

709 *Stat. Res. re Disapproval of CHAITRA 1, 1915 (SAKA) Stat. Res. re. 710*
IFC (Transfer of Undertakings and Disapproval of Dentist (Amendment)
Repeal) Ordinance & IFC Ordinance and Dentist (Amendment) Bill
(Transfer of Undertaking and Repeal) Bill
The Motion was adopted

Party and not from individual Members. This is the procedure followed by this hon. House. Please sit down.

MR. CHAIRMAN: The House will now take up clause-by-clause consideration of the Bill. the question is:

SHRI TARIT BARAN TOPDAR: Is that your ruling Sir?

"That clauses 2 to 12 stand part of the Bill."

MR CHAIRMAN: Yes.

The motion was adopted

SHRI TARIT BARAN TOPDAR: Even at the third stage, should the names come from the Whip? I am walling out Sir.

Clause 2 to 12 were added to the Bill

MR. CHAIRMAN: the question is

17.15 1/3 hrs

"That Clause, 1, the Enacting Formula and the Long, little stand part of the Bill"

[Translation]

The motion was adopted

SHRI DEVENDRA PRASAD YADAV (Jhanjharapur): Mr. Chairman, Sir, since his name has been included in the third reading he should have been allowed to speak. You are setting a new precedent here. When his name has been given by the whip of Party in the third reading, you should allow him to speak on the Motion to pass also.

Clause, 1, the Enacting Formula and the Long Title were added to the Bill

DR. ABRAR AHAMED: Sir, I beg to move:

[English]

"That the Bill be passed."

MR. CHARIMAN: I have not received. (Interruptions)

MR. CHAIRMAN: the question is:

"That the Bill be Passed. "

The Motion was adopted

STATUTORY RESOLUTION RE. DISAPPROVAL OF THE INDIAN MEDICAL COUNCIL (AMENDMENT) ORDINANCE

AND

SHRI BASUDEB ACHARIA: This is illegal Sir. This is against the rules of procedure. We are walking out.

INDIAN MEDICAL COUNCIL (AMENDMENT) BILL,

AND

Shri Basudeb Acharia and some other hon Members then let the House

STATUTORY RESOLUTION RE DISAPPROVAL OF THE DENTISTS (AMENDMENT) ORDINANCE

AND

17. 15 hrs

SHRI TARIT BARAN TOPDAR (Barrackpore). I wanted to speak at the third stage and I was giving my name for the third stage. But you have not allowed me. You cannot do it Sir. The Chair should not do such a thing

DENTISTS (AMENDMENT) BILL.

[Translation]

MR. CHAIRMAN (G MARBANIANG). You are a very senior Member of this House

GIRDHARI LAL BHARGAVA (Jaipur):

"That this House disapproves on the Indian Medical Council (Amendment) Ordinance, 1993 (Ordinance No of 1993) promulgated by the President on the 2nd January, 1993"

"That the Bill further to amend the Dentists Act, 1948 be taken into consideration"

MR CHAIRMAN Motions moved

"That this House disapproves of the Dentists (Amendment) Ordinance, 1993 (Ordinance No 3 of 1993) promulgated by the President on the 2nd January, 1993"

"That the Bill further to amend the Indian Medical Council Act, 1956, be taken into consideration "

"That the bill further to amend the Dentists Act, 1948, be taken into consideration "

Mr Chairman, Sir, I am moving the motion to disapprove both these Ordinances because the Central Government wants to rules through Ordinances in the span of one and a half or two months the Centre has issued 24 Ordinances the highest number over Our other hon colleagues walked out of the House because we oppose the Central Government's rule through Ordinances and if a good Bill is introduced in the interest of the country or the workers or the industrialists my party welcomes it Therefore I move the Motion of Disapproval of both Ordinances

[Translation]

SHRI GIRDHARI LAL BHARGAVA Mr Chairman, Sir, As regards these two Bills, I disapprove the ordinance and support the Bill in the Bill relating to Medical Council, it has been stated that without the prior permission of the Central Government, nobody can establish a new medical college and if the college is already in existence, nobody can open a new and higher course of study and increase the number of seats without the prior permission of the Government This is the first thing provided in this Bill

[English]

MR CHAIRMAN Motion moved

"That this House disapproves of the Indian Medical Council (Amendment) Ordinance, 1993 (Ordinance No 2 of 1993) promulgated by the President on the 2nd January 1993"

It has further been should that a person desirous of opening such college will submit his application with prescribed fees But the exact amount of such fee has not been mentioned anywhere in the Bill This application will first go to Central Government then it will be referred to the Medical Council and then back to Central Government I think this amount to dual administration, because, firstly, it will go to the council and then to Central Government If the application has gone to Medical Council after its scrutiny by the Central Government and council has satisfied itself thoroughly, then Council's decision should be final It should not be sent again to Central Government for its approval Opening of new medical college is a different thing, but prior permission has also been made necessary for both higher courses and increasing the number of seats Supposing there are 25 seats and you intend to increase it to 35, for this also you have to

"That this House disapproves of the Dentists (Amendment) Ordinance 1993 (Ordinance No 3 of 1993) promulgated by the Presented on the 2nd January 1993"

THE DEPUTY MINISTER IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PABAN SINGH GHATOWAR) Sir on behalf of my senior Minister Shri B Shankaranand I beg to move

"That the Bill further to amend the Indian Medical Council Act, 1956, be

seek permission from two authorities, So, this provision is not justified.

It has also been prescribed that if the application remains pending with the Central Government for year suomadted permission will be deemed to be the given. If Central Government wishes to favour anybody, this provision will helf it because without going to the Council, the person concerned will get the suo-mdue permission. This provision is not hustled. These are contradictory is each other. So, it should also be changed. Both these provisions are mentioned in Medical; Council Bill and Dentists (Amendment) Bill.

There are 132 medical colleges in Indias today, and approximately 14, 000 students seek admissions in these colleges each year out of them, 106 colleges have been granted re-cognition by the Medical Council and rest of them have been given temporary recognition. I will give details later on. I request you to remove these anomalies.

For getting admission in private medical and engineering colleges, a big amount has to be given along with the fees, and they also demand long amount ranging from rupees 40-50 thousand to 4 lakh in the name of aid to the medical college, excluding fees. This is known to everyone. You also know that getting admission in medical and engineering colleges is very difficult now-a-days. Supreme Court has given directives to stop this transition of money for getting admission to engineering colleges. So what actions Government will take in this regard? The Minister is requested to clarify this during his reply. This is an admitted fact that in engineering college, you have to party fees and donations both. For seeking permission for opening new colleges, the prescribed time limit of one year is quite long, it should be hedured. Seats should be increased in such colleges which are functioning at present. Under the clause 10(1) B, the reduction in the number of seats is not good. These colleges are functioning with the permission of the Government. After getting permission fro Medical Council Government

the college has to 25 to 35 This sort of restrictions should be removed. At lest for increasing 10 to 20 per cent seats, there should be no need to obtain permission from the Government.

Once a proposal is passed by the Medical Council Government of India should give approval to it. It should not submitted to two different authorities for approval, as has been provided in this ordinance, so, I oppose it. I oppose this ordinance but I support the Bill brought by the Government for Medical Collages and dental hospitals.

I hope that the Minister will remove all these anomalies in both the Bills. I would like to think you for allowing me to speak.

THE DEPUTY MINISTER IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PABAN SINGH GHATOWAR): Mr. Chairman, Sir, I am grateful to the suggestions of Shri Girdhan Lal Bhargava on both the Bills. He has also mentioned about the Ordinance. In this case the Government has to come with an Ordinance because of the vjayajevcy of the matter. If you look into the history of this Bill, you will know everything.

The Government had introduced a Bill to amend the Indian Medical Council Act on the 26th August, 1987 containing a number of amendments to the Indian Medical Council. The Bill was referred to the Joint Committee of Parliament on 14 12 87 and the Joint Committee submitted its report to the House on the 28th July, 1989.

During this period, there was a case in the Supreme Court. The Supreme Court of India in their Judgement on 30th July, 1992 directed that educational institutions cannot charge captivation fee and "education" including higher education is a fundamental right. A number of private institutions had challenged the above-mentioned Judgement for a review by the Constitution Bench of the Supreme Court. In the circumstances, it was not found possible to proceed with the Bill.

[Sh. Paban Singh Ghatowar]

The President, therefore, promulgated Ordinances on 27th August 1992 to amend the Indian Medical Council Act and Dentists' Act.

17.28 hrs.

[SHRI TARA SINGH *in the Chair*]

The Ordinances covered important provisions contained in Indian Medical, Council (Amendment) Bill pending before Parliament, namely, getting prior approval of the Central Government and the M.C.I. before establishing new medical colleges, increase of seats and opening of new courses of study in the existing medical colleges and similar requirements for dental colleges. The Bills to replace the above Ordinances were passed by the Rajya Sabha on the 22nd December, 1992 but could not be passed by the Lok Sabha due to want of time. As these Ordinances would have lapsed within six weeks of the assembly of Parliament that is 4th January, 1993, the President has re-promulgated the Ordinances on the 2nd January, 1993.

Sir, the main purpose of these Ordinances is to redistrict and regular mushrooming growth of the medical/dental colleges on the country. The Supreme Court have also taken note of the establishment of private medical/dental colleges and directed that henceforth only registered societies and public trusts can establish private medical/dental colleges and they should also conform to certain conditions which *inter-alia* include direction that each such college must keep at least 50 per cent of the seats in the free category, that the remaining 50 per cent of these seats called 'paid' seats would also be filled through a merit based system. This is the directive of the Supreme Court.

There is a tendency of many medical colleges, in many parts of the country that some sub-standard medical and dental colleges without the required infrastructure are coming up in the country. In this case the

Central Government could not continue to be a silent spectator while learning developments were taking place. It was found that the State Governments were not exercising the necessary restraint in permitting the college to start without ensuring adherence to the standard and the provision of the required infrastructure facility. The central Government, you will agree, has the responsibility to guard the standard of medical and dental education and fee with the fact that the comprehensive Medical Council Act Bill could not be brought before the House for consideration. There was no caption but to bring forward a limited legislation for vital and pressing part of the Bill relating to opening the medical colleges as also to ensure the standard of dental colleges and their adherence to stipulated standard. That is the main purpose of these two Bills. I think, the hon. Members, of this House will agree that we have to protect the standard and quality of the medical education and dental education of our country. Both the Bills, placed before the House, for passing are in replacement of the 1993 ordinance and the earlier Bills in 1992 passed by the Rajya Sabha, have been withdrawn.

SHRI H.D. DEVEGOWDA (Hassan): I want a clarification from the Minister.

MR. CHAIRMAN: Please sit down for some time. You will get time.

[*English*]

MR. CHAIRMAN. There are amendments to the motion for consideration of Indian Medical Council Amendment Bill.

[*Translation*]

SHRI GIRDHARI LAL BHARGAVA (Jaipur): Mr. Chairman Sir, I beg to move:

"That the Bill be circulated for the purpose of eliciting opinion thereon by the 17th August, 1993."

SHRI BHAGWAN SHANKAR RAWAT (Agra): Mr. Chairman, Sir, I beg to move:

"That the Bill be circulated for the purpose of eliciting opinion thereon by the 25th August 1993." (5)

[English]

PROF. RASA SINGH RAWAT (Ajmer): Sir, I beg to move

"That the Bill be circulated for the purpose of eliciting opinion thereon by the 5th of July, 1993."

[Translation]

SHRI DAU DAYAL JOSHI (Kota): Mr Chairman, Sir, I beg to move:

"That the bill be circulated for the purpose of eliciting opinion thereon by 19th August, 1993" (10)

[English]

MR. CHAIRMAN. Now, amendments to the Consideration Motion in respect of the Dentists (Amendment) Bill.

[Translation]

SHRI GIRDHARI LAL BHARGAVA (Jaipur): Sir, I beg to move:

"That the Bill be circulated for the purpose of eliciting opinion thereon by 17th August, 1993." (1)

SHRI BHAGWAN SHANKAR RAWAT (Agra): Sir, I beg to move:

"That the Bill be circulated for the purpose of eliciting opinion thereon by 27th August, 1993." (7)

PROF. RASA SINGH RAWAT (Ajmer). Sir, I beg to move:

"That the Bill be circulated for the purpose of eliciting opinion thereon by 7th July 1993." (8)

SHRI DAU DAYAL JOSHI (Kota): Sir, I

beg to move:

"That the Bill be circulated for the purpose of eliciting opinion thereon by 19th August, 1993" (10)

[English]

SHRI N. DENNIS (Nagarcoil): Sir, supporting the Indian Medical Council (Amendment) Bill and the Dentists (Amendment) Bill, 1993 I wish to make a few points. Both these Bills are absolutely essential now as some of the States governments misread misusing their powers and permitting the opening of several medical and dental colleges, by exploiting the loopholes in the respective Acts. The object of these two Bills is to prevent the mushroom growth of sub standard medical and dental colleges. If the present trend of speedy growth is allowed to continue it will spoil the standard of medical education in the country. Such a growth would aggravate corruption, political patronage, regional imbalances, fall in the standards and also commercialisation of medical education. The number of sub-standard and vercongined institutions will also go up.

Some of the States have permitted a large number of medical and dental colleges without keeping in view the standards. Candidates aspiring for admission have to go from one region to another, where there are medical colleges. The private medical colleges are started with profit motive and they also charge large amounts for a seat, ranging from Rs. 5 lakhs to Rs. 10 lakhs without considering the ment lading to commercialisation of medical education. There should be some check on the mushroom growth of sub-standard medical colleges. Sanctions to open medical colleges are issued after affiliation into the universities and sonctions by of the State Government. In spite of directions given by the Central Government some States have been sanctioning medical colleges leading to a mushroom growth of medical colleges. If is not checked more colleges would emerge within a short time. As per the proposal policy. the applicant has to get the prior

[Sh. N. Dennis]

permission of the Central Government and also the Medical Council on Dental Council as the case may be before opening a medical college. Private colleges have to be opened under certain conditions and after observing certain formalities. This is necessary to create better atmosphere and standard in the medical education. The applicant has to submit a project report before the Central Government there should be availability of adequate accommodation and equipments. There should be an adequate teaching staff in different deplanes and also . There at least 750 bedded hospital also in the proposed There should be a teaching hospital of a reasonable standard and that should be made as a pre-requisite for opening a college

Some hon. Members would ask why this Bill has been brought forward with a limited scope? The enactment of a comprehensive Bill is a necessity for the solution of overall problems of medical education. Though this Bill will not solve all the problems of medical education , yet this Bill is urgently needed to check the at increasing growth of sub-standard Sandra medical institutions. If there is any delay in checking it that would create a number of problems bill would solve the main problem and it would enable the solution of other problems.

One of the provisions mentioned in the Bill is that of the Government does not give reply within a period of one year from the date of submission of the project by the applicant it would be deemed that the Government have accorded permission for the opening of this medical college or dental college. If the file, is kept pending does not move speedily within one year, it would help the applicant to open the Collage. That aspect as to be thought by the Government.

Moreover, those who have already opened medical colleges, there is no provision for regulating and controllir g such colleges. The medical education has become Westernised. But, it should suit the Indian

conditions and the way of life of Indian masses.

Now Allopathic system of treatment is mainly encouraged and practiced in our country. The Indian systems of treatment like Ayurveda, Unani and Sidha should also be encouraged with the same speed. The fruits of research werks made by our ancient people in the field of indigenous medicine should be utilised. Secondly even for the strament of AIDS, a medicine has been manufactured in one of the drug stores, namely that is. The Indian Medical practitioners Cooperative pharmacy and Steres Ltd. (IMP COPS) manufacturing Siddha Ayurvedic and Unani medicine. They have evaluated the drug to combat AIDS. It has prwred medicine and it is appreciated and touted by several allopathic doctors also and they have convened a National Conference on AIDS 25th and 26th in Madras. Such medical treatment of indigenous medical system should be encouraged and patrenised.

Doctors are not inclined to serve in rural areas. That is another pardon that is found in the Heath department. In rural and backward areas, doctors are not included to work Several primary health centres are without doctors and people who live below the poverty line, are facing lot of troubles and difficulties without adequate number of detors in rural areas, doctor, who is going abroad for better opportunities, is not serving the country. for medical education, a large, amount is spent on a single student but he is not serving his country. On the side of the Government also, facilities should be provided to such doctors and experts and they have to be encouraged for research and other works in our country.

Complete stoppage of opening of medical colleges is not expedient. Doctor-people ratio has to be taken into consideration. If the Society needs of the people makes it necessary for the opening of medical colleges, in such cases, to suit the needs of the people, such medical colleges can be opened by getting expert opinion by a committee constituted by the Government.

Several persons are demanding the opening of colleges with profit motive. Such applicants should not be encouraged. Persons who have been providing medical services and are doing it with charitable and social intentions, should be encouraged and their applications should be considered favorably. Preference has to be given to such experienced persons who are having medical institutions and hospitals and they have been providing medical services for several years. Such applicants have to be encouraged. But the applications of persons who are of the Industrial are the family dominated last with port move to come people have to be rejected.

With these words, I support this Bill.

DR. K.D. JESWANI (Kheda): Mr. Chairman, Sir, I rise to oppose the nature of the Bill which is named as the Indian Medical Council (Amendment) Bill 1993 and along with that the Dentists (Amendment) Bill, 1993. I will share my views with geared to the first Bill. I oppose the attitude of the Government to come out with a number of ordinances at a stretch during a very short span of time under some poorly framed pretext like disruption in the parliamentary functioning and the time loss. The present Congress Government has once more exhibited its undemocratic culture through loading the Indian democracy with an overdose of these large number of ordinances.

MY charge is still strengthened, the way in which the Medical Council of India (Amendment) Bill is hurriedly brought up. Where was the bury? The mushrooming of the Medical Council Act, 1956 was not found inadequate till late 1987. It was only then that it appeared in the Rajya Sabha. Then the joint committee worked till June, 1989. Then there was a period of political silence till June, 1991. The present Government also bothered about the Bill in early 1992. Where was the bury? The Government has now got the wisdom of changing the society about the mushrooming of the colleges. Who was responsible for this phenomenon? There was a political malice.

If you look at the proportion of all the colleges, you will find that most of the colleges are unrecognised and most of those colleges are located in the southern of our country and at most of the places they are only under the protection of the place they are only under the protection of political influence that these colleges are run. The field of higher education like medicine was intentionally kept open for the private sector to enrode into. The Government did not have the vision or the resources to fulfill the requirements of the nation in the field of medical education.

Even earlier, the Ministry of Health had declared that no new medical college will be allowed to be opened after the Sixth Five Year Plan. This was the commitment of the Ministry of Health, Government of India. Therefore, it is quite clear that the Government was well aware of the meance in the field of education. It was not an overnight phenomenon. Obviously the mushrooming was quite well known about a decade early. But when Government showed its intention to encroach upon the freedom of the private management, there was a lot of resistance from the politically influenced Management, and the half-hearted efforts of the Government were given up because of the preservation of the management.

Since that time there was a silence for quite some years. A number of new medical colleges had come up under the grace of a ruling politician I have got a live example of such a medical college known as 'Pramukh Swamy Medical College' which has started as an unrecognised medical college in my area of Gujarat and it is still so.

[MR. DEPUTY SPEAKER *in the Chair*]

17.54 hrs

Since 1987 this college has been running as an unrecognised college because it is run by a managements which has a political background. It is playing with the career of a member of doctors. I will come to it a little later. This college has created a menace in the field of medical education in

[Dr. K. D. Jeswani]

the quiet atmosphere of my State, Gujarat, and I will come to it a little later.

At present there are about 148 medical colleges in the country out of which 26 colleges are still unrecongised. They have not mushroomed overnight. It is not an overnight job that 25 medical colleges have come up in the country. They were very well planned to be opened in anticipation of getting permission of recognition with political influence and some of them have done it. It is still time that the Government realises the seriousness of the problem. This will mainly deal with Section 10 of the M.C.I. Act, 1956. The process of granting permission is still random, it is still not clear in these clauses. In Section 10A, clause 5 it is mentioned that about a period of one year is granted to the Government. If by that time the Government does not pass any of the Government. If by that time the Government does not pass any of the orders, the permission is understood to have been granted. This is a negative approach and a misuse of this provision is likely to occur, instead of this, definite time period should be formulated which would coincide without the ensuung of studies in the subsequent term, I mean, the curricular study. In clause 9 (b), the thrust is put on the adequate financial resources. This is again vague. The financial resources should be specified in proportion to the number of students taking advantage in a particular Institute.

After Section 10B (1), a clause should be added about the fate of the students who have already passed through the unrecongised colleges so far. I am really sorry to say, I am a man from the medical profession and I can understand the agony which is faced by the students who have already passed their graduation only and up to M.B.B.S. through these unrecongised colleges for all these number of years and you have not made any provision for these boys and girls who have passed their M.B.B.S. from the unrecongised colleges. These colleges and all the institutions, whether it is a State Government or central

Government Health Department of the Medical Council of India, they have all jointly put a very big full stop to their career. Neither they can practice outside their State nor can they go in for post-graduate studies, nor can they go to foreign countries, where, at all these places their degrees are not recognised. I would request the hon. Minister and the Government of India that he will have to take into account the further problem of these boys and girls who have already passed through the unrecongised colleges. It is true that from tomorrow onwards you may put in any of the regulations on the present situation or the perspective of the medical education, but what about these boys and girls who have passed from the unrecongised medical colleges? Let the Medical Council of India go to recognise the degrees of those students passing through the unrecongised medical colleges, who have passed before the enactment of this provision in the Act. As for example, I am now quoting the Karmachand. Medical college, Pramukh Swami Medical College of Karmachand. Now, this college has produced two batches of M.B.B.S. students and 53 of the M.B.B.S. students have graduated from this college and since the last one year some of them since the last 3 to 4 months are on strike because now they are on the verge of completing their Internship and further career begins after the completion of their Internship, and that Internship period completes on 6th of April, just in the next month. And now there is a very big question mark before the career of these students. I can show you some of the things which have appeared in the newspapers in Gujarat and you can read the reaction of these young boys and girls who have been totally disappointed about the forum of their career.

Now, this Karmachand college has produced about 53 doctors in total and all of them are still unrecongised and all these boys and girls are roaming in the streets to find some help, may be from the Management or the Medical Council of India of the State Government, but they are not going to be accommodated anywhere at present in the perspective and with the provisions of the

present law of the Medical Council of India.

18. 00 hrs.

In spite of this, some of the colleges are likely to open in anticipation of getting permission, because you have put in one year period for getting the permission. But, then for this violation of this law, you may have to take some punitive measures which would be necessary to curb the totally unqualified and unrecognised medical colleges. If the Government accepts my two or three suggestions and includes them in the provisions of the new Act, then I will think of supporting this Bill. But, my mainstay is about the accommodation of the career of the students who have already passed through unrecognised medical colleges.

Sir, now I would say a few words about the Dentists (Amendment) Bill. Here also I charge the Government with similar charges and more, so because the Dental Council was established even earlier than the Medical Council. For so many decades, the Government has not realised the gravity of the whole situation and now there is a mushroom growth of all these colleges. This Act was enacted eight years ago and during all these years, the Government have been acting as a silent observer. Here too, you have made a provision of one year after the application of a person to seek the recognition. The period of application and the permission should coincide with the terms of curriculum; otherwise, it will invite still more corruption and irregular practices for which you have to come up with some other enactment in the near future. Are you going to give them some time frame to apply with the requirements? Otherwise, the Government should take some steps in that direction because there are still many institutes which are unrecognised and dental colleges are unrecognised for a number of years. Are you asking them to apply with all the necessities of educational institutes and then seek the permission or close down the institutes? Then, What about the future of the students who have passed already through unrecognised medical colleges. What provision have you made to recognise the

degrees obtained by those students through the Dentist Council of India?

With these few words, I thank the Chair for giving me this opportunity for sharing my views.

[Translation]

SHRI NAWAL KISHORE RAI (Sitamarhi): Mr. Deputy Speaker, Sir, I rise to oppose the Indian Medical Council (Amendment) Bill, 1993 and Dentists (Amendment) Bill 1993. The main reason for my opposition to these Bills is that promulgation of Ordinances has become an everyday affair in this country. A number of Ordinances have been promulgated in a short span of time. Through you, I would like to state that the tendency of promulgating Ordinances frequently should be curbed.

Dentists Act came into being in 1948 and in 1956, Indian Medical Council Act was enacted in 1856. Since then Medical Colleges have grown like mushroom due to commercialisation of these institutions. Since 1987, the Government has been pondering over this matter. While explaining the objects and Reasons of the Bill, the Government has stated that this problem has been engaging the attention of the Rajya Sabha from 1987 to 1992 and now the Bill has been introduced in the Lok Sabha. I do not want to go into the details right now, but I must say that the conditions have really turned grave today.

Mr. Deputy Speaker, Sir, the hon. Supreme Court has given an important verdict which says how captivation fee and donations are playing their role in denying higher education to the poor. Commercialisation of Medical Colleges have reached such an extent that five lakh to fifteen lakh rupees have to be given as donation and a poor man cannot afford such expensive education for his child. It is against the democratic principles. Only a child of rich man can afford such education and a child of a poor man is denied access to education. Dr. Ram Manohar Kohli had given the slogan of a equal opportunities of Education to all

[Sh. Nawal Kishore Rai]

whether one is a Prime Minister or a person belong to scheduled caste. Therefore, we would like that a comprehensive Bill should be introduced by the Minister because it is not at all justified that the children of only rich people should afford to become Engineers and doctors. All admissions in Medical and Engineering and Dental Colleges are being done on the basis of money.

Mr. Deputy Speaker Sir, I belong to Bihar and there also all the admissions in these colleges are done on consideration of money. This tendency of commersaalisation has reached village level. Therefore, I would like to urge that the Government should withdraw these Bill and introduce a comprehensive Bill which may take care of all these aspects so that a regional balance could be created by means of which all could be given equal right to receive medical education. In that case we can support it. We would like this system to be introduced in the College of Bihar and Uttar Pradesh so that the children of poor people can receive medical education on the basis of merit. I oppose this Bill and demand once again that a new comprehensive Bill should be introduced so that the poor children are able to get medical and dental education.

Mr. Deputy Speaker, Sir, there should be a uniformity in all the technical fields, whether it is medical, Engineering or dentistry. Captiation fee and donations are received on a large for giving admission in these institutions. There is not set norms for admission and yet approval for opening new colleges has been given. My submission is this that the provisions made by the Government in this Bill are not enough. In the sphere of higher education, arrangements should be made for equality based education. Therefore, a comprehensive Bill should be introduced. In that case our party would support it so that its proper implementation could be ensured. In the meantime, some people belonging to mafia have managed to influence the Central Government and have opened medical and dental colleges at vilage and tehsil level simply to make money

We would like to know from the hon. Minister if he did not know about the illegal opening of colleges? How is it that first the colleges are opened and afterwards people come and influence the Government and get the sanction? Donations on large scale have made education a kind of business. Did not the Government pay any attention towards economic disparity before 1987. Did the Government ever think about conducting a survey about the illegal opening of such colleges? Through you, we would like to know from the Government, number of persons against whom cases had been filed, the number of cases registered so far and the number of colleges ordered to be closed. If no such enquiry was held before the year 1987 and no action was taken then we can say that in all the Dental Colleges opened before the year 1987, the promoters of these colleges must have done so in connivance with the people in power. That is why commercialisation has reached such heights. Otherwise, the Government should explain the circumstances under which this business thrived to such an extent.

Due to constraint of time, I will not take much of your time. By honoring the verdict of the Supreme Court, the Government should withdraw this Bill and with these two Bills, for providing education on equal basis, for economic parity and for imparting education to the poor, the Government should withdraw this Bill just to honour the Supreme Court's verdict and should bring forth a Comprehensive Bill in this regard, we will welcome that.

We oppose this Bill and request the Government to bring a comprehensive Bill.

[English]

SHRI SHARAD DIGHE (Bombay North Central): Mr. Deputy Speaker Sir, I rise to support these two Bills, the Indian Medical Council Amendment Bill and the Dentists (Amendment) Bill, 1993.

The hon. Minister as well as the hon. Members who spoke before me have already referred to some of the salient fea-

tures of the Bill.

According to me, there are two or three points in this Bill. The Bill puts some restorations in opening new medical colleges as well as in increasing the admission capacity of such colleges and also opening higher degree courses in these medical and dentist colleges.

The procedure laid down is that Central Government's sanction will be necessary and, for that purpose, whenever a scheme will be submitted to the Central Government for either opening the colleges or upgrading them, the scheme would be referred to Medical Council and after their recommendations are received, permission would be given by the Central Government for that purpose. The objective is very laudable. It was necessary to put in the present days some restrictions on opening and upgrading the medical colleges in this country. The reason is that several State Governments were liberally allowing opening of these colleges. The real malady of capitation fees also had grown up. Even, with these capitation fees, the facilities in these colleges were inadequate. The students were not getting that standard of education which they deserved or which was required for that profession. The adequate facilities of the hospital were absent. Then, the minimum standard of medical education was not there. Adequate facility of necessary equipments was also absent in many cases. Therefore, in some cases, opening of medical colleges had become a lucrative business particularly to those who were involved in social and political work. Therefore, this malady was spreading in some of the States to such an extent that they had become scandalous. In this situation, it was necessary that Government should come forward and put a stop to that so that the mushroom growth of new colleges should be stopped and medical colleges should really become good educational institutions where approved facilities are there; where basic re-requisites of hospital equipment, laboratories and qualified faculty members are there. They are absolutely necessary in the present circumstances. Therefore, I welcome both these Bills.

In the meantime, the Supreme Court has given two judgments on the capitation fees and they will be relevant as far as these Bills are concerned because the scheme that is to be submitted under these provisions should also contain a scheme relating to fees payable by the students. Therefore, from that point of view, those two judgments have also become relevant as far as these Bills are concerned though the Government has stated that after considering the full implications of these judgments they would bring forward further amendments as far as the Medical Act is concerned. These two judgments have to be looked into from a proper perspective. Merely saying that capitation fees are very much bad in the society and such institutions should not be allowed at all to my mind, is not justifiable. Further, this blank criticism of private colleges charging some more fees for some students is not justifiable. In Maharashtra, at a particular stage, the then dynamic chief Minister, the late. Shri Vasantade Patel allowed several medical colleges, engineering colleges saying that if the Government resources were inadequate why not allow private persons who are coming forward with sufficient resources to serve the society and for that purpose, they would charge some more fees and that should be allowed. It is true that this proposition was not properly utilised in some cases as there are always black sheep in every field. But there are some honest educationists who come forward to establish medical and engineering colleges with the sole object of serving the people and solving the problem of the Government as far as adequate resources are concerned. Therefore, from this point of view, a cautious approach will have to be made as far as private colleges are concerned. Therefore, my first submission is and my request to the Government is, in enthusiasm of curbing these capitation fees and the malady of private colleges who are not providing adequate facilities to the students, we should not delay the sanction of such schemes or be very critical about these schemes so that ultimately the private institutions will be completely discarded in coming in this field. Private institutions are required to be encouraged in this field.

[Sh Sharad Dighe]

cause the Government is not adequately prepared or adequately full of resources to open as many medical colleges as required by the society Demand is too much and from that point of view supply is not sufficient to that extent Therefore, while giving sanctions or while considering the scheme, Government may be a little liberal as far as opening of medical colleges are concerned So many people are craving to go to medical line. Not only that But really speaking, the number of doctors in this country is disproportionately less than the requirement in the villages as far as the people of this country are concerned Therefrom more and more medical colleges are necessary The precaution should be taken to see that this facility is not misused by private persons

Now these two judgments of the Supreme Court will also have to be looked at from that perspective The Judgement in Mohini Jain versus Government of Karnataka which was decided on 30th July 1992 has struck down completely the capitation fees and has also stated that it is unconstitutional and acquiring higher education is a Fundamental Right Thereafter they laid down a scheme in another judgment on 4th February, 1993 prescribing certain guidelines and those guidelines are required to be reviewed properly because fifty per cent of the seats under that scheme are to be treated as free seats, that is, to be filled in by nomination by Government and the other remaining fifty per cent of seats called the payment seats are to be filled by those candidates who are peppered to pay more fees prescribed by the competent authority In this case also, if you do not keep the proper balances between these two then there will be not only discrimination between the students but the whole balance of the medical colleges stability and viability will be disturbed as far as this Bill is concerned Therefore this scheme also which is laid down by the Supreme Court will have to be properly seen and examined and then only further actions may be taken Otherwise the result will be that there will be very few medical colleges Demand would be more and there will be

very much vice a sar as medical colleges are concerned Today also, students get by merit also They get admission But sometimes admission is missed by one per cent or half a per cent and the whole career of the students who does not get the proper admission is lost and he gets frustrated

From that point of view, these private colleges, who charge a little more fees, are useful because at least, the whole career is not frustrated This should not be looked upon in a blanket way that private colleges are bad, those who charge a little more fees are bad and they should be stopped We should not look at it from the mere idealistic point of view but at from practical point of view, all these questions will also have to be decided

Finally I conclude by saying that the Government while implementing this scheme and while granting permission they should take a realistic view, practical view of the matter and allow more and more medical colleges and create such a situation, there by it will be viable The viability will not be disturbed that way and we will get more doctors and the health of this country also can be improved from that point of view

With these words Sir, I support these Bills

PROF K VENKATAGIRI GOWDA (Bangalore South) Mr Deputy Speaker, Sir I rise to speak on the Indian Medical Council (Amendment) Bill, 1995 and Dentists (Amendment) Bill, 1993 and I support them I support them because these two Bills contain provisions which are all comprehensive which are progressive, which are forward looking They intend to end the capitation fee menace in these colleges They intend to end the chaos which prevails in the area of medial and dental education And then, they also intend to promote medical education on right lines so that the country may benefit from good doctors, the country may benefits from these doctors promoting health for all scheme, being pursued by the Government of India

At present, the medical and dental education is in a state of chaos. Many private individuals masquerading as entrepreneurs enter the field of education start dental and medical colleges not with the object of making education progressive but in order to make money. they go to the Government, meet the Chief Minister and the Health Ministry, pay them money and they say that they are going to start the colleges in the name of Mahatma Gandhi, Jawaharlal Nehru, Indira Gandhi and they impress them into giving permission to start the colleges. They also go to them with prayers for permission to start similar colleges. But these colleges are, for the most part, teaching shops and not those which are imparting higher education at all. I may be permitted to speak with reference to Vokkaligara Sangha which is running two colleges of this type, that is Kampa Gowda Medical College and Vokkaligara Sangha Dental College. I am a member of the Governing Council there I know what is happening there. This is a caste based college which collects capitation fees out of proportion to the requirements to run the educational institution. There are four kinds of students. The students of the community which is running the college, students from other communities, students from outside the State and students from foreign countries, that is, children of NRIs. Students of that community have to pay a minimum of Rs. 2 lakhs as capitation fees, the students of the other communities from outside the State have to pay a sum of Rs.4 lakh, students from outside the State have to pay a sum of Rs. 6 lakhs and students from abroad, that is NRIs, they have to pay a sum of Rs. 10 lakhs. I know what is going on there. Apart from that, they have to pay bribes to the members also. There is a Managing Committee and its President cannot admit anybody he likes. He has to admit those students who the members sponsor. If a student goes to a member asking him to sponsor him, he says that the students will have to pay Rs.2 lakhs otherwise, he does not sponsor him. So, he has to pay Rs.2 lakhs to the member plus Rs. 4 lakhs if he is a student of other community of Karnataka and the NRI students will have to pay Rs 10

lakhs to the college plus Rs. 2-3 lakhs to the member whom sponsors his candidature for admission into the college. That is what is going on there. And these colleges do not have sufficient space at all. They do not have buildings. They are housed in a make shift accommodation. Some of them are having zinc sheet roofs and the floors are plastered with cow dung. They have no furniture; they have no library; they have no journals; they have no teaching aids. Teachers are not qualified at all. In various dental colleges, those who have passed out just now get the appointment orders for lecturers, the following day. They do not know what to teach and how to teach. In the medical colleges the persons who are not qualified at all are appointed not on the basis of merit, but on the basis of caste, and some on the basis of some bribe that they give to the members. The loud mouthed members sponsor their appointments and they are appointed because they pay them heavy bribe. That is what is going on there. Some time ago, 'Deacon Herald' wrote an editorial calling the capitation fee of the Kampa Gowda Medical college as 'teaching shop.' That is correct.

Further more, the admission policy is not correct. The Medical Council of India has permitted the college to admit only 50 students, but the Kampa Gowda college has taken, this year, about 150 students. Then, for the strength of 150 in the college, they should have a hospital with the bed strength of 1100; but the hospital has got only 200 beds. Two years ago, the Medical Council of India has sent inspectors to inspect the college and the hospital. They came to know that the management has sent the teachers to the surrounding and neighboring areas to procure patients. So, the patients were brought in; they were put on the beds. When they came to know of this, they asked the patient as to when did he come there. He said, "Yesterday". They asked him as to what is the problem. the patient said, "I do not know". So, they had to go to the next bed they asked the patient as to when did he come. He said, "Yesterday". They asked him as to what is the problem and the ailment. He said, "I do not know". Ultimately,

[Prof. K. Venkatagiri Gowda]

the inspectors wrote to the Medical Council of India saying that this college does not deserve to be recognised at all.

The dental colleges do not have sufficient number of teachers at all. Those who have passed out yesterday are appointed today. With only MDS degree, some persons was appointed as Assistant Professor, even when he did not have a single day's experience. He later became Professor and he is now Principal of the college. In this situation, how can the students get good education? How can the colleges flourish? The idea is to make money and not to promote higher education in the medial and dental colleges.

In the month of January, the Supreme Court has passed a judgment and said that charging captivation fee is an offence and that admission should be based strictly on merit and not on the basis of captivation fees. Just last week, a delegation from Karnataka came and met the Ministers. They requested them to scuttle the Supreme court Judgement. I pray to these Ministers not to interfere in the affairs of the Supreme Court and not to scuttle its judgment and further not to meddle with the Karnataka medical and dental colleges at all. If the medical education is to be on a sound footing, the State Government and the Central Government should include some other provisions also, part from what is there in the Bill. That is, no college should be permitted unless it has got the permission of the Indian Medical Council and the Dental Council of India; no collage should be permitted unless the Medical and the Dental Councils of India send their representatives to the concerned colleges, examine the facilities available there examine the teachers, infrastructure and so on and only if they are satisfied, the college should be established there and not otherwise. The Universities should be required not to conduct examination for the students, not to give them degree, if they pass out of a college which is not established on the basis of the recommendations of the IMC and the Dental

council of India. Therefore, unless these things are done, the country will not be in a very good shape, especially in the spheres of medical and dental education. The British Medial Council has not recognised these degrees at all. If a student goes there for MRCP degree, then he is not admitted straightway. He is tested; he is subject to the examination. If he passes it, then, he is allowed to take up the MRCP or FRCS examinat is and not otherwise. Some years ago, a student from the North Indian State went to London for MRCP. Doctors took him to the hospital, asked him to examine the Patents. The doctor from the North Indian State- I do not mention the name of the State-put the stethoscope on the right side of the chest. The examiner asked him as to what is he doing. He said that he was examining the heart. Then examiner asked him to stop in and go back to India. This is what he said. This kind of education is not very good at all. Therefore, if the Indian medical educatoh or dental education is to prosper, we must have good colleges, good equipments and good teaching staff and so on.

In Karnataka, for example, every year, thousands of students are produced and they do not know what their business is. They are appointed on a paltry sum of Rs. 600 in the private nursing homes. The amount that they get is not sufficient for their transport and coffee. Some of them have to do some other professions. Therefore, unless, good doctors are produced in the country, especially in Karnataka, unless this menace of under-qualified medical and dental graduates is stopped, unless the medical education is placed on a sound foundation, the country will not get a good name in the international arena.

Therefore, I welcome the Indian Medical Council (Amendment) Bill and the Dental Council (Amendment) Bill, with all the provisions in addition to those which are suggested here. If this is done, the country will get a good name in the field of medical education.

DR. RAM CHANDRA DOME: I thank

you Mr. Deputy Speaker. I rise to take part in the debate on the two Bills which are on discussion namely the Indian Medical Council (Amendment) Bill, 1993 and the Dental Council (Amendment) Bill, 1993.

We expected a comprehensive legislation in this matter particularly in view of the historical judgment recently given by a Bench of the Supreme Court on this issue. It was made clear in the judgment; and the whole nation has highly acclaimed and welcomed that historical judgment of the Supreme Court on this issue. It was made clear in that judgment that the right of education is the basis; higher education - technical or vocational education - is the fundamental right and in no case this should be compromised. This was the spirit of that historical judgment. In view of that judgment, the nation expected a positive gesture from the Government and so, a comprehensive legislation should have been brought here, instead of this piecemeal Bill which cannot serve that noble purpose. Though some restrictions will be imposed in case of mushrooming installation of medical and dental colleges in our country by the private lobbies, by the trades, now those trades are very much interested in trading the medical education and general education in our country. This is most unfortunate in an independent country like ours. After independence, we have brought legislations, we have adopted Indian Medical Council Act, 1956 and we have adopted the Dental Council Act, 1948. But there were lacunae. These lacunae were allowed to be there, willfully. And the Ruling Party of this country has been trading on medical and other professional education, exploiting these very lacunae, in a very rampant fashion. This is worse than unscrupulous trading. Unfortunately, most of the political personalities of a particular political party, have been patronising this kind of trading. Since then, there has been a mushrooming growth of medical colleges with captivation fee, dental colleges with and other technical colleges with captivation fee. This is the state of affairs prevailing in our country!

I congratulate the democratic move-

ment, an historic agitation by the students of the South. This movement has drawn the attention of the country to what is exactly happening in our nation, in particular, in the southern part of the country, where medical education can be purchased by money. It is unfortunate that such a situation prevails in our country. Merit is not the consideration. Quality is not the consideration. But the only consideration is money and money alone! Many of these private bodies, in the name of trustee management, are petronising these things and very unfortunately, some State Governments in the Southern part are directly patronising this sort of unscrupulous trading of education. I am very happy to note here that history has taught them a lesson. The democratic movement in the South raised its voice. The students of South raised their voice against privatisation of education. Thousands and thousands of students and educationists came to the streets and demanded a ban on rampant privatisation of education, against captivation fee for medical and other technical education and so on. We are happy that agitation has some positive results. The culprits, those in charge of the Government, who are responsible for these lacunae, had to go, in view of that agitation. So, this is the lesson of history. The ruling party, or for that matter any party, who have a minimum sense of responsibility should behave positively and pay heed to that agitation. Medical or technical education, or for that matter, any education, should not be compromised for mere money.

Now Sir, we wanted to have a comprehensive Bill covering all these aspects. Though the present legislation imposes some restrictions, it still allows incorrect privatisation, captivation fee, etc. in medical and other professional courses. Therefore, I have strong reservation about this Bill and we would like to have a comprehensive Bill to plug all these loopholes, and to see that there is an effective ban on privatisation of medical, technical and other professional colleges completely. We don't think this sort of piecemeal measures will really help. Actually, this is the clear verdict from the Supreme Court. This verdict should be hon-

[Sh. Ram Chandra Dome]

ored by the Government and no irresponsible activities should be tolerated. We cannot tolerate this sort of irresponsibility. Our student community and our democratic movement will not allow this to happen. And this is my submission.

Now, there are some points to be argued.

A damned was made by some Members from the other side to have more medical colleges, as at present we do not have sufficient medical colleges. It do not know how many medical colleges are there in our country. I request the Government to make an objective assessment as to how many medical colleges are required to meet the requirement of our people. A review should also be made as to how many trained personnel are required. Our arbitrarily saying that we want more medical colleges and more dental colleges would not amount to a responsible talking.

I think we do not have less number of trained personnel but the problem is of maldistribution. A large number of trained medical personnel are going in for private practice. They concentrate on urban areas without bothering about the rural poor. So, the Government should bring a comprehensive legislation in this regard so that all these problems can be dealt with. This whole problem of medical education should be debated here and the Government should come out with a comprehensive legislation in this regard.

The Scientists of our country are demanding that the present education system should be reviewed and reoriented. The main problem is not that of the capitation fee only. We require a comprehensive Bill to solve the problems which are there in this field.

So, this Bill will not serve the purpose for which it has been brought here so long as the Government has political will to come forward and ban the mushrooming of medi-

cal and dental colleges. Though I support the gesture of the Government in bringing this Bill but this will not check mushrooming of medical or dental colleges at all. This will not serve the objectives for which this Bill has been brought forward. To honour the verdict of the Supreme court and to fulfill the expectations of the nation, the Government should come out with a comprehensive Bill in this regard.

With these words I thank you Sir.

PROF. K.V. THOMAS (Emakulam): Sir, at the out set, I support the two Bills namely the Indian Medical Council (Amendment) Bill, 1993 and the Dentists (Amendment) Bill, 1993.

In the context of the Supreme Court verdict by Justice Kuldeep Singh and Justice R.M. Sahai on capitation fees collected by the private medical colleges, the role of IMC and Dental Council have assumed unprecedented importance. But my personal opinion is that even if this verdict was not there both IMC and Dental Council have to play much more aggressive and effective role to regulate the quantity and quality of medical education in our country. But, unfortunately these two organisations were asleep over their duty. There are 134 recognised and 40 unrecognised medical colleges in the country. But, the machinery with IMC to check the quality of education in these institutions are very meager. There are only two inspectors and among those two inspectors, for the last two years, one inspector is on leave.

Private medical colleges are mushroom in different parts of the country. Capitation fee is to the tune of Rs. 3 to Rs. 6 lakh. Tuition fee is Rs. 60,000 to Rs. 80,000 per year. The doctors who came out of these private medical institutions come out as mercenaries with only one goal of making quick money. They refuse to go to rural areas as cities are the paradise for making easy money. But I am not complaining that all private medical colleges are commercial markets. There are service minded, devoted medical institutes like St. John's Medical College, Bangalore. Christian Medi-

cal Colleges, Vellore. They have done yeomen's service to the people of this country and for the development of medical education. The chaff and corn have to be separated. There are private medical colleges in the country where the staff and patients are borrowed when inspections is made by the Visitor/Inspector of the Indian Medical Council. A 700-bed hospital is needed for 100 medical students. But, many private medical colleges which have the backing of powerful politicians and influential men in the medical profession are not afraid of Indian Medical Council.

Sir, to control the medical colleges, IMC should have more teeth, it should have more fund. IMC should be composed of men of eminence and not of men who are nominated by political parties in power. There should be no interference from the State on the functioning of IMC. Rules also have to be properly amended.

Sir, look at Section 8 of the Indian Medical Council Act. It says, "The Council shall meet at least once in a year." Usually, we find that Council, just to satisfy the regulations meets only once a year. Our present doctor population ratio 1:2500.

Now, every year, 18, 000 doctors are coming of our institutions. But we need 40, 000 doctors per year. Human power export is one of our major export potential. Our doctors, nurses and para medical staff are in great demand abroad specially in Gulf countries and Europe. So, we should have more medical colleges.

When we think of starting more medical colleges, certain aspects come to our mind; whether the State Governments can start them. Many of the State Governments have financial constraints. So, my suggestion is that the State Government can start medical colleges with a provision of 50 per cent of the seat should be allotted on merit and 50 per cent of the seat should be given to the affluent people who can pay. Similarly, for the private medical colleges also this can be applied provided the qualifying testes and

examinations are conducted by the Indian Medical Council

The last revision of currculan in the medical colleges was done in 1981. Now 12 years have passed but the curriculum is not revised. There are lot of changes in the medical world. So, we have to revise the medical curriculum constantly. Medical education has to be need based. The medical care should reach the remotest villages. Mother and child welfare should be a significant component of medical education.

Clause 19 (1) is for the withdrawal of recognition of the institutions which are of sub-standard. According to this clause, if an Inspector of the IMC visits an institution and finds that the arrangement of that institution is not upto the standard, he recommend to the IMC, and the IMC in turn writes to the Government of India; and the Government of India writes to the State Government; and the State Government in turn writes back to the Government of India. So, this is a long procedure. When this procedure is over with political influence, nothing happens to those State institutions.

Another problem which I wish to bring to your notice is the recognition of medical qualifications granted by medical institutions in countries with which there is no scheme of reciprocity. Many of the Indian students are studding in Algeria. When they come back, their degrees are not recognised. This should be properly looked into by the Government.

Some of the Indian medicines like Ayurveda, Sidha and Unani should be properly recognised by the recognised insitutions. So, my request is that these problems should be looked into by the Government and a proper legislation should be brought forward.

With these words, I support it.

[MR. SPEAKER *in the Chair*]

18.50 hrs

MR. SPEAKER: You should realise that

there are many hon. Members who want to speak.

(Interruptions)

[Translation]

SHRI VIJAY KUMAR YADAV (Nalanda): Many parties have not got a chance to express their views. (Interruptions)

SHRI VIJAYA KUMAR YADAV: Many Members of a single party are given chance to speak, where some parties do not get a chance to speak. We have also not got a chance yet. (Interruptions)

[English]

MR. SPEAKER: Please understand that we have to pass these Ordinances as well as vote on account and then take up discussion on the Railway Budget and so many other things.

[Translation]

SHRI VIJAY KUMAR YADAV (Nalanda). Mr. Speaker, Sir, during the debate on these two Bills I would like to draw the attention of the House to some particular points. At present the medical profession is city oriented. Our country is a country of villages. It should give its attention to rural areas and common people but the position is just the opposite. As a result of which the country is unable to take the desired advantage of this profession. Lakhs of people of rural areas die every year in the absence of proper medical care and medicines. Under the present education system, private colleges are charging capitation fee which has paved way for corruption. By killing the interests of intelligent students, they are earning money. Today, by taking capitation fee, this profession has become a money based profession. This is the reason behind the migration of the doctors graduating from our universities to foreign nations. We are spending crores of rupees on their education and they migrate to foreign countries to earn money. Therefore, there is a need to bring improvement in the entire system.

The regional imbalance in respect of Doctors should be removed by opening new colleges on the basis of population. So far as the question of the colleges taking capitation fee is concerned there is a need to put a strict control on it. Brilliant students of backward Harijan and adivasi and Minority communities do not get admission in Medical Colleges because they cannot afford to pay capitation fee. Some sort of arrangement should be made under which reservation for brilliant students of such categories if needed, may be provided. But such students must be given a chance. Today, it has become a fashion to get admission in a Medical College and those doctors who graduate with this feeling, do not want to go in rural areas, as a result of that a majority of our population is deprived of medical facilities. If you give admissions to such brilliant students who hail from rural areas and have a rural cultural background, then they can easily solve this problem,

The Supreme Court has given its verdict, otherwise this Bill is all right. Its aim is limited. But there is a need to overhaul the entire system. This need to be taken to the common people in rural areas. Therefore, a comprehensive Bill is required to be introduced here.

I was also a member of the Joint Parliamentary Committee, it had given suggestions on many points, but those could not be implemented. Now there is a need to bring a Comprehensive Bill for both of them.

DR. G.L. KANAUIA (Kheri): Mr. Speaker, Sir, I thank you for providing me an opportunity to speak. The Bill regarding Dentists and Indian Medical Council should have been a comprehensive one but it is not. Everybody says that proper medical care is not available in villages as doctors do not take interest in going there. I would rather say that when this ordinance was brought the House was not in session. Now, after 1956, i.e. after 30 years it is considered in 1987. Now again, it is being presented in 1992. The basic structure of Indian Medical Council was based on British Council and till date it is working on that pattern. This Bill

does not provide for any inputs., regarding Dental and Medical Colleges. Today for admission in Homeopathy, Eléctrography, Acupuncture Medical colleges, Ayurvedic and Unani College one has to give capitation fee. After some time we will have to face a problem like one was faced by our hon. Late Chief Minister when he opened an Ayurvedic Medical Colleges in Lucknow in 1952 and only 96 admission were there.

[English]

MR. SPEAKER: It has nothing to do with these Bills.

[Translation]

DR. G.L.KANAUJIR: Secondly what the Bill tells is that a number of colleges have been started in South India, instead, colleges should have been opened strwise and population wise. There are two Medical Colleges in one villages in South. It should not have been like this. This Bill has been brought for opening colleges North. Considering this disparity, I would like to submit two three points.

[English]

MR. SPEAKER: This has nothing to do with this.

[Translation]

SHRI SATYA PAL RAI SINGH YADAV (Shahahanpur): Mr. Speaker, Sir, I welcome both the Bills, No. 11 and Bill No. 12 of 1993 under which Dentist Amendment Bill, 1993 and India Medical Council Amendment Bill, 1993 have been brought.

Mr. Speaker, Sir, there is no doubt that there is a trend in south India to open Medical Colleges and Dentist Colleges and especially in Andhra Pradesh, where 20 colleges have been opened. It has created a frightening situation in the society as a result of which this ordinance had to be promulgated. I feel that this is a welcome step but something is better than nothing.

Sir, when a student from North goes to a Medical College in South he has to pay a heavy sum as capitation fee. Besides the student had also to spend money on his lodging and boarding there. I want the Central Government to issue instating to this effect that Indian Medical Council should ensure that as in Medical Colleges in South, the Medical Colleges in North should also fulfill the norms regarding providing facilities to students. Arrangements should be made to give admission to students from rural and backward areas of SCs and STs category, not only in these colleges but also for obtaining diploma in Pharmacy where a capitation fee is charged for giving admission. The Government can see that intelligence is being ignored by taking capitation fee. It should make reservations for the backward categories. The Government should seriously take initiatives to abolish the practices of charging capitation fee. (Interruptions)

MR. SPEAKER: You please sit down. You may come to me after then I will let you know the reason for not giving time to speak.

[English]

I shall now put the Statutory Resolution regarding Indian Medical Council Bill Amendment moved (Amendment) by Shri Girdhari Lal Bhargava to the vote of the House

The resolution was not and negatively put

(Interruptions)

[Translation]

PROF. RASA SINGH RAWAT (Ajmer): The hon. Minister should reply to it. It is a question of priority of Parliamentary practice.

[English]

MR. SPEAKER: Mr. Minister, you want to reply.

(Interruptions)

747 *Stat Res re Disapproval of Dentist (Amendment)*

MARCH 22, 1993

Ordinance and 748 Dentist (Amendment) Bill

MR SPEAKER It is a technical Bill

THE DEPUTY MINISTER IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PABAN SINGH GHATOWAR) Sir, I have already given in the statement (*Interruptions*)

MR SPEAKER You come to my Chamber I will explain to you later I will speak to you later on Please sit down

(*Interruptions*)

MR SPEAKER Now please take your seat You come to my Chamber I will explain to you later You sit down now

(*Interruptions*)

AN HON MEMBER We want a response from the hon Minister

MR SPEAKER He does not want to respond Please sit down I will explain to you later You come to my Chamber What is fair, I will explain to you in my Chamber

(*Interruptions*)

[*Translation*]

MR SPEAKER Whatever I say has a meaning behind it I will tell you later on You please sit down

(*Interruptions*)

[*English*]

MR SPEAKER I have told you I will explain to you in my Chamber

(*Interruptions*)

MR SPEAKER Now the consideration Motion

I shall now put amendments moved by Shri Girdhan Lal Bhargava and Bhagwan Shankar Rawat to the consideration Motion to the vote of the House.

Amendments No 1 and 5 were put and negatived

MR SPEAKER I shall now put amendment moved by Prof Rasa Singh Rawat to the consideration Motion to the vote of the House

The Amendment No 8 was put and negatived

MR SPEAKER I shall now put amendment moved by Shri Dau Dayal Joshi to the consideration Motion to the vote of the House

Amendment No 10 was put and negatived

MR SPEAKER The question is

"That the Bill further to amend the Indian Medical Council Act, 1956, be taken into consideration "

The Motion was adopted

MR SPEAKER The House will now take up Clause-by-Clause consideration of the Bill

The question is

"That Clause 2 to 4 stand part of the Bill "

The Motion was adopted

Clauses 2 to 4 were added to the Bill.

MR SPEAKER The question is

"That Clause 1, the Enacting Formula and the Long Title stand part of the Bill."

The motion was adopted

Clause, 1, the banking Formula and the Title were added to the Bill.

SHRI PABAN SINGH GHATOWAR:
Sir, I beg to move:

"That the Bill be passed."

MR. SPEAKER: The question is.

"That the Bill be passed".

The motion was adopted

MR. SPEAKER Now the next Statutory Resolution regarding Dentists (Amendment) Ordinance moved by Shri Giridhari Lal Bhargava.

I shall now put the Statutory Resolution moved by Shri Girdhari Lal Bhargava to the vote of the House .

The Resolution was put and negatived

MR. SPEAKER: Certain amendments have been moved to the Consideration Motion

Now I shall put amendments moved by and Shri Girishari Lal Bhargava and Shri Bhagwan Snankar rawat to the vote of the House

Amendments were N o. 1 and 7 put and negatived.

MR. SPEAKER: Now I shall put amendment N o. 8 moved by Shri Rasa Singh Rawt to the vote of the House.

Amendment No. 8 was put and negatived

MR. SPEAKER: Now I shall put amend-

ment No. 10 moved by Shri Dau Dayal Joshi to the vote of the House

Amendment No. 10 was put and negatived.

MR. SPEAKER: The question is.

"That the Bill further to amend the Dentists Act, 1948, be taken into consideration."

The motion was adopted.

MR. SPEAKER: The House will now take up clause- by clause consideration of the Bill.

The question is:

"That Clauses 2 to 4 stand part of the Bill."

The motion was adopted.

Clauses 2 to 4 were added to the Bill.

MR. SPEAKER: the question is:

"That Clause 1, the Enacting Formula and the long Title stand part of the Bill"

The motion was adopted.

Clause, 1, the Enacting Formula and the the Title were added to the Bill

MR. SPEAKER: The Minister may now move that the Bill be passed

SHRI PABAN SINGH GHATOWAR.
Sir, I beg to move

"That the Bill be passed."

MR. SPEAKER: The question is.

"That the Bill be passed "

The motion was adopted.