in the Official Gazette, amend the First Schedule so as to include such qualification therein, and any such notification may also direct that an entry shall be made in the last column of the First Schedule against such medical qualification declaring that it shall be a recognized medical qualification only when granted after a specified date.

Section 12 deals with recognition of medical qualification granted by medical institutions in countries with which there is a scheme of reciprocity. Sub-Sections 12(2) & (3) thereof read as under:-

12(2) The Council may enter into negotiations with the Authority in any country outside India which by the law of such country is entrusted with the maintenance of a register of medical practitioners, for the settling of a scheme of reciprocity for the recognition of medical qualifications, and in pursuance of any such scheme, the Central Government may, by notification in the Official Gazette, amend the Second Schedule so as to include therein the medical qualification which the Council has decided should be recognized, and any such notification may also direct that an entry shall be made in the last column of the Second Schedule against such medical qualification declaring that it shall be a recognized medical qualification only when granted after a specified date.

12(3) The Central Government, after consultation with the Council, may, by notification in the Official Gazette, amend the Second Schedule by direction that an entry

be made therein in respect of any medical qualification declaring that it shall be recognized medical qualification only when granted before a specified date.

Section 19 governs Withdrawal of recognition. Sub-Section 19(2) and Section 19(4) thereof read as under:-

19(2) After considering such representation, the Central Government may send it to the State Government of the State in which the University or medical institution is situated and the State Government shall forward it along with such remarks as it may choose to make to the University or medical institution, with an intimation of the period within which the University or medical institution may submit its explanation to the State Government.

19(4) The Central Government, after making such further inquiry, if any, as it may think fit may, by notification in the Official Gazette, direct that an entry shall be made in the appropriate Schedule against the said medical qualification declaring that it shall be a recognized medical qualification only when granted before a specified date (or that the said medical qualification if granted to students of a specified date or, as the case may be, that the said medical qualification shall be a recognized medical qualification in relation to a specified college or institution affiliated to any University only when granted after a specified date)

Section 24 governs Removal of names from the Indian medical Register. Sub-Section 24(2) thereof reads as under:-

24(2) Where the name of any person has been removed from a State Medical Register (on the ground of professional misconduct or any other ground except that he is not possessed of the requisite medical qualification) or where any application made by the said person for restoration of his name to the State Medical Register has been rejected, he may appeal in the prescribed manner and subject to such conditions including conditions as to the payment of a fee as may be laid down in rules made by the Central Government in this behalf, to the Central Government, whose decision, which shall be given after consulting the Council, shall be binding on the State Government and on the authorities concerned with the preparation of the State Medical Register.

Section 30 governs Commissions of Inquiry; Sub-section 30(1) thereof reads as under:-

30(1) Whenever it is made to appear to the Central Government that the Council is not complying with any of the provisions of this Act, the Central Government may refer the particulars of the complaint to a Commission of Inquiry consisting of three persons, two of whom shall be appointed by the Central Government, one being a Judge of a High court, and one by the Council, and such Commission shall proceed to inquire in a summary manner and to report to the Central Government as to the truth of the matters charged in the complaint, and in case of any charge of default or of improper action being found by the Commission to have been established, the Commission shall recommend the remedies, if any, which are in its opinion necessary.

Section 32 governs Power to make rules; Sub-section 32(1) thereof reads as under:-

32(1) The Central Government may, by notification in the Official Gazette, make rules to carry out the purposes of this Act.

Section 33 governs Power to make regulations, whereby the Council may, with the previous sanction of the Central Government, make regulations generally to carry out the purposes of this Act.

From the above, it is evident that adequate provisions exist in the present Act to ensure the accountability of the Council towards the Central Government.

### **Observations/Recommendations (Sl. No. 12)**

The Committee note that one of the important functions of MCI is the maintenance of IMR. Regulation 63 of MCI provides that supplements to the Indian Medical (IMR) shall be published every year and the IMR shall be revised and published every five years. According to MCI, the IMR has been printed upto the year 2002 and notified in the Gazette upto the year 1993 and the reason for the inordinate delay is stated to be

financial constraint for which MCI has written to the Government several times for additional grant. MCI further stated that ₹ 500 lakh is immediately required for printing and publication of IMR in the Gazette. The Committee trust IMR for the years 2003 and 2004 would be printed without any further delay. As the publication of IMR for the year 1994 to 2004 in the Gazette has been pending for a long time, the Committee recommend that Government should release the grant required for its publication as early as possible. They also stress that MCI should ensure that there is no lapse on its part in printing and publication of IMR which being a Statutory requirement, viz. supplements to the IMR to be published every year and revision and publication of the Register to be undertaken once in five years.

### **Reply by the Government**

MCI has discontinued printing of IMR since 2010.

## **CHAPTER-IV**

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

#### **Observations/Recommendations (Sl. No. 3)**

There are as many as 229 Medical Colleges in the country of which 125 are in the Government Sector and 104 in the Private Sector. About 21,000 graduates and 10,000 postgraduate pass out every year from these colleges. According to MCI, the standards of undergraduate and postgraduate medical courses including the syllabi, curricula, system of assessment and examination are periodically evaluated by the Council through its inspectors who are required to be reporting on these aspects in required details. Although MCI has made loud claims that uniform standards of medical education in all the institutions in the country is ensured through an effective system of monitoring by regular and periodic inspections, including surprise inspections from time to time, it is not fully convincing to the Committee. The Committee not to their dismay that there are only three sanctioned posts of Inspectors in MCI of which one posts has been lying vacant. Moreover it has emerged that MCI conducts inspection mostly once in five years for renewal of recognition for the degree courses. With the manifold increase in the number of medical colleges in the country, there is a need to review the qualitative and quantitative growth of medical education in the country. However, MCI has limited time and infrastructure to carry out a comprehensive review of the medical education scenario in the country. The Committee, therefore, recommend that a study should be got done by the Government on the status of medical education in the country both in qualitative and quantitative terms by engaging an independent professional institution. The Committee would like to be apprised of the follow up action taken by Government in this regard and the findings of such a review.

#### **Reply by the Government**

As on date, there are now 379 medical colleges under the ambit of Medical Council of India out of which 173 are in Govt. sector and 206 in private sector.

In the past, several cases have been filed by CBI on the functioning of the Whole time inspectors of MCI. In view of this, the Council has abolished the system of Whole Time Inspections and Zonal Inspectors. In its place, in consultation with the Directors of premier institutions like AIIMS, PGI, Chandigarh, JIPMER, SGPCI, AFMC and other Government institutions, an alternate system of providing Professors and above rank experts in their own specialization, were resorted to for the purpose of developing a very robust Data bank of Assessors. Accordingly, the Council now avails the services of senior Professors, Deans, Principals of the Govt. run medical institutions and also the Vice Chancellors of the Universities and Directors of Medical Education of various States for inspections through randomization of names.

For each undergraduate institution u/s 10A, the number of inspections to be carried out are 6 in a span of 5 years of which first is for starting and 4 are for annual renewals and the last one for the purpose of recognition/approval u/s 11(2) of the Act, when the first batch of students appears for the final MBBS exam conducted by the affiliating university.

For the postgraduate degree course u/s 10A of the Act, there are 2 inspections required to be carried out by the Council of which one is for starting and the other is for recognition at the end of 3 years i.e. when the first batch of students appears for the final examination conducted by the affiliating university resulting in conferment of the degree. In case of postgraduate diploma the first inspection is for starting and the final inspection is carried out at the end of 2 years when the first batch of students appears for the final exam conducted by the affiliating university.

In between, the Council is also required to carry out the inspection for verification of compliance furnished by the applicant institutions in regard to the deficiencies which are pointed out by the Council Inspectors vis-à-vis fulfillment of the minimum prescribed requirements under the governing regulations of the Council. Failure of the compliance by the applicant institution results in non-grant of the permission for admitting students prospectively.

The inspections for renewal of recognition in case of undergraduate courses are done at the end of 5 years to assess and ascertain whether the institution has

maintained required minimum infrastructure, teaching and paramedical staff and other facilities as per Regulations for continuance of recognition.

### **Comments of the Committee**

(Please see Para No. 1.7 of Chapter No. 1)

### **Observations/Recommendations (SI. No. 4)**

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

### **Reply by the Government**

On finalization of the recommendation of the Study Group and approval thereof by the competent authorities the same would be sent to the Central Govt. for its appropriate action.

### **Comments of the Committee**

(Please see Para No. 1.10 of Chapter No. 1)

### **Observations/Recommendations (SI. No. 5)**

To a specific query made by the Committee, MCI informed that the Council has undertaken the process of accreditation of courses conducted by medical colleges. A Committee has been constituted to prepare the modalities for accreditation and request has been sent to all the medical colleges in the country to participate in it on voluntary basis. It is surprising to note that even after several decades of its existence, MCI had not introduced the system of accreditation of courses by medical colleges with a view to

encouraging higher standards of medical education in the country. The Council is still in the initial stages of working out the modalities of accreditation. The Committee are of the view that grading and accreditation of courses by medical colleges will go a long way in promoting healthy competition among the institutions. They also stress that instead of making the accreditation process a voluntary one, it should be made mandatory in a phased manner to ensure that all the medical colleges in the country come upto minimum standards of medical education.

### **Reply by the Government**

It may be noted that the present I.M.C. Act does not envisage accreditation of medical colleges. Till the amendments in the Act are made, the accreditation process cannot be made mandatory.

### **Comments of the Committee**

(Please see Para No. 1.13 of Chapter No. 1)

### **Observations/Recommendations (Sl. No. 7)**

The Committee are constrained to note that the Vice-president of MCI has been functioning as the Action President of the Council since November, 2002 as per the orders of the Supreme Court. The Supreme Court also appointed an Ad-hoc Committee consisting of four eminent doctors to supervise the functioning of the Council. The Committee are surprised to note that the President of the MCI was removed by Delhi High Court on corruption charges and MCI went in appeal to the Supreme Court against the orders of Delhi High Court. The Supreme Court ordered that the Vice-President be the Acting President of MCI since then. The Committee note that the High Court of Delhi had pointed out several irregularities in the style of functioning of the President of MCI, in the manner in which inspectors were appointed, decisions were taken and approvals were given to colleges. There were also corruption charges against him. The Committee are distressed to note the state of affairs in MCI. They also note with concern that even after such glaring instances of misuse of office by the President of the Council have been bought out, no steps have been taken by Government to streamline the working of MCI and to put the house in order. While expressing their serious displeasure, the Committee



desire that Government should take corrective measures to ensure that there is more transparency in the functioning of the Council and the President of the Council does not assume all powers and misuse his position for vested interest. The Committee are constrained to note that although the Delhi High Court had directed the Government on 23 November, 2001 to take necessary action 3 of the IMC Act and hold selection to the Offices of President and Vice-President of the Council, no follow-up action has been taken in this regard. They, therefore, stress that steps should be taken for filling up the vacancies in the Council and holding election to the Offices of President and Vice-President of the Council without any further delay.

### **Reply by the Government**

The Council has been superseded by the Board of Governors in terms of IMC (Amendment) Act, 2010. The present terms of BOGs is expiring on November 10, 2013, vide Government of India (Ministry of Health & Family Welfare)'s Notification No. V.11011/1/2013 dated 23.05.2013.

It may further be noted that the election to the post of President and Vice-President is being organized by the MoHF&W.

It may also be noted that as per Section 3(1) it is primarily the function of the Central Govt. to constitute the Council comprising of various members from different constituencies like nominees of State Governments, elected representatives from the universities and medical faculty, Medical Register is maintained, representatives from doctors holding the medical qualification included in Part-I of the 3<sup>rd</sup> Schedule and nominees of Central Govt.

It may further be noted that the Council does not have any role to play after intimating about the vacancy likely to arise in the respective constituency.

It may further be noted that even vide its letter dated 19.10.2005, the Council has intimated to the Central Govt. about the 12 constituencies from where nominees/intimation of elected representatives have been received but which are pending at the level of the Central Govt. for want of issue of notification.

### **Comments of the Committee**

(Please see Para No. 1.16 of Chapter No. 1)

#### **Observations/Recommendations (Sl. No. 8)**

It is distressing to note that out of the total strength of 118 members in the Medical Council, only 71 were in position as on 4<sup>th</sup> November, 2004 and there were as many as 47 vacancies. The Committee were informed that about 28 vacancies on the Council were of representatives on different Universities. The Secretary, Ministry of Health and Family Welfare (Department of Health) informed the Committee that in view of the difficulties experienced in getting the representatives of Universities elected by the Senate, the provision in the Act are being amended to deal with the situation more effectively. It is also proposed to have one combined representative of all the Universities in a particular State to be represented on the Council in future. The Committee would like to be apprised of the action taken and the results achieved in this regard.

#### **Reply by the Government**

No action is required by the Council.

### **Comments of the Committee**

(Please see Para No. 1.16 of Chapter No. 1)

#### **Observations/Recommendations (Sl. No. 18)**

The Committee find that there is much regional imbalance in the number of medical colleges set up in the country which has an impact on the availability of registered medical practitioners in different regions. There is a high concentration of medical colleges in the Western and Southern parts of the country whereas the North and Eastern regions are lagging behind. According to the State Medical Register, there were 90,855 doctors in Maharashtra and 65,789 in Karnataka, but only 135 in Jharkhand, 213 in Chhattisgarh and 1,326 in Haryana. Although Jharkhand, and

Chhattisgarh are newly formed States, the disparity between the States is quite alarming. The MCI admitted that its role was limited as far as starting of new medical colleges is concerned as it depends on new applications coming from a State. This being a wider issue, the Committee feel that it needs to be addressed by the Ministry of Health and Family Welfare (Department of Health). Each State should be asked to formulate a perspective plan on medical education and health care. On the basis of the plans drawn up by the States, a National Perspective Plan on Medical Education should be formulated and regions which are lagging behind should be encouraged to come up with plans for starting new medical colleges and strengthening the existing ones. Another disturbing trend noticed in certain States like Orissa, West Bengal and Assam is that freshers have ample opportunities to get admission in postgraduate medical courses, but they go abroad in search of better prospects. On the other hand, those who are already working in rural areas do not have the avenues to join postgraduate courses. The Committee, therefore, recommend that steps should be taken to correct this trend in order that medical graduates who volunteer to work in rural areas get sufficient opportunities for doing postgraduate courses so that services may be available to the rural masses.

#### **Reply by the Government**

Though there is regional imbalance in the number of medical colleges established in the country, the Central Government, in consultation with MCI, notified various amendments to MCI's Establishment of Medical Colleges Regulations, 1999 relaxing the criteria for establishment of medical colleges on two pieces of land comprising minimum of 20 (twenty) acres of land for a period of five years in the states of Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Orissa, Rajasthan, Uttar Pradesh and West Bengal, establishment of medical college where the number of medical colleges is less in comparison with the Southern and Western parts of the country.

#### **Comments of the Committee**

(Please see Para No. 1.25 of Chapter No. 1)

### **Observations/Recommendations (Sl. No. 19)**

MCI has notified Professional Conduct, Etiquette and Ethics Regulations, 2002 in the Gazette of India to regulate the practice of medical practitioners. Under the regulations, anyone can register a complaint against a delinquent medical practitioner. From 2002 to 2004, 1164 cases were lodged with MCI against medical practitioners of which 1,099 cases have been disposed off and 65 cases are pending. The Ethics Sub-Committee of the Council conducts enquiry into the complaints and the action taken against delinquent medical practitioners is notified to be State Medical Councils, Universities, etc. The Committee take a serious note of the complaints lodged against medical practitioners which rose from 262 in 2002 to 373 in 2003 and 529 in 2004. MCI needs to be vigilant about the complaints being recorded against registered medical practitioners check malpractices in the medical profession and initiate stringent action against fraudulent ones. The Committee also express their concern about as many as 1.548 cases of litigation relating to registration, fee structure, admission, etc. pending against MCI which, of course, were brought down to 749 in January, 2005. The Committee urge that efforts should be made to minimize litigations and also for early settlement of pending cases.

### **Reply by the Government**

All efforts are being made to bring down the litigations in various courts. However, it may be noted that as on date 2014 cases were pending in Hon'ble Supreme Court and various High Courts of different States where prayer of relief was sought against MCI or where MCI was involved as a direct Party.

### **Comments of the Committee**

(Please see Para No. 1.28 of Chapter No. 1)

## **Observations/Recommendations (Sl. No. 20)**

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

### **Reply by the Government**

The Indian Medical Council Act, 1956 does not have any such provision to authorize MCI to take penal action against institutions that flout the norms under fee structure finalized by the Fee Committee in the States.

### **Comments of the Committee**

(Please see Para No. 1.31 of Chapter No. 1)

**CHAPTER-V**

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

**-Nil-**

**NEW DELHI;  
11 December, 2013  
Agrahayana 20,1935 (Saka)**

**FRANCISCO SARDINHA,  
CHAIRMAN,  
COMMITTEE ON ESTIMATES.**

## **APPENDIX I**

### **MINUTES OF THE FIRST SITTING OF THE STUDY GROUP OF THE COMMITTEE ON ESTIMATES (2013-2014)**

The Study Group of the Committee on Estimates sat on Monday, the 9<sup>th</sup> December, 2013 from 1545 hrs. to 1600 hrs. in Room No. 52-B, (Chairman's Chamber), Parliament House, New Delhi.

#### **PRESENT**

Shri Subodh Kant Sahai – Convener

#### **Members**

2. Shri Bapi Raju Kanumuru
3. Dr. Thokchom Meinya
4. Shri Prabodh Panda
5. Smt. Annu Tandon

#### **SECRETARIAT**

1. Smt. Anita B. Panda - Director
2. Dr. Yumnam Arun Kumar - Deputy Secretary

2. At the outset, the Convener welcomed the Members of the Study Group of the Committee on Estimates to the first sitting. The Study Group took up for consideration the following Memorandum and draft Chapter-I of Action Taken Reports.

- (i) Memorandum No. 2 and draft Chapter-I of Action Taken Report of Committee on Estimates (15<sup>th</sup> Lok Sabha) on the recommendations contained in Eighth Report of the Committee on Estimates (2004-05) on 'Medical Council of India' pertaining to the Ministry of Health and Family Welfare (Department of Health and Family Welfare)

(ii) \*\*\*\*\*

3. The Study Group approved the categorization of replies as shown in the Memorandum and also approved the draft Reports without any modification.

**The Study Group then adjourned.**



## APPENDIX II

### MINUTES OF TWENTIETH SITTING OF THE COMMITTEE ON ESTIMATES (2013-2014)

The Committee sat on Monday, the 9<sup>th</sup> December, 2013 from 1600 hrs. to 1630 hrs. in Room No. 52-B, (Chairman's Chamber), Parliament House, New Delhi.

#### PRESENT

Shri Francisco Sardinha – Chairman

#### MEMBERS

- 2 Smt. Harsimrat Kaur Badal
- 3 Shri Bapi Raju Kanumuru
- 4 Dr. Thokchom Meinya
- 5 Shri Prabodh Panda
- 6 Dr. Vinay Kumar Pandey "Vinnu"
- 7 Shri Subodh Kant Sahai
- 8 Shri Ijyaraj Singh
- 9 Shri Jagada Nand Singh
- 10 Smt. Annu Tandon
- 11 Shri Om Prakash Yadav

#### SECRETARIAT

- 1 Smt. Anita B. Panda - Director
- 2 Dr. Yumnam Arun Kumar - Deputy Secretary

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

(i) \*\*\*\*\*

(ii) Action Taken Report on the Recommendations contained in the Eighth Report of the Committee on Estimates (2004-05) on 'Medical Council of India' pertaining to Ministry of Health and Family Welfare as approved by the Study Group of Committee on Estimates;

(iii) \*\*\*\*\*

3. The Committee adopted the abovementioned Reports without any modification.

4. The Committee then authorized the Chairman to finalise the above reports after factual verification by the Ministries concerned and present the same to Lok Sabha.

**The Committee then adjourned.**

### APPENDIX III

#### ANALYSIS OF THE ACTION TAKEN BY GOVERNMENT ON THE RECOMMENDATIONS CONTAINED IN THE FOURTEENTH REPORT OF THE COMMITTEE ON ESTIMATES (FIFTEENTH LOK SABHA)

(i)	Total number of recommendations/observations	20
(ii)	Recommendations/Observations which have been accepted by the Government (Sl. Nos. 1,9,10,11,13, 14, 15, 16 and 17)	9
	Percentage of total recommendations	45%
(iii)	Recommendation/Observation which the Committee do not desire to pursue in view of the Government's reply (Sl. Nos. 2, 6 and 12)	3
	Percentage of total recommendations	15%
(iv)	Recommendations/Observations in respect of which Government's replies have not been accepted by the Committee  (Sl. Nos. 3, 4, 5, 7, 8, 18, 19 and 20)	8
	Percentage of total recommendations	40%
(v)	Recommendation/Observation in respect of which final replies of Government is still awaited.  (Sl. No. Nil)	0
	Percentage of total recommendations	0%