

PRESIDENTIAL ADDRESS
by
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83rd NATIONAL PRESIDENT OF IMA

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On this momentous occasion, as I stand here before you, having assumed the highest office of the National President of the Indian Medical Association, I am being overtaken by a deep sense of humility which is invoking in me a constant awareness of the immense responsibility and confidence that has been bestowed on me by the two lakh members of the Indian Medical Association, incidentally the Worlds largest Non Governmental Organization.

I am grateful to every member for this unique honor and appeal to each one of you to help me carry forward the flag of IMA to Himalayan heights, which can become a reality only through your selfless service to the cause of the Indian Medical Association.

IMA has a legacy of its own, built on the dedicated and yeomen services of its members spanning over a period of one hundred years and more.

As India was freeing herself from the shackles of colonialism, IMA members contribution finds a place of pride and forms part of the Glorious history of the Indian Freedom movement. Ever since, we are in the forefront of Nation building, well aware of the fact that the wealth of a Nation is not measured in terms of materialistic assets but by the “Health status of its Citizens”.

A glimpse into the pages of the glorious history of Indian Medical Association reveals that the nomenclature, “Indian Medical Association” was used originally by an All India body of Medical Men of the noble profession as way back as 1895.

On the 28th of December 1928 the day when IMA was started with 222 members, the following resolution was passed unanimously, “IMA is formed with the objective of looking after the interest of the Medical Education, Public Health and Medical Profession in India” facts which are relevant even unto this day.

Further our forefathers have noted that if only, the medical men of India could unite and organize, speak and act from a common platform, there is every possibility of equaling or even excelling the achievements of the organized, British, American and Foreign Medical associations a reality which every medical professional of today should realize and act upon.

As is being rightly said, long before the concept of Continuing Medical Education could become a reality, IMA has been incorporating a “Refresher Course” section on the Journal of IMA with the idea of helping its members update their knowledge and keep abreast of the advances in the field of medicine, from as way back as 1954.

Regarding the Indian Medical Council, the IMA has been demanding and emphasizing the need for an All-India Medical Register and it is a matter of great pride to every member of IMA that Dr.B.C.Roy –former President of the Indian Medical Association was unanimously elected President of the Medical Council of India in October 1939.

IMA has been instrumental in tackling the problem of spurious drugs, through legislations, and also addressed the problem of Advertisements relating to “miracle cures” in lay press through legislation for suppression of undesirable advertisements.

Bhore Committee : The President of IMA Dr.R.A.Amesur, was nominated by the Central Government as the representative of IMA on the “Bhore Committee” to opine on matters relating to professional education and medical relief.

It is noteworthy that IMA has been demanding equitable salary to the Administrative and Medical Officers from even before 1947.

IMA’s call for a suitable legislation to tackle the menace of Quackery dates back to early 1950s.

It is quite perplexing to note that in 1944 the Govt. of Madras effected a ban on Govt. Medical Officers becoming members of IMA, which was revoked following the meeting of the President of IMA with the Advisor to His Excellency the Governor of Madras and a similar situation arose in Madhya Pradesh which was managed by the IMA President in a similar manner.

World Medical Association: It was a glorious moment for IMA as two of our members were sent as Representatives to the first Annual Assembly of World Medical Association in 1947 and Dr.S.C.Sen obtained a seat in the council of the World Medical Association.

The Third Commonwealth Medical Conference, held in March 1952 in Calcutta and was chaired by Dr.B.C.Roy, the then Chief Minister of West Bengal.

Ever since many of our distinguished members have held the highest position in various International Medical Associations and have brought honor and glory to our country.

Not many of us would be aware of the fact that in 1947 it is the British Medical Association which requested the Indian Medical Association to consider the Question of mutual affiliation of the IMA with the BMA on equal terms and conditions, which continues to be in force.

With a strong foundation by way of committed IMA workers and a wide well knit net work of branches throughout our country, the Indian Medical Association has carried out commendable work in implementation of various Governmental Health related programmes, which has been lauded and placed on record in the Indian Parliament and various Assemblies.

To mention a few of them

- 1) Use of Oral Rehydration Solution: the credit for having taken this message to the remotest of villages in our country solely goes to IMA.
- 2) The IMA – National Aids control Organisation Training Programme, Where in over 30,000 Health Professionals were trained throughout India - was largely responsible for the impact on the AIDS problem of our country.
- 3) Save the Girl Child Programme – and the implementation of P.N.D.T Act through our IMA branches has brought about significant results in narrowing the sex ratio difference amongst new born.

One of the remarkable achievements of IMA has been the securing of Govt seats in Private Medical Colleges through the land mark judgement of the Supreme Court in the Unnikrishnan case, which was taken up by Dr.Nanjundaiah of IMA, Karnataka.

Pulse Polio Programme: If India is marching towards “Polio free status” it has been immensely possible only because of the broad based support offered by IMA.

IMAs role during Health emergencies, such as SARS and Influenza A H1N1 epidemics has been lauded by the Govt. and the public alike.

The dream project of IMA **“Aao Gaon Chalen”** taking quality specialized Health Care, free of cost to the door steps of the residents of the villages was an eye opener to the IMA and Govt alike which has found place in the IMA Health Policy 2010 submitted to the Govt of India.

At times of disaster, both Natural and manmade the earliest responders on all occasions are the IMA members who provide succor to the unfortunate victims.

Having traversed the long history of IMA one can well appreciate the effective and meaningful manner in which all issues related to the profession, the public and the community at large have been tackled by the periodic democratic deliberations of our organization which legacy will continue through the period of time line of my stay in office as the 83rd National President.

Strengthening this further would firstly require

- 1) Reinforcing Administration at the head quarters
- 2) Ensuring **“functionally Strong”** local branches, such that the voice of IMA would be heard effectively in the assemblies and in the Parliament through the People’s Representatives .

It is a pity that the Health of the Rural masses, who form the back bone of our country, has been neglected both by the Central and State Govts since independence, though of late efforts are being made through the National Rural Health Mission to ensure justice to them.

Communicable diseases are still rampant in the villages and the Medical Council of India should re-orient the syllabi to suit the needs of the changing disease scenario and thereby ensure that quality training is imparted to the students (to be reviewed periodically) rather than harping on providing infrastructure at the Institutions.

The State Medical Councils are mainly functioning as Registering bodies and occasionally as Investigative and Regulatory bodies, the need of the hour is that the Medical Council of India should divest some of its powers relating to Medical Education to the State Council so that effective supervision and implementation can be carried out.

Also, the **“Care of the Elderly”** is an important issue, to which the IMA, the Government and the society cannot turn a blind eye.

In the cities, the elderly have adequate finances, but devoid of protection, company and moral support, where as the situation in the rural areas, is appalling, the elderly neither have finances nor support whatsoever and are left to fend for themselves.

The elderly whose valuable contribution to Nation building has led to India steadily progressing towards becoming a super power, has to be gratefully acknowledged and reciprocated by way of providing Succor, Support and Security to the elderly a responsibility which the Government and the Community cannot shirk away.

IMA is the key player in ensuring a healthy India.

The important objectives of Indian Medical Association are to ensure that

- 1) The quality of medical education imparted in our country, suits the needs of our population and also ensures appropriate Health planning for the near and distant future.

- 2) Ensuring quality Medicare to our citizens through active participation in Health Policy formation and implementation of all Health related programmes of the Government both at the Central and State level.
- 3) Ensuring an appropriate and conducive environment, where in our members can contribute their best efficiently and fearlessly to the society.

IMA is the vital link which binds the citizens of our country on one hand and the Government on the other hand. This link has stood the test of time for more than a hundred years and is growing stronger and stronger as years roll by.

We are grateful to the various State Governments for re-inforcing this strong bondage through various acts, such as the Prevention of Atrocities on Health care Professionals and many others.

The Health Care Delivery System of our country is such that the private establishments are concentrated in the urban areas, leaving the rural masses to be looked after by the Governmental set ups.

All of us are aware that the Health Care to our citizens is rendered at three levels, the Primary, the Secondary and the Tertiary.

The call of IMA is that

At the Primary level - the Primary Health Centre should be equipped with minimum required Diagnostic facilities including Radiological investigations and the services of consultants, such as the Physician, Surgeon, Obstetrician & Gynecologist, Pediatrician and Anesthetist should be available along with an efficient well equipped Ambulance Service.

At the Secondary level – the Taluk and District Hospitals should have facilities for all specialities.

At the Tertiary Level – facilities for all super specialties should be available and the Government should insist and ensure Quality Research is carried out at these centers of excellence, keeping in view the specific needs of the people of the region.

The high degree of excellence, achieved by India in the field of Information Technology is lending a helping hand to the medical profession in effectively linking the three levels of Health care to the maximum benefit of the patient and saving on valuable time and money, which is in fact Revolutionising Health Care Delivery in our country. Tele Medicine is one such example, and the Government should extend the fullest support and Co-operation in this field and also play an active role in the monitoring of various National Health Programmes through this means, especially those under the National Rural Health Mission.

Strengthening of the Health Care delivery through “E” Health and Mobile Health will relieve the load on the Health Care System at all levels and thereby improving efficiency appreciably.

MEDICAL EDUCATION:

It is the Quality of Medical Education imparted today that would determine the Health status of our citizens tomorrow and in fact that of the whole world as many of our medical graduates continue to excel in almost all the developed countries.

IMA does play the key role in shaping the Medical Education of our country and for over three decades the IMA has been proposing the setting up of medical colleges at each District, where in meritorious students from the local areas can be admitted with a uniform policy in distribution of seats implementable throughout the country, while also fulfilling the Constitutional Obligations which could vary from State to

State. It is imperative that all states should implement the three language formula which would enable the students to excel in higher education.

This would ensure streamlining of Medical College admission throughout the country and pave the way for uniformity in curriculum, syllabi and examination resulting in Quality Medical Professionals graduating from our Universities.

IMA welcomes banning of capitation in Medical Education and instead is in favor of a “Fee Structure” which would enable the colleges to function efficiently and should also be acceptable to the Government. In fact such a move will ensure financial transparency, which should become the buzz word of all Educational Institutions in our country. It is imperative that there should be continuous assessment of the Quality of teaching and training being imparted to the students and this can be effected by “Surprise Visits to ensure quality teaching & training ” by the MCI. or any other accredited body.

Post Graduate Students should be appropriately groomed to develop adequate Teaching and Clinical skills. Evaluation of Teachers by students is an effective way of assessing the Quality of Medical Education in any institution.

IMA strongly opposes the proposed exit exam as it amounts to condemning our own university system of examination and also a colossal waste of time, money and resources and furthermore an absolutely unjustified and unwanted burden on the students.

IMA strongly favors National eligibility and Entrance Test for all Medical Graduate and Post Graduate Courses With due weightage for Rural Service and fulfilling all Constitutional Obligations which may vary from State to State.

Having ensured that the Quality of Medical Education is not compromised for any reason whatsoever, since 1928, IMA vehemently opposes the short sighted and immature decision of the Government of India to introduce the short course of B.R.M.S Bachelor of Rural Medical Service.

Letting loose such half baked, ill informed Medical Professionals into the Rural Community is much against the fundamental rights of an Indian Citizen, where in discrimination is being made on the basis of the geographical status of the area concerned, in providing health care.

IMA with its vast efficient network has been the pioneer in conducting Continuing Medical Education Programmes for over 3 decades and IMA calls upon the Government to fund these educational programmes and the MCI to implement Re-Registration through mandatory “CME credit hours”.

IMA calls upon the MCI to recognize the National Board examinations on par with the recognized Master Degrees of the Universities. In fact Governmental support to CME programmes would be a boon to improve Health Care in the Villages.

Deemed University : IMA welcomes the move of Government of India to take a re-look at the status of deemed universities and IMA appeals to all State Government to upgrade all State run Health Science Universities & Medical Institutions to enable them to become “Centers of Excellence” both in Education and Health Care Services.

IMA has submitted the draft of IMA National Health Policy – 2010 to the Prime Minister of India, keeping in view the fact that 70 % of India’s population resides in the villages and as per the dream of the Mahatma, effective and scientifically acceptable Health Care should be provided to the Rural masses from “ Womb to Tomb” free of cost for those below the poverty line and at a minimal cost for others.

Effective Health Care Delivery can be ensured only by a team of well qualified support staff –Para medics.

IMA calls upon the Government to evolve a “National Policy” on Para Medical Courses and lay down standards for colleges imparting such courses.

In Conclusion : The Indian Medical Association is the only protector and spokesman of the entire lot of practitioners of the Modern Scientific system of medicine in our country and it is my sincere appeal to every medical practitioner of India possessing a registrable qualification in modern scientific medicine to lend a helping hand by practicing the profession ethically adhering to the motto of “service before self”.

Long live IMA!