

**PARLIAMENT OF INDIA**  
**RAJYA SABHA**

**DEPARTMENT-RELATED PARLIAMENTARY STANDING  
COMMITTEE ON HEALTH AND FAMILY WELFARE**

**EIGHTEENTH REPORT**

**ON**

**THE INDIAN MEDICINE AND HOMOEOPATHY PHARMACY BILL-2005**

(PRESENTED TO THE RAJYA SABHA ON 28<sup>th</sup> July, 2006)  
(LAID ON THE TABLE OF LOK SABHA ON 28<sup>th</sup> July, 2006)

RAJYA SABHA SECRETARIAT  
NEW DELHI

July, 2006/ Sravana, 1928 (SAKA)

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COMPOSITION OF THE COMMITTEE

**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

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- \$ Ceased to be Member w.e.f. 2<sup>nd</sup> April, 2006  
 \* Nominated w.e.f. 13<sup>th</sup> December, 2005  
 # Resigned to be member w.e.f. 31<sup>st</sup> May, 2006  
 ^ Nominated w.e.f. 2<sup>nd</sup> June, 2006  
 \*\* Nominated w.e.f. 29<sup>th</sup> June, 2006  
 % Ceased to be Member w.e.f. 1<sup>st</sup> July, 2006
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#### PREFACE

I, the Chairman of the Department-related Parliamentary Standing Committee on Health and Family Welfare, having been authorized by the Committee to present the Report on its behalf, present this Eighteenth Report of the Committee on the Indian Medicine and Homoeopathy Pharmacy Bill-2005.\*

2. In pursuance of Rule 270 relating to the Department related Parliamentary Standing Committees, the Chairman, Rajya Sabha, referred\*\* the Indian Medicine and Homoeopathy Pharmacy Bill-2005 (Annexure-I) as introduced in the Rajya Sabha on the 23<sup>rd</sup> August 2005 and pending therein, to the Committee on the 24<sup>th</sup> August 2005 for examination and report.
3. The Committee considered the Bill in six meetings held on the 13<sup>th</sup> February, 2<sup>nd</sup> June, 12<sup>th</sup> June, 21<sup>st</sup> June, 15<sup>th</sup> July, and 25<sup>th</sup> July, 2006.
4. At its meeting held on the 13<sup>th</sup> February, 2006, the Committee heard the Secretary of the Department of AYUSH. The Committee thereafter held extensive discussions with the representatives of the National Institutes of Ayurveda, Unani medicine and Homoeopathy, HPL, PLIM, ZANDU Pharmaceutical etc. The Committee also heard the Drug Controller General of India and the Registrar, Pharmacy Council of Modern Medicine. The Committee held clause-by-clause consideration and sought clarifications thereon from the Secretary, Department of AYUSH in its meeting held on 15<sup>th</sup> July, 2005. The Committee considered the draft Report and adopted the same in its meeting held on the 25<sup>th</sup> July, 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 AYUSH;
  - (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; and
  - (v) Replies to the Questionnaire on the Bill received from the Department;
6. 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.
7. 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;  
 \_\_\_\_\_, 2006  
 \_\_\_\_\_, 1928 (Saka)

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

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- \* Published in Gazette of India Extraordinary Part II Section 2, dated 23<sup>rd</sup> August, 2005.  
 \*\* Rajya Sabha Parliamentary bulletin Part II, No 42466, dated 25<sup>th</sup> August, 2005

#### REPORT

1. The Indian Medicine and Homoeopathy Pharmacy Bill, 2005 proposes to create a regulatory body to bring about uniformity and standardization in education and practice of Pharmacy of Indian Medicine and Homoeopathy. The Indian systems of medicines like Ayurveda, Siddha, Unani and Homoeopathy have unique approach to drug formulation, drug dispensation and allied matters. However, there is no legal framework to regulate the education and practice of pharmacy relating to these systems. No standardized or uniform education system or curriculum is available for training pharmacists in Indian Medicine and Homoeopathy in India today. Hence, there is a need for legislation for regulating pharmacy education and quality control of drugs.
2. The Statement of Object and Reasons to the Bill reproduced below highlights the need for the Bill and the objectives it proposes to achieve:
 

“There is a long standing need for the regulation of the profession and practice of pharmacy in Indian Medicine and Homoeopathy.

The education and practice of pharmacy in Indian Medicine and Homoeopathy was identified as a priority area by the Central Government in the Ninth Five Year Plan.

The Conference of the State Health Ministers on Indian Medicine and Homoeopathy in the meeting held in February, 1997 and the National Convention on Homoeopathy dated 17<sup>th</sup> –18<sup>th</sup> November, 1997 resolved that the Central Government should take adequate steps to introduce organized training course to train the pharmacists in Indian Medicine and Homoeopathy. These courses will give them an opportunity for professionalism in pharmacy and also enable them to understand fundamental research and development of drugs in Indian Medicine and Homoeopathy. This is also considered essential to bring standardization in the field of manufacturing medicines.

In order to achieve the above object the Central Pharmacy Council of Indian Medicine and Homoeopathy Bill-2005 provides for constitution of a Central Pharmacy Council of Indian medicine and Homoeopathy which will bring uniformity and standardization in education and practice of the Pharmacy in Indian medicine and Homoeopathy. Permission of Central Government will be necessary for opening a new college, to increase seats and start a new higher course of study of pharmacy in Indian medicine and Homoeopathy. Institutions admitting students without prior permission will be penalized. The proposed legislation also provides for maintaining a register of pharmacists in Indian medicine and Homoeopathy. Persons whose names are borne in the State Register shall only be allowed to practice pharmacy in Ayurveda, Homoeopathy, Unani and Siddha after the enforcement of the proposed law. The pharmacy qualification granted by any university, board or other institutions in India which are included in the Schedule shall be the recognized pharmacy qualifications.”

3. The Secretary, Department of AYUSH during the course of his evidence before the Committee on the 13<sup>th</sup> February, 2006 gave the background which necessitated the formulation of this legislation. There was no legal framework to regulate the education and practice of pharmacy relating to Ayurveda, Siddha, Unani and Homeopathy systems of medicine inspite of these systems having a unique approach to drug formulations, drug dispensation and allied matters. The Committee was informed that physicians of these systems until recent past, used to dispense, manufacture and store the medicines themselves. However, growing popularity of these traditional systems led to commercialization of both manufacture of medicines and practice of these systems. Present day ground realities are such that, it is very difficult for any ordinary Vaid, Hakim or Homoeopath to manufacture required medicines, properly preserve them and dispense the same. Thus, assistance of pharmacists is the need of the hour for all concerned – practitioners, hospitals, dispensaries and manufacturers.

4. The Secretary drew the attention of the Committee towards the discouraging scenario in the country so far as Pharmacy education and training in Indian Systems of medicine and Homoeopathy was concerned. The Committee was given to understand that there were approximately seven lakh AYUSH practitioners, 443 teaching institutions, 9,257 drugs manufacturing units, 31,00 AYUSH hospitals and 20,811 AYUSH dispensaries in Govt. sector in the country. Keeping this in view, it was roughly estimated by the Department that the annual requirement of diploma and degree holders of Pharmacy of Indian medicine and Homoeopathy would be around 4,000 as against present annual availability of 900 pharmacists. What was more worrisome was that such students were having a doubtful and varying level of competence.

5. Keeping in view the gravity of the problem, the Department constituted Expert Committees for the preparation of Project- Reports on Pharmacy Education in respective disciplines. The main recommendation of these Expert Committees was the proposal for constitution of regulatory bodies through Central legislation with the objective of bringing uniformity and standardization in education and practice of Pharmacy in AYUSH.

6. The Secretary laid great emphasis on the passing of the Indian Medicine and Homoeopathy Pharmacy Bill, 2005 as this would lead to streamlining the education and practice of pharmacy education in Indian Medicine and Homoeopathy. It would also bring about quality assurance of Indian system of Medicine and Homoeopathy drugs and would benefit practitioners, researchers and ultimately consumers of the AYUSH medicines. There would be a positive impact on the acceptability of these systems and growth of export of AYUSH drugs.

7. The Bill is a comprehensive legislation which seeks to set up a regulatory framework for divergent systems of Indian medicine and Homeopathy. The Committee, accordingly, decided to have the benefit of opinion of representatives of practitioners, manufacturers and experts concerned with the subject matter. Besides, interacting with the representatives of Department of AYUSH, the Committee also heard the Drug Controller General of India, Registrar of Pharmacy Council so as to have an idea about the allopathic system of pharmacy and quality control of drugs as a whole. Besides that, representatives of National Institutes of Homoeopathy, Ayurveda and Unani System and the Pharmaceutical Laboratories based in Ghaziabad apprised the Committee about their assessment of various provisions of the Bill. The Committee also benefited from the view point of pharmaceutical companies like ZANDU and Ranbaxy. Written feedback submitted by the Department to the various queries/ doubts raised by the Committee also proved to be very useful.

8. The Committee has been given to understand that the proposed Bill is broadly based on the Pharmacy Act, 1948. However, given the special requirements relating to the regulation of pharmacy in the Indian Systems of medicine and Homeopathy, suitable changes have been made wherever necessary in the interest of effectiveness. The Committee would like to point-out that a comparative analysis of the Pharmacy Act, 1948 and the proposed Bill reveals that there are basic differences in some aspects which cannot be considered justified, difference in the two systems of Pharmacy notwithstanding. The Committee would be highlighting the same while reporting on such clauses.

9. During the course of tendering evidence before the Committee, the Secretary, Department of AYUSH categorically informed the Committee that before going for enactment of a separate Pharmacy legislation for AYUSH, Pharmacy Council of India, engaged in regulating pharmacy education in modern medicine was approached for regulating AYUSH Pharmacy education also. However, this request was not entertained favourably. It was also observed that extensive amendments in Pharmacy Act would need to be made.

9.1 While accepting the observation of the Department, the Committee would like to point out that the feedback given by the Registrar of the Pharmacy Council of India indicates an entirely different position. Pharmacy Council of India has informed the Committee that it earlier had reservations for regulating Indian Systems of medicine and Homeopathy because the education and training in these systems was based entirely on different and varied concepts than that were applicable to modern system. However, subsequently, Pharmacy Council of India vide its letter dated 23.05.2000 proposed to regulate AYUSH also with suitable modifications in the course contents to meet the need of all systems of medicine. A copy of the aforesaid letter addressed to the Department of Health specifically mentions that :

“There should be only one Statutory agency controlling the education and profession of Pharmacy of all systems of medicine failing which there shall be a chaotic conditions due to multifarious control of profession by different statutory bodies having different norms and standards with different departments to execute and implement the statutory provision.”

9.2 Indicating the anticipated implications of having a unified Pharmacy Council, the aforesaid communication concludes that profession

of all systems of medicine be regulated by the Pharmacy Council of India, a statutory body already working for the past fifty years. When asked whether the Department of AYUSH was forwarded this communication by the Department of Health, the Secretary admitted that the Department of AYUSH was aware of this issue. The Secretary also clarified that in principle, the Department was not rigid on having a separate set up for AYUSH. Proposed legislation needed to be brought only because there were certain reservations about meeting the requirement of AYUSH Pharmacy. The Secretary informed the Committee that he was prepared to take up this matter again with the Pharmacy Council of India. Feedback from the Secretary was, however, yet to come.

9.3 The Committee fails to understand the kind of approach adopted by the Department of AYUSH. It would have been appropriate if the process of consultation with the Pharmacy Council of India, a major stake-holder has been completed at the time of drafting of the Bill. The Committee wonders as to the factors responsible for such a development.

10. The Committee would like to draw the attention of the Department towards some apprehensions voiced by AICTE and Pharmacy Council of India about some complications which were likely to emerge on the enactment of the proposed Bill. The Committee was informed that the following Pharmacy Programmes require AICTE approval under 'Technical Education'

- A Post-Graduate Programme leading to award of "M. Pharm" Degree of two years duration with entry level B. Pharm.
- An Under Graduate Programme leading to award of "B. Pharm" Degree for four years' duration with entry level 10+2
- A Diploma Level Programme leading to award of "Diploma in Pharmacy" (D. Pharm) of two years' duration with entry level 10+2.

10.1 The Committee is in agreement with the contention of AICTE that with the creation of Central Pharmacy Council for Indian System of medicine and Homoeopathy, the other programmes with the same nomenclature may not be brought under the proposed Council otherwise overlapping provisions in the two Councils will create legal difficulties and operational problem.

10.2 Similarly, Pharmacy Council of India is also of the view that qualifications given under the AYUSH based Pharmacy programmes should not be termed as B.Pharm (Ayurveda) or B. Pharm (Homeopathy) etc. Terminology like BHPH for Homeopathy, BAPH for Ayurveda, BUPH for Unani and BSPH for Siddha can be used. This was all the more necessary as under Section 22 (3) of the UGC Act, 1956, the terminology 'B. Pharm.' has been specified for Bachelor of Pharmacy which is already being used to award degree in Pharmacy under the Pharmacy Act, 1948 and hence cannot be used for any other degree. The Committee feels that this aspect needs to be looked into by the Department and other concerned authorities and a viable alternative may be identified to avoid any confusion or complication likely to arise on the enactment of the Act.

11. During the course of interaction with witnesses, an important issue regarding the inclusion of Systems of Indian medicine and Homoeopathy within the ambit of one legislation came up. One viewpoint was that the present Bill should cover only Ayurveda, Siddha and Unani systems of medicine and a separate Bill may be considered for Homoeopathy. Reason being that not only the basic principles, the method of manufacture of drugs, quality control and practices are also entirely different. The alternative viewpoint was to have a unified Council for both Indian medicine and Homoeopathy as envisaged under the Bill. On a specific query in this regard, the Committee was informed by the Department that the question of whether there should be a separate Pharmacy Bill had been discussed extensively before the draft Bill was prepared. It was found undesirable to create two separate regulatory bodies for Indian Systems of medicine and Homoeopathy, as proliferation of regulatory bodies would be wasteful and unnecessary. Also, the Department held the view that given the quantum of work involved, there would be little justification for setting up of a separate Pharmacy Council for Homoeopathy. The number of ASU and Homeopathy Pharmacy Practitioners also did not justify a separate Council.

11.1 The Committee is convinced by the justification given by the Department for having a unified regulatory body for Indian Systems of medicine and Homeopathy. At the same time, the Committee would like to emphasise that Ayurveda, Siddha, Unani and Homoeopathy need to be given due importance under the proposed legislation. There should be no dilution of quality control or standards with the creation of a unified Central Pharmacy Council.

11.2 The Committee observes that the Drugs and Cosmetics Act was enacted in 1944 and rules thereunder were made in 1945 which governed modern drugs only. The regulation of AYUSH drugs was brought through Chapter IVA under the Drugs and Cosmetics Act, 1944 only in 1964 and the rules were subsequently made in 1970. During its interaction with the Drugs and Controller General of India, it was brought to its notice that there was, however, no simultaneous introduction of provision to regulate the sale of AYUSH drugs under the Drugs and Cosmetics Act, 1944. The Committee finds that as on today, although manufacturers of AYUSH drugs require valid license and follow certain quality parameters, no such requirement is there for having a license separately for sale of AYUSH drugs. The Committee observes that Chapter IVA of Drugs and Cosmetics Act, 1944 needs to be amended so as to provide for rules regulating sale of AYUSH drugs. The Committee, accordingly, recommends that the Department should take up with Department of Health for initiating action for amendment under the Drugs and Cosmetics Act on the enactment of the proposed Bill.

The clauses where amendments have been suggested by the Committee are discussed below:-

#### **Clause 2**

12. Clause 2 of the Bill gives the definition of various terms. Some witnesses involved with Ayurveda System of Medicine expressed their reservation with regard to definition of 'Indian Medicine' given below :-

*"(d) 'Indian Medicine' means the system of Indian Medicine commonly known as Ashtang Ayurveda, Siddha or Unani Tibb whether supplemented or not by such modern advances as the Central Pharmacy Council may declare by notification from time to time."*

12.1 It was pointed out to the Committee that there was no need to specify Ayurveda as 'Ashtang Ayurveda'. Reason being that the subject closely related with Pharmacy is Rasa Shastra and Bhaishajya Kalpana which is not contained in Ashtang Ayurveda. It was clarified that subjects under Ashtang were Kayachikitsa, Bala Roga, Graha Chikitsa, Shalya Chikitsa etc. The Committee is inclined to agree with the above-mentioned justification and, accordingly, recommends that the word 'Ashtang' used under the definition of the term 'Indian Medicine' may be deleted.

12.2 Definition of 'Register' has been given under Clause 2(h) to mean a register of pharmacists prepared and maintained under Chapter-V. The Committee, however, notes that Pharmacy Act, 1948 contains the definition of Register as well as Central Register. On a specific query in this regard, the Committee was informed that State Register has been specifically defined and it was not felt necessary to have the definition of Central Register which will be a collation of State Registers. The Committee is of the opinion that like in the Pharmacy Act, 1948 both 'State Register' and 'Central Register' need to be defined separately. The Committee, accordingly, recommends that the definition of Central Register may be included under Clause 2 of the Bill.

#### **Clause 3**

13. Clause 3 of the Bill refers to the constitution of the Central Pharmacy Council.

*"The Central Government shall, by notification in the Official Gazette, constitute a Central Pharmacy Council of Indian medicine and*

*Homoeopathy consisting of the following members, namely:—*

*(a) one member, from each State in which a State Register of Pharmacy of*

*Indian medicine and Homoeopathy is maintained to be elected from amongst themselves by persons enrolled on the Register of Pharmacists of Indian medicine and*

*Homoeopathy:*

*Provided that until such members are elected under this clause, the Central Government shall nominate ten members being persons practising or teaching pharmacy, of whom at least two each from Ayurveda, Siddha, Unani and Homoeopathy;*

*(b) one member from each University in which faculty or department of pharmacy of Indian medicine and Homoeopathy is established, to be elected from amongst themselves by the members of Faculty or Department:*

*Provided that until any such faculty or department of pharmacy of Indian medicine and Homoeopathy is established in at least three Universities, the Central Government may nominate not exceeding five members from amongst the teaching staff of institutions of pharmacy in Indian medicine and Homoeopathy;*

*(c) five members from the experts of pharmacy in Ayurveda, Siddha, Unani or Homoeopathy, as far as possible from different states, to be nominated by the Central Government;*

*(d) four members from the pharmaceutical chemists from the manufacturing units, one each from Ayurveda, Unani, Siddha and Homoeopathy, to be nominated by Central Government;*

*(e) the Additional Drug Controller, Indian medicine and Homoeopathy, Government of India—ex officio;*

*(f) the Head of the Department of Pharmacy, National Institute of Homoeopathy, Ayurveda, Siddha and Unani, Kolkatta—ex officio;*

*(g) the Director, Homoeopathy Pharmacopoeia Laboratory, Ghaziabad— ex officio;*

*(h) the Director, Pharmacopoeia Laboratories for Indian medicine, Ghaziabad— ex officio; and*

*(i) one member each from persons practicing pharmacy in Ayurveda, Siddha, Unani and Homoeopathy, to be nominated by the Central Government.*

13.1 A comparative analysis of the Pharmacy Council of modern medicine and the proposed Council of Indian Medicine reveals a major difference in its composition. The Committee finds that besides the four ex-officio members, there would be five categories of members, two categories being elected and three categories of members nominated by the Central Govt. in the proposed Council. Nominated members have been further categorized into five experts of pharmacy in Ayurveda, Siddha, Unani or Homeopathy, four members from the pharmaceutical chemists from the manufacturing units and four members practicing pharmacy in AYUSH and Homeopathy. In contrast, the Pharmacy Council of Allopathic Medicine has only six members practicing pharmacy nominated by Central Govt. The Committee is constrained to observe that the composition of the proposed Council gives a picture where nominated members outnumber the elected ones, which is not a healthy practice and is undemocratic too. The Committee is not in agreement with the contention of the Department that the composition of the Council has been based on a due assessment of the kind of representation required from all the concerned institutions and categories of practitioners of Pharmacy and related disciplines in the Indian Systems of Medicine and Homoeopathy.

13.2 The Department justified the nomination of members in the Council by pointing out that unlike the Pharmacy Council of Modern Medicine having only one discipline, the proposed Council represented four separate systems of medicines. To give due representation to all the four systems, strength of nominated members is somewhat higher when compared with the other Council. The Committee would, however, like to point out that with the representation of registered pharmacists under the elected category from each State, there was no need for having another category of nominated members of registered pharmacists. The Committee, therefore, strongly feels that there is a need for reviewing the scale of nomination of members in the Council.

13.3 The other disturbing aspect noticed by the Committee is that under the elected categories (a) and (b), one member from each State in which a State Register of Pharmacy of AYUSH is maintained and also from each University in which faculty or Department of AYUSH is established is to be elected from Registered Pharmacists and members of the faculty or Department. Keeping in view, that neither the State Register of Pharmacy is maintained in any State nor there is a faculty or Department of Pharmacy in any University in the country, members under both the categories will be nominated by the Central Government till the conditions are fulfilled. The Committee fails to appreciate this kind of alternative provision proposed by the Government without there being any time-limit. The Committee has been given to understand that an official amendment is proposed to be made in Clause 3(a) and 3(b) to restrict the maximum tenure as five years. It has also been clarified that the nomination under these two categories is meant only for the first Council. The Committee is of the view that five years period being too long needs to be restricted to the minimum possible period required for setting up of State Register of Pharmacy as well as establishment of Faculty or Department of Pharmacy in a University.

13.4 The Committee is not convinced by the justification of the Department regarding not including representatives of Central Council of Indian Medicine (CCIM) and the Central Council of Homoeopathy (CCH) in the proposed Council. The argument of the Department that the regulation of pharmacy in Indian Systems of Medicine and Homoeopathy is not going to be improved in any significant manner by the inclusion of representatives of CCIM and CCH in the Council, is not acceptable to the Committee. The Committee is also not prepared to accept the fact that the connection between the two regulatory bodies and the Central Pharmacy Council is tenuous. The Committee fails to understand the rigid approach of the Department in this regard. When a member of Medical Council of India can find a place in the Pharmacy Council of modern Medicine, the same yard-stick needs to be made applicable in the case of Pharmacy Council of Indian Medicine by including the representation of the two regulatory bodies i.e. CCIM and CCH in it. The Committee, accordingly, recommends that Clause 3 may be amended so as to provide membership to representatives of the above mentioned regulatory bodies.

13.5 Committee's attention was also drawn towards the apparent inaccuracy under category (f) with says that the Head of the Department of Pharmacy, National Institute of Homeopathy, Ayurveda, Siddha and Unani, Kolkata will be ex-officio members. The Committee would like to point out that there are four independent National Institutes of AYUSH located at four different places i.e. Jaipur, Bangalore, Chennai and Kolkata. The Committee accordingly, recommends that necessary corrections may be made under Clause 3 (f).

13.6 Another suggestion made to the Committee was that the Pharmacy Council of modern Medicine should be represented in the Central Pharmacy Council of AYUSH for better coordination between the two Councils. The Committee has been informed that this issue had been considered earlier and it was felt that there was no particular reason for the Pharmacy Council to be given representation in the proposed Pharmacy Council. The Committee is, however, not inclined to agree with the view-point of the Department that any such representation is not going to lead to greater efficiency in the work of either of the Councils. The Committee would like to point out that the Pharmacy Council of modern Medicine has welcomed this move and the issue of representation of AYUSH Pharmacy Council in their Council was also acceptable to them. The Committee finds no harm in such mutual representation in the two Pharmacy Councils and, accordingly, recommends the same. One should not forget that both the Councils are having a mandate to regulate Pharmacy education, different streams of medicine notwithstanding. Such bodies definitely stand to gain from each other's experience if having a mechanism for interaction.

Clause 5

14. Clause 5 of the Bill provides as follows

(1) *The President of the Central Pharmacy Council shall be elected by the members of the Central Pharmacy Council from amongst themselves in such manner as may be prescribed by Central Government.*

(2) *There shall be two Vice-Presidents, one each for the Indian medicine and the Homoeopathy, who shall be elected from amongst themselves representing the Indian medicine and the Homoeopathy:*

*Provided that for five years from the date of first constitution of the Central Pharmacy Council, the President and the Vice-Presidents shall be nominated by the Central Government from amongst the members of the Central Pharmacy Council and the President and the Vice-Presidents so nominated shall notwithstanding anything contained in sub-section (1) of section 8, hold office during the pleasure of the Central Government.*

14.1 As per the proviso to this clause, for five years from the date of first constitution of the Central Pharmacy Council, the President and the two Vice-Presidents shall be nominated by the Central Govt. from amongst the members of the Council and shall hold office during the pleasure of the Central Govt. The Committee takes strong objection to this provision. On being asked about the rationale for having nominated President and Vice-Presidents for a period of five years from the date of first constitution of Pharmacy Council, the Department clarified that it was advisable to have nominated President and Vice-Presidents as a first Council will be having a mandate to draft rules and regulations for which experts from different backgrounds were required. While agreeing with the fact that experts were required for drafting of rules and regulations, the Committee would like to point out that all the members in the first Pharmacy Council being nominated by the Central Government would be experts and experienced persons. From amongst such duly nominated members, President and two Vice-Presidents can be easily elected. Another argument put forth by the Department that a nominated body needs to have only nominated President/ Vice-President is not at all acceptable to the Committee. The Committee emphasizes that the President and the two Vice-Presidents of the first Council need to be elected from amongst the members. The Committee, accordingly, recommends that Clause 5 may be amended.

14.2 Some of the witnesses who appeared before the Committee suggested that in place of two, there should be four Vice-Presidents representing all the systems of medicine. The Committee, however, believes that having four Vice-Presidents would complicate matters and lead to duplication of work and overlapping. Having a President and two Vice-Presidents is good enough.

Clause 7

15. It relates to qualification for election to the Council as indicated below

(1) *No person shall be eligible for election to the Central Pharmacy Council, unless he possesses any of the Pharmacy qualifications included in Schedule A or Schedule B, is enrolled on any State Register of Pharmacists of Indian medicine and Homoeopathy and resides in the State concerned.*

(2) *Notwithstanding anything contained in sub-section (1), the qualifications prescribed in that sub-section shall not be applicable to the members nominated by the Central Government”*

15.1 The Committee notes that Schedule “A” deals with Pharmacy qualification awarded by Indian Universities/ Institution/ Board and Schedule B deals with qualifications awarded by foreign agencies. On being asked about the reason for not appending these two schedules to the Bill, the Committee was informed that the schedules were not appended erroneously and the Department was moving the Ministry of Law to append the schedules to the Bill.

15.2 When on being asked about the reasons for not making it mandatory for having the prescribed qualifications for the nominated members, the Department clarified that the nominated members shall be experts in different fields of Pharmacy such as Botany, Chemistry, Manufactures, HOD of Pharmacy National Institutes, Director of apex laboratories etc. As Pharmacy is a subject which involves various disciplines, these experts are necessary to give professional guidance. In addition, various other matters like the collection and preservation of raw materials, the manufacturing process and quality control are also involved. There are experts in all these different fields who are not pharmacists and it is essential that suitable representation be given in the Central Council to all these different categories of experts. It is for this reason that the pharmacy qualifications have not been specified as a necessary qualification for such experts to be nominated to the Central Pharmacy Council.

15.3 The Committee does not fully agree with the view of the Department that the members nominated by the Central Government should be exempted from possessing pharmacy qualifications as indicated in Clause 7(2). Besides, the ex-officio members, the Central Govt. will have the power to nominate three categories of members; five experts of Pharmacy, four pharmaceutical chemists from the manufacturing units and four members practicing pharmacy. There is a need for some restrictions. As claimed by the Department, after five years, State Registers of Pharmacy and Faculty/ Department of Pharmacy will be set up. Therefore, qualifications prescribed for elected members can be made applicable from that time. Only experts under category ‘C’ can be exempted.

Clause-8

16. As per Clause 8(1), the President or a Vice-President or a member of Central Pharmacy Council shall hold office for a term of five years from the date of his election or nomination, as the case may be, or until his successor has been duly elected or nominated, whichever is longer.

16.1 The Committee had objected to the phrase “whichever is longer” as it indicated an indefinite extension for the President or Vice-President until his successor is duly elected or nominated. Instead, there should be a fixed term of five years. On being asked about the justification for having a provision like Clause 8(1), the Department informed the Committee that the analogous provisions in the IMCC Act and HCC Act have been grossly misused and that members have remained in position long after their tenure having ended on the pretext that elections had not been held etc. The Committee wonders that inspite of the Department being aware of the misuse of such a provision and resultant difficulties being faced by it, such a provision has again been envisaged in the proposed Bill. The Committee finds that the Department now proposes to bring in an official amendment for restricting the tenure of members to a period of five years.

16.2 Clause 8 (2) of the Bill mentions that

*“A person, who holds or who has held office as President or a Vice-President of the Central Pharmacy Council, shall be eligible for re-election to that office, but only once.”*

The Committee observes that the members of the Pharmacy Council of modern Medicine inspite of being elected as President or Vice-President remain eligible for re-election. The Committee feels that this provision is based on democratic principles and apparently in the past history of Pharmacy Council functioning for more than fifty years such a provision has not created any problem. The Committee, accordingly, recommends that like the Pharmacy Council of modern Medicine, President or Vice-Presidents of the proposed Council should also have the option for going for re-election.

#### Clause 9

17. It relates to the meetings of the Central Pharmacy Council as indicated below

*“(1) The Central Pharmacy Council shall meet at least twice in a year at such time and place as may be appointed.  
(2) Unless otherwise provided by regulations, one third of the total number of members of the Central Pharmacy Council shall form a quorum, and all the acts of the Central Pharmacy Council shall be decided by a majority of the members present and voting.”.*

17.1 A suggestion was put forth before the Committee about the need for having proportionate number of members representing respective systems of medicine to be made the basis for having a quorum. The Department was, however, not agreeable to the above suggestion. Reason being that it would be extremely impractical to specify proportionate representation from the different systems for the quorum for meetings of the Central Pharmacy Council. This is a purely practical issue and has been dealt with as such in the Bill. However, there is a provision in clause 9(2) which would enable the Council to frame regulations for prescribing the quorum necessary for meetings of the Central Pharmacy Council. The Department sought to justify its stand by saying that in the event of making proportionate representation mandatory for having a quorum, it may not be possible to convene a meeting.

17.2 The Committee is of the opinion that proportionate number of members of Ayurveda, Unani, Siddha and Homoeopathy should form the basis for deciding the quorum. This is all the more required in the event of business before the Council relating to a specific system of Indian Medicine and member representing that very system not being present. Either there should be an arrangement where attendance of representatives of all systems of medicines is mandatory in a meeting or the attendance of representatives of that very system of medicine be mandatory whose business was to be taken in a meeting of the Council. The Committee would like to emphasise that a body having the mandate to regulate specialized and different streams of medicine needs to have a proportionate quorum instead of a general quorum to make its functioning meaningful. The Committee, therefore, recommends that all systems of Indian Medicine must be represented in a certain minimum number for a meeting being properly convened.

#### Clause 10

18. Clause 10 of the Bill refers to Executive Committees and other Committees which reads as follows –

*(1) The Central Pharmacy Council shall from amongst its members constitute two Executive Committees, one for the Indian medicine and another for Homoeopathy and such other committees for general or special purposes as the Central Pharmacy Council deems necessary to carry out the purposes of this Act.*

*(2) (a) The Executive Committee for Indian medicine shall consist of the President, Vice-President, one member to be nominated by Central Government from amongst the ex-officio members, and not less than five and not more than seven members to be elected by the Central Pharmacy Council from amongst members of the Indian medicine.*

*(b) The Executive Committee for Homeopathy shall consist of the President, Vice-President, one member to be nominated by the Central Government from amongst the ex officio members, and not less than five and not more than seven members to be elected by the Central Pharmacy Council from amongst members of the Homeopathy.*

*(3) The President and the Vice-President of the Central Pharmacy Council shall be the President and Vice-President respectively of the Executive Committee.*

*(4) The Executive Committee shall exercise such powers and discharge such duties as the Central Pharmacy Council may confer or impose upon it by any regulations which may be made in this behalf.*

18.1 Although title of the Clause mentions ‘other Committees’ also, there is no reference about other Committees therein. The Committee fails to understand the purpose for making a reference to other Committees in the title of Clause without formulating any specific provision therefor. The Committee would like to draw the attention of the Department to the following provision made under Section 9A of the Pharmacy Act, 1948 :

*“9A. Other committees (1) The Central Council may constitute from among its members other committees for such general or special purposes as that Council may deem necessary and for such periods not exceeding five years as it may specify, and may co-opt for a like period persons, who are not members of the Central Council, as members of such committees.”*

*(2) The remuneration and allowances to be paid to the members of such committees shall be fixed by the Central Council with the previous sanction of the Central Government.*

*(3) The business before such committees shall be conducted in accordance with such regulations as may be made under this Act.*

18.2 The Committee strongly feels that either the role of ‘other Committees’ needs to be specified or its reference should be deleted. Committee’s attention has been drawn by another dissimilarity between the provision made for the Executive Committee under the two Councils. The Committee finds that whereas the Executive Committee of the Pharmacy Council of modern medicine shall exercise and discharge such powers and duties as may be prescribed in addition to the powers and duties conferred and imposed upon it by the Act, the Executive Committee envisaged in the proposed Bill does not have any statutory powers. It will be exercising such powers and discharging such duties as may be conferred upon it by any regulations made by the Central Pharmacy Council. The Committee strongly feels that the two Executive Committees under the proposed Bill need to be fully empowered.

18.3 The Committee is surprised to note that when compared with the Central Executive Committees, the State Executive Committees seem to enjoy both the powers conferred and duties imposed upon it by the Act as well as those prescribed by the State Government. The Committee recommends that this anomaly needs to be eliminated.

#### Clause 17

19. Clause 17 refers to qualifications invalid in contravention of provisions of Clause 16. This Clause is inter-connected with Clause 16 which deals with permission for establishments of new Pharmacy College, course of Study, increase in admission capacity. Clause 17 is reproduced below

*(1) Where any pharmacy college is established without the previous permission of the Central Government as required under section 16, pharmacy qualification granted to any student of such pharmacy college shall not be a recognised pharmacy qualification for the purposes of this Act.*

*(2) Where any pharmacy college opens a new or higher course of study or training, including a post-graduate course of study or training, without the previous permission of the Central Government as required under section 16, the pharmacy qualification granted to any student of such pharmacy college on the basis of the increase in its admission capacity shall not be deemed to be a recognised pharmacy qualification for the purposes of this Act."*

19.1 The Committee finds that clause 17 is not properly drafted when compared with similar provisions in other Acts governing similar bodies as no mention is there about the likely impact in the event of increase in admission capacity in any course of study. The Committee, accordingly, recommends that Clause 17 needs to be properly drafted covering all the three situations i.e. permission for establishment of new Pharmacy college, course of study, increase in admission capacity, brought out under Section 16.

#### **Clause 19**

20. Clause 19(4) of the Bill is as follows: -

*"Any person who acts in contravention of any provision of rule-section (2) shall be punished with imprisonment for a term, which may extend to one year, or with fine, which may extend to one thousand rupees, or with both".*

20.1 Sub-section (2) of this clause refers to the rights of persons possessing qualifications included in Schedule A or B to be enrolled on a State Register of Pharmacy. It entitles him to hold office as Pharmacist of ISM or Homeopathy in Govt. or in any institution maintained by a local or other authority. It also entitles him to practice pharmacy in ISM or Homeopathy in any state. Lastly, it entitles him to sign or authenticate a certificate or any other certificate required by any law to be signed or authenticated by a duly qualified pharmacist of Indian medicine or Homeopathy. The Committee is of the opinion that the punishment given to any person who acts in contravention of any provision of sub-section (2) should be severe enough to act as a deterrent. Posing falsely as a registered pharmacist and holding any office, practicing pharmacy or signing or authenticating certificates may have serious ramifications. The present punishment of an imprisonment for a term which may extend to one year or fine which may extend to one thousand rupees or both, should be substantially increased.

20.2 Clause 19 relates to rights of persons possessing qualifications included in Schedule A or Schedule B to be enrolled. As per Clause 19 (3), registered medical practitioners can also be registered as a 'Pharmacist'. Apprehensions were expressed by some witnesses that this would result in conflict of interest. On a specific query in this regard, the Department has clarified that the Indian Systems of Medicine are unique in that there are large number of practitioners who prepare medicines for their practice. The Committee was given to understand that in the interest of preserving the AYUSH system of medicine, it was essential that such traditional practitioners be permitted under law to continue to prepare and dispense medicines to their own patients. The Committee is also in agreement with the assessment of the Department.

#### **Clause 55**

21. Clause 55 of the Bill provides that no person other than a registered Pharmacist shall compound, prepare, mix or dispense any drug of Indian medicine and Homeopathy. Whoever contravenes this provision shall be punishable with imprisonment for a term which may extend to six months or with fine not exceeding Rs. 5,000/- or with both. There is no provision for prescribing a penalty for subsequent offence.

21.1 The clarification given by the Department was that the penalty and punishment were not meant to be restricted for the first offence only. On being asked to give the justification for not having a provision for subsequent offence, the Department admitted that there was a need for specifying higher penalty for subsequent offences. The Department assured the Committee that its recommendation would be considered favourably. The Committee accordingly recommends that a suitable provisions may be made in the Bill for subsequent offences.

#### **Clause 56**

22. Clause 56 refers to penalty for contravention of the provisions of Clause 16. Clause 56 as mentioned in the bill is

*"Any person who opens a Pharmacy College of Ayurveda, Siddha, Unani or Homoeopathy in contravention of the provisions of section 16 or admit students in such college or admit more students than permitted by the Central Pharmacy Council or open new or higher course of study in such contravention, shall be liable for an imprisonment which may extend to six months or a fine of up to rupees one lakh per students or both."*

22.1 The Committee observes that such a provision is not there in other Acts governing similar bodies like Pharmacy Council, MCI, AICTE etc. The Committee has been given to understand that such a provision has been incorporated in the Bill to discourage the mushrooming of sub-standard colleges of Pharmacy and, therefore, punitive provision under this clause has been made. The Committee agrees with the provision. The Committee would, however like to point out that when the Bill will be enacted, there are chances that quite a few institutions not having the prescribed infrastructure will fail to be recognized and punitive action would be taken against them. In the latter case when punitive action would be taken, the Committee finds no mention of the mechanism to give effect to this provision. The Committee, accordingly, recommends that required additions may be made.

#### **Clause 61**

23. It refers to directions by Central Govt. Clause 61 (1) & (2) of the bill mention *"(1) The Central Pharmacy Council shall, in the discharge of its functions and duties under this Act be bound by such directions on questions of policy as the Central Government may give in writing to it from time to time.*

*(2) The decision of the Central Government as to whether a question is one of policy or not shall be final."*

23.1 The Committee has been given to understand that the proposed Bill is broadly based on the Pharmacy Act, 1948. However, given the special requirements relating to the regulation of pharmacy in the Indian Systems of Medicine and Homeopathy, suitable changes have been made wherever necessary in the interest of effectiveness. The Committee notes that the Pharmacy Council of Modern Medicine has been discharging its functions and duties enshrined under the Pharmacy Act, 1948 for more than fifty years. There have been amendments made in the Act on several occasions during this period as and when need was felt. However, so far, provision as envisaged under clause 61 has not been added. The Committee strongly feels that when the Central Pharmacy Council of modern Medicine can effectively function without any directions being given to it by the Centre, the proposed Council of AYUSH will also effectively perform its duties and functions. The



Committee, accordingly, recommends that Clause 61 may be deleted.

**Clause 62**

24. It refers to the Commission of Inquiry as detailed below:

*“(1) Whenever it is made to appear to the Central Government that the Central Pharmacy Council is not complying with any of the provisions of this Act, the Central Government may refer the particulars of the complaint to an appropriate agency or commission as it may deem fit and such commission or appropriate agency shall proceed to inquire in a summary manner and to report to the Central Government as to truth of the matters charged in the complaint and in case of any charge of default or of improper action being found to have been established, the commission or the agency shall recommend the remedies if any, which are in its opinion necessary.*

*(2) The Central Government may require the Central Pharmacy Council to adopt the measures so recommended within such time as having regard to the report of the commission or agency, it may think fit and if the Central Pharmacy Council fails to comply with any such requirement, the Central Government may take such steps as may seem necessary to give effect to the recommendations of the commission.*

*(3) A commission of inquiry shall have power to administer oaths, to enforce the attendance of witnesses and the production of documents and shall have all such other necessary powers for the purpose of any inquiry conducted by it as are exercised by a civil court under the Code of Civil Procedure, 1908.”*

24.1 The Committee observes that Clause 62 is neither properly drafted nor specific. The Committee find that under this clause two mechanisms for taking action on a complaint being made against the Council are sought to be made available to the Central Government. The Committee feels that the Commission of Inquiry would be an identity in itself. However, the other option available to the Central Government to refer the matter to an ‘appropriate agency’ can have serious implications. The use of such a vague term in the matter of complaint against a duly constituted statutory body is not acceptable to the Committee. The plea of the Department that sometimes a detailed investigation is required to be made which could be handled by an agency and not by the Commission of Inquiry is not at all convincing. The Committee would also like to point out that Clause 62 does not mention about the composition of the Commission of Inquiry. The Committee fails to understand the reasons for such a significant departure being made by the Department. The Committee finds it surprising that the identical provision under Section 45 of the Pharmacy Act, 1948 on which the proposed Bill is supposed to be broadly based is sought to be incorporated in the proposed Bill by making such drastic changes therein.

24.2 Another significant difference noticed by the Committee is the absence of any provision regarding Commission of Inquiry being set up by a State Government. The Committee strongly feels that such a provision needs to be included in the proposed Bill as done in the case of Pharmacy Act, 1948. The Committee, accordingly, recommends that Clause 62 may be re-drafted on the basis of Section 45 of the Pharmacy Act, 1948.

**Clause 63**

25. This Clause deals with the power to supersede Central Pharmacy Council or State Pharmacy Council as enumerated below-

*(1) If the Central Government is of the opinion that the Central Pharmacy Council is unable to perform, or has persistently made default in the performance of the duty imposed on it by or under this Act or has exceeded its powers, or has willfully or without sufficient cause, failed to comply with any direction issued by the Central Government under section 61, the Central Government may, by notification in the Official Gazette supersede the Council for such period not exceeding one year as may be specified in the notification:*

*Provided that before issuing a notification under this sub-section, the Central Government shall give a reasonable opportunity to the Central Pharmacy Council to show cause why it should not be superseded and shall consider the explanation and objections, if any, of the Central Pharmacy Council.”.*

(2) Upon the publication of a notification under sub-section (1) superseding the Council,-

- (a) all the members of the Council shall, notwithstanding that their terms of office had not expired, as from the date of supersession, vacate their offices as such members;
- (b) all the powers and duties which may, by or under the provisions of this Act, be exercised or performed by or on behalf of the Central Pharmacy Council shall during the period of supersession, be exercised and performed by such person or persons as the Central Government may direct; and
- (c) all property vested in the Central Pharmacy Council shall, during the period of supersession, vest in the Central Government.

(3) On the expiration of the period of the supersession specified in the notification issued under sub-section (1), the Central Government may-

- (a) extend the period of supersession for such further period not exceeding six months at a time as it may consider necessary; or
- (b) reconstitute the Central Pharmacy Council in the manner provided in section

(4) Whenever it appears to the State Government that the State Pharmacy Council is not complying with any of the provisions of this Act, the State Government may likewise supersede the State Pharmacy Council and pass such order or take such action for the State Pharmacy Council as specified in sub-sections (2) and (3) for the Central Pharmacy Council.

25.1 The Committee observes that clause 63 is a new provision sought to be added in the proposed Bill for the following reasons advanced by the Department :

- A Commission of Inquiry is fact finding in nature and can only make recommendations to the Government.
- There has to be provisions in the Act to enforce the recommendations/ directions issued by them.
- Experience from the administration of the IMCC Act and HCC Act shows that there are insufficient measures available to tackle blatant violations of statutory provisions.
- A non accountable statutory Council is capable of immense damage to the very system it is supposed to regulate.
- While the Central Government Ministries/ Departments are accountable to Parliament, the regulatory bodies like CCIM and CCH are accountable to none.
- Power to supercede has to be exercised in rarest of rare case when there is a breakdown of the functioning of the body as per the clauses.

25.2 The Committee strongly feels that reasoning of the Department seems to suffer from lack of confidence of the Government in the effective functioning of a statutory body. The Committee would like to point out that this is not a democratic manner of making the Council accountable for its acts of commission and omission. Alongwith the provision of Commission of Inquiry, the proposed Council can be easily made more accountable to the Parliament by making the laying of its Annual Report and Audited Accounts before Parliament mandatory.

25.3 The Committee was given to understand that provisions of clauses 62 and 63 need to be read together as different provisions in a law have to be read in conjunction with each other. Under Clause 63, Govt. would be initiating any action for superseding the Council on the basis of recommendations made by the Commission of Inquiry or appropriate agency as envisaged in Clause 62 and not on its own. The Committee takes strong objection to such distorted presentation of provisions enshrined under Clause 62 and 63. The Committee would like to point out that both Clauses 62 and 63 are independent provisions. Whereas under Clause 62, action would be initiated by a Commission of Inquiry or appropriate agency, recommendations made by them will have to be complied with by the Council on its own or the Central Government is empowered to ensure the implementation of the same. Under Clause 63, Central Government can directly initiate an action for supersession of the Council, the only saving grace being that the Council will be given a reasonable opportunity to explain its case. By no stretch of imagination, these two clauses 62 and 63 can be read in conjunction with each other. The Committee would also like to point out that the Pharmacy Act, 1948 does not have such a provision and the Pharmacy Council of modern medicine has been apparently functioning for more than fifty years in an effective manner. The Committee accordingly, recommends that Clause 63 may be deleted.

26. The Committee recommends that amendments may be made in similar clauses in respect of State Councils. The Committee adopts the remaining clauses of the Bill, including the enacting formula and the title without any amendment.

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#### OBSERVATIONS/RECOMMENDATIONS AT A GLANCE

The Committee would like to point-out that a comparative analysis of the Pharmacy Act, 1948 and the proposed Bill reveals that there are basic differences in some aspects which cannot be considered justified, difference in the two systems of Pharmacy notwithstanding. The Committee would be highlighting the same while reporting on such clauses. (Para 8)

9.3 The Committee fails to understand the kind of approach adopted by the Department of AYUSH. It would have been appropriate if the process of consultation with the Pharmacy Council of India, a major stake-holder has been completed at the time of drafting of the Bill. The Committee wonders as to the factors responsible for such a development. (Para 9.3)

The Committee is in agreement with the contention of AICTE that with the creation of Central Pharmacy Council for Indian System of medicine and Homoeopathy, the other programmes with the same nomenclature may not be brought under the proposed Council otherwise overlapping provisions in the two Councils will create legal difficulties and operational problem. (Para 10.1)

The Committee feels that this aspect needs to be looked into by the Department and other concerned authorities and a viable alternative may be identified to avoid any confusion or complication likely to arise on the enactment of the Act. (Para 10.2)

The Committee is convinced by the justification given by the Department for having a unified regulatory body for Indian Systems of medicine and Homeopathy. At the same time, the Committee would like to emphasise that Ayurveda, Siddha, Unani and Homoeopathy need to be given due importance under the proposed legislation. There should be no dilution of quality control or standards with the creation of a unified Central Pharmacy Council. (Para 11.1)

The Committee observes that the Drugs and Cosmetics Act was enacted in 1944 and rules thereunder were made in 1945 which governed modern drugs only. The regulation of AYUSH drugs was brought through Chapter IVA under the Drugs and Cosmetics Act, 1944 only in 1964 and the rules were subsequently made in 1970. During its interaction with the Drugs and Controller General of India, it was brought to its notice that there was, however, no simultaneous introduction of provision to regulate the sale of AYUSH drugs under the Drugs and Cosmetics Act, 1944. The Committee finds that as on today, although manufacturers of AYUSH drugs require valid license and follow certain quality parameters, no such requirement is there for having a license separately for sale of AYUSH drugs. The Committee observes that Chapter IVA of Drugs and Cosmetics Act, 1944 needs to be amended so as to provide for rules regulating sale of AYUSH drugs. The Committee, accordingly, recommends that the Department should take up with Department of Health for initiating action for amendment under the Drugs and Cosmetics Act on the enactment of the proposed Bill. (Para 11.2)

The Committee is inclined to agree with the above- mentioned justification and, accordingly, recommends that the word 'Ashtang' used under the definition of the term ' Indian Medicine' may be deleted. (Para 12.1)

The Committee is of the opinion that like in the Pharmacy Act, 1948 both 'State Register' and 'Central Register' need to be defined separately. The Committee, accordingly, recommends that the definition of Central Register may be included under Clause 2 of the Bill. (Para 12.2)

The Committee is constrained to observe that the composition of the proposed Council gives a picture where nominated members outnumber the elected ones, which is not a healthy practice and is undemocratic too. The Committee is not in agreement with the contention of the Department that the composition of the Council has been based on a due assessment of the kind of representation required from all the concerned institutions and categories of practitioners of Pharmacy and related disciplines in the Indian Systems of Medicine and Homoeopathy. (Para 13.1)

To give due representation to all the four systems, strength of nominated members is somewhat higher when compared with the other Council. The Committee would, however, like to point out that with the representation of registered pharmacists under the elected category from each State, there was no need for having another category of nominated members of registered pharmacists. The Committee, therefore, strongly feels that there is a need for reviewing the scale of nomination of members in the Council. (Para 13.2)

Keeping in view, that neither the State Register of Pharmacy is maintained in any State nor there is a faculty or Department of Pharmacy in any University in the country, members under both the categories will be nominated by the Central Government till the conditions are fulfilled. The Committee fails to appreciate this kind of alternative provision proposed by the Government without there being any time-limit. The Committee has been given to understand that an official amendment is proposed to be made in Clause 3(a) and 3(b) to restrict the maximum tenure as five years. It has also been clarified that the nomination under these two categories is meant only for the first Council. The Committee is of the view that five years period being too long needs to be restricted to the minimum possible period required for setting up of State Register of Pharmacy as well as establishment of Faculty or Department of Pharmacy in a University. (Para 13.3)

The Committee is not convinced by the justification of the Department regarding not including representatives of Central Council of Indian Medicine (CCIM) and the Central Council of Homoeopathy (CCH) in the proposed Council. The argument of the Department that the regulation of pharmacy in Indian Systems of Medicine and Homoeopathy is not going to be improved in any significant manner by the inclusion of representatives of CCIM and CCH in the Council, is not acceptable to the Committee. The Committee is also not prepared to accept the fact that the connection between the two regulatory bodies and the Central Pharmacy Council is tenuous. The Committee fails to

understand the rigid approach of the Department in this regard. When a member of Medical Council of India can find a place in the Pharmacy Council of modern Medicine, the same yard-stick needs to be made applicable in the case of Pharmacy Council of Indian Medicine by including the representation of the two regulatory bodies i.e. CCIM and CCH in it. The Committee, accordingly, recommends that Clause 3 may be amended so as to provide membership to representatives of the above mentioned regulatory bodies. (Para 13.4)

The Committee accordingly, recommends that necessary corrections may be made under Clause 3 (f). (Para 13.5)

Another suggestion made to the Committee was that the Pharmacy Council of modern Medicine should be represented in the Central Pharmacy Council of AYUSH for better coordination between the two Councils. The Committee has been informed that this issue had been considered earlier and it was felt that there was no particular reason for the Pharmacy Council to be given representation in the proposed Pharmacy Council. The Committee is, however, not inclined to agree with the view-point of the Department that any such representation is not going to lead to greater efficiency in the work of either of the Councils. The Committee would like to point out that the Pharmacy Council of modern Medicine has welcomed this move and the issue of representation of AYUSH Pharmacy Council in their Council was also acceptable to them. The Committee finds no harm in such mutual representation in the two Pharmacy Councils and, accordingly, recommends the same. One should not forget that both the Councils are having a mandate to regulate Pharmacy education, different streams of medicine notwithstanding. Such bodies definitely stand to gain from each other's experience if having a mechanism for interaction. (Para 13.6)

As per the proviso to this clause, for five years from the date of first constitution of the Central Pharmacy Council, the President and the two Vice-Presidents shall be nominated by the Central Govt. from amongst the members of the Council and shall hold office during the pleasure of the Central Govt. The Committee takes strong objection to this provision.

The Committee emphasizes that the President and the two Vice-Presidents of the first Council need to be elected from amongst the members. The Committee, accordingly, recommends that Clause 5 may be amended. (Para 14.1)

The Committee, however, believes that having four Vice-Presidents would complicate matters and lead to duplication of work and overlapping. Having a President and two Vice-Presidents is good enough. (Para 14.2)

15.3 The Committee does not fully agree with the view of the Department that the members nominated by the Central Government should be exempted from possessing pharmacy qualifications as indicated in Clause 7(2).

There is a need for some restrictions.

Therefore, qualifications prescribed for elected members can be made applicable from that time. Only experts under category 'C' can be exempted. (Para 15.3)

The Committee wonders that inspite of the Department being aware of the misuse of such a provision and resultant difficulties being faced by it, such a provision has again been envisaged in the proposed Bill. The Committee finds that the Department now proposes to bring in an official amendment for restricting the tenure of members to a period of five years. (Para 16.1)

The Committee observes that the members of the Pharmacy Council of modern Medicine inspite of being elected as President or Vice-President remain eligible for re-election. The Committee feels that this provision is based on democratic principles and apparently in the past history of Pharmacy Council functioning for more than fifty years such a provision has not created any problem. The Committee, accordingly, recommends that like the Pharmacy Council of modern Medicine, President or Vice-Presidents of the proposed Council should also have the option for going for re-election. (Para 16.2)

The Committee is of the opinion that proportionate number of members of Ayurveda, Unani, Siddha and Homoeopathy should form the basis for deciding the quorum. This is all the more required in the event of business before the Council relating to a specific system of Indian Medicine and member representing that very system not being present. Either there should be an arrangement where attendance of representatives of all systems of medicines is mandatory in a meeting or the attendance of representatives of that very system of medicine be mandatory whose business was to be taken in a meeting of the Council. The Committee would like to emphasise that a body having the mandate to regulate specialized and different streams of medicine needs to have a proportionate quorum instead of a general quorum to make its functioning meaningful. The Committee, therefore, recommends that all systems of Indian Medicine must be represented in a certain minimum number for a meeting being properly convened. (Para 17.2)

18.1 Although title of the Clause mentions 'other Committees' also, there is no reference about other Committees therein. The Committee fails to understand the purpose for making a reference to other Committees in the title of Clause without formulating any specific provision therefor. (Para 18.1)

The Committee strongly feels that either the role of 'other Committees' needs to be specified or its reference should be deleted. Committee's attention has been drawn by another dissimilarity between the provision made for the Executive Committee under the two Councils. The Committee finds that whereas the Executive Committee of the Pharmacy Council of modern medicine shall exercise and discharge such powers and duties as may be prescribed in addition to the powers and duties conferred and imposed upon it by the Act, the Executive Committee envisaged in the proposed Bill does not have any statutory powers. It will be exercising such powers and discharging such duties as may be conferred upon it by any regulations made by the Central Pharmacy Council. The Committee strongly feels that the two Executive Committees under the proposed Bill need to be fully empowered. (Para 18.2)

18.3 The Committee is surprised to note that when compared with the Central Executive Committees, the State Executive Committees seem to enjoy both the powers conferred and duties imposed upon it by the Act as well as those prescribed by the State Government. The Committee recommends that this anomaly needs to be eliminated. (Para 18.3)

The Committee finds that clause 17 is not properly drafted when compared with similar provisions in other Acts governing similar bodies as no mention is there about the likely impact in the event of increase in admission capacity in any course of study. The Committee, accordingly, recommends that Clause 17 needs to be properly drafted covering all the three situations i.e. permission for establishment of new Pharmacy college, course of study, increase in admission capacity, brought out under Section 16. (Para 19.1)

The Committee is of the opinion that the punishment given to any person who acts in contravention of any provision of sub-section (2) should be severe enough to act as a deterrent. Posing falsely as a registered pharmacist and holding any office, practicing pharmacy or signing or authenticating certificates may have serious ramifications. The present punishment of an imprisonment for a term which may extend to one year or fine which may extend to one thousand rupees or both, should be substantially increased. (Para 20.1)

The Committee was given to understand that in the interest of preserving the AYUSH system of medicine, it was essential that such traditional practitioners be permitted under law to continue to prepare and dispense medicines to their own patients. The Committee is also in agreement with the assessment of the Department. (Para 20.2)

The Department assured the Committee that its recommendation would be considered favourably. The Committee accordingly recommends that a suitable provision may be made in the Bill for subsequent offences. (Para 21.1)

The Committee observes that such a provision is not there in other Acts governing similar bodies like Pharmacy Council, MCI, AICTE etc. The Committee has been given to understand that such a provision has been incorporated in the Bill to discourage the mushrooming of sub-standard colleges of Pharmacy and, therefore, punitive provision under this clause has been made. The Committee agrees with the provision. The Committee would, however like to point out that when the Bill will be enacted, there are chances that quite a few institutions not having the prescribed infrastructure will fail to be recognized and punitive action would be taken against them. In the latter case when punitive action would be taken, the Committee finds no mention of the mechanism to give effect to this provision. The Committee, accordingly, recommends that required additions may be made. (Para 22.1)

The Committee strongly feels that when the Central Pharmacy Council of modern Medicine can effectively function without any directions being given to it by the Centre, the proposed Council of AYUSH will also effectively perform its duties and functions. The Committee, accordingly, recommends that Clause 61 may be deleted. (Para 23.1)

The Committee observes that Clause 62 is neither properly drafted nor specific. The Committee find that under this clause two mechanisms for taking action on a complaint being made against the Council are sought to be made available to the Central Government. The Committee feels that the Commission of Inquiry would be an identity in itself. However, the other option available to the Central Government to refer the matter to an 'appropriate agency' can have serious implications. The use of such a vague term in the matter of complaint against a duly constituted statutory body is not acceptable to the Committee. The plea of the Department that sometimes a detailed investigation is required to be made which could be handled by an agency and not by the Commission of Inquiry is not at all convincing. The Committee would also like to point out that Clause 62 does not mention about the composition of the Commission of Inquiry. The Committee fails to understand the reasons for such a significant departure being made by the Department. The Committee finds it surprising that the identical provision under Section 45 of the Pharmacy Act, 1948 on which the proposed Bill is supposed to be broadly based is sought to be incorporated in the proposed Bill by making such drastic changes therein. (Para 24.1)

The Committee strongly feels that such a provision needs to be included in the proposed Bill as done in the case of Pharmacy Act, 1948. The Committee, accordingly, recommends that Clause 62 may be re-drafted on the basis of Section 45 of the Pharmacy Act, 1948. (Para 24.2)

The Committee strongly feels that reasoning of the Department seems to suffer from lack of confidence of the Government in the effective functioning of a statutory body. The Committee would like to point out that this is not a democratic manner of making the Council accountable for its acts of commission and omission. Alongwith the provision of Commission of Inquiry, the proposed Council can be easily made more accountable to the Parliament by making the laying of its Annual Report and Audited Accounts before Parliament mandatory. (Para 25.2)

The Committee takes strong objection to such distorted presentation of provisions enshrined under Clause 62 and 63. The Committee would like to point out that both Clauses 62 and 63 are independent provisions.

The Committee would also like to point out that the Pharmacy Act, 1948 does not have such a provision and the Pharmacy Council of modern medicine has been apparently functioning for more than fifty years in an effective manner. The Committee accordingly, recommends that Clause 63 may be deleted. (Para 25.3)

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**MINUTES**  
**VII**  
**SEVENTH MEETING**

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

**MEMBERS PRESENT**

**RAJYA SABHA**

- |                        |   |                 |
|------------------------|---|-----------------|
| 1. Shri Amar Singh     | — | <i>Chairman</i> |
| 2. Prof. P. J. Kurian  |   |                 |
| 3. Dr. A.K. Patel      |   |                 |
| 4. Shrimati Maya Singh |   |                 |
| 5. Shri Lalhmimg 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 28<sup>th</sup> 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  
 13<sup>th</sup> February, 2006

MOMRAJ SINGH  
 UNDER SECRETARY

## XII TWELFTH MEETING

The Committee met at 11.00 *a.m.* on Friday the 2<sup>nd</sup> June, 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. 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-2005**

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 HOMOEOPATHY 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 7<sup>th</sup> 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 12<sup>th</sup> June, 2006

NEW DELHI  
 2<sup>nd</sup> June, 2006.

MOMRAJ SINGH  
 UNDER SECRETARY

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#### **XIII THIRTEENTH MEETING**

The Committee met at 3.00 *p.m.* on Friday the 12<sup>th</sup> June, 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 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 12<sup>th</sup> June, 2006.

NEW DELHI  
 12<sup>th</sup> June 2006.

MOMRAJ SINGH  
 UNDER SECRETARY

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#### **XVIII EIGHTEENTH MEETING**

The Committee met at 11.00 *a.m.* on Wednesday the 21<sup>st</sup> 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  
21<sup>st</sup> June, 2006.

MOM RAJ SINGH  
UNDER SECRETARY

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**XVI**  
**SIXTEENTH MEETING**

The Committee met at 11.00 *a.m.* on Saturday the 15<sup>th</sup> 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

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 25<sup>th</sup> 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  
15<sup>th</sup> July, 2006.

PRADEEP CHATURVEDI  
UNDER SECRETARY

**XVII**  
**SEVENTEENTH MEETING**

The Committee met at 3.00 *p.m.* on Tuesday the 25<sup>th</sup> 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  
Shri Dinesh Singh, Committee Officer

2. At the outset, the Chairman welcomed the members of the Committee. The Committee then considered its 18<sup>th</sup> Report on Indian Medicine and Homoeopathy Pharmacy Bill-2005 and after some discussion adopted the same. The Committee decided that the aforesaid Report may be presented to the Rajya Sabha and laid on the Table of Lok Sabha on Friday, the 28<sup>th</sup> July, 2006. The Committee authorized its Chairman Shri Amar Singh, M.P. and in his absence Shri A.K. Antony, M.P. and in the absence of both, Smt. Maya Singh, M.P. to present the Report in the Rajya Sabha and Shri R.C. Dome, M.P. and in his absence Shri Uday Singh, M.P. to lay the Report on the Table of Lok Sabha.

3. The Committee, thereafter, discussed the matter of presentation of its Report on the Indian Medical Council (Amendment) Bill-2005. The Chairman apprised the members of the fact that he had already requested Hon'ble Chairman, Rajya Sabha to grant further extension of time upto the last day of the Winter Session-2006 for its presentation/laying in both the Houses of Parliament. The Committee directed that keeping in view the wider ramifications of the Bill, the Ministry of Health and Family Welfare be asked to furnish a Status Report on the existing medical education systems, medical regulatory bodies and relevant rules and regulations governing medical education in U.K., Australia, Canada, China, Thailand, Taiwan and some Latin American Countries like Brazil to enable the Committee to make a comparative study and also to decide its future course of action in the matter.

4. The Committee reiterated its decision taken at its last meeting held on the 15<sup>th</sup> July, 2006 that subject to grant of extension of time by Hon'ble Chairman for the presentation/ laying of its Report on Indian Medical Council (Amendment) Bill-2005, it would undertake study visits to different places in the country.

5. The meeting then adjourned at 3.45 *p.m.*

NEW DELHI  
25<sup>th</sup> July, 2006.

PRADEEP CHATURVEDI  
UNDER SECRETARY

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ANNEXURE