

Dear friends,

I appreciate the dedication and the way of organising 203rd.CWC meeting at Mehsana by Ahmedabad IMA branch, especially Dr. Bipin M. Patel and Dr. Jitubhai Patel.

The scorching summer gives way to soothing showering monsoon and IMA, after marathon fruitful deliberations, has taken 3 decisive resolutions against the three draconian Bills promulgated recently by Central Govt. –BRHC, CE Bill, and MCI dissolution.

We clearly conveyed our protest to the authorities - Hon'ble President & Prime Minister of India, Minister of Health and Health officials by voicing and representing our opinion on various occasions.

It is crystal clear, that IMA has been opposing these 3 Bills.

1. BRHS(Bachelor of Rural Health Care): We are opposing this BRHC concept totally. To provide quality health care to rural areas my suggestions are as follows –

- a. There is no dearth of MBBS doctors to serve in rural areas. What we need is to increase the pays & emoluments to work in rural areas.
- b. There is dearth of specialist doctors and deficiency of infrastructure at CHC-(community health center) level. To meet this problem, the govt. and MCI have to increase the PG seats especially in specialty categories like- Ob.Gynic, Anesthesia, Ortho, Pediatrics, Medicine and Surgery. It's also advisable to introduce residency type programs in all multi-specialty hospitals and conduction of national level exit exam after completion of stipulated 3yrs.residency.
- c. If the Govt. wants basic doctors at sub-center level, let the MBBS degree is the minimum qualification. For this, the Govt. & MCI has to increase the MBBS seats by 25% and allocate these seats exclusively to rural area students by having bond to work in rural areas for 5yrs after completion of the education, in all existing 300 medical colleges.

2. Clinical Establishment Bill : Few States like A.P. already promulgated this type of Bill to regulate and accreditate the healthcare delivery. The sincerity of the govt. may be appreciated, if it initiate and strives to eradicate the quacks and quackery from our country which has been crippling our society's health in the guise of providing first-aid care.

- a) IMA sincerely demand the govt, please abstain this bill from implementation.
- b) Our rural infrastructure is not ready to implement these utopian regulations.
- c) To put the corporate hospitals and rural area hospital in same line to accreditate is unjustifiable as it favors corporatization of health care and jeopardizing the health services within reach of common man.
- d) First implement these 'good to hear regulations' in govt. & corporate hospitals to make them as model health care delivery service points.
- e) IMA has no objection to register the medical establishments and maintain and up keep the national data base.

3. MCI Dissolution issue : IMA has released white paper on this issue after analyzing it in CWC meet which has been circulated to all members of CWC, Central Council and local

branch executives. Friends, we are for democratic norms. We are for restoration of autonomy of MCI with immediate effect. Corruption wherever it is, it has to be condemned. We have to search for the root causes. It's not wise enough to burn the house to kill the rat. We are also hearing about the draft bills of NCHRH & NCHER to super arching the councils of health care. Come whatever the Ministry, either HRD or Health ministry to monitor these issues, basically Indian Medical Association strongly:

- a) condemns dissolution of MCI as arbitrary exercise of power.
- b) demands reconstitution of MCI immediately as per provisions.
- c) demands restoration of the independence of MCI.
- d) demands retaining of MCI in its present character and form.
- e) demands two representatives for MCI to be elected from central council of IMA.

4. IMA Protest : IMA has planned to appraise the media, political leaders, legislative members and if necessary judiciary about our concern and objections.

To maintain the ethicality and transparency in our administration and to brought forward our Association's objectives and to convey our strong objections about these three crucial issues, we have been planned "IMA PROTEST WEEK" from 28-6-10 onwards and no doubt, we continue this fight till we achieve our goals.

I request all State and local branch executives to take initiation and lead from front to conduct similar protest programs in their respective areas. I will appreciate if our members approach the local legislative and parliament leaders and appraise them about these three undemocratic and ill-conceived Bills which will cripple the private health care and common man at large.

5. IMA Health Policy : I have a strong opinion that our IMA should have its own health policy to be presented to health authorities and our beloved Prime Minister. As a country of vast diaspora and varied problems it's the need of the hour to frame such a policy which will be a guiding force to implement at field level. IMA has the authenticity and expertise by having the wisdom of ground reality.

6. IMA as a Trade Union: started as a family of professionals and marching as academic body and molded as the largest service organization, IMA reached a point of no turn to be acted as a trade union. For this we have to change our mind set. A paradigm shift of our responsibilities towards our members and the common man makes our association more accountable and more responsible. For this, we have to overhaul our functioning dynamics and we need well informed heir-Archie system where the common members and the leaders should respect each other's opinion and once one decision is made-up, every member must stick to that decision.

So, I request all local and State branch executives to implement all suggestions and guidance passed by IMA-HQs.

I appreciate if all the members be complying with guidelines and decisions taken by IMA-H.Q.

Unless the common member follows the higher hierarchy it's not possible to deliver our objectives. How members can expect, trade union like activity, if he is not in line with leadership?

7. We have taken proposals in CWC meet to start **two welfare schemes**- 50 lac family protection scheme and pension scheme, which are be more useful to our members if we implement methodically.

Meanwhile, I was invited to the Golden Jubilee Celebrations of Malaysian Medical Association and there I have explained IMA National Health Policy and concern to the community. They have very much appreciated our IMA activities.

British Medical Association invited me as an official observer to their Annual Representative Meeting to be held from June 27-July 1st at Brighton. There I am going to present our IMA activities and exchange our views on healthcare.

Let all healthcare be within reach of common man.

Let our Association's flag fly high & dry.

Let us all have mighty one voice and one actions.

Let us prevail as friends forever.

Dr. G. Samaram
National President, IMA

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