COMMITTEE ON SUBORDINATE LEGISLATION

(TENTH LOK SABHA)

THIRTEENTH REPORT

(Rules/Regulations framed under Indian Medical Council Act, 1956)

(Presented on 9-12-1994)

LOK SABHA SECRETARIAT
NEW DELHI

October, 1994/Asvina, 1916 (Saka)

Price : Rs. 22.00

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(1993-94)

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REPORT

I

INTRODUCTION

I, the Chairman, Committee on Subordinate Legislation, having been authorised by the Committee to submit the report on their behalf, present this Thirteenth Report.

1.2 The matters covered by this report were considered by the Committee at their sittings held on 27 and 28 April, 11, 12 May and 10 October, 1994.

1.3 The Committee decided to examine the Code of Medical Ethics framed under the Indian Medical Council Act, 1956 with the purpose of finding out whether certain regulations in the above code namely regulation on fee charged by physicians and surgeons need to be amended in the light of the growing feelings among the public for greater transparency about the fees charged by them. The Committee also decided to go into other important questions such as publication of directory containing names and fees charged by doctors of a particular city; keeping records of patients by doctors; modernisation of teaching techniques in medical institutions; possessing knowledge of other systems of medicine; ensuring commitment on the part of doctors; advertising medical profession and a uniform pattern of fees in various medical colleges etc.

1.4 The Committee took oral evidence of the representatives of the Ministry of Health and Family Welfare, Medical Council of India, Maulana Azad Medical College and Indian Medical Association with a view to ascertaining their views on these points.

1.5 The views expressed by the representatives of the Indian Medical College, Maulana Azad Medical College, Indian Medical Association, Medical Council of India as well as Government representatives are dealt with in the following paragraphs.

1.6 The Committee wish to express its thanks to the representatives of the Indian Medical Council, Maulana Azad Medical College, Indian Medical Association and representatives of Ministry of Health and Family Welfare for furnishing the desired information.

1.7 The Committee adopted this report at their sitting held on 10 October, 1994.

1.8 The minutes of the sittings relevant to this report are appended* to it.

1.9 For facility of reference, recommendations/observations of the Committee had been printed in thick type in the body of the report and also reproduced in a consolidated form in Appendix I to the Report.

* Appendix II.

II

RENEWAL OF REGISTRATION

2.1 It is seen that existing rules framed under the Indian Medical Council Act, 1956, do not prescribe for renewal of registration by the medical practitioners with the Medical Council of India or the State Medical Councils as the case may be. As a result, the Medical Registers maintained by the Medical Council of India/State Medical Councils are not up-to-date. Thus, once a doctor is registered, afterwards it is not known whether he is alive or not and whether he is living in India or abroad and so on. No subsequent information is available with the Indian Medical Council due to the lack of a provision of renewal of registration.

2.2 Giving his opinion on the matter, Dr. P.K. Choudhury, President, Indian Medical Association, stated that there was a system prevalent in West Bengal where, after every five years, the Council used to send postcards to the doctors so that if there was any change in their addresses, they might inform the Council. If no reply was received from the doctor, the Council would remove their names from the register. As soon as they come back, they would be charged some fees and only after that their names would be re-entered in the register.

Agreeing that registration of the doctors must be done, Dr. Y.P. Munjal, Joint Secretary, Indian Medical Association, was of the view that the States where the doctors are practising, registration should be done there too so that everybody would be able to know where exactly those doctors are located. He was also of the opinion that Medical Council of India must be given enough funds as well as powers for that purpose. Speaking about Rajasthan Medical Council, he stated that the Council does registration every year. But at the moment, the people who are practising outside Rajasthan, send money as well as their forms, they do not receive any reply from the Council.

2.3 Regarding the periodicity of the renewal of registration by the doctors, Dr. P.K. Choudhury opined that renewal of registration every year would not be feasible. At present, there are about 4,30,000 doctors who are registered with the Medical Council. They are all qualified in modern medicines. To trace out those doctors, to train them and to get themselves registred every year would be very difficult. On the contrary, in other countries, there is a process called re-registration which is done at the end of every five years, and which is tagged with the test of efficiency. It can be tried in our country too.

2.4 Dr. A.K. Gupta, Dean, Maulana Azad Medical College also agreed with the view that renewal of registration should be made compulsory. He stated that it was very essential.

2.5 The Committee observe that the existing rules under the Indian Medical Council Act, 1956 do not prescribe or make it compulsory for a doctor to have a periodic renewal of his registration with the Medical Council of India or the State Medical Councils as the case may be. As a result, once a doctor is registered with the Medical Council, his whereabouts are not known. It is difficult to find out whether he is alive or whether he is abroad or whether he has since changed his address and so on. In addition, the registers maintained by the Medical Council could not be updated.

2.6 The Committee, therefore, desire that the Central Government/ Medical Council of India should prescribe for a compulsory renewal of registration by the doctors after every five years. It should be provided that the doctors should inform in writing the Medical Council that they want to renew their membership. If the Council does not receive any such communications it should be presumed that the doctors have either gone out of India or out of practice and registration might be deemed to have lapsed/ cancelled. But as soon as they come back from abroad or resumed practice they must get themselves registered afresh with the Medical Council. Even change of address of doctors must be communicated to the Medical Council.

2.7 The Committee further desire that the funds needed by the Medical Council for the purpose of renewal of registration may be obtained by making the renewal of registration subject to the payment of some fee which may be prescribed.

III

TRANSPARENCY OF FEES CHARGED BY PHYSICIANS AND SURGEONS

3.1 Under section 33 of the Indian Medical Council Act, 1956, the Medical Council is empowered to make regulations providing for *inter-alia* the formulation of a code of ethics, to be observed by medical practitioners. Under the head "General Principles" the code prescribes the principle to be followed by physicians in respect of payment for professional services rendered by them. Para 4 of the code says:

> "The ethical physicians, engaged in the practice of medicine limits the sources of his income received from professional activities to service rendered to the patient. *Remuneration received for such services should be in the form and amount specifically announced to the patient at the time the service is rendered."*

3.2 The code thus stipulates that the remuneration for services rendered by physicians should be specifically annuounced to the patient at the time the service is rendered. The Committee, after carefully examining this stipulation wanted to elicit the opinion on the question whether it would be possible to make such provisions as would enable the patient to know in advance the fee being charged by a particular physician before he approaches him for consultation.

3.3 All the witnesses who appeared before the Committee were of the opinion that there should be transparency about the fee charged by the physicians. In this context, the Chairman made it very clear that what the Committee wanted was transparency of fee and not regulation of fee. It is a matter of general experience that the patients do not know in advance what the fee of the physician would be. The present stipulation in the code of ethics which only require the Doctor to announce his fees at the time the service is rendered creates difficulties for the patients as he has to go to a doctor first to enquire about his fee, then decide whether the scale of fee charged by him would suit him and if not move on to another doctor. This difficulty could be avoided if there are some means by which the patient could learn in advance the fee charged by all or most of the physicians of the type required by him, in which case he would be able to select the physician whose fees will suit him. It would also enable him to know what services are included in the fee charged and to compare the fee to be paid to a doctor with what others charge for similar services.

3.4 The representatives of the Medical Council were of the view that transparency is needed regarding charges between doctors and patients.

However, they felt that it would not be desirable to publicly display doctor's fee and other charges. But they agreed that the doctors may display the chart containing fee and other charges in thier own examination room. The Council however did not favour the idea of making it mandatory.

3.5 On the same question of transparency, the representative from Maulana Azad Medical College (Dr. A.K. Gupta), suggested that the consultation fee can be permanently displayed. Charges for investigation, surgery etc. could be listed into groups according to whether they are major or minor. However, he was not in favour of the Committee going into the finer aspects of implementation.

3.6 The representatives of the Ministry of Health and Family Welfare supported the suggestion regarding transparency and said:—

> "At the same time it is absolutely desirable that the doctors must give an idea as to what his services are going to cost a patient. A large number of doctors who are just consultants, have shown in a chart the fees they charge. In many places there are receptionists outside the physicians' room and they give the information. It would not be proper to say that it is like an advertisement that the physician is charging so much amount. But if a small board is put up outside the doctors chamber the particulars of the fees charged would be helpful."

3.7 Transparency of fees can be ensured only when the charges of doctors are made public. The Committee asked the opinion of witnesses regarding publishing a directory containing the names of and the fees charged by various doctors for a particular city or area of a State which may be renewed every year. These directories can be made available amongst other places in every dispensary/chemist's shop. A qestion was put by the Chairman to the representatives of the Ministry of Health and Family Welfare whether it would be desirable for the Medical Council regulations to make it mandatory for the doctors in private practice to register themselves with the Medical Council for the directory to be brought out. The representative replied that if the yellow pages of the telephone directory contain the names of specialists and other practitioners, a separate directory is not going to be of much use as "it will not be widely possessed."

3.8 However, the representative of the Medical Council (Dr. B. Roy Chowdhary) was of the opinion that an offical publication will be helpful. According to him while publishing such a directory proper precautions should be taken so that it is not misused for advertisement of individual doctor.

3.9 The Committee feel that there should be transparency about the fee charged by a medical practitioner for the various services he renders to the patients. In other words the patient must know before hand what the charges of a particular doctor would be, so that he is able to select the

doctor who suit him. The Code of Medical ethics formulated under section 33 of the Indian Medical Council Act, 1956 contains the stipulation that doctor should announce the remuneration to the patient at the time of rendering the service. Thus, at present a patient will know about the fee a doctor is going to charge only when he approaches the doctor. He would have to approach many doctors in this manner till he is able to find a doctor whose fee he can afford. Such a situation is most unsatisfactory. The Committee feel that the code of medical ethics in repect of physician's fee is inadequate in this respect. It should be amended so as to provide for publishing the details about the physician and the fees he charges for various services. The Committee do not agree with the view that putting up a chart containing the fees in the examination room of the physician is adequate. The Committee also disagree with the view that a physician's charges should not be published. The Committee are of the view that it is desirable to bring about transparency in the fee charged by the medical practitioners, and in order to do so a directory containing all the details of the physician and their charges, should be published by the Medical Council of India. The Committee feel that the Medical Council should make it compulsory for the doctors in private practice to notify their fees to the Medical Council which should include the standard charges for various services, operations etc. The Medical Council would publish a directory containing the particulars of a doctor including his qualification, years of practice, availability and fees for various services he is prepared to render. Such a 'directory of Private Practitioners' should be published every year so that it remains up-to-date and doctors are also able to revise their fees annually, if they so desire. A doctor would not be entitled to charge a fee higher than that appearing in the Directory. This will enable the patient to compare the fee being charged by different doctors for similar services and select one he can afford out of a number who could possibly treat him.

IV

MAINTENANCE OF MEDICAL RECORDS BY MEDICAL PRACTITIONERS

4.1 The Committee also examined the desirability of maintenance of medical records of patients by Medical practitioners. It was pointed out that in the countries like USA and U.K. the medical practitioners including specialists keep a record of every patient treated by them. When the patient goes back to that Doctor at a later date he refers to that medical record and sees for himself the type of treatment he received and its effect. But this practice is not in vogue in India. The Doctors in India do not generally keep such records of ailments of the patients visiting them and they do not also give any papers to the patients except some prescription which does not contain the clinical findings, conclusions and the diagnosis. The Committee wanted to know the views of the representatives of the Ministry of Health and Family Welfare, Directorate General of Health Services, Medical Council of India, Indian Medical Association, Faculty of Medicine, University of Delhi and Maulana Azad Medical College, New Delhi regarding the desirability to make it obligatory for the doctors to maintain such records.

4.2 Shri M.S. Dayal, Secretary, Ministry of Health and Family Welfare admitted this deficiency and stated that the record of the patients must be kept by the doctors. But he further stated that in practice it is seen that a detailed record is contained in the card which is kept by the doctor though it is not written on the prescription. The prescription indicates the name of the disease but does not indicate all the details regarding pulse temperature etc. It was pointed out that this practice is not uniform among all the doctors. Very few of them do this although this type of record is of importance to the patient for future use. Apart from the doctor's own record the patient should also be given the doctor's clinical findings, diagnosis and treatments so that in case he wishes to consult another doctor then or later he may show the same to him also. It would enable and make it much easier for the second or later doctor to understand as to what the earlier state of affairs was. This is something which the doctors urge the patient to keep and the doctor should themselves keep a record and the rules should contain that obligation. Shri. M.S. Dayal, Secretary, Ministry of Health and Family Welfare accepted the suggestion. He informed the Committee that the hospitals do keep the medical records of the patients for about 10 years.

4.3 The Chairman, pointed out that according to his information in USA the standard practice was that when the surgeon starts operation, he goes on saying what he was doing which is recorded in a cassette recorder and later on transcribed on paper and kept as a record. Doctor A.K. Mukherjee, Director General of Health Services, admitted this fact. He stated that it was almost impossible in India either to record it by a video or a audio tape and transcribe it and give it to the patients. The present prevailing practice in India followed in Government institutions and other major and recognised institutions is that the doctors themselves write it on the note in detail as to what exactly was done and this record is kept by him. Doctor Mukherjee, (Director General, Health Services) informed the Committee that it is mentioned in the Code of Conduct that in all the surgical cases the relevant information should be told to the patients. Dr. Mukherjee on a specific question by the Chairman stated that the visual recording or audio recording is not being done because of the high expenditure involved in it. The Chairman then suggested that as per medical ethics the doctor should make it clear to the patient as to what the ailment is and what he is trying to do. It should be insisted that they should also keep records about the patients, their findings, clinical reports, prescription, etc. It is not only in the interest of the patient but also in the interest of the doctors themselves. Dr. B. Roy Choudhury, Chairman, Post Graduate Medical Education Committee entirely agreed with this view and stated that the doctors in India are functioning in a casual manner and not in a professional manner. Keeping medical records properly is in their own interest and for their own protection in the event of prosecution. The Chairman proposed to put it in the rules so as to give it sufficient weightage. Dr. A.K. Gupta, Dean, Maulana Azad Medical College appreciated the suggestion. Dr. (Mrs.) Chadha also appreciated the proposal of keeping records of all the patients and stated that when the problem arises at a later date, the patient needs the previous record and it must be made available to him. Sometimes the patient is referred to the hospital. The medical record carried by the patient would help the hospital atleast to know the disease and the treatment he received earlier. Several children who suffer from cancer die only on account of not keeping any record of the previous treatment given to them. Sometimes the record is not kept properly and when the hospital authorities go through it they would not know as to what caused that problem. Dr. A.K. Gupta suggested that every doctor should have a personal computer at a subsidised rate as the computers are very expensive these days.

4.4 The Chairman suggested that it should be made obligatory on the part of the doctor to prescribe only such medicines which the patients can afford to buy. Dr. S.S. Yadav, Head, Department of Surgery, Faculty of

Medical Sciences, University of Delhi did not agree to this suggestion. He said that it is voluntary and not obligatory for the doctors. Dr. (Mrs.) Chadha stated that the doctor cannot tell the patient that he will not give the drug which is a must for him. He cannot prescribe only that medicine which would suit the pocket of the patient. Hence, it cannot be made mandatory. Dr. Manocha, Director, Faculty of Medical Science, University of Delhi expressed the same difficulty and stated that prescribing the medicines according to the patient's pocket is a little difficult because the doctors have to prescribe the essential medicines which are required to cure the patients. The Chairman pointed out that the doctors are very influenced and pressurised by medical representatives. They are thus induced to include the medicines manufactured by various Pharmaceutical Companies. Such medicines are becoming more and more expensive. This is another factor which necessitates it to make it obligatory for the doctors to prescribe the medicines which are affordable by the patients. Dr. Yadav did not appreciate the use of the word "obligatory". He proposed to use the word "desirable" which will remind the doctors of the economic condition of the patients. So far as the cheaper drugs are concerned Prof. Tondon, Dean, Faculty of Medical Sciences, University of Delhi pointed out that there are certain drugs which are spurious and it is essential for the doctor to be very careful and ensure that a particular drug which is cheaper is genuine. Dr. (Mrs.) Neeta Madan, Head, Department of Pathology, Faculty of Medical Sciences, University of Delhi stated that the point is very well taken. She also stated that it is not difficult to do what has been suggested but it is very difficult to enforce it. It is easy to legislate but very difficult to implement.

4.5 The Committee note that the private medical practitioners in India generally do not keep a medical record of the patients receiving treatment from them and are not under any obligation to do so under the code of ethics. The Committee feel that it is necessary that the doctors should keep records about the patients treated by them detailing therein their clinical findings, diagnosis, treatment, prescriptions etc. and maintain them for atleast ten years. This will help both the doctor and the patients if the patient visits the same doctor again after a lapse of time. A copy of that record should also be handed over to the patient which will be useful if the patient had to subsequently go to a hospital or visit another doctor for the same ailment or for some other ailment. If any unfortunate incident takes place and responsibility is to be fixed, such record will be most helpful and may even provide protection to the doctor. The Committee also note that the surgeons in Government hospitals, Medical Colleges and Government institutions keep a detailed note describing what exactly transpired during the operation of the patient and such a note forms part of the patient's record for future reference but the private surgeons do not maintain such a record. The Committee, recommend that it should be made obligatory for private practitioners, as well as for doctors working in any Institutions/

hospitals to keep the clinical records of each patient and indicate their findings diagnosis, treatment and prescriptions and the treatment actually undergone by or given to him. The Committee further recommends that in case further treatment is required the doctor should be obliged to inform the patient the medical expenses to be incurred by him. It should also be obligatory that a copy of the same be handed over to the patient on or before conclusion of visit/treatment/discharge. The Committee also recommend that it should be made obligatory on the part of the doctors to prescribe medicines as far as possible which the patient can afford. The Committee further recommend that the Government should evolve a system for record keeping, writing out detailed prescription and prescribing medicines which are within the reach of the poor patients so as to serve as a model for the private clinics and nursing homes.

V

MEDICAL EDUCATION BY AUDIO-VISUAL METHODS

5.1 In order that the methodology of teaching is constantly reviewed and revised to keep pace with the rapid advances being made in the medical science, it is felt that medical education should be imparted not only by mere lectures either in the class rooms or the students standing around a patient but instead could be more effectively imparted through audio visual methods. The Committee, therefore, solicited opinion of witnesses as to whether the rules of the Medical Council of India should make it possible for teaching to be done both by lecture and by audio/video methods.

5.2 Dr. A.K. Mukherjee, Director General, Health Services agreed to the proposal and stated that this has been kept in mind in the revised curriculum. According to para 1.17 of their revised* curriculum, the Medical Council of India have recommended that Faculty members should themselves avail of modern educational technology while teaching the students. He further stated that the Medical Council of India can prescribe various kinds of equipment for various departments. They can also prescribe the video camera for the purpose of providing better teaching methodology.

5.3 It was also suggested that the representatives of the Medical Council visit various medical colleges situated in various states to check the standard of teaching and if any deterioration in the standard of teaching is detected, those colleges should be de-recognised after consultation with the concerned universities and with the Central Government. A notification should be issued accordingly.

5.4 Shri M.S. Dayal, Secretary (Health) suggested that in order to improve the teaching methodology some ten to twenty terminals of computers can be provided and lessons should be listed so that students can go and take notes. But the State Governments are not in a position to provide sufficient funds. He further suggested that it should be made mandatory for the colleges to alter the system of teaching and to use audio-visual method alongwith participation of students in teaching. The Medical Council have also set up a cell called Medical Education Unit and insist that all medical colleges should have it.

5.5 Dr. A.K. Ghosh of Maulana Azad Medical College stated that they have a Faculty of Medical Education and a panel of some other institutions. They are exposed to Medical Education technology and the recent techniques. Such centres have also been opened at All India Institute of Medical Sciences, JIPMER, Pondicherry, Varanasi and PGI, Chandigarh.

He further stated that the effectiveness can be improved in all fields, delivery, communication skills, education etc. However, the revision of curriculum in the medical field has not taken place as effectively as in other fields at the University level. He further desired that effectiveness can be achieved by giving more autonomy to the medical faculty.

5.6 Prof. O.P. Tondon, Faculty of Medical Science, Delhi University viewed that like CBSE or NCERT, we should have some Medical Councils or Medical Universities all over India, which can review and do all the academic jobs all over the country including teaching and examination.

5.7 It was suggested that Video Cassettes of a particular operation could be used and viewed again and again for learning. Agreeing to this, the representative stated that though the use of audio cassette is important this should be used in the presence of a teacher. It is wastage of a good opportunity not to have communication with surgeons. The Medical Council of India has given a directive to all the Medical Colleges to move from the conventional system to audio visual system.

5.8 Dr. Y.P. Munjal, Joint Secretary, Indian Medical Association stated that in a seminar held by the Medical Council of India, three recommendations were made; first, audio-visual participation, second, Computer assisted programme and third, introductory participation by students. When the disease process is being taught to the students in the workshop pro-clinical teaching should also be taught so that a comprehensive picture is available to the medical students. After passing final examination the students are supposed to do internship for one year. The students are also sent to rural areas to acquaint themselves with the needs and problems of the people living there. But with the increasing demand for post-graduate Doctors in all Services, the studnets devote more time in preparing for their post-graduation examination rather than visiting rural areas or doing internship training. He further stated that the doctors should get themselves registered with the Medical Council of India after MBBS and get re-registered after doing their post graduation so that the Medical Council of India would be able to know as to which post-graduate courses do not have doctors.

5.9 The Committee note that the Medical Council of India is already making efforts to promote the use of modern methodology in teaching in the field of medical science as indicated in para 1.17 of the Recommendation on Under-graduate Medical Education brought out by Medical Council of India. The measures proposed include use of Videotapes, setting up of a separate Faculty of Medical Education and panel of Institutions and exposing them to the latest medical education technology, revision of

curriculum in the medical field according to the needs of the day at the University level and setting up of a separate Medical University which can review and do all the academic jobs all over the country uniformly including teaching and examination; use of computer-assisted programme, introductory participation by student in the pro-clinical teachings etc.

5.10 The Committee regret that though it was admitted by the Director General of Health Services during evidence that the concept of teaching by using audio-visual methods has been kept in mind in the revised medical curriculum on education, yet it contains only a passing mention about it. The Committee, therefore, strongly recommend that Medical Council of India should make it compulsory for all medical colleges/teaching institutions to prescribe for a minimum number of lectures to be imparted using audio-visual techniques in substitution of the conventional lectures by teachers/professors in the class rooms. The Committee feel that teaching by audio-visual methods has a definite advantage as such lectures can be recorded properly to the optimum requirement of the students and can be played back for the students any number of times to give them a better understanding of the subject.

VI

CONTINUED MEDICAL EDUCATION

6.1 Today's medical practice demands continuous updating of knowledge and skills. The most important challenge for medical education at this time is to make it more relevant to the needs of the population and to the changing system of medical care in the country. It is, therefore, felt that the medical practitioners must be kept abreast of the advancements being made in the medical sciences.

6.2 The Director General of Health Services (Dr. A.K. Mukherjee) also supported the suggestion and said—

> "Continued medical education is, in fact, one of the important areas. From the Ministry, we are looking into this. There are two institutions which are primarily involved. One is, Indian Medical Association which has more than 900 branches in the country. At regular intervals, they impart continued medical education programme. The Government of India, in fact, supports M.C.I. for running continued medical education programme at regular intervals. The Government gives specific grants for that.
>
> The National Academy of Medical Sciences gets money from the Government of India and runs regularly continued medical education programme. Besides this, All India Institute of Medical Sciences and Government Medical Colleges get certain amount of support from us and from the various other sources and run the continued medical education programme. Important private institutions today are alive to the situation and are running CME programme."

He further added—

> "In our country, there are more than 100 journals in circulation and not many of them are recognised or registered. Lot of write-up is going on. It is all voluntary."

6.3 All the witnesses who appeared before the Committee were of the opinion that Continuing Medical Education system is absolutely necessary and must be introduced. One of the witnesses, Dr. A.K. Gupta, Dean of the Maulana Azad Medical College, stated as under:—

> "I think it is absolutely vital to have the Continuing Medical Education system to be introduced and we must have the system of giving credits for that. If we go on waiting for the various problems of implementation and all that, I think we shall never be able to start it. So, we must introduce it and fix a sort of time limit for the people

to start doing it. Initially we may keep the number of credits to be obtained to be lesser than when the scheme is in full swing. I think the people who wish to remain in touch with the latest developments, must understand that they have to pay to keep themselves up-to-date. It should be their duty that they pay for the CME exposure. It is not possible for the Government to start a system to provide the financial inputs, etc. The financial inputs will have to be generated by the CME system itself. I think a beginning should be made, taking the MCI and the State Medical Councils into confidence."

6.4 The Committee note that there are institutions, such as Indian Medical Association, Medical Council of India, A.I.I.M.S. and National Academy of Medical Sciences, which are imparting continued medical education. The Government is also giving specific grants to them for that purpose. There are also some important private institutions which are running Continued Medical Education Programme.

6.5 The Committee, therefore, desire that Government/Medical Council of India should frame necessary regulations under the Indian Medical Council Act, 1956 to make it compulsory to attend courses or programmes for Continued Medical Education for every medical practitioner so that they may keep themselves abreast with the advancements being made in the medical sciences for the benefit of the society. Such attendance would secure credits for the participants. A minimum amount of credits would be necessary to renew registration of a doctor by the Medical Council every five years or so.

6.6 The Committee further recommend that the Government should itself organise or help other bodies like the Indian Medical Council and Indian Medical Association as well as Universities engaged in Medical Education to organise continued Medical Education on an extensive scale so as to cover initially within five years every doctor who wishes to continue as a registered medical practitioner. The finance for such schemes should come out of the fees to be paid by those receiving the education.

VII

ADVERTISING

7.1 As per the provisions of section 20(A) read with section 33 of the Indian Medical Council of India Act, 1956, the Medical Council of India is empowered to make regulations for *inter-alia* the formulation of a code of ethics, to be observed by medical practitioners. Under the head "General Principles" the code prescribes the principle to be followed by physicians in respect of advertising. Para 3 of the code reads as under:—

"3. Advertising

Solicitation of patients directly or indirectly, by a physician, by group of physicians or by institutions or organisations is unethical. A physician shall not make use of or aid or permit others to make use of him (or his name) as subject of any form or manner of advertising or publicity through lay channels either alone or in conjunction with others which is of such a character as to invite attention to him or to his professional position skill, qualification, achievements, attainments, specialities, appointments, associations, affiliations or honours and/or of such character as would ordinarily result in his self aggrandisements nor shall be give to any person who-so-ever, whether for compensation or otherwise any approval, recommendation endorsement, certificate report or statement with respect of any drug, medicine, nostrum remedy, surgical, or therapeutic article, apparatus or appliance or any commercial product or article with respect of any property, quality or use thereof or any test demostration or trial thereof, for use in connection with his name, signature, or photograph in any form or manner of advertising through lay channels nor shall be boast of cases, operations cures or remedies or permit the publication or report thereof lay channels. A medical practitioner is permitted a formal announcement in press regarding the following:

(1) On starting practice;
(2) On change of type of practice;
(3) On changing address;
(4) On temporary absence from duty;
(5) On resumption of another practice;
(6) On succeeding to another practice.

Further, Para 8 of the code under the heading 'List' says,

> "A physician should not contribute to the lay press articles and give interviews regarding diseases and treatments which may have the effect of advertising himself or soliciting practices, but is open to write to the lay press under his own name or matters of public health hygienic living nor to deliver public lectures, give talks on the radio broadcast for the same purpose and send announcement of the same to the lay press."

7.2 The code thus stipulates that solicitation of patients directly or indirectly by a physician is unethical. Similarly, physician must desist from practices which may have the effect of advertising himelf for self-promotion. The Committee, after carefully examining, this stipulation, wanted to elicit the opinion on the question whether the public is entitled to know the names of physicians, their fees, their office locations, their office hours and other useful information that would enable people to make a more informed choice of physicians.

7.3 Giving their views on this subject, the Health Secretary stated as under:

> "We have to make a very clear distinction between advertising and publicity for the purpose of self-promotion, so as to invite patients. That is one thing. The other thing is the giving of complete information regarding the name, qualification, scales of fee, time during which he is available, etc. All that is more important. The question of language can always be dealt with but the principle is the same. Here also, actually the word 'information' has not been used. It is 'advertising for publicity'. That would give him an advantage. If the language has to be improved, it can certainly be improved.

7.4 Responding to the Committee's suggestion that the publicity could be given if the intention was to enable the patients to have a better choice of a physician, the Director General of Health Services stated as under:—

> "....We recognise the need for liberalisation of imparting information to the general public in respect of availability of services by the doctors. At the same time, we have also mentioned that advertisements by the health professionals themselves as well as by unqualified persons, should be totally discouraged. In the light of the directions which you have given, we also have the similar mind that the information to the public must be available. But, at the same time, we should be cautious so that a doctor does not give his picture with a big moustache or says that he is a god."

7.5 The Committee note that as per the existing provisions of the code of Medical Ethics, a physician is prohibited from advertising his profession when the intention is self-promotion i.e. to solicit patients directly or indirectly. However, the Committee feel that there is a need to liberalise the imparting of information to general public in respect of availability of

medical services. The Committee is of the view that the public should know the names of physicians, their fees, their office locations, their office hours and other useful information that would enable people to make a more informed choice of physicians. The Committee desire that Medical Council of India should prescribe for a clear distinction between advertising for public good and publicity for self-promotion. Once such distinction is prescribed in the code of Medical Ethics, it would not only enable the physicians to advertise their profession to the extent permissible for imparting information but it would also help the public to have wider information to make a better choice of the physician. The Committee, however support the view that there should be an absolute ban on advertisements by health professionals as well as unqualified persons based on magic remedies or unconfirmed results of success etc.

VIII

LACK OF COMMITMENT OF THE PART OF DOCTORS

8.1 There is a general feeling amongst the people that many doctors evince lack of sufficient commitment to their profession of curing and giving relief to the ailing and suffering people. It may, therefore, be necessary to take some steps to make possible for entry of sufficiently committed doctors to the profession. It is felt that in order to evaluate the commitment of the persons entering the Medical education some provision must be made under the rules. On being asked as to how could the commitment of a doctor be evaluated or ensured, Dr. Roy Choudhury, a Member of the Medical Council of India stated that it could be ensured mainly by motivating the teachers to play a better role in cultivating loyalty and goodwill among the doctors.

8.2 On being asked whether it would be possible to allow admission only to those who are found academically eligible after serving the community for one or two years, Dr. P. Narasimha Rao, a representative of the Medical Council of India stated that they are making it mandatory for the doctors to work in the rural areas for sometime after taken into service. Another representative Dr. B. Roy Choudhury of MCI stated that the suggestion of the Committee could be considered.

8.3 Dr. A.K. Gupta of the Maulana Azad Medical College stated that it will be worthwhile to teach those students who have the proper aptitude to the profession in which they are entering. This can be done by interaction with the faculty of sociology and other departments. By posting the doctors to the rural areas they are exposed to a type of environment where 90% patients are from poor, socio economic strata.

8.4 Dr. (Mrs.) Chadha of Maulana Azad Medical College stated that all the Medical colleges have a scheme wherein both the teachers and students are posted to the rural areas for about six months, where they study and work.

8.5 It was suggested that after the candidates have qualified their joint entrance examination for admission to the medical course, they should be asked to go to the countryside and work there for a definite period of time before they start their studies. Thus the orientation could be judged. Replying to the suggestion, Dr. P.K. Choudhury of the Indian Medical Association stated that even now there is an Internships Training after the MBBS Degree which is awarded after successful completion of the same. He further added that after the satisfactory completion of rural service, a doctor can be given permanent registration. He however did not agree to

the proposal that a student be asked to complete rural orientation before his admission. He further suggested that a junior doctor during his posting in rural areas should be under the care of a senior general practitioner who is accustomed to that particular area. The senior physician would be in a better position to educate him to prescribe according to the disease prevailing in those areas.

8.6 The Committee find that there are several schemes to give doctors rural orientation but these apparently have not met with much success. The Committee feel that unless a student had already developed a commitment to serve the people even before entering the medical college and formed a desire to use his profession in later years for bringing relief and succour for the sick and suffering human beings, they cannot be given orientation — not to be mainly interested to use the profession for their own gain. It is, therefore, necessary to ensure that the students gaining admission to undergraduate medical courses do have the right kind of social commitment for the sick and the suffering.

8.7 The Committee recommend that the Government/Medical Council of India should frame regulations so as to evaluate the social commitment of the persons entering the Medical Education and the final admission to a medical college may be made only after such commitment has been ensured through work/training in rural areas in a suitable manner.

IX

RECOGNISED AND UNRECOGNISED MEDICAL COLLEGES AND PATTERN OF FEES

9.1 It is felt that in recent years, a number of private medical colleges were coming up. Some of them were recognised and some were not. The private medical colleges have continued to be set-up without ensuring a proper infrastructure and also without ensuring the registrability of their students. The common man does not know the distinction between the degree from a recognised medical college and an unrecognised medical college, but still such physicians who possess degrees from unrecognised medical colleges are practising. There were some medical colleges which ahd not been recognised but they still continue giving degrees. The Committee wanted to elicit the opinion on the question whether it would be possible to make provisions to control the mushrooming of such unrecognised private medical colleges and to prevent exploitation of students and to maintain the standards of medical education.

9.2 According to Health Secretary, earlier there was no bar to start a medical college. An amendment in the Indian Medical Council Act in 1993 lays down a procedure for starting a new medical college or increasing the number of seats in the already existing colleges. Under that amendment, certain regulations have been made and now certain conditions have to be fulfilled before making an application in this regard. Regarding recognition of degrees, the Health Secretary stated that it is done by incorporating degrees awarded by a University in the respective schedule.

9.3 To the question that common man does not know the distinction between a physician having a recognised degree and the other not having a recognised degree, the Director General of Health Services stated that there are two types of registrations. Many States have given recognition to their colleges and doctors from those colleges can practice only in those States buyt they cannot practice in any other part of the country. Such institutions can be registered with the State Medical Council and when it comes to Central registration we exclude them. The persons whose names are enrolled in the 'Indian Medical Register', can practice anywhere in the country. The Committee pointed out that in order to make a distinction between doctors who are entitled to practice in a particular State only and the doctors who are registered with the MCI, it should be made mandatory for a doctor to display his MCI registration number. This was agreed to by the Health Secretary. On being asked whether it is compulsory for a new practitioner to be registered, the Health Secretary stated that it was not

mandatory if the doctor was to practice in a particular State only. If he has to practice outside the State in which he resides, he has to register in the Indian Medical Council register which is a mandatory requirement.

9.4 About recognised and unrecognised medical colleges, the Director General of Health Services stated that there are 146 medical colleges out of which 123 are recognised and 23 are unrecognised. Many of the latter are in the process of being recognised. When they fulfill the prescribed specification they would be recognised. on being asked whether there are some medical colleges which are neither recognised by the MCI nor by the States, the DGHS stated that out of 23 colleges not recognised by the MCI, some are registered by the State and very few are those which have not been recognised by any authority but the graduates of such colleges have not yet come out.

9.5 Talking about mushrooming of new private medical colleges, Dr. B. Roy Choudhury, member of Medical Council of India stated that it was not encouraging and the Medical Council has declared that the country does not need any more medical colleges.

9.6 Talking about fixing a pattern of fees for private medical colleges and Government medical colleges, the Health Secretary stated that Central Government had not formulated any guidelines or regulations or rules for the purpose of prescribing the fees. However, the matter was with the Supreme Court which has given some guidelines on the basis of which the State Governments are trying to work it out. Further, the MCI has engaged one consultant M/s Fungeon which has given a report and the same has been considered by the Executive Committee of the MCI and their recommendations have been sent to the Central Government and a final decision would be taken by the Minister. Thereafter it would go in the form of note to the Cabinet. The fees would be fixed after the approval of the Cabinet. Further, the Supreme Court has said that in private medical colleges, 50% seats will be free seats and 50% will be payment seats and the candidate on payment seat should pay for two students, that is, one for himself and another for free student. The private medical colleges cannot run unless it can meet its expenditure. Last year they tentatively fixed Rs. 1 lakh per year for an MBBS payment seat if the facilities of Government hospitals are being used for the purposes of hospital work and Rs. 1,40,000 if the private college has its own hospital and Rs. 1,20,000 if it is partly private and partly Government hospital. Then they said that it was tentative and the Government and MCI should do an excercise and their fees would finally get adjusted. The Health Secretary, added that the consultants were appointed for this purpose and their report is under examination. After approval at the appropriate level,

the fees would be announced and communicated to all the concerned. On being asked by the Committee about the reasons for not announcing the fees for Government Medical Colleges, the Health Secretary stated that the exercise is on.

9.7 The Committee note with concern that in recent years, there has been a mushrooming of private medical colleges mostly without adequate resources, proper infrastructure and expertise jeopardising the future of the admitted students. Out of 146 medical colleges in the country, 23 have not been recognised by the Medical Council of India. The Committee, however, note that the Government have already taken steps to restrict such private medical colleges by bringing an amendment in 1993* to the Indian Medical Council Act, which lays down a procedure for starting a new medical college or increasing the number of seats in the existing colleges. The amendment lays down certain conditions which are to be fulfilled before an application for starting a new medical college could be made. The Committee desire the Government to implement this legislation with all seriousness to ensure a minimum standard of the medical college and its hospital facilities before the grant of recognition to that college.

9.8 The Committee further note that doctors registered in the State Medical Register are eligible to practice only in the State where they reside and the doctors having their registration with the Medical Council of India can practice anywhere in the country. The Committee feel that a common man does not know the distinction between such physicians or between a physician having a degree from a recognised medical college and one having it from an unrecognised medical college. To make a clear distinction between such types of physicians and to safeguard the interests of the common man, the Committee desire the Central Government/Medical Council of India to make it mandatory for doctors to always display their 'Medical Council of India Registration Number' in their clinics.

9.9 The Committee are also of the view that there should be a uniform pattern of fees charged by different medical colleges viz. the Government medical colleges and private medical colleges. The Committee, however, note that the Medical Council of India/Central Government is already seized of the matter and the recommendation made by the Executive Committee of the Medical Council of India regarding the fixing of fees in private medical colleges have already been sent to the Central Government for a final decision. The Committee desire that the Government/Medical Council of India should expedite the matter so that a uniform pattern of fees could be provided in medical colleges to prevent inequity amongst students of the same course of studies.

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* Reproduced as Appendix II.

X

KNOWLEDGE OF OTHER SYSTEMS

10.1 Indian systems of Medicine *i.e.* Ayurveda, Unani and Siddha are an integral part of our national heritage. Homoeopathy is of recent origin so far as India is concerned but immensely popular. These systems are cheaper and believed not to have any side effect. The indigenous systems of medicine have been in existence from ancient times but the students who are being educated in the modern system are deprived of any training or education in these systems of Medicine. It is, therefore, felt that the syllabus of study of students for modern or Scientific Medicine should be enlarged to impart elementary knowledge of the indigenous systems.

10.2 In This connection, Secretary (Health) stated that each system of medicine is based on certain approach to the 'search for truth'; and the *"model of human body"* The modern system of Allopathy is based on quantitative analysis of everything—dividing, sub-dividing and looking into at the molecular level and atomic level etc. He further stated that the Homoeopathic system is based on entirely a different approach. It is based on the approach that in a healthy man if something produces some symptoms and if those symptoms are seen in another person, then those symptoms are the expression of the immune system of the body which fights against disease. Therefore, administration of that particular element or material in a very attenuated dose will help that person to recover.

10.3 So far as Ayurveda is concerned, the Secretary stated that it has entirely a different understanding of the human body. It has three elements of which the entire metabolism, the anatomy and the physiology are made. An imbalance in them creates a diseased situation. In modern medicine, it is not being taught. The entire mind is being trained on a particular approach. He further added that if a student of 17 or 18 years old is taught two different theories, there is bound to be some problem. More than 100 Ayurvedic hospitals have been opened in the United States. They are trying to verify through tests of modern science the effects of Ayurvedic drugs in certain conditions. It is found that the action of these drugs, is at a very deep level with the result that a lot of today's diseases, particularly the diseases caused by particular life styles, can be prevented or can be reversed.

10.4 On being asked whether the lessons on indigenous systems of medicine may form part of education on modern medicines, the Director General of Health Services stated as under:—

> "The Drug Controller is working with me. We have a common linkage with Ayurveda. So far as the medicines are concerned in terms of Ayurveda also, they come under this category. So, the Medical Council have revised the curriculum now and it has now come to us for finalisation. The medical curriculum which was a very age-old story of medical graduates has in fact undergone very revolutionary changes. It has come to the Government now. We are going to take a decision. It will take a practical and community oriented approach compared to the past."

10.5 The Committee are of the view that students, after completing MBBS, during their internship, may be motivated to upgrade their knowledge in Indian systems of medicine so that they may not be contemptuous of these systems and also help to build a relationship between the modern and the ancient Indian systems of medicine. In this connection, Dr. P. Narasimha Rao, Vice-President of the Medical Council of India stated that instead of internship it would be better to have a course of one year duration as introduction to holistic medicines and those who are interested can branch out subsequently. He further stated that it would not be possible to give knowledge about these ancient medical systems to the students in the present system, as a doctor cannot be a specialist of 20 disciplines. Most of the witnesses were of the view that unless the total philosophy of these systems is understood it may be dangerous. The logic behind the various systems of medicine is totally different and, therefore, these need not be mixed up with the modern system.

10.6 The Committee note that a revision of the medical curriculum incorporating revolutionary changes is on the anvil, the Committee recommend that rules/regulations under the Act be framed so as to enlarge the scope of medical education by incorporating into it elementary knowledge of the indigenous systems of medicines including Homoeopathy. Many doctors may, thereafter choose to specialise or do Scientific research in these indigenous systems which can be further developed by application of modern scientific knowledge and ultimately a holistic system of medicine may develop to serve the people of the country better.

NEW DELHI;
October, 1994

Asvina, 1916(Saka)

AMAL DATTA,
Chairman,
Committee on Subordinate Legislation.

APPENDIX I

(*Vide* para 1.9 of the Report)

SUMMARY OF RECOMMENDATIONS MADE IN THE THIRTEENTH REPORT OF THE COMMITTEE ON SUBORDINATE LEGISLATION (TENTH LOK SABHA)

Sl. No.	Reference to para No. in the Report	Summary of Recommendations
1	2	3
1.	2.5, 2.6 and 2.7	Committee observe that the existing rules under the Indian Medical Council Act, 1956 do not prescribe or make it compulsory for a doctor to have a periodic renewal of his registration with the Medical Council of India or the State Medical Councils as the case may be. As a result, once a doctor is registered with the Medical Council, his whereabouts are not known. It is difficult to find out whether he is alive or whether he is abroad or whether he has since changed his address and so on. In addition, the registers maintained by the Medical Council could not be updated. The Committee, therefore, desire that the Central Government/Medical Council of India should prescribe for a compulsory renewal of registration by the doctors after every five years. It should be provided that the doctors should inform in writing the Medical Council that they want to renew their membership. If the Council does not receive any such communications it should be presumed that the doctors have either gone out of India or out of practice and registration might be deemed to have lapsed/cancelled. But as soon as they come back from abroad or resumed practice they must get themselves registered afresh with the Medical Council. Even change of address of doctors must be communicated to the Medical

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		Council. The Committee further desire that the funds needed by the Medical Council for the purpose of renewal of registration may be obtained by making the renewal of registration subject to the payment of some fee which may be prescribed.
2.	3.9	The Committee feel that there should be transparency about the fee charged by a medical practitioner for the various services he renders to the patients. In other words the patient must know before hand what the charges of a particular doctor would be, so that he is able to select the doctor who suit him. The Code of medical ethics formulated under section 33 of the Indian Medical Council Act, 1956 contains the stipulation that doctor should announce the remuneration to the patient at the time of rendering the service. Thus, at present a patient will know about the fee a doctor is going to charge only when he approaches the doctor. He would have to approach many doctors in this manner till he is able to find a doctor whose fee he can afford. Such a situation is most unsatisfactory. The Committee feel that the code of medical ethics in respect of physician's fee is inadequate in this respect. It should be amended so as to provide for publishing the details about the physician and the fees he charges for various services. The Committee do not agree with the view that putting up a chart containing the fees in the examination room of the physician is adequate. The Committee also disagree with the view that a physician's charges should not be published. The Committee are of the view that it is desirable to bring about transparency in the fee charged by the medical practitioners, and in order to do so a directory containing all the details of the physician and their charges, should be published by the Medical Council of India. The Committee feel that the Medical Council should make it compulsory

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		for the doctors in private practice to notify their fees to the Medical Council. Which should include the standard charges for various services, operations etc. The Medical Council would publish a directory containing the particulars of a doctor including his qualification, years of practice, availability and fees for various services he is prepared to render. Such a 'Directory of Private Practitioners' should be published every year so that it remains up-to-date and doctors are also able to revise their fees annually, if they so desire. A doctor would not be entitled to charge a fee higher than that appearing in the Directory. This will enable the patient to compare the fee being charged by different doctors for similar Services and select one he can afford out of a number who could possibly treat him.
3.	4.5	The committee note that the private medical practitioners in India generally do not keep a medical record of the patients receiving treatment from them and are not under any obligation to do so upon the code of ethics. The Committee feel that it is necessary that the doctors should keep records about the patients treated by them detailing therein their clinical findings, diagnosis, treatment, prescriptions etc. and maintain them for atleast ten years. This will help both the doctor and the patients if the patient visits the same doctor again after a lapse of time. A copy of that record should also be handed over to the patient which will be useful if the patient had to subsequently go to a hospital or visit another doctor for the same ailment or for some other ailment. If any unfortunate incident takes place and responsibility is to be fixed, such record will be most helpful and may even provide protection to the doctor. The Committee also note that the surgeons in Government hospitals, Medical Colleges and Government institutions keep a detailed note describing what exactly transpired during the operation of the patient and such a

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		note forms part of the patient's record for future reference but the private surgeons do not maintained such a record. The Committee, recommend that it should be made obligatory for private practitioners , as well as for doctors working in any Institutions/hospitals to keep the clinical records of each patient and indicate their findings diagnosis, treatment and prescriptions and the treatment actually undergone by or given to him. The Committee further recommends that in case further treatment is required the doctor should be obliged to inform the patient the medical expenses to be incurred by him. It should also be obligatory that a copy of the same be handed over to the patient on or before conclusion of visit/treatment/discharge. The Committee also recommend that it should be made obligatory on the part of the doctors to prescribe medicines as far as possible which the patient can afford. The Committee further recommend that the Government should evolve a system for record keeping, writing out detailed prescription and prescribing medicines which are within the reach of the poor patients so as to serve as a model for the private clinics and nursing homes.
4.	5.9 and 5.10	The Committee note that the Medical Council of India is already making efforts to promote the use of modern methodology in teaching in the field of medical science as indicated in para 1.17 of the Recommendation on Under-graduate Medical Education brought out by Medical Council of India. The measures proposed to include use of Videotapes, setting up of a separate Faculty of Medical Education and panel of Institutions and exposing them to the latest medical education technology, revision of curriculum in the medical field according to the needs of the day at the University level and setting up of a separate medical university which can review and do all the academic jobs

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		all over the country uniformly including teaching and examination; use of computer-assisted programme, introductory participation by student in the pro-clinical teachings etc. The Committee regret that though it was admitted by the Director General of health services during evidence that the concept of teaching by using audio-visual methods has been kept in mind in the revised medical curriculum on education, yet it contains only a passing mention about it. The Committee, therefore, strongly recommend that Medical Council of India should make it compulsory for all medical colleges/teaching institutions to prescribe for a minimum number of lectures to be imparted using audio-visual techniques in substitution of the conventional lectures by teachers/professors in the class rooms. The Committee feel that teaching by audio-visual methods has a definite advantage as such lectures can be recorded properly to the optimum requirement of the students and can be played back for the students any number of times to give them a better understanding of the subject.
5.	6.4, 6.5 and 6.6	The Committee note that there are institutions, such as Indian Medical Association, Medical Council of India, A.I.I.M.S. and National Academy of Medical Sciences, which are imparting continued medical education. The Government is also giving specific grants to them for that purpose. There are also some important private institutions which are running Continued Medical Education Programme. The Committee, therefore, desire that Government/Medical Council of India should frame necessary regulations under the Indian Medical Council Act, 1956 to make it compulsory to attend courses or programmes for Continued Medical Education for every medical practitioner so that they may keep themselves abreast with the advancements being made in the medi-

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		cal sciences for the benefit of the society. Such attendance would secure credits for the participants. A minimum amount of credits would be necessary to renew registration of a doctor by the Medical Council every five years or so. The Committee further recommend that the Government should itself organise or help other bodies like the Indian Medical Council and Indian Medical Association as well as Universities engaged in medical Education to organise contained Medical Education on an extensive scale so as to cover initially within five years every doctor who wishes to continue as a registered medical practitioner. The finance for such schemes should come out of the fees to be paid by those receiving the education.
6.	7.5	The Committee note that as per the existing provisions of the code of medical Ethics, a physician is prohibited from advertising his profession when the intention is self-promotion *i.e.* to solicit patients directly or indirectly. However, the Committee feel that there is a need to liberalise the imparting of information to general public in respect of availability of medical services. The Committee is of the view that the public should know the names of physicians, their fees, their office locations, their office hours and other useful information that would enable people to make a more informed choice of physicians. The Committee desire that Medical Council of India should prescribe for a clear distinction between advertising for public good and publicity for self-promotion. Once such distinction is prescribed in the code of Medical Ethics, it would not only enable the physicians to advertise their profession to the extent permissible for imparting information but it would also help the public to have wider information to make a better choice of the physician. The Committee, however support the view that there should be an absolute ban on advertisements by health profes-

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		sionals as well as unqualified persons based on magic remedies or unconfirmed results of success etc.
7.	8.6 and 8.7	The Committee find that there are several schemes to give doctors rural orientation but these apparently have not met with much success. The Committee feel that unless a student had already developed a commitment to serve the people even before entering the medical college and formed a desire to use his profession in later years for bringing relief and succour for the sick and suffering human beings, they cannot be given orientation — not to be mainly interested to use the profession for their own gain. It is, therefore, necessary to ensure that the students gaining admission to undergraduate medical courses do have the right kind of social commitment for the sick and the suffering. The Committee recommend that the government/Medical Council of India should frame regulations so as to evaluate the social commitment of the persons entering the Medical Education and the final admission to a medical college may be made only after such commitment has been ensured through work/training in rural areas in a suitable manner.
8.	9.7, 9.8 and 9.9	The Committee note with concern that in recent years, there has been a mushrooming of private medical colleges mostly without adequate resources, proper infrastructure and expertise jeopardising the future of the admitted students. Out of 146 medical colleges in the country, 23 have not been recognised by the Medical Council of India. The Committee, however, note that the Government have already taken steps to restrict such private medical colleges by bringing an amendment in 1993* to the Indian Medical Council Act, which lays down a procedure for starting a new medical college or increasing the number of seats in the existing colleges.

* Appendix III

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		The amendment lays down certain conditions which are to be fulfilled before an application for starting a new medical college could be made. The Committee desire the Government to implement this legislation with all seriousness to ensure a minimum standard of the medical college and its hospital facilities before the grant of recognition to that college. The Committee further note that doctors registered in the State Medical Register are eligible to practice only in the State where they reside and the doctors having their registration with the Medical Council of India can practice anywhere in the country. The Committee feel that a common man does not know the distinction between such physicians or between a physician having a degree from a recognised medical college and one having it from an unrecognised medical college. To make a clear distinction between such types of physicians and to safeguard the interests of the common man, the Committee desire the Central Government/ Medical Council of India to make it mandatory for doctors to always display their 'Medical Council of India Registration Number' in their clinics. The Committee are also of the view that there should be a uniform pattern of fees charges by different medical colleges *viz.* the government medical colleges and private medical colleges. The Committee, however, note that the Medical Council of India/Central Government is already seized of the matter and the recommendation made by the Executive Committee of the Medical Council of India regarding the fixing of fees in private medical colleges have already been sent to the Central Government for a final decision. The Committee desire that the Government/Medical Council of India should expedite the matter so that a uniform pattern of fees could be provided in medical colleges to prevent inequity amongst

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		students of the same course of studies.
9.	10.5 and 10.6	The Committee are of the view that students, after completing MBBS, during their internship, may be motivated to upgrade their knowledge in Indian systems of medicine so that they may not be contemptuous of these systems and also help to build a relationship between the modern and the ancient Indian systems of medicine. In this connection, Dr. P. Narasimha Rao, Vice-President of the Medical Council of India stated that instead of internship it would be better to have a course of one year duration as introduction to holistic medicines and those who are interested can branch out subsequently. He further stated that it would not be possible to give knowledge about these ancient medical systems to the students in the present system, as a doctor cannot be a specialist of 20 disciplines. Most of the witnesses were of the view that unless the total philosophy of these systems is understood it may be dangerous. The logic behind the various systems of medicine is totally different and, therefore, these need not be mixed up with the modern system. The Committee note that a revision of the medical curriculum incorporating revolutionary changes is on the anvil, the Committee recommend that rules/regulations under the Act be framed so as to enlarge the scope of medical education by incorporating into it elementary knowledge of the indigenous systems of medicines including homoeopathy. Many doctors, may, thereafter choose to specialise or do Scientific research in these indigenous systems which can be further developed by application of modern scientific knowledge and ultimately a holistic system of medicine may develop to serve the people of the country better.

MINUTES

APPENDIX II

(*Vide* para 1.8 of the Report)

XXXVIII

MINUTES OF THE THIRTY-EIGHTH SITTING OF THE COMMITTEE ON SUBORDINATE LEGISLATION (TENTH LOK SABHA) (1993-94)

The Committee on Subordinate Legislation met on Wednesday, 27 April, 1994 from 15.00 to 17.30 hours.

PRESENT

Shri Amal Datta — *Chairman*

MEMBERS

2. Shri Prithviraj D. Chavan
3. Shri Guman Mal Lodha
4. Shri M.V.V.S. Murthy
5. Shri Ratilal Kalidas Varma

SECRETARIAT

1. Shri S.C. Gupta — *Joint Secretary*
2. Shri R.K. Chatterjee — *Deputy Secretary*
3. Shri R. Kothandaraman — *Assistant Director*

REPRESENTATIVES OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (DEPARTMENT OF HEALTH)

1. Shri M.S. Dayal, *Secretary (Health)*
2. Dr. A.K. Mukherjee, *Director General of Health Services*
3. Dr. Girish Tayal, *Assistant Director General (Medical Education)*
4. Dr. M. Sachdeva, *Secretary, Medical Council of India.*

The Committee took up oral examination of the representatives of the Ministry of Health in regard to rules/regulations framed under the Indian Medical Council Act, 1956.

2. The Committee were of the view that there was need for transparency in the matter of fees charged by medical practitioners from patients. The Committee clarified that the intent of the endeavour was not to control the entire field of doctor-patient relatidnship in the matter of prescription of fees but limited to examination of rules with a view to facilitating the patients to know, in advance, the fees chargeable by medical practitioners for various services. The Committee suggested that for achieving the transparency, the introduction of a directory containing the names of the

doctors and the fees charged by them for various services might be contemplated. The representatives of the Ministry of Health also expressed similar opinion.

3. The Committee desired to know the views of the Ministry in regard to mandatorily requiring medical practitioners to give their clinical findings, diagonsis and prescription to the patients. The Committee were informed that that was being generally done especially by doctors in government and established private medical institutions. The Committee proposed that visual or audio records of attendance on patients by doctors might to kept especially when the patients pay high cost for their medical attendance. The representatives of the Ministry expressed their opinion that this might be costly but however agreed that visual records might be tried.

4. The Committee felt that lessons on indigenous system of medicines might form part of education on modern medicine. The representatives of the Ministry informed the Committee that inclusion of lessons on indigenous systems of the medicines in education on modern medicine might not be feasible in view of the divergence of approaches between the various systems of medicine and in view of the fact that mental faculties of young student open up only after education in one particular system of medicine has been acquired by him to a particular level. They, however, informed the Committee that a revision of the medical curriculum incorporating revolutionary changes was on the anvil.

5. There was a discussion on the need to distinguish doctors who have been registered with the State Medical Councils or with Indian Medical Council from the doctors who have not registered themselves in any of these Councils. The representatives of Ministry agreed that the Rules/ Regulations under the Act require amendment for the purpose.

6. Regarding advertising by doctors, the Committee were of the view that the public should be facilitated to have information on names of medical parctitioners, their fees, office location, office hours and other useful information to enable them to make a more informed choice in the matter of availing the services of the doctors. The Committee were informed that there was indeed a symposium on medical ethics in November last covering the present aspect of study. The representatives of the Ministry informed that the results of the symposium were being compiled and promised to pass on the interim information in this regard to the Committee.

7. The Committee expressed the view that the medical practitioners must be kept abreast of the advances being made in the medical field. The Committee were informed that the Medical Council of India, the Indian Medical Association and the National Academy of Medical Sciences were being funded by the Government for the purpose of continued medical education programmes. The representatives of the Minsitry further informed that the All India Institute of Medical Sciences and Government

medical colleges also run the continued medical education programme besides the involvement of private institutions. The Committee were also informed of the availability of various journals on medical education for the purpose. They were of the view that in the area of diet and nutrition, education of both practitioners and the public was a dire necessity.

8. Finally, the Committee focussed their attention on the methodology of teaching in medical education institutions. The Committee stressed the point that teaching through videography would enhance the purpose and efficacy of teaching. The Committee were informed that such infarastructural facilities would be unaffordable especially when several medical colleges did not have basic requirements. The Committee, in that context, desired to know the cost of medical education provided in Government and private medical colleges. The representatives of the Ministry informed the Committee that the cost of medical education differs from college to college and comes to around Rs. 5 lakhs to 6 lakhs. The Committee were further informed that the report of M/s Fungeon, a consultant engaged by the Medical Council of India for recommending the fee structure in medical colleges was pending with the Government for a decision.

9. The Committee later directed the representatives of the Minisitry to forward a copy of rules of conduct and ethics prescribed for doctors in U.K. and U.S.A. They agreed to forward the same.

The Committee then adjourned.

XXXIX

MINUTES OF THE THIRTY-NINTH SITTING OF THE COMMITTEE ON SUBORDINATE LEGISLATION (TENTH LOK SABHA) (1993-94)

The Committee on Subordinate Legislation met on Thursday, 28 April, 1994 from 15.00 to 16.30 hours.

PRESENT

Shri Amal Datta—*Chairman*

MEMBERS

2. Shri Guman Mal Lodha
3. Shri Rajendra Kumar Sharma
4. Shri Mohan Singh (Deoria)
5. Prof. K.V. Thomas
6. Shri Ratilal Kalidas Varma

SECRETARIAT

1. Shri S.C. Gupta	—	*Joint Secretary*
2. Shri R.K. Chatterjee	—	*Deputy Secretary*
3. Shri R. Kothandaraman	—	*Assistant Director*

REPRESENTATIVES OF THE MEDICAL COUNCIL OF INDIA

1. Dr. P. Narasimha Rao	—	*Vice President, MCI*
2. Dr. B. Roy Choudhury	—	*Chairman, P.G. Medical Education Committee*
3. Dr. (Mrs.) M. Sachdeva	—	*Secretary, MCI*

The Committee took up oral evidence of the representatives of the Medical Council of India in regard to Rules/Regulations framed under the Indian Medical Council Act, 1956.

3. When the Committee sought the views of the representatives of the Medical Council of India on the need for transparency in the matter of fees charged and services rendered to patients by doctors, the representatives of the Council stated that they had no objection to doctors' fees and other charges being displayed in their own examination rooms. He was of the view that it would not be desirable to display the doctors' fees and other charges publicly. The Committee then pointed out that the fees of a doctor and the extent of services were of course published. In this connection, when the Committee proposed the publication of an official directory containing these information, the representatives of the

council favoured the proposal. He, however, desired that sufficient safeguards might have to be evolved so that the directory was not misused to mislead the public. The Committee felt such a directory might be brought out by the State Governments.

4. The Committee expressed the view that doctors should be required to keep records about the patients, their findings, clinical reports, prescriptions etc. The representatives of the Council concurred in the view.

5. The Committee were of the view that medical education should be mainly imparted through audio-visual equipments. The representatives of the Council suggested that rules might be prescribed requiring colleges to adopt audio-visual methods of teaching and also to ensure students' participation in teaching.

6. The Committee pointed out that there was lack of commitment on the part of the doctors and desired to know the views of Medical Council of India on measures for ensuring the same. The Committee wanted the representatives of the Council to explore the possibility of giving admission to those who have been found to be eligible academically only after they have served the community for one or two years. The Committee proposed that students, after completing MBBS course, during their internship, might be motivated to upgrade their knowledge in Indian systems of medicine, so that, they would not be contemptuous towards these systems and also help to build a relationship between the modern and the Indian systems of medicine. The representative of the Council, on the other hand, suggested a post-MBBS course of one year duration as an introduction to holistic medicines. He stated such a course would facilitate doctors to branch out.

7. The Committee incidentally discussed matters relating to admission of students into medical colleges and their migrations therefrom as well as general aspects of standards of medical education.

The Committee then adjourned.

XL

MINUTES OF THE FORTIETH SITTING OF THE COMMITTEE ON SUBORDINATE LEGISLATION (TENTH LOK SABHA) (1993-94)

The Committee on Subordinate Legislation met on Wednesday, 11 May, 1994 from 15.00 hours to 18.00 hours.

PRESENT

Shri Amal Datta—*Chairman*

MEMBERS

2. Shri Prithviraj D. Chavan
3. Shri Guman Mal Lodha
4. Shri D. Pandian
5. Shri K.G. Shivappa

SECRETARIAT

1. Shri S.C. Gupta —*Joint Secretary*
2. Shri Ram Kumar —*Under Secretary*
3. Shri R. Kothandaraman —*Assistant Director*

I. REPRESENTATIVES OF DELHI UNIVERSITY (FACULTY OF MEDICAL SCIENCES)

1. Prof. O.P. Tondon—*Dean, Faculty of Medical Sciences*
2. Dr. S.S. Yadav—*Head, Department of Surgery*
3. Dr. Neeta Madan—*Head, Department of Pathology*
4. Dr. Manocha—*Director, Faculty of Medical Sciences*

II. REPRESENTATIVES OF MAULANA AZAD MEDICAL COLLEGE

1. Dr. A.K. Gupta—*Dean*
2. Dr. Malik—*Head Department of Surgery*
3. Dr. Mansha Ramani—*Head, Department of Medicines*
4. Dr. (Mrs.) Chadha—*Head, Department of Gynaecology and Obstetrics*

2. The Committee took up oral evidence of the representatives of the Delhi University (Faculty of Medical Sciences) and Maulana Azad Medical College in regard to rules/regulations framed under the Indian Medical Council Act, 1956.

3. As regards transparency in the matter of fees charged by medical practitioners from patients for various services rendered by them the witnesses gave divergent views. According to them as far as, the consultation fee was concerned, it would be desirable to be displayed in the clinic whereas for the services like investigations and various surgeries,

it would not be advisable. Some of the witnesses were of the view that transparency in the matter of fees as well as in extra services rendered by them including investigations etc. should be displayed in the clinic.

4. As regards the introduction of a directory containing the names of the doctors and the fees charged by them for various services it was stated that it would be a good suggestion and there should be a directory like yellow pages containing list of doctors in a locality giving their full names, addresses, telephone numbers, their charges, etc. whether they were general practitioners or specialists. They also suggested that Medical Council of India could be helpful in the matter.

5. The Committee were of the view that the medical practitioners must be kept abreast of the advances being made in the medical field. The witnesses were also of the view that the continuing medical education system must be introduced taking the M.C.I. and the State Medical Councils into confidence.

6. On being asked whether the practitioners should give their clinical's findings, diagnosis and prescriptions to the patients, the witnesses informed that it was very much essential because when any problem arose at a later date, the patients always needed the previous records.

7. The Committee desired to know whether it could be made obligatory on the part of the doctor to prescribe only such medicines which the patient could afford, the witnesses informed that it could not be possible to make it obligatory because they prescribed only the essential medicines which were required to cure the disease of the patient.

8. When asked about the introduction of indigeneous system of medicines in the curriculum for medical education, the witnesses informed that unless the total philosophy of these systems were understood, it would be dangerous. The logic behind the various systems of medicines was totally different.

9. The Committee were also informed that the audio visual method of teaching had been introduced. But the students must have to go to the operation theatre for practical purposes so that he could be able to communicate with the surgeons when he was there otherwise he would be deprived of the important opportunity.

10. On being asked about the commitment on the part of the doctors, the witnesses informed that it would be worthwhile to teach those students who had the proper aptitude to the profession in which they had entered. They further informed that 90 per cent of the patients belonged to poor socio-economic strata and the doctors were supposed to know the

background of the patients and how they could be helped. They also informed that there is a system of rural posting for three months or six months and the doctors are to go there at the initial posting for study and to look after the patients during that period.

(The witnesses then withdrew)

The Committee then adjourned to meet again on Thursday, 12 May, 1994.

XLI

MINUTES OF THE FORTY-FIRST SITTING OF THE COMMITTEE ON SUBORDINATE LEGISLATION (TENTH LOK SABHA) (1993-94)

The Committee on Subordinate Legislation met on Thursday, 12 May, 1994 from 15.00 hours to 18.00 hours.

PRESENT

Shri Amal Datta—*Chairman*

MEMBERS

2. Shri Guman Mal Lodha
3. Prof. K.V. Thomas

SECRETARIAT

1.	Shri S.C. Gupta	—	*Joint Secretary*
2.	Shri Ram Kumar	—	*Under Secretary*
3.	Shri R. Kothandaraman	—	*Assistant Director*

REPRESENTATIVES OF THE INDIAN MEDICAL ASSOCIATION

1. Dr. P.K. Choudhary	—	*President*
2. Dr. Jagdish C. Sobti	—	*Hony. General Secretary*
3. Dr. Y.P. Munjal	—	*Joint Secretary*

The Committee took oral evidence of the representatives of the Indian Medical Association with regard to rules/regulations framed under the Indian Medical Council Act, 1956.

2. The Committee were of the view that to keep up with the changing needs of the day, medical profession who had the noble duty to serve the human beings in distress should be given an opportunity as well as incentive to move with the changes.

3. On being asked about the Organisation of the Indian Medical Association, the representative stated that the Indian Medical Association was started in the year 1928 to protect the medical profession and also to advise on the better health care delivery of the people. The representative stated that their Association have 22 State territorial branches in the country and 1300 local branches throughout the country consisting memberships of about 90000. The members were mostly medical practitioners, Service holders besides armed forces doctors. The representative further stated that the Association was affiliated to the

British Medical Association and have also formed a South Asian Medical Association considering the medical problems of the neighbouring South Asian Countries like Pakistan, Bangladesh, Nepal and Sri Lanka.

4. The representative also stated that their Association are on with the continuing medical education in order to keep themselves appraised with the recent developments in the medical sciences. He further added that to enroll themselves as follows of the college, the medical practitioners were to undergo certain courses of study curricular defined by the Academic Council of the college.

5. On being asked as to since how long these courses were being conducted, the representative stated that these courses were being conducted for the past 7 to 8 years. He further stated that a Journal of the Indian Medical Association was also being published once a month and the same were being distributed to all the members as a right for taking the membership. They have also started certificate courses in old age problems, family planning etc. The representative further stated that the Medical Association had taken up programme of training the traditional midwives in the field of problems relating to women diseases, which might help in reducing the maternal mortality rate.

6. On being asked about the possibility of displaying a transparency in the matter of fees charged by the doctors, the representative replied that notification about the fees could be displayed regarding consultation only. As regards other technical jobs and other things regarding operations, it could be negotiated between the patient and the doctor. As regards the pathological laboratories, X-ray clinics, Sonogram etc. they usually put it in their leaflets, which they are having readily. This is about the metropolitan cities and major urban centres. The difficulty was that of the rural practitioners. Most of the rural practitioners in some of the urban centres also do not charge consultation fees. They just examine the patients and supply the medicines. Their charge includes everything. In the rural set up particularly, in the case of the general practitioners, it was not possible to charge consultation fees and it was also not possible for the patients to bear that expenditure. In the case of the consultants, the rates might be displayed within the clinic.

7. The Committee suggested that for achieving the transparency, the introduction of a directory containing the names of the doctors and the fees charged by them for various services might be contemplated, and desired that the Directory should be brought out by the Indian Medical Council or under the aegis of the Medcial Council.

8. The Committee also desired that the registration of the doctors as registered with the Indian Medical Association must be renewed periodically both at the State where they are practising to know exactly as to where those doctors are located. The Committee also desired that apart from State registers, a national register should also be maintained.

9. The Committee desired that the record of the patients should be

maintained by the doctors (both government and private practitioners) so that the patients might need the same in future. The representative agreed and told that they have held refresher courses on medical record and book keeping for the purposes of maintaining the medical records of the patients.

10. To the view expressed by the Committee that very costly medicines should be avoided, the representative stated that now-a-days even antibiotics are being replaced by oral rehydration salt in certain diseases. He also stated that certain continuing Medical Education Training Programme were being conducted for the general practitioners on a year to year basis under which the entire methodology and the use of unnecessary drugs could also be added. Medical Education are being imparted by Physicians, Surgeons etc.

11. The Committee suggested that audio-visual method to impart training in the continuing medical education should be adopted. The representative agreed to the proposal. The representative stated that recently three recommendations have been made with regard to imparting of continuing medical education. Firstly, audio-visual participation, Secondly computer assisted programme. Thirdly, introducing introductory participation by students. He further stated that in the workshop when the disease process was being taught to the students, pro-clinical teachings could also be taught so that a comprehensive picture is available to the medical students.

12. The representative further stated that after completing the MBBS Course, the medical students are supposed to do 1 year internship course when they are to undertake certain clinical studies and certain clinical procedures to enable themselves to function as soon as they qualify in the MBBS exam. But in practice this is not so. Instead, the students prepare for their post-graduation which clashes with that of the Internship course. He further stated that the doctors get themselves registered with the Medical Council of India after MBBS but very few of them get de-registered after post-graduation. It was difficult for the Association to know where a doctor is and what ever his capabilities are.

13. To the problem that the medical students after getting their degree do not have any desire to go and serve the rural people the Committee suggested that after the candidates got qualified their joint entrance examination for admission to the medical course, the selected students may be asked to go to the countryside and work there for a definite period of time before their studies. They could serve as para medical hands and then their performance could be judged. Agreeing to the suggestion, the representative suggested that the only requirement was political will and motivation. He further stated that during the internship course the medical students are given temporary registration by the Medical Council, after one year's course for rural service and on satisfactory completion of rural

service, he could be given permanent registration. Further condition of giving permanent registration after internship, one may be attracted to rural service. People cold be sent on rotation to primary health centres etc. to enable them to learn the pattern of rural life and rural conditions and the realities.

14. The Committee then drew the attention towards other system of medicines apart from the modern system of medicines and desired that doctors should have some knowledge about Indian system. The representative stated that there are separate councils for Ayurveda and Unani system and therefore, these need not be mixed up with the modern system.

The witnesses then withdrew.

The Committee then adjourned.

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MINUTES OF THE FIFTIETH SITTING OF THE COMMITTEE ON SUBORDINATE LEGISLATION (1993-94)

The Committee met on Monday, 10 October, 1994 from 15.00 to 16.30 hours.

PRESENT

Shri Amal Datta—*Chairman*

MEMBERS

2. Shri Prithviraj D. Chavan
3. Shri Guman Mal Lodha
4. Shri D. Pandian
5. Dr. A.K. Patel
6. Shri Rajendra Kumar Sharma
7. Shri Mohan Singh (Deoria)
8. Shri Ratilal Kalidas Varma

SECRETARIAT

Shri Ram Autar Ram—*Deputy Secretary*

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The Committee then considered their draft Thirteenth and Fourteenth Reports and adopted these Reports with slight modifications.

The Committee then adjourned.

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*Omitted portions of the Minutes are not covered by this Report.

APPENDIX III

[*Vide* para 9.8 of the Report]

AMENDMENT OF 1993 TO THE INDIAN MEDICAL COUNCIL ACT

Permission for Establishment of New Medical College, New Course of Study, Etc.

"10 A. (1) Notwithstanding anything contained in this Act or any other law for the time being in force:—

(a) no person shall establish a medical college; or

(b) no medical college shall—

(i) Open a new or higher course of study or training (including a post-graduate course of study or training) which would enable a student of such course or training to qualify himself for the award of any recognised medical qualifications; or

(ii) increase its admission capacity in any course of study or training (including a post-graduate course of study or training),

except with the previous permission of the Central Government obtained in accordance with the provisions of this section.

Explanation 1.— For the purposes of this section, "person" includes any University or a trust but does not include the Central Government.

Explanation 2.— For the purposes of this section, "admission capacity", in relation to any course of study or training (including Post-graduate course of study or training) in a medical college, means the maximum number of students that may be fixed by the Council from time to time for being admitted to such course or training.

(2) (a) Every person or medical college shall, for the purpose of obtaining permission under sub-section (1), submit to the Central Government a scheme in accordance with the provisions of clause (b) and the Central Government shall refer the scheme to the Council for its recommendations.

(b) The scheme referred to in clause (a) shall be in such form and contain such particulars and be preferred in such manner and be accompanied with such fee as may be prescribed.

(3) On receipt of a scheme by the Council under sub-section (2), the Council may obtain such other particulars as may be considered necessary

by it from the person or the medical college concerned and thereafter, it may,—

(a) if the scheme is defective and does not contain any necessary particulars, give a reasonable opportunity to the person or college concerned for making a written representation and it shall be open to such person or medical college to rectify the defects, if any, specified by the Council;

(b) consider the scheme, having regard to the factors referred to in sub-section (7) and submit the scheme together with its recommendations thereon to the Central Government.

(4) The Central Government may, after considering the scheme and the recommendations of the Council under sub-section (3) and after obtaining, where necessary, such other particulars as may be considered necessary by it from the person or college concerned, and having regard to the factors referred to in sub-section (7), either approved (with such conditions, if any, as it may consider necessary) or disapprove the scheme and any such approval shall be a permission under sub-section (1):

Provided that no scheme shall be disapproved by the Central Government except after giving the person or college concerned a reasonable opportunity of being heard:

Provided further that nothing in this sub-section shall prevent any person or medical college whose Scheme has not been approved by the Central Government to submit a fresh scheme and the provisions of this section shall apply to such scheme, as if such scheme has been submitted for the first time under sub-section (2).

(5) Where, within a period of one year from the date of submission of the scheme to the Central Government under sub-section (2), no order passed by the Central Government has been communicated to the person or college submitting the scheme, such scheme shall be deemed to have been approved by the Central Government in the form in which it had been submitted, and, accordingly, the permission of the Central Government required under sub-section (1) shall also be deemed to have been granted.

(6) In computing the time-limit specified in sub-section (5), the time taken by the person or college concerned submitting the scheme, in furnishing any particular called for by the Council, or by the Central Government, shall be excluded.

(7) The Council, while making its recommendations under clause (b) of sub-section (3) and the Central Government, while passing an order, either approving or disapproving the scheme under sub-section (4), shall have due regard to the following factors, namely:—

(a) Whether the proposed medical college or the existing medical college seeking to open a new or higher course of study or training,

would be in a position to offer the minimum standards of medical education as prescribed by the Council under section 19A or, as the case may be, under section 20 in the case of post-graduate medical education;

(b) Whether the person seeking to establish a medical college or the existing medical college seeking to open a new or higher course of study or training or to increase its admission capacity has adequate financial resources.

(c) Whether necessary facilities in respect of staff, equipment, accommodation, training and other facilities to ensure proper functioning of the medical college or conducting the new course of study or training or accommodating the increased admission capacity have been provided or would be provided within the time-limit specified in the scheme;

(d) Whether adequate hospital facilities, have regard to the number of students likely to attend such medical college or course of study or training or as a result of the increased admission capacity, have been provided or would be provided within the time-limit specified in the scheme;

(e) Whether any arrangement has been made or programme drawn to impart proper training to students likely to attend such medical college or course of study or training by persons having the recognised medical qualifications;

(f) The requirement of manpower in the field or practice of medicine; and

(g) Any other factors as may be prescribed.

Non-Recognition of Medical Qualifications in Certain Cases

(8) Where the Central Government passes an order either approving or disapproving a scheme under this section, a copy of the order shall be communicated to the person or college concerned.

10B (1) Where any medical college is established except with the previous permission of the Central Government in accordance with the provisions of section 10A, no medical qualification granted to any student of such medical college shall be a recognised medical qualification for the purposes of this Act.

(2) Where any medical college opens a new or higher course of study or training (including a post-graduate course of study or training) except with the previous permission of the Central Government in accordance with the provision of section 10A no medical qualification granted to any student of such medical college on the basis of such study or training shall be a recognised medical qualification for the purposes of this Act.

(3) Where any medical college increases its admission capacity in any course of study or training except with the previous permission of the Central Government in accordance with the provisions of section 10A, no

medical qualification granted to any student of such medical college on the basis of the increase in its admission capacity shall be a recognised medical qualification for the purposes of this Act.

Explanation:— for the purposes of this section, the criteria for identifying a student who has been granted a medical qualification on the basis of such increase in the admission capacity shall be such as may be prescribed.

Time for Seeking Permission for Certain Existing Medical Colleges, Etc.

10C. (1) If, after the 1st day of June, 1992 and on and before the commencement of the Indian Medical Council (Amendment) Act, 1993 any person has established a medical college or any medical college has opened a new or higher course of study or training or increase the admission capacity, such person or medical college, as the case may be, shall seek, within a period of one year from the commencement of the Indian Medical Council (Amendment) Act, 1993, the permission of the Central Government in accordance with the provision of section 10A.

(2) If any person or medical college, as the case may be, fails to seek the permission under sub-section (1), the provisions of section 10b shall apply, so far as may be, as if, permission of the Central Government under section 10A has been refused.

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Power to make regulations

33. The Council may, with the previous sanction of the Central Government, make regulations generally to carry out the purposes of this Act, and, without prejudice to the generality of this power, such regulations may provide for —

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"(fa) the form of the scheme, the particulars to be given in such scheme, the manner in which the scheme is to be preferred and the fee payable with the scheme under clause (b) of sub-section (2) of section 10A;

(fb) any other factors under clause (g) of sub-section (7) of section 10A;

(fc) the criteria for identifying a student who has been granted a medical qualification referred to in the Explanation to sub-section (3) of section 10B."

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