

PARLIAMENT OF INDIA
RAJYA SABHA
DEPARTMENT-RELATED PARLIAMENTARY STANDING
COMMITTEE ON HEALTH AND FAMILY WELFARE
NINETEENTH REPORT
ON
THE INDIAN MEDICAL COUNCIL (AMENDMENT) BILL-2005
(PRESENTED TO THE RAJYA SABHA ON 19th DECEMBER, 2006)
(LAID ON THE TABLE OF LOK SABHA ON 19th DECEMBER,2006)
RAJYA SABHA SECRETARIAT
NEW DELHI
December, 2006/ Agrahayana, 1928 (SAKA)

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COMPOSITION OF THE COMMITTEE (2005-2006)

RAJYA SABHA

1. Shri Amar Singh — *Chairman*
2. Shrimati Sukhbans Kaur
- \$3. Shri Yusuf Sarwar Khan *alias* Dilip Kumar
- \$4. Dr. A.K. Patel
- %5 Prof. P. J. Kurian
6. Shrimati Maya Singh
7. Dr. M.A.M. Ramaswamy
- #8. Shri R. Sarath Kumar
9. Shri Lalhming Liana
- *10. Shri Digvijay Singh
- ^11. Shri A.K. Antony
- ^12. Miss Anusuiya Uikey
- **13. Shri Manohar Joshi

LOK SABHA

14. Shri M. Ambareesh
15. Shri D.K. Audikesavulu
16. Dr. Ram Chandra Dome
17. Smt. Maneka Gandhi
18. Smt. Bhavana P. Gawali
19. Shri Rajendra Kumar
20. Smt. Sushila Bangaru Laxman
21. Shri S. Mallikarjuniah
22. Shri Rasheed Masood
23. Dr. Babu Rao Mediyam

24. Dr. Chinta Mohan
25. Smt. Archana Nayak
26. Shri D.B. Patil
27. Shri Nakul Das Rai
28. Smt. K. Rani
29. Dr. Mohd. Shahabuddin
30. Dr. Arvind Kumar Sharma
31. Shri Uday Singh
32. Smt. V. Radhika Selvi
33. Shri Kailash Nath Singh Yadav
34. Dr. Karan Singh Yadav

SECRETARIAT

Shri N.C. Joshi, Additional Secretary
 Smt. Vandana Garg, Joint Secretary
 Shri H.C. Sethi, Deputy Secretary
 Shri Pradeep Chaturvedi, Under Secretary
 Shri Dinesh Singh Committee Officer

\$ Ceased to be Member w.e.f. 2nd April, 2006

* Nominated w.e.f. 13th December, 2005

Resigned to be member w.e.f. 31st May, 2006

^ Nominated w.e.f. 2nd June, 2006

** Nominated w.e.f. 29th June, 2006

% Ceased to be Member w.e.f. 1st July, 2006

COMPOSITION OF THE COMMITTEE (2006-2007)

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8. Dr. M.A.M. Ramaswamy
9. Shri Lalh Mingliana

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\$\$11. Smt. Viplov Thakur

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17. Shri Rajendra Kumar
18. Smt. Susheela Bangaru Laxman
19. Shri S. Mallikarjuniah
20. Shri Rasheed Masood
21. Dr. Chinta Mohan

22. Shri Nihal Chand
23. Shri D.B. Patil
24. Smt. K. Rani
25. Shri Pannian Ravindran
26. Dr. R. Senthil
27. Dr. Mohd. Shahabuddin
28. Dr. Arvind Kumar Sharma
29. Shri Ajit Kumar Singh
30. Shri Uday Singh
31. Dr. Karan Singh Yadav
- **32. Shri Rajnarayan Budholiya
- ^^33. Shri Vinod Khanna
- \$34. Shri R.L. Jalappa

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 Shri H.C. Sethi, Deputy Secretary
 Shri Pradeep Chaturvedi, Under Secretary
 Shri Dinesh Singh, Committee Officer

- * Ceased to be Member *w.e.f.* 4th September, 2006
- ** Ceased to be Member *w.e.f.* 31st August, 2006
- ^ Nominated *w.e.f.* 31st August, 2006
- ^^ Nominated *w.e.f.* 3rd September, 2006
- @ Ceased to be Member *w.e.f.* 24th October, 2006
- \$ Nominated *w.e.f.* 28th November, 2006
- \$\$ Nominated *w.e.f.* 30th November, 2006

PREFACE

I, the Chairman of the Department-related Parliamentary Standing Committee on Health and Family Welfare, having been authorized by the Committee, hereby present this Nineteenth Report of the Committee on the Indian Medical Council (Amendment) Bill-2005. *

2. In pursuance of Rule 270 relating to the Department related Parliamentary Standing Committees, the Chairman, Rajya Sabha, referred** the Indian Medical Council (Amendment) Bill 2005 (Annexure-I) as introduced in the Rajya Sabha on the 23rd August, 2005, and pending therein, to the Committee on the 24th August 2005, for examination and report.

3. The Committee considered the Bill in its meetings held on the 26th September, 21st October, 17th November, 2005 and thereafter on the 9th January, 13th February, 24th April, 17th May, 2nd June, 12th June, 21st June 6th July, 15th July, 25th July, 4th September and 18th October 2006.

4. At its meeting held on the 26th September, 2005, the Committee heard the Secretary of the Department of Health and Family Welfare. The Committee thereafter held extensive discussions with the representatives of the Indian Medical Council, some State Medical Councils, Indian Medical Association, some state branches of IMA, few state universities and experts (Annexure-II). The Committee in its meeting held on the 15th July 2006, decided to undertake study visits so as to have wider discussion with a few stake-holders. The Committee, accordingly, visited Maharashtra (Pune, Mumbai) and Gujarat (Ahmedabad) from 17th to 21st September, 2006; Karnataka (Bangalore), Tamil Nadu (Chennai) and Andhra Pradesh (Tirupati, Hyderabad) from 6th to 12th October, 2006 and Uttar Pradesh (Lucknow), Bihar (Patna), West Bengal (Kolkata) and North-East States (Guwahati) from 6th to 11th November, 2006.

5. The Committee has relied on the following in finalizing the Report:
- (i) Background Note and Clause-by-Clause Note on the Bill received from the Department of Health and Family Welfare;
 - (ii) Presentation and clarification by the Secretary of the Department;
 - (iii) Memoranda received on the Bill from various bodies/ associations/ organizations/ experts;
 - (iv) Oral evidence on the Bill;
 - (v) Replies to the Questionnaire on the Bill received from the Department; and
 - (vi) Reports of the study-visits (ANNEXURE-III)
6. The Committee at its meeting held on 6th December 2006, considered the draft Report and adopted the same.
7. On behalf of the Committee, I would like to acknowledge with thanks the contributions made by those who appeared before the Committee and submitted their valuable suggestions on the subject matter of the Bill.
8. For facility of reference and convenience, observations and recommendations of the Committee have been printed in bold letters in the body of the Report.

NEW DELHI;
December 6, 2006
Agrahayana 15, 1928 (Saka)

AMAR SINGH
Chairman,
Department-related Parliamentary
Standing Committee on Health and Family
Welfare

* Published in Gazette of India Extraordinary Part II Section-2, dated 23rd August, 2005.

** Rajya Sabha Parliamentary bulletin Part II, No 42466, dated 25th August, 2005

(vi)

REPORT

The Medical Council of India was established as a statutory body under the provisions of the Indian Medical Council Act, 1933 which was later replaced by the Indian Medical Council Act, 1956 (**hereinafter referred to as Act**). The purpose of this Act is to provide for the reconstitution of the Medical Council of India and the maintenance of a Medical Register for India and for matters connected therewith. Provisions of this Act have been reviewed and modifications made therein at periodic intervals, first being in the year, 1964, then in 1993 and thereafter in 2001, keeping in view the changing scenario of medical education both at the national and international level. The Indian Medical Council (Amendment) Bill, 2005 (**hereinafter referred to as Bill**) is the latest legislative proposal brought before the Parliament by the Government.

2. The Statement of Objects and Reasons appended to the Bill reproduced below gives the background justifying the need for carrying out amendments in various provisions of the Principal Act of 1956.

“The Indian Medical Council Act, 1956 (IMC) provides for composition of the Medical Council of India (MCI), which includes elected and nominated representatives. The composition of the Council has been reviewed to examine whether it was helping to serve the purposes intended in the light of various developments in the field of medical education. It was found that the Council has lost its representative character due to (a) large number of vacancies in the elected category; (b) States having larger number of medical colleges, but having formed a medical university, are having fewer seats in the Council as compared to states having fewer colleges affiliated to several Universities;(c) lack of interaction between the State Medical Councils and MCI; and (d) representation was still being given to those categories which are no more in existence. It is, therefore, considered necessary to make the composition of the Council compact and representative and also empower the Central Government to ensure that large number of vacancies, particularly in the elected category remain filled. Since the composition of the revised Council is likely to be substantially

different from the existing one, a new section 3A relating to reconstitution of the Council is proposed to be inserted in the IMC Act, 1956.

The Council's main function as contained in the IMC Act, 1956 is to make recommendations to the Central Government in matters of recognition of medical qualifications, determining the courses of study and examinations required to obtain such qualifications, inspection of examinations and maintenance of register of medical practitioners, etc. By the amendment of the said Act in 1993, the power to grant permission for establishment of new Medical colleges, increase in intake capacity or for starting higher courses in the established colleges was entrusted to the Central Government from the respective State Governments. For this purpose, the MCI became a recommendatory body to the Central Government for taking final decisions in these matters. After reviewing the working of the Council in this area, and the problems being faced, a need has been felt to empower the Central Government to give such directions to the Council wherever necessary on matters of policy and public importance and to ensure their proper compliance, and also Council's accountability to the tasks entrusted to it. As in other statutory bodies, it is also proposed to make provisions for removal of members of the Council, and in specified circumstances, dissolution of the Executive Committee or any other Committee.

The proposed legislative measures will make the composition of the Council compact, comprehensive and representative, and empower the Central Government to discharge its functions effectively to ensure proper development of medical education in the country”.

3 The Secretary, Department of Health and Family Welfare during the course of his evidence before the Committee on the 26th September, 2005, put forward the Department's views for bringing the Bill. The Secretary informed the Committee that the proposed amendments have been brought in pursuance of directives of the Delhi High Court and the Supreme Court to fill up the vacancies in the Council and improve its functioning. He further clarified that along with certain categories of membership becoming obsolete with the passage of time, practical difficulties in filling up the vacancies were also being faced due to certain existing provisions in the Act. Hence, a significant portion of the Bill was devoted to streamlining the membership issue so that a systematic arrangement could be made for filling the vacancies. The Committee was also given to understand that a large number of vacancies remaining unfilled for considerable time has led to a situation where the Council has not been carrying out its functions in accordance with its mandate. The Secretary, accordingly, clarified that the remaining provisions in the Bill sought to empower the Government in respect of its dealings with the Council so as to ensure proper development of medical education in the country.

4. Keeping in view the far-reaching implications of the Bill, the Committee decided to seek the views of all stakeholders. The Committee, accordingly, held extensive discussions with a large number of witnesses representing MCI including those associated in the past, few State Councils, Indian Medical Association, some State Branches of IMA, State Universities and also some experts. These interactions enabled the Committee to understand the complexities of the existing situation prevailing in the Council and also its lack of co-ordination with the Central Government in the context of carrying out its various functions. Based on these discussions, the Committee sought the views of the Department by sending detailed questionnaires on three occasions.

5. The Committee at its meeting held on the 21st June, 2006, took up 'clause-by-clause' consideration of the Bill. However, the Committee felt that in-depth examination of all conceivable aspects connected with the Bill would remain incomplete in the absence of the study visits to different states. The Committee, accordingly, visited Maharashtra (Pune, Mumbai) and Gujarat (Ahmedabad) from 17th to 21st September, 2006; Karnataka (Bangalore), Tamil Nadu (Chennai) and Andhra Pradesh (Tirupati, Hyderabad) from 6th to 12th October, 2006 and Uttar Pradesh (Lucknow), Bihar (Patna), West Bengal (Kolkata) and North-East States (Guwahati) from 6th to 11th November, 2006. During these study visits, the Committee had the opportunity to interact with all the stake-holders

directly, right from representatives of Private and Government Medical Colleges, State Medical Councils, State Branches of IMA to State Government authorities. These study visits proved very fruitful. It would not be wrong to conclude that this exercise re-confirmed Committee's observations and recommendations contained in the report. The Committee would like to emphasize that during this prolonged exercise, Committee's endeavor was to make an objective assessment of the Indian Medical Council (Amendment) Bill, 2005 and report thereon.

6. The clauses where amendments have been suggested by the Committee are discussed in the succeeding paragraphs.

7. Clause 2

7.1 Section 2 of the Indian Medical Council Act, 1956 deals with 'definitions'

Clause 2 (i) seeks to insert the definition of 'member' as follows:-

“(ff)” “member” means the member of the Council and includes the President and the Vice-President”.

7.2 The Committee feels that the definition should also specify the category of member- whether elected or nominated. The Committee, accordingly, recommends that the following definition of 'member' may be inserted after clause (f) of the Principal Act:-

“(ff) “member” means a member of the Council, elected or nominated and includes President and Vice-President.

8. Clause 3

8.1 Section 3 of the Principal Act relates to the constitution and composition of the Council. It specifies the different categories of members who are to be represented in the Council. Before giving its recommendation on the proposed amendments under two categories of members as enumerated in clauses (b) and (c), the Committee would like to draw the attention of the Government towards the non-representation of some strategic parts of the country located in remote areas and thus remaining far-away from the mainstream under clause (a).

8.2 The Committee notes that under clause (a) of section 3(1) of the Principal Act, the Central Government nominates one member from each State in consultation with the respective State Governments while the Union territories are unrepresented under this category. The Committee is of the view that Union Territories also need to be represented in the Council, specially keeping in view the fact that majority of Union Territories continue to suffer from lack of medical education facilities. The Committee is amazed to note that the Joint Committee on the Indian Medical Council (Amendment) Bill, 1987 in its Report presented to the Parliament on 28th July, 1989 had made specific recommendations on this aspect. The Committee is not satisfied with the latest feedback received from the Department that the Union Territories of National Capital Territories of Delhi and Pondicherry having State Legislature are now considered for representation in the Council and the other Union Territories do not have any medical colleges. The Committee would like to point out that some States, although not having medical colleges, are still represented in the MCI by their nominees as provided under Section 3(1) (a) of the Principal Act. The Committee, therefore, reiterates that, as recommended by the Joint Committee, one member should be nominated by the Central Government to represent all the Union Territories by rotation in consultation with the Governments of all the Union Territories. The Committee, accordingly, recommends that suitable provision be made in Section 3 of the Act.

8.3 Section 3(1) (b) of the Act reads as follows:-

“The Central Government shall cause to be constituted a council consisting of the following members, namely:-

(b) One member from each University, to be elected from amongst the members of the medical faculty of the University by members of the Senate of the University or in case

the University has no Senate by members of the Court;”

The Bill proposes to amend the above provision in the following manner:-

“(b) one member from each State or Union Territory, to be elected from amongst themselves who are the members of the medical faculty of the Universities in the State or the Union Territory which are awarding recognized medical qualifications;

Provided that in a State having more than ten medical colleges awarding recognized medical qualifications, one member for every such ten colleges shall be elected;

Provided further that such number of members shall be reviewed by the Central Government after every five years;”

8.4 Giving the background for substituting this provision, the Department submitted that this category has remained inadequately represented in the Council due to the absence of Senate/ Court in some universities and delay in holding of meetings of Senate/ Court wherever they exist. Out of the 45 vacancies existing in the Council at present, 28 are in this category alone. With the election of members of the medical faculty not being dependent on the existence of Senate or Court or convening of their meeting, election process was likely to be expedited. The present representation of the medical faculty of the University has resulted in reverse discrimination in the sense that the States which have formed a medical university are represented by a single member, whereas States with number of colleges affiliated to different universities can send as many members to the Council. States with large number of medical colleges like Karnataka, Andhra Pradesh, Tamil Nadu and Maharashtra have formed medical university and except Maharashtra, the other States are entitled to send only one member. In contrast, States like UP having only 13 colleges, but having 10 universities are represented in the Council with 10 nominations. Bihar with 8 colleges and 6 universities are entitled for 6 members. The Department contended that this anomaly needed to be corrected.

8.5 Apprehensions were expressed by the witnesses with regard to the proposed amendment. It was pointed out that with the condition of one member for every ten colleges in a State, States having larger number of colleges will be placed in a disadvantageous position when compared with States having a single medical college. The other view was that smaller States which could earlier send one member per college affiliated to a university will be adversely affected. A suggestion was also made that the condition of one member per ten colleges, if brought down, would maintain the balance.

8.6 During its study visits to different states, the witnesses from the State Governments, State Medical Councils, State Branches of IMA and Government & Private Medical Colleges opined before the Committee that in case of Deemed Universities, one member from every five Deemed Universities should be elected from amongst themselves on rotation.

8.7 It was further contended that in case of a Medical University in a state, a member from amongst the members of the Medical faculty should be elected. For every 5 medical Colleges, one representative should be elected from amongst the members of the faculty of Medicine of the said University by the faculty.

8.8 The Committee observes that under the existing 119 member Medical Council, members elected under Section 3 (1) (b) of the Act i.e. by the universities, represent the highest membership strength of 60. However, the feedback made available to the Committee from 2001 onwards indicates that this category has remained under-represented due to continuance of maximum vacancies, present being 28. The Committee observes that inspite of the election process being initiated by MCI well in advance and pursuance thereof with the concerned university at regular basis by the Central Government, Universities, by and large, were taking their own time in electing their candidates due to non-existence of Senate/ Court, undue delay in convening the meetings of these bodies, ignorance of prescribed election procedure on the part of some Universities.

8.9 The Committee also observes that with the setting up of Health Universities in some States and large number of medical colleges affiliated to such universities, existing provision was leading to

imbalance of membership under this category. Representation of States having lesser number of medical colleges was on a higher side compared with States having larger number of medical colleges due to the fact that creations of Health Universities have indirectly placed these States in a disadvantageous position.

8.10 The Committee analyzed the implications of the proposed amendment in the light of existing number of colleges and universities in the country. As on 16th August, 2005, there are 244 medical colleges affiliated to 60 universities spread across the country. Break-up of present strength of members in the States as per the existing provision under Section 3 (1) (b) of the Act and the proposed provision of one member per ten colleges would be as follows:-

State	Total no. of colleges	No. of Universities represented in MCI under Section 3 (1) (b)	Proposed representative of Universities under Section 3 (1)(b) Per 10 colleges
Andhra Pradesh	31	1	3
Assam	3	2	1
Bihar	8	6	1
Chandigarh	1	1	1
Chattisgarh	2	1	1
Delhi	5	1	1
Goa	1	1	1
Gujarat	13	6	1
Haryana	3	1	1
Himachal Pradesh	2	1	1
Jammu & Kashmir	4	1	1
Jharkhand	3	1	1
Karnataka	32	2	3
Kerala	15	4	1
Madhya Pradesh	8	4	1
Maharashtra	39	7	3
Manipur	1	1	1
Orissa	4	3	1
Pondicherry	6	-	1
Punjab	6	1	1
Rajasthan	8	1	1
Sikkim	1	-	1
Tamil Nadu	23	2	2
Tripura	1	-	1
Uttar Pradesh	13	10	1
Uttaranchal	2	-	1
West Bengal	9	2	1
Total	244	60	34

8.11 The Committee observes that provision of one member per ten colleges will have an implication which cannot be considered positive. This would effectively reduce the existing strength of membership under this category from 60 to 34. The Committee fails to appreciate such fallout in the elected category as it would invariably change the very composition of the Council which was envisaged to be primarily an elected body and should continue to remain so.

8.12 The Committee observes that if the proposed amendments are allowed to carry through, they will reduce the representation of some of the Universities in the M.C.I. while tilting the balance in favour of the other Universities. The Committee is of the view that all the Universities should be

represented in the M.C.I. At the same time Health Universities having a large number of Medical Colleges affiliated to them should not be put to any disadvantage. The Committee, therefore, recommends that the proposed amendment in Section 3 (1) (b) of the Principal Act should be as under: -

"One member from each University be elected by the members of the medical faculty of the university from amongst themselves. Provided further that in the State where Health University is created, for every five or upto five medical colleges affiliated to that University, one representative to be elected by the members of the medical faculty of the University from amongst themselves."

8.13 The Committee would also like to point out that a mechanism needs to be evolved for deciding the criteria for election of one member for every five or upto five colleges under one Health University. The Committee accordingly, recommends that in the process of representation of one member per five / up to five colleges, due care might be taken so that all the colleges under one Health University could get an opportunity to represent in MCI by rotation

8.14 Clause(c) of Section 3 (1) of Act lays down the following:-

"one member from each State in which a State Medical Register is maintained, to be elected from amongst themselves by persons enrolled on such Register who possess the medical qualifications included in the First or the Second Schedule or in Part II of the Third Schedule";

8.15 The present Bill proposes to substitute the above clause in the following manner

"(c) One member from each State in which a State Medical Register is maintained, to be elected from amongst themselves who are the members of the State Medical Council;"

8.16 The Department drew the attention of the Committee towards the problems being faced in filling up the vacancies under this category, elections for which were held amongst the Registered Medical Practitioners. For want of up-to-date electoral rolls or due to election disputes, elections were either not taking place or were being over-delayed in many States. Not only this, the present system of conducting election in the State as a whole through postal ballot had proved to be cumbersome, time-consuming and expensive. With a view to remove these difficulties, the Department proposed to change the eligibility criteria of candidates by restricting the same to members of State Medical Council, which in itself was a representative body of medical professionals in the State. The Committee was given to understand that the election process as a result would be simpler and quicker. Moreover, at present there was no specific representation of the State Medical Councils in the Medical Council of India. The amendment would thus enable the Government to ensure the representation of this category in the Council and better coordination between the State Councils and the MCI.

8.17 During the course of its interaction with various stake-holders, Committee's attention was drawn to the fact that State Medical Councils were not there in some States. As a result, such States will not be represented in the Council if the proposed amendment in the eligibility criteria of candidates under the Registered Medical Graduate category was brought into effect.

8.18 On a specific query in this regard, the Department initially informed that twenty one States were having State Medical Councils. Information was being collected from the remaining State Governments which are mainly responsible for constitution of State Medical Councils, regarding their status and constraints, if any, being faced by them. On further pursuing the matter, the Department admitted that information regarding constitution of State Medical Councils had to be obtained telephonically from some States. Final position which emerged was that twenty two States have State Medical Councils, out of which seventeen are elected bodies and in five States, the Council is constituted through nomination, pending formation of the Council through election. In one state i.e. Maharashtra, the Council is suspended as per judicial orders and is functioning under an administrator. In thirteen States/Union Territories, State Medical Council is not in existence. Out of these, six are Union Territories and seven are States located in North-Eastern region. There is no

medical college in eight States/Union Territories, and one medical college exists in each of remaining States/Union Territories except Pondicherry.

8.19 The Committee is surprised to note that inspite of not having the basic information about the status of State Medical Councils in different States, the Department has come out with a proposal to amend Section 3 (1) (c) by making the membership of State Medical Council mandatory. Taking the plea that it is the responsibility of State Governments to constitute a State Medical Council cannot justify the amendment proposed by the Department. It would not be wrong to conclude that had the Committee not persistently called for this information, the Department would have remained blissfully unaware of the ground reality in the States.

8.20 Taking a serious view of this, the Committee would like to point out that restricting the category of Registered Medical Graduates to the members of State Medical Councils can only be considered a remedy worse than the problem. The Committee was given to understand that States not having their own Councils were attached to the adjoining State Councils. The Committee, however, finds that this would not make a difference for the simple reason that such States are attached to the adjoining State Councils only for the purpose of registration of their medical graduates. Such States do not enjoy the right to become members of State Medical Councils. Thus, they will continue to remain unrepresented in the Council.

8.21 The Committee observes that under this category, 15 members are to be elected to the Council. The Committee would like to point out that at the time of enactment of IMC Act in 1956; there were only 14 States in the country. The present figure stands at 28 states and 7 Union Territories (two Union Territories having their State Legislatures).

8.22 The Committee also notes that Clause (d) of Section 3(1) of the Act specifying the election of 7 members from persons with licentiate medical qualification is proposed to be deleted as the strength of this category of persons has gradually come down due to discontinuance of licentiate qualifications since 1964. While having no objection to this amendment, the Committee would like to point out that an indirect impact of this deletion would be that strength of elected members would be reduced. The Committee has been given to understand that till recently there were only 15 State Medical Councils and members were being nominated accordingly.

8.23 The Committee recommends that strength of membership under this category needs to be increased keeping in view the fact that twenty two States are already having State Medical Councils and efforts are on to persuade the remaining States to do the same. The Committee also recommends that till such time such States constitute their own State Medical Council, the Registered Medical Graduates of such States should not be denied the right to elect their own representative to the Council. Therefore, in respect of such States, the corresponding provision as it existed in the Principal Act should continue to be applicable.

8.24 The Bill proposes that after Clause (e), the following clauses shall be inserted

“(f) the Director General of Health Services, ex-officio;

(g) the Director General (Armed Forces Medical Services), ex officio;

(h) the Director, All India Institute of Medical Sciences, New Delhi, ex officio ;

(i) the President, National Board of Examinations, New Delhi, ex officio.” ;

8.25 The Department has submitted that from the inception of the Act, the number of Central Government nominees has not been revised, while in other category of constituents, the number has increased over time with addition of States, Universities and States Medical Councils. As of now, out of 119 members in the Council, there are only 8 nominees from the Central Government. This amendment is primarily meant to associate important functionaries administering medical

profession/education with the functioning of MCI and to obtain their advice to help the Council in its work.

8.26 During the study visits of the Committee to various states it was suggested that the following persons may be nominated to the MCI as ex-officio members in place of the four ex-officio members as proposed in Clauses (f) to (i) in Section 3(1) of the Act.

- (a) Vice- Chancellors of Health Universities
- (b) National President of Indian Medical Association
- (c) One member elected by each State Medical Council from amongst its members
- (d) One member elected from each State/Union Territories to be elected from amongst the members in the State or UT which are awarding medical qualification.
- (e) Directors, Medical education of respective State Govt/ four directors each representing different zones of the country viz. East, West, North and South, as these officials are looking after Medical Education in the states.

8.27 Most of the witnesses who appeared before the Committee were not in favour of nomination of four ex-officio members in the Council. Apprehensions were voiced that addition of four more nominated members to the already existing twenty-eight state nominees to be nominated by the Central Government in consultation with the respective State Governments and eight Central Government nominees may result in reversal of representative character of the Council resulting in situations when nominated members may constitute a majority.

8.28 The Committee agrees with the views of the witnesses that this provision would have an adverse impact on the representative character of the Council which is primarily an elected body, thereby compromising its autonomy. The Committee feels that in case it is required to have the benefit of expertise of professionals, they should be included in the category of nominated members under the provisions of Clause (e) of Section 3(1) of the Act. The Committee therefore, recommends that provision contained in Clause 3(a) (iv) of the Bill, be deleted.

8.29 Clause (e) of Section 3(1) of the Act gives the power to the Central Government to nominate eight members to the Council. The Committee observes that no special eligibility criteria except a medical degree has been fixed for nomination of these eight members. Position is somewhat different in the two other professional bodies of nursing and dental education having a similar mandate. The Committee after deliberating on this issue at great length feels that this discretionary power enjoyed by the Central Government needs to be somewhat restricted.

8.30 The Committee's attention has also been drawn to the fact that both AICTE and Nursing Council have two members from Lok Sabha and one member from Rajya Sabha elected by the respective Houses. The Committee finds that similar recommendation was made by the Joint Committee on IMC (Amendment) Bill, 1987 in its Report. The Committee is in agreement with this suggestion and accordingly recommends that out of the eight members to be nominated by the Central Government under Section 3(1) (e) of the Act, three should represent the Parliament in the same proportion as in AICTE and Nursing Council. The Committee also recommends that all efforts should be made to nominate the members under this category of nominated members on the basis of zonal representation so that all zones in the country are represented in the Council. The Committee therefore, recommends that suitable amendments in Section 3(1) (e) of the Act be made.

8.31 Clause 3 of the Bill also seeks to insert a proviso under Section 3(2) which lays down that the President and Vice-President of the Council shall be elected by the members of the Council from amongst themselves and proviso sought to be inserted restricts the right of member to be elected as President/ Vice-President to only two terms.

8.32 Divergent views were put across to the Committee in this regard. While some of the witnesses did not have any objection to the proposed restriction in respect of term of President/ Vice-President, others contended that it would be curtailment of individual rights and negation of democratic spirit. The Committee feels that the embargo of restricting the permissible number of terms to be two in number definitely amounts to violating the democratic norms and spirit, which is unheard of with reference to any elected professional Councils anywhere in the country, hence the clause needs to be deleted.

9. Clause-4

9.1 Clause 4 of the Bill seeks the insertion of a new Section 3A "Reconstitution of Council" after Section 3 of the Principal Act. As per this clause, the existing Council shall stand dissolved with all the members vacating their offices from the date of commencement of Indian Medical Council (Amendment) Act, 2005. A new Council shall be constituted by the Central Government as soon as possible and till the time the new Council is re-constituted or the expiry of six months, whichever is earlier, a Board of Administrators consisting of not more than five members headed by a Chief Administrator appointed by the Central Government shall exercise the powers and perform the functions of MCI.

9.2 The Department has clarified that reconstitution of the Council is necessary as the amendments proposed by the Government will bring in significant changes in the nature of elected category of Universities, Registered Medical Graduates and dropping of Licentiate category. A number of ex-officio members are also proposed to be included in the Council. The composition of the new constituents will be drastically different from the existing one. The Department also drew the attention of the Committee to a similar methodology adopted for reconstitution of the Maharashtra Council of Indian Medicine while amending the Maharashtra Medical Practitioners Act, 1961 in 1982. The Department further clarified that during the interregnum; a Board of Administrators consisting of eminent persons who will be renowned doctors will oversee the working of the Council and also facilitate smooth transfer of work to the new Council within six months.

9.3 During the visits of the Committee to the States, the witnesses strongly opposed the dissolution of the existing Council and appointing a Board of Administrators. They were of the opinion that conducting the election should be made time bound and the existing Council should be allowed to continue until the new Council is formed. They have also expressed their concern regarding the reconstitution of Council headed by Administrators. They were of the view that instead of the Central Government appointed Administrators who are not acquainted with the functioning of MCI, the existing members should be allowed to hold office till the new Council is reconstituted.

9.4 Strong reservations on this proposal were expressed by all the witnesses who appeared before the Committee. Dissolution of a duly constituted body and then governing the same through a Board of Administrators was not considered a legitimate move especially in respect of an elected body.

9.5 The Committee takes note of serious reservations expressed by the witnesses appearing before it. The Committee is inclined to agree with their view that dissolving a statutory body which besides nominated members, also consists of elected representatives and replacing the same with Government appointed "administrators" is an antithesis to the running of an institution on democratic principles. This provision, in the opinion of the Committee, has the potential to inflict irreparable damage not only upon MCI but also other institutions which are run on similar democratic principles. The Committee is not inclined to agree with the contention of the Department that composition of the new constituents will be drastically different from the existing ones. As per Clause 3 of the Bill, category (a) and (e) remain unchanged. Modification sought to be made in categories (b) and (c) are only for

the purpose of expediting the election procedure. Basic constituents, i.e. members of medical faculty of university and registered Medical Graduates remain the same.

9.6 The Committee would also like to point out that out of 119 members in the Council, 74 vacancies are duly filled in with 40 being from the elected category. Not only this, details about action taken by the Government in filling up the vacancies under different categories since December, 2001 onwards clearly indicate that majority of members, both under the elected and nominated category are yet to complete their five year term. The Committee, therefore, is of the firm opinion that dissolution of a duly constituted body cannot be considered a wise move. The Committee after examining the implications of the proposed amendment suggests a viable alternative which would be acceptable to all concerned. An interim Committee comprising of four members from both nominated and elected categories under section 3 (1) (a),(b), (c) and (e) under the Chairmanship of a retired Supreme Court Judge can be constituted for conducting election for filling up the existing vacancies. This interim Committee should accomplish its work within a period of three months instead of six months. The Committee recommends that the proposed Section 3A may be amended accordingly.

10. Clause-5

10.1 Clause 5 of the Bill seeks to substitute sub-section (1) of Section 4 of the Act by a new sub-section. The relevant provision of the Act is reproduced below:-

“(1)An election under clause(b), clause (c) or clause (d) of sub-section (1) of section 3 shall be conducted by the Central Government in accordance with such rules as may be made by it in this behalf, and any rules so made may provide that pending the preparation of the Indian Medical Register in accordance with the provisions of this Act, the members referred to in clause (d) of sub-section (1) of section 3 may be nominated by the Central Government instead of being elected as provided therein”.

10.2 The relevant provision of the Bill is as under:

(a) for sub-section (1), the following sub-section shall be substituted, namely -

“(1) An election under clause (b) or clause (c) of sub-section (1) of section 3 shall be conducted by such authority and in accordance with such rules as may be made by the Central Government in this behalf” ;

(b) after sub-section (1), the following sub-section shall be inserted namely :-

“(1A) If the authority is unable to conduct election referred to in sub-section (1), within a period of three months from the date of occurrence of the vacancy, it shall record the reasons thereof and the Central Government on being satisfied of the reasons shall, till such time the member is elected in accordance with the provisions of sub-section (1), fill the vacancy, -

(a) falling under clause (b) of sub-section (1) of section 3, by nomination of,-

(i) the Vice-Chancellor in case of a State where the University of Health Sciences has been established and in the event of his being ineligible, any eligible member from the medical faculty of that University in consultation with the State,- or

(ii) an eminent member belonging to the medical faculty in case of a State or Union territory having University with such faculty in consultation with that State or the Union Territory, as the case may be; and

(b) falling under clause (c) of sub-section (1) of section 3, by nomination of the person who is enrolled as a member on the State Medical Register in the concerned State,

and the member so nominated shall be deemed to have been duly elected under section 3 and shall hold office till the expiry of the term specified under sub-section (2) of section 7 or till such time the member is elected in accordance with the provisions of sub-section (1) of this section, whichever is earlier”.

10.3 Giving the background necessitating the modifications proposed in section 4(1), the Department clarified that as per the existing provision, the sole responsibility for conducting elections to the Council is of the Central Government. Although Registrars of Universities and Returning officers are entrusted with this task as and when the vacancy arises, undue delays in conduct of elections happen due to one reason or the other. The Department emphasized that these authorities needed to be made responsible. Accordingly, by substitution of Section 4(1), these authorities in place of the Central Government have been made statutorily responsible for timely conduct of elections.

10.4 The Committee observes that sub - section 1(A) is proposed to be inserted in Section 4 of the Act whereunder, Central Government will have the power to nominate members in the categories specified in the Clauses (b) and (c) of Section (3) (1) of the Act in the event of elections not being conducted within a period of three months from the date of occurrence of the vacancy. Seeing no apparent justification for bringing such a modification having disturbing implications, the Committee made an attempt to understand the genesis of this proposal. Response given by the Department has justified the apprehensions of the Committee. The Department has clarified that considering the past experience in conducting election from various constituencies and to address the delay caused by unforeseen and uncontrollable reasons in completing the process of electing the members in time, enabling provisions have been made in the proposed amendment so as to ensure that the Council remains duly constituted.

10.5 Department's contention that nomination would normally be made in consultation with the State Government and would be restricted to the concerned constituency is not convincing. Proposed amendment is likely to increase the imbalance in the composition of the Council as the Central Government will have the power to nominate a person enrolled on the State Medical Register, criteria of membership of State Council notwithstanding. Similarly, in the case of University category, in the event of elections not being held, Central Government can nominate either the Vice-Chancellor or any eminent member of the Medical Faculty. This position is likely to be aggravated further with no time restriction for term of members. The Committee fails to understand the need for such a provision with the election process starting three months prior to the vacancy arising and to be completed at the end of three months after the occurrence of vacancy. The Committee is of the firm opinion that the authority statutorily responsible for holding election has to complete the entire exercise within six months or face serious consequences. The Committee thus finds the enabling provision as envisaged under Section 4(1A) totally unacceptable and, accordingly, recommends the deletion of the same.

11. Clause 6

11.1 Clause 6 seeks to substitute Section 5(1) regarding restrictions on nomination and membership which specified the eligibility criteria for members nominated from each state under clause (a) of Section 3(1). Proposed Section 5(1) is as follows

“(1) No person shall be eligible for nomination or election under sub-section (1) of section 3 or sub-section (1A) of section 4 unless he possess any of the medical qualifications included in the First and the Second Schedule and Part II of the Third Schedule, and is permanently enrolled on any State Medical Register or the Indian Medical Register:

Provided that no person shall be eligible for nomination under clause (a) of sub-section (1) of section 3 unless he resides in the State concerned and where a State Medical Register is maintained in that State he is also enrolled on that Register”.

11.2 The Committee notes that the proposed amendment under Clause 6 would be applicable for all the categories of members enumerated under Section 3(1) of the Act. While agreeing with the proposed amendment, the Committee would like to point out that this eligibility criteria should not be made applicable to the three Members of Parliament to be nominated to the Council as recommended by it under Category (e). The Committee, accordingly, recommends necessary modification of this provision.

12. Clause 7

12.1 Section 7(2) of the Act provides that a member shall hold office for a term of five years from the date of his nomination or election or until his successor has been duly nominated or elected, whichever is longer. This sub-section is proposed to be substituted by the Bill in the following manner:

“Subject to the provisions of this section, sub-section (1) of section 30A or section 30B, a member, other than an ex-officio member, whether nominated or elected, shall hold office for a term of five years from the date of issue of the notification appointing him as a member of the Council by the Central Government:

Provided that no member shall continue to hold office beyond three months after the expiry of his term of five years, unless re-nominated or re-elected”.

12.2 While approving the proposed substitution in Section 7(2) of the Act, the Committee has reservations about the proviso to this Sub-section. The Committee would like to draw the attention of the Department towards the existing Sub-section (6) of Section 7 reproduced below

“where the said term of five years is about to expire in respect to any member, a successor may be nominated or elected at any time within three months before the said term expires but he shall not assume office until the said term has expired”

12.3 The Committee is of the firm view that above sub-section (6) is more appropriate as it makes it mandatory that election/nomination process is to start three months prior to the expiry of the term. The Committee fails to comprehend the rationale for having the proposed proviso to Section 7(2), as it would be in contradiction of Sub-section (6). The Committee, accordingly, recommends the deletion of the same.

12.4 During the visit of the Committee to different States reservations were expressed by witnesses on Clause 7(b) which provides for insertion of new sub-section (3A) under Section 7 of the Act. It was stated that withdrawal / removal of nominated members is not acceptable as it is likely to be misused. It was suggested that withdrawal or removal of nominated members of Council should be in public interest or on the recommendation of State Government and should be on grounds of misconduct / incapacity.

12.5 The Committee has not agreed to the insertion of new sub-section (1A) under Section 4 of the Act. Since the amendment proposed in Clause 7 (b) of the Bill for the insertion of new sub-section 3A under Section 7 of the Act relies on the insertion of new sub-section 1(A) under Section 4, the Committee recommends deletion of the same.

13. Clause 8

13.1 Clause 8 of the Bill seeks to amend Section 10 of the Act which provides for composition of the Executive Committee. As per this provision, the Executive Committee consists of President and Vice-President who shall be members ex-officio and not less than seven and not more than ten members who shall be elected by the Council from amongst its members. The Bill provides that the Executive Committee shall consist of President and Vice-President of the Council and nine elected

members. In addition to these eleven members, ex-officio members proposed under Clauses (f), (g), (h) and (i) of sub-section (1) of Section 3 are also proposed to be the members of Executive Committee.

13.2 During the visit of the Committee to different States, the witnesses who appeared before the Committee expressed their apprehensions on amendment of Section 10 that proposes nomination of ex-officio members in the Executive Committee, as it would dilute the representation of elected members. Hence, no member should be directly nominated to Executive Committee especially if they are from the nominated category.

13.3 The Committee notes that the Executive Committee is the most powerful decision-making body of the Council. Clause 8 proposes to increase the membership of the Executive Committee from 12 members to 15 members. It further proposes to include four ex-officio members proposed under clause (f), (g), (h) and (i) of sub-section (1) of Section 3 in the Executive Committee. The Committee doesn't agree to the proposed amendment as it feels that the decision-making process should be broad-based and free from all vested interest and bias. The Committee, therefore, recommends that the Executive Committee should consist of the President, the Vice-President and 10 elected members only.

14. Clause 9

14.1 Clause 9 of the Bill proposes to introduce new sections 30A, 30B, 30C, 30D and 30E after Section 30 of the Principal Act with the objective of giving special powers to the Central Government. On a specific query about the reasons for inclusion of such provisions, the Department clarified that till the amendment of the Act in the year 1993, the power to give permission for establishment of new medical college, increase in intake capacity, starting the higher courses vested with the respective State Government/ State University. The Central Government on the recommendation of MCI was recognizing the degree awarded by the University/ Institution and including it in the schedule to the Act or de-recognizing the degree of individual colleges, if they failed to maintain the standard, after giving adequate opportunity. However, through the amendment of 1993, the power to grant permission for establishment of medical colleges etc was taken over by the Central Government. The Central Government, for discharging the said function, entrusted the MCI, the task of evaluating the proposals and making suitable recommendations to the Central Government.

14.2 The Department further clarified that the legislative mandate as contained in Section 10A of the Act explicitly provides for recommendatory role to MCI, and any decision taken by the Government contrary to the recommendation of the Council is being perceived as infringement on the autonomy of the Council. Moreover, in the case of Harish Bhalla, the Delhi High Court, while considering the issue of continuation of President of MCI, had observed that for disqualifying a person from holding an office in the MCI, there have been no specific provision in the Act. Accordingly, a need was felt to make a specific provision in the Act empowering the Central Government to give directions to MCI on policy issues and also take suitable action in the event such orders are not followed without sufficient reason. The proposed amendments include (a) enabling the Council for recommending removal of President/ Vice-President/ Member of the Council; (b) enabling the Central Government to dissolve the Executive Committee/ other committees and remove the President, Vice-President and the members of such committee in the event of such functionaries being unable to perform or abuse power or willfully or without sufficient cause comply with directions issued by the Central Government. Provisions have also been made to ensure proper accountability of the statutory body with adequate safeguards for ensuring that arbitrary action is not taken by the competent authority. Similar provisions for giving directions or power to supersede the Council or power to remove the member of the Council also exist in various other statutes of the

professional bodies like AICTE, UGC, State Medical Council Act of Maharashtra, Karnataka, Tamil Nadu and Delhi.

14.3 The Committee on a close scrutiny of the Acts having similar provision, as claimed by the Department, is constrained to observe that things are entirely different. It would not be wrong to say that making such an assertion can only be considered as an attempt to mislead the Committee. The Committee is surprised to note that none of the Acts as mentioned by the Department has the same provisions as proposed to be inserted in the IMC Act in the name of ensuring proper accountability of a statutory body. The Committee would like to point out that AICTE Act has only two provisions, one is the power to give directions and the other to supersede the Council, which cannot be put on the same footing as the provisions envisaged under the proposed Sections 30A, 30B, 30C, 30D and 30E. While the UGC Act, 1956 has only the provision relating to give directions, and even this provision is different from the provision proposed to be included in the IMC Act. It would not be out of place to mention that both AICTE and UGC are nominated bodies whereas MCI is primarily an elected body. With regard to the State Acts of Delhi, Maharashtra, Karnataka and Tamil Nadu, similar provisions, as made available to the Committee by the Department, are nowhere near to the powers proposed to be given to the Central Government under the IMC Act. The Committee would also like to point out that professional bodies having similar mandate as MCI like Dental Council, Nursing Council and Indian Medicine Central Council and Homeopathy Central Council do not have such provisions. The Committee is not inclined to accept the contention of the Department that the proposed provisions are less stringent as compared to the position contained in other Acts. The Committee would also like to place on record that very strong reservations in respect of these provisions were expressed by all the witnesses who appeared before the Committee. The Committee would like to make its observations and recommendations on all the five new additional provisions separately.

14.4 The proposed Section 30A is related to the removal of President, Vice-President or member of the Council which is reproduced below “

“30A. (1) The Council may recommend to the Central Government for removal of the President, the Vice- President or any member on the grounds of misconduct or incapacity by a resolution passed by a majority of the total membership of the Council excluding the vacancies and a two thirds majority of the members present and voting after having given a reasonable opportunity of being heard, and the Central Government may, after being satisfied of the grounds on which such removal is recommended, remove the President, the Vice-President or the member from the Council in accordance with such rules as may be made by it:

Provided that the Council shall, before making any recommendation for removal of a member, consider the views of a Disciplinary Committee constituted for the purpose, which shall follow such procedure as the Central Government may by rules determine.

(2) When the President is removed by an order under sub-section (1), during the period of such removal the powers and duties conferred and imposed on the President under this Act shall be exercised and performed by the Vice-President.

(3) Where the Vice-President is removed by an order under sub-section (1), during period of such removal the powers and duties conferred and imposed on the Vice-President under this Act shall be exercised and performed by such person as the Central Government may appoint in that behalf from amongst the members of the Council.

(4) The President or the Vice-President or the member, as the case may be, shall be elected in the manner provided under this Act within the period of three months from the date on which the order of removal was issued under sub-section (1) .

14.5 The Committee was given to understand by the witnesses who appeared before it that as a result of this provision, the President or the Vice President will not be able to function properly as

there will always be the threat of being thrown out if not agreeing to any point with the Council members. As a result, the President or the Vice President shall always have to compulsorily keep the Government and Council members in good humour. This will seriously jeopardize the independent working and decision making by the President or the Vice President.

14.6 During its study visits to different states the Committee's attention was also drawn to the provision relating to removal of the President, Vice President and member of the Medical Council of India and apprehensions were expressed that this would adversely affect smooth functioning of the Council. It was also brought to the notice of the Committee that in the Bill there is nowhere mentioned as to how the Disciplinary Committee would be constituted. On being asked to clarify the position in this regard, the representative of the Ministry of Health, Government of India explained that as per the present position, Disciplinary Committee has to be constituted as and when there has been a case before the Council for the removal of office-bearers though there is no explicit provision in the Bill for the constitution of the Disciplinary Committee. The State Government of U.P and other States were of the view that this provision in the Bill has ambiguity and if at all this provision is allowed to remain in Bill then the Bill itself should contain the provision for the constitution of Disciplinary Committee on the lines of Executive Committee as provided in the Act.

14.7 The Committee observes that the decision for the removal of President/ Vice-President/ Member would be based on a majority decision taken by the Council after giving a reasonable opportunity of being heard. The Committee, however, notes that a distinction is proposed in the case of a Member where such a decision would be based on the views of a Disciplinary Committee which would follow such procedure as determined by rules to be framed by the Government. The Committee fails to understand the rationale for having such a provision. It cannot be considered an additional safeguard as claimed by the Department. It is not known what would be the composition of such Disciplinary Committee and the authority under which it would be working. The Committee apprehends that by virtue of such a provision, Members of the Council would not be in a position to act independently. Further, the Committee would like to point out that in the light of the proposed definition of Member which includes both President and Vice-President; it is not clear whether their misconduct or incapacity could be considered by this Disciplinary Committee. The Committee, therefore, recommends that the action envisaged under Section 30A should remain confined to the Council only and while doing so the Council should ensure that principles of Natural Justice are followed in true letter and spirit and there should also be no arbitrary action.

14.8 The Committee also recommends that instead of three months, a period of one month would be adequate for election of President/ Vice-President/ Member. Section 30A may be amended accordingly.

14.9 The proposed Section 30 (B) provides for withdrawal and removal of nominated members of Central Council which is given below:

“30B. Notwithstanding anything contained in Section 7, if the Central Government considers it to be expedient in the public interest or on the recommendation of the State Government concerned that a member nominated to the Council under clause (a) or clause (e) of subsection (1) of section 3 should withdraw from the Council, the Central Government may give such direction and if the member refuses to comply with the direction so given, it may, be order, remove such member from the Council.”

14.10 Justifying the inclusion of the above provision, the Department informed the Committee that there is no provision available now to replace a person nominated by the Central Government either by itself or on recommendation of the State Government even when the member concerned has not been adequately representing the interest of the Government who has nominated him to the Council.

14.11 Witnesses who appeared before the Committee were by and large not in favour of such a provision. Apprehensions were expressed that it would be against the upright functioning of a Member and also infringe upon the independent functioning of an autonomous professional body.

14.12 The Committee does not agree with the submission of the Department that there is a need for having a provision for withdrawal and removal of nominated members. The Committee is of the opinion that such a provision will prove to be discriminatory against nominated members. In the name of 'public interest' nominated members will virtually be at the mercy of Central Government. Such a power to recall members nominated by States or Central Government itself cannot be considered a healthy trend. One must also not forget that there is no bar on the election of nominated members as President or Vice-President by the Members of the Council. Thus, if the above amendment is incorporated in the Principal Act, in the event of a President or a Vice-President or both being nominated members, Central Government will have the power to recall them. The Committee, therefore, expresses its serious reservations on proposed section 30B and recommends its deletion, with a view to safeguard the rights of Members for carrying out the objectives of the Council.

14.13 The proposed Section 30 C is related to directions by the Central Government which is reproduced below: -

- i. In the discharge of its functions under this Act, the Council shall be guided by such directions, as may be given to it in the public interest, by the Central Government
- ii. If any dispute arises between the Central Government and the Council as to whether a question relates to public interest or not, the decision of the Central Government thereon shall be final.

14.14 On a specific query with regard to the above provision, the Department justified the proposed addition by saying that the Government proposed to issue directions in public interest which can only be on policy issues and not on specific individual cases. It was inconceivable that entrusting such powers to Central Government which already exist in other Central Acts will in any way infringe upon the autonomy of the Council.

14.15 The witnesses who appeared before the Committee were not in favour of such powers sought to be given to the Central Government.

14.16 Attention of the Committee has been drawn to the following recommendations made in this regard by the Joint Committee on IMC (Amendment) Bill, 1987 –

“The Central Government may, from time to time, give such directions to the Council as it may think fit for carrying out any provisions of this Act or any order, rule or regulation made there under and when such direction is given, the Council shall carry out such directions.”

14.17 The Committee feels that the proposed Section 30 C in the IMC Act, 1956 may lead to situations when in the name of 'public interest', day to day functioning of the Council would be hampered. The Committee, therefore, feels that the recommendation made by Joint Committee on IMC (Amendment) Bill, 1987 would be appropriate for the purpose of direction by Central Government. The Committee recommends that Section 30 C be substituted with the following: -

“The Central Government may, from time to tome, give such directions to the Council as it may think fit for carrying out any provisions of this Act or any order, rule or regulation made thereunder and when such direction is given, the Council shall carry out such directions.”

14.18 The proposed Section 30 D is related to the power of Central Government to dissolve the Executive Committee or any other Committee which is reproduced below: -

30D. (1) If the Central Government is of the opinion that the Executive Committee or any other committee of the Council is unable to perform or has made persistently defaults-

(a) in the performance of the duties imposed on it by or under this Act or has exceeded or abused its powers; or

(b) either willfully or without sufficient cause in complying with any direction issued by the Central Government under section 30C, the Central Government may, by notification published, together with a statement of reasons therefor, in the Official Gazette, dissolve the Executive Committee or such other committee:

Provided that before issue of such notification, the Central Government shall give a reasonable time to the Executive Committee or such other Committee, as the case may be, to show cause why it should not be dissolved and shall consider the explanations and objections, if any, of the Executive Committee or such other committee.

(2) Upon the publication of a notification under sub-section (1) dissolving the Executive Committee or, as the case may be, such other committee.-

(a) all members of the Executive Committee, or the other committee shall, notwithstanding that their term of office has not expired, as from the date of dissolution, vacate their office as such members;

(b) all powers and duties which may, by or under the provisions of the Act, be exercised or performed by or on behalf of the Executive Committee or the other committee, during the period of dissolution, be exercised and performed by such person or persons as the Central Government may appoint in that behalf from amongst the members of the Council:

(c) Provided that the term of office of the person or persons so appointed under this sub-section shall not exceed a period of six months or till the time a new Executive Committee or such other committee is constituted, whichever is earlier.”

14.19 The Committee has been given to understand that only in the event of the Committee exceeding its powers and not complying with the directions of the Government, these provisions are required to be exercised by the Government with a view to improve the accountability of the Committee. Adequate safeguards have been made to prevent misuse of this provision by calling for its views before any action is taken and also to restrict the period of dissolution of the Committee to a maximum period. It was also emphasized that such members of the Executive Committee or any other Committee which is dissolved or the President/ Vice-President/ Member of the Executive Committee who are removed will continue to be the Member of the Council. The Department also clarified that another safeguard will be provided by carrying out suitable amendment to the Transaction of Business Rules after the Bill is passed by which a decision for dissolution of the Executive Committee or removal of President or Vice-President or member of the Executive Committee or such Committee will be taken at the level of the Prime Minister.

14.20 The Committee strongly feels that an elected body cannot be dissolved by an Executive order. Further, imposition of persons in spite of them being from amongst the members of the Council as proposed will be clearly at the discretion of Central Government. Thus, for a period of six months, Central Government will be virtually running the Council. The Committee apprehends that instances may be there when Central Government may assume such powers more than once during the term of a Council. Thus, an atmosphere of confrontation may prevail which will be against the larger interests of all concerned. The Committee, therefore, recommends deletion of this provision from the Bill.

14.21 The proposed Section 30 (E) is related to “Power of Central Government to remove President, Vice-President or Member of Executive Committee or any other Committee which is reproduced below

30 E. (1) If the Central Government is of the opinion that the President or the Vice-President or the member of the Executive Committee or any other committee of the Council is unable to perform or has made persistently defaults-

(a) in the performance of the duties imposed on him under this Act or has exceeded or abused his powers; or

(b) either willfully or without sufficient cause in complying with any direction issued by the Central Government under section 30C,

the Central Government may remove from office the President or the Vice-President or the member, as the case may be:

Provided that before issue of such removal, the Central Government shall give a reasonable opportunity of being heard to the President or the Vice-President or the member, as the case may be, to show cause why he should not be removed from office and shall consider the explanations and objections, if any, of the President or the Vice-President or the member.

(2) Upon the removal from office under sub-section (1),-

(a) the President or the Vice-President or the member shall, notwithstanding that his term of office had not expired, as from the date of removal from office, vacate the office as such the President or the Vice-President or the member;

(b) all powers and duties which may, under provisions of this Act, be exercised or performed by the President or the Vice-President, as the case may be, shall, during the period of removal from office, be exercised and performed by such person as the Central Government may appoint in that behalf from amongst the members of the Council:

Provided that the term of office of the person so appointed under this sub-section shall not exceed a period of six months or till the time a new President or the Vice-President or the member, as the case may be, elected in the manner provided under this Act whichever is earlier.

14.22 The Committee notes that the justification given by the Department for insertion of proposed Section 30 E is more or less on the same lines as in the case of dissolution of Executive Committees and other Committees. The witnesses who appeared before the Committee were not in favour of insertion of new Section 30 D which provides for dissolution of the Committees, and as a consequence of those apprehensions, they were of the view that this provision also suffers from the same defect.

14.23 The Committee reiterates its reservations on the provision of Section 30 D which deals with the dissolution of Executive Committee and other Committees. Since the provision of the proposed Section 30 E also deals with the Executive Committee or other Committees for the purpose of removal of President/Vice President/Member, the Committee feels that there is no need to insert this Section in the Act. The Committee, accordingly, recommends deletion of this provision from the Bill.

14.24 Committee’s attention has been drawn by a specific provision regarding setting up of Commission of Inquiry as enumerated in Section 30 of the Act. This provision gives the power to the Central Government to refer a complaint against the Council if found not complying with any of the provisions of the Act to a Commission of Inquiry consisting of three persons, two of whom shall be

appointed by the Central Government, one being the judge of High Court and one by the Council. This Commission has the authority to inquire into any complaint made by the Central Government against the Council and on the establishment of any charge of default or improper action by the Council; the Commission can recommend the remedial measures. This provision further provides that in the event of the Council failing to comply with the remedies recommended by the Commission, the Central Government will have the powers to amend the regulations of the Council/ make such provision/ order/ takes such other steps so as to give effect to the recommendations of the Commission.

14.25 On a specific query about the reasons for not making use of this provision, the Committee was informed that the proceedings of such Commission of Inquiry are long drawn and the Government is unable to take any immediate steps to sort out certain important problems requiring immediate attention. The issues generally referred to a Commission of Inquiry relate to systematic failure of the organisation and are resorted to in extra-ordinary circumstances. The Committee was further informed that the draft Bill presently introduced has been moved with the intention of improving the day-to-day functioning of the Council. Mention was also made that in the larger public interest, adequate provisions were required to be made for ensuring implementation of the policy directions of the Government.

14.26 The Committee is not inclined to accept the above contention of the Government. The Committee strongly feels that with the insertion of Sections like 30B, 30D and 30E, the Government would get sweeping powers to interfere in the day-to-day functioning of the Council. Such provisions would result in further deterioration of working relationship between the Council and the Government. The Committee is of the view that the Central Government already has a special power of referring a complaint against the Council to a Commission of Inquiry specially constituted for the purpose. The Committee finds that such a provision exists only in the Dentists Act, 1948. Other Acts governing UGC, AICTE, and Nursing Council do not have such a provision. The Committee strongly feels that it would be appropriate if power given to the Central Government under Section 30 is made use of, as and when required.

15 Clause-11

15.1 This Clause empowers the Central Government to issue directions to the Council for making or amending or revoking any regulation within a specified period, by inserting Section 33A which is reproduced below: -

“33A. (1) where the Central Government considers it expedient so to do, it may, by order in writing, direct the Council to make any regulation or to amend or revoke any regulation already made within such period as it may specify in this behalf.

(2) If the Council fails or neglects to comply with such order within the specified period, the Central Government may itself make the regulations or amend or revoke the regulations made by the Council”.

15.2 The Department has submitted that at present, the Council notifies regulations after seeking previous permission of the Central Government. There are situations when the Council does not give effect to any new regulation or amend any existing regulations proposed by the Central Government which it may consider necessary without any valid reasons. This provision will enable the Central Government to deal with such an eventuality.

15.3 Strong reservations were expressed by majority of the witnesses in respect of this provision also. The Committee has been given to understand that such a provision was necessary to take care of an eventuality where Central Council was not agreeing to the suggestions made by the Central

Government with regard to regulations. The Committee is, however, not convinced by the contention of the Department.

15.4 The Committee would like to point out that under Section 32 of the Act; the Central Government is already empowered to make rules to carry out the purposes of the Act. Section 33 of the Act provides that the Central Council with the previous sanction of the Central Government may make regulations necessary for its functioning. The Committee fails to understand the justification for assumption of overriding powers by the Central Government as against the powers given to the Central Council, a professional body which will be making/ amending/ revoking regulations with the previous sanction of the Central Government. The Committee also feels that the provision of the proposed Section 30 C provides the Central Government enough powers to give directions to the Council for carrying out any provision of the Act and there is no need for a separate Section for this purpose. Accordingly, the Committee recommends deletion of Section 33A.

16 General Observations

16.1 Statement of Objects and Reasons to the Indian Medical Council (Amendment) Bill, 2005 indicates that over the years composition of the Council has lost its representative character. As a result, there was an urgent need for modification in the relevant provisions of the Principal Act. Besides that, there were broad hints that functioning of the Indian Medical Council also needed to be streamlined. Based on the feedback both oral and written received by the Committee from the Department of Health and Family Welfare and also its interactions with a large number of witnesses representing different backgrounds, the Committee has to make the following observations:

16.2 On a specific query about the initiative made by the Department for obtaining the views of all Stake-holders on various provisions of the proposed legislation, the Committee has been simply informed that the draft Bill at the initial stage was circulated to the Department of Secondary and Higher Education and Department of Expenditure for their comments. While both the Departments had no comments to offer, the Ministry of Law also examined the Bill but only from the legal point of view. Committee's attention has also been drawn to the following resolution passed by the Central Council of Health and Family Welfare in its meeting held on 28-29th August, 2003.

“The existing Indian Medical Council Act needs comprehensive amendment relating to the composition of the Medical Council to make it more compact and more representative in character to ensure its democratic functioning. Government of India should also have adequate powers of supervision including power to issue directions, to supercede the Council in case of its failure to perform its duties in accordance with the provisions of the Act.”

16.3 The Committee is well aware of the fact that the Central Council of Health and Family Welfare is an advisory body on policy matters concerning all aspects of Health and Family Welfare including education. This body has on its Board, besides representatives of a number of Ministries, States/Union Territories, non-officials like President, IMA and other medical experts. The Committee would like to point out that mere passing of above resolution even though by an empowered body like the Central Council of Health and Family Welfare cannot be considered equivalent to seeking the opinion of all concerned on the IMC (Amendment) Bill, 2005.

16.4 On a specific query regarding non-consultation of MCI in the process of preparation of the draft Bill, the Committee was informed that the IMC Act has made the Central Government responsible for ensuring composition and constitution of the Council. In such matters as these, it is mainly for the Central Government to formulate legislative proposals for amending the IMC Act to make it more effective and relevant to the present needs. Accordingly, MCI has not been actively involved in preparation of the present Bill.

16.5 During its study-visits, the Committee while interacting with the officials of various State

Governments and various representatives of Medical fraternity found that the common anguish expressed by most of them was that even though the provision of the Bill concerns / affects their interest, they were not involved in the consultation by the Central Government either at the drafting stage or even after its introduction in the Parliament. Some of the State Governments informed the Committee that they had in fact received the copy of the Bill few days before the visit of the Committee.

16.6 In view of this, the Committee is inclined to believe that prior consultation with various stakeholders, which is considered to be the ideally practiced pre-requisite to making legislation amongst all the popular democracies in the world has been given a go by in the present case without any ostensible reason. The Committee is therefore, convinced that the IMC (Amendment) Bill-2005 is in fact an exercise in haste and in case the Central Government had chosen to consult various State Governments and other stakeholders with an open mind, necessary changes could have been incorporated in the Act. much earlier and in a smooth and effective manner. The Committee expresses its serious concern on non-adherence to a well-established convention of consultation with all the stakeholders for bringing out any legislation or proposed amendments thereto.

16.7 The Committee observes that out of 119 members in the existing Council, only 74 are in position and out of these 74 members, 34 are in the nominated category. This position has remained more or less unchanged for the past so many years. Committee's attention has been drawn by the specific directions given to the Central Government by the Delhi High Court on 23.11.01 on a Public Interest Litigation filed by one Dr. Harish Bhalla to constitute the Council as per the statutory requirement as early as possible. This was further emphasized by the Supreme Court while hearing a SLP filed by the Government on the High Court Judgment. The Committee was given to understand that inspite of steps taken by the Government in this regard alongwith some of the vacancies being filled up, equal or more number of vacancies arose. The Committee notes that with the proposed changes in some categories of members, situation is likely to improve. But the fact remains that protracted election procedure, generally delayed by one reason or the other and also due to improper maintenance of voters list is likely to continue. The Committee finds it surprising that Government is also well aware that the problem is fundamental in nature requiring systematic changes. The present structure of election procedure even with modifications cannot address or redress the situation.

16.8 The Committee would like to emphasise that proposed modification by making some other authority, i.e., the Registrars of Universities/Returning Officers responsible for timely conducting of elections will not serve the purpose. The Committee also observes that delay factor is not confined to filling up the elected categories of members. It is evident even in the category of State Government nominees. Details for the period 2001 to 2005 made available to the Committee clearly indicate that inspite of MCI informing the Government about the vacancy well in advance, process of nomination gets invariably delayed either due to the State Government or Central Government

16.9 The Committee would therefore like to point out that serious efforts need to be made for streamlining the election procedure.

16.10 The Committee notes that while it is the responsibility of the Central Government to ensure constitution of the Council comprising of various categories mentioned under Section 3(1) of IMC Act, 1956, the elections are not conducted directly by the Central Government. As per the Rules framed under the Act, the Registrar of the University is to arrange for conduct of election. Similarly, for the category of registered medical graduates, a Returning Officer is recommended by the State Government for conduct of election. After the name of Returning Officer is notified by the Central Government, the elections are held and the Returning Officer intimates the result of the election to the

Central Government.

16.11 The Committee is of the firm opinion that a serious review of the existing election procedure is called for. A close scrutiny of records made available to the Committee from December, 2001 onwards about the action taken for filling up the vacancies in both elected and nominated category indicates that much time is wasted in the correspondence between the Central Government and the State Government/University. The Committee also observes that quite a few Universities were not even aware of the basic requirements for election of a University candidate.

16.12 The Committee feels that a proper designated authority having its own set up needs to be authorized for conduct of elections. Possibilities may be explored for having an expert body composed of MCI nominee, Central Government representative and also a nominee of State Government where election is to be held. It would be ideal if an observer from Election Commission/ State Election Commission is also part of such a body. In view of the position prevailing so far, the Committee strongly feels that instead of Central Government being directly involved in all the procedural aspects of election exercise, MCI can be entrusted with the responsibility for holding of elections in active co-ordination with the State Councils/ Universities. Expenditure for conducting elections may also be incurred by the MCI.

16.13 The Committee notes that under the Principal Act, the responsibility of maintaining Indian Medical Register and State Medical Registers, basis of voters' list, is that of the MCI and State Medical Councils respectively. The Committee has been informed that the IMR has been printed up to the year 2002 but notified in the Gazette only up to the year 1993. On a specific query about the pendency regarding updating of IMR, the Department clarified that the Council has huge surplus funds generated through levying various fees in discharge of its statutory functions apart from the grant-in-aid received from the Government. The MCI was, therefore, clearly asked to undertake the publication of IMR which is one of its statutory responsibilities from the resources available with it. In this connection, it is also relevant to point out that as per the Annual Report of the Council, the Council has in the range of Rs. 20-30 crores as corpus fund in addition to building funds etc. Further, every year the fee received by the MCI for discharging statutory functions is in excess of their expenditure. The Department was thus of the view that since the MCI is in possession of sufficient funds to print the IMR and notify the same in the Official Gazette, there was no need to seek additional funds from the Central Government

16.14 The Committee takes a serious view of non-implementation of statutory responsibility by the Council. The Committee in this respect would like to draw attention to the specific provision envisaged under Section 21 of the Principal Act

“It shall be the duty of the Registrar of the Council to keep the Indian Medical Register in accordance with the provisions of this Act and of any orders made by the Council, and from time to time to revise the register and publish it in the Gazette of India and in such other manner as may be prescribed”.

16.15 In view of the above provision, the Committee is constrained to observe that the responsibility of publication of IMR in the Gazette lies squarely on the shoulders of MCI and by not publishing it since 1994, MCI has failed to carry out its statutory responsibility. The Committee also feels that if MCI has sufficient surplus funds there is no reason why it should not bear the expenditure for publishing the IMR. The Committee is of the view that to resolve the whole issue once and for all a specific fund can be created under the statute wherein a fixed percentage of fees received by the MCI can be contributed. This fund shall be used for up-dating and publishing the IMR in the official Gazette. The Committee, therefore, recommends that adequate provisions in this regard should be made in the Act/ Rules.

16.16 During its extensive deliberations and also from the feedback received from various sources, one disturbing element which kept on emerging was the sheer lack of coordination between the Central Government and MCI. The Committee is deeply disturbed to note that both the authorities entrusted with the mandate of regulation of medical education and allied aspects and envisaged to play a complimentary role by the law-makers have unfortunately drifted apart, especially in the recent past. Situation has deteriorated to such an extent that working of MCI is being monitored by an ad hoc Committee of eminent doctors appointed by the Apex Court in 2001. As per the records made available to the Committee, ad hoc Committee has been reporting the satisfactory performance of the MCI. The Committee is, however, given to understand that the Department holds a different view altogether and has found the report of the ad hoc Committee unacceptable. The Committee finds that the matter is sub-judice and the case is going to come up before the Apex Court.

16.17 The Committee is extremely constrained to observe this state of affairs and hopes that with the judgment of Supreme Court, things would be normalized and fate of medical students will not continue to suffer any more.

16.18 The Committee had the occasion to go through the report of a Joint Committee of Parliament on the IMC (Amendment) Bill, 1987 given on 28th July, 1989. The Committee observes that while some of the recommendations made by the Joint Committee have already been incorporated in the Principal Act by bringing out amendments in 1993, some of them are yet to be implemented. The Committee has been informed that Government is considering bringing in a new legislation to regulate the admission and fee structure in the private medical institutions as recommended by the Joint Committee. While welcoming the move, the Committee would like to point out that one of the key recommendations of the Joint Committee was that in the event of a scheme for permission for the establishment of new Medical College/new course of study/ increase in the admission capacity being disapproved by the Central Government, both the applicant and the Council should be given a reasonable opportunity of being heard {para 13 of the Joint Committee Report on the inclusion of section 10A (4)}. However, the Committee finds that at the time of amendment in 1993, although the recommendations of the Joint Committee w.r.t section 10A were included, there was one exception. MCI was not given a chance to explain its views in case its recommendations regarding opening of a college, increase in admission capacity, new course of study has not been approved by the Government. The Committee notes that as informed by the Department, problems in the functioning of the Council arose after 1993 only.

16.19 The Committee feels that had the recommendations of the Joint Committee for giving an opportunity of being heard to both the applicant and MCI been incorporated in the Act, prevailing situation would not have arisen. The Committee feels that it would not be too late if the above said recommendation of the Joint Committee is incorporated in section 10A of the Principal Act.

16.20 As per the statement of Objects and Reasons, with the Council acquiring a recommendatory role in the matter of permission for opening a new college, introducing a new course, increasing the number of seats from 1993 onwards, the need for restraining the Council was being increasingly felt by the Government. However, this does not seem to be very convincing to the Committee. The Committee is of the firm opinion that the proposed amendments would not lead to any significant improvement.

16.21 The Committee also fails to comprehend the compulsions being faced by the Central Government for going into such extensive modifications without waiting for the outcome of SLP yet to be decided by the Supreme Court. Ideal position would have been if the Central Government had confined the amendments to only the provisions relating to composition of the Council and change

in the election procedure. ____

16.22 During the course of the Committee's interaction with the representatives of the State Governments, State Government Medical Colleges and State Medical Councils, the representative of the Ministry of Health and Family Welfare brought to the notice of the Committee that the power to confer Deemed University Status upon an institution including a medical institution is vested under the U.G.C. Act which falls under the purview of the Ministry of Human Resource Development. The Committee was also informed that the Ministry of Human Resource Development does not consult the Ministry of Health and Family Welfare and the M.C. I. in the matter of conferment of the Deemed University Status even if the institution happens to be a medical institution.

16.23 The Committee is of the considered view that medical education is very distinct from technical education and the Ministry of Health and Family Welfare being the administrative Ministry for the overall monitoring of medical education and the M.C.I. being the premier regulatory medical body in the country must be involved in the matter of conferment of Deemed University Status upon a medical institution. The Committee, therefore, directs that the Government put in a regulation to the effect that the Ministry of Human Resource Development must consult the Ministry of Health and Family Welfare and the M.C.I. before it confers the Deemed University Status upon a medical institution.

RECOMMENDATIONS / OBSERVATIONS AT A GLANCE

The Committee feels that the definition should also specify the category of member- whether elected or nominated. The Committee, accordingly, recommends that the following definition of 'member' may be inserted after clause (f) of the Principal Act:-

“(ff) “member” means a member of the Council, elected or nominated and includes President and Vice-President. (Para 7.2)

The Committee notes that under clause (a) of section 3(1) of the Principal Act, the Central Government nominates one member from each State in consultation with the respective State Governments while the Union territories are unrepresented under this category. The Committee is of the view that Union Territories also need to be represented in the Council, specially keeping in view the fact that majority of Union Territories continue to suffer from lack of medical education facilities. The Committee is amazed to note that the Joint Committee on the Indian Medical Council (Amendment) Bill, 1987 in its Report presented to the Parliament on 28th July, 1989 had made specific recommendations on this aspect. The Committee is not satisfied with the latest feedback received from the Department that the Union Territories of National Capital Territories of Delhi and Pondicherry having State Legislature are now considered for representation in the Council and the other Union Territories do not have any medical colleges. The Committee would like to point out that some States, although not having medical colleges, are still represented in the MCI by their nominees as provided under Section 3(1) (a) of the Principal Act. The Committee, therefore, reiterates that, as recommended by the Joint Committee, one member should be nominated by the Central Government to represent all the Union Territories by rotation in consultation with the Governments of all the Union Territories. The Committee, accordingly, recommends that suitable provision be made in Section 3 of the Act. (Para 8.2)

The Committee observes that under the existing 119 member Medical Council, members elected under Section 3 (1) (b) of the Act i.e. by the universities, represent the highest membership strength of 60. However, the feedback made available to the Committee from 2001 onwards indicates that this category has remained under-represented due to continuance of maximum vacancies, present being 28. The Committee observes that inspite of the election process being initiated by MCI well in advance and pursuance thereof with the concerned university at regular basis by the Central Government, Universities, by and large, were taking their own time in electing their candidates due to

non-existence of Senate/ Court, undue delay in convening the meetings of these bodies, ignorance of prescribed election procedure on the part of some Universities. (Para 8.8)

The Committee also observes that with the setting up of Health Universities in some States and large number of medical colleges affiliated to such universities, existing provision was leading to imbalance of membership under this category. Representation of States having lesser number of medical colleges was on a higher side compared with States having larger number of medical colleges due to the fact that creations of Health Universities have indirectly placed these States in a disadvantageous position. (Para 8.9)

The Committee analyzed the implications of the proposed amendment in the light of existing number of colleges and universities in the country. As on 16th August, 2005, there are 244 medical colleges affiliated to 60 universities spread across the country. Break-up of present strength of members in the States as per the existing provision under Section 3 (1) (b) of the Act and the proposed provision of one member per ten colleges would be as follows: -

State	Total no. of colleges	No. of Universities represented in MCI under Section 3 (1) (b)	Proposed representative of Universities under Section 3 (1)(b) Per 10 colleges
Andhra Pradesh	31	1	3
Assam	3	2	1
Bihar	8	6	1
Chandigarh	1	1	1
Chattisgarh	2	1	1
Delhi	5	1	1
Goa	1	1	1
Gujarat	13	6	1
Haryana	3	1	1
Himachal Pradesh	2	1	1
Jammu & Kashmir	4	1	1
Jharkhand	3	1	1
Karnataka	32	2	3
Kerala	15	4	1
Madhya Pradesh	8	4	1
Maharashtra	39	7	3
Manipur	1	1	1
Orissa	4	3	1
Pondicherry	6	-	1
Punjab	6	1	1
Rajasthan	8	1	1
Sikkim	1	-	1
Tamil Nadu	23	2	2
Tripura	1	-	1
Uttar Pradesh	13	10	1
Uttaranchal	2	-	1
West Bengal	9	2	1
Total	244	60	34

(Para 8.10)

The Committee observes that provision of one member per ten colleges will have an implication which cannot be considered positive. This would effectively reduce the existing strength of membership under this category from 60 to 34. The Committee fails to appreciate such fallout in the elected category as it would invariably change the very composition of the Council which was

envisaged to be primarily an elected body and should continue to remain so. (Para 8.11)

The Committee observes that if the proposed amendments are allowed to carry through, they will reduce the representation of some of the Universities in the M.C.I. while tilting the balance in favour of the other Universities. The Committee is of the view that all the Universities should be represented in the M.C.I. At the same time Health Universities having a large number of Medical Colleges affiliated to them should not be put to any disadvantage. The Committee, therefore, recommends that the proposed amendment in Section 3 (1) (b) of the Principal Act should be as under: -

"One member from each University be elected by the members of the medical faculty of the university from amongst themselves. Provided further that in the State where Health University is created, for every five or upto five medical colleges affiliated to that University, one representative to be elected by the members of the medical faculty of the University from amongst themselves." (Para 8.12)

The Committee would also like to point out that a mechanism needs to be evolved for deciding the criteria for election of one member for every five or upto five colleges under one Health University. The Committee accordingly, recommends that in the process of representation of one member per five / up to five colleges, due care might be taken so that all the colleges under one Health University could get an opportunity to represent in MCI by rotation. (Para 8.13)

The Committee is surprised to note that inspite of not having the basic information about the status of State Medical Councils in different States, the Department has come out with a proposal to amend Section 3 (1) (c) by making the membership of State Medical Council mandatory. Taking the plea that it is the responsibility of State Governments to constitute a State Medical Council cannot justify the amendment proposed by the Department. It would not be wrong to conclude that had the Committee not persistently called for this information, the Department would have remained blissfully unaware of the ground reality in the States. (Para 8.19)

Taking a serious view of this, the Committee would like to point out that restricting the category of Registered Medical Graduates to the members of State Medical Councils can only be considered a remedy worse than the problem. The Committee was given to understand that States not having their own Councils were attached to the adjoining State Councils. The Committee, however, finds that this would not make a difference for the simple reason that such States are attached to the adjoining State Councils only for the purpose of registration of their medical graduates. Such States do not enjoy the right to become members of State Medical Councils. Thus, they will continue to remain unrepresented in the Council.

(Para 8.20)

The Committee recommends that strength of membership under this category needs to be increased keeping in view the fact that twenty two States are already having State Medical Councils and efforts are on to persuade the remaining States to do the same. The Committee also recommends that till such time such States constitute their own State Medical Council, the Registered Medical Graduates of such States should not be denied the right to elect their own representative to the Council. Therefore, in respect of such States, the corresponding provision as it existed in the Principal Act should continue to be applicable. (Para 8.23)

The Committee agrees with the views of the witnesses that this provision would have an adverse impact on the representative character of the Council which is primarily an elected body, thereby compromising its autonomy. The Committee feels that in case it is required to have the benefit of

expertise of professionals, they should be included in the category of nominated members under the provisions of Clause (e) of Section 3(1) of the Act. The Committee therefore, recommends that provision contained in Clause 3(a) (iv) of the Bill, be deleted. (Para 8.28)

Clause (e) of Section 3(1) of the Act gives the power to the Central Government to nominate eight members to the Council. The Committee observes that no special eligibility criteria except a medical degree has been fixed for nomination of these eight members. Position is somewhat different in the two other professional bodies of nursing and dental education having a similar mandate. The Committee after deliberating on this issue at great length feels that this discretionary power enjoyed by the Central Government needs to be somewhat restricted. (Para 8.29)

The Committee's attention has also been drawn to the fact that both AICTE and Nursing Council have two members from Lok Sabha and one member from Rajya Sabha elected by the respective Houses. The Committee finds that similar recommendation was made by the Joint Committee on IMC (Amendment) Bill, 1987 in its Report. The Committee is in agreement with this suggestion and accordingly recommends that out of the eight members to be nominated by the Central Government under Section 3(1) (e) of the Act, three should represent the Parliament in the same proportion as in AICTE and Nursing Council. The Committee also recommends that all efforts should be made to nominate the members under this category of nominated members on the basis of zonal representation so that all zones in the country are represented in the Council. The Committee therefore, recommends that suitable amendments in Section 3(1) (e) of the Act be made (Para 8.30)

Divergent views were put across to the Committee in this regard. While some of the witnesses did not have any objection to the proposed restriction in respect of term of President/ Vice-President, others contended that it would be curtailment of individual rights and negation of democratic spirit. The Committee feels that the embargo of restricting the permissible number of terms to be two in number definitely amounts to violating the democratic norms and spirit, which is unheard of with reference to any elected professional Councils anywhere in the country, hence the clause needs to be deleted. (Para 8.32)

The Committee takes note of serious reservations expressed by the witnesses appearing before it. The Committee is inclined to agree with their view that dissolving a statutory body which besides nominated members, also consists of elected representatives and replacing the same with Government appointed "administrators" is an antithesis to the running of an institution on democratic principles. This provision, in the opinion of the Committee, has the potential to inflict irreparable damage not only upon MCI but also other institutions which are run on similar democratic principles. The Committee is not inclined to agree with the contention of the Department that composition of the new constituents will be drastically different from the existing ones. As per Clause 3 of the Bill, category (a) and (e) remain unchanged. Modification sought to be made in categories (b) and (c) are only for the purpose of expediting the election procedure. Basic constituents, i.e. members of medical faculty of university and registered Medical Graduates remain the same. (Para 9.5)

The Committee would also like to point out that out of 119 members in the Council, 74 vacancies are duly filled in with 40 being from the elected category. Not only this, details about action taken by the Government in filling up the vacancies under different categories since December, 2001 onwards clearly indicate that majority of members, both under the elected and nominated category are yet to complete their five year term. The Committee, therefore, is of the firm opinion that dissolution of a duly constituted body cannot be considered a wise move. The Committee after examining the implications of the proposed amendment suggests a viable alternative which would be acceptable to all concerned. An interim Committee comprising of four members from both nominated and elected categories under section 3 (1) (a), (b), (c) and (e) under the Chairmanship of a retired Supreme Court Judge can be constituted for conducting election for filling up the existing vacancies. This interim Committee should accomplish its work within a period of three months

instead of six months. The Committee recommends that the proposed Section 3A may be amended accordingly. (Para 9.6)

The Committee observes that sub - section 1(A) is proposed to be inserted in Section 4 of the Act whereunder, Central Government will have the power to nominate members in the categories specified in the Clauses (b) and (c) of Section (3) (1) of the Act in the event of elections not being conducted within a period of three months from the date of occurrence of the vacancy. Seeing no apparent justification for bringing such a modification having disturbing implications, the Committee made an attempt to understand the genesis of this proposal. Response given by the Department has justified the apprehensions of the Committee. The Department has clarified that considering the past experience in conducting election from various constituencies and to address the delay caused by unforeseen and uncontrollable reasons in completing the process of electing the members in time, enabling provisions have been made in the proposed amendment so as to ensure that the Council remains duly constituted. (Para 10.4)

Department's contention that nomination would normally be made in consultation with the State Government and would be restricted to the concerned constituency is not convincing. Proposed amendment is likely to increase the imbalance in the composition of the Council as the Central Government will have the power to nominate a person enrolled on the State Medical Register, criteria of membership of State Council notwithstanding. Similarly, in the case of University category, in the event of elections not being held, Central Government can nominate either the Vice-Chancellor or any eminent member of the Medical Faculty. This position is likely to be aggravated further with no time restriction for term of members. The Committee fails to understand the need for such a provision with the election process starting three months prior to the vacancy arising and to be completed at the end of three months after the occurrence of vacancy. The Committee is of the firm opinion that the authority statutorily responsible for holding election has to complete the entire exercise within six months or face serious consequences. The Committee thus finds the enabling provision as envisaged under Section 4(1A) totally unacceptable and, accordingly, recommends the deletion of the same. (Para 10.5)

The Committee notes that the proposed amendment under Clause 6 would be applicable for all the categories of members enumerated under Section 3(1) of the Act. While agreeing with the proposed amendment, the Committee would like to point out that this eligibility criteria should not be made applicable to the three Members of Parliament to be nominated to the Council as recommended by it under Category (e). The Committee, accordingly, recommends necessary modification of this provision. (Para 11.2)

While approving the proposed substitution in Section 7(2) of the Act, the Committee has reservations about the proviso to this Sub-section. The Committee would like to draw the attention of the Department towards the existing Sub-section (6) of Section 7 reproduced below

“where the said term of five years is about to expire in respect to any member, a successor may be nominated or elected at any time within three months before the said term expires but he shall not assume office until the said term has expired” (Para 12.2)

The Committee is of the firm view that above sub-section (6) is more appropriate as it makes it mandatory that election/nomination process is to start three months prior to the expiry of the term. The Committee fails to comprehend the rationale for having the proposed proviso to Section 7(2), as it would be in contradiction of Sub-section (6). The Committee, accordingly, recommends the deletion of the same. (Para 12.3)

The Committee has not agreed to the insertion of new sub-section (1A) under Section 4 of the Act. Since the amendment proposed in Clause 7 (b) of the Bill for the insertion of new sub-section 3A under Section 7 of the Act relies on the insertion of new sub-section 1(A) under Section 4, the

Committee recommends deletion of the same. (Para 12.5)

The Committee notes that the Executive Committee is the most powerful decision-making body of the Council. Clause 8 proposes to increase the membership of the Executive Committee from 12 members to 15 members. It further proposes to include four ex-officio members proposed under clause (f), (g), (h) and (i) of sub-section (1) of Section 3 in the Executive Committee. The Committee doesn't agree to the proposed amendment as it feels that the decision-making process should be broad-based and free from all vested interest and bias. The Committee, therefore, recommends that the Executive Committee should consist of the President, the Vice-President and 10 elected members only. (Para 13.3)

The Committee on a close scrutiny of the Acts having similar provision, as claimed by the Department, is constrained to observe that things are entirely different. It would not be wrong to say that making such an assertion can only be considered as an attempt to mislead the Committee. The Committee is surprised to note that none of the Acts as mentioned by the Department has the same provisions as proposed to be inserted in the IMC Act in the name of ensuring proper accountability of a statutory body. The Committee would like to point out that AICTE Act has only two provisions, one is the power to give directions and the other to supersede the Council, which cannot be put on the same footing as the provisions envisaged under the proposed Sections 30A, 30B, 30C, 30D and 30E. While the UGC Act, 1956 has only the provision relating to give directions, and even this provision is different from the provision proposed to be included in the IMC Act. It would not be out of place to mention that both AICTE and UGC are nominated bodies whereas MCI is primarily an elected body. With regard to the State Acts of Delhi, Maharashtra, Karnataka and Tamil Nadu, similar provisions, as made available to the Committee by the Department, are nowhere near to the powers proposed to be given to the Central Government under the IMC Act. The Committee would also like to point out that professional bodies having similar mandate as MCI like Dental Council, Nursing Council and Indian Medicine Central Council and Homeopathy Central Council do not have such provisions. The Committee is not inclined to accept the contention of the Department that the proposed provisions are less stringent as compared to the position contained in other Acts. The Committee would also like to place on record that very strong reservations in respect of these provisions were expressed by all the witnesses who appeared before the Committee. The Committee would like to make its observations and recommendations on all the five new additional provisions separately. (Para 14.3)

The Committee observes that the decision for the removal of President/ Vice-President/ Member would be based on a majority decision taken by the Council after giving a reasonable opportunity of being heard. The Committee, however, notes that a distinction is proposed in the case of a Member where such a decision would be based on the views of a Disciplinary Committee which would follow such procedure as determined by rules to be framed by the Government. The Committee fails to understand the rationale for having such a provision. It cannot be considered an additional safeguard as claimed by the Department. It is not known what would be the composition of such Disciplinary Committee and the authority under which it would be working. The Committee apprehends that by virtue of such a provision, Members of the Council would not be in a position to act independently. Further, the Committee would like to point out that in the light of the proposed definition of Member which includes both President and Vice-President; it is not clear whether their misconduct or incapacity could be considered by this Disciplinary Committee. The Committee, therefore, recommends that the action envisaged under Section 30A should remain confined to the Council only and while doing so the Council should ensure that principles of Natural Justice are followed in true letter and spirit and there should also be no arbitrary action. (Para 14.7)

The Committee also recommends that instead of three months, a period of one month would be adequate for election of President/ Vice-President/ Member. Section 30A may be amended

accordingly. (Para 14.8)

The Committee does not agree with the submission of the Department that there is a need for having a provision for withdrawal and removal of nominated members. The Committee is of the opinion that such a provision will prove to be discriminatory against nominated members. In the name of 'public interest' nominated members will virtually be at the mercy of Central Government. Such a power to recall members nominated by States or Central Government itself cannot be considered a healthy trend. One must also not forget that there is no bar on the election of nominated members as President or Vice-President by the Members of the Council. Thus, if the above amendment is incorporated in the Principal Act, in the event of a President or a Vice-President or both being nominated members, Central Government will have the power to recall them. The Committee, therefore, expresses its serious reservations on proposed section 30B and recommends its deletion, with a view to safeguard the rights of Members for carrying out the objectives of the Council. (Para 14.12)

The Committee feels that the proposed Section 30 C in the IMC Act, 1956 may lead to situations when in the name of 'public interest', day to day functioning of the Council would be hampered. The Committee, therefore, feels that the recommendation made by Joint Committee on IMC (Amendment) Bill, 1987 would be appropriate for the purpose of direction by Central Government. The Committee recommends that Section 30 C be substituted with the following: -

“The Central Government may, from time to time, give such directions to the Council as it may think fit for carrying out any provisions of this Act or any order, rule or regulation made thereunder and when such direction is given, the Council shall carry out such directions.” (Para 14.17)

The Committee strongly feels that an elected body cannot be dissolved by an Executive order. Further, imposition of persons in spite of them being from amongst the members of the Council as proposed will be clearly at the discretion of Central Government. Thus, for a period of six months, Central Government will be virtually running the Council. The Committee apprehends that instances may be there when Central Government may assume such powers more than once during the term of a Council. Thus, an atmosphere of confrontation may prevail which will be against the larger interests of all concerned. The Committee, therefore, recommends deletion of this provision from the Bill. (Para 14.20)

The Committee reiterates its reservations on the provision of Section 30 D which deals with the dissolution of Executive Committee and other Committees. Since the provision of the proposed Section 30 E also deals with the Executive Committee or other Committees for the purpose of removal of President/Vice President/Member, the Committee feels that there is no need to insert this Section in the Act. The Committee, accordingly, recommends deletion of this provision from the Bill. (Para 14.23)

The Committee is not inclined to accept the above contention of the Government. The Committee strongly feels that with the insertion of Sections like 30B, 30D and 30E, the Government would get sweeping powers to interfere in the day-to-day functioning of the Council. Such provisions would result in further deterioration of working relationship between the Council and the Government. The Committee is of the view that the Central Government already has a special power of referring a complaint against the Council to a Commission of Inquiry specially constituted for the purpose. The Committee finds that such a provision exists only in the Dentists Act, 1948. Other Acts governing UGC, AICTE, and Nursing Council do not have such a provision. The Committee strongly feels that it would be appropriate if power given to the Central Government under Section 30 is made use of, as and when required. (Para 14.26)

The Committee would like to point out that under Section 32 of the Act; the Central

Government is already empowered to make rules to carry out the purposes of the Act. Section 33 of the Act provides that the Central Council with the previous sanction of the Central Government may make regulations necessary for its functioning. The Committee fails to understand the justification for assumption of overriding powers by the Central Government as against the powers given to the Central Council, a professional body which will be making/ amending/ revoking regulations with the previous sanction of the Central Government. The Committee also feels that the provision of the proposed Section 30 C provides the Central Government enough powers to give directions to the Council for carrying out any provision of the Act and there is no need for a separate Section for this purpose. Accordingly, the Committee recommends deletion of Section 33A. (Para 15.4)

In view of this, the Committee is inclined to believe that prior consultation with various stakeholders, which is considered to be the ideally practiced pre-requisite to making legislation amongst all the popular democracies in the world has been given a go by in the present case without any ostensible reason. The Committee is therefore, convinced that the IMC (Amendment) Bill-2005 is in fact an exercise in haste and in case the Central Government had chosen to consult various State Governments and other stakeholders with an open mind, necessary changes could have been incorporated in the Act. much earlier and in a smooth and effective manner. The Committee expresses its serious concern on non-adherence to a well-established convention of consultation with all the stakeholders for bringing out any legislation or proposed amendments thereto. (Para 16.6)

The Committee would therefore like to point out that serious efforts need to be made for streamlining the election procedure. (Para 16.9)

The Committee feels that a proper designated authority having its own set up needs to be authorized for conduct of elections. Possibilities may be explored for having an expert body composed of MCI nominee, Central Government representative and also a nominee of State Government where election is to be held. It would be ideal if an observer from Election Commission/ State Election Commission is also part of such a body. In view of the position prevailing so far, the Committee strongly feels that instead of Central Government being directly involved in all the procedural aspects of election exercise, MCI can be entrusted with the responsibility for holding of elections in active co-ordination with the State Councils/ Universities. Expenditure for conducting elections may also be incurred by the MCI. (Para 16.12)

In view of the above provision, the Committee is constrained to observe that the responsibility of publication of IMR in the Gazette lies squarely on the shoulders of MCI and by not publishing it since 1994, MCI has failed to carry out its statutory responsibility. The Committee also feels that if MCI has sufficient surplus funds there is no reason why it should not bear the expenditure for publishing the IMR. The Committee is of the view that to resolve the whole issue once and for all a specific fund can be created under the statute wherein a fixed percentage of fees received by the MCI can be contributed. This fund shall be used for up-dating and publishing the IMR in the official Gazette. The Committee, therefore, recommends that adequate provisions in this regard should be made in the Act/ Rules.

(Para 16. 15)

The Committee is extremely constrained to observe this state of affairs and hopes that with the judgment of Supreme Court, things would be normalized and fate of medical students will not continue to suffer any more. (Para 16. 17)

The Committee feels that had the recommendations of the Joint Committee for giving an opportunity of being heard to both the applicant and MCI been incorporated in the Act, prevailing situation would not have arisen. The Committee feels that it would not be too late if the above said recommendation of the Joint Committee is incorporated in section 10A of the Principal Act. (Para

16. 19)

The Committee also fails to comprehend the compulsions being faced by the Central Government for going into such extensive modifications without waiting for the outcome of SLP yet to be decided by the Supreme Court. Ideal position would have been if the Central Government had confined the amendments to only the provisions relating to composition of the Council and change in the election procedure. (Para 16. 21)

The Committee is of the considered view that medical education is very distinct from technical education and the Ministry of Health and Family Welfare being the administrative Ministry for the overall monitoring of medical education and the M.C.I. being the premier regulatory medical body in the country must be involved in the matter of conferment of Deemed University Status upon a medical institution. The Committee, therefore, directs that the Government put in a regulation to the effect that the Ministry of Human Resource Development must consult the Ministry of Health and Family Welfare and the M.C.I. before it confers the Deemed University Status upon a medical institution. (Para 16. 23)

MINUTES

MINUTES OF THE MEETING OF DEPARTMENT-RELATED PARLIAMENTARY STANDING COMMITTEE ON HEALTH & FAMILY WELFARE

The Committee met at 11.00 *a.m.* on Monday, the 26th September, 2005 in Committee Room “C” Ground Floor, Parliament House Annexe, New Delhi.

MEMBERS PRESENT

RAJYA SABHA

- | | | |
|---------------------------|---|-----------------|
| 1. Shri Amar Singh | — | <i>Chairman</i> |
| 2. Shrimati Sukhbuns Kaur | | |
| 3. Prof. P. J. Kurian | | |
| 4. Dr. A.K. Patel | | |
| 5. Shrimati Maya Singh | | |
| 6. Shri Lalhming Liana | | |

LOK SABHA

7. Shri D.K. Audikesavulu
8. Dr. Ram Chandra Dome
9. Smt. Maneka Gandhi
10. Shri Rajendra Kumar
11. Smt. Sushila Bangaru Laxman
12. Shri S. Mallikarjuniah
13. Dr. Chinta Mohan
14. Smt. K. Rani
15. Dr. Arvind Kumar Sharma
16. Shri Uday Singh
17. Dr. Karan Singh Yadav

SECRETARIAT

Smt Vandana Garg, Joint Secretary
Shri P.R. Guha Roy, Director
Shri Mom Raj Singh, Under Secretary

Shri S.C. Dixit, Committee Officer

WITNESSES

(A) REPRESENTATIVES OF DEPARTMENT OF HEALTH & FAMILY WELFARE

1. Shri P.K.Hota Secretary
2. Dr. S.P. Agarwal Director General of Health Services
3. Shri Deepak Gupta Additional secretary
4. Smt. Bhavani Jhyagarajan Joint Secretary

(B) Dr. P.S.Jain Former Secretary, MCI

(C) Lt. Gen (Retd) J.R.Bhardwaj, Former Director, General Armed Force Medical Services

(D) REPRESENTATIVES OF INDIAN MEDICAL ASSOCIATION

1. Dr. Sanjeev Malik, National President elect (2005-06)
2. Dr. Ajay Kumar National President elect (2006-07)
3. Dr. Vinay Aggarwal Hony. Secretary General

2. At the outset, the Chairman welcomed the members of the Committee. The Secretary, Department of Health and Family Welfare then gave a brief presentation on the Indian Medical Council (Amendment) Bill-2005. The members raised a number of queries relating to the background for bringing the Bill, functioning of the Medical Council of India and also various provisions of the Bill. The Secretary gave an assurance to the Committee to forward the Department's written response later. The Chairman also directed the Secretariat to send a detailed Questionnaire on the Bill and allied issues to the Ministry for their comments.

3. The Committee also heard some witnesses on the subject. Member sought clarifications on various aspects of the Bill to which the witnesses replied.

4 A verbatim record of the proceedings was kept.

5. The Committee then adjourned at 4:55 *p.m.* to meet again on Friday the 21st October 2005 at 2.30 *p.m.*

NEW DELHI
26th September, 2005

MOM RAJ SINGH
UNDER SECRETARY

**MINUTES OF THE MEETING OF DEPARTMENT-RELATED PARLIAMENTARY
STANDING COMMITTEE ON HEALTH & FAMILY WELFARE**

The Committee met at 2.30 *p.m.* on Friday, the 21st October, 2005 in Committee Room "A" Ground Floor, Parliament House Annexe, New Delhi.

MEMBERS PRESENT

RAJYA SABHA

1. Prof. P.J. Kurian — **in the Chair**
2. Shrimati Sukhbuns Kaur
3. Dr. A.K. Patel

4. Shrimati Maya Singh
5. Shri Lalhming Liana

LOK SABHA

6. Shri D.K. Adikesavulu
7. Smt. Maneka Gandhi
8. Shri Rajendra Kumar
9. Smt. Sushila Bangaru Laxman
10. Shri S. Mallikarjunaiah
11. Dr. Babu Rao Mediyam
12. Dr. Chinta Mohan
13. Shri D.B. Patil
14. Shri Nakul Das Rai
15. Shri Kailash Nath Yadav
16. Dr. Karan Singh Yadav

SECRETARIAT

Smt Vandana Garg, Joint Secretary
 Shri Momraj Singh, Under Secretary
 Shri S.C. Dixit, Committee Officer

REPRESENTATIVES OF MEDICAL COUNCIL OF INDIA

- (i) **Dr. P.C. Kesavankutty Nayar**,
 President (Acting), Medical Council of India.
- (ii) **Dr. Ved Prakash Mishra**,
 Chairman, Postgraduate Medical Education Committee, MCI.
- (iii) **Dr. Indrajit Ray**,
 Chairman, Ethics Committee, MCI.
- (iv) **Lt. Col. (Retd.) Dr. A.R.N. Setalvad**, Secretary MCI
- (v) **Dr. (Mrs.) M. Sachdeva**, Ex-Secretary MCI.

REPRESENTATIVES OF UNIVERSITIES

- (B) (i) **Dr. (Mrs.) M.A. Phadke**,
 Vice Chancellor, Maharashtra University of Health Sciences, Nasik
- (ii) **Dr. S. Chandrasekhar Shetty**,
 Ex-Vice Chancellor, Rajiv Gandhi University of Health Sciences, Bangalore

2. In the absence of the Chairman of the Committee, Prof. P.J. Kurian, M.P. Rajya Sabha presided over the meeting of the Committee.

3. At the outset, the Chairman welcomed the members of the Committee. Then the representatives of the Medical Council of India made a brief presentation on the various provisions of the Indian Medical Council (Amendment) Bill 2005. The members raised a number of queries and the witnesses replied, thereto.

4. The Committee thereafter heard two witnesses representing Health Universities on the Bill. Witnesses also gave their views on some issues raised by the members.

5. Last witness to appear before the Committee was Dr. (Mrs.) M. Sachdeva, Ex-Secretary, MCI. She shared her experience of working as Secretary, MCI with the Committee, specially in the

light of amendments proposed in the IMC Act, 1956.

6. Smt. Maneka Gandhi, M.P raised the issue of soft drinks, using contaminated water and chemicals which is harmful for the health of all and proposed that a press release seeking views of all concerned on the subject be issued. The Committee agreed that this issue need to be taken up.

7. Verbatim record of the proceedings was kept.

8. The Committee then adjourned at 5.30 *p.m.*

NEW DELHI
21st October, 2005

MOM RAJ SINGH
UNDER SECRETARY

**MINUTES OF THE MEETING OF DEPARTMENT-RELATED PARLIAMENTARY
STANDING COMMITTEE ON HEALTH & FAMILY WELFARE**

The Committee met at 3.00 *p.m.* on Thursday, the 17th November, 2005 in Committee Room “A” Ground Floor, Parliament House Annexe, New Delhi.

RAJYA SABHA

1. Shri Amar Singh — *Chairman*
2. Shrimati Sukhbuns Kaur
3. Dr. A.K. Patel
4. Shrimati Maya Singh

LOK SABHA

5. Shri D.K. Audikesavulu
6. Smt. Maneka Gandhi
7. Shri Rajendra Kumar
8. Smt. Sushila Bangaru Laxman
9. Shri S. Mallikarjuniah
10. Dr. Babu Rao Mediyam
11. Dr. Chinta Mohan
12. Shri Uday Singh
13. Smt. V. Radhika Selvi
14. Dr. Karan Singh Yadav

SECRETARIAT

Smt Vandana Garg, Joint Secretary
Shri P.R. Guha Roy, Director
Shri Mom Raj Singh, Under Secretary
Shri S.C. Dixit, Committee Officer

WITNESSES

- (a) Prof. (Dr.) Anil Kumar, MD, DM (Cardiology), Consultant Cardiologist, Bombay, Ho & Medical Research Center, Bombay

(b) REPRESENTATIVES OF MINISTRY OF HEALTH & FAMILY WELFARE

1. Shri P.K. Hota, Secretary, Deptt. of Health & Family Welfare
2. Dr. Ashwini Kumar, Drug Controller General Of India
3. Dr. R.K. Srivastava, Director General of Health Services
4. Smt. Rita Teaotia, Joint Secretary
5. Dr. S.K. Sharma, Advisor (Ayurveda)

(c) REPRESENTATIVES OF DELHI MEDICAL ASSOCIATION

1. Dr. K.K. Aggarwal, President
2. Dr. Girish Tyagi, Hony. State Secretary
3. Dr. Prem Aggarwal, Former Secretary General, I.M.A

(d) REPRESENTATIVE OF DELHI MEDICAL COUNCIL

Dr. S.K. Khattri, Registrar

2. At the outset, the Chairman welcomed the members of the Committee. Then Prof. (Dr.) Anil Kumar made a brief presentation on the various provisions of the Indian Medical Council (Amendment) Bill, 2005. The members raised a number of queries and the witness replied thereto.

3. The Committee thereafter heard the Secretary, Department of Health and Family and the Drug Controller General Of India on various provisions relating to the Drugs and Cosmetics (Amendment) Bill, 2005. The members raised a number of queries and the witnesses replied thereto.

4. Resuming the discussion on the Indian Medical Council (Amendment) Bill 2005, the Committee heard the views of the representatives of Delhi Medical Association and Registrar, Delhi Medical Council on the subject. The witnesses replied to the queries raised by the members.

5. The Chairman informed the members that the Indian Medical Council (Amendment) Bill, 2005 and The Indian Medicine and Homoeopathy Pharmacy Bill, 2005 were referred to the Standing Committee on Health & Family welfare on 24th August, 2005 for examination and report within 3 months and the said period is going to lapse on 24th November, 2005. Another Bill, i.e. the Drugs and Cosmetics (Amendment) Bill, 2005 is already under the consideration of the committee. The Committee has not concluded its examination of the IMC (Amendment) Bill, 2005 as a number of witnesses are yet to be heard. The Committee could not, therefore, take up the Indian Medicine and Homoeopathy Pharmacy Bill, 2005. The Chairman proposed that the Hon'ble Chairman, Rajya Sabha may be requested to accord extension of three months time in respect of the Indian Medical Council (Amendment) Bill, 2005 and six months in respect of the Indian Medicine and Homoeopathy Pharmacy Bill, 2005. The Committee endorsed the proposal.

6. Verbatim record of the proceedings was kept.

7. The Committee then adjourned at 6.15 p.m.

NEW DELHI

17th NOVEMBER, 2005

MOM RAJ SINGH
UNDER SECRETARY

**MINUTES OF THE MEETING OF DEPARTMENT-RELATED PARLIAMENTARY
STANDING COMMITTEE ON HEALTH & FAMILY WELFARE**

The Committee met at 3.00 p.m. on Monday the 9th January, 2006 in Committee Room "B" Ground Floor, Parliament House Annexe, New Delhi.

MEMBERS PRESENT

RAJYA SABHA

1. Prof. P. J. Kurian — *in the Chair*

2. Shrimati Sukhbuns Kaur
3. Dr. A.K. Patel
4. Shrimati Maya Singh
5. Shri Lalhming Liana
6. Shri Digvijay Singh

LOK SABHA

7. Shri D.K. Audikesavulu
8. Smt. Maneka Gandhi
9. Shri Rajendra Kumar
10. Smt. Sushila Bangaru Laxman
11. Shri S. Mallikarjuniah
12. Dr. Chinta Mohan
13. Shri Nakul Das Rai
14. Dr. Arvind Kumar Sharma
15. Shri Kailash Nath Singh Yadav
16. Dr. Karan Singh Yadav

SECRETARIAT

Smt Vandana Garg, Joint Secretary
 Shri P.R. Guha Roy, Director
 Shri Mom Raj Singh, Under Secretary
 Shri S.C. Dixit, Committee Officer

WITNESSES

(A) REPRESENTATIVES OF KARNATAKA AND ANDHRA PRADESH STATE MEDICAL COUNCILS

- | | | |
|------|--------------------|--|
| (i) | Dr. Chikkananjappa | President, Karnataka Medical Council |
| (ii) | Dr. Nageshwar Rao | Chairman, Andhra Pradesh Medical Council |

(B) REPRESENTATIVES OF U.P AND BIHAR STATE BRANCHES OF IMA

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|-------|---------------------------|--|-------------|
| (i) | Dr. Gulab Aggrawal | Chairman, Action Committee, UP State | Branch, IMA |
| (ii) | Dr. Ashok Rai | Joint Secretary, UP State Branch, IMA | |
| (iii) | Dr. D.K. Sharma | Senior office bearer of UP State Branch, IMA | |
| (iv) | Dr. D.K. Choudhary | Former President, Bihar State Branch, IMA | |
| (v) | Dr.Sahjanand Prasad Singh | Vice President, Bihar State Branch, IMA | |

(C) REPRESENTATIVES OF KERALA AND ANDHRA PRADESH STATE BRANCHES OF IMA

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|-------|----------------------------|---|
| (i) | Dr. Joseph Mani | State President, Kerala State Branch, IMA |
| (ii) | Dr. Ramesh .R | State Secretary, Kerala State Branch, IMA |
| (iii) | Dr. V.C. Velayudhan Pillai | Former National President, Kerala State Branch, IMA |
| (iv) | Dr. V. Sarath Kumar | Chairman, Action Committee Andhra Pradesh |

Branch, IMA
National Co-ordinator , Andhra Pradesh Branch, IMA

(v) Dr. N.Appa Rao

2. In the absence of the Chairman of the Committee, Prof. P.J. Kurian, M.P. Rajya Sabha presided over the meeting of the Committee.

3. At the outset, the Chairman welcomed the members of the Committee. Then, the representatives of Karnataka and Andhra Pradesh State Medical Councils made a brief presentation on the various provisions of the Indian Medical Council (Amendment) Bill, 2005. The members raised a number of queries and the witnesses replied thereto.

4. The Committee thereafter heard the representatives of U.P and Bihar State Branches of IMA on the Bill. Witnesses also replied to the queries raised by the members.

5. The Committee also heard the representatives of Kerala and Andhra Pradesh State Branches of IMA who apprised the Committee about their views on the bill and replied to the queries raised by the members.

6. Verbatim record of the proceedings was kept.

7. The Committee then adjourned at 5.10 p.m.

NEW DELHI
9th January, 2006

MOM RAJ SINGH
UNDER SECRETARY

MINUTES OF THE MEETING OF DEPARTMENT-RELATED PARLIAMENTARY STANDING COMMITTEE ON HEALTH & FAMILY WELFARE

The Committee met at 2.00 p.m. on Monday the 13th February, 2006 in Committee Room "A" Ground Floor, Parliament House Annexe, New Delhi.

MEMBERS PRESENT

RAJYA SABHA

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|------------------------|---|-----------------|
| 1. Shri Amar Singh | — | <i>Chairman</i> |
| 2. Prof. P. J. Kurian | | |
| 3. Dr. A.K. Patel | | |
| 4. Shrimati Maya Singh | | |
| 5. Shri Lalhming Liana | | |
| 6. Shri Digvijay Singh | | |

LOK SABHA

7. Shri D.K. Audikesavulu
8. Smt. Maneka Gandhi
9. Smt. Bhavana P. Gawali
10. Shri Rajendra Kumar
11. Smt. Sushila Bangaru Laxman
12. Shri S. Mallikarjuniah
13. Dr. Babu Rao Mediyam
14. Dr. Chinta Mohan
15. Smt. K. Rani

16. Shri Uday Singh
17. Smt. V. Radhika Selvi
18. Dr. Karan Singh Yadav

SECRETARIAT

Smt Vandana Garg, Joint Secretary
 Shri H.C.Sethi, Deputy Secretary
 Shri Mom Raj Singh, Under Secretary
 Shri S.C. Dixit, Committee Officer

WITNESSES

REPRESENTATIVES OF THE DEPARTMENT OF AYUSH

- | | | |
|----|----------------------|-----------------------|
| 1. | Shri Vijay Singh, | Secretary, (AYUSH) |
| 2. | Shri Shiv Basant | Joint Secretary |
| 3. | Shri Verghese Samuel | Joint Secretary |
| 4. | Shri B.S. Sajwan | CEO, MP Board (AYUSH) |
| 5. | Dr. S.K. Sharma | Adviser (Ayurveda) |
| 6. | Dr. S.P. Singh | Adviser (Homoeopathy) |
| 7. | Prof. A.A. Ansari | Adviser (Unani) |

REPRESENTATIVES OF UNIVERSITIES

- | | | |
|----|------------------------|--|
| 1. | Dr. Mahendra Bhandari, | Vice-Chancellor, King George's Medical University,
Lucknow. |
| 2. | Dr. S.K. Aggarwal, | Dean, -do- |
| 3. | Prof. Shally Awasthi, | Prof. -do- |
| 4. | Dr. N. B. Singh | Ex. Vice-Chancellor, Manipur University, Imphal |

2. At the outset, the Chairman welcomed the members. The Chairman then discussed the future programme of the Committee. Giving a review of the work so far done with respect to the Indian Medical Council (Amendment) Bill-2005 pending before the Committee, the Chairman sought the views of the members in this regard. Consensus of the Committee was that there was need for interaction with some more witnesses, particularly representatives of all the State Medical Councils. Some members also gave in writing that the Committee should undertake visits of some medical institutions in the country in order to have the benefit of views of the medical community as a whole. The Committee had also to hold intensive discussions with all the stakeholders with regard to the Indian Medicine and Homoeopathy Pharmacy Bill-2005. He informed the Committee that these discussions/visits can only be held/ undertaken after the Budget Session scheduled to conclude on 28th April, 2006 as the Committee would be busy with consideration of Demands-for-Grants (2006-07) for the Ministry of Health & Family Welfare.

The Committee thus had no option but to approach the Hon'ble Chairman, Rajya Sabha for further extension of time for presenting the report on both the Bills. The Committee accordingly decided to seek further extension of six months time and authorized the Chairman of the Committee to request the Hon'ble Chairman in this regard.

3. The Committee, thereafter, heard the Secretary and other officials of Department of AYUSH on the Indian Medicine and Homoeopathy Pharmacy Bill-2005. The members raised queries and the witnesses replied thereto.

4. The Committee, then, heard the views of representatives of King George's Medical University, Lucknow and Shri N.B. Singh, ex Vice-Chancellor of Manipur University, Imphal on the Indian Medical Council (Amendment) Bill-2005. The members sought clarification on some provisions of the Bill and the witnesses replied thereto.

5. A verbatim record of the proceedings was kept.

6. The Committee then adjourned at 4.52 *p.m.*

NEW DELHI

13th February, 2006

MOM RAJ SINGH
UNDER SECRETARY

**MINUTES OF THE MEETING OF DEPARTMENT-RELATED PARLIAMENTARY
STANDING COMMITTEE ON HEALTH & FAMILY WELFARE**

The Committee met at 3.00 *p.m.* on Monday the 24th April, 2006 in Committee Room "A" Ground Floor, Parliament House Annexe, New Delhi.

MEMBERS PRESENT

RAJYA SABHA

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|---------------------------|-----|-----------------|
| 1. Shri Amar Singh | --- | <i>Chairman</i> |
| 2. Shrimati Sukhbans Kaur | | |
| 3. Prof. P. J. Kurian | | |
| 4. Shri Lalhming Liana | | |

LOK SABHA

5. Shri D.K. Audikesavulu
6. Smt. Maneka Gandhi
7. Shri Rajendra Kumar
8. Smt. Sushila Bangaru Laxman
9. Shri S. Mallikarjuniah
10. Dr. Babu Rao Mediyam
11. Dr. Chinta Mohan
12. Shri Nakul Das Rai
13. Dr. Arvind Kumar Sharma
14. Shri Uday Singh
15. Shri Kailash Nath Singh Yadav
16. Dr. Karan Singh Yadav

SECRETARIAT

Smt Vandana Garg, Joint Secretary
Shri H.C.Sethi, Deputy Secretary
Shri Mom Raj Singh, Under Secretary
Shri S.C. Dixit, Committee Officer

WITNESSES

REPRESENTATIVES OF THE DEPARTMENT OF AYUSH

- | | |
|-------------------------|--------------------------|
| 1. Shri Vijay Singh | Secretary (AYUSH) |
| 2. Shri Shiv Basant | Joint Secretary |
| 3. Shri Verghese Samuel | Joint Secretary |
| 4. Shri Sanjiv Mishra | AS & FA |
| 5. Shri A.S. Chouhan | C.C.A |

6.	Shri B.S. Sajwan	CEO (NMPB)
7.	Dr. S.K. Sharma	Advisor (Ayurd)
8.	Dr. S.P.Singh	Advisor (Homoeo)
9.	Dr. Hakim Anis Ansari	Advisor (Unani)

2. At the outset, Chairman welcomed the Secretary and other officials of the Department of AYUSH and requested the Secretary to make further presentation on the Demand for Grants (2006-07) of the Department. After presentation of the Secretary, the members sought clarifications on the various issues which had been deferred for further discussion. The Secretary replied to the queries raised by the members.

3. The representative of Rajasthan State Medical Council, who was to appear before the Committee at 4.00 p.m. for the purpose of tendering oral evidence on the Indian Medical Council (Amendment) Bill- 2005, met the Chairman and requested that he may be exempted from appearing before the Committee. The Chairman of the Committee acceded to his request. After some discussion, the Committee decided to undertake study visit of some State Medical Colleges and to interact with representatives of State Medical Councils and experts in connection with the Indian Medical Council (Amendment) Bill- 2005. The Committee accordingly decided to visit Chennai, Tirupati and Kochi after the conclusion of the 2nd part of the Budget Session on 23rd May, 2006 and authorized the Chairman to seek permission of the Hon'ble Chairman for the said visit.

4. Thereafter, the Committee discussed its future programme.

5. Some of the members brought to the notice of the Committee a news item published in The Indian Express dated 19th April, 2006 relating to some remarks made by the Hon'ble Minister of Health and Family Welfare, Govt. of India, at an election meeting in Vellore about the undue delay in the finalization of Report on the Indian Medical Council (Amendment) Bill- 2005, by the Committee. After some discussion, the members unanimously authorized the Chairman of the Committee to take up the matter with Hon'ble Chairman Rajya Sabha.

6. The Committee decided to meet again at 9.30 a.m. on 12th May, 2006 to adopt the Reports on Demands-for-Grants (2006-07) relating to the Department of Health and Family Welfare and the Department of AYUSH.

7. A verbatim record of the proceedings was kept.

8. The Committee then adjourned at 4.40 *p.m.*

NEW DELHI
24th April, 2006

MOM RAJ SINGH
UNDER SECRETARY

**MINUTES OF THE MEETING OF DEPARTMENT-RELATED PARLIAMENTARY
STANDING COMMITTEE ON HEALTH & FAMILY WELFARE**

The Committee met at 9.30 *a.m.* on Wednesday the 17th May, 2006 in Room 63, First Floor, Parliament House, New Delhi.

MEMBERS PRESENT

RAJYA SABHA

1. Shrimati Maya Singh
2. Shri Digvijay Singh

LOK SABHA

3. Shri D.K. Audikesavulu
4. Dr. Ram Chandra Dome
5. Smt. Maneka Gandhi — *in the Chair*
6. Shri Rajendra Kumar
7. Smt. Sushila Bangaru Laxman
8. Dr. Babu Rao Mediyam
9. Shri D.B. Patil
10. Smt. V. Radhika Selvi
11. Shri Kailash Nath Singh Yadav
12. Dr. Karan Singh Yadav

SECRETARIAT

Smt Vandana Garg, Joint Secretary
 Shri H.C.Sethi, Deputy Secretary
 Shri Mom Raj Singh, Under Secretary
 Shri S.C. Dixit, Committee Officer

2. In absence of the Chairman, Smt. Maneka Gandhi, member, Lok Sabha, presided over the meeting.
3. At the outset, the Chairperson welcomed the members of the Committee. The Committee then considered the 16th and 17th draft Reports on Demands-for-Grants (2006-07) relating to the Department of Health and Family Welfare and the Department of AYUSH respectively. After some discussion, the Committee adopted both the reports with some minor modifications.
4. The Committee, thereafter, decided that the Reports may be presented to the Rajya Sabha and laid on the table of Lok Sabha on Monday the 22nd of May 2006. The Committee authorized the Chairman of the Committee or in his absence Smt. Maya Singh and in the absence of both, Shri Digvijay Singh to present the reports in Rajya Sabha, and, Dr. R.C. Dome, or in his absence Smt. Sushila Bangaru Laxman and in the absence of both, Dr. Karan Singh Yadav to lay the reports on the table of Lok Sabha.
5. The Committee, thereafter, discussed the matter of further extension of time for presentation of the reports on the Indian Medical Council (Amendment) Bill- 2005 and Indian Medicine and Homeopathy Pharmacy Bill- 2005, as the previous extension granted by the Hon'ble Chairman, Rajya Sabha on both the Bills is expiring on the 31st May 2006. Keeping in view the very wide ramifications of the Indian Medical Council (Amendment) Bill-2005 and the sharp division of opinion amongst those who appeared before it the Committee was of the unanimous view that there was a need to interact with representatives of some other State Medical Councils and experts before presenting its report on the above bill.
6. The other Bill, i.e., the Indian Medicine & Homoeopathy Pharmacy Bill-2005 before the Committee is a comprehensive legislation on the subject. The Committee has only heard the views of the Secretary, Department of AYUSH so far. The Committee will have to interact with number of experts/ associations/bodies etc. on different provisions of the Bill before finalizing its Report on the Bill. Besides, the Committee was busy with the examination of Demands-for-Grants for the year 2006-07 relating to the Ministry of Health & Family Welfare and was not in a position to devote much time for further discussion on both the Bills. The Committee, accordingly, decided to seek further extension of time till the last day of the next session, i.e., Monsoon Session of the Parliament for the presentation of reports on both the bills. Accordingly, the Committee authorized the Chairman of the Committee to approach the Hon'ble Chairman, Rajya Sabha in this regard.
7. The meeting then adjourned at 10.30 a.m.

NEW DELHI

17th May, 2006

MOM RAJ SINGH
 UNDER SECRETARY

**MINUTES OF THE MEETING OF DEPARTMENT-RELATED PARLIAMENTARY
STANDING COMMITTEE ON HEALTH & FAMILY WELFARE**

The Committee met at 11.00 *a.m.* on Friday the 2nd June, 2006 in Committee Room 'A', Ground Floor, Parliament House Annexe, New Delhi.

MEMBERS PRESENT

RAJYA SABHA

- | | | |
|---------------------------|---|-----------------|
| 1. Shri Amar Singh | — | <i>Chairman</i> |
| 1. Shrimati Sukhbans Kaur | | |
| 3. Prof. P. J. Kurian | | |
| 4. Shrimati Maya Singh | | |
| 5. Shri Lalhming Liana | | |
| 6. Shri Digvijay Singh | | |

LOK SABHA

7. Dr. Ram Chandra Dome
8. Smt. Maneka Gandhi
9. Smt. Bhavana P. Gawali
10. Shri Rajendra Kumar
11. Smt. Sushila Bangaru Laxman
12. Shri S. Mallikarjuniah
13. Dr. Chinta Mohan
14. Shri D.B. Patil
15. Shri Nakul Das Rai
16. Smt. K. Rani
17. Dr. Karan Singh Yadav

SECRETARIAT

Smt Vandana Garg, Joint Secretary
Shri H.C.Sethi, Deputy Secretary
Shri Mom Raj Singh, Under Secretary

(A) WITNESSES IN RESPECT OF THE INDIAN MEDICAL COUNCIL (AMENDMENT) BILL-2

1. Shri P.K. Hota Secretary, Department Of Health & Family Welfare
2. Smt. B.Thayagarajan Joint Secretary
3. Smt. A. Khatwani Director

**(B) WITNESSES IN RESPECT OF THE INDIAN MEDICINE AND HOMOEOPAHTY
PHARMACY BILL-2005**

1. Dr. D.R. Lohar, Director, HPL and PLIM, Ghaziabad.
2. Dr. Ishwar Das, Dy. Advisor (Homoeopathy), Department of AYUSH, Delhi.
3. Dr. S.N. Sahu, Dy Advisor, (Homoeopathy), Department of AYUSH, Delhi.
4. Dr. P.C. Srivastava, SPSO (Chemistry) PLIM, Ghaziabad.
5. Shri Ashwani Kumar, Drugs Controller General of India.

2. At the outset, the Chairman welcomed the members of the Committee and officials of the Department of Health and Family Welfare. The Chairman and members raised a number of queries on different provisions of the Indian Medical Council (Amendment) Bill-2005 based on the replies furnished by the Department on the questionnaire prepared by the Secretariat. The Secretary, Department of Health and Family Welfare gave clarifications on some of the points raised by the members and gave an assurance to submit the written reply on other points latest by 7th June, 2006.

3. The Committee then adjourned for lunch at 12.30 *p.m.*

4. The Committee met again at 2.30 *p.m.* to hear the views of the Director, HPL and PLIM, Ghaziabad on the Indian Medicine and Homoeopathy Pharmacy Bill, 2005. The witness gave a presentation on different provisions of the said Bill. Thereafter, members raised some queries and the witnesses replied thereto.

5. The Committee, thereafter, heard the views of the Drugs Controller General of India on the Indian Medicine and Homoeopathy Pharmacy Bill-2005. A number of queries raised by members were also replied to be the witness.

6. A verbatim record of the proceedings was kept.

7. The meeting then adjourned at 3.43 *p.m.* to meet again at 3:00 *p.m.* on the 12th June, 2006

NEW DELHI

2nd June, 2006.

MOM RAJ SINGH

UNDER SECRETARY

**MINUTES OF THE MEETING OF DEPARTMENT-RELATED PARLIAMENTARY
STANDING COMMITTEE ON HEALTH & FAMILY WELFARE**

The Committee met at 3.00 *p.m.* on Friday the 12th June, 2006 in Committee Room 'A', Ground Floor, Parliament House Annexe, New Delhi.

MEMBERS PRESENT

RAJYA SABHA

- | | | |
|---------------------------|---|-----------------|
| 1. Shri Amar Singh | — | <i>Chairman</i> |
| 2. Shrimati Sukhbans Kaur | | |
| 3. Shrimati Maya Singh | | |
| 4. Shri Digvijay Singh | | |
| 5. Miss Anusuiya Uikey | | |

LOK SABHA

6. Shri D.K. Audikesavulu
7. Smt. Maneka Gandhi
8. Shri Rajendra Kumar
9. Smt. Sushila Bangaru Laxman
10. Shri S. Mallikarjuniah
11. Dr. Babu Rao Mediyam
12. Dr. Chinta Mohan
13. Shri D.B. Patil
14. Smt. V. Radhika Selvi
15. Dr. Karan Singh Yadav

SECRETARIAT

Smt Vandana Garg, Joint Secretary
 Shri H.C.Sethi, Deputy Secretary
 Shri Mom Raj Singh, Under Secretary
 Shri S.C. Dixit, Committee Officer

(A) REPRESENTATIVES OF INDIAN MEDICAL ASSOCIATION RAJASTHAN STATE BRANCH

1. Dr. S.S. Agarwal - State Secretary
2. Dr. Mahesh Sharma- Vice-President
3. Dr. Virendra Singh.

(B) WITNESSES IN RESPECT OF THE INDIAN MEDICINE AND HOMOEOPAHTY PHARMACY BILL-2005

- | | |
|--------------------------|--|
| (i) Prof. M.C. Sharma | Director, National Institute of Ayurveda, Jaipur. |
| (ii) Dr. Abhimanyu Kumar | Associate Professor, National Institute of Ayurveda, Jaipur. |
| (iii) Shri R.P. Sharma | Administrative Officer, National Institute of Ayurveda, Jaipur. |
| (iv) Prof. M.A. Jafri | Director, National Institute of Unani Medicine, Bangalore. |
| (v) Dr. Narendra Bhatt | CEO, ZANDU Pharmaceutical Ltd. Mumbai |
| (vi) Shri Ranjit Puranik | General Secretary, Ayurvedic Drug Manufacturers Association, Mumbai. |

2. At the outset, the Chairman welcomed the members of the Committee and witnesses from Indian Medical Association Rajasthan State Branch, who had come to present their views on the Indian Medical Council (Amendment) Bill-2005. The Chairman and members raised a number of queries on different provisions of the Indian Medical Council (Amendment) Bill-2005 based on the presentation made by the witnesses. The witnesses clarified some of the points raised by the members. The Committee discussed certain provisions of the Indian Medical Council (Amendment) Bill-2005.

3. The Committee, thereafter, heard the views of witness on the Indian Medicine and Homoeopathy Pharmacy Bill, 2005. The witness presented their views on different provisions of the said Bill. Members raised some queries and the witnesses replied thereto.

4. A verbatim record of the proceedings was kept.

5. The meeting then adjourned at 5.40 *p.m.* to meet again at 11:00 *a.m.* on the 12th June, 2006.

NEW DELHI

12th June 2006.

MOM RAJ SINGH
 UNDER SECRETARY

**MINUTES OF THE MEETING OF DEPARTMENT-RELATED PARLIAMENTARY
 STANDING COMMITTEE ON HEALTH & FAMILY WELFARE**

The Committee met at 11.00 *a.m.* on Wednesday the 21st June, 2006 in Committee Room 'D', Ground Floor, Parliament House Annexe, New Delhi.

MEMBERS PRESENT

1. Smt. Maneka Gandhi

— In Chair

RAJYA SABHA

2. Prof. P.J. Kurian
3. Shrimati Maya Singh
4. Shri A.K. Antony

LOK SABHA

5. Dr. Ram Chandra Dome
6. Shri Rajendra Kumar
7. Smt. Sushila Bangaru Laxman
8. Shri S. Mallikarjuniah
9. Dr. Chinta Mohan
10. Shri Kailash Nath Singh Yadav
11. Dr. Karan Singh Yadav

WITNESSES

1. Mrs. Archana Mudgal, Registrar, Pharmacy Council of India, New Delhi.
2. Dr. L.M. Khan, Director (Acting), National Institute of Homoeopathy, Kolkata.

SECRETARIAT

Smt Vandana Garg, Joint Secretary
 Shri H.C.Sethi, Deputy Secretary
 Shri Mom Raj Singh, Under Secretary

2. In the absence of the Chairman, Smt. Maneka Gandhi chaired the meeting. The Committee thereafter initiated clause-by-clause discussion on the Indian Medical Council (Amendment) Bill-2005. The discussion remained inconclusive due to difference of opinion on certain provisions of the Bill. The Committee decided to conclude its discussion in its next meeting.

3 The Committee, thereafter, heard the views of witnesses on the Indian Medicine and Homoeopathy Pharmacy Bill, 2005. The witness presented their views on different provisions of the said Bill. The Members raised some queries and the witnesses replied thereto.

4. A verbatim record of the proceedings was kept.

5. The meeting then adjourned at 1.30 p.m..

NEW DELHI

21st June, 2006.

MOM RAJ SINGH
 UNDER SECRETARY

**MINUTES OF THE MEETING OF DEPARTMENT-RELATED PARLIAMENTARY
 STANDING COMMITTEE ON HEALTH & FAMILY WELFARE**

The Committee met at 3.00 p.m. on Thursday the 6th July, 2006 in Committee Room 'A', Ground Floor, Parliament House Annexe, New Delhi.

MEMBERS PRESENT**RAJYA SABHA**

1. Shri Amar Singh — *Chairman*
2. Shrimati Sukhbans Kaur
3. Shrimati Maya Singh
4. Shri Lalhming Liana
5. Shri Digvijay Singh
6. Shri A.K. Antony

7. Miss Anusuiya Uikey

LOK SABHA

8. Shri D.K. Audikesavulu
 9. Dr. Ram Chandra Dome
 10. Smt. Maneka Gandhi
 11. Shri Rajendra Kumar
 12. Smt. Sushila Bangaru Laxman
 13. Shri S. Mallikarjuniah
 14. Dr. Babu Rao Mediyam
 15. Dr. Chinta Mohan
 16. Shri Nakul Das Rai
 17. Dr. Arvind Kumar Sharma
 18. Shri Uday Singh
 19. Dr. Karan Singh Yadav

SECRETARIAT

Smt Vandana Garg, Joint Secretary
 Shri H.C.Sethi, Deputy Secretary
 Shri Mom Raj Singh, Under Secretary
 Shri Dinesh Singh, Committee Officer

2. At the outset, the Chairman welcomed the members of the Committee and he requested them for consideration and adoption of the 18th Report on the Indian Medical Council (Amendment) Bill-2005. However, before the Report could be taken up for consideration, some of the members raised the matter of removal of Dr. P. Venugopal, Director, AIIMS by the Governing Body of AIIMS in its meeting held on the 5th July, 2006. Majority of the members were of the view that Director of a premier institution of the country like AIIMS, who is a highly acclaimed doctor should not have been removed in such an unsavory manner. The Committee accordingly passed the following resolution: -

“The Committee deplores the decision of the Governing Body of AIIMS and requests the Government to find a solution.”

Since Dr. Karan Singh Yadav, in his capacity as member of the Governing Body of AIIMS, was a party to the decision of the Governing Body, he did not endorse the above resolution.

3. The Chairman directed the Secretariat to forward a copy of the resolution to the Govt.
4. The Committee, thereafter, decided to defer the consideration and adoption of report on the Indian Medical Council (Amendment) Bill-2005 to a future date. The Committee also decided to meet on Saturday the 15th July, 2006 to consider the Indian Medicine and Homoeopathy Pharmacy Bill, 2005.
5. The meeting then adjourned at 5.15 *p.m.*

NEW DELHI
 6th July 2006

MOM RAJ SINGH
 UNDER SECRETARY

MINUTES OF THE MEETING OF DEPARTMENT-RELATED PARLIAMENTARY STANDING COMMITTEE ON HEALTH & FAMILY WELFARE

The Committee met at 11.00 *a.m.* on Saturday the 15th July, 2006 in Committee Room 'A', Ground Floor, Parliament House Annexe, New Delhi.

MEMBERS PRESENT

RAJYA SABHA

1. Shri Amar Singh — *Chairman*
2. Shrimati Maya Singh
3. Shri Lalhming Liana
4. Shri Digvijay Singh
5. Miss Anusuiya Uikey

LOK SABHA

6. Shri D.K. Audikesavulu
7. Smt. Maneka Gandhi
8. Shri Rajendra Kumar
9. Smt. Sushila Bangaru Laxman
10. Shri S. Mallikarjuniah
11. Dr. Babu Rao Mediyam
12. Dr. Chinta Mohan
13. Smt. Archana Nayak
14. Shri Uday Singh
15. Smt. V. Radhika Selvi
16. Dr. Karan Singh Yadav

SECRETARIAT

Smt Vandana Garg, Joint Secretary
 Shri H.C.Sethi, Deputy Secretary
 Shri Pradeep Chaturvedi, Under Secretary
 Shri Dinesh Singh, Committee Officer

WITNESSES

REPRESENTATIVES OF THE DEPARTMENT OF AYUSH

1. Shri Vijay Singh, Secretary, (AYUSH)
2. Shri Shiv Basant, Joint Secretary, (AYUSH)
3. Dr. S.K.Sharma, Advisor (Ayurveda)
4. Dr. Eshwara Das, Deputy Advisor (Homoeopathy)

2. At the outset, the Chairman welcomed the members of the Committee. The Committee, thereafter, took up the Indian Medical Council (Amendment) Bill-2005 for consideration. The Committee felt that since the Bill had long term bearing on the medical education in the country, some more time was required to examine the entire spectrum of issues involved in the Bill. The Committee was of the unanimous view that the views of those who are running medical colleges/institutions in the country and that of the people at large needed to be elicited to enable it to holistically examine the Bill. The Committee, therefore, decided to undertake study visits to medical colleges/ institutions scattered in different parts of the country for the purpose.

3. The Committee also felt that status of medical education prevalent in U.K., U.S.A, China, Australia etc also needed to be studied so that the useful features of their systems could be

incorporated in our system.

4. In view of the foregoing, the Committee decided to seek further extension of time upto the last-day of Winter Session for the presentation/laying of its Report on the Indian Medical Council (Amendment) Bill-2005. The Committee was also of the view that a small delegation of the Committee members led by its Chairman may meet the Hon'ble chairman, Rajya Sabha to apprise him about the reasons for seeking further extension.

5. The Committee, thereafter, took oral evidence of the Secretary and other officers of the Department of AYUSH. The Chairman and members raised a number of queries on different provisions of the Indian Medicine and Homoeopathy Pharmacy Bill- 2005. The Secretary and other officers of the Department of AYUSH clarified the points raised by the members. The Committee discussed the various provisions of the concerned Bill.

6. A verbatim record of the proceedings was kept.

7. The Committee decided to meet again at 3.00 p.m. on Tuesday, the 25th July, 2006 to consider and adopt its Report on the Indian Medicine and Homoeopathy Pharmacy Bill-2005.

8. The meeting then adjourned at 1.00 p.m.

NEW DELHI

15th July, 2006

PRADEEP CHATURVEDI

UNDER SECRETARY

**MINUTES OF THE MEETING OF DEPARTMENT-RELATED PARLIAMENTARY
STANDING COMMITTEE ON HEALTH & FAMILY WELFARE**

The Committee met at 3.00 p.m. on Tuesday the 25th July, 2006 in Room No. 62, First Floor, Parliament House, New Delhi.

MEMBERS PRESENT

RAJYA SABHA

1. Shri Amar Singh — *Chairman*
2. Shrimati Maya Singh
3. Miss Anusuiya Uikey

LOK SABHA

4. Shri D.K. Audikesavulu
5. Dr. Ram Chandra Dome
6. Smt. Sushila Bangaru Laxman
7. Shri S. Mallikarjuniah
8. Dr. Babu Rao Mediyam
9. Shri D.B. Patil
10. Shri Nakul Das Rai
11. Dr. Arvind Kumar Sharma
12. Shri Uday Singh
13. Shri Kailash Nath Singh Yadav

SECRETARIAT

Smt Vandana Garg, Joint Secretary
Shri H.C.Sethi, Deputy Secretary
Shri Pradeep Chaturvedi, Under Secretary

2. Shri A.K. Antony
3. Prof. P.J. Kurien
4. Shri Su. Thirunavukkarasar
5. Shrimati Maya Singh
6. Shri Digvijay Singh
7. Shri Lalhming Liana

LOK SABHA

8. Shri M. Ambareesh
9. Smt. Bhavana P. Gawli
10. Smt. Maneka Gandhi
11. Shri B. Vinod Kumar
12. Shri Rajendra Kumar
13. Smt. Sushila Bangaru Laxman
14. Shri S. Mallikarjunaiah
15. Shri Rasheed Masood
16. Dr. Chinta Mohan
17. Shri Pannian Ravindran
18. Dr. R. Senthil
19. Shri Uday Singh
20. Dr. Karan Singh Yadav
21. Shri Vinod Khanna

SECRETARIAT

Smt Vandana Garg,	Joint Secretary
Shri H.C.Sethi,	Deputy Secretary
Shri Dinesh Singh,	Committee Officer

2. At the outset, the Chairman welcomed the members of the Committee and informed them of the agenda of the day *i.e.*, adoption of the draft Report of the Committee on the Indian Medical Council (Amendment) Bill, 2005. He also reminded them that the Hon'ble Chairman has granted extension of time upto the 31st October, 2006 for the presentation of the Report of the Committee on the Bill. One of the Members stated that since the Committee has visited only Maharashtra, Gujarat and South Indian States, the Report of the Committee cannot be said to be complete and should not be finalized without reflecting the views of the Northern and North Eastern States. He emphasized that Study visits to Uttar Pradesh, which is one of the largest States in India, and other Northern and North-Eastern States are a must for taking a holistic view in the matter. Most of the Members supported this view. They decided to meet Hon'ble Chairman to request him to further grant extension of time beyond the 31st October 2006, for the presentation of the Committee's Report on the Bill.

3. Dr. R. Senthil did not associate himself with the above decision of the Committee, stating that since elaborate discussions had already taken place and the Committee had heard a number of experts and professionals to know their views on the provisions of the Bill, there was no need to further delay the adoption of the Report. However, if the Committee so decided, then the representatives from those States might be called to appear and present their views before the Committee in Delhi itself. His contention was supported by Dr. Karan Singh Yadav who favoured the adoption of the Report without any further delay.

4. However, many Members of the Committee thereafter, decided to approach the Hon'ble Chairman.

5. The meeting then adjourned at 3:40 *p.m.*

NEW DELHI

18th October, 2006.

H.C. SETHI
DEPUTY SECRETARY

**MINUTES OF THE MEETING OF DEPARTMENT-RELATED PARLIAMENTARY
STANDING COMMITTEE ON HEALTH & FAMILY WELFARE**

The Committee met at 3.00 *p.m.* on Wednesday the 6th December, 2006 in Committee Room "B", Ground Floor, Parliament House Annexe, New Delhi.

MEMBERS PRESENT

RAJYA SABHA

1. Shri Amar Singh
2. Shri Su. Thirunavukkarasar
3. Shrimati Maya Singh
4. Shri Lalhming Liana
5. Smt. Viplove Thakur

LOK SABHA

6. Smt. Bhavana P. Gawli
7. Dr. Ram Chandra Dome
8. Smt. Maneka Gandhi
9. Shri B. Vinod Kumar
10. Smt. Sushila Bangaru Laxman
11. Shri S. Mallikarjuniah
12. Dr. Chinta Mohan
13. Shri Nihal Chand
14. Smt. K. Rani
15. Shri Pannian Ravindran
16. Dr. R. Senthil
17. Dr. Arvind Kumar Sharma
18. Shri Uday Singh
19. Dr. Karan Singh Yadav
20. Shri Vinod Khanna
21. Shri R.L. Jalappa

SECRETARIAT

Smt Vandana Garg, Joint Secretary
Shri Pradeep Chaturvedi, Under Secretary
Shri Dinesh Singh, Committee Officer

2. At the outset, the Chairman welcomed the members and newly nominated members, Shrimati Viplove Thakur and Shri R.L. Jalappa, to the Committee.

3. The Committee considered the 19th draft Report on Indian Medical Council (Amendment) Bill-2005 and discussed the Report para-wise at length. After some discussion, the Committee

decided to amend para numbers 8.12,8.13, 8.30, 8.33 & 13.3. The Committee also took note of the fact that the word 'term' was not defined in the Principal Act. The Committee was of the view that definition of 'term' may be included in Section 2. The Committee accordingly decided that para 7.2 of the draft report may be amended to include the word 'term' in definition. Thereafter the Committee adopted the report with the amendments in the aforesaid paras.

4. However Dr. Karan Singh Yadav had reservations on some of the recommendations in the report of the Committee. The Chairman of the Committee requested him to give his note of dissent in writing, to be appended to the report of the Committee.

5. The Committee, thereafter, decided that the Report may be presented to the Rajya Sabha and laid on the table of Lok Sabha on Friday the 15th December, 2006. The Committee authorized the Chairman of the Committee or in his absence Smt. Maya Singh to present the Report in Rajya Sabha, and, Shri Uday Singh, or in his absence Dr. Ram Chandra Dome to lay the Report on the table of Lok Sabha.

6. The meeting then adjourned at 4.30 p.m.

NEW DELHI
6th December, 2006

PRADEEP CHATURVEDI
UNDER SECRETARY

ANNEXURES

ANNEXURE- I

AS INTRODUCED IN THE RAJYA SABHA

23 AUG 2005

Bill No. LXXXVI of 2005

THE INDIAN MEDICAL COUNCIL (AMENDMENT) BILL, 2005

A
BILL*further to amend the Indian Medical Council Act, 1956.*

BE it enacted by Parliament in the Fifty-sixth Year of the Republic of India as follows:—

1. (1) This Act may be called the Indian Medical Council (Amendment) Act, 2005.

Short title and
commencement.

(2) It shall come into force on such date as the Central Government may, by notification in the Official Gazette, appoint.

102 of 1956. 5 2. In the Indian Medical Council Act, 1956 (hereinafter referred to as the principal Act),
in section 2,—Amendment
of section 2.

(f) after clause (f), the following clause shall be inserted, namely:—

‘(ff) “member” means the member of the Council and includes the President and the Vice-President;’

10 (ii) after clause (g), the following clause shall be inserted, namely:—

‘(gg) “President” means the President of the Council;’

(iii) for clause (i), the following clause shall be substituted, namely:—

“(i) ‘‘University’’ means a University defined under clause (f) of section 2 of the University Grants Commission Act, 1956, and includes an institution deemed to be a University under section 3 of that Act and having a medical faculty;” 3 of 1956.

(iv) after clause (i), the following clause shall be inserted, namely:—

“(m) ‘‘Vice-President’’ means the Vice-President of the Council.”

Amendment
of section 3.

3. In section 3 of the principal Act,—

(a) in sub-section (1),—

(i) for clause (b), the following clause shall be substituted, namely:— 10

“(b) one member from each State or Union territory, to be elected from amongst themselves who are the members of the medical faculty of the Universities in the State or the Union territory which are awarding recognised medical qualifications:

Provided that in a State having more than ten medical colleges awarding recognised medical qualifications, one member for every such ten colleges shall be elected: 15

Provided further that such number of members shall be reviewed by the Central Government after every five years;”

(ii) for clause (c), the following clause shall be substituted, namely:— 20

“(c) one member from each State in which a State Medical Register is maintained, to be elected from amongst themselves who are the members of the State Medical Council;”

(iii) clause (d) shall be omitted;

(iv) after clause (e), the following clauses shall be inserted, namely:— 25

“(f) the Director General of Health Services, *ex officio*;

(g) the Director General (Armed Forces Medical Services), *ex officio*;

(h) the Director, All India Institute of Medical Sciences, New Delhi, *ex officio*; 30

(i) the President, National Board of Examinations, New Delhi, *ex officio*;”

(b) for sub-section (2), the following sub-section shall be substituted, namely:—

“(2) The President and the Vice-President of the Council shall be elected by the members of the Council from amongst themselves; 35

Provided that no person shall hold office in any capacity whether as the President or the Vice-President for more than two terms.”

Insertion of new
section 3A.

4. After section 3 of the principal Act, the following section shall be inserted, namely:—

Reconstitution
of Council.

“3A. (1) The Central Government shall, as soon as possible, after the commencement of the Indian Medical Council (Amendment) Act, 2005, reconstitute the Council, and by notification in the Official Gazette, publish the names of the members nominated or elected under sub-section (1) of section 3. 40

(2) On and from the date of commencement of the Indian Medical Council (Amendment) Act, 2005, the existing Council shall stand dissolved and all the members of the Council shall vacate their offices. 45

(3) The Central Government shall appoint a Board of Administrators consisting of not more than five members headed by a Chief Administrator, who are otherwise eligible to hold the office of the members of the Council, which shall exercise the powers and perform the functions of the Council till the new Council is reconstituted in the manner provided under this Act or the expiry of six months, whichever is earlier."

5. In section 4 of the principal Act,—

Amendment
of section 4.

(a) for sub-section (1), the following sub-section shall be substituted, namely:—

"(1) An election under clause (b) or clause (c) of sub-section (1) of section 3 shall be conducted by such authority and in accordance with such rules as may be made by the Central Government in this behalf;"

(b) after sub-section (1), the following sub-section shall be inserted, namely:—

"(1A) If the authority is unable to conduct the elections referred to in sub-section (1), within a period of three months from the date of occurrence of the vacancy, it shall record the reasons thereof and the Central Government, on being satisfied of the reasons shall, till such time the member is elected in accordance with the provisions of sub-section (1), fill the vacancy,—

(a) falling under clause (b) of sub-section (1) of section 3, by nomination of,—

(i) the Vice-Chancellor in case of a State where the University of Health Sciences has been established and in the event of his being ineligible, any eligible member from the medical faculty of that University in consultation with the State; or

(ii) an eminent member belonging to the medical faculty in case of a State or Union territory having University with such faculty in consultation with that State or the Union territory, as the case may be; and

(b) falling under clause (c) of sub-section (1) of section 3, by nomination of the person who is enrolled as a member on the State Medical Register in the concerned State,

and the member so nominated shall be deemed to have been duly elected under section 3 and shall hold office till the expiry of the term specified under sub-section (2) of section 7 or till such time the member is elected in accordance with the provisions of sub-section (1) of this section, whichever is earlier."

6. In section 5 of the principal Act, for sub-section (1), the following sub-section shall be substituted, namely:—

Amendment
of section 5.

"(1) No person shall be eligible for nomination or election under sub-section (1) of section 3 or sub-section (1A) of section 4 unless he possesses any of the medical qualifications included in the First and the Second Schedule and Part II of the Third Schedule, and is permanently enrolled on any State Medical Register or the Indian Medical Register:

Provided that no person shall be eligible for nomination under clause (a) of sub-section (1) of section 3 unless he resides in the State concerned and where a State Medical Register is maintained in that State he is also enrolled on that Register."

7. In section 7 of the principal Act,—

Amendment
of section 7.

(a) for sub-section (2), the following sub-section shall be substituted, namely:—

"(2) Subject to the provisions of this section, sub-section (1) of section 30A or section 30B, a member, other than an *ex officio* member, whether

nominated or elected, shall hold office for a term of five years from the date of issue of the notification appointing him as a member of the Council by the Central Government.

Provided that no member shall continue to hold office beyond three months after the expiry of his term of five years, unless re-nominated or re-elected.”; 5

(b) after sub-section (F), the following sub-section shall be inserted, namely:—

“(Ld) A member nominated under sub-section (Ld) of section 4 shall be deemed to have vacated his seat from the date of issue of the notification by the Central Government appointing his duly elected successor in accordance with the provisions of sub-section (I) of that section.”. 10

Amendment of section 10.

8. In section 10 of the principal Act, for sub-section (I), the following sub-section shall be substituted, namely:—

“(I) The Executive Committee, hereinafter referred to as the Committee, shall consist of the President and the Vice-President who shall be members *ex officio*, other *ex officio* members under clauses (f), (g), (h) and (i) of sub-section (I) of section 3 and nine other members who shall be elected by the Council from amongst its members.”. 15

Insertion of new sections 30A, 30B, 30C, 30D and 30E.

Removal of President, Vice-President or member of Council.

9. After section 30 of the principal Act, the following sections shall be inserted, namely:—

“30A. (I) The Council may recommend to the Central Government for removal of the President, the Vice-President or any member on the grounds of misconduct or incapacity by a resolution passed by a majority of the total membership of the Council excluding the vacancies and a two-thirds majority of the members present and voting after having given a reasonable opportunity of being heard, and the Central Government may, after being satisfied of the grounds on which such removal is recommended, remove the President, the Vice-President or the member from the Council in accordance with such rules as may be made by it. 20 25

Provided that the Council shall, before making any recommendation for removal of a member, consider the views of a Disciplinary Committee constituted for the purpose, which shall follow such procedure as the Central Government may by rules determine. 30

(2) When the President is removed by an order under sub-section (I), during the period of such removal the powers and duties conferred and imposed on the President under this Act shall be exercised and performed by the Vice-President.

(3) Where the Vice-President is removed by an order under sub-section (I), during the period of such removal the powers and duties conferred and imposed on the Vice-President under this Act shall be exercised and performed by such person as the Central Government may appoint in that behalf from amongst the members of the Council. 35

(4) The President or the Vice-President or the member, as the case may be, shall be elected in the manner provided under this Act within the period of three months from the date on which the order of removal was issued under sub-section (I). 40

Withdrawal of removal of nominated members of Council.

30B. Notwithstanding anything contained in section 7, if the Central Government considers it to be expedient in the public interest or on the recommendation of the State Government concerned that a member nominated to the Council under clause (a) or clause (e) of sub-section (I) of section 3 should withdraw from the Council, the Central Government may give such direction and if the member refuses to comply with the direction so given, it may, by order, remove such member from the Council. 45

30C. (1) In the discharge of its functions under this Act, the Council shall be guided by such directions, as may be given to it in the public interest, by the Central Government.

Directions by
Central
Government.

3 (2) If any dispute arises between the Central Government and the Council as to whether a question relates to public interest or not, the decision of the Central Government thereon shall be final.

30D. (1) If the Central Government is of the opinion that the Executive Committee or any other committee of the Council is unable to perform or has made persistently defaults—

Power of
Central
Government
to dissolve
Executive
Committee or
any other
committee.

10 (a) in the performance of the duties imposed on it by or under this Act or has exceeded or abused its powers; or

(b) either wilfully or without sufficient cause in complying with any direction issued by the Central Government under section 30C,

15 the Central Government may, by notification published, together with a statement of reasons therefor, in the Official Gazette, dissolve the Executive Committee or such other committee:

20 Provided that before issue of such notification, the Central Government shall give a reasonable time to the Executive Committee or such other committee, as the case may be, to show cause why it should not be dissolved and shall consider the explanations and objections, if any, of the Executive Committee or such other committee.

(2) Upon the publication of a notification under sub-section (1) dissolving the Executive Committee or, as the case may be, such other committee,—

25 (a) all members of the Executive Committee, or the other committee shall, notwithstanding that their term of office had not expired, as from the date of dissolution, vacate their offices as such members;

30 (b) all powers and duties which may, by or under the provisions of this Act, be exercised or performed by or on behalf of the Executive Committee or the other committee, during the period of dissolution, be exercised and performed by such person or persons as the Central Government may appoint in that behalf from amongst the members of the Council:

Provided that the term of office of the person or persons so appointed under this sub-section shall not exceed a period of six months or till the time a new Executive Committee or such other committee is constituted, whichever is earlier.

35 30E. (1) If the Central Government is of the opinion that the President or the Vice-President or the member of the Executive Committee or any other committee of the Council is unable to perform or has made persistently defaults—

Power of
Central
Government
to remove
President,
Vice-
President or
member of
Executive
Committee or
any other
committee.

(a) in the performance of the duties imposed on him under this Act or has exceeded or abused his powers; or

40 (b) either wilfully or without sufficient cause in complying with any direction issued by the Central Government under section 30C,

the Central Government may remove from office the President or the Vice-President or the member, as the case may be:

45 Provided that before issue of such removal, the Central Government shall give a reasonable opportunity of being heard to the President or the Vice-President or the member, as the case may be, to show cause why he should not be removed from office and shall consider the explanations and objections, if any, of the President or the Vice-President or the member.

	(2) Upon the removal from office under sub-section (1),—	
	(a) the President or the Vice-President or the member shall, notwithstanding that his term of office had not expired, as from the date of removal from office, vacate the office as such President or the Vice-President or member;	
	(b) all powers and duties which may, under the provisions of this Act, be exercised or performed by the President or the Vice-President, as the case may be, shall, during the period of removal from office, be exercised and performed by such person as the Central Government may appoint in that behalf from amongst the members of the Council;	35
	Provided that the term of office of the person so appointed under this sub-section shall not exceed a period of six months or till the time a new President or the Vice-President or the member, as the case may be, is elected in the manner provided under this Act, whichever is earlier."	40
Amendment of section 32	10. In section 32 of the principal Act,—	
	(a) in sub-section (1), the brackets and figure "(1)" shall be omitted;	15
	(b) sub-section (2) shall be omitted.	
Insertion of new sections 33A and 33B.	11. After section 33 of the principal Act, the following sections shall be inserted, namely:—	
Power of Central Government to issue directions for making or amending regulations.	"33A. (1) Where the Central Government considers it expedient so to do, it may, by order in writing, direct the Council to make any regulations or to amend or revoke any regulations already made within such period as it may specify in this behalf.	20
	(2) If the Council fails or neglects to comply with such order within the specified period, the Central Government may itself make the regulations or amend or revoke the regulations made by the Council.	
Laying of rules and regulations.	33B. Every rule and every regulation made under this Act shall be laid, as soon as may be after it is made, before each House of Parliament, while it is in session, for a total period of thirty days which may be comprised in one session or in two or more successive sessions, and if, before the expiry of the session immediately following the session or the successive sessions aforesaid, both Houses agree in making any modification in the rule or regulation or both Houses agree that the rule or regulation should not be made, the rule or regulation shall, thereafter have effect only in such modified form or be of no effect, as the case may be; so, however, that any such modification or annulment shall be without prejudice to the validity of anything previously done under that rule or regulation."	25 30

STATEMENT OF OBJECTS AND REASONS

The Indian Medical Council Act, 1956 (IMC) provides for composition of the Medical Council of India (MCI), which includes elected and nominated representatives. The composition of the Council has been reviewed to examine whether it was helping to serve the purposes intended in the light of various developments in the field of medical education. It was found that the Council has lost its representative character due to (a) large number of vacancies in the elected category; (b) States having larger number of medical colleges, but having formed a medical university, are having fewer seats in the Council as compared to States having fewer colleges affiliated to several Universities; (c) lack of interaction between the State Medical Councils and the MCI; and (d) representation was still being given to those categories which are no more in existence. It is, therefore, considered necessary to make the composition of the Council compact and representative and also empower the Central Government to ensure that large number of vacancies, particularly in the elected category remain filled. Since the composition of the revised Council is likely to be substantially different from the existing one, a new section 3A relating to reconstitution of the Council is proposed to be inserted in the IMC Act, 1956.

2. The Council's main function as contained in the IMC Act, 1956 is to make recommendations to the Central Government in matters of recognition of medical qualifications, determining the courses of study and examinations required to obtain such qualifications, inspection of examinations and maintenance of register of medical practitioners, etc. By the amendment of the said Act in 1993, the power to grant permission for establishment of new Medical Colleges, increase in intake capacity or for starting higher courses in the established Colleges was entrusted to the Central Government from the respective State Governments. For this purpose, the MCI became a recommendatory body to the Central Government for taking final decisions in these matters. After reviewing the working of the Council in this area, and the problems being faced, a need has been felt to empower the Central Government to give such directions to the Council wherever necessary on matters of policy and public importance and to ensure their proper compliance, and also Council's accountability to the tasks entrusted to it. As in other statutory bodies, it is also proposed to make provisions for removal of members of the Council, and in specified circumstances, dissolution of the Executive Committee or any other Committee.

3. The proposed legislative measures will make the composition of the Council compact, comprehensive and representative, and empower the Central Government to discharge its functions effectively to ensure proper development of medical education in the country.

4. The present Bill is intended to achieve the above objects.

NEW DELHI;
The 16th August, 2005.

ANBUMANI RAMADOSS.

MEMORANDUM REGARDING DELEGATED LEGISLATION

Sub-clause (a) of clause 5 of the Bill empowers the Central Government to make rules for conducting elections under clause (b) or clause (c) of sub-section (1) of section 3, by an authority so authorised under the rules. Similar rule making power for conducting election is available to the Central Government under the existing provisions.

2. Clause 9 of the Bill provides for insertion of a new section 30A for removal of the President, the Vice-President or a member of the Council in certain cases. It is proposed that the Central Government may frame procedural rules under which the President and the Vice-President of the Council may be removed. The Council shall, before making any recommendation for removal of a member, consider the views of the Disciplinary Committee, constituted for the purpose. It is proposed that the procedure, etc., to be followed by the Disciplinary Committee shall be determined by rules framed by the Central Government.

3. The rules made under the proposed legislation shall be required to be laid before Parliament.

4. The matters in respect of which rules may be made are matters of procedure and administrative detail and it is not practicable to provide for them in the Bill itself. The delegation of legislative power is, therefore, of a normal character.

ANNEXURE

EXTRACTS FROM THE INDIAN MEDICAL COUNCIL ACT, 1956

(102 of 1956)

* * * * *	
2. In this Act, unless the context otherwise requires,—	Definitions.
* * * * *	
(f) "University" means any University in India established by law and having a medical faculty.	
3. (1) The Central Government shall cause to be constituted a Council consisting of the following members, namely:—	Constitution and composition of the Council.
* * * * *	
(b) one member from each University, to be elected from amongst the members of the medical faculty of the University by members of the Senate of the University or in case the University has no Senate, by members of the Court;	
(c) one member from each State in which a State Medical Register is maintained, to be elected from amongst themselves by persons enrolled on such Register who possess the medical qualifications included in the First or the Second Schedule or in Part II of the Third Schedule;	
(d) seven members to be elected from amongst themselves by persons enrolled on any of the State Medical Registers who possess the medical qualifications included in Part I of the Third Schedule;	
* * * * *	
(2) The President and Vice-President of the Council shall be elected by the members of the Council from amongst themselves.	
* * * * *	
4. (1) An election under clause (b), clause (c) or clause (d) of sub-section (1) of section 3 shall be conducted by the Central Government in accordance with such rules as may be made by it in this behalf, any rules so made may provide that pending the preparation of the Indian Medical Register in accordance with the provisions of this Act, the members referred to in clause (d) of sub-section (1) of section 3 may be nominated by the Central Government instead of being elected as provided therein.	Mode of election.
* * * * *	
5. (1) No person shall be eligible for nomination under clause (a) of sub-section (1) of section 3 unless he possesses any of the medical qualifications included in the First and Second Schedules, resides in the State concerned, and, where a State Medical Register is maintained in that State, is enrolled on that register.	Restrictions on nomination and membership.
* * * * *	
7. (1)	
(2) Subject to the provisions of this section, a member shall hold office for a term of five years from the date of his nomination or election or until his successor shall have been duly nominated or elected, whichever is longer.	Term of office of Presidents, Vice-President and members.
* * * * *	
10. (1) The Executive Committee, hereinafter referred to as the Committee, shall consist of the President and Vice-President, who shall be member <i>ex officio</i> , and not less than seven and not more than ten other members who shall be elected by the Council from amongst its members.	The Executive Committee.
* * * * *	

Power to
make rules.

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

(2) All rules made under this section shall be laid for not less than thirty days before both Houses of Parliament as soon as possible after they are made, and shall be subject to such modifications as Parliament may make during the session in which they are so laid or the session immediately following.

* * * * *

RAJYA SABHA

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BILL

further to amend the Indian Medical Council Act, 1956

(Dr. Anbumani Ramadoss, Minister of Health and Family Welfare)

MGIPMRND—2650RS(S1)—19-06-2005.

Bombay

(B) REPRESENTATIVES OF DELHI MEDICAL ASSOCIATION

1. Dr. K.K. Aggarwal, President
2. Dr. Girish Tyagi, Hony. State Secretary
3. Dr. Prem Aggarwal, Former Secretary General, I.M.A

(C) REPRESENTATIVE OF DELHI MEDICAL COUNCIL

Dr. S.K. Khattri, Registrar

FOURTH MEETING **DATE 9TH JANUARY, 2006**

(A) REPRESENTATIVES OF KARNATAKA AND ANDHRA PRADESH STATE MEDICAL COUNCILS

1. Dr. Chikkananjappa President, Karnataka Medical Council
2. Dr. Nageshwar Rao Chairman, Andhra Pradesh Medical Council

(B) REPRESENTATIVES OF U.P AND BIHAR STATE BRANCHES OF IMA

1. Dr. Gulab Aggrawal Chairman, Action Committee, UP State Branch, IMA
2. Dr. Ashok Rai Joint Secretary, UP State Branch, IMA
3. Dr. D.K. Sharma Senior office bearer of UP State Branch, IMA
4. Dr. D.K. Choudhary Former President, Bihar State Branch, IMA
5. Dr. Sahjanand Prasad Singh Vice President, Bihar State Branch, IMA

(C) REPRESENTATIVES OF KERALA AND ANDHRA PRADESH STATE BRANCHES OF IMA

1. Dr. Joseph Mani State President, Kerala State Branch, IMA
2. Dr. Ramesh .R State Secretary, Kerala State Branch, IMA
3. Dr. V.C. Velayudhan Pillai Former National President, Kerala State Branch, IMA
4. Dr. V. Sarath Kumar Chairman, Action Committee Andhra Pradesh Branch, IMA
5. Dr. N.Appa Rao National Co-ordinator , Andhra Pradesh Branch, IMA

FIFTH MEETING**13TH FEBRUARY, 2006**

REPRESENTATIVES OF UNIVERSITIES

1. Dr. Mahendra Bhandari, Vice-Chancellor, King George's Medical University, Lucknow.
2. Dr. S.K. Aggarwal, Dean, -do-
3. Prof. Shally Awasthi, Prof. -do-
4. Dr. N. B. Singh Ex. Vice-Chancellor, Manipur University, Imphal

SIXTH MEETING**2ND June, 2006**

REPRESENTATIVES OF DEPARTMENT OF HEALTH & FAMILY WELFARE

1. Shri P.K.Hota Secretary
2. Smt. Bhavani Jhyagarajan Joint Secretary

SEVENTH MEETING**12th June, 2006**

Representatives of Rajasthan State Branch, IMA

1. Dr. S.S. Agarwal , Secretary
2. Dr. Mukesh Sharma, Vice-president
3. Dr. R.C. Yadav

ANNEXURE-III**STUDY NOTE****OF****PARLIAMENTARY STANDING COMMITTEE ON HEALTH AND FAMILY WELFARE
ON ITS VISIT****TO****PUNE, MUMBAI AND AHMEDABAD
SEPTEMBER, 2006)****(17TH TO 21ST**

The Committee in its examination of the Indian Medical Council (Amendment) Bill, 2005 undertook a study visit to Pune, Mumbai and Ahmedabad from 17th September to 21st September, 2006. The Committee visited a number of Medical Colleges and hospitals and held extensive discussions on the proposed amendments to the Indian Medical Council Act, 1956 and their impact on the functioning of MCI .

PUNE (18TH SEPTEMBER, 2006)

The Committee visited the Bhartiya Vidyapeeth at Pune. The Chairman of the Committee apprised the representatives present of the purpose of the visit of the Committee i.e. to elicit their views on the Indian Medical Council (Amendment) Bill, 2005. The Committee had an interactive session with representatives of Bhartiya Vidyapeeth, Armed Forces Medical College (AFMC) and Pune University on the IMC (Amendment) Bill, 2005. The list of representatives of the Bhartiya Vidyapeeth, AFMC and Pune University is given in Annexure -I.

VIEWS OF REPRESENTATIVES OF BHARTIYA VIDYAPEETH, PUNE

The representatives of Bhartiya Vidyapeeth, Pune gave their general assessment about the functioning of MCI as mentioned below and changes required therein:-

- No representation is given to a Deemed University in the MCI as is the case with Bhartiya Vidyapeeth.
- Rules/Guidelines framed by the MCI are very rigid. They need to be reviewed and scrutinised taking into consideration their viability before they are enacted.
- Frequent visits of various Committees of MCI need to be reduced as they disturb the day-to-day functioning of the University. Also, head counting of faculty and staff is not a healthy way of inspection.
- The criteria of acquiring 25 acres of land for opening a new college and 80% occupancy is difficult to fulfill.
- Eligibility criteria for recruitment of teachers/faculty needs to be revised as there is scarcity of clinical teachers.
- The requirement of having a Senate in the University is difficult to fulfill. Bhartiya Vidyapeeth does not have a senate. It has a Management Council which is similar to a senate. However, the Management Council of Bhartiya Vidyapeeth is not represented in the MCI.
- There should be one representative for every five Medical Colleges. Elaborate procedure should be followed before the Govt. decides on taking any stand like dissolution of the Council

etc. Giving absolute powers to the Govt. is worrisome.

VIEWS OF REPRESENTATIVES OF ARMED FORCES MEDICAL COLLEGE, PUNE

- The inclusion of Ex-Officio Government nominees with no vested interest viz, DGHS, DGAFMS, Director AIIMS, President NBE in the Executive Committee will greatly help in improving the much needed checks and balances.
The nomination of one representative for every 10 Medical Colleges is likely to favour some states like Karnataka, A.P. and Maharashtra.
- The limit of only two terms for the office of President and Vice-President is a progressive step.
- Parliament being the supreme body of the State must have powers of oversight over the MCI. Govt should have the powers to direct MCI to make, amend, revoke regulations if it fails to comply, to do so itself in public interest.
- The State must render all possible assistance to help the MCI in upholding standards of Medical education in the Country and ensure that the same are not diluted on frivolous grounds. The MCI, on its part in greater interest of the public, must use its discretion to relax norms not directly affecting teaching, at least temporarily on case to case basis to encourage setting up of teaching institutions in remote and backward areas of the country. Govt initiative alone is not enough. Such areas can be served only through Public Private Partnership.

VIEWS OF REPRESENTATIVES OF UNIVERSITY OF PUNE, PUNE

- Medical Council of India, established by an Act of Parliament, is basically an autonomous, statutory, educational authority in the country to regulate, supervise and monitor medical education throughout the country.
- The new Bill however, has given extraordinary powers to the Central Govt. and by virtue of new amendments, MCI would be a subordinate educational body to the Central Govt. There would be an erosion of the autonomy of MCI.
- Central Govt. should have some definitely powers to control and regulate the activities of any statutory body, particularly in the larger public interest. However, the MCI should have autonomy regarding the policy matters in making of regulations regarding medical education in the country. Such matters should be handled by Medical Educationists.
- Many Deemed Universities in the country have set up medical colleges in the country. However there is no representation of Deemed Universities In MCI. They should have adequate representation in the MCI.
- With the Central Govt. getting the powers to regulate, amend or revoke the regulations made by the MCI, the statutory body would then merely be a recommendatory authority with no powers to control the medical education in the country. This is not proper for the development and maintenance of academic atmosphere in the field of medical education in the country.

MUMBAI (19TH AND 20TH SEPTEMBER, 2006)

In Mumbai, the Committee visited the Govt. Medical College, D.V. Patil Medical College and Mahatma Gandhi Mission's Medical College. The Committee interacted with the representatives of Govt. Medical colleges, Private Medical College, State Govt, Mumbai University, State Medical Council and IMA branch of Maharashtra. A list of representatives is given Annexure II

VIEWS OF REPRESENTATIVES OF INDIAN MEDICAL ASSOCIATION, MAHARASHTRA STATE BRANCH.

- One dissolved council should be followed by another duly elected council as is being followed by our largest democracy in the world in respect of Parliament.

- The MCI's role as a recommending body should continue to exist in the larger interest of the medical profession and people at large for ensuring healthy-Health Care Delivery system.
- Proposed Section 30 D and 30 E are the most draconian amendments & are totally unacceptable to us.
- In the present system there are enough checks and balances so there is no need for any change within the system.
- Within the existing frame work of the MCI rules, there is complete coordination of MCI with the Government and no further change is needed.
- Appointing 5 members as administrators is in total contravention of the existing Act and totally undemocratic and hence not acceptable.
- The representation on the Council should be proportionate to the number of Medical graduates enrolled in the State Medical Council Register.

VIEWS OF REPRESENTATIVES OF MAHARASHTRA STATE MEDICAL TEACHER'S ASSOCIATION, MUMBAI.

- In Section 3, it is suggested that there should be one representative per five Medical Colleges in the MCI.
- * In Section 4(b), it is suggested to have an elected member instead of a nominated member of State Council in the event of election not being conducted within a period of three months, from the date of occurrence of the vacancy such a member will continue for a period of six months only.
- In Section 7(A), incase of removal of the Vice-President, instead of the Central Government appointing a person to perform and exercise the duties or powers conferred upon him, the President of the Council should have the powers to appoint such a person.
- In Section 7 B, it is suggested that withdrawal or removal of nominated members of Council in the public interest or on the recommendation of the State Govt. should be on grounds of misconduct/incapacity.
- Section 30 A regarding direction by Central Government to MCI is not acceptable. On the contrary recommendations of MCI should be accepted by the Central Government. If any dispute arises between the Central Government and the Council as to whether a question relates to public interest or not, the decision of the MCI should be final.
- Section 30 B dealing with powers of Central Government to dissolve Executive Committee or to remove from office President or Vice-President, is unacceptable. The removal of the above mentioned official should be on the recommendation of the Council.
- Amendment of Section 32 is not acceptable.
- Section 33 A (1) dealing with powers of Central Government to give directions for making or amending regulations is unacceptable. Instead, it is suggested that the MCI should recommend to the Government.

General Suggestions

- The election should not be held by postal ballot paper but through booths in person so as to avoid manipulations.
- It is observed that there is no mention of reservation in the electoral process. The reservation policy as per Constitution of India should be incorporated.
- Member of medical teachers association/ organization shall be one of the representatives in Medical Council at par with the representation given to various organizations and bodies (like the IMA) of medical fraternity.
- One aspect to be incorporated in Indian Medical Council (Amendment) Bill-2005 is to

empower MCI to fix salary structure in order to have uniformity all over the country and to guide minimum facilities to be provided to medical teachers to attend national and international conferences, purchase books, subscribe to journals, provide with telephone and internal facilities, rent free accommodation etc.

- Certificate courses, diplomas and degrees awarded by various private Colleges/institutes and various boards and bodies should not be equated with the diplomas and degrees awarded by recognized universities.

VIEW OF REPRESENTATIVES OF MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK.

- The composition of MCI should be comprehensive and should have academic autonomy. Therefore, following academic persons be the members of Council.
- One Representative per Five affiliated Medical Colleges, where Health Sciences Universities are established in the State.
- Vice-Chancellors & Registrars of Health Sciences Universities to be nominated as ex-officio members.
- The President/ Secretary of Indian Medical Association to be a ex-officio member.
- The President/ Secretary of State Medical Council as an ex-officio member.
- Member of the Council should only be there for one term of five years.
- As per existing rules, the age of Teachers is extended upto 65 years. Considering the physical and mental fitness of the teacher, it can be relaxed to 70 or 75 as longevity of life has increased and there is scarcity/ paucity of Teachers in Medical Colleges.
- Honorary system of appointment of Teachers to be continued for next five years.
- No. of PGs/ Supespeciality Courses and/ or seats to be increased.

VIEWS OF REPRESENTATIVES OF MAHARASHTRA INSTITUTE OF MEDICAL EDUCATION AND RESEARCH, TALEGAON DABHADE.

- Number of Council members should be proportionate to the number of private Medical Colleges in each State.
- There should not be age limit for the Executive Council members.
- A committee should be set up to revise the outdated norms of UG & PG Courses of the MCI.

VIEWS OF REPRESENTATIVES OF MAEER'S MIMER MEDICAL COLLEGE, TALEGAON DABHADE.

There is an urgent need to improve the functioning of the MCI. In addition to the elected body headed by the elected President and Vice-President of the MCI, there should be an additional apex body of 11 members constituted by the Central Govt., to supervise and control the functioning of the MCI and it should be an appellate authority for any grievances from the concerned institution under MCI.

VIEWS OF REPRESENTATIVES OF K.J.SOMAIYA MEDICAL COLLEGE AND RESEARCH CENTRE, MUMBAI.

* The MCI is expected to be a professional body functioning with objectivity and transparency. The working of the body should be such as to provide clear guidelines for decision making and leave minimum room for the exercise of discretion. The body as it constituted is a primarily elected body. Not only this, the Executive Committee is a body elected by MCI. Most of the voters and elected persons are medical practitioners. Because of the dynamics of the electoral process, this adversely affects the working and credibility of the institution. The proposed amendments to some extent seek to reduce the elected element and enhance the proportion of members appointed on the basis of their professional status, such as, Director General, Health Services.

* The constitution of MCI should be contrasted with the constitution of All Indian Council for Technical Education (AICTE). AICTE consists largely of members appointed on an ex-officio basis and representatives of State appointed by rotation. The Chairman of the AICTE is nominated by the Central Government on the basis of the recommendation of a Search Committee of eminent persons. After the Chairman is appointed, the Vice-Chairman and Member Secretaries are appointed by the

Central Government in consultation with the Chairman. As a result, the AICTE functions as a professional expert body having representatives of various stakeholders.

*. While amending the IMC Act, an attempt should be made to have the IMC constituted as a professional body, which functions with total objectivity and transparency. The guidelines of MCI should be clear and location specific. For instance, the requirement of land and Hostel residential accommodation should be made less in metropolitan cities as compared to rural areas. **It is also necessary to provide a procedure for grievance redressal by an independent appellate authority.** At present representations against its recommendations go back to the same body.

* While reorganizing the Medical Council of India, it is necessary to keep in mind that the majority of medical colleges in India are now run by charitable trusts and non profit making societies and the academicians in these institutions should also get a fair representation in the MCI and its bodies.

VIEWS OF REPRESENTATIVE OF ASSOCIATION OF MANAGEMENT OF UNAIDED PRIVATE MEDICAL & DENTAL COLLEGES, MUMBAI

- Indian Medical Council Act. 1956, in its present form is complete, in as much as that it has provided for all the checks and balances, and it has enough power at its disposal under the scheme of things in the Act.
- Under section 3 of the present Act, the Central Govt. has the authority to constitute the council. Under section 4 it is empowered with appellate authority on electoral disputes. Under section 10 it has authority to approve and notify the starting of new colleges, new PG courses and augmentation of intake. Under section 11 & 12 it has authority to notify recognized medical qualifications & their inclusion in the appropriate governing schedule appended to the Act. Under section 30 it has authority to appoint commission of inquiry with powers of summary trial, wherever in its observation the council is found to be functioning in-violation of its prescribed rules and objectives. Under section 32 it has authority to prescribe rules, and under section 33 regulations are prescribed and notified by the council with the prior approval by the central Govt. As such the aforesaid provision bring out that the present IMC Act provides for adequate checks on part of the Govt. on the functioning of the council. Hence no further amendments are necessary to pool and centralize powers in the hands of the central Govt.
- The democratic character of the council is of paramount importance and should not be interfered with. Further the vacancies are there in the council because of delayed notification of the elected or the nominated members of the council by the central Govt. the case of the nominee of Govt. of Maharashtra on the council who was notified by the central Govt. after five months and that too after a Court order, speaks volumes about the same.
- Section 3, sub section I –for clause (b), it should be amended as: -
 “B (i) Each University and Deemed University awarding recognized Medical Qualification shall elect one member from amongst the members of the faculty of Medicine.
 (ii) In case of a state University of Health Sciences, for every five affiliated Medical colleges, one representative shall be elected from amongst the members of the Faculty of Medicine of the said Medical Colleges.”
- In section 3, sub-section I, for clause (e) , eight members should be nominated by Central Govt. including ex-officio members like:-
 - (i) The Director General of Health services, ex-officio;
 - (ii) The Director General (Armed Force Medical Services) ex-officio;
 - (iii) The Director, All India Institute of Medical Sciences, New Delhi, ex-officio;

- (iv) The President, National Board of Examinations, New Delhi, ex-officio;
- (v) Director of Medical Education of 4 States by rotation of 2 years.

- In Section 3, sub-section-I, Clause ‘f’ to be inserted as:-
“ Five members of Management of Private Medical Colleges elected from amongst themselves.”
- In section 3, sub-section (2), the elected positions shall not be subject to any embargo of “terms” as it would be against the basic democratic principles.
- Under section 3A (I), the new Council should be reconstituted not later than one month.
- Section 3A (3) regarding appointment of a Board of administrators should be deleted. By virtue of the operation of the said provision, the elected body shall be replaced by a nominated one by the Govt., which would amount to anti-thesis of the democratic norms and principles.
- Under the proposed Section 4(1) elections would be conducted by another authority which indicates that the Govt. is intending to escape from its responsibility. This provision needs to be deleted.
- Proposed Section 4 (1A) regarding nomination of members in the event of elections not being conducted should be deleted because it amounts to usurpation of the powers and authority of the nominating/ electing authorities. Further by operation of the said clause, representative character of the Council will be altered, in as much as the nominated members will out match and out number the elected members.
- As proposed under section 10(1), the ex-officio nominees of the Central Govt should not be the members of Executive Committee as it would alter the representative character of the Committee from its present ‘elected’ nature to ‘nominated’ nature.
- Section 30 A regarding Removal of President, Vice-President or member of Council is restrictive in nature and hence should be deleted as a whole. Provision of section 30 is sufficient.
- Section 30 B regarding withdrawal or removal of nominated members of Council should also be deleted summarily because it is aiming at centralization of authority and would render the autonomy of the Council to nullity.
- Section 30 D, regarding power of Central Govt. to dissolve Executive Committee or any other Committee as a whole should be deleted as it is a restrictive clause and is draconian and anti democratic in nature.
- Section 30E regarding power of Central Govt. to remove President, Vice-President or member of Executive Committee or any other Committee as a whole being restrictive in nature and is aimed at centralization of authority. It head to deleted.

AHMEDABAD (21st SEPTEMBER, 2006)

The Committee paid a visit to B.J.Medical college in Ahmedabad. The Committee interacted with the representatives of the Govt. Medical colleges, Private Medical Colleges, State Govt. State Medical Council and State Branches of IMA. A list of witnesses is given in Annexure-III.

VIEWS OF REPRESENTATIVES OF IMA, GUJRAT STATE BRANCH

- Proposed amendments will do away with the autonomy vital for a professional expert body like MCI, rendering it into a toothless, cosmetic body.
- There should be one representative in MCI from each State Branch of IMA.
- In Section 3 regarding composition of the Council under category (C), members elected should be registered in Medical Register and not necessarily be a member of State Medical Council
- Inclusion of ex-officio members like Director General Armed Forces Medical Colleges

and President, National Board of Examination, New Delhi is not acceptable. These nominations can be adjusted under the existing 'nominated' category where under Central Govt. can nominated eight members.

- Restriction of holding the post of President and Vice-President for two terms is not acceptable as it does not suit the basic fundamentals of democracy.
- The new Council should be reconstituted within one month instead of having the option of doing the same as soon as possible as proposed under Section 3 A(1).
- Provision of dissolution of the existing Council and appointment of a Board of Administrators as proposed in Section 3A(2) and (3) not acceptable as it is totally undemocratic and unconstitutional.
- Proposed amendment of Section 4 where under in the even of elections not being conducted in time, Central Govt. will have the powers to nominate any person, is not acceptable.
- Proposed Section 7A regarding removal of President, Vice-President or member of Council is not acceptable as MCI is an academic body and not a political body.
- Section 7B regarding withdrawal or removal of nominated members is also not acceptable as such a provision is likely to be misused.
- Amendment of Section 10 (1) whereby Executive Committee will be having additional ex-officio members is unacceptable as it would result into converting an elected body into a nominated body.
- Proposed Section 30 A not acceptable as it will take away the autonomy of MCI.
- Proposed Section 30B regarding powers of Central Govt. to dissolve Executive Committee or to remove from office President or Vice-President is not acceptable as it will adversely affect the autonomy and independence of the Council.
- Section 33A regarding powers of Central Govt. to give directions for making or amending regulations is not acceptable as it is absolutely necessary to maintain the autonomy of MCI.

VIEWS OF REPRESENTATIVES OF STATE GOVT. OF GUJARAT.

- Under Section 3 regarding composition of the Council, category (b) must continue without change (i.e. one member per university). However, provision of one member per 10 colleges in a state where there is only one university may be made.
- Insertion of new Section 3 A regarding reconstitution of Council is not acceptable. The existing Council may continue until the new body is in office.
- Under the proposed Section 7 A regarding removal of President, Vice-President or member of Council under Sub-Section (3) instead of the Central Govt., the Executive Committee of the MCI should decide the appointment of person incase of removal of Vice-President.
- Section 7 B dealing with withdrawal/removal of nominated members is not acceptable as it is likely to be misused.
- Proposed Section 30 A regarding directions by Central Govt. cannot be mandatory. It can best be used as a guideline only. The Council's decision as to whether a question relates to public interest or not, should be final.
- Proposed Section 30 B regarding powers of Central Govt. to dissolve Executive Committee or to remove from office President or Vice-President is also unacceptable. This will adversely affect the autonomy and independence of the Council.
- Proposed Section 33A relating to powers of Central Govt. to directions for making or amending regulations is unacceptable. It is important to maintain the autonomous nature of the Council.

Same views were expressed by the representatives of B.J.Medical College, Ahmedabad.

VIEWS OF REPRESENTATIVES OF M.P. SHAH MEDICAL COLLEGE, JAMNAGAR AND P.D. U MEDICAL COLLEGE, RAJKOT.

- Proposed amendment under Section 3 regarding composition of Council under category (b) is not acceptable. At present, each university has representation in MCI. Now there will be only one representative from each state. This clause can be implemented only if each state has one "Medical University."
- In Section 3 (1) (c) there is one representative from amongst the members of State Medical Council. This reduces representation of medical professionals. Member of a state Medical Council may be a nominated member.
- Section 3 (e), DGHS, DG(AFMS), Director (AIIMS), President (NBE) are proposed to be made ex-officio members. They can contest for President/Vice-President which would reduce autonomy of MCI and increase Govt. control. Also, National Board of Examinations (NBE) is a parallel body to MCI and should not be allowed to take over MCI.
- In proposed Section 3 A regarding reconstitution of Council time limit should be set for reconstitution of the Council to prevent indefinite postponement of election.
- Proposed Section 4 (1) stipulates nomination of members in case of vacancies arising (mid-term) if authority is unable to conduct election. As no time limit has been set for conducting elections, member so nominated can continue for indefinite period.
- Amendment of Section 10 proposing ex-officio members in the Executive Committee will lead to dilution of representation of elected members (medical professionals).
- Section 30A and 30 B regarding directions by Central Govt. and power of Central Govt. to dissolve Executive Committee or to remove from office of President or Vice- President respectively are unacceptable as this places all the powers in the hands of Central Govt. and autonomy of MCI is nullified.
- Section 33A is unacceptable. If Council has to act as per directions of the Central Govt., there is no need to form a Council. Autonomy of the Medical Council should be preserved.

VIEWS OF REPRESENTATIVE OF MEDICAL COLLEGE, VADODARA.

- The need of the hour is to ensure accountability of MCI albeit without disturbing its autonomy. In other words, a healthy balance between the autonomy and accountability has to be established. However, keeping in mind a subject as sensitive as Medical Education with far reaching consequences to the needs and health of the society, it is imperative that optimum representation of the Universities with affiliated Medical Colleges has to be maintained.
- Apparently in a comparison between IMC Act 1956 and the proposed amendment Bill 2005 the proportion of elected members reduces to 54% (circa-2005) from earlier 69% (circa, 1956) and here the dilution is mainly due to less representation of the universities imparting Medical Education. It is a cause for worry and concern.
- The representation of Government through 4 additional nominated members on the face of it may sound acceptable, yet there is a subtle cause of worry.
- The clauses for two terms for President and Vice-President, etc. appear fair to us and there should be no objection in principle.
- One major reservation pertaining to section 7 is that in spite of best intentions of the Government, the autonomy of MCI somehow or the other is undermined which may have unpleasant repercussions at times.

- Placing every rule before Parliament for ratification may in actuality make the process a bit cumbersome and may not be justifiable in matters as sensitive as that pertaining to academic matters and more importantly in medical education.
- If greater transparency in the working of MCI is envisaged then the Government may consider appointing leading members of society to safeguard interests of general public.
- Representatives of professional bodies like IMA and other nationally recognized bodies by rotation may be considered.
- Even under the existing Act there are provisions to ensure accountability, particularly under section 30, whereby a 3 member Commission of Inquiry can be constituted by the Central Government accredited with all powers, hitherto exercised by civil court, which could have been resorted to more often than not.

VIEWS OF REPRESENTATIVE OF GOVT. MEDICAL COLLEGE, SURAT.

MCI should be independent and autonomous.

- Existing laws are adequate to check irregularities.
- MCI's recommendations should be accepted in toto and Govt. should not be allowed to grant recognition or increase seats contrary to MCI's recommendations for whichever reason.
- (1) Composition of MCI:
 - One teacher from every ten medical colleges in a state.
 - Eight members should not be nominated by Central Government.
 - Ex officio members-can be included
 - No non medical members as it is an expert professional body.
- Making of regulations- should not be subjected to Parliamentary oversight as MCI is an expert body in its own right.

VIEWS OF REPRESENTATIVE OF GOVT. MEDICAL COLLEGE, BHAVNAGAR, GUJRAT.

- First and foremost, the question raised is "can't we do without amendment". The present Act has been successful in:-
 - (i) Maintaining standard of medical education.
 - (ii) Implementation of national programmes and
 - (iii) Maintaining standard and ethics in medical practice.

The need of the hour is to strengthen this process and such situations are well addressed even in existing Act.

- In section 3 regarding composition of the Council under (b) category :-
 - (i) There is no need to withdraw representation of every University involved in medical education.
 - (ii) It is medical institutions affiliated to these Universities that facilitate implementation of agenda of MCI in their curricula and faculties.
- Section 3 (1) (d) should not be omitted.
- In section 3 (sub-section 1) f,g,h,i, inclusion of learned member as ex-officio is if not essential, not objectionable as well.
- Under proposed section 3A (1) regarding Reconstitution of Council, the question arises as to why the existing members should not be allowed to hold office till their nominated or elected successors join and why is it expected to get the things done by Administrators for 3 to 6 months who are not acquainted with the functioning of MCI?
- Similar case may be found in section 7(2) on expiry of a member's term. Why the existing members should not be allowed to hold office till their nominated or elected

successor joins?.

- In proposed 30 A (1) regarding removal of President, vice-President or member of Council instead of two-thirds majority of present members, it should be two thirds of total members excluding vacancy, else it will weaken the effectiveness of MCI.
- In section 7A (3), if at all the Vice-President is to be removed , the decision should be taken by the Council and not the Central Govt.
- In section 7B regarding withdrawal of removal of nominated members of Council Central Govt. should not remove any member once nominated and should be allowed to complete the term or else proposal should define the reasons thereof . The proposal is not acceptable in the present format.
- In section 10(1) regarding the Executive Committee no member should be directly nominated to Executive Committee especially if they are from the nominated category.
- In proposed Section 30A, when Govt. forms any institution, it also endows responsibility, so rather than giving direction to such a responsible body of technocrats, free hand should be given. The Council's decision should be final.
- Proposed Section 30 (B) regarding powers of Central Govt. to dissolve Executive Committee or to remove from office President or Vice-President is not acceptable as it is not in consonance with what Govt. wants from MCI.
- Proposed Section 33A regarding powers of Central Govt. to give directions for making or amending regulations is not acceptable.

Annexure - i

REPRESENTATIVES OF BHARTIYA VIDYAPEETH, AFMC AND UNIVERSITY OF PUNE, PUNE (18-9-06)

LIST OF REPRESENTATIVES.

1. Dr. S.F. Patil , Vice-Chancellor, Bhartiya Vidyapeeth, Pune.
2. Dr. Shivajirao Kadam , Secretary, Bhartiya Vidyapeeth and Pro-Vice-Chancellor, Bhartiya Vidyapeeth.
3. Shri Vishwajeet Kadam , Joint Secretary(Administration) Bhartiya Vidyapeeth.
4. Dr. U.B.Bhoitre, Executive Director, Founder-Chancellors office Bhartiya Vidyapeeth.
5. Dr. V.N. Karandikar, Director,Health Sciences, Bhartiya Vidyapeeth.
6. Dr. M.R.Rao , Principal, Bhartiya Vidyapeeth, Medical College, Pune.
7. Dr.(Mrs).Asmita Kadam, Executive Director, Bharati Hospital, Pune.
8. Dr. E.K.Bharucha , Director, Bhartiya Vidyapeeth College of Environment
9. Dr. V.A. Saoji ,Vice-Principal, Bhartiya Vidyapeeth Medical College,Pune
10. Dr. S.V. Deshmukh ,Director, Bharati Hospital, Pune.

LIST OF REPRESENTATIVE OF AFMC,PUNE.

1. Lt. Gen.S. Mukherji ,Director, AFMC.
2. Col. P.K. Gupta , Training Officer AFMC.

PUNE UNIVERSITY.

1. Dr. Ekbote Gajanan Ramakant. Dean, Faculty of Medicine.

Annexure-ii

REPRESENTATIVES OF GOVERNMENT MEDICAL COLLEGES, PRIVATE MEDICAL COLLEGES, STATE GOVERNMENT, MUMBAI UNIVERSITY, STATE MEDICAL COUNCIL AND STATE BRANCH OF INDIAN MEDICAL ASSOCIATION MUMBAI. (19-9-06 & 20-9-06)

STATE REPRESENTATIVES.

1. Dr. H.R. Nagrale, Jt. DMER (Medical)
2. Dr. C.P.Taware, Jt. DMER (Dental)
3. Mr.V.K. Alhat, Dy. Secretary MEDD, Mantralaya,Mumbai.
4. Dr.Sanjay Bijwe, O.S.D.,MEDD, Mantralaya ,Mumbai.
5. Dr. Deepak Langade, O.S.D. DMER, Mumbai.
6. Dr. Ameeta Joshi, O.S.D, DMER, Mumbai.
7. Mr. R.G. Janjal, CAO, DMER.

GRANT MEDICAL COLLEGE, MUMBAI..

1. Dr. Deepak Palande, Prof. & Head, Dept, of Neurosurgery,
2. Dr.M.J.Algotar, Prof, Deptt. of Surgery

B.J.MEDICAL COLLEGE, PUNE.

1. Dr. A.V. Bhore, Prof. And Head Microbiology
2. Mr. C.S. Chavan, CAO

GOVERNMENT MEDICAL COLLEGES.

1. Dr. P.H. Shingare, Dean Grant Medical College, Mumbai.
2. Dr. N.V. Dravid, Dean GMC, Dhule.
3. Dr.Mrs. V.S.Dani, Dean Govt. Medical College, Nagpur.
4. Dr. V.L.Yemul, Dean, B.J. Medical College, Pune.
5. Dr.Sanjay Oak, Dean, T.N.M.C. Mumbai.
6. Dr. D.V. Kulkarni(Dr. Maitra) Rajiv Gandhi Medical College,Thane.

PRIVATE MEDICAL COLLEGES.

1. Shri Kamal-Kishore Kadam, Chairman, AMUPMDC.
2. Shri Ashish Deshmukh.
3. Dr. Lalit Mehta/Dr.V.V. Dewoolkar, Dean, Somaiya Medical College, Mumbai.
4. Dr. S. Dasgupta, Dean, NKPSIMS Medical College,Nagpur.
5. Dr. R.G. Dhawale, Dean, NDMVPS Medical College, Nashik.
6. Dr. A.R. Raul, Dean, DVVPF Medical College, Ahmednagar.
7. Dr. A.T.Kulkarni, Dean, MIMER Medical College, Talegaon Dhabade.
8. Dr. Pratibha Narang, Dean, MGIMS Medical College, Sevagram.

REPRESETATIVES OF STATE GOVT. MUMBAI UNIVERSITY IMA STATE BRANCH AND STATE MEDICAL COUNCIL.

1. Shri Azeez Khan, Principal Secretary, Medical Education.
2. Dr. Smt. M.Phadle, Vice-Chancellor Maharashtra University Sciences.

3. Dr. W.B. Tayade, Director, Medical Education.
4. Dr. Nagarale, Joint Director.
5. Dr. Yemul, Dean, Faculty of Medicines Maharashtra University Health Sciences.
6. Shri Mhaskar, Registrar, Maharashtra Medical Council.
7. Dr. Vijay Khole, Vice-Chancellor, Mumbai University.
8. Mr. Matkar, Registrar, MMC.
9. Dr. Sanjay Bijwe, Office on Special Duty, Medical Education Drugs Deptt.
10. Shri Alhat, Dy. Secretary, Govt. of Maharashtra.
11. Dr. Ameeta Joshi, Office on Special Duty, Directorate of Medical Education
12. Dr. Lahankar, Registrar, Maharashtra University of Health Sciences.
13. Dr. Suhas H. Pingle, Secretary, IMA Maharashtra.
14. Dr. V.C. Panjabi, President Elect IMA.
15. Dr. Sunita Kshirsagar, President IMA, Mumbai Branch
16. Dr. K.S. Aitrer, Management Trustee, IMA, BWS
17. Dr. Lalit Kapoor, Management Trustee, IMA, AMC

Annexure-iii

REPRESENTATIVES OF STATE GOVERNMENT MEDICAL COLLEGES, PRIVATE MEDICAL COLLEGES, STATE GOVERNMENT STATE MEDICAL COUNCIL AND STATE BRANCH OF INDIAN MEDICAL ASSOCIATION, AHMEDABAD (21-9-2006)
REPRESENTATIVES OF GOVERNMENT OF GUJRAT

1. Mr. A.K. Bhatt
Joint Secretary (Medical Education)
Health and Family Welfare Deptt.,
Government of Gujrat.
2. Dr. S.C. Shah
Additional Director (Medical Education),
Health and Family Welfare Deptt.,
Government of Gujrat.
3. Dr. (Mrs.) M.M. Anchlia
Deputy Director (Medical Education),
Government of Gujrat.

REPRESENTATIVES OF MEDICAL COLLEGES,

1. Dr. D. Chandralekha
Dean, B.J. Medical College,
Ahmedabad.
2. Dr. (Mrs.) M.M. Anchlia,
Additional Dean, Ahmedabad.
3. Dr. R.K. Dixit
Professor, B.J. Medical College.
Dr. C.S. Sharma
Professor, B.J. Medical College.
5. Dr. Ravi Saxena
Dean, Government Medical College, Surat.
6. Dr. Vatsraj
Dean, Medical College, Rajkot.
7. Dr. Hemant Mehta

- Representative of Dean, Medical College,
Bhavnagar.
8. Dr. R. Deveshra
Superintendent and Representative of Dean,
Medical College, Vadodara.
 9. Dr. P.D. Vithlani
Dean, Medical College, Jamnagar.
 10. Dr. A.K. Singhal
Dean, Medical College, Surendra Nagar.
 11. Dr. Ms. Joyshree Mehta
Dean, Smt. B.K. Shah Medical Institute and
Research Centre, Piparia.
 12. Dr. R.C. Sharma
HOD, Physiology, Medical College,
Surat.
 13. Dr. Jyoti Deokule
Dean, NHL, Municipal Medical College, Ahmedabad.
 14. Dr. Malti Dave
Dean, SMIMER (SMC),
Medical College, Surat.
 15. Dr. V.P. Hathila
Dean, Medical College, Vadodra.

REPRESENTATIVES OF GUJRAT MEDICAL COUNCIL.

1. Dr. H.P. Bhalodia
2. Dr. Kirti Patel

REPRESENTATIVES OF IMA (GUJRAT)

1. Dr. Jitendra Patel
2. Dr. Parimal Desai
3. Dr. Bipin Patel
4. Dr. Mahendra Dasai

**STUDY NOTE
OF
PARLIAMENTARY STANDING COMMITTEE ON HEALTH AND FAMILY WELFARE
ON ITS VISIT
TO
BANGALORE, CHENNAI, TIRUPATI AND HYDERABAD
(6TH TO 12TH OCTOBER, 2006)**

The Committee in its examination of the Indian Medical Council (Amendment) Bill, 2005 undertook a study visit to Bangalore, Chennai, Tirupati and Hyderabad from 6th to 12th October, 2006. The Committee visited a number of Medical Colleges and universities. The Committee interacted with representatives of Government and Private Medical Colleges and also heard views of the State Medical Councils, State Govt. and State Branches of Indian Medical Association on the concerned Bill.

BANGALORE (6TH OCTOBER, 2006)

On 6TH October, 2006 the Committee visited the Rajeev Gandhi University of Health Sciences. The Committee had an interactive session with representatives of Rajeev Gandhi University of Health Sciences and with the representative of State Govt. Medical College on the IMC (Amendment) Bill, 2005. The list of representatives is given in Annexure -I.

VIEWS OF REPRESENTATIVES OF RAJEEV GANDHI UNIVERSITY OF HEALTH SCIENCES BANGALORE

The representatives of Rajeev Gandhi University Of Health Sciences Bangalore gave the following suggestions about the Indian Medical Council (Amendment) Bill-2005.

- MCI is a recommendatory/statutory body. However, some times they take unilateral decisions that are not good.
- State Medical Council Register that is under the control of Karnataka Govt. is being maintained properly till date.
- Proposed changes in the composition of MCI are acceptable. However, the present composition of MCI does not have any representation from Deemed Universities. The following may be added in Section (1), under clause (b) : "In case of Deemed to be Universities, one member for every five Deemed to be Universities, elected amongst themselves on rotation".
- Representation from registered Medical Graduates was also not there. Therefore they suggested that the following category may be added "One member for every twenty thousand registered medical graduates from each state council elected amongst themselves".
- Vice-Chancellors of Health Universities, registered in respective State Medical Councils and National President of Indian Medical Association may also be included as ex-officio member.
- In the proposed Section 30 A, regarding Removal of President and Vice-President of Council, the following may be added. "no President shall be removed from the office except by an order passed on the grounds of misconduct or incapability or otherwise after due enquiry by a sitting or retired judge of Supreme Court or High Court appointed by the Central Government in consultation with Chief Justice of India or Chief Justice of State."

Following suggestion were made about the functioning of MCI: -

- Permission for establishment of new Medical Colleges with minimum of 100 admissions may be given only in such districts where a Medical College does not exist.
- Under Compulsory Rotatory Internship Programme: The Present scheme of postings in rural areas need to be reviewed thoroughly. To make it successful the Primary Health Centers need to be better equipped and Medical officer should be given adjunct faculty status after orientation to the Medical Officer on training aspects of interns.
- Medical Council of India has proposed registration of doctors periodically after undergoing Continued Medical Education programme (CME) and earning credits. Therefore, CME programmes have to be planned well and carefully organized. As far as possible, the Universities, Medical Colleges and professional bodies/Associations like Indian Medical Association/Association of Surgeons of India/Association Physicians of India etc., should be involved in planning and conducting Continued Medical Education programmes. There should be a system to monitor the quality of the CME programmes. The details of minimum duration, funding, remuneration for resource persons etc need to be worked out by the Medical Council of India.
- Section 10 (A) of the Indian Medical Council Act, 1956 deals with granting of permission to start a Medical College, recognition, permission to start additional PG courses / increase intake in UG & PG courses.

The University suggests that the inspecting team may consist of five members namely:-

1. One permanent Inspector of Medical Council of India.
2. One senior teacher not belonging to the state (non permanent Inspector of MCI),
3. One representative from the Health University,
4. One representative from State Medical Council and
5. Director, Medical Education of the state concerned.

For the selection of non-permanent MCI inspectors a revised panel may be prepared for providing representation to all the states.

- Permission for establishment of new medical college, new course of study under Section 10A of the IMC Act, 1956 should have previous recommendation of the university State Govt.
- In addition to overseeing the maintenance of minimum standards, the MCI should gradually become as accrediting body for quality assurance and enhancement of medical education imparted by medical colleges.

KARNATAKA PRIVATE MEDICAL AND DENTAL COLLEGES ASSOCIATION

- MCI was constituted to establish, monitor quality of medical education system in the country. Present amendments seek to dilute the very purpose of this institution. The amendments will also reduce the powers of MCI and its Executive Committee.
- Proposed Section 30 (C) regarding directions by Central Govt. speaks volumes about 'Autonomy to professional bodies' and also reaffirms the determination to make MCI a 'Puppet'.
- Provision regarding appointment of a Board of Administrators till a new Council reconstituted as envisaged under proposed Section 3 A (3) will not be of much help. Attention was drawn to a similar proviso made under section 34 of 1956 amendment of the Act. With only 36 members in the Council then it took the Central Govt. four years to constitute the Council. It was emphasized that with the considerable increase in the membership of the Council now, Board of Administrators will be managing the affairs of council for quite a long time.

VIEWS OF REPRESENTATIVES OF KARNATAKA MEDICAL COUNCIL

- In order to make the composition of MCI more representative and for having a better relationship between Karnataka Medical Council and MCI, President of the State Medical Council, Vice-Chancellor of Health University and a nominee of State Govt. should be made the members.
- Limiting the tenure of office for two terms was acceptable.
- Power to remove President /Vice-President should be given to the General Body of MCI which should frame charges, pass a 'No Confidence Motion' and recommend to Central Govt. for removal.

INDIAN MEDICAL ASSOCIATION, KARNATAKA STATE BRANCH

- In Section 3 regarding composition of the Council under category (C) member from each state may be elected for every 50, 000 registered Members.
- President, Indian Medical Association to be included as ex-officio member.
- Proposed inclusion of Sub-section (I A) under Section 4 may be deleted.
- Executive Committee should have regional representations.
- In the event of any dispute arising between the Central Govt. and the Council with regard to a question relating to public interest or not, court decision should be binding.
- Violation of the Act either by the autonomous body or bureaucratic intervention should be viewed legally.

TIRUPATI (9th October, 2006)

On 9th October, 2006 the Committee visited the S.V. Medical College. The Committee had an interactive session with representatives of S.V. Medical College on the IMC (Amendment) Bill, 2005. The list of representatives of S.V. Medical College is given in Annexure -II.

**VIEWS OF REPRESENTATIVES OF SHRI VENKATESWARA MEDICAL COLLEGE,
TIRUPATI**

The Committee visited the Shri Venketeswara Medical College, Tirupati on 9th October, 2006. During the course of its interaction with the college authorities , the Committee was given to understand that some of the proposed amendments in the Indian Medical Council Act, 1956 were not acceptable to them. By the proposed amendment, an attempt was being made to usurp the powers of MCI which is a statutory body. As MCI has an important role to play in the field of education, its autonomy has to be maintained.

* Following were the observations on the IMC (Amendment) Bill-2005-

Council should consist of the following members instead of the proposed composition under Section 3-

- (a) Director General of Health Services, ex-officio
- (b) Director General (Armed Forces Medical Services), ex-officio
- (c) Director All India Institute of Medical Sciences, New Delhi, ex-officio
- (d) President, National Board of Examination, New Delhi, ex-officio
- (e) President, Indian Medical Association, New Delhi, ex-officio
- (f) Director Medical Education of the State Governments, ex-officio
- (g) One member elected by each State Medical Council from amongst its members.
- (h) One member elected from each State or Union territory to be elected from amongst the members of the Medical faculty of the universities in the State or Union territory, which are awarding recognized medical qualifications

• Elections are to be conducted by the Indian Medical Council in accordance with the rules, instead of the Central Govt. Section 4 dealing with mode of Elections may be amended accordingly.

* Proposed Section 3(2), 3A, 4(1)a, 7, 7A(3),7B,30A, 30B, 33A, 33B, are not acceptable.

CHENNAI ON 10th and 11th OCTOBER, 2006

On 10TH October, 2006 the Committee visited the Dr. M.G.R. Medical University. The Committee had an interactive session with representatives of Dr. M.G.R. Medical University, the State Govt. Medical College and State Govt. and held interaction with the representatives of State Medical Council and State Branch of Indian Medical Association, and the representatives of Private Medical Colleges; and on 11th October, 2006 the Committee visited to Sri Ramchandra Medical College and Research Institute (Deemed University) and interacted with the representatives of Deemed Universities on the IMC (Amendment) Bill, 2005. The list of representatives present at the above meetings are given in Annexure -III.

**VIEW OF REPRESENTATIVE OF DR. M.G.R. MEDICAL UNIVERSITY, STATE
MEDICAL COLLEGES AND STATE GOVT.**

The Convener of Vice-Chancellor Committee and Secretary to Govt., Health and Family Welfare Department was of the view that

- (a) for restricting the term of membership in the MCI three years of two spells instead of 5 years spells, as is practiced in the case of Vice-Chancellors of the Universities should be there.

- (b) Clarity has been provided in the proposed amendment on removing the members and the Executive members of the Medical Council of India.
- Officer on Special Duty, Department of Transfusion Medicine opined that autonomy need to be continued at all costs.
 - Professor & Head, Department of Transfusion Medicine was of the view that the MCI is the final authority of the Medical Education in the country and it is bringing lacunae in the Medical Education by way of the periodical inspections and hence in its integrity should be strengthened.
 - Professor & Head, Department of Curriculum Development opined that the MCI is the self regulatory body of the Medical Education in the country, its autonomy need not be disturbed.
 - The Convener of Vice-Chancellor Committee and Secretary to Govt., Health and Family Welfare Department was of the view that the State Govt. was responsible for not holding the elections and filling up of vacancies to various posts for a long time. The MCI is not responsible for the above irregularities.
 - Professor of Immunology was of the view that the present representations in the Medical Council of India were inadequate.
 - Officer on Special Duty, Department of Transfusion Medicine opined that revamping the MCI is very much essential as they guide the Medical Education of the country.
 - Officer on Special Duty, Department of Experimental Medicine held the view that the MCI is not functioning under foolproof system and its unique role should be established.
 - Director Medical Education was of the opinion that MCI was not impartial between Govt. and Private Medical colleges and that Govt. colleges should have edge over the private colleges. MCI should be considerate to Govt. colleges while giving permission to routine renewals.
 - Existing provisions in the Act are sufficient. The autonomy must be maintained with accountability. The Govt. can give directions to the MCI.
 - In the inspecting team of MCI, one member from the State Medical Council of the concerned state may be included.

VIEW OF TAMIL NADU MEDICAL COUNCIL

The Committee held extensive discussion with the representatives of Tamil Nadu State Medical Council on 10th October, 2006. Following points emerged on the proposed amendments to the IMC Act, 1956.

COMPOSITION OF THE COUNCIL

- Instead of one member from each state to be elected from amongst themselves who are members of the State Medical Council, President of each State Medical Council be represented in, ex-officio capacity. It will help in maintaining harmony between the State Council and MCI. It will also help in avoiding unnecessary expenditure, litigation etc.
- From every 10,000 registered medical practitioners, one members should be represented in the Council.
- Nomination of four ex-officio members by the Central Govt. is not required.
- Proposed Section 4 (1A) where under Central Govt. will be empowered to nominate members for the elected category, in the event of elections not being conducted in time was not acceptable.
- Suggestion regarding representation of nominated members on rotation basis was acceptable as it would result in representation of all premier medical institutions in the country in due course.
- The task of conducting of elections can be entrusted to some other professional body like the Election Commission.
- Nominated members in the Council should not exceed more than one-third of total members.
- Strength of Council members should be based on the number of registered medical

practitioners. Committee's attention was also drawn to the existing shortcomings in the inspection procedure of medical colleges. It was emphasized that there was a need for involvement of State Medical Council in the inspection exercise. State Medical Council should first conduct an inspection of the infrastructure and facilities available at the medical college. Thereafter, MCI should conduct its inspection based on report given by the State Council. One member from the State Medical Council should be included in the inspection team of MCI.

REPRESENTATIVES OF PRIVATE MEDICAL COLLEGES

The representatives of Private Medical colleges submitted that freedom and autonomy are two different words. They stated that there is lot of discrimination towards private and Govt. sector.

If the State Govt. is not in a position to hold elections than the Central Govt. should hold elections in all the States.

There should not be any restriction on tenure. _

On **11th October 2006** the Committee visited to Sri Ramchandra Medical College and Research Institute (Deemed University) and interacted with the representatives of Deemed Universities. The views stated by them at the meeting are given below:-

- There is need of fixing accountability for proper discharge of a functions entrusted to the MCI and any action by the Govt. without impinging upon the autonomy of the MCI is welcome.
- The Ex-officio member should not be included in the Executive Committee.
- Strict action to implement the procedure for election in time by appropriate action on part of the Govt. is necessary.

HYDERABAD(12TH OCTOBER, 2006)

In Hyderabad, the Committee had extensive interaction with the representatives of State Govt., NTR Health University, State Medical Council and Private Medical colleges on 12th October 2006. The list of representatives present at the above meetings are given in Annexure - IV.

STATE GOVT.

The representatives of government of Andhra Pradesh during their interaction with the Committee informed that they were in general agreement with the Indian Medical Council (Amendment) Bill-2005, except with regard to the new clauses proposed to Sub-Section 3 which are given below:-

- (a) The Director General of Health Services, ex-officio - accepted
- (b) The Director General (Armed Forces Medical Services) ex-officio - accepted
- (c) It is suggested that Director of AIIMS, New Delhi or PGI, Chandigarh or any other autonomous institution of similar status be considered for membership of the Council by rotation/nomination, instead of Director of AIIMS alone.
- (d) The President, National Board of Examination, New Delhi ex-officio- accepted
- (e) a new clause (j) to be inserted;

Four Directors of Medical Education- as ex-officio members of different regions of the country, namely North, West, East and South one from each region from among the states in the region, by rotation.

NTR HEALTH UNIVERSITY

The representatives of NTR Health University informed the Committee that this is the only university in the State of A.P. dealing with the medical education and all the medical colleges are affiliated, with the university. They were of the view that MCI has been doing good job in spite of constraints. The doctors are getting good education and even going abroad on a specific query by the convener as to whether they agreed with the proposed amendment, the Vice-Chancellor informed that he disagree with some of the proposed amendments. He was of the view the ex-officio members should be elected by rotation.

Chairman A.P. Medical Council was of the opinion that he was not satisfied with the

functioning of MCI and wanted some amendments to the present system.

Vice-Chancellor NTR University of Health Sciences expressed his unhappiness over the functioning of MCI.

Chairman A.P. Medical Council and Vice-Chancellor NTR University of Health Sciences were of the opinion that there should be full term President to the MCI and full time Administrator to look into the functioning of the organisation.

The Administrator should be from I.A.S. and not a doctor opined Chairman A.P. Medical Council and that MCI should open Regional Office in South India.

Vice-Chancellor NTR University of Health Sciences stated that at least two members of the MCI have to be represented from South India.

President A.P. Government Ministry of Health and Family Welfare expressed that professor and Asst. Professors are not found regularly and they could attend one class in a week or so. He also suggested there should be North, South, East and West representation in the Membership of MCI.

Coordination between A.P Medical Council and Medical Council of India was very minimum.

To the provision made specially for nomination of members from State/UT by the Central Govt. in the non election within the prescribed time limit, as proposed in the Amendment Bill, all members form State Govt. and NTR University of Health Sciences expressed happiness.

Registrar, A.P. State Medical Council stated that election to MCI has been long due. President A.P. Government Ministry of Health and Family Welfare was of the views that State Medical Council does not have any role at least to give suggestions to MCI. MCI is not only autonomous but autocratic some times.

There is no disagreement between State Medical Council and all members present at the meeting expressed MCI. Coordination between the MCI and Central Govt. should be there until proper arrangements are made for inspection of Medical Colleges. Vice-Chancellor, NTR Health University is not happy with the present system of MCI. Medical Colleges want to make some suggestion regarding IMC Act 1956. But the IMC want it in writing from the A.P. State Council and State Govt.

Vice-Chancellor, NTR Health University opinion that age limit to teaching faculties should be increased from 65 years to 70 years in all the Medical Colleges. In view of limited number of Professor he requested the Council to modify the Rules of Recruitment and clinical units.

All representatives present as witness at the meeting stated that Medical inspections are not done properly Inspector are not properly trained and are mostly unaware of their duties.

A.P. Medical Council expressed that state registers are maintained properly and necessary information is updated on a regular basis.

VIEW OF REPRESENTATIVES OF ANDHRA PRADESH MEDICAL COUNCIL

The Committee had the opportunity to interact with the representatives of Andhra Pradesh Medical Council on the IMC (Amendment) Bill, 2005 on the 12th October, 2006. Following are the specific suggestions on the IMC (Amendment) Bill, 2005:-

- Non-medical persons need to be made members of MCI. In a number of countries in the world, there is representation of non-medical persons. One such example is that of British Medical Council which has 30 % of its membership from the general Public.
- Membership of the Council should not remain restricted to Director, AIIMS. Directors of other Prestigious National level institutes also need to be represented in the Council. It would be most appropriate if Directors of all National level institutes are represented in the Council on rotation basis.
- Restriction of two terms for the President and Vice-President was the right step. It should be made applicable in the case of members also.
- Elections of MCI should be conducted by the Election Commission.
- Proposed Section 30B which gives power to the Central Govt. to dissolve Executive Committee or remove its President or Vice-President, need to be examined legally.

- President/ Chairman of State Medical Council should be made ex-officio members of MCI. This would ensure better functioning of both MCI and State Councils.

The main reason why the vacancies in MCI is not filled because it is very convenient for some continuing candidates and they never inform Central Govt. or the State Government to fill up the vacancies. These lacunae should be corrected, as each vacancy should be filled within a period of 3 months. If any body fails to inform, they should be penalized by proper procedure. Thus, the Council will have always more than 75% seats filled.

VIEWS OF REPRESENTATIVES OF ANDHRA PRADESH PRIVATE MEDICAL AND DENTAL COLLEGES MANagements ASSOCIATION

The Committee held discussion with the representatives of the Andhra Pradesh Private Medical And Dental Colleges Managements Association on 12th October, 2006.

Very strong reservations were voiced by the representatives on certain provisions of the IMC (Amendment) Bill-2005 which are indicated below:-

- Proposed amendment of Section 3 regarding composition of the Council was not acceptable.
- In states where there is more than one university, they have the advantage of getting more number of representations in the Council. In Andhra Pradesh where one medical university exists to which about 35 Medical colleges are affiliated and only one member is elected from the university, causing a lot of disparity in representation in the Council. Therefore instead of one, two members for each 10 Medical colleges may be incorporated for the Council.
- Proposed amendment of Section 10 regarding the Executive Committee -the Central Government has the power to nominate members to the Council and through the General Council the process of formation of Executive Council takes place. In view of this democratic process, it will not be appropriate for nomination of ex-officio members directly to the Executive Council.

* Insertion of new Section 3A regarding reconstitution of Council

The functioning of Medical Council of India with its executive is an ongoing process of monitoring the colleges all over India viz., granting registration to medical gradates/receiving complaints on medical negligence and perusing it for appropriate action/ inspecting medical colleges to meet the norms of Medical Council of India and recommending accordingly to Government of India. In view of this it will not be appropriate to dissolve the Council abruptly. It would be appropriate to continue the existing Council and allow a smooth transition.

* Amendment of Section 4

This amendment seeks to insert Sub-Section (1A) where under in the event of elections not being held within three months, Central Govt. will have the power to nominate members to the Council. This clause is defeating the very purpose of democratic process of function of Medical Council of India. This clause enables for manipulation by the authorities in power.

* Insertion of new Section 30A regarding Removal of President, Vice-President or member of Council

In a democratic process, in a democratic country like ours, the Council members who are being elected by the electorate, the power of removal/dismissal is vested only with the electorate from where they are elected. The principle is that the electorate who elect, have the right to dismiss.

* Insertion of new Section 30 B regarding withdrawal or removal of nominated members of Council

This clause will encourage arbitrary appointments and removals at the whims and fancies of the nominating authorities.

* Insertion of Section 30C regarding directions by Central Government

All discharges of the Council as per the amended act, as per the resolution passed in the Executive Council, any direction or observation from the Government of India should be passed in the General Body of the Council which is in accordance with democratic process.

- Insertion of Section 30D regarding Powers of Central Government to dissolve Executive Committee or any other Committee
- This is a draconian clause which can be exercised by the power of authority to dismiss

a democratically elected members or office bearers. It would be appropriate to follow a process of democracy wherein the Parliament which is an elected body from an electorate be empowered for such a drastic action.

* Insertion of Section 33A regarding Powers of Central Government to issue directions for making or amending regulations

This clause is contradictory to the very basic principle of functioning of Medical Council of India. The order/recommendation or observation made by the Government/Govt. nominee shall be taken up in the Executive Council and its observations shall be put to General Body of the Council for implementation.

Election is not conducted for the past three years. Central Govt. will be there for sometime as the Member of Empower Committee. If the elections are not held then the earlier President may be continued. State Medical Council is restricted to only registration.

The representatives agreed unanimously to the proposed provision in the Bill regarding nomination of members from state/UTs by the Central Govt. in event of non-election within the prescribed time limit.

Private Medical Colleges agreed to the point that some changes needed to be made in the existing election procedure of MCI.

Private Medical Colleges were of the opinion that age limit of retirement of Professors/ Assistant Professors should be increased from 65 to 70 years in order to mitigate shortages of Professors/ Assistant Professors.

Reports of inspections conducted by MCI should be submitted in three copies. A copy each should be handed over to the medical college inspected, Medical council of India and one copy to remain with Central Govt.

Majority of the Members expressed no apprehension regarding the Medical Council becoming a nominated body. Instead the interference of Central Govt. in electing members will further strengthen the functioning of Medical Council.

**STUDY NOTE
OF
PARLIAMENTARY STANDING COMMITTEE
ON HEALTH AND FAMILY WELFARE
ON ITS VISIT
TO
LUCKNOW, PATNA, KOLKATA AND GUWAHATI
(7TH TO 11TH NOVEMBER 2006)**

The Committee in its examination of the Indian Medical Council (Amendment) Bill, 2005 (hereinafter referred to as Bill) undertook a study visit to States of Uttar Pradesh (**Lucknow**), Bihar (**Patna**), West Bengal (**Kolkata**) and North Eastern State (**Guwahati**) from 7th to 11th November, 2006. The Bill intends to amend the Indian Medical Council Act 1956 (hereinafter referred to as the Principal Act). On the concerned Bill, during its visit to these States the Committee heard views of the State Governments, State Medical Councils and also interacted with representatives of Government and Private Medical Colleges and State Branches of Indian Medical Association.

UTTAR PRADESH -- LUCKNOW

(7TH November, 2006)

On 7TH November, 2006 the Committee visited the Era's Lucknow Medical College and Hospital, Lucknow. The Committee had an interactive session with representatives of Era's Lucknow Medical College and Hospital, other private Medical Colleges, State Branch of I.M.A. and thereafter, interacted with the State Government of Uttar Pradesh and representatives of Government Medical Colleges & State Medical Council on the Bill. The list of representatives is enclosed at Annexure -I.

VIEWS OF REPRESENTATIVES OF ERA'S LUCKNOW MEDICAL COLLEGE & HOSPITAL,

LUCKNOW

- **Substitution of clause (b) in Sub section (1) of Section 3 of the Principal Act**
 - There is need to make special provision of one member to be elected from amongst the Minority Medical Institutions awarding recognized medical qualification from each State / Union Territory keeping in view the special privilege granted by article 30 of the constitution of India.
- **Insertion of new Section as 3A (2)**
 - The existing Council should be allowed as caretaker or otherwise till the new council is constituted so that the basic character of the Council is carried to the newly constituted Council after amendment of the Act.
- **Insertion of new Section as 3 A (3)**
 - No need of insertion of this sub-section in view of comments given above. Any such effort may adversely affect all the listed policies and effort to achieve and maintain quality in medical education.
- **Substitution of sub-section (1) in Section 4 of the Principal Act**
 - The amendments proposed herein appear to be grossly motivated and provide ample scope of unchecked interference in appointments and nominations of members is not judicious and will also hamper the autonomy of the Council which should be protected at every cost in the interest of standards in medical segment achieved and maintained by the MCI.
- **Insertion of New sections 30 A to 30 E**
 - All the proposed insertions of Section 30A to 30E may adversely affect the autonomous character of the Council. The present working of the Council has now been proved to be instrumental in maintaining high standard of medical education in India leading to quality medical care of international standard. In case such arbitrary powers are allowed these are bound to be misused and the autonomous character of the Council will be eroded which will adversely affect the standards which are accepted all over the world.
- **Insertion of New section 33 A**
 - These provisions are arbitrary and if introduced, will defeat the very purpose of MCI and even the MCI will have no justification to exist.

VIEWS OF REPRESENTATIVES OF OTHER PRIVATE MEDICAL COLLEGES OF THE STATE OF U.P

After going through the Indian Medical Council Act 1956, it is felt that the whole exercise is probably being done to centralize the power of the Indian Medical Council in the hands of the Government of India. It is also expressed that in their opinion, it is bound to be counter productive and would lead to undermine the power of an elected body i.e. Indian Medical Council. It is felt that maintaining the autonomy of such a body in a democratic Government is of paramount importance.

- **Substitution of clauses (b) & (c) in sub-section (1) of Section 3 of the Principal Act**
 - Each University including a Deemed University should elect one Member from amongst the members of the faculty of Medicine of the said University by the faculty. In case of a state University of Health Sciences for every five Medical Colleges, one representative should be elected from amongst the members of the faculty of Medicine of the said University by the faculty.
 - The ex-officio Member should be within the eight nominees nominated by Government. of India.
- **Insertion of Clauses (f), (g), (h) and (i) in Sub-Section (1) of Section 3 as proposed in the Bill**
 - The total strength of nomination by the Government of India should be raised to ten of which two should be from the privately managed colleges who are eligible in that state by rotation.

- **Substitution of Sub-Section (2) of Section 3 of the Principal Act**
 - The elected positions should not be subject to any embargo of "Terms" as it would be against the basic democratic principles.
- **Insertion of new Section 3A (1) as proposed in the Bill**
 - The Words "as soon as possible" should be replaced and be time bound.
- **Insertion of new Section 3A (2) as proposed in the Bill**
 - Existing Council should continue, till the new Council is constituted. This was the position in 1956 Act; vide incorporation of Section 34 in the said Act
 - As of now the present bill does not speak about repeal of the said Section 34 of the 1956 Act. Hence the proposed amendment is not sustainable.
- **Insertion of new Section 3A (3) as proposed in the Bill**
 - This should be deleted. By virtue of the operation of the said provision, the elected body shall be replaced by a nominated board by the Government and would amount to anti-thesis of the democratic norms & principles.
- **Substitution of sub-Section 4 (1) in Section 4 of the Principal Act**
 - Government by virtue of the said provision is intending to escape from its responsibility; hence the said clause should be deleted.
- **Insertion of sub-section 4 (1A) as proposed in the Bill**
 - It amounts to usurp the powers and authority of the nominating / election authorities. Further by operation of the said clause the representative character of the Council will be altered, inasmuch as, the nominated members will outnumber the elected members. Therefore the clause should be deleted.
 - Clauses (i) & (ii) as proposed in Section 4 should be deleted
- **Substitution of sub-section (2) in Section 7 of the Principal Act**
 - This should be deleted as Section 7 (2), as of now, is complete.
- **Substitution of sub section (1) in Section 10 of the Principal Act**
 - The ex-officio nominees of the Central Government should not be included in Executive Committee as it would alter the representative character of the Committee from its present 'elected' nature to 'nominated' nature.
- **Insertion of Section 30 A as proposed in the Bill**
 - The clause is 'restrictive' in nature, hence should be deleted
- **Insertion of Section 30 B as proposed in the Bill**
 - The clause should be deleted as it is aiming at centralization of authority with the Central Government and would interfere with the autonomy of the Council and hence should be deleted.
- **Insertion of new sections 30 C & 30 D as proposed in the Bill**
 - Should be deleted.
- **Insertion of Section 30 E as proposed in the Bill**
 - The clause as a whole is restrictive in nature and is aimed at centralization of authority and should be deleted.
- **Insertion of Section 33 A as proposed in the Bill**
 - The clause should be deleted as it is taking away the right of the parent body i.e. MCI to formulate its subordinate legislations.

VIEWS OF REPRESENTATIVES OF U.P. STATE GOVERNMENT

The proposed Indian Medical Council (Amendment) Bill 2005 fails to communicate adequately the spirit behind the amendment and gives rise to a number of misgivings which need to be immediately addressed and spelt out. The instantaneous view which is formed after perusing the draft of the proposed amendment is that the autonomy and freedom of Medical Council of India is somehow in the process of being eroded and an eminent statutory body which has contributed

significantly in the field of defining and maintaining norms and standards of medical education since its inception is on the verge of being subjected to an undemocratic kind of interference by the Central Government in certain matters.

The Statement of Objects and Reasons, as presented, does not match with the proposed amendment, thereby giving rise to the impression that the Central Government proposes to acquire some over-riding powers and in turn might affect the autonomous character of Medical Council of India.

The provision of a medical university is not in consonance with the requirements of the State. If this provision is given force to, despite being the largest state, the state of Uttar Pradesh shall have in Medical Council of India only one nomination. Moreover, in the State, private as well as Government Medical colleges are affiliated to different Universities having jurisdiction in that area. The Central Government has till now not shown its concern that the State Medical Councils should take part in the activities of Medical Council of India, specially in recognition of new medical colleges. State Medical Councils, thus, have no role in the process related to the recognition of new medical colleges etc. The proposed amendment nowhere reflects this very important concern in its drafting.

The proposed Sections-30A, 30B, 30D and 30E may in the long run damage the autonomy of Medical Council of India and might at times give the Central Government space for interfering in the free working of the Council in an uncalled for way. The views of the State Government in respect of various clauses where they have objections or reservations are as under:

- Substitution of Clause (b) in sub-section (1) of Section 3 of the Principal Act
 - Government of UP has strong objection to this clause.
 - U.P. has 12 Medical Colleges presently and a Medical University. No Medical College is affiliated to the University.
 - In the light of proposed amendment, Uttar Pradesh will suffer badly, as the number of the representatives from the State will be reduced to one only, which is not acceptable to State Government.
 - The State Government strongly recommends the redrafting of this clause and emphasizes that every University / Medical College be allowed to send one member to Medical Council of India.
- Insertion of Clauses (f), (g) (h) and (i) in sub section (1) of Section 3 as proposed in the Bill
 - Government of UP has strong reservations about, and express its objection for inclusion of the Director General of Health Services. In the state of U.P. (and in most of other states), Director General, Medical Education is looking after Medical Education and deals with problems of Medical Colleges. In addition, Director General, Medical Education is ex-officio President of UP State Medical Council also. Hence, it will be more appropriate to have Director General, Medical Education as ex-officio member of the MCI. This will not only convey difficulties of State to MCI but will also improve interaction between State Medical Councils & M.C.I. as proposed in the Statement of Objects & Reasons.
- **Insertion of Section 3A(2) as proposed in the Bill**
 - Government of UP has very high faith in the democratic ways & values and it has high regard for the autonomous character of MCI and alike institutions. This clause is non-democratic and autocratic in nature. It is against the established norms of given freedom to such an eminent technical body.
 - Government of UP strongly opposes this clause. The outgoing Council must remain in office till the constitution of the new Council, and the existing Council should be

- replaced, on and from the date of Reconstitution of Council.
- **Insertion of Section 3A (3) as proposed in the Bill**
 - Government of UP strongly opposes this clause. This is against the autonomous character of MCI and seems to be irrational. MCI was created by Government of India as an autonomous body. Hence its sanctity and original character must be preserved.
 - **Insertion of sub section (i) and (ii) after sub section (1) in Section 4 as proposed in the Bill**
 - Government of UP does not fully agree to this clause. It should not be only Vice-Chancellor who can be nominated as the member of the MCI but the proposed provision must include Principal / Dean of the Medical Colleges also.
 - **Substitution of sub-section (1) in Section 5 of the Principal Act**
 - **Government of U.P suggests that if any person is being nominated for the State, he must be enrolled on the register of State Medical Council of that State.**
 - **Substitution of sub-section (1) in Section 10 of the Principal Act**
 - It is strongly insisted that Director General Medical Education should also be included in the Executive Committee of the MCI. This will ensure quality output and safeguard the State's interest.
 - **Insertion of new section 30A as proposed in the Bill**
 - The Government of UP is concerned extremely with the issue of autonomy and democratic functioning of the institutions that are established by the Parliament.
 - It is difficult to understand why the amendment of Section 30 and inclusion of 30 A is being done as there seems to be no public interest involved. It appears that this is being imposed to give over-riding powers to the Central Government.
 - **Insertion of Section 30 B as proposed in the Bill**
 - Acceptable only if this clause is used for nominated member not for the elected one.
 - **Insertion of Section 30 D (1) as proposed in the Bill**
 - Government of UP is against this amendment as this is against democratic character and autonomy of MCI. This aims to have an overriding effect on M.C.I.
 - **Insertion of Section 30 D (1) (a) and (b) as proposed in the Bill**
 - **Government of UP strongly insists that this should be deleted.**
 - **Insertion of Section 30 E as proposed in the Bill**
 - The Government of UP is totally against this amendment. As proposed under section 30, if any member / officer bearer or committee is found guilty in Commission of Inquiry, this can be dealt with under section 30 effectively.
 - **VIEWS OF REPRESENTATIVES OF U.P. STATE MEDICAL COUNCIL**
 - **Substitution of Clause (b) in Sub-Section (1) in Section 3 of the Principal Act**
 - One member should be elected from each University including a Deemed University from amongst the members of the Medical faculty to provide sufficient representation. In case of a Medical University in a State, one member should be elected from amongst the members of the Medical Faculty, for every Medical College instead of 10 as proposed.
 - It is also proposed that one member from each specialty should be elected from amongst themselves who are the members of Apex National Body of that specialty.
 - **Insertion of Clauses (f), (g), (h) and (i) in sub-section (1) in Section 3 as proposed in the Bill**
 - After clause (i), the following should be **inserted** as clause (j) "**the Director General, Medical Education, ex officio of each State and Union Territory**".
 - **Insertion of Section 3A (2) as proposed in the Bill**
 - This Section should read like this: -
 "On and from the date of reconstitution of the Council (Amendment) Act, 2005, the

existing Council shall stand dissolved and all the members of the Council shall vacate their offices”.

- **Insertion of Section 3A (3) as proposed in the Bill**
 - The insertion of this clause is opposed strongly and should be deleted.
- **Substitution of sub-section (1) in Section 5 of the Principal Act**
 - No person should be eligible for nomination or election under sub-section (1) of Section 3 or sub-section (1A) of Section 4 unless he possesses any of the medical qualifications included in the First and the Second Schedule and part II of the third Schedule and he resides in the State concerned and where a State Medical Register is maintained in that State and he is also enrolled on that register.
- **Substitution of sub-section (1) in Section 10 of the Principal Act**
 - New Category inserted after section 3 (1) (j) should also be included in the Executive Committee.
- **Insertion of Section 30A (1) as proposed in the Bill**
 - This provision is being strongly opposed. For the removal of the President / Vice-President / Member, the decision should be taken by not less than two-third majority of the members of the Council in order to retain the autonomy of the Council.
- **Insertion of Section 30A (3) as proposed in the Bill**
 - Where the Vice-President is removed by an order under sub-section (1), during the period of such removal the powers and duties conferred and imposed on the Vice-President under this Act, should be exercised and performed by such person as the Council may appoint in that behalf from amongst the members of the Council.
- **Insertion of Section 30B as proposed in the Bill**
 - The insertion of this clause is strongly opposed and should be deleted.
- **Insertion of Section 30C as proposed in the Bill**
 - It should be deleted.
- **Insertion of Section 30 D as proposed in the Bill**
 - It should either be deleted or the power should be vested with the Council only.
- **Insertion of Section 30E as proposed in the Bill**
 - It should be deleted, as it touches autonomous character of the Council.
- **Insertion of Section 33A as proposed in the Bill**
 - Where the Central Government considers it expedient to do so, it may, by order in writing, direct the Council to make any regulations or to amend or revoke any regulations consistent with the I.M.C. Act already made within such period as it may specify in this behalf.

VIEWS OF REPRESENTATIVES OF STATE GOVERNMENT MEDICAL COLLEGES OF U.P

- **Substitution of Clause (b) in Sub Section (1) in Section 3 of the Principal Act**
 - One member should be elected from each University including a Deemed University from amongst the members of the Medical faculty to provide a wider representation. In case of a Health University in a State, one member should be elected for amongst the members of the Medical Faculty, for every 5 medical colleges instead of 10 as proposed.
- **Substitution of Clause (c) in sub-section (1) in Section 3 of the Principal Act**
 - It is not needed as it is contrary to provision (b).
- **Insertion of Clauses (f), (g) (h) and (i) in sub-section (1) in Section 3 as proposed in the Bill**
 - The ex-officio Member should be within the eight nominees nominated by

- Government of India. The total strength of nomination by the Government of India should be raised to ten of which two should be from the privately managed colleges who are eligible in that state by rotation.
- **Proviso to sub-section (2) in Section 3 as proposed in the Bill**
 - Restrictions on elected positions are against democratic norms.
 - **Insertion of Section 3A (1) as proposed in the Bill**
 - The words “as soon as possible” should be replaced by “not later than one month”.
 - **Insertion of Section 3A (2) as proposed in the Bill**
 - Existing Council should continue i.e. be in office, till the new council is constituted as the position in 1956 Act (Section 34 in the said Act). The present Bill does not speak about repeal of the said Section 34 of the 1956 Act. Hence the proposed amendment is unsustainable.
 - **Insertion of Section 3A (3) as proposed in the Bill**
 - Replacing an elected body by a nominated one by the Government is against democratic norms and shall affect the autonomy of the Council and therefore needs to be deleted.
 - **Insertion of sub-section (1A) in Section 4 as proposed in the Bill**
 - By operation of the said clause the representative character of the Council will be altered, as much as the nominated members will become more than the number of the elected members.
 - **Insertion of Clauses (i) and (ii) in sub-section (1) in Section 4 as proposed in the Bill**
 - There is no need of Clauses (i) and (ii).
 - **Substitution of sub-section (2) in Section 7 of the Principal Act**
 - Existing Section 7 (2) is adequate.
 - **Substitution of sub-section (1) in Section 10 of the Principal Act**
 - The ex-officio nominees of the Central Government should not be included as Executive Committee members as it would alter the representative character of the Committee from its present 'elected' nature to 'nominated' nature.
 - **Insertion of new Section 30A as proposed in the Bill**
 - Present Section 30 is adequate and there is no need to modify it.
 - **Insertion of new Section 30 B as proposed in the Bill**
 - This clause is aiming at centralization of authority with the Central Government and would affect the autonomy of the Council and hence should be deleted.
 - **Insertion of new Section 30C as proposed in the Bill**
 - It should be deleted, as it would affect the functioning and autonomy of the Council.
 - **Insertion of new Section 30D as proposed in the Bill**
 - It should be deleted, as it is a restrictive clause with questionable intentions.
 - **Insertion of new Section 33A as proposed in the Bill**
 - The clause should be deleted as it affects the rights of the parent body i.e. MCI to formulate its subordinate legislations.

BIHAR -- PATNA

(8TH NOVEMBER, 2006)

On 8th November 2006 the Committee visited the Patna Medical College and interacted with representatives of State Government, State Medical Council and Government Medical colleges. Thereafter, the committee also heard the views of the representatives of Private medical colleges, Medical Associations and State branch of Indian Medical Association. The list of representatives who appeared before the Committee is appended at Annexure – II.

VIEWS OF REPRESENTATIVES OF PATNA MEDICAL COLLEGE, OTHER STATE GOVERNMENT MEDICAL COLLEGES AND STATE MEDICAL COUNCIL

- **Substitution of Clause (b) in sub-section (1) in Section of the Principal Act**
 - The proposed modification at (b) should be amended so that the minimum number of the members should be 10% of the number of the parliamentary seats in a particular state and the maximum number of the member should be one on every ten medical colleges. This will greatly remove the discrepancy of representation on account of geographical vastness of an area and difference of problems of Medical colleges in far flung areas in contrast to the clusters of Medical College in big cities.
- **Substitution of Clause (c) in sub-section (1) in Section 3 of the Principal Act**
 - Section 3(c) should be left as such but in practice, on account of non conduction of election, the conduction of the election should be statutory duty of the Council, failing which the senior most Principal of the State Government Medical College should be appointed as a member.
- **Insertion of Clauses (f), (g), (h) and (i) in sub-section (1) in Section 3 as proposed in the Bill.**
 - The provision for nomination of Director General, Health Services, Government of India, Director General (Armed Forces Medical Services), Director of AIIMS and President of the National Board of Examinations is unwarranted because AIIMS is not governed by MCI Act and National Board of Examinations has nothing to do with the Universities and they will not be able to give any useful input to the MCI.
- **Substitution of section 3 (2) of the Principal Act**
 - It is against the fundamental right of a person in respect of restricting the person to hold office for two terms only.
- **Insertion of Section 3A (2) as proposed in the Bill**
 - Insertion of new section 3A (2) is unwarranted and undemocratic because the existing office bearers are elected / nominated and they must continue till a fresh council is formed by amendment of the present Act. The question of appointment of board of administrator consequently does not arise.
- **Insertion of sub-section 1 (b) in Section 4 as proposed in the Bill**
 - This should be left as such as mentioned in MCI 1956 Act.
- **Substitution of sub-section (1) in Section 10 of the Principal Act**
 - Regarding this amendment, the constitution of Executive Committee should be as democratic as possible and therefore there is no point in nominating ex-officio members of the General body to the Executive Committee by again ex-officio nomination.
- **Insertion of new Section 30A (I) as proposed in the Bill**
 - This should be modified.
- **Insertion of Section 30 B as proposed in the Bill**
 - Removal of any member is against the orders passed by the Hon'ble Supreme Court and is also undemocratic.
- **Insertion of Sections 30C and 30D as proposed in the Bill.**
 - The proposed amendments are in contravention to the spirit of the autonomous character of the M.C.I. as they will make this highly technical and autonomous body a stooge in the hands of the Government and in the garb of public interest, this will serve vested interest.
- **Insertion of 30E as proposed in the Bill.**
 - This is in complete contravention to the power given to the Council for removal of its

President, Vice President and other office bearers. This amendment makes the Council an extension of Office of Health Minister. In case of such situation arising which needs removal of President or Vice President, the matter will be deliberated by the Members of the Council and after being found correct in the manner as described above. The proposal of removal or any action as decided will be forwarded to the Central Government.

- **Omission of sub-section 2 in Section 32 of the Principal Act**
 - Removal of this clause is undemocratic.
- **Insertion of Section 33A as proposed in the Bill**
 - The Central Government may suggest to the Council to amend or revoke any regulations and on receipt of such a request the Council is bound to deliberate it in its first meeting held after receipt of request and the result will be intimated to the Government immediately.
- **Insertion of Section 33B as proposed in the Bill.**
 - This should be deleted.

VIEWS OF THE REPRESENTATIVES OF PRIVATE MEDICAL COLLEGES AND STATE BRANCH OF I.M.A OF BIHAR

According to existing IMC 1956 Act, Medical Council of India acts as an autonomous body consisting of 119 members of whom 35 are nominated members and rest are elected members. The present amendments will lead to increase in number of nominated members to 55, and inversely reduce the number of total (89) strength. Reduction of elected members will jeopardize the autonomy features of the Council.

Central Government under Section 30 of IMC Act, 1956 may also exercise power to form an Inquiry Commission if there is any report for non-compliance of the provisions of the Act by the members of the Council and has right to take action without interfering the autonomous function of the Council. Therefore, that amendment of the existing act will improve the transparency of Council is not acceptable.

According to the present act, an elected member from University / State Medical Council / etc after expiry of his 5 years tenure of representation to Council will be eligible to continue his membership till a fresh representative from the parent body replaces the member.

But the present amendment holds that the parent body viz University / State Medical Council etc will get 3 months time to send the elected representative to the Council otherwise that seat will be filled up by the Central Government nominated representative and thereby further reducing the number of elected members jeopardizing the autonomic statue of the Council.

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In view of above, there is no necessity of amendment of the present act.

WEST BENGAL -- KOLKATA

(9TH & 10TH NOVEMBER, 2006)

On 9th November 2006 the Committee visited the Kolkata Medical College and interacted representatives of State Government, State Medical Council, West Bengal University of Health Sci and Government Medical colleges / State Universities having medical faculties / affiliated Medical colleges. Thereafter, on 10th November 2006, the Committee heard the views of the representative Medical associations and State branch of Indian Medical Association. The list of representatives appeared before the Committee is appended at Annexure – III.

VIEWS OF REPRESENTATIVES OF THE GOVERNMENT OF WEST BENGAL, MEDICAL TEACHING INSTITUTIONS UNDER THE GOVERNMENT OF WEST BENGAL AND WEST BENGAL UNIVERSITY OF HEALTH SCIENCES

The Medical Council of India (MCI) is an autonomous statutory body endowed with the responsibility of overseeing and regulating the standards of Medical Education of this country. The Parliament of India enacted the Indian Medical Council Act, 1956, whereby the said Council was created. It may be appreciated that Institutions of excellence or Medical Teaching Institutions have either been created under Parliamentary enactments or under permission from the MCI. Perhaps one of the factors which led to the constitution of the Medical Council was to empower the expert professionals to determine, maintain and regulate the standards of Medical Education, frame syllabi, course curriculum, prescribe pedagogical methods, prescribe the minimum eligibility qualifications of Medical Teachers etc. Apart from this, the said Act also provides the right of representation of the States.

As per the existing IMC Act 1956, the present Medical Council consists of 119 members out of which 82 are elected members and 37 are nominated members. The present amendment will lead to increase of the number of nominated members to 53 out of the 88 total members, leaving only 35 elected members, thus increasing the strength of nominated members from 30% to more than 60% of the total strength. Reducing the ratio of elected members would jeopardize the representative character and autonomous functioning of the Council.

The Central Government under section 30 of the IMC Act may exercise power to form Inquiry Commission if there is any report for non-compliance of the provisions of the Act by the MCI and has right to take action without interfering the autonomous functioning of the Council. Under the present Act, this Commission of Enquiry has got the necessary power as it is exercised by a Civil Court under the Code of Civil Procedure 1908. Therefore new section 33A is not necessary. New section 33B is also not necessary since the existing section 32 (2) is serving the purpose.

Thus considering all these aspects, it is felt that the objectives and purpose of setting up the Medical Council of India would be more adequately met if it is enabled to discharge its regulatory responsibilities and duties autonomously under the technical aegis of experts and professionals. Therefore, the proposed amendments in the Indian Medical Council Act, 1956, should be such that these do not infringe upon the autonomous character of the Council.

The technical suitability and infrastructural adequacy of Institutions imparting Medical Education can only be adjudicated by a technical body like MCI. As envisaged they should function in an autonomous manner on all such technical issues. However, the Central Government may reserve the power to intervene and issue directions to the Council when a question of Public Interest is involved.

There may not be any provision of superseding the Council as history has shown that by superseding an elected body has hardly ever yielded any positive result.

VIEWS OF THE WEST BENGAL MEDICAL COUNCIL & WEST BENGAL STATE BRANCH OF IMA

- **Insertion of clauses (f), (g),(h) and (i) in sub section (1) in Section 3 as proposed in the Bill**
 - Further nomination will jeopardize the proportion of elected and nominated members. Proviso to the above clauses should be omitted as this will curtail the individual rights of the members.
- **Insertion of Section 3 A (1), (2) and (3) as proposed in the Bill.**
 - This insertion is not necessary since there is a provision in section 34 of IMC Act 1956.
- **Substitution of sub section (1) in Section 4 of the Principal Act.**
 - This amendment /substitution in Section 4 of the Principal Act is not necessary as this will affect federal structure of the Government. Original Clause (4) should be retained.
- **Substitution of sub section (1) in Section 10 of the Principal Act.**
 - Substitution in sub-section (1) may be agreed upon provided clauses (f), (g), (h) and (i) of Section 3 are omitted.

- **Insertion of Section 30 A (3) and (4) as proposed in the Bill.**
 - Insertion of Section 30 A (3) and (4) as proposed in the Bill is agreed upon provided that when President is removed, Vice-President should take charge as President. When both President and Vice-President are removed, one amongst the Council members should be appointed as President and Vice-President.
- **Insertion of Sections 30 B, 30 C, 30D and 30E as proposed in the Bill**
 - These insertions should be omitted and the existing Section 30 may be retained.
- **Amendment in Section 32 as proposed in the Bill**
 - Amendment in Section 32 of the Principal Act is not required.
- **Insertion of Section 33A (1) and (2) as proposed in the Bill**
 - Insertion in Section 33 may be omitted. Existing section 33 will serve the purpose.

ASSAM -- GUWAHATI (11TH NOVEMBER 2006)

On 11th November 2006 the Committee interacted with representatives of State Government of Assam and State Medical Council and Government Medical colleges of North Eastern States. Thereafter, the Committee also heard the views of the representatives of Medical associations and State branch of Indian Medical Association of North Eastern States. The list of representatives who appeared before the Committee is appended at Annexure – IV.

The representative of the Colleges / Medical Associations of some of the North Eastern States informed the Committee that they have received the Bill only a few days back and hence could not make any concrete suggestion on the Bills.

VIEWS OF STATE GOVERNMENT OF ASSAM

State Government has examined the various provisions of the proposed IMC (Amendment) Bill, 2005 including the statement of objects and reasons for the said Bill. It is observed that the Government of India has reviewed the composition of the Council to examine if it is helping to serve the purpose intended by the said Act. It appears that the said review has revealed that the Council has lost its representative character due to (a) large number of vacancies in the elected category, (b) States having larger number of Medical Colleges but having formed a Medical University are having fewer seats in the Council as compared to other States having fewer college but several Universities, (c) lack of interaction between the State Medical Councils and the MCI and (d) representation was still being given to those categories which are no more in existence. The Government, therefore, proposes to make the Council more compact and representative in character. It also proposes to empower the Central Government to ensure that the vacancies in the Council, particularly in the elected category are filled without delay.

The MCI has a recommendatory role in the matter of recognition of Medical Colleges and qualifications, determination of course of study and examinations, inspection of examination etc. On the other hand the Central Government. is empowered to grant permission for new colleges, increase in intake capacity and starting higher courses. The review made by the Central Government in this area, it appears, has led the Government to feel a need to empower the Central Government to give necessary directions on the matter of policy and public importance and ensure their compliance.

The proposed Bill also includes provision for removal of the Members of the Council, dissolution of the Executive Committee and any other Committee in certain specified circumstances.

Various provisions of the Bill appears to be in consonance with the stated objectives and the State Government is of the opinion that such measures are essential to make autonomous institutions like MCI more effective and accountable. This is essential to streamline the regulation of Medical Education and development of such institutions in a manner which is in tune with the demand for such higher knowledge. However, it is felt that powers of dissolution should be exercised most judiciously, rarely and in very extraordinary circumstances only. It should also be ensured that the functional autonomy of the MCI is not eroded by the exercise of the powers under proposed

provisions. In view of this position, the State Government agrees with the proposed amendment with necessary modification, wherever necessary for ensuring the safeguards stated above.

VIEWS OF THE REPRESENTATIVES OF GOVERNMENT MEDICAL COLLEGES OF ASSAM AND ASSAM COUNCIL OF MEDICAL REGISTRATION

- **Substitution of Clause (b) in sub section (1) in Section 3 of the Principal Act**
 - Each state may have one member only.
- **Insertion of Clauses (f), (g), (h) and (i) in section 3 as proposed in the Bill**
 - Director General of Health Services as well as Director General of Armed Force Medical Services is executive Heads of Central Government and as such they have to review the recommendations made by MCI. One cannot be a recommendatory member and also a reviewer.
 - AIIMS is an independent body directly under GOI and is not governed by MCI regulations. National Board of Examination is an autonomous body and its courses are non-sharing with MCI as the same teacher can not enroll students in both. Hence, the President of National Board of Examinations may not be able to serve as ex-officio MCI member without bias. Therefore it may not be advisable to include these four executive officials as member of M.C.I.
- **Proviso to sub section (2) in section 3 as proposed in the Bill.**
 - The clause of restricting the term to two terms may be against the basic principles of democracy and hence such restrictions may not be incorporated.
- **Insertion of Section 3A as proposed in the Bill**
 - It may be advisable to allow the present body of MCI to continue. The appointment of Board of administrators headed by a chief administrator may be undemocratic.
- **Insertion of sub section (1A) in Section 4 as proposed in the Bill.**
 - Insertion of the suggested clauses in Section-4 may lead to political appointments thereby defeating the very basis of election & selection of the MCI body. This can create conflicts and hence better avoided. The autonomy of MCI will be undermined which will compromise the very purpose of maintaining the quality of medical education in India. The basis of democratic elected nature may be jeopardized.
- **Substitution of sub section (1) in Section 10 of the Principal Act**
 - In this clause, ex-officio members under clauses (f), (g), (h) and (i) or subsection (1) of section 3 should be omitted. In a 13 member Committee, 4 ex-officio members amounts to nearly 1/3 strength. It may be President, Vice-President and other members who should be elected from amongst themselves.
- **Insertion of new Section 30 A as proposed in the Bill**
 - These provisions may not be incorporated in the proposed amendment.
- **Insertion of Section 30 B as proposed in the Bill**
 - This clause may also be misused for political advantages which may damage the purpose and preview of MCI. Hence it may be omitted.
- **Insertion of Section 30 C as proposed in the Bill**
 - The directions given by Government Of India should be approved by the General body of MCI, to become effective. Sub-Section (2) of 30C may be highly damaging as political misuse of the powers are likely and 'Public interest' definitions are many a times misinterpreted.
- **Insertion of Section 30 D and 30E as proposed in the Bill**
 - Instead of Central Government, General Council of the MCI may be vested with these powers.
- **Insertion of new Section 33A**
 - This is not acceptable.

VIEWS OF THE ASSAM STATE BRANCH OF INDIAN MEDICAL ASSOCIATION

The views of Assam State Branch of Indian Medical Association (IMA) were identical with those of the Government. Medical Colleges of Assam. However, the Assam State branch of I.M.A. had the following additional reservations: -

- **Section 3 of the proposed Bill should have provisions giving representation to IMA from all state Branches in MCI.**
 - Restriction of two terms as proposed in the proviso to sub section 2 in Section 3 of the Bill should be retained.
- **Insertion of new Section as 30 D and 30 E as proposed in the Bill.**
 - Both these clauses should be omitted.
- **Substitution of sub- section (1) in and omission of sub-section 2 from Section 32 of the Principal Act.**
 - The section should be retained in original with no amendments.

VIEWS OF REPRESENTATIVES OF GUWAHATI MEDICAL COLLEGE TEACHERS ASSOCIATION

- In Section 3 (a) (ii) of the proposed Bill it should be made mandatory for states to hold elections to State Medical Council.
- Section 3 (1) (b) as proposed in the Bill would deprive smaller states having less medical colleges like Assam. Hence the original clause may be retained.
- Omission of clause (d) in Section 3 as proposed in the Bill is uncalled for since in a booming economy the private sector is also playing a big role. Hence non-recognition of the private sector will nullify gains of medical tourism.
- However care should be taken to see that the private sector or NGO's send in people with high academic credentials.
- As regards insertion of Section 3 A as proposed in the Bill, it should be made mandatory for MCI / Central Government to hold elections 6 month before completion of the term of the existing Council.

VIEWS OF THE REPRESENTATIVE OF ARUNACHAL PRADESH MEDICAL COUNCIL

- **Insertion of Section 3A (2) as proposed in the Bill**
 - The existing Council should stand cancelled and dissolved and all the members of the Council should vacate all their offices as soon as a new Council is constituted in accordance with the Indian Medical Council (Amendment) Act 2005 or within six months from the date of commencement of the Indian Medical Council (Amendment) Act 2005, whichever is earlier.
- **Insertion of Section 3A (3) as proposed in the Bill**
 - The existing Council should exercise all the power and function conferred under the Principal Act till the Council is formed in accordance to the amended Act.
- **Substitution of Sub-Section (1) in Section 4 of the Principal Act and insertion of Sub-Section (1A) in Section 4 as proposed in the Bill.**
 - As corollaries to their views the above substitution proposed namely (1), and insertions namely (1A) are unnecessary.
- **Insertion of Section 30A as proposed in the Bill**

- Removal of President and Vice-President or member of the Council, 30A: The Council by 2/3rd majority vote of the members of the Council present at the voting should be able to remove the President, Vice-President or a member and the Central Government should be informed of such removal forthwith. If the final act of removal of President, Vice-President or a member lies with the Central Government there is a danger of the incumbent in question looming larger than the Council itself.
- **Insertion of Section 30C, 30D, 30E and 33A as proposed in the Bill**
 - Reservations were expressed that too much interference on the part of the Central Government in the business of the Council will not only hamper proper functioning of the Council, it will also undermine the Statutory and Autonomous Status of the Council in general.

VIEWS OF REPRESENTATIVES OF TRIPURA MEDICAL COLLEGE, DR.B.R AMBEDKAR MEMORIAL TEACHING HOSPITAL, IMA STATE BRANCH OF TRIPURA, ALL TRIPURA GOVERNMENT DOCTORS ASSOCIATION AND AGARTALA GOVERNMENT MEDICAL COLLEGE
- **Insertion of 30C as proposed in the Bill**
 - The part "Council shall be guided by such directives" should be replaced by "Council will consider the suggestions / Recommendation".
 - Section 30 C (2) as proposed in the Bill should be deleted
- **Section 30 D (1) (a) as proposed in the Bill**
 - In case of power abuse by the Executive Committee of MCI, it is proposed to constitute an Enquiry Committee, consisting of a judicious representation of both concerned parties under the Chairpersonship of retired Supreme Court Judge.
- Clause (b) in Section 30 D(1) Clauses (a) and (b) in Section 30D (2) , Section 30 E (1) and (2), Section 32 and 33A (1) and (2) as proposed in the Bill should be deleted.