



INDIAN MEDICAL ASSOCIATION (HQS.)



(Registered under the Societies Act XXI of 1860)

Mutually Affiliated with the British & Nepal Medical Associations

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March 20, 2019

To,

All Members of Central Working Committee, IMA

Dear Colleague,

We have pleasure in enclosing herewith detailed Agenda Papers of 222nd meeting of the Central Working Committee of IMA to be held to be held on Saturday & Sunday, the 6th and 7th April, 2019 respectively, at Om Leisure Resort Puri, Baliapanda Housing Board, Baliapanda, Odisha 752001.

The ensuing pages present the complete Agenda Papers which we have tried to prepare in a reader friendly format duly indexed for your ready reference.

Looking forward to a pleasant and purposeful Central Working Committee meeting.

Thanking you,

Yours sincerely,

(Dr. Santanu Sen)

National President, IMA

(Dr. R. V. Asokan)

Honorary Secretary General

Doctors for Doctors and Community at Large

All communications intended for headquarters office should be addressed to the Hon. Secretary General

IMAPRAYER

May everybody be happy

May everybody be healthy

May everybody be free from pain

May everybody be free from sorrow

May we be the healing cure

Beyond every greed & lure

FLAG SALUTATION

We, the members of Indian Medical
Association

stand here to salute our national flag.

Its honour and glory shall be our light and
strength

and its course shall be our course.

We pledge our allegiance to it
and realizing our responsibilities

as the accredited members
of this national organization,

we swear

we will dedicate everything in our power
to see it fly high in the comity of nations.

Jai Hind !

Long Live IMA!

**221st Meeting of the Central Working Committee of IMA
Om Leisure Resort, Puri, Odhisha**

Programme

5th April 2019	
7.00 pm	Schemes
8.30 pm	IMA Benevolent Fund
6th April 2019	
8 am- 12.00 noon	Check-in
10.00 am	Finance Committee
11.00 am	Building Committee
12 noon	Registration
12 noon	Press conference
12.30 pm - 1.30 pm	Lunch
1.30 pm - 2.30 pm	BLS Training by IMA AKNSI
2.30 pm - 6.30 pm	IMA Central Working Committee meeting
7.00 pm onwards	Entertainment and Banquet
7th April 2019	
7.00 am	World Health Day Rally
8 am-9 am	Check out
9.00 am – 12.30 pm	IMA Central working Committee meeting
12.30 pm	Conclusion and Lunch

AGENDA - A

ISSUES FOR DISCUSSIONS

1. Health Manifesto and Health Campaign – intervention in Parliamentary Elections
2. Crosspathy ad related matter
 - a) Inclusion of Ayush as elective subject in MBBS curriculum
 - b) Six (6) Months Bridge Course in various states for Ayush graduates and others
 - c) Acupuncture as a system of Medicine
3. Allied and Healthcare Profession Bill - 2018
4. Violence on doctors, Healthcare Staff and establishments-Campaign for Central Law

AGENDA ITEM NO. A-1

i. HEALTH FIRST CAMPAIGN BY INDIAN MEDICAL ASSOCIATION

OBJECTIVE

The health sector in India has never been given the priority it deserves, leading to grossly inadequate services at levels. The allocation of meager 1.1% of GDP for health services speaks volumes about the apathy of successive governments towards this most important determinant of social and economical progress of a nation. Health sector being one of the largest employers of the population and “the” largest employer of the female population certainly deserves more attention from policy makers.

Indian Medical Association, the national association of more than 3 lakh modern medicine doctors as direct members across the country **and another 5 lakh indirect members through its wings such as junior doctor network, medical students network, federation of medical association, women’s wing etc. proposes** to launch a **HEALTH FIRST** initiative. The aim of the **HEALTH FIRST** initiative is to provide a holistic approach to health care sectors, having **common man as focal point**.

Through this initiative, we wish to offer our services as a think-tank, support and pressure group to the government both at national and state level so as to bring health at the **forefront** on the agenda of political parties.

After exhaustive discussions and deliberations with multiple stake holders and experts, Indian **Medical Association** have prepared a document of health issues which need urgent attention of the government & political parties.

Here are some of the points presented as “**MAGNA CARTA FOR HEALTH**” i.e., the Health **Manifesto** for our country.

MAGNA CARTA FOR HEALTH

1. Increased public expenditure in Health Care.
2. Universal Health Coverage through government funding
3. Private Public Partnership facilitated by not for profit institutions.
4. Emphasis on Primary Care and Rural Health Care
5. Structured Universal three tier reference system. -- Primary, Secondary & Tertiary care
6. No Criminalization of Medical Profession.
7. Quality public funded medical education governed by autonomous democratic regulation.

CHARTER

1. GDP share in health care

Increase GDP share in health care from 1.2 % to 5%. Prioritize primary & preventive health, social determinants of health, medical education and research for fund distribution. Fund allotment has to be as per the percentage of patients seeking treatment in any particular system. Bring mechanism to ensure utilization & outcome.

2. Universal health coverage- to all irrespective of socioeconomic group or geographical location.

Attainment of universal health coverage and Sustainable Development Goals by 2025. Direct public funding for improving access, increasing infra structure and man power. Insurance based public

funded programs have to be abandoned and direct government funding to be introduced. Right to health has to be embedded in the constitution.

3. Primary health care and rural health care

Increase number of Primary Health Centers to focus on preventive and primary health care. One sub center for every 10000 population in urban and semi urban areas, 5000 in rural areas and 3000 in hilly and tribal areas. Improve infrastructure and total manpower in subcentres. Reconcieve wellness centre concept. Wellness centers, if at all established to be manned by MBBS graduates.

4.Coordinated approach forimproving Social determinants of health

Focus on **preventive and public health care**

Improve sanitation ensuresafe drinking water, adequate, nutritious&hygienic food. Ensure safe and healthy food policy by implementing stringent measures on adulteration, health tax on junk food, tobacco, alcohol etc, scientific slaughter houses, regulation of use of preservatives and pesticides, encourage safe transport and storage of food etc. Health impact assessment before starting industries and enterprises.

5. Medical education

To start more number of medical colleges in the government sector in states lacking in medical manpower.

Capping of fees of private medical colleges to make them affordable to all.

State based health manpower assessment to ensure equitable distribution of teaching centers.

No dilution of scientific concepts in curriculum and no traditional system of treatment should be main streamed.

Maintainautonomy, democratic nature& federal structure of regulatory bodies and academic institutions.

Self governance of medical and allied professionals to be ensured and representation of all States in decision making. Restore democratically elected Medical Council of India. The concept of National medical commission is unacceptable.

Continuous quality improvement and advancement in knowledge to be provided to all health providers.

6. Medical research

Medical grants commission to be set up for funding medical education, co-coordinating medical universities and ensuring advanced research in medicine.

7. Shortage of Medical Manpower

Addressing the perceived issue of **shortage of MBBS doctors** in rural, tribal and hilly areasthrough incentive based approach with improved administration and infrastructure.

Appropriate mechanism to address medical manpower shortage in some states.

Govt should ensure policy initiatives to increase qualified nurses and para medical staff.

8.Reducing the Out of Pocket Health Expenditure for common man-

Regulating the price & quality of drugs, implants, equipments and consumables. Restructuring taxes, import duties by proper implementation of laws to aid price regulation.

One drug, One Price policy should be followed.

9.. Safe environment for doctors

Strong Central **act to prevent violence** against health care providers- National Health Care Establishment Protection Act under IPC.

Better working environment for **service and resident doctors** to reduce present high level of stress by Good Governance policies & implementation of service rules and rights provided in the constitution.

No Criminal liability in Medical Practice.

10. Steps to improve health care delivery

Proper public private partnership in health care. Private sector should be allowed to play collaborative and complementary role in health care delivery rather than those sectors playing parallel roles now.

Restructure Ayushman Bharat program with realistic package rates and ensure timely disbursement of funds. Eliminate middlemen and avoid leakage of funds from public exchequer. Primary Care Access in Insurance sector.

11. Ensure scientific and authorized health care to people

No unscientific mixing of treatment systems.

Abolish bridge course to prevent creating separate class of doctors for underprivileged section of society.

No Crosspathy.

Strong policy and legislation regarding unauthorized treatments, advertising and quackery.

12.Protection of Small & Medium Nursing Homes

Single window clearance for Laws & Regulations for Healthcare establishments.

Better policies to ensure viability & smooth functioning of small healthcare establishments which provide 24*7 affordable, accessible, ethical and accountable health services and are backbone in providing secondary health care.

Providing incentives to small and medium scale hospitals through concessional land allotment, tax sops and other benefits as provided for IT sector and small and medium scale industries.

13. Exemption of medical profession from Consumer Protection Act, capping of compensation in medical accidents/negligence, fixing of premium of indemnity insurance for doctors specialty wise as in third party insurance for vehicles.

14. Involvement of stake holders

Involvement of Indian Medical association in formulation and implementation of Health policies by Central and state govt.

15. Social justice and elderly care

More policy initiatives for ensuring safe and comfortable living of elderly & marginalized population (tribal, costal, women, children, disabled, mentally challenged, etc).

Internal Document

ii. HEALTH FIRST CAMPAIGN BY INDIAN MEDICAL ASSOCIATION

OBJECTIVE

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Indian Medical Association, the national association of more than 3 lakh modern medicine doctors as direct members across the country **and another 5 lakh indirect members through its wings such as junior doctor network, medical students network, federation of medical association , women’s wing etc proposes** to launch a **HEALTH FIRST** initiative. The aim of the **HEALTH FIRST** initiative is to provide a holistic approach to health care sectors, having **common man as focal point**.

Through this initiative ,we wish to offer our services as a think-tank, support and pressure group to the government both at national and state level so as to bring health at the forefront on the agenda of political parties.

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- 6. No Criminalization of Medical Profession.**
- 7. Quality public funded medical education governed by autonomous democratic regulation.**

CHARTER

1. GDP share in health care

Increase GDP share in health care from 1.2 % to 5%. Prioritize primary & preventive health, social determinants of health, medical education and research for fund distribution. Fund allotment has to be as per the percentage of patients seeking treatment in any particular system. Bring mechanism to ensure utilization & outcome.

3.3% of Indian population is pushed below poverty line every year due to increased out of pocket expenditure for their disease burden. Main limitation for decreasing the out of pocket expenditure in healthcare is very low allocation to health care which is remaining static at 1.2% for years together. The out of pocket expenditure in health care as per the NSSO statistics is 80% in India, which is one of the highest in the world. Many of the developing countries like Sri Lanka and Malaysia have reduced it to 60% or less. In developed countries it is below 30%. The required boost in health care can be achieved only by increased allocation and it should be ideally 5%.

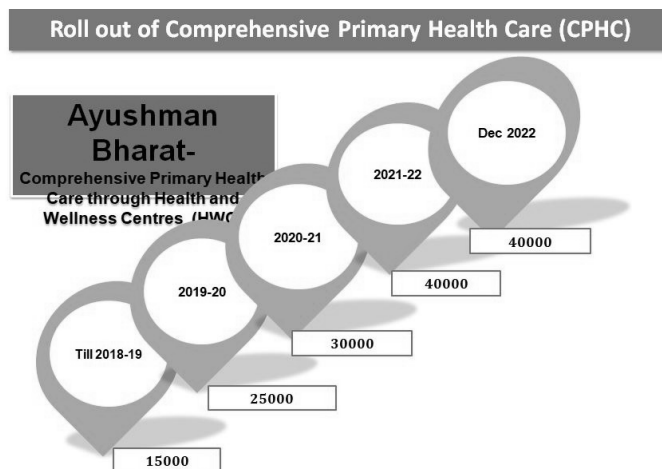
2. Universal health coverage-to all irrespective of socioeconomic group or geographical location.

Attainment of universal health coverage and Sustainable Development Goals by 2025. Direct public funding for improving access, increasing infrastructure and manpower. Insurance based public funded programs have to be abandoned and direct government funding to be introduced. Right to health has to be embedded in the constitution.

Universal health coverage was a part of Millennium Development goals which should have attained by 2015, but at least by 2020. But the present proposals of Universal health coverage target only some socio economic groups and geographical areas. The proposed Ayushman Bharat program is planning to cover only 40% of the population. As all the public funded health programs are proposed to be integrated into that platform, it is obvious that instead of Universal health coverage, only a section of the population will be covered. Appropriate program has to be devised to cover the whole population especially regarding preventive and primary health care. The targets of Sustainable development goals can never be met without a comprehensive program

Even the public funded health programs that cover weaker sections of the population do so by insurance based systems. The various stipulations and conditions inherent to such insurance based systems make it difficult for the people to obtain the promised coverage. Health should become constitutional right of citizens and the funding, delivery mechanism and accessibility should be hassle free. This calls for necessity of direct funding. In the insurance based system when government is saying that they are giving Rs.5 lakh worth health care to each citizen, the actual amount spent is less than Rs.1000, which is too meager to attain the proposed goal. More over the insurance model is increasingly proven to be a failure in developed nations as a sole model for health care.

3. Primary health care and rural health care Increase number of Primary Health Centers to focus on preventive and primary health care. One sub center for every 10000 population in urban and semi urban areas, 5000 in rural areas and 3000 in hilly and tribal areas. Improve infrastructure and total manpower in subcentres. Reconcieve wellness centre concept. Wellness centers, if at all established to be manned by MBBS graduates.



There is a definite need for more primary health centers and subcentres which should focus on primary care and preventive health. The wellness centre concept of providing specialty care in primary care centres will dilute the primary and preventive health care and bring in catastrophic results. And even the roll out proposal of wellness clinics is so slow that the target will not be achieved in another 25 years. This will bring in a huge gap in primary care scenario. Hence there should be a focussed approach to increase the number of Primary Health Centres and Subcentres. MBBS graduates to be posted in these centres to supervise the activities.

4. Co ordinated approach for improving Social determinants of health

Focus on **preventive and public health care**

Improve sanitation ensure safe drinking water , adequate ,nutritious &hygienic food. Ensure safe and healthy food policy by implementing stringent measures on adulteration, health tax on junk food, tobacco, alcohol etc, scientific slaughter houses, regulation of use of preservatives and pesticides, encourage safe transport and storage of food etc. Health impact assessment before starting industries and enterprises.

The impediments in attaining health goals in our country is not only due to lacunae in health infrastructure and manpower, but also due to lack of attention on social determinants of health. There should be strong policy directed to improving social determinants of health. This will require co ordination between various ministries and departments.

5. Medical education

To start more number of medical colleges in the government sector in states lacking in medical manpower.

Capping of fees of private medical colleges to make them affordable to all.

State based health manpower assessment to ensure equitable distribution of teaching centers.

No dilution of scientific concepts in curriculum and no traditional system of treatment should be mainstreamed.

Maintain autonomy, democratic nature& federal structure of regulatory bodies and academic institutions.

Self governance of medical and allied professionals to be ensured and representation of all States in decision making. Restore democratically elected Medical Council of India. The concept of National medical commission is unacceptable.

Continuous quality improvement and advancement in knowledge to be provided to all health providers.

Blatant privatization of medical education sector to be restricted. Government cannot withdraw from the responsibility of imparting education and as a part medical education also. Now the medical colleges are allotted haphazardly without a scientific state based assessment of need. This has brought in a gross mal distribution of institutions in the country. As per PSC for health report 60% of the medical colleges are located in areas inhabited by 30% of the population. The mechanism of fee regulation in medical college is also inefficient. Hence meritorious students find it difficult to pursue medical education. There should be adequate steps to increase the number of government medical colleges.

There are attempts to include modern medical curriculum in the courses for traditional and alternate systems of medicine. Such an unscientific approach is dangerous to public health at large. more over mainstreaming of traditional methods is not being attempted in any other fields of science like space, aviation, IT etc.

The regulation of medical and allied systems as any other profession is based on the principle of self governance. But recently there were proposal like NMC bill to curtail self governance, limit state representation etc. These moves had attracted lot of resistance from the medical community and opposition from the public. Even the democratically elected MCI was replaced by Government nominated Board of Governors.

6. Medical research

Medical grants commission to be set up for funding medical education, co-coordinating medical universities and ensuring advanced research in medicine.

7. Shortage of Medical Manpower

Addressing the perceived issue of **shortage of MBBS doctors** in rural, tribal and hilly areas through incentive based approach with improved administration and infrastructure.

Appropriate mechanism to address medical manpower shortage in some states has to be addressed.

Govt should ensure policy initiatives to increase qualified nurses and para medical staff.

There are surplus roll out doctors and allied health professionals in some states while some states lack sufficient manpower. Central recruitment of manpower to be deployed in backward areas and other solutions have to be considered. Creation of Indian medical service has to be definitely considered. The system of contract based appointments in health sector has to be done away with

8.Reducing the Out of Pocket Health Expenditure for common man-

Regulating the prices and quality of drugs, implants, equipment's and consumables. Restructuring taxes, import duties by proper implementation of laws to aid price regulation.

One drug, One Price policy should be followed.

Quality control mechanism of drugs, consumables and implants is inefficient. There is gross overlap of various stake holders like petroleum ministry, health ministry, central government and state government. The onus of varying price of medicines and varying quality is purely on the government. Government should bring in uniform pricing of drugs and consumables by legislation assuring quality.

9.. Safe environment for doctors

Strong Central **act to prevent violence** against health care providers- National Health Care Establishment Protection Act under IPC.

Better working environment for **service and resident doctors** to reduce present high level of stress by Good Governance policies & implementation of service rules and rights provided in the constitution.

No Criminal liability in Medical Practice.

SITUATION

For the past two decades medical professionals in India have been facing medical malpractice litigation in an unprecedented scale. However the most disturbing development has been trial under criminal law for medical negligence and other laws. This legal threat has led to severe anguish within medical fraternity, turmoil among legal professionals and shock, anger and distrust of the common man for medical professionals

COMPONENTS

SECTIONS UNDER INDIAN PENAL CODE The criminal liability of medical negligence is an extremely controversial issue. In order to establish criminal liability, it is important to ascertain whether intent to harm (MENS REA) was present or not. But in criminal negligence cases intent to harm has been replaced by gross negligence. Gross negligence itself is not defined in IPC. Moreover criminal law punishes only affirmative harm. But in medical negligence failure to act in a prudent manner also is a crime.

It should not be forgotten that medicine, especially emergency medicine is inherently risky. Bad outcomes or mistakes do not necessarily mean that care was negligent or that health care providers are criminally at fault

SPECIAL LAWS

MTP act, PCPNDT act, POCSO act etc are also being applied against medical practitioners for technical reasons and medical professionals are prosecuted. The health laws like MTP, POSCO & PCPNDT act were enacted during various periods to address some social maladies prevalent in the country. Necessity of highly ethical and moral behaviour from the part of modern medical practitioners in the area of abortions, sex selection and female foeticide, examination of child sex abuse victims etc were emphasised by duties enforced by law in the respective acts. Consequently inadequacies in these laws or its implementation often brought in certain difficulties in medical practice.

MTP ACT

The indications, social outlook and techniques have changed but the act remains the same. Now the act is incapable of addressing the social issues

- (i) MTP is allowed only up to 20 weeks. Now the routine anomaly scans to diagnose congenital anomalies is being done at 20 weeks and if gross congenital anomalies are diagnosed, there is only limited scope for MTP. Hence the period should be extended to 24 weeks.

- (ii) Now the techniques available for MTP by administration of oral medications demands that some clauses of MTP act to be modified accordingly.
- (iii) The act should be modified to allow termination of any unwanted pregnancy, if the woman wants (before 24 weeks). The clause of contraceptive failure in married couples to be changed and marriage should not be precondition for MTP.
- (iv) in case of MTP in minors, the ascent of the child also to be considered if the child is of 12-18 yrs of age.

PC PNDT ACT

- After 14 years of enactment and implementation, if we have a relook it is evident that the act failed to improve the child sex ratio of the country which worsened from 2001 to 2011 census values. the act itself has lot of inconsistencies and as such does not prescribe any solid mechanism to prevent sex selection. without considering the bigger social issues and responsibility of the society and family members, the act focussed on medical profession. As such only few cases of true sex selection were booked under the act, most of the cases of arrests, remand etc were for technical reasons like late submission of forms etc. restriction of procurement of tools as mentioned in the act also is ineffective as more sophisticated, small hand held tools are available to do a pelvis scan. The fate of unwanted girl children is also grim as under five mortality of girl children is more and the issue requires further study.

POCSO ACT

- There is lack of awareness regarding the provisions of the act and responsibility of various stake holders. This lack of awareness extends to medical practitioners, public, family members, and even police personnel.
 - Timely reporting and timely examination of a child sex abuse victim is a must.
 - The responsibilities of stakeholders and the procedures to be followed in cases of child sex abuse should be specified. One government hospital in each district should be named as a centre for examination of victims under POCSO act and facilities for examination as mentioned in the act to be provided. The reporting authority in the hospital to be specified.
 - Data analysis of POCSO cases, conviction rate, progress of trial etc to be done and published.
- To treat a patient the medical professionals often have to take a calculated risk and take decisions, if fail may further complicate the situation. So it becomes difficult to define gross negligence. Besides this one has to consider section 88 of IPC which saves medical professionals from criminal liability when the act is done in good faith. hence section 304 A and similar sections of IPC should only be considered along with section 88.
- In this context there is a definite need for appropriate legislation to exclude medical profession from criminal liability.

10. Steps to improve health care delivery

Proper public private partnership in health care. Private sector should play collaborative and complementary role in health care delivery rather than those sectors play parallel role.

Restructure Ayushman Bharat program with realistic package rates and ensure timely disbursement of funds. Eliminate middlemen and avoid leakage of funds from public exchequer. Primary Care Access in Insurance.

	Public (percentage)			Private (percentage)	
	Health sub center / front line worker	PHC or CHC	Public hospital	Private doctor	Private hospital
Gujarat	2.5	6.4	10.5	52.9	27.5
Kerala	0.6	10.2	23	35.4	30.6
Maharashtra	2.1	5.4	10.3	62	20
Uttar Pradesh	2.2	2.7	11.8	72.4	10.8
Bihar	0.6	5	8	76.3	9.8
Rajasthan	1.5	11.4	22.5	48.4	16
All India	1.9	6.5	17	50.3	24.1

11. Ensure scientific and authorized health care to people

No unscientific mixing of treatment systems.

Abolish bridge course to prevent creating separate class of doctors for underprivileged part of society.

No Crossopathy.

Strong policy and legislation regarding unauthorized treatments, advertising and quackery.

The practice of Modern Medicine in India and the rules and regulations governing the practice of Modern n India, are settled positions of law in India. The Supreme Court of

India in (1) **Poonam verma v/s Aswin Pattel and others reported in 1996 (4) SCC 332**, (2) **Dr. Muktiar Chand and others v/s State of Punjab and others reported in AIR 1999 (SC) 468**, (3) **Medical council of India and another v/s State of Rajasthan reported in AIR 1996 (S.C) 2073**, has clearly held that, only a person holding a registration with the Medical Council of India or its state Medical Council is entitled to practice Modern System of Medicine.

12. Protection of Small & Medium Nursing Homes

Single window clearance for Laws & Regulations for Healthcare establishments.

Better policies to ensure viability & smooth functioning of small healthcare establishments which provide 24*7 affordable, accessible, ethical and accountable health services and are backbone in providing secondary health care.

Providing incentives to small and medium scale hospitals through concessional land allotment, tax sops and other benefits as provided for IT sector and small and medium scale industries.

The small and medium hospital sector in the country is faced by innumerable problems

DWINDLING PATIENT BASE

INCREASING EXPENDITURE

LACK OF SUPPORT

UNFAVOURABLE LEGISLATIONS

CORPORATISATION

PUBLIC FUNDED HEALTH PROGRAMS & PRIMARY CARE

INSURANCE & PRIMARY CARE
LITIGATIONS
THREAT OF HOSPITAL VIOLENCE
ALTERNATIVE SYSTEMS
QUACKERY

LESS TAKERS

But as per NSSO data 70% of the health care is provided by these institutions. Programs to support such hospitals is the need of the hour. Government can entrust such hospitals for providing designated services on partnership basis

13. Exemption of medical profession from **Consumer Protection Act**, capping of compensation in medical accidents/negligence, fixing of premium of indemnity insurance for doctors specialty wise as in third party insurance for vehicles.

Indian Medical Association, the umbrella organisation of all modern medical practitioners in the country representing 8.5 lakhs modern medical practitioners is very much concerned about many of the provisions of Consumer Protection act. We feel that this will cause further increase in treatment cost, make health care unaffordable and inaccessible to weaker sections of the society, promote corporatization of health care make small and medium hospitals unviable and will make implementation of public funded health programs difficult. On one hand Government is concerned about the catastrophic Health care cost and on the other hand the same Government indirectly changes the rules of the game. What has to be realised is that such moves hit people directly. More and more people will go below the poverty line every year. Apart from the adverse impact on the small and medium hospitals, all small entrepreneurs across the spectrum will also be hit.

As regards the quantum of compensation, own Supreme Court in the case of **Sarla Verma vs. Delhi Transport Corporation (2009) 6 SCC 121.**, notes as-

"The lack of uniformity and consistency in awarding compensation has been a matter of grave concern... If different tribunals calculate compensation differently on the same facts, the claimant, the litigant, the common man will be confused, perplexed, and bewildered. If there is significant divergence among tribunals in determining the quantum of compensation on similar facts, it will lead to dissatisfaction and distrust in the system.

However, the dilemma that judges face while awarding compensation in medical negligence cases is largely due to the following: (a) The law is required to protect a patient's rights and (b) the law also needs to provide due autonomy to a profession that by all definitions are an inexact science.

A doctor in our country generally works in an atmosphere replete with constraints such as poor infrastructure, overcrowding of patients, lack of human resources (both medical and nonmedical), violence against medical personnel, non availability of essential drugs and investigations, irregular/erratic supply of medicines, poor quality of supplied medicines, deplorable state of maintenance of medical equipment, administrative work, deadlines and targets to increase the patient turn over, all while receiving inadequate remuneration for their demanding work. In light of the above, it is worth asking whether a medical practitioner can be held liable for medical negligence arising from an inability to diagnose due to the absence of required investigative facilities, poor quality of supplied medicines, or non maintenance of equipment and poor infrastructure. Hence, the court should take into

account, the exact circumstances the practitioners working and the specific situations that led to the negative outcome so that justice is served.”

Glaring example of high compensation can be seen in Dr. Kunal Saha vs Dr. Sukumar Mukherjee And Ors. on 1 June, 2006 Equivalent citations: III (2006) CPJ 142 NCBench: M Shah, K G Member, R Rao, where Justice Shah opined that “Disease suffered by the wife of the Complainant was also - Rare - TEN (Toxic Epidermal Necrolysis) which affects only 1 or 1.3 persons, out of 10 lakhs. Diagnosis of such disease is difficult and not simple and depends upon expertise of the medical practitioner, particularly, a Dermatologist. In such a case, can a patient or his relative expect from the medical practitioner that the patient in all cases should be cured?

Repercussions and Impact of the Dr. Kunal Saha vs Dr. Sukumar Mukherjee And Ors. Case/ Judgment:

i) Since the Consumer Protection Act is largely tilted towards in the interests of consumers alone, there are plethora of false and frivolous cases by the extortionist population to earn unjust compensation without any fear of Law as there is no equitable penalty involved.

ii) Doctors now are forced to resort to defensive medical practice and despite a measure to tackle it, they prefer to be safe to leave a critically ill patient to his/her fate.

iii) In absence of check and balances, there is multifold increase in the false and frivolous cases with impunity.

iv) The cost of medical treatment soared high to such an extent that the innocent population at large now feeling the heat. Clearly a disservice to the ailing society.

India, unlike the USA, does not have a jury system that determines culpability or quantum of compensation. In India, the judge in the consumer court, or the civil court, has complete discretion over the compensation amount and hence is bound to consider the impact of the judgment because he/she sets a precedent even in the manner and quantum of damages awarded.

How the patients/community by large will be adversely affected if this Bill is approved by the upper house (Rajya Sabha) of the parliament:

1. Medical professionals will have to enhance their medical indemnity insurance protection by minimum 200% from the present level, for their protection against litigations if any. This will entail increase by 200% their annual subscription. They will then have no options left than to increase their professional charges of managing patients. Ultimately this burden will fall upon the poor and needy patients.

2. Medical professionals will have no alternatives left than to move away to a very defensive practice, and of not taking any risk to manage emergency and complicated cases. This would again adversely affect the positive health outcome of patients.

3. Because of ensuing defensive practice, quantum of laboratory investigations will increase to multi-fold. This will again have an adverse implications on patients increasing their out of pocket expenses.

4. Around 60% of primary and secondary health care services are provided across the country by solo medical practitioners and/or by small nursing homes/hospitals. With such draconian provisions in the Bill, they will have no alternatives left than to close down their practices. Considering lack of these facilities available in public health centers and institutions, ultimately the sufferers would be the poor and marginalized patients.

5. This Bill more than draconian for the medical practitioners, have not considered these humanitarian issues, adversely affecting availability of these services at affordable cost provided by small nursing homes.

6. Health and welfare of an individual being the constitutional right of each citizen of the country, this Bill if passed and made as an Act, will impinge upon the constitutional rights.

7. And as a welfare state and a welfare federal government, this Bill will unfortunately will be against the spirit of a welfare state.

In this back ground Indian Medical Association had placed certain suggestions for the draft bill 2015 which were put in public domain but have not been considered in the 2018 Bill.

SUGGESTED SPECIAL PROVISIONS FOR NEGLIGENCE IN HEALTHCARE

1. A “**Medical Negligence Act**” should be enacted by our parliament solely for dealing with the medical negligence cases where both medical practitioners and patients are made accountable.”

2. In the case of a complaint against medical negligence, the complainant shall be asked to deposit a sum of not less than 10 % of value of services/compensation claimed into the receipt Account of the State Government/Consumer Welfare Fund. If the allegation at any stage found to be false and frivolous, the amount shall be forfeited. **(under rule 9A of 1987) or rules to be made U/S. 35 of Consumer protection Bill-2018).**

3. Whenever a complaint is received against a doctor or hospital by the Consumer Fora (whether District, State or National), then before issuing notice to doctor or hospital against whom the complaint was made, the respective Consumer Forum shall first refer the matter to the concerned State Medical council to arrange for expert opinion (with a time limit tag) and only after the receipt of the reports that there is a prima facie case of medical negligence, shall issue notice to the concerned doctor/hospital. It will be necessary to avoid harassment to doctors who may not be ultimately found to be negligent and also to prevent false and frivolous cases. If the patient is not satisfied with the decision of the council, **he or she can again appeal to the Medical council of India.** (may be inserted under **clause (vi) of sub-section (4) of section 13) or (under Section 36(2) and 104(2)(a) of Consumer protection Bill-2018).**

4. The Medical Council shall judge the complaint of medical negligence on three grounds-

i) Whether the complaint is fit to proceed by a court of Law;

ii) If the complaint is false and frivolous;

iii) If there is anything against the norms that favours action by the ethics committee.

5. To avoid the lack of uniformity and consistency in awarding compensation a suitable formula is being proposed, hereby **(Under Section 14(d) of Consumer Protection Act 1986) or (under Section 39(1)(m) and under Section 106 of Consumer protection Bill-2018) as -**

$$\text{Compensation} = \frac{B \times F \times R}{99.37}$$

Where,

B = Base amount (the actual cost of treatment, as prescribed in Jan Arogya Yojna, for the specified ailment or procedure).

F = Factor depending on **the age** of the participant (based on Workmen's Compensation Act, 1923). Where **99.37** is the risk factor at the age of 65 or above, as specified in the said act.

R = Risk factor depending on the **seriousness and severity of the disease, presence of co-morbidity, and duration of disease** of the participant at the time of admission in the hospital/clinic between a scale of 0.5 and 3 as under:

- i. 0.50: Critically ill patient (expected survival not more than 6 months)
- ii. 1.0: High-risk patient (survival expected between 6 and 24 months)
- iii. 2.0: Moderate-risk patient
- iv. 3.0: Mild-risk patient

14. Involvement of stake holders : Involvement of Indian Medical association in formulation and implementation of Health policies by Central and state govt.

15. Social justice and elderly care: More policy initiatives for ensuring safe and comfortable living of elderly & marginalised population (tribal, costal, women, children, disabled, mentally challenged, etc)

iii. Health First Campaign: IMPLEMENTATION GUIDELINES

IMA HQ:

- 1 Conceptualisation and dissemination of IMA Health Manifesto.
- 2 Publication of Health Manifesto on print and electronic versions.
- 3 Central coordination rooms with dedicated staff.
- 4 Implementation of Health First campaign
 - a) Launch
 - b) State Presidents and secretaries meet
 - c) One to one review meeting with states
- 5 IMA HQ field team to sensitize the National and other party leaders based in Delhi.
- 6 Identification and mapping of IMA local branches with Parliamentary constituencies.
- 7 Press conferences and statements.
- 8 Moral & Financial support to IMA members contesting from major recognized national/state parties, as serious candidates regardless of party affiliation.
- 9 Non-Political initiatives
- 10 Creation of political lesioning and support fund.
11. Co-ordination room in IMA HQ. With dedicated staff.

STATE BRANCHES:

1. State level workshop for Local Branch Presidents and Secretaries.
2. Translation of the IMA Health Manifesto into vernacular language along with state specific perspective and appropriate publication and dissemination through handbills/posters/hoardings etc.
3. Matching of Parliamentary constituencies with local branches.
4. State committee with dedicated team to meet state political leaders.
5. To nominate one senior leader of the area as the c coordinator of the campaign for the constituency.
6. Press Conferences and statements.
7. Review meetings with constituency level committee.
8. All Local Branches in a constituency to be monitored from the mother or principal branch of the constituency.

9. Identify doctors with resourceful contact with leaders and opinion makers and deploy for lesioning / campaign.
10. Creation/ generation of political fund at state level

LOCAL BRANCHES:

1. To coordinate with rest of the branches in the constituency.
2. Establish a campaign fund.
3. Conduct open forum meetings of prospective candidates in IMA GBM.
4. Identify and deploy resourceful doctors to lesion with candidates.
5. Involve hospitals and clinics in active campaign.
6. Print hand bills, Hoardings and Posters.
7. Involve other NGOs Laterally.
8. Wherever there is consensus, a preferred candidate may be supported by the Local branches.

iv. MEETING OF IMA STANDING COMMITTEE ON HEALTH MANIFESTO AND HEALTH FIRST CAMPAIGN ON 6TH MARCH 2019 AT IMA HOUSE, IP MARG, NEW DELHI

Minutes of the meeting of the Committee on Health manifesto and Health First Campaign was held on 6th March, 2019 at IMA House, IP Marg New Delhi.

Members were present as per attendance register

Dr R V Asokan Hony. Secretary General, IMA:- He was of the opinion that liaisoning and lobbying of IMA with the political parties, with the MPs and with the opinion maker. This experience of participating the democratic process of the country and exercising our legitimate concern through that process is a logical contribution of formation of this Health manifesto for the upcoming parliamentary election. He was of the opinion that this Health Menifesto for the country and is not for the medical profession so that it should be addressed legitimately our concern. It should also take all our stake holders, all our co-traveler with the health care. We should also give a plan of action and how we can disseminate every where. This C committee stands for Health manifesto. The conceptualization, documentation and dissemination by te first campaign. State President/ State Secretaries are to be called to IMA Hq to make the first Agenda and a plan of action.

Dr Ravi Wankhedker, Chairman and Imm. Past National President, IMA: welcomed the gathering and he told that today's discussion is regarding our political activity on Health Agenda which was not previously being taken up at the national level. We were successfully having our political lobbying for the last two years and it has reaped in benefits. So we will be launching a HEALTH FIRST CAMPAIGN which will have the following elements.

- Introductory remarks
- Description of health first campaign in few sentences
- Health manifesto
- Operational parts of health first campaign

He invited opinion from the members of the Committee regarding the campaign as follows:-

Dr P. Gangadhar Rao, National Vice President, IMA &:- IMA Health Manifesto should be pro people. It should described health budget and policy to address the health care needs of the people. Manifesto should address various issues like Primary Health Care, Medical Education and other issues concerning the profession.

Dr Arun Gupta, President, Delhi Medical Council:- We have to inform all the political leaders that health should be given first priority. The AAP governing in Delhi has started Mohalla clinics which have been well accepted by the public. We should include such public health care measures in our manifesto.

Dr Sharad Aggarwal, Member, IMA UP:- This is a very good concept. We come forward with such a campaign. Each doctor can influence 100 people and hence the total number will come in lakhs. We have to make a single document so that every candidate understands the relevant points.

Dr Ashok Tripathi: They are having weekly market in their state and government is running health care clinics in the markets so that the people will be benefitted. We have to include similar popular measure in the Agenda so that our health manifesto will be attracted to the public.

Dr. Ravi Wankhedker, Chairman and Imm. Past National President, IMA:- The committee should also make an internal document which will be more descriptive so that the local leaders will be able to describe the points mentioned in the manifesto.

Dr Ramneek Bedi:- The present concept is proactive and we should engage the local doctors who are influence in their particular region to take up the campaign. We should act in various dimensions vertically and horizontally for the campaign. Our role should be supportive as a think tank and prerogative

Dr A V Jayakrishnan: The concept is excellent, to make it simple we should restrict 10 to 12 bullet points. Regarding the operational part there should be public campaign with press release, distribution of pamphlets and giving advertisements.

Dr A K Ravi Kumar Vice Chairman, IMA HBI Member : We can engage various other non political groups like clubs and other organizations for the campaign.

Dr Jayesh Lele, Hony. Secretary, IMAHBI:- Those doctors who are contesting for elections IMA should support them if they are from a leading party. Local leaders of the particular constituency should also be included in the campaign

Dr Ravi Wankhedkar: Any IMA member who is contesting Elections will be supported by IMA

Dr Rajan Sharma, National President Elect: Doctors working in a rural area does not have adequate facilities like Housing and educational facilities for their children etc. pursue their career. The Ayushman Bharat Project is based on Insurance Sector and will ultimately harm the medical community

Dr Ravi Wankhedkar: Health care sector is one the areas where women are employed in large scale and this particular sector is one of the labour intensive areas where the number of people employed are very high

Dr Marthanda Pillai Past National President, IMA: It is not an easy job to coordinate the programme at the national level. We have to convenience various states units which may have some difference of opinion. The state should have the mandate to include the state wise issues in the health manifesto. Press conference at the National state and district level should be conducted. The demands have to people oriented and it should not be mentioned as IMA's demands.

After taking the opinion the committee divided into two groups to prepare Operational Guidelines and Health Manifesto. Dr Narsingha Reddy, Member, presented the Operational Guidelines and Dr A V Jayakrishnan, Member, mentioned the Health Manifesto.

The committee members suggested the various modifications which were incorporated into the document.

The meeting ended with a vote of thanks

Dr Ravi Wankhedkar
Chairman

Dr R V Asokan
Hony Secretary General, IMA

Health Manifesto and Health Campaign – intervention in Parliamentary Elections

Indian Medical Association releases Health Manifesto Urges political parties to prioritize Healthcare New Delhi, 17th March, 2019

Indian Medical Association released its “Health Manifesto” and urged all political parties to give priority to health sector. The Manifesto contains various suggestions to improve public health, change policy directions, streamline medical education and improve medical research.

There is insufficient health funding and the GDP in health care is at a dismal rate of 1.2%. The out of pocket expenditure is one of the highest for our country and every year 3.3 % of people are pushed below povertyline due to health spending . The GDP in health care has to be increased to 5%.

The primary and preventive care should be given top priority. Wellness Centres have to be reconceived and they have to be manned by MBBS graduates. MBBS doctors are ready to work in rural areas and IMA can facilitate availability of manpower to the primary care centres. There should be Recruitment Boards to recruit MBBS Graduates for primary care.

IMA will launch a country wide HEALTH FIRST CAMPAIGN to propagate the Manifesto amongst the candidates, political parties and the public. The local units of IMA will conduct public meetings and seminars in which the candidates for the forthcoming Lok Sabha elections will also be invited.

IMA National President, Dr. Shantanu Sen, Chairman, Health Manifesto Committee, Dr. Ravi Wankhedkar, Chairman, IMA National Action Committee, Dr. A Marthanda Pillai and Hony. Secretary General, IMA Dr R V Asokan briefed the media about the HEALTH FIRST CAMPAIGN of IMA.

Dr. Santanu Sen
National President

Dr R V Asokan
Hony. Secretary General

Dr. Ravi Wankhedkar
Chairman, Health Manifesto Committee
Committee

Dr. A. Marthanda Pillai
Chairman, IMA National Action

AGENDA ITEM NO. A-2

CROSSPATHY AND RELATED MATTER

A. Inclution of AYUSH as elective subject in MBBS curriculum

Section of Media reports quoting Chairman, Board of Governors that it has been decided to provide for study of Ayurveda, Unani, Naturopathy, Sidhha and Homeopathy (AYSUH) as an 'elective' for the under-graduate learner of the MBBS Course in the curriculum to be given effect from the Academic Session (2019-2020) across the country.

The Board of Governor constituted by the Govt. of India upon supersession of the democratically elected Medical Council of India is in terms of Section 3A of very Act which defines the 'word modern' medicine and inclusions thereunder. As such, it turns out to be the bounden statutory duty of the Board of Governors to ensure that the said definition is not breached in any manner whatsoever. Any breach thereto would be 'statutory breach' which would be impressible in nature as well as violation of the governing law on the said count.

In this context clarity on following points is required:

- 1) How, exactly the said elective which is included in the MBBS curriculum stands covered under the definition of the word "modern medicine" as defined under Section 2 of the Act?
- 2) Under what authority and permissibility it is open and available for the Board of Governors to breach the scope and mandate of the said binding definition included under Section 2 of the Act?
- 3) Further, the said incorporation how exactly fits into the ambit of the specific inclusions explicitly incorporated in the definition of the word modern medicine included in Section 2 of the Act.

The entire attempt on part of the Board of Governors is impermissible in nature, unethical in character legally violation of the binding rules is a coward and calculated attempt of validating the proposal of 'Bridge course' for the AYUSH learners.

The competency based curriculum for the MBBS students readied by the Academic Committee of the then Medical Council of India catalogues the competencies under the rubric of modern medicine, on the basis that the graduates will be entitled to practice them on their registration with the concerned State Medical Council and accruable privileges as 'registered medical practitioners'.

Needless to state that the said privileges on part of the registered medical practitioner would be practiced under the ethical jurisdiction of the binding code of medical ethics prescribed by the Medical Council of India and enforced by the registering State Medical Council as a 'trying' agency with Medical Council of India bestowed with 'appellate' jurisdiction.

The material question, IMA would like to pose to you is that as to how a registered medical practitioner would be entitled to practice competency of any stream of medicine other than modern medicine?

Which authority will be having ethical jurisdiction of such a 'hybrid graduate for regulating ethical practice?

Who would be having the onus of enforcing ethical practice including negligence thereto or breach of mandate in regard to services by such a hybrid graduate?

The entire approach and effort is totally in the form of mockery of the scope, mandate, authority, jurisdiction and future of modern medicine education diligently build over a period of time, unfortunately at the hands of modern medicine graduates as Board of Governors which is not only tragic, painful, harming, hurting but paradoxical as well.

Be that it may, at this juncture I need to clearly spell out to your good self that Indian Medical Association construes this approach on your part of inclusion of AYUSH effective in the competency based under graduate curriculum for the MBBS Course as a clear cut action of 'trespass' which is illegal, impermissible, unethical and immoral as well in the context of professional ethics and the ambit and coverage of modern medicine so clearly spelt out in definition of the word 'modern medicine' under Section 2 of the Act.

B. Six (6) Months Bridge Course in various states for Ayush graduates and others

PRESS NOTE

i. IMA will resist Crosspathy at all costs

Sunday, February 24, 2019, New Delhi

Reports have emerged in the media that Maharashtra Government will officially promote Crosspathy by allowing BAMS graduates to prescribe drugs of Modern Medicine.

IMA deplores this statutory quackery of the State Government endangering thousands of lives. The State Government has reportedly said that these graduates have had a six-month training in Modern Medicine and cleared an Exit Test as well. The Government proposes to post them at Health and Wellness centres in 19 Districts of Maharashtra.

It is perplexing that a Government which has sworn on the Constitution of India to guarantee the right to life and health of the public would choose to abdicate these responsibilities in such irresponsible manner.

Wellness centres are, in fact, the subcentres providing preventive health care, vaccinations, antenatal care, child health and a multitude of other health care services. They should not be made into mixopathy dispensaries manned by half-baked quacks.

Quality Primary care from competent doctors of modern medicine is a right of the people. Who will be responsible for the havoc wrought by such lay persons?

IMA will fight this fraud on people with all its might. IMA appeals to the Maharashtra Government to stop this malafide initiative immediately and appoint MBBS doctors in wellness centers under Government Health Services on permanent basis

Dr. Santanu Sen
National President, IMA

Dr. R. V. Asokan
Honorary Secretary General, IMA

To,
Indian Medical Association,
HQ at I.M.A. House, Indraprastha Marg,
New Delhi - 110002

Through,

1. Dr.Santanu Sen
National President, IMA
&
2. Dr.R.V.Asokan
Hon'ble Secretary General, IMA

Reference : Your Press Note of Sunday, February 24, 2019, New Delhi

From : NIMA- C.C.(**National Integrated Medical Association, Central Council**)

This is with reference to your Press Note released and published on Sunday, February 24, 2019, New Delhi, we are informing and notifying you as follows-

1. We, NIMA, are representing the Indian System of Medicine (ISM: Ayurved, Unani & Siddha) Doctors. NIMA is 70 years old, strongest and largest countrywide registered organisation of Integrated Doctors (graduates and postgraduates of conjoint courses in ISM and Allopathy) having more than 1000 branches spread all over country. NIMA is fighting for the protection of legitimate Rights of ISM doctor since decades.
2. The doctors of Indian Systems of Medicine have completed the graduation and post graduation as per the syllabus and curriculum framed by CCIM which is gazetted. The syllabus covers the subjects of Indian Systems of Medicine supplemented by the subjects of Modern Medicine like pharmacology etc. Their training and teaching is carried out according to the syllabus. The internship program is completed in PHC, Rural Hospital, Civil Hospital, along with hospitals attached to the colleges.
3. According to the provisions of IMCC Act, 1970 and various notifications issued time to time by Central Council of Indian Medicine it is crystal clear that **"The institutionally qualified practitioners of Ayurved, Siddha, Unani-Tibb are eligible to practice their respective system with Modern Scientific System of Medicine."**
4. And as this right is given to respective States, many State Governments including **Government of Maharashtra** have made necessary provisions to enable ISM doctors to use Modern Scientific Medicine which known as Allopathic system of Medicine. On that basis many Hon'ble High Courts and Hon'ble Supreme Court have legally permitted ISM doctors to practice modern medicine.
5. **That, in above said Press Note you Association have malafidely made baseless, illegal, defamatory allegations and aspersions against BAMS doctors and practitioners. In said press note you have used foul and filthy language for the peoples of medical fraternity, which amounted to defamation of BAMS doctors and practitioners.**
6. **That, the above illegal baseless etc. allegations are nothing but in contradictory of the findings and observations of Hon'ble Supreme Court of India and various High Courts. Your conduct clearly amount to the disrespect for the Higher Judiciary and fitted for Contempt of Court. Your allegations and accusations in the said press note is nothing but insult of law of land duly passed by the legislature.**

7. That, the language and contents of your press-note are highly objectionable, insulting, disrupting and malign for the BAMS practitioners.

So you are hereby informed and notified that–

Immediately withdraw all the allegations and aspersions made by you association against BAMS doctors and practitioners which have thus defamed them in the said press note released and published and elsewhere made by you.

- i. Tender an unconditional public apology to all BAMS doctors and practitioners along with State of Maharashtra and Higher Judiciary of India to their satisfaction through print and electronic media with regard to the said baseless, illegal, etc. allegations and aspersions and using foul and filthy language for defamatory contents in the said press note and/or by any other mode and manner.
- ii. And to refrain from committing any such acts i.e. using foul and filthy language unbecoming of civil public discourse in future.
- iii. And refrain from making any false and baseless accusations and allegations which are false to your knowledge.

In case of failure to comply with this notice within period of three (3) days of receipt of this notice, you shall render yourselves jointly and severally liable to face appropriate civil as well as criminal proceedings by we association[and/or any or all members of our association individually and/or jointly] under the relevant provisions of law at your risk as to the cost and consequences.

DR.V.D.Tembhurnikar
President, NIMA-CC

Dr.UmashankarPandey
Secretary General, NIMA-CC

(II)

From

1. Dr.Santanu Sen,
National President, Indian Medical Association,
IMA, House, Indraprastha Marg, New Delhi, 110002.
2. Dr.R.V.Ashokan,
The Secretary General,
Indian Medical Association, National Headquarters,
IMA House, Indraprastha Marg, New Delhi,
110002.

To

- 1.Dr.V.D.Tembhumikar,
President, N.I.M.A.-CC
- 2.Dr.Umashankar Pandey,
Secretary General, NIMA- CC

Sir,

Sub: Press Note dated 24/02/2019 issued by us for the Indian Medical Association, National Headquarters

Ref: Your notice dated Nil, issued to us seeking unconditional apology and withdrawal of the press note by the Indian Medical Association, National Headquarters dated 24.02.2019.

The averment in paragraph 1 of your notice under reply that, you both are representing the Indian System of medicine [ISM; Ayurveda, Unani and Sidha] Doctors NIMA is 70 year old, strongest and largest country wide registered organization of Integrated Doctors [Graduates and post graduates of Conjoint courses in ISM and Alopahy] having more than 1000 branches spread all over the country and that, NIMA is fighting for the protection of legitimate rights of ISM Doctors since decades are denied by us as averments which are false and frivolous made only to threaten and browbeat the practitioners of modern medicine.

The averment in paragraph 2 of your notice under reply that, the Doctors of Indian system of medicine have completed graduation and post graduation as per the syllabus and curriculum framed by the CCIM which is gazetted and that, the syllabus covers subjects of modern medicine like pharmacology etc and that, the training and teaching is carried out according to the syllabus and that, the internship program is completed in PHC, Rural Hospital, Civil Hospital along with hospitals attached to colleges are denied by us as averments which are only partly correct made only to suit your claim in the notice.

The averment in paragraph 3 of your notice under reply that, according to the provisions of IMCC Act 1970 and various notifications issued from time to time by the central council of Indian medicine, it is crystal clear that, *'The institutionally qualified practitioners of Ayurveda, Sidha, Unani-Tibb, are eligible to practice their respective system with Modern Scientific system of medicine'* are denied by us as averment which are false and frivolous made only for the purpose of justifying your notice claim.

The averment contained in paragraph 5 of your notice under reply that, in the above said press note our association have malafidely made baseless, illegal defamatory allegations and aspersions against BAMS doctors and practitioners and that, in the said press note you have used foul and filthy language for the peoples of medical fraternity which amounted to defamation of BAMS doctors and practitioners are denied by us as averments which are false and frivolous made only with an objective to threaten us.

The averments contained in paragraph 6 of your notice under reply that, the above illegal, baseless etc allegations are nothing but in contradictory of the findings and observations of Supreme Court of India and various High courts and that, our conduct clearly amount to the disrespect of the Higher judiciary and fitted for contempt of court and that, our allegations and accusations in the said press note is nothing but a insult of law of land duly passed by the legislature, are also denied by us as averments which are false and frivolous and vexatious only for vexing and harassing us.

The averments contained in paragraph 7 of your notice under reply that, the language and contains of your press note are highly objectionable, insulting disrupting and malign for BAMS practitioners are also denied by us as averments which are false and frivolous only with an intent to fix us in your notice claim under reply.

It is submitted by us that, the Indian Medical Council Act 1956 was enacted by the Parliament on 30th December 1956 and came into force all over India on 01.11.1958 for Governing the education and

practice of modern medicine in the Union of India. As per the provisions of the Indian Medical Council Act 1956 medicine is defined under section 2[f] of the Act as

“medicine means modern Scientific medicine in all its branches and includes surgery and obstetrics, but does not include veterinary medicine and surgery”.

Section 15 of the Indian medical Council Act 1956 which states as follows:-

“15. Right of persons possessing qualifications in the schedules to be enrolled- [1] Subject to the other provisions contained in this Act, the medical qualifications included in the schedules shall be sufficient qualification for enrolment on any state medical register.

[2] Save as provided in section 25, no person other than a medical practitioner enrolled on a state medical register:-

[a] shall hold office as physician or surgeon or any other office [by whatever designation called] in Government or in any institution maintained by a local or other authority;

[b] shall practice medicine in any state;

[c] shall be entitled to sign or authenticate a medical or fitness certificate or any other certificate required by any law to be signed or authenticated by a duly qualified medical practitioner.

[d] shall be entitled to give evidence at any inquest or in any court of law as an expert under section 45 of the Indian Evidence Act, 1872[1 of 1872] on any matter relating to medicine.

(3) Any person who acts in contravention of any provision of sub-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”

The Indian Medicine Central Council Act 1970 was enacted by the parliament on 21st December 1970 and came into force in India on 18.08.1971. As per section 2[e] of the Indian Medicine Central Council Act 1970

“2[e] Indian Medicine means the system of Indian medicine commonly known as Ashtrang Ayurveda, Siddha or Unani Tibb whether supplemented or not by such modern advances as the Central Council may declare by notification from time to time.”

It is submitted that, the Supreme Court and various High Courts all over India have continuously held in a series of decisions that, in order to practice modern system of medicine as contemplated under the Indian Medical council Act 1956, it is required to successfully complete medical qualifications detailed in the schedule of the Indian Medical Council Act 1956., to enable a registration under the Indian Medical Council Act 1956.. The Supreme Court of India in series of decisions has already held that, a person trying to practice modern medicine without sufficient qualification as detailed in the Indian Medical Council Act 1956 is a charlatan.

The Judicial Pronouncementsofcompetent courts of India, in various decisions have upheld the view that, the term ***“whether supplemented or not by such modern advances as the Central Council may declare by notification from time to time”***, used in Section 2[e] of the Indian Medicine Central Council Act 1970 does not mean to include modern medicine as defined under the Indian Medical Council Act 1956 and only includes such modern advances limited to the respective Indian System of Medicine.

It is submitted that, the courts of India, have also held in different decisions that, the Central Council of Indian Medicine constituted under the Indian Medicine Central Council Act has no powers to issue notifications or orders beyond the purview of the definitions of Indian Medicine as defined under section 2[e] of the Indian Medicine Central Council Act. Hence therefore the Central Council of Indian Medicine cannot issue notifications permitting practitioners of Indian system of medicine to practice

modern medicine as defined under the Indian Medical Council Act 1956 and all such notifications already issued will have no legal authority.

It is also submitted that, all over India practitioners of Indian System of Medicine as covered by the Indian Medicine Central Council Act 1970 are attempting to get permission for their illegal practice of modern medicine by filing writ petitions in various High Courts which is continuously turned down by the judiciary.

The Indian Medical Association being the largest Associations of legally qualified practitioners of Modern Medicine having more than 3,00,000 members and 3000 Branches all over India, it is our bound and duty to protect the legal practice of the Profession against quackery and illegal medical practice, being the office bearers of the Association.

For the aforesaid reasons we submit that, the press note dated 24th February 2019 is only in accordance with the existing law and facts in the practice of medicine in India and is not as what is alleged in your notice under reply.

Therefore, we are not in a position to meet your demands in the notice under reply and if you initiate false and frivolous litigations against us we will resist the same for which you will be strictly held liable for all resulting costs and consequences thereof.

Place: New Delhi

Date: / /2019.

Yours faithfully,

1. Dr.Santanu Sen,
2. Dr.R.V.Ashokan,

C. Acupuncture as a system of Medicine

From

The Indian Medical Association,
New Delhi.

To

The Secretary of Health and Family Welfare,
Union of India.

Sir,

Sub : Regarding the order of the Ministry of Health and Family Welfare, Union of India, bearing No.U-11018/03/2018-HR dated 21.02.2019 relating to recognition of acupuncture as a system of health care therapy.

Ref: Objection of the Indian Medical Association-reg.

The Indian Medical Association, is a Professional Association of qualified Modern Medical Practitioners all over India. In the year 2003, the Government of India has considered the claim of recognition to various therapies including Acupuncture, as directed by the High Court of Delhi as per orders dated 18.11.1998 in CWP NO. 4015/1996 & OM NO.8468, by constituting a standing committee of experts under the chairmanship of Director General, Indian Council of Medical Research & members drawn

from various fields of medicine. The said committee recommended, practice of Acupuncture and Hypnotherapy, only as a qualified mode of therapy which could be allowed to be practiced by the existing registered practitioners. Acupuncture has failed to qualify the test of the said committee as a separate system of medicine.

The Ministry of Health and Family Welfare Government of India vide G.O NO.14015/25/96-U&H(R)(Pt) dated 25.11.2003 accordingly has issued orders, recommending Acupuncture & Hypnotherapy only as a modes of therapy, which can be allowed to be practiced by registered practitioners or appropriately trained persons. Acupuncture was not given independent medical status since acupuncture failed to qualify the test.

The Government of India vide order of the Ministry of Health and FamilyWelfare, Union of India,bearing No.U-11018/03/2018-HR dated 21.02.2019has declared Acupuncture as an independent system of medicine of Health care, without following the due procedures and tests for recognizing a system of medicine. In the order of the Ministry of Health and FamilyWelfare, Union of India,bearing No.U-11018/03/2018-HR dated 21.02.2019 the consideration to accept acupuncture as an independent system of medicine was considered by an inter departmental committee contrary to the existing practice of referring the matter for consideration by a committee under the Indian council of medical research.

It is submitted that, to fulfill the claim of an independent system of medicine it is required that, the respective system should have its own pharmacopeia, which the acupuncture is not having. It is for this reason that, in the year 2003 the Government of India vide order no.G.O NO.14015/25/96-U&H(R)(Pt) dated 25.11.2003, denied acupuncture the status of independent system of medicine and had only permitted to continue as a mode of therapy to be practiced by competent registered medical practitioners.

It is strange that, a mode of therapy which was not having a pharmacopeia in the year 2003 and which was denied independent system of status suddenly in the year 2019 is granted the status of independent system of medicine.

The Indian medical Association submits that, if acupuncture is given independent medical practice without qualifying the test for any independent system of medicine, or without any duly prescribed qualification and curriculum, which does not exists in India at present, it will amount to large scale quackery endangering the public health against the protection of right to health prescribed by the Constitution of India.

Therefore, the Indian Medical Association humbly request the Government of India to reconsider the order of the Ministry of Health and FamilyWelfare, Union of India,bearing No.U-11018/03/2018-HR dated 21.02.2019 and permit only the registered medical practitioners who have undergone the prescribed training in acupuncture to practice acupuncture.

OFF: White Shop Building
Hosdurg, Kanhangad,
Pin: 671315
Ph: 0467-2207173
Cell Phone: 09447203435. E- mail: anilkg76@gmail.com

RESI: 'Lakshmi'
Kanhangad South
Pin: 671531
Ph: 0467-2207560

To
The Secretary, National Professional Protection Scheme,
I.M.A.Kerala State Branch Head Quarters,
Anayara.P.O, Thiruvananthapuram,
PIN-6795029.

26.02.2019.

Sir,

Sub: Order of the Government of India, Ministry of Health and Family
Welfare dated 21.02.2019, bearingNo.U-11018/03/2018-HR giving recognition of
acupuncture as a System of health care-reg.

The Union of India Ministry of Health and Family Welfare vide order dated 21.02.2019 bearing No. U-11018/03/2018-HR, has given recognition to acupuncture as an independent system of health care without following procedures, under the pressures from vested interest.

The Government of India has considered the claim of recognition to various therapies including acupuncture, as directed by the High Court of Delhi as per orders dated 18.11.1998 in CWP NO. 4015/1996 & OM NO.8468,by constituting a standing committee of experts under the chairmanship of Director General, Indian Council of Medical Research & members drawn from various fields of medicine. The said committee recommended, practice of acupuncture and hypnotherapy only as a qualified mode of therapy, which could be allowed to be practiced by the existing registered practitioners. Acupuncture has failed to qualify the test of the said committee as a separate system of medicine.

The Ministry of Health and Family Welfare Government of India vide G.O NO.14015/25/96-U&H(R)(Pt) dated 25.11.2003 accordingly has issued Government orders recommending Acupuncture & Hypnotherapy only as a modes of therapy which can be allowed to be practiced by registered practitioners or appropriately trained persons. Acupuncture was not given independent medical status since acupuncture failed to qualify the test.

If acupuncture is allowed as an independent system of medicine in India without having any in depth study or basic courses, it will open up a hub for quackery in the name of acupuncture which already exists even without the independent status of medicine for acupuncture.

Therefore, it is requested that, the Indian Medical Association should take up all necessary steps by following up the matter at the Ministry of Health and Family welfare, Central Secretariat and do all necessary including challenging the G.O. dated 21.02.2019, bearingNo.U-11018/03/2018-HR before the competent courts, if the Government of India is not prepare to reconsider the independent status given for acupuncture.

Thanking you,

Anil. K. G.
ADVOCATE

TO BE INTRODUCED IN THE RAJYA SABHA

Bill No. LX of 2018

THE ALLIED AND HEALTHCARE PROFESSIONS BILL, 2018

ARRANGEMENT OF CLAUSES

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THE SCHEDULE.

TO BE INTRODUCED IN THE RAJYA SABHA

Bill No. LX of 2018

THE ALLIED AND HEALTHCARE PROFESSIONS BILL, 2018

A

BILL

to provide for regulation and maintenance of standards of education and services by allied and healthcare professionals and the maintenance of a Central Register of Allied and Healthcare Professionals and for matters connected therewith or incidental thereto.

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

CHAPTER I

PRELIMINARY

- 5 1. (1) This Act may be called the Allied and Healthcare Professions Act, 2018.
- (2) It extends to the whole of India except the State of Jammu and Kashmir.
- (3) It shall come into force on such date as the Central Government may, by notification, appoint; and different dates may be appointed for different provisions of this Act and any reference in any provision to the commencement of this Act shall be construed as a reference
- 10 to the coming into force of that provision.

Short title,
extent and
commencement.

Definitions.

2. In this Act, unless the context otherwise requires,—

(a) “allied and healthcare institution” means an educational or research institution which grants diploma or undergraduate, postgraduate or doctoral degree or any other post degree certification in any allied and healthcare professional under this Act;

(b) “allied and healthcare professional” means any allied health professional or healthcare professional under this Act; 5

(c) “allied health professional” includes an associate, technician or technologist who is trained to perform any technical and practical task to support diagnosis and treatment of illness, disease, injury or impairment, and to support implementation of any healthcare treatment and referral plan, recommended by a medical, nursing or any other healthcare professional, and, who has obtained any qualification of diploma or degree under this Act, the duration of which shall not be less than two thousand hours; 10

(d) “allied and healthcare qualification” means any qualification possessed by an allied and healthcare professional under this Act; 15

(e) “Central Register” means the Central Allied and Healthcare Professionals’ Register maintained under section 12;

(f) “Council” means the Allied and Healthcare Council of India constituted under sub-section (1) of section 3;

(g) “healthcare professional” includes a scientist, therapist or other professional who studies, advises, researches, supervises or provides preventive, curative, rehabilitative, therapeutic or promotional health services and who has obtained any qualification of degree under this Act, the duration of which shall not be less than three thousand six hundred hours; 20

(h) “member” means a member of the Council or a State Council, as the case may be, including the Chairperson of any such Council; 25

(i) “notification” means a notification published in the Official Gazette and the expression “notified” shall be construed accordingly;

(j) “prescribed” means prescribed by rules made under this Act;

(k) “recognised categories” means any category of the allied and healthcare professionals specified in the Schedule; 30

(l) “regulations” means the regulations made by the Council under section 62;

(m) “Schedule” means a Schedule annexed to this Act;

(n) “State Council” means a State Allied and Healthcare Council constituted under sub-section (1) of section 20; 35

(o) “State Register” means the State Allied and Healthcare Professionals’ Register maintained under section 29; and

(p) “University” means a University defined under clause (f) of section 2 of the University Grants Commission Act, 1956 and includes an institution declared to be a deemed University under section 3 of that Act. 3 of 1956. 40

CHAPTER II

ALLIED AND HEALTHCARE COUNCIL OF INDIA

Constitution and composition of Council.

3. (1) With effect from such date as the Central Government may, by notification, appoint in this behalf, there shall be constituted a Council to be called the Allied and Healthcare Council of India for exercising such powers and discharging such duties laid down under this Act. 45

(2) The Council shall be a body corporate by the name aforesaid, having perpetual succession and a common seal, with power to acquire, hold and dispose of property, both movable and immovable, and to contract and shall by the same name sue or be sued.

(3) The Council shall consist of a Chairperson, to be elected from amongst the members specified in clauses (l), (m) and (n), and the following members, namely:—

(a) Joint Secretary to the Government of India in the Department of Legal Affairs, Ministry of Law and Justice—member *ex officio*;

(b) Joint Secretary to the Government of India in the Department of Health and Family Welfare in charge of Medical Education—member *ex officio*;

10 (c) Joint Secretary to the Government of India in the Ministry of AYUSH—member *ex officio*;

(d) Joint Secretary to the Government of India in the Department of Higher Education, Ministry of Human Resource Development—member *ex officio*;

15 (e) Joint Secretary to the Government of India in the Department of Empowerment of Persons with Disabilities, Ministry of Social Justice and Empowerment—member *ex officio*;

(f) Joint Secretary to the Government of India in the Ministry of Skill Development and Entrepreneurship—member *ex officio*;

20 (g) One representative of the Ministry of Defence not below the rank of Joint Secretary to the Government of India in the Directorate General of Armed Forces Medical Services—member *ex officio*;

(h) One person representing the NITI Aayog not below the rank of Joint Secretary to the Government of India—member *ex officio*;

25 (i) One person representing the Directorate General of Health Services not below the rank of Deputy Director General—member *ex officio*;

(j) Three persons representing out of the following, on biennial rotation basis in the alphabetical order, not below the rank of Deputy Secretary, member *ex officio*—

(i) Atomic Energy Regulatory Board;

(ii) Dental Council of India;

30 (iii) Indian Nursing Council;

(iv) Medical Council of India;

(v) Pharmacy Council of India; and

(vi) Rehabilitation Council of India;

35 (k) Two persons not below the rank of Director or Medical Superintendent representing the following, on biennial rotation basis—

(i) All India Institute of Medical Sciences, New Delhi;

(ii) All India Institute of Physical Medicine and Rehabilitation, Mumbai;

(iii) Jawaharlal Institute of Postgraduate Medical Education and Research, Puducherry; and

40 (iv) North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences, Shillong—member *ex officio*;

45 (l) Two persons from each of the six zones representing the State Councils on biennial rotation in the alphabetical order as per the zonal distribution having such qualifications and experience as may be prescribed by the Central Government to be nominated by the concerned State Government—member;

(m) Two persons each representing the recognised categories, namely, Medical Laboratory Sciences, Medical Radiology, Imaging and Therapeutic Technology,

Ophthalmic Sciences and Physiotherapy; and one person each representing the rest of the recognised categories listed in the Schedule, to be nominated by the Central Government having such qualifications and experience as may be prescribed by the Central Government—member; and

(n) Two persons, representing charitable institutions engaged in education or services in connection with any recognised category, to be nominated by the Central Government having such qualifications and experience as may be prescribed by the Central Government—member.

Term of office
and conditions
of service of
members.

4. (1) The members nominated under clauses (l), (m) and (n) of sub-section (3) of section 3 shall hold office for a term not exceeding two years, as the Central Government may notify in this behalf, from the date on which they enter upon their office. 10

(2) The members nominated to the Council under clauses (l), (m) and (n) of sub-section (3) of section 3 shall be eligible for re-nomination for a maximum of three terms.

(3) The members nominated to the Council under clauses (l), (m) and (n) of sub-section (3) of section 3 shall receive such travelling and other allowances as may be prescribed by the Central Government. 15

Resignation
and removal
of members.

5. (1) Notwithstanding anything contained in sub-section (1) of section 4, a member nominated to the Council under clauses (l), (m) and (n) of sub-section (3) of section 3 may—

(i) relinquish his office by giving in writing to the Central Government notice of not less than three months; or 20

(ii) be removed from his office if he—

(a) has been adjudged insolvent; or

(b) has been convicted of an offence which, in the opinion of the Central Government, involves moral turpitude; or

(c) has become physically or mentally incapable of acting as a member; or 25

(d) has acquired such financial or other interest as is likely to affect prejudicially his functions as a member; or

(e) has so abused his position as to render his continuance in office prejudicial to the public interest.

(2) No member shall be removed from his office under clause (d) or clause (e) of sub-section (1) unless he has been given a reasonable opportunity of being heard in the matter. 30

Cessation of
membership
and filling up
of casual
vacancy of
member.

6. (1) A member under clauses (a) to (k) of sub-section (3) of section 3, shall cease to be member of the Council on his cessation to the service by virtue of which he was appointed as a member of the Council. 35

(2) A member nominated under clause (l) of sub-section (3) of section 3, shall cease to be member of the Council on removal of his name from the register of the State Council.

(3) The Chairperson or any other member appointed under any casual vacancy in the Council under sub-section (3) of section 3, shall hold office only for the remainder of the term of the member in whose place he has been appointed. 40

Meetings of
Council.

7. (1) The Council shall meet at such times and places, and shall observe such rules of procedure in regard to the transaction of business at its meetings (including quorum of such meetings) in the manner as may be prescribed by the Central Government.

(2) The Chairperson or, if for any reason, he is unable to attend a meeting of the Council, any other member chosen by the members present from amongst themselves at the meeting shall preside over the meeting. 45

(3) All questions which come up before any meeting of the Council shall be decided by a majority of the members present and voting, and in the event of an equality of votes, the Chairperson or in his absence, the member presiding, shall have a second or casting vote.

8. No act or proceeding of the Council shall be invalidated merely by reason of—

(a) any vacancy in, or any defect in, the constitution of the Council; or

(b) any defect in the appointment of a person acting as a member of the Council; or

5 (c) any irregularity in the procedure of the Council not affecting the merits of the case.

Vacancies, etc., not to invalidate proceedings of Council.

9. (1) Subject to such rules as may be made by the Central Government in this behalf, the Council may appoint a Chief Executive Officer and other officers and employees as it may think necessary for the efficient performance of its functions under the Act.

Officers and other employees of Council.

10 (2) The salary and allowances payable to, and other conditions of service of the Chief Executive Officer and other officers and employees of the Council appointed under sub-section (1) shall be such as may be prescribed by the Central Government.

15 **10.** It shall be the duty of the Council to take all such steps as it may think fit for ensuring coordinated and integrated development of education and maintenance of the standards of delivery of services under this Act and for the purposes of performing its functions, the Council may—

Functions of Council.

(a) frame policies and standards for the governance of allied and healthcare related education and professional services;

20 (b) regulate the professional conduct, code of ethics and etiquette to be observed by the allied and healthcare professionals by or under this Act;

(c) create and maintain an up to date Central Register;

25 (d) provide minimum standards of education, courses, curricula, physical and instructional facilities, staff pattern, staff qualifications, quality instructions, assessment, examination, training, research, continuing professional education, maximum tuition fee payable in respect of various recognised categories, proportionate distribution of seats and promote innovations in recognised categories;

(e) provide the allied and healthcare qualifications to be obtained by allied and healthcare professionals, including the name of the course, entry criteria, duration and such other particulars as may be specified by the regulations;

30 (f) provide for or cause to be provided for uniform entry examination with common counselling for admission into the allied and healthcare institutions at the diploma, undergraduate, postgraduate and doctoral level in the manner as may be specified by the regulations;

35 (g) provide for a uniform exit or licensing examination for the allied and healthcare professionals in the manner as may be specified by the regulations;

(h) provide strategic framework for rational deployment of skilled manpower, performance management system, task shifting and associated career development pathways for allied and healthcare professionals; and

40 (i) perform such other functions as may be entrusted to it by the Central Government or as may be necessary to carry out the provisions of this Act.

11. (1) The Council shall constitute as many professional advisory bodies as may be necessary to examine specific issues relating to one or more recognised categories and recommend or advise the Council thereon and also undertake any other activity as may be authorised by the Council.

Professional advisory bodies of Council.

45 **(2) A professional advisory body constituted under sub-section (1) shall be presided over by a member to be nominated by the Chairperson of the Council from amongst the members referred to in clause (m) of sub-section (3) of section 3.**

(3) Where there is no representation from a particular recognised category to chair the professional advisory body, the Chairperson of the Council may nominate any other member of the Council to chair the professional advisory body.

Central Allied
and
Healthcare
Professionals'
Register.

12. (1) The Council shall cause to maintain a register of persons in separate parts in each of the recognised categories to be known as the Central Allied and Healthcare Professionals' Register which shall contain information including the names of persons who possess qualifications relating to any of their respective recognised categories, in the manner as may be specified by the regulations.

5

(2) For the purposes of sub-section (1), the Council may adopt standardised format for populating and maintaining the Central Register in the manner as may be specified by the regulations.

10

(3) The Central Register shall be deemed to be a public document within the meaning of the Indian Evidence Act, 1872, and may be proved by a certified copy provided by the Council.

1 of 1872.

Privileges for
enrolment on
Central
Register.

13. Subject to the conditions and restrictions laid down in this Act regarding practice by persons possessing certain recognised allied and healthcare qualifications, every person whose name is for the time being borne on the Central Register shall be entitled according to his qualifications to provide any service as an allied and healthcare professional under this Act and to receive in respect of such service, any expenses, charges or any fees to which he may be entitled.

15

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Rights of
persons who
are enrolled
on Central
Register.

14. No person, other than a registered allied and healthcare professional, shall—

(a) hold office as an allied and healthcare professional (by whatever name called) in Government or in any institution maintained by a local or other authority;

(b) provide service in any of the recognised categories in any State; and

(c) be entitled to sign or authenticate any certificate required by any law to be signed or authenticated by a duly qualified allied and healthcare professional.

25

Registration in
Central
Register.

15. The Council may, on receipt of the report of registration of a person in a State Register or on an application made by any person, in such form and in such manner as may be prescribed by the Central Government, enter his name in the Central Register.

Issue of
certificate of
registration.

16. (1) Any person whose name has been entered in the Central Register shall, on an application made in this behalf in such form and in such manner and on payment of such fees as may be prescribed by the Central Government, be entitled to a certificate of registration.

30

(2) On receipt of an application under sub-section (1), the Council shall grant to the applicant a certificate of registration in such form as may be prescribed by the Central Government.

35

(3) Where it is shown to the satisfaction of the Chief Executive Officer of the Council that a certificate of registration has been lost or destroyed, the Chief Executive Officer may, on payment of such fees, issue a duplicate certificate in such form as may be prescribed by the Central Government.

Registration
of additional
qualifications.

17. (1) If any person whose name is entered in the Central Register obtains any other qualification in any recognised category in addition to any allied and healthcare qualification, he shall, on an application made in this behalf in such form and in such manner and on payment of such fees as may be prescribed by the Central Government, be entitled to have an entry stating such degree or diploma or such other qualification made against his name in the Central Register in addition to any entry previously made.

40

45

(2) The entries in respect of any such person in a State Register shall be altered in accordance with the alterations made in the Central Register.

18. If the name of any person enrolled on a State Register is removed there from in pursuance of any power conferred under this Act, the Council shall direct the removal of the name of such person from the Central Register in such manner as may be specified by the regulations:

Removal of
name from
Central
Register.

5 Provided that on the removal of his name from the Central Register or State Register, as the case may be, the certificate of registration shall cease to be valid.

19. (1) The Central Government shall, as soon as may be but within sixty days from the date on which this Act receives the assent of the President, constitute an interim Council, till a regular Council is constituted under section 3.

Interim
Council.

10 (2) The interim Council constituted under sub-section (1) shall consist of the following, namely:—

(a) Additional Secretary to the Government of India in the Department of Health and Family Welfare—Chairperson;

15 (b) Joint Secretary to the Government of India in the Department of Health and Family Welfare in charge of Medical Education—member;

(c) Joint Secretary to the Government of India in the Ministry of AYUSH—member;

(d) Joint Secretary to the Government of India in the Ministry of Human Resource Development—member;

20 (e) Joint Secretary to the Government of India in the Ministry of Social Justice and Empowerment—member;

(f) Joint Secretary to the Government of India in the Ministry of Skill Development and Entrepreneurship—member;

25 (g) One representative of the Ministry of Defence not below the rank of Joint Secretary to the Government of India in the Directorate General of Armed Forces Medical Services—member;

(h) One representative of NITI Aayog not below the rank of Joint Secretary to the Government of India — member;

30 (i) One representative of the Directorate General of Health Services not below the rank of Deputy Director General—member;

(j) One representative of the Dental Council of India not below the rank of Deputy Secretary—member;

(k) One representative of the Indian Nursing Council not below the rank of Deputy Secretary—member;

35 (l) One representative of the Medical Council of India not below the rank of Deputy Secretary—member;

(m) One representative of the Pharmacy Council of India not below the rank of Deputy Secretary—member;

40 (n) One representative of the Rehabilitation Council of India not below the rank of Deputy Secretary—member; and

(o) One representative of the Atomic Energy Regulatory Board not below the rank of Deputy Secretary—member.

(3) The interim Council shall discharge the functions assigned to the Council till the regular Council is constituted by the Central Government.

45 (4) The interim Council shall follow its own procedures in discharge of its duties.

CHAPTER III

STATE ALLIED AND HEALTHCARE COUNCIL

Constitution
and
composition
of State Allied
and
Healthcare
Council.

20. (1) Every State Government shall, by notification, within six months from the date of commencement of this Act, constitute a Council to be called the State Allied and Healthcare Council for exercising such powers and discharging such duties laid down under this Act. 5

(2) The State Council shall be a body corporate by the name aforesaid, having perpetual succession and a common seal, with power to acquire, hold and dispose of property, both movable and immovable, and to contract and shall by the same name sue or be sued.

(3) The State Council shall consist of a Chairperson, to be elected from amongst the members specified in clauses (d) and (e), and the following members, namely:— 10

(a) One Director or Additional Director or Joint Director representing medical or health sciences in the State Government—member, *ex officio*;

(b) Four persons from the following State Chapters, not below the rank of Deputy Secretary—member, *ex officio*— 15

(i) Dental Council of India;

(ii) Indian Nursing Council;

(iii) Medical Council of India; and

(iv) Pharmacy Council of India;

(c) Two persons from any medical colleges run by the State Government, not below the rank of Dean or Head of the Department—member, *ex officio*; 20

(d) Two persons each representing the recognised categories, namely, Medical Laboratory Sciences, Medical Radiology, Imaging and Therapeutic Technology, Ophthalmic Sciences and Physiotherapy, and one person each representing the rest of the recognised categories listed in the Schedule, to be nominated by the State Government having such qualifications and experience as may be prescribed by the State Government—member; and 25

(e) Two persons representing charitable institutions engaged in education or services in connection with any recognised category, to be nominated by the State Government having such qualifications and experience as may be prescribed by the State Government—member. 30

Term of office
and conditions
of service of
members.

21. (1) The members nominated under clauses (d) and (e) of sub-section (3) of section 20 shall hold office for a term not exceeding two years, as the State Government may notify in this behalf, from the date on which they enter upon their office.

(2) The members nominated to the State Council under clauses (d) and (e) of sub-section (3) of section 20 shall be eligible for re-nomination for a maximum of three terms. 35

(3) The members nominated to the State Council under clauses (d) and (e) of sub-section (3) of section 20 shall receive such travelling and other allowances as may be prescribed by the State Government.

Resignation
and removal
of members.

22. (1) Notwithstanding anything contained in sub-section (1) of section 21, a member nominated to the State Council under clauses (d) and (e) of sub-section (3) of section 20 may— 40

(i) relinquish his office by giving in writing to the State Government notice of not less than three months; or

(ii) be removed from his office if he— 45

(a) has been adjudged insolvent; or

(b) has been convicted of an offence which, in the opinion of the State Government, involves moral turpitude; or

(c) has become physically or mentally incapable of acting as a member; or

(d) has acquired such financial or other interest as is likely to affect prejudicially his functions as a member; or

(e) has so abused his position as to render his continuance in office prejudicial to the public interest.

5 (2) No such member shall be removed from his office under clause (d) or clause (e) of sub-section (1) unless he has been given a reasonable opportunity of being heard in the matter.

10 **23.** (1) A member nominated under clause (a) or clause (b) or clause (c) of sub-section (3) of section 20, shall cease to be a member of the State Council on his cessation to the service by virtue of which he was appointed as a member of the State Council.

Cessation of membership and filling up of casual vacancy of member.

(2) The Chairperson or any other member appointed under any casual vacancy in the State Council under sub-section (3) of section 20, shall hold office only for the remainder of the term of the member in whose place he has been appointed.

15 **24.** (1) The State Council shall meet at such times and places, and shall observe such rules of procedure in regard to the transaction of business at its meetings (including quorum of such meetings) in the manner as may be prescribed by the State Government.

Meetings of State Council.

(2) The Chairperson or, if for any reason, he is unable to attend a meeting of the State Council, any other member chosen by the members present from amongst themselves at the meeting shall preside over the meeting.

20 (3) All questions which come up before any meeting of the State Council shall be decided by a majority of the members present and voting, and in the event of an equality of votes, the Chairperson or in his absence, the member presiding, shall have a second or casting vote.

25. No act or proceeding of the State Council shall be invalidated merely by reason of—

- 25 (a) any vacancy in, or any defect in the constitution of, the State Council; or
(b) any defect in the appointment of a person acting as a member of the State Council; or
(c) any irregularity in the procedure of the State Council not affecting the merits of the case.

Vacancies, etc., not to invalidate proceedings of State Council.

30 **26.** (1) Subject to such rules as may be made by the State Government in this behalf, the State Council may appoint a Chief Executive Officer and such other employees as it may think necessary for the efficient performance of its functions under the Act.

Officers and other employees of State Council.

35 (2) The salary and allowances payable to and other conditions of service of the Chief Executive Officer, other officers and employees of the State Council appointed under sub-section (1) shall be such as may be prescribed by the State Government.

27. It shall be the duty of the State Council to take all such steps as it may think fit for ensuring coordinated and integrated development of education and maintenance of the standards of delivery of services under this Act and for the purposes of performing its functions, the State Council may—

Functions of State Council.

40 (a) enforce the professional conduct, code of ethics and etiquette to be observed by the allied and healthcare professionals in the State and take disciplinary action, including the removal of a professionals' name from the State Register;

45 (b) ensure minimum standards of education, courses, curricula, physical and instructional facilities, staff pattern, staff qualifications, quality instructions, assessment, examination, training, research, continuing professional education;

(c) ensure uniform entry examination with common counselling for admission into the allied and healthcare institutions at the diploma, undergraduate, postgraduate and doctoral level under this Act;

50 (d) ensure uniform exit or licensing examination for the allied and healthcare professionals under this Act;

(e) inspect allied and healthcare institutions and register allied and healthcare professionals in the State;

(f) ensure compliance of all the directives issued by the Council; and

(g) perform such other functions as may be entrusted to it by the State Government or as may be necessary for implementation of the provisions of this Act. 5

Professional
advisory
bodies of State
Council.

28. (1) The State Council shall constitute as many professional advisory bodies as may be necessary to examine specific issues relating to one or more recognised categories and recommend or advise the State Council thereon and also undertake any other activity as may be authorised by the State Council.

(2) A professional advisory body constituted under sub-section (1) shall be presided over by a member to be nominated by the Chairperson of the State Council, from amongst the member referred to in clause (d) of sub-section (3) of section 20. 10

(3) Where there is no representation from a particular recognised category to chair the professional advisory body, the Chairperson of the State Council may nominate any other member of the State Council to chair the professional advisory body. 15

State Allied
and
Healthcare
Professionals'
Register.

29. (1) The State Allied and Healthcare Professionals' Council shall cause to maintain a register of persons in separate parts in each of the recognised categories to be known as the State Allied and Healthcare Professionals' Register which shall contain information including the names of persons who possess qualifications relating to any of their respective recognised categories, in the manner as may be specified by the regulations. 20

(2) The State Register shall be deemed to be a public document within the meaning of the Indian Evidence Act, 1872, and may be proved by a certified copy provided by the State Council. 1 of 1872.

Registration in
State Register.

30. (1) A person shall be entitled, on an application and on payment of the fee prescribed by the State Government, to have his name entered on the State Register if he resides in the State and holds a recognised allied and healthcare qualification. 25

(2) Upon the application to the Chief Executive Officer of the State Council, if he is of the opinion that the applicant is entitled to have his name entered on the State Register, he shall enter thereon the name of the applicant:

Provided that no person, whose name has under the provisions of this Act been removed from the State Register of any State, shall be entitled to have his name entered on the State Register of another State except with the approval of the State Council from whose register his name was removed. 30

(3) Any person whose application for registration is rejected by the Chief Executive Officer of the State Council may, within three months from the date of such rejection, appeal to the State Council. 35

(4) A person aggrieved by the decision of the State Council under sub-section (3) may, within sixty days from the communication to him of such decision, appeal to the State Government.

(5) Upon entry in the State Register of a name under this section, the Chief Executive Officer of the State Council shall issue to the applicant a certificate of registration in such form as may be prescribed by the State Government. 40

Issue of
duplicate
certificates.

31. Where it is shown to the satisfaction of the Chief Executive Officer of the State Council that a certificate of registration or a certificate of renewal has been lost or destroyed, the State Council may, on payment of such fee, issue a duplicate certificate in such form as may be prescribed by the State Government. 45

Renewal fees.

32. (1) There shall be paid in every five years to the State Council, such fee in such manner and with such conditions as may be prescribed by the State Government for renewal of name of allied and healthcare professional in the State Register.

(2) Where the fee referred to in sub-section (1) is not paid within the specified period, the Chief Executive Officer of the State Council shall remove the name of the defaulter from the State Register:

5 Provided that a name so removed may be restored to the said register on payment of such fee as may be prescribed by the State Government.

(3) On payment of the fee referred to in this section, the Chief Executive Officer of the State Council shall issue a certificate of renewal and such certificate shall be the proof of renewal of registration.

10 **33.** (1) Subject to the provisions of this section, the State Council may order that the name of any person shall be removed from the State Register where it is satisfied after giving that person a reasonable opportunity of being heard and after such further inquiry, if any, as it may think fit to make—

Removal from State Register.

(a) that his name has been entered in the State Register by error or on account of misrepresentation or suppression of a material fact; or

15 (b) that he has been convicted of an offence involving moral turpitude and punishable with imprisonment or has been guilty of any infamous conduct in any professional respect or has violated the standards of professional conduct and etiquette or the code of ethics which in the opinion of the State Council renders him unfit to be kept in the said register.

20 (2) An order under sub-section (1) may direct that any person whose name is ordered to be removed from the State Register shall be ineligible for registration under this Act, either permanently or for such period of years as may be specified by the regulations.

(3) An order under sub-section (1) shall not take effect until the expiry of three months from the date thereof or until an appeal, if any, on such order is finally disposed of, whichever date is later.

(4) A person aggrieved by an order under sub-section (1) may, within sixty days from the communication to him of such order, appeal to the Council.

30 (5) A person whose name has been removed from the State Register under this section or under sub-section (2) of section 32 shall forthwith surrender his certificate of registration and certificate of renewal, if any, to the State Council and the name so removed shall be published on the website of the State Council, in the Official Gazette and at least in one daily local newspaper in vernacular language.

35 (6) A person whose name has been removed from the State Register under this section shall not be entitled to have his name registered in the State Register or in any other State Register except with the approval of the State Council from whose register his name has been removed.

40 **34.** The State Council may, at any time for reasons appearing to it sufficient and subject to the approval of the Council and upon payment of such fee as may be prescribed by the State Government, order that the name of a person removed from a State Register shall be restored and the name shall be uploaded on the website of the State Council, published in the Official Gazette and at least in one daily local newspaper in vernacular language.

Restoration to State Register.

45 **35.** Every person who offers his services in any of the recognised categories on or before the commencement of this Act shall be allowed to register under the provisions of this Act within two years from such commencement in the manner as may be specified by the regulations.

Recognition of persons offering services prior to commencement of Act.

CHAPTER IV

RECOGNITION AND RECIPROCITY

50 **36.** (1) Subject to the provisions of this Act, any corresponding qualification granted by the institutions outside India shall be the recognised allied and healthcare qualifications as may be specified by the regulations.

Recognition of allied and healthcare institutions and reciprocity.

(2) A citizen of India who holds the corresponding qualifications referred to in sub-section (1) shall be entitled for registration under this Act in the manner as may be specified by the regulations.

(3) The Central Government, after consultation with the Council, may by notification, direct that the corresponding qualifications referred to in sub-section (1) in respect of which a scheme of reciprocity is not in force, shall be recognised for the purposes of this Act or shall be so only when granted after a specified date:

Provided that the allied and healthcare professionals possessing such qualification— 5

(a) shall be permitted only if such persons are enrolled as allied and healthcare professionals in accordance with the law regulating the registration of allied and healthcare professionals for the time being in force in that country;

(b) shall be limited to the institution to which they are attached for the time being, for the purpose of teaching, research work, or charitable work; and 10

(c) shall be limited to the period specified in this behalf by the Central Government by general or special order.

(4) In respect of any such qualifications other than those referred to in sub-section (1), the Central Government may, after consulting the Council, by notification, direct that it shall be recognised allied and healthcare qualifications only when granted 15 before a specified date.

(5) The Council may enter into negotiations with an authority in any country outside India, which by the law of such country is entrusted with the recognition of corresponding qualifications, for the setting up of a scheme of reciprocity for the recognition of allied and healthcare qualifications, and in pursuance of any such scheme, the corresponding 20 qualification which the Council has decided to grant should be recognised by notification by the Central Government.

CHAPTER V

ESTABLISHMENT OF NEW ALLIED AND HEALTHCARE INSTITUTIONS

Permission for establishment of new allied and healthcare institutions, new courses of study, etc.

37. (1) Notwithstanding anything contained in this Act or any other law for the time 25 being in force, on and from the date of commencement of this Act,—

(a) no person shall establish an allied and healthcare institution; or

(b) no allied and healthcare institution shall—

(i) open a new or higher course of study or training (including postgraduate course of study or training) which would enable students of each course of 30 study or training to qualify himself for the award of any recognised allied and healthcare qualification; or

(ii) increase its admission capacity in any course of study or training (including postgraduate course of study or training); or

(iii) admit a new batch of students in any course of study or training 35 (including postgraduate course of study or training),

except with the previous permission of the Council obtained in accordance with the provisions of this Act:

Provided that the allied and healthcare qualification granted to a person in respect of a new or higher course of study or new batch without prior permission of the Council shall 40 not be a recognised allied and healthcare qualification for the purposes of this Act:

Provided further that permission and certification in respect of courses for skilled health workers shall include aides or assistants providing assistive services under supervision and have formal training duration of not less than two thousand hours related to the allied and healthcare streams. 45

Explanation.—For the purposes of this section,—

(a) “person” includes any University, institution or a trust, but does not include the Central or State Government;

(b) “admission capacity”, in relation to any course of study or training (including postgraduate course of study or training) in an allied and healthcare institution, means the maximum number of students as may be decided by the Council from time to time for being admitted to such course of study or training.

5 (2) (a) Every person or allied and healthcare institution shall, for the purpose of obtaining permission under sub-section (1), submit to the Council a scheme in accordance with the provisions of clause (b).

(b) The scheme referred to in clause (a) shall be in such form and contain such particulars and be preferred in such manner and be accompanied with such fee as may be prescribed by
10 the Central Government.

(3) On receipt of a scheme under sub-section (2), the Council may obtain such other particulars as may be considered necessary by it from the person or the allied and healthcare institution concerned, and thereafter, it may,—

(a) if the scheme is defective and does not contain any necessary particulars,
15 give a reasonable opportunity to the person or allied and healthcare institution concerned for making a written representation and it shall be open to such person or allied and healthcare institution to rectify the defects, if any, specified by the Council;

(b) consider the scheme, having regard to the factors referred to in sub-section (5).

(4) The Council may, after considering the scheme and after obtaining, where necessary,
20 such other particulars as may be considered necessary by it from the person or allied and healthcare institution concerned, and having regard to the factors referred to in sub-section (5), either approve with such conditions, if any, as it may consider necessary or disapprove the scheme and any such approval shall constitute as a permission under sub-section (1):

25 Provided that no scheme shall be disapproved by the Council except after giving the person or allied and healthcare institution concerned a reasonable opportunity of being heard:

Provided further that nothing in this sub-section shall prevent any person or allied and healthcare institution whose scheme has not been approved by the Council to submit a
30 fresh scheme and the provisions of this section shall apply to such scheme, as if such scheme had been submitted for the first time under sub-section (2).

(5) The Council, while passing an order, either approving or disapproving the scheme under sub-section (4), shall have due regard to the following factors, namely:—

(a) whether the proposed allied and healthcare institution or the existing allied
35 and healthcare institution seeking to open a new or higher course of study or training, would be in a position to offer the minimum standards of education as may be specified by the Council by the regulations;

(b) whether the person seeking to establish an allied and healthcare institution or the existing allied and healthcare institution seeking to open a new or higher course
40 of study or training or to increase its admission capacity has adequate financial resources;

(c) whether necessary facilities in respect of staff, equipment, accommodation, training, hospital and other facilities to ensure proper functioning of the allied and healthcare institution or conducting the new course of study or training or
45 accommodating the increased admission capacity have been provided or would be provided as may be specified in the scheme;

(d) whether adequate facilities, having regard to the number of students likely to attend such allied and healthcare institution or course of study or training or as a result of the increased admission capacity, have been provided or would be provided
50 as may be specified in the scheme;

(e) whether any arrangement has been made or programme drawn to impart proper training to students likely to attend such allied and healthcare institution or the course of study or training by the persons having the recognised allied and healthcare qualifications;

(f) the requirement of manpower in the allied and healthcare institution; and 5

(g) any other factors as may be prescribed by the Central Government.

(6) Where the Council passes an order either approving or disapproving a scheme under sub-section (4), a copy of the order shall be communicated to the person or allied and healthcare institution concerned.

Power to
require
information
from allied and
healthcare
institutions.

38. (1) Any University or college or institution imparting education in any recognised category shall furnish information to the State Council regarding course of study, duration of course, scheme of assessment and examinations and other eligibility conditions in order to obtain the requisite qualifications as an allied and healthcare professional under this Act as the State Council may from time to time require. 10

(2) Any University or college or institution imparting education in any recognised category as on the date of commencement of this Act shall furnish to the Council such information in such manner as may be prescribed by the Central Government. 15

Verification of
standards by
State Council.

39. (1) The State Council shall cause to verify the standards of any allied and healthcare institution where education in the recognised category is given or to attend any examination held by any educational or research institution for the purpose of recommending to the Council recognition of allied and healthcare qualifications by that allied and healthcare institution in such manner as may be specified by the regulations. 20

(2) The verification made under sub-section (1) shall not interfere with the conduct of any training or examination, but shall be for the purpose of reporting to the State Council on the adequacy of the standards of education including staff, equipment, accommodation, training and other facilities for giving education in the recognised categories, as the case may be, or on the sufficiency of every examination which they attend. 25

(3) The State Council shall forward a copy of any report of verification of standards to the allied and healthcare institution concerned, and a copy with remarks of the institution thereon, to the Council. 30

Withdrawal of
recognition.

40. (1) Where, upon report of verification of standards referred to in sub-section (3) of section 39, it appears to the State Council—

(a) that the courses of study and examination to be undergone in, or the proficiency required from candidates at any examination held by, any allied and healthcare institution, or 35

(b) that the staff, equipment, accommodation, training and other facilities for instruction and training provided in such allied and healthcare institution,

do not conform to the standards specified by the Council, the State Council shall make a representation to that effect to the Council.

(2) After considering such representations, and on such enquiry as it may deem fit, the Council may by order withdraw recognition granted to the allied and healthcare institution: 40

Provided that before any order of withdrawal is passed, the Council shall afford, the allied and healthcare institution and the State Government within whose jurisdiction the allied and healthcare institution is situated, an opportunity of being heard.

(3) The Council may, after making such further inquiry, if any, as it may think fit, by notification, direct that,— 45

(a) any allied and healthcare qualification shall be a recognised qualification under this Act only when granted before a specified date; or

(b) any allied and healthcare qualification if granted to students of a specified allied and healthcare institution shall be the recognised qualification only when granted before a specified date or, as the case may be; or

5 (c) any qualification shall be the recognised qualification in relation to a specified allied and healthcare institution only when granted after a specified date.

CHAPTER VI

FINANCE, ACCOUNTS AND AUDIT

10 **41. The Central Government may, after due appropriation made by Parliament by law in this behalf, make to the Council grants of such sums of money as the Central Government may think fit for being utilised for the purposes of this Act.** Grants by Central Government.

42. (1) There shall be constituted a Fund to be called the Allied and Healthcare Council of India Fund and there shall be credited thereto— Allied and Healthcare Council of India Fund.

(a) all moneys received from the Central Government;

15 (b) all moneys received by the Council by way of grants, gifts, donations, benefactions, bequests and transfers; and

(c) all moneys received by the Council in any other manner or from any other source as may be decided upon by the Central Government.

20 (2) The fund referred to in sub-section (1) shall be applied for the expenses of the Council incurred in discharge of its functions and purposes of this Act, in the manner as may be prescribed by the Central Government.

43. (1) The Council shall maintain appropriate accounts and other relevant records and prepare an annual statement of accounts including the balance sheet in accordance with such general directions as may be issued and in such form as may be specified by the Central Government in consultation with the Comptroller and Auditor-General of India. Accounts and audit of Council.

25 (2) The accounts of the Council shall be audited annually by the Comptroller and Auditor-General of India or any person appointed by him in this behalf and any expenditure incurred by him or any person so appointed in connection with such audit shall be payable by the Council to the Comptroller and Auditor-General of India.

30 (3) The Comptroller and Auditor-General of India and any person appointed by him in connection with the audit of the accounts of the Council shall have the same rights and privileges and authority in connection with such audit as the Comptroller and Auditor-General of India has in connection with the audit of Government accounts, and, in particular, shall have the right to demand the production of books of account, connected vouchers and other documents and papers and to inspect the office of the Council.

35 (4) The accounts of the Council as certified by the Comptroller and Auditor-General of India or any person appointed by him in this behalf, together with the audit report thereon, shall be forwarded annually to the Central Government and that Government shall cause the same to be laid before each House of Parliament.

40 **44.** The Council shall prepare every year, in such form and within such time as may be prescribed by the Central Government, an annual report giving a true and full account of its activities during the previous year and copies thereof shall be forwarded to the Central Government and that Government shall cause the same to be laid before each House of Parliament. Annual report of Council.

45 **45.** The Council shall furnish to the Central Government such reports, returns and other information as that Government may require from time to time. Returns and information.

46. The State Government may, after due appropriation made by State Legislature by law in this behalf, make to the State Council grants of such sums of money as the State Government may think fit for being utilised for the purposes of this Act. Grants by State Government.

State Allied
and
Healthcare
Council Fund.

47. (1) There shall be constituted a Fund to be called the State Allied and Healthcare Council Fund and there shall be credited thereto—

(a) all moneys received from the State Government;

(b) all moneys received by the State Council by way of grants, gifts, donations, benefactions, bequests and transfers; and

(c) all moneys received by the State Council in any other manner or from any other source as may be decided upon by the State Government.

(2) The Fund referred to in sub-section (1) shall be applied for the expenses of the State Council incurred in discharge of its functions and purposes of this Act, in the manner as may be prescribed by the State Government.

Accounts and
Audit of State
Council.

48. (1) The State Council shall maintain appropriate accounts and other relevant records and prepare an annual statement of accounts including the balance sheet, in accordance with such general directions as may be issued and in such form as may be specified by the State Government in consultation with the Comptroller and Auditor-General of India.

(2) The accounts of the State Council shall be audited annually by the Comptroller and Auditor-General of India or any person appointed by him in this behalf and any expenditure incurred by him or any person so appointed in connection with such audit shall be payable by the State Council to the Comptroller and Auditor-General of India.

(3) The Comptroller and Auditor-General of India and any person appointed by him in connection with the audit of the accounts of the State Council shall have the same rights and privileges and authority in connection with such audit as the Comptroller and Auditor-General of India has in connection with the audit of Government accounts, and, in particular, shall have the right to demand the production of books of account, connected vouchers and other documents and papers and to inspect the office of the State Council.

(4) The accounts of the State Council as certified by the Comptroller and Auditor-General of India or any person appointed by him in this behalf, together with the audit report thereon, shall be forwarded annually to the State Government and that Government shall cause the same to be laid before each House of State Legislature where it consists of two Houses, or where such Legislature consists of one House, before that House.

Annual Report
of State
Council.

49. The State Council shall prepare every year, in such form and within such time as may be prescribed by the State Government an annual report giving a true and full account of its activities during the previous year and copies thereof shall be forwarded to the State Government and that Government shall cause the same to be laid before each House of the State Legislature, where it consists of two Houses, or where such Legislature consists of one House, before that House.

Authentication
of orders, etc.

50. All orders and decisions of the Council or the State Council, as the case may be, and the instruments issued by it shall be authenticated by the Chief Executive Officer or any other officer authorised by the Chairperson in this behalf.

Practice by
allied and
healthcare
professionals.

51. No allied and healthcare professional shall discharge any duty or perform any function not authorised by this Act or any treatment not authorised by the field of his profession.

CHAPTER VII

OFFENCES AND PENALTIES

Penalty for
falsely claiming
to be registered.

52. If any person whose name is not for the time being entered in the Central Register or a State Register, falsely represents that it is so entered or uses in connection with his name or title any words or letters to suggest that his name is so entered, he shall be punished on first conviction with fine which may extend to fifty thousand rupees, and on any subsequent conviction with imprisonment which may extend to six months or with fine not exceeding one lakh rupees or with both.

	53. If any person,—	Misuse of titles.
	(a) not being a person registered in the Central Register or a State Register, takes or uses the description of an allied and healthcare professional, or	
5	(b) not possessing an allied and healthcare qualification under this Act, uses a degree or a diploma or a licence or an abbreviation indicating or implying such qualification,	
	shall be punished on first conviction with fine which may extend to one lakh rupees, and on any subsequent conviction with imprisonment which may extend to one year or with fine not exceeding two lakh rupees or with both.	
10	54. If any person whose name has been removed from the Central Register or a State Register, he shall surrender forthwith his certificate of registration or certificate of renewal, as the case may be, or both, failing which he shall be punishable with fine which may extend to fifty thousand rupees and in case of a continuing offence with an additional fine which may extend to five thousand rupees per day after the first day during which the offence continues.	Failure to surrender Certificate of Registration.
15	55. Whoever contravenes any of the provisions of this Act or any rules or regulations made thereunder shall be punished with imprisonment which shall not be less than one year but which may extend to three years or with fine which shall not be less than one lakh rupees but which may extend to five lakh rupees or with both.	Penalty for contravention of provisions of Act.
20	56. (1) No court shall take cognizance of any offence punishable under this Act except upon a complaint made by the order of the Central Government, the State Government, the Council or the State Council, as the case may be.	Cognizance of offences.
	(2) No court inferior to that of a Metropolitan Magistrate or a Judicial Magistrate of the first class shall try any offence punishable under this Act.	
CHAPTER VIII		
MISCELLANEOUS		
25	57. No civil court shall have jurisdiction to entertain any suit or proceeding in respect of any order made by the Council or the State Council relating to the removal of a name or the refusal to enter a name in the Central Register or State Register, as the case may be, under this Act.	Bar of Jurisdiction.
30	58. No suit, prosecution or other legal proceeding shall lie against the Central Government or State Government or against the Chairperson or any other member of the Council or the State Council or the professional advisory bodies, as the case may be, for anything which is in good faith done or intended to be done in pursuance of this Act or any rule made thereunder in the discharge of official duties.	Protection of action taken in good faith.
35	59. (1) The Central Government may, from time to time, issue such directions to the Council as in the opinion of said Government are conducive for the fulfilment of the objects of this Act and in the discharge of its functions, the Council shall be bound to carry out any such directions.	Directions by Central Government.
	(2) Any direction issued under sub-section (1) may include directions to the Council to make any regulations or to amend or revoke any regulations already made.	
40	60. The provisions of this Act shall have overriding effect notwithstanding anything inconsistent therewith contained in any other law for the time being in force or in any instrument having effect by virtue of any law other than this Act.	Act to have overriding effect.
	61. (1) The Central Government may, by notification, make rules to carry out the provisions of this Act.	Power of Central Government to make rules.
45	(2) In particular and without prejudice to the generality of the foregoing power under sub-section (1), such rules may provide for all or any of the following matters, namely:—	

- (a) the qualifications and experience of the member of the Council under clause (l) of sub-section (3) of section 3;
- (b) the qualifications and experience of the member of the Council under clause (m) of sub-section (3) of section 3;
- (c) the qualifications and experience of the member of the Council under clause (n) of sub-section (3) of section 3; 5
- (d) the travelling and other allowances to the member of the Council under sub-section (3) of section 4;
- (e) the time, place and rules of procedure with respect to the transaction of business at meetings including the quorum of Council under sub-section (1) of section 7; 10
- (f) the salary, allowances and other conditions of service of the Chief Executive Officer and other officers and employees of the Council under sub-section (2) of section 9;
- (g) the form and manner of application for registration in the Central Register under section 15; 15
- (h) the form, manner and fee of application for certificate of registration under sub-section (1) of section 16;
- (i) the form of certificate of registration under sub-section (2) of section 16;
- (j) the fee and form for issuance of duplicate certificate under sub-section (3) of section 16; 20
- (k) the form, manner and fees of application for additional entry in the Register under sub-section (1) of section 17;
- (l) the form, manner, particulars and fees for scheme under clause (b) of sub-section (2) of section 37;
- (m) the other factors to be considered by the Council and Central Government related to the scheme under clause (g) of sub-section (5) of section 37; 25
- (n) the manner and particulars of information to be provided by the University or college or institution to the Council under sub-section (2) of section 38;
- (o) the manner of discharge of the functions of the Council under sub-section (2) of section 42; 30
- (p) the form and time period for preparing annual report of the Council under section 44; and
- (q) any other matter which is required to be, or may be, specified by rules or in respect for which provision is to be made by rules.

Power to make regulations.

62. (1) The Council may, with the previous sanction of the Central Government, make regulations generally to carry out the purposes of this Act. 35

(2) In particular, and without prejudice to the generality of the foregoing provisions, such regulations may provide for all or any of the following matters, namely:—

- (a) the details of the recognised allied and healthcare qualifications including the name of course, entry criteria, duration and such other particulars under clause (e) of section 10; 40
- (b) the manner of providing uniform entry examination with common counselling for admission under clause (f) of section 10;
- (c) the manner of providing uniform exit or licensing examination under clause (g) of section 10; 45

(d) the particulars of allied and healthcare professionals to be maintained in the Central Register under sub-section (1) of section 12;

(e) the standardised format for populating and maintaining the Central Register under sub-section (2) of section 12;

5 (f) the manner of removal of name of a person from the Central Register under section 18;

(g) the particulars of allied and healthcare professionals to be maintained in the State Register under sub-section (1) of section 29;

10 (h) the period of years that a person removed from the State Register shall be ineligible for registration under sub-section (2) of section 33;

(i) the manner of registration of persons who offer services in any of the recognised categories on or before the commencement of this Act under section 35;

(j) the recognition of corresponding allied and healthcare qualifications granted outside India under sub-section (1) of section 36;

15 (k) the manner of entitlement of registration of qualifications granted by institutions outside India under sub-section (2) of section 36;

(l) the minimum standards of education for seeking to open a new or higher course of study or training under clause (a) of sub-section (5) of section 37;

20 (m) the manner of verification of standards of education in allied and healthcare institutions by the State Council under sub-section (1) of section 39; and

(n) any matter for which provision may be made by the regulations under this Act.

25 **63.** Every rule made by the Central Government, and the regulations made by the Council, under this Act shall be laid, as soon as may be after it is made, before each House of Parliament, while it is in session, for a total period of thirty days which may be comprised in one session or in two or more successive sessions, and if, before the expiry of the session immediately following the session or the successive sessions aforesaid, both Houses agree in making any modification in the rule or regulations, or both Houses agree that the rule or regulations should not be made, the rule or regulations shall, thereafter have effect only in such modified form or be of no effect, as the case may be; so, however, that any such
30 modification or annulment shall be without prejudice to the validity of anything previously done under that rule or regulations.

Laying of
rules and
regulations.

64. (1) The State Government may, by notification, make rules to carry out the provisions of this Act.

Power of State
Government
to make rules.

35 (2) In particular and without prejudice to the generality of the foregoing power under sub-section (1), such rules may provide for the following matters, namely:—

(a) the qualifications and experience of the member of the State Council under clause (d) of sub-section (3) of section 20;

(b) the qualifications and experience of the member of the State Council under clause (e) of sub-section (3) of section 20;

40 (c) the travelling and other allowances for the member of the State Council under sub-section (3) of section 21;

(d) the time, place and rules of procedure with respect to transaction of business at meetings including the quorum of State Council under sub-section (1) of section 24;

45 (e) the salary, allowances and other conditions of services of the Chief Executive Officer, other officers and employees of the State Council under sub-section (2) of section 26;

(f) the fee for registration in the State Register under sub-section (1) of section 30;

50 (g) the form for issuance of certificate of registration in the State Register under sub-section (5) of section 30;

(h) the fee and form for issuance of duplicate certificate under section 31;

(i) the fee for renewal of name in the State Register, the manner and the conditions for renewal under sub-section (1) of section 32;

(j) the fee for restoration of name in the State Register under the proviso to sub-section (2) of section 32;

(k) the fee for restoration of name in the State Register after approval of the Council under section 34; 5

(l) the manner of discharge of the functions of the State Council under sub-section (2) of section 47;

(m) the form and time period for preparing annual report of the State Council under section 49; and 10

(n) any other matter which is required to be, or may be, specified by rules or in respect for which provision is to be made by rules.

(3) Every rule made by the State Government under this Act shall be laid, as soon as may be after it is made, before each House of State Legislature, where there are two Houses and where there is one House of State Legislature, before that House. 15

Power to
Remove
Difficulties.

65. (1) If any difficulty arises in giving effect to the provisions of this Act, the Central Government may, by order, published in the Official Gazette, make such provisions, not inconsistent with the provisions of this Act, as may appear to be necessary or expedient for removing the difficulty:

Provided that no order shall be made under this section after the expiry of three years from the date of commencement of this Act. 20

(2) Every order made under this section shall, as soon as may be after it is made, be laid before each House of Parliament.

Power to
amend
Schedule.

66. (1) The Central Government may, after consultation with the Council, by a notification, add to or otherwise amend the Schedule for the purposes of this Act and thereupon the said Schedule shall be deemed to be amended accordingly. 25

(2) A copy of every notification proposed to be issued under sub-section (1), shall be laid in draft before each House of Parliament, while it is in session, for a total period of thirty days which may be comprised in one session or in two or more successive sessions, and if, before the expiry of the session immediately following the session or the successive sessions aforesaid, both Houses agree in disapproving the issue of the notification or both Houses agree in making any modification in the notification, the notification shall not be issued or, as the case may be, shall be issued only in such modified form as may be agreed upon by both the Houses. 30

THE SCHEDULE

[See Section 2(k)]

Serial Number	Recognised Category	Allied and Healthcare Professional	ISCO Code
(1)	(2)	(3)	(4)
1.	Life Science Professional	(i) Biotechnologist	2131
	Note: Life Science Professional is a person who has knowledge of application of research on human and other life forms, their interactions with each other and the environment, to develop new knowledge, and solve human health and environmental problems and who works in diverse fields such as bacteriology, biochemistry, genetics, immunology, pharmacology, toxicology and virology and who collect, analyse and evaluate the experimental and field data to identify and develop new processes and techniques among others.	(ii) Biochemist (non-clinical)	2131
		(iii) Cell Geneticist	2131
		(iv) Microbiologist (non-clinical)	2131
		(v) Molecular Biologist (non-clinical)	2131
		(vi) Molecular Geneticist	2131
		(vii) Environment Protection Officer	2133
		(viii) Ecologist	2133
		(ix) Biomedical Engineer	2149
		(x) Medical Equipment Technologist	3211
		(xi) Occupational Health and Safety Officer (Inspector)	3257
2.	Trauma and Burn Care Professional	(i) Burn Care Technologist	2240
	Note: Trauma and Burn care professional is a person who provides advisory, diagnostic, curative and preventive medical services more limited in scope and complexity than those carried out by a medical doctor including emergency and burn care technologist who work autonomously, or with limited supervision of medical doctors and apply advanced clinical procedures for treating and preventing injuries and other physical impairments.	(ii) Emergency Medical Technologist (Paramedic)	3258
		(iii) Advance Care Paramedic	2240
3.	Physiotherapy Professional	Physiotherapist	2264
	Note: Physiotherapy professional is a person who practices physiotherapy by undertaking comprehensive examination and appropriate investigation, provides treatment and advice to any persons preparatory to or for the purpose of or in connection with movement or functional dysfunction, malfunction, disorder, disability, healing and pain from trauma and disease, using physical modalities including exercise, mobilisation, manipulations, electrical and thermal agents and other electro therapeutics		

(1)	(2)	(3)	(4)
	for prevention, screening, diagnosis, treatment, health promotion and fitness. The physiotherapist can practice independently or as a part of a multi-disciplinary team and has a minimum qualification of a baccalaureate degree.		
4.	Nutrition Science Professional Note: Nutrition Science Professional is a person who follows a scientific process to assess, plan and implement programs to enhance the impact of food and nutrition on health, promote good health, prevent and treat disease to optimize the health of individuals, groups, communities and populations as well as on human health with training in food and nutritional science, nutrition, dietetics.	(i) Dietician (including Clinical Dietician, Food Service Dietician) (ii) Nutritionist (including Public Health Nutritionist, Sports Nutritionist)	2265 2265
5.	Ophthalmic Sciences Professional Note: Ophthalmic Sciences Professional is a person who studies eye, related ailments and specialises in the management of disorders of eye and visual system, limited in scope and complexity as performed by a medical doctor having Optometrists with a minimum of four years of baccalaureate degree and Ophthalmic assistants with a minimum of a two years diploma program in Ophthalmic Sciences.	(i) Optometrist (ii) Ophthalmic Assistant	2267 3256
6.	Occupational Therapy Professional Note: Occupational therapy professional is a person who delivers client-centred services concerned with promoting health and well-being through occupation to enable people to participate in the activities of everyday life, which includes professionals such as Occupational therapists who achieve this outcome by working with people and communities to enhance their ability to engage in the occupations they are expected to do, or by modifying the occupation or the environment to better support their occupational engagement.	(i) Occupational Therapist (ii) Movement Therapist (including Art, Dance and Movement Therapist or Recreational Therapist) (iii) Podiatrist	2269 2269 2269
7.	Behavioural Health Sciences Professional Note: Behavioural Health Science Professional is a person who undertakes scientific study of the emotions, behaviours and biology relating to a person's mental well-being, their ability to function in everyday life and their concept of self. "Behavioural health" is the preferred term to "mental health" and includes professionals such as counsellors, analysts, psychologists, educators and support workers, who provide counselling, therapy and mediation services to	(i) Psychologist (Except Clinical Psychologist covered under RCI for PWD) (ii) Behavioural Analyst (iii) Integrated Behavior Health Counsel (iv) Health Educator including Disease Counsellors, Diabetes Educators, Lactation Consultants	2634 2635 2635 2635

(1)	(2)	(3)	(4)
	individuals, families, groups and communities in response to social and personal difficulties.	(v) Human Immunodeficiency Virus (HIV) Counsellors or Family Planning Counsellors	3259
		(vi) Mental Health Support Workers	3259
8.	Primary, Community and other Miscellaneous Care Professional Note: Primary and Community Care Professional is a person who provides health education, referral and follow up, case management and basic preventive health care and home visiting services to specific communities at field level and provides support and assistance to individuals and families in navigating the health and social services system and establish a referral network.	Community Health promoters	3253
9.	Medical Radiology, Imaging and Therapeutic Technology Professional Note: Medical imaging and therapeutic equipment technology professionals include persons who tests and operate radiographic, ultrasound and other medical imaging equipment to produce images of body structures for the diagnosis and treatment of injury, disease and other impairments or administers radiation treatments and monitor patients' conditions with training in medical technology, radiology, sonography, mammography, nuclear medical technology, Magnetic Resonance Imaging, Dosimetry or radiotherapy, under the supervision of a radiologist or other medical professional.	(i) Medical Physicist (ii) Nuclear Medicine Technologist (iii) Radiology and Imaging Technologist (Diagnostic Medical Radiographer, Magnetic Resonance Imaging (MRI), Computed Tomography (CT), Mammographer, Diagnostic Medical Sonographers) (iv) Radiotherapy Technologist (v) Dosimetrist (vi) Electrocardiogram (ECG) Technologist or Echocardiogram (ECHO) Technologist	2111 3211 3211 3211 3211
10.	Medical Laboratory Sciences Professional Note: Medical and pathology laboratory professional is a person who performs clinical test on specimens of bodily fluids and tissues in order to get information about the health of a patient or cause of death and having formal training in medical laboratory technology or related field, which includes testing and operating equipment such as spectrophotometers, calorimeters and flame photometers for analysis of biological material including blood, urine and spinal fluid.	(i) Cytotechnologist (ii) Forensic Science Technologist (iii) Histotechnologist (iv) Hemato technologist (v) Medical Lab technologist	3212 3212 3212 3212 3212

(1)	(2)	(3)	(4)
11.	Health and Information Management Professional Note: Health and information management professional is a person who develops, implements and assesses the health record processing, storage and retrieval systems in medical facilities and other health care settings to meet the legal, professional, ethical and administrative records-keeping requirements of health services delivery and processes, maintains, compiles and reports patient information for health requirements and standards in a manner consistent with the healthcare industry's numerical coding system.	(i) Health Information Management Professional (including Medical Records Analyst) (ii) Health Information Management Technologist (iii) Clinical Coder (iv) Medical Secretary and Medical Transcriptionist	3252 3252 3252 3344
12.	Physician Associate or Physician Assistant Note: Physician Associate or Physician Assistant is a person who performs basic clinical and administrative tasks to support patient care and is trained in a medical model such that he is qualified and competent to perform preventive, diagnostic and therapeutic services with physician supervision.	Physician Associates and Assistants	3256
13.	Cardio-vascular, Neuroscience and Pulmonary Technology Professional Note: Cardio-vascular, Neuroscience and Pulmonary Technology Professionals include those persons who have studied and have thorough understanding of respiratory, neurological and circulatory system and also the ability to operate complex equipments related therein and includes professionals such as Perfusionist, Cardiovascular technologist, respiratory technologist and Sleep lab technologists.	(i) Cardiovascular Technologists (ii) Perfusionist (iii) Respiratory Technologist (iv) Electroencephalogram (EEG) or Electro-neurodiagnostic (END) or Electromyography (EMG) Technologists or Neuro Lab Technologists or Sleep Lab Technologists	3259 3259 3259 3259
14.	Renal Technology Professional Note: Renal technology professional is a person who deals with dialysis therapy process and technology to ensure an effective dialysis therapy to the patient and includes professionals such as Dialysis Therapy Technologists having baccalaureate degree who operate and maintain an artificial kidney machine, following approved methods.	Dialysis Therapy Technologists or Urology Technologists	3259

(1)	(2)	(3)	(4)
15.	Surgical and Anaesthesia-related Technology Professional	(i) Anaesthesia Assistants and Technologists	3259
	Note: Surgical and anaesthesia-related technology professional is a person who is a member of a multidisciplinary team in the operation theatres, who prepares and maintains an operating theatre, assists the anaesthetist and surgical team during peri-operative period and provides support to patients in the recovery room and the main role includes the setup, check, and maintains anaesthesia equipment, preparation of operation room and table, management of the central sterile services department functions, assistance in emergency situations and disaster preparedness and support of the surgeons and anaesthetists in any other related clinical area.	(ii) Operation Theatre (OT) Technologists	3259
		(iii) Endoscopy and Laparoscopy Technologists	3259

STATEMENT OF OBJECTS AND REASONS

As estimated by the World Health Organisation, by the year 2030, the global economy is projected to create around forty million new health sector jobs mostly in the middle and high income countries and despite the anticipated growth in jobs there shall be projected shortage of fifteen million health workers to achieve the sustainable development goals in low and lower middle income countries. The United Nation's Commission on Health Employment and Economic Growth with a focus on building resilient health systems stresses upon strengthening the health workers and urges to ensure effective health employment.

2. Considering the age as a factor, India is one of the youngest countries of the world. By the year 2020, with sixty-four per cent. of the population in the working age group, India is set to experience a dynamic transition as the population burden of the past turns into a demographic dividend. The rising global demand and need for health workers, over the next decade, presents significant challenges nationally as well as offers the opportunity to generate employment not only to meet the domestic demands but also to cater the global market.

3. Health workforce in Indian healthcare system has been defined with focus limited to few cadres such as doctors, nurses and frontline workers, wherein, several other healthcare professionals, have remained unidentified, unregulated and underutilised. The persistent demand for a regulatory framework to ensure appropriate regulation and standardisation of such professions have been seen for several decades. In the last six years, over fifty allied and healthcare professions have been identified whose potential may be utilised in improving the access to care and all those professions are globally regulated professions. Detailed mapping has been undertaken to identify such professions based on the International Labour Organisation's International Standard Classification of Occupations (ISCO-08).

4. With the advancement in the health sector, changing preferences of consumer and provider, it is now warranted to create a fresh vision of healthcare delivery with a patient centric approach and focus on moving to a multi-disciplinary team-based care. There is a need to implement new ways of using health workers, strengthening the workforce by testing task shifting models and improving and increasing access to quality services through qualified and competent set of allied and healthcare professionals.

5. The Allied and Healthcare Professions Bill, 2018 provides for regulation and maintenance of standards of education and services by allied and healthcare professionals and the maintenance of a Central Register of such professionals. The Bill further provides for the recognition of more than fifty professions in the allied and healthcare sector such as Physiotherapist, Optometrist, Nutritionist, Medical Laboratory professionals, Radiotherapy technology professional, to name a few, who lack a comprehensive regulatory mechanism. The Bill, *inter alia*, provides for—

(i) constitution of an Allied and Healthcare Council of India for regulation and maintenance of standards for education and services by Allied and Healthcare Professionals;

(ii) ensuring a framework for coordinated and integrated development of policies and standards for governance of allied and healthcare education and services;

(iii) regulating the professional conduct, code of ethics and etiquette to be observed by allied and healthcare professionals;

(iv) a platform to create and maintain an allied and healthcare workforce register;

(v) the development of minimum standards of education, courses, curricula, facilities, assessment, examination, training, etc.;

(vi) the allied and healthcare qualifications including name of the course, entry criteria, duration, among other particulars;

(vii) a uniform entry examination with common counselling for admission into allied and healthcare institutions at diploma, undergraduate, postgraduate and doctoral levels;

(viii) a uniform exit or licensing examination;

(ix) strategic framework for rational deployment of skilled manpower, performance management systems, task shifting and associated career development pathways for allied and healthcare professionals; and

(x) constitution of corresponding State Allied and Healthcare Councils to enforce and implement the standards established by the Central Council.

6. The Bill seeks to achieve the above objectives.

NEW DELHI;
The 14th December, 2018.

JAGAT PRAKASH NADDA.

Notes On Clauses

Clause 1.—This clause provides for the short title, extent and commencement of the proposed legislation.

Clause 2.—This clause provides for the definitions of certain expressions used in the proposed legislation.

Clause 3.—This clause provides for the constitution and composition of the Allied and Healthcare Council to be known as the “Allied and Healthcare Council of India”.

Clause 4.—This clause provides for the term of office and conditions of service of the members of the Allied and Healthcare Council.

Clause 5.—This clause provides for the resignation and removal of members of the Allied and Healthcare Council.

Clause 6.—This clause provides for the cessation of membership and filling up of casual vacancy of members of the Allied and Healthcare Council.

Clause 7.—This clause provides for the meetings of the Allied and Healthcare Council. This clause further provides for alternative representation for the Chairperson, if he is unable to attend a meeting of the Council and the decision of the Council on any question to be based on majority of the votes of the members present and the presiding chair to have a second or casting vote in case of equality of votes.

Clause 8.—This clause provides that no act or proceeding of the Council shall be invalid merely by reason of any vacancy in, or any defect in the constitution of the Council; or any defect in the appointment of a person acting as a member of the Council; or any irregularity in the procedure of the Council not affecting the merits of the case.

Clause 9.—This clause provides that the Council may appoint a Chief Executive Officer and other officers and employees, as may be needed. It also empowers the Central Government to frame rules regarding salary, allowances and other conditions of services of the Chief Executive Officer and other employees of the Council.

Clause 10.—This clause provides that the Council shall discharge such functions as may be necessary to ensure coordinated and integrated development of education and maintenance of the standards of delivery of services under the proposed legislation. The functions of the Council shall include—(a) framing policies and standards related to allied and healthcare education and professional services; (b) regulating professional conduct, code of ethics and etiquette to be observed by allied and healthcare professionals; (c) creating and maintaining an up to date Central Register; (d) providing minimum standards of education, courses, curricula, physical and instructional facilities, staff pattern, staff qualifications, quality instructions, assessment, examination, training, research, continuing professional education, maximum tuition fee payable in respect of various recognised categories, proportionate distribution of seats and promote innovations in recognised categories; (e) prescribing allied and healthcare qualifications including name of the course, entry criteria, duration and other particulars; (f) providing uniform examinations for entry with common counseling for admissions; (g) providing uniform exit or licensing examination; (h) providing strategic framework for rational deployment of skilled manpower, performance management systems, task shifting and associated career development pathways; and (i) any other functions as may be necessary to carry out the provisions of the proposed legislation.

Clause 11.—This clause provides that the Council shall constitute professional advisory bodies as may be needed, to examine specific issues and to recommend or advise the Council, or undertake any other activity as may be authorised by the Council for their

respective professions. It also provides for the advisory body to be presided over by a member of the Council to be nominated by the Chairperson from amongst the members representing the Council for the respective professions and in case of no representation from particular category to chair the advisory body, the Chairperson of the Council may nominate any other member of the Council.

Clause 12.—This clause provides for a Central Allied and Healthcare Professionals' Register to be maintained by the Council, which shall be a public document for the purpose of the Indian Evidence Act, 1872. A standardised format may be adopted to maintain details of the information of the registering person, in separate parts, as may be specified by regulations.

Clause 13.—This clause provides that every person whose name is borne on the Central Register shall be entitled to provide service as an allied and healthcare professional and receive expenses, charges or fees in respect of such service, subject to the conditions and restrictions under the proposed legislation, regarding practice and qualifications.

Clause 14.—This clause provides that only a registered allied and healthcare professional can hold office as an allied and healthcare professional, provide service in any State and entitled to sign or authenticate any certificate required to be signed as allied healthcare professional.

Clause 15.—This clause provides that on the basis of an application made by any person or in case of registration of a person in a State Register, the Council may enter his or her name in the Central Register on receipt of such information.

Clause 16.—This clause provides that the Council shall issue a certificate of registration to those whose names have been entered in the Central Register, on receipt of an application and payment of fees for the same, as may be prescribed by the Central Government. The certificate shall cease to be valid if the person's name is removed from the Central or State Register. In case of loss of the certificate, a duplicate certificate may be issued on payment of requisite fees, with the authentication of the Chief Executive Officer of the Council.

Clause 17.—This clause provides that if additional recognised qualifications are obtained by persons whose names are in the Central Register, additional qualification may be recorded against their name, in both Central and State Registers, after making an application and paying requisite fees, as may be prescribed by the Central Government.

Clause 18.—This clause provides that if the name of the enrolled person is removed from the State Register, the Council shall remove the name of such person from the Central Register in the manner as may be specified by the regulations and on removal of name of such person, the certificate of registration shall cease to be valid.

Clause 19.—This clause provides for establishment and constitution of an Interim Council till the Council is established. It also provides that the Interim Council shall be constituted within sixty days from the date of the proposed legislation coming into force. It also provides that the Interim Council shall discharge the functions assigned to the Council.

Clause 20.—This clause provides for the constitution of State Councils by every State Government, to be known as 'State Allied and Healthcare Council' within six months from the date of commencement of this proposed legislation, and the details of establishment including composition of the Council shall be as specified in sub clause (3). It also provides for the election of the Chairperson amongst the non-*ex officio* members of the Council.

Clause 21.—This clause provides that tenure of the non-*ex officio* members of the State Council shall be valid for a period of two years from the date on which they enter office and are eligible for re-nomination for a maximum of three terms. It also provides for eligibility of the members of the State Council for travelling and other allowances as may be specified by the State Government.

Clause 22.—This clause provides for conditions of resignation of the nominated non-*ex officio* State Council members representing professional categories and charitable institutions. This clause further provides that no such members shall be removed unless he is given a reasonable opportunity of being heard in the matter of concern.

Clause 23.—This clause provides that the *ex officio* members nominated by the State Government shall cease to be a member on cessation to the service by virtue of which they were appointed. This clause also contains the provision relating to the casual vacancy and the condition of the term of the casual appointment.

Clause 24.—This clause provides that the State Council shall meet at such times and places and shall observe such rules of procedure in regard to the transaction of business at its meetings (including quorum at such meetings) as may be prescribed by the State Government. This clause further provides for alternate representation for the Chairperson if he is unable to attend and the decision of the Council on any question to be based on majority of the votes of the present members and the chair to have a second or casting vote in case of equality of votes.

Clause 25.—This clause provides that no act or proceeding of the State Council shall be invalid merely by reason of —(a) any vacancy in, or any defect in the constitution of the State Council; or (b) any defect in the appointment of a person acting as a member of the State Council; or (c) any irregularity in the procedure of the State Council not affecting the merits of the case.

Clause 26.—This clause provides that the State Council may appoint a Chief Executive Officer and other officers and employees, as needed, with prescribed salary, allowances and other conditions of service, subject to State Government rules in this behalf.

Clause 27.—This clause provides that the State Council shall discharge such functions as needed to ensure coordinated and integrated development of education and maintenance of the standards of delivery of services. The functions of the State Council shall include—(a) enforcing professional conduct, code of ethics and etiquette to be observed by allied and healthcare professional; (b) ensuring minimum standards; (c) ensuring uniform examinations for entry with common counseling for admission; (d) ensuring uniform exit or licensing examination; (e) inspecting allied and healthcare institutions and registering the professionals in the State register; (f) ensuring compliance of all the directives as issued by the Council; and (g) performing any other such functions entrusted by the State Government as may be necessary for the implementation of the provision of the proposed legislation.

Clause 28.—This clause provides that the State Council shall constitute as many professional advisory bodies as needed, to examine specific issues and to recommend or advise the State Council, or undertake any other activity as may be authorised by the State Council for their respective professions. This clause also provides for the advisory body to be presided over by member of the State Council to be nominated by the Chairperson from amongst the members representing in the State Council for respective professions and in case of no representation from particular category to chair the advisory body, the Chairperson of the State Council to nominate any other member of the State Council.

Clause 29.—This clause provides for a State Allied and Healthcare Professionals' Register to be maintained by the State Council, which shall be a public document under the Indian Evidence Act, 1872 and may be certified by the State Council. A standardised format may be adopted to maintain details of the information of the registering person, in separate parts, as specified by regulations.

Clause 30.—This clause provides that on the basis of an application made by any person and on payment of the fee as prescribed by the State Government, the name of the person may be entered in the State Register if he resides in the State and holds a recognised allied and healthcare qualification. The clause further provides that the name of the applicant may be entered in the Register on application and authorisation of the Chief Executive

Officer, provided that in case a person's name has been removed from any other State Register, additional approval from that State is also needed. In case of rejection of the application by the Chief Executive Officer, appeal to the State Council may be made by the person within three months from the date of such rejection, further in case of disagreement with the State Council's decision, the person within sixty days from communication appeal to the State Government. The clause further provides for issuing of certificate of registration to the person on entry of his name in the State register.

Clause 31.—This clause provides when the Chief Executive Officer authenticates that a certificate of registration or a certificate of renewal has been lost or destroyed, the State Council may issue a duplicate certificate on payment of requisite fees and in such form as may be prescribed by the State Government.

Clause 32.—This clause provides for renewal of the registration of the professional in every five years on payment of fee to the State Council in manner and as per conditions prescribed by the State Government. In case of non-payment within the specified period, the Chief Executive Officer has the authority to remove the name of the defaulter from the State register, provided that it may be restored on payment of fee in manner as prescribed by the State Government, and on payment of fee the Chief Executive Officer may issue a certificate of renewal to the professional.

Clause 33.—This clause provides for the State Council to give order to remove the name of any person from the State Register in condition of erroneous entry or case of misrepresentation or suppression of material fact, or if the person has been convicted of an offence and is opined to be unfit to be kept in the State register, provided that reasonable opportunity must be given to the person for justification. The clause further provides that the State Council may either permanently remove the name or may specify the period of years and the name of the person shall be removed as per the order issued by the State Council which shall remain effective till three months or until an appeal is made. Further the clause provides that in case of disagreement with the order, the person may within sixty days appeal to the Council. The person whose name has been removed from the register will also have to surrender his/her certificate of registration and certificate of renewal, if any, to the State Council and the name so removed shall be uploaded on the website of the State Council, published in the Official Gazette and at least in one daily local newspaper in vernacular language.

Clause 34.—This clause provides that at any time the State Council in case of appropriate satisfaction and subject to approval of the Council and payment on such fee as prescribed by the State Government, may restore the removed name of the person and same shall be uploaded on the website of the State Council, published in the Official Gazette and at least in one daily local newspaper in vernacular language.

Clause 35.—This clause provides that any person who offers his or her services in any of the recognised categories on or before the proposed legislation shall be allowed to register within a period of two years from the date of commencement of the proposed legislation.

Clause 36.—This clause provides that any allied and healthcare corresponding qualification granted by institutions outside India shall be recognised and the Indian citizen receiving the qualification shall be entitled for registration, as may be specified by regulations. The clause further provides that the Central Government in consultation with the Council may notify restriction to such professionals where reciprocity is not applicable or is provided only after specified date, by providing permission for limiting the institution of employment or duration of employment. The clause further provides that the Council may enter into negotiations with an authority in any country outside India entrusted with the recognition of corresponding qualifications, for setting up of a scheme of reciprocity for the recognition of allied and healthcare qualifications and will be as notified by the Central Government.

Clause 37.—This clause provides that the Council will also regulate the establishment of any allied and healthcare institution or opening of new or higher course of study or training as well as admitting new batch of students in any course of study or training. Provided that the allied and healthcare qualification granted to a person in respect of a new or higher course of study or new batch without prior permission of the Council shall not be deemed to be a recognised. The clause further provides for the process of obtaining permission from the Council in form of a scheme in manner and accompanied by fee as prescribed by the Central Government, which will be reviewed by the Council. The Council may seek additional details while considering the scheme and may approve or disapprove the scheme, only after giving a reasonable opportunity to the applicant for justification, provided that any person or institution whose scheme has not been approved earlier, may submit a fresh scheme. The clause further provides for all the criteria the Council may consider before approving or disapproving a scheme, such as—capacity of the institution to offer and maintain the minimum standards of education as prescribed, adequate financial resources, manpower, availability of necessary facilities with respect to staff, equipment, accommodation, hospital and others details as prescribed by the Central Government and communicate the decision to the concerned person or the institution seeking recognition.

Clause 38.—This clause provides that the State Council will also have power to attain information from time to time from allied and healthcare institutions regarding course of study, duration of course, assessment and examinations and other eligibility conditions for individual qualifications in any allied and healthcare course. The clause further provides that any University or institution or college imparting allied and healthcare education shall furnish details to Council in the manner prescribed by Central Government.

Clause 39.—This clause provides that the State Council shall verify the standards of any allied and healthcare institution in manner specified by regulations. The clause further provides that the verification process must not interfere with the conduct of any training or examination but shall be for the purposes of reporting to the State Council on the adequacy of standards and a report in this regards shall be send to the institution by the State Council, with a copy to the Council.

Clause 40.—This clause provides that upon report of verification of standards and in case of any condition of non-conformance to the prescribed standards, the State Council shall make a representation that effect to the Council. The clause further provides that after due consideration and opportunity for providing justification, the Council may withdraw recognition if still found inappropriate. The Council accordingly after making necessary inquiry, may notify that the recognition of qualification or qualification given to allied and healthcare professional recognised up to a specified date.

Clause 41.—This clause provides that the Central Government may give Council grants of such sum of money as the Central Government may think fit for utilisation purposes.

Clause 42.—This clause provides that a Fund to be called the Allied and Healthcare Council of India Fund shall be constituted, wherein all money received from the Central Government, or received by way of grants, gift, donations, benefactions, bequests and transfers, or in any other manner or from any other source, shall be credited. The fund thereby shall be utilised for the expenses incurred by the Council towards the discharge of its function and other related purposes in the manner prescribed by the Central Government.

Clause 43.—This clause provides that the Council shall maintain appropriate accounts and records as well as annual statement of accounts, in manner specified by the Central Government in consultation with the Comptroller and Auditor-General (CAG) of India, which shall be audited annually and any expenditure incurred in connection with the audit shall be payable by the Council to the CAG. The clause further provides that CAG may appoint any other person in his/her place for the purposes of audit of the accounts of the Council, who shall have the same rights, privileges and authority as CAG and who shall also have the right to demand documentation and to inspect the office of the Council. The clause also provides

for the audit report to be forwarded annually to the Central Government and the same to be laid before each House of Parliament.

Clause 44.—This clause provides that the Council shall prepare annual report annually in the manner as prescribed and forward the same to the Central Government, which shall cause the same to be laid before each House of Parliament.

Clause 45.—This clause provides that the Council shall furnish to the Central Government information as may be required from time to time.

Clause 46.—This clause provides that the State Government may give grants to the State Council such sums of money as the State Government may think fit for utilisation of the State Council.

Clause 47.—This clause provides that a Fund to be called the State Allied and Healthcare Council Fund shall be constituted, wherein all money received from the State Government, or received by way of grants, gift, donations, benefactions, bequests and transfers, or in any other manner or from any other source, shall be credited. The fund thereby shall be utilised for the expenses incurred by the State Council towards the discharge of its function and other related purposes in the manner prescribed by the State Government.

Clause 48.—This clause provides that the State Council shall maintain appropriate accounts and records as well as annual statement of accounts, in manner specified by the State Government in consultation with the Comptroller and Auditor-General (CAG) of India, which shall be audited annually and any expenditure incurred in connection with the audit shall be payable by the State Council to the CAG. The clause further provides that CAG may appoint any other person in his place for the purposes of audit of the accounts of the State Council, who shall have the same rights, privileges and authority as CAG and who shall also have the right to demand documentation and to inspect the office of the State Council. The clause also provides for the audit report to be forwarded annually to the State Government and the same to be laid before either each House or the House, of State Legislature.

Clause 49.—This clause provides that the State Council shall prepare annual report annually in the manner as prescribed and forward the same to the State Government, which shall cause the same to be laid before either each House or the House, of State Legislature.

Clause 50.—This clause provides that all orders and decisions of the Council and the State Councils and the instruments issues by it shall be authenticated by signature of the Chief Executive Officer or any other officer appointed by the Chairperson in this behalf.

Clause 51.—This clause provides that an allied and healthcare professional shall not discharge any duty or perform any function not authorised by this proposed legislation or specify treatment not authorised by the field of his profession.

Clause 52.—This clause provides that if any person misrepresents to be a registered professional by any means shall be punished with fine on first conviction and by imprisonment or increased fine or both in the next.

Clause 53.—This clause provides for various conditions wherein if any person is found to be misusing titles such as in case where an unregistered person uses the description of an allied and healthcare professional or an unqualified person uses a degree or diploma or a licence or an abbreviation indicating or implying such qualification, shall be punished with fine which may extend to one lakh rupees on first conviction and by imprisonment which may extend to one year or increased fine not exceeding two lakh rupees or both on any subsequent conviction.

Clause 54.—This clause provides that if any person whose name has been removed from any of the register fails to surrender his certificate of registration or certificate of renewal, or both, shall be punishable with fine which may extend to fifty thousand rupees and in case of a continuing offence with an additional fine which may extend to five thousand rupees per day after the first day during which the offence continues.

Clause 55.—This clause provides that if any person or institution contravenes any of the provisions of the Bill or any rules or regulations made thereunder, shall be punished with imprisonment of more than a years' duration, which may extend to three years or with fine which shall not be less than one lakh rupees but which may extend to five lakh rupees or with both.

Clause 56.—This clause provides that no court shall take cognizance of punishable offence except upon complaint made by order of the Central Government, the State Government, the Council or the State Council. This clause further provides that no court inferior to that of Metropolitan Magistrate or a Judicial Magistrate of the First Class shall try any offence punishable under the Bill.

Clause 57.—This clause provides that no civil court shall undertake any suit or proceeding in respect of any order made by the Council or the State Council pertaining to the case of removal of a name or the refusal to enter a name in the Central Register or State Register.

Clause 58.—This clause provides that no suit, prosecution or other legal proceeding shall be made against the Central Government or State Government or against the Chairperson or any other member of the Council or the State Council or the advisory bodies for anything which is done in good faith or intended to be done for the execution of the activities pertaining to the proposed legislation or any rule made thereunder for the discharge of duties.

Clause 59.—This clause empowers the Central Government to issue directions to the Council for the purposes of fulfilment of the objectives of the proposed legislation as well as for discharging the functions and the Council is bound to follow such directions given by the Central Government. The clause further provides that the directions given to the Council may include ones to make any regulations or amend or revoke any existing regulations.

Clause 60.—This clause provides that the proposed legislation shall have overriding effect on any other existing law or any instrument for any of the covered professions as per the Schedule.

Clause 61.—This clause confers the power upon the Central Government to make rules in respect of matter specified in the said clause.

Clause 62.—This clause confers the power upon the Council to make regulations consistent with this proposed legislation and the rules made thereunder to carry out the purposes of the proposed legislation.

Clause 63.—This clause provides that every rule made by the Central Government and the regulations made by the Council shall be laid before each House of Parliament for a period of thirty days, in which case there may be recommendation for modification in the rule or regulations or both Houses may agree with the annulment of the rule or regulations, which shall be complied to.

Clause 64.—This clause confers the power upon the State Government to make rules in respect of matter specified in the said clause. The clause further provides that every rule made by the State Government shall be laid before either each House or the House of the State Legislature.

Clause 65.—This clause empowers the Central Government to remove any difficulty which may arise in giving effect to the provisions of the proposed legislation and any order in this regards shall be made within first three years after the commencement of the proposed and may be laid appropriately before each House of Parliament.

Clause 66.—This clause empowers the Central Government by notification to add to or amend Schedule, after due consultation with the Council. The clause also provides that notification of such amendment or addition shall be laid in draft before each House of Parliament for total of thirty days in which case there may be recommendation for amendments or both the Houses may disagree with the inclusion or change, which shall be complied to.

FINANCIAL MEMORANDUM

Clause 3 of the Bill provides for constitution of a Central Allied and Healthcare Professions' Council of India consisting of a Chairperson and fourteen *ex officio* members, and other specialists or experts in the field of Allied and Healthcare Professions and invitees.

2. Clause 11 of the Bill provides for constitution of Professional Advisory Bodies of the Central Council.

3. Clause 12 of the Bill provides for maintenance of a Central Allied and Healthcare Professions' Register.

4. Clause 20 of the Bill provides for constitution of a State Allied and Healthcare Professions' Council in every State consisting of a Chairperson and seven *ex officio* members, and other specialists or experts in the field of Allied and Healthcare Professions.

5. Clause 28 of the Bill provides for constitution of Professional Advisory Bodies of the State Council.

6. Clause 29 of the Bill provides for maintenance of a State Allied and Healthcare Professions' Register.

7. Clause 41 of the Bill provides that the Central Government may provide grant-in-aid for meeting expenses of the Central Council, expenses related to fee and allowances for experts and specialists and for the preparation of annual reports, etc., which would be met under the existing schemes of the Ministry of Health and Family Welfare.

8. The Department of Expenditure has approved an outlay of ninety-five crore rupees to meet out expenditure on the aforesaid accounts. The Bill does not envisage any other expenditure of recurring or non-recurring nature.

MEMORANDUM REGARDING DELEGATED LEGISLATION

Clause 61 empowers the Central Government to make rules for the purpose of carrying out the provisions of the proposed legislation. Sub-clause (2) specifies the matters in respect of which such rules may be made. These matters, *inter alia*, include—(a) the qualifications and experience of the members under item (l) of sub-clause (3) of clause 3; (b) the qualifications and experience of the members under item (m) of sub-clause (3) of clause 3; (c) the qualifications and experience of the members under item (n) of sub-clause (3) of clause 3; (d) the travelling and other allowances to the members of the Council under sub-clause (3) of clause 4; (e) the time, place and rules of procedure with respect to the transaction of business at meetings, including quorum of Council under sub-clause (1) of clause 7; (f) the salary, allowances and other conditions of service of the Chief Executive Officer and other officers and employees of the Council under sub-clause (2) of clause 9; (g) the form and manner of application for registration in the Central Register under clause 15; (h) the form, manner and fee of application for certificate of registration under sub-clause (1) of clause 16; (i) the form of certificate of registration under sub-clause (2) of clause 16; (j) the fee and form for issuance of duplicate certificate under sub-clause (3) of clause 16; (k) the form, manner and fees of application for additional entry in the Register under sub-clause (1) of clause 17; (l) the form, manner, particulars and fees for scheme under item (b) of sub-clause (2) of clause 37; (m) the other factors to be considered by the Council and Central Government related to scheme under item (g) of sub-clause (5) of clause 37; (n) the manner and particulars of information to be provided by the University or college or institution to the Council under sub-clause (2) of clause 38; (o) the manner of discharge of the function of council under sub-clause (2) of clause 42; (p) the form and time period for preparing annual report of Council under clause 44; (q) any other matter which is required to be, or may be, specified by rules or in respect for which provision is to be made by rules.

2. Clause 62 empowers the Central Council to make regulations with the previous sanction of the Central Government to carry out the purposes of the proposed legislation. Sub-clause (2) of clause 62 specifies the matter in respect of which such regulations may be made. These matters, *inter alia*, include—(a) the details of the recognised allied and healthcare qualifications including the name of course, entry criteria, duration and such other particulars under item (e) of clause 10; (b) the manner of providing uniform entry examination with common counselling for admission under item (f) of clause 10; (c) the manner of providing uniform exit or licensing examination under item (g) of clause 10; (d) the particulars of allied and healthcare professionals to be maintained in the Central Register under sub-clause (1) of clause 12; (e) the standardised format for populating and maintaining the Central Register under sub-clause (2) of clause 12; (f) the manner of removal of name of person from the Central Register under clause 18; (g) the particulars of allied and healthcare professionals to be maintained in the State Register under sub-clause (1) of clause 29; (h) the period of years that a person removed from State Register shall be ineligible for registration under sub-clause (2) of clause 33; (i) the manner of registration of persons who offer services in any of the recognised categories on or before the commencement of this Act under clause 35; (j) the recognition of corresponding allied and healthcare qualifications granted outside India under sub-clause (1) of clause 36; (k) the manner of entitlement of registration of qualifications granted by institutions outside India under sub-clause (2) of clause 36; (l) the minimum standards of education for seeking to open a new or higher course of study or training under item (a) of sub-clause (5) of clause 37; (m) the manner of verification of standards of education in allied and healthcare institutions by the State Council under sub-clause (1) of clause 39; (n) any matter for which provision may be made by regulations.

3. Clause 64 empowers the State Government to make rules for the purpose of carrying out the provisions of the proposed legislation. Sub-clause (2) of clause 64 specifies the matters in respect of which such rules may be made. These matters, *inter alia*, include—

(a) the qualifications and experience of the members under item (d) of sub-clause (3) of clause 20; (b) the qualifications and experience of the members under item (e) of sub-clause (3) of clause 20; (c) the travelling and other allowances for the members of the State Council under sub-clause (3) of clause 21; (d) the time, place and rules of procedure with respect to transaction of business at meetings including quorum of the State Council under sub-clause (1) of clause 24; (e) the salary, allowances and other conditions of services of the Chief Executive Officer, other officers and employees of the State Council under sub-clause (2) of clause 26; (f) the fee for registration in the State Register under sub-clause (1) of clause 30; (g) the form for issuance of certificate of registration in the State Register under sub-clause (5) of clause 30; (h) the fee and form for issuance of duplicate certificate under clause 31; (i) the fee for renewal of name in the State Register, the manner and the conditions for renewal under sub-clause (1) of clause 32; (j) the fee for restoration of name in the State Register under sub-clause (2) of clause 32; (k) the fee for restoration of name in the State Register after approval of the Council under clause 34; (l) the manner of discharge of the functions of State Council under sub-clause (2) of clause 47; (m) the form and time period for preparing annual report of the State Council under clause 49; (n) any other matter which is required to be, or may be, specified by rules or in respect for which provision is to be made by rules.

4. Sub clause (1) of clause 66 provides for the Central Government to amend the Schedule in consultation with the Council.

RAJYA SABHA

A

BILL

to provide for regulation and maintenance of standards of education and services by allied and healthcare professionals and the maintenance of a Central Register of Allied and Healthcare Professionals and for matters connected therewith or incidental thereto.

(Shri Jagat Prakash Nadda, Minister of Health and Family Welfare)

THE ALLIED AND HEALTHCARE PROFESSIONALS BILL 2018

THE ALLIED AND HEALTHCARE PROFESSIONALS BILL 2018 to provide for regulation and maintenance of standards of education and services by allied and health care professionals and maintenance of a central register of allied and healthcare professionals has been tabled in the Rajyasabha and is being considered by the PSC on H&FWD.

Although the regulation and registration of allied healthcare professionals is necessary, many provisions of the proposed bill, especially those allowing independent practice by some allied health care professionals are highly detrimental to the public health at large and will subvert the current team based approach adopted by the modern medical profession.

In the proposed bill, a new category called HEALTHCARE PROFESSIONAL has been added with an intend to confer right for independent and unsupervised "practice" by some allied health care professionals. This is in violation of the existing laws as the right to practice modern medicine is confined to those who have recognized medical qualifications described in 3rd schedule of Indian Medical Council Act.

It has come to the notice of the Medical Professionals, Medical fraternity, and the Medical Students of the Country that, Allied Health Professionals (Paramedics) in the Country are attempting back door entry to the Medical Profession, by over riding the existing position of law on the practice of Modern Medicine in India. If the practice of Modern Medicine is allowed for Allied Health Professionals (Paramedics), the entire structure and standards of Medical Profession in India will be uprooted.

From the Allied Health Professionals (Paramedics), many allied health professional through their association, by somehow or other to secure the legal rights of the Medical Professionals collectively started violating the laws of the land, by prefixing the word "Dr." before their names to mislead the public that they are Medical Professionals. Many of them also started treating patients as Medical Consultants by prescribing drugs. The physiotherapists, clinical psychologists, optometrists etc, through their association have openly made a self declaration that they are doctors and will practice modern medicine. This has created confusion in the minds of the public.

As per the judgments and the rulings stated above the allied health professional cannot use prefix "Dr" to their name, they can work only under medical supervision and in any case cannot be the first contact person for an illness.

1. MCI in its Letter No. 211 (2) (158/2002/Ethical dated 26/7/04 clearly says that the paramedics should not prefix "Dr" to their name and if they violate this they should be punished accordingly.
2. The High Court of Madras on Writ petition No: 30259 of 2008 dated 23-02-2010 rightly observed that 'Physiotherapy does not constitute an independent system of medicine but is actually an outreach of the allopathic medicine'. The Govt of Tamil Nadu has made legislation to this effect.
3. The allied health professionals including physiotherapists are not allowed to treat patients independently anywhere in the world.
4. The right to practice modern medicine is confined to those who have recognized medical qualifications described in 3rd schedule of Indian Medical Council Act. The Medical Council of India has made it clear on several occasions that allied health professions including 'Physiotherapy' are

"para medical services" and remains "medically directed services", i.e. executed under medical supervision.

To meet the requirement of physical medicine and rehabilitation field in India, the Govt of India have started master and diploma courses in Physical Medicine & Rehabilitation in National institutes and Govt. Medical Colleges. Subsequently permission has been accorded for these courses in private medical colleges also. These practitioners called the Physiatrists are actually the team leaders in Physical Medicine & Rehabilitation. Similarly, all the allied professionals who come under the purview of the act work under the supervision of respective medical fields. Unsupervised work is dangerous to the health of the public.

It is our considered opinion that allied medical professionals should work only under the directions of modern medical professionals, as rightly observed by MCI and various courts in India. The modalities provided by allied health professionals should be performed only after through clinical evaluation and as per the directions given by the modern medical practitioners. The encroachment of the Allied Health Professionals (Paramedics) including Physiotherapists to the modern medical profession by short cut methods is of great concern to the public health and will affect the entire medical education, medical fraternity, medical students and Public Health of the Country.

In this context Indian Medical Association, organization representing 8.5 lakh modern medical practitioners in the country has representing 8.5 lakh modern medial practitioners in the country has represented to the PARLIAMENTARY STANDING COMMITTEE FOR HEALTH & FAMILY WELAFARE DEPARTMENT. In the representation the bill has been analysed clause to clause and the changes to be made in the propose the Allied And Healthcare Professionals Bill 2018 have been submitted in details.

Dr Santanu Sen
National President, IMA

Dr. R.V. Asokan
Hony. Secretary General, IMA

AGENDA ITEM NO.A-4

VIOLENCE ON DOCTORS, HEALTHCARE STAFF AND ESTABLISHMENTS-
CAMPAIGN FOR CENTRAL LAW

**INTERNATIONAL CONCLAVE ON ZERO TOLERANCE ON
VIOLENCE ON DOCTORS AND HOSPITALS**

at The Hotel Lalit, Andheri - East

Friday , 08 th February 2019

MEMORANDUM OF MUMBAI ON VIOLENCE IN
HEALTH CARE

All persons have right to work in a safe environment without threat of violence. We condemn any form of violence especially against the medical profession. In developing countries medical profession is stretching their capabilities to serve the society. Violence against medical profession and health care workers as well as facilities will be counterproductive and demoralising those who serve patients. This undermines the confidence and courage of medical profession especially in critical situations, adversely impacting patient care and safety.

The global scenario on violence against medical profession is complex. The profession and the health care workers face adverse situations and challenges in declared armed conflicts, paramilitary conflicts, civil unrest, hybrid wars and in civil situations . This calls for strong international agreements , protocols and conventions.

In the developing countries, high patient load and limited human and financial resources are challenges leading to potential doctor patient conflict. General dissatisfaction over

services, high expectations and media activism all have contributed to increased violence.

The forms of violence vary from country to country. While some countries have reported incidents of physical violence, threats and forms of psychological violence may be more prevalent in other places. Adverse campaigns and psychological assault through social media have become more rampant.

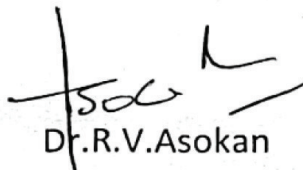
A multifaceted approach encompassing mitigation strategies to reduce aggressive behavioural patterns, appropriate legislation, security, data collection, training, public awareness and Universal Health Coverage are required to successfully address the issues of violence in the health sector. There need to be efficient mechanism to manage situations through strong governmental support. There need to be strong policy initiatives, strong legislations and supportive mechanisms. Central legislation in the form of a dedicated laws should be considered.

This conclave also declares that the increasing criminalisation of medicine can result in violence against health care professionals by scrutinising or even punishing them for providing ethically correct work. Medical errors should be dealt with by competent medical authorities.

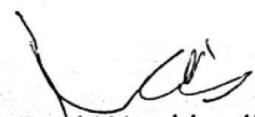


Dr. Santanu Sen

National President, IMA HSG, IMA



Dr. R.V. Asokan



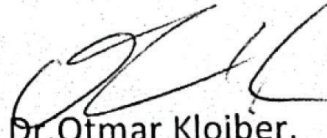
Dr. Ravi Wankhedkar

Chairman, Org committee



Dr. Leonid Eidelman

President, WMA



Dr. Otmar Kloiber,

Gen Sec, WMA

STATES ACTS AND ORDINANCE AGAINST VIOLENCE ON DOCTORS AND MEDICAL INSTITUTIONS

STATE	NAME OF ACT/ORD.	PENALTY	COGNIZANCE	RECOVERY OF LOSS/DAMAGE (Compensation)	AUTH. TO AID/ADVICE VICTIMS OF MED. NEG.	COMPETENT COURT	REMARKS
ANDHRA PRADESH	AP ordinance against the violence on doctors and medical est. 2007	Imprisonment <i>for</i> 3 years <u>and</u> with fine upto Rs. 50,000/-	Cognizable/ Non Bailable	In addition to punishment, offender to pay penalty of <i>twice</i> the purchase price of damaged goods. To be recovered as arrears of land revenue on default.	-	-	-
ASSAM	Assam Medicare Service Persons and Medicare Service institutions Act 2011	Imprisonment which <i>may extend</i> to 3 years <u>and</u> with fine upto Rs. 50,000/-	Cognizable/ Non Bailable	Compensation <i>not less than</i> purchase price of property damaged. To be recovered as arrears of land revenue on default.	-	-	-
BIHAR	Bihar Medical Service Institution and Person Protection Act 2011	Imprisonment <i>of</i> 3 years <u>and</u> with fine upto Rs. 50,000/- and/or action will be taken under IPC.	Cognizable/ Non Bailable	Compensation of <i>twice</i> the purchase price of property damaged. To be recovered as arrears of land revenue on default.	-	-	Investigation not to be done by Police officer below rank of Dy. Superintendent of Police.
CHHATTISGARH	Chhattisgarh Medicare Service Persons and Medicare Service Institutions Act 2010	Imprisonment which <i>may extend</i> to 3 years <u>and</u> with fine upto Rs. 50,000/-	Cognizable/ Bailable	Compensation of <i>twice</i> the amount of loss/damage. To be recovered as arrears of land revenue on default.	Yes. Authority shall consist of experts from field of medical, law, consumer movement and health.	Court of Judicial Magistrate of first class	-

DELHI	Delhi Medicare Service Personnel and Medicare Service Institutions Act 2008	Imprisonment which <i>may extend</i> to 3 years <u>or</u> with fine upto Rs. 10,000/- or both.	Cognizable/ Non Bailable	Compensation of <i>twice</i> the purchase price of property damaged and loss caused. To be recovered as arrears of land revenue on default.	-	Court of Metropolitan Magistrate upon written report of police officer not below rank of Sub Inspector .	1.No suit/proceeding against Govt. or person authorized by Govt. or head of a medicare service institution or his authorized representatives for an act done in good faith. 2.Head of Medicare institution where the offence has been committed or his authorized representatives have power to make a complain.
GOA	Goa Medicare Service Personnel and Medicare Service institutions Bill 2013	Imprisonment which <i>may extend</i> to 3 years <u>or</u> with fine upto Rs. 50,000/- or both.	Cognizable/ Non Bailable	Compensation of <i>twice</i> the purchase price of property damaged and loss caused. To be recovered as arrears of land revenue on default.	Yes. Committee shall consist of experts from field of medical, law, consumer movement and health.	Court of Judicial Magistrate of first class	Convicted Person to deposit amount(which shall be adjusted against any fines/penalties) mentioned below with the Court until disposal of case in the event of assault on medicare personnel resulting in: Simple injury – Rs. 50,000/- Simple injury requiring period of absence – Rs. 75,000/- Grievous injury requiring period of

							absence – Rs 1,00,000/- Amount to be returned if not found guilty by court.
GUJARAT	Gujarat Medicare Service Persons And Medicare Service Institutions (Prevention Of Violence And Damage Or Loss Of Property) Act, 2012	Imprisonment which <i>may extend</i> to 3 years <u>or</u> with fine upto Rs. 50,000/- or both.	Cognizable/ Non Bailable	Compensation of <i>twice</i> the purchase price of property damaged and loss caused. To be recovered as arrears of land revenue on default.	-	-	-
HARYANA	Haryana Medicare Service Persons And Medicare Service Institutions (Prevention Of Violence And Damage to Property) Act, 2009	Imprisonment <i>for</i> 3 years <u>and</u> with compensation.	Cognizable/ Non Bailable	<i>Actual amount of</i> purchase price of property damaged and loss caused. To be recovered as arrears of land revenue on default.	-	-	-
KARNATAKA	Karnataka Prohibition of Violence against Medicare Service Personnel and Damage to Property in Medicare Service institutions Act 2009	Imprisonment <i>for</i> 3 years <u>and</u> with fine upto Rs. 50,000/-	Cognizable/ Non Bailable	Compensation of <i>twice</i> the purchase price of property damaged and loss caused. To be recovered as arrears of land revenue on default.	-	-	-
MADHYA PRADESH	M.P. Chikitsak Tatha Chikitsa Sev Se Sambaddha Vyaktiyon Ki Suraksha Adhiniyam 2008	Imprisonment of either description upto 3 months <u>or</u> with fine upto Rs. 10,000/- or both.	Cognizable/ Non Bailable	-	-	No court inferior to Court of Judicial Magistrate of first class	Offence may be compounded by aggrieved persons with permission of court.

MAHARASHTRA	Maharashtra Medicare Service Persons and Medicare Institutions (Prevention of Violence and Damage or Loss to Property) Act 2010	Imprisonment which <i>may extend</i> to 3 years <u>and</u> with fine upto Rs. 50,000/-.	Cognizable/ Non Bailable	Compensation of <i>twice</i> the purchase price of property damaged and loss caused. To be recovered as arrears of land revenue on default.	Yes. Authority shall consist of one expert each from field of medical, law, consumer movement and health.	Court of Judicial Magistrate of first class	-
ORISSA	Orissa Medicare Service Persons and Medicare Service Institutions (Prevention of Violence and Damage to Property) Act 2008	Imprisonment which <i>may extend</i> to 3 years <u>and</u> with fine upto Rs. 50,000/-.	Cognizable/ Non Bailable	Compensation <i>not less than</i> purchase price of property damaged. To be recovered as arrears of land revenue on default	-	-	-
PUDUCHERRY	Puducherry Medicare Service Persons and Medicare Institutions (Prevention of Violence and Damage or loss to Property) Act 2011	Imprisonment which shall <i>not be less than</i> 3 years but may <i>extend to</i> 10 years <u>and</u> with fine.	Cognizable/ Non Bailable	Compensation <i>as determined</i> by the court. To be recovered as arrears of land revenue on default	-	-	No claim for compensation for damage/loss to property shall be made by medicare personnel or institutions before any authority under any other law for the rime being in force.
PUNJAB	Punjab Protection of Medicare Service Persons and Medicare Service Institutions (Prevention of Violence and Damage to Property) Act 2008	-	-	-	-	-	Prohibition of Violence against medicare persons and institutions.

TAMIL NADU	TN Medicare Service Persons And Medicare Service Institutions (Prevention Of Violence And Damage Or Loss to Property) Act, 2008	Imprisonment which shall <i>not be</i> <i>less than</i> 3 years but may <i>extend to</i> 10 years and with fine.	Cognizable/ Non Bailable	Compensation <i>as</i> <i>determined</i> by the court. To be recovered as arrears of land revenue on default			No claim for compensation for damage/loss to property shall be made by medicare personnel or institutions before any authority under Tamil Nadu Property (Prevention of Damage and Loss) Avt 1992.
TRIPURA	Tripura Medicare Service Persons and Medicare Service Institutions(Prevention of Violence and Damage to Property) Act 2013	Imprisonment which <i>may extend</i> to 3 years and with fine upto Rs. 50,000/-.	Cognizable/ Non Bailable	Compensation <i>not</i> <i>less than</i> purchase price of property damaged. To be recovered as arrears of land revenue on default.	Yes. Authority shall consist of one expert each from field of medical, law, consumer movement and health.	-	-
UTTAR PRADESH	U.P. Medicare Service Persons and Medicare Service Institutions(Prevention of Violence and Damage to Property) Act 2013	Imprisonment which <i>may extend</i> to 3 years and with fine upto Rs. 50,000/-.	Cognizable/ Non Bailable	Compensation of <i>twice</i> the purchase price of property damaged and loss caused. To be recovered as arrears of land revenue on default.	-	-	-
WEST BENGAL	W.B. Medicare Service Persons and Medicare Service Institutions(Prevention of Violence and Damage to Property) Act 2009	Imprisonment which <i>may extend</i> to 3 years and with fine upto Rs. 50,000/-.	Cognizable/ Non Bailable	Compensation <i>as</i> <i>determined</i> by the court. To be recovered as arrears of land revenue on default	-	-	-

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**MINUTES OF THE 220th MEETING OF THE CENTRAL WORKING COMMITTEE OF IMA
HELD AT INDORE ON NOVEMBER 17-18, 2018**

The members were present as per Attendance register.

The dignitaries were invited to the dais. Then, the Hon'y. Secretary General, IMA, Dr R N Tandon adorned the National President, Dr Ravi Wankhedkar with the Presidential Medallion. The National President then called the meeting to order and requested Dr R N Tandon to take up the Agenda of the meeting.

IMA Prayer and Flag Salutation

Dr R N Tandon then, requested the members present to stand up for the IMA Prayer followed by the Flag Salutation. The same were duly invoked.

Condolences to Departed Souls

The House stood up to pay their tributes to the contribution of those members of the Association who had departed for their heavenly abode since the last meeting of the Central Working Committee of IMA. The contribution of the departed members to the medical profession and the Association was duly acknowledged by the House.

Welcome of delegates

After the condolences, Dr. Anil Bhaduria of Indore welcomed all the members of the CWC to Indore and hoped that all the members were having a nice experience. The House resolved to bring it on records its deepest appreciation and applaud for the magnificent arrangements made by Indore Branch of IMA to make their participation comfortable.

The HSG requested the National President to call the meeting to Order.

The President called the meeting to Order and then the matters were taken up as per Agenda

Presidential address by Dr. Ravi Wankhedkar : In his Address, NP welcomed the members to Indore. He informed the members that the image of IMA in Govt. circles is improving day by day. Due to the combined efforts and unity of IMA, Niti Aayog and Ayushman Bharat started listening to IMA and called us many times.

He informed the members that 20 main issues have been identified which will be discussed & deliberated in this CWC Meeting. The same has been included in the Agenda Papers of CWC. He said that a Lead Person will present the draft paper on the first day of the CWC and discussion on these drafts will be done next day. A draft will be prepared in each issue and it will again be circulated in the ensuing meeting of Central Council. We will make a written document of Policy Statement of IMA. He also stressed that documentation is an important part of the success of any Association. He said that IMA Standing Committees will be formed for all important issues.

He further added that IMA needs reforms in IMA Constitution, functioning in IMA working & Election Process and Standing Committees will also be constituted for these issues.

He appreciated the work done by the team of Ayushman Bharat & NMC. He said that Local branches should be strengthened as they are the real strength of IMA. He informed about the various Committees which are being working very effectively for the benefit of the Members as well as community.

He said that IMA should reach to each & every member of IMA either in hard copy or e-copy.

He also apprised the members that Tirumala Srinivasa Trust has a beautiful building and every member should be in a position to use it. He said that the matter should be solved amicably so as to have

optimum utilization of IMA Guest House. This issue will be discussed in the next meeting of the CC and we will try to solve it within the frame work of IMA Constitution.

The issues related to M/s. ARTH Business Channel, QCI & AHPI was informed to the House.

He stressed that Academic Wing & Accreditation Board should be more strengthened. If the structure of the Accreditation Council structured well, it will be a money spinner for IMA. A separate bank account will be opened for the same.

The Accreditation & Academic Councils will be merged to form Accreditation & Academic Board which will consist of Dr. Ravi Wankhedkar as Chairman, Dr. Ved Prakash Mishra as Dean and Dr. Jayesh lele as its Convenor.

NOTE ON UNIFICATION OF 'ACADEMIC COUNCIL AND ACCREDITATION COUNCIL'

The core purpose and function attributed to Academic Council pertains to structuring, evolving, monitoring and implementing academic norms, rules and associated academic inclusions for the various academic pursuits of the Indian Medical Association.

It is also vested with the responsibility of refining augmentation and additional initiation of academic initiatives in the larger academic interest of the profession including the domain of continuing medical education for the purposes of continuing professional update.

Grading/ rating / accreditation of academic initiatives in terms of prescription of set out standards and expected outcome thereto for the purposes of ensuring and certifying quality centricity of the academic initiatives undertaken is the onus of the Accreditation Council.

As a matter of fact the nature of dispensation of task by the Academic Council and those vested with the accreditation council are totally in unison with each other and can be said to be the part of very continuum. Their onus and operation in isolation by the respective authorities namely the Academic Council and the accreditation council ends up in several overlapping of the tasks and duplication of the responsibilities.

In view of the same in the fitness of things it would be appropriate if the two are put in unison with each other and it is rechristened as Academic and Accreditation Board of the Indian Medical Association to be headed by a designated Dean, thereto. Without any alteration in the duties and responsibilities which are in vogue as of now vested with the two designated authorities can be clubbed to be vested with the Academic and Accreditation Board. Their unification into one under the Dean of the said Board under the Dean of the Academic and Accreditation Board would result in avoidance of the hitherto occurring overlap and duplication of dispensations as well.

He appreciated the work of Women Doctors Wing, Mission Pink Health, Family Forum, JDN, MSN and announced that they all will be upgraded to Wings of IMA. Separate bank accounts will be opened for the same.

He thanked the members/state/local branches who have contributed in the Kerala Relief Fund of IMA. He requested the leaders to think about holding the CWC/CC meetings in an economically lower venue (not necessary in 5 Star hotel - it may be 3 star hotel, so as to increase the number of hours for discussion during the CWC/CC. He proposed that we should organize the CWC/CC for 2 full days instead of 2 half days.

Stress was also given that how to curtail the expenses of the Central Council/Central Working Committee and have more time for discussions and deliberations.

Immediate Past National President and whenever there is a President Elect, they will be the Ex-officio members of all Wings, Schemes & Committees.

The Hony. Secretary General, IMA requested the National President to call the meeting to Order. The President called the meeting to Order and then the matters were taken up as per Agenda.

The report of the Hony. Secretary General, Dr R. N. Tandon was presented before the House. He stressed that IMA Protocol including Dias & seating arrangements should be followed by all State & Local Branches while conducting various meetings.

He informed the House about the HFC status and increase in HFC from 1st April by 25%. He also showed good graph to explain rise in HFC with interest, the house agreed to reduce it to 15% from 25% and all approved and accepted. He further informed that Life Membership corpus fund cannot be used for day to day working activities. The same was invested by HQs in nationalised banks and the interest received on these FDs can be utilised for the day to day working

He also made members aware about the Membership Procedure which goes digital with an aim to reach out to current members across several states, creating tempting digital experience for them and leveraging digital tools. He informed them that IMA Members Area have been launched on IMA Website. Registered Members can download or print their certificate, Proforma and ID cards etc. Members can upload photo as well as update their personal details etc.

Service Tax: He informed the House that Service Tax Department has raised a demand on membership fee. We appealed the department and after the deliberations, the Department set off the demand raised by them on membership fee only. The other services were not exempted like rent, course fee etc. IMA should deposit the service tax on the remaining services except membership.

He said that IMA NEWS has been published regularly and is being sent to the concerned members. He requested the House to send the activities of their State/Local Branches to be published in IMA NEWS. He also informed about the MoU which has been signed by IMA with Gol regarding IMA END TB Initiative.

He also informed the members about the IMA Elections for the year 2018-20 which were conducted recently.

Agenda Item No.A - 1: MCI-NMC -Medical education

To deal with the above issue effectively, an IMA Standing Committee For NMC Coordination Committee was constituted and approved by the House:

Chairman: Dr.Ved Prakash Mishra, Members: Dr. Vinay Aggarwal, Dr. A Marthanda Pillai, Dr. K K Aggarwal, Dr.Sahajanand Pd. Singh, Dr. Ravi Wankhedkar, Dr.Jitendra B Patel, Dr.Ravindra H N, Convenor: Dr. V K Monga

The House noted the report and it was decided to prepare a policy document on it after taking the inputs from the members and the same will be placed before the ensuing meeting of the Central Council.

Agenda Item No.A - 2.: Violence against Doctors and their medical establishments

The House noted the report and it was decided to prepare a policy document on it after taking the inputs from the members and the same will be placed before the ensuing meeting of the Central Council.

Agenda Item No.A - 3.: CPA and Capping on Compensation

An IMA Standing Committee for Consumer Protection Act (CPA) and Capping Of Compensation was constituted and approved by the House:

Chairman, Dr. S. Arulraj, MemberS: Dr Dilip Sarda, Dr Rajesh Latkar, Convener: Dr. M.E. Sugathan

The House noted the report and it was decided to prepare a policy document on it after taking the inputs from the members and the same will be placed before the ensuing meeting of the Central Council.

Agenda Item No.A - 4.: Crosspathy

An IMA Standing Committee for Crosspathy was constituted & approved by the House:

Chairman: Dr, Jayant Navrange, Pune, Maharashtra, Members: Dr Anil Bansal, Dr Brajnandan Kumar, Dr Sridhar, Convenor: Dr. A.V Jayakrishnan

The House noted the report and it was decided to prepare a policy document on it after taking the inputs from the members and the same will be placed before the ensuing meeting of the Central Council.

Agenda Item No.A - 5.: Ayushman Bharat and Universal Health Coverage

IMA Standing Committee for Ayushman Bharat was constituted and approved by the House:

Chairman: Dr. Ravi Wankhedkarm Ex-officio: Chairman, HBI, Hony. Secretary, HBI, Treasurer HBI,

Members: Dr.Mangesh Pate, Dr.V.K.Monga, Dr Narsinga Reddy , Dr G.N. Prabhakara , Dr C.M.Bhagat,

Convenor: Dr. A.K Ravikumar

The House noted the report and it was decided to prepare a policy document on it after taking the inputs from the members and the same will be placed before the ensuing meeting of the Central Council.

Agenda Item No.A - 6.: Criminal liability in medical practice and New legislations in medical profession

The House noted the report and it was decided to prepare a policy document on it after taking the inputs from the members and the same will be placed before the ensuing meeting of the Central Council.

Agenda Item No.A - 7.: CEA

The House noted the report and it was decided to prepare a policy document on it after taking the inputs from the members and the same will be placed before the ensuing meeting of the Central Council.

Agenda Item No.A - 8.: PCPNDT

The House noted the report and it was decided to prepare a policy document on it after taking the inputs from the members and the same will be placed before the ensuing meeting of the Central Council. In this regard an Ima Standing Committee for PC-PNDT was constituted and approved by the House with the following members: Dr Padma Iyer Venkatachalam, Chairman and Dr.Arun Moray, Convener

Agenda Item No.A - 9.: Patients Charter

The House noted the report and it was decided to prepare a policy document on it after taking the inputs from the members and the same will be placed before the ensuing meeting of the Central Council.

Agenda Item No.A - 10: Empowerment of women in IMA

The House noted the report and it was decided to prepare a policy document on it after taking the inputs from the members and the same will be placed before the ensuing meeting of the Central Council.

Agenda Item No.A - 11: Issues of Resident doctors

The House noted the report and it was decided to prepare a policy document on it after taking the inputs from the members and the same will be placed before the ensuing meeting of the Central Council.

Agenda Item No.A - 12: Issues of medical students

The House noted the report and it was decided to prepare a policy document on it after taking the inputs from the members and the same will be placed before the ensuing meeting of the Central Council.

Agenda Item No.A - 13: Issues of service doctors

The House noted the report and it was decided to prepare a policy document on it after taking the inputs from the members and the same will be placed before the ensuing meeting of the Central Council.

Agenda Item No.A - 14: Issues of hospitals

The House noted the report and it was decided to prepare a policy document on it after taking the inputs from the members and the same will be placed before the ensuing meeting of the Central Council.

Agenda Item No.A - 15: Ethics and Etiquette

A book was released on Medical Ethics Redefined during the CWC Meeting, which was appreciated by all members.

To promote Medical Ethics in the medical fraternity, an IMA Standing Committee For Medical Ethics was constituted and approved by the House:

Chairman: Dr. Rajendra Airan, Members: Dr. Girish Tyagi, Dr Arun Gupta (President Dmc), Dr Nitin S Vora, Dr Sunil Kumar Shahi, Dr S Gojendra Singh, Dr. Archana Mangesh Patem Convenor: Dr. Srikumarvasudevan

The House noted the report and it was decided to prepare a policy document on it after taking the inputs from the members and the same will be placed before the ensuing meeting of the Central Council.

Agenda Item No.A - 16: Issues of Rural Health

The House noted the report and it was decided to prepare a policy document on it after taking the inputs from the members and the same will be placed before the ensuing meeting of the Central Council.

The following IMA Standing Committee For Rural Health was constituted and approved by the House:

Chairman: Dr. A Marthanda Pillai, Members: Dr. Jayant Ahirao, Dr M.R.Doshi, Dr.Paramjit Maan, Dr Ravindra Bhadoriya, Dr Sarvesh Dubheshi, Convener: Dr. Jaya Sekhar Ravipati

Agenda Item No.A - 17 : Future of IMA & Reforms in IMA functioning

The House noted the report and it was decided to prepare a policy document on it after taking the inputs from the members and the same will be placed before the ensuing meeting of the Central Council.

Agenda Item No.A - 18: Financial Management of Association and Resource mobilisation:

The House noted the report and it was decided to prepare a policy document on it after taking the inputs from the members and the same will be placed before the ensuing meeting of the Central Council.

Agenda Item No.A - 19: Media management and image building of profession

The House noted the report and it was decided to prepare a policy document on it after taking the inputs from the members and the same will be placed before the ensuing meeting of the Central Council.

Agenda Item No.A - 20: Doctor-Patient relationship

The House noted the report and it was decided to prepare a policy document on it after taking the inputs from the members and the same will be placed before the ensuing meeting of the Central Council.

Agenda Item No.A - 21: Role of IMA in public Health

In this regard, an IMA Standing Committee For On Public Health Initiative was constituted & approved by the House: Dr. Sunil D. Khaparde, Chairman, Dr Prakash Deo, Co-Chairman, Dr Sanjay Deshpande, Convenor

The House noted the report and it was decided to prepare a policy document on it after taking the inputs from the members and the same will be placed before the ensuing meeting of the Central Council.

Agenda Item No.A - 22: Political liaisoning of IMA

The House noted the report and it was decided to prepare a policy document on it after taking the inputs from the members and the same will be placed before the ensuing meeting of the Central Council.

It was decided to launch a “Health First Campaign” before the general elections in 2019. For this an Health Manifesto will be prepared so as to increase political visibility of IMA. It was also decided to create a Political Fund in IMA and try and support any IMA Member contesting elections. A separate standing committee for this is formed.

In this regard, following Standing Committees were constituted and approved by the House:

IMA STANDING COMMITTEE FOR POLITICAL LIAISON

Chairman: Dr Jitendra B.Patel, Co-Chairman - DR. Ravi S Wankhedkar, Members: Dr.Ulhas Patil, Dr. N. Nagaraj, Dr.Muthurajan, Dr.Sreejith N. Kumar, Dr.Rameek Bedi, Dr.Mangesh Pate, Dr.T. Narsinga Reddy, Convener: Dr.V.K.Monga, Convener

IMA STANDING COMMITTEE ON HEALTH MANIFESTO AND HEALTH FIRST CAMPAIGN

Chairman: Dr. Ravi Wankhedkar, Secretary: Dr.Mangesh Pate, Members:, Dr V.K.Monga, Dr Sudhir Tambe, Dr Arun Gupta, Dr Navjot Dahiya, Dr Gangadhar Rao, Dr Narsinga Reddy, Dr G. N. Prabhakara, Dr Shrijeeth Kumar, Dr Arun Tripathi, Dr J Mohapatra and Dr Sharad Aggarwal

Agenda Item No.B - 1.: Minutes of the 219th meeting of the Central Working Committee held at

Ahmedabad on April 14-15, 2018

The House noted the report and approved & passed the same.

Agenda Item No.B - 2.: Activity report of Dr Rajendra Airan, Senior National Vice President

The House noted the report and approved & passed the same.

Agenda Item No.B - 3.: Activity report of Dr Bhupendra M. Shah, National Vice President

The House noted the report and approved & passed the same.

Agenda Item No.B - 4.: Activity report of Dr Paramjit Singh Bakhshi, National Vice President

The House noted the report and approved & passed the same.

Agenda Item No.B - 5.: Activity Report of Dr Ashok Agrawal, National Vice President, IMA

The House noted the report and approved & passed the same.

Agenda Item No.B - 6.: Report of IMA Action Committee - Dr A Marthanda Pillai, Chairman

A IMA Standing Committee for IMA NATIONAL ACTION Group was constituted and approved by the House: Chairman: Dr. A Marthanda Pillai, Members: Dr. Ravi S Wankhedkar, Dr. Vinay Aggarwal, Dr Jitendra B. Patel, Dr Adhao Ashok, Dr K Vijay Kumar, Dr.V.K.Monga, Dr.D.R. Rai, Convener: Dr. Mangesh Pate

The House noted the report and approved & passed the same.

Agenda Item No.B - 7.: Report of Academic Council - Dr Ved Prakash Mishra, Chairman

Academic/Accreditation Councils: IMA Accreditation Council and IMA Academic Council are fully functional and a Standing Committee will be formed for the next 3 years. The above Committees are requested to hold its meeting on 2nd December 2018 at IMA House.

IMA Standing Committee for Academic And Accreditation Board was constituted and approved by the House:

Chairman: Dr. Ravi S. Wandkhedkar, Dean: Dr. Ved Prakash Mishra, Ex-Officio Members: Dean, IMA CGP, Director, IMA AKNS, Chairman, IMA AMS, Chairman, IMA Co-ordination Committee for wings-Dr. Ashok Adhao, Chairman-IMA Co-ordination committee for Schemes- Dr. A. Marthanda Pillai, Chairman, Research & Innovation Board- Prof.Dr. Suresh B. Patankar, Dean Paramedical Board – Dr D.R.Rai, Convenor: Dr. Jayesh Lele.

The House noted the report and approved & passed the same.

Agenda Item No.B - 8.: Report of Honorary Secretary General, IMA - Dr R N Tandon

The House noted the above report and approved & passed the same.

Agenda Item No.B - 9.: Minutes of meeting of Finance Standing Committee held at Ahmedabad on

April 13, 2018 - Dr V K Monga, Honorary Finance Secretary, IMA

The House noted the report and approved & passed the same.

Agenda Item No.B - 10: Minutes of Special meeting of Finance Standing Committee held at New Delhi

on October 8, 2018 - Dr V K Monga, Honorary Finance Secretary, IMA

The House noted the report and approved & passed the same.

Agenda Item No.B - 11.: Minutes of meeting of Building Standing Committee held at Ahmedabad on

April 13, 2018 - Dr. Ashwini Kumar Dalmiya, Hony. Jt. Secy. IMA.

The House noted the report and approved & passed the same.

Agenda Item No.B - 12.: Action Taken Report on Minutes of meeting of Building Standing Committee

held at Ahmedabad on April 13, 2018 - Dr. Ashwini Kumar Dalmiya, Hony. Jt. Secy., IMA

The House noted the report and approved & passed the same.

Agenda Item No.B - 13.: Report of IMA Building at New Delhi - Dr. Ashwini Kr. Dalmiya, Hony. Jt. Secy.

IMA

The House noted the report and approved & passed the same.

Agenda Item No.B - 14.: Report of IMA HQ's Building at Kolkatta-Dr. Santosh Kumar Mandal,Hony. Jt. Secy, IMA, Kolkata

The House noted the report and approved & passed the same.

Agenda Item No.B - 15.: Administrative matters - Dr Anil Goyal, Hony. Jt. Secy, IMA

DA enhancement to staff subject to maximum of declaration by Govt. of India was passed by the House.

The House noted the report and approved & passed the same.

Agenda Item No.B - 16.: Report on Formation/Revival/Suspension/Merger/Change in name of Local Branches- Dr Vinod Khetarpal, Honorary Joint Secretary.

IMA Hyderabad City Branch was recognized by IMA HQs.

The House was informed that 10 Membership Application Forms have been received from Duabi. Hence a Dubai Branch was approved by the House.

The House noted the report and approved & passed the same.

Agenda Item No.B - 17.: Position of HFC and Membership - Dr Vinod Khetarpal, Honorary Joint Secretary

HFC: From April 2019, HFC is to be increased by 25% as per Constitution of IMA. Members were of the opinion that it should increase by 15% instead of 25%.

It was further suggested that to promote and increase IMA membership to those Organizations (e.g. Speciality Organization - FOMA, Army Medical Association, Service doctors Organization etc.), if want to become the IMA life members in bulk, they will be offered the incentive as follows:

500-1000 = 25% concession will be given

More than 1000 – 50% concession will be given

Any concession offered in HFC should be capped 50% in future also.

The Schemes/Wings can collect the Application Forms from the Organisations and distribute it to the respective States and branches and then the State & Branches will send it to IMA HQs as a routine procedure. The House noted the report and approved & passed the same.

Agenda Item No.B - 18.: Report of JIMA -Dr Kakoli Sen, Honorary Secretary, JIMA

While discussing the issue of JIMA, it was felt that JIMA should reach out every members of IMA. The E-copy and hard copy should be sent to all the member of IMA.

The House noted the report and approved & passed the same.

Agenda Item No.B - 19.: Report of IMA C.G.P - Dr R Gunasekaran, Honorary Secretary

While discussing the issue of irregularities in the IMA CGP Accounts, Dr. S. Kanagasabapathy was requested to present his report about the same. The House requested him to complete his enquiry within 3 week's time.

Dr. Dharam Prakash/Dr. Jayesh Lele were requested to present their fact finding report of their visit to Chennai. The House was of the opinion that this matter should again be discussed in the CC meeting.

It was further suggested by the House that Tally Software should be adopted by all Wings and Schemes. As IMACGP was not obeying the instructions of IMA HQs, hence these irregularities were occurred in

the account of IMACGP. Dr. S Arul Rhaj was of the opinion that HQs should send the Auditor to every Wing in every 6 months.

Agenda Item No.B - 20.: Report of IMA Academy of Medical Specialties - Dr. V S Rao, Honorary Secretary

The House noted the report and approved & passed the same.

Agenda Item No.B - 21.: Report of IMA Dr. AKN Sinha Institute of Medical & Health Education and Research - Dr Raman Kumar Verma, Honorary Executive Secretary

The House noted the report and approved & passed the same.

Agenda Item No.B - 22.: Report of IMA Mission Pink Health

A standing Committee on Mission Pink Health Wing was constituted with Chairperson: Dr. Vijaya Mali, Vice-Chairperson, Dr. Neelam Lekhi. Secretary: Dr.VibhaTondon, Treasurer: Dr.MadhuMonga, Joint Secretaries: Dr. Neeta Hatkar, Dr.DivyaSaxena

The House noted the report and approved & passed the same.

Agenda Item No.B - 23.: Report of Your Health -Dr Minakshi Gangopadhyay

The House noted the report and approved & passed the same.

Agenda Item No.B - 24.: Report of Apka Swasthya -Dr Sanjay Kumar Rai, Honorary Secretary

The House noted the report and approved & passed the same.

Agenda Item No.B - 25.: Report of IMA NSS Scheme -Dr. Yogendra S. Modi, Honorary Secretary

The House noted the report and approved & passed the same.

Agenda Item No.B - 26.: Report of IMA NPP Scheme -Dr Jayakrishnan A V, Honorary Secretary

The House noted the report and approved & passed the same.

Agenda Item No.B - 27.: Report of IMA Hospital Board of India -Dr Jayesh Lele, Honorary Secretary

For the smooth functioning of HBI, an IMA Standing Committee was constituted & approved by the House:

NOMINATED POST : (suggested posts)

Vice – Chairmans, Dr A K Ravi Kumar, Dr Ramneek Bedi, Hony. Joint Secretaries, HBI: Dr Sanjay Patil, Dr Anil Goyal, Dr Nitin Junej, Dr Satyajit Bohra, Dr M E Sugathan, Directors: Dr S S Sukumar, Dr Braj Dash, Dr Dinesh Thakre, Dr Gopal Bhatti, Dr Rajeev Aggarwal, Dr Anand Meti, Dr Vinod Shah, National Co-ordinator (Insurance): Dr Karthik Prabhu, National Co-ordinator (CGHS): Dr C M Bhagat, National Co-ordinator (Fire and start up Hospital)L Dr Nissar Shaikh, National Co-ordinator for Primary Care Establishments, Dr Avinash Bhondve, National Co-ordinator for Secondary Care Establishments: Dr Rajendra Abhyankar, National Co-ordinator for Tertiary Care Establishments, Dr Sharad Aggarwal, National Co-ordinator for Costing Studies: Dr Joseph Benevan

The House noted the report and approved & passed the same.

Agenda Item No.B - 28.: Report of IMA National Health Scheme -Dr Alex Franklin, Honorary Secretary

The House noted the report and approved & passed the same.

Agenda Item No.B - 29.: Report of IMA National Pension Scheme -Dr K V Devadas, Honorary Secretary

The House noted the report and approved & passed the same.

Agenda Item No.B - 30.: Report of IMA Junior Doctors' Network -Dr K M Abul Hasan, National Coordinator

To strengthen the JDN, an IMA Standing Committee For Junior Doctors Network (IMA JDN Wing) was constituted & approved by the House:

Chairman: Dr.Adit Desai (Ahmedabad), Vice Chairman: Dr.Harshad Wankhedkar (Dhule), Secretary, Dr. K. M. Abul Hasan (Erode), Joint Secretaries: Dr. Phaninder, Dr. Prashant Nayak (Surat)

The House noted the report and approved & passed the same.

Agenda Item No.B - 31.: Report of IMA Women Doctors' Wing - Dr Mona P. Desai, Chairperson

A Standing Committee on IMA Doctors Women Wing was constituted & approved by the House:

Chairperson: Dr. Mona Desai, National Vice Chairperson: Dr.Meenakshi Ganguli, Secretary: Dr Neeta Biyani, Treasurer: Dr.Kalpita Dav, Zonal Vice Chairpersons: Dr. L. Yeshoda, Dr.MadhuMonga, Dr.PunitaHasija, Dr.RatanBoli, Dr. Manisha Singh

The House noted the report and approved & passed the same.

Agenda Item No.B - 32.: Report of Kerala Flood Relief Activities - Dr A V Jayakrishnan

Dr. Rajesh Singh of UP contributed Rs.One lakh towards Kerala Relief fund.

The House noted the report and approved & passed the same.

Agenda Item No.B - 33.: Report of activities of North East - Dr Satyajit Borah

For the smooth and effective coordination of the North East States of IMA, a Standing Committee was constituted & approved by the House:

Chairman: Dr. Ravi S Wankhedkar, Members: Dr.Vinod Kumar Monga, Dr Arvind Singh, Dr.Devdas, Dr. A. Manikanda Jothi Senthil, Dr Sandeep Naik, Convener: Dr. R N Tandon

Agenda Item No.B - 34.: Report of IMA News - Dr Savita Naik

The House noted the report and approved & passed the same.

Agenda Item No.B - 35.: Report of 93rd NATCON - 2018 - Dr G N Prabhakara

The House noted the report and approved & passed the same.

Agenda Item No.B - 36.: Status Report of Legal matters of IMA

The House noted the report and approved & passed the same.

Agenda Item No.B - 37.: Report of International activities of IMA

The House noted the report and approved & passed the same.

Agenda Item No.B: Reports of various activities, projects, Initiatives and Committees

The House noted the report and approved & passed the same.

Agenda Item No.B - 38.: Report of activities of Election Commission of IMA

Dr. Sahajanand Pd. Singh, Chief Election Commissioner presented his report. The House noted the report and approved & passed the same.

The Election results were declared. The following are the successful candidates.

Elections 2018-19		
NAME OF THE POST	CANDIDATE'S NAME	STATE
NATIONAL PRESIDENT ELECT	Dr SANTANU SEN	BENGAL
FOUR NATIONAL VICE PRESIDENTS ELECT	Dr P. GANGADHARA RAO	ANDHRA PRADESH
	Dr ANIL S. PACHNEKAR	MAHARASHTRA
	Dr J.A JAYALAL	TAMILNADU
	Dr PRAGNESH C JOSHI	GUJARAT
HONY. SECRETARY GENERAL, IMA HQ	Dr R.V. ASOKAN	KERALA
HONY. FINANCE SECRETARY, IMA HQ	Dr RAMESH DATTA	DELHI
HONY. JOINT SECRETARIES, IMA STATIONED AT DELHI, IMA HQ	Dr V. K. ARORA	DELHI
	Dr AMRIT PAL SINGH	DELHI
	Dr VIJAY KUMAR MALHOTRA	DELHI
HONY. JOINT FINANCE SECRETARY, STATIONED DELHI	Dr DINESH SAHAI	DELHI
HONY. ASST. SECRETARIES, IMA HQ	Dr S. K. PODDAR	DELHI
	Dr USHA SRIDHAR	DELHI
HONY. EDITOR, YOUR HEALTH	Dr NANDITA CHAKRABARTI	BENGAL
HONY. CHAIRMAN, IMA HBI	Dr V. K. MONGA	DELHI

Elections 2019-20		
NAME OF THE POST	CANDIDATE'S NAME	STATE
NATIONAL PRESIDENT ELECT	Dr RAJAN SHARMA	HARYANA
NATIONAL VICE PRESIDENTS ELECT	Dr ATUL D. PANDYA	GUJARAT
	Dr T. NARASINGA REDDY	TELENGANA
	Dr G. N. PRABHAKARA	KARNATAKA
	Dr D. D. CHAUDHARY	UTTARKHAND
DEAN IMA CGP	Dr HIRANMAY ADHIKARY	ASSAM
CHAIRMAN-IMA AMS	Dr M.S. ASHRAF	TAMILNADU

Elections 2018-19 Unopposed candidates	
NAME OF THE POST	CANDIDATE'S NAME
DEAN, IMA CGP	Dr SUDHIR DHAKRE
CHAIRMAN-IMA AMS	Dr NATWAR SARDA
DIRECTOR-AKN SINHA	Dr P. S. BAKHSI
HONY EDITOR JIMA	Dr GOLOK BIHARI MAJI
HONY. JOINT SECRETARY, IMA STATIONED KOLKATA	Dr PIJUSH KANTI ROY
HONY. JOINT FINANCE SECRETARY, STATIONED KOLKATA	Dr ISKANDAR HOSSAIN
HONY. VICE DEAN, IMA CGP	Dr SACHCHIDANAND KUMAR
HONY. SECRETARY (TAMILNADU), IMA CGP	Dr L. YESHODA
HONY. JOINT SECRETARIES, IMA CGP	Dr R. PALANISWAMY
HONY. JOINT SECRETARIES, IMA CGP	Dr C. ANBARASU
HONY. JOINT SECRETARIES, IMA CGP	Dr ASHOK TRIPATHI
HONY. JOINT SECRETARIES, IMA CGP	Dr FARIYAD MOHAMMED
HONY. JOINT SECRETARIES, IMA CGP	Dr RAVINDRA KUTE
HONY. JOINT SECRETARIES, IMA CGP	Dr JANMEJAYA MOHAPATRA
VICE CHAIRMAN, IMA AMS	Dr V SADANAND RAO
HONY. SECRETARIES, IMA AMS	Dr MOHAN GUPTA
HONY. JOINT SECRETARIES, IMA AMS	Dr V RAVI SHANKAR
HONY. EXECUTIVE SECRETARY, IMA AKN SINHA	Dr AJAY KUMAR
HONY. JOINT SECRETARIES, IMA AKN SINHA	Dr ASHOK KUMAR YADAV
HONY. JOINT SECRETARIES, IMA AKN SINHA	Dr SHASHI BHUSHAN PRASAD SINGH
HONY. ASSOCIATE EDITOR, JIMA	Dr SUJOY GHOSH
HONY. ASSOCIATE EDITOR, JIMA	DR SIBABRATA BANERJEE
HONY SECRETARY JIMA	Dr SANJOY BENERJEE
ASSISTANT SECRETARY, JIMA	Dr SHILPA BASU ROY

HONY ASSOCIATE EDITOR, YOUR HEALTH	Dr SUSIL KUMAR MANDAL
HONY ASSOCIATE EDITOR, YOUR HEALTH	Dr PURUSHOTTAM CHATTERJEE
HONY SECRETARY, YOUR HEALTH	Dr KAKALI SEN
EDITOR, APKA SWASTHYA	Dr MANOJ KUMAR SRIVASTAVA
HONY. SECRETARY, APKA SWASTHYA	Dr ASHOK RAI
HONY. SECRETARY, IMA HBI	Dr JAYESH MANOHAR LELE
TRESSURER, IMA HBI	Dr MANGESH PATE

Elections 2019- 20 unopposed candidates	
NAME OF THE POST	CANDIDATE'S NAME
DIRECTOR-AKN SINHA	Dr Y. S. DESHPANDE
HONY EDITOR JIMA	Dr JYOTIRMOY PAL

Dr. J.A. Jayalal will be the Sr. Vice President for the year 2018-19 & Dr D D Chaudhary for the year 2019-20.

The House decided that the existing team of Election Commission will continue for the next IMA Elections

Agenda Item No.B - 39.: Report of IMA End TB Initiative - Dr R V Asokan, Chairman, IMA End TB Initiative

An IMA Standing Committee on IMA END TB Initiativenational Working Group was constituted and approved by the House:

EX- OFFICIO:

Dr. Ravi Wankhedkar, National President, IMA, Dr. R.N Tandon, Hony. Secretary General, IMA, Dr. V.K Monga, Hony. Finance Secretary, IMA, Dr. K.K Aggarwal, Imm. Past National President, IMA, Dr. R.V Asokan Chairman,
Dr.Rajendra Airan, Vice Chairman, Dr.Kamlesh Saini, Convenor
Dr.MandarMhaskar, Co- Convenor

MEMBERS: Dr.Mahendra B. Desai, Dr. Ashok Rai, Dr.Krishnarao Gangurde, Dr.Anbu Rajan, Dr. Sanjay Deshpande , Dr. V.K Monga, Dr. A Meti,

TECHNICAL TEAM FOR MEDIA:

Dr.JayeshLele, Dr. Ashok Rai, Dr.Mangesh Pate, Dr. T. Suresh Kumar,
The House noted the report and approved & passed the same.

Agenda Item No.B - 40.: Report of Para Medical Courses - Dr D. R. Rai, Dean, IMA Paramedical Courses

For the smooth functioning of the above, An IMA Standing Committee For Paramedical Board was constituted and approved by the house

Dr. R N Tandon, Chairman, Dr. D.R. Rai, Dean, Dr.Kshitij Bali,Convener

Agenda Item No.B - 41.: Report of IMA Mediation, Conciliation and Grievances Redressal Cell- Dr Milind Naik, Chairperson & Dr Prachi Garg, Convener

Following IMA Standing Committee For Ethics & Mediation, Reconciliation & Grievances

Redressal Cell was constituted & approved by the House:

National Chairman: Dr. Milind Naik (Nagpur), Advisors: Dr. Ashok Adhao, Dr. K.K. Aggarwal, Members: Dr.Arun Aggarwal, Dr.MandarMhaskar (Dhule), Dr.Mohanan Nair (Thiruanantpuram), Convener: Dr. Prachi Garg

The House noted the report and approved & passed the same.

Agenda Item No.B - 42.: Report of IMA Initiative on Safe Sound - Dr C John Panicker, Coordinator

IMA Standing Committee For National Initiative For Safe Sound was constituted and approved by the House:

Dr. John Panicker, Chairman, Dr.MangeshGulwad, Chandrapur, Maharashtra, Convener

The House noted the report and approved & passed the same.

Agenda Item No.B - 43.: Report of IMA Initiative on Prevention of Diabetic Blindness- Dr NSD Raju

An IMA Standing Committee For Diabetes Control was constituted and approved by the House:

Dr.NSDd Raju, Chairman, Dr. Shashank Joshi, Chairman, Dr. Sanjay Agarwal, Co Chairman,

Dr. P Krishna Prasanthi, Convener, Dr.Gomi Basar, Co Convener

The House noted the report and approved & passed the same.

Agenda Item No.B - 44.: Report On Care of Elderly Project- Dr Samuel Koshy

The House noted the report and approved & passed the same.

Agenda Item No.B - 45.: Report of activities of IMA Initiative of Sexual Health

IMA Standing Committee for Initiative Of Sexual Health was constituted & approved by the House:

Dr. G Samaram, Overall Incharge, Dr. Deepak Juman, Chairman, Dr. Sanjay Deshpande, Vice-Chairman, Dr. Santosh Khadtare, Convener

Agenda Item No.B - 46.: Report of activities of IMA Political Liaison Committee

The House noted the report and approved & passed the same.

Agenda Item No.B - 47.: Report of activities of IMA Maternal Mortality Reduction Committee

The House noted the report and approved & passed the same.

Agenda Item No.B - 48.: Report of activities of Organ Transplantation committee of IMA:

For the effective functioning of the same, an IMA Standing Committee For Organ Donation was constituted & approved by the House:

Chairman: Dr Anil Suchak, Members: Dr Subhash Gupta, Dr Harsha Jauhari, Dr P K Kesavan Ponneri, Dr Prabhakar, Dr Dipak Kumar, Dr. S.Vasudevan

Agenda Item No.B - 49.: Report of activities of IMA's CKD Control Project

An IMA Standing Committee For CKD Control Project was constituted & approved by the Houe:

Dr.Umesha Khanna, Chairman, Dr. Vijay Ghatge, Co-Chairman, Dr.Garima Aggarwal, Convener

Dr.Vidya Santosh Kadam,Co- Convenor

The House noted the report and approved & passed the same.

Agenda Item No.B - 50.: Report of activities of IMA Cervical Cancer Prevention and Detection Initiative

The House noted the report and approved & passed the same.

Agenda Item No.B - 51.: Report of activities of IMA Initiative for detection of Congenital Blindness

The House noted the report and approved & passed the same.

Agenda Item No.B - 52.: Report of activities of IMA Research and Innovation Board

The House noted the report and approved & passed the same.

Agenda Item No.B - 53.: Report of activities of IMA Initiative for Detection of Congenital Deafness

The House noted the report and approved & passed the same.

Agenda Item No.B - 54.: Report of activities of IMA Family Forum

To stronger the Family Forum Wing of IMA, an IMA Standing Committee For Family Forum Wing was constituted & approved by the House:

Dr.Alka Desai, Patron, Dr.MeenaWankhedka, Chairperson, Dr.Minakshi Gangpodhay, Vice-Chairperson, Dr.Kakoli Sen, Secretary, Dr.Madhu Monga, Treasurer

The House noted the report and approved & passed the same.

Agenda Item No.B - 55.: Report of activities of IMA Initiative for Food Safety

IMA STANDING COMMITTEE FOR FOOD SAFETY was constituted & approved by the house:

Dr.Ravi Wankhedkar, Chairman, Dr.Sreejith N. Kumar, Convener

The House noted the report and approved & passed the same.

Agenda Item No.B - 56.: Report of activities of IMA Initiative for Promotion of Functional Medicine

To promote functional medicine, an IMA Standing Committee for Initiative for Promotion of Functional Medicine was constituted & approved by the House.

Dr.Vivek Kadambi, Chairman

The House noted the report and approved & passed the same.

Agenda Item No.B - 57.: Report of activities of IMA Initiative for Emotional Health & Emotional Well-Being of Medical Students and Doctors in India

An IMA Standing Committee for Initiative For Emotional Health & Emotional Well-Being of Medical Students And Doctors In India was constituted & approved by the House:

Chairperson: Dr.Nilima Kadambi, Co-Chairman: Dr. G N Prabhakara

Members: Dr.Ajit Bhide, Dr.Harshu Shrotri, Dr. Anjali Rao, Dr.Prabhjot Kaur,Dr.Neelam Gupta, Dr.Sandip Deshpande, Dr.Pratima Murthy,Dr.RohiniPatole

Advisors to IMA Committee: Dr.Vedprakash Mishra, Dr. Russel Dsouza, Dr. Ali Khwaja, Dr. Madan Kataria, Dr. Manoj Krishna, Dr. Robert Antony, Dr.Shermila Sondhi, Dr. Jadish Chaturvedi, Dr.Anuprita Ashok Adhao, Dr.Murtuza Ghiya,

Ex-Officios: Dr.Adit Desai, Chairman, JDN, Dr. K.M Abul Hasan, Secretary, JDN, Dr.N.Sreejith Kumar, Chairman, MSN, Dr.Ajoy Kumar Saha, Secretary, MSN, Dr. Mona Desai,Chairperson, WDW, Dr. Neeta Biyani, Secretary, WDW

Dr.AbhinavMonga, Convenor

The House noted the report and approved & passed the same.

Agenda Item No.B - 58.: Report of activities of IMA Sukanya Shiksha Swasthya Yojna

In this regard, a Standing Committee was constituted and approved by the House - SUKANYA SHIKSHA SWASTHYA YOJNA :

Chairman: DR Zameer Pasha, Co-Chairman: Dr Rajendra Gandhi, Members:Dr Prashant B. Rathi, Dr Narendra Yadavra Kolte, Dr Surita Dafale, Dr. Satish Babar, Dr MahendraDoshi, Dr Kaizer Barot, Convener: Dr Prerana Narendra Kolte

The House noted the report and approved & passed the same.

Agenda Item No.B - 59.: Report of activities of IMA Comprehensive Vaccination committee for education, promotion and implementation of adult vaccination

A book was released on Vaccination Guidelines during the CWC Meeting, which was appreciated by all members.

IMA Standing Committee for Comprehensive Vaccination Committee For Education, Promotion And Implementation Of Adult Vaccination was constituted and approved by the House:

Chairperson: Dr. M. Bhaskaran, Co-Chairperson, Dr.Ramneek Singh Bedi, Members: Dr.Meena Wankhedkar, Dr.Ketan Mehta, Dr.Jagruiti Sanghvi, Dr. Sanjay Agarwal, Dr. Shankar P S, Dr.Garima Aggarwal, Dr. Prakash JayawantKhala, Dr.AgamVora, Dr.Sarika Verma, Dr.Deodatta Chafekar, Dr.O.P.Sharma, Coordinator: Dr.Mangesh Pate, Convenor: Dr.JayeshLele

The House noted the report and approved & passed the same.

Agenda Item No.B - 60: Report of activities of IMA National Cancer and Tobacco Control Committee

The House noted the report and approved & passed the same.

Agenda Item No.B - 61: Branch Constitutions for Approval: Nil.

Agenda Item No.B - 62.: Resolutions brought forward by State/Terr. Branches: Nil

Agenda Item No.B - 63.: Resolutions brought forward by Local Branches: Nil

Agenda Item No.B - 64.: Resolutions brought forward by individual members of the Association: Nil

Agenda Item No.B - 65.: Any other matter with the permission of the Chair

- 1) Dr. Rajesh Singh of UP contributed Rs. One lakh towards Kerala Relief fund.
- 2) International Conference on Zero Tolerance on Violence on Healthcare Providers will be held in Mumbai in February/March 2019:
 - Patron – Dr. Ketan Desai, Organizing Chairman – Dr. Ravi S. Wankhedkar, Organizing Secretary – Dr. Jayesh Lele
 - The expected expenditure is around 20 lakhs.
- 3) For handling the legal cases in Supreme Court, the option of hiring Senior Counsel, Mr. Maninder Singh to be considered.
- 4) IMA should actively venture into the field of Child Health, esp Malnutrition and Tribal Health.

The House noted the report and approved & passed the same.

Decisions:

- 5) **JIMA:** CWC decided that JIMA should reach every member of IMA. Either the e-copy or a hard copy should be sent to all the members of IMA.

- 6) **TIRUMALA SRINIVASA TRUST:** The House decided that the issue of Tirumala Srinivasa Trust should be settled amicably if possible so that members can use the IMA Guest House there. The Guest House should be available for the members of IMA on their visit to Tirupati. The National President was authorized to discuss with all concerned stakeholders to resolve the issue within the frame work of IMA memorandum Rules and Byelaws .
- 7) **ARTH:** The members were informed that IMA Hq was in the possession of the property and HQs was making efforts to rent it out to some other agency. Dr Ashok Adhao raised a query regarding fixing the responsibility for the loss of more than Rs.4.5 Cr. to IMA HQs. Dr. Jayesh Lele informed the status of ARTH matter. After deliberations, it was resolved to form a Committee with Dr. Ashok Adhao, Dr. Jayesh Lele and Dr. A.V. Jayakrishnan. The House requested them to submit their report within 15 days. IMA will tie up with the WMA educational program through Academic and Accreditation Board.
- 8) **ACADEMIC AND ACCREDITATION COUNCILS:** IMA Accreditation Council and IMA Academic Council are fully functional and will be renamed as Academic & Accreditation Board for the next 3 years. The above Board was directed to hold their meeting on 15th December 2018 at IMA House. IMA will tie up with WMA Educational Programme through Academic & Accreditation Board.
- 9) **HFC:** From April 2019, HFC has to be increased by 25% as per the rules and byelaws of IMA. However it was decided to increase the same by 15% instead of 25% hereafter.

It was further decided that to promote and increase IMA membership to other Organizations (e.g. Speciality Organization - FOMA, Army Medical Association, Service doctors Organization etc.), which want to avail the IMA life members in bulk, they will be offered incentive as follows:

500-1000 = 25% concession will be given

More than 1000 – 50% concession will be given

Any concession offered in HFC will be capped @50% in future also.

The Schemes/Wings can collect the Application Forms from the Organisations and forward the same to the respective States and branches and then the State & Branches will send it to IMA HQs as a routine procedure.

- 10) It was decided to increase the number of hours for discussion during the CWC/CC. Hence forth the CWC/CC will be conducted for 2 full days instead of 2 half days. In order to lessen the financial burden on booking of 5 Star Hotels it was also decided to conduct the CWC/CC at economically sustainable venue like 3 Star Hotels.
- 11) National President, IMA requested Dr Jayesh Lele to prepare practical guidelines on GST and submit his report by 15th December 2018.
- 12) National President requested all Past National Presidents to contribute for the renovation of one room as Past National Presidents' Suite in IMA Building.

- 13) He requested all State Branches to decorate one room in IMA Guest House according to their culture at their expenses
- 14) **IMACGP:** While discussing the irregularities in IMA CGP Funds, Dr. S. Kanagasabapathy requested to complete the enquiry within 3 weeks time.
Dr. Dharam Prakash/Dr. Jayesh Lele were requested to present their fact finding report of their visit to Chennai.
- 15) Tally Software should be adopted by all Wings and Schemes. It has been noted that IMA CGP was not using Tally. Dr. S Arul Rhaj was of the opinion that HQs should send the Auditor to every Wing once in 6 months.
- 16) Two new IMA publications, 'Medical Ethics Redefined' and 'Adult Vaccination' Guidelines were released.
- 17) The house approved the amendments to the Rules and Byelaws of the IMA Benevolent Fund as approved by the Finance Standing Committee held on 16.11.2018 at Indore.
- 18) A Cheque of Rs.10 lakh each was handed over to Ponda Local Branch and Arunachal State Branch out of the Benevolent Fund as grant for construction of IMA building.
- 19) National President appealed to all the members to contribute for the Project for terminally ill patients - DILASHA.
- 20) DA enhancement to staff subject to the maximum declared by Govt. of India was approved and passed by the House.
- 21) It was decided that all states should use HQs list of membership for their elections. It is resolved that all the elections of IMA Hq/ State/Local Branches will have to be as per the membership list of IMA HQs: That means every branch and state has to take a valid list of membership from IMA HQs for the purpose of elections. No other list will be valid for any elections in IMA at all levels. The membership list as on 31st March of an year will be the valid voters list until next 31st March.
- 22) 10 Membership Application Forms have been received from Dubai. Hence Dubai overseas Branch was approved by the House.
- 23) National President, IMA announced the names of the persons for the unfilled/vacant post in the Elections – subject to approval of Central Council which were as follow:

Dr. Rajender Kumar Yadav, Hony. Joint Secretary, IMA AMS	Dr. Sanjay Rai Associate Editor, Apka Swasthya
Dr. S.P. Singh Editor, Annals of IMA AMS	Dr. Atul Kumar Singh Associate Editor, Apka Swasthya
Dr. Narender Reddy, Executive Editor, Annals of IMA AMS	

It is recommended that Dr. Mona Desai (Ahmedabad) is to be appointed as Hony. Joint Secretary IMA AMS and Dr. Yogendra Reddy (Bellari-Karnataka) as Hony. Joint Secretary of IMA CGP.

- 24) The House mandated the National President to take decision regarding the venue of next Central Council in consultation with the incoming President and Honorary Secretary General, from the requests received.
- 25) The amendments raised by Dr. Pawan Kumar Gupta were discussed and disapproved by the House as they are not amendments, they are Rules already in practice.
- 26) The amendments raised by IMA AMS were discussed and disapproved by the House as they are not amendments, they are rules which are already in practice.
- 27) The membership list of IMA HQs as per 31st March every year will be the valid voters list for all National , State and Local elections till the next 31st March .
- 28) It has been decided by the House that membership List from all the states will be received upto 31st March and after 31st March addition/deletion in the list, will be included in the next year's list.
- 29) In case of anti IMA activities by any member/Local Branch/State branch of IMA and against the IMA policies, it was resolved in the House that they will not be allowed to contest for the HQs elections. In case of anti activities done by any member/Local Branch/State Branch, the house authorized National President, IMA to make 3 members Committee who will present its report within 3 months and submit it to IMA HQs for further necessary action.
- 30) **Constitutional Amendments including Election Reforms Committee:** It is resolved that a Standing Committee will be formed with Dr. Ravi Wankhedkar (Chairman), Dr. A V Jayakrishnan (Convenor) who will submit its report in the next CWC meeting. The other members of the Committee will be
- 31) **SAARC** –The House approved the report of SAARC. It was resolved that Dr. Ravi Wankhedkar will be the President of the SAARC for two years. A separate bank account will be opened for the same.
- 32) **CMAAO-2019:** It was resolved that Imm. Past National President, IMA Dr. K.K. Aggarwal was elected as President CMAAO for the year 2019 and will be taking over as President, CMAAO-2019. IMA will be holding the CMAAO Conference in 2019 at Goa. Funds have already been earmarked and more funds will be raised for the Conference. Special Bank account for CMAAO Conference will be opened.
- 33) CMA – The House proposed that Hony. Secretary General elect IMA Dr. R.V. Asokan will represent IMA in the CMA meetings.
- 34) It was reiterated that the Chairperson and Secretaries of all new Wings namely Mission Pink Health-its Chairperson, Secretary & Treasurer, Women Doctors' Wing-its Chairperson, Vice-Chairperson, Secretary & Treasurer, Hospital Board of India- its Chairman, Vice Chairman, Secretary & Treasurer, JDN & MSN-its Chairmen, Vice Chairmens & Secretaries and Family Forum-its Chairperson, Secretary & Treasurer will be Ex-officio members of CWC.

35) Standing Committees for 3 years for various issues and new initiatives were approved by the House, so that the continuity will be maintained.

36) WMA – The same membership as last year will continue for WMA. The name of Dr. Ravi S Wankhedkar was proposed by Dr K K Aggarwal for Council Membership of WMA on behalf of IMA on the assigned seat of IMA and Dr. A. Marthanda Pillai for the seat to be filled by elections. The CWC approved the same.

37) Resolutions:

- 1) The CWC took into cognition the fact that few States are not conducting Elections in their States regularly in spite of sending repeated reminders. It was decided that members of the said States will be debarred from attending the CWC meetings and their CWC membership will not be recognized. State elections should be conducted regularly as per IMA HQs rules and byelaws.
- 2) It was resolved that none of the IMA member will participate in the meetings of proposed NMC, in the superseded MCI and training of AYUSH doctors. If they participate, they will face disciplinary action.
- 3) IMA, unanimously resolved, that that MCI should be democratically restored immediately.

4 WHITE PAPER RESOLUTION AT NATIONAL WIMALS-2018

- 3 Years Tenure of National Woman Doctors Wing and also State Level Woman Doctors Wing.
- IMA HQ should ask every state to send Female doctor representative of their respective states in:-
 - CWC
 - CC
 - STATE COUNCIL MEMBER
 - STATE EXECUTIVE MEMBER
- Now Every year there should be NATIONAL WIMALS AND NATIONAL EVECON at different states.
- Permission for expansion of NATIONAL IMA WDW so that we can involve members from each state of our country.

Following Standing Committee were constituted and approved by the House:

IMA STANDNG COMMITTEE FOR FAMILY WELFARE

Chairman: Dr.Sreelatha Reddy, Member; Dr Piyush Kanti Roy, Dr. Jose Abraham, Dr.Sreenivas (Sec. IMA Karnataka), Dr. Ratna Boli Chakraborty, Co-opted: Alka Kriplani, Convener: Dr. Dilip Kumar Dutta

Indian Medical Journal Standing Committee: Chairman: Dr. Ravi S Wankhedkar, Editor-in-Chief: Dr.Ved Prakash Mishra, Members: Dr. Vinay Aggarwal, Dr. A Marthanda Pillai, Dr. R N Tandon, Dr. Dinesh B. Thakare, Convener: Dr.V.K.Monga, Co-Convener: Dr.SavitaNaik

IMA STANDING COMMITTEE FOR ZERO TOLERANCE VIOLENCE

Chairman: Dr. Vinay Aggarwal, Members: Dr Jatinder Kumar Kansal, Dr Rajesh Sing, Dr Jaya Sekhar Ravipati, Dr Sanjoy Banerjee, Dr Kamlesh Saini, Dr Anil Goyal, Convener: Dr. Mangesh Pate

IMA STANDING COMMITTEE FOR UNESCO BIOETHICS CHAIR PROGRAMME

Dr. Ravi Wankhedkar, Chairman, Dr. R.N Tandon, Convenor, Dr. J.A Jayalal, Co-ordinator

IMA STANDING COMMITTEE FOR STATE MEDICAL COUNCILS LIAISON

Dr. Shiv Kumar Utture, Chairman, Dr. A Nagaraj, Member, Dr. Girish Tyagi, Convenor

IMA STANDING COMMITTEE FOR SANJEEVAN PROJECT FOR CPR TRAINING

Dr. K K Aggarwal, Overall I/C, Dr. M Balasubramaniam, Chairman, Dr. Hitendra Mahajan Co-Chairman, Dr. Archana Mangesh Pate, Convener, Dr. Rajesh Subhedar, Co-Convener

IMA STANDING COMMITTEE FOR ROAD SAFETY COMMITTEE

Dr. Anil Laddhad, Chairman, Dr. Prathap Jadhav, Secretary

IMA STANDING COMMITTEE FOR PHARMACO-VIGILANCE

Dr. Manjul Mehta, Chairman and Dr. Piyush Jain

Convener

IMA STANDING COMMITTEE FOR PAST PRESIDENT FORUM

Dr. Vinay Aggarwal, Chairman, Members: Dr. S Arul Rhaj, Dr. Sudipto Roy, Dr. Ajay Kumar, Dr. M Abbas, Dr. Ashok Adhao, Dr. G Samaram, Dr. G K Ramachandrappa, Dr. K Vijaya Kumar, Dr. Jitendra B Patel, Dr. A Marthanda Pillai, Dr. S S Aggarwal and Dr. K K Aggarwal, Convenor: Dr. Ravi Wankhedkar

IMA STANDING COMMITTEE FOR PAST HON. SECRETARIES GENERAL FORUM

Chairman: Dr. D R Rai, Members: Dr. Harish Grover, Dr. S.N. Misra, Dr. Dharam Prakash, Dr. Narendra Saini, Convener: Dr. R.N Tandon

IMA STANDING COMMITTEE FOR OCCUPATIONAL HEALTH

Chairman: Dr. Vallabh Dhaimodker, Members: Dr. Sanjib Banerjee, Dr. Syam, Dr. Atul Deshkar, Dr. Gulam Malik, Dr. Kuldeep Sing Raul, Convenor: Dr. Prakash Jayawant Khalap

IMA STANDING COMMITTEE FOR OBLIGATORY ENROLMENT OF IMA MEMBERS WITH STATE MEDICAL COUNCIL

Chairman: Prof. Rajen Pandey, Members: Dr. Yeshwant Gade, Dr. K Balraj, Dr. Bandela, Dr. Shailesh Laxman Tomer, Dr. Girish Modi, Dr. Sanjeev Chetty, Convener: Dr. Arun Gupta

IMA STANDING COMMITTEE FOR NATIONAL PLANS

Chairman: Dr. Samarandra Kumar Basu, Dr. Ramendra Nath Sarkar, Dr. Krishna Avtar, Dr. Rajesh Babu, Dr. Prakash Deo, Convenor: Dr. Murlidharan Vatakara

IMA STANDING COMMITTEE FOR MEDICAL STUDENTS NETWORK (MSN WING)

Chairman: Dr.N. Sreejith Kumar, Vice-Chairmen: Dr.Ashish Disawal, Secretary: Dr.Ajoy Kumar Saha,
Joint Secretaries: Dr.Bipinchandra M.Patel, Dr.Sumit Shukla

IMA STANDING COMMITTEE FOR MEDICAL EDUCATION

Chairman: Dr Ved Prakash Mishra, Members: Dr Nimai C Nath, Dr Kirti Patel, Dr Gorla Bhaskar Rao,
Prof.Dr. Pradeep Mitra, Dr.Madhusudhan Kariganur, Convener: Dr. V.G. Pradeep Kumar

IMA STANDING COMMITTEE FOR LIC & MEDICAL PROTECTION INSURANCE SCHEME

Chairman: Dr Dwaipayan Members: Dr. Vikram Bharti, Dr. Ramesh Goel, Dr. Sarvesh Joshi, Dr. Rajkumar Shah, Dr. Sanjay Londhe, Dr Bharat V Trivedi, Dr Sachchidanand Kumar, Convener: Dr. Joseph Mani

IMA STANDING COMMITTEE FOR INTERNATIONAL ACTIVITIES

Chairman: Dr.Ketan Desai, Chairman, Members: Dr. Vinay Aggarwal, Dr. K.K. Aggarwal, Dr. A. Marthanda Pilla, Dr.Paramjit Singh Bakhshi, Dr R.N.Tandon, Convener: Dr. Ravi S. Wankhedkar

IMA STANDING COMMITTEE FOR INITIATIVE FOR SAFE MOTHERHOOD

Chairman, -.Dr BalkrishnaInamdar, Members - DR. ShakuntalaChuri, Dr. Anita Mahale,
Dr.KalpanaKhanderia, , Dr.Vinay kumarPairaikar, Dr. Ashok Singh, Dr. Sumitra Shidhaye, Dr. Yogesh Varma, Dr. R. Palanivelu, Dr.PushpaSethi, Dr.VijayaBharadwaj, Convener: Dr MeghaGhate, Chairperson, MPH –Ex-Officio, Dr Vijaya Mali, Secretary, MPH-Ex-Officio: Dr. Vibha Gandon, Chairperson, WDW, Ex-Officio: Dr. Mona P. Desai, Secretary, WDW, Ex-Officio: Dr. Neeta Sandeep Biyani

IMA STANDING COMMITTEE FOR MEDICO LEGAL CELL

Dr. T.N Ravishankar, Chairman, Dr. Jayant Navarange, Vice Chairman and Dr. Dinesh Thakre, Secretary

IMA STANDING COMMITTEE FOR CHILD HEALTH

Dr Ashok Aggarwal, Chairman, Dr Suresh Vasaikar, Convener

IMA STANDING COMMITTEE FOR FINANCE

Chairman: Dr Mahendra Babubhai Desai, Members: Dr T N Babu Ravindran, Dr D K Sahai, Dr Meena Wankhedkar, Dr. Pankaj Mutneja, Dr Bakulesh Shantilal Mehta, Dr A Nagaraj, Dr.Akhilesh Verma, Convenor: Hony.Finance Secretary, IMA HQs.

IMA STANDING COMMITTEE FOR BUILDING

Chairman: Dr A P Singh, Co-Chairman, Dr. Jayesh Lele, Members: Dr Alex Franklin, Dr. Ajay Goverdhan, Dr. Anil Bhadoria, Dr Santosh Kumar Mandal, Dr. Vijay Malhotra, Convenor: Dr.V.K. Monga

IMA STANDING COMMITTEE FOR BLOOD DONATION

Chairman: Dr S S Sukumar, Members: Dr Anitha Balakrishnan, Dr Sanjay Upereti, Dr Ved Beniwal, Dr. Rajiv Pradhan, Dr Pragji Vaza, Convener: Dr. Pradeep Kr. Das

IMA STANDING COMMITTEE FOR BENEVOLENT FUND:

Chairman: Dr. Ravi S. Wankhedkar, Members: Dr.Vinay Aggarwal, Dr.A.V.Jayakrishnan, Dr.Munish Prabhakar, Dr.Savita Naik, Dr.Varsha Wagh, Convenor: Dr.Vinod Kumar Monga

IMA STANDING COMMITTEE FOR AWARDS

Chairman: Dr.Ketan Desai, Members: Dr.A.Marthanda Pillai, Dr.Jitendra B. Patel, Dr. Vinay Aggarwal, Dr. R.N. Tandon, Convenor: Dr. Ravi S Wankhekdar

IMA STANDING COMMITTEE FOR ADVISORY COUNCIL OF IMA

Chairman: Dr. Vinay Aggarwal, Members: Dr.Ved Prakash Mishra, Dr. S Arul Rhaj, Dr. Ashok Adhao, Dr.G. Samaram, Dr.Jitendra B Patel, Dr. A Marthanda Pillai, Dr. R V Asokan, Dr.Bakulesh Mehta, Convenor: Dr. Ravi Wankhedkar

IMA STANDING COMMITTEE FOR ANTI-QUACKERY

Chairman: Dr Santosh Kumar Mandal, Members: Dr D D Chaudhury, Dr Mangesh M Gulwade, Dr. Ramesh, Dr Salim Sacchani, Dr Anil Bansal, Dr Harvinder Ahuja

IMA STANDING COMMITTEE FOR EVE'S COMMITTEE FOR NON MEDICAL SPOUSES

Dr.Anuprita Ashok Adhao, Chairperson, Dr. Sabina Paramjit Bakshi, Co-Chairperson, Dr. (Mrs.) MadhuMonga, Convener, Dr. (Mrs.) Sangeeta Mahendra, Co-Convener

COMMITTEE FOR CONSTITUTIONAL REFORMS, AMENDMENTS

AND ELECTION REFORMS

Chairman: Dr. Ravi Wankhedkar, Co-Chairman, Dr. Dharam Prakash, Members: Dr. V.K Monga, Dr. S.S Sukumar, Convenor: Dr. A.V Jayakrishnan, Co-Convenor: Dr.JayeshLele

IMA INDIAN CHAPTER OF PERSON CENTERED MEDICINE

Chairman: Dr Ravi Wankhedkar, Members – Dr Vedprakash Mishra, Dr. A.Marthanda Pillai, Dr. Vivek Kadambi, Convener: Dr R.N. Tandon

IMA STANDING COMMITTEE FOR RESEARCH AND INNOVATION COMMITTEE

Chairman: Prof.Dr. Suresh B. Patankar, Ex-Officio Members: Dr Ravi Wankhedkar, Dr.Vedprakash Mishra, Chairman, Academic & Accreditation Board, Presidents of State IMAs All State Headquarters, Member: Dr Rajesh Upadhyay, Co-opted Experts: Dr.PrabhatRanjan, Dr Rinti Banerjee, Dr. Seema Patrikar, Convenors: Dr. Ashish Patil, Dr. Bernard Fanthome, Co-Convenor: Dr JayeshLele

IMA STANDING COMMITTEE FOR RESEARCH AND INNOVATION COMMITTEE

Chairman: Prof.Dr. Suresh B. Patankar, Ex-Officio Members: Dr Ravi Wankhedkar, Dr.Vedprakash Mishra, Chairman, Academic & Accreditation Board, Presidents of State IMAs All State Headquarters, Member: Dr Rajesh Upadhyay, Co-opted Experts: Dr.PrabhatRanjan, Dr Rinti Banerjee, Dr. Seema Patrikar, Convenors: Dr. Ashish Patil, Dr. Bernard Fanthome, Co-Convenor: Dr JayeshLele

IMA FAMILY WELFARE SCHEME

Chairman: Dr K Vijayakumar, State Coordinators: Dr L Jamir, Dr Asis Kar, Dr Daljit Singh Sethi

IMA STANDING COMMITTEE FOR ACADEMIC AND ACCREDITATION BOARD :Chairman: Dr. Ravi S Wankhedkar, Dean: Dr.Ved Prakash Mishra,Members: Dr. Vinay Aggarwal, Dr. A Marthanda Pillai,Dr. Savita Naik, Convenor: Dr.JayeshLele

IMA ANTI MICROBIAL RESISTANCE STANDING COMMITTEE: Chairman: Dr Narendra Saini, Members: Dr Pranav Shah, Dr Agam Arora, Dr Amitesh, Dr Indrani Dutta, Convenor: Dr Maya Vasaikar

IMA DISCIPLINARY COMMITTEE: Chairman: Dr Ketan Desai, Members: Dr A. Marthanda Pillai, Dr. Ashok Adhao, Dr. Jitendra B. Patel, Dr. R.N. Tandon, Dr. D.R. Rai,Convenor – Dr Ravi Wankhedkar

IMA STANDING COMMITTEE FOR ESI: Chairman: Dr.PrathaPratim Paul, Members: Dr.Chandan Banerjee, Dr.Anil Aggarwal, Dr. Pradeep Sonaware, Convenor: Dr.Anin

IMA STANDING COMMITTEE FOR DRUGS & MEDICAL EQUIPMENTS: Chairperson: Prof. Dr. Krishnanshu Roy, Members: Dr. Rajesh Dhir, Dr. Anil goyal, Dr C M Bhagat, Dr Nisar Shaikh, Dr. R.C. Sreekumar, Dr.Dave

IMA STANDING COMMITTEE FOR DOCTORS IN SERVICE: Chairman: Dr. Mohammed Fariyad, Members: Dr. Veerabhadraiah, Dr. Vijay Rai, Dr Rajiv Garg,

Dr Ravindra Mistry, Dr. Sunita R.Kshirsagar, Convenor: Dr Ajay Kumar

IMA STANDING COMMITTEE FOR DISASTER CELL: Dr.Prafulla Desai, Navsari, Chairman

IMA STANDING COMMITTEE FOR DIGITAL IMA :Chairman, Dr. A V Jayakrishnan, Co-Chairman: Dr. Nitin Juneja, Members: Dr.Jayesh Lele, Dr.Mangesh pate, Dr.Prafulla Bhalde, Dr. Ashish Panat, Dr. Jayant Makrande,Convenor: Dr. Anil Goyal, Co Convenor: Dr. Rajeev D Joshi

IMA COMMITTEE FOR TRIBAL HEALTH :Chairman: Dr Ravi Wankhedkar, Convenor: Dr Mandar Mhaskar, Member s: Dr Rajesh Valvi, Dr Jago Ori

IMA DOCTOR WOMEN WING :Chairperson: Dr. Mona Desai, National Vice Chairperson: Dr.Meenakshi Ganguli, Secretary: Dr Neeta Biyani, Treasurer: Dr.Kalpita Dav, Zonal Vice Chairpersons: Dr. L. Yeshoda, Dr.MadhuMonga, Dr.PunitaHasija, Dr.RatanBoli, Dr. Manisha Singh

IMA STANDING COMMITTEE FOR INITIATIVE ON VITILIGO: Dr. Maya Tulpule, Chairperson, Dr.Katyayan Mishra, Member

The meeting ended with vote of thanks to the Chair.

Dr Ravi Wankhedkar
National President

Dr R N Tandon
Hony. Secretary General

AGENDA ITEM NO.B-2

Activity report of Dr. J. A. Jayalal, Senior National Vice President

I take this opportunity to thank all our National leaders especially Dr.Ketan Desai and all our central council members for your kind gesture of electing me as your Vice president. Having worked as a Team

under Dr. Ravi Wankar, the main focus was on the political lobbying against the NMC BILL and took part actively in this mission till the last day of parliament.

In the IMA National Conference in Bangalore, our team under Dr. Santanu Sen was installed on 28th and first officer meeting held in Delhi on 2nd January participated. Along with the political liaisoning committee involved in meeting various parliamentarians to muster their support for opposing three anti-democratic bills.

Participated and organized the All INDIA PROTEST DAY on January 4th against the introduction of CPA bill by the central Government and ensured entire Tamilnadu state members participated in the protest event. Participated and conducted the Zero hour session in the first state president and secretary's meet held on 20th January in IMA HQ New Delhi.

The new team of officers of IMACGP HQ taking over function held in the CGP HQ and participated in the function as chief guest and motivated the team to work with focused vision in hand holding with HQ. The CGP Dean and many office bearers participated in this well organized event held in Hotel Green Park Chennai, organized by the CGP secretary Dr. Yasodha.

On 5th and 6th of February and 11th and 12th of February worked along with the political liaisoning committee and National president in Delhi in the successful struggle against the bills against our profession. Participated in the branch functions organized by IMA Marthandam, Kanyakumari, Nagercoil, Tutucorin, Dharmapuri, Coimbatore and Nursing home board of IMA Tamilnadu and motivated them to increase the membership in the branches.

The International conclave on Zero tolerance was held in Mumbai, organized by the HBI and Participated as Moderator for a session on global position on violence against doctors in which leaders of Taiwan, Malaysia, Maldives, Nepal, Burma participated. The events were conducted on 8th and 9th February and interacted with WMA President and Secretary in this meeting.

Held a meeting with the International director of UNESCO Chair of Bioethics Prof. Dr. Andrew Russell on 9th Feb in Mumbai and discussed about the steps and programmes to motivate the bioethics principles among our members.

Interacted with the state presidents and secretaries of the states allotted for me, Kerala, Andhra Pradesh, Karnataka and Sikkim on further plans of action.

Works on planning and finalization of venue and dates for the proposed south zone branch president and secretary's meet were started.

In the coming months looking forward to work with passion and commitment as a TEAM for ensuring the visions of IMA in the allotted states and on the growth of IMAS membership.

Dr. J. A. Jayalal,
Senior National Vice President 2018-19

Activity report of Dr.Pragnesh C. Joshi, National Vice President 2018-19

1)* Dt-15th & 16th December 2018:

Attended Interactive Meeting with Wings and Schemes at IMA HOUSE, New Delhi.

2) Dt-23rd December 2018:

Attended FPCON as Chief Guest at FPA Conference, Surat, Gujarat.

3) Dt-27th & 28th December 2018:

IMANATCON 2018 :

Attended Installation Ceremony of President Dr. Shantanu Sen & his team at IMANATCON ,Bangalore.

--Installed as National Vice President on 28TH December 2018 Bangalore.

4) Dt-29th December 2018:

-Attended Award Distribution Function of Karnataka State IMA, Bangalore.

5) Dt- 5th & 6th January 2019:

Attended conference as *Chief Guest* at National Conference *FPNATCON 2019*at Indore, MP.

6) 20TH January 2019:

Attended First Meeting of State Presidents, Secretaries and National Office Bearers at IMA House, New Delhi.

7) 8th & 9th February 2019:

Attended *International Conclave* organised by IMA and WMA at Hotel Lalit, Mumbai, Maharashtra. Subject was *"Zero Tolerance to Violence against Doctors and Hospitals"*

8) 17th February 2019:

-Attended Meeting of Directors of Professional Protection Scheme, (PPS,GSB,IMA),Ahmedabad,Gujarat.

9) 23rd February 2019:

--Attended State Working Committe Meeting of IMA, Gujarat State Branch at Daman(U.T.)

10) 10th March 2019:

---Attended launching of WDW (Women Doctors' Wing),Surat Chapter as *Chief Guest* organized by IMA,Surat, Gujarat.

11) 14th March 2019:

Attended HBI-NABH Seminar at Surat, Gujarat as *Chief Guest*

12) 16th March 2019:

---Attended second meeting of
State Presidents and Secretaries and National office bearers at IMA HQS, New Delhi

Dr Pragnesh Joshi
National Vice President 2018-19

AGENDA ITEM NO.B-4

Activity report of Dr. P. Gangadhar Rao, National Vice President

I was installed as Vice President as a part of TEAM IMA 18-19 headed by Dr.Santanu Sen, National President, IMA at the National Annual Conference at Bangalore. The oath of office was administered by Hon.Sec.General Dr.R.V Asokan.

30th December 2018

Participated in the Installation function of president Dr.Neti and team of IMA Karnataka state as guest of honour at the same venue of national conference.

31st December 2018

Held a press meeting at Gudivada my home town and briefed about the news from the National conference.

1st January 2019

Greeted on the New years day Sri.Konakalla Narayana, Sri.Kesineni Nani both loksabha MPs and also Sri.Kanakamedala Ravindra RS member from AP and apprised them about the NMC,MCI,and CPA act.Requested them for helping IMA on these three issues.

2nd & 3rd January 2019

Attended the Action committee meeting and also the political liaison committee meeting held at IMA HOUSE New Delhi. As on team was going out to meet the parliamentarians for enlightening them and seeking their support

I was a part of the 'war room' team in contacting state leaders for dissemination of information to local branches and advise them to submit the memorandum to their MPs in their respective places.

On 3rd i was also at the head table in press meet to National press at the head quarters and had an opportunity to talk to news media and cable networks.

6th January 2019

It was a great privilege and honour to meet Shri.Venkaiah Naidu garu the Vice President of India and also chairman of Rajya Sabha. The CPA bill was likely to come before Rajya Sabha.Alongwith Sri.Kamineni Sreenivas ex health minister of Andhra Pradesh, Dr.Sreenivasaraju CWC member,Dr.Venkata Rao president of local branch of Gudivada IMA, I had explained the difficulties that effects medical profession if CPA bill is passed in the upper house and appealed to him on behalf of National Team IMA to refer the bill to select committee. He agreed that there were intricacies in the bill which had to be corrected. He further commented that it all depends how the members in the house of Rajya Sabha would respond when the bill comes before the upper house. The same was conveyed to Dr.Santanu Sen Dr.Asokan Dr.Ravi Wankhedkar Dr.Rajan Sarma to plan for future course of action.

19th & 20th January 2019

Attended the meeting of all presidents and secretaries of all state branches conducted in Head quarters of IMA Delhi. Actively participated in the deliberations at this meeting.

22nd January 2019

Attended as Chief guest at the Inauguration of Newly constructed IMA building of local branch of IMA Anakapalli and motivated the members on various challenges faced by doctors in practice and also the need to strengthen IMA by joining more new members.

29th January 2019

Along with our state president Dr.Sreehari Rao and Dr.Karunamurthy chairman AMS ap state welcomed our state chief minister Sri.Nara Chandrababu Naidu at the Helipad on his visit to my native village Komaravolu and submitted memorandum to him regarding the state level and national issues concerning to our medical profession.

29th January 2019

Was the chief guest at the zonal level seminar cum workshop for branch presidents and secretaries of Zone Two of our AP state and motivated them on all issues relating to our members.

30th January 2019

Rotary International Gudivada bestowed on me the Rotary International humanitarian vocational excellence award and felicitated me at a grand function in my native place. Utilised the opportunity to enlighten the Rotarians and guests regarding the health budget and also draconian laws the government is trying to enact.

6th February 2019

Attended the special.meeting of hounarable MPs at the dinner hosted by IMA in their honour at Shangri Le Hotel,New Delhi.Dr.Ravi Wankhedkar had presented the intricacies of the three bills namely NMC,MCI, and CPA and also attacks on medical establishments. There was very good congregation of MPs from both Loksabha and Rajyasabha.Speaker after speaker expressed their views in support of our profession.

8th&9th February 2019

Participated in the International Convention on Zero Tolerance on attacks on clinical establishments. It was a very memorable and fruitful seminar with many International leaders of medical profession.

11 to 13th February 2019.

During the penultimate days of parliament staying for three days at IMA house and participating in the final efforts along with the bunch of wonderful dedicated leaders of TEAM IMA leaves behind lot of satisfaction. The visits to meet good number of MPs along with the team was an experience that could be cherished for long.

On 11th Feb.TEAM IMA has met Shri.Nara Chandrababu Naidu Chief Minister of AP who was in Dhrmaporata Deeksha in the premises of AP bhavan and sought his support in solving the problems of medical profession.

13th Feb was the red letter day in our fight against the draconian law of CPA.On the night of 12th the lead team and political liason committee made a good exercise under the leadership of Dr.Santanu Sen our president who has lead from the front being in Rajyasabha planned it well, executed successfully in creating pandemonium in Rajya sabha which resulted in adjournment of the house. Our president along with some other RS. mp's could convince Sri.Venkaiah Naidu not to take up the bill. Finally it was dropped leading to its natural death for now.

17th February

I was the chief guest at two very important events. First one Reactivation of AMS AP state unit National secretary Dr.Mohan Gupta inaugurating the unit.15 new members were joined and membership certificates presented.

Second one is formation and inauguration of Women Doctors Wing of IMA AP state. Very colourful delightful function attended by many dignitaries.

24th February 2019

Attended the State working committee meeting of IMA AP STATE at Chirala town. It was a very fruitful event ably conducted by our state president Dr.Sreehari rao. I had the privilege of addressing the press emphasising mainly on IMA NATIONAL HEALTH MANIFESTO will be the solution for the effective Medicare within reach of common man. This news was covered prominently in the local news papers.

6th March 2019

National manifesto committee met at the HQ DELHI. IMA HOUSE under the chairmanship of Dr.Ravi Wankhedkar had a brain storming session for giving a shape to IMA NATIONAL HEALTH MANIFESTO to be further discussed and ratified in the state presidents and secretaries meet scheduled for 16th of this month. I was also at the head table this meeting and was a part of deliberations.

Dr. P. Gangadhar Rao
National Vice President 2018-19

AGENDA ITEM NO.B-5

Activity Report of Dr. Anil S. Pachnekar, National Vice President 2018-19

I being got elected as National Vice President, I decided to move all over India, every state & local branches to spread national message & working of Central IMA .So immediately I attended first meeting of action committee & political liasoning committee held in IMA Headquarters on 2nd january2019.

My first invitation was from Nagpur on 5th January 2019 at Ramtek. There Dr. Mangesh Gulwade & Dr. Rajesh Pawade has organised IMA END T.B. INITIATIVE PROGRAMME along with cycle rally from Ramtek to different districts of Nagpur, Vidharbha. The idea behind T.B. CME & cycle rally is to spread awareness about T.B. & to stop T.B. from Indian scenario. Along with me Past National President Dr. Ashok Adhao sir, Dr. Milind Naik , Dr. Krishna Parate & Dr. Y.S. Deshpande then IMA State President participated in programme.

I attended North-East region ALL TRIPURA MEDICAL CONFERANCE conducted ON 12TH & 13 JANUARY 2019, at Agartala, as Chief Guest of the conference. Tripura State President Dr. Pradip Bhaumik & Secretary Dr. Ashish Kar organised function very well & involved everyone from IMA members to State Government Health Officers. On dais along with me Addl. Secretary & Director Health Dr. J.K. Dev Varma, Director Medical Education Dr. Chinmoy Biswas, Director Family Welfare & Preventive Medicine Dr. Sujitkumar Chakma, Dr. Debashis Danda, President , Indian Rheumatology Association, President & Secretary Tripura State brought glamour & done justice to programme.

Attended first President-Secretary meet held in IMA House New Delhi in January 2019.

On 16th of February attended Nashik IMA Refreshcon conference as a Chief Guest of function. Mr Sayaji Shinde reputed film personality was Guest of Honour. Dr. Rajendra Kulkarni of Nashik IMA, Maharashtra organised the programme very well.

On 17th to 21st of February addressed NORTH-EAST REGION CONCLAVE, held in Arunachal Pradesh, Itanagar as CHIEF GUEST of function. On the way visited Assam, Guwahati, met Secretay of Assam Dr. Atulkumar Kalita & President Dr. Hiranmay Adhikari, conducted goodwill meetings with office bearers.

The 4th Northeast regional Conclave of IMA was hosted here by the Arunachal Pradesh branch of IMA on 19th february Tuesday with the theme 'Serve with Dignity'. Speaking on occasion IMA National Vice-President Dr. Anil S. Pachnekar highlighted the negative impacts of National Medical Commission bill, the IMA amendment bill, and the amended Consumer Protection Act. Former General Secretary of IMA Dr. R N Tandon spoke about the highest dignity while serving the people while IMA hospital board of India chairman Dr. V K Monga spoke on maintaining the standard norms of hospitals in India . Finance secretary Dr Ramesh Datta explain about how to keep proper financial balancesheet of respective branches. State IMA Honorary Secretary Dr. Jegu Ori highlighted the activities taken up by the association in the state of Assam. IMA Secretary Dr. Atul Kalita, Nagaland IMA President Dr. Kejivito and Tripura IMA Joint Secretary Dr. Biprojit Debraman spoke on activities of IAM of their respective state. Doctors from various parts of the country along with Central Team of IMA participated in the Conclave. The participants observed 2 minute silence to pay homage to martyrs of Pulwama terror attack

On 10th march attended thane IMA conference as National representative. Programme was very well conducted by President of Thane IMA Dr. Dinkar Desai & Secretay Dr. Santosh Kadam.

On 16 & 17th march attended meetings at ima hqs, of President Secretary meet, political manifesto meeting, IMA End T.B. INITIATIVE PROGRAMME.& also JDN MEETING{ conducted by Dr Abul Hasan}

On 24th march Mumbai West IMA branch has invited for New President installation programme function as Guest of Honour, will attend with pleasure as a National representative.

Attended all IMA Mumbai branch programme as National representative & percolated National IMA message within branch members.

In all programme I attended, I tried to discuss issues pertaining to medical fraternity with delegates, explain them in depth the policy decided by Central IMA, talk a lot about IMA END T.B. INITIATIVE PROGRAMME, MEMBERSHIP DRIVE, NATIONAL MEDICAL COUNCIL, IMC amendments, CONSUMER PROTECTION BILL 2018, DOTOR-PATIENT relationship, political liasoning, & overall about local branch, need of hours to register themselves with GST, TAN & with charitable trust.

Dr Anil Pachnekar
National Vice-President 2018-19

AGENDA ITEM NO.B-6

Activity Report of Dr. Atul D. Pandya National Vice President 2019-20

23rd January 2019, attended Pathologist association felicitation

26th January 2019, Invited as guest of honor at flag salutation at Pujit Rupani memorial trust

10th February 2019, Maa Amrutam card distribution as Chief Guest with Hon. Chief Minister of Gujarat

23rd February 2019 IMA state working committee meeting at daman

24th February 2019, Attended hobby center college for youth development as chief guest

25th February 2019, At welcoming the Narmada water at Rajkot with IMA rajkot 'sav ni yojna'

**Dr. Atul D. Pandya,
National Vice President 2019-20**

AGENDA ITEM NO.B-7

Activity Report of Dr. Dipak Dhar Chaoudhary, National Vice President 2019-20

1. Swasth Bharat Yatra – the Uttarakhand part of pan India cyclothon of FSSAI for promotion of National program of food safety under Pradhan Mantri Swasth Bharat Yojna was held on 11th January, 2019 and the first station was organized under the flagship of IMA UA State. It was attended by hundreds of participants. All the participants and the organizers were given mementos by IMA UA State and were eventually hosted with a mouth watering lunch. Next day Prabhatpheri was flagged off by Hony. State Secretary for sensitization of public regarding food safety and security.
2. Attended State Presidents/ Hony. Secretaries meeting held on 19th & 20th January, 2019.
3. Attended State Presidents/ Hony. Secretaries meeting held on 16th & 17th March, 2019.
4. The discussion of proposed local branch Presidents/ Hony. Secretaries meet of Bengal, Bihar, Jharkhand, Orissa and Chattisgarh to be organized by IMA Bihar Branch, was discussed with Dr. Sahajanand Prasad and Dr. Brajanand Kumar, and was decided to be held in the month of June, 2019.
5. Dr. Santanu Sen, National President, IMA and Dr. Sibabrata Banerjee, Hony. Jt. Secretary, IMA were invited as Chief Guest and Special Guest in Rakt Pravah – 2019.

6. -Under my guidance, a mass state wide self closure of all Clinical Establishments of Uttarakhand for consecutive nine days from 15th February, 2019 to 23rd February, 2019, when the Chief Minister was forced to discuss our problems and made a committee to do so in our interest.
7. Within this month at least 150 faculty members of various specialties joined IMA to give a boost to IMA membership drive and a separate branch of IMA shall be formed in AIIMS, Rishikesh, Uttarakhand.
8. Proposed to have IMA AMS UA Chapter State Conference in the month of April, 2019. The subject of discussion will be NABH Accreditation.
9. I have directed all the state branches to organize a press conference in their respective state branches on 30th March, 2019 and release a press release on the Health First Campaign by Indian Medical Association. Similarly, in Uttarakhand also all local branches have been directed to organize the same and accordingly, in Dehradun it will be organized by IMA UA State branch on 30th March, 2019.
10. I asked the branches to give a brief of Health First Campaign and handover the same to prospective candidates of ensuing Parliament election & support the prospective candidate who are doctors and also help them in their election process. In Uttarakhand there is only one doctor candidate for which meeting has been arranged on 31.03.2019 in Rishikesh & Haridwar which will be attended by me.

Dr. D.D. Choudhary
National Vice President 2019-20

AGENDA ITEM NO.B-8

Activity Report of Dr. G.N Prabhakara, National Vice President 2019-20

I Dr Prabhakara GN, has been elected as Vice president for the year 2019-20. I thank all the National leaders and IMA members for choosing me as VicePresident.

I am in charge of Maharashtra, Gujrath, Goa and Uttar pradesh.

I was a chief guest for the function of Psychiatry association of Karnataka at Chikkamagalur. I have appealed all the fellow friends to become IMA members and high lighted all the benefits of IMA member.

I have attended State conference of ASI karnataka Chapter, where we have mobilised all the fellow surgeons to become IMA members and spoke on Schemes of IMA.

Conducted one CME on Medical Ethics redefined, at Sri Siddhartha medical College,

I was participated in International conclave on Violence against Doctors at Mumbai.

Dr Prabhakara GN
National Vice President 2019-20

AGENDA ITEM NO.B-9

Activity Report of Dr. T. Narasingha Reddy, National Vice President 2019-20

1. Attended a common meeting of various Wings, Schemes & Committees on 15th & 16th December, 2018 at IMA House, New Delhi.
2. Ayushman Bharat : Attended the other Associations meeting with IMA & CII on common minimum pricing for procedures on 14.12.2018 at 5.30 pm at IMA House
3. Attended and taken active participation in Political Liaisoning for NMC meeting at 11.00 am on 20.12.2018 (Thursday) at IMA House, Indraprastha Marg, New Delhi-110 002.
4. Invited and attended Doctors Parliamentarians from Andhra Pradesh and Telangana for meeting on the evening of 20th December 2018, at New Delhi to sensitise about the bills like NMC, MCI amended Ordinance and CPA bill.
5. Attended coordination meeting of the political Liaison team and Action Committee held at 9:30 am on Wednesday at IMA (HQs.) on 2nd January, 2019.
6. On 2nd & 3rd January cutting across party lines done Political Liaisoning with Parliamentarians on NMC and CPA 2018 Bills, which are of concern of the medical profession and these two issues have become crucial.
7. The All India Protest Day was observed to protest against the three Bills which have significant threat to medical profession
 - The Consumer Protection Bill 2018
 - The National Medical Commission Bill 2017
 - The Medical Council (Amendment) Bill 2018.
8. Attended and participated in the Meeting of 1st State Presidents ,Secretary's and State Leaders and Office Bearers of IMA and its schemes and wings On Sunday, 20.01.2019 at IMA HQs., New Delhi
9. Attended the International Conclave on "Zero Tolerance on Violence on doctors and Hospitals" - 8 and 9 February and SAARC Medical Association Meeting on 9th February 2019 in Mumbai, India
10. Done Political Liaisoning and campaign in New Delhi from 5-2-2019 to 7-2-2019
11. Done Political Liaisoning and campaign in New Delhi from 10-2-2019 to 13-2-2019.
12. Observed IMA Solidarity Day on February 21,2019 in solidarity with IMA Uttarakhand on the issue of CEA.
13. Attended the CMAOO conference organising committee meeting on 5th March 2019 at 5:00 pm in IMA House , New Delhi
14. Attended the meeting of the Committee on Health Manifesto and Health First Campaign held on Wednesday 6th March 2019 from 10 am to 1pm at IMA House, Indraprastha Marg, New Delhi-110002
15. A meeting of the Committee on Ayushman Bharat Scheme Health Manifesto and Health held on Wednesday 6th March 2019 from 2:00 pm to 5:00 pm at IMA House, Indraprastha Marg, New Delhi-110002.

T. Narasinga Reddy,
National Vice President 2019-20,

AGENDA ITEM NO.B-10

REPORT OF ACTIVITIES OF HONORARY SECRETARY GENERAL, IMA

Hon'ble National President, Dr Santanu Sen, Past Presidents of IMA, distinguished guests, esteemed senior colleagues, delegates, ladies and gentlemen. I take this opportunity to welcome you all at the 221st meeting of the Central Working Committee being organized at Puri (Orissa). I am sure, you all will enjoy a comfortable stay and wonderful hospitality at this CWC Meeting.

I am trying to furnish below the activities of IMA HQs since I have taken over as charge as Hony. Secretary General, IMA from 28th December 2018.

This year began with intense political liasoning in Delhi on the issues of NMC Bill, IMC (Amendment) Bill and the CPA Bill 2018. The whole country protested on 04.01.2019 by wearing black badges and submitting memorandum.

We have successfully resisted NMC Bill 2017 and we will continue our fight against IMC (amendment) Bill 2018 and Ordinance 2019 as well as Consumer Protection Bill 2018. I am sure each one of you will acquaint yourself with all these challenges.

IMA NEWS: IMA has successfully published 2 issues of IMA News i.e. January and February. It had a lot of informative and useful material of the IMA activities carried out in this period. It has a circulation of 7000 members of IMA. Our efforts are to incorporate as many information news as possible from all over the country in IMA NEWS. Please write to the Secretary General whatever information/news available about your State/Local Branch. I, once again request all the members to come forward and insert advertisement of your hospitals/nursing homes in the news bulletin.

IMA DIRECTORY: We are pleased to publish the Directory of all Office-bearers, Past National Presidents, State Secretaries and Central Working Committee members in addition to the information about the **Guest Houses and Blood Banks** in various States. The same shall be circulated during the 221st CWC meeting on April 6 & 7, 2019 at Puri (Orssia). I am sure, it will be handy asset on your working desk.

HFC: From 1st January 2019, the total 2368 Life Members have been enrolled up to 14th March 2019.

Regarding the Life Membership Certificate for these enrolled members we have already inform to State office as well as to the concerned Branches that now onwards the members can download the Certificate and Card after login in digital IMA portal. Out of 2368 Life Members 426 members applied for Plastic I. Card and 358 Cards have been dispatched to the concerned members.

From 1st January 2019 total 2 new Branches have been opened namely Rangia (Assam) and Dr. Mehta's Chetpet (Tamil Nadu), the name of Hyderabad City Amberpet Branch has been changed to Hyderabad Amberpet (Telangana)

IMA Building: The drawing plans in auto cad have already been made of IMA Building and the concerned engineers have been contacted to look after the structured safety of IMA building for any further renovation or addition of floor in the Building. The IGL Piped Natural Gas (PNG) authority has also been contacted for installation of PNG Connection in IMA building at the earliest for which the required amount has already been paid to the concerned authority 2 – 3 years ago and we are hopeful that it will be installed within a span of 2-3 months. The AMC for our existing fire fight system which was lying unused for the last one year has also been finalized and it has been decided to give AMC to the company which had originally installed it. The company has also been courteous enough to restart the whole

system once again without charging anything. **HFC:** From 1st January 2019, the total 2368 Life Members have been enrolled up to 14th March 2019.

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DIGITAL IMA: It has been planned to accept direct membership requests from individual doctors practicing modern system of medicine online:-

ROAD BLOCKS & SUGGESTED SOLUTIONS

S.No.	Roadblocks	Suggested Solution
1.	Verification of requisite qualifications document	Any online request for IMA Membership by individuals alongwith scanned copies of requisite documents of qualification and branch jurisdiction be forwarded immediately online to respective Branch Secretary for verification and approval.
2.	Receipt of membership subscription and distribution of State and Branch shares for individual online applicants	The respective State and Branch shares be regularly submitted to the IMA (HQs.) so that necessary remittances of the State and Branch shares can be made directly by the IMA (HQs.) to respective State and Branches after receipt of the entire amount in IMA (HQs.) online.

IMA Building: The drawing plans in auto cad have already been made of IMA Building and the concerned engineers have been contacted to look after the structured safety of IMA building for any further renovation or addition of floor in the Building. The IGL Piped Natural Gas (PNG) authority has also been contacted for installation of PNG Connection in IMA building at the earliest for which the required amount has already been paid to the concerned authority 2 – 3 years ago and we are hopeful that it will be installed within a span of 2-3 months. The AMC for our existing fire fight system which was lying unused for the last one year has also been finalized and it has been decided to give AMC to the company which had originally installed it. The company has also been courteous enough to restart the whole system once again without charging anything.

PROTOCOL OF MEETING NOTICE FOR CONDUCTING MEETINGS: It has been observed that the expenses of meetings of any Wing/Initiative/Committee of IMA convened within a period of 15 days of notice increases substantially due to dynamic pricing of Air/Railway tickets for such meetings convened at a very short notice. Meetings of IMA shall henceforth be convened giving a minimum notice of 15 days except in case of exigencies.

PARAMEDICAL COURSES

Presently, Indian Medical Association HQRs, New Delhi is running the seven paramedical courses which are recognized by the **Government of NCT of Delhi, Health & Family Welfare Department**. Total Fifty

One Institutes of different states are running Para Medical courses under IMA. Recently two institutes - **Aakash Healthcare Super Speciality Hospital, Dwarka, Delhi** and **LAL Path Lab, Rohini, Delhi** have been inspected and approved for conducting paramedical courses under IMA.

IMA – NIOS Para Medical Courses

Two Para Medical courses - Diploma in Medical Laboratory Technology (DMLT) and Diploma in Medical Imaging Technology (DMIT) are also running jointly by IMA and NIOS. There are total Twenty Five Accredited Vocational Institutes through out India which are running these courses under IMA-NIOS. NIOS plans to develop a new course in the area of Health & Paramedical Science in collaboration with IMA. It has been proposed to revise Admission Fee from 25000/- to 45000/- for DMLT and DMIT students.

Paramedical Final Examination – November 2018: Total One Hundred Seventy Seven candidates from different Institutes/Hospitals appeared in different streams of Para Medical Final Examination which was held on December 2018 throughout India and the Final Result is awaited

The First State Presidents and Secretaries meet on 20.1.2019 in IMA HQs and a very good participation and deliberation.

WORLD CANCER DAY was observed on 4th February, this year with the theme of 'I am and I will', the World Cancer day led by the Union for International Cancer Control (UICC), aims to inspire action from individuals, the health community and Govt. to improve public awareness and access to early detection, screening and diagnosis.

INTERNATIONAL CONCLAVE ON "ZERO TOLERANCE ON VIOLENCE AND DOCTORS AND HOSPITALS" on 8th & 9th February, 2019 was organized in Mumbai, India. Violence against Health care providers is now a Global phenomenon. Violence is demoralizing doctors and healthcare personnel. A survey by IMA has shown that 72% of doctors have suffered physical or verbal abuse in their career. IMA is attempting to understand this phenomenon, document and find solutions an International Conclave on "Zero Tolerance on Violence on doctors and Hospitals: on 9th & 9th February 2019 was organized in Mumbai (India).

WMA President, Dr. Leonid Eidelman and WMA Secretary General Dr. Otmar Kloiber and other representatives from WMA, CMAAO and SAARC medical Association participated. Dr. Ketan Detai, Past President, WMA (2016-17) was the patron of the Conclave. Dr. Ravi Wankhedkar, Imm. Past President, IMA was the Organizing Chairman, Dr. Jayesh Lele was the Organising Secretary and Dr. Mangesh Pate was the Joint organizing Secretary of the Conclave. Memorandum was adopted during the International Conclave on Zero Tolerance on Violence on Doctors and Hospitals, This Memorandum has provided in this Agenda Book.

IMA MOBILE APP: By using this App, in a click of a button, IMA will be able to send News/announcements, Android & IOS Notifications to all its members and can upload monthly magazine/articles by IMA HQs for all its members. IMA HQs is in the process of negotiating with M/s. Corploud – a Made in India communication App for IMA.

Attended Inauguration of Certification Course of Basic Life Support (BLS) for doctors and others organised by IMA AKN Sinha Institute of Continuing Medical & Health Education held on 18th February 2019 at Patna.

NORTH EAST ZONAL CONFERENCE: North East IMA Conclave was organized on 19th February, 2019 at Itanagar (Arunachal Pradesh). During the above said Conclave, a North East Zonal Local Branch Presidents and Secretaries Meet was also organized. IMA HQs was represented by Dr. Anil Pachnekar, National Vice-President who chaired the function along with Finance Secretary, Dr. Ramesh Dutta, Chairman, IMA HBI Dr. V.K. Monga and Dr. R.N. Tandon, Imm. Past Hony. Secretary General, IMA as Coordinator. All States presented their report and Nagaland invited all delegates to 2020 Conclave at Kohima. Dr. Anil Pachnekar elaborated on all bill and their deleterious effect on community and profession which has one aim and that is to keep society health, Dr. V.K. Monga talked about HBI and the issues it is taking up for the benefit of small and medium nursing homes and Dr. Ramesh Datta explained about member beneficial scheme IMA is offering. .

CMA: The HQs office bearers met with the President of CMA, Prof. Vajira H.W. Dissanayake 28th February 2019 at IMA House

IMA END TB INITIATIVE: Under this initiative, we have conducted 260 CME's till date. We have requested CTD for the release of 2nd instalment, which is awaited.

IMA LAUNCHED SECOND FREEDOM STRUGGLE: IMA is determined to account for the missing million TB patients going unreported every year. IMA is working closely with Government of India to reach out to all doctors to notify their TB patients. Notification ensures quality diagnosis and treatment as well as nutritional support to the patient.

A meeting of all the office bearers of IMA HQs office at Kolkata, JIMA, Your Health and Leaders of IMA Bengal State Branch with Dr. R.V. Asokan, Hony. Secretary General, IMA at 7:00 PM on **1st March, 2018 at JIMA Office** to discuss the issues related to JIMA.

OBSERVANCE OF INTERNATIONAL WOMEN'S DAY AT IMA HQRS: IMA International Women's Day was celebrated on 8th March in association with the IMA Women Doctors' Wing to acknowledge the remarkable contribution of women to the society. The Day also commemorates the inspiring role of women around the world to secure women's rights and build more equitable societies. Eminent personalities attended and were also felicitated on the occasion by IMA Women Doctor Wing. On this occasion, a cultural programme was arranged by Female doctor colleagues which was highly appreciated by all.

IMA SBI CREDIT CARD: IMA in association with SBI has launched IMA SBI "Credit Card" especially for IMA members on 27th March 2018 at New Delhi with the theme – "Importance of Financial Awareness for a doctor especially young ones & importance of generic innovations in a doctor's busy life: linking it to exclusive cards for doctors with inbuilt exclusive benefit for members with special coverage of Indemnity Insurance of Rs.10 lac.

In this regard, a meeting with SBI official was held on 5th March 2019 at IMA House, to discuss the issues related to SBI Cards and SBI person inform that till now 8200 doctors have joined, SBI Card provides for professional indemnity for 10 Lakhs to 15 lakhs for all customers and it was decided that Dr. S.K. Poddar, Hony. Asstt. Secretary will be single contact person who will coordinate with SBI. Further it was decided that personnel of SBI Card will be present in our ensuing meetings i.e. 2nd meeting of the State Presidents & Secretaries on 16th & 17th March at New Delhi and in the CWC meeting on 6th & 7th April at Puri.

2nd STATE PRESIDENTS AND SECRETARIES MEETING was held on 16th and 17th March, 2019 at IMA House, New Delhi where the issues related to Health Manifesto, Ayushman Bharat – Wellness, Membership Drive and Registration of State and Local Branches, PAN, TAN and GST were discussed.

Simultaneously following meetings of IMA Standing Committees were also held i.e. (Minutes are annexed in this Agenda Book)

- IMA END TB Initiative
- IMA Standing Committee for MSN,
- IMA Standing Committee for JDN
- IMA Standing Committee for Academic & Accreditation Council
- IMA Standing Committee for NATIONAL Plans

HEALTH MANIFESTO AND HEALTH FIRST CAMPAIGN: Parliamentary elections have given us a legitimate opportunity to sensitise the Indian nation on issues concerning the Health of our people and the medical profession. IMA HQs. envisages an active role for all the IMA members and branches in the next few weeks. IMA in consultation with all the State Presidents & Secretaries through its meeting held on 16th & 17th March, 2019 at IMA HQs drafted IMA Health First Campaign and Implementation Guidelines and urged all political parties to give priority to health sector. The manifesto contains various suggestions to improve public, change policy directions, streamline medical education and improve medical research.

IMA will also launch a country wide Health First Campaign to propagate the Manifesto amongst the candidates, political parties and the public. The local units of IMA have been requested to conduct public meetings and seminars in which the candidates for the forthcoming Lok Sabha elections will also be invited. The documents related to the same are annexed in this Agenda Book.

AYUSHMAN BHARAT – WELLNESS CENTRE:

IMA has been discussing on the issues related to Ayushman Bharat Scheme in its various meeting. During these meetings, it was decided that the wellness centre as contemplated by the Govt. of India in terms of their policy decision are expected to be an important part of the chain in regard to effective health care delivery system at the primary level. In order to ensure that the said wellness centre dispense their targeted responsibilities effectively and meaningfully it is necessary that they are manned by a doctor possessing qualifications in modern medicine. This means that wellness centres manned by an MBBS Graduates would be an appropriate link as is required in the chain of primary health care from “sub centres” to primary health centres to community health centres to district health centres respectively.

In the fitness of things it would be appropriate that recruitment of said wellness centres is done centrally through an appropriate a structured modality to be put into place. The said modality would be in the form of a ‘National recruitment Board’ which would be in periodically manner go in for selection of medical officers with MBBS as prescribed minimum requisite eligibility in terms of the vacancies of the required number of medial officers at the said wellness centres. This will help in timely filling up of the said vacancies and would also provide a reasonable opportunity to the graduates of modern medicine to cater to the cause of rural healthcare delivery in a meaningful and purposive manner.

FOMA: A meeting of the FOMA was held on Sunday 17th March, 2019 at Hotel The Lalit, New Delhi-110001 to discuss the issues pertinent to the medical fraternity and chalk out joint plans of action for future. During the meeting, IMA Health Manifesto was discussed with them and it was requested to them to percolate this information to their fellow colleagues.

IMA WORLD TB DAY: This year World TB Day awareness programme was observed by IMA HQs on 24th March 2019 at New Delhi. It was attended by more than 500 participants.

IMA PODCASTS

On the occasion of World TB Day i.e. 24th March, a message of National President, IMA Dr. Santanu Sen on the awareness of TB was broadcast on radio in Kolkata, Bombay and Delhi.

CMAAO- 2019: IMA is organizing 34th CMAAO General Assembly and 55th Council Meeting with the theme of “Wellness” at GOA on 5th – 7th September 2019. It is expected that 50 International Guests and 50-60 National Guests will attend the above said Conference. A Core Committee has been appointed for the smooth conduction of the CMAAO.

NATCON-2019: As you are aware that 94th National Annual Conference of IMA and 80th Annual Meeting of Central Council organized by IMA Bengal State Branch at Biswa Bangala Convention Centre, West Bengal. We will be earnestly expected all the Hon’ble Members in this mega event of IMA at Bengal.

Media:

		MEDIA REPORT 14.3.2019	
S.No.	Topic of Press Release	Date`	Name of News Papers Coverage of Print Media
1.	IMA to observe an All India Protest combating the Anti-Federal Bills	3-1-2019	English News Papers The Hindu ,The Hindustan Times Mumbai,The Pioneer, The Hnans India, Millennium Post,Top Story, Indian Express, Asian Age, Skin Times, Andaman Chronicle , India Horaizon Hindi News Paper Hindustan, Punjab Kesari, Navbharat Times, Dainik Jagaran, Rashtriya Sahara, Amar Ujala, Navodaya Times, Virat Vaibhav, Haribhoomi, Pioneer ,Veer Arjun ,Jansatta, Virat Vaibhav, Deshbandhu
2.	Oxytocin: Intervention Unwarranted	13.2.2019	Aaj Samaj,Veer Arjun, Amarujala, Deshbandhu,Haribhoomi,LokSatya, Natiaonal Express,Pioneer, Rajasthan Patrika, English News Paper The Hindu ,IMA Daily Post, Pioneer, Drug Medical Pharma, Deccan Patrika,
3.	IMA Appeals to Uttranachal Govt.	21.2.2019	English News Paper Central Chronicle,Daily Post, IMA Hans Inida,Top Story, Dainik Savera, Punjab Kesari,IAaj Samaj,

4.	IMA will resist Crosspoathy At all Costs	24.2.2019	Amar Ujala , Hindustan, Punjab Kesari, Rashtriya Sahara, Navodaya Times,
5.	IMA Releases Health Manifesto Urges political parties to prioritize healthcare	18.3.2019	
6	IMA END TB	23.3.2019	

Before I close, I must thank National President, IMA, Dr. Santanu Sen, Dr. Ramesh Datta, Hony. Finance Secretary and other office-bearers who help me in completing this CWC agenda papers including day-to-day working of IMA. I also express my sincere gratitude to all the office-bearers and office staff for their hard works who provided all administrative assistance in completing the task assigned to them.

Dr. R.V Asokan
Hony. Secretary General, IMA

**Minutes of the Meeting of Commonwealth Medical Association (CMA)
on 28th March, 2019 at IMA House, I.P.Marg, New Delhi**

A meeting of CMA held on 28th March, 2019 at IMA House, I.P.Marg, New Delhi.

IMA Prayer was read by Dr.Dinesh Sahai, Hony. Joint Finance Secretary, IMA and Flag salutation was invoked by Dr. A.P.Singh, Hony. Joint Secretary, IMA.

The following members were present in the meeting :

- Dr. R.V.Asokan, Hony. Secretary General, IMA
- Prof. Vajira H.W.Dissanayake, Hon'ble President, CMA
- Dr Ramesh Datta, Hony. Finance Secretary, IMA
- Dr. V.K.Monga Chairman, IMA Hospital Board
- Dr. Dinesh Sahai, Hony. Joint Finance Secretary, IMA
- Dr. A.P.Singh, Hony. Joint Secretary, IMA
- Dr. Shivkumar Utture, Chairman, Maharashtra Medical Council
- Dr. Mangesh Pate, Hony. Treasurer, IMA
- Dr. Jayesh Lele, Secretary, Hospital Board of India
- Dr. S.K.Poddar, Hony. Asstt Secretary, IMA
- Dr. N.V.Kamat, Principal Adviser, IMA

Regrets received from Dr. Santanu Sen, National President, IMA

Dr. R.V.Asokan, Hony, Secretary General, IMA and all members present in the meeting gave their self introduction. He said that IMA is also a part of Commonwealth. Much more has been done by Commonwealth Medical Association than other institutions. The institution which has survived the tough times is Commonwealth Medical Association. Dr. Arul Rhaj, Past National President, IMA is a leading light of CMA.

Dr V.K.Monga Chairman HBI said that Prof. Vajira H.W.Dissanayake, Hon'ble

President, Commonwealth Medical Association is a respected international leader. All Past National Presidents of IMA know him very well. He is a true friend of India and Indian Medical Association. Professor Vajira is a medical Geneticist and his interests are in Genetics and Genomic Bioethics and Health Informatics, Bioethics. He is a Head of the Department of Anatomy in University of Colombo. He has a number of papers, honors, awards and grants. He told the House his Volume about wealth in medical practice, medical field and medical academics. He got MBBS and then PHD in 2004. He is holding many posts.

Prof. Vajira H.W.Dissanayake, Hon'ble President, Commonwealth Medical Association thanked Dr. R.V.Asokan, Hony. Secretary General, IMA and other Office Bearers of IMA present in the meeting for the honour given by them. He said that I have been engaged CMA from six years.

He said that a lot of things we can do through the CMA. The Association was established in 1961 in Sri Lanka. The first President of CMA was Dr. Wijegunawardena who was Sri Lankan. In initial years the CMA meeting was held in every three years. Further he said that CMA was a very powerful organization. I have been working on building that relationship so that CMA can become an organization which is in permanent relationship with the WHO. Although countries like India, Sri Lanka and generally we are not in the minister's delegation other countries in Africa and small countries in the Caribbean Pacific the Presidents of Medical Association sign the minister delegation.

We have called for bids for last year. Next month we will be announcing. He requested Indian Medical Association to consider taking leadership next time. He will be happy to work with IMA. British Medical Association is one of our major contributors as they were hosting our secretariat but they don't have staff in BMA. Malta is a small but powerful country. He brought nurses, midwives, pharmacist, and small associations together and formed Commonwealth Health Profession Alliance and was President sometime back.

Dr. Jaya Lal was the last time regional Vice-President. We would like to see another Vice President from this region. I would request all to identify and nominate someone to Vice-President. There is Caribbean regional Vice-President there is East, West and South African region there three vice-Presidents, European Vice-President, South Asian, East Asian and Pacific. India is largest body of doctors should continue to hold Vice-President Position.

We thanked Indian Medical Association for full support to Sri Lanka on medical issues and was hopeful that India will play a major role in Commonwealth Medical Association.

Dr. Ramesh Datta gave vote of thanks

Dr. R.V.Asokan
Hony. Secretary General, IMA

Calendar of Govt. Meetings -2019 attended by Various Office-Bearers of IMA

1. Meeting of the National Technical Working Group of Public- Private Partnership under RNTCP On 9th January, 2019 from 10:00 am to 04:30 pm at Conference Hall, 6th floor, NACO, Chandralok Building, New Delhi attended by Dr. N.V. Kamat

2. Stakeholders meeting regarding Preparatory meeting of the Global Fund 6th Replenishment Conference (2020-2022) 10th January, 2019 at 04:00 pm at Conference Hall, 6th floor, NACO, Chandralok Building, New Delhi attended by Dr. N.V. Kamat.
3. Meeting of National Council on WTO, Trade and Investment on 17th January 2019 at 11.00 am at ASSOCHAM House, New Delhi attended by Dr Narendra Saini, Past HSG, IMA
4. State Task Force on Immunization (STFI) on 22nd January 2019 at 4.00 PM at Kolkata attended by Dr. Sanjib Banerjee
5. 31st Board Meeting of NABH on 30th January 2019 attended by Dr. V.K. Monga, Chairman, IMA HBI
6. Stakeholder Workshop on Malaria Radical Cure in India on 4th February 2019 at The Imperial, Janpath, CP, New Delhi attended by Dr. Narendra Saini, Past HSG, IMA
7. Meeting of MHD 21 Hospital Infection and Biomedical Waste Control Sectional Committee on 7th Feb.2019 from 11.00 am on wards to 1.00 pm at BIS, ND attended by Dr. N.V Kamat, Principal Advisory, IMA HQs.
8. India Showcase' for Preparatory meeting of Global Fund's 6th Replenishment on 7th Feb.2019 from 2.30 pm to 5.00 pm at Oval Ballroom, Hyatt Regency,ND attended Dr. V.K. Monga, Chairman, IMA HBI
9. 3rd Meeting of the India Expert Advisory Group on Measles & Rubella (IEAG-MR) on 19th & 20th February 2019 at Hotel The Royal Plaza, New Delhi attended by Dr. Dinesh Sahai, Hony. Joint .Finance Secretary, IMA
10. AEFI Committee Meeting on 25th February 2018 at New Delhi attended by Dr. Ramesh Datta, Hony. Finance Secretary IMA
11. Eleventh Meeting of MHD 14 Hospital Planning Sectional Committee on 27.2.2019 at 11.00 am at Manak Bhawna, ND attended by Dr. N.V. Kamat, Principal Advisor, IMA HQs.
12. Meeting with IMA and other stakeholders in connection with Ayushman Bharat Scheme
13. 28.2.2019 at 6.00 am in the office of Dr. Indu Bhushan, CEO, ABS
14. NABH Board Meeting for Approval of Budget 2019-20 on 6th March 2019 at 11 am at Board Room, 5th Floor, ITPI Building, 4A, Ring Road, I.P. Estate, New Delhi attended by Dr. Managesh Pate
15. 74th India CCM meeting on 5th & 6th March 2019 attended by Dr. Ravi Wankhedkar
16. Meeting to discuss the Operational Guidelines for Prevention of Malnutrition and Community based Management of Severe Acute Malnutrition and Operational Guidelines on Infant and Young Child Feeding on 08.03.2019 at 10 AM in Room No. 353, A-Wing, Shastri Bhawan, New Delhi attended by.Dr. Piyush Jain, President, IMA East Delhi Branch
17. Meeting of ICMED fourth Steering Committee Meeting on 12th March, 2019 at 11.00 AM at ITPI Board Room in Delhi - Dr. Anil Goyal attended
18. Meeting with Healthcare Providers Federations reg. AB-PMJAY on 20th March 2019 at 4,00 PM at "Chintan" 9th Floor, National Health Authority, LIC Jeevan Bharat Building, ND - Dr. V. K. Monga, IMA HBI, Dr. A K Ravi Kumar and Dr. Anil Goyal would attend the meeting.
19. Meeting reg. NATHEALTH Roundtable on 22nd March 2019 at FMRI, at Gurgaon – Dr. V.K. Monga, Chairman,IMA HBI, will attend
20. Meeting reg. National Consultation on Advancing Comprehensive Abortion Care in India on March 26-27, 2019 at Hotel Le Meridien, Janpath, ND attended by Dr. Vibha Tandon
21. Meeting of 82nd DTAB meeting on 2.4.2019 at 11:00 AM in the DGHS Conference Room (No. 445-A) Nirman Bhawan, New Delhi-110011- Dr. R.N. Tandon will attend

REPORT OF IMA END TB INITIATIVE

**A. Minutes of IMA End TB Initiative Meeting held on January 15th, 2019
at IMA House, I P Marg New Delhi-110002**

The meeting of the IMA End TB Initiative was conducted on 15-1-2019.

The meeting was attended by:-

1. Dr. Rajan Sharma, National President (Elect), IMA
2. Dr. R. V. Asokan, Chairman, IMA End TB Initiative and HSG, IMA
3. Dr. Kamlesh B. Saini, Convenor, IMA End TB Initiative
4. Dr. Jayesh Lele, Chairman, Media Committee
5. Dr. Mangesh Pate, Member IMA End TB Initiative
6. Dr. N. V. Kamat, Principal Advisor, IMA
7. Dr. Ashok Rai, Member, IMA End TB Initiative

Following decisions were taken:-

1. The current status of the Initiative was informed to the members present.
2. The bottlenecks were discussed namely separate Bank Account for the project, affidavit to be issued to the states, district coordinators to be appointed. It was decided to request the state leaders in the ensuing State Presidents/ Secretaries meeting to be held on January 20, 2019 to remove the above bottlenecks and take the project forward. It was decided to purchase stamp papers by IMA HQs. for those states whose affidavit are still awaited and provide the same to their leaders during the above ensuing meeting.
3. Dr. Kamlesh B. Saini, National Convenor of IMA End TB Initiative was requested to send communication to the states:-
 - a. To kindly attend the ensuing State Presidents/Secretaries meeting and bring their state branch stamp for the affidavit.
 - b. Send their state and district coordinators list.
4. It was decided to have a counter for IMA End TB Initiative in the ensuing State President/Secretaries meeting.
5. All information regarding Initiative should be sent on a regular basis through SMS/Emails or WhatsApp everyday- broadcasting feature should be used for sending such information.
6. For coordination between IMA End TB Initiative office at IMA HQs. and Media Committee/PR Agency, Ms. Ritu Arora to be the point of contact.
7. In the Master-sheet 2 columns to be added:-
 - a. Total number of district in each state ,
 - b. Number of CMEs conducted till date
8. If a state branch wishes to conduct more than one CMEs in a district, the state branch shall be allowed to do so.
9. The President and Secretary of the local branch falling in a particular district should be answerable for the progress of the Initiative in their district alongwith the respective district coordinator.
10. The DTO is the Nodal person in the Initiative for the progress of the same, therefore the district coordinator should have a direct link with the DTO for the success of the Initiative.

Dr. R. V. Asokan
Honorary Secretary General, IMA
and Chairman, IMA End TB Initiative

Dr. Kamlesh B. Saini
Convenor
IMA End TB Initiative

B. Minutes of the Meeting of NWG Members and Media Committee of IMA End TB Initiative held on January 31st, 2019 at IMA House, at 11:00 Am

The following members were present: -

1. Dr. R. V. Asokan, Chairman, IMA End TB Initiative and Honorary Secretary General, IMA
2. Dr. Rajendra Airan, Vice Chairman, IMA End TB Initiative
3. Dr. Kamlesh B. Saini, Convenor, IMA End TB Initiative
4. Dr. Jayesh Lele, Chairman, Technical Team for Media
5. Dr. N. V. Kamat, Principal Advisor, IMA
6. Dr. Mangesh Pate, NWG Member, IMA End TB Initiative
7. Dr. T. Suresh Kumar, NWG Member, Technical Team for Media
8. Dr. Ashok Rai, NWG Member, IMA End TB Initiative and Member, Technical Team for Media
9. Dr. Jyotirmoy Pal, Bengal State Coordinator, IMA End TB Initiative
10. Mr. Mrinal Sapre, Adfactors PR
11. Mr. Prashant Kumar Gupta, Adfactors PR
12. Ms. Mansi Arora, Adfactors PR
13. Ms. Shveta Shrivastava, Adfactors PR
14. Mr. Varun Shukla, Adfactors PR

Dr. Rajendra Airan, Vice Chairman, IMA End TB Initiative welcomed the members and thanked them for their participation.

The IMA prayer was invoked by Dr. T. Suresh Kumar followed by Flag salutation.

Dr. R. V. Asokan gave brief information about the background of the Initiative and presented his views on the current status of the Initiative. He also informed the members that till now 3 interim reports have been submitted to the CTD and IMA has demanded for more money to conduct more CMEs. So now it should be utilised for smooth conduction of IMA End TB Initiative.

Following decisions were taken:-

1. One CME per district is not enough for IMA therefore to increase the progress from now, there will be only CMEs no training. After few deliberations it was decided that all districts will be allowed to conduct additional CMEs for a fresh set of participants. Such CMEs shall be done at venues other than the earlier ones.
2. The House unanimously disapproved the provisions for arrest of a private doctor for failing to notify a case of TB. It was strongly felt that if IMA is to involve private doctors for the success of the Government's End TB Project, IMA will not accept any arrest of the doctors for non notification.
3. The House approved the use of Podcast for dissemination of information about the Initiative. The budgets regarding the same were approved.
4. The PR agency, Team Adfactors were asked to collect the data on Tuberculosis directly from CTD to get points of research for their Press Conferences.
5. Proper short videos of 15 to 30 seconds be prepared for social media by PR Agency. For that some scripts have already been proposed by Team Adfactors which have been approved from the office of the Initiative and are being circulated through IMA End Tb Website etc.

6. The criteria for selection of cities to organise press conferences was finalised to be based on status of TB notifications from those cities. Team Adfactors promised to complete the media plan by 31st March, 2019.
7. Have a separate IMA End TB Initiative Website instead of merging it with the IMA website as to make it easier to access. The following persons were nominated to interact with the PR agency for intricacies related to creation of the new IMA End TB website: - Dr. Jayesh Lele, Dr. Mangesh Pate, Dr. T. Suresh Kumar and Dr. Ashok Rai.
8. To use the back outer cover of IMA News for the IMA End TB Initiative.
9. All branches of IMA should be involved for media coverage of the Initiative. All the IEC material should be distributed in all IMA Conferences and meetings at all levels and the IMA End TB Initiative videos should be played during the same.
10. Social pledge by the members of IMA to notify TB cases can be a good idea for the success of the Initiative. Pamphlets for the preventions and cure of TB under the IMA End TB Initiative can be placed at various chemist shops and hospitals.
11. A fresh video has been made after incorporating the message from the current National President, Dr. Santanu Sen, which approved by the CTD can be played during the CMEs.
12. The House was of a firm opinion that all the documents including the attendance sheet should essentially to be completed in all respects and in such documents which are incomplete in any respect needs to be returned back for proper action.
13. The requirement of Affidavit may not be made compulsory. However, the opening of dedicated Bank Account by the states for the Initiative is mandatory and the same shall be managed by the State Secretary and the State Treasurer. The nominated State Coordinator can only endorse documents and vouchers for final payment for the state.
14. As per the requirements of the CTD, the attendance sheet needs to be modified to add the ID of the work place of the participants and its address. The updated format of the attendance sheet shall be forwarded by Dr. Kamlesh B. Saini, Convenor, IMA End TB Initiative further for use in the Initiative.
15. Every participant in the CMEs should be requested to essentially report all cases of TB using the NIKSHAY website of CTD through the DTO or STO and any non cooperative DTO/STO shall be reported directly by the member to the IMA HQs.
16. It was decided that for scrutinization of documents of the CMEs, Dr. R. V. Asokan will issue an office order for the following:-
 - a. It was decided that Dr. Dinesh Sahai, Honorary Joint Finance Secretary will scrutinize the accounts related to IMA End TB Initiative.
 - b. For verification of documentary part of IMA End TB Initiative, Dr. Vinod Khetarpal will be responsible.
 - c. All content approval of the material for social media will be done by Dr. Ashok Rai, after which Dr. Mangesh Pate shall be responsible for final connecting of the same with the social media.

- d. Dr. T. Suresh Kumar shall look after the organisation of various Press Conference of the Initiative.
17. All these social media activities shall be conducted under the information and intimation of Dr. Jayesh Lele.
18. The House approved all the decisions taken by the Chairman, IMA End TB Initiative, Dr.R.V.Asokan, for the success of the Initiative.

The meeting ended with a vote of thanks to the Chair.

Dr. R. V. Asokan
Honorary Secretary General, IMA
and Chairman, IMA End TB Initiative

Dr. Kamlesh B. Saini
Convenor
IMA End TB Initiative

**C. Meeting of IMA End TB Initiative held on 16th March, 2019
at 11:00 AM at IMA House, IP Marg, New Delhi**

Minutes of the meeting of IMA End TB initiative held at IMA House, IP Marg, New Delhi on 16h March, 2019 to know about the status of completion of 1000 CMEs up to 31st March, 2019 by the State Branches of IMA

Following Members Present.

1. Dr Santanu Sen, National President, IMA
2. Dr R V Asokan, Hony. Secretary General, IMA
3. Dr Ravi Wankhedkar, Imm. Past National President, IMA
4. Dr A Marthanda Pillai, Past National President, IMA
5. Dr Anil Pachnekar, National Vice Chairman, IMA
6. Dr Dinesh Sahai, Hony.Jt Finance Secretary, IMA
7. Dr Sibabrat Banerjee, Hony. Joint Secretary, IMA
8. Dr Pijush Kanti Roy, Hony Joint Secretary, IMA
9. Dr S K Poddar, Hony. Asst. Secretary, IMA
10. Dr Krishna M Parate, Chairman, IMA NPPS
11. Dr Rajendra Airan, Vice Chairman, IMA End TB Initiative
12. Dr Kamlesh Saini, Convener, IMA End TB Initiative
13. Dr Fariyad Mohd, State Coordinator, IMA End TB Initiative, Rajasthan State Branch, IMA
14. Dr N Muthurajan, State Coordinator, IMA End TB Initiative, Tamil Nadu State Branch, IMA
15. Dr Ajay Mahajan, State Coordinator, IMA End TB Initiative, Haryana State Branch, IMA
16. Dr S K Sinha, State Coordinator, IMA End TB Initiative, Bihar State Branch, IMA
17. Dr R Anburajan, State Coordinator, IMA End TB Initiative, Tamil Nadu State Branch, IMA
18. Dr Atul Kr Kalita, Hony Secretary and State Coordinator IMA Assam State Branch
19. Dr Atul Pandya National Vice President, IMA (E)
20. Dr B Sridhar, Hony. State Secretry, IMA Tamil Nadu State Branch
21. Dr Tapan Kumar Biswas, Imm. Past State Secretary, IMA Bengal State Branch
22. Dr. S. Kanagasabhpathy, State President, IMA Tamil Nadu State Branch
23. Dr T Suresh Kumar, Member, Media Committee, IMA

The meeting commenced at 11.00 am with the President conveying his warm welcome to all present which was followed by a round of introductions by all present.

Dr R V Asokan, Hony. Secretary General, IMA, requested Dr SantanuSen, National President, IMA to call the meeting in order.

Dr SantanuSen, National President call the meeting in order and requested Dr R V Asokan, Hony. Secretary General to continue meeting.

Members were requested to stand up for Flag Salutation. Flag Salutation was read by Dr Suresh Kumar and IMA Prayer by Dr N. Muthurajan.

Dr SantanuSen, National President, IMA welcomed the members present in this meeting. He said that today's meeting is a very important because IMA is partner with Govt. of India and have to complete the 1000 CMEs up to 31st March, 2019. IMA have completed only 226 CMEs Out of 1000. He requested State Coordinator to take it seriously and try to complete within the stipulated time.

Dr R Asokan, Hony. Secretary General, Welcomed the members present to this important meeting regarding IMA End TB Initiative. He informed that few states have not organized even a single CME in their state on END TB initiative. Even they do not yet appoint any State-Coordinator and have not opened a dedicated bank account for End TB Initiative which affect the programme and make a negative image of IMA in disease control partnership with Government of India. It was further decided to appoint State Co-ordinator for these states who will monitor and improve the programme and main focus is to complete the CEMs as many as possible till 31st March, 2019.

State Co-ordinators, IMA End TB Initiative have informed the house about the CMEs done so far by them on the END TB initiative and why CMEs were not done till now.

Dr KamleshSaini, were given the responsibility to complete the chart which were shown by Dr R V Asokan about the status of CMEs done so far by the State Coordinators of IMA End TB Initiative, to placed before the State President/ Secretaries Meet held on 16th March, 2019 at IMA House, IP Marg New Delhi.

DR Ravi Wankhedkar informed the house that do not collaborate with any of NGO and give priority to IMA only.

Dr A MarthandaPillai, Past National President, IMA, was of the opinion that IMA leaders should be take professional approach in conducting the activities of IMA.

State Co-ordinators assured to complete the rest of the CMES as given by IMA Hqrs.

Meeting ended with thanks to the chair.

Dr. R. V. Asokan
Honorary Secretary General, IMA
and Chairman, IMA End TB Initiative

Dr. Kamlesh B. Saini
Convenor
IMA End TB Initiative

D. Minutes of the meeting of IMA End TB Initiative held on 8TH February 2019 at 7.00 pm at Hotel Lalit, Mumbai, Maharashtra

A meeting of the IMA End TB Initiative was held on 8.2.2019 at Hotel Lalit, Mumbai (Mah).

Members were present:-(as per attendance register)

- Dr. Santanu Sen, National President, IMA
- Dr. Ravi Wankhedkar, Imm. Past President, IMA
- Dr. R. V. Asokan, Chairman, IMA End TB Initiative and Honorary Secretary General, IMA
- Dr. Rajendra Airan, Vice Chairman, IMA End TB Initiative
- Dr. Kamlesh B. Saini, Convenor, IMA End TB Initiative
- Dr. Jayesh Lele, Chairman, Technical Team for Media
- Dr. N. V. Kamat, Principal Advisor, IMA
- Dr. Mangesh Pate, NWG Member, IMA End TB Initiative
- Dr. T. Suresh Kumar, NWG Member, Technical Team for Media
- Dr. Ashok Rai, NWG Member, IMA End TB Initiative and Member, Technical Team for Media
- Dr. Jyotirmoy Pal, Bengal State Coordinator, IMA End TB Initiative
- Dr. Mahendra Desai, NWG Member, IMA End TB Initiative and Chairman, Finance Standing Committee, IMA HQ
- Dr. Ramesh Dutta, Hony. Finance Secretary, IMA HQ
- Mr. Mrinal Sapre, Adfactors PR

National President, IMA welcomed all the members of IMA End TB Initiative. He informed the members that though IMA has done excellent work in IMA RNTCP Project, Govt. has again sanctioned IMA End TB Initiative Project to IMA. Dr. R.V. Asokan, Hony. Secretary General, IMA, has been working hard to achieve the goals of this Project, National President, IMA stressed that until and unless we all should take strong initiative and participation, it will not give us adequate result finally. The deadline to complete this project is 31st March 2019. He informed the members that few of the projects like NVBDCP, IDSP, NVHCP, NPCDCS & NACO are in the pipelines, for this we have to achieve the target of the IMA End TB Initiative successfully and effectively.

Dr. R.V. Asokan, Hony. Secretary General, IMA informed that there are two concerns in the IMA TB Project. One of the main concerns is to organise 1000 CMEs out of which 250 CMEs have been disbursed. Now, the States have to take up it further. He said that lack of awareness in the leadership and main office-bearers of IMA is main hindrance in the operational part of TB. He also said that dedicated Bank Account for IMA End TB Project has to be opened, which is a stipulation by the Govt. of India. 2 CMEs as per districts has to be performed.

HSG, IMA requested that all State Presidents and Secretaries to take up it on war footing basis. He informed the members that a sub-committee for Technical team for media has been constituted consisting with the following members: Dr. Jayesh Lele, Dr. Ashok Rai, Dr. Mangesh Pate and Dr. T. Suresh Kumar. Press Conference is being done separately. He also requested the members to conduct Press Conference in their States. It was observed that few States like Bihar, Goa, UP, Telangana and Gujarat are doing it seriously and they have completed their target. It was requested to all remaining States to do it fast.

Some members were of the opinion that we should have some dedicated members for Whatsapp, Twitter handler etc. Group. Mr. Mrinal Sapre requested all the members present there that they should

amplified the activities of social media which they are doing. Press Conference is being done in this regard. Authored articles are being published and he also requested to National President, IMA to give some time in Kolkata to hold a Press Conference, so that a message should be given to media regarding what IMA is doing. He also requested that posters/pamphlets can be prepared with the name of the hospital and can be displayed and distributed to the patients. A short video film of 2 minutes can also be prepared.

HSG informed the members about the primary, secondary and tertiary indicators. He also stressed on the following points:-

- Uniformity in the programme,
- Govt.MDR notifications should be notification should be addressed
- Website under process
- Whatapp Group like State Presidents and Secretaries, CWC members, main leaders of IMA are also there, you can get in touch with them.
- Advertisement can be published in JIMA

Meeting ended with vote of thanks to the Chair.

Dr. R. V. Asokan
Honorary Secretary General, IMA
and Chairman, IMA End TB Initiative

Dr. Kamlesh B. Saini
Convenor
IMA End TB Initiative

AGENDA ITEM NO.B-12

Meeting of Federation of Medical Associations (FOMA) ON 17TH March, 2019 **at Hotel Lalit, New Delhi**

Indian Medical Association (IMA) has organized a meeting of Federation of Medical Associations (FOMA) on 17th March, 2019 from 1.30 pm to 5.00 pm at Hotel Lalit, Barakhamba Road, New Delhi to discuss about various problems being faced by the medical profession and to develop an understanding of each Organization in a common.

- 1 Dr Santanu Sen, National President, IMA
- 2 Dr Ravi Wankhedkar, Imm. Past National President, IMA
- 3 Dr Anil S Pachnekar, National Vice President, IMA
- 4 Dr R V Aokan, Hony. Secretary General, IMA
- 5 Dr Ramesh Dutta, Hony. Finance Secretary, IMA
- 6 Dr A P Singh, Hony. Joint Secretary, IMA
- 7 Dr Sibabrata Banerjee, Hony. Joint Secretary, IMA
- 8 Dr S K Poddar, Hony. Asst Secretary, IMA
- 9 Dr. Jyotirmoy Pal, Hony Editor, JIMA (E)
- 10 Dr. Golokbihari Maji, Hony. Editor, JIMA
- 11 Dr Krishna M Parate, Chairman, IMA NPPS

- 12 Dr A V Jayakrishnan, Hony. Secretary, IMA NPPS
- 13 Dr Jayesh Lele, Hony. Secretary, IMA HBI
- 14 Dr. S. Arulrhaj, Past National President, IMA and President, API
- 15 Dr A Marthanda Pillai, Past National President, IMA
- 16 Dr Rajendra Airan, Past National Vice President, IMA
- 17 Dr D R Rai, Past Hony Secretary General, IMA
- 18 Dr R N Tandon, Past Hony Secretary General, IMA
- 19 Dr Manjul Past Hony. Jt Finance Secretary, IMA
- 20 Dr T K Basu, Bengal
- 21 Dr S. K Basu, IMA
- 22 Dr. Sulphi Noohu, Hony. State Secretary, IMA Kerala State Branch, IMA
- 23 Dr. Hozie Dara Kapadia, State President, Maharashtra State Branch
- 24 Dr. Sanjay Deshpande, Chairperson, Council of Sex Education & Parenthood International 2017-19
- 25 Dr. R S Chahal, ASSI, Delhi Spine Society
- 26 Dr Jaideep Tank, Secretary General, FOGSI
- 27 Dr Atul Kumar, IMA/ISA/AMSA
- 28 Dr Anil Goya, IMA/USI
- 29 Dr Chander Shekhar, General Secretary, PFI
- 30 Dr Sushru Almast, General ADM. EXE. PFI
- 31 Prof. Arvind Kumar, President, ASI
- 32 Dr Rihi Prakashar, Vice President, IADVL
- 33 Dr Kripal Singh, Executive Director, AIOS
- 34 Dr Ratnabali Chakravorthy, Imm. Past President, Federation of Indian Menopausal Society
- 35 Prof. (Brig.) C Mohan, President IRIA
- 36 Dr M. Vaishnav, President, Indian Psychiatric Society
- 37 Dr N V Kamat, Principal Advisor, IMA

Dr Santana Sen National President, IMA to called the meeting to order.

Dr S K Poddar, Hony. Joint Secretary, IMA invoked IMA Prayer and Dr R N Tandon, Past Hony Secretary General, IMA invoked Flag Salutation.

Dr R V Asokan, Hony Secretary General, IMA, welcomed all the members of IMA and representatives of FOMA.

Dr Santanu Sen, National President, IMA welcomed all the Office Bearers of IMA and FOMA. He also appreciated the members who travelled very long distances to attend this historical event organized by IMA. Representatives of many specialist organizations are not present in this meeting and he expressed his hope that in the next FOMA meeting those specialist organization who were not present also will attend.

Further to his speech he informed the house, why FOMA was formed. He said that we are doctors more than a general practitioner, a physician, a Specialist, or a Super Specialist. Our first certificate is MBBS and our first association is Indian Medical Association. He said that surgeon can be the member of ASI, pediatric can join Indian Academy of Pediatrics but doctor having any specialty can become the member of IMA with the basic qualification of MBBS.

He explained the house that IMA is the largest Association not only of the country but of the world also and a largest NGO. IMA is the only medical organization that is given inputs by Central Government, State Government or any other local state body in issues concerning health.

He said that IMA is the only organization which fought for entire medical fraternity. IMA fought against the draconian NMC Bill and because of tireless efforts of IMA the draconian bill like NMC, IMC and CPA were not passed by Central Government. He said that if we all work together we can achieve more. It is only the doctor's community who can make a change in the country. He said that there are many doctors who are members of different specialist organizations but they are not the member of IMA. He requested the leaders of all the specialist organization to ask their members to become a member of Indian Medical Association. IMA is very capable and strong, but still IMA expects that all of you should become the members of IMA. He said that in future we will jointly fight for the cause of the medical fraternity and for the community at large.

DR R V Asokan, Hony. Secretary General, IMA said that all of us have some issues to be put forward so that we can have some consensus statement. He said that one of the main issues that we all fought together was the National Medical Commission Bill. He informed the House about steps taken by IMA like - Delhi Chalo, Suno Sansad, Strike, Bharat Yatra, Cycle rally, Maha Panchayat and about meetings of IMA with MPs. He also informed the house that because of the efforts of IMA so many bills have been abandoned by the government. He also informed the House that MCI has taken over by Board of Governors. IMA will soon approach in the Supreme Court for the restoration of MCI.

He further informed the House about the stand of IMA regarding banning of injection Oxytocin. IMA has noted that Oxytocin is a life-saving drug and production of this drug cannot be given only to one company either public or private. The government has recognized acupuncture as a new system of medicine and this has to be challenged. He said that there are so many issues like this and other specialist has also their issues to be addressed.

He invited opinions for the representatives of the specialist organization about what they can do for IMA and what they expect from IMA.

Dr R V Asokan told the House that IMA has released a Health manifesto and launched a Health First Campaign after extensive deliberations. The Manifest is public oriented and all the organizations should take it to the candidate

Dr Ravi Wankhedkar, Imm. Past National President, welcomed all the leaders of sister organization of IMA. He said that Federation of Medical Association will be trying to organize all sister organization on the common issues. We stood united for many issues and let us stand with the same unity in future. IMA is the mother organization to take common issues for the cause of medical fraternity. IMA is ready to help the other organizations also.

He said that health never been the main agenda of any political party and IMA wants health should come on the Agenda in all political parties. He also informed that after exhaustive discussions and

deliberations with multiple stake holders and experts, Indian Medical Association has prepared a document of health issues which need urgent attention of the government & political parties. He informed the house that manifesto contains various suggestions to improve public health, change policy directions, streamline of medical education and improvement of medical research. He further requested the members to explain the political parties that this manifesto contains the issues not only of the profession but also for the community. Try to sensitize political parties. We need to use our strength. He humbly requested the members present to put their efforts to make this campaign successful.

Dr R V Asokan, Hony. Secretary General, IMA requested the FOMA members to given their opinion, suggestions and expectation.

Indian Radiological and Imaging Association: Thanked IMA to take up this initiative. He said we are going through a very dangerous scenario and have to act united and assured their full support of IMA. He suggested organizing some health screening camps regularly in rural areas especially because government is asking that doctors are not ready to go in rural areas. He said that radiology is the only specialty which has the curriculum of sonography. He requested IMA to support them on this and fight against PCPNDT Act. He said that matter is already in Supreme Court. He also informed that National Board has come out with a notification of two year fellowship in intervention neurology . He requested IMA's support.

Indian Association of Dermatologists: Organization is fighting against the Steroid Abuse. He also informed the House about the programmes to warn the public about the side effects of Steroids. He invited IMA to Join this venture.

Association of Spine Surgeons of India: He informed the House that they are fighting against another quack i.e. stem Cell therapy. He requested IMA to support them.

FOGSI: Informed the House about the partnership of FOGSI with IMA. Some of the members of FOGSI are very active members of CWC of IMA. He informed that suggestion has already been given to the Office Bearers of FOGSI that in all annual conferences of FOGSI, a dedicated session of FOMA will be organized. FOGSI requested IMA to design the session and decide the topics. He further informed that registration fee will be waived off for IMA members. He further offered link of IMA website and other societies on each other's Web Site for better coordination. He said that Health Manifesto which was launched by IMA has incorporated so many issues of FOGSI.

Council of Sex Education: Thanked IMA for its initiative on sexual health which is a much neglected topic. He informed that there is no degree or diploma for Sex Education. He requested IMA to start Certification Course for those who are practicing in this field which can be save a medical doctor during any court case and a doctor can show his qualification. He also informed that this specialty is largely occupied by the quacks and they are publishing their advertisement through media and print. He requested IMA take up this issue.

Physician Forum of India: Thanked IMA for Health First Campaign. He also briefed about the Holistic Health. He informed that PFI organizes CME on every Wednesday to update the general physicians. He requested IMA to join them to organize these type of CMEs which can be uploaded on social media.

Menopause Society of India: Described the activities of the Society

Associations of surgeon of India: He congratulated and appreciated IMA for all the steps taken for the cause of medical fraternity. He was also of the opinion that we all should stand united for all the issues related to medical fraternity only then we can achieve our goal. FOMA is a great initiative. He said that Health Manifesto document to be sent to all speciality organizations and allow them to put this document on their websites. Dr Ravi Wankhedkar then informed the house about the steps taken by IMA HBI which deals with all the issues related to hospitals. Hospital Board of India has an Insurance Cell. He informed that IMAs demand that there should be a National Law against violence on Hospitals.

Urological Society of India: He congratulated IMA for Health First Campaign and suggested to email it to all. He informed that Women's Health is the agenda for most of the organization but USI is working for the Men's Health. He also informed that so many modules are there for Men's Health. He also spoke about the role of professional association in medical curriculum. He said that FOMA should be strong enough. He suggested that IMA should have separate Cell for FOMA.

Dr Arul Rhaj, Past National President, IMA: He said that first of all we all are doctors and after that we are specialist, sub specialist or super specialist. IMA is mother association or umbrella organization. He further informed the House about the IMAs trade union registration. He requested FOMA to stand up united for the benefit and betterment of the medical profession because there are so many problems being faced by medical fraternity. He stressed that Connectivity of FOMA is necessary either in the form of meetings or by sharing documents etc.

Dr A Marthanda Pillai, Past National President, IMA: He requested support from all the organizations. He also informed that IMA has many useful schemes of IMA. He further informed that with the efforts of IMA two political parties have included health agenda in their manifesto.

Dr R V Asokan Concluded the meeting:-

The Law on Violence:- Violence on doctors, health care staff and health care institutions. We should have consensus that there should be a Central Law

Health Manifesto: Regarding IMA Health Manifesto: he requested all the associations to support this Health manifesto and give maximum propaganda.

Crosspathy: Mixing of modern medicine and Ayush to integrated system of medicine to be opposed.

Criminal Liability: No criminal liability in medical profession and only civil liability should be applied on medical fraternity.

Restoration of MCI: We have a right to elect the members of MCI. Re-storation of democratically elected Medical Council of India is one of the points that IMA wants to put up by all the specialist organizations.

Linkage of website on reciprocal basis in FOMA. Suggestion of FOMA Hour in Annual Conferences where agenda will be common.

Policy document of Government - Role of professional associations in curriculum to be taken up

He informed that IMA Central Council had adopted a resolution that if any organization promotes IMA Membership in bulk for their members IMA will have a separate/concessional rates for those

organizations. He informed the house about the benefit of having IMA Professional Protection Scheme, National Social Security Scheme and IMA National Health Scheme.

Dr R V Asokan once again informed the house about the following decisions:

- The Health Manifesto declared by IMA will be taken up by the Associations and will be the focus of demand by medical profession in the Parliamentary Elections.
- FOMA expressed concern regarding growing tendency for Crosspathy and integration of system of medicine.
- FOMA condemns such efforts as anti people and anti patients.
- FOMA demands that criminal liability to medical profession should be abolished since there is no criminal intention (mensrea) exists between Doctor and his/her patient
- FOMA demands restoration of democratically represented MCI and abolishing of the Board of Governors
- FOMA endorses FOGSI statement on LSCS
- FOMA demands that all policy documents of the Government and the Legislation should be taken into high resource settings to low settings as support entities.
- FOMA demands a prime role for professional association in setting all curriculum by the MCI
- FOMA agreed on linkages of the websites of the professional associations on reciprocal basis
- FOMA decided on “FOMA HOURS” in annual events of all Associations.
- Cross invitation between the Associations were better connectivity instead of medical profession.
- IMA's decision to offer bulk membership on concessional rate to the Associations was welcome by FOMA

Vote of thanks by Dr Ramesh Datta, Hony. Finance Secretary, IMA: he thanked IMA Office Bearers and everyone for joining this meeting. He appreciated IMA and FOMA for the excellent meeting where so many points were discussed for the cause of medical fraternity and the community at large and it will go a long way to help and change the scenario of health in our country.

Dr R V Asokan
Hony. General Secretary, IMA

AGENDA ITEM NO.B-13

Minutes of the meeting of Office Bearers of IMA (HQs.) 15th January, 2019, at IMA House, I.P.Marg, New Delhi

A meeting of Office Bearers of IMA (HQs.) held at 2.00 PM on 15th January, 2019, at IMA House, I.P.Marg, New Delhi.

The following members were present :-

- Dr. Rajan Sharma, President Elect, IMA
- Dr. R.V.Asokan, Honorary Secretary General, IMA
- Dr. Ramesh Dutta, Honorary Finance Secretary, IMA
- Dr. D.R.Rai, Past Honorary Secretary General, IMA

- Dr. Narendra Saini, Past Honorary Secretary General, IMA
- Dr. Vijay Kr. Malhotra, Honorary Joint Secretary, IMA
- Dr. Dinesh Sahai, Honorary Joint Finance Secretary, IMA
- Dr. A.P.Singh, Honorary Joint Secretary, IMA
- Dr. V.K.Arora, Honorary Joint Secretary, IMA

IMA Prayer was read by Dr. Dinesh Sahai, Honorary Joint Finance Secretary, IMA

and Flag salutation was invoked by Dr. Vijay Kr. Malhotra, Honorary Joint Secretary, IMA

Dr. R.V.Asokan gave thanks to the office bearers for joining the meeting. Further, he suggested that we would meet every week preferably on Wednesdays and whenever National President, IMA was available.

HSG said that Dr. D.R.Rai and Dr. Narendra Saini will be a permanent invitee in such meetings.

Dr. Rajan Sharma, President Elect, IMA said that Issues coming up on daily basis should be dealt with office bearers stationed in Delhi

Dr. V.K. Malhotra briefed about present position of the building. He said that the building needed a lot of attention.

Dr. Rajan Sharma advised pay extra money to CA for tally accounts on monthly basis.

Dr. Asokan said that TA of all the national office bearers "State Presidents and State Secretaries Meet" on 20th January borne by IMA. Hony. State Presidents/secretaries take TA from their state branches. Office bearers of Wings and Schemes will draw TA from their wing and scheme. Wings like MSN & JDN who are not functioning HQs. will be provided TA.

Special invitees of the National President will be eligible for TA.

TA will be issued by Cheque.

There should be a dedicated TA Desk under HFS. TA should be given on the same day. Transport from airport is payable in cash under the supervision of Dr. Dinesh Sahai, HJFS, IMA.

Registration desk combined with back ground documents.

As regards the agenda of the meeting forenoon will address the issues of the profession. IMA functioning and administration will be taken up in the afternoon.

Duties to Office Bearers for smooth conduct of the State Presidents & Secretaries meeting were distributed as follows :-

Dr. D.R.Rai	Food
Dr. A.P.Singh & Dr. Dinesh Sahai	Accommodation
Dr. Vijay Malhotra	Transport
Dr. N.Saini	Registration and background documents prepare
Dr. V.K.Arora	Audio visual and protocol

Distribute states between office bearers for informing the State Presidents and Secretaries for meeting of State Leaders.

The meeting ended with vote of thanks to the Chair.

Dr. R.V.Asokan

Honorary Secretary General, IMA

AGENDA ITEM NO.B-14

**Minutes of State Presidents' and Secretaries' meeting alongwith Office Bearers of IMA–
January 20, 2019, New Delhi**

The first meeting of State Presidents and Honorary Secretaries was held on Sunday, 20th January, 2019 at IMA House, I.P.Marg, New Delhi.

The members were present as per attendance register.

Dr. R.V.Asokan, Hony. Secretary General, IMA adorned the National President of IMA, Dr Santanu Sen with the Presidential Medallion.

IMA Prayer was read by Dr. Sibabrata Chatterjee, Hony. Joint Secretary, IMA. Flag salutation was invoked by Dr. Jayesh Lele, Hony. Secretary, IMA HBI.

Dr.R.V.Asokan, Hony. Secretary General, IMA welcomed Dr. Santanu Sen, National President IMA, Dr. Ravi Wankhedkar immediate Past National President, IMA, Dr. Rajan Sharma National President (Elect) IMA, Dr. R.N.Tandon immediate Past honorary Secretary General IMA, Dr.Ramesh Datta, honorary Finance Secretary IMA, Dr. Vinay Aggarwal, Past National President, IMA, Dr. A.Marthanda Pillai Past National President IMA, Dr. Harish Grover Past Honorary Secretary General IMA, Dr. D.R.Rai, Past Hony. Secretary General IMA, Dr. V.K.Monga Chairman IMA HBI, State President, and State Secretaries, Presidents and Secretaries of Wings, Schemes and others present in the meeting. He said that interaction is more important. The role of each State President and Honorary State Secretary, the subsequent Branch Presidents and Hony. Secretaries functioning together along with the head Quarters is important for the welfare of the Indian Medical Association.

President of IMA Karnataka State Branch said that we have an act on the prevention of atrocities on medical establishments and health personnel in Karanataka. Offence is mentioned non-bailable. People are getting bail on application because people are eligible under the Act CRPC, if the quantum of punishment is the less than 7 years. The period of punishment is three years while people get bail and the case runs several years and they don't get punished.

If we pressurize our Govt. for similar act in centre and insist for inclusion of quantum of punishment for more than 7 years, number of atrocities will come down. During the period of NATCON we had meetings with Sonologists and Radiologists. There is some difference of opinion going on between them. Another issue is MD Ayur acharaya is demanding that Ayush practitioners also should be allowed to do sonology. IMA as mother organization takes a lead and calls for a meeting.

Dr. J.A.Jayalal, Sr. National Vice-President, IMA said that Vice-Presidents play an important role between the HQs, State and Local Branches. He requested Presidents and Secretaries of all States and Local Branches to send their calendar of activities to IMA (HQs.) so that it will not collide with national level

meetings. In absence of National President and Hony. Secretary General of IMA, National Vice-Presidents can interact with and take part in state and branch activities. The activities and achievements must be known to every member of association. He thanked Dr. Ravi Wankhedkar, Imm. Past National President, IMA for the vibrant activities in last year and for giving information to all members of IMA through emails, whatsapp and sms.

He said that a true leader will create another 2nd level leader. He appealed to Presidents and Secretaries of States and branches to mould 2nd level leaders.

Dr. Pragnesh C. Joshi, National Vice-President, IMA requested State office Bearers to enumerate the achievements of their states gained through agitations, so that other states can emulate them. Many states like Kerala and Haryana have achieved a lot. He said that our achievements should percolate to the deepest level. Every IMA member should be aware of the achievements during the last year. He stressed on the increase in membership of various schemes.

Dr. G. Samaram, Past National President, IMA suggested to allocate the states to National Vice-Presidents. HSG informed that it has been already done.

Dr. Santanu Sen, National President, IMA welcomed all the members present in the first meeting of State Presidents and Secretaries Meet 2019 and wished them and their families a happy, healthy and prosperous New Year.

He said that myself, Dr. Rajan Sharma and Dr. Ravi Wankhedkar have decided that we will work in a team for two consecutive years. Though officially Imm. Past National President, IMA is an office bearer, unofficially Imm. Past Vice-Presidents also will be given due importance in the same next round. Likewise, all eight Vice-Presidents who work in first year will work in second year with same importance. Similarly, two years work schedule for all the wings and we will work in a team.

He said that it's only because of our united fight under dynamic leadership of Dr. Ravi Wankhedkar that draconian bills could not be passed in Rajya Sabha. The CPA Bill got passed in Lok Sabha. The Indian Medical Council Amendment Bill ordinance was passed in Lok Sabha and NMC Bill nowhere. This Govt. is too vindictive as they could not pass this ordinance in last winter session. A fresh Ordinance was promulgated by our President Govt. of India and in the new Ordinance the present Govt. have changed their own Ordinance as was promulgated on 26th of September. Previously, a provision of Board of Governors consisting of 7 members, now, they have made a Board of Governors consisting of 12 Members.

Dr. Asokan, Hony. Secretary General, IMA said we desire every month meeting for interaction but financial and other constraints are there so at least 3-4 meetings with the National President, IMA is being planned for interaction.

The immediate concern is Parliament. Parliament starts on January 31st end on February 12th. All the three Bills are alive including the NMC.

He said that when information regarding these three bills goes from state to local branches the message and emphasis get diluted. All state President and secretaries are well sensitized about the three things - NMC still alive, Indian Medical Council Bill and the Ordinance and the Consumer Protection Act. The challenge is how to take message to local branches. To sensitize the MPs State Presidents and Hony. State Secretaries will have to sensitize local branches on these issues.

Tuberculosis is a matter of concern. CMEs will have to be finished before 31st March. Total budget available is Rs.4 Crores out of which one Crore has been spent by all the states. After 31st this money will not be available and so completion of the work of CME should be on top priority.

This year we want to fight for all the issues in all the legal courts. The legal fee which is being charged by the advocates is phenomenal. They even charge for the time that they spend in the court when the case is adjourned. Even when there is no argument even their full fee has to be given. To face this difficulty legal funds have to be enhanced. Instead of fighting in one state and two states on the same issue, we should pull the main issue altogether to the HQs and all states should participate and contribute to legal fund. Otherwise there will be no money left in HQs. to pay for all the legal fees.

Dr. Santanu Sen, National President, IMA said that very soon we will organize a meeting involving IRI President and Secretary and Sonologists Association President and Secretary. Myself and HSG will be there and we will address the issue and definitely sort it out.

Dr. Vinay Aggarwal, Past National President, IMA spoke on the Legacy of IMA. He said IMA was started in Calcutta. Calcutta takes an important seat yesterday and even today our National President is not only from Calcutta but he is the one privileged person who is Member of Parliament. Many of our doctors remain in jails for many years. It was 1928 which provided a platform for medical professionals from all over the country to unite under one platform of Indian Medical Association and it took birth in Calcutta. The towering personality like Sir Neel Ratan Sarkar, Dr. B.C.Roy, Dr. G.D.Deshmukh, Lala Amarnath, Dr. M.A.Ansari participated in the formation of IMA. First President of India Dr. Rajender Prasad laid down the foundation stone of IMA. Another era came of National President Dr. AKN Sinha. Dr AKN Sinha was very good in communications, maintaining relationships, administration and good in the political powers and this was the time when another opportunity was given to IMA to work with the administration work with the politicians all over and Indian Medical Association started gaining strength. It was in 19th Century that we fought various battles and slowly IMA took this form which is today. Then came another politician of ours Dr. Ketan Desai a known politician and a known person who knows how to work with politicians in adverse circumstances. He gave kudos to Dr. Ravi Wankhedkar and said that he is a very submissive, modest and very strong person not only by will but by his actions too. During his tenure we fought for many issues. We increased our membership and activity. This is the year which will always be remembered in the history of IMA.

Dr. Ravi Wankhedkar, Imm. Past National President, IMA said that this year we got Dr. Santanu Sen and last 20 days we have seen the struggle, the IMA is strongly presented and has direct access to the parliament and we have experienced and witnessed it. This is going to create a new chapter in the legacy of IMA.

Dr. Santanu Sen, National President, IMA told the House that Dr. Ravi Wankhedkar and Dr. A.Marthanda Pillai both of them have been elected and have become members of Council of World Medical Association.

Dr. Marthanda Pillai spoke on Health Manifesto. He said that if you see the performance of health sector in our country post independence our performance is satisfactory. If you will see other areas like space technology, agriculture and economic you will find our country has made a lot of progress. Till today none of our political parties had given emphasis on health of the public. So it is our responsibility to see that it is projected and our parameters improve. If we compare with other countries, we are down the line as far as manpower requirement is concerned.

We have a better population of doctor ratio but our performance is worst than Sri Lanka. Every year 4% of our population pushed down to poverty line. 80% of the health care is met out of pocket. Public issue should be given first priority and then take other issue.

Dr. Ved Prakash Mishra spoke on IMA Amendment Bill 2018 and Ordinance 2019. He said that the NMC Bill of 2017 have not seen the light of the day even in 2019 because of the resilient strength of IMA, the commitments of its leader Dr. Ravi Wankhedkar on his shoulder on behalf of us. And it's carried out by present President as legacy. Lok Sabha passed it but when taken to Rajya Sabha, the present Chair and the Member of Parliament Dr. Santanu Sen had proposed an amendment to Indian Medical Council ordinance 2018. Never before in the history anytime in the parliamentary history from 1950 till date an amendment has not been moved to any ordinance which the Govt. has put across in a form of a bill.

Ravi Wankhedkar, Imm. Past National President, IMA told the House that we are in the process of preparing a Health Manifesto. We need inputs for Health Manifesto so send your inputs but it looks like demands for the betterment of the community not the demands of doctors.

Dr. Ravi Kumar said that it is high time that IMA starts advocating scientific medicine. A lot of resource in health is being sent to other systems and especially to unscientific systems. It is high time that like developed countries Govt. should fund only scientifically proven system and we should not shy from asking that openly “-

1. There should be a national medical recruitment Board.
2. I congratulate national IMA for taking up food policy. In fact the life style measures is the only factor which can prevent a metabolic catastrophe in the country. It's high time that we start advocating a healthy life style and we have to decide a food policy and movement policy.
3. IMA and other similar NGOs should be a partner in all health and medical related activities of government.

President of IMA Karnataka said that lot of unhealthy and unsafe foods are being promoted in the media by many cinema. He said that we should appeal to the Govt. or make a recommendation to the Govt. to stop all unhealthy advertisements which promote unhealthy foods so that India sell not be a half of diabetic and hypertension. Everybody blames doctors but how the activities of other people affect the health of the population should also be highlighted. Only such unhealthy food promotion should be stopped in the media. We should promote some guidelines for foods and unhealthy medicines.

Member said that the price written on a strip of generic medicines sometimes beats even ethical drugs also. So there has to be some control by the Govt. and enforced by the IMA, enforced by the doctors so that they don't over print or over charge for a molecule, for a medicine which is hardly Rs 20 per strip to high prices of Rs.200 per strip and there are certain injections which basic price is hardly Rs. 200 while it is sold at Rs.1000, 2000 or 3,500. We have to pressurize the Govt. regarding the drug pricing.

Dr. Ravi Kumar, Vice Chairman of HBI said that primary aim is to bring down the cost of the medical expense to the public.

Indian Medical Association has to be involved in any health related policy being taken by the Govt. so we should insist that the IMA Hospital Board of India should be involved in every policy making decisions

of the Govt. We should ask for a separate tariff for the property tax and subsidies and soft loans for the professionals so this will indirectly bring down the cost on to the patient. Instead of Consumer Protection Act we can ask for a medical tribunal.

Dr. Narsinga Reddy said that Consumer Protection Bill is a new Bill not amendment to the existing CPA Bill. This Bill has been passed in the Lok Sabha on 28th of December and original Act which was passed in 1986 did not include medical profession so medical profession was not thought when this Bill was been made but it was in 1994 the Supreme Court verdict in V.P.Santa VS Indian Medical Association where the medical profession was brought into the ambit of this Bill. Now this bill of 2018 is totally a new bill. It's not an amendment to the existing Bill. So it is totally different Act.

Dr. D.R. Rai spoke on the Zero Tolerance to Violence. He said that we should stress on one thing i.e. medical tribunal. Without medical tribunal we are not going to accept anything. Any board without any experts is not acceptable. In Ayushman Bharat the Government is paying only Rs 9,000 for cesarean. Only patients complaint will be entertained not by anybody else. There is a formulas for compensation and we should stress on the formula only. Now we have to convince the public that we are fighting with the Govt. not for the benefit of the doctors but for the society. Our concern is the health of the society and the nation.

Dr. V.K.Monga, Chairman, HBI said that finances is a very important part of any organisation and it is our duty to make it transparent. Recently in December 2018 another manual has been released in the Central Council and that was done under the leadership of Dr. Ravi Wankhedkar and Dr. Jayesh Lele and others members were there.

He told the House that all the wings have to give 5% to the Headquarters as administrative charges from the collection they made during the year. TA reimbursement for one way travel shall be made to all members of Central Working Committee and Central Council to attend official meeting by economy air fare by shortest route as per the rate available within a week of the first notification and the reimbursement same and for return travel shall be as per the existing IMA rules. He said that the account of Wings and Schemes are merged in IMA (HQs.)

Anything they are doing in Chennai or Patna is reflected in statement of IMA (HQs.) so if anything goes wrong anywhere IMA is equally responsible even more responsible. Whatever we get in Headquarters 88% of the Life Membership money is kept in the corpus and only 12% utilized and whatever interest we are getting on 88% i.e. usable in your day to day working. As per a provision system every three year the HFC should be increased by 25% . Dr. Ravi and FSC made a provision that escalation of 25% every three years is a big amount so we have decided it will be only 15% from 1st of April, 2019. No enroll membership with effect from 1st April, 2019. So all those members who have annual membership will have to shift to life membership after this. No renewal will also be allowed. It has been decided that no GST payable on HFC or your membership. but under the GST Act all the branches of IMA operating in different states are liable to be registered under GST in their own respective states. They have to pay GST on delegate fees, GST on any other thing they are doing in their branches except the life membership money. If CGP is using our Pan Number still they have to register in Chennai in the State of Tamil Nadu for their GST Number because half GST goes to State and half goes to centre. They have to take their own GST Number. Details of Benevolent fund is available on IMA website. International special fund is created. Fund raised by other sources also. No Branch Wing or state can sign any MOU with any national or international organization. Only HQs. has authority to sign MOU. Prior approval to be taken from IMA (HQs.) for organizing any international tour also. IMA Building space occupied by ARTH has been vacated and looking for tenants.

National President, IMA said that it's a decision from the House if not in the month of February, at least from the coming financial year IMA should start getting revenue from that Building.

Dr. Jayesh Lele, Hony. Secretary, IMA HBI said that all are incorporated but one thing Need to add all our state local branches they should a Tan Number also.

Dr. Harish Grover, Imm. Past Hony. Secretary General, IMA spoke on Ethics and Etiquette. He said that when a society is formed we found some customs, the customs when followed strictly it become tradition and tradition became ethics and ethics as medicine is concerned there I find self regulatory. Medical ethics needs to be followed voluntarily.

Dr. R.N.Tandon, Imm.Past Hony. Secretary General, IMA said that protocol is an agreement for certain set of rules and certain set of observations, certain guidelines which have been agreed upon by a group of people, a group of companies. The guidelines, rules and regulations and whatever has been accepted is something like a constitution and the constitution is basically a guidelines which has been agreed by the members and various meetings and committees meetings and ultimately passed by central council so that means the guidelines are proposed by and accepted by all of us. We are supposed to abide by those guidelines. This is the first principle of the protocol. Protocol is the Constitution. Constitution whichever is written followed by a letter and spirit. In the constitution Important thing of the protocol is the first constitution.

IMACGP - Membership is 21602. After January Three members have joined one from Bihar and two from Maharashtra. We have one Joint secretary and Hony. Secretary or signatories for the Tamil Nadu in CGP (HQs.) can we continue_ Second is Diploma in Family Medicine which has already started. Eight students have already joined and paid Rs.30,000/- per head (3) we had misappropriation in IMA CGP as all of you know and the legal fees was given by the ex secretary CGP Honorary Secretary and I have actually produced the details of the advocates reports to our FCGP as you said to bring in person and hand over the reports. Asked about Family Medicine Diploma can we continue Family Medicine. NP said if it's in continuation than no point of stopping but send a letter to IMA (HQs.).

Dean (Elect), IMACGP said that he wants to expand CGP in northern states and other places HSG gave permission for the same. NP said that As IMA is giving importance to Family Physician concept you have got ample opportunity to work and you organize FCGP Exam on regular basis.

IMAAMS – we have 19 State Chapters and 190 Branch Chapters of IMA AMS with 14479 Life Members and 2346 Fellows. We have one crore in fixed deposit with us. The problem is that it is growing very slowly because of some lack of communication earlier. We propose to have communication with all the states and

The National body of IMA AMS organizes an Annual Academic Conference, Regional Conferences in all the four Zones and CME Programmes in the State/Branch Chapters.

Following is the provisional list of courses being offered by IMA Academy of Medical Specialities:

1. Infertility
2. Fluorescein Angiography
3. Laser Photocoagulation in Retinal problems
4. Excimer, Laser & Lasik Surgery
5. Phacoemulsification
6. Training in Noninvasive Cardiology including Echocardiography and TMT
7. Critical Care in Cardiology,

8. Advanced Micro-Surgery of Ear
9. Functional Sinus Endoscopy
10. Laser in ENT
11. Rhinoplasty
12. Joint Replacement
13. Arthroscopy
14. Spine Surgery
15. Upper GI Endoscopy - a. Basic b. Advanced
16. Laparoscopy - a. Basic b. Advanced
17. Rheumatology
18. Preventive Cardiology (FPC)

All fellowships shall be of one year duration with 3 to 4 days of theory classes in a month. Due importance shall be given for clinical sessions. Annals / recent updates are published every year on the occasion of AMSCON - IMA AMS National Conference. All the specialist doctors shall be requested to send important articles to the IMA AMS HQrs on email id: imaamshyd@gmail.com within stipulated time.

Dr. Jayakrishnan, Secretary, NPPS said that this is a new Act. The 1986 Act will be replaced if the new Act comes and as per the V.P.Santa VS Indian Medical Association case the section 210 of the Consumer Protection Act 1986 was invoked to include medical profession by the Supreme Court .So if it's a new Act which is in detail whether the medical profession will come under the purview of that Act or whether other order from the Supreme Court etc. will be required. There is no mention that medical profession is included. (2) my another query is it is not the compensation which is mentioned; for example for the district court it is the value or services upto one crore by the district commissioner. So the value of services for example if we charge a patient for Rs. 50,000/- then the value of services will be Rs. 50,000/- even if they asked for a compensation of 100 crores that should be whether it will dealt by the District Court or by the National commission that is another query because it is not compensation it is the value of services. As this Act is affecting many other industries we should coordinate with confederation of Indian Industry and other organisations to have the provisions of the Act to be amended. We have to strongly demand if the medical profession is included we have to strongly demand that in the product liability close the liability of the medial practitioners should be in proportion to the amount are to be for the treatment not according to the income of the patient but in proportion to the amount charged (2) the product liability should specifically mentioned and another industry development is that in Bihar now they have come out with a very good hospital protection Act and it has mentioned even for consumer cases in that particular state the consumer court has to take expert opinion. So whether this can be extended to other states we have to look after.

JIMA - Dr Golokbihari Maji, Hony. Editor JIMA told the House that they have committed to publish the JIMA regularly. The E-Book Version of JIMA will be available to all members as they desire and hard copies will be given to all contributors and all central and state leaders. Further, the copies will be sent to all Indian Medical Council recognised medical colleges library free of cost.

Anyone can procure the hardcopy by paying the cost as will be informed. This is a Journal to propagate newer ideas and methods amongst the medical professionals. It is only possible if the professionals send their articles for publications. My request to all leaders is to convey this message to my esteemed and learned colleagues. Released first Issue of JIMA

Mona Desai said that the main aim of forming this WDW educating and enhancing women doctors themselves. And also increase the participation of women doctors in Indian Medical Association and thereby strengthening our IMA. Just circulate the Chairpersons of your WDW programme they need in your state and branch level. We are successful in making WDW in 18 states of the country and now the another 14 states (AP, Arunachal, Bihar, Chandigarh, Himachal, J & K, Karnataka, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim, Tripura, Telangana) they have not WDW. Request to all State President Secretary to form a WDW in their State as it is really necessary .Request NP, HSG to please send Memorandum to all these states to form WDW at their level. Again to president and secretary whichever programme of women Doctors they should have logo of WDW. We need to celebrate 8th of March International Women Day

Request NP to kindly send a memorandum to all the state President and Secretary to celebrate women doctors day.NP requested HSG to percolate this information

National President said that write a letter to states if they are not able, then why they have not send their representatives.

Dr. Santanu Sen, National President, IMA gave stress on membership of IMA. He desired that by the end of this year the membership of IMA should be raised to more than 5 lakhs members,

President got one request from Dr. Dilip Dutta, Former Editor of JIMA. He informed that he is contesting for the post of FOGSI President 2021 as election 2019. He is dynamic and IMA activist, first editor of JIMA, 1ST Vice-President of IMA Bengal who are holding many chairs in IMA so he is requesting support from IMA.

Andhra Pradesh- The Membership of Andhra Pradesh State Branch is 17,500. He requested National President, IMA to reduce the membership fee for increasing their membership. National President, IMA said that no provision of decreasing membership fee from HQ. but you can reduce membership in your local branch.

Assam–Present Membership is 3400. He informed the House that we have been allotted a land in Guwahati so we are trying to make a building of IMA Assam State House there. He has some doubt that Installment of membership for young graduates will be obsolete or withdrawn from 1st April. National President, IMA cleared that it will continue.

Bengal – Present Membership is 14,500 . Hony. State Secretary, IMA Bengal State Branch said that they have organized a great rally last year during Mahapanchayat. The AMSCON Conference was organized last year.

Bihar–Membership is 10,100.Many CME, Awareness programmes were organized by IMA Bihar State Branch in collaboration with IMA Academy of Medical Specialties and IMA College of G.P. Bihar Chapter. Awareness Program was organised jointly by IMA Bihar Branch and Indian Psychiatric Society, Bihar State Branch. “DHIKKAR DIVAS” on Saturday the 28th July, 2018.A Memorandum was also sent to Hon'ble Prime Minister of India regarding the same.

Chattisgarh–Membership is 2700. Hony. Secretary of IMA Chattisgarh said that many states are not conducting annual elections. National President, IMA suggested that send letter to HQs. HQs. Will take action. He informed that they are organising IMA State Conference at Bilaspur on 16th& 17th February 2019. Pradhanmantri Surakhshit Matritva Yojna is carried out on 9th of every month.IMA Student Wing is already formed in CG State.

Delhi–DMA has strength of 14,800 Members. Data has been sent to IMA (HQs.).They are facing one particular thing i.e. Bio Medical Waste in the newer act in the bio medical waste. Hony. State Secretary

said that the Single doctor clinic has been added and for that we had given presentation to Environment Minister Dr. Harshvardhan and Minister of State Dr. Mahesh Sharma also. Doctors are not producing even smallest amount of the waste they should be excluded from it. Doctors who are not producing bio medical waste out its ambit and we were able to reduce the registration charges with the Delhi pollution control by 50%. Secondly reg CPA we are totally with IMA. Request to doctor to Does not come under the ambit of consumer protection act. Separate law for the doctors and there should be capping on the compensations. We also request for END TB Programme we want to percolate it to all the 12 branches and we need a support from IMA. We need funds for the END TB programme. We will reducing our share and will be increasing the strength.

Goa—Membership is 1350. Organised a Press conference at Margao Nanutel hotel on 18th January. Public awareness talk, short movie and drawing competition at Vasco on 20th January. All India Protest Day organised on 4th January, 2019 Dr. Shekar Salkar attended a high level meeting regarding Polio immunisation at the Chief Secretary office of the Goa Government on 8th January. On 6th of January 2019 IMA Goa State was installed at Hotel HQ. Mr. Milind Naik Hon'ble Minister for Urban Development and MLA of Vasco graced the function as a Chief Guest. Dr. Anil Mehndiratta was installed as the President of IMA Goa State and Dr. Rajesh Patil was installed as the Hony. Sec for IMA Goa State and Dr. Deepak Kuvelkar was installed as Treasurer of IMA Goa State.

Gujarat- Membership is 28,000. Organized Annual Conference of GSB IMA (GIMACON), Speakers of National Repute from various fields are invited to update the knowledge of the members. To update Medico-Legal knowledge of members it is organised in every zone each year. Organized Regional Workshops and Seminars under the guidance of IMA (HQ.). Every month News Bulletin is published which contains activities of various branches, articles to update our medical knowledge and also regarding issues in health and medical practice. Publish Gujarat Medical Journal (GMJ) to promote research activities among their members. IMA, GSB has been at the forefront to review any policy which concerns Health and Medical Professionals.

Haryana –Membership is 5,500. Three awards given in NATCON for Best President, Best Social Worker and best Membership Award. Haryana got T20 Cricket Championship all over the country. Contributed 15 lacs to Kerala relief fund. The main problem is about Bio Medial Waste. Hony. Secretary of IMA Haryana State Branch said that we have to first get CTO consent to operate and for getting these documents we have to submit 19 documents to Pollution Control Board. Every state is facing this problem. Requested to HQs. to help in this matter.

Kerala - Membership is 30,683. NAMMUDE AROGYAM - 1st Health Magazine in Malayalam Published by IMA. Medical students across the state & country being brought under one umbrella. Committee for epidemic control Works in coordination with the Dept of H&F of Kerala and local bodies. Extends whole hearted support in all health care activities of Government of Kerala. A Special Committee was launched this year To Monitor Membership Development Programmes.

Maharashtra—Membership is 43189. This State is very progressive and done a lot of actions. Regarding increasing the membership one member of the House said that after passing BASIC MBBS they come for registration in IMA because IMA is only organization in which they can become member. Although, other organizations are speciality organizations. We are planning to keep those forms in the council so that after taking their registrations they try to become member of IMA. Nobody in Maharashtra will do medicine of modern medicine without being registered with Maharashtra.

National President, IMA told his proposal in the House that let us make an IMA Medical Council Liasioning Committee. Dr. Shiv Kumar Utture will be Chairman of the Committee and Dr. Shiv Kumar Utture is given the responsibility to hold a meeting involving all the Medical Council Presidents. He is

given the liberty to form the committee according to his will and desire and he has given the responsibility to convene a meeting preferably in the month February if not possible then first week of the March. Inviting all the Medical Presidents and to check out a formula how to increase the maximum membership.

Manipur – Membership is 534. They do every month one or two activities. Most of the activities focused on Doctor Patient Relationship. There is a problem of Doctor Patient Relationship. Every month we have some incidents. They have No Joint Action Committee (JAC). Observed of World TB Day on March 24, 2018 at IMA-MSB Hall. Swachhata Pakhwada was observed on April 1, at IMA-MSB Hall. World Health Day was observed on April 7 at IMA-MSB Hall. World Blood Donor Day was observed on June 14, at IMA-MSB Hall. World Blood Donor Day was observed on June 14, at IMA-MSB Hall. Observed of Safe Fraternity Week, July 1-8. “All over State” “National Voluntary Blood Donation Day” was observed, October 1, IMA-MSB Hall Organized All India Protest Day, January 4

Mizoram – Membership is 701.

- Wings:
 - Academic Wing
 - Program and Project Wing
 - Legal and Ethics Wing
 - Women Doctors Wing

Activities: CME on Ethics (Academic/Legal & Ethics Wing)

Activities: Special Clinic in Rural Areas (Proj & Prog Wing)

Activities: National Issues (Legal & Ethics Wing)

Activities: International Girls Day – Training on Girls Reproductive and Sexual Health (Women Doctors Wing)

North East Leadership Meet

Madhya Pradesh – Membership is 10,000. Hon. Secretary of MP State Branch requested that whenever you take any action against three Bills please inform us so that the same can be communicated to the members.

Orissa – Membership is 5456. IMA Odisha State Branch is observing all IMA Days and National Programmes regularly through its local branches. As per guideline of IMA HQs. they have successfully conducted 15 nos. of District CME of IMA End TB Initiative. The accounts with detail documents have already been submitted to IMA HQs. Guest House Facilities. Regular publication of quarterly bulletin of State Branch “IMA Odisha News” since 2011. Publishing Orissa Medical Journal in a new shape regularly. 70th Annual State Conference of IMA Odisha State Branch is going to be held on 16th & 17th February 2019 at Bhadrak hosted by IMA Bhadrak Branch. Allotment of land at Puri is under process.

Punjab – Membership is 8500. Informed that formed Political Liaisoning Committee at district level state and branch level. We have 13 elected MPs and 7 Rajya Sabha Members. We have problem -Clinical Establishment Bill has passed but not properly implemented at SHO level. CE Bill has not enacted in Punjab.

Rajasthan – Membership is 9660. They have not their own IMA Building so they requested for help in this regards. Also requested to reduce HFC. Problem of election is not only in Rajasthan but other states also. NP gave assurance that HQs. will take stringent action for the same.

Telangana

04.11.2018 IMA Telangana State New Body Installation Ceremony

16.11.2018 IMA A. P. State Conference at Tirupati

17th & 18th Nov 2018 CWC Meeting at INDORE

24.11.2018 Meeting with Junior Doctors (JUDA), THANA(Hospitals Associations), Service Doctors Association, Med. Students Associations and Other Specialty Associations FOMA

IMA TELANGANA STATESCHEMES :-

1. FAMILY SECURITY SCHEME (FSS)
2. FAMILY BENEFIT SCHEME (FBS)
3. PROFESSIONAL PROTECTION & WELFARE SCHEME (PP&WS)

Tamil Nadu – Membership is 33,180. Took part in the various national programmes of IMA – IMA National Yatra, Mahapanchayat, MSN National Meet conducted at Chennai. Women Doctors Wing meet at Chennai. Medico Legal Conclave conducted at Chennai in last year. Southern states were badly hit by the Gaja Cyclone and IMA gave Rs. 10 lacs immediately for the relief and the various branches of this area actively took part in relief work. END TB programme have already conducted 11 CMEs. Account has been opened. They took part actively in the protest of the Consumer Protection Bill. They have various wings and all the wings doing their work very actively.

Uttaranchal–Membership is 2000. State Leadership Meet & 1st SWC Meeting was held on 18th March, 2018 in Bazpur, UK. Second SWC Meeting was held on 16th September, 2018 in Dehradun, UK. Meeting with Secretary Health, Govt. of UK on 12th March, 2018 in Dehradun and Meeting with Secretary Health & Hon'ble Chief Minister of Uttarakhand was held on 24th December, 2018 in Dehradun. The Government in principle accepted the Minimum Standards and Rules proposed by IMA Uttaranchal State branch. Uttaracon - 2018 was held on 24th & 25th November, 2018 in Dehradun. AIDS Awareness programme was organized by various branches of IMA UA State from 1st to 7th Dec, 2017. Camps for Detection & Treatment of Special Diseases like Tuberculosis, Asthma, Hypertension, Diabetes, Heart Diseases and Breast Cancer were organized by various branches of IMA UA State. Rural Health Camps were organized by some branches for the benefit of the poor and downtrodden masses in the rural areas in different parts of the state.

Uttar Pradesh–Membership is 18,300. Hony. Secretary raised two point (1) sewage plant installations in all the hospitals by NTG. If you don't install that plant if you don't get a certificate CMO registration is not possible. (2) UP not give fire safety registration in small hospitals. These are two important points. He requested help from IMA. National President said that send letter to HQ then we will take the consent from the concerned authority

NP announced that NATCON 2019 will be held on 27th-28th December, 2019 at Kolkata.

The vote of thanks given by Dr. Ramesh Datta, Hony. Finance Secretary, IMA

Dr. R.V. Asokan

Hony. Secretary General, IMA

AGENDA ITEM NO.B-15**Minutes of Meeting of Office Bearers of IMA held on 1st February 2019
at IMA House, IP Marg, New Delhi-110 002**

Minutes of the Meeting of Office Bearers meeting held on Friday the 1st February, 2019 at IMA House, IP Marg, New Delhi at 3:00 PM under the Chairmanship of Dr Santanu Sen, National President, IMA to discuss further action of plan for following:

1. International Conclave on “Zero Tolerance on Violence on Doctors and Hospital on 8th- 9th February, 2019 at Mumbai (Maharashtra)
2. Meeting with members of Parliament at 7:00 pm on 5th February at Hotel Shangri La, New Delhi
3. Observance of IMA Important Days
4. Any other Matter

The following members were present:

Dr. SANTANU SEN	NATIONAL PRESIDENT	IMA HEADQUARTERS
Dr. RAMESH KUMAR DATTA	HONY.FINANCE SECRETARY	IMA HEADQUARTERS
Dr. VIJAY K. MALHOTRA	HONY.JT.SECRETARY	IMA HEADQUARTERS
Dr. VINOD KUMAR ARORA	HONY.JT.SECRETARY	IMA HEADQUARTERS
Dr. AMRIT PAL SINGH	HONY.JT.SECRETARY	IMA HEADQUARTERS
Dr. DINESH SAHAI	HONY.JT.FIN.SECRETARY	IMA HEADQUARTERS
Dr. S.K. PODDAR	HONY. ASST. SECRETARY	IMA HEADQUARTERS
Dr. V K Monga	CHAIRMAN,	IMA HBI
Dr. D.R. RAI	PAST HONY. SECRETARY GENERAL	IMA HEADQUARTERS
DR NARENDRA SAINI	PAST HONY SECRETARY GENERAL	IMA HEADQUARTERS
DR MAJUL MEHTA	DR MANJUL MEHTA PAST HONY. JOINT FINANCE SECRETARY, IMA	IMA HEADQUARTERS

Dr Santanu Sen, National President, IMA welcomed the Office Bearers and initiated the discussion.

National President requested Office Bearers stationed at Delhi to be more active and participate more actively in the meetings conducted by IMA Hq.

He once again emphasized to increase the membership of IMA by 5 lakhs as announced in the last State Presidents/Secretaries Meet. He requested all of them to make all possible efforts to enroll more members by the end of this year and which can only be possible with the regular follow-up with the IMA Members, State and Local Branches.

He further requested the Office Bearers to communicate with Presidents and Secretaries of all State /Local Branches of IMA regularly, as there is a big gap of communication between IMA HQ and States.

He emphasized that regular presence of Office Bearers is must for the smooth conduction of working of IMA. He also requested all of them to fix up their Days and time to visit IMA HQ. on regular basis .

He was of the opinion that WHO day should be observed at IMA in the form of CME and Lecture etc.

Stress was given that IMA Hqrs. banner should be displayed in each and every event either organized by State Branches or by Local Branches.

He was also of the opinion that IMA being the largest medical Association, should observe the Health Days in a befitting manner, accordingly, the following job responsibilities were given to the Office Bearers, as mentioned against their names:-

IMA Days to be observed	Date	Duty assigned to
World Cancer Day	4 th February, 2019	Dr D R Rai, Past Hony Secretary General, IMA
Sexual Reproductive Health Awareness In collaboration with Men's Health Society	12 th February 2019	Dr Rajiv Sood Dr Anil Goyal
International Women's Day	8 th March 2019	Dr Mona Desai, Chairperson, IMA Women Wing
World TB Day	24 th March 2019	Dr R V Asokan, Hony. Secretary General, IMA, Dr Narendra Saini, Past Hony. Secretary General, IMA
WHO DAY	7 th April 2019	Dr V K Arora, Hony. Joint Secretary, IMA, at HQ Dr S K Poddar, Hony. Joint Secretary, IMA at HQ
National Safe Motherhood Day	11 th April 2019	Dr Mona Desai, Chairperson, IMA Women Wing
International Family Day	15 th May 2019	Dr Mona Desai, Chairperson, IMA Women Wing
World No Tobacco Day	31 st May 2019	Dr V K Monga, Chairman, IMA HBI Dr V K Malhotra, Hony. Jt Secretary, IMA
World Environment Day	5 th June 2019	Dr Vinod Khaterapal, Past Hony. Jt. Secretary, IMA

Doctors Day	1 st July 2019	Dr Manjul Mehta, Past Hony. Joint Finance Secretary, IMA Dr Ramesh Kumar Datta, Hony Finance Secretary, IMA Dr V K Monga, Chairman, IMA HBI Dr D R Rai, Past Hony. Secretary General, IMA Dr Narendra Saini, Past Hony. Secretary General, IMA and all other Office Bearers stationed at Delhi
CPR Day	27 th July 2019	Dr. Parmjit Singh Bakhshi Hony. Director, IMA AKN Sinha Institute Dr. Ajay Kumar Hony. Executive Secretary, IMA AKN Sinha Institute
World Breast Feeding Week	1 st to 7 th August 2019	Dr Dinesh Sahai, Hony. Jt. Fin. Secretary, IMA
World Heart Day	29 th September 2019	Dr S K Poddar, Hony. Asst. Secretary, IMA Dr A P Singh, Hony. Jt Secretary, IMA
International Sr. Citizen's Day	1 st October 2019	Dr D R Rai, Past Hony. Secretary General, IMA Dr Ajay Lekhi
World Mental Health Day	10 th October 2019	Dr Nilima Kadambi
Hand Wash Day	15 th October 2019	Dr Narendra Saini, Past Hony. Secretary General, IMA
World Immunization Day	10 th November 2019	Dr Dinesh Sahai, Hony. Jt. Fin. Secretary, IMA Dr V K Arora, Hony. Jt. Secretary, IMA Dr Ramesh Kumar Datta, Hony Fin. Secretary, IMA
World Diabetes Day	19 th November 2019	Dr Vinod Mittal Dr J D Dutta Dr Amitabh Khanna from Dwarka
World AIDS Day	1 st December 2019	Dr Narendra Saini, Past Hony. Secretary General, IMA

National President, IMA thanked all the Office Bearers for their presence in the above said meeting and grateful to them as they have volunteered themselves for organizing the above said days.

He also requested the above Office Bearers to send the report and photos of the above said events to IMA Hq for its necessary action.

National President, IMA, also requested them to give their opinion how IMA can move forward in a much better way. He also requested the Staff of IMA to extend all respect and support to all Office Bearers of IMA in all aspects.

National President, IMA was of the opinion that the meeting of State Presidents/Secretaries of Delhi may be called in IMA HQ and makes them aware about the functioning of IMA and asked them to enroll new members of IMA. In this regard, members suggested that Chairman, Delhi Medical Council can be contacted for the same. National President, IMA, was also of the opinion that Delhi Team has to be work as baseline for the smooth functioning of IMA. He also requested the office bearers to call the State Presidents/Secretaries and CWC Members so as to prepare the Directory in a befitting manner.

Regarding the successful conduction of International Conclave on “Zero Tolerance on Violence on Doctors and Hospital” scheduled to be held on 8th-9th February, 2019 at Mumbai, National President, IMA, requested the office bearers to make all possible efforts to make the Conclave a grand success.

He further informed the House that a meeting with Members of Parliament is also scheduled to be held on 5th February, 2019 at Hotel Shangri-La, New Delhi. Dr Santanu Sen, National President, IMA, requested Dr Manjul Mehta, Past Hony. Joint Finance Secretary, IMA, in association with other Office Bearers of IMA to supervise of all activities related regarding invitation to MPs.

He requested the House to communicate and convenience the MPs to attend the above meet.

The meeting ended with a vote of thanks

Dr Santanu Sen
National President, IMA

AGENDA ITEM NO.B-16**Minutes of Meeting of Office Bearers of IMA held on 26th February, 2019
at IMA House, IP Marg, New Delhi**

The 2nd meeting of Office Bearers of IMA was held on 26th February, 2019 to make further plan of action especially with regard to the Observance of IMA Days.

National President, IMA, thanked all the Office Bearers present for their participation and requested them to go through the previous minutes of the Meeting. While discussing the previous minutes, National President again requested the Office Bearers to observe the IMA days in a befitting manner. The respective Office Bearer informed the National President the work done by them so far with regard to the successful conduction of the IMA Days.

IMA Days to be observed	Date	Duty assigned to	Decision taken during the 2nd Meeting of Office Bearers
World Cancer Day	4 th February, 2019	Dr D R Rai, Past Hony Secretary General, IMA	It was observed by distributing fruits to cancer patients at Delhi State Cancer Institute.
Sexual Reproductive Health Awareness In collaboration with Men's Health Society	12 th February 2019	Dr Rajiv Sood Dr Anil Goyal	Dr D R Rai, Past HSG informed that it was not celebrated due to the short period of time
International Women's Day	8 th March 2019	Dr Desai, Chairperson, IMA Women Wing	It was informed to Office Bearers that Email has already been sent to all State/Local Branch Presidents and Chairperson and Secretary of IMA Women Doctor Wing. It was suggested that Dr Neelam Lekhi can be given the responsibility to observe the International Women Day at IMA HQ. NP instructed to give an official letter to Dr Neelam Lekhi in this regard.
World TB Day	24 th March 2019	Dr R V Asokan, Hony. Secretary General, IMA,	Dr Narendra Saini, Past HSG, suggested the ways to celebrate this day, which are as follows: 1.Public Awareness Programmes 2.Boarding/Hoarding

		Dr Narendra Saini, Past Hony. Secretary General, IMA	3. Posters 4. Event Management person can be hired 5. IMA can call any celebrity like Mr Kapil Sharma, Comedian Mr Veredner Sehwaag, Cricketer, Maninder Singh, Cricketer and Mr Gurdas Maan, Singer
WHO DAY	7 th April 2019	Dr V K Arora, Hony. Joint Secretary, IMA, at HQ Dr S K Poddar, Hony. Joint Secretary, IMA at HQ	Dr V K Malhotra took the responsibility to call Mr Maninder Singh WHO Day falls on 7th April. The theme of WHO Day is "Universal Health Coverage: Everyone, Everywhere" and our next CWC meeting is going to be held on 6-7 April at Puri (Orisa). National President, IMA, suggested Dr V K Arora to talk to Dr J Mohapatra, to hold a rally for half an hour on 7th April, from 7:00 am to 8:00 am with boarding/hoarding/Pla Cards and posters etc. on the occasion of WHO Day. It was suggested by Dr R N Tandon, Past Hony. Secretary General, IMA and agreed by all, that a Press Conference can also be organized in all district branches of IMA on 6th April, to apprise the Media about the Rally of IMA which is going to be organized on 7th April, 2019. It was decided to write a letter to Dr J Mohapatra regarding the necessary arrangement such as hoardings, banners and placards for Rally and a press conference soon after the Rally may kindly be organized.
National Safe Motherhood Day	11 th April 2019	Dr Mona Desai, Chairperson, IMA Women Wing	Regarding the observance of both (i) National Safe Motherhood Day and (ii) International Family Day, National President, IMA, requested to Dr Vijay Malhotra, Hony. Jt Secretary, IMA, to coordinate with Dr Mona Desai, Chairperson, IMA Women Wing, in this regard and conduct these Days in the form of Public Awareness Programmes etc.
International Family Day	15 th May 2019	Dr Mona Desai, Chairperson, IMA Women Wing	

World No Tobacco Day	31 st May 2019	Dr V K Monga, Chairman, IMA HBI Dr V K Malhotra, Hony. Jt Secretary, IMA	Day can be observed in the form of Rally, Public Lectures, Awareness Programmes, Dr V K Monga assured that the complete programme will be submitted shortly to National President, IMA
World Environment Day	5 th June 2019	Dr Vinod Khaterapal, Past Hony. Jt. Secretary, IMA	Dr Vinod Khetrapal informed National President, IMA, that during the Raahgiri programme any public awareness programme can be organized. IMA can also aware the general public about the World Environment Day on 5th June.
Doctors Day	1 st July 2019	Dr Manjul Mehta, Past Hony. Joint Finance Secretary, IMA Dr Ramesh Kumar Datta, Hony Fin. Secretary, IMA Dr V K Monga, Chairman, IMA HBI Dr D R Rai, Past Hony. Secretary General, IMA Dr Narendra Saini, Past Hony. Secretary General, IMA and all other Office Bearers stationed at Delhi	It was decided that Doctors Day will be organized in a befitting manner as suggested follows:- 1. 2-3 CMEs can be organized. 2. Felicitation of Past National Presidents and Past Hony. Secretary Generals. IMA / Teachers / Research Persons. 3. Organize Blood Donation Camp at IMA HQ. National President, IMA requested all office bearers and staff members of IMA to donate the blood. Even the offices surrounding to IMA like, QCI, AHPI, DDA, Income Tax Office and Office of Police Headquarters should also be informed about the organization of Blood Donation Camp in IMA Hqrs. 4. Organ Donation Pledging 5. Renaming the name of IMA Hqrs. Building

			6. Involvement of various associations like API, IAP, FOGSI, ASI, Padiatric, Ophthalmological, Dermatology, Pathology, IRIA, ENT, Cardiology, Nephrology, Urology, Oncology, Orthopedic, Chest Society, Neurology, Gastroenterology, Psychiatry and Society of Anaesthesiologists Dr Narendra Saini, Past Hony. Secretary General, IMA, suggested that President/Secretaries of FOMA can be honored on this day and it can be announced during the FOMA Meeting to be held on 17th March, 2019.
CPR Day	27 th July 2019	Dr. Parmjit Singh Bakhshi Hony. Director, IMA AKN Sinha Institute Dr. Ajay Kumar Hony. Executive Secretary, IMA AKN Sinha Institute	IMA AKNSI is observing CPR Day on 22nd July for which he has requested National President, IMA to be the Chief Guest.
World Breast Feeding Week	1 st to 7 th August 2019	Dr Dinesh Sahai, Hony. Jt. Fin. Secretary, IMA	Dr D K Sahai informed that World Breast Feeding Week will be celebrated in IMA in association with IAP.
World Heart Day	29 th September 2019	Dr S K Poddar, Hony. Asst. Secretary, IMA Dr A P Singh, Hony. Jt Secretary, IMA	They have informed that Dr Viveka Kumar was contacted for the same and he has agreed to participate in the programme
International Sr. Citizen's Day	1 st October 2019	Dr D R Rai, Past Hony. Secretary General, IMA Dr Ajay Lekhi	
World Mental Health Day	10 th October 2019	Dr Nilima Kadambi	
Hand Wash Day	15 th October 2019	Dr Narendra Saini, Past Hony. Secretary General, IMA	

World Immunization Day	10 th November 2019	Dr Dinesh Sahai, Hony. Jt. Fin. Secretary, IMA Dr V K Arora, Hony. Jt. Secretary, IMA Dr Ramesh Kumar Datta, Hony Fin. Secretary, IMA	Dr D K Sahai informed that World Breast Feeding Week will be celebrated in IMA in association with IAP (EAST)
World Diabetes Day	19 th November 2019	Dr D R Rai, Past Hony. Secretary General, IMA Dr Vinod Mittal Dr J D Dutta Dr Amitabh Khanna from Dwarka	Dr D R Rai, Past HSG has also given the responsibility of this day and he informed that he has already spoke to Dr Amitabh Khanna about the same.
World AIDS Day	1 st December 2019	Dr Narendra Saini, Past HSG, IMA	

Dr Dinesh Sahai, Hony. Jt. Fin. Secretary, IMA, informed that he had attended a meeting of Expert Advisory Group on Measles & Rubella (IEAG-MR) on 17th February, 2019. He informed the House about the same. National President, IMA asked him to submit the report in IMA Hqrs.

He further requested all the office bearers to submit the brief report and photograph in IMA HQ if they attend any meeting on behalf of IMA for record purposes.

Dr V K Malhotra, Hony. Jt Secretary, IMA (Building) was of the opinion that there should be a centre point in IMA Hqrs where they can send report of their day to day activities. National President, IMA, asked them to send their report to National President, IMA, Hony. Secretary General, IMA and Hony Finance Secretary, IMA.

As there is a shortage of staff in Accounts Section of IMA Hqs, it was decided that Mr Pranab Sahoo posted in JIMA office will be transferred to IMA Hq. who will assist Mr Sanjiv Dogra, Sr. Manager, Account, in his day to day working.

National President, IMA once again requested the office bearers to get in touch with State Presidents/State Secretaries regularly so that a healthy relationship can be made with them.

Meeting ended with a vote of thanks

Dr Santanu Sen
National President, IMA

AGENDA ITEM NO.B-17

Minutes of & 1st review meeting of State President and Secretaries – March 16-17, 2019

at 2.00 pm at IMA House, New Delhi

A meeting of the of 2nd State Presidents and Secretaries Meeting held on March 16 & 17, 2019 at 2.00 pm at IMA House, New Delhi

Members were present as per attendance register.

The meeting started with adorning Presidential Medallion to National President, IMA Dr. Santan Sen by Hony. Secretary General, IMA Dr. R.V. Asokan. The National President then called the meeting to order and requested Dr R.V. Asokan to take up the Agenda of the meeting.

The agenda points were preceded by IMA Prayer and IMA Flag Salutation.

1) HEALTH MANIFESTO AND HEALTH FIRST CAMPAIGN:

Dr. Santan Sen, National President, IMA: He welcomed all the members and explained that the Health Manifesto Committee worked very hard in formulating the Health Manifesto in the last few months and thanked Dr. Ravi Wankhedkar, Imm. Past President, IMA for making the comprehensive report.

Dr R V Asokan, Hony. Secretary General, IMA:- He was of the opinion that liaisoning and lobbying of IMA with the political parties, MPs and opinion makers have yielded results in the past. This experience of participating in the democratic process of the country and exercising our legitimate concern through that process is a logical reason for formation of this Health manifesto for the upcoming parliamentary elections. He told that this Health Manifesto is for the whole country and is not for the medical profession alone. We should also prepare a plan of action to disseminate the manifesto all over the country. The conceptualization, documentation and dissemination are the integral parts of Health First Campaign. State President/ State Secretaries are meeting at IMA HQs to make the Health First Agenda and a plan of action. **Dr. Ravi Wankhedkar**, Imm Past National President, IMA welcomed the august gathering and gave a brief introduction about the Health Manifesto. **Dr. A. Marthanda Pillai**, Past National President, IMA explained about the Health Manifesto in which the main points are of GDP in health care, Universal Health Coverage, Primary Health Care and Rural Health Care, Social determinants of Health, Medical Education and Research, long pending demands of IMA, Quality and uniform pricing of medicines etc .

Parliamentary elections have given us a legitimate opportunity to sensitise the nation on issues concerning the health of our people and the medical profession. IMA HQs envisages an active role for all the IMA members and branches in the next few weeks.

During the 2nd Meeting of State President and Secretaries, all State Presidents and Secretaries were requested to contribute immensely in finalising the document. The tasks assigned to state and local branches are enumerated in the implementation guidelines. All state and local branches are expected to go into action immediately. The State Branches should release a press statement or conduct a press conference at the earliest.

Salient points of the draft Health Manifesto were discussed as hereunder:-

There is insufficient health funding and the GDP in health care is at a dismal rate of 1.2%. The out of pocket expenditure is one of the highest for our country and every year 3.3 % of people are pushed below poverty line due to health spending. The GDP in health care has to be increased to 5%.

The primary and preventive care should be given top priority. Wellness Centres have to be reconceived and they have to be manned by MBBS graduates. MBBS doctors are ready to work in rural areas and IMA can facilitate availability of manpower to the primary care centres. There should be Recruitment Boards to recruit MBBS Graduates for primary care.

2) AYUSHMAN BHARAT – WELLNESS CENTRE:

Dr. Santanu Sen, National President, IMA expressed his anguish on hasty implementation of Ayushman Bharat scheme by the Govt. of India without considering ground realities and difficulties faced by the

stakeholders. IMA is striving very hard to convince and accept the proposals made by IMA and I am happy that the Government is conceding demands made by the IMA one-by-one.

Dr. R.V.Asokan, Hony. Secretary General, IMA addressed the gathering and told that Ayushman Bharat is an opportunity and challenge. IMA is mature enough to understand the art of converting a challenge into an opportunity. IMA Ayushman Bharat action committee recommended to partner with NHA for implementation of AB-NHPM. IMA will play active role as a partner agency to support AB-NHPM facilitating the process of empanelment of hospitals by motivating small and medium hospitals to join the mission and said that today's meeting to focus on wellness clinics of Ayushman Bharat Scheme.

Dr.Ravi Wankhedkar, Imm. Past National President, IMA Chairman of Ayushman Bharat Committee expressed that the primary care through wellness clinics is to be studied in depth and said that Crosspathy should not be allowed. It was also felt that when Government is not able to provide required manpower and infrastructure in primary health centres. Then how are they going to upgrade the sub-centers to wellness clinics focusing on CPHC (comprehensive primary health care) with IPH Standards

After the deliberation on Ayushman Bharat – Wellness Centre topic in detail, it was decided that the wellness centre as contemplated by the Govt. of India are expected to be an important part of effective health care delivery system at the primary level. In order to ensure that the said wellness centres dispense their targeted responsibilities effectively and meaningfully, it is necessary that they are manned by a doctor possessing qualifications in modern medicine. This means that wellness centres are to be manned by an MBBS Graduate.

It would be appropriate that recruitment to said wellness centres is done centrally through an appropriate a structured modality. The said modality can be in the form of a 'National recruitment Board' which will select medical officers with MBBS as prescribed minimum requisite eligibility. This will help in timely filling up of the said vacancies and would also provide a reasonable opportunity to the graduates of modern medicine to cater to the cause of rural healthcare delivery in a meaningful and purposive manner..

3) Membership Drive: National President,s, IMA told that should give special emphasis on membership drive now. He said that at the end of this year our membership should reach approximately 5 lacs and he requested all State Presidents and Secretaries to make more efforts to increase the membership. He also reminded the commitment made by various State Presidents and Secretaries in the 1st State Presidents and Secretaries meet held on 20th January 2019 which was not yet achieved. He again appealed to all State Presidents and Secretaries to make some extra efforts to achieve the target committed by them by 31st March 2019.

4) Registration of State and Local Branches, PAN, TAN and GST:

Dr. Ramesh Datta, Hony. Finance Secretary, IMA gave the detailed power point presentation regarding the PAN, TAN and GST which were very informative. He requested to all State Branch Presidents and Secretaries to apply for their own Registration Certificate under Societies Registration Act in that area as well as, PAN, TAN and GST. He also said that only IMA Wings i.e. IMA AMS, IMA CGP, IMA AKNSI and JIMA can use the PAN Card of IMA.

Shir Suvir Sharma, Auditor, IMA explained the procedure, importance and necessity PAN, TAN and GST. He replied to the various queries raised by the members in this regard.

National President, IMA thanked Honorary Secretary General, IMA for arranging many important meetings simultaneously which were all organized very well.

Meeting ended with the vote of thanks to the chair.

Dr. R.V. Asokan

Honorary Secretary General, IMA

AGENDA ITEM NO.B-18

**Report of IMA North East Conclave-Dr. R.N Tandon,
Past Honorary Secretary General, IMA**

We were fortunate to attend north east conclave . Three past northeast conclave have really infused lot of interest in fourth northeast conclave in really a difficult area to reach from most of the parts of India. It was one of the beautiful conclave attended by group of many leaders of Assam state branch of IMA president of Nagaland state IMA joint secretary of Tripura state IMA. This time conclave was decided into prelunch meeting where all issues related with functionality of IMA were discussed and all doubts of members present in relation to membership and digital platforms for downloading life membership certificates and present HFC and decrease in hike in HFC from April 2019 and explaining how to use this period as membership drive. The discussion also was done around all beneficial scheme for members as there were questions related to indemnity insurance. This session was fruitful for all states and local members. The real conclave was held in beautiful arena with colourful participants from all parts of Arunachal Pradesh and other states. HQ was represented by Dr Pachnekar Vice President who chaired the function along with finance secretary Dr Datta HBI chairman Dr Monga and myself as coordinator. The IMA protocol was followed. Program started with welcome by State president Dr Lobsong . Flag salutation and lamp lighting ceremony. Gatherings of more than 100 participants were addressed by Dr Tandon where he reminded thr core issue of unity which was demonstrated by all members from across the country during dilli chalo and Bharat Yatra culminating into mahapanchyat . The struggle has given us positive result as all three ills pending in rajyasabha could not see the light and now they have lapsed. He congratulated all members for their efforts to achieve the result. He reminded them the concept of having healthy relationships with patients and fellow doctors and create healthy doctor patient relationships with zero tolerance for violence and keeping healthy profession for healthy nation. Dr Pachnekar elaborated on all bills and their deleterious effect on community and profession which has one aim and that is to keep society healthy. Dr Monga talked about HBI and the issues it is taking up for the benefit of small and medium nursing homes. Dr Datta explained about member beneficial scheme ima is offering. This business session culminated into great entertainment program performed by doctors and their family members. The total program was memorable. All states presented their report and Nagaland invited all delegates to 2020 conclave at Kohima and at the same time Tripura announced willingness to host 2021 conclave. All appreciated both states for their genuine invitation. Wonderful event came to end with dinner

Dr. R.N Tandon
Past Honorary Secretary General, IMA

AGENDA ITEM NO.B-19

Report of Election Tribunal-Madhya Pradesh

The Tribunal consisting of Dr. Ravi S Wankhedkar and Dr. K.K. Aggarwal, Past National Presidents, IMA met on 5th February 2019 and reviewed the documents. They gave directions to the undersigned to accord a hearing to Dr. Sudhir Tiwari. The undersigned held a hearing session with Dr. Sudhir Tiwari and received his documents

Dr, R.V. Asokan
Honorary Secretary General, IMA

AGENDA ITEM NO.B-20**Report of various Court cases in which IMA is involved**

S No.	Case Title	Case No.	COURT	Last Date	Next Date	Stage	Remark
2	IMA v. UOI	W.P.(C) 895/16	SC/ Court 5	12.03.19	awaited	Final Hearing	Writ Petition has been filed seeking directions to direct all the concerned Respondents to take immediate steps to restrict Vehicular Traffic on the Roads in Delhi nad NCR. Further seeking directions that the Respondents take immediate steps to stop burning of crops by farmers in the state of U.P. Punjab and Haryana. Further seeking directions that the Central Pollution Control Board and the Delhi Pollution Control Committee to take regular actions against construction sites in Delhi and NCR. Further seeking directions that Respondents take steps for vacuum cleaning of Roads, introduce water sparkling, installation of mist foundations and air purifier at major traffic intersections.
3	IMA v. M/s Arth Business News Channel Pvt. Ltd.	CS (COMM) 122/17	Delhi High Court, Before Joint Registrar	01.02.19	Case decreed	judgment	Suit for recovery of arrears of rents and for recovery of damages, mesne profits along with interest and cost. Fresh memo of parties with additional addresses of the Respondent Compnay had been filed by us. Accordingly, the court has issued summons to the Respondent. The matter was listed before the court on 16.08.2018 and the Defendants were proceeded ex- parte. Case allowed. Directed recovery of Rs.2.20 Cr along with interest @10%

4	UOI v. IRIA SLP(C) 16657- 59/2017	SLP (C) 16657- 59/2017	Supreme Court	04.07.2018	Not Updated yet	Final Disposal at admission stage.	The petitioners sought transfer of several writ petition pending adjudication before different High Courts to be transferred before Hon'ble Supreme Court of India for the pendency of writ petitions in different High Courts may result in contradictory judgements. Further, the above mentioned writ petitions involved identical question of law as in SLP(C) 16657-59/2017 titled as UOI v. IRIA against the common order and judgement dated 17.02.2016 passed by Hon'ble Delhi HC declaring Rule 3(3)(1)(b) of Rules, 1996 as amended wef 09.01.2014 as ultra vires the PC PNDT Act to the extent it requires a person desirous of setting up a Genetic Clinic to undertake 6 months training rules. We had filed a W.P.(C) 2721/2014 before the Delhi HC challenging the notification dated 09.01.2014 for providing six months training. The matter is now tagged with main SLP (C) 16657/2017. Tagged with SLP(C) 16657-59/2017 titled as UOI v. IRIA. The petitioners sought transfer of several writ petition pending adjudication before different High Courts to be transferred before Hon'ble Supreme Court of India for the pendency of writ petitions in different High Courts may result in contradictory judgements. Further, the above mentioned writ petitions involved identical question of law as in SLP(C) 16657-59/2017 titled as UOI v. IRIA against the common order and judgement dated 17.02.2016 passed by Hon'ble Delhi HC declaring Rule 3(3)(1)(b) of Rules, 1996 as amended wef 09.01.2014 as ultra vires the PC
5	UOI v. Kuldeep Chandra Maria & ors.	SLP (C) 001877- 001917/2 017	Supreme Court	04.07.2018	Not Updated yet	Final Disposal at admission stage.	Tagged with SLP(C) 16657-59/2017 titled as UOI v. IRIA. The petitioners sought transfer of several writ petition pending adjudication before different High Courts to be transferred before Hon'ble Supreme Court of India for the pendency of writ petitions in different High Courts may result in contradictory judgements. Further, the above mentioned writ petitions involved identical question of law as in SLP(C) 16657-59/2017 titled as UOI v. IRIA against the common order and judgement dated 17.02.2016 passed by Hon'ble Delhi HC declaring Rule 3(3)(1)(b) of Rules, 1996 as amended wef 09.01.2014 as ultra vires the PC

							PNDT Act to the extent it requires a person desirous of setting up a Genetic Clinic to undertake 6 months training rules. We had filed a W.P.(C) 2721/2014 before the Delhi HC challenging the notification dated 09.01.2014 for providing six months training. The matter is now tagged with main SLP (C) 16657/2017. The present SLP has been preferred against impugned order dated 19.09.2014 and 30.10.2014 passed by the Division Bench of the Hon'ble Gauhati HC in W.P.(C) 5789/2005. Vide impugned final order dated 30.10.2014, the DB of the Hon'ble Gauhati HC has struck down the Assam Rural Health Regulatory Authority Act, 2004 after about 10 years from the date of its promulgation. The said act provided a three year diploma course in Medical and Rural Health Care. We preferred the W.P. 5789/2005 for the declaration of the Act as ultra vires and void.
6	Baharul Islam v. IMA SLP(C) 32592- 32593	SLP (C) 32592- 32593/15	Supreme Court	15.01.19	26.03.19	Part Heard	The present complaint is filed under Section 138 of the negotiable Instruments Act, 1881 against the bouncing of the cheque dated 10.02.2018 for an amount of Rs. 8,64,000/- along with the interest. The pre summons of the Plaintiff Evidence is completed on 18.07.2018 and the matter is listed for further proceedings on 17.09.19 The present Writ Petition has been filed for seeking declaration and mandatory injunction against IMA alleging that IMA has illegally and without following the procedure laid down under IMA's Rules and Bye Laws for carrying out such amendment, has amended Note 1 of
7	IMA v. M/s Arth Business News Channel Pvt. Ltd.	Criminal Complaint No. 13354/2018	Tis Hazari District Courts	20.02.19	17.09.19	Further Proceedings after pre summons of the Plaintiff Evidence.	
8	Arvind Narayana v. IMA	W.P. (C) 7888/2018	Delhi High Court	06.08.2018	06.08.2018	Disposed Off	

9	Arvind Narayana v. IMA	CS (OS) 386/2018	Delhi High Court	30.10.18	25.03.19	for admission and denial of document	the Bye Law 43 C. Further the validity and integrity of the Election Commission has been challenged. The present Writ Petition has been dismissed as withdrawn being not maintainable. The present suit has been filed for seeking declaration and mandatory injunction against IMA alleging that IMA has illegally and without following the procedure laid down under IMA's Rules and Bye Laws for carrying out such amendment, has amended Note 1 of the Bye Law 43 C. Further the validity and integrity of the Election Commission has been challenged. The present suit is filed after the Writ Petition(C) 7888/2018 has been dismissed as withdrawn being not maintainable. Plaintiff failed to point out any irregularity in the election process and the Interim applications [four application] for the appointment of court observer were disposed off, as there was no prima facie case made out, and on statement of IMA that Election were directed to carry out the elections in accordance with the Rules and Bye Laws of the Indian Medical Association and in- camera.
10	UOI VS BGP PRODUCTS OPERATIONS GMBH AND HAGENE IMMERMATT WEG & ANR. ETC	SLP © No. 3296-3299	Supreme Court	13.03.19	26.03.19	Part Heard	Case related to banning of drug OXYTOXIN

11	DR. ASHISH AGGARWAL VS IMA	Arbitration	Arbitrator	12.01.19	13.04.19	For Statement of claim	Claim for recovery of money. As per document Dr. Ashish Aggarwal did not perform his duty at the relevant time
12	SULTAN SINGH DHOB VS. U.O.I. & ORS.	Administrative matter	CAT	18.12.18	19.03.19	For final argument	IMA is perform a party.
13	COURT ON ITS MOTION VS UOI	WP @ 3903/17	High Court	05.12.18	20.03.19	Further Proceedings	case related to beating of doctors
14	IMA VS ROSARIO COSMETICS PVT. LTD. & ORS.	Crl. Complaint	Tis Hazari District Courts			Non-bailable warrant issued	cheque dishonor cheque
15	MCI VS MEENAKSHI GAUTHAM & ANR	Ct App no. 17/15	High Court	17.12.18	12.04.19	for arguments	Case related to 3 year diploma course to prescribe medicine in rural areas

IN THE SUPREME COURT OF INDIA
ORIGINAL JURISDICTION
WRIT PETITION (CIVIL) NO. of 2019

IN THE MATTER OF:

Indian Medical Association
Through its Authorised Representative,
I.M.A. House, Indraprastha Marg,
New Delhi-110 002.

.....Petitioner

Versus

1. Union of India
Ministry of Health and Family Welfare,
Through its Secretary,
Nirman Bhawan,
New Delhi -110001.

2. Ministry of Law & Justice
Through its Secretary,
4th Floor, A Wing, Shastri Bhawan,
New Delhi-110001.

....Respondents

WRIT PETITION UNDER ARTICLE 32 OF THE CONSTITUTION OF INDIA FOR ISSUANCE OF APPROPRIATE WRIT, ORDER OR DIRECTION IN THE NATURE OF CERTIORARI OR ANY OTHER WRIT FOR QUASHING AND SETTING ASIDE THE ORDINANCES DATED AS BEING UNCONSTITUTIONAL OR IN THE ALTERNATIVE THIS HON'BLE COURT MAY ISSUE AN APPROPRIATE WRIT, ORDER OR DIRECTION RESTRAINING THE GOVT. OF INDIA FROM PROMULGATING FRESH ORDINANCE FOR SUPERSEDING THE MEDICAL COUNCIL OF INDIA WITHOUT THERE BEING AN APPROPRIATE LEGISLATION TO THAT EFFECT
TO

HON'BLE THE CHIEF JUSTICE AND HIS
HON'BLE COMPANION JUSTICES OF THE
HON'BLE SUPREME COURT OF INDIA

The humble Petition of the Petitioner above-named

Most Respectfully Showeth:

1. That the petitioner is filing the present writ petition under Article 32 of the Constitution of India, *inter alia*, praying for issuance of appropriate writ, order or direction in the nature of **certiorari** or any other writ for quashing and setting aside of the Ordinances dated ____, in the name of the Hon'ble President of India, whereby, the Medical Council of India (hereinafter referred to as "MCI") has been repeatedly superseded by the Board of Governors, as being unconstitutional, as the said Ordinances are being repeatedly promulgated as the respondents failed to bring in a proper legislation to that effect. It is submitted that by way of the repeated promulgation of the said ordinances, the MCI has been superseded by Board of Governors without any substantial reasons and basis, therefore, the same amounts to fraud on the Constitution, as the respondents have repeatedly failed to even pass the said ordinances from both the houses of Parliament. It is submitted that the MCI was initially superseded by way of Ordinance dated 26.09.2018 which was again promulgated on 12.01.2019 and thereafter on ____. It is most respectfully submitted that in all the above Ordinances the reasoning given for passing the same has been mentioned as, 'the Parliament is not in session and the Hon'ble President is satisfied that circumstances exist which render it necessary for him to take immediate action'. However, the fact is that the respondents were not even able to table the above ordinances, before both the Houses of the

Parliament. The first ordinance dated 26.09.2018, was only tabled before and passed by Lok Sabha and the same was never tabled before the Rajya Sabha. Similarly, the second ordinance dated 12.02.2019, was neither tabled before the Lok Sabha nor before the Rajya Sabha and now once again the respondents have promulgated a new ordinance even after failing to draft appropriate legislation during the last two sessions of Parliament. It is submitted that the respondents have also failed to give any justification or proper objects and reasons for promulgating hasty ordinance for superseding the Medical Council of India.

2. That the petitioner is the only voluntary association representing the Doctors / Registered Medical Practitioners of Modern Scientific System of Medicine in the Country, which looks after the interest of doctors as well as the wellbeing of the community at large. The petitioner Association was established in the year 1928 on the occasion of the 5th All India Medical Conference at Calcutta (now Kolkata) with the objectives of promotion and advancement of Medical and allied sciences in all the different branches. It is submitted that one of the main objectives of the petitioner Association is the improvement of Public Health and Medical Education in India and it has its State offices / branches throughout the Country and has around _____, members. The entire purpose of the petitioner association is to serve the humanity and give medical charity to the needy ones.

POWER OF PRESIDENT TO PROMULGATE AN ORDINANCE

3. It is submitted that Article 123 of the Constitution empowers the Hon'ble President of India to promulgate ordinances during the recess of the parliament, which require immediate action for handling an emergent situation. The Article 123 of the Constitution is reproduced hereunder:

Article 123 in The Constitution of India

123. Power of President to promulgate Ordinances during recess of Parliament

(1) If at any time, except when both Houses of Parliament are in session, the President is satisfied that circumstances exist which render it necessary for him to take immediate action, he may promulgate such Ordinance as the circumstances appear to him to require

(2) An Ordinance promulgated under this article shall have the same force and effect as an Act of Parliament, but every such Ordinance

(a) shall be laid before both House of Parliament and shall cease to operate at the expiration of six weeks from the reassemble of Parliament, or, if before the expiration of that period resolutions disapproving it are passed by both Houses, upon the passing of the second of those resolutions; and

(b) may be withdrawn at any time by the President

Explanation Where the Houses of Parliament are summoned to reassemble on different dates, the period of six weeks shall be reckoned from the later of those dates for the purposes of this clause

(3) If and so far as an Ordinance under this article makes any provision which Parliament would not under this Constitution be competent to enact, it shall be void.

4. It is submitted that Article 123 of the Constitution provides power to the President of India to promulgate an Ordinance when the Parliament is not in session, subject to the President of India being satisfied that certain emergent situation and circumstances exists that require him to take such immediate action. The Ordinance so promulgated has the same force / effect as an Act passed by the Parliament. An Ordinance, has to be laid and passed by both the Houses of the Parliament but at the end of 6 weeks from the re-assembly of the Parliament, the same shall cease to operate if the same is not laid before both the Houses of Parliament. The Ordinance can also cease to operate if both the Houses of the Parliament pass Resolutions to disapprove the same.
5. It is submitted that in exercise of powers conferred upon the Hon'ble President of India, the Indian Medical Council (Amendment) Ordinance, 2018 was promulgated on 26.09.2018, thereby, superseding the MCI by the Board of Governors. Whereafter, the Indian Medical Council (Amendment) Bill, 2018, was tabled / introduced in the Lower House of Parliament (Lok Sabha) and came to be passed on 30.12.2018, however, the same could not be passed by the Upper House of the Parliament (Rajya Sabha). The session of the Parliament started on 11.12.2018 and ended on 08.01.2019.

6. It is submitted that since the said Ordinance dated 26.09.2018 could not be passed by both the Houses of the Parliament, the Hon'ble President of India, upon advice of the Council of Ministers, re-promulgated the aforesaid Ordinance by way of Ordinance dated 12.01.2019 namely the Indian Medical Council (Amendment) Ordinance, 2019.
7. It is submitted that thereafter the Ordinance dated 12.01.2019 could not be again passed in the next session of the Parliament also which started on 31.01.2019 and ended on 13.02.2019. Subsequently, now the said ordinance has been again re-promulgated on.....by way of The Indian Medical Council (Amendment) Ordinance, 2019.
8. It is submitted that the act of re-promulgation of the aforesaid Ordinances, in the face of the fact that the same has not been passed by both the Houses in the ensuing sessions of the Parliament, is an exercise of colorable legislation, since it is settled law that a Constitutional Authority cannot make laws indirectly which it is not permitted to make directly.
9. It is submitted that the Ordinance making power could be exercised by the Executive only when there is an emergent situation that needs to be redressed urgently and it cannot be resorted to serve political ends. It is further submitted that in the present case, no emergent situation ever arose which required the promulgation of an Ordinance since the Medical Council of India was already discharging its functions, as per the provision of the Indian Medical Council Act, 1956.
10. It is submitted that an Ordinance, as stipulated in Article 123 can be promulgated only when there is an emergent situation or an immediate action is required, whereas in the present case there is no dire need of promulgating and thereafter re-promulgating the same Ordinance again and again. It is submitted that no such situation has emerged which compels the supersession of the democratically elected Council as per the provisions of the IMA Act, 1956, by the Board of Governors.
11. It is submitted that the Ordinance promulgated in exercise of the powers under Article 123 of the Constitution was invalid because the condition precedent to exercise the said power did not exist either at the time of promulgating the first Ordinance dated 26.09.2018 or the second Ordinance dated 12.01.2019 and third Ordinance dated __, respectively.
12. It is submitted that in absence of any emergent situation necessitating the promulgation/ re-promulgation of the Ordinances under challenge, the act of promulgating the same only demonstrates the mala-fide intent of the Executive.
13. It is submitted that this Hon'ble Court in the case of *Rustom Cavasjee Cooper (Banks Nationalisation) v. Union of India* -(1970) 1 SCC 248 has held that the satisfaction of the Hon'ble President, while exercising the powers under Article 123, can be challenged. It is submitted that this Hon'ble Court also held that the satisfaction of the Hon'ble President is objective and not subjective. The relevant portion of the said judgment is reproduced herein below:-
 "....
210. The validity of the Ordinance of 1969 was challenged by contending that the satisfaction of the President under Article 123 was open to challenge in a Court of law. It was said that the satisfaction of the President was objective and not subjective. The power of the President under Article 123 of the Constitution to promulgate Ordinances is when both the Houses of Parliament are not in session and this power is co-extensive with that of the Legislature and the President exercises this power when he is satisfied that circumstances exist which render it necessary for him to take immediate action. The power of promulgating Ordinance is of historical antiquity and it has undergone change from time to time. In the East India Company Act, 1773 under Section 36 the Governor-General could promulgate Ordinance. The Indian Councils Act, 1861 by Section 23 thereof provided that the Governor-General in case of emergency may promulgate an Ordinance for the peace and good Government of the territories. The Government of India Act, 1915 provided in Section 72 that the Governor-General could promulgate Ordinance for the peace and good Government. The Government of India Act, 1935 by Sections 42, 43 and 45 conferred power on the Governor-General to promulgate Ordinances and Sections 88 and 89

conferred a similar power on the Governor. Article 123 of the Constitution is really based on Section 42 of the Government of India Act, 1935 and Article 213 which relates to the power of the Governor in the States is based on Section 88 of the Government of India Act, 1935.

211. It has been held in several decisions like *Bhagat Singh case* [58 IA 169] and *Banoari Lal case* [Banoari Lal case, (1944-45) 72 IA 57] that the Governor-General is the sole judge as to whether an emergency exists or not. The Federal Court in *Lakhi Narain Singh case* [1949 FCR 693] took a similar view that the Governor-General was the sole judge of the state of emergency for promulgating Ordinances.

212. The sole question is whether the power of the President in Article 123 is open to judicial scrutiny. It was said by counsel for the petitioner that the Court would go into the question as to whether the President was satisfied that circumstances existed which rendered it necessary for the President to promulgate an Ordinance. *Liversidge case* [1942 AC 206 : (1941) 3 All ER 338 (HL)] was relied upon by counsel for the petitioner. That case interpreted the words “reasonable cause to believe”. It is obvious that when the words used are “reasonable cause to believe” it is to be found out whether the cause itself has reason to support it and the Court goes into the question of ascertaining reasons. In *Liversidge case* it was said that the words “has reasons to believe” meant an objective belief whereas the words “if it appears” or “if satisfied” would be a subjective satisfaction.

213. The words “if it appears” came up for consideration in two English cases of *Ayr Collieries* [(1943) 2 All ER 546] and the *Carltona* [(1943) 2 All ER 560] and the decision was that it was not within the province of the Court to enquire into the reasonableness of the policy.

214. The interpretation of Article 123 is to be made first on the language of the Article and secondly the context in which that power is reposed in the President. When power is conferred on the President to promulgate Ordinances the satisfaction of the President is subjective for these reasons. The power in Article 123 is vested in the President who is the executive head and the circumstances contemplated in Article 123 are a guide to the President for exercise of such power. Parliament is not in session throughout the year and during the gaps between sessions the legislative power of promulgating Ordinance is reposed in the President in cases of urgency and emergency. The President is the sole judge whether he will make the Ordinance. The President under Article 74(1) of the Constitution acts on the advice of Ministers. Under Article 74(2) the advice of the Ministers is not to be enquired into by any Court. The Ministers under Article 75(3) are responsible to Parliament. Under Article 123 the Ordinances are limited in life and the Ordinance must be laid before Parliament and the life of the Ordinance may be further shortened. The President under Article 361(1) is not answerable to any Court for acts done in the performance of his duties. The Ministers are under oath of secrecy under Article 75(4). Under Article 75(3) the Ministers are collectively responsible to the House of the People. Under Article 78 it shall be the duty of the Prime Minister to furnish information to the President. The power under Article 123 relates to policy and to an emergency when immediate action is considered necessary and if an objective test is applied the satisfaction of the President contemplated in Article 123 will be shorn of the power of the President himself and as the President will be acting on the advice of Ministers it may lead to disclosure of facts which under Article 75(4) are not to be disclosed. For these reasons it must be held that the satisfaction of the President is subjective.

.....”

14. It is submitted that this Hon’ble Court in the case of *Krishna Kumar Singh v. State of Bihar* - (1998) 5 SCC 643 has held that a regular Legislation cannot be substituted by promulgation of an Ordinance. It was also held that repeated promulgation of an Ordinance, without there being dire need of the same, then the repeated promulgations are fraud on the Article 213 of the Constitution of India. It is submitted that the Article 213 is akin to Article 123 where the former Article relates to identical powers provided to the Governor towards promulgating Ordinance. The relevant portion of the said judgment is reproduced hereunder:

“.....

24. Clearly, the power to promulgate an Ordinance is not a substitute for regular legislation passed by the legislature of a State. It is a power conferred on the executive in order to deal with any urgent situation while the legislature is not in session. It is also of a limited duration. Article 213 does not contemplate that one Ordinance should be succeeded by several subsequent Ordinances without, at any stage, placing the Ordinances before the legislature. It was this kind of practice which was condemned by the Constitution Bench of this Court in *Dr D.C. Wadhwa case* [(1987) 1 SCC 378]. This Court observed in that case that the Government of Bihar made it a settled practice to deliberately go on repromulgating the Ordinances from time to time on a massive scale in a routine manner. Immediately at the conclusion of each session of the State Legislature, a circular letter used to be sent by the Special Secretary in the Department of Parliamentary Affairs to all the Commissioners, Secretaries etc. intimating to them that the session of the legislature had been got prorogued and that under Article 213(2)(a) all the Ordinances would cease to be in force six weeks after the date of reassembly of the legislature. They should, therefore, get in touch with the Law Department and take immediate action to get all the Ordinances concerned repromulgated before their date of expiry. The Court observed that the startling facts showed that the executive in Bihar had almost taken over the role of legislature in making laws not for a limited period but for years together in disregard of the constitutional limitations. This was clearly contrary to the constitutional scheme and was improper and invalid. Accordingly, the Court struck down the Ordinance which was before it. The manner in which a series of Ordinances have been promulgated in the present case by the State of Bihar also clearly shows misuse by the executive of Article 213. It is a fraud on the Constitution. The State of Bihar has not even averred that any immediate action was required when the 1st Ordinance was promulgated. It has not stated when the Legislative Assembly was convened after the first Ordinance or any of the subsequent Ordinances, how long it was in session, whether the Ordinance in force was placed before it or why for a period of two years and four months proper legislation could not be passed. The constitutional scheme does not permit this kind of Ordinance Raj. In my view, all the Ordinances form a part of a chain of executive acts designed to nullify the scheme of Article 213. They take colour from one another and perpetuate one another, some departures in the scheme of the 4th and subsequent Ordinances notwithstanding. All are unconstitutional and invalid particularly when there is no basis shown for the exercise of power under Article 213. There is also no explanation offered for promulgating one Ordinance after another. If the entire exercise is a fraud on the power conferred by Article 213, with no intention of placing any Ordinance before the legislature, it is difficult to hold that the first Ordinance is valid, even though all the others may be invalid. The same course of conduct has continued from the first to the last Ordinance. I, therefore, do not agree with brother Wadhwa, J.'s conclusion that the 1st Ordinance is valid but the subsequent Ordinances are invalid. In my view, all are invalid.

.....”

15. It is submitted that the satisfaction of the Hon'ble President in promulgating an Ordinance is subject to Judicial Review and in the present case the repeated promulgation of Indian Medical Council (Amendment) Ordinance, 2018 and Indian Medical Council (Amendment) Ordinance, 2019 is without there being any emergent situation since the Medical Council of India has been discharging its obligations without any proved instances of irregularities or deviations.
16. It is submitted that it appears that the respondents have converted the special power under Article 123 so as to deal with extraordinary situations, into a source of parallel law-making, which is no less than a fraud to the scheme of the Constitution as well as the democratic process of Legislating. It is submitted that the Ordinance in question were not placed before the Houses of the Parliament and were reissued again, which is in violation of the spirit of the Constitution as well as the law making process.
17. It is submitted that neither the letter nor the spirit of Article 123 indicates that, it can be resorted to by the Executive as a device to overcome its difficulty in having passed a Legislation in one House of the Parliament due to lack of majority or political will /consensus.

18. It is submitted that the power conferred by the Article 123 of the Constitution of India, to issue Ordinances, is in the nature of an Emergency Power vested in the Hon'ble President, for taking immediate and urgent action when such a situation arises but at a time the Parliament is not in session. In the present case, no such emergency ever arose because of which the Indian Medical Council (Amendment) Ordinance, 2018 and the Indian Medical Council (Amendment) Ordinance, 2019 could have been promulgated.
19. It is submitted that an Ordinance ceases to exist after a period of six weeks as stipulated in Article 123 of the Constitution of India and in case the said Ordinance is not passed by the Parliament and the same Ordinance is re-promulgated then the same amounts to colorable Legislation which is a fraud on the Constitution.
20. It is submitted that the respondents cannot be permitted to do what is impermissible under the Constitution by contorting the procedure stipulated under Article 123. It is submitted that Article 123 contemplates that an Ordinance shall be passed by both the Houses of the Parliament in the very next session after the Ordinance has been promulgated, whereas, in the present case the Indian Medical Council (Amendment) Ordinance, 2018 has not been passed by the Parliament and the same Ordinance has been repeatedly re-promulgated as the Indian Medical Council (Amendment) Ordinance, 2019, which is unconstitutional and arbitrary.
21. It is submitted that the emergent situation for promulgation of the Ordinances in question never arose as the Council was functioning as per the statutory provisions of the Indian Medical Council Act, 1956. It is submitted that since the National Medical Commission Bill, 2017 was already pending before the Parliament, which if passed by both the Houses of the Parliament and after receiving the approval of the Hon'ble President, would have certainly replaced the Medical Council of India, in such circumstances what necessitated the promulgation of the Indian Medical Council (Amendment) Ordinance, 2018 and thereafter the Indian Medical Council (Amendment) Ordinance, 2019 raises suspicion.
22. It is submitted that it appears that the intent of the Central Govt., in placing the Ordinance before the Hon'ble President for promulgation, is to clandestinely help the medical colleges, through the appointed Board of Governors, which have applied for permission for admitting students for the academic year 2019-20. So that the Govt. gets good support, financial and otherwise, in the ensuing Lok Sabha elections from the colleges and their managements.
23. It is submitted that this Hon'ble Court in the case of *D.C. Wadhwa v. State of Bihar*- (1987) 1 SCC 378, has held that the Hon'ble President of India cannot assume Legislative function in excess of the strictly defined limits set out in the Constitution, because if it is done so then he would be usurping a function which does not belong to him. The relevant portion of the judgment is reproduced hereunder:

".....

7. Shri Lal Narain Sinha, appearing on behalf of the State of Bihar urged that the court is not entitled to examine whether the conditions precedent for the exercise of the power of the Governor under Article 213 existed or not, for the purpose of determining the validity of an ordinance and in support of this proposition, he strongly relied upon the decisions reported in *Bhagat Singh v. Empire* [AIR 1931 PC 111 : 131 IC 415 : 58 IA 169] , *Raja Bahadur Kamakshya Narain Singh v. CIT* [AIR 1943 PC 153 : (1943) 2 MLJ 410 : 70 IA 180] , *Lakshmidhar Misra v. Rangalal* [AIR 1950 PC 56 : (1950) 1 MLJ 100 : 76 IA 271] and *R.C. Cooper v. Union of India* [(1970) 1 SCC 248 : AIR 1970 SC 564 : (1970) 3 SCR 530] . We do not see how these decisions could possibly help in the present case. They do not at all deal with the question which we are called upon to decide here. It is true that, according to the decisions of the Privy Council and this Court, the court cannot examine the question of satisfaction of the Governor in issuing an ordinance, but the question in the present case does not raise any controversy in regard to the satisfaction of the Governor. The only question is whether the Governor has power to re-promulgate the same ordinance successively without bringing it before the legislature. That clearly the Governor cannot do. He cannot assume legislative function in excess of the strictly defined limits set out in the Constitution because otherwise he would be usurping a function which does not belong to him. It is significant to note that so far as the President of India is concerned, though he has the same power of issuing an ordinance

under Article 123 as the Governor has under Article 213, there is not a single instance in which the President has, since 1950 till today, repromulgated any ordinance after its expiry. The startling facts which we have narrated above clearly show that the executive in Bihar has almost taken over the role of the legislature in making laws, not for a limited period, but for years together in disregard of the constitutional limitations. This is clearly contrary to the constitutional scheme and it must be held to be improper and invalid. We hope and trust that such practice shall not be continued in the future and that whenever an ordinance is made and the Government wishes to continue the provisions of the ordinance in force after the assembling of the legislature, a Bill will be brought before the legislature for enacting those provisions into an Act. There must not be ordinance-Raj in the country.

....”

24. It is submitted that this Hon’ble Court in the case of *Krishna Kumar Singh v. State of Bihar*-(2017) 3 SCC 1, has held that re-promulgation of an Ordinance, once the life of an earlier Ordinance has ended, is against the scheme of the Article 123 of the Constitution of India, the relevant portion of the judgment is reproduced hereunder:

“.....

60. A reasonable period is envisaged by the Constitution for the continuation of an Ordinance, after the reassembling of the legislature in order to enable it to discuss, debate and determine on the need to enact a law. Repromulgation of an Ordinance, that is to say the promulgation of an Ordinance again after the life of an earlier Ordinance has ended, is fundamentally at odds with the scheme of Articles 123 and 213. Repromulgation postulates that despite the intervening session of the legislature, a fresh exercise of the power to promulgate an Ordinance is being resorted to despite the fact that the legislature which was in seisin of a previously promulgated Ordinance has not converted its provisions into a regularly enacted law. What if there is an exceptional situation in which the House of the legislature was unable to enact a legislation along the lines of an Ordinance because of the pressure of legislative work or due to reasons? Would the satisfaction of the Governor on the need for immediate action be arrived at for an act of repromulgation, after a legislative session has intervened?

61. Repromulgation of Ordinances is constitutionally impermissible since it represents an effort to overreach the legislative body which is a primary source of law-making authority in a parliamentary democracy. Repromulgation defeats the constitutional scheme under which a limited power to frame Ordinances has been conferred upon the President and the Governors. The danger of repromulgation lies in the threat which it poses to the sovereignty of Parliament and the State Legislatures which have been constituted as primary law-givers under the Constitution. Open legislative debate and discussion provides sunshine which separates secrecy of Ordinance-making from transparent and accountable governance through law-making.

.....”

25. It is submitted that the re-promulgation of an Ordinance is Constitutionally impermissible regardless of the fact that the same has been tabled before the parliament or not, the same was held by this Hon’ble Court in *Krishna Kumar Singh v. State of Bihar*- (2017) 3 SCC 1, relevant extract of the same are reproduced hereunder:

“.....

115. The order proposed by Chandrachud, J. also deals with several other aspects including the question whether the obligation to place an Ordinance before the legislature in terms of Articles 213 and 123 is mandatory and whether non-placement of Ordinances before Parliament and the State Legislature, as the case may be, would itself constitute a fraud on the Constitution. While Chandrachud, J. has taken the view that placing of the Ordinances is an unavoidable constitutional obligation and the breach whereof affects the efficacy of the Ordinances, Lokur, J. has taken a different view:

115.1. In my opinion, the question whether placing the Ordinance before the legislature is mandatory need not be authoritatively decided as this appeal and the writ petitions out of which the same arises can be disposed of without addressing that question. Regardless of whether the requirement of placing the Ordinance is mandatory as held by Chandrachud, J. or directory as declared by Lokur, J., the repeated repromulgation of the Ordinances were in the light of the pronouncement of this Court in *D.C. Wadhwa* case [*D.C. Wadhwa v. State of Bihar*, (1987) 1 SCC 378] constitutionally impermissible and a fraud on the powers vested in the executive. If that be so, as appears to be the case, the question whether the placement of the Ordinances will per se render it unconstitutional, need not be gone into.

115.2. There may indeed be situations in which a repromulgation may be necessary without the Ordinances having been placed before the legislature. Equally plausible is the argument that the Constitution provides for the life of Ordinances to end six weeks from the date of reassembly of the legislature, regardless of whether the Ordinances have or have not been placed before the House. The three scenarios which Lokur, J. has referred to in his order are real life possibilities and ought to be addressed without giving rise to any anomalies. This may require a deeper deliberation which can be undertaken in an appropriate case. Non-presentation of the Ordinances before the State Legislature was, at any rate, only a circumstance to show that the executive had invoked the power vested in it without complying with the concomitant obligation of placing the Ordinances before the legislature even when it had the opportunity to do so. The High Court was, therefore, right in holding that no relief on that basis could be granted to the writ petitioners.

INDIAN MEDICAL COUNCIL ACT, 1956

It is submitted that the Act, 1956 was passed by both the Houses of the Parliament and received the assent of the Hon'ble President on 30.12.1956. It is submitted that the Act, 1956 was passed in order to fulfill the following objects:

To give representation to licentiate members of the medical profession, a large number of whom are still practicing in the country.

To provide for the registration of the names of citizens of India who have obtained foreign medical qualifications which are not at present recognized under the existing Act;

To provide for the temporary recognition of medical qualifications granted by the medical institutions in countries outside India with which no scheme of reciprocity exists in cases where the medical practitioners concerned are attached for the time being to any medical institution in India for the purpose of teaching or research or for any charitable object;

To provide for the formation of a committee of Post-graduate medical Education for the purpose of assisting the Medical Council of India to prescribe standards of post-graduate medical education for the guidance of universities and to advise universities in the matter of securing uniform standards for post-graduate medical education throughout India.

To provide for the maintenance of an All India register by the Medical Council of India, which will contain the names of all the Medical Practitioners possessing recognized medical qualifications.

That the Medical Council of India is established under the Indian Medical Council Act, 1956 in order to maintain standards of medical education, give approval to establish medical colleges, medical courses, and recognise medical qualifications. The MCI is also responsible for the regulation of medical practice, including registering doctors in an All India Medical Register. States have their own laws that establish a

state medical council to regulate matters related to ethical and professional misconduct of medical practitioners.

It is submitted that over the years, there have been several issues with the functioning of the MCI with respect to its regulatory role, composition, allegations of corruption, and lack of accountability. In 2009, the Prof. Yashpal Committee and the National Knowledge Commission recommended separating the regulation of medical education and medical practice. The recommendation stated that the MCI should not be responsible for regulating medical education and should be a professional body that conducts qualifying examinations for entering the medical profession.

HIGHER EDUCATION AND RESEARCH BILL, 2011 AND NATIONAL COMMISSION FOR HUMAN RESOURCES FOR HEALTH (NCHRH) BILL, 2011

In the year 2011, the Higher Education and Research (hereinafter referred to as 'HER') Bill, 2011 and the National Commission for Human Resources for Health (NCHRH) Bill, 2011 were introduced in Parliament. It is submitted that the HER Bill, 2011 sought to consolidate the regulators of all higher education (including medical education) under a single regulator. At the same time, the NCHRH Bill, 2011 set up the NCHRH as a single regulator with three Boards under it to regulate medical education, medical practice, and establishment and accreditation of medical colleges. The Standing Committee Report on the HER Bill, 2011 stated that medical education and research should not be separate and recommended that these be regulated by the NCHRH. The Standing Committee on the NCHRH Bill, 2011 asked the government to bring a revised Bill before the Parliament. While the HER Bill, 2011 has been withdrawn, the NCHRH Bill, 2011 is pending in Parliament.

Dr. RANJIT ROY CHOUDHARY COMMITTEE

That the Parliamentary Standing Committee (2016), and Expert Committees under the Chairmanship of Prof. Ranjit Roy Choudhary and the NITI Aayog (2016) have suggested legislative changes in order to overhaul the functioning of the MCI. The NITI Aayog recommended changes in the composition of the MCI and creation of several autonomous Boards in order to address different functions such as medical education and qualifying examinations, medical ethics and practice, and accreditation of medical colleges.

ORDER DATED 02.05.2016 OF THIS HON'BLE COURT IN CIVIL APPEAL NO. 4060 OF 2009 TITLED AS MODERN DENTAL COLLEGE & RESEARCH CENTRE & ORS. VS. STATE OF MADHYA PRADESH & ORS.

It is submitted that in pursuance of the directions, of this Hon'ble Court passed on 02.05.2016 in Civil Appeal No. 4060 of 2009 titled Modern Dental College & Research Centre & Ors. Vs. State of Madhya Pradesh & Ors., the Central Govt. constituted a three member Oversight Committee. It is further submitted that thenLd. Oversight Committee, notwithstanding the fact that, for the academic year 2016-17, all the applicant medical colleges u/s 10A of the IMC Act, 1956, had been granted opportunity of compliance, as per law, vide its direction dated 13.06.2016, decided to permit all applicant colleges to present their fresh compliance to deficiencies communicated by MCI in the inspection/verification reports for 2016-17. It is submitted that the MCI was required to forward reports of such fresh assessment/Inspection of each applicant college to MoHFW by 22.06.2016. The MoHFW was required to forward its proposed decision in each case alongwith the applications and fresh assessment reports to the thenLd. Oversight Committee, latest by 25.07.2016 for consideration. It is submitted that the MCI, as per the directives of the then Ld. Oversight Committee, considered all the fresh compliance and made appropriate recommendations. It is relevant to State that, none of the colleges, whose compliance were

submitted afresh, in pursuance of the directions of Ld. Oversight Committee, deserved fresh compliance or fresh inspection, as in most of the cases compliance had already been granted and in other cases, the colleges either failed to meet the qualifying criteria or there were so gross deficiencies in the colleges, it was impermissible for the MCI to carryout compliance in view of the provisions of the IMC Act, 1956 and the Regulations made thereunder.

It is further submitted that then Ld. Oversight Committee, without considering the fact that for the academic year 2016-17 all the medical colleges, which had applied for grant of permission / renewal of permission u/s 10A of the IMC Act, 1956, have been granted a chance for compliance verification assessment, as per the law, granted such medical colleges permission / renewal of permission, notwithstanding, the deficiencies found in those medical colleges. The said permission / renewal of permission were granted to the medical colleges, on the basis of the information uploaded by the medical colleges, themselves, on their own web-site and without any actual physical verification. The said permissions / renewal of permission entailed condition that in case the medical colleges, to whom such permission had been granted, are found to be deficient during subsequent inspection, then they shall be barred from making admission in 2 academic years. It is submitted that, when the MCI conducted the physical assessment of the medical colleges, which were granted conditional permission / renewal of permission for the academic year 2016-17, then 90% of the medical were found to be grossly deficient and hence the Council had to recommend to the Central Govt. to bar such medical colleges from admitting students for 2 academic years.

It is submitted that the above directions passed by the then Ld. Oversight Committee as well as the permission / renewal of permission / recognition granted, on the basis of the directives of the Ld. Oversight Committee for the academic year 2016-17, were in violation of the Statutory time schedule of the MCI as well as the various directions passed by this Hon'ble Court, directing all the authorities to strictly adhere to the time schedule.

ORDER DATED 18.07.2017 OF THIS HON'BLE COURT IN W.P. (C) NO. 408/2017 TITLED AS AMMA CHANDRAVATI EDUCATIONAL AND CHARITABLE TRUST AND OTHERS VERSUS UNION OF INDIA & ANR.

It is submitted that upon expiry of the one-year term of the then Ld. Oversight Committee mandated by this Hon'ble Court this Hon'ble Court vide order dated 18.07.2017 in W.P. (C) No. 408/2017 titled as Amma Chandravati Educational and Charitable Trust & Ors vs. Union of India & Anr., while accepting the suggestions of the Ld. Solicitor General, had reconstituted a 5-member Oversight Committee with the following functions assigned to it till further order of this Hon'ble Court:

The Oversight Committee will have the authority to oversee the functioning of Medical Council of India. All decisions/recommendations of the MCI will require approval of the Oversight Committee before they are communicated to the Central Government.

The Oversight Committee will be free to issue appropriate remedial directions for improvement in the functioning of MCI.

The Oversight Committee will function till the Central Government puts in place any other appropriate mechanism, or until further orders.

It is further submitted that as suggested Dr. V.K. Paul, Professor & Head, Paediatrics, AIIMS, New Delhi, Dr. Randeep Guleria, Director, AIIMS, New Delhi, Dr. Jagat Ram, Director, PGIMER, Chandigarh, Dr. B.N. Gangadharan, Director, NIMHANS, Bengaluru & Dr. Nikhil Tandon, Professor & Head, Endocrinology,

AIIMS, New Delhi were the members of the newly constituted Oversight Committee by the order of this Hon'ble Court.

NATIONAL MEDICAL COMMISSION BILL, 2017

26. That the National Medical Commission Bill, 2017 was introduced in Lok Sabha on December 29th, 2017. The Bill repeals the Indian Medical Council Act, 1956. It is submitted that the Bill sets up the National Medical Commission (NMC) as the regulator for medical education and practice. The NMC will consist of 25 members, of which at least 17 (68%) are medical practitioners.
27. It is submitted that the current regulator is the Medical Council of India, which is an elected body, wherein, the President and members of the Council are elected by medical practitioners themselves. The Bill replaces the MCI with the NMC which is not an elected body but rather a nominated body, majorly consisting of Govt. employees working in various institutions and authorities of the Central Govt. The Parliamentary Standing Committee (2016) while examining the composition of the MCI noted that it is not diverse and consists mostly of doctors who look out for their own interest over public interest. It is submitted that the Committee recommended that to reduce the monopoly of doctors, the MCI should include diverse stakeholders such as public health experts, social scientists, health economists, and health related non-government organizations.
28. It is submitted that the Parliamentary Standing Committee on Health and Family Welfare (2018) examining the NMC Bill, 2017 recommended increasing the total strength of the NMC from 25 members to 29 members. Further, it stated that nine members should be elected by registered medical practitioners from amongst themselves for proper representation of elected members in the NMC which mostly consists of nominated members. It is further submitted that this proposal would increase the representation of doctors to 72% of the NMC.
29. It is submitted that on 20.07.2018 the Minister of State in the Ministry of Health and Family Welfare, while answering the question raised by other members of the Parliament related to Government's consideration of NITIAayog's proposal for replacing the Medical Council of India (MCI) with National Medical Commission (NMC), has stated as under:
"The National Medical Commission Bill, 2017 was introduced in the Lok Sabha on 29.12.2017 and was taken up for consideration on 02.01.2018. Subsequently, the Bill was referred to Department-related Parliamentary Standing Committee on Health & Family Welfare to examine and report. The Committee has presented its 109th Report on the said Bill to both the Houses of Parliament on 20th March, 2018. Based on the recommendations of the Committee, the Ministry had proposed to move official amendments to the Bill. The proposal was approved by the Cabinet in its meeting held on 28.3.2018. Accordingly, official amendments have been moved to Lok Sabha.
With regard to increase in number of PG medical seats in the country, it has been provided in the NMC Bill, 2017 that there would be no requirement of permission to increase number of PG seats and the increased seats would be inspected before recognition."
30. It is submitted that all the 5 members of the Ld. Oversight Committee, resigned vide letters dated 31.08.2018 and 01.09.2018. It is submitted that a bare perusal of their respective letters would reveal that there existed no major reason for them stepping down from the respective post of the then Ld. Oversight Committee except their pre-occupancy, in their respective employment.

INDIAN MEDICAL COUNCIL (AMENDMENT) ORDINANCE, 2018.

31. It is submitted that in exercise of powers conferred by Section-3A of the Indian Medical Council Act, 1956, and Article 123 of the Constitution the Hon'ble President on 26.09.2018 promulgated the Indian Medical Council (Amendment) Ordinance, 2018, whereby the Council stood superseded by the Board of Governors and as a result

the President, Vice President and other members of the Council were required to vacate their offices. In addition to this the said ordinance also amended the period of reconstitution of the Council from 3 years to 1 year.

32. It is submitted that the Govt. of India in exercise of powers conferred by sub-section 4 of section 3A of the Indian Medical Council (Amendment) Ordinance, 2018, constituted the Board of Governors in supersession of MCI, consisting of 7 members vide Notification dated 26.09.2018. In addition to this another post of Secretary General was constituted by the Govt. of India in order to assist the Board of Governors. It would be apposite to mention here that the creation of the post of Secretary General and appointment, thereof, is neither in accordance with the Indian Medical Council Act, 1956 nor in accordance with the Indian Medical Council (Amendment) Ordinance, 2018. It is submitted that a bare perusal of the Notification dated 26.09.2018 would reveal that 5 out of 7 members of the Board of Governors are the same persons who were earlier members of the then Ld. Oversight Committee appointed by the respondent No. 1

33. It is submitted that the Minister of State, in the Ministry of Health and Family Welfare, while answering a question by fellow Members of Parliament, related to appointment of Board of Governors for the Council instead of waiting for passing of National Medical Commission Bill in the Parliament has stated as under:

“The working of MCI has been under scrutiny since long and the same was examined by various expert bodies including the Department related Parliamentary Standing Committee on Health and Family Welfare, which in its Ninety-second Report, in March, 2016 severely indicted MCI. The Committee recommended that the Government should bring a new comprehensive Bill in Parliament at the earliest so as to restructure and revamp the regulatory system of medical education and medical practice and to reform the MCI. Accordingly, the National Medical Commission Bill, 2017 was introduced in Lok Sabha in December, 2017 and the same is pending.

In the meantime, Ministry came across certain irregularities for which immediate steps were required to be taken by the Government to put an alternative mechanism in place of MCI so as to bring transparency, accountability and quality in the governance of medical education in the country. Hence, it has been decided to supersede the MCI and entrust its affairs to a Board of Governors (BoG) consisting of eminent doctors for a period of one year or until the MCI is reconstituted or some other arrangement is made, whichever is earlier.

As both the Houses of Parliament were not in session and urgent legislation was required to be made, the President promulgated the Indian Medical Council (Amendment) Ordinance, 2018 on 26th September, 2018.

The BoG is vested with all the powers of MCI and also exercises the power to grant independently permission for establishment of new medical colleges, opening a new or higher courses of study or training, increase in admission capacity in any course of study or training after giving the person or college concerned a reasonable opportunity of being heard, which earlier was under the domain of the Central Government under section 10A of the IMC Act, 1956.”

INDIAN MEDICAL COUNCIL (AMENDMENT) ORDINANCE, 2019

34. It is submitted that as the period of operation of an Ordinance as stipulated under Article 123 of the Constitution of India was coming to an end, and the Indian Medical Council (Amendment) Bill, 2018, replacing the Indian Medical Council (Amendment) Ordinance, 2018 was not even tabled before both the Houses of the Parliament. The first ordinance dated 26.09.2018, was only tabled before and passed by Lok Sabha and the same was never tabled before the Rajya Sabha. Similarly, the second ordinance dated 12.02.2019, was neither tabled before the Lok Sabha nor before the Rajya Sabha and now once again the respondents have promulgated a new ordinance even after failing to draft appropriate legislation during the last two sessions of Parliament. It is submitted that the respondents have also failed to give any justification or proper objects and reasons for promulgating hasty ordinance for superseding the Medical Council of India.
35. It is submitted that by way of the Ordinance dated 12.01.2019, the number of members of the Board of Governors was increased from 7 members to 12 members, rest of the provisions were similar to that of the Ordinance dated 26.09.2018.
36. It is submitted that the National Medical Commission Bill, 2017 is pending in the Parliament for more than a year, thus pending its consideration, the Hon’ble President promulgated Indian Medical Council (Amendment)

Ordinance, 2018 on 26.09.2018, superseding the Council by Board of Governors, which would have lapsed at the end of six weeks from 11.12.2018. It is submitted that since no enactment replacing the Indian Medical Council (Amendment) Ordinance, 2018 was passed in the parliament, the Hon'ble President re-promulgated the same Ordinance, without there being an emergent situation necessitating another Ordinance. It is submitted that repeated promulgation of the same Ordinance is fraud on Constitution by the respondents.

37. It is submitted that the Ordinance making power could be exercised by the Executive only when there is an emergent situation that needs to be redressed urgently and it cannot be perverted to serve political ends. It is further submitted that opening and maintaining a medical college need substantial amount of capital, which is not readily available with an individual, such an amount is only available with capitalists, politicians or the Appropriate Govt. It is further submitted that there are number of Govt. Medical Colleges in various States which do not fulfill the minimum requirements for establishment of a medical college as stipulated in the Establishment of Medical College Regulations, 1999 (the Regulations, 1999) of the Council, similarly, there are a large number private colleges also who do not fulfill the minimum requirements as a result the Council upon inspection recommends to the Central Govt. that permission to such a college cannot be accorded. It is further submitted that the minimum requirements for establishment of a medical college cannot be relaxed because if the same are relaxed then it will result in sub-standard quality of medical education, which in result would deteriorate the quality of medical services in the country.
38. It is submitted that being aggrieved by the stringent minimum requirement of the Regulations, 1999 the aggrieved colleges in collusion with Govt. pitched for formation of a new mechanism so that a medical college could be established easily, as a result of the continuous lobbying the respondents formulated and presented the NMC Bill, 2017, on 29.12.2017 before the Parliament which till date has not been passed by both the Houses.
39. It is submitted that this Hon'ble Court in the case of D.C. Wadhwa Versus State of Bihar & Ors. - 1987 (1) SCC 378, has held that every citizen has right to question the Law made by the Executive usurping the Legislative functions which amounts to colorable exercise of the powers and fraud on the Constitution under Article 32. It is most respectfully submitted that in exercise of the legal right conferred by the said judgment the petitioner challenges the validity of the Indian Medical Council (Amendment) Ordinance, 2018 and the Indian Medical Council (Amendment) Ordinance, 2019 by invoking the Article 32 of the Constitution of India.
40. It is submitted that due to the delay in passing of the NMC Bill, 2017 by both the Houses of the Parliament, the Ordinances in question are being re-promulgated by the Hon'ble President and therefore the repeated promulgation of an Ordinance is a fraud on Constitution played by the respondents, the petitioner being an association for the welfare of the doctors and betterment of medical services in the country, challenges the validity of both the ordinances on amongst other the following grounds.

GROUNDS

- A. Because the impugned ordinance is in violation and is contrary to the scheme provided for amending the legislation under the Constitution of India and also the provision of the IMC Act, 1956.
- B. Because the act of re-promulgating the ordinance is an exercise of colorable Legislation and it is settled law that a Constitutional Authority cannot do indirectly which is not permitted to directly.
- C. Because the Ordinance making power could be exercised by the Executive only when there is an emergent situation that needs to be urgently redressed and it cannot be perverted to serve political ends.
- D. Because an Ordinance, as stipulated in Article 123 can be promulgated only when there is an emergent situation or an immediate action is required, whereas in the present case there is no dire need of promulgating and re-promulgating the same Ordinance again and again. It is submitted that no such situation has emerged which compels the Supersession of the Council by the Board of Governors.
- E. Because the Ordinance promulgated in exercise of the powers under Article 123 of the Constitution was invalid because the condition precedent to exercise the said power did not exist either at the time of promulgating the

first Ordinance dated 26.09.2018 or the second Ordinance dated 12.01.2019 or the third Ordinance dated _____.

- F. Because in absence of any emergent situation necessitating the promulgation of the Ordinances under challenge, the act of promulgating the same is the result of malafide intent of the executive.
- G. Because it appears that the intent of the Central Govt., in placing the Ordinance before the Hon'ble President for promulgation, is to clandestinely help the medical colleges, through the appointed Board of Governors, which have applied for permission for admitting students for the academic year 2019-20, so that the Govt. gets good support, financial and otherwise, in the ensuing Lok Sabha elections from the colleges and their managements.
- H. Because by repeatedly promulgating ordinances, the Govt. of India is trying to bypass the proper procedure for legislating, as provided under the Constitution of India.
- I. Because this Hon'ble Court in the case of *RustomCavasjee Cooper (Banks Nationalisation) v. Union of India - (1970) 1 SCC 248* has held that the satisfaction of the president while exercising the powers under Article 123 can be challenged:

"....

210. The validity of the Ordinance of 1969 was challenged by contending that the satisfaction of the President under Article 123 was open to challenge in a Court of law. It was said that the satisfaction of the President was objective and not subjective. The power of the President under Article 123 of the Constitution to promulgate Ordinances is when both the Houses of Parliament are not in session and this power is co-extensive with that of the Legislature and the President exercises this power when he is satisfied that circumstances exist which render it necessary for him to take immediate action. The power of promulgating Ordinance is of historical antiquity and it has undergone change from time to time. In the East India Company Act, 1773 under Section 36 the Governor-General could promulgate Ordinance. The Indian Councils Act, 1861 by Section 23 thereof provided that the Governor-General in case of emergency may promulgate an Ordinance for the peace and good Government of the territories. The Government of India Act, 1915 provided in Section 72 that the Governor-General could promulgate Ordinance for the peace and good Government. The Government of India Act, 1935 by Sections 42, 43 and 45 conferred power on the Governor-General to promulgate Ordinances and Sections 88 and 89 conferred a similar power on the Governor. Article 123 of the Constitution is really based on Section 42 of the Government of India Act, 1935 and Article 213 which relates to the power of the Governor in the States is based on Section 88 of the Government of India Act, 1935.

211. It has been held in several decisions like *Bhagat Singh case* [58 IA 169] and *Banoari Lal case* [Banoari Lal case, (1944-45) 72 IA 57] that the Governor-General is the sole judge as to whether an emergency exists or not. The Federal Court in *LakhiNarain Singh case* [1949 FCR 693] took a similar view that the Governor-General was the sole judge of the state of emergency for promulgating Ordinances.

212. The sole question is whether the power of the President in Article 123 is open to judicial scrutiny. It was said by counsel for the petitioner that the Court would go into the question as to whether the President was satisfied that circumstances existed which rendered it necessary for the President to promulgate an Ordinance. *Liversidgecase*[1942 AC 206 : (1941) 3 All ER 338 (HL)] was relied upon by counsel for the petitioner. That case interpreted the words "reasonable cause to believe". It is obvious that when the words used are "reasonable cause to believe" it is to be found out whether the cause itself has reason to support it and the Court goes into the question of ascertaining reasons. In *Liversidge case* it was said that the words "has reasons to believe" meant an objective belief whereas the words "if it appears" or "if satisfied" would be a subjective satisfaction.

213. The words “if it appears” came up for consideration in two English cases of *Ayr Collieries* [(1943) 2 All ER 546] and the *Carltona* [(1943) 2 All ER 560] and the decision was that it was not within the province of the Court to enquire into the reasonableness of the policy.

214. The interpretation of Article 123 is to be made first on the language of the Article and secondly the context in which that power is reposed in the President. When power is conferred on the President to promulgate Ordinances the satisfaction of the President is subjective for these reasons. The power in Article 123 is vested in the President who is the executive head and the circumstances contemplated in Article 123 are a guide to the President for exercise of such power. Parliament is not in session throughout the year and during the gaps between sessions the legislative power of promulgating Ordinance is reposed in the President in cases of urgency and emergency. The President is the sole judge whether he will make the Ordinance. The President under Article 74(1) of the Constitution acts on the advice of Ministers. Under Article 74(2) the advice of the Ministers is not to be enquired into by any Court. The Ministers under Article 75(3) are responsible to Parliament. Under Article 123 the Ordinances are limited in life and the Ordinance must be laid before Parliament and the life of the Ordinance may be further shortened. The President under Article 361(1) is not answerable to any Court for acts done in the performance of his duties. The Ministers are under oath of secrecy under Article 75(4). Under Article 75(3) the Ministers are collectively responsible to the House of the People. Under Article 78 it shall be the duty of the Prime Minister to furnish information to the President. The power under Article 123 relates to policy and to an emergency when immediate action is considered necessary and if an objective test is applied the satisfaction of the President contemplated in Article 123 will be shorn of the power of the President himself and as the President will be acting on the advice of Ministers it may lead to disclosure of facts which under Article 75(4) are not to be disclosed. For these reasons it must be held that the satisfaction of the President is subjective.

.....”

- J. Because this Hon’ble Court in the case of *Krishna Kumar Singh v. State of Bihar* -(1998) 5 SCC 643 has held that a regular legislation cannot be substituted by promulgation of an ordinance. It was also held that repeated promulgation of an ordinance without there being dire need of the same then the repeated promulgation is fraud on the Article 213. It is submitted that the Article 213 is similar to Article 123 where in the later article relates to the Hon’ble President. The relevant portion of the said judgment is reproduced hereunder:

“.....

24. Clearly, the power to promulgate an Ordinance is not a substitute for regular legislation passed by the legislature of a State. It is a power conferred on the executive in order to deal with any urgent situation while the legislature is not in session. It is also of a limited duration. Article 213 does not contemplate that one Ordinance should be succeeded by several subsequent Ordinances without, at any stage, placing the Ordinances before the legislature. It was this kind of practice which was condemned by the Constitution Bench of this Court in *Dr D.C. Wadhwa case* [(1987) 1 SCC 378]. This Court observed in that case that the Government of Bihar made it a settled practice to deliberately go on repromulgating the Ordinances from time to time on a massive scale in a routine manner. Immediately at the conclusion of each session of the State Legislature, a circular letter used to be sent by the Special Secretary in the Department of Parliamentary Affairs to all the Commissioners, Secretaries etc. intimating to them that the session of the legislature had been got prorogued and that under Article 213(2)(a) all the Ordinances would cease to be in force six weeks after the date of reassembly of the legislature. They should, therefore, get in touch with the Law Department and take immediate action to get all the Ordinances concerned repromulgated before their date of expiry. The Court observed that the startling facts showed that the executive in Bihar had almost taken over the role of legislature in making laws not for a limited period but for years together in disregard of the constitutional limitations. This was clearly contrary to the constitutional scheme and was improper and invalid. Accordingly, the Court struck down the Ordinance which was before it. The manner in which a series of Ordinances have been promulgated in the present case by the State of Bihar also clearly shows misuse by the executive of Article 213. It is a fraud on the Constitution. The State of Bihar has not even averred that any immediate action was required when the 1st Ordinance was promulgated.

It has not stated when the Legislative Assembly was convened after the first Ordinance or any of the subsequent Ordinances, how long it was in session, whether the Ordinance in force was placed before it or why for a period of two years and four months proper legislation could not be passed. The constitutional scheme does not permit this kind of Ordinance Raj. In my view, all the Ordinances form a part of a chain of executive acts designed to nullify the scheme of Article 213. They take colour from one another and perpetuate one another, some departures in the scheme of the 4th and subsequent Ordinances notwithstanding. All are unconstitutional and invalid particularly when there is no basis shown for the exercise of power under Article 213. There is also no explanation offered for promulgating one Ordinance after another. If the entire exercise is a fraud on the power conferred by Article 213, with no intention of placing any Ordinance before the legislature, it is difficult to hold that the first Ordinance is valid, even though all the others may be invalid. The same course of conduct has continued from the first to the last Ordinance. I, therefore, do not agree with brother Wadhwa, J.'s conclusion that the 1st Ordinance is valid but the subsequent Ordinances are invalid. In my view, all are invalid.
.....”

- K. Because the satisfaction of the Hon'ble President in promulgating an ordinance is subject to judicial review and in the present case the repeated promulgation of Indian Medical Council (Amendment) Ordinance, 2018 and Indian Medical Council (Amendment) Ordinance, 2019 is without there being an emergent situation since the Medical Council of India has been discharging its obligations without any proved instances of irregularities.
- L. Because it appears that the respondents have converted the emergent power under Article 123 into a source of parallel law-making that is unethical to the scheme of the Constitution. It is submitted that the ordinance in question were seldom brought before the parliament and are reissued again, which is in violation of the spirit of the Constitution.
- M. Because neither the letter nor the spirit of Article 123 indicates that it can be resorted to by the executive as a device to overcome its difficulty in passing the legislation in one House due to lack of majority or political will or consensus.
- N. Because the power conferred by the Article 123 of the Constitution of India to issued ordinances in the nature of an emergency power which is vested in the Hon'ble President for taking immediate action where such action may be necessary when at a time the Parliament is not in session, whereas in the present case no such emergency ever arose so that the Indian Medical Council (Amendment) Ordinance, 2018 and the Indian Medical Council (Amendment) Ordinance, 2019 should have been promulgated.
- O. Because an ordinance cease to exist after a period of six weeks as stipulated in the Constitution of India and in case the said ordinance does not passed by the parliament and the same ordinance is re promulgated then the same amounts to colorable legislation which is a fraud on constitution.
- P. Because the respondents cannot be permitted to do what is impermissible under the constitution by contorting the procedure stipulated under Article 123. It is submitted that Article 123 contemplates that an ordinance shall be passed before the parliament in the next session after the ordinance has been promulgated whereas in the present case the Indian Medical Council (Amendment) Ordinance, 2018 has not been passed by the parliament and the same ordinance has been re promulgated as the Indian Medical Council (Amendment) Ordinance, 2019, which is unconstitutional and arbitrary.
- Q. Because the emergent situation for promulgation of the ordinances in question never arose as the Council was functioning as per the statutory provisions of the Indian Medical Council Act, 1956. It is submitted that since the National Medical Commission Bill, 2017 was already pending before the Parliament which if passed by the both the houses of the parliament and after receiving the approval of the Hon'ble President would have certainly replaced the Medical Council of India, then what necessitated the promulgation of the Indian Medical Council (Amendment) Ordinance, 2018 and Indian Medical Council (Amendment) Ordinance, 2019 raises suspicion.

- R. Because it appears that the intent of the Central Govt., in placing the ordinance before the Hon'ble President for promulgation, is to help the medical colleges, through the Board of Governors, which have applied for permission for admitting students for the academic year 2019-20.
- S. Because this Hon'ble Court in the case of *Krishna Kumar Singh v. State of Bihar* -(2017) 3 SCC 1 has held that re-promulgation of an ordinance once the life of an earlier ordinance has ended is against the scheme of the Article 123 of the Constitution of India, the relevant portion of the judgment is reproduced hereunder:

".....

60. A reasonable period is envisaged by the Constitution for the continuation of an Ordinance, after the reassembling of the legislature in order to enable it to discuss, debate and determine on the need to enact a law. Repromulgation of an Ordinance, that is to say the promulgation of an Ordinance again after the life of an earlier Ordinance has ended, is fundamentally at odds with the scheme of Articles 123 and 213. Repromulgation postulates that despite the intervening session of the legislature, a fresh exercise of the power to promulgate an Ordinance is being resorted to despite the fact that the legislature which was in seisin of a previously promulgated Ordinance has not converted its provisions into a regularly enacted law. What if there is an exceptional situation in which the House of the legislature was unable to enact a legislation along the lines of an Ordinance because of the pressure of legislative work or due to reasons? Would the satisfaction of the Governor on the need for immediate action be arrived at for an act of repromulgation, after a legislative session has intervened?

61. Repromulgation of Ordinances is constitutionally impermissible since it represents an effort to overreach the legislative body which is a primary source of law-making authority in a parliamentary democracy. Repromulgation defeats the constitutional scheme under which a limited power to frame Ordinances has been conferred upon the President and the Governors. The danger of repromulgation lies in the threat which it poses to the sovereignty of Parliament and the State Legislatures which have been constituted as primary law-givers under the Constitution. Open legislative debate and discussion provides sunshine which separates secrecy of Ordinance-making from transparent and accountable governance through law-making.

....."

- T. Because this Hon'ble Court in the case of *D.C. Wadhwa v. State of Bihar* -(1987) 1 SCC 378 has held that the Hon'ble President cannot assume legislative function in excess of the strictly defined limits set out in the Constitution because if it is done so then he would be usurping a function which does not belong to him. The relevant portion of the judgment is reproduced hereunder:

".....

7. Shri Lal Narain Sinha, appearing on behalf of the State of Bihar urged that the court is not entitled to examine whether the conditions precedent for the exercise of the power of the Governor under Article 213 existed or not, for the purpose of determining the validity of an ordinance and in support of this proposition, he strongly relied upon the decisions reported in *Bhagat Singh v. Empire* [AIR 1931 PC 111 : 131 IC 415 : 58 IA 169] , *Raja Bahadur Kamakshya Narain Singh v. CIT* [AIR 1943 PC 153 : (1943) 2 MLJ 410 : 70 IA 180] , *Lakshmidhar Misra v. Rangalal* [AIR 1950 PC 56 : (1950) 1 MLJ 100 : 76 IA 271] and *R.C. Cooper v. Union of India* [(1970) 1 SCC 248 : AIR 1970 SC 564 : (1970) 3 SCR 530] . We do not see how these decisions could possibly help in the present case. They do not at all deal with the question which we are called upon to decide here. It is true that, according to the decisions of the Privy Council and this Court, the court cannot examine the question of satisfaction of the Governor in issuing an ordinance, but the question in the present case does not raise any controversy in regard to the satisfaction of the Governor. The only question is whether the Governor has power to repromulgate the same ordinance successively without bringing it before the legislature. That clearly the Governor cannot do. He cannot assume legislative function in excess of the strictly defined limits set out in the Constitution because otherwise he would be usurping a function which does not belong to him. It is significant to note that so far as the President of India is concerned, though he has the same power of issuing an ordinance

under Article 123 as the Governor has under Article 213, there is not a single instance in which the President has, since 1950 till today, repromulgated any ordinance after its expiry. The startling facts which we have narrated above clearly show that the executive in Bihar has almost taken over the role of the legislature in making laws, not for a limited period, but for years together in disregard of the constitutional limitations. This is clearly contrary to the constitutional scheme and it must be held to be improper and invalid. We hope and trust that such practice shall not be continued in the future and that whenever an ordinance is made and the Government wishes to continue the provisions of the ordinance in force after the assembling of the legislature, a Bill will be brought before the legislature for enacting those provisions into an Act. There must not be ordinance-Raj in the country.

....”

- U. Because the re-promulgation of an ordinance is constitutionally impermissible regardless of the fact that the same has been tabled before the parliament or not, the same was held by this Hon’ble Court in *Krishna Kumar Singh v. State of Bihar* - (2017) 3 SCC 1, relevant extract of the same are reproduced hereunder:

“.....

115. The order proposed by Chandrachud, J. also deals with several other aspects including the question whether the obligation to place an Ordinance before the legislature in terms of Articles 213 and 123 is mandatory and whether non-placement of Ordinances before Parliament and the State Legislature, as the case may be, would itself constitute a fraud on the Constitution. While Chandrachud, J. has taken the view that placing of the Ordinances is an unavoidable constitutional obligation and the breach whereof affects the efficacy of the Ordinances, Lokur, J. has taken a different view:

115.1. In my opinion, the question whether placing the Ordinance before the legislature is mandatory need not be authoritatively decided as this appeal and the writ petitions out of which the same arises can be disposed of without addressing that question. Regardless of whether the requirement of placing the Ordinance is mandatory as held by Chandrachud, J. or directory as declared by Lokur, J., the repeated repromulgation of the Ordinances were in the light of the pronouncement of this Court in *D.C. Wadhwa v. State of Bihar*, (1987) 1 SCC 378] constitutionally impermissible and a fraud on the powers vested in the executive. If that be so, as appears to be the case, the question whether the placement of the Ordinances will per se render it unconstitutional, need not be gone into.

115.2. There may indeed be situations in which a repromulgation may be necessary without the Ordinances having been placed before the legislature. Equally plausible is the argument that the Constitution provides for the life of Ordinances to end six weeks from the date of reassembly of the legislature, regardless of whether the Ordinances have or have not been placed before the House. The three scenarios which Lokur, J. has referred to in his order are real life possibilities and ought to be addressed without giving rise to any anomalies. This may require a deeper deliberation which can be undertaken in an appropriate case. Non-presentation of the Ordinances before the State Legislature was, at any rate, only a circumstance to show that the executive had invoked the power vested in it without complying with the concomitant obligation of placing the Ordinances before the legislature even when it had the opportunity to do so. The High Court was, therefore, right in holding that no relief on that basis could be granted to the writ petitioners.

.....”

- V. Because Spiraling increase and frequency in the use of ordinance making power by the executive do not augur well for constitutionalism. It is submitted that howsoever salutary a proposed legislation may be, the executive cannot resort to Article 123 as a substitute for ordinary law making unless there is an emergency.
- W. Because the exercise of repeated re-promulgation of ordinances by Article 123 is a subversion and perversion of Article 123. It is submitted that Dr. Ambedkar rightly observed that “it is perfectly possible to pervert the

Constitution, without changing its form by merely changing its form of administration to make it inconsistent and opposed to the spirit of Constitution.”

- X. Because the Central Government has re-promulgated four ordinances in a span of two years. It is submitted that the Coal Mines (Special Provisions) Ordinance, 2014 was promulgated twice, the Land Acquisition Ordinance was promulgated thrice after which it was eventually allowed to lapse, the Negotiable Instruments (Amendment) Ordinance, 2015 was promulgated twice and the latest Enemy Property Ordinance was its fourth promulgation. It is submitted that in the present case the Indian Medical Council (Amendment) Ordinance, 2018 has been re-promulgated twice. It is submitted that this is probably first time in our constitutional history that an ordinance has been re-promulgated for a fourth time at the Centre.
- Y. Because the democratic scheme underlying our Constitution envisages law making by Parliament. It is submitted that ordinance making power under Article 123 is an emergent power given to the executive to legislate when Parliament is not in session. It is submitted that this power is to be used sparingly in emergent and extraordinary situations, when Parliament is not in session.
- Z. Because the method of repeated re-promulgation of ordinances by the executive raises serious constitutional concerns. It is submitted that the question is whether a government which does not possess a majority in one House of Parliament can overcome this handicap and resort to Article 123 to legislate through successive re-promulgation of ordinances.
- AA. Because a government which has failed to comply with its constitutional duty and overreached the legislature cannot legitimately assert that the ordinance which it has failed to place at all is valid till it ceases to operate. It is submitted that an edifice of rights and obligations cannot be built in a constitutional order on acts which amount to a fraud on power.
- BB. Because re-promulgation defeats the constitutional scheme under which a limited power to frame ordinances has been conferred on the President and the Governors. It is submitted that the danger of re-promulgation lies in the threat which it poses to the sovereignty of Parliament and the state legislatures which have been constituted as primary law givers under the Constitution.
- CC. Because laying of an ordinance facilitates the constitutional process by which the legislature is enabled to exercise its control. It is submitted that failure to lay an ordinance before either of the houses of the parliament amounts to an abuse of the constitutional process and is a serious dereliction of the constitutional obligation.
- 41. That the petitioner has not approached this Hon’ble Court or any concerned authority seeking similar relief as sought by way of the instant writ petition.
- 42. It is most humbly submitted that the Petitioner does not have any other efficacious remedy available apart from filing the present writ petition under Article 226 of the Constitution before this Hon’ble Court and that this Hon’ble Court has jurisdiction to adjudicate the present writ petition.
- 43. This Hon’ble Court had the jurisdiction to entertain the present Writ Petition and grant relief(s) prayed for.

PRAYER

In view of the submissions made hereinabove, it is respectfully prayed that this Hon’ble Court may be pleased to:

- a. Issue appropriate writ, order or direction **in the nature of certiorari or any other writ** for quashing and setting aside of the Ordinance dated 26.09.2018 being Medical Council (Amendment) Ordinance, 2018, 12.02.2019 being Medical Council (Amendment) Ordinance, 2019 and being,
- b. Issue appropriate writ, order or direction in the nature of Mandamus or any other writ directing the respondents not to promulgate / re-promulgate any Ordinance, which is same or similar to Medical Council (Amendment) Ordinance, 2018 and / or Medical Council (Amendment) Ordinance, 2019.
- c. Pass any orders/directions which this Hon’ble Court may deem fit and proper in the interest of justice.

AND FOR THIS ACT OF KINDNESS, THE PETITIONERS SHALL, AS IN DUTY BOUND, SHALL EVER PRAY.

Filed by

IN THE SUPREME COURT OF INDIA
CIVIL ORIGINAL JURISDICTION
W.P.(C) No. _____/2019

In the matter of:

Indian Medical Association

...Petitioner

Versus

Union of India & Anr.

...Respondents

AFFIDAVIT

I, _____, S/o _____, R/o _____ aged about __ years, authorized signatory of the Petitioner Association having its office at I.M.A. House, Indraprastha Marg New Delhi-110 002, do hereby solemnly affirm and state as under:

1. That I am the authorized representative of the Petitioner Association and am well conversant with the facts of the present case as such am competent to swear the present affidavit.
2. That I have read the contents of the accompanying synopsis and list of dates (page B to Z) and the Writ Petition (page 1 to __) para 1 to __, which has been drafted by my counsel and state that the same are true and correct to the best of my knowledge as derived in ordinary course of business. The legal averments are based on the legal advice received and are believed to be true.
3. That the annexures annexed to the writ petition are true copies of their respective original.

DEPONENT

VERIFICATION

Verified at New Delhi on this ___ day of February 2019, that the contents of the above affidavit are true and correct to the best of my knowledge and belief and nothing material has been concealed therefrom.

DEPONENT

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AGENDA ITEM NO.B-21**Report of celebration of World TB Day in IMA HQs.**

World TB Day organized on 24th March, 2019 at IMA Hqrs. New Delhi,

“IMA KA NARA TB SE SHUTKARA”

On the occasion of World TB Day on 24th March 2019 at IMA HQs. public awareness program was organized in which around 500 people participated including NGOs, students and workers from Health department of different Govt. agencies

Chief Guest for the function was Dr K S Sachdeva DDG CTD and Guest of Honor, Dr Ashok Rana DHS Delhi Govt. & Dr Ashwani Khanna State TB Officer. National President IMA, Dr Santanu Sen, Hony. Secretary General, IMA, Dr R V Asokan, National Coordinator for TB Dr Kamlesh Saini, Hony. Finance Secretary, Dr Ramesh Datta, Past Secretary General, IMA, Dr D R Rai and IMA HQs Office Bearers of Delhi also graced the occasion

Program started with release of 137 balloons in the sky by the National President and Secretary General, IMA along with other dignitaries, symbolic of discovery of Tubercular bacilli 137 years ago by Rober Koch in 1882. Each balloon was carrying a message **“IMA ka Nara TB se Shutkara”** followed by theme song on Tuberculosis highlighting the various aspect of the disease for the knowledge of general public.

A poster was also released on that occasion with a message to take special care of female TB patients as they suffer more of social stigma and are not able to continue the treatment because of social barriers.

Nukad Natak with a social message on TB and motivational speech by survival of MDR patient was appreciated by all. All the participants took oath to work for "TB Harega, Desh Jetega" Campaign to achieve the goal of eliminating TB by 2025.

OATH FOR END TB

1. _____ TAKE PLEDGE TO END TB EPIDEMIC IN INDIA.
2. I WILL STAY HEALTHY AND WILL MAKE SURE THAT I MOTIVATE PEOPLE AROUND ME TO STAY HEALTHY AS WELL.
3. IF ANY OF MY FRIENDS OR FAMILY MEMBERS HAVING A COUGH FOR MORE THAN TWO WEEKS, I WILL ENSURE HE/SHE WILL VISIT THE DOCTOR FOR CHECKUP AND SPUTUM TEST.
4. I WILL MOTIVATE TB PATIENTS TO ADHERE AND COMPLETE THEIR FULL COURSE OF TREATMENT.
5. I WILL NOT DISCRIMINATE ANYONE SUFFERING FROM TB.
6. I WILL FIGHT TOWARDS COMPLETE ELIMINATION OF TB FROM THE SOCIETY

JAI HIND – LONG LIVE IMA

टी.बी. उन्मूलन की शपथ

1. मैं _____ अपने देश से टी.बी. उन्मूलन की शपथ लेता हूँ ।
2. मैं स्वस्थ रहूँगा और सुनिश्चित करूँगा की अपने नजदीकी लोगों को स्वस्थ रहने के लिए प्रोत्साहित करता रहूँ ।
3. यदि मेरे किसी मित्र या परिवार के सदस्यों को दो सप्ताह से अधिक समय तक खांसी रहती है, तो मेरा प्रयास रहेगा कि वह डॉक्टर से चेकअप और बलगम का परीक्षण करवाए ।
4. मैं टीबी से पीड़ित लोगों को प्रोत्साहित करूँगा की वो अपनी दवाई समय से समयानुसार खाये ।
5. मैं टीबी से पीड़ित लोगों से किसी भी प्रकार का भेदभाव नहीं करूँगा ।
6. मैं अपना संपर्क जारी रखूँगा जब तक समाज टी.बी. मुक्त न हो जाये ।

जय हिन्द ! – IMA अमर रहे !

On occasion of world T.B. day

रोग मुक्त हो सारे मानव, तब तक है ये रण जारी।

दूर करेंगे हम इस जग से, अब टी बी की बीमारी।।

वचन बढ़ है सभी चिकित्सक, IMA का नारा है।

मिलने वाला अब भारत को, टी बी से छुटकारा है।।

भारत टी बी मुक्त हो.....भारत टी बी मुक्त।

कुटिल बिटाणु रोग तपैदिक, खाँसी बलगम से फैले।

दुर्बल और बीमार देह को, रोग ये जल्दी घेरे ।।

नली सांस की और फेफड़ा, कीट विषैला खाता है।

हड्डी, आंत, जिगर या चमड़ी, अंग न कोई बच पाता है।।

ज्ञान, ध्यान से पूर्ण सुरक्षा, आओ हम समझे सारी।

दूर करेंगे हम इस जग से, अब टी बी की बीमारी।।

भारत टी बी मुक्त हो.....भारत टी बी मुक्त।

दो हफ्ते से ज्यादा खाँसी, दिल न करे कुछ काम को।

घटे वजन और नींद, भूख भी, ज्वर हल्का हो शाम को।।

रक्त शूकता, सांस फूलता, तुरंत डॉक्टर के जाओ।

जांच समूची घूट थूक की, और एक्स रे भी करवाओ।।

कीमत हर लापरवाही की, तुमको पड़ेगी अति भारी।

दूर करेंगे हम इस जग से, अब टी बी की बीमारी।।

भारत टी बी मुक्त हो.....भारत टी बी मुक्त।

स्वास्थ्य सजगता, आशंका से, शीघ्र ही होता रोग निदान।

उचित सलाह से, निगरानी से, इलाज इसका अब आसान।।

पूर्ण मात्रा, तय अवधि तक, दवायें नियमित खानी है।

छोड़ना उपचार बीच में, खतरनाक नादानी है।।

प्रतिरोधक कीटाणु से, बेअसर दवायें हो सारी।

दूर करेंगे हम इस जग से, अब टी बी की बीमारी।।

भारत टी बी मुक्त हो.....भारत टी बी मुक्त।

तन स्वच्छ और मन हो निर्भय, शुद्ध आहार रहे भरपूर।

खाँसो, छीकों मुंह को ढक कर, रहो प्रदूषण से तुम दूर।।

छुपे ना कोई रोमी घर में, बिना किए पूरा उपचार।

मिल कर हम सारे बन जाए, जन सेहत के पहरेदार।।

बने ना कारण किसी मौत का, अब ये जटिल महामारी।

दूर करेंगे हम इस जग से, अब टी बी की बीमारी।।

भारत टी बी मुक्त हो.....भारत टी बी मुक्त।

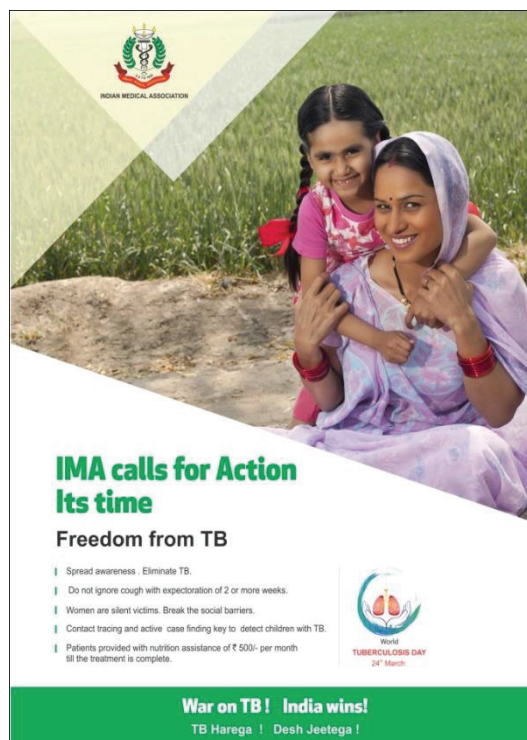
रोग मुक्त हो सारे मानव, तब तक है ये रण जारी।

दूर करेंगे हम इस जग से, अब टी बी की बीमारी।।

वचन बढ़ है सभी चिकित्सक, IMA का नारा है।

मिलने वाला अब भारत को, टी बी से छुटकारा है।।

भारत टी बी मुक्त हो.....भारत टी बी मुक्त।



Dr Narendra Saini
Chairman, World TB Day

AGENDA ITEM NO.B-22

Report of Action Committee

1. **Political Liaisoning:** Action Committee initiated a massive liaisoning and political lobbying during the last session of Parliament during February. The Committee focused on bills related to health and medical profession pending before the Parliament viz. NMC Bill, MCI Amendment Bill and Consumer Protection Bill 2018. In continuation with previous meetings, a 3rd meeting of Members of Parliament was conducted. Senior leaders of IMA campaigned even inside the Parliament under the leadership of National President, IMA Dr. Santanu Sen. The efforts of the Action Committee was fruitful and IMA made history, as all three bills were not passed by the parliament.
2. **Health First Campaign and Health Manifesto:** Indian Medical Association launched Health First Campaign on 17th March, 2017 and released the Health Manifesto. Action Plan for IMA Headquarters, State Branches and Local Branches were also prepared and circulated. The Health Manifesto focussed on

public health and included various suggestions to improve public health, change policy directions, streamline medical education and improve research. To political parties including health as an important agenda in their political manifesto by incorporating our points was a sure sign of initial success of our campaign.

Dr.Marthanda Pillai
Chairman, Action Committee

AGENDA ITEM NO.8-23

**Minutes of the meeting of IMA Standing Committee for
Academic and Accreditation Board**

Meeting of IMA Standing Committee for Academic and Accreditation Board was held on 17-3-19 at 1.30 am, IMA House, I.P.Marg, New Delhi

The following members were present :-

- Dr. Santanu Sen, National President, IMA
- Dr. R.V.Asokan, Hony. Secretary General, IMA
- Dr. Ramesh Kumar Datta, Hony. Finance Secretary, IMA
- Dr. Ravi Wankhedkar, Chairman, IMA Standing Committee for Academic & Accreditation Board
- Dr. R.N.Tandon, Imm. Past Hony. Secretary General, IMA
- Dr.Ved Prakash Mishra, Dean, IMA Standing Committee for Academic & Accreditation Board
- Dr. Ashok Adhao, Past National President, IMA
- Dr.Tapan Biswas, Imm. Past President, IMA Bengal State Branch
- Dr. Jyotirmoy Pal, Member, IMA Standing Committee for Academic & Accreditation Board
- Dr. Sudhir Dhakre, Member, IMA Standing Committee for Academic & Accreditation Board
- Dr. Akhilesh Verma, Member, IMA Standing Committee for Academic & Accreditation Board
- Dr. Golokbihari Maji, Hony. Editor, JIMA
- Dr. Jayesh Lele, Convenor, IMA Standing Committee for Academic & Accreditation Board

Dr Ravi Wankhedkar Chairman, IMA Standing Committee for Academic and Accreditation Board welcomed members. He briefed members about the need of this committee. He also informed members about the work done last year. Dr Wankhedkar added that we have three academic wings with many courses, but the courses are sometimes overlapping and they need to be accredited by an independent body, which will give them more advantage. We will review all courses and update them. Also last year we have held many CME and educational activities. Also separate dedicated SB account is created. We shall utilise this account for the operation of the activities. We shall review all courses and bring to standard which will give them cutting edge. He requested Dr Vedprakash Mishra to outline the procedures about the process.

Dr. Ravi Wankhedkar also proposed two collaboration programs for Doctors received from WMA and RCGP. Members requested Dr Vedprakash Mishra to work out and feasibility about the same.

Dr Vedprakash Mishra, Dean, IMA Standing Committee for Academic & Accreditation Board elaborated in details about the process. The academics and accreditations are two sides of each other. They need to be structured, put into systems, operations, standardisations and resultant certification by the competent authority. As such academics have to be quality based and accreditation is a measure of the said quality

objectively as against set out parameters in a pre-determined manner. This will entail that a policy document is created on the matter bringing out various relevant details in terms of the following heads:-

1. Need analysis
2. Scope
3. Mandate
4. Objectives
5. Operations
6. Structuring
7. Certification
8. Monitoring
9. Evaluation

The referral document which can be availed for the said purposes could be :-

1. Academic and accreditation policy document evolved by American Medical Association
2. Accreditation guidelines document for South East Asian countries, by World Health organisations.
3. Accreditation policy document by University Grant Commission for higher education and policy document evolved by All India Council for Technical Education in respect of technological and engineering education.
4. Draft health manual put in public domain by national assessment and accreditation council in regard to accreditation of health sciences institutions in the country.

As such it is desired that the present academic and accreditation board constituted by the IMA in terms of its policy decision may be vested with the authority of being the apical authority for monitoring the academic and accreditation under the aegis of Indian Medical Association.

A draft document on the said count could be readied by the Dean, Academic and accreditation Board in ten days from now to be circulated to all the members of Academic and Accreditation Board.

2) Dr Sudhir Dhakre also spoke about the review of the courses.

3) Dr Lele informed that we have many proposals for CME as well as the publication of educational books, etc which can be conducted under this committee. Dr Lele added that we can apply all state medical councils and obtain the Accreditation points whenever we conduct the CME. This shall be added advantage when we are doing any educational activity across India. All resolved to do the same.

The meeting ended with a vote of thanks to the Chair.

Dr. Ravi Wankhedkar
Chairman

Dr. Jayesh Lele
Convenor

AGENDA ITEM NO.B-24

**Minutes of the meeting of IMA Standing Committee for
Medical Education on 26th February, 2019, at IMA House, I.P.Marg, New Delhi**

A meeting of IMA Standing Committee for Medical Education held on 26th February, 2019, at IMA House, I.P.Marg, New Delhi.

The members were present as per attendance register.

Dr. Santanu Sen, National President, IMA welcomed all the members present in the meeting. All the present members introduced themselves.

The Chairman of the Committee Dr. Vedprakash Mishra in his opening remarks brought out that the core necessity of an academic venture is to have –

1. Structured mechanism for prescribing and updating curriculum including the required scheme of examination
2. Specifying the cognitive, affective and psychomotor domain in the curriculum design
3. Depicting 'must know', 'nice to know' and 'desirable to know' component therein specifically including accruable weightages thereto.
4. Evolving required instructional hours resulting in computable teaching workload.
5. Working out tools, techniques, technology and approaches for teaching learning process
6. Prescription for minimum standard requirements for governing the said academic venture.
7. Requirement of human logistics in terms of teaching and non-teaching personnel
8. Prescription of the eligibility requirements for teaching designations.
9. Mechanisms for certification and conferment thereto
10. Standing monitoring mechanisms.
11. Standing evaluating mechanisms
12. Standing accrediting mechanisms
13. Modalities of faculty update and faculty development
14. Standing mechanism for faculty update and periodic certification thereto

The present mode of curriculum making should be integrated in nature and competency based in character so as to be in tune and pace with the present times.

The hallmark of an academic venture is its quality centricity ensuring that there are well defined objectives that are set out and the entire dispensation results in fulfilment of the said set out objectives in their totality.

This will mandate creation of a Board of Studies with specified composition bringing out desired representation therein for the purposes that shall be entrusted to it specially with reference to prescription of syllabus, its periodic update, invocation of instructional hours, segregation of curriculum in to cognitive, conative and psychomotor domains along with differentiation into 'must know' desirable to know and nice to know structure blended with tools, techniques, technology and approaches to teaching learning, scheme of examination and assessment and mode of certification as well.

Dr. Santanu Sen, National President, IMA said that it is time to move. IMA is not only for agitation and Dharna it is also for medical education. Now students is much more professional than ours. We have to give good quality of medical education which help in their future. If we will do this then IMA will strength and membership of IMA automatically increase. National President, IMA requested to Dr. Ved Prakash Mishra to prepare a draft proposal to be presented to Board of Governor and the Govt. Of India respectively in regard to desired things that needed to be done for making the medical education relevant, purposive, focused and capable of meeting the concerns and challenges both long term and short term that confront it.

After detailed discussion, following decisions were taken :-

1. A study group be constituted to ready a white paper on medical education.
2. Another study group to evolve means, manners and modalities for enrichment of the existing medical education programme in vogue bringing out suggestions for its advancement and enrichment
3. Another study group to evolve amendments and suggestions in the policy frame of medical education in the country.

The committee desired that the National President may constitute the said study group for dispensation of the tasks that are proposed to be assigned to them.

The meeting ended with vote of thanks to the Chair.

Dr. Ved Prakash Mishra

Chairman

IMA Standing Committee for Medical Education

AGENDA ITEM NO.B-25

Report on IMA Standing Committee For Sanjeevan Project For CPR Training

1.Short Film on Life Saving CPR produced by Sanjeevan Committee with financial assistance from Apollo Hospitals was viewed.Few corrections were suggested which have been duly incorporated.It is being produced in Tamil and being dubbed into Hindi and also into Telugu,Kannada and Malayalam.Censor certification will be obtained and can be shown across the country from World Health Day on April 7th.This can also be desminated through Social Media like whatsapp,youtube etc.This will indeed sensitise community at large and help to save many lives and also enhance the image of our IMA.

2.It has also been resolved to organise Certification on CPR for students and lay public through our IMA Local Branches by trained Faculties already with them. Cooperation from State Branches and Leaders is sincerely solicited to make it a grand success. Certification courses will also for our Health Care workers.

3.Mass CPR drill will be organised simultaneously on October 16th World CPR Dayin all the 723 districts of our nation to proove IMA is the largest organisation and create a world record.

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Let us achieve it by our unity and strength.

De.M.BALASUBRAMANIAN
Chairman
Sanjeevan Project Committee
IMA Head Quarters

AGENDA ITEM NO.B-26

Report of IMA Standing Committee For Medical Ethics

The IMA Standing Committee for Medical ethics for this IMA year was formed on 14th February 2019 with Dr. Rajendra Airan as its Chairman & Dr. Srikumar Vasudevan as its Convener.

The other members of this committee are:

- Dr. Anbu Rajan
- Dr. Archana Mangesh Pate
- Dr. Harish Grover
- Dr. Hiranmay Adhikary
- Dr. M.N. Menon
- Dr. Nitin S Vora
- Dr. Sunil Kumar Shahi

The first meeting of this Committee was held on the 13th March 2019 at IMA HQs, New Delhi.

The following decisions were taken

1. Request the IMA HQs to write a letter along with the Ethics Committee to all the State Medical Councils requesting them that
 - (a) For all the CMEs, where a State Medical Council allots credit hours, more weightage to be given if there is a presentation on Medical Ethics of at least 30 minutes in the main hall where all the participants and faculties are present.
 - (b) For renewal of registration of doctors it is mandatory that they should have attended 30 hours of CME in the preceding 5 years. The State Medical Councils should insist that out of these 30 hours, there should be at least 2 hours of CME on Medical Ethics.
2. We plan to arrange Ethics sensitization workshops in all the Medical Colleges of 4 hours with the help of State and Local IMA, State Medical Councils, Medical Students Network, Junior Doctor Network, Specialists' organisations

Suggested Program will be as follow

- a. 15 mnts
 - b. Inauguration
 - c. 30 mnts Introduction to MCI Code of Ethics
 - d. 30 mnts Communication and soft skills
 - e. 30 mnts various laws relevant to Medical Practice
 - f. 30 mnts What to do and what not to do
 - g. 30 mnts Ethical Medical research
 - h. 15 mnts Newer emerging issues in Ethics
 - i. 45 mnts Question and Answer Session
 - j. 15 mnts Take Home Message
3. We will prepare one short clip of important points of ethical practice which will be available on IMA HQ website and it should be played in every IMA Local branches' GB/Clinical meetings, and to be followed by brief discussion.
 4. The basis of Ethics is the Universal Declaration of Bioethics and Human Rights. We plan to educate our members on these matters. This will go a long way in changing our attitude and help in improving doctor patient relationship.
 5. The IMA Standing Committee for Medical Ethics will prepare a revised IMA Code of Ethics based on the MCI code of Ethics.
 6. Has decided to contact Indian Law Institute, Delhi and collect all the legislations affecting doctors & profession
 7. The IMA Standing Committee for Medical Ethics will contact all the State Branches and request them to finalise a list of doctors from their state who are volunteering to be IMA Trainers on Ethics for doctors of their respective states. The IMA Standing Committee for Medical Ethics will conduct TOT programs for these volunteering doctors. Organisers of Conference/CME/Workshop etc would have to send request to our committee to make available a speaker who would be sent from the Trainers' Panel. He/She should be given all the facilities of a guest speaker in that meeting.
 8. The conditions laid down by MCI code of conduct to doctors advertising in print, visual and social media should be applicable to hospitals also. If not, MCI should allow doctors to advertise like the hospitals.
 9. Gentle but firm reminder to all Doctors to stick to ethical practice always. There should be no cuts, commission or referral fees but a doctor is entitled to take his fees from the patient only for the services including advice being rendered by him.
 10. Doctors are advised to work in the best interest of the patient. They should avoid unnecessary medication/ procedures, hospitalization and investigations.
 11. While managing a patient doctors discuss with the patient the treatment options, investigations, cost of treatment in a transparent manner and it should be properly documented.
 12. Request IMA HQs to discuss with the government to bring Health in the concurrent list.
 13. To request the National IMA HQs to have a conference on Law and Medicine.
 14. Request National IMA HQs to inform the press that IMA Standing Committee for Medical Ethics strongly opposes any sort of commissions/ cuts or referral practices and recommend strong action after investigation if brought to its notice.

Dr. Rajendra Airan
Chairman, NSC on Ethics

Dr. Srikumar Vasudevan
Convener, NSC on Ethics

AGENDA ITEM NO.B-27

**Draft Minutes of the First Meeting of IMA Standing Committee for
National Plan on 17-03-19 at 2.00 PM at IMA (HQs.)**

The first Meeting of IMA Standing Committee for National Plan held on 17-03-19 at 2.00 PM at IMA House, Indraprastha Marg, New Delhi.

The members were present in the meeting :-

1. Dr. Samarendra Kumar Basu, Chairman
2. Dr. Sibabrata Banerjee, Secretary
3. Dr. Manjul Mehta, Member
4. Dr. Tapan Kumar Biswas, Member

Regrets were received from :-

1. Dr. Prakash Ramchandra Deo, Member
2. Dr. Avtar Krishan, Member

Dr. Manjul Mehta is provided with the responsibility to search for information regarding any pending plan or unsuccessful plan of Central Govt. already provided to Indian Medical Association.

He will take information from the Secretariat of Health for appointment as well as regarding different plans.

Next meeting of IMA Standing Committee for National Plan will be held on 6th or 7th April, 2019 in Puri (Orissa) before or after CWC meeting.

Dr. Sibabrata Banerjee, Secretary given thanks in presence of Dr. Samarendra Kumar Basu, Chairman for the details of the activities of the committees and the total framework will be done in Puri Meeting in presence of Dr. R.V.Asokan, Hony. Secretary General, IMA.

Dr. Samarendra Kumar Basu
Chairman

Dr. Sibabrata Banerjee
Secretary

AGENDA ITEM NO.B-28

Report of IMA Standing Committee of Medico Legal Cell

As per the decision of the 220th meeting of the Central Working Committee held at Indore, National President, IMA, Dr. Ravi S. Wankhedkar, on 24.12.18, constituted a 3 members "IMA Standing Committee for Medico Legal Cell" for the next 3 years.

The committee was expanded, as follows, on 25.02.2019 with addition of 5 more members..

- 1) Chairman - Dr.T.N.Ravisankar

- 2) Vice Chairman - Dr.Jayant Navrange
- 3) Convenor - Dr.Dinesh Thakare
- 4) Members – i)Dr.Samuel Koshy,
ii)Dr.Sadagopan Thambayya,
iii)Dr.Pawankumar Patil,
iv)Dr.Krishna Sai, and
v)Dr.Bipinchandra Patel

First meeting of IMA Standing Committee for Medico Legal Cell is proposed on 07.04.19 at 8 AM at Puri with following proposed agenda.

- 1)Recognising & planning future activities,
- 2)Each member of the committee will be given a time bound task / project in area of his interest as suggested below,
- 3)Starting 'Medico Legal Tips' for members,
- 4)Updating the website www.imahqml.com,
- 5)Identifying members with legal aptitude and form Medico Legal Cells at State & local branches,
- 6)Planning National Medicolegal Conference,
- 7)Preparing articles, guidelines, advisories, PPTs on important medicolegal issues to be presented at local branches,
- 8)Publishing books like i) "A Medico Legal Emergency - What to do? When? Why? & How?"
- a practical guidebook on common medico legal emergencies,

ii) "Ignorance Of Law Is No Excuse!" - a book on basic medico legal provisions of which each & every doctor must be aware,

iii) "Effective Communication In Hospital Environment" - insight into -where are we lagging & - maximum communication in minimum time,

iv) "Record Keeping Made Easy!" - easy practical ways for proper record keeping, etc.
- 9)Any other subject with permission of Chair.

Dr.T.N.Ravisankar
Chairman

Dr.Dinesh Thakare
Convenor

AGENDA ITEM NO.B-29

Report of IMA Standing Committee for Ayushman Bharat

A meeting of IMA Standing Committee for Ayushman Bharat was held on 6th March, 2019 at IMA House, I.P.Marg, New Delhi.

The members were present as per attendance register.

Dr. R.V.Asokan, Hony. Secretary General, IMA welcomed the gathering and gave an overall perspective of two segments of Ayushman Bharat Scheme and elaborated that today's meeting is to focus on Wellness Clinics of Ayushman Bharat Scheme.

Dr.RaviWankhedkar, Chairman of the Committee expressed that ,the primary care through wellness clinics is to be studied in depth and see that Crosspathy should not be allowed. Also felt that when Government is not able to equip with required manpower and infrastructure the primary health care centres how are they going to upgrade the sub-centers to wellness clinics focusing on CPHC (comprehensive primary health care) with IPH Standards

Dr.Harjit Singh Bhatti gave presentation on health and wellness centre explaining in detail the CPHC, and its modess of operationprojected by the Government. He expressed that as of now 8030 H&WC are operational. He also cautioned that Government through Bridge programme in community health for Nurses and Ayurvedic practitioners by IGNOU is going to appoint mid level care providers in H&WC. Multipurpose workers and ASHA will also deliver the range of services.In addition to them BSC community health nurses, GNM will also deliver the services. He also elaborated the problems faced by Punjab, Karnataka in specialists posting and retaining them in the rural and also urban areas and also dearth of ANMswwhich affected preventive services which led to the placement of Ayush Medical Officers.

Dr. A.K.Ravi KumarConvenor of the Ayushman Bharat Committee, gave an overview of the current status of Ayushman PMJAY. The budget allotment for wellness clinics which is Rs.1200 crores which is far less than the need. In his presentation, he expressed primary healthcare is to be provided to the entire population irrespective of the poverty status as per NHP 2017 which may not be possible in the pace at which the Government foresees the implementation of the H & WC. He put forward the following proposals for discussion :-

1. Budgetary provisions has to be increased.
2. Holistic care of NCD, Diagnostics, Drug dispensing, Basic Secondary Healthcare, IT Integration of Health Data in addition to the Services already provided by sub-centres will require heavy investment on infrastructure requirements like space, lab, pharmacy, IT hardware, networking etc. and manpower requirements like IT enabled field workers, pharmacists, nurses, specially trained health workers, specialists and MBBS Graduates etc.
3. A person who deliver the services for CPHC must be supervised by MBBS doctors and not Ayush providers.
4. There is no provision in original concept of CPHC to include Ayush.
5. To bridge the gap of the infrastructure and manpower Government has to depend on PPP Model in primary care also How to go about ?
6. As the converge in CPHC is for the whole population the way how the primary care by clinics and SCHOS can be linked without affecting to H & WCS to be discussed.
7. Asking for soft loans, tax incentives for clinics and SCHOS providing primary care to be considered.
8. Will the Philanthropist and Private Sector by CSR activity help ?

Above presentations opened for a detailed discussion by the committee.

Members expressed :-

1. DrMarthandampillai Past president felt , Insurance Company intervention in the scheme should be abolished and crosspathy by Ayush should be stopped
2. Many felt Direct payment method should be preferred than having middle man
3. Some expressed that the entire primary care should be done by the Government and PPP model will encroach in to the Autonomy of Doctors both Financially and Clinically.
4. Bridge course to make Ayush as CPHC providers was strongly opposed.
5. Committee felt Incentives and adequate comfortable working environment will attract more MBBS doctors to work in H & WC and IMA can also help placement of them in Rural pockets.

Following the discussions, Chairman of the committee Dr. Ravi Wankhedkar asked the committee members to go through in depth the present functioning status of sub-centres, IPHS standards for the Wellness Centres, the pitfalls in the current functioning of these centres and to come out with more positive suggestions for CPHC through H & WC as early as possible

Vote of thanks was given by Dr. A.K.Ravi Kumar, Convenor of the committee.

Minutes of the meeting of IMA and other Stakeholders in connection with Ayushman Bharat Scheme with CEO of Ayushman Bharat 28th February, 2019 at CEO Office Connaught Place, New Delhi.

Minutes of the meeting of IMA and other Stakeholders in connection with Ayushman Bharat Scheme with CEO of Ayushman Bharat held on 28th February, 2019 at CEO Office Connaught Place, New Delhi.

Following the decisions taken on 16th December, 2018 in the Stakeholders meeting organized by IMA under the leadership of the then National President, IMA, Dr. Ravi Wankhedkar at IMA (HQs.), it was decided that all Stakeholders vide AHPI, CII, CAHO will represent to the Government collectively through IMA, the issues related to the Ayushman Bharat Scheme (PMJAY).

Based on the above decisions collective representation through IMA with the above stakeholders was prepared and submitted to , Dr. Indu Bhushan, CEO, Ayushman Bharat.

The following concerns were addressed :-

A. EMPANELMENT OF HOSPITALS

1. There is no uniformity across the country.
2. States do not follow the basic criteria laid down by PMJAY.
3. Not all interested eligible hospitals are empanelled.
4. Too many Package criteria followed by different States.

B. PACKAGE RATES FOR PROCEDURES :

1. Not all diseases are covered as per PMJAY list.
2. Though central budget has been increased Package rate has not been revised.
3. There is no uniformity in package rates across the country.
4. We are unaware of the progress of Consultative pricing group to fix costing methodologies formed by DHR with two IMA representatives to revise the packages.

C. REGULAR MONTHLY MEETINGS:

1. It was assured that regular updates with IMA and other stakeholders will be done monthly to review the feedback of the programme which is not taking place.

The Team also submitted interim packages for few selective common procedures in two categories vide more than 100 and less than 100 bedded hospitals for consideration and implementation uniformly until package revision is done by the committee for costing with scientific template.

Dr. R.V.Asokan, Honorary Secretary General, IMA expressed as DA varies from state to state the pricing for the procedures can also change according to the state but NHA should fix the minimum packages below which the state should not fix packages. He also strongly objected the insurance sector administering the healthcare of the country.

Dr. V.K.Monga, Chairman, IMA HBI expressed the unhappiness that NHA has not followed the assurance given on 13th July, 2018 when IMA partnered with Ayushman Bharat, like periodical meetings, costing committee meeting, empanelment issues etc. Now that all the stakeholders together have come out with common interim rates he wanted the Chairman CEO to revise the present packages until scientific packages are derived. The present interim packages are 70% of the average of the IMA scientific costing and other costing packages. He also expressed all the procedures must be given to the empanelled private hospitals as they are at the door steps of the patients.

Mrs. Neerja Bhatia of CII expressed that all the stakeholders must know what is the progress in the scheme and wanted a common template to be developed in consultation with all the stakeholders for costing.

CEO, Dr. Indu Bhushan expressed his views for the above representations :-

1. Assured regular meetings will be conducted.
2. Said that they will work on the submitted interim rates and come back but he expressed that no revision will be done until Parliamentary elections are over.
3. The common template will be developed by DHR in consultation with all the Stakeholders.
4. He wanted representations for 24 technical committees, the details of which he would inform IMA
5. Regarding empanelment of all hospitals he assured to look into that and talk with concerned states.
6. All communications will be directed to IMA and disseminations to all Stakeholders to be done by IMA for which Chairman IMA HBI agreed to do that and also requested NHA to mail to important Stakeholders CII, AHPI and CAHO.

Dr. Ravi Wankhedkar
Chairman

Dr. A.K.Ravi Kumar
Convenor

**Minutes of meeting(s) of the IMA Finance Standing Committee,
Held at Indore on November 16, 2018**

A meeting of the Finance Standing Committee and Building Standing Committee of IMA held on November 16, 2018 at 6.00 pm at Indore

Members were present as per attendance register.

Dr Ravi S. Wankhedkar, National President, IMA was adorned with Presidential Medallion.

The meeting was called to order by National president, IMA who welcomed Members of the Finance Standing Committee, Honorary Secretary General, IMA, Hony. Finance Secretary, IMA and the office-bearers of various wings of IMA and asked the Chairman, FSC to conduct the meeting.

Dr. V.K. Monga, Hony. Finance Secretary, IMA welcomed National President, IMA all the dignitaries of the House. The meeting started with the permission of the Chair.

Agenda Item No.1: To confirm the minutes of the Finance Standing Committee on 8th October, 2018.

The same were read and approved by the FSC and BSC.

Agenda Item No.2: To receive the action taken report on the meeting of FSC 08th October, 2018.

The same were read and approved by the FSC and BSC.

Dr V.K. Monga, HFS informed the house that IMA has received an Income of Rs.16.09 crores from January 2018 to October 2018.

He further informed that due to the efforts of National President, IMA, Dr. Ravi Wankhedkar, we have been able to collect Rs. 7.59 Cr during the Membership drive, which is a record.

Rs. 25 lacs have been received for Medical Exhibition from IndMess Trade Fairs to be held in May 2019.

Rs. 1.65 Cr. Is in pipeline out of which 40% will be received in this year and remaining 60% will be received in next year. (Crompton MoU)

Benevolent Fund: The House was informed that although there is a IMA Benevolent Fund in IMA HQs and not many people are aware of the same and for that reason it has been mostly under utilized. The House was further informed that the interest amount of this Fund can be utilised which has swelled over a period of time to around Rs. 2.5 Cr. as on date. The house approved the necessary amendments of the Constitution of Benevolent Fund as they were already approved by the Finance Standing Committee.

The House was informed that Ponda Branch (Goa) and Arunachal Pradesh State Branches were given Rs. 10 lacs each from the above fund for constructions of their buildings. The FSC approved and passed the same. Ponda Branch is constructing a tertiary care hospital and the money will be utilized for that as our community service commitment.

Service Tax: Dr R.N. Tandon informed the House that Service Tax Department had raised a demand on membership fee. We appealed the department and after the deliberations, the Department set off the demand raised by them on membership fee only. The other services were not exempted like rent, course fee etc. IMA should deposit the service tax on the remaining services except membership.

GST Issue: Dr R.N. Tandon, Hony. Secretary General, IMA informed the House about the Clause under section 22 of the GST Act, 2017, all the branches of IMA operating in different states are liable to be registered under GST in their respective states. This is applicable even if they are using the same PAN.

Dr Jayesh Lele informed the members about the GST Issue. National President, IMA requested Dr. Lele to make a PPT on GST/Service Tax issue and present it to the CWC members.

Only IMA HQs has the authority to sign the MoUs: It was found that many Wings/Scheme are indulged in different MoU with different Companies under the logo of IMA. While discussing this issue, the House was of a firm opinion that only IMA HQs is authorised to enter into any MoU with any party for activities related to HQs or its wings. No wing of IMA can enter into any sort of understanding with any party without the involvement of IMA HQs.

Regarding International tours: It was observed that many Wings/Schemes are conducting International Tours in their Wings/Scheme without the permission and approval of IMA HQs. While discussing this issue, it was decided that prior approval has to be taken from IMA HQs before organising any international tour by any Wing.

Revision of HFC is due from 1st April 2019 by 25%. National President, IMA requested the members to enrol new members in their States before 31st March 2019 otherwise they will have to pay 25% extra as HFC Fee. As members felt that 25% hike is too high, this should be commensurate with overall inflation. After deliberations, it was agreed to increase the HFC by 15% only.

HSG informed the House that Life Membership corpus fund cannot be used for day to day working activities. The same was invested by HQs in nationalised banks and the interest received on these FDs can be utilised for the day to day working only.

National President, IMA informed the members about the Vaccination Project and along with Certification of various CMEs. The House appreciated the work done by IMA HQs.

National President, IMA requested Dr. V.K. Monga, Hony. Finance Secretary, IMA to inform the members that how a State/Local branch can use their HFC share. Dr. Monga informed them about the same with special emphasis that only interest of the share can be used by the State/Local Branches. He informed the House that 88% share of the amount has to be kept in FD and 12% of the said amount can be used by Wings/State/Local Branches for running the office. State/Local branch cannot utilize the above share without taking prior permission/approval from IMA HQs. He further informed the members that if any State/Local Branch wants to purchase a land for Building their own house, the State/Local Branch were requested to get it passed from the Finance Standing Committee by sending their proposal to them.

Regarding Hygia: IMA had entered into an agreement with Hygia for endorsement of their product for which Rs. 75 lacs was paid by them to IMA Hqs. through Post dated cheques, but however their cheques are getting dis-honoured. Legal notice has already been served to Hygia and we are under legal proceedings now.

Airfare: T.A. reimbursement for one way travel shall be made to all the members of Central Working Committee and Central Council to attend official meetings by Economy airfare by the shortest route as per rates available within a week of the first notification and the reimbursement of the same for return travel shall be as per existing IMA Rules.

Agenda Item No.3: To discuss the financial irregularities of IMA CGP (Chennai) accounts. IMA CGP:

It was informed to the House that due to failure of multiple factors in the working of IMA CGP, various irregularities were found in the Accounts of IMA CGP. A High level Committee was constituted by IMA HQs who visited Chennai Office and report of the said committee was discussed in the FSC meeting.

While going through the report, it was observed that instructions given by IMA HQs were not followed by IMACGP in good spirit. Central Tally Software was not used, the data was not compiled as it should be compiled, Counter foils of the Cheques were not available, paying slips were not available and Day Book was not maintained etc..

After a long deliberations, the House was of the opinion that the following remedial steps should be taken like, periodical meetings (3 months) should be organised in which accounts of 3 months should be checked properly, central tally software should be used. Finance manual should be strictly followed by all the wings/ schemes of IMA.

Agenda Item No.4: To inform about the contribution received for IMA Kerala Flood Relief work from various State / Local Branches / Members of IMA and utilized the same.

It was informed to the House that due to the collective efforts of IMA members, we have been able to collect Rs. 1 Cr through IMA HQs and its members/local/state branches. The National President informed the House that IMA was the first responder to Kerala Government and first aid team was sent by Kerala State branch to the flood relief areas of Kerala. IMA deposited a sum of Rs.50 lakhs to the Kerala Govt. The effort made by IMA, in this regard, was appreciated by the Kerala Government.

Agenda Item No.5: To discuss budgets for Ayushman Bharat, NMC and other ongoing activities and Budget for the FY-2019-2020.

Following Proposed Budget was also discussed and approved by the house:

1) President Discretion Fund 2,00,000/-, 2) Ex-gratia to Staff 25,000/- Subject to Maximum of Rs.25000/- per head with immediate effect, i.e. for the Ex Gratia payable to the staff of IMA and its wings for the year 2017-2018 and in future 3) Travelling Budget National President, IMA 10,00,000/- 4) Travelling Budget – HSG 10,00,000/-, 5) Travelling Budget – HFS 5,00,000/- 6) Travelling Budget – Imm. Past National President, IMA 5,00,000/- 7) Travelling Budget – Past National Presidents / Honorary Secretaries General 10,00,000/- and 8) Travelling Budget – National President, IMA (Elect) – Rs.5,00,000/-

As per the discretion of National President/ Honorary Secretary General and Finances raised during the year by the team. Resolution to give National President, IMA power to transfer funds from special fund raised during the year to any other account of a Scheme/Wing/Project for their proper functioning.

All the unbudgeted expenses of TA, domestic or international & any other items to be done from Special Fund and/or National President's personal special fund.

Separate accounts for Paramedical Course, Accreditation Council, SAARC Medical Association, CMAAO Conference, Family Forum, IMA JDN and IMA MSN are opened by IMA in Delhi. It was also decided that some amount to be transferred as per details given below:

1) IMA Women Doctors Wing – Rs.5 Lakh, 2) IMA Mission Pink Health – Rs. 5 Lakh, 3) SAARC – Rs. 10 Lakh, 4) IMA Family Forum – Rs.10 Lakh, 5) IMA Accreditation Council - amount received from GSK for all such academic and accreditation activities will be transferred to this account for future activities and 6) IMA HBI – 10 Lakh

Agenda Item No.6: To receive the Audited Balance Sheet for the period from 1st April 2018 to 30th September, 2018 of IMA (Hqrs.), IMA Building, IMACGP, IMAAMS, IMA AKN Sinha Institute, IMA Project(s), Journal of IMA, IMA Building at Calcutta, Your Health of IMA & Apka Swasthya of IMA, IMA NSSS, IMA NPP Scheme, IMA HBI, IMA National Health Scheme, IMA National Pension Scheme.

While discussing the issue of IMA National Pension Scheme, Dr K V Devadas requested the House that as this Scheme is no more viable, hence it should be closed.

The Finance Committee considered the fact that JIMA publication has been down sized to 10,000 copies and there is a decision to outsource and also send e-copies as per international practice. Therefore, after detailed discussion, it is decided that the allocation from HFC shall be re-appropriated as 16% for JIMA, 10% for Legal Fund and 10% for International Activities.

The members were of the opinion that a committee should be constituted who will look into the matter and submit its report within 15 days to IMA HQs and further action will be taken in the ensuing CC meeting.

National President, IMA & other leaders were of the opinion that closure of any scheme will give a bad impact on us.

The house was of the opinion that without discussing the matter in the next CWC/CC meetings, we should not take any decision to close the scheme.

It was decided that henceforth no Scheme will be launched without proper logistics and prior approval of the above Standing Committee.

However, the House felt that a National Level Standing Committee should be formed to scrutinize before the launch of any new Scheme. They may take the help of professional Chartered Accountant/ actuary, especially in cases of Schemes handling the finances.

Agenda Item No.7: Any other matter with the permission of the Chair.

Dr. V.K. Monga informed the members about the promotions and incentives given to some staff members of IMA for their excellent working in IMA HQs.

He also informed the house that as there is a shortage of staff in IMA HQs due to various retirements on different posts in IMA HQs., two employees were confirmed and regularized.

Henceforth, staff will be paid DA at par with the Central Government employees.

Dr. Mahendra B. Desai
Chairman, IMA FSC

Dr.V.K.Monga
Hony. Finance Secretary, IMA

MINUTES OF FSC HELD ON 16-12-18 AT IMA HQ

The minutes of Finance Standing Committee held on 16th December, 2018 at IMA Hqrs., New Delhi at IMA House. The following were presented

1. Dr. Ravindra S. Wankhedkar, National President, IMA
2. Dr. Santanu Sen, National President, Elect, IMA
3. Dr. R.N. Tandon, Honorary Secretary General, IMA
4. Dr. V.K.Monga, Honorary Finance Secretary, IMA
5. Dr. R.V. Asokan, Chairman, HBI
6. Dr. B.S.Mehta, Chairman, IMA Bldg. Standing Committee
7. Dr. Jayesh Lele, Honorary Secretary, HBI
8. Dr. Mangesh Pate, Honorary Joint Secretary, IMA Hqrs.
9. Dr. K.V.Devadas, Honorary Secretary, IMA National Health Scheme
10. Dr. Ashok Adhar, Past National President, IMA
11. Dr. Krishna Parate, Chairman, IMA NPPS Scheme
12. Dr. Y.S. Deshpande, Nagpur

The minutes of FSC held on 16.11.18 at Indore and the ATR thereof were discussed and passed.

The following points discussed during the meeting are as under:

- It was decided to have a SOP for maintaining financial accountability in IMA Hqrs and its Wings and Scheme, for that a Central Vigilance Committee (CVC) will be formed at National Hqrs Level. This CVC will have the authority to check any accounts of all W/S/P at any time. All spending of more than 5 lacs will have to be vetted by CVC .
- It was reiterated that no Wings / Scheme / Project, should spend more than Rs.25,000/- for unbudgeted expenses, for that they will have to inform IMA Hqrs. and in case of unbudgeted expense of upto Rs.1 Lac, desirable to take prior sanction from IMA Hqrs. is must. Process of three quotations is must for (Rs 1 Lac to Rs.5 lac). Further it was also decided in case of expenses more than Rs. 5 Lac, tenders should be floated for the same and final proposal vetted by the CVC.
- Usage of IMA PAN Cards : Only IMA Wings/Scheme / Project whose accounts merged with IMA Hqrs and filed Income Tax Return, can use IMA PAN number. No other Branches / State / will not use IMA PAN, without written approval. The report of committee constituted for the same was adopted.
- All FDR instruments of IMA Wings/Scheme, the original deposited will be with IMA Hqrs. and same will be sent back for renewal, and photocopy of the said FDR's retain at Wings/Scheme office.
- Honorary Finance Secretary IMA Hqrs. Will be the Finance Secretary of IMA Wings/Scheme, where, there is no post of Honorary Finance Secretary. All wings/Schemes are directed to have a Finance Secretary by Pre-designating one of the Joint Secretary.
- Bank Resolution to change bank Signatories should be signed by the Outgoing National President.
- Every three month, IMA Hqrs may send Test audit team for physical verification of records of Scheme and Wings.

- The report of the committee appointed for viability of IMA Pension Scheme was presented and it was decided not to be close the Pension Scheme and try to revive it with certain changes and New Office Bearers. The New Office bearers will be as under :-

Chairman – Dr Prashant Nikhade. (Nagpur M.S.)

Secretary – Dr Gopeenathan. (Tellichery, Kerala)

Treasurer – Dr Anantharajan (Trivandrum, Kerala)

- Considering the necessity of another vehicle needed at HQ esp that meetings at HQ have increased, interaction with govt has increased, hence it is proposed to buy an utility type van eg. Maruti Van Eco. The FS is directed to undertake the procedure of procurement and place it before next FSC for final approval.
- It was principally agreed to felicitate and to give a token of remembrance to all those (member or non-member) who have helped out of the way in effective functioning of IMA in last 1 year. A sum of Rs 5 lacs was tentatively sanctioned.
- KYC should be updated while change of Office Bearer team on regular basis.
- Account back-up should be kept on periodically basis, preferably every month and compulsorily every 3 months.
- All Wings/Scheme are directed to maintain their account at Central Tally Programme at IMA Hqrs Server.
- To enquire alleged misappropriations fund of IMA CGP, a separate external auditor is appointed from Chennai, and he will submit his report with 10 days or before 25thDecember, 2018.
- The recent report by our internal auditor of CGP accounts was presented and discussed. The high powered enquiry committee was directed to examine it.
- The proposal put for tie-up with IMA for vaccinations programme. It was decided that proposal will be place before the next FSC meeting. Further, the proposal for GSK was discussed.
- For effective political Liasoning to actively promote IMA view point, a separate fund for Political Liasion will be created. A separate bank account with an initial seed money of Rs. 5 Lacs will be opened.
- International Conference on Zero Tolerance on violence against Doctors will be held at Mumbai in the M/o February or March-2019, and Rs.20 Lac fund embarked for the same from special fund of IMA.
- HBI henceforth will take one time affiliation fee and new fee and a formula will be developed for distribution between Local / State / Hqrs.
- It was decided that for the forthcoming CMAAO Conference next year, there will be oration by donation of Rs.5 Lac for each oration.
- Revised Financial manual was presented by the Committee made for the purpose and it was accepted by the members.

Dr. V.K.Monga

Honorary Finance Secretary, IMA

Minutes of meeting(s) of the IMA Finance Standing Committee,
Held at Bangalore on 27-28 December, 2018

The minutes of Finance Standing Committee held on 26thDecember, 2018 at Eagleton Resort at Bangalore (Karnataka). The following were presented

1. Dr. Ravindra S. Wankhedkar, National President, IMA
2. Dr. Santanu Sen, National President, Elect, IMA
3. Dr. K K Aggarwal, Imm Past National President, IMA
4. Dr. Rajan Sharma, National President, IMA (Elect)
5. Dr. R.N. Tandon, Honorary Secretary General, IMA
6. Dr. V.K.Monga, Honorary Finance Secretary, IMA
7. Dr. R.V. Asokan, Chairman, HBI
8. Dr. B.S.Mehta, Chairman, IMA Bldg. Standing Committee
9. Dr. Jayesh Lele, Honorary Secretary, HBI
10. Dr. Mangesh Pate, Honorary Joint Secretary, IMA Hqrs.
11. Dr. K.V.Devadas, Honorary Secretary, IMA National Health Scheme
12. Dr. Ashok Adhar, Past National President, IMA
13. Dr. Krishna Parate, Chairman, IMA NPPS Scheme
14. Dr. Y.S. Deshpande, Nagpur
15. Dr. Santosh Kumar Mondal
16. Dr. Minakshi Gangopadhyay, Honorary Secretary, Your Health of IMA
17. Dr. Ashok Kumar Chatterjee, Honorary Editors, Your Health of IMA
18. Dr. D.K.Sahay, Member, FSC
19. Dr. S. Arul Rhaj, Past National President, IMA
20. Dr. T.N.Babu Ravindran, Member, FSC
21. Dr. R. Gunasekaran, Honorary Secretary, IMA CGP
22. Dr. Akhilesh Verma, Dean, IMA CGP
23. Dr. Alex Franklin, Secretary, IMA NHS
24. Dr. K.V. Devadas, Secretary, IMA Pension Scheme
25. Dr. Krishna Parate, Chairman, IMA NPPS
26. Dr. V.Sadanand Rao, Honorary Secretary, IMA AMS
27. Dr. Ramesh Kumar Dutta, Hony. Jt.Secy. IMA AMS
28. Dr. Anil S. Pachnekar, National Vice President, IMA (Elect.)
29. Dr. A.B.Pawade, Arvi, Maharashtra.
30. Dr. Dinesh Thakare, Amravathi, Maharashtra.

Dr.R.N.Tandon, Honorary Secretary General, IMA adorned the National President, IMA, Dr Ravi Wankhedkar with the Presidential Medallion. Dr. R.N.Tandon, Honorary Secretary General, IMA then requested the members present to stand up for the IMA Prayer followed by the Flag Salutation.

National President, IMA give overall view of the finance of the IMA Hqrs and IMA Building (New Delhi) which was discussed

The minutes of FSC held on 8th October, 2018 and 16th November, 2018 at Indore (Madhya Pradesh), were read out by the Honorary Finance Secretary, and the ATR thereof were discussed and passed.

The various points were earlier discussed during the special meeting held at IMA Hqrs, for financial situation of IMA Hqrs. finance's, some important points again discussed during the meeting are as under:

- It was decided to have a SOP for maintaining financial accountability in IMA Hqrs and its Wings and Scheme, for that a Central Vigilance Committee (CVC) will be formed at National Hqrs Level. This CVC will have the authority to check any accounts of all W/S/P at any time. All spending of more than 5 lacs will have to be vetted by CVC.
- It was reiterated that no Wings / Scheme / Project, if they need to spend more than Rs.25,000/- for unbudgeted expenses, they will have to inform IMA Hqrs. and in case of unbudgeted expense of upto Rs.1 Lac, desirable to take prior sanction from IMA Hqrs. is must. Process of three quotations is must for (Rs 1 Lac to Rs.5 lac). Further it was also decided in case of expenses more than Rs. 5 Lac, tenders should be floated for the same and final proposal vetted by the CVC.
- Usage of IMA PAN Cards : Only IMA Wings/Scheme / Project whose accounts are merged with IMA Hqrs and filed Income Tax Return, can use IMA PAN number. No other Branches / State / will use IMA PAN, without written approval. The report of committee constituted for the same was adopted.
- All FDR instruments of IMA Wings/Scheme, the original deposited will be with IMA Hqrs. and same will be sent back for renewal, and photocopy of the said FDR's retained at Wings/Scheme office.
- Honorary Finance Secretary IMA Hqrs. Will be the Finance Secretary of IMA Wings/Scheme, where, there is no post of Honorary Finance Secretary. All wings/Schemes are directed to have a Finance Secretary by Pre-designating one of the Joint Secretaries.
- Bank Resolution to change bank Signatories should be signed by the Outgoing National President.
- Every three month, IMA Hqrs may send Test audit team for physical verification of records of Scheme and Wings.
- Considering the necessity of another vehicle needed at HQ esp that meetings at HQ have increased, interaction with govt has increased, hence it is proposed to buy an utility type van eg. Maruti Van Eco. The FS is directed to undertake the procedure of procurement and place it before next FSC for final approval.
- All Wings/Scheme are directed to maintain their account at Central Tally Programme at IMA Hqrs Server.
- To enquire alleged misappropriations fund of IMA CGP, a separate auditor was appointed from Chennai, and he was to submit his report with 10 days or before 25thDecember, 2018.
- The proposal put for tie-up with IMA for vaccinations programme. It was decided that proposal will be placed before the next FSC meeting. Further, the proposal for GSK was discussed.
- International Conference on Zero Tolerance on violence against Doctors will be held at Mumbai in the M/o February or March-2019, and Rs.20 Lac fund budgeted for the same from special fund of IMA.

- It was decided that for the forthcoming CMAAO Conference next year, there will be oration by donation of Rs.5 Lac for each oration.

As per the direction of the FSC, M/s Sharma Sharma and co. , again requested to audit the IMA Wings, but due to short of time, only IMA CGP and IMA AMS wings of IMA work was completed and his report was read out by the HFS, while going through the various audit points, IMA CGP has own PAN Cards / various international payment made during the period and norms of FCRA not follows, no requested received from IMA Hqrs and without having Form No.-15CA Foreign remittance was paid by the IMA CGP.

Special committee head by Dr. Jayesh Lele, Honorary Secretary, HBI, informed the house that No proper accounts recorded maintained by the IMA CGP office / No voucher were found / payments were made with only with the supported by the parties bills. No Tally base accounting system used for maintaining the accounts. After discussed the lot of points Dr.S. Arul Rhaj National Past President, IMA informed the house that IMA CGP obtained a PAN card, was discussed earlier finance standing Committee meeting and CWC meeting and the than Honorary Secretary advised the then Honorary Secretary, IMA CGP to surrender the IMA CGP PAN to the concerned authorities. It was also pointed out that no Trust account of IMA CGP was discussed in last few years in the FSC Meeting.

The Honorary Secretary, IMA CGP informed the house that some professional bills for Special Audited conducted by the IMA CGP and Lawyers bills were pending. The House opined that proper bill /invoice should be procured from the concerned parties and release the bills as per accounting procedure.

Honorary Secretary, IMA CGP informed the house that there is no accounts staff to maintained the accounts of IMA CGP (Hqrs.. After discuss on various point of the auditor report the House opined that **FINANCES OF THE IMA CGP SHOULD BE CONTROLLED FROM IMA HQRS NEW DELHI, TILL further direction by the FSC.**

In the ended, National President, informed the House that action should be on basis of facts. No name should be disclosed of the trustees of the IMA CGP. A committee was formed with Dr. J.B.Patel (Past National President, IMA) / Dr. A. Marthanda Pillai (Past National President, IMA) ad Dr. Ravindra S. Wankhedkar (Imm Past President, IMA).

The meeting ended with vote of thanks

Dr. V.K.Monga
Honorary Finance Secretary, IMA

Dr. Mahendra B. Desai
Chairman, FSC

AGENDA ITEM NO.B-32 & 36

Minutes of the Joint meetings of IMA Standing Committee for Finance and Building on 8th February, 2019 at Mumbai

A Meeting of IMA Standing Committee for Finance and Building was held on 8th February, 2019 at Mumbai
Members present as per attendance register

The issues related to Finance and Building were discussed by the committee members. After the deliberations, the House was of the opinion that IMA HQs. should make efforts to rent out the vacant space of ARTH before 1st April, 2019

The House approved a suggestion from Dr Santanu Sen, National President, IMA, to insure the lives of staff of IMA HQs.

It was decided to get the front facia of the above building mural painted with photograph of Late Dr B C Roy.

Dr Rajan Sharma, National President, IMA (E) informed the House that he is under negotiation with M/s QCI for renting out the vacant space under our possession. It was earlier rented out to ARTH Business News Channel.

Dr V K Malhotra Hony Joint Secretary, IMA (Building) informed the members about the various work done by him in IMA Building. He also informed that all condemned material which was lying in IMA HQs. Building has been given to scrap dealer after the unanimous decision.

Dr Jayesh Lele informed the members about the excess amount spent on the Zero Tolerance Conclave held in Mumbai.

IMA CGP matter was also discussed during the meeting.

The House approved purchase of an additional car for IMA House in IMA HQs. at New Delhi.

During the meeting, the following decisions were also taken:-

1. The proposed budget for the year 2019-20 was approved by the Committee.
2. The ARTH issue should be solved immediately.
3. For the smooth and speedy work, one latest I-Pad is to be purchased for National President, IMA
4. One laptop to be purchased for the use of office of IMA HQs.
5. During the visit of HSG, the duty timings of one of the staff members of IMA should be from 3:00 pm to 9:00 pm instead of 10:00 am to 5:30 pm.

Vote of thanks was given by Dr Ramesh Dutta, Hony. Finance Secretary, IMA

Dr Ramesh Dutta
Convener,
IMA Standing Committee for Finance

Dr V K Monga
Convener,
IMA Standing Committee for Building

AGENDA ITEM NO.B-33

Report of IMA HQs. Building at New Delhi

Report of IMA Building at New Delhi by Dr Vijay Kumar Malhotra, Hony. Joint. Secretary, (Building)

I am thankful to National President, IMA, Dr Santanu Sen, and Hony. Secretary General, IMA, Dr R. V. Asokan for having bestowed their faith in my abilities and assigning the responsibility of maintenance of the IMA Building, Cafeteria and Guest House at New Delhi.

It is to be brought to your kind notice that following activities point wise have either already been completed or are in the process of being completed.

1. The AMC for Pest Control has already been given for five years and the required payments made.
2. 20 New Tata Sky Cable connections have already been installed including 5 primary + 15 secondary connections in addition to the already existing four connections (1 Primary + 3 secondary). Required payments have already been made after following the due procedure.
3. The statue of Dr A K N Sinha has been repaired and fixed at the first Floor
4. The area vacated by ARTH has been completely cleaned and made presentable. Advertisement in newspapers has already been given regarding renting it out. A hoarding has also been installed in front of the IMA Building for the same purpose.
5. The mini auditorium (AKN Sinha Auditorium) has been completely white washed, painted and polished and already in use now. The 14 burnt up chairs of the same auditorium have been repaired and refurbished.
6. There were around 100 chairs lying outside the premises of IMA Building either to be condemned or to be reused if possible. Out of them approx. 75 chairs have been repaired, polished and refurnished to be used again in the IMA premises for meeting purposes. Rest of the material that is lying here is in the rapid process of being condemned as soon as possible.
7. The AMC for our existing fire fight system which was lying unused for the last one year has also been finalized and it has been decided to give AMC to the company which had originally installed it. The company has also been courteous enough to restart the whole system once again without charging anything.
8. The AMC for genset which was also pending for the last one year has also been given to “ M/s Rediant Power Engineers and the due payments have already been made in this regard.
9. A large deep freezer and cold drink refrigerator which were lying faulty and unused in the canteen have also been completely repaired and are being used now.
10. A lot of items as required have also been purchased for use in the cafeteria. The micro-oven has also been repaired.
11. The entire exterior wall of the building has been rid off all the vegetations and wild plant growths.
12. The rooms of HSG, HFS and Jt Secretaries have also been white washed and painted as per requirement.
13. The Quotations also have received for sound system to be installed in mini auditorium and are being finalized and due payments shall be made within 3 – 4 working days.
14. A number of serial meetings are being regularly held with architect and other relevant vendors to finalize and initiate the working of rehabilitation of IMA Building alongwith the mural painting of Dr B C Roy on the external façade of the building and for National Flag Pole Installation.
15. It has been also kept in mind that entire sewage system of IMA including the old caste iron sewage pipes, sewage shafts, manholes need to be overhauled immediately. Main electrical panel and electric cable system of the whole of the IMA building needs to be immediately renewed.
16. The drawing plans in auto cad have already been made of IMA Building and the concerned engineers have been contacted to look after the structured safety of IMA building for any further renovation or addition of floor in the Building.
17. The external boundary wall all around the building of IMA is being planned to be raised to the level of stairs landing platform and properly covered for safety purposes.
18. The IGL Piped Natural Gas (PNG) authority has also been contacted for installation of PNG Connection in IMA building at the earliest for which the required amount has already been paid to the concerned authority 2 – 3 years ago and we are hopeful that it will be installed within a span of 2-3 months.

- 19 We have also received a liability notice of Rs. 65,59,077/- towards the property tax of IMA Building to be paid alongwith its penalty from SDMC. A visit to the office of SDMC is also being planned with Dr V K Monga, Chairman, IMA HBI and Property Tax consultant to amicably resolve this issue

Dr Vijay Kumar Malhotra
Hony. Joint Secretary, IMA (Building)

Minutes of various meetings of Building at IMA HQs.

i. Minutes of the meeting of Condemnation Committee held on 30th January, 2019

A meeting of Condemnation Committee was held on 30th January at 3:30 pm at IMA House, New Delhi. In the absence of Dr R V Asokan, Hony Secretary General, IMA and with his consent the meeting was chaired by Dr Ramesh Dutta, Hony. Finance Secretary, IMA.

The following members were present:-

Dr. Ramesh Kumar Datta	Hony. Finance Secretary	IMA Headquarters
Dr. Vijay K. Malhotra	Hony. Jt. Secretary	IMA Headquarters
Dr. Amrit Pal Singh	Hony. Jt. Secretary	IMA Headquarters
Dr. Dinesh Sahai	Hony. Jt. Fin. Secretary	IMA Headquarters
Dr. S.K. Poddar	Hony. Asst. Secretary	IMA Headquarters

Dr V K Malhotra, Hony Jt. Secretary, IMA Incharge of Condemnation Committee informed the House that he alongwith Dr Ramesh Dutta, Hony. Finance Secretary, IMA had gone through IMA Building and personally had a look at the all the material that is lying in IMA Building for condemnation. The following is the list of such items which was also presented in the meeting.

S.No.	Items	Quantity	S.No.	Items	Quantity
1	Wooden Beds	8	8	IMA News	
2	Wooden Chairs	103	9	Split AC	2
3	Chair Wheel	13	10	Old Fan	4
4	Chair sheet	9	11	Aluminim Windows	6
5	Cloths Chair	9	12	Irn Window	5
6	News Papers		13	Round Lights	32
7	Gysers old	6			

It was decided by the House unanimously that the office should try and preserve the material as much as possible and condemn rest of the material by calling at least three Quotations from various vendors. It was also decided by the House that the next meeting in this regard shall be held on 18th February, 2019 at 3:00 PM at IMA House, New Delhi to discuss about the action taken and any other material left in IMA Hqrs Building for condemnation.

As there was no other matter for discussion, the meeting ended with a vote of thanks.

Dr Vijay Kumar Malhotra
Hony. Joint Secretary, IMA & Incharge, Condemnation Committee, IMA

ii. Minutes of the meeting held on Rehabilitation of IMA, HQs. Building, I.P Estate, New DelhiQuotation

S. No	Job Description	Amount (INR)
1	Drawing of entire building in autocad (2 sets of printed drawing & one CD)	80,000
2	Structural Dependency / Stability-Testing & Report	1,90,000
3	Development of External Sewerage & drainage system of the building	12,00,000
4	Providing Modular STP underground type - Capacity 15,000Lts/Day for Kitchen & sewer	14,00,000
5	Complete work of Plumbing Shaft (Replace of old pipes with new, plastering, water proofing of walls, painting, Flooring if required with tiles/ kota stone	7,00,000
6	Making of Road on the existing paver in parking area within the periphery of the building	14,17,000
	Rain water harvesting system	7,00,000
	Total	56,87,000

Vinod K. Gupta

Rajesh Industrial Projects Pvt. Ltd.

Minutes of the meeting

A meeting was convened on 05.03.2019 at 4.00 PM by Hony Secretary General to discuss the immediate requirement of Electrical & Civil works at IMA (HQ) Building. The following officers were present in the meeting:

1. Dr. Rajan Sharma National President (Elect)
2. Dr. Ramesh Datta Hony. Finance Secretary
3. Dr. V. K. Malhotra Joint Secretary (Building)
4. Dr. V. K. Monga Convenor, Building Standing Committee
5. Dr. N. V. Kamat Principal Advisor
6. Sh. V. K. Gupta Director, Rajesh Industrial Projects Pvt. Ltd.(RIPPL)

Dr. Rajan Sharma, National President (Elect) explained the immediate requirement of Civil & Electrical works pertains to IMA (HQ) and same was discussed in the meeting and approved in the last Building Standing Committee held in Mumbai on 07.02.2019.

Sh. Vinod Gupta, Director, Rajesh Industrial Projects Pvt. Ltd.(RIPPL) was introduced and it was approved by members to hire, who has experience in similar projects. Sh. Vinod Gupta has already submitted preliminary estimate of Rehabilitation /Revamping of various services of IMA (HQ) Building. It was decided that the agency may be given the opportunity to go ahead for making the **Structural Drawing of entire Building in auto cad and also testing of Structural Stability** on priority basis. It was also decided that work related to sewerage, Electrical & Civil including boundary wall are to be taken in the 1st phase. Sh. Vinod Gupta is requested to submit the detailed estimate & plan of work accordingly.

Dr. N. V. Kamat
Principal Order

**Revised Quotation of Structural Dependency / Stability-Testing & Report from Rs. 1,90,000/-
to Rs. 4,25,000/-**

For Non-Destructive Tests (NDT), the charges will be **INR 1,00,000/-** plus GST, presently @ 18.00%.

- To prepare the as-built structural GA drawings for the building the charges will be **INR 40,000/-** plus GST, presently @ 18.00%.
- To dig up the foundations and refill it at 5 locations, the charges will be **INR 45,000/-** plus GST, presently @ 18.00%.
- To determine the steel rebars detailing we have to scan the columns/ beams/ slabs, the charges will be **INR 30,000/-** plus GST, presently @ 18.00%.
- To prepare the Structural Stability Checking Report along with the NDT, we propose to charge fee as **INR 2,50,000/-** plus GST, presently @ 18.00%.

[S. M. Adnan]
For M/s Acecon Engineers

AGENDA ITEM NO.B-34

**Minutes of meeting of Building Standing Committee of IMA
Held at Indore on November 16, 2018**

Canteen: It was informed to the House that as IMA Cafeteria is in profit, there is no need of outsourcing the Cafeteria. However, members were of the opinion that housekeeping of IMA can be outsourced for better and smooth functioning of IMA Guest & Reception.

ARTH : the possession of ARTH premises has been in the possession of IMA HQs after taking legal help. Now, we are in the process of renting it out to some another party. IMA has sent a legal notice to ARTH for paying Rs. 4.65 Cr. (rent + interest amount – payable by ARTH).

Renovation of one room as Past National Presidents' Suite: It was informed to the house that Room No. 501 on the 5th floor of IMA House is being renovated as the Past National Presidents' Suite as the same has a view of the adjoining buildings and main road outside the IMA Building. Donations of Rs.50,000/- each have been received from Past National Presidents Dr S Arulhraj, Dr.Ashok Adhao, Dr G Samaram, Dr S S Agarwal, Dr Vinay Aggarwal and Dr K Vijayakumar. Work has been assigned and is underway.

Replacement of existing Lift: Members were informed that IMA Lift is being completely replaced with a new one. Work is already underway and is expected to be completed before the ensuing meeting of the Central Council.

Energy Safety Audit: Survey for energy safety audit has been done in IMA HQs. The report of the same will be submitted in ensuing CC Meeting. After this audit and its implementation, we can reduce 15 to 18% electricity bill.

CCTV: The some additional CC TV Camras have been installed in IMA Building in addition to the existing ones.

Renovation of Common toilets on the 1st and 2nd Floor of IMA House: The common toilets on the 1st and 2nd floors of the IMA House are being renovated.

IMA Kolkatta Building: The long awaited Property documents of IMA Building at Kolkata have been received by IMA HQs. Dr. Bakulesh S Mehta, Chairman, IMA BSC,, Dr. Ashwini Kumar Dalmiya, Hony. Joint Secretary (Building), Dr. Rajender Airen, National Vice-President, IMA and Dr. V.K. Monga, Hony. Finance

Secretary, IMA were requested to visit IMA Kolkata Building to look into the details of renovation of IMA Kolkatta Building and submit its report to the coming CC meeting.

IMA Building at Kolkata is to be renovated after following proper codal formalities.

Dr M.S. Ashraf wanted to know whether IMA HQs has the documents of IMA HQs. Building in its possession or not? He was informed that HQs has received proper documents.

The main hall of IMA has been rechristened to Dr. Ketan Desai Auditorium.

As incoming HBI Chairman is from Delhi, the office of Chairman of IMA HBI is to be established in 1st Floor of IMA House, next to Secretariat of National President

Room vacated by AHPI will be utilized for End TB Programme.

Suggestions given in the visit of the Building by BSC Chairman, Dr. Bakulesh S.Mehta and National President-Elect 2019-2020, Dr. Rajan Sharma were discussed and accepted. The office of HSG to expedite.

Proper procedure to be adopted for renting out the premises vacated by Arth and the premises likely to be vacated QCI.

Efforts to be made to renting out the existing auditorium, Halls and Rooms of IMA House for more revenue.

Feasibility of installation of Solar Panels to be explored.

AHPI : The House was informed about the premises given to M/s. AHPI on rent. The House was of the opinion that IMA HQs should write a letter to M/s AHPI to vacate the premises.

QCI : was requested to revise their food charges being provided by IMA HQs through IMA Cafeteria along with increase in rent.

Dr. Bakulesh S Mehta
Chairman, IMA BSC

Dr. Ashiwini Kumar Dalmiya
Hony. Joint Secretary, IMA

AGENDA ITEM NO.B-35

IMA Building Standing committee meeting held at Bangalore, 26th December, 2018 and various points were discussed as under:-

Arth issue was informed by the Dr. V.K.Monga (Honorary Finance Secretary, IMA). The Arth committee head by the Dr. Ashok Adhao (Past National President, IMA), discussed lot of issue related to MOU signed by IMA and Arth News Channel.

We are looking for tenants for the portion vacated by Arth News Channel .

Various proposals for improvement of Building of Head Quarter, New Delhi, were put in the joint Building and Finance Standing Committee held at Bangalore on 26th December, 2019, it was decided to forward these proposals to the next team of IMA.

A requested received from Honorary Secretary, IMA Building at Kolkata, for renovation, the FSC approved Rs.20 Lac has been approved.

The meeting ended with vote of thanks

Dr. V.K. Monga
Honorary Finance Secretary, IMA

Dr. Bakulesh S. Mehta
Chairman, FSC

AGENDA ITEM NO.B 36 & 32

**Minutes of the Joint meetings of IMA Standing Committee for Finance and Building
8th February, 2019 at Mumbai**

A Meeting of IMA Standing Committee for Finance and Building was held on 8th February, 2019 at Mumbai.

Members present as per attendance register.

The issues related to Finance and Building were discussed by the committee members. After the deliberations, the House was of the opinion that IMA HQs. should make efforts to rent out the vacant space of ARTH before 1st April, 2019.

The House approved a suggestion from Dr Santanu Sen, National President, IMA, to insure the lives of staff of IMA HQs.

It was also decided to get the front facia of the above building mural painted with photograph of Late Dr B C Roy.

Dr Rajan Sharma, National President, IMA (E) informed the House that he is under negotiation with M/s QCI for renting out the vacant space under our possession. It was earlier rented out to ARTH Business News Channel.

Dr V K Malhotra Hony Joint Secretary, IMA (Building) informed the members about the various work done by him in IMA Building. He also informed that all condemned material which were lying in IMA HQs. Building has been given to scrap dealer after the unanimous decision.

Dr Jayesh Lele informed the members about the excess amount spent on the Zero Tolerance Conclave held in Mumbai.

IMA CGP matter was also discussed during the meeting.

The House approved purchase of an additional car for IMA House in IMA HQs. at New Delhi.

During the meeting, the following decisions were also taken:-

1. The proposed budget for the year 2019-20 was approved by the Committee.
2. The ARTH issue should be solved immediately.
3. For the smooth and speedy work, one latest I-Pad is to be purchased for National President, IMA
4. One laptop to be purchased for the use of office of IMA HQs.
5. During the visit of HSG, the duty timings of one of the staff members of IMA should be from 3:00 pm to 9:00 pm instead of 10:00 am to 5:30 pm.

Vote of thanks was given by Dr Ramesh Dutta, Hony. Finance Secretary, IMA

Dr Ramesh Kumar Datta
Convenor,
IMA Standing Committee for Finance

Dr V K Monga
Convenor
IMA Standing Committee for Building

AGENDA ITEM NO.B-38**Administrative matters of IMA HQs**

(A) In supersession of all previous Order the Staff strength of the IMA (HQs) is sanctioned as follows:

Sr. No.	Name of the Post	No. of Posts	Pay Scale
1	Chief Manager	1	39120-110420
2	Senior Manager	1	30840-87120
3	Senior Manager (Accounts)	1	30840-87120
4	Manager	3	25700-72580
5	Assistant Manager	6	20560-58150
6	Executive Officer	4	15420-43740
7	Assistant Executive Officer	3	12850-36460
8	Stenographer	2	12850-36460
9	Computer Operator	2	12850-36460
10	Data Entry Operator	2	12850-36460
11	Senior Caretaker	3	12850-36460
12	Driver	1	12850-36460
13	Electrician	1	10280-29220
14	Entry level Posts(Caretaker, Peon, Attendant, Safai Karamchari etc.)	20	10280-29220

The promotion to the next Post shall be on the availability of vacancy. Further, it is decided that the staff stagnating in the same / equivalent levels for more than 10 years shall be considered for placement to next scale without change in designation, subject to satisfactory performance and recommendation of Administrative In-charge.

(B) In continuation of the decision taken in the last Central Working Committee/Central Council where additional staff was to be required for the IMA HQs, the following staff were recruited as contractual basis as per details given below:-

1. Mr. Anand Gutam	Data Entry operator
2. Mrs. Priya Khera	Data Entry operator
3. Mr. Ram Bilas Gupta	Special Assistant
4. Mr. Manoj Kumar Bhakuni	Peon
5. Mr. Sumit	Peon

(C) **Insurance:** The lives of permanent staff of IMA have been insured by the office for the remaining period of their service.

(D) **Woman's Day Celebration:** Felicitation of IMA Female Staff Members on the occasion of International Woman's Day

(E) **Holi Milan:** Staff Holi Milan was celebrated in IMA HQs. in 20th March, 2019 along with Hony. Secretary General and Office Bearers of IMA HQs.

Dr. Amrit Pal Singh
Hony. Joint Secretary, IMA

Report of IMA HQs. Building at Kolkata**INDIAN MEDICAL ASSOCIATION (HQS.) KOLKATA**

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Honorary Secretary

Dr. V. Sasidharan Pillai (Kerala)

National President**Dr Santanu Sen**

Member of Parliament (Rajya Sabha)

Member, Parliamentary Standing Committee
on Health & Family Welfare

(M): 9830144496, 9013181020, 9870134600

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Honorary Secretary General**Dr R V Asokan**

(M) : 9847061563

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Doctors for Doctors and Community at Large

Ref.No. HJS/17/2018-2019

Dated: 15th March, 2019

To

Dr Santanu Sen**National President, IMA****Indian Medical Association****New Delhi****Sub: Activity Report of IMA (HQs) Building at Kolkata**

Dear Sir,

It is the proud privilege and great honor of IMAHQ's Building, Kolkata to present the activity report on the Administrative matter, proper functioning of IMAHQ's Building, Kolkata before this august gathering of 221st. meeting of Central Working Committee of IMAHQ being held in Puri, Orissa under the dynamic leadership of our National President and M.P. Dr. Santanu Sen.

The condition of the building is in bad shape. Since 1987, no major repair was undertaken due to resource constraint. Only need-based repair works were undertaken by my predecessors. So, with passage of time the condition has deteriorated considerably and visibly. A comprehensive and thorough renovation is the need of the hour.

The following comprises the overall dimensions of the repairs programme:

I Roof:

Construction of shade covering the entire roof.

II. Electrification:-

Re-modelling and rewiring of various electrical wirings, cables etc. to eliminate the high risk of shortage and consequent fire. Repairing and covering of metres and mains lying in exposed condition.

III Plumbing:-

The plumbing connections of all the 06 washrooms and toilets need to be replaced as part of total renovation.

Replacement of all existing Iron pipes(which have got rusted and getting clogged due to iron deposits) with PVC pipes of good quality.

Dr. Pijush Kanti Roy, Hony. Joint Secretary, IMA Hqs. (M) 9434007003, Email: drpijushroy@gmail.com

All communications intended for headquarters office at Kolkata should be addressed to the Hony. Jt. Secretary, Has. Kolkata

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Dr. Jayesh M. Lele (Maharashtra)
IMA Women Doctors Wing
Chairman
Dr. Mona Desai (Gujarat)
Honorary Secretary
Dr. Neeta S. Biyani (Maharashtra)
IMA Mission Pink Health
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Dr. Sreejith N. Kumar (Kerala)
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Dr. Ajay Kumar Saha (Maharashtra)
IMA National Health Scheme
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Dr. Alex Franklin (Kerala)
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Dr. Prashant Nikhade (Maharashtra)
Honorary Secretary
Dr. P. Gopeenathan (Kerala)
IMA National Family Welfare Scheme
Chairman
Dr. K. Vijayakumar (Tamil Nadu)
Honorary Secretary
Dr. V. Sasidharan Pillai (Kerala)

National President**Dr Santanu Sen**

Member of Parliament (Rajya Sabha)
Member, Parliamentary Standing Committee
on Health & Family Welfare
(M): 9830144496, 9013181020, 9870134600
Email: shantanu_sen2007@yahoo.com
Skype : drsantanu.mp

Honorary Secretary General**Dr R V Asokan**

(M) : 9847061563
Email : rvasokan@gmail.com

Doctors for Doctors and Community at Large**IV Earthing of the entire building**

Work to be undertaken for earthing (which is currently not in place)

V. Front elevation

Re-painting of the exterior

VI Lift:

Renovation of lift which is old.

The condition of the Guest House is very poor because occupancy is low, occupancy 25%-30% of capacity and earnings inadequate to cover the overheads. Hence there is loss every month. Earlier the occupancy was over crowded but day by day the situation has worsened because of the following:-

1. The 08 washrooms are in very bad shape and require full renovation.
2. The windows are rickety and need to be changed immediately.
3. Furniture require replacement.
4. The 06 room Air-conditions are not working and require replacement.
5. Electrification arrangements of all the rooms require over-haul.
6. Curtains need to be replaced.
7. False ceiling needs to be introduced in all the rooms.
8. Reception area needs to be modified with present layout and introduction of Lobby.
9. Proper dining rooms should be in place.
10. Kitchen should be renovated.
11. Provision for a store room
12. Re-plastering as well as Repainting of walls & ceilings.

Now I submit the Expenditure required to fulfill the aforesaid renovation

I. Building	Rs.
Roof & painting	7,32,00.00
Front elevation	15,25,150.00
Toilet/Washrooms	
Plumbing work/	
Electrification	7,19,328.00
Lift	3,50,000.00
	33,26,478.00
II. Guest House	
Total Expenditure	43,48,241.00
Ac/Geyser/Curtains & Rods	5,32,541.00
	48,80,782.00
III AGG Expenditure (I + II)	82,07,260.00
IV. Misc Expenditure	5,00,000.00
	87,07,260.00

(Round off to 87,00,000.00)

NOTE: 18% GST assured throughout

Dr. Pijush Kanti Roy, Hony. Joint Secretary, IMA Hqs. (M) 9434007003, Email: drpijushroy@gmail.com

All communications intended for headquarters office at Kolkata should be addressed to the Hony. Jt. Secretary, Hqs, Kolkata



INDIAN MEDICAL ASSOCIATION (HQS.) KOLKATA

SIR NIL RATAN SIRCAR I.M.A. HOUSE (HQS.)
53, Sir Nil Ratan Sircar Sarani (Creek Row)
Kolkata - 700 014
Telephones : +91-33-22257010, 22349537
Email : imahq.kolkata@gmail.com

INDIAN MEDICAL ASSOCIATION (HQS.) DELHI

(Registered under the Societies Act XXI of 1860)
Mutually Affiliated with the British & Nepal Medical Associations
I.M.A. House, Indraprastha Marg, New Delhi - 110 002
Telephones : +91-11-2337 0009 (10 lines), 2337 8680, 2337 8053, 2337 0352
Fax : +91-11-23379470, 23370375
Website : www.ima-india.org ; Email : hsg@ima-india.org



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Dr. Ravi S. Wankhedkar (Maharashtra)
National President-Elect (2019-2020)
Dr. Rajan Sharma (Haryana)
National Vice-Presidents
Dr. J. A. Jayalal (Tamil Nadu)
Dr. Pragmish C. Joshi (Gujarat)
Dr. P. Gangadhar Rao (Andhra Pradesh)
Dr. Anil S. Pachnekar (Maharashtra)
Honorary Finance Secretary
Dr. Ramesh Kumar Datta (Delhi)
Honorary Joint Secretaries
Dr. Vijay Kumar Malhotra (Delhi)
Dr. V. K. Arora (Delhi)
Dr. Amrit Pal Singh (Delhi)
Dr. Pijush Kanti Roy (Bengal)
Dr. Sibabrata Banerjee (Bengal)
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Dr. Usha Sridhar (Delhi)
Dr. S. K. Poddar (Delhi)
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Dr. Dinesh Sahai (Delhi)
Dr. Iskandar Hossain (Bengal)
IMA CGP (Chennai)
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IMA AKN Sinha Institute (Patna)
Director
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Dr. Ajay Kumar (Bihar)
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Honorary Secretary
Dr. Yogendra S. Modi (Gujarat)
IMA N.P.P. Scheme (Thiruvananthapuram)
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Chairman
Dr. Vinod Kumar Monga (Delhi)
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Skype : drsantanu.mp

Honorary Secretary General

Dr R V Asokan

(M) : 9847061563
Email : rvasokan@gmail.com

Doctors for Doctors and Community at Large

Staff related matters:- IMA guest house requires round the clock service. We have only 2 attendants, 2 Staffs. 1 Sweeper. And 1 contractual staffs. We need more permanent staffs to run the guest house smoothly.

Official visit & follow up :- Many of the IMAHQ Office bearers including Past National Presidents, Past HSGs & other Leaders of IMAHQ's had the courtesy visit to this Prestigious & Heritage IMAHQ's Guest House at Kolkata. They all have agreed about the necessity of renovation of this Guest House on an urgent basis. We appeal to the National IMA Leaders, particularly to the National President & HSG to take up the matter immediately.

My predecessors tried their label best to get the funds from the Headquarters for years together. But last year this initiation of our National President Elect Dr. Santanu Sen Immediate Past President Dr Ravi Wankhedkar on last day at office at Ban galore Conference handed over a cheque of Rs.20,00,000.00 (Rupees Twenty Lacs only) to Dr. Santanu Sen and the then Joint Secretary, HQs Dr. Santosh Mondal. We are grateful to him for this kind gesture.

Now I request the National President, IMA, The Hony. Secretary General IMA (Hqs) and the whole team of 2019-2020 to kindly approve the budget of Rs. 87 lacs and sanction of the remaining Rs.67 lacs so as to save and maintain the Headquarters building.

Last but not the least I want to convey my regards to our most beloved and leader of leaders Dr Ketan Desai for his support and blessings. Without convey my gratitude to my leader Dr Santanu Sen, I think this report will be incomplete. So I am conveying my regards and best wishes to my leader Dr. Santanu Sen.

Pijush Roy
Dr. Pijush Kanti Roy.
Hony. Joint. Secretary, IMAHQ, Kolkata.

NB: Enclosing Quotation

Dr. Pijush Kanti Roy, Hony. Joint Secretary, IMA Hqs. (M) 9434007003, Email: drpijushroysl@gmail.com

All communications intended for headquarters office at Kolkata should be addressed to the Hony. Jt. Secretary, Hqs, Kolkata

AGENDA ITEM NO.B-40

Report of activities of Dr. Dinesh Sahai, Hony. Jt. Finance Secretary, IMA

Report of 3rd Meeting of the India Expert Advisory Group on Measles & Rubella (IEAG-MR) by Govt of India, Ministry of Health & FW, in association with WHO and UNICEF on 19th & 20th February, 2019 at New Delhi.

Indian Medical Association was invited as a Core Group Member to attend the 3rd Meeting of the **India Expert Advisory Group on Measles & Rubella (IEAG-MR)** by Govt of India, Ministry of Health & FW in association with WHO and UNICEF on 19th & 20th February, 2019 at New Delhi.

Dr Santanu Sen, National President, IMA has nominated myself Dr Dinesh Sahai, Hony. Joint Finance Secretary, IMA to attend the above said meeting on behalf of Indian Medical Association.

Thorough discussions and deliberations were done in 2 days meeting in which around 60 stakeholder organizations attended the meeting.

IMA was represented as a Core Group Member in which the suggestions and ideas of IMA were presented effectively and were taken up widely by the delegates and Core Committee.

National President, IMA conveyed in the meeting that IMA is capable in all respects in making this campaign of Measles & Rubella of Govt. of India a great success.

It was also suggested that to make it more effective and successful, it is mandatory that private sector, doctor and para medical staff should also be involved in this by the Govt to make it widely successful. This point was taken up by final Core Committee Resolution.

Dr. Dinesh Sahai,
Hony. Joint Finance Secretary, IMA

AGENDA ITEM NO.B-41

Report of activities - Dr. S.K Poddar, Hony. Asst. Secretary, IMA

IMA with SBI has launched a Credit Card for IMA Members

KEY FEATURES OF THIS CARD

1. On all the cards Indian Medical Association Logo will be printed.
2. Free medical indemnity insurance for Rs.15 lakhs for all card holders.
3. Complimentary priority passes worth \$99 for International Lounge visits. Four complimentary International Lounge visits per year.
4. 8 free visits to domestic airport lounges (2 per quarter)
5. Spend Based Reward Point
 - 1 Reward Point per Rs.100 spent. Regular Reward Point exclusions will apply
 - 5 Reward Points per Rs.100 spent on travel spends through Online Travel Aggregators, international spends and buying of medical supplies

- 5 Reward Points per Rs.100 spent on all spends made on 1st July, Doctors Day
 - Applicable for all membership years.
6. Fuel Surcharge Waiver
- 1% Fuel Surcharge Waiver across all petrol pumps in India
 - Max. waiver of Rs.250/statement cycle for transactions between Rs.500 to Rs.4,000
 - Applicable for all membership years
7. Annual Fee Rs.1,499 , Applicable for all membership years
- Welcome Gift – Rs.1,500 voucher from an Online Travel Portal
8. Annual Fee Reversal
- Rs.1,499 of annual fee to be reversed on reaching annual retail spends of Rs.2 Lakh
 - Applicable from 2nd year of membership for all subsequent membership years
9. 1st year annual fee will be waived off for Office Bearers of IMA

Dr S K Poddar
Hony. Asst. Secretary, IMA HQs.

AGENDA ITEM NO.B-42

Report of Hony. Joint Finance Secretary, Stationed at Kolkatta-Dr. Iskandar Hossain

Respected National President Dr. Santanu Sen, Hony. Secretary General, Dr. R.V.Ashokan, and all the respected office bearers of IMA headquarter.

This is my first report to the central working committee members after undertaking as Joint Finance Secretary of IMA stationed at Kolkatta. I have taken over my current position at the NATCON 2018 at Bangalore.

Three wings of IMA headquarter are there at Kolkatta namely, Journal of IMA, Your Health of IMA, and IMA Headquarter Building at Kolkatta. The financial condition of all three wings is not good at all. A lot of work needs to be done for the betterment of the financial condition of all three wings.

I appeal to all the secretaries of the three wings to work harder for the betterment of financial condition. I hope we will be able to achieve a positive result of all the three wings within the next financial year.

Dr. Iskandar Hossain
Hony. Jt. Finance Secretary
Stationed at Kolkatta

REPORT(S) OF MEMBERSHIP SECTION**Position of HFC and Membership strength Dr. V.K Arora, Hony. Jt. Secretary, IMA****List of Expired Members:**

Name of Departed Members	Branch	State
Dr. A.B.R. Prasad	Gidovada	Andhra Pradesh
Dr. Devaki Nagaraja Gupta	Horsely Hills	Andhra Pradesh
Dr. S. Jagannayakulu	Tanuku	Andhra Pradesh
Dr. Javvathi Shreedhari S.	Tedapalligudem	Andhra Pradesh
Dr. S. Veera Raghava Rao	Tuni	Andhra Pradesh
Dr. D. Venkata Raju	Visakhapatnam	Andhra Pradesh
Dr. Arup Kumar Bhattacharjee	Silichar	Assam
Dr. Sourendra Nath Nag	Ranaghat	Bengal
Dr. Gopal Prasad Gupta	Samistapur	Bihar
Dr. Avinash Chandra Bhargava	Bilaspur	Chhattisgarh
Dr. Praveen Chandra Agrawal	Durg	Chhattisgarh
Dr. Harshad Pranlal Mehta	Ahmedabadq	Gujarat
Dr. Ashwinikumar Nadkarni	Ahmedabad	Gujarat
Dr. Baldevhani chimanlal Amin	Ahmedabad	Gujarat
Dr. Balwantray Dave	Ahmedabad	Gujarat
Dr. Indravadan C. Shah	Ahmedabad	Gujarat
Dr. Pandit Aileen Sharadchandra	Ahmedabad	Gujarat
Dr. Vrajmohan V. Shah	Bayad	Gujarat
Dr. Varsha Dubal	Gandhidham	Gujarat
Dr. Arunkumar B. Vyasa	Gandhinagar	Gujarat
Dr. Adeshara Suketu R.	Himmatnagar	Gujarat
Dr. Shah Alkesh I.	Nadiad	Gujarat
Dr. Hirenabhai Chelabhai Patel	Palampur	Gujarat
Dr. Prafulbhai S. Shah	Savarkundla	Gujarat
Dr. Vajir Nikhilesh H.	Surat	Gujarat
Dr. Rajnikant N. Shah	Talod	Gujarat
Dr. Akhilesh K. Shah	Umreth	Gujarat

Dr. Jitendra B. Shah	Vadodara	Gujarat
Dr. Vishwanath R. Bhupali	Hubli	Karnataka
Dr. S. Naganna	Kollegal	Karnataka
Dr. B. Gopala Krishnan	Kollam	Kerata
Dr. Jayamangalam Ammal	Palakkad	Kerala
Dr. N.P. Rama Bhadrar	Vaikom	Kerala
Dr. Virendra Kumar Khandelwal	Harda	Madhya Pradesh
Dr. Chandrakant M. Shah	Indore	Madhya Pradesh
Dr. Alsi Prabhakar Gopalrao	Akola	Maharashtra
Dr. Anil Kumar Kasat	Akola	Maharashtra
Dr. Anil W. Deshpande	Akola	Maharashtra
Dr. Umesh R. Panpalia	Akola	Maharashtra
Dr. Vinay Goyanka	Akola	Maharashtra
Dr. Anurag S. Mathur	Akola	Maharashtra
Dr. Amil S. Ghorpade	Akola	Maharashtra
Dr. Shankar Gawande	Akola	Maharashtra
Dr. Hemant Hage	Akola	Maharashtra
Dr. Iftekhar Ullah Khan	Akola	Maharashtra
Dr. Sushil Kumar Chaudhary	Bhandara	Maharashtra
Dr. Madhukar R. Deshkar	Bhandara	Maharashtra
Dr. Ashok Gopalrao Pawar	Kolhapur	Maharashtra
Dr. Dakhankar Shankar Keshav	Miraj	Maharashtra
Dr. Kaka Zainul H.	Mumbai	Maharashtra
Dr. Santuk S. Deshmukh	Parbhani	Maharashtra
Dr. Mahesh R. Tulpule	Pune	Maharashtra
Dr. R.K. Sharma	Ludhiana	Punjab
Dr. Triveni Kumar Bhandari	Udaipur	Rajasthan
Dr. S. Issac Joseph Raj	Marthandam	Tamil Nadu
Dr. K. Arvindan	Poonamallee High Road	Tamil Nadu
Dr. Ganesh Dutta Shukla	Jhansi	Uttar Pradesh
Dr. Geetadevi M. shukla	Jhansi	Uttar Pradesh
Dr. Sanjay Omprakash Agarwal	Kanpur	Uttar Pradesh
Dr. Jitendra Kumar Agarwal	Moradabad	Uttar Pradesh

STATE WISE MEMBERSHIP STRENGTH AS ON 25TH March 2019										
State Name	Annual Members		Life Members		Tot LM		Single		Couple	
	SAM	CAM	Tot AM	SLM	CLM					Gr. Total
ANDHRA PRADESH	0	0	0	9733	3537	16807	9733	3537	16807	
ARUNACHAL PRADESH	0	0	0	278	36	350	278	36	350	
ASSAM	0	0	0	2377	481	3339	2377	481	3339	
BENGAL	343	17	377	11194	1501	14196	11537	1518	14573	
BIHAR	37	3	43	6993	1570	10133	7030	1573	10176	
CHANDIGARH	0	0	0	662	345	1352	662	345	1352	
CHHATTISGARH	8	0	8	1625	598	2821	1633	598	2829	
D.M. ATTACHED TO HQ.	0	0	0	76	5	86	76	5	86	
DELHI	0	0	0	7823	3560	14943	7823	3560	14943	
DIRECT BRANCHES	0	0	0	193	24	241	193	24	241	
GOA	2	0	2	1075	212	1499	1077	212	1501	
GUJARAT	25	4	33	19815	3748	27311	19840	3752	27344	
HARYANA	0	0	0	2221	1657	5535	2221	1657	5535	
HIMACHAL PRADESH	0	0	0	504	187	878	504	187	878	
JAMMU & KASHMIR	0	0	0	292	64	420	292	64	420	
JHARKHAND	0	0	0	2975	791	4557	2975	791	4557	
KARNATAKA	4	1	6	15001	4807	24615	15005	4808	24621	
KERALA	88	4	96	16648	6602	29852	16736	6606	29948	
MADHYA PRADESH	30	3	36	5331	2033	9397	5361	2036	9433	
MAHARASHTRA	92	17	126	23856	9304	42468	23948	9321	42594	
MANIPUR	0	0	0	417	123	663	417	123	663	
MEGHALAYA	0	0	0	14	3	20	14	3	20	
MIZORAM	0	0	0	64	11	86	64	11	86	
NAGALAND	0	0	0	173	15	203	173	15	203	

ORISSA	0	0	0	0	0	3763	817	5397	3763	817	5397
PONDICHERRY	0	0	0	0	0	515	142	799	515	142	799
PUNJAB	0	0	0	0	0	4017	2283	8583	4017	2283	8583
RAJASTHAN	0	0	0	0	0	5754	1950	9654	5754	1950	9654
SIKKIM	0	0	0	0	0	109	13	135	109	13	135
TAMIL NADU	0	2	4	4	4	22338	5776	33890	22338	5778	33894
TELANGANA	0	0	0	0	0	9218	2769	14756	9218	2769	14756
TRIPURA	0	0	0	0	0	532	41	614	532	41	614
UTTAR PRADESH	5	0	5	5	5	10094	4374	18842	10099	4374	18847
UTTARANCHAL	1	3	7	7	7	1136	396	1928	1137	399	1935
Grand Total	635	54	743	743	743	186816	59775	306370	187451	59829	307113

AGENDA ITEM NO.B-44

**REPORT ON FORMATION/REVIVAL/SUSPENSION/MERGER/CHANGE
IN NAME OF LOCAL BRANCHES**

Formation of Local Branch

S.NO.	Name	State	Date of Formation
1.	Rangia	Assam	10/01/2019
2.	Dr. Mehta's Chetpet	Tamil Nadu	06/02/2019

Change of Branch Name

S.NO.	Name	State	Date of Formation
1.	Hyd City Amberpet to Hyd. Amberpet	Telangana	13/02/2019

Dr. V.K. Arora
Hony. Joint Secretary, IMA

Report of Digital IMA

From last two years, we were planning to digitise IMA in terms of its operations and staff efficiency, to reach out to current members across several states, creating tempting digital experience for them and leveraging digital tools. We have taken a few steps ahead to give IMA a digital transformation that are as follows:

IMA Headquarter Membership Software

- We have deployed membership software at IMA Headquarter (HQ), New Delhi. After implementation, staff are able to focus on their area of expertise whilst resting assured that their other computing affairs are being taken care of.
- Earlier all the submitted applications (i.e. hard copies) from different states goes to IMA HQ, where the staff manually entered those applications into the old software and then, approved them.
- Now, in current software, each state has its own option where they can submit online application for life or annual membership for single or couple. Only the approval part comes to IMA HQ.
- After the approval, membership number and downloadable certificate is emailed to member. Member can download the certificate and print it off directly.
- It has automated the process of reporting. There are different types of report that can be generated from the software like Members report, CC members report, CWC members report, Expired members report, Office bearer report, State & Branch wise Membership Strength report, State & Branch wise President and Secretaries report and many more.
- Certificate can be printed as well as emailed to State in a batch (if required by state).

IMA State Level Membership Software

We have implemented membership software in all IMA states as well. Software has streamlined operations, reduced a lot of paperwork, increased staff productivity and accelerated the state growth.

1. Now, states do not have to send hard copies of applications to IMA HQ. They can easily submit online application for life or annual membership for single or couple from their own software.
2. As soon as the application is approved by IMA HQ, membership number is automatically mailed and texted to applicant/member via Email and SMS.
3. And even Certificate is emailed to approved member in a pdf format.
4. Software automatically generates membership number once application gets approved from IMA HQ. Staff do not have to do that.
5. State can review the submitted as well as approved applications any time.

6. They can check membership number and other details of any single or couple member in a single click.

IMA Member Area (IMA Web Portal)

1. We have launched IMA Member Area few months back. IMA Member Area is an online web portal where member can download or print their certificate, Proforma and ID cards etc.
2. Members can upload photo as well as update their personal details.
3. In future, we are planning to start a new section within IMA Member Area where members will get information like latest news, events and messages related to IMA.

Become a member of IMA (Online Portal) Linked with IMA Branch Member Management Software, IMA State Member Management Software & IMA HQ Member Software

Objective :

Implementation of an appropriate Web Based Application to handle Individual Membership joining requirement, Online payment Processing and Membership Management Requirement along with the synchronization with IMA HQ, IMA Branch and IMA State HQ Member Software.

Requirements :

- Provision to apply online for IMA Membership by individual themselves
- Provision to pay membership fee online
- Auto suggestion tool to find correct branch or state with respect to the pin code entered by the applicant
- Check Online status of Application along with the report of Payment done or received.
- After successfully approval of membership or joining of IMA, member will get the access of all features of Digital IMA Portal.
- Provision to submit all type of Membership Applications i.e. Annual Membership, Life Membership, Single / Couple and Half Couple to IMA HQ of your Own Branch.
- Provision to view Approved, Pending and Rejected Applications of your Own Branch.
- Provision to search Member details of your own branch like member name, spouse name, qualification, membership number, address, membership type etc.
- Download / Print membership Certificate of your own branch with the provision to email in batch or individual to State / IMA HQ / directly member
- Provision to send Request for any type of correction in Membership Details directly to IMA HQ
- Provision to send Request for Membership Transfer to IMA HQ
- Provision to view Membership Entry for Online Payment Done along with the status to IMA HQ
- Provision to manage account and transaction log of payment received for the share of Branch, State and IMA Head Office respectively
- Provision to add and manage Branch President / Secretary Details
- Prepare Member Label / List Report of your Own Branch

- Manage CC Member of your Own Branch
- All above will be synchronized with the running Membership software of IMA headquarter.

Procedures :

1) Payment gateway / processing Security

SSL All transactions will be secured with SSL protocol. Using SSL helps to encrypt the information so that the card details and all other sensitive data is protected.

PCI When you're processing payments on your website, PCI is a must. The Payment Card Industry Data Security Standards (PCI DSS) provide guidelines for merchants that tell them what they need to do in order to secure sensitive data in payment processing.

Tokenization

3D Secure

3D Secure is an additional security layer that helps with fraud prevention in debit and credit card transactions.

2) Web Application for Branch

- a) Provision to view all self-submitted applications with approval / rejection button
- b) Accounting system to manage percentage sharing with IMA HQ and Branch
- c) A secure personal login system will be provided to each branch.
- d) Provision to submit all type of Membership Applications i.e. Annual Membership, Life Membership, Single / Couple and Half Couple to IMA HQ of your Own Branch.
- e) In IMA HQ there will be setting tool where IMA HQ can decide whether the submitted application will come directly to HQ via Branch or it will come through the approval of State.
- f) View Approved / Pending Rejected Applications of your Own Branch. With option to print / export and save in excel.
- g) Download / Print membership Certificate of your own branch with the provision to email in batch or individual to State / IMA HQ / directly member
- h) Provision to send Request for any type of correction in Membership Details directly to IMA HQ and track progress of it.
- i) Send Request for Membership Transfer to IMA HQ and track progress of it.
- j) Payment Sent Entry for IMA HQ and track progress of it.
- k) Provision to add and manage Branch President / Secretary Details
- l) Prepare Member Label / List and strength Report of your Own Branch
- m) Manage CC Member of your Own Branch

3) In IMA HQ Panel

- a) All applications and request tasks will be shown in IMA HQ panel for taking the necessary action on them
- b) All member activity will be synchronized with IMA HQ Software

- c) In IMA HQ there will be setting tool where IMA HQ can decide whether the submitted application will come directly to HQ via Branch or it will come through the approval of State.
- d) Provision to review all fee collected reports and stats
- e) Branch report of all transferred fee share along with the action panel to manage accounting
- f) Option to manage dynamic branch share creation tool for both Percent based and flat based share
- g) Daily monitoring of ongoing applications submission / unattended applications / shifted application to other branch / process

4) In State HQ Panel

- a) Option to manage branch wise application activity
- b) Daily monitoring of ongoing applications submission / unattended applications / shifted application to other branch / process
- c) All applications and request tasks will be shown in IMA HQ panel for taking the necessary action on them

5) Web Application for Online Member User / Who is willing to Join IMA

- a) Welcome screen to Join IMA for Visitor or member
- b) Easy IMA branch choose option based on user / visitor location.
- c) Auto suggest option based on address of user / IP.
- d) For visitor he/she can check his/her respective IMA branch by just input of PIN code, so he/she will easily select IMA branch for applications submission or contact purposes.
- e) A PIN code admin module will be provide to dynamically link/ unlink associated IMA Branch. For Admin / Moderator.
- f) Branch can also link / unlink new PIN.
- g) IMA member Application form option to submit.
- h) Option to support Drag and drop documents like degree, medical council certificate, signature and photograph etc.
- i) Application submission / approval / rejection / process all will be intimated by auto SMS / Email.
- j) If the application is approved, an email & SMS will be automatically sent to the applicant with an online payment link which can be used for making payment.
- k) In case of Rejection of application, rejection mail & SMS will be sent to the applicant.
- l) Option to track application status later.
- m) After approval provision to update profile and update contact details.

Branch Software Model

- a) CSV upload option for IMA State Branches Ex. Delhi / Mumbai where they will prepare CSV and then, upload to Online IMA Branch Software.
- b) This option will upload and synchronized their updated member list to IMA head office with one click effort.
- c) Newly added members will able to access all features of IMA member Portal / member.

Dr. V.K. Arora
Hony. Joint Secretary, IMA

Activity Report and Administrative matter of Journal of IMA (JIMA)

The Team JIMA took charge on the 28th December 2018 at Bangalore with National President, Dr. Santanu Sen (MP, Rajya Sabha) and Dr. R.V.Asokan as Hony. Secretary General at the helm of IMA HQs.affairs.

KOLKATA OFFICE OF NATIONAL PRESIDENT:We received a letter from Hony. Secretary General (IMA HQs.) regarding a room to be allotted to National President along with a staff to be deputed for him. We have allotted a well decorated room to National President and a staff from JIMA has been deputed for National President for all his works throughout the day during his stay at Kolkata.

VISIT OF HONY. SECRETARY GENERAL: We are really grateful to Dr. R. V. Asokan who visited JIMA on Friday, 1st March 2019. A meeting was organized at IMA HQs., Kolkata with all IMA HQs. office-bearers, CWC members of Bengal and IMA Bengal State Branch office-bearers. It was a memorable interacting session with Hony. Secretary General in presence of National President.

MEETINGS:We have organized two meetings of the JIMA Committee till date attended by all members in presence of National President.

INDEXING & WEB-HOSTING CONTRACT:An agreement has been signed with Evangel Publishing a Delhi based Company who will launch E-JIMA in an international format around June-July. They will also do the necessary formalities required for indexing of JIMA. An initial payment of Rupees Two Lacs as per agreement deed has been already paid to them. The initiation of the webpage design is under process and we hope we shall be able to place it at the Central Working Committee Meeting at Puri.

RNI REGISTRATION for the new committee has been completed and the March issue has been posted with press line of the new committee.

MARKETING: A special thrust has been put on the marketing department and Hony. Secretary, JIMA himself is looking after the marketing department. We are inviting all pharmaceutical houses who had backed out of JIMA due to its discontinuation and slowly they are coming back. We are also sending a copy of JIMA to all the advertisers who left us just to assure them that JIMA is back in publication and we need their support henceforth.

GST: IMA (HQs.) are paying their GST. GST is applicable to JIMA also. The new committee immediately initiated the GST registration process and it has been completed. The GSTIN of JIMA is **19AAATI0290G1ZS**.

CIRCULATION: As per the direction of the HQs. we have been printing 10,000 copies per month and it is being posted to present IMA HQs. Office Bearers, Past National Presidents & Hony. Secretary Generals, Members of Central Working Committee & Central Council, Presidents, Hony. Secretaries and Hony. Finance Secretaries of State & Local Branches as directed by IMA HQs. We have been uploading e-journal in our website regularly (www.ejima.in). As you know it is a constitutional right of every IMA member to get JIMA each month. In this respect we appeal to IMA HQs and the State IMA HQs of all states to send e-mail id of all members so that we can send the JIMA link to all members of IMA from April 2019 onwards. We also appeal to this august house (CWC) to increase the printing of JIMA from ten thousand (10,000) to three Lacs (3,00,000) so that we can send the hard copy to all members.

EDITORIAL: Dr. Golak Behari Majhi, Hony. Editor will supervise all works of Editorial Department during 28th December 2018- 27th December 2019.

1. All articles submitted in JIMA will be screened by editorial staff for technical aspects.
2. If primary screening process fulfills all criteria then article to be send to Two Associate Editors and Past Editor/Editor Elect (a committee of three).
3. When at least two members of the above committee gives clearance it will be placed to Hony. Editor who will send to two reviewer of concerned field.
4. If both reviewer gives clearance the article will be accepted and printed. If any of the two differs the Hony. Editor may take decision or send it to third Reviewer.
5. Editorial preferably will be from one of the original/review article. It will be written by either Hony. Editor, Hony. Editor Elect, Immediate Past Hony. Editor or any Guest Editor (Expert of the Field)
6. Once the work of Editorial Department is complete it will be sent to Hony. Secretary, JIMA for Printing, Publishing and Posting

Dr. Sibabrata Banerjee and Dr. Sujoy Ghosh, Hony. Associate Editors has been entrusted to invite members to send articles of JIMA. Dr. Sujoy Ghosh & Dr. Jyotirmoy Pal will work on the SPECIAL ISSUES of JIMA. We appeal to the members to send evidence based Articles for JIMA. Every suggestion is welcome for betterment of JIMA. As a proposal from Hony. Editor, JIMA a copy of JIMA is being sent to the Principal of all 400+ Medical Colleges of the Country for their respective College Libraries from January 2019 besides normal JIMA being send to the list given by IMA (HQs).

INTERNAL AUDITOR: The term of the present internal auditor is coming to an end this financial year. So as per constitution we want to appoint a new Auditor for JIMA for coming four years. The new Internal Auditor will be **M/s Aurobinda Ghosh & Co. Chartered Accountant, Sir Nil Ratan Sircar IMA House, Room No. 6, 53, Sir Nil Ratan Sircar (Creek Row) Avenue, Kolkata-700014.**

COURT CASES OF JIMA: Mrs. Usha Sengupta & JIMA

Case 1. Salary & Wages in Labour Court – The Hon’ble Court has given a verdict to pay Ms. Usha Sengupta Rupees One Lakh immediately and four instalments of Rupees Fifty Four Thousand One Hundred Eighty Two (each) for four months within first week of every month. We have paid Rupees One lakh in February 2019 and Rupees Fifty Four Thousand One Hundred Eighty Two in March 2019 and will clear all dues by paying the amount during April, May & June.

Case 2. Gratuity Case in Labour Court: Her advocate has claimed Rupees Four Lac Fifty Thousand (Rs.4,50,000.00) for gratuity payments. But our advocate pointed out that as she has discontinued from her services so her claim is not as per law of the land. We are fighting the case in the court of Law and the next date is 28th March 2019.

3rd NATIONAL ASSEMBLY OF EDITORS OF MEDICAL JOURNAL: JIMA will organize 3rd National Assembly of Editors of Medical Journal during next Association Year 2019-2020. The date of the conference will be finalized in liaison with IMA Hqrs. Dr. Santanu Sen, National President is hereby requested to finalize a date as per IMA HQs. calendar of activity and keeping in mind about NATCON in Kolkata in December 2019.

FINANCE: Team JIMA is focused to make JIMA a profitable wing by December 2019 and hope we shall do it a promise to National President Dr. Santanu Sen. In the meantime we are in the closing stages of clearing

all corpus fund debts of JIMA. Once it is cleared we request IMA HQs. to send HFC and FD interest to JIMA as before. We have also made an appeal to IMA HQs. for lending out a financial support to JIMA, a wing of IMA HQs. and hope our appeal will be accepted& passed by CWC.

We are really indebted to all the members of JIMA Committee, all the contributors of articles, the advertisers, the Printers M/s Prabha and all staffs of JIMA for their hard work for uplifting the image of JIMA.

Long live JIMA, Long Live IMA!

Dr. GolokBehariMaji
Hony.Editor

Dr. Sanjoy Banerjee
Hony. Secretary

AGENDA ITEM NO.B-47

Report of IMA College of General Practitioners

**Activities and Financial Report From Jan To March-2019 By Dr.L.Yesodha Hon.Secretary,
IMACGP HQs**

15th&16th Dec-2018

Attended common meeting at Delhi IMA HQs.

16th Dec 2018

Afternoon participated in inauguration of Delhi IMA WDW along with Dr.Mona Desai, Dr.Neetabiyani and Dr.Neelamlekhi.

28th Dec 2018

NATCON 2018 BENGALURU

193rd National Conference 2018.

I with joint secretaries were sworn as IMA CGP Secretary.

5th Jan 2019

Dr.R.Gunasekaran Imm.Past IMA CGP Secretary and Dr.N.Muthurajan Imm.Past Joint Secretary handed over CGP Accounts to me and Dr.C.Anbarasu.

20th Jan 2019

Attended All Presidents and Secretaries meeting at New Delhi HQs.

Jan 26.01.2019

IMA CGP HQs **Dr.Sudhir Dhakre** Dean installation at Hotel Green Park.

Chief Guest – **Dr.J.A.Jayalal** Senior National Vice President

In the presence of

- Dr.S.ArulRhaj-Past National IMA President
- Dr.Capt G.Raghavelu - IMA CGP Past Secretary
- Dr.K.M.Abul Hassan- IMA CGP Past Secretary
- Dr.R.Gunasekaran- IMA CGP Past Secretary
- Dr. P. MannarMannan-Director of studies IMA CGP TNSB
- Dr.C.Anbarasu-Joint Secretary IMA CGP (Tamil Nadu)
- Dr.R.Palaniswamy – Joint Secretary IMA CGP (Tamil Nadu)
- Dr.Ashok Tripathi- Joint Secretary IMA CGP (Chhattisgarh)
- Dr.Fariyad Mohammed- Joint Secretary IMA CGP (Rajasthan)

26.01.2019 & 27.01.2018

MRCGP Workshop writing training for Indian MRCGP examiners under the guidance of Dr.S.ArulRhaj conducted at Hotel Green Park 16 members attended and also SP training given.

26.01.2019

IMA CGP HQs Dean Dr.Sudhir Dhakre along with Joint Secretaries visited IMA CGP office at IMA HQs building west tambaram.

March 16th & 17th -2019

Diploma in Family Medicine classes started at IMA CGP HQs, Tambaram. 20 students registered. Faculty Dr.Ramesh and his team.

List of IMA CGP members for the month of Jan 2019

- Bihar -01
- Mumbai -02
- Rajasthan -01

Over all IMA CGP Life membership Total members are 21603.

List of IMA CGP members for the month of Feb 2019

Bihar -03

- Tamil Nadu -06

Over all IMA CGP Life membership Total members are 21612.

List of IMA CGP members for the month of March 2019

- Kerala-01
- Maharashtra -02
- Tamil Nadu -06

Over all IMA CGP Life membership Total members are 21621.

Financial Accounts of unaudit for Jan & Feb 2019 enclosed.

IMA - COLLEGE OF GENERAL PRACTITIONERS HQRS, CHENNAI			
IMA EVARSITY ACCOUNTS STATEMENT FOR THE PERIOD 01.01.2019 TO 31.01.2019			
A/C Name: IMA EVARSITY			
A/C No: 3856101004749			
INCOME	Rs.	EXPENDITURE	Rs.
OPENING BALANCE	2060721.17		
ONLINE COURSE COLLECTION	19,60,432.63	MEDISYS INVOICE PAYMENT FOR THE MONTH OF DECEMBER 2018	7,37,459.00
		RECURRENT EXPENSES	
		SALARY FOR THE MONTH OF DEC'18	19,000.00
		MR. MOHIDEEN	17000.00
		MR. RAMACHANDRAN	2000.00
		COURIER CHARGES:	1,115.00
		PROFESSIONAL COURIER	
		OFFICE RENT (MONTH OF DEC'18)	15,000.00
		PETTY CASH (FOR THE MONTH OF JAN'2019)	8,845.00
		PURCHASE OF MOMENTO (DEC'19) NATCON	1,083.00
		BANK CHARGES	30.00
		INTERNAL AUDIT EXPENSES	
		ROOM RENT EXPENSES	2,000.00
		INTERNET BILL	2,032.00
		IMA CGP HQs DEAN INSTALLATION EXPENSES - 2019	
		CONVEYANCE TRAVEL EXPENSES	4,000.00
		AIR TICKET FOR DEAN	9,050.00

		PHOTOGRAPHER CHARGES	2,000.00
		MOMENTO FOR DEAN INSTALLATION	3,750.00
		INCENTIVE & CONVEYANCE FOR STAFFS DEAN INSTALLATION	2,000.00
		HOTEL GREEN PARK (SERVICE TIPS)	2,400.00
		DELHI MEETING EXPENSES	
		AIR TICKET (DR. YESODHA)	16,800.00
		CASH AT BANK	31,94,589.80
TOTAL	40,21,153.80		40,21,153.80

<u>IMA - COLLEGE OF GENERAL PRACTITIONERS HQRS, CHENNAI</u>			
<u>IMA EVARSITY ACCOUNTS STATEMENT FOR THE PERIOD 01.02.2019 TO 28.02.2019</u>			
<u>A/C Name:IMA EVARSITY</u>			
<u>A/C No:3856101004749</u>			
<u>INCOME</u>	<u>Rs.</u>	<u>EXPENDITURE</u>	<u>Rs.</u>
OPENING BALANCE	3194589.80		
ONLINE COURSE COLLECTION	9,74,293.63	MEDISYS INVOICE PAYMENT FOR THE MONTH OF JANUARY 2019	15,36,059.00
		MEDISYS INVOICE PAYMENT FOR THE MONTH OF FEB 2019	3,97,746.00
		<u>RECURRENT EXPENSES</u>	
		SALARY FOR THE MONTH OF JAN'19	23,000.00
		MR. MOHIDEEN 17000.00	
		MR. RAMACHANDRAN 2000.00	
		MRS. AMUTHA JULIET 4000.00	
		SALARY FOR THE MONTH OF FEB'19	
		MR. MOHIDEEN 17000.00	17,000.00
		OFFICE RENT (MONTH OF JAN'19)	16,500.00
		EB CHARGES	2,197.00

		PETTY CASH (FOR THE MONTH OF FEB '2019 & MARCH 2019)	10,000.00
		PRINTING & STATIONARY	7,600.00
		(VISITING CARD , BANNER)	
		HOTEL GREEN PARK	49,317.00
		TRAVEL EXPENSES (Air Ticket)	
		DEAN & DR. YESODHA	35,564.00
		CASH AT BANK	20,73,805.43
		BANK CHARGES(CHEQUE BOOK CHARGES)	95.00
TOTAL	41,68,883.43		41,68,883.43

AGENDA ITEM NO.B-48**Report of IMA Academy of Medical Specialties****AIMS of IMA AMS:**

- To provide a forum to Specialists and Super-specialties of all branches of Medicine to discuss multi-disciplinary matters of academic interest
- To promote and encourage unity among the members of IMA
- To enhance image of IMA
- To increase Life Membership and of Fellowship of IMA AMS
- To update all the members of IMA of the recent advances in the field of Medicine and allied subjects
- To conduct C.M.Es all over India
- To conduct various Specialty and sub-specialty courses

Membership: *There are 19 State Chapters and 190 Branch Chapters of IMA AMS with 14585 Life Members and 2346 Fellows as on the date. There are 378 membership and 5 fellowship applications pending for enrollment.*

The state wise details of life members and fellows are as follows...

<i>TOTAL as on 27-3-2019</i>			
S. No	State Name	Life Members & Associate LM	Fellows of IMA AMS
			37

1	AP	342	
2	TELAGANA	650	103
3	ASSAM	253	41
4	BENGAL	796	231
5	BIHAR	551	253
6	CHANDIGARH	42	14
7	CHATTISGARH	178	24
8	DELHI	689	234
9	GUJARAT	358	51
10	GOA	3	3
11	HARYANA	1234	201
12	HP	2	1
13	J & K	7	1
14	JHARKHAND	149	52
15	KARNATAKA	866	158
16	KERALA	2730	118
17	MP	111	27
18	MANIPUR	10	5
19	MAHARASHTRA	2401	105
20	ORISSA	206	41
21	OVEERSEAS	58	53
22	PUNJAB	224	69
23	RAJASTHAN	64	18
24	TAMILNADU	1150	324
25	TRIPURA	4	4
26	UP	1269	173
27	UTTARANCHAL	234	5
	Total	14585	2346

Life Memberships, Fellowships & Professorships received from 1st Jan 2019 to till date

Life Memberships	-	129
Fellowships	-	2

Non enrollment of Members in IMA AMS:

A few states such as Goa, Himachal Pradesh and Manipur have not enrolled any members to IMA AMS from year 2009 up to the date. A communication with be send to all the State Presidents and Hon State Secretaries and to the Chairmen and State Secretaries of IMA AMS to increase membership and fellowships of IMA AMS.

IMA AMS Fees details and Mode of Payment details are given below:

1. Life Membership Fee : Rs 1000/- total
(Hqrs Share: Rs 400/-, State Share: Rs 300/-, Branch Share:Rs 300 /-)
2. Overseas members (effective from 1-10-1988): U.S. Dollars 250 (No Share)
3. Fellowship Fee : Rs. 5000/- total
(Hqrs Share: Rs 2000/-, State Share: Rs 1500/-, Branch Share: Rs 1500/-)
4. Fellowship fee of Overseas Members U.S. Dollars 400 (No Share)
5. Direct Members : Life Membership Fee Rs. 700/- and Fellowship Fee Rs. 3500/-
(There shall be no branch share for direct members)

IMA AMS Courses

IMA AMS conducts courses in medical specialties with sole intention of improving knowledge and skills of medical professionals in their respective fields. The duration of course in general is one year. These courses, however, are not recognized by MCI and doctors undertaking these courses are not permitted to claim themselves as specialist or to display these certificates as additional qualification.

While conducting the courses the following pattern of revenue sharing has been adopted.

1. 40% share to IMA AMS Headquarters
2. 40% share to academic session
3. 20% share IMA AMS State for its maintenance

Following is the provisional list of courses being offered by IMA Academy of Medical Specialities:

1. Infertility
2. Fluorescein Angiography
3. Laser Photocoagulation in Retinal problems
4. Excimer, Laser & Lasik Surgery
5. Phacoemulsification
6. Training in Noninvasive Cardiology, Echocardiography and TMT
7. Critical Care in Cardiology
8. Advanced Micro-Surgery of Ear

9. Functional Sinus Endoscopy
10. Laser in ENT
11. Rhinoplasty
12. Joint Replacement
13. Arthroscopy
14. Spine Surgery
15. Upper GI Endoscopy - a. Basic b. Advanced
16. Laparoscopy - a. Basic b. Advanced
17. Rheumatology
18. Preventive Cardiology (FPC)

All fellowships shall be of one year duration with 3 to 4 days of theory classes in a month. Due importance shall be given for clinical sessions.

At the end of the course i.e. after one year, exams shall be conducted with theory exam on day One and clinicals, log book discussions and general viva on day Two. Examination results shall be announced within one week of the exam and shall be informed to the Headquarters. Headquarters shall conduct Certificate awarding ceremony on the graduation day, wherein all the doctors, who have passed the exams, shall be awarded fellowship certificates.

All such courses are to be conducted by State branches of IMA AMS with help from IMA AMS Hqrs, only after due registration of such courses and entering a MOU with the IMA AMSHqrs office. 40% of the money collected for the course shall be contributed towards Hqrs share. The rest of 60% money for your courses expenditure save some money and increase IMA AMS activities in your State level and Branches level. Update your State doctors with the latest knowledge and skills in their respective fields. The fellowship course certificates will be issued by IMA AMS H.Qrs only. Chairman & Secretary of IMA AMS HQrs signatures are compulsory on the certificates. In certificate distribution ceremony invite to National Leaders and IMA AMS Hqrs leaders to the function.

AMS Fellowship & Professorship:

I request all the States to gear up with more member enrollment, Life Memberships, Fellowships and Professorships. You can download Application forms from AMS website www.ima-ams.org. Every year we will give Hony. Professorships to eligible candidates, who can apply for professorship. The Associate Life member is not eligible for Professorship and also who have not completed 25 years in PG or Diploma that member is not eligible for Professorship. This year onwards IMA Professorships approved by IMA Accreditation Council, New Delhi. Please send filled application form along with required documents send to Hony. Secretary IMA Hqrs, New Delhi address and one copy send to Hony. Secretary IMA AMS Hqrs, Hyderabad address on or before 31st July.

Hony. Secretary IMA AMS Head Qrs Activities

1. Charge taken by Dr. V. S. Rao, Vice Chairman IMA AMS Hqrs, Dr. Mohan Gupa, Hony. Secretary IMA AMS Hqrs, Dr. Ravi Shankar, Joint Secretary IMA AMS Hqrs, Dr. Rajendra Kumar Yadav, Secretary IMA AMS Hqrs and Dr. S. P. Singh, Editor of Annals IMA AMS Hqrs and Dr. B. Narender Reddy, Executive Editor of IMA AMS Hqrs on 3rd January 2019 at IMA AMS Hqrs Office. Dr. B. Pratap Reddy, State President IMA Telangana State, Dr. Sanjeev Singh Yadav, Hony. Secretary IMA Telangana State and

Dr. M. Shiva Lingam Treasurer IMA Telangana State and IMA AMS State Office Bears Dr. E. Prabhavathi, Dr. LakshmanRao, Dr. Syed NusrathFarees are attended this ceremony.

2. Dr. Mohan Gupta, Hony. Secretary IMA AMS H.Qrs attended the State Leadership Meeting on 20th Jan 2019 at New Delhi and submitted IMA AMS Forms and brief report of IMA AMS Hqrs.
3. Dr. Mohan Gupta, Hony. Secretary IMA AMS Hqrs attended the IMA AMS AP State Conference on 17th Feb 2019 at Vishakapatnam.

Telangana State Activities:

IMA AMS Telangana State started in Fellowship Certification Course in infertility for the MS OBG and MD DGO Doctors inauguration held on 26th Jan 2019 at IMA Building, Dr. G. K. Kirloskar Hall, Hyderabad. Inauguration conducted by IMA AMS Telangana State, Chief Guest of the function Dr. B. Pratap Reddy, President IMA Telangana State, Guest of Honour Dr. Sanjeev Singh Yadav, Hony. Secretary IMA Telangana State, Dr. M. Shivalingam, Treasurer IMA Telangana State Swetha Agarwal, HOD Southern Gem Hospital and Dr. DurgaPoornima, HOD Neelima Mom Hospital and Dr. V. S. Rao, Vice Chairman IMA AMS Hqrs, Dr. Mohan Gupta, Secretary IMA AMS H.Qrs, Joint Secretaries Dr. Ravi Shankar, Dr. Rajendra Kumar Yadav and Executive Editor Dr. B. Narender Reddy, Dr. Krishna Reddy, IMA Building Trust Maintenance, Dr. E. Prabhavathi, Chairman IMA AMS Telangana State, Dr. V. LakshmanRao, Vice Chairman IMA AMS Telangana State, Dr. YashovanthRao, Treasurer IMA AMS Telangana State and other dignitaries are participated. The course will be for one year. Theory and Clinicals at Neelima Mom Hospital, Surya Infertility Centre and Ferty 9 Hospital and Research Centre and Southern Gem Hospital. Morning 11 am to 1 PM inauguration and 1 PM to 2 PM Lunch and 2 PM to 3 PM Introductory class on **“Evaluation and Management of Infertile Couple – and Over View”** Speaker by Dr. DurgaPoornima, MBBS, DGO, DNB.

Chattisgarh State Activities:

IMA AMS Chattisgarh State conducted CME on 15th Feb 2019 at Hotel Sagar International, Durg. Topic1: Relevance of Met + SU in T2DM Continuum, speaker by Dr. PrabhatPandy and Topic 2: Diabetes Management – Practical tips speaker by Dr. TarunPandy.

Haryana State Activities:

IMA AMS Kaithal Branch, Haryana State conducted CME on 20th Feb 2019 Topic is **“Choosing a Perfect Partner to Metformin”** speaker by Dr. AshishSehgal

IMA AMS Kaithal Branch, Haryana State conducted CME on 23rd Feb 2019 Topic is **“Recent Challenges and Management of Knee OA”** speaker by Dr. MaharajSharan Gupta.

IMA AMS Kaithal Branch, Haryana State conducted CME on 6th March 2019, Topic on Clinical Management of Tuberculosis Speaker by Dr. Amit Sharma, MBBS, D.T.C.D.

IMA AMS Tohana Branch, Haryana State conducted CME on 9th March 2019 Topic1: **MANAGEMENT OF ACUTE UPPER GI BLEEDS** speaker by Dr. DR AMIT JINDAL, DM Gastro.

IMA AMS Kaithal Branch, Haryana State conducted CME on 24th March 2019, Topic on **“World TB Day “Its Time”** Speaker by Dr. J. D. Popli, MBBS, D.T.C.D

My sincere thanks to DrSantanuSen, National President, IMA HQs, DrR V Asokan, Hon. Secretary General, IMA HQs, Dr. Ramesh Kumar Dutta, Finance Secretary IMA Hqrs, Dr. NatwarSharda, National Chairman, IMA AMS HQs and DrV S Rao, Vice Chairman, IMA AMS HQs, for their valuable guidance and suggestions. I appreciate Mrs NSaritha, Office-in-charge for her exemplary services and her support in smooth conduct of the office activities.

Dr. Mohan Gupta,
Hony. Secretary, IMA AMS

AGENDA ITEM NO.B-49**Report of IMA Dr. AKN Sinha Institute of Medical & Health Education and Research****Activities & Progress Report from 01-10-2018 to 11-03-2019**

The last report of activities & progress upto 30-09-2018 of IMA AKN Sinha Institute, Patna has been submitted in the last CWC.

1. Since then the following activities has been done at IMA AKN Sinha Institute from 01st October, 2018 to 11th March, 2018 : -

A) Letters	-	10300
(Personal letter sent to IMA Members of Uttar Pradesh & Kerala)		
B) Advertisement given in the Patna Journal of Medicine	-	05
C) Information Brochure sent to doctors	-	17
D) Enrolment in Post Graduate Certificate Courses (Postal Mode)	-	29
E) Number of Certificate issued for PGCC after completion of the course	-	23
F) Number of Certificate issued for BLS Course after completion of the training	-	190

2) Publication of IMA AKN Sinha Diary : On approval of IMA HQs, IMA AKN Sinha Institute Diary 2019 was published Two hundred in number with all information about courses activities and future plan of IMA AKNSI, Patna with photographs of Late Dr. A. K. N. Sinha and all the patrons and Office Bearers of IMA HQ & IMA AKN Sinha Institute, Patna. The diary was distributed to National Leaders at International Concave on “Zero Tolerance on violence against doctors” organized by World Medical Association and National IMA at Mumbai and also at National Inauguration Ceremony of BLS Courses at IMA Building, Patna.

3) Inauguration of BLS Certificate Course : At IMANATCON-2018, our Hon’ble National President Dr. Santanu Sen in his address gave responsibility to IMA AKNSI to start BLS / ACLS / ATLS courses in all states of the country. With full co-operation & support of our Hony. Secretary General Dr. R. V. Asokan and Hony. Director of IMA AKNSI Dr. P. S. Bakshi we were able to decide curriculum, qualified trainers and methodology for BLS course. BLS Kits & other instruments were purchased on approval of the IMA HQ. This course is designated for Medical, Para-medical and Non-medical persons. The course fee was decided Rs. 1000/- per person for the course period of 1 day. Sum-concessions are also being provided for group registrations. We were able to sign an MoU with Consortium of Pashupatinath Distributors Pvt. Ltd. and Sammaan Foundation (Ambulance operator agency contracted by State Health Society, Bihar) to train 2000 EMTs. We have appointed one person on contractual basis as helper for BLS Course@ Rs.10,000/- per month. The inaugural function of the course was on 18th February 2019 which was graced by Hon’ble National President, IMA, Hon’ble Health Minister, Bihar, Hon’ble Secretary General, IMA Hon’ble Director of IMA AKNSI and Principal Secretary Health, Govt. of Bihar. A brilliant demo presentation of BLS Course was done by our Chief Trainer Dr. Swati (MD, Anaesthesia and Critical Care – PGI, Chandigarh) Associate Professor, IGIMS, Patna. It was attended by more than 200 doctors and others. We are delighted by statement of our Hon’ble President is his address that IMA AKNSI will get a very important place in CWC meeting to be held at Port Blair (Andman & Nicobar Island) in November, 2019

Since then we have trained 12 doctors as Trainers for BLS Certificate Course and 200 EMTs & others have been given training. Completion certificate has been issued to them.

On our request IMA HQ has agreed to give a time slot for BLS Course demonstration at CWC Meeting at Puri on 06th & 07th April, 2019.

Other Activities :

We are soon to start ACLS / ATLS courses, Diploma in Critical ICU Care for Doctors & Para-Medicals. We hope that year ***“2019 will be year of SAVING LIVES for IMA AKNSI”***. We are in way to prepare curriculums for many Diploma & Certificate Courses for Medical Professionals and Health Workers. The old courses run by IMA AKNSI are being updated and digitalized.

We have met Director General of Police (Training), Bihar to sign MoU for training of policemen of the state including Traffic Constables. We have written letters to different medical associations for giving time slot for training of doctors in BLS course during their conferences and meetings. Such letters have been given to other social organisations.

With our experiences of successful conducting BLS courses in Bihar, We are in a position to start BLS and other courses all over India under aegis of IMA AKNSI Patna with the help of IMA State and other branches. We with approval of IMA HQ have written letters to Presidents / Secretaries of All State Branches to nominate Nodal Persons alongwith a State Committee for IMA AKN Sinha Institute in their states. We hope that IMA HQ will also forward this request letter as direction to state IMAs.

We are in contact with Govt. of Bihar to provide us a piece of land on lease at Patna so that IMA AKN Sinha Institute may be elevated to a Deemed University.

Dr. Ajay Kumar
Hony. Executive secretary,
IMA AKN Sinha Institute, Patna.

AGENDA ITEM NO.B-50

ACTIVITY REPORT OF YOUR HEALTH OF IMA

01ST JANUARY 2019 TO 28TH FEBRUARY 2019

It is the great honour of Your Health of IMA Publication Committee to present the activity report on the administrative matter and functioning of Your Health of IMA before the 221st Central Council Meeting of the IMA HQ to be held at Puri, Orissa.

We have been really trying our level best for the upliftment of Your Health of IMA Publication in every aspect. We are very much grateful to our National Leaders, who have been very cooperative and has always extended their support on every requirement.

Here are some of the outlines:

Circulation of Your Health of IMA (every month):

We are dispatching the issue on the 05th & 06th day of the every calendar month, which are the prefixed days of the Department of Post & Telegraph, Government of India.

We are sending it to the honourable office bearers of IMA Headquarters, IMA Central Working Committee Members, all the State President and Honourary State Secretaries, besides our esteemed Central Council Members and Subscribers.

We are also sending it to the Honourable Ministers of Government of India, Honourable Member of Parliament (Loksabha & Rajyasabha, both), Department of Health & Family Welfare of Government of West Bengal and other Departments, under the Government of West Bengal. All the hospitals, under the West Bengal State Government, are the recipients of all the issues of Your Health of IMA Publication.

Most of the leading hospitals, medical allied group and some corporates are also getting our daily issues.

The 29 States, where Your Health of IMA Publication has already reached are:

Southern India	Eastern India	Central India	Western India	Northern India
Andhra Pradesh	Assam	Chhattisgarh	Gujarat	Delhi
Karnataka	Bihar	Madhya Pradesh	Maharashtra	Haryana
Kerala	Jharkhand		Rajasthan	Punjab
Tamil Nadu	Orissa		Goa	Uttar Pradesh
Telengana	West Bengal			Uttaranchal
	Meghalaya			Himachal Pradesh
	Tripura			Jammu & Kashmir
	Arunachal Pradesh			
	Mizoram			
	Manipur			
	Nagaland			
	Sikkim			

Financial Position

Financial position of Your Health of IMA Publication in this period (Jan 2019 – Feb 2019) is stable. We may be successful to receive the Grant-In-Aid (for the financial year 2019-20) from the Department of Health & Family Welfare, Govt of West Bengal.

Please find the details (accounts for this period) attached herewith.

Academic Interest:

We have planned to continue work with more medical specialist organizations, medical allied group and corporates.

Promotion and Launching Programmes of Your Health of IMA Publication with Topic:

Period	Topic	Event & Venue
January 2019	NEW YEAR	NATCON 2018
February 2019	TOWARDS BETTER HEALTH	IMA Behala Branch

We are also very much fortunate that Dr. Santanu Sen, the National President of IMA has been kind enough to speak to us about the Present Health Scenario in India, its problems and solutions.

Upcoming Agendas:

- Reaching as much of more doctors, private hospitals, allied medical group, corporates, etc.
- Involvement of school & college students and other youth (to catch them young).
- Increase in advertisement and financial assistance of private hospitals and corporates.
- Association of media industries, for which we have already appointed one media personality.

Dr. Kakali Sen
Honourary Secretary

Dr.Nandita Chakraborty
Honourary Editor

AGENDA ITEM NO.B-51

Report of IMA NSS Scheme

FROM 01/04/2018 TO 28/02/2019

ABOUT MEMBERSHIP :

Actual Members at the beginning of year	15862
New Members enrolled during the period	661
Deceased Members during the period	95
Expired within One year of membership	1
Cancelled Members during the period	2
Resigned Member during the period	11

Actual Members at the end of period i.e: 28/02/2019	16414

With your help, our scheme is able to pay / to be paid as Death Fund Contribution to the 95 Member's Families during the period i.e. 01/04/2018 to 28/02/2019.

SR.	NSSS NO.	NAME OF MEMBER EXPIRED	STATE	TOTAL AMT PAID
1	8483	Dr. Vinchurkar Anand Govindrao	Madhya Pradesh	1080820
2	2970	Dr. Rajyaguru Pravin L.	Gujarat	1090740
3	4587	Dr. S. Isaac Joseph	Tamil nadu	1082830
4	3908	Dr. K. Eashwer Goud	Andhra Pradesh	1098130
5	3118	Dr. B.P.S. Satyanarayana	Andhra Pradesh	1101250
6	2784	Dr. Shah Chandrakant Jethalal	Gujarat	1102760
7	3463	Dr. Saiyed Amenakhatun M.	Gujarat	1103570
8	4349	Dr. Barad Chhatrasinh Vajesinh	Gujarat	1104150
9	2688	Dr. Sinha Rudra Pratap	Gujarat	1104870
10	294	Dr. Bhagat Vivian Jagdishchandra	Maharashtra	1104770

11	1316	Dr. M. Ramamohan	Andhra Pradesh	1106300
12	11061	Dr. Shah Nayan Hemendrakumar	Gujarat	1104680
13	224	Dr. Viradia Gordhanbhai D.	Gujarat	1105140
14	4656	Dr. Datla Siva Rama Raju	Andhra Pradesh	1105040
15	15115	Dr. K. Prabhakara Reddy	Telangana	1104620
16	3680	Dr. Doshi Hasmukhray J.	Gujarat	1105990
17	975	Dr. P. Satyanarayana	Andhra Pradesh	1105140
18	1798	Dr. Sheth Kiritkumar L.	Gujarat	1105820
19	2638	Dr. Patel Balubhai Savailal	Gujarat	1106560
20	13662	Dr. Dihora Rina Ramesh	Gujarat	1106530
21	2601	Dr. A.P. Ranga Rao	Andhra Pradesh	1105410
22	16197	Dr. Rajiv Dhira	Delhi	1106620
23	3126	Dr. Thakore Pradyot Ramniklal	Gujarat	1107550
24	384	Dr. Patel Leela Bhupendra	Gujarat	1115540
25	10429	Dr. Prakashappa D.S.	Karnataka	1104500
26	2206	Dr. Desai Sushila Mahendra	Gujarat	1108170
27	625	Dr. Y. Govindrajulu	Andhra Pradesh	1107670
28	12364	Dr. Patel Bhupendrabhai N.	Gujarat	1108460
29	8971	Dr. Kotak Chelaram Tarachand	Gujarat	1117380
30	3950	Dr. Shroff Mukesh Vasantlal	Maharashtra	1118200
31	14155	Dr. Kurdukar Dhundiraj V.	Maharashtra	1118660
32	2855	Dr. Bhatt Kirit V.	Gujarat	1119680
33	8211	Dr. Nandkhedkar Haribhanu N.	Maharashtra	1118390
34	8887	Dr. Wadekar Hindkumar Kantilal	Gujarat	1117110
35	918	Dr. Sanghvi Vasant M.	Gujarat	1120070
36	3241	Dr. Gopal Prasad Gupta	Bihar	1118360
37	561	Dr. Shah Kiritkumar T.	Gujarat	1128136
38	2418	Dr. Shah Pravina Dhirendrakumar	Maharashtra	1123020
39	626	Dr. C.V. Subba Rao	Andhra Pradesh	1123970
40	6107	Dr. Madansure Bajrang N.	Maharashtra	1116670
41	10277	Dr. Jayagosh A. Kaddu	Maharashtra	1126360
42	13028	Dr. Daware Narayan Ramaji	Maharashtra	1126060
43	4299	Dr. Trivedi Ashok Ramniklal	Gujarat	1127540
44	1492	Dr. Nagarwadia Ajay N.	Gujarat	1127620
45	505	Dr. Patel Hiren Chelabhai	Gujarat	1130240
46	115	Dr. Vajir Nikhilesh Harihar	Gujarat	1124850
47	2356	Dr. Karbhari Mahendra J.	Gujarat	1131000
48	6513	Dr. Keith Fernandez	Gujarat	1130740
49	7915	Dr. Patni Padam Kumar	Maharashtra	1130570
50	3567	Dr. D.K.S. Aradhya	Karnataka	1130750
51	2490	Dr. Mehta Maheshchandra V.	Gujarat	1130790
52	1133	Dr. Shah Bipinchandra Chunilal	Gujarat	1133990
53	2712	Dr. Vyasa Arunkumar B.	Gujarat	1133390

54	28	Dr. Parikh Babalal N.	Gujarat	1134800
55	971	Dr. Desai Narendrakumar K.	Gujarat	1134700
56	3051	Dr. Panchal Arvind Shankarlal	Gujarat	1134570
57	2229	Dr. Katharya Rajendra Kumar	Delhi	1134400
58	7996	Dr. Devaki Nagaraja Gupta	Andhra Pradesh	1134940
59	7301	Dr. Agarwal Sanjay Omprakash	Uttar Pradesh	1134320
60	11247	Dr. Tulpule Mahesh R.	Maharashtra	1133710
61	7862	Dr. S. Naganna	Karnataka	1136480
62	11516	Dr. S. Veera Raghavarao	Andhra Pradesh	1137960
63	13829	Dr. Dakhankar Shankar	Maharashtra	1136390
64	7664	Dr. Nadkarni Ashwinikumar R.	Gujarat	1138340
65	16512	Dr. Javvathi Shreehari S.	Andhra Pradesh	1138910
66	2657	Dr. Shah Chandrakant Muljibhai	Madhya Pradesh	1137410
67	8907	Dr. Deshmukh Santuk Shankar Rao	Maharashtra	1140290
68	9358	Dr. Pawar Ashok Gopalrao	Maharashtra	1138580
69	2282	Dr. Shah Akhilesh K.	Gujarat	1141260
70	3568	Dr. N.P. Rama Bhadrans	Kerala	1138460
71	1402	Dr. Varsha Dubal	Gujarat	1141070
72	999	Dr. Mehta Harshad P.	Gujarat	1141720
73	4290	Dr. Bhandari Trivenikumar	Rajasthan	1137230
74	12363	Dr. K. Arvindsn	T. N.	1140160
75	4190	Dr. D. Venkata Raju	Andhra Pradesh	1141530
76	4308	Dr. Shah Jitendra B.	Gujarat	1161732
77	9949	Dr. Shah Alkesh Indravadan	Gujarat	1138850
78	10061	Dr. Kaka Zainul H.	Maharashtra	1141270
79	606	Dr. Shah Prafulbhai S.	Gujarat	1142830
80	4007	Dr. Shah Vrajmohan Vithaldas	Gujarat	1142500
81	5512	Dr. A.B.R. Prasad	Andhra Pradesh	1142330
82	2041	Dr. Agarwal Jitendra Kumar	Uttar Pradesh	1142160
83	824	Dr. Dave Balwantray Girijashanker	Gujarat	1142030
84	3548	Dr. Bhupali Vishwanath R.	Karnataka	1141520
85	1130	Dr. S. Jagannayakulu	Andhra Pradesh	1142760
86	5305	Dr. Shukla Ganesh Dutta	Uttar Pradesh	1143890
87	6756	Dr. Shukla Geetadevi M.	Uttar Pradesh	1142930
88	4331	Dr. Shah Rajnikant Natvarlal	Gujarat	1143720
89	416	Dr. Shah Kiritkumar Fulchand	Gujarat	1143650
90	11195	Dr. Khandelwal Virendra Kumar	Madhya Pradesh	1144780
91	1098	Dr. Amin Baldevbhai Chimanlal	Gujarat	1144680
92	6604	Dr. Adeshara Suketu R.	Gujarat	1144410
93	2100	Dr. B Gopalakrishnan	Kerala	1143530
94	4765	Dr. Oza Vittalbhai B.	Gujarat	1144390
95	907	Dr. Shah Indravadan C.	Gujarat	1144220

Total amount paid / to be paid to deceased member's nominee Rs. 10,69,22,588.00

EXPIRED WITHIN ONE YEAR OF MEMBERSHIP :

For this period, following member was expired within one year of membership

Sr.	NSSS NO.	NAME OF MEMBER	STATE
1	16855	Dr. Rajendrakumar N K	Kerala

CANCELLED MEMBERS DURING THE PERIOD :

For this period, following membership were cancelled.

Sr.	NSSS NO.	NAME OF MEMBER	STATE
1	17388	Dr. Kumar Mukesh	Jharkhand
2	17415	Dr. Singh Usha	Jharkhand

RESIGNED MEMBER DURING THE PERIOD :

For this period, following member resigned from membership.

Sr.	NSSS NO.	NAME OF MEMBER	STATE
1	14949	Dr. Vegad Anup M.	Gujarat
2	16030	Dr. Rajpara Dhaval H.	Gujarat
3	5274	Dr. Mahmood Ahmad R.	Maharashtra
4	10332	Dr. Mehta Sejal Mayur	Maharashtra
5	15193	Dr. Phade Atul D.	Maharashtra
6	15194	Dr. Phade Akshata A.	Maharashtra
7	15195	Dr. Phade Rohit D.	Maharashtra
8	15945	Dr. Shah Jaykumar M.	Ahmedabad
9	16247	Dr. Patel Shailesh Natvarbhai	Surat
10	10389	Dr. Akholkar Mukesh J.	Ahmedabad
11	14610	Dr. Gautam Vinod C.	Ahmedabad

MEMBERSHIP STRENGTH STATE WISE :

Andhra Pradesh, Gujarat, Maharashtra, Kerala, Karnataka, Tamil Nadu, Uttar Pradesh, Madhya Pradesh and Bihar state have more than 250 members :

STATE	MEMBERS
Andhra Pradesh	1230
Assam	35
Bihar	271
Chandigarh	15
Chhattisgarh	95
Delhi	80
Goa	4

Gujarat	8140
Haryana	117
Himachal Pradesh	11
Jammu & Kashmir	3
Jharkhand	260
Karnataka	550
Kerala	663
Madhya Pradesh	294
Maharashtra	2881
Manipur	1
Nagaland	6
Orissa	56
Pondicherry	7
Punjab	104
Rajasthan	237
Tamil Nadu	676
Telangana	57
U.T.	10
Uttar Pradesh	439
Uttarakhand	10
Uttaranchal	5
West Bengal	157

TOTAL :	16414

MEMBERSHIP STRENGTH AGEWISE : (At the Time of Joining the Scheme) :

AGE GROUP	MEMBERS
Up to 30 Years	1368
31 to 40 Years	4451
41 to 50 Years	5433
51 to 55 Years	2478
56 to 60 Years	2574
61 to 65 Years	85
66 to 70 Years	21
71 to 75 Years	4

Total	16414

Thanking You,

(Dr. Yogendra S. Modi)
Hon. Secretary

(Dr. Kirti M. Patel)
Chairman

Report of National Professional Protection Scheme**Aims and Objectives of NPPS**

- IMA National Professional Protection Scheme help IMA members and to provide legal aid.
- It provides an atmosphere to practice without fear and gives sufficient security to its members.
- The scheme will contest civil, criminal, consumer or similar cases arising out of medical practice.
- It is unique in the history of Medical profession
- It work with state professional protection scheme without interfering their function in the state but help the members jointly by giving additional coverage in the National level.

Membership

Total Membership	:	985
Renewed	:	902
To be renewed	:	083
Expired	:	000

Litigations

Proceedings completed	:	5
Pending Cases	:	7
New Cases	:	2
Appeals	:	1

Managing Committee Meetings

27th December 2019 at Eagleton Resorts Bangalore

BYE LAW AMENDMENTS PASSED IN THE CENTRAL COUNCIL

1. Increase expense payable per case from Rs. 5 Lakhs to 10 Lakhs and expense payable per year from Rs. 10 Lakhs to 20 Lakhs.
2. Enable multiple units.
3. To introduce enhanced protection scheme with Rs. 50 lakhs expense payable at an yearly membership of Rs. 10,000/-.

Proposals for change in working pattern discussed in Managing Committee:

1. Nominating State Co-ordinators in all States and Institute State funds for managing cases at State level.
2. Bring out a publication and interactive web pages regarding litigations.
3. Increase Enhanced protection scheme coverage to 1 crore.
4. Partner with specialty associations to offer membership in NPPS and IMA.

Accounts:

Audited accounts have been regularly submitted to IMA National Headquarters.
 RS.5,00,000 transferred to national action fund
 Audited accounts for this financial year will be prepared only by April

Office Bearers

1.	Dr. SANTANU SEN	-	National President, IMA Hqs
2.	Dr. R.V.ASOKAN	-	Hony. Secretary General, IMA Hqs
3.	Dr. Ramesh Kumar Datta	-	Hony. Finance Secretary, IMA Hqs
4.	Dr. Krishna Parate	-	Chairman, NPPS
5.	Dr. K Jayaram	-	Vice Chairman, NPPS
6.	Dr. A V Jayakrishnan	-	Hony. Secretary, NPPS
7.	Dr. H Vinay Ranjan	-	Finance Secretary, NPPS

I have to thank our most beloved National President Dr. Santanu Sen, Secretary General Dr. R V.Asokan and Immediate Past National President Dr.Ravi Wankhedkar for their support and encouragement. I am very much indebted to my Chairman Dr.KrishnaParate and Vice Chairman Dr.K. Jayaram for their timely advice and support. I have to thank Dr. Vinay Ranjan Scheme Finance Secretary for his constant support to run the Scheme and looking after the accounts properly.

IMA NATIONAL PROFESSIONAL PROTECTION SCHEME

Income and Expenditure for the period from 01.08.2018 to 20.03.2019

INCOME

Sl.No.	Month	Amount (Rs.)
1	August 2018	55,800/-
2	September 2018	1,16,300/-
3	October 2018	1,36,300/-
4	November 2018	88,900/-
5	December 2018	91,800/-
6	January 2019	1,29,140/-
7	February 2019	1,38,800/-
8	20 March 2019	1,24,000/-
	Total	8,81,040/-

EXPENSE**Cheque Expense**

Sl.No.	Date	Towards	Amount (Rs.)
1	14.08.18	Salary – July'18	4500/-
2	02.09.18	Salary – Aug'18 & FA	10000/-

3	02.09.18	Audit Fee	12080/-
4	10.10.18	Salary – Sept’18	5000/-
5	01.11.18	Salary – Oct’18	5000/-
6	13.11.18	Nammude Arogyam Quiz	75000/-
7	03.12.18	Salary – Nov’18	5000/-
8	27.12.18	NATCON – stall rent	35000/-
9	10.01.19	Advocate Fee	25000/-
10	10.01.19	Banners – NATCON	3570/-
11	10.01.19	Salary – Dec’18	5000/-
12	05.02.19	Brochure Printing	8512/-
13	05.02.19	Salary – Jan’19	5000/-
14	25.02.19	Website Development	2000/-
15	25.02.19	Tally Upgradation	5593/-
16	25.02.19	Printing charges	3580/-
17	25.02.19	Purchase of New PC	36730/-
18	01.03.19	Salary – Feb’19	5000/-
19	11.03.19	Advocate Fees	5500/-
		Total	2,57,065/-
Cash Expense			
Sl.No.	Date	Towards	Amount (Rs.)
1	16.08.18	Traveling Exp	300/-
2	16.08.18	Traveling Exp	200/-
3	20.08.18	Stamp	500/-
4	10.10.18	Stamp	500/-
5	21.11.18	Stamp	500/-
6	10.01.19	Stamp	500/-
7	16.01.19	Traveling Exp	455/-
8	19.02.19	Speed Posting charge	48/-
9	26.02.19	Stamp	500/-
10	26.02.19	Traveling Exp	875/-
11	16.03.19	Stamp	500/-
		Total	4878/-

Total income (membership fees) from 01.08.2018 to 20.03.2019 is Rs.

8,81,040/- (Rupees Eight Lakhs Eighty One Thousand and Forty) Only.

Total Expense from 01.08.2018 to 20.03.2019 is Rs. 2,61,943/- (Rupees Two Lakhs Sixty one Thousand Nine Hundred and Forty Three) Only

Dr.Jayakrishnan.A.V.
Hony. Secretary, NPPS of IMA

AGENDA ITEM NO.B-53

Report of IMA Hospital Board of India

The members were present as per attendance register.

National President, IMA, Dr Santanu Sen, extended his gratitude for the excellent work done by HBI Wing of IMA under the leadership of Dr V K Monga, Chairman, IMA HBI. He stressed that by joining hand altogether we can work much better and can get the desired results. He asked Dr V K Monga, Chairman, IMAHBI to discuss future plan of action.

Dr Monga informed the members that this is a first meeting of HBI during this year. Many more members have been added in the above Wing. He informed the members that lots of revenue have been generated by this Wing. He stressed on the need to upgrade the data of hospitals and how to increase the acceptability of HBI amongst the hospitals and nursing homes in various states

Members were of the opinion that when we are able to entrust the local body of nursing homes/hospitals of a particular state and give them confidence, only then we can increase the membership of IMA HBI.

Dr Jayesh Lele informed the members that from Uttranchal, Karnataka and Maharashtra atleast 1000 members have added in the IMA HBI.

Dr V K Monga requested all of the present members to request their respective State Presidents & Secretaries to make efforts to increase the membership of IMA HBI in their respective states. He further informed that TN Nursing Home Association was added in this Wing. He informed the members that efforts should also be made to include all the nursing homes in all the States to be merged in IMA HBI.

Dr. Monga informed the members that Tamil Nadu State Branch has been paying Rs. 1 lakh per year. Everybody was requested to follow the same pattern of Tamil Nadu State Branch in their states.

It was informed that in the last Central Council Meeting, it was decided that we should have a Life Membership of IMA HBI. New form has been devised accordingly and only one time life payment has to be made.

It was also informed that few states have not sent the money for NABH accreditation to the IMA HBI Wing. It was observed that even National/State office Bearers are not a member of IMA HBI.

Members were of the opinion that IMA HBI should prepare a note / pamphlet informing about the advantages of becoming a members of IMA HBI and circulate it so as to increase the membership of IMA HBI.

Stress was given on the following points:

- We need to identify the issues of the Association of Nursing Homes.
- DMA Nursing Home forum has been affiliated with IMA HBI long time back but not put on papers.
- Members were of the opinion that State Co-ordinator appointed in every state should be

given the responsibility to make the IMA HBI Chapter in their respective State.

- PAN India Application Form has already been passed by the Chairman, IMA HBI
- National issues should be taken by IMA HBI
- All four Joint Secretaries (Zone Wise) can be given some responsibility to plan some workshops in their State and National Conference of IMA HBI.
- Regarding the issue of Ayushman Bharat Scheme, it was informed that in the mid of December 2018. Dr. Ravi Wankhedkar had given tariffs of various procedures to be revised in Ayushman Bharat.
- Dr V K Monga requested to hold a meeting with all the stakeholders in near future.
- Quality Council of India has signed an agreement to conduct 16 workshops for sensitizing of entry level NABH in various cities.
- Dr Bakshi informed that soon it will be held in Jalandhar also.
- It was decided that whenever HBI bargains with Insurance Companies, OPD should be covered by them.
- During the meeting TN State branch presented a cheque of Rs 1 lakh to IMA HBI

Dr. V.K Monga
Chairman, IMAHBI

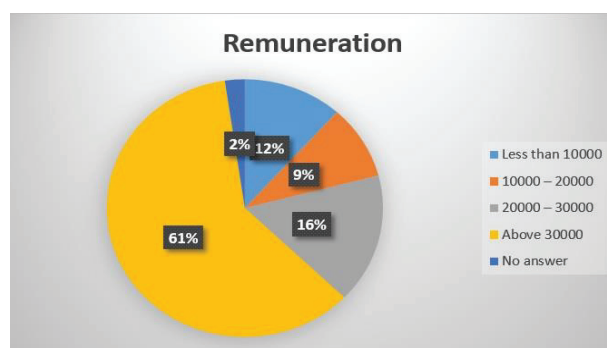
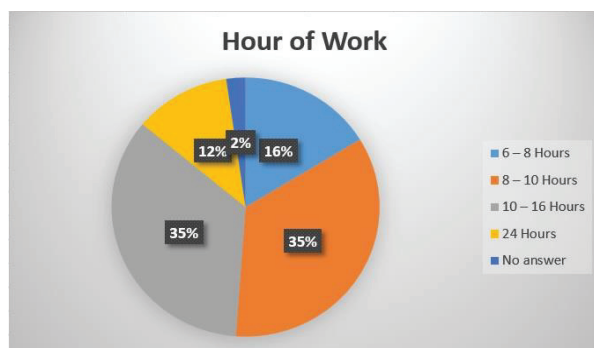
Dr. Jayesh Lele
Hony. Secretary, IMA HBI

AGENDA ITEM NO.B-54

Activities Report of Junior Doctors Network IMA HQ

IMA JDN National Online Survey of Junior Doctors launched.

Immediate Past President Dr Ravi Wankhedkar inaugurated this first ever, Landmark National Survey of Status of Junior & Resident Doctors of the country at the CWC Indore on 17th November 2018. This Survey is online (www.imajdn.org/survey) and could bring out the real picture of the lives of junior Doctors of the country especially their Working conditions, Accommodation, Remuneration, Bulling & Violence, etc., For example we share the data of first 100 junior Doctors.



2.) JDN Formation at Kerala State: JDN Kerala State organising committee meeting was held at Thiruvandhapuram on March 3rd Sunday and the resolutions are below

14 junior doctors participated in the meeting. Dr P K Mohan Chairman of JDN committee presided the meeting. Dr M E Sugathan State president inaugurated the meeting. Dr V G pradeepkumar, Vice President

TC medical council addressed various issues to be taken up by the JDN. Dr N Sulphi state secretary , Dr Gopenathan, Dr Devadas, Dr Binoy s KGMCTA , Dr Kavitha, Dr Dilber, Dr Sreejith, Dr M N Menon addressed the meeting.

Suggestions Proposed

By Dr V G Pradeepkumar

1. Discounted IMA life membership for junior doctors. Formation of college branches.
2. Collobrating works with various PG association and taking their reccomendations.
- To start discussions with various PG associations to join with IMA.
3. Taking up campus issues at state level and helping them to solve.
4. 24hr library service in colleges.
5. Providing family quarters for PGs
6. IMA funding for research and thesis.
7. Free CME registration for JDN members
8. Professional protection scheme, social security scheme and health schemes of IMA to be given to junior doctors also.
9. Increase stipend and regular revision as salary pattern.
10. Mock exams and exclusive hands on workshop for PGs
11. Ethics/ research workshop also workshop for stress management for PGs.

Decisions taken.

1. IMA life membership for junior doctors:

A membership drive is going on at present as the fee will increase from 16,000- 23,000 to 18,000- 30,000 from march 31st, 2019. A discount rate from 15,000- 22,000 is given till march 31st. More beneficial discounts and divided payments will be requested to state IMA and revised rates will be published in a week's time.

Idea of virtual branches was proposed for memberships and was taken into consideration.

2. To form JDN units in all colleges possible within this month.
3. To take up the cause for a decent amount of common salary and stipend for the state. Immediate action to represent the government to increase seats.
4. To pay MLC charges to doctors/ GPs
5. To move without compromise curb down ghost faculty and ensure employment.
6. IMA to organise stress management session and conclave on to increase working atmosphere of Junior doctors.
7. To study and compile suggestions and act on the exploiting of private hospitals. Job opportunities are decreasing also with salary as foreign medical graduates as working for low wages without requisite qualifications.
8. IMA JDN state level survey regarding issues of Junior doctors.
9. To fight for increase job vacancies at government and private sector. IMA PEPS is providing employment to members registered with them. To start a job hub for junior doctors.
10. A state level convention of Junior doctors and election to state office bearers in month of April after junior doctors membership drive is over.
11. To make a byelaw for Kerala State JDN within this month.
12. A state level campaign exclusively for JDN along with state president yatra.

CMAAO Conference at Penang, Malaysia on 13th & 14th of September 2018:

On 13th September, Thursday Dr KM Abul Hasan attended the CMAAO General Assembly along with our Past President Dr K.K. Aggarwal and took part in the deliberation particularly in the Penang Declaration. I was very happy to have learnt that the next CMAAO General Assembly would be held in India at Goa in September 2019. On 14th September Friday, Dr KM Abul Hasan, presented India Report on Role of Junior Doctors in preventing workplace bullying. My suggestions were well received, and answered large number of questions from dignitaries of other countries. In this regard I also request you to kindly permit IMA JDN to conduct a study of issues regarding Junior Doctors especially workplace bullying, working hours & work hours and violence against them.

JDN Calendar of Events for 2019:

Month	Tamil Nadu & Pondicherry	Karnataka	Kerala	Andhra Pradesh	Telangana	Uttar Pradesh	Delhi	Gujarat
January	MSN & JDN Formation in All Colleges							
February	DO	JDN Conclave on Medical Entrepreneurship						
March	DO			JDN Conclave on Job Opportunities				
April			JDN Conclave on PG Education					
May							JDN Conclave on Medical Entrepreneurship	
June								JDN Conclave on PG Education
	Chhattisgarh	Goa	West Bengal	Maharashtra	Madhya Pradesh	Punjab	Haryana	Bihar
July	JDN Formation							
August			JDN Conclave					
September		CMAAO Conference						
October				JDN Conclave				
November						JDN Conclave		
December							JDN Formation	

IMA PG SATHI – IMA'S Service to Junior Doctors of our Country:

This mobile app developed for PG Entrance Exam Coaching is getting wide popularity & usage among young doctors. We have been uploading new set of questions every month. This is a free app and has been publicised in all social media. We can download this app from our website www.imajdn.org. MCQ Exams are available in the following disciplines.

Disciplines:

- Biochemistry
- Medicine
- Paediatrics
- Forensic medicine & Technology
- Ophthalmology
- Anatomy
- General Surgery
- Gynaecology
- Anaesthesia
- ENT
- Microbiology
- Orthopaedics
- Psychiatric
- Psychology
- Skin

- Radiology
- Pathology
- Pharmacology
- Preventive & Social Medicine
- Obstetrics

We are also planning to launch IMA Quiz App – which would be again very educative & interesting

Medical Students & JDN Convention at Osmania University, Hyderabad – 10.08.2018

Our National President Dr. Ravi Wankhedkar & Dr KM Abul Hasan, Secretary, JDN addressed a Mega All Telangana AP Medical Students & JDN Convention at Osmania University, Hyderabad on around 800 students & junior doctors attended the two day event.

Google Hangout Conference held on 3rd March for **Doctors 4 Doctors** Project by IMA National Committee for Emotional Health & Emotional Wellbeing of Med. Students & Doctors, myself participated and took up the responsibilities of preparing E-Brochure and Chairman for Leadership Committee.

JDN Conclave are planned in March, April and May in the states of Karnataka, Kerala and Gujarat, AP & Telangana.

MSN & JDN Convention of Tamil Nadu State will be organised in June this year and obtained permission from Tamil Nadu State President & Hon. Secretary.

IMA JDN Policy Draft for Employing MBBS Doctors for Health & Wellness Centres in Ayushman Bharat Scheme

Transforming Sub Health Centres (SHCs) to Health and Wellness Centres (HWCs) has been announced in the Union Budget FY 2017 –18. HWCs are envisaged to provide a comprehensive set of 12 services starting from Maternal and Child Health Care, Management of Communicable & Non Communicable diseases and management of all basic health ailments. We welcome this major initiative in containing the alarming prevalence of non-communicable in the society. The Indicative costing for HWC would be around 18 lacs per year. The team would be led by one mid-level service provider (Nurse

(Ayurveda) after undergoing suitable training in Public Health and Primary Care or B.Sc. Community Health.

If MBBS graduate are posted in HWCs many young doctors will get jobs and also will get an opportunity to serve rural areas. A MBBS Doctor would be a much suitable person to lead the team and deliver Basic Health Care in all the 12 listed areas of Primary Health.

In addition to that a MBBS Doctor would provide **Basic Emergency Care** for all health ailments after undergoing suitable course before joining.

Government could start a short term training program for emergency care management & employ doctors. Such emergency care doctors may be available at Single Centre or available on call for nearby sub centres also. Furthermore, It is disappointing to note that Niti Ayog has recommended to give these HWCs to corporates to run to fulfill their commitment to corporate social responsibility, and we object to

this suggestion because one it would deny opportunities to our young medicos and if must be given it should be open to all private Hospitals.

Resolution-IMA JDN

As the Secretary of IMA JDN, I wish to propose the following resolutions in the CWC meeting at Bhuvaneswar with regards to the structure & function of IMA JDN. I request your good self to take necessary measures to pass these resolutions.

- 1.) The Eligibility criteria for JDN membership should be increased from 5 years to 10 years after MBBS as this would enable to address the issues of JDN members more effectively and this is the norm in the neighboring countries like Malaysia.
- 2.) A membership fee of Rs. 1000/- for JDN for a block of 3 years and then one should become a regular member and this fee could be adjusted while becoming a regular member.
- 3.) JDN should hold one National level convention with the support from IMA Headquarters.
- 4.) JDN shall publish an e-bulletin on medical entrepreneurship every quarterly.
- 5.) The structure of JDN shall have 5 zonal coordinators viz North, West, Central, East & South and a Co.ordinator for each state from Junior Doctors.
- 6.) An Award to be given state for conducting best JDN programmes in the NATCON every year.

Dr Santanu Sen
National President, IMA
Secretary, IMA

Dr R.V. Asokan
Hon. Secretary General, IMA

Dr. Ramesh Datta
Hon. Finance

Dr Adit Desai
Chairman, JDN IMA

Dr K.M. Abul Hasan
Secretary, JDN IMA

Dr. Phanidhar
Joint Secretary, JDN IMA

Dr Harjit Bhatti
Vice Chairman, JDN IMA

Dr Shiv Joshi
Vice Chairman, JDN IMA

Dr Aswin Surjeet
Vice Chairman, JDN IMA

Dr. Anirban Dalui
Vice Chairman, JDN IMA

Minutes of the meeting of IMA JDN Executive Meeting Held on 16.03.2019 at IMA HQ New Delhi

Members Attended:

- 1.) Dr. Shantanu Sen, National President IMA HQ
- 2.) Dr. R.V. Asokan, Hon. Secretary, General IMA HQ
- 3.) Dr. Ravi Wankhedkar, Immediate Past President IMA HQ
- 4.) Dr. Marthanda Pillai, Past President IMA HQ
- 5.) Dr Gangadara Rao, Vice President IMA HQ
- 6.) Dr. Anil Pachnekar, Vice President IMA HQ

- 7.) Dr. Jeyesh Lele, Hon. Secretary, IMA HBI
- 8.) Dr. K.M. Abul Hasan, Secretary, IMA JDN
- 9.) Dr. Phanidar, Joint Secretary, IMA JDN
- 10.) Dr. Harjit Singh Bhatti, Vice Chairman, IMA JDN
- 11.) Dr. Manish Chandra Prabhakar, National Co.ordinator, IMA JDN
- 12.) Dr. Anurag Singh, National Co.ordinator, IMA JDN
- 13.) Dr. Yaswanth, JDN Co.ordinator, Telengana State
- 14.) Dr. Alok, JDN Co.ordinator, New Delhi
- 15.) Dr. Swapnil, JDN Co.ordinator, Maharashtra State
- 16.) Dr. Ameeth, JDN Co.ordinator, Maharashtra State on Video Call

Dr KM Abul Hasan, Welcomed the gathering and National leaders. He presented the details of important activities like National Online Survey of Junior Doctors and IMA PG SATHI, and given the number of Junior Doctors participated in both the programmes. He also rolled out the calendar of events for the full year 2019. He informed that JDN & MSN convention including Chatra sansad would be arranged on June 16th Sunday at Chennai and invited the National leaders for the event.

National President Dr Shantanu Sen appreciated the works of JDN and said that he was confident JDN would rise to the occasion of serving huge emerging young doctors population and suggested that JDN name could be changed to Junior Doctors Wing. Hon. Secretary General Dr RV Asokan said that he was very impressed by the ground work JDN had done so far and advised to work hard in the case of Health Wellness Centres to get employment for MBBS Doctors. Immediate Past President Dr Ravi Wankhedkar suggested to go to all PG Institutions and bring more young doctors of JDN. Dr, Marthanda Pillai Past President, Dr. Gangadara Rao Vice President & Dr. Anil Pachnekar Vice President also advised to expand JDN to all the states.

The following decisions were taken

- 1.) JDN Policy Statement on Employing MBBS doctors in Health Wellness Centres with the suggestion to create separate boards for recruitment.
- 2.) To increase the eligibility criteria for membership for Junior Doctors from 5 years after MBBS to 10 years after MBBS.
- 3.) To focus our activities in Medical Entrepreneurship, Job Opportunities, Work Place challenges, PG Education.
- 4.) To organise an E-Bulletin for IMA JDN
- 5.) To create a Twitter Group for IMA JDN
- 6.) To have JDN Conclaves in Kerala, West Bengal, Telegana & Karnataka in April & May
- 7.) To have IMA JDN letter head and send letter of support when Junior Doctors have problems.
- 8.) To keep a membership fee of Rs. 1000/- for JDN membership for a bloc of 3 years, which would be deducted later in full IMA membership.
- 9.) To organise Campus Interview for Young Doctors & No contractual Jobs anymore.
- 10.) To organise JDN Sessions in the forth coming CMAAO conference in September 19.
- 11.) A promotional teaser for JDN to be created.
- 12.) Various Committees are for formed

A.) RDAs Liasioning Committee Dr. Harjit Singh Bhatti – Chair Dr. Alok Dr. Vineet Bharadwaj Dr. Vijay Kumar Dr. Jawahar Singh Dr. Dwaipayan Mojumdar Dr. Abhijit Naskar	D.) Social Media Committee Dr. Anirban Dalui Dr. Swapnil Dr. Ameeth Dr. Ujjwal Biswas Dr. Abu Obayed Dr. Rajib Biswas Dr. Indrajit Sarkar
B.) Membership Campaign Committee, each 50 institutions Dr. Shiv Joshi - Chair Dr. Anurag Singh Dr. Manish Chandra Prabhakar Dr. Indranil Halder Dr. Sourav Saha Dr. Ankush Chakraborty	E.) Online Survey Committee Dr. Swapnil Dr. Ameeth Dr. Asif Iqbal Dr. Kalpajit Banik Dr. Manosij Maity Dr. Rajsekhar Lohar Dr. Indrajit Malik Dr. Siddhartha Chatterjee Dr. Subhajit Banerjee
C.) Events Committee Dr. Aswin Surjeeth / Dr. Phanidhar Dr. Jothi Dr. Manikanda Devadas Dr. Rohit Kapoor Dr. Deb Kumar Mondal Dr. Avradeep Dutta Dr. Koustab Ghosh Dr. Amiya Bala	F.) Bulletin Committee Dr. KM Abul Hasan Dr. Adit Desai Dr. Anirban Dalui Dr. Subhajit Dutta Dr. Rajiv Ranjan Dr. Khader

Dr K.M. Abul Hasan
 Secretary, JDN IMA HQs.

AGENDA ITEM NO.B-55

Report of IMA Medical Students' Network

- **26th January 2019:** IMA MSN Regional Meeting was presided by Dr. Y.S.Deshpande, IPP IMA Maharashtra State and attended by Dr. Ashish Disawal, Vice Chairman IMA MSN HQ, Dr. Krishna Parate, National Chairman IMA PPS, Dr. Prakash Deo, past Jt. Secretary IMA Maharashtra State and student leader, Dr. Akshay Yadav followed by Inter Medical College Dance Competition (Vidharba Region) associated with IMA Nagpur. 13 medical colleges participated and approximately 400 students were present.
- Lecture series for medical students started every Wednesday from 6/2/2019 to 13/3/2019 in IMA Nagpur hall.
- **25th February 2019:** Inter Medical College Debate Competition held at Medfest of Rajiv Gandhi Medical College/Thane Civil Hospital, Thane – 'ZENITH 2019' in affiliation with IMA Thane Branch.

- **1st March 2019:** Inter Medical College Debate Competition held at Medfest of HBT Medical College/Cooper Hospital, Juhu – ‘QRIOUSITY’ in affiliation with IMA Chembur Branch, Mumbai.
- **8th March 2019:** 1st Convention of IMA MSN was presided by Dr. Hozie Kapadia, President IMA Maharashtra State; Dr. Suhas Pingle, Hon. State Secretary IMA Maharashtra State; Dr. Dhiren Kalawadia, Hon. Treasurer, IMA Maharashtra State in the presence of Dr. Salim Sachani, President IMA Mumbai Branch and Dr. Ajoy Kumar Saha, Secretary IMA MSN HQ at IMA Mumbai Branch where problems facing medical students were discussed and a road map was prepared for future activities in Maharashtra State. Dr. Anil Pachnekar, Vice President, IMA HQ also graced the occasion.
- **16th March 2019:** IMA Standing Committee for MSN meeting was held at IMA Headquarters. Presided by National President Dr. Santanu Sen, HSG Dr. R.V.Asoken, National Vice Presidents Dr. Pragnesh Joshi & Dr. P. Gangadhara Rao in the presence of Chairman MSN HQ Dr. Sreejith N. Kumar, Vice Chairman HQ Dr. Ashish Disawal, Secretary MSN HQ Dr. Ajoy Kumar Saha, Secretary HBI HQ Dr. Jayash Lele and Maharashtra State President Dr. Hozie Kapadia and student leaders from West Bengal, Kerala, Maharashtra, U.P. Gujarat & M.P.
 1. Amendments to the Constitution & Bye Laws of IMA MSN was made and forwarded to HSG for approval.
 2. Plan of activities for the year formulated.

MINUTES OF MEETING OF IMA STANDING COMMITTEE FOR MEDICAL STUDENTS NETWORK (MSN WING) HELD ON 16th MARCH 2019 AT IMA HOUSE, NEW DELHI

A Meeting of IMA Standing Committee for Medical Students Network (MSN Wing) held on 16th March, 2019 at 10.00 am.at IMA House, I.P.Marg, New Delhi.

The following members were present:-

Dr. Santanu Sen, National President, IMA
Dr. R.V.Asokan, Hony. Secretary General, IMA
Dr. Ramesh Datta, Hony. Finance Secretary, IMA
Dr. Ravi Wankhedkar, Imm. Past National President, IMA
Dr. Pragnesh Joshi, National Vice President, IMA
Dr. P. Gangadhara Rao, National Vice President, IMA
Dr. Sreejith N. Kumar, Chairman, IMA Standing Committee for MSN
Dr. Ajoy Kumar Saha, Secretary, IMA Standing Committee for MSN
Dr. Ashish Disawal, Vice Chairman IMA Standing Committee for MSN
Dr. Jayesh Lele, Hony. Secretary IMA HBI
Dr. Hozie Kapadia, Maharashtra State President, IMA
Dr. T.Suresh, Past Hony. State Secretary, Kerala State Branch, IMA
Dr. Harish Gover, Past Hony. Secretary General, IMA
Dr. Piyush Kanti Roy, Hony.Jt.Secretary, IMA (Calcutta)
Dr. Kavitha Ravi, Coordinator, MSN –G

Dr. Ajoy Kumar Saha, in his Welcome Address acknowledged and praised the active role played by the medical students of the country in assisting IMA in successfully thwarting draconian Bills & Acts imposed

on the medical profession. He asked for coming up with a road map for minimal national programme for MSN in the forthcoming year.

Dr. Sreejith N. Kumar, in his Opening Remarks stressed the need of MSN taking a lead in membership drive of IMA.

Dr Santanu Sen emphasised on ensuring that membership of Medical student wing ultimately converts to membership in IMA on graduation of the student members. He also asked for support of Medical students in mobilising maximum membership for IMA this year.

Immediate past National President, Dr. Ravi Wankhedkar talked about the problems of unemployment, draconian laws, Consumer Protection Act, NMC & Crosspathy facing the youth and the need to address them seriously.

HSG, Dr. R.V. Asoken said that the Indian freedom struggle started with the youth and stressed on the need to expand the MSN membership and have a MSN unit in every medical college in the country. He stressed the need to fight Crosspathy from the political front by the students and legal front by IMA.

The Bye Laws and the Constitution of IMA MSN was amended.

Amendment were suggested to the Bye Laws approved in 2000 and the proposal has been submitted to HSG (Draft Amendment Bye Law Attached).

Copy of amended given to HSG for approval.

Plan of activities for the year:

1. Formation of College Council by 30th April 2019.
2. Formation of State Council by 31st May 2019.
3. Formation of National Council by 30th June 2019.

Medical students to campaign for IMA membership drive at the old rates till end of March.

MY INDIA MY VOTE campaign to be undertaken in all medical colleges, highlighting IMA's Health Manifesto and urging due importance to our demands. Students to organise and take a lead in campaigning along with patronage of local IMA branches.

Following student leaders attended the meeting: -

- Dr. Rizwan Khan, Member of IMA MSN West Bengal
- Dr. Ajith Paul Denson, State General Secretary, IMA MSN Kerala
- Dr. Devendra Kumar Tiwari, IMA MSN, Rajasthan
- Dr. Azil Haris (Kerala)
- Dr. Dwij Mehta (Maharashtra)
- Dr. Arshpreet Singh Cheema (Maharashtra)
- Dr. Mrityunjay Gupta, State President, IMA MSN UP
- Dr. Sajal Gupta, State Secretary, IMA MSN UP
- Dr. Vraj Shah, IMA MSN Gujarat
- Dr. Naved Khan, IMA MSN Gujarat

- Dr. Vinayak Sharma (MP)
- Dr. Aniket Sharma (MP)

The meeting ended with a Vote of Thanks to the Chair.

Dr. Sreejith N. Kumar
Chairman, MSN

DR. Ajoy Kumar Saha
Secretary, MSN

AGENDA ITEM NO.B-56

Report of IMA Women Doctors' Wing

We are glad to inform you that, Woman Doctor Wing Chairpersons are appointed in 26 states and very soon, WDW will be formed in all the states. Everywhere activity of Woman Doctors Wing has started and participation of women doctors is increasing. We aim to complete entire WDW formation in all states before the CWC meeting.

1. PARTICIPATION IN NATCON 2018& Meeting of WDW

Dr Mona Desai, National Chairperson IMA WDW, Dr Neeta Biyani, National Secretary, IMA WDW and many women doctor leaders from all over India participated in NATCON 2018 at Bangalore. We had a special meeting of our team there. Woman Doctors Wing received National Award of Best wing of the year also.

2.PARTICIPATION IN 1ST STATE PRESIDENT/SECRETARY AND OFFICE BEARER MEETING ON 20TH JAN AT NEW DELHI:

Dr Mona Desai, Chairperson IMA WDW participated and gave her presentation there and also gave material of WDW in the pendrive provided to all.

3.PARTICIPATION IN INTERNATIONAL CONCLAVE ON VIOLENCE AGAINST DOCTOR BY WMA AND IMA HQ ON 8TH &9TH FEB AT MUMBAI.:

Dr Neeta Biyani, National Secretary, IMA WDW participated in this event.

4. FORMATION OF WOMAN DOCTORS WING IN 8 NEW STATES FROM THE MONTH JAN 2019. :

Woman Doctors Wing is formed in Telangana, Karnataka, Andhra pradesh, Manipur, Mizoram, Chandigarh , J&K and Arunachal Pradesh

5.PLANNING OF CELEBRATION OF INTERNATIONAL WOMEN'S DAY ALL OVER INDIA BY MAJORITY OF IMA BRANCHES IN A SIMILAR FASHION.

For this a mail was sent to all State Presidents and Secretaries to intimate all local IMA branches for celebration of International Women's Day. All State WDW chairpersons were also motivated to conduct the programme of International Women's Day at Majority of branches in their state.

General guidelines were formed for observance of International Women's Day and appealed to observe between 3rd to 10th March. Following programmes were suggested to include.

1. Talk on leadership skills.
2. Talk by motivational speaker.
3. Self defence workshop.

4. Various competitions for women doctors

6. OBSERVANCE OF INTERNATIONAL WOMEN'S DAY AT IMA HQ.-International Women's Day was observed at IMA HQ on 8th March where National President Dr Shantanu Sen gave his blessings. Other IMA HQ office bearer and Delhi WDW team was present.

7. IMA Woman Doctors Wing is very happy to announce the observance of International Women's Day in a very grand fashion, enthusiastically in 26 states, in 152 branches and total number of 217 programmes conducted. The statewise and branch wise data is as follows.

Sr. No.	State	Number of branches – IWD observed	Names of the branches where International Women's Day were observed and dates on which it was observed.
1	Andhra Pradesh	14	Visakhapatnam-3/3, Vizianagaram-6/3, Parvathipuram-9/3, Anakapalli-3/3, Rajahmundry-3/3, Ongole-8/3, Guntur-3/3&10/3, Vijaywada-8/3, Chilakaluripeta-9/3, Tirupati-10/3, Kurnool-1/3,2/3,3/3&17/3, Kavali-3/3, Anantapur-8/3
2	Assam	6	Biswasnath-7/3, Dispur-8/3, Tinsukia-8/3, Tezpur-8/3, State team-9/3, Nalbari-9/3
3	Bihar	1	Munger-8/3
4	Chandigarh	1	Chandigarh-9/3
5	Chhattisgarh	1	Durg-9/3
6	Delhi	2	IMA HQ-8/3, Karol Bagh -7/3
7	Goa	7	Mormugao-2/3, Bardez-8/3, CQs-8/3, Tiswadi-8/3, Bicholim-8/3, Ponda-8/3, Margao-9/3, Goa state-10/3
8	Gujarat	5	Ahmedabad-10/3, Vadodara-3/3 &8/3, Surat-10/3, Bhavnagar-7/3& 9/3, Rajkot-3/3
9	Haryana	16	Sonepat-3/3,6/3&9/3, Bhiwani-3/3,6/3,7/3 &8/3, Rewari-6/3, Faridabad-6/3, Rohtak-7/3, Sirsa-7/3, Karnal-8/3, Panchkula-8/3, Jind-8/3, Fatehbad-8/3, Yamuna nagar-7/3 &9/3, Gurugram-9/3 &10/3, Hissar-10/3, Palwal-10/3, Karnal-14/3, Ambala-14/3
10	Himachal Pradesh	1	Shimla-8/3
11	Jharkhand	1	Roorkey-8/3
12	Karnataka	2	Bangalore-8/3, Bhadravati-10/3
13	Kerala	19	Trivandrum-3/3,4/3,5/3 &8/3, Kazhakkuttom-8/3, Kollam-9/3, desinganad-8/3, Kochi-28/2, 8/3 &15/3, Madhya Kerala-5/3,6/3 &8/3, Kunnankulam-10/3, Vadakara-4/3,5/3,6/3,7/3 & 8/3, Palakkad-3/3 &8/3, Kozhikode-3/3,4/3,5/3,6/3,7/3,8/3 &9/3, Thalassery-1/3,5/3,7/3 &8/3, Thaliparamba-2/3,4/3,8/3 &17/3, Perinthalmanna-8/3 &9/3, kottakkal-8/3, kottayam-4/3&8/3, Chengannur-8/3, Millankunn Athukavu-7/3, Thrissur-11/3
14	Madhya Pradesh	5	Indore-8/3, Jabalpur-3/3r, Gwalior-8/3r, Ratlam-3/3, Sanawad-8/3

15	Maharashtra	22	Akola-8/3, 10/3, Alibag-9/3, Amravati-8/3, Baramati-10/3, Beed-8/3,10/3, Bhandara-12/3, Bhivandi-8/3,9/3,10/3, Chandrapur-3/3,7/3,8/3,10/3, Dombivli-8/3,12/3, Dhule-10/3, Gondia-3/3,8/3,10/3, Kalyan-8/3, Latur-3/3, Mira Bhayandar-8/3, Nashik-3/3,10/3,15/3, Nagpur-7/3,8/8, Osmanabad-8/3,16/3, Pimpri-Chinchwad-9/3,10/3,17/3, Pune-3/3, Ratnagiri-8/3, Solapur-7/3, Yavatmal-13/3,14/3
16	Manipur	1	Imphal-8/3
17	Mizoram	1	Aizawl-9/3
18	Odisha	2	Bhubaneswar-8/3, Cuttack-8/3
19	Puducherry	1	Puducherry-8/3,17/3
20	Punjab	4	Jalandhar-7/3, Amritsar-8/3r, Phagwara-8/3, Pathankot-8/3
21	Rajasthan	1	Jaipur-8/3
22	Tamil Nadu	16	Attur-3/3, Courtallam-3/3,8/3, Coimbatore-3/3, Thoothukudi-3/3, Kovilpatti-3/3, Vellore-3/3,8/3, Kumbakonam-8/3, Tiruppur-8/3, Kanchipuram-8/3, Poonamallee High road-8/3,9/3, Namakkal-8/3, Tirunelveli-8/3, Cuddalore-8/3, Chennai South-9/3, Avadi Ambattur-9/3, Villupuram-8/3.
23	Telangana	10	Nilgiri-12/2,14/2,5/3,6/3,7/3,8/3,12/3, Warangal-8/3, Hyderabad north-10/3, Armur-8/3, Suryapeth-8/3, Huzurabad-8/3, Karimnagar-8/3, Nizamabad-3/3, Mehaboob nagar-8/3, Jedcherla-8/3.
24	Uttar Pradesh	6	Lucknow-3/3, Varanasi-8/3, Gonda-6/3, Meerut-8/3, Kanpur-8/3, Ghaziabad-10/3
25	Uttarakhand	5	Haldwani-10/3, Rudrapur-10/3, Jaspur-10/3, Ramnagar-10/3, Kashipur-10/3
26	West Bengal	2	Kolkata-3/3, Serampore-8/3

8.FSF – FAMILY SECURITY FORCE-Diabetes awareness campaign by Dr.Smita Joshi from himmatnagar, gujarat. She travelled 3500 km by road from Kashmir to Kanyakumari from 4th to 13th 2019 to spread awareness and she gave resolution to Delhi IMA HQ, Bhopal, Hyderabad and Kanyakumari.

**International Women Day organized on 8th March, 2019 at
IMA House IP Marg, New Delhi**

Minutes of the celebration of International Women Day on 8th March, 2019 at IMA House, IP Marg, New Delhi.

Around 100 Members present on International Women's Day Celebrations at IMA HQs.

Dr Shama Batra, Hony Secretary, WDW Delhi, conducted the programme of International Women's Day Celebrations and said that everybody knows that every year International Women's Day is celebrated on 8th march and every year it has some theme attached to it. This year the theme for International Women Day is "BALANCE FOR BETTER".

Dr Santanu Sen National President, IMA Lightened the Inaugural Lamp and welcomed all the participants who have spared their valuable time to attend International Women's Day at IMA Hqs. He told that IMA

observes all the Calendar Days of IMA but IMA HQs after discussion with office bearers came to conclusion that all the important WHO days will be observed by IMA HQ. In collaboration with any of the branches stationed at Delhi.

He also thanked Dr D R Rai for the organization of World Cancer Day on 4th February, 2019.

He told that women are the most important architect of the society and it is because of the women that we all are here. He also expressed that sacrifice of a lady cannot be equated anything else in the world.

He informed that in the year 1908 how this Women Day came into the effect. He informed that there was a protest from the women workers in United Nations and later on in the United Nations Conference it was decided that 8th March will be observed as International Women's Day.

He also desired that celebration of International Women's Day should be observed every year at IMA Hqrs in such a way. He also thanked Dr Mona Desai, National Chairperson, IMA WDW for implanting so many programmes of IMA.

He also informed about the Birth Anniversary of Late Shri Ramakrishna Paramahansa who always spoke about Women Empowerment hundred and hundred years ago.

Dr Neelam Lekhi Chairperson Delhi State IMA Women Doctors' Wing welcomed all the participants and in her Speech she informed that International Women's Day celebration started long back since 1900. She told that a woman is born with the power to care and love, her existence is based on the truthfulness in her eye. Women are the architect of the Society and Creature of the world. No one can take a step ahead without the assistance of women. International Women's Day celebrates the power of women, their rights and role in the civil society. A woman performs all the duties of man but a man cannot do all that woman can do. Women from time immemorial have fought for the rights of others. Now it is time to get her rights related and get equal partnership in the society. Women doctors are playing an important role either it is a matter of medical profession or a matter of society. She also informed that Women Doctors Wing of IMA though existed long back but for last one and half year when Dr Mona Desai has taken over as National Chairperson WDW is doing extremely well. This is the first celebration of International Women's Day at IMA Hqrs. She told that the purpose of Women Doctors' Wing is the empowerment of Women Doctors and Women in the society as well to increase the participation of Women Doctors in IMA Activities. She also said that Women Doctor though already empowered and take care of her profession, family and society well, but among all such duties she forgets to take care of herself. She forgets to nurture her dreams, her hobbies and ignore her health as well. The purpose of WDW to take out that hidden potential of women doctors, to live their dreams and to combat the stress. She also requested that more and more women doctors join this platform and make women doctors more strong so that they can serve the society at large with the noble profession.

Ms. Geetanjali Goel, Additional Distt. Session Judge, Special Secretary to DLSA: talked on Rights and Empowerment of Women. She expressed her heartfelt thanks that doctors are coming together to celebrate this day in a befitting manner.

She stressed upon the mandatory role of doctors and teacher in reporting any incident of child abuse. They must learn to recognize the symptoms of abuse and know how to deal with it. It is the responsibility of Society/Doctor/Teacher, to be vigilant at all times. She suggested many measures to prevent bullying in workplace. She also explained various provisions of the Sexual Harassment of Women at

Workplace. She suggested, if any rape victim comes to doctor it is a duty of a doctor to help her by informing her about the various acts for rape victims. Little guidance of the doctor can help the patient and society at large. Inform them that a legal advice can be taken free.

Dr Deepali Bhardwaj: Gave her lecture on Anti Aging & what is true in cosmetics. She suggested that we should eat green vegetables like broccoli, purple foods like berries and beetroot, carrots, seafood, etc. as well as vitamin c-rich foods (citrus fruits, bell peppers, chilli, etc.), which will help in creating internal sunscreens. She also advised to take care our skin by eat well and eat healthy. Most important tip — drink lots of water and stay well-hydrated. She also explained about the facial contouring

Dr Sharda Jain retired professor and Sr Gynecologist delivered her talk about 'How to develop Leadership Skills'. In her PPT she informed that with the smallest investment at right place, we can radically transform the quality of our team & members.

After that cultural programme was organised, where excellent & vibrant solo and group singing and dancing performances by women doctors were mesmerizing. It showed the zeal and vibrancy of women doctors that was applauded by all.

Dr D R Rai, Past Hony Secretary General, IMA said International Women Day celebrates the power of Women, their rights and role in our lives and society. He further said that women has the power to climb the mountains and conquer the oceans. The women are born with the power to save and love. Her existence is based on the truthfulness in her eyes.

Dr Neelam Lekhi Chairperson Delhi IMA WDW and Dr Shama Batra Secretary Delhi WDW felicitated National President IMA Dr Santanu Sen, Dr R V Asokan National Hon Secretary General IMA, Dr Ramesh Dutta Hon Finance Secretary IMA, Dr Vijay Kumar Malhotra, Sr Joint Secretary, IMA & Organizing Chairperson of International Women Day and thanked all the office bearers of IMA for their all efforts to make this programme a grand success.

Dr Santanu Sen National President IMA awarded Women Doctors naming Dr Neelam Lekhi, Dr Madhu Monga, Dr Punita Hasija, Dr Shama Batra, Dr Divya Saxena, Dr Jyoti Bali, Dr Abha Sharma with Women Achievers Award for their contribution towards profession and society.

In the last Vote of thank was given by Dr Ramesh Dutta, Hony. Finance Secretary, IMA

Dr Mona Desai
National Chairperson
IMA WDW

Dr Neeta Biyani
National Secretary
IMA WDW

AGENDA ITEM NO.B-57

Report of activities of IMA Disaster Management Cell - Dr. Chetan N. Patel

The movement for Disaster Management was started by then our National President, Dr. Ajay Kumar and Hon. Joint Secretary Dr. Dharm Prakash. The IMA HQ Disaster Management Cell formerly formed

in the year 2007. The IMA HQ DMC was active from 2007 to 2016.

It is now again revive in 2019 under the leadership of our National President

Dr. Shantanu Sen & Ho. Secretary General Dr. ashokan.

The 1st National Workshop was organized at Vadodara in June 2007.

During the inauguration function then National President Dr. Ajay Kumar released IMA HQ DMC logo. Uptil now total 15 meetings of cell were held at the site of CWC and at the site of CC & proper line of action was decided.

A letter will be sent to all State & Local branch Presidents & Hon. Secretaries requesting them to form State & Local Branch of IMA DMC if not yet formed.

The Institution for Disaster, Emergency & Accident (IDEA) and the Indian Medical Association HQ Disaster Management Cell will work together to standardize the training in Disaster Management for Health Care Professional. IMA & IDEA will work jointly for the implementation of such training. The plan is to accreditate such training by NIDM later on. Such course will be first and unique of its kind as far as capacity building for emergency response concerned. Tie up with international organizations and universities will be done after few successful pilot trainings.

IMA & IDEA has developed such two training programmes for IMA members

- HOPE - Hospital Operational Preparedness for Emergencies
- HOPE 1 - Basic 1 day
- HOPE II - Intermediate 3 days
- HOPE III - Advanced – 6 days

Various themes and sessions will be covered like basic D.M., role of Health Care Facilities, Lessons learnt from Past experiences, Mass Casualty incidents, Table top exercise, Mock Drills & many more.

- HERO - Health Emergency Response Official
With the amount of this training aims both medical & paramedicals. After the training IMA member will be real HERO with knowledge & equipped with proper skills & protocols of Disaster Management.

We request the worthy Working Committee membes to give wider publicity so that this training programmes can be arranged at many places.

Four workshops on Hospital Preparedness for Emergencies of International level were organized with Asian Disaster Preparedness Centre at Vadodara, Dehradun, Guwahati & Thani by either respective State or local branches. The selected participants will be trained as Trainers on Hospital Preparedness for Emergencies.

IMA HQ DMC & ADPC has decided to be a prtener for India to develop capacity of Health Facilities through the Hospital Preparedness for emergences – South Asia Project (HOPE – SA). This initiative

is part of a wider regional programme on emergency respose capacity supported by USAID-OFDA currently being implemtented in Nepal, Bangaldesh, Pakistan, Srilanka, Afghanistan including India.

Many local branches are doing activities. We request the office bearers of the branches to report them.

To have better & efficient working of the cell, Indian Medical Association HQ proposed to have a separate wing of IMA HQ Disaster Management Cell. We request the worthy members to give their valuable suggestions for this.

Dr. Chetan N. Patel
Chairman IMA HQ Disaster Management Cell

AGENDA ITEM NO.B-58

Report On Care of Elderly Project

Indian medical association is always in the forefront in social and community activities. All of us know that as age advances, people have lot of problems and they are not getting proper care from the society and generally there is a belief that they are neglected group. Considering the importance and magnitude of the problems of such older persons, IMA has taken up care of older persons as a special project. A number of states and local branches have implemented the project in a very effective way. This will help to develop better relation between the doctors and public. It is seen that life expectancy at birth as well as of older persons are going up that prompt us to align our services to improving quality of life through preventing (as far as possible) adverse situations. Hence the aims of the project have been widened to promoting functional independence, good health and wellness apart from supporting those who are backward and challenged.

Every year we send the copy of the project to new office bearers.

The **aim** of the project is to

- a. Promote healthy ageing to improve independency and quality of life through preventive strategies and considering the social determinants of health.
- b. Support the physically weak, mentally depressed, socially isolated and financially broken older persons.
- c. To identify cultural specific best practices and promoting those to fight ageism and to make society friendly to all ages as envisaged by World Health Organization

Scope:

- Training of medical, paramedical, NGOs, public and older patients
- Care delivery
- Support activities
- Media management
- Liaison activities
- Literature support
- Facilitation of research
- Awards and Accreditation

Implementation:

As per the project the following activities will be carried out through the National level, state level and branch level.

National level

In the National level there will be a managing committee nominated by the National President.

1. ***Training of trainers:*** To create awareness among doctors, proper training should be imparted. In the national level initially few doctors will be trained as master trainers. The master trainer will train doctors at the state level as lead trainers. The lead trainers in the state will train the doctor in the branch level. The national level committee will take a decision regarding this. (Subject to the availability of funds)
2. **National workshop for treating doctors**
3. **Publication of literature and guideline**
4. **Facilitation of research and publication**
5. **Resource mobilization: Government, funding agencies, NGOs, Private agencies, CSR Funds.**
6. **Website, online support, Tele Helpline:** There can be a single national helpline which will divert calls to respective state/ district committee representative. Initially the helpline can be to get information on IMA Committee for Older Persons and its activities and for senior doctors who need care and support.
7. **Observation of the International Day for Older Persons**

State level

In the state State President and Secretaries may take initiative for the formation of task force.

1. **State level workshop for treating doctors**
2. **Facilitation of research and publication**
3. **Resource mobilization: Government, funding agencies, NGOs, Private agencies**
4. **Conduct of Public events and awareness programmes**
5. **Media management**
6. **Establishing district monitoring committee**
7. **Observation of World Elder Abuse awareness day on 15th of June**
8. **Observation of the International Day for Older Persons**

Branch level

Special care has to be taken because success of the program depends on functioning at the branch level. The President and Secretary of the branch have to take special initiation for the formation of a task force.

Implementation of the programme in the branch level:

1. **Identification of deserving individuals:**
Financially and socially backward older persons should be given priority when resources are limited. All services excepting financial assistance in kind or otherwise can be provided to all those who are in need irrespective of their financial or social background.

The local body authorities and local social workers can be contacted to help for identification of the older persons

Adoption of the older persons

The members of the branch can adopt one or two persons to give maximum help by all possible ways like (a) concessional or free consultation. (b) Seek help of other doctor or private hospital (c) Counseling program

After identifying deserving candidates, under IMA supervision, they can be brought under mediclaim policy. The fee can be sponsored by single person or as a group.

The private hospital management may be requested to adopt few older persons

2. Concessional or free consultation:

After proper discussion at the branch general body /executive committee decision can be taken to give free or subsidized medical care. The decision can be left to the discretion of the members. The task force can identify willing doctors to give help. The age limit can be fixed in the branch level.

3. Free clinic:

In the branch level free clinics can be established daily, weekly, fortnights or monthly basis.

4. Free geriatric camp:

In the selected areas with the help of local body representatives, voluntary organizations, social workers free periodical camp can be arranged. Those who needs follow up, private hospital authorities or government hospital authorities may be requested to give possible help. Concessional or free charges may be made available.

5. Blindness control program:

The branches with the support of ophthalmologists of government hospitals private hospital and voluntary organizations, can organize cataract detection camps and surgeries. Prevalance of late detection of diabetic retinopathy and glaucoma also observed. Retinopathy and glaucoma screening camps can be organized.

9. Old age homes:

Local branches can start old age homes or adoption of the old age homes or periodical free medical checkup and follow up may be given to those who reside in old age homes.

10. Day care centers:

Initiation may be taken to start day care centers. Maximum importance has to be given for the programme because older needs good mental satisfaction and enjoyment during old age.

11. Home care:

Patients and family members of bedridden old people will be in a difficult situation to look after them - home care for the deserving older persons may be arranged.

12. Awareness programs

- Awareness programmes for paramedical staff, social and community leaders, senior citizens can be arranged.
- Special awareness and counseling programme for the care takers & senior citizens
- Awareness programme and counseling should be arranged for the care takers of the such older persons and senior citizens. Nuclear family system is a threat to the disabled old

age peoples. When both husband and wives are employed we have to consider their difficulties also.

- We request you to take special care on awareness programme for doctors, care takers in the Panchayath, Municipalities and Corporations; try at the maximum to start day care centers.

13. Age-Friendly Concepts (As suggested by WHO):

Recognition of the Age-friendly-hospital by offering special care for the older persons.

- Avoidance of the Queue / priority
- To make available Age-friendly equipments, assistive devices and facilities
- Special assistance for the older persons
- Age-friendly policies of the management
- Standard treatment protocols considering older persons
- Palliative care services including home care / helpline service

14. Telemedicine in care of older persons:

Telemedicine concepts can be used for obtaining second opinion or expert opinion in PHCs, FHCs etc as part of strengthening primary healthcare and improve access for older persons. Older persons, differently abled are the ones who get excluded when referred for specialist opinion for preventive and early intervention.

15. Development activities for older persons

- Training in using computers, smart phones – can tie up with colleges and students groups such as NSS, clubs etc
- Vocational training – home based (for income generation)

16. Recreational activities:

Tour and picnics can be organized to prevent loneliness and isolation by promoting senior citizens clubs.

17. Respect for IMA senior doctors:

- Assist senior doctors requiring assistance to attend meetings and events of IMA – to keep them continuing the activities and maintain the network.
- Home visits (courtesy visits) for doctors who are unable to move out and requiring assistance.
- Setting up an alert response system for such doctors where they can get help in an emergency by the press of a button (Emergency Alert button)

Finance:

The national level committee will try to get maximum financial help from different sources-Central government, WHO, voluntary organizations, CSR funds etc. The finance for the training program of doctors made available by the national level committee. The state level and branch level committee may also try to get financial help from different sources.

The above-mentioned are guidelines only; the branches can have a practical approach according to the decision of the task force.

If the project is implemented in an effective way, IMA will get a good social impact.

Along with the programmes mentioned above the importance may be given to the following in this years programme.

1. . Special attention will be given for the training of Doctors in the Branch level and State level.
2. For the recognition of the Age-friendly hospitals.
3. To arrange training programme for the care takers, paramedical staff and voluntary workers.
4. To arrange get together for the senior citizens and arranging various recreational programmes.
5. Awareness and motivation training programme for the children to take care of their parents and older persons.
6. To motivate and recognize age friendly hospitals.
6. **To observe** ☐

World Elder Abuse awareness day on 15th of June
International Day for Older Persons on October 1st.

- 7 To establish a liaison with Central Govt, State Govt and local bodies (Panchayath, Municipality and Corporation) for the betterment of the elders.
8. To approach the Central Govt. for the recognition of the Indian Medical Association as a nodal agency for the care of elders and to include IMA in the National Council for Care of older persons.

Let's all work together for the successful implementation of the project.

Dr. Santhanu Sen
National President

Dr. R.V. Ashokan
Hony. Secretary General

Dr. V.U. Seethi
Chairman, National Committee
for Care of Elderly

Dr. D.R.Rai
Chief Coordinator, Committee
for Care of Elderly

Dr. Samuel Koshy
Convenor

AGENDA ITEM NO.B-59

Report of IMA Mediation, Conciliation and Grievances Redressal Cell

We have sent email to State President and Secretaries requesting them to form "IMA Ethics & Mediation, Conciliation & Grievances Redressal Cell" (IMA-EMCGRC) as per the resolution passed by the Central Council (CC) of Indian Medical Association (IMA) at its 75th meeting held at Ahmedabad, Gujarat on December 27-28, 2014, to deal with the complainant/patient and the doctor/medical institution to solve the problem (s) at State/Branch level.

The above Cell is also planning to organize a workshop regarding the methodology for disposal of complaints. We will be forwarding the complaint of the respective State Branch for disposal like previous years.

Status report of the complaints received at HQs is as under :-

Total number of complaints - 63

Total number of complaints File at IMA HQ - 31

Total Number of complaint Replied - 18

Under the process of forwarding the complaints to State Branch, IMA - 14

Dr. Milind Naik
National Chairman, IMA EMCGRG

Dr Harish Grover
Co-Chairman, IMAEMCGRG

Dr. Alex Franklin
Co-Chairman, IMA – EMCGRG

Dr. Arun Aggarwal
Member, IMA – EMCGRG

Dr. Mandar Mhaskar
Member, IMA – EMCGRG

Dr. Mohanan Nair
Member, IMA – EMCGRG

Dr. Prabhas Kumar Maji
Member, IMA – EMCGRG

Dr. S.N. Daga
Member, IMA – EMCGRG

Dr Major Prachi Garg
Convenor, IMA– EMCGRG

AGENDA ITEM NO.B-60

REPORT OF PARAMEDICAL COURSES

IMA's first paramedical course – Diploma in Medical Laboratory Technology was introduced in 1986 and this course was recognized by the **DIRECTORATE GENERAL OF HEALTH SERVICES, MEDICAL EDUCATION UNIT, GOVERNMENT OF INDIA** vide No. V.21011/63/87-ME dated 31/7/87.

Presently, Indian Medical Association HQRs, New Delhi is running the following paramedical courses and the courses are recognized by the **Government of NCT of Delhi, Health & Family Welfare Department**:

Diploma Courses	Certificate Course(s)
1. Medical Laboratory Technology	1. Blood Bank Technology
2. X-Ray and Imaging Technology	
3. Operation Theatre Technician	
4. Medical Record Technology	
5. Cardiac Technology	
6. Dialysis Technician	

Total Fifty One Institutes of different states are running Para Medical courses under IMA.

The TABLE is as under:

SNO	STATE	NO. OF INSTITUTE/HOSPITALS
1	BIHAR	02
2	DELHI	26
3	GUJARAT	05
4	HARYANA	02

5	PUNJAB	01
6	RAJASTHAN	06
7	UTTAR PRADESH	07
8	UTTARA KHAND	01
9	TAMIL NADU	01

INSPECTION REPORT**(For the period --January - March 2019)**

Name of Hospitals/Institutes Inspected Done	Name of approved Hospitals/Institutes	Name of Hospitals/Institutes to be inspected
1. Aakash Healthcare Super Speciality Hospital, Dwarka, Delhi 2. LAL Path Lab, Rohini, Delhi	1. Aakash Healthcare Super Speciality Hospital, Dwarka, Delhi	1) Impact Paramedical Health Institute, Delhi
		2) Impact Paramedical Health Institute, Delhi
		3) MAX Skill First, Vaishali, U.P
		4) Dishalnstt of Paramedical Sciences, Delhi
		5) Cradle of Paramedical Sciences, Kapashera, Near Oberoi Farm, N.D
		6) MAX Hospital, Shalimar Bagh, New Delhi
	2. LAL Path Lab, Rohini, Delhi	7) Institute of Para Medical Sciences & Research, Chattarpur, Delhi
		8) Yashoda Super Speciality Hospital, Ghaziabad, U. P.
		9) LOKENATH INSTITUTE of Medical Sciences, Jamshedpur, Jharkhand
		10) Vishvakalyan Society, IDAR, Gujarat
		11) Congnitio, The Knowledge Hub, Dist. Korea, C.G.
		12) VIROHAN Institute of Allied Health & Management Sciences, Nagpur, MAH
		13) National Institute for Technical Education welfare Trust, KOLKATA
		14) NEMCARE Hospital, Guwahati, Assam

IMA – NIOS collaboration Para Medical Courses

Two Paramedical courses – Diploma in Medical Laboratory Technology (DMLT) and Diploma in Medical Imaging Technology (DMIT) are running jointly by IMA and NIOS.

There are total Twenty Five Accredited Vocational Institutes throughout India which are running these courses under IMA-NIOS.

NIOS plans to develop a new course in the area of Health & Paramedical Science in collaboration with IMA.

It has been proposed to revise Admission Fee from 25000/- to 45000/- for DMLT and DMIT students.

Name of Hospitals/Institutes inspected jointly by IMA & NIOS in 2019

Name of Hospitals/Institutes Inspected Done		Present Status
1)	Paramedical Technology Society of India, Ashok Nagar, Delhi	Report Awaited
2)	Sai Institute of Paramedical Studies & Research, Aligarh, U.P.	Approved
3)	Sri Sri Paramedical Institute, Greater Noida	Approved
4)	JeevanRekhaPratisthan's, Latur, Maharashtra	Report Awaited
5)	Jyoti College of Paramedical Science, Bereilly, U.P.	Approved
6)	Golden Compass Inst. Of Paramedical Sciences, Kaushambi, Ghaziabad, U.P.	Report Awaited
7)	Golden Compass Inst. Of Paramedical Sciences, Shahdara, Delhi	Not Approved
8)	School of Paramedics & Allied Health Sciences, Odisha	Inspection awaited

PARAMEDICAL FINAL EXAMINATION – JULY 2018

Total 301 Three Hundred One candidates from different Institutes/Hospitals appeared in different streams of Para Medical Final Examination which was held on July 2018 throughout India.

The TABLE is as under:

DMLT		XRAY & Imaging		D O T T		DMRT(Record)		DCT (Cardiac)		DDT (Dialysis)	
Appeared	Passed	Appeared	Passed	Appeared	Passed	Appeared	Passed	Appeared	Passed	Appeared	Passed
170	113	31	14	61	38	8	4	10	4	21	18

PARAMEDICAL FINAL EXAMINATION – NOVEMBER 2018

Total One Hundred Seventy Seven candidates from different Institutes/Hospitals appeared in different streams of Para Medical Final Examination which was held on December 2018 throughout India and the Final Result is awaited.

Dr. D. R. Rai
Dean, Paramedical Courses, IMA
IMA Paramedical Courses

Dr. R. N. Tandon
Chairman ,

Dr. N. V. Kamat
Chief Co-ordinator, Paramedical courses

AGENDA ITEM NO.B-61

**MEETING OF THE SAARC MEDICAL ASSOCIATION WAS HELD AT
HOTEL LALIT, MUMBAI ON 9TH FEB,2019.**

The following attended:

1. Dr. P.S Bakshi- Convenor SAARC Medical Association

2. Dr. Ravi Wankhedkar- President, SAARC Medical Association
3. Dr. Leonid a. Eidelman- President, World Medical Association
4. Dr. Otmar Kliber- Secretary General, World Medical Association
5. Dr. Mukti Ram Shrestha- President, Nepal Medical Association
6. Dr. Rakesh Verma- Past President SAARC Surgical Care Society
7. Dr. Ali Shahid Mohamed- President Maldives Medical Association
8. Dr. Yuji Noto- Manager International Affairs Division- Japan Medical Association
9. Dr. Hokuto Hoshi- Advisor Japan Medical Association
10. Dr. Jou-Fang-Deng- Founder, Taiwan International Medical Alliance
11. Dr. Kyaw Lunn- Hony. Joint Secretary General Muanmar Medical Association
12. Dr. Rajan Sharma- President Elect Indian Medical Association
13. Dr. Ashok Adao- Past National President, IMA
14. Dr. R.V Asokan- Hony. Secretary General, IMA
15. Dr. Jayesh Lele
16. Dr. Narasinga Reddy

The following was resolved:

1. Dr. P.S Bakshi- Convenor SAARC Medical Association welcomed the delegates and the special invitees.
2. Dr. Ravi Wankhedkar-Welcomed the delegates and guests and called the meeting to order.
3. Minutes of the meeting of 28th Dec, 2018 held at Bangaluru were read and passed.
4. Dr. Rakesh Verma informed the house about his meeting with the Secretary General of SAARC at Kathmandu. He stressed that since the HQ of SAARC Medical Association will be in India, the application to formally recognize the SSARC Medical Association has to be given to Ministry of External Affairs Govt. of India to be forwarded to the Hony. Secretary General of SAARC Medical Association in Kathmandu.
5. Dr. Leonid A. Eidelman, President, World Medical Association addressed the members. He thanked Dr. Ravi Wankhedkar for inviting him to this meeting of SAARC Medical Association and stressed the need for such regional co-operation.
6. Dr. Otmar Kliober-Secretary General of the World Medical Association thanked the hosts for inviting him for this meeting.
He gave a briefing about eh activities of WMA and informec the members that there were similar associations in Asiaa Occanic and Europe and they had their own role. He briefed Dr. Shahid Ali about the procedure on how Maldives could become a member of World Medical Association. He also stressed that money was not a major consideration in becoming a member of World Medical Association.
He also assured the members that he would send an invitation to the SAARC M Medical Association about the future meetings of WMA and their representative could attend though they would not have voting rights.
7. Dr. Yuji Noto and Dr. Hokuto Hoshi from Japan Medical Association thanked the President for inviting them to this meeting.

8. Dr. Kyaw Lynn from Myanmar thanked the hosts for inviting him for this meeting of the SAARC Medical Association.
9. Dr. Jou-Fang-Deng- Founder, Taiwan thanked the president for inviting him for this meeting of the SAARC Medical Association.
10. Dr. Rajan Sharma informed the house that he was making efforts so that Afghanistan joins the SAARC Medical Association.
He also informed the house that the current ambassador of Nepal to India was a Doctor.
Dr. Ravi Wankhedkar assured that we will get in touch with him and shall apprise him of our activities.
11. Dr. Rakesh Verma informed the members that there was a very high incidence of kidney failure in Afghanistan and to this Dr. Ravi Wankhedkar said that Dr. Jayesh Lele who is on the IMA committee on kidney diseases would work in this regard.
12. It was proposed that formal letters be written to CMAAO and WMA informing them about activities of SAARC Medical Association.
13. It was resolved that invitation letters would be send to Myanmar, Japan and Taiwan about future meeting of SAARC Medical Association.
14. Dr. Ravi Wankhedkar informed the members that recently IMA had published two books one on Schedule of Vaccination and the other on Medical Ethics.
It was resolved that these be circulated to other SAARC Countries and to WMA.
15. Regarding Medical Ethics- Dr. Leonid A. Eidelman apprised the house about the revised declaration of Geneva on the physicians pledge be incorporated in all meetings of WMA.

Dr. Paramjit Singh Bakshi
Convenor
SAARC Medical Association

AGENDA ITEM NO.B-62

INTERNATIONAL CONCLAVE ON ZERO TOLERANCE ON VIOLENCE ON DOCTORS & HOSPITALS
(8th & 9th FEBRUARY 2019)

International conclave on zero tolerance to hospital violence was conducted on 8th& 9th February 2019 at Hotel Lalit, Mumbai. The conference jointly organised with WORLD MEDICAL ASSOCIATION was able to come out with joint memorandum by WMA and IMA on violence in healthcare.

The meeting started with a theme & curtain raiser presentation. Violence on doctors and hospitals show an increasing global trend. This has widespread social ramifications and needs to be addressed urgently. Dr.Jayesh Lele introduced various terme regarding hospital violence, and as the present legislations and mitigation efforts are ineffective, hoped this conclave will device better strategies. Dr.Mangesh Pate narrated the current scenario through a video presentation showing various incidences of hospital violence

Dr.A.Marthanda Pillai, narrated various aspects of genesis of violence in which he described historic Perspective, impact of social trends in doctor- patient relationship, erosion of social values, judicial activism, hostile Press- Negative role of press, half baked knowledge of patients, high expectations, exploitation of an unfortunate event by anti-social elements and poor communication

Basis & nature of violence against doctors was presented by Dr.Hokuto Hoshi, JMA . According to a hospital survey on activities as organization against violence and undue complaints as, 86% of physicians answered “Necessary” regarding the measures to prevent in-hospital violence, verbal abuse and so on. From the survey, one out of two employed physicians experienced undue complains and troubles from patients and their families at last once (39%: 1 to 3times, 5.4%: over 4times) over the last half year. Hospital violence and verbal abuse occur in hospital more frequently than the hospital director thinks. Urgent necessary countermeasures are required.

Situational analysis of Indian scenario was presented by Dr.Ved Prakash Mishra and he highlighted on the concept of welfare state as per constitution,fundamental right to life & liberty mandating right to health, health & education were given top priority in 18 cardinal considerations of the welfare state, concern about dwindling public funding on health. Out of pocket expenditure highest of 68.6% in India, India has largest contingent of trained medical manpower, IMR has 11.5lakh doctors. Reorientation of medical education and soft skill training to be imparted

Global scenario of violence against doctors by Dr.Otmar Kloiber, Gen Sec, WMA . He brought in fresh insights into the arenas in which healthcare is affected by violence. Armed conflict, civil situations, para-military conflicts , civil unrest , hybrid War were some of the situations in which healthcare is affected by violence.

Dr.Santanu Sen, National President presented Policy initiatives for prevention of violence in which he focussed on time bound legal action against hospital violence, any complaint by patient or relatives after a violent act to be rejected, central law for hospital violence, initiatives from doctor’s side like not to over reach, proper consents, proper documentation, communication and alertness. Awareness on psychological aspects regarding hospital violence, management of a scene of violence were also highlighted by him. wither violence against doctors Dr.Leonid Eidelman, President, WMA in his presentation explained the global situation through his presentation "Violence against physicians – a global problem". He told that violence has profound negative effects on the victim, destructive for healthcare system and society, and sought an urgent need for action: Zero Tolerance Approach and multi-faceted efforts

WMA Statement on Violence in the Health Sector by Patients and Those Close to Them

Violence, apart from the numerous health effects it can have on its victims, also has potentially destructive social effects. Violence against health workers, including physicians, not only affects the individuals directly involved, but also impacts the entire healthcare system and its delivery. Such acts of violence affect the quality of the working environment, which has the potential to detrimentally impact the quality of patient care. Further, violence can affect the availability of care, particularly in impoverished areas.

WMA Statement on Violence in the Health Sector by Patients and Those Close to Them

While workplace violence is indisputably a global issue, various cultural differences among countries must be taken into consideration in order to accurately understand the concept of violence on a universal level. Significant differences exist in terms of what constitutes violence and what specific forms of workplace violence are most likely to occur. Threats and other forms of psychological violence are widely recognized to be more prevalent than physical violence. Reasons and causes of violence in the healthcare setting are extremely complex.

WMA Statement on Violence in the Health Sector by Patients and Those Close to Them

Reasons and causes of violence in the healthcare setting are extremely complex.

Common triggers are:

delays in receiving treatment and dissatisfaction with the treatment provided a result of patients' medical condition, the medication they take or the use of alcohol and other drugs individuals may threaten or perpetrate physical violence against healthcare workers because they oppose, on the basis of their social, political or religious beliefs, a specific area of medical practice.

WMA Statement on Violence in the Health Sector by Patients and Those Close to Them

A multi-faceted approach encompassing the areas of legislation, security, data collection, training, environmental factors, public awareness and financial incentives is required in order to successfully address the issue of violence in the health sector.

In addition, collaboration among various stakeholders (including governments, National Medical Associations (NMAs), hospitals, general health services, management, insurance companies, trainers, preceptors, researchers, police and legal authorities) is more effective than the individual efforts of any one party. As the representatives of physicians, NMAs should take an active role in combating violence in the health sector and also encourage other key stakeholders to act, thus further protecting the quality of the working environment for healthcare employees and the quality of patient care.

Obligation of state to give protection to doctors Hon Justice Vidyasagar Kanade talked about Healthcare institutions and health care workers prevention of violence act which was implemented in 19 states. As per the act the crime is cognizable, non bailable, attracts 3 yr imprisonment and carry additional fine and damages.

Various reasons for origin, abetment and inciting violence were also presented by him. LEAD ORATION by DR.KETAN DESAI who made spoke on the theme "WAY FORWARD" His oration focussed on global scenario of violence, China, Kuwait etc, changing scenario of doctor patient relationships etc. Doctor is no longer a god or parent figure. Types of patients: Ignorant, informed, empowered and enlightened and the type has to be identified before starting treatment. Issues regarding time spent with patient, counselling, consents including informed consent , attitude to the patient, strict adherence to ethics were also narrated. Inclusion of behavioural aspects and ethics in the curriculum, initiatives by MCI to re orient medical education were also mentioned. He emphasised that trust on medical profession has to be replaced. He ended his speech with mahatma's words; Be the change that you wish to see Professional Initiatives for prevention of violence was presented by Dr.R.V.Asokan, HSG and Professional Association Initiatives for prevention of violence by Dr.Rajan Sharma, President elect.

Panel discussion on ASIAN SCENARIO was undertaken with DR.J.A.JAYALAL, Sr. VICE PRESIDENT & DR.P.S.BAKSHI, CONVENOR,SAARC MEDICAL ASSOCIATION as MODERATORS and Dr.Rakesh Varma, Nepal, Dr.Kyaw Lynn, Myanmar, Dr.Jon Aang Deng, Taiwan, Dr.Mohammed Namazee Ibrahim, Malasia as PANELISTS Integrated approach against violence on health care was presented by Dr.Vinay Agarwal, Past National President ACTUALISATION OF ZERO TOLERANCE TO VIOLENCE and conference summary was presented by Dr. RAVI WHANKHEDKAR

MEMORANDUM OF MUMBAI ON VIOLENCE IN HEALTH CARE

All persons have right to work in a safe environment without threat of violence. We condemn any form of violence especially against the medical profession. In developing countries medical profession is stretching their capabilities to serve the society. Violence against medical profession and health care

workers as well as facilities will be counterproductive and demoralising those who serve patients. This undermines the confidence and courage of medical profession especially in critical situations, adversely impacting patient care and safety.

The global scenario on violence against medical profession is complex. The profession and the health care workers face adverse situations and challenges in declared armed conflicts, paramilitary conflicts, civil unrest, hybrid wars and in civil situations. This calls for strong international agreements, protocols and conventions.

In the developing countries, high patient load and limited human and financial resources are challenges leading to potential doctor patient conflict. General dissatisfaction over services, high expectations and media activism all have contributed to increased violence.

In the developing countries, high patient load and limited man power are challenges leading to doctor patient conflict. General dissatisfaction over services, high expectations and media activism all have contributed to increased violence.

The forms of violence vary from country to country. While some countries have reported incidents of physical violence, threats and forms of psychological violence may be more prevalent in other places. Adverse campaigns and psychological assault through social media have become more rampant.

A multifaceted approach encompassing mitigation strategies to reduce aggressive behavioural patterns, appropriate legislation, security, data collection, training, public awareness and Universal Health Coverage are required to successfully address the issues of violence in the health sector. There need to be efficient mechanism to manage situations through strong governmental support. There need to be strong policy initiatives, strong legislations and supportive mechanisms. Central legislation in the form of a dedicated laws should be considered.

This conclave also declares that the increasing criminalisation of medicine can result in violence against health care professionals by scrutinising or even punishing them for providing ethically correct work. Medical errors should be dealt with by competent medical authorities.

Signatories

Dr.Santanu Sen
National President,IMA

Dr.R.V.Asokan
HSG, IMA

Dr Ravi Wankhedkar
Chairman, Org committee

Dr.Leonid Eidelman
President,WMA

Dr.Otmar Kloiber,
Gen Sec, WMA

AGENDA ITEM NO.B-63

Report of activities related to CMAAO

Indian Medical Association will be hosting the 34th CMAAO General Assembly and 55th Council Meeting on September 5-6 & 7, 2019 at Hotel Lalit Golf & Spa Resort, Goa (India). The theme of the three days meeting will, be path to wellness.

There will also be a National seminar on the subject on 6th September for the National faculty. Dr K K Aggarwal our Past National President will be taking over as the President CMAAO.

Dr. Dr. Santanu Sen is the National President, Dr. R. V. Asokan, Organising Secretary; Dr. Ravi Wankhedkar, Chairman, Organising Committee; Dr. R. N. Tandon, Joint Organising Secretary; Dr. Ramesh Datta, Finance Organising Secretary and Dr. V. K. Monga are the Joint Finance Organising Secretary of the conference.

Dr. V. C. P. Pillai and Dr. Vinay Aggarwal have in the past represented IMA as the CMAAO Presidents and Dr. Ajay Kumar as the advisor.

Dr. Katan Desai, Past President of the WMA, will be the chief patron and the chief guest for the conference.

Dr. K. K. Aggarwal
President – Elect, CMAAO
Executive Chairman of the conference

AGENDA ITEM NO.B-64

Report of meeting of IMA delegation with office bearers of The Thai Medical Women's Association – Dr. Kakali Sen, Honorary Secretary, Your Health

The undersigned had a meeting with Dr. Jantra Chennavasin MD, President, The Thai Medical Women's Association (TMWA) and her colleagues along with Dr. Anushka Sharma, an IMA Women Doctors' Wing member from Thane, Maharashtra and Dr. Suvidha Mahar, a very active member of IMA Women Doctors' Wing of UP at TMWA HQs., in Bangkok, Thailand on March 6, 2019.

The meeting was extremely fruitful with mutual exchange of ideas and views regarding the work being done by Women doctors, both in India and Thailand.

The Indian delegation was given in-depth information regarding various programs carried out by Women Doctors of The Thai Medical Women's Association which includes various charity works and awareness programs being conducted by them.

On behalf of the National President, IMA, the undersigned extended an invitation to the members of the The Thai Medical Women's Association to attend the IMA NATCON to be held in Kolkata, W.Bengal on December 28-29, 2019 which was graciously accepted by them.

(Dr. Kakali Sen)
Honorary Secretary
Your Health of IMA

AGENDA ITEM NO.B-65

Report of IMA Initiative on Safe Sound

National Initiative for Safe Sound, the social project of IMA has been effectively working on the issue of Noise Pollution in the last few months by public campaigns and by persuading the Government Officials to take stringent actions in cases of Noise Pollution.

As part of this program NISS has impled in the Supreme court on the Fire Cracker case as a party in January and we have presented a detailed scientific submission on this subject and requested the Hon Court to give orders to ban use of "Fire Crackers in the Residential areas" and also to slowly switch over to Digital Fire works in a time bound manner.

First time in the world,a" Global Convention on SAFE SOUND, NIHL & other Health effects of Noise" is being organised at Trivandrum on 24& 25 th August 2019.We are expecting Eminent International and National faculties including WHO Environmental Experts to participate in this conference.

We would seek your guidance and support to make this" First World Conference" on Safe Sound a big Success.

Also we have decided to observe the last week of April as " Noise Awareness week" by organising Hearing Screening camps for the Police Personals all over the country.

Looking forward for continued support from the leaders of IMA for NISS.

Dr John Panicker
Chairman

Dr Ajay Lekhi
Vice Chairman

Dr C N Raja
National coordinator

Dr Sarika Verma
Convenor

AGENDA ITEM NO.B-66

Report of IMA Initiative on Prevention of Diabetic Blindness

Proposed activities of IMA Initiative Standing Committee for the ‘ Prevention of Diabetic Retinopathy’ for the year 2019.

Preamble

The IMA Initiative Standing Committee for the ‘ Prevention of Diabetic Retinopathy’ was launched in 2018 by the then National President Dr. Ravi Wankedkhar.

The estimated diabetic population in India is approximately 67 millions and nearly 30% have diabetic retinopathy which is the cause for blindness from Diabetes. Early detection and timely institution for appropriate treatment of Diabetic Retinopathy can prevent diabetic blindness.

In fact National IMA had implemented in 2015 a Project ‘Prevention of Diabetic Blindness’ by the then IMA National President Dr. A Marthanda Pillai and its activities were going on in full swing as an ongoing program on a nationwide scale for the last three years. Many of the states have already launched the program (Gujarat, Odisha, Haryana, Bihar, and soft launch in Maharashtra, Delhi and Bengal) The next state to join the foray is Tamil Nadu, where the official Launch of the project is on 23 Dec 2017 at Erode and this will be followed by the inauguration of the Project in the North East Frontier States (Meghalaya, Assam, Manipur, Tripura, Sikkim and Nagaland) on 17 January 2018 at Shillong. Other states are Jharkhand and Chhattisgarh.

The IMA Initiative under the Standing Committee for the Prevention of Diabetic Retinopathy will continue these efforts with renewed vigor and vitality under the able leadership of our National President Dr.

Santanu Sen, HSG Dr. Asokan, National IPP Dr. Wankedkhar, Past NP Dr. AM Pillai and other IMA National leaders.

Proposed activities of IMA Initiative Standing Committee for the 'Prevention of Diabetic Retinopathy' for the year 2019.

The IMA Initiative Prevention of Diabetic Retinopathy envisages dual approach for the control and prevention of diabetic retinopathy and thus preventing blindness due to diabetes. The first measure will focus on creating and spreading awareness on Diabetic Retinopathy and the other measure will focus

on screening of all diabetics for diabetic retinopathy

Measures to create awareness on Diabetic Retinopathy

Information posters on diabetes on Diabetic Retinopathy.

Display boards and posters will be displayed at clinics, hospitals, medical shops, and in public places like malls, railway stations airport etc. IMA PDB already started this on a nation wide scale. These information display boards are being made in Hind, English and vernacular languages.

As part of the awareness programs Continuing Medical Education Program on prevention of diabetic retinopathy will be held at all IMA local Branches across the country

Measures will be taken to telecast Messages on prevention of diabetes and diabetic blindness will be by Doordarshan in collaboration with the Ministry of Information and Broad casting

IMA PoDR will update our App 'Diabret' on Android platform (<https://play.google.com/store/apps/details?id=com.crystalcomputech.diabret&hl=en&rdid=com.crystalcomputech.diabret>) This will help and support diabetics for better control of their diabetes and insure regular periodic ophthalmic check up for early detection of diabetic retinopathy in diabetic patients. Then Diabret App of IMA will be revised and a new version will be launched this W are also bringing out the 'Diabret' App on Apple and Window platform as well, in order to felicitate more smartphone users to take advantage of this App

IMA Face Book Page 'Prevention of Diabetic Retinopathy in India' (<https://www.facebook.com/preventionofdiabeticretinopathy/>) is being updated with more and more information on control of Diabetes Retinopathy. The Page Link will be shared with all IMA CWC members, all IMA state Branch Presidents and Secretaries, the IMA PoDR State coordinators and Conveners

This year IMA PoDR has formed a Whatsapp Group for Prevention of Diabetic Retinopathy.

This year the PoDR Project will have a Brand Ambassador for promoting the activities of the Diabetic Retinopathy prevention program and to create and spread awareness on Diabetes and diabetic complications especially Diabetic Retinopathy

Dr. N.S.D Raju

AGENDA ITEM NO.B-67

Report of activities of IMA Initiative for Food Safety

IMA Food Safety Initiative IFSI has been reconstituted with Dr Ravi Wankhedkar as National Chairman and Dr Sreejith N Kumar as Convener. State chapters has been established in 24 states across the Nation.

IFSI actively participated in the Swasth Bharat Yatra (SBY) in all States. IMA won the special appreciation award, which was received by Dr Ramesh Datta, National joint secretary, at the valedictory function of SBY at New Delhi.

IFSI state chapters conducted various programmes in many states in the three month period beginning this January.

IMA has been co-opted as one of the six member Associations of NetProFaN the Network of Professional Associations for Food and Nutrition. The first National workshop held at Delhi on 22, 23 March was attended by Drs Sreejith N Kumar, Dinesh Thakare, Srikanth Reddy and Sarika Verma. NetProFaN will begin it's activities in twenty cities across the Nation and later extend to all the towns and villages of the country. The Network comprising of experts from Medicine, dietetics, food technology and culinary will work together along with FSSAI to ensure that safe and hygienic food reach our citizens.

IFSI will bring out the policy statement of IMA regarding safe and healthy food and will work to ensure this goal through out the Nation.

We thank the National President Dr Santanu Sen, HSG Dr Asokan RV and the national and state leadership for the kind patronage. We request your continued support in our activities to ensure Safe and Healthy Food.

Dr Ravi Wankhedkar
Chairman IFSI

Dr Sreejith N Kumar
Convener IFSI

AGENDA ITEM NO.B-68

Report of activities of Organ Donation Committee of IMA

As per the decision of the 220th meeting of the Central Working Committee held at Indore, JMA National President 2017-18 Dr. Ravi S Wankhedkar constituted an IMA Standing Committee for Organ Donation valid for the next 3 years. The following members were appointed part of the Committee:

1. Dr Anil Suchak Chairman Suchak Hospital, 186, Manchabhai Road, Malad (E) Mumbai-400097 Email id: anil.suchak@gmail.com M: 9920080151
2. Dr. Saurabh Koley Secretary Sector A/3SE, Metro Housing, Kolkata-700105 Email id: saurabh.intense@gmail.com M: 9331041679
3. Dr Subhash Gupta Member Chief Liver Transplantation, Indraprastha Apollo Hospital New Delhi - 110048 Email id: guptasubash@hotmail.com M: 9891052970

4. Dr Harsha Jauhari Member Sir Ganga Ram Hospital, Rajinder Nagar, New Delhi, 110060 Email id: drhjauhari@yahoo.com M: 9811082989
5. Dr P K Kesavan Ponneri Member "Sanjivalaya", Old 41 New 15, Kalinjur Main Road, Gandhi Nagar (W), Vellore-632006 Email id: bangaruk7@yahoo.co.in M: 9443018955
6. Dr Prabhakar Member "Anagha", 8th Cross, Ashok Nagar, Tumkur-572103 Email id: prabhakaragn@yahoo.com M: 9845311362
7. Dr Dipak Kumar Member Doctors Hostel No.2 PMCH, Patna, Bihar- 800004 Email id: drdipakkumar68@gmail.com M: 9818135020
8. Dr. Hardev Ramandeep Singh Girn Member Liver Transplant Surgeon, DMCH Ludhiana Email: liversurgery@live.com M: 7696540000
9. Dr. Ashok Taneja Member Taneja Hospital, 113-R, New Colony Gurgaon Haryana -122001 Email id: drashoktaneja@gmail.com M: 9899269279
10. Dr. S.Vasudevan Convenor Periamana House No. 193, Bapuji Nagar, Pongumoodu, Thiruvananthapuram 695011, Kerala Email Id: periamana@gmail.com M: 9447124246

Activities done in January

The following activities were done in January 2019 as part of our campaign:

1. Videos highlighting organ donation

A set of three videos were made by the students of KR Narayanan National Institute for Visual Science and Arts Portrayal, Vazhoor Kottayam as part of the internship training under the guidance of noted film director Sri Rajesh Nair with the theme organ donation. These 90 sec videos portray the human values in organ donation with raw emotion and emotional attachment prevailing over hatred.

Activities done in February

The following activities were done in February 2019 as part of our campaign:

1. CME held on **Brain Death Declaration** at IMA Kozhikode in association with KNOS and Kozhikode Jilla Panchayath on 24th February. The inauguration was performed by Dr S Vasudevan Chairman of the State Committee for Organ Donation. The situation in the state was explained by Dr Noble Gracious the nodal officer of KNOS. The guidelines regarding Brain Death Declaration were presented by Dr Soumya Senior Neurologist Aster Kannur. Other presentations included the role of the intensivists in maintaining a brain dead donor till organ donation, the role of anaesthetists in the process of organ donation and transplantation.

The public meeting held in the afternoon honoured the families of brain dead donors. The meeting was presided over by the Kerala State North Zone Joint secretary Dr Balanarayanan. The chief guest was the District Collector Mr Madhusudan Rao who decided to sign consent forms for voluntary organ donation on the spot. The opportunity was utilised to highlight the activities performed by IMA Kerala State to promote organ donation and combat the adverse campaign against deceased donor organ donation in the state.

2. A meeting held at the Marthoma Church Njandoorkonam near Trivandrum on 26th February to honour the family of Mr Abey George whose organs were donated following brain death declaration after suffering from a severe irreversible brain injury. Leaders of the church were present. Several youth from the church submitted consent forms to perform voluntary organ donation.

Activities done in March

The following activities were done in March 2019 as part of our campaign.

1. IMA Trivandrum had several activities on the occasion of **World Kidney Day** on 14th March at Trivandrum:

(i) Talk on renal diseases and prospects of renal transplantation for the online channel Sakhi Health. This was uploaded on the World Kidney day.

(ii) The Nephrology Department at Trivandrum Medical College held a meeting for the care providers of renal disease patients. The meeting was chaired by Prof Jacob George and Dr S Vasudevan Professor of Urology was the chief guest. A talk on catheter care by Dr Raji, talk on the process of haemodialysis by the staff nurse in charge, brief speeches by Dr Sajeew, Dr Vineetha. A cake was cut on the occasion and I talked about the role of IMA in organ donation awareness and the opportunity to increase kidney health for everyone everywhere.

(iii) A question answer phone-in session was performed in the **Doordarshan** programme “**Samuhya padham**” in the afternoon. The programme featured discussions with the anchor on the symptoms of renal disease, the easy tests to diagnose renal problems, the treatment and the indications of dialysis and renal transplantations. Types of renal donations were discussed followed by the activities of IMA in this area.

(iv) The Trivandrum Nephrology Club meeting in the evening had as its keynote address - the presentation on the **Epidemiology of Chronic Kidney Disease** by Dr K Ramankutty Emeritus Professor at the C Achutha Menon Institute of Public Health. Other presentations included those on the role of IMA by Dr Sulphi State Secretary and Dr G Venugopal HOD Urology Government Medical College Trivandrum on the challenges in Deceased Donor Organ Donation. Several kidney recipients participated in the celebrations.

2. Meetings at IMA Patna and Darbhanga,

Kidney diseases awareness and Kidney Donation awareness programmes were conducted as part of World Kidney Day celebrations at Paras Global Hospital Darbhanga in Bihar. Dr Ajaykumar led the classes along with his team.

3. IMA Gwalior

IMA Gwalior branch organised a big public rally on the occasion of World Kidney Day to create awareness about kidney diseases and organ donation among the public. Dr Neeraj Sharma President of the IMA Gwalior branch led the rally and the public function that followed. It was a well attended rally and well reported in the press. A urological medical camp was conducted by Dr Rustam Singh Kaurav Consultant Urologist.

5. Trivandrum Ophthalmic Club and Trivandrum IMA. The walkathon was inaugurated by the Hon Governor Justice P Sathasivam at Kaudiar square. The importance of preserving eye sight was highlighted

using frequent eye checkups. Eye donations are needed to cure certain types of blindness. This fact was highlighted in the meeting that followed. It was presided by the President of TOC.

6. Nithyaprakasham - Eternal light was the theme of the evening meeting convened at Radio Park Museum premises Trivandrum jointly by Swasthy Foundation IMA Trivandrum Jyothis group of institutions and the Police Officers Association. The highlight was a talk on the experiences of people with lesser vision by Miss Tiffany. She mentioned the problems faced in daily life and the measures they take to equip themselves to live a modern life. Mr Jyothis Chandran talked about the ways to overcome these disadvantages with grit and mental strength.

7. About 20 branches in Tamil Nadu IMA including Thanjavur, Coimbatore, and Madurai observed World Kidney day with extensive programmes like awareness talks and medical camps to detect new cases.

Social Media campaigns

Social media campaigns against organ donation and deceased donor organ donation were countered effectively in Kerala. The State Secretary Dr Sulphi leads the campaign with his aggressive language countering all adverse comments taking the battle into the enemy camp.

Plan of Action

1. Create data base on the number of patients waiting for organ transplantation across the country
2. Create database on the organ transplant centres across India
3. Discuss the impact of the new organ transplantation scheme announced by the Central Government and campaign for infrastructure expansion in the existing centres and create new centres across India
4. Observe all the important calendar days in this area of medicine
5. Campaign for patient friendly regulations
6. Conduct and partner events that increase awareness about organ transplantation and organ donation

Dr S Vasudevan

Convenor IMA Standing Committee for Organ Donation

AGENDA ITEM NO.B-69

Report of activities of IMA Initiative for detection of Congenital Blindness

Our Committee has been doing great job since almost one year, in their respective areas by most of the members.

We had a meeting of our committee at recently concluded All India Ophthalmological Society Conference at Indore AIOC 2019.

Kindly find attached herewith, the short minutes.

Minutes of the meeting: IMA National Standing Committee for Initiative for Detection of Congenital Blindness

Place: Brilliant Convention Centre, Venue AIOC 2019 Indore (M.P.)
Behind Hall O (Kedia Hall)

Date: 15th February 2019, at 11 am before ROP Session which was at 12 noon.

Attendees: Dr. Prakash Marathe, Dr. Mangatram Dogra, Dr. Anand Vinekar, Dr. Mariam Mansoori, Dr. Prashant Bawankule, Dr. Sucheta Kulkarni, Dr Harsh Bhattacharjee.

- 1) Dr. Prakash Marathe welcomed all and informed members about the extension granted to this committee by IMA Headquarters for next 3 years.
- 2) Review of work done in respective members was discussed and was applauded. The same needs to be improved in future.
- 3) Dr. Anand Vinekar informed about a proposal by 'Soch Foundation', a charitable trust to support expansion of ROP screening network in various states of India. Initially this will be established in 4-5 states including Maharashtra, West Bengal, U.P., Bihar etc (4-5 cities and surrounding area from each state to start with). The objective will be to provide free services to needy population from underprivileged section of the society and 'fees for service' model for private sector patients.
- 4) It was proposed that local 'Ophthalmological' and 'Pediatric' societies be involved for better uptake of this model. Dr. Mangatram Dogra will act as a national head for this project.
- 5) State and Local 'Ophthalmological' societies will help identify underserved areas in their respective areas.
- 6) Local chapters of IAP and NNFI will help in advocating for this cause.

At the end Dr Marathe thanked all the members and the meeting was adjourned.

- Dr. Prakash Marathe (Chairman)
- Dr. Kakali Sen (Co- chairman)
- Dr. Mariam (Convener)
- Dr. Subhadra Jalali (member)
- Dr. Mangatram Dogra (member)
- Dr. Harsha Bhattacharjee (member)
- Dr. Prashant Bawankule (member)
- Dr. Anand Vinekar (member)
- Dr. Sucheta Kulkarni (member)
- Dr. Sanjeevani Deore (member)
- Dr. Manoj Bansal (member)
- Dr. Karobi Lahiri (Co opted member)
- AIOS Office Members-
- Dr. S. Natarajan (President AIOS)
- Dr. Namrata Sharma (Hon. General Secretary, AIOS)

Activity Report :-

Dr. Harsha Bhattacharjee: Pediatric eye care department of Sri Sankaradeva Nethralaya was established with the mission to strengthen the eye health and well-being of the large pediatric populace of the entire North-East India. It was setup with the help of ORBIS International, USA and was visited by the then Honourable President of India, Late A.P.J Abdul Kalam. Compassionate and comprehensive eye care which is both equitable and sustainable is of paramount importance in creating a healthy and dynamic future for these children

Under the collaborative approach with National Health Mission (Assam) through the project of Rasthriya Bal Swasthya Karyakram (RBSK), Govt. Of India, Sri Sankaradeva Nethralaya has not only been conducting awareness camps in different districts of Assam but also with other North-Eastern states like Tripura, Meghalaya, Nagaland, Mizoram and Arunachal Pradesh and providing Pediatric Cataract and Squint surgeries as well as Laser and Intra- Vitreal injections for treatment of RoP infants.

Advancements in the management of Pediatric Intra-Ocular Tumor like Retinoblastoma with Intra-arterial Chemotherapy has seen a paradigm shift in salvaging these eyes in this part of the country.

Activities of the Pediatric Department in last six (06) months are as follows-

1. For implementation of RBSK scheme an informative meet was organised on 26th October 2018 with the Controller of Household Affairs, Sikkim; Deputy Resident Commissioner, Arunachal Pradesh; I/C Resident Commissioner, Tripura; Assistant High Commissioner of Bangladesh and Consulate General of Bhutan during their visit to Sri Sankaradeva Nethralaya .
2. Awareness programme on Childhood blindness was held on Children's Day at Sonapur
3. North-East Blind School Survey Project has covered 5 Schools
4. 6 sessions of Retinopathy of Prematurity (RoP) Screening conducted in NICU of other hospital
5. Day long training programme (RBSK) was conducted at Agartala, Tripura (covering 08 districts) in association with National health Mission on 7th December 2018.
6. CME on Pediatric blindness was conducted at Itanagar, Arunachal Pradesh under the aegis of Arunachal Pradesh Ophthalmic Society on 25th August 2018
7. 6 sessions of ASHA workers training programme completed.

Total number of surgeries done in last six months

Sl.No.	Surgery Types	No. of Surgeries
1.	Squint	50
2.	Cataract	40
3.	Evaluation under Anesthesia (EUA)	18
4.	Retinopathy of Prematurity Screening	8
5.	No. of Laser	5

Publications: 07

Ongoing Project partners:

1. Pradhan Mantri Jan Arogya Yojana (Ayushman Bharat)
2. Rasthriya Bal Swasthya Karyakram (RBSK)
3. North-East Blind School Survey in association with Lions Club of Guwahati
4. CanKids

5. ORBIS International

Dr Anand Vinekar : Between 1.12.2018 to 28.2.2019, a total of 6851 ROP screening sessions (old and new) were performed. Of these 1835 were new enrollments and in this period 99 ROP treatments were done.

The number of NICUs covered during this time period were 126 in Karnataka state and included private and Government centers.

Three CME / Conferences were attended to promote the cause of ROP:

1) 21st Annual National Neonatology Forum (NNF) Karnataka Chapter Conference at Vijayapura,

Karnataka on January 4-6th was well attended. A panel discussion on 'Medico Legal aspects of ROP' debated on controversial issues including accrediting Ophthalmologists for ROP screening and treatment, anti VEGF agents, auditing treatments and universal eye screening at birth.

2) The 77th All India Ophthalmological Society Conference at Indore, Madhya Pradesh, India, February 14-17, 2019, had a very special focus on Retinopathy of Prematurity. The iROP society laid out a legal framework for its members and the IMA committee discussed the national road map. The national symposium focussed on the macula of the preterm and the ROP instruction course was a huge crowd puller. A ROP paper was awarded the highest scientific (paper) award at the AIOS. 'ROP prediction through tear biomarkers' being awarded the prestigious Col. Rangachari Award and the patent pending 'ROP laser simulator using augmented reality' being judged as the 'Innovation of the Year' in the Think Under the Apple Tree session.

3) Surat, one of the largest cities in Gujarat has initiated an outreach ROP screening program using the Neo Camera. KIDROP was invited to mentor this initiative. The South Gujarat Retina Forum organized a CME on ROP in Surat, on March 15th to mark the event.

Dr. Sucheta Kulkarni (member) organized a workshop (10th – 13th January 2019) for 'Ophthalmic officers' working in 25 districts in collaboration with 'World Sight Foundation', UK. The purpose of this workshop was to impart knowledge and strengthen skills for diagnosis of common eye diseases and refer them to ophthalmologists at right time. She spoke about 'retinopathy of prematurity' in this workshop.

She was felicitated at the hands of Guardian minister of Pune, Mr. Girish Bapat for her excellent work in prevention of blindness in infants on 14 th January 2019.

Dr. Sucheta was invited as chief speaker for a ROP workshop organized for pediatricians, ophthalmologists and neonatal nurses from Solapur and Osmanabad district on 3 rd February. Over 50 healthcare professionals attended this workshop.

Dr Sucheta presented 2 papers on ROP in the All India Ophthalmology Conference, Indore between 14 th and 17 th Feb 2019. She was also invited to speak on 'Litigation touch points in ROP Care' at the 'Indian ROP Society' session at the same conference.

She has been closely working with corporate donors to expand ROP screening activities in remote districts of Maharashtra such as Jalgaon, Dhule, Nandurbar. She also plans to develop capacity of ophthalmologists from this area to make it a sustainable program. Currently H. V. Desai Eye Hospital's ROP team headed by

Dr Sucheta is training ophthalmologists from Ahmednagar district hospital to establish a sustainable ROP screening program there.

Dr Sucheta has also been involved as a 'mentor' in international ROP NET group funded by The Queen Elizabeth Diamond Jubilee Trust, UK. She has trained a team of doctors from Tanzania and is helping them establish ROP screening program in the country for the first time.

Dr Mariam Mansuri : Cases examined ,diagnosed and treated at M & J Western regional institute of Ophthalmology from 1st Dec 2018 to till date (23/03/2019) .

For ROP (retinopathy of prematurity) we screened 167 newborn out of it 104 were male ,63 were female child. Amongst 167 newborn child, 45 child are having ROP of various stage , and 30 child (60 eyes) were given Laser photocoagulation and 15 child (30 eyes) were treated with antiVEGF .

17 cases of Congenital Glaucoma cases were operated.

24 congenital cataract Patients were operated since 1st December 2018.

Dr Karobi Lahiri: I am a vitreoretinal consultant at Bombay Hospital since the past 28 years dealing with paediatric blindness primarily ROP blindness is a mainstay where I have screened more than 10 -15000 babies and rendered therapy in the form of cryo, laser and surgery for stage 4 and 5 ROP. Other cases dealt with is phpv, congenital cataracts, buphthalmos, a special subsection being refractive errors in normal as well as children with pervasive developmental disorders and their visual rehabilitation and vision therapy which have further aided their overall global development rehab of preterms with developmental issues also are a major part

Activities from Dec 2018 to date

Screened about 80-100 babies for ROP across 3 hospitals and private clinic

Laser treatment rendered to 20 neonates, surgery done on 8 babies stage 5 -6, stage 4-2. Screened about 500-600 children for refractive errors of which 350-400 were developmentally delayed- subjected to visual rehab and vision therapy 6 congenital cataracts, 2 congenital glaucomas operated.

Conducted 1 camp at Jawahar in Jan for pediatric blindness

Screened 69 children, glasses given and surgery done for free as indigent cases for 5 cases of bilateral cataract 4 squints.

Dr Prakash Marathe
Chairman

Dr. Marian
Convenor

AGENDA ITEM NO.B-70

Report of activities of IMA Initiative for Emotional Health & Emotional Well-Being of Medical Students and Doctors in India

Since the 220th CWC Meeting in Indore mid-November 2018 the IMA Emotional Well-being Initiative's **Project Doctors-4-Doctors (D4D)** Team has expanded to a strength of **33 Members** and Advisors. We have formed a more definitive working structure with the formation of **NINE Sub-Committees**. Each D4D SC (Sub-Comm) has a Leader and team members who will focus on some particular area of work for the **IMA Emotional Well-Being Initiative**.

Bi-Monthly Full Committee Group Meetings with Google Hang-Outs on alternate Sundays take place between **9pm and 10 pm**. Every meeting is Minuted and Actionable Points with Time Lines as agreed upon are documented and followed up by the Hon. Project Manager – Ms. Meena Badami.

1	Media & Communications Sub-Committee
2	Data & Helpline Sub-Committee
3	Fundraising Sub-Committee
4	Events Sub-Committee
5	Branding & Marketing Sub-Committee
6	Finance Sub-Committee
7	State IMA Coordinators Sub Committee
8	Advisory Committee
9	Project Committee

22nd Nov 2018: A Draft MOU signed between IMA D4D and **White Swan Foundation**, Bangalore to work collaboratively to create Material for spreading Awareness about Doctor's Burn-Out and Mental Health Challenges that require investment in Emotional Well-being. Also Educational Material about early signs of Depression and Burn-Out, removal of shame and stigma associated with Mental Health issues and creating a culture of Asking and Accepting Professional Help in a timely manner. This will be without any monetary considerations and for a period of 3 years. Can be extended by mutual consent.

26th Nov 2018: Dr Nilima met with Dr Marcus Ranney, the General Manager for **Thrive Global India**. This is an International Organisation that focuses on Work-Place Well-Being and prevention of Stress Burn-Outs in the Corporate World. In principle this division of Arriana Huffington's Thrive Global Organisation based in USA is keen to work collaboratively with IMA D-4-D initiative. They have a wide reach through their Digital Media Platform in India and Globally.

15th Dec 2018: IMA House Delhi. A Half Day **Interactive Workshop for Emotional Well-Being** was conducted by Dr Prabhjot Kaur, Dr Abhinav Monga & Dr. Nilima Kadambi. Enthusiastic participation from the audience of over 150 attendees and the IMA National Leaders made this a huge success.

16th Dec 2018: National WDW Event WIMALS 2018 had a Session on **Why Well-being for Women** by Dr Nilima. This was very well appreciated and enjoyed by the Women Doctor's Wing participants from 14 different States of India. Dr Mona Desai, Chairperson of IMA WDW agreed to incorporate D-4-D Emotional Well-being activities into the WDW activities for the coming year. All agreed that Emotional Well-being of Women Doctors was very Important and needed to be supported by IMA.

28th Dec 2018: At the IMA NAT-CON in Bangalore, Dr Robert Antony, Dr Suhas Chandran and Dr Nilima were active participants in the **2 hour Interactive Session on Emotional Wellbeing**. This was well received and we had a very good Q & A session after the presentations. Guest Speaker was the Vice Dean of St. John's Medical College, Bangalore.

4th – 6th Jan 2019: "Doctors with a Difference" an IMA Event & Spiritual Retreat cum Residential Seminar with multiple Work-Shops was held for Doctors. The venue was the beautiful 63 acres Campus of Chinmaya Vibhooti, on the outskirts of Pune. This was a unique Event and truly made into a Doctors for Doctors activity. A robotic Surgeon from Mumbai conducted **Guided Meditation** classes at 6: 30 am, A Practicing Physician conducted **Yoga Classes**, An Interventional Radiologist conducted the Interactive **Theater Workshop** and An MD & PhD Doctor conducted a **Yoga Nidra Workshop**. Pujy Guruji, Swamy

Tejomayananda ji himself had daily hour long session exclusively for the IMA Doctors. We had only 45 Participants but received **very good feed back** with many Drs requesting to make this an Annual Event.

1st – 3rd Feb 2019: Indian Psychiatric Society National Conference in Lucknow had 3 Sessions on Emotional Well-being for Doctors. Dr. Sandip Deshpande, Dr. Suhas Chandran and Dr Nilima were the presentors. Once again the number of doctors attending these sessions was low. However, many new Doctors and Psychiatrists across India and overseas as well have now reached out to support D-4-D. The **3 year MOU between IPS & IMA** that was agreed upon by Dr Ajit Bhide (IPS President 2018) and Dr Ravi Wankhedkar (IMA – NP 2018) did not actually get signed last year. The same needs to be done with the new Leadership of both organisations.

8th Feb – 7th March 2019: A Unique **#MeTime** Movement was initiated collaboratively by IMA D4D and IMA WDW on a Doctors' Face-Book Closed Group. We had **786 Doctors** who joined this fb community in 30 days. About 81 Women Doctors shared their "Me Time" daily activities in the form of Photographs, Selfies, Short Stories and Video Clips. Enthusiastic responses by the group allowed daily positive interactions between these doctors across India. **Dr. Maya Bhalerao**, from IMA WDW PCB was Crowned **IMA "Me Time" QUEEN – 2019** as her Post received the highest number of "Likes"

10th March 2019: Dr. Nilima gave the Keynote Address during the Women's Day Celebration at the **IMA WDW Surat Branch Installation** Ceremony by Dr Mona Desai. The focus was on Women's Doctors Total Well-being and Importance of "Me Time" to prevent Burn-Out and keep Professional & Personal Life Balance and good health. The **Laughter Yoga** session conducted was much appreciated.

These **SIX IMA State Leaders** have committed to actively support IMA D4D Initiative in 2019. Kerala, West Bengal, Gujarat, West Bengal, Maharashtra and Karnataka in addition to IMA HQ and Delhi-NCR region. Request that the **HSG gets more firm and clear action points** from each State president **during the CWC** at Puri in April 2019. **Urgent need to help** circulate the IMA D4D e-New Bulletin across their respective state's IMA Members and Govt & Pvt. Medical colleges of their state

In the Pipe-Line we have **The IMA D4D eNews Bulletin** will be published and circulated every 15th of the month starting from April 2019. The **IMA D-4-D Help-Line** Pilot kicking off in Cochin and a IMA MSN & IMA D4D collaborative Event on Emotional Well-being at the Ernakulam or Allepy Medical College on 28th April 2019. **Urgent need for Fund Raising to support the D4D activities.**

Minutes of the Meeting held on 22nd March 2019

(on Google Hangouts Call)

Attendees: Dr. Abhinav, Dr. Harshwardhan, Dr. AbulHasan,

Dr. Rohini, Dr. Prabhakara, Dr. Prabhjot, Dr. Suhas, Dr. Anjali, Dr. Nilima, Meena. Dr Murtuza was unable to join due to a crisis of mass casualties at his hospital in Iraq.

Agenda: Sub-Committee:

The meeting was called to order, with Dr. Nilima Kadambi, bringing the focus to **"Sub-Committees"**(SC) and its respective agenda, action plans to align with the overall schema of the Committee.

Recapping the guidelines of the Sub-Committee (SC):

- Dr. Nilima mentioned that having sub-committee was to de-centralise and accelerate multi-locational growth of D4D activities in the overall schema of the IMA Emotional Well-Being (EWB) Committee. She

also mentioned that this would bring better focus and shared responsibilities to the sub-committees. Each SC should work out their respective agendas followed by action items aligned with the D4D Goals & Vision.

- Chair of each SC is free to add volunteers to their SC and engage with persons willing to contribute time and expertise for IMA D4D work. These do not have to be only Medical Doctors or IMA Members. A brief Bio-date and role of the add-on members to be shared with Dr NK & Meena for D4D record purposes.
- It was discussed that a weekly update would be sent to the EWB Committee by the Chair (or anyone assigned by the Chair), to ensure flow of communication and actions. This timely update would help Dr NK to coordinate between sub-committee's and support their work in any way needed.
- It was also suggested that the sub-committee, work out an internal strategy to interact with each other. It is IMPORTANT that we not work in Silos but work Collaboratively with each other and other Professional Bodies like the Specialist Associations eg API & APS & FOGSI etc. The IMA D4D Directory with all Contact Numbers & E-mail IDs has been shared by Meena with all Comm. Members

Events Sub-Committee:

Dr. Rohini raised a request and wanted to discuss about ways of plugging into medical colleges or other forum on ways to promote Emotional Well Being as part of an event or conduct workshop. She updated the team about attempting to conduct a workshop/event on Emotional Well Being for PGs/DNB with a hospital in Nasik, wherein her husband is the HOD of ObGyn.

Dr. Nilima suggested, the event can be titled "Residency & Exam Pressures" or "Pressures of Residency" Also suggested, taking the lead and working towards including other departments from the hospital, who could also benefit from this event.

Dr. Rohini said, she is targeting 2nd week of April for this event. She also needs to put in an application to the Dean. Every IMA Comm. Member can write to the local Medical Colleges or Hospitals directly with a cc to Dr Nilima & Dr Prabhakara as IMA Comm Chairperson & Co-Chair.

There was a discussion about using the expertise of Dr. Harshwardhan to conduct interactive theatre workshops in medical colleges and other forums. Dr. Harshwardhan mentioned that he would like to see the feedback from the workshop he is doing in April in Pune on "Conflict Resolution" in relationships in Pune and customise it accordingly to address "Emotional Well Being" for medical fraternity.

Dr. Anjali mentioned that it would be worthwhile to talk to some of the doctors, who attended Vibhooti event. Dr. Harshwardhan has taken this suggestion, to reach out to them.

Dr. Prabhakara mentioned that it would also be good to tap medical colleges during the "Orientation" time for the topic of Emotional Well Being.

Dr. Nilima asked Dr. AbulHasan, if D4D could use his IT Consultants to help out in making flyers, e-brochures etc, for which D4D would paid. Dr. AbulHasan confirmed that we could use their services. Meena to coordinate with Dr Abul to have all info and billing rates for D4D work from the young free-lance vendors he knows.

Dr. AbulHasan mentioned about CWC at Puri, Orissa on April 6 & 7, 2019. On this occasion, could we release the D4D website? Dr Prabhakar and Dr Nilima thought this was an excellent opportunity to showcase D4D to all IMA State Leaders and CWC members.

Meena to work with the IT Consultants to give a facelift to the existing D4D website.

D4D Upcoming Events already planned:

April 6&7, 2019 – CWC, Puri

April 26th /or 28th – Ernakulam Medical College

June 16th 2019 – Tamil Nadu Doctors Convention

Oct 10th 2019 – World Mental Health Awareness Day

This Event will be a Mega Event. Dr Nilima requested Events Sub-Comm to have meetings and brainstorming to come up with the Location, Plans, Funding and Agenda for this by 10th May 2019

The Events SC to share the plan on how the above events are getting organised, in terms of flyers, brochures, promotional materials by 28th March 2019

16th June 2019, Tamil Nadu Doctors Convention

Dr. AbulHasan is spear-heading the Tamil Nadu Doctors Convention, which is going to be a big event with 100+ students, medical doctors. Dr. Hasan mentioned that the focus would be on Emotional Well Being. He will be talking to the National IMA President and request his participation for this convention. Dr Nilima also willing to present / participate if required

Finance Sub-Committee:

Dr. Abhinav to work with Sanjeevji on the following:

- Streamlining the finance process for D4D which includes statutory and compliance too.
- HQ Fin Dept to send monthly statements of D4D accounts to Abhinav & Nilima & Meena before the 10th of the next month

Fund Raising Sub-Committee:

Fund raising is becoming a critical component in the whole schema of things for D4D. A request was put to the SC to put on their thinking caps, and propose a strategy to raise funds.

Chairperson to call for a SC meeting set up an agenda followed by action plan, on priority for things to move fast, as we have lined up Events coming up.

Dr. Nilima updated the team that TTK healthcare informed her that they have signed off all their CSR for this Fiscal year, and we need to approach them by October for their CSR funding for 2020.

Similarly, many Corporates may have closed their CSR for this fiscal year. We need to start approaching them by October 2019 for 2020.

Dr Nilima reminded Dr Anjali to approach Dr KiranMujumdar Shaw through her contacts. Dr Prabhjot to follow up with Dr Mitrabasu about D4D support from Ms ManushiChhillar. Meena to please send her the mails and documents sent to Dr MitraBasu... as Prabhjot has had issues with her mail ID and did not rec the cc of Dr Nilima's mails to Dr Basu that were marked to her

Media & Communication Sub-Committee:

D4D e-News Bulletin

Lot of discussion happened here.

Dr. Suhas and team have firmed up the template, the layout of contents for a 2page-Bulletin. He went in depth of explaining that it would start with only 2 sheets for the first few releases, and then we will keep building on this. He will be sending the draft to the EMO for review before publishing.

He also talked about him and Dr. Sandip meeting with White Swan and how they have discussed to release in 3 parts – part 1 to target Awareness about early signs and symptoms and release leaflets, part 2 to address Anxiety disorder and Depression and related illness, part 3 – potential tried and tested Solutions to handle the disorders.

The team brainstormed ways of enriching the bulletin - some suggestions - release ads, have a quiz at the end of 6 months, solicit articles from doctors, release the bulletin in intranet, D4D FB..

Dr.Suhas agreed these were good suggestions, and it should gain traction after a couple of releases. We also should be choosy about the ads that we publish.

The deadline to publish the first e-bulletin is 15th April 2019.

State Co-ordination Sub-Committee:

Request all the co-ordinators to talk to the State Presidents/Secretaries to get the database, WhatsApp group nos on priority.

We need this positively by 5th of April, to create a database to publish the e-bulletin.Meena to please f/u with the state coordinators on this matter on a weekly basis.

Branding & Marketing Sub-Committee:

Dr. Prabhjot updated the team that she is interacting with KalpanaChawla hospital and is positioning D4D Emotional Well Being, and it is getting lot of attention, and they are also looking at conducting events to address the staff pressures at the hospital along with student issues of Burn-Out.

Data & Helpline Sub-Committee:

The D4D e-brochure has gone viral, and one of the doctors called Nilima and asked her, if there was any helpline, as he himself wanted some counselling. Dr. Nilima put him onto Dr. Abhinav, who handled the counselling part. So this is becoming the need of the hour and it is becoming imperative to set up the helpline asap.

Dr. Sandeep, Dr. Suhas and Dr. Russell are planning to meet Dr. Darryl Britto in first half of April 2019. This team will be working on the concept and plan for setting up a sustainable D4D Helpline. Dr Sandip (Chairperson of this SC) had provided the updates to Dr NK as he could not join the call. The helpline would likely be piloted in Kerala.

Dr Nilima requested each Team member to give a SHORT WRITTEN REPORT after every (small, medium or big) Event where any Dr from D4D participated or presented. Report should have the Day, Date, Location, Audience strength, Audience Demographics, Topic presented and Response recd. This is IMP for Dr Nilima to prepare reports to the IMA HQ on a Quarterly basis to keep them updated of Committee Efforts.

Dr. Nilima Kadambi

Chairperson, Project D-4-D, IMA Emotional Well-being Initiative

AGENDA ITEM NO.B-71

Report of activities of IMA Comprehensive Vaccination committee for education, promotion and implementation of adult vaccination

The vaccine Guidelines book was presented to President & Secretary WMA, SAARC members and other delegates. The book is well appreciated.

- 1) Our 2nd phase of the Adult vaccination CME is approved. We shall arrange about 70 CME's across India. Common slides shall be sent to the participant. We shall also have CME's for selected Faculties for the same.
- 2) IMA recommended Vaccination chart was published in JIMA.
- 3) Life course vaccination guidelines book was presented to President and Secretary WMA. It was very much appreciated by all.
- 4) Vaccination Certificate course or Vaccination Fellowship programme is proposed to the accreditation board. Once approved we can give more details.

Dr. Jayesh Lele

Convenor

AGENDA ITEM NO.B-72

Report of activities of IMA Maternal Mortality Reduction Committee

Report - January to March 2019

IMA Slogan- Reduce MMR- 30/1lakh by 2030.

A) Publication

Strategies to reduce MMR in India(3 yr project) at Natco Bangalore.

B) CME

Adolescent Health

- 1) Bangalore - 9.1.2019.
- 2) Gaziabad - 20.1.2019.
- 3) Kolkata- 16.2.2019.
- 4) Mumbai - 3.3.2019
- 5) Muzaffarpur-8. 3.2019.
- 6) Trivendrum - 16.3.2019
- 7) Lucknow - 24.3.2019.

C) Future plan

- 1) To organize meeting at 8 am on 7.1.2019 at Puri with members of committee to discuss future plans.

D) To publish book on MATERNAL DEATH REVIEW AND AFTER AFFECT ON FAMILY.

Dr. Dilip Kumar Dutta
Chairman

AGENDA ITEM NO.B-73

Report of activities of IMA Initiative for Promotion of Functional Medicine

-  **Dr. Vivek Kadambi [Chairperson]**
Medical Director, Belle Santé Institute of Functional Medicine and Well-being, Bangalore
-  **Dr Anil Patil [Convener]**
Urologist & Andrologist
Medical Director, Dr. Ulhas Patil Medical College
Jalgaon, Maharashtra
-  **Dr Rajiv Yeravdekar [Member]**
Dean, Faculty of Health Sciences and Biomedical
Sciences, Symbiosis International University (SIU), Pune
-  **Dr. Udayakumar Maiya [Member]**
Oncologist, Medical Director, Portea Medical,
Bangalore
-  **Dr. Vinay Agarwal [Advisor]**
Director, Crosslay Remedies Ltd, Past President-CMAAO,
Past National President-IMA,
Member -MCI, Executive Member, DMC
-  **Dr. Arvind Lal [Advisor]**
Chairman & MD, Lalpath labs

-  If we look into the history of health care of India, it has always been person-centered care that has given the best outcomes.
-  Person-centered medicine in India does not stop at physical health only. An Indian Family Physician even takes care of the mental health and social health of his patients.
-  Person-centered medicine is dedicated to the promotion of health as a state of physical, mental, social and spiritual wellbeing as well as to the reduction of disease, and founded on mutual respect for the dignity and responsibility of each individual person.
-  The basic thrust of person-centered clinical care is to place the person in context at the center of health care. It involves shifting the focus of the field *from disease to patient to person*. The purpose is to promote a medicine *of* the person, *for* the person, *by* the person and *with* the person.
-  The conceptual bases of person-centered care include the following: 1) Ethical Commitment, 2) Cultural Sensitivity, 3) Holistic Scope, 4) Relational focus, 5) individualized Care, 6) Common Ground

for Collaborative diagnosis and care, 7) People-centered system of Care, and 8) Person-centered Education and Research. This perspective articulates science and humanism and cultivates a medicine informed by evidence, experience and values and oriented towards the restoration and promotion of health and well-being of the whole person.

- extract from:<http://www.icpcm-india2018.com>

Introduction:

Functional Medicine (FM) is a personalized, systems-oriented model that empowers patients and practitioners to achieve the highest expression of health by working in collaboration to address the underlying causes of disease. FM fits into the theme of patient-centric medicine with proponents of FM describing the essence of FM as a Doctor-patient "partnership" or "collaboration".

Functional medicine is a form of medicine which focuses on interactions between the environment and the *gastrointestinal, endocrine, and immune systems*. It addresses the **underlying causes** of disease, using a **systems-oriented approach** and engaging both patient and practitioner in a **therapeutic partnership**. It is an evolution in the practice of medicine that better addresses the healthcare needs of the 21st century.

The practice of FM should be essentially evidence-based medicine. It focuses on the Preventive and Promotive aspects of healthcare to *add value* to main-stream Allopathic practice. While mainstream Allopathic medicine provides effective treatment in the sphere of acute medical conditions and advanced surgical solutions to diseases, Functional Medicine is designed to better address the *preventive and promotive aspects* of chronic health conditions. These include:

1. Metabolic diseases such as Obesity, Hypothyroidism, Diabetes Hypertension, Cardiac disease and Dyslipidaemia
2. Allergic diseases such as Bronchial Asthma, Allergic Skin Conditions, Food allergies, chronic Rhinitis and Chronic conjunctivitis.
3. Autoimmune diseases such as Hashimoto's disease, Grave's disease, Psoriasis, Systemic lupus erythematosus (lupus), Type 1 diabetes, Multiple sclerosis and Rheumatoid arthritis.
4. Age-related conditions such as Menopause, Andropause, Osteoporosis, Dementia, Alzheimers disease, Parkinsonism and Age-related Macular degeneration.
5. PCOS and Infertility
6. Mood disorders such as anxiety, depression, Bipolar disorder and psychosis
7. Cancer Prevention and Supportive Therapy

The components of Functional Medicine include Practical Endocrinology in the form of Bioidentical Hormone Replacement Therapy (BHRT), Nutritional Supplementation, Diet Management, Detox, Exercise and Positive Lifestyle coaching.

Meeting-1 (Aug 6, 2018)

3 committee members, Dr. Vivek Kadambi, Dr. Arvind Lal and Dr. Vinay Agarwal met at New Delhi on Aug 6, 2018 to broadly discuss on the IMA initiative on Functional medicine.

A summary of the outcomes from the discussions is as follows:

1. The committee should commence work on the creation of a **Training Module** for Functional Medicine at the earliest.
2. While designing the training module special focus to be given to **person-centricity** and **holistic** approach.

3. Having a robust online **Telehealth platform** for Functional Medicine would help immensely in person-centricity.
4. Maintaining a dynamic **list** of registered Medical Practitioners practicing Functional Medicine in India and bring them under the umbrella of the IMA.

Allocation of responsibilities:

Dr. Rajiv Yeravdekar: To review the scope of the exercise and consider taking the responsibility of giving shape to the Training Module with the help of his academic resources.

Dr. Vinay Agarwal to mentor, guide the Committee and to drive the formal approval of the Training Module by IMA.

Dr. Arvind Lal: To help create an online patient-centric protocols for ordering lab tests and receiving lab Tests in Data format that would seamlessly flow into EHR with the long-term goal of creating a robust online telehealth platform for lab tests or leveraging existing online platforms, if existing. Functional Medicine is highly dependent on reliable and standardized Lab Tests.

Dr. Udayakumar Maiya: To design a home care model for physician home visit, Clinical History taking, lab sample collection, physical examination, vitals and treatment as and when required. True patient centricity can be demonstrated by an efficient homecare service.

Dr. Anil Patil: To provide collaborative leadership and to help participation in IMA associated events relating to person-centricity, Holistic approach to Chronic disorders.

Dr. Vivek Kadambi: To initiate the creation of the training module based on a review of programs by benchmark institutions/Academic bodies in USA on various aspects of Functional Medicine such as BHRT, Nutritional Supplementation and Wellness Coaching. This would be shared with any academic body that could take up the task of “Indianizing” the training program and creating the Module. The Module should be presented to IMA which will give its inputs following which a Training and Certification program can be approved.

MEETING – 2 (OCT 1, 2018)

1. Detailed discussion on the proposal of a training module for Functional Medicine for Doctors took place at **Symbiosis Institute of Health Sciences (SIHS)** on the morning of Oct 1st. The team lead by Dr. Rajendra Awate, considered options of the training module for a Certification/Fellowship program for Doctors. It was felt that the most suitable model for this would be based on their Distance-Learning Model. Symbiosis Institute will look into the technical and Academic aspects of the module.
Dr. Rajiv Yeravdekar to have an internal discussion with the SIHS team and revert.
2. Dr. Vinay Agarwal had suggested earlier to involve the Dean of the **IMACGP** in a proposal to start a Fellowship course in Functional Medicine for GPs. We should give this a serious consideration and approach IMACGP with a concrete proposal, once the initial draft of the training module is approved by the committee.
3. Dr. Arvind Lal has helped initiate the creation of a model for **lab integration** of lab reports with a vision of seamless flow into cloud-based EHR with interoperability. The model is being tested at Belle Santé Institute of Functional Medicine, Bangalore by IT professionals and a clinical

team. Next step would be to explore the possibility of making a suitable customised model available to doctors of IMA who would like to practice evidence-based Functional Medicine. We are also considering incorporation teaching facility on the IT platform. A demo model of an EHR customized for the practice of functional Medicine has been created by a private vendor. This is being reviewed at Belle Santé Institute of Functional Medicine, Bangalore .

4. Detailed discussion with **Dr. Rajeev, Joshi**, Chairman, eCommunication Cell, IMA, Pune, had taken place in Pune on Sep 29th. The area of discussion was on *technical aspects of interoperability*. With the insights given by him it appears that we are on the right track. We could tap into Dr. Rajeev Joshi's talent and experience in creating the robust online platform on which Functional medicine could be practiced and taught.
5. One of the fundamental attributes of Functional Medicine is to be person-centric and to take the Preventive Healthcare to the homes. Dr. Udayakumaris confident that given the right protocols, FM can easily be executed at the homecare level.

**The aim in supporting Training Modules by a smart IT platform is to enable practicing general physicians and specialists to enjoy the easy of “plug and practice”, to have the advantage of a short learning curve and reap the benefit of continuous clinical support from experts.*

MEETING –3 (OCT 19, 2018)

*In a follow-up telephonic discussion with Dr. Rajiv Yeravdekar, four points were high-lighted:

- a. After looking into the technical, Academic and Legal aspects of a training Module for Functional Medicine, it was felt by the SIHS team that the term “Functional *Healthcare*” or “Functional *Health Science*” may be more apt to describe the proposed training module We are open to suggestion on the semantics.
- b. Recommendations of investigative and treatment protocols in the training modules would strictly have to be “evidence-based”. The evidence should be benchmarked against international publications in *scientific journals of Modern Medicine*. Any evidence outside such publication may be noted merely as observations and **should not** be an integral part of the Training Module.
- c. There is **NO** scope for “Crosspathy” or for unconventional treatment with sketchy evidence. **FUNCTIONAL MEDICINE IS NOT ALTERNATIVE MEDICINE.**
- d. Functional Healthcare touches preventive and therapeutic aspects of all chronic diseases. Hence the committee for Functional Healthcare should make appropriate presentations in programs organised by IMA or other IMA committees such as the IMA committee for Emotional Health, National WIMALS, ICPCM Conference, NATCON, Prevention of Diabetic Blindness, etc.

6th INTERNATIONAL CONGRESS OF PERSON-CENTERED MEDICINE

NOV 22-24, 2018

This Congress was organized by IMA in association with International Congress of Person Centered Medicine (ICPCM) at IMA HQ, New Delhi. Dr. Vivek Kadambi participated in the Congress. Dr. Vinay Agarwal was the other Committee member that attended the meeting. Dr. Ketan Desai, President World

Medical association (2016-17), in his Keynote address highlighted the significance of Functional Medicine in Person-Centred Medical practice.

In the symposium on “Educational program Organization and general concepts” Dr. Kadambi gave a presentation at the on the subject of:

“Functional Medicine Relationship to Person-centered Medicine”

The session was chaired by NP, Dr. Ravi Wankhedkar. The take home message of the presentation was: “Functional Medicine is inherently person centric and any person centric Medical practice cannot ignore Functional Medicine”. The presentation was well received, particularly by the foreign dignitaries which included:

1. Dr. Jon Snaedal – President ICPCM
2. Prof. James Appleyard – Past President, ICPCM
3. DR. Juan Mezzich – Secretary General. ICPCM
4. Prof. Michel Botbol – Board Director, ICPCM
5. Prof. FredyCanchihuaman – Secy Gen, Peruvian Association of Person Centered Med
6. TesfamicacaelGhebrehiwet – Board Director, ICPCM
7. Prof. Paul Glare – Chair, Pain management Research Inst., Univ of Sydney, Australia
8. Dr. Helen Millar – Board Director, ICPCM
9. Prof. Ihsan Salloum – Board Director, ICPCM

The Directors of ICPCM explicitly expressed the desire to associate with us formally to propagate Patient Centred Medicine globally.

Geneva Declaration on Person-Centered Care for Chronic Diseases

(Emerging from the 5th Geneva Conference on Person-centered Medicine and finalized by the Board of the International College of Person-centered Medicine on 19 May 2012)

The 21st century is emerging as the century of person-centered care, and this perspective is especially compelling concerning chronic diseases.

5th Geneva Conference Recommendations

1. Govt should adopt a comprehensive person- and people-centered approach to integration of health promotion and illness intervention to prevent and control chronic diseases.
2. The Health sector has a responsibility to champion this and to ensure that health systems are able to engage and respond to the growing burden of chronic diseases.
3. Person- and people-centered care should be supported by a close collaboration between clinical care and public health.
4. Health professional organizations must work with their members to advance person-centered health promotion and care.
5. Person-centered public education, professional training and health research are crucial to support effectively clinical care and public health actions for chronic diseases.
6. Civil society, in general, must be engaged in efforts to tackle chronic diseases.

Presentation in THE IMA D4D seminar on emotional health at Chinmaya Vibhooti ashram – JANuary 2019

Dr. Vivek Kadambi made a presentation on the role of Evidence-based, person-centered Functional Medicine in Emotional Health with a focus on the underlying hormonal factors impacting emotional health. This was well received by the participants.

way forward

It is clear to see that Functional Medicine plays an important role in any aspect of Health and hence one can only logically conclude that Functional Medicine should be included in the activities of all the committees and initiatives of IMA. A proactive effort will be made towards this end. For a start, It appears prudent for us to work in close association with other IMA committees such as the Standing Committee for Person-Centered Medical.

Continuing Action Plan:

1. The structure of the Training Module for Functional is taking shape. Review of a few of the training programs of American Institutes seem to indicate that the field of Functional Medicine is extremely broad involving 3 major components – (1) Nutritional Supplementation in appropriate doses. (2) Hormonal imbalance (3) positive lifestyle changes. I am afraid that progress in this area has been very slow. We need to think of innovative ideas to accelerate this process.
2. Doctors interested in adapting Functional Medicine approach in their existing medical practice have voiced the need for a suitably structured Training and Certification program. Unfortunately, progress on the Training module has been crawling along at a snail's pace.
3. Online EHR with CRM and Lab integration: There are many cloud-based EHR platforms that look promising
4. Integration of Home Health care Model for Functional Medicine. This possibility was explored with the Portea Home healthcare Services. One challenge seems to be the lack of penetration of Portea into Tier 2 and Tier 3 cities. At present this integration best serves Metro cities.
5. Directory of doctors in India practicing Functional Medicine – The provisional database is ready. It is heartening to realize that the practice functional medicine is not totally unknown in India.
6. The scientific committee for the National Conference for Family Medicine, Aug 2019 (Bangalore) is planning a session on Functional Medicine. I am hopeful that we shall make an impact at the Conference.
7. Explore possibility of formalizing our association with ICPCM.

Dr. Vivek Kadambi

Chairperson, IMA Committee for Functional Medicine

AGENDA ITEM NO.B-74

PROPOSED CONSTITUTIONAL AMENDMENTS CONSTITUTION

RULES & BYE – LAWS OF INDIAN MEDICAL ASSOCIATION - STUDENT WING

(PROPOSED AMENDMENT 2019)

- a. There shall be a student wing of Indian Medical Association as per decision of Central Council of IMA in its meeting held at Pune on 27th & 28th December 1999.

- b. This Wing shall be a part of IMA and shall work under the guidance of Working Committee/Central council of IMA given from time to time.
- c. Rules & bye – laws of IMA SW approved by Central Council Meeting held at Calcutta on 27-12-2000.
- d. Amendments passed at Central working committee on April 6th 2019 at Puri.

Part – I MEMORANDUM

Name:-

The name shall be Indian Medical Association Students' Wing (IMA-SW)

Head Quarters (HQ):

The Headquarters of the IMA-SW shall be in IMA Headquarters at the New Delhi.

Objectives:

The objectives of the wing are:

- A. To sensitize the students in Medical college of modern medicine, about IMA and its activities with an aim to enroll them as a member of IMA in future.
- B. To help and guide them regarding future prospect in medical career, education, ethics, research and employment avenues.
- C. To help and guide them to intervene if any problem arise during their educational career.
- D. To identify talents among MBBS students and to help them for further improvement.
- E. To involve them in various social and cultural activities and national health programmes.
- F. To access/posses assets to support the activities of IMA – SW

Method:

- The IMA local branch where Medical College/Colleges exist will appoint IMA – SW Committee with a Patron (IMA Member) to achieve the above objectives
- The IMA patron should be an active member and should have access to the institution & Students
- The patron should plan and support liaison, Activities, and memberships of IMA SW.
- Bring to the notice of IMA, activities of IMA – SW & issues faced by Students.
- Do all other things, as are compatible to the objectives of the student wing or are incidental or conducive to the attainment of the above objectives.

PART – II – RULES & BYE – LAWS OF INDIAN MEDICAL ASSOCIATION STUDENT WING(IMA-SW)

Definition:

The I.M.A. The Indian Medical Association
The Wing. The I.M.A. Student Wing (IMA-SW)
The Council. The Governing Council of the Wing

8. Members:

Membership shall be in the form of individual membership which will include all MBBS students and UG interns of a medical college. (Duly recognized by Medical Council of India). Any college with more than 10 recognized members will deemed as “Institutional member”.

- Entrance fee and Subscription

Individual membership fee shall be 100 rupees per annum, of which Rs 50 will be retained by the local branch, Rs 25 by the state branch, Rs 25 will be sent to the National headquarters in the initial year of membership. For subsequent years a sum of Rs 100 to be collected by local branch and retained by local branch.

3. Office bearers of the IMA – SW Council of the college:

A). Ex – Officio members

- President of the local branch of IMA
- Secretary of the local branch of IMA
- Patron duly nominated by the local branch of IMA

B). Elected Members:

The following will be the elected office bearers of the wing

- Chairman
- Two vice-chairmen
- Secretary
- Finance Secretary
- Two Joint Secretaries
- State Council Member IMA – SW
- Two class representatives for each class

In the above said positions atleast two girls should be office bearers in a college with atleast 30% girls population in their College. Out of the two atleast one should be either the chairman or Secretary of State council member, while the other can hold any of the above mentioned positions.

All the above will form the IMA-SW council of the college.

4.State council of the students wing shall consist of :-

- a. State president, IMA

- b. State secretary, IMA
- c. Hon. State finance secretary, IMA
- d. State Chairman of IMA SW (IMA leader of repute, nominated by the State President)
- e. IMA local branch Patrons
- f. Chairman and student secretary of IMA-SW of the colleges
- g. State council members of IMA SW from the Colleges

Office bearers of IMA SW State council:

The student members of the state council from amongst themselves will elect the following:-

- i. IMA – SW State convener
- ii. IMA –SW State General secretary,
- iii. IMA – SW National council member,
- iv. IMA –SW Two joint secretaries
 - State chairman, Convener and National council member will represent the state at the National Council of Students Wing
 - “In the absence of the Chairman a person nominated by the State President or a person selected by the present committee will preside”

5. National council of IMA SW

Ex- Officio Members

- a) National President
- b) HSG
- c) Hon. Finance Secretary
- d) One of the joint secretary at IMA HQs nominated by national president.
- e) National chairman of students wing (to be elected / Nominated by the central council/ CWC/ National president)
- f) Advisory board of upto five IMA members which will be nominated by the National President/CWC

Elected Members :

Office bearers will be elected from amongst the student members of national council

- a) IMA – SW National Convener
- b) IMA – SW Two National co-conveners
- c) IMA – SW National General secretary
- d) IMA – SW Four National Joint secretaries the charge of following portfolios
 - i) Administration
 - ii) Finance
 - iii) Socio-cultural
 - iv) Academics
 - v)

6. Terms of office and election of office bearers:

- a) The term of the office of all the office bearers shall be for a period of one year.
- b) Bodies will be constituted in the following order
 - i) Student wing of college on or before 30th April
 - ii) State council on or before 30th May
 - iii) National council on or before 30th June
- c) All the members who have paid the subscription fee on or before 31st March of the year will be eligible to participate in the election process of the IMA-SW council of the college for the year.
- d) All the state council members notified to State HQ before 15th May will participate in the electoral process of state council and those notified to National HQ before 15th June will participate in the electoral process of National council.

Electoral college : All the MBBS students and UG interns who have paid the membership subscription before 31st March shall have voting right to elect the elected Office- Bearers of this wing in the college

7. Duties of Chairman (IMA – SW Council of college):

The Chairman shall be the overall in charge of the wing and shall administer in consultation with the IMA- SW council of the college

8. Duties of the Vice- Chairman (IMA – SW Council of college):

Each Vice- chairman will help the chairman in the activities of the wing and shall conduct the business/ meeting in the absence of the Chairman. In case of resignation or demise of the Chairman, one vice-chairman elected by the Students wing council will function as chairman for the remaining term.

9. Finances:

- a) Income shall be derived from the annual subscription to be determined by the student Wing from time to time.
- b) Contribution/ Donations
- c) Fund raising by organizing functions.

Account shall be operated by the IMA branch. The accounts shall be properly maintained and submitted before the Annual General Body Meeting.

10. Powers and Functions of the Student Wing Council:

- a) The council shall have overall administrative control of the wing.
- b) The council shall review the activities of the wing and render advice for it's smooth running.
- c) The council shall formulate policies and recommend the same to the state council & National Council and then to central working committee/central council of IMA for approval.
- d) The council shall send the work report, quarterly to the state Branch, which in turn shall compile the annual report to be forwarded to IMA HQ for inclusion in the annual report.
- e) The council shall appoint Sub-committees and ad-hoc committees for furtherance of the objectives of the student wing.
- f) The council shall have powers to change and alter by-laws subject to confirmation and ratification by the annual general body of the wing and subsequent approval of the State Working committee (SWC) and Central Working Committee (CWC) of IMA.
- g) In case of resignation or demise of any post amongst the office bearers, the person (member of IMA – SW Council) elected by the IMA – SW council will function at that vacant post for the remaining term.

11. Privileges of Membership:

- To participate in activities of IMA – SW
- To contest and vote for electing office-bearers of student wing, subject to clause no. 6-c.
- To attend scientific, culture and social activities of the affiliating Branch/State HQ / IMA HQ subject to approval of the respective body.
- To participate in Annual General Body Meeting and Annual Convention.
- Concessional registration fee for the members of the student wing to attend the local/state and IMA HQ conferences subject to approval by respective body.
- To participate in inter college sports and other activities.
- Privilege to stay in IMA Houses in India as per IMA rules.
- Concessional fee of 5% per year after joining IMA – SW for becoming life member of IMA within 6 months of full registration with medical council.

12. Meeting:

The meeting of the Wing and it's state Branch shall be:

- a. Annual General Body Meeting at local and state level.
- b. State conference/ scientific Meeting

13. Annual General Body Meeting:

- Annual General Body Meeting of the state shall ordinarily be held each year at the venue of the annual conference of IMA.
- Annual meeting at the national level be held at the national conference of IMA.

14. T.A : National council members will be entitled 3AC fare for attending it's meetings at IMA HQ.

15.

AGENDA ITEM NO.B-75

State / Branch Constitutions for Approval- None

AGENDA ITEM NO.B-76

Resolutions brought forward by State/Terr. Branches

A. RESOLUTIONS RECEIVED FROM BENGAL STATE BRANCH

It has been resolved in the State Council Meeting of IMA Bengal State, held on 10-03-2019 at Calcutta Medical College Auditorium that strong proposal would be sent to IMA HQs regarding cancellation of Life Membership of **Dr. Rounak Hazari**, a member of IMA Calcutta Branch permanently based on several complaints & police cases against him regarding sexual harassment and molestation and for which he was absconded for a long period of time & he is on unauthorized leave in Government service till date.

IMA HQ would also be requested to take step so that this type of blackship can never be a member even in future.

IMA HQ would be requested to do the needful in the CWC meeting to be held at Puri in 6th & 7th of April, 2019.

(Dr. Tapan Kumar Biswas)
State President, IMA Bengal

(Dr. Santanu Sen)
State Secretary, IMA Bengal

2. RESOLUTION RECEIVED FROM TAMIL NADU STATE BRANCH OF IMA

“A separate slab of fee structure to be considered for the fresh batch of graduates coming out of medical colleges after completion of internship so that they may be encouraged to join the mainstream of IMA.

EXPLANATION:

1. Soon a whole batch of medical graduates would be coming out after completing their internship. They will seek to register themselves with Medical Council of India. We find most of them are keen to join IMA but constrained by the cost factor since life membership subscription together with branch contribution (many branches collect their own fees) comes to a sizeable amount. Besides some of them think that they need to join only after they settle down in their practice. They're not aware of the benefits of joining IMA.
We, IMA Tamil Nadu, hence suggest that we can have a separate scheme to rope in these young graduates.
They may be offered a provisional membership for a slab of three/five years for a minimum subscription of Rs. 5000/- (subject to alteration) and allowed to attend IMA meetings.
This will encourage them to opt for full membership and at that stage also we can offer them a small concession.
2. An additional small step would be to interact with the state medical councils and ensure mandatory Membership under Code of ethics 1.2.2 which demands Membership in a professional association mandatory.
Kindly go through the suggestions and take it up for some constructive discussion and pass it in our esteemed CWC.

Dr. S. Kanagasabhapathy
State President, IMA TNSB

Dr. B. Sridhar
Hony. State Secretary, IMA TNSB

AGENDA ITEM NO.B-77

Resolutions brought forward by Local. Branches- None

AGENDA ITEM NO.B-78

Resolutions brought forward by individual members of the Association-None

AGENDA ITEM NO.B-79

Any other matter with the permission of the Chair

LEGISLATIONS

A. CONSUMER PROTECTION BILL 2018

Consumer Protection Bill 2018 has been passed by Lok Sabha on 20. 12.18. The original Consumer Protect Act,1986 passed by the Parliament did not envisage to include the medical profession.

Medical profession was brought under the purview of Consumer Protection Act in 1994 following a Supreme Court verdict in V.P.Shanta Vs Indian Medical Association case.

The Salient points regarding Consumer Protection Bill 2018 passed by Lok Sabha on 20.12.18 which will have impact on the health sector are

- **District consumer redressal forum's** jurisdiction increased from **Rs 10 Lakhs to Rs 1 crore**. Jurisdiction of **State Consumer Commission** increased from **1 crore to 10 crores**
- **No provision for a Judicial member** in the current Act.
- Not only patients, but Associations and other bodies can complain to Consumer Fora.
- Provision for Consumer mediation cells which will be misused to harass and blackmail doctors. No expert medical opinion is required.

Composition of the Commissions:

The Bill specifies that the Commissions will be headed by a 'President' and will comprise other members. However, the Bill delegates the power of deciding the qualifications of the President and members to the Central Government. It also does not specify that the President or members should have minimum judicial qualifications. This is in contrast with the existing Consumer Protection Act, 1986, which states that the Commissions at various levels will be headed by a person qualified to be a judge. The 1986 Act also specifies the minimum qualification of members. Under the current Bill, if the Commissions were to have only non-judicial members, it may violate the principle of separation of powers between the executive and the judiciary. Since these Commissions are adjudicating bodies and will look at consumer dispute cases, it is unclear how a Commission that may comprise only non-judicial members will undertake this function.

Method of appointment :-

The Bill permits the central government to notify the method of appointment of members of the Commissions. It does not require that the selection involve members from the higher judiciary. It may be argued that allowing the executive to determine the appointment of the members of Commissions could affect the independent functioning of the Commissions. This provision is also at variance with the 1986 Act. Under the Act, appointment of members to these Commissions is done through a selection committee. These selection committees comprise a judicial member. As mentioned previously, the Commissions are intended to be quasi-judicial bodies, while the government is part of the executive. There may be instances where the government is a party to a dispute relating to deficiency in service provided by a government enterprise, for e.g., the Railways. In such a case, there would be a conflict of interest as the government would be a party to the dispute before the Commissions and will also have the power to appoint members to the Commission

CPA was a turning point in the Health care industry. CPA was the prime reason for manifold escalation of the Healthcare cost. Mindless litigations and defensive practices flow from CPA. Slowly and steadily small and medium hospitals have been eliminated. For profit Hospitals have taken over the secondary care as well.

Indian Medical Association, the umbrella organisation of all modern medical practitioners in the country representing 8.5lakhs modern medical practitioners is very much concerned about many of the provisions of Consumer Protection Bill 2018. We feel that this move will cause further increase in treatment cost, make health care unaffordable and inaccessible to weaker sections of the society,

promote corporatization of health care make small and medium hospitals unviable and will make implementation of public funded health programs difficult. On one hand Government is concerned about the catastrophic Health care cost and on the other hand the same Government indirectly changes the rules of the game. What has to be realised is that such moves hit people directly. More and more people will go below the poverty line every year. Apart from the adverse impact on the small and medium hospitals, all small entrepreneurs across the spectrum will also be hit.

In this background, Indian Medical Association had placed certain suggestions for the draft bill 2015 which were put in public domain but have not been considered in the 2018 Bill.

Hence we put forward the following points for your consideration

18. Very high compensation awards give rise to more frivolous litigations and indirectly promote defensive medicine. The compensation awards for medical negligence cases have to be capped to levels prescribed for drug trials.
19. A court without a Judge will be a **Kangaroo court**. A court cannot be entirely constituted with lay persons.
20. Litigations by organisations or associations are of vindictive in nature. These organisations have no locus standi in law. It will be a bad precedence to allow such a practice.
21. Peer expert opinion need to be made mandatory before taking up a case of medical negligence by the consumer fora. This has been emphasized in the judgement by Martin D'Souza Vs Mohammed Ishaq read in 2009(3) SCC-1.
22. Representatives of Indian Medical Association have to be included in the consumer mediation cells and district, state and national consumer councils.
23. Provisions for imposing sufficient penalty for frivolous complaints have to be retained.

B. MCI Related Matter

MINISTRY OF LAW AND JUSTICE

(Legislative Department)

New Delhi, the 12th January, 2019

**THE INDIAN MEDICAL COUNCIL (AMENDMENT)
ORDINANCE, 2019**

No. 2 of 2019

Promulgated by the President in the Sixty-ninth Year of the Republic of India.

An Ordinance further to amend the Indian Medical Council Act, 1956.

WHEREAS the [Indian Medical Council \(Amendment\) Ordinance, 2018](#) was promulgated by the President on the 26th day of September, 2018;

AND WHEREAS the Indian Medical Council (Amendment) Bill, 2018, to replace the Indian Medical Council (Amendment) Ordinance, 2018, has been passed by the House of the People and is pending in the Council of States;

AND WHEREAS Parliament is not in session and the President is satisfied that circumstances exist which render it necessary for him to take immediate action;

NOW, THEREFORE, in exercise of the powers conferred by clause (1) of article 123 of the Constitution, the President is pleased to promulgate the following Ordinance:-

1. Short title and commencement.

(1) This Ordinance may be called the Indian Medical Council (Amendment) Ordinance, 2019.

(2) (A) The provisions of this Ordinance shall, except sub-clause (i) of clause (c) of section 2, be deemed to have come into force on the 26th day of September, 2018; and

(B) sub-clause (i) of clause (c) of section 2 shall come into force at once.

2. Amendment of section 3A.

In section 3A of the Indian Medical Council Act, 1956,—

(a) in sub-section (1), for the words, brackets and figures “Indian Medical Council (Amendment) Act, 2010”, the words, brackets and figures “Indian Medical Council (Amendment) Ordinance, 2019” shall be substituted;

(b) in sub-section (2), for the words “three years”, the words “one year” shall be substituted;

(c) in sub-section (4),—

(i) for the words “seven persons”, the words “twelve persons” shall be substituted;

(ii) for the words “and medical education”, the words “and medical education or proven administrative capacity and experience” shall be substituted;

(d) after sub-section (7), the following sub-section shall be inserted, namely:—

“(7A) The Board of Governors shall be assisted by a Secretary General who shall be appointed by the Central Government on deputation or contract basis and he shall be the head of the secretariat in the Council.”.

3. Repeal and savings.

(1) The Indian Medical Council (Amendment) Ordinance, 2018 is hereby repealed.

(2) Notwithstanding such repeal, anything done or any action taken under the Indian Medical Council Act, 1956 as amended by the said Ordinance, shall be deemed to have been done or taken under the corresponding provisions of the said Act, as amended by this Ordinance.

RAM NATH KOVIND,
President.

DR G. NARAYANA RAJU
Secretary to the Govt. of India

C. THE INDIAN MEDICAL COUNCIL (AMENDMENT) BILL, 2018

AS INTRODUCED IN LOK SABHA

Bill No. 169 of 2018

THE INDIAN MEDICAL COUNCIL (AMENDMENT) BILL, 2018

A BILL

further to amend the Indian Medical Council Act, 1956.

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

(1) This Act may be called the Indian Medical Council (Amendment) Act, 2018. (2) It shall be deemed to have come into force on the 26th September, 2018.

102 of 1956.5 **2.** In section 3A of the Indian Medical Council Act, 1956,—

(a) in sub-section (1), for the words, brackets and figures "Indian Medical Council (Amendment) Act, 2010", the words, brackets and figures "Indian Medical Council (Amendment) Act, 2018" shall be substituted;

(b) in sub-section (2), for the words "three years", the words "one year" shall be substituted; (c) in sub-section (4), for the words "and medical education", the words "and medical education or proven administrative capacity and experience" shall be substituted;

Short title and commencement.

Amendment of section 3A.

Repeal and savings.

(d) after sub-section (7), the following sub-section shall be inserted, namely:—

"(7A) The Board of Governors shall be assisted by a Secretary General who shall be appointed by the Central Government on deputation or contract basis and he shall be the head of the secretariat in the Council."

3. (1) The Indian Medical Council (Amendment) Ordinance, 2018, is hereby 5

Ord. 8 of

repealed.

2018.

(2) Notwithstanding such repeal, anything done or any action taken under the principal

Act, as amended by the said Ordinance, shall be deemed to have been done or taken under

the corresponding provisions of the principal Act, as amended by this Act.

STATEMENT OF OBJECTS AND REASONS

The Indian Medical Council Act, 1956 was enacted to provide for the reconstitution of the Medical Council of India and the maintenance of a Medical Register for India and for matters connected therewith. The main functions of the Medical Council of India (the said Council) is to make recommendations to the Central Government in matters of recognition of medical qualifications, determining the courses of study and examinations required to obtain such qualifications, inspection of examinations and maintenance of register of medical practitioners, etc.

The working of the said Council has been under scrutiny since long time and the same was examined by various expert bodies including the Department related Parliamentary Standing Committee on Health and Family Welfare, which in its Ninety-second Report, in March, 2016, severely indicted the said Council. The Committee recommended that the Government should bring a new comprehensive Bill in Parliament at the earliest so as to restructure and revamp the regulatory system of medical education and medical practice and to reform the Medical Council of India. Accordingly, the National Medical Commission Bill, 2017 was introduced in Lok Sabha in December, 2017 and the same is pending.

However, in the meantime, in view of the arbitrary action by the said Council in disregard to the provisions of the said Act and regulations made thereunder, immediate steps were required to be taken by the Government to put an alternative mechanism in place of the said Council so as to bring transparency, accountability and quality in the governance of medical education in the country. Hence, it has been decided to supersede the Medical Council of India and entrust its affairs to a Board of Governors consisting of eminent doctors for a period of one year or until the said Council is reconstituted, whichever is earlier.

As Parliament was not in session and urgent legislation was required to be made, the President promulgated the Indian Medical Council (Amendment) Ordinance, 2018 on 26th September, 2018, which, *inter alia*, provides for the following, namely:—

(a) to supersede the existing Medical Council of India and vest its powers in a Board of Governors until the said Council is reconstituted;

(b) to amend sub-section (2) and sub-section (4) of section 3A to provide for the reconstitution of the Council within a period of one year;

(c) to amend sub-section (4) of the section 3A so as to add proven administrative capacity and experience also as a qualification for nomination of members for the Board of Governors; and to insert a new sub-

section (7A) in the said section to provide that the Board of Governors shall be assisted by a Secretary General who shall be appointed by the Central Government on deputation or contract basis and shall be the head of the secretariat in the Council. The Bill seeks to replace the aforesaid Ordinance.

JAGAT PRAKASH NADDA

NEW DELHI;

6th December, 2018.

ANNEXURE

EXTRACT FROM THE INDIAN MEDICAL COUNCIL ACT, 1956

(102 OF 1956)

3A. (1) On and from the date of commencement of the Indian Medical Council 32 of 2010. (Amendment) Act, 2010, the Council shall stand superseded and the President, Vice-President and other members of the Council shall vacate their offices and shall have no claim for any compensation, whatsoever.

(2) The Council shall be reconstituted in accordance with the provisions of section 3 within a period of three years from the date of supersession of the Council under sub-section (1).

(4) The Central Government shall, by notification in the Official Gazette, constitute the Board of Governors which shall consist of not more than seven persons as its members, who shall be persons of eminence and of unimpeachable integrity in the fields of medicine and medical education, and who may be either nominated members or members, *ex officio*, to be appointed by the Central Government, one of whom shall be named by the Central Government as the Chairperson of the Board of Governors.

(7) Two-third of the members of the Board of Governors shall constitute the quorum for its meetings.

Power of Central Government to supersede the Council and to constitute a Board of Governors.

LOK SABHA

A BILL

further to amend the Indian Medical Council Act, 1956.

Shri Jagat Prakash Nadda, Minister of Health and Family Welfare)

MGIPMRND—2247LS (S3)—10-12-2018.

D. OBSERVATIONS ON THE INDIAN MEDICAL COUNCIL (AMENDMENT) ORDINANCE, 2019

PREAMBLE :

On the recommendations of the Government of India, the Hon'ble President of India has promulgated Indian Medical Council (Amendment) Ordinance 2019 w.e.f. 12th January, 2019 on the consideration that the Indian Medical Council Bill , 2018 to replace the Indian Medical Council Amendment Ordinance 2018 although passed by the Loksabha has not been cleared by the Rajyasabha. Hence the President in exercise of the power conferred by Clause 1 of Article 123 of the Constitution has promulgated the said ordinance.

Upon promulgation of the Indian Medical Council (Amendment), 2019 w.e.f. 12th January, 2019 the Indian Medical Council Amendment Ordinance 2018 stands repealed.

OBSERVATIONS:

The Indian Medical Council (Amendment) Ordinance 2019 has incorporated two amendments to the Indian Medical Council (Amendment) Ordinance 2018 in terms of amendment to Section 3 (A) (C) in its sub-section 4 the number of Board of Governors which were originally 7 have been raised to 12 and another sub-section has been added at Seriatim 2 whereby the eligibility for the said Board of Governors has been broadened by replacement of the word 'Medical Education' therein with the word 'Medical Education or Proven Administrative Capacity and Experience'.

The fallacy in raising the number of Board of Governors from 7 to 12 is on the strength of inept handling by the present Board of Governors since 26th September, 2018 till date, which is proved from the fact that the website of the Medical Council of India is plagued by a total blackout, in as much as even the minutes of the meeting of Board of Governors have not been put into public domain.

The reason, logic, rationale, basis including justification for augmentation on the number of Board of Governors from 7 to 12 as proposed by an amendment has not been depicted anywhere in any form, so also there is stoic silence in regard to broadening the eligibility for appointment of the said Board of Governors in terms of adding the scope from other than medical education to proven administrative experience as a substitute, so as to accommodate non-medical Board of Governors including bureaucrats.

Further, normally the number of a decision making forum is always 'odd' in view of the fact that all the matter which are required to be decided by them is by a majority vote, which is easily decipherable when the membership strength is 'odd'. Raising the strength from 7 to 12 amounts to raising it to an even number (12) which is fallacious.

The true colors of the Government of India, have been depicted in the instant ordinance when an amendment has been made in respect of the eligibility of the Board of Governors to be appointed which hitherto had to be with the background of medical education. By broadening the eligibility in terms of adding proven administrative ability as an alternative to medical education is a clear indication of bureaucrats occupying as Board of Governors, which has been the real intent of the Government of India.

The present Ordinance has two amendments over and above the contents in the previous ordinance of 2018 which was adopted by the Loksabha. Now its placement before the Rajyasabha on the basis that Loksabha has already adopted is ill conceived because what Loksabha had adopted was ordinance of 2018 in the form of an Amendment Bill which did not have these two amendments in it which are now incorporated in Ordinance of 2019.

As such, the revelation is total that the Government of India, has taken total control of regulatory authority in its own clutches through their bureaucrats even by resorting to misleading statements to their convenience.

