



INDIAN MEDICAL ASSOCIATION (HQs.)

(Registered under the Societies Act XXI of 1860)
Mutually Affiliated with the British & Nepal Medical Associations
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November 1, 2019

To,

All members of Central Working Committee, IMA

Dear Colleagues,

We have pleasure in enclosing herewith detailed Agenda Papers of 222nd meeting of the Central Working Committee of IMA to be held on Friday and Saturday November 1st & 2nd, 2019 at Hotel TSG Grand, Andaman, Trunk Road, Dollygunj, Port Blair-744103.

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 CWC meeting.

Thanking you,

Yours Sincerely,

Dr. Santanu Sen
National President

Dr. R. V. Asokan
Hony. Secretary General

Doctors for Doctors and Community at Large

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

IMA PRAYER

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 !

**222nd Meeting of the Central Working Committee of IMA on
November 1st & 2nd, 2019
Port Blair, Andaman & Nicobar Islands**

PROGRAMME SCHEDULE

Friday, November 1, 2019	Saturday, November 2, 2019
<p>Checkin after 12:00noon in respective hotels</p> <p>Venue: Hotel TSG Grand, Andaman Trunk Road, Dollygunj, Port Blair-744103</p> <p>12:00 noon to 2:00 pm Registration</p> <p>2pm-9pm: 222nd meeting of the Central Working Committee of IMA:-</p> <p align="center">Inviting of dignitaries to the dais by Honorary Secretary General</p> <p align="center">Adornment of National President with Presidential Medallion</p> <p align="center">IMA Prayer</p> <p align="center">Flag Salutation</p> <p align="center">Condolences to Departed Souls</p> <p align="center">Address by National President, IMA</p> <p align="center">Address by Honorary Secretary General, IMA</p> <p align="center">Meeting of the IMA Central Working Committee</p> <p>9pm onwards: Dinner</p>	<p>7:00am Breakfast in respective Hotels, Report to Haddo Jetty, Gate No.- 3</p> <p>8:00 am sharp Cruise Leaves Haddo Jetty for Havelock Islands</p> <p>8:30am to 10:30 am 222nd Meeting of Central Working Committee to continue on Cruise</p> <p>10:30 am Reach Hotel TSG Blue Hotel, Havelock islands</p> <p>11:00 am to 1:00 pm Meetings of Schemes, Wings and Committees</p> <p>1:00 pm Lunch</p> <p>4:00 pm Cruise Leaves Havelock islands for Port Blair</p> <p>4:00 pm to 5:30 pm 222nd Meeting of Central Working Committee concluding session on Cruise</p> <p>7:00 pm Dinner at Hotel TSG Emerald, Port Blair</p>

Checkout on Sunday, November 3, 2019 after breakfast.

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**The Association became still poorer
due to the loss of a few more of its members**

..... We convey our heart felt condolences to the affrieved family members
and we pray for peace of the departed souls.

Indian Medical Association will always remember their contributions!

Name of Departed Members	Branch	State	Name of Departed Members	Branch	State
Dr. K. Rajasekharan	Chengalpattu	Andhra Pradesh	Dr. Shamji Velhi Solanki	Jamnagar	Gujarat
Dr. P.S. Ranga Reddy	Kadapa	Andhra Pradesh	Dr. Damjibhai Devshibhai Parmar	Jamnagar	Gujarat
Dr. P. Rangaiah	Khammam	Andhra Pradesh	Dr. Vittalbhai Bhaichandbhai Oza	Mehsana	Gujarat
Dr. P. Rangaiah	Nehrunagar	Andhra Pradesh	Dr. Shankarlal A. Vyas	Modasa	Gujarat
Dr. S. Siva Rama Krishna Rao	Vijayawada	Andhra Pradesh	Dr. Sham Narharrao Ghogale	Nadiad	Gujarat
Dr. Deben Dutta	Rangapara	Assam	Dr. Krishnakant Venilal Mehta	Surat	Gujarat
Dr. Braj Nandan Prasad	Muzaffarpur	Bihar	Dr. Madhavji Laxman Panara	Thangadh Chotila	Gujarat
Dr. M.S. Madan	Bhilai	Chhattisgarh	Dr. Sanjay Dave	Vadodara	Gujarat
Dr. Ram Kumar Tiwari	Durg	Chhattisgarh	Dr. Gopalkrishna L. Haliyal	Valsad	Gujarat
Dr. Balram Verma	Durg	Chhattisgarh	Dr. Divyesh Shirishchandra Shah	Vyara	Gujarat
Dr. G.P.S. Sarna	Raipur	Chhattisgarh	Dr. Rajiv Gupta	Karnal	Haryana
Dr. V.K. Jain	South Delhi	Delhi	Dr. G.M. Haleshappa	Chitradurga	Karnataka
Dr. Kirit F. Shah	Ahmedabad	Gujarat	Dr. S.P. Shankarappanavar	Haveri	Karnataka
Dr. Meeta Hermant Mankad	Ahmedabad	Gujarat	Dr. M. Manchaiah	Mandya	Karnataka
Dr. Dave Balwantray G.	Ahmedabad	Gujarat	Dr. B. Gopala Krishnan	Kollam	Kerata
Dr. Ketan Anantray Trivedi	Ahmedabad	Gujarat	Dr. T. Kanakakumari	Kannur	Kerala
Dr. Jagdish Chandra N. Parmar	Ahmedabad	Gujarat	Dr. M.N. Selvarajan	Thiruvananthapuram	Kerala
Dr. Sucha Pradyot Thakore	Ahmedabad	Gujarat	Dr. Trikamas Haridas Modi	Burhanpur	Madhya Pradesh
Dr. Anilbhai K. Bavishi	Ahmedabad	Gujarat	Dr. Abhay Kumar Jain	Damoh	Madhya Pradesh
Dr. Narendra N. shah	Ahmedabad	Gujarat	Dr. Nehete Vilas Topa	Bhushawal	Maharashtra
Dr. Girish Harilal Shah	Ahmedabad	Gujarat.	Dr. Pramod G. Khobragade	Nagpur	Maharashtra
Dr. Trivedi Dushyant chhotalal	Ahmedabad	Gujarat	Dr. Rekha Maheshwari	Bathinda	Punjab
Dr. Sangita Bipinchandra Patel	Anand	Gujarat	Dr. Chandra Mohan Sharma	Jaipur	Rajasthan
Dr. Ashok Devidas Bachani	Dahod	Gujarat	Dr. T. Aruna Madan	Secunderabad	Telangana
Dr. Kirtikumar F. Shah	Direct	Gujarat	Dr. K. Rajendra	Rajapalayam	Tamil Nadu
			Dr. Jitendra Kumar Agarwal	Moradabad	Uttar Pradesh

Report by Honorary Secretary General, IMA-Dr. R.V. Asokan

Beloved National President, Dr Santanu Sen, Past Presidents of IMA, esteemed senior colleagues, members of this august house, ladies and gentlemen. I take this opportunity to welcome you all at the 222nd meeting of the Central Working Committee being organized at Port Blair. I am sure, you all will enjoy a comfortable stay and wonderful hospitality at this CWC Meeting.

I place before you a brief report of the activities of IMA HQs since last CWC.

Quackery and Crosspathy: The existence and identity of modern medicine have never been challenged as on today. We have a policy decision by the Government to legitimise and promote Quackery and Crosspathy. NMC Act 2019 and the draft National Educational Policy are complimentary in promoting these threats to public Health.

National Medical Commission Act 2019

Our struggle against NMC continued. There was a brief lull during the Parliamentary election. The Government brought in a new edition of the Act with a new area of confrontation: Section 32, Community Health Provider. Introduction of these non medical quacks with empowerment to provide primary care independently and secondary and tertiary care under supervision of another CHP and legitimising the same with a registration and license under NMC is a crime against humanity. IMA sensitized a large number of MPs and party leaders on the irrevocable damage to the Health of the nation and 42 MPs spoke on the Bill. The Parliamentary assault was led by our beloved National President Dr. Santanu Sen. The glaring inconsistencies of the stand of the Government on NEXT and CHP were exposed by the MPs well briefed by IMA.

The Action Committee of IMA went into a huddle on 27.07.2019 to plan out the movement of resistance. IMA MSN and JDN were pressed into action. In a show of defiance more than 3000 medical students, young doctors and IMA members participated in Delhi Andolan, a show of strength before AIIMS on 29th July 2019. On the same day a parallel demonstration was organized before Nirman Bhawan and 100 medical students and doctors led by National President Dr. Santanu Sen were arrested and detained. Non essential services were withdrawn all across the country and Chatra Sansad was conducted in IMA HQs.

The Political liasoning Committee continued its active sensitization of MPs. Based on our input many MPs asked searching questions on the floor of the Parliament. IMA National President, Dr. Santanu Sen moved amendment and made a comprehensive representation of the concerns of medical profession.

The Parliament in its wisdom has enacted the legislation and the President of India has given his assent. After careful consideration IMA withdrew its call for withdrawal of non essential services issued for 08.08.2019 on the penultimate day. Subsequently a Workshop on NMC in Kovalam, Thiruvananthapuram on August 24-25, 2019. A full fledged action Committee on 6th September 2019 in Goa finalized the plan of action to take the issue to the people. Several facets of the sensitisation and awareness drive have been launched thereafter.

NMC Act 2019

Plan of action

Strategy and focus: "No" to sections 32, 50 and 51

'No to Quackery' 'No to Crosspathy'

1. Awareness campaign : SUNO BHARAT (for six weeks)

- To reach out to members - 1000 Branch Meetings. catch words : Quackery, Crosspathy.
- To reach out to patients and public - 1000 Public/hospital meetings or open forums slogans : Sab Ka Vikas, Sab Ka Avaas , Quality Care for all.
- Social media interventions
- Editorial and write ups in news papers
- Resident editors of news papers to be met by Local Branch Leaders/ State And National Leaders

- Campaign among opinion makers
- Wide spread awareness regarding alternative suggestions for rural health
- IMA Hqs: National office bearers to campaign in states.
- State branches to campaign in districts and sub districts.

2. Consolidation of the medical profession

- Connect with all medical colleges- reach out to medical students- programme for parent local branches- Coordination role for state branches.
- Coordinate the Residents under JDN /consultation with RDAs/State branches to reach out to Resident Doctors Associations - National Convention of JDN, Coordination and information sharing.
- Consolidation of Government Doctors' Associations - coordination by IMA HQs. and state branches.
- FOMA - (a) IMA HQs.- Central coordination (b) State branches to reach out to state level chapters for formation of FOMA at state level.

3. **D Day** : Date and format to be decided. D Day around 3rd month.

4. Charter of demands

- Deletion of sections 32, 50, 51
- Amendments to other deleterious clauses.

(Plan of action developed in the workshop on NMC 2019 at Trivandrum on 24-08-2019 and approved by the IMA Action Committee on 06-09-2019 at Hotel Lalit, Goa).

“SUNO BHARAT” “सुनो भारत”: Suno Bharat, a campaign for awareness both for doctors and for people about the deleterious clauses of NMC Act was launched on 18th September 2019 by National President, IMA Dr. Santanu Sen. Regarding **“SUNO BHARAT” “सुनो भारत”** Campaign about NMC, it had been specifically emphasised that all local branches should conduct awareness meetings on NMC especially section 32, 50 and 51. In this regard reporting format was sent to all State/Branch Presidents and Secretaries with a request to kindly send the reporting proforma duly filled to be sent directly to the Hony . Secretary General, IMA Headquarters, Indraprastha Marg, New Delhi-110002 in hard copy or on hsg@ima-india.org by e mail.

IMA National President Dr Santanu Sen launched a signature campaign **“Likho Bharat” - लिखो भारत** against Quackery and Crosspathy on 02nd October 2019 from Kolkata.

It was a signature campaign facilitated by IMA wherein every single member of IMA convinced his own patients to sign a petition to Sri Narendra Modiji Hon'ble Prime Minister of India demanding quality health care from qualified MBBS doctors only. The same was collected by the IMA members from their patients and then posted individually and separately to the Hon'ble Prime Minister of India. The format was provided for guidance. It was suggested that it may be translated into their regional languages by the State Branch and appropriate instructions were issued.

“Awaken India” Campaign was launched by National President at Bhubaneshwar on October 18-19 2019 along with East Regional Conclave of MSN for the Medical Colleges. National President, IMA, Dr. Santanu Sen along with National Vice-Presidents, IMA Dr. P. Gangadhar Rao, Dr. D.D. Chaudhury , Dr. J.A. Jayalal, Dr. Anil Pachnekar and Hony. Secretary General, IMA Dr. R.V. Asokan at Berhampur and Cuttack.

Violence on Doctors and Hospitals

The entire medical profession of the country erupted with protest when violence was unleashed on the interns of NRS Medical College Kolkata on June 2019. Dr. Paribaha Mukharjee who suffered a serious head injury became the face of medical profession. IMA led the medical profession with an all India Protest Day on 14.06.2019 and a massive near complete withdrawal of non essential medical services across the nation. Coordination with medical students through IMA MSN, with interns through IMA JDN, with the Government Doctors through the Associations of Government Medical Officers, all professional organizations through FOMA, Private Hospital Associations and Charitable Organization ensured a powerful All India demonstration against violence.

IMA demands a comprehensive Central law dealing with violence on Doctors, Healthcare Staff and Hospitals. Security measures and the determinants leading on to violence should also be addressed. Exemplary punishment of perpetrators of violence should be a component of the Central Law. Suitable amendments should be brought in IPC and CrPC. Effective implementation of Law has to be ensured by incorporating suitable clauses. 19 States have already passed legislations in this regard. An Inter-ministerial Committee recommendations document was signed by IMA with Government of India way back in 2016.

Hospitals should be declared as "Safe Zones". Structured safety measures including 3-layer security, CCTVs and restriction of entry of visitors should be well defined and enforced uniformly across the country in all sectors.

Healthcare violence has its origin in high expectations, lack of infrastructure and inadequate Human Resources. Issues of medical profession involving Doctor-Patient relationship, effective communication regarding the nature of illness and professional counselling play a part as well. IMA expects the Government of India to provide for each of these components.

Government of India responded by forming a Committee for drafting the Central law against Violence. IMA participated in the Sub-committee of drafting as the main stakeholder. The draft Bill has been put in public domain by Government of India.

Dr. Deben Dutta, a respected senior doctor who had extended his services to Teok Tea Estate, Jorhat, Assam was brutally murdered allegedly by the relatives of his patient. This incident sentinel the civilizational crisis of our times. The nation should reflect on the import of the incident which is nothing but savage barbarism. The medical profession of the country is at loss of words to countenance the sheer savageness unleashed on it.

IMA HQ declared 03.09.2019 as a day of solidarity and silent mourning.

Dr. Santanu Sen, IMA National president visited the bereaved family at Jorhat along with Dr. R.N. Tandon and Dr. Ramesh Datta and demanded that the the Hon'ble Chief Minister of Assam must speak to the bereaved family and the culprits should be given stringent punishment and one person in the enquiry team against whom there was a complaint of partiality must be removed and all these demands were fulfilled within a short span of time and for which the bereaved family thanked the N.P. and the entire team of IMA over the Phone.

Ayushman Bharat: Ayushman Bharat is the biggest catastrophe that has befallen the Health Care industry since independence. Small and medium hospitals are expected to bear the brunt of this ill thought out misadventure. IMA HBI is working with other stakeholders in harm reduction.

Pollution Control Board issues: Treating hospitals as any other industry has created serious difficulties for many small and medium hospitals and nursing homes. Starting from the registration fee to the ETPs and STPs there is a need to overhaul the entire law.

PCPNDT: If there is one law that has to be repealed and reconceived in toto it is the PCPNDT Act. A law which has failed in its objective and remains a milch cow for NGOs and just a tool to harass doctors just turned worse with the recent Supreme Court judgment.

Revalidation of IMA Registration:

IMA Registration under Societies Act had not been revalidated since 1934. CWC at its 222nd meeting places on record the initiatives taken by National President, IMA, Dr. Santanu Sen in accomplishing this important task. Now IMA's registration has been revalidated by submitting necessary past documents and accounts after payment of the fee with penalty and thereby retaining the same Registration Number and the name of the Association.

IMA NEWS: After the last CWC meeting, IMA has successfully published 6 issues of IMA News i.e. April to September 2019 which has a lot of informative and useful material of the IMA activities carried out during 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.

HFC: From 1st April 2019, the total 2027 Life Members have been enrolled up to 14th October 2019. Today, the total membership of IMA is 314990 under 1765 Local Branches and 29 State Branches and 3 Union Territories. Regarding the Life Membership Certificate for these enrolled members, now onwards the members can download the Certificate and Card after logging in digital IMA portal. Out of 2027 Life Members 336 members had applied for Plastic Identity Card and 292 Cards have been dispatched to the concerned members. From 1st April 2019 total 7 new Branches have been formed namely Nuh (Haryana), Vaniamkulam, Kovalam, Koorkenchery (Kerala), Chromepet Dr. Rela Institute & Medical Center, Melamaruvathur (Tamil Nadu), AIIMS Rishikesh (Uttanchal), Mallot (Punjab) Branch has been bifurcated into two Branches i.e. Mallot East & Mallot West.

IMA Building: The work of Mosaic Mural of Dr. B.C. Roy, IMA Memorial and installation of pole for National Flag has been completed. The process of installation of LED on the boundary wall of IMA HQs. Building will start soon. The structural dependency report of IMA Building received. Recommendation of renovation work through M/s RIPPL is awaited. The sewer line repairing work has started. The vacated portion of 3rd and Ground Floor has been let out for @Rs.4 lakh and Rs.8 lakh respectively to Delhi Commission for Women. Replacement of old ACs has been recommended under the Energy Audit and DG set is also required to be replaced.

Paramedical Courses: Presently, total Sixty One Institutes of different states are running Para Medical courses under IMA. Recently four institutes - Sarvodaya Institute of Allied Health Sciences, Faridabad, IL&FS Skill Development Corporation Ltd., Noida, SJM Super Speciality Hospital, Noida and Asian Institute of Allied Health Sciences, Faridabad have been inspected and approves for conducting Paramedical courses in different streams through IMA.

TUTION FEE including Admission Fee (Excluding Enrolment & Examination Fee) has been revised from Rs. 25,000/- to 30, 000/- per year.

PARAMEDICAL FINAL EXAMINATION – JULY 2019

Total Two Hundred Thirty Two candidates from different Institutes/Hospitals were appeared in different streams of Para Medical Final Examination which was held on July 2019 throughout India and One Hundred Eighty One candidates passed. Result of Diploma in X-Ray & Imaging is awaited. The next Paramedical Final Examination will be held in November 2019.

IMA – NIOS Para Medical Courses

Besides Diploma in Medical Laboratory Technology (DMLT) and Diploma in Medical Imaging Technology (DMIT) courses, 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

On April 21, 2019, National North Zone IMA CGP Conference was organized by IMACGP at Kanpur. It was attended by Dr. Santanu Sen as Chief Guest and 2 National Vice-Presidents, Dr. J.A. Jayalal and Dr. Pragnesh Joshi and Dr. R.N. Tandon, Past Hon. Secretary General, IMA. During the Convocation 29 Doctors were given to Honorary Fellowship. Delegates were given to Certificates and Medals

On 3-5th May 2019 – Medico India: Indian Medical Association was supported the Exhibition on Medical Device & Equipment and interaction with Importers/Exporters and manufacturers of medical devices. Telangana IMA and Hyderabad IMA are co-supporters of the programme. During this period, the Board Meeting of IMA Hospital Board of India was held on 4th May, 2019 at Hyderabad.

On 2nd June 2019, the various meetings were held at IMA House, New Delhi on National Council Meeting of Medical Students Network (MSN), Meeting of the Government Doctors Organizations and Joint Action Council on PCPNDT including IMA , FOGSI , IRIA, Sonologists Association and others to sensitize the members about the about the NMC and further plan of Action.

IMA – SBI Credit Card: SBI has launched a special Credit Card for IMA Members which has exclusive benefits for the members namely:-

1. Complimentary Professional Indemnity Insurance cover of Rs. 20 lacs per annum
2. Complimentary International & Domestic lounge access
3. Annual fee Rs. 1499/- adjustable (You get a voucher worth Rs. 1500 against this fee which can be used for any travel booking. Moreover this Fee is reversed on annual spends of Rs. 2 lacs and above)

On 16th June 2019, the various meetings were held at IMA House, New Delhi on 1st Meeting of IMA Standing Committee for Medico Legal Cell, Meeting of IMA Standing Committee for Doctors in Service and Meeting of IMA Standing Committee for Organ Donation

On 22nd & 23rd June 2019: National Evecon-2019 and WIMALs National Conference of Woman Doctors Wings was organized in Goa by IMA National WDW hosted by IMA Goa and Goa WDW team in collaboration with IMA HQs. This event was inaugurated by Shri Vishwajeet Rane, Honble Health Minister, Goa State. It was attended by 372 delegates. During the Conference 15 Awards were conferred on women doctors from 14 different States for their excellent and extraordinary work. A MoU of "Organ Donation Awareness Campaign" between WDW and Apollo Hospital was signed.

Meeting of Working Group on studying the Pollution laws on health care institutions was held on 23rd June 2019 at IMA House, New Delhi to study the new BMW rules and amendments and for prepared the final draft for the same and presented to the Government and National Green Tribunal.

1st Indo-Myanmar Doctors' Scientific Meeting was jointly hosted by Myanmar Medical Association, Mandalay Region and IMA Manipur State Branch on 7th July 2019 at the premises of MMA Office. The meeting was attended by 23 delegates from India and 60 Myanmar delegates. Dr. Pragnesh Joshi, National Vice President IMA deliberated on the need for both the associations to connect at the National Headquarters level and explore future field of cooperation between the 2 associations and invited members of MMA to attend our IMA National Conference at Kolkata in December . Dr R.N. Tandon, Past HSG, IMA emphasized on the role being played by IMA to connect with the various associations of neighbouring countries including SAARC and Commonwealth and envisioned a bright future of cooperation and togetherness with Myanmar Medical Association too.

On 10th July 2019 at New Delhi a Brain Storming Session for Members of Parliament was held on “Challenges in Healthcare and Policy required”. It was attended by 35 MPs including IMA Office-bearers and leaders. During the session Past National President, IMA gave the Power Point Presentations namely - Rural Health – India, Universal Health Coverage, Private Hospitals – the Challenges, Medical Education in the context of Draft National Education Policy, Violence on Doctors and Hospitals and proposed Schedule K Amendments which were very informative.

IMA End TB Initiative: 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 in the private sector to notify their TB patients. TB Notification ensures quality diagnosis and treatment as well as nutritional support to the patient.

From April 2019, the present status is as under:-

1. Phase – II started from October to December, 2019.
2. Instruction Manual updated as per Phase – II
3. One each aspirational district selected from 6 states for conducting CME with different participant.
4. Phase – 1 payment has settled with states.
5. 313 CME has been conducted during Phase – I.
6. Advance money has given to go ahead states for Phase – II as per total no. of district.

Health Manifesto and Health First Campaign: During The General Elections of India, IMA prepared its Health Manifesto. Parliamentary elections had given us a legitimate opportunity to sensitise the Indian nation on issues concerning the Health of our people and the medical profession. The manifesto contained various suggestions to improve public, change policy directions, streamline medical education and improve medical research. All States and Local branches were requested to meet the leaders of their area and inform them about the Health Manifesto of IMA.

Bridge Courses and Mid-Level Practitioners as well as Ayushman Bharat Wellness Centres: All systems of medicine are unique in their nature and are fundamentally different from each other. IMA opposes mixing of various systems of medicine. IMA strongly believes this will interfere adversely with patient care and safety. Bridge Courses, Lateral entries and Mid Level practitioners are concepts fundamentally against the spirit of Bhore Committee of 1946. Adequate number of MBBS doctors are available for manning our subcentres renamed as wellness centres. MBBS doctors are best suited to provide quality, primary and preventive care. All States and Local branches were informed about the Bridge Courses and Mid-Level Practitioners as well as Ayushman Bharat Wellness Centres.

Regarding “**SUNO BHARAT**” “**सुनो भारत**” Campaign about NMC, it had been specifically emphasised that all local branches should conduct awareness meetings on NMC especially section 32, 50 and 51. In this regard reporting format was sent to all State/Branch Presidents and Secretaries with a request to kindly send the reporting proforma duly filled to be sent directly to the Hon'y . Secretary General, IMA Headquarters, Indraprastha Marg, New Delhi-110002 in hard copy or on hsg@ima-india.org by e mail.

IMA National President Dr Santanu Sen launched a signature campaign “**Likho Bharat**”-“**लिखो भारत**” against Quackery and Crosspathy on 02nd October 2019 from Kolkata. It was the signature campaign facilitated by IMA wherein every single member of IMA convinced his own patients to sign a petition to Sri Narendra Modiji Hon’ble Prime Minister of India demanding quality health care from qualified MBBS doctors only. The same was collected by the IMA members from their patients and then posted individually and separately to the Hon’ble Prime Minister of India. The format was provided for guidance. It was suggested that it may be translated into their regional languages by the State Branch and appropriate instructions were issued.

Consumer Protection Bill 2019: The **Consumer Protection Bill 2019** circulated by the Ministry of Consumer Affairs, Govt. of India excludes 'healthcare' from the ambit of 'Services' as defined at serial no.42 of Clause 2 of the said Bill titled as Bill No.144 of 2019, which was earlier there in the Bill No.1 of 2018.

Draft National Education Policy: The Draft National Educational Policy has envisaged a foundation course of two years with all streams flowing from the same to provide for lateral entry and interoperability of various systems of medicine. IMA is against myxopathy under any pretext. The purity and versatility of each system of medicine should be protected. IMA has filed its objections and suggestions.

Drugs and Cosmetic Act - Schedule K Amendment: 56th meeting of the Drug consultative committee held on 01/06/2019 has proposed to amend the exemption for registered medical practitioners (schedule K) of Drugs and Cosmetic rules and confine the same to only supply of Generic drugs. IMA lodges a strong objection with the ministry in this regard curtailing the rights of doctors providing primary care. This will affect mainly the rural poor where the drugs stores are far apart and the only source of care being a family doctor. Moreover the Government itself is aware of the limitations of capacity in testing for the quality of drugs and a thoughtless amendment will place thousands of lives at peril. Dr. K.K. Aggarwal, Past National President of IMA and Dr. R.V. Asokan, HSG met the Drug Controller General of India on this issue.

South Zone Regional meet of IMA Leaders Conclave was held on 20th and 21st of July in Kanyakumari. It was attended by 246 doctors and many pressing topics were discussed. Senior National Vice-President, IMA Dr. J.A. Jayalal single handedly organized the event. During the Conclave Doctors Day Award ceremony was also celebrated and 53 Doctor Day awards were given.

Dr. Vinay Aggarwal, Past National President, IMA unfurled the National Flag on 73rd Independence Day of IMA HQs. National Flag will Fly 24X7 at IMA HQs under illumination.

A letter was sent to Shri Narendra Modi Ji, Hon'ble Prime Minister of India dt. 18th August 2019, drawing his kind attention towards the stress and suffering of Dr. Kafeel Khan (suspended Lecturer, BRD Medical College, Gorakhpur) case to get justice.

International Convention on Noise & Health (Safe Sound) was held on 24th & 25th August 2019 at Trivandrum, Kerala along with Leaders meet and Workshop on NMC in Kerala. On this occasion the release of Safe Sound recommendations by IMA National President, IMA, Dr. Santanu Sen to Princess of Travancore Awathy Thirunal were made. Dr. John C. Panicker also organized a Workshop on NMC the way forward on behalf of IMA HQs.

National Western Zone Regional Leaders Meet was held on 31st August to 1st September 2019 at Mumbai, Maharashtra under the dynamic leadership of NVP Dr. Anil Pachnekar. It was a grand success. Besides the national leadership, the meeting was attended by many zonal leaders .

34th CMAAO General Assembly and 55th Council Meeting was organized and hosted by Indian Medical Association from 5-6-7 S September 2019 at hotel Lalit Goa. It was attended by 44 International delegates and 42 National delegates. The meeting was attended by Office-bearers of wma and other NMAs. Dr KK Aggarwal Past National President, IMA took over as the President of CMAAO. Dr Ketan Desai gave Dr Taro Takemi oration on path to Wellness. Member countries participated and exchanged their Association activities and country perspective on path to Wellness. National president, IMA Dr. Shantanu Sen presided the inaugural and installation function. Dr. Santanu Sen, National President, IMA has been unanimously elected as advisor of CMAAO. Dr R V Asokan Secretary General presented the overview of IMA activities During the meeting various Resolutions such as Combating Antimicrobial Resistance, Non-communicable Diseases, Health as a Basic Right, Vaccine Hesitancy, Healthy Asia, Rational Use of Antibiotics, Professional Autonomy, Violence against Doctors, air, Water and Noise Pollution and WHO End TB were passed. An Action Committee meeting was held on the sidelines of CMAAO.

First National Council Meet of IMA JDN was held on 15th September at IMA HQs. More than 100 junior doctors represented 18 States came to IMA HQs to join hands with IMA and to launch off IMA JDN National Movement. The National President, IMA inaugurated the online job portal IMA JDN JOB WORLD which aims to provide job for junior doctors of the country. The portal is functional in the IMA JDN Website and now everyone can register in it. On the event, National President, IMA launched the video documentary developed by IMA HQs on plight of resident doctor life THE DREAM, which was released on YouTube worldwide.

IMA Mission Pink Health Programme: IMA is running many community health projects under the banner of Mission Pink Health under which “Welcome the Girl Child” is one of the most prestigious component of IMA Mission Pink Health.” IMA MPH DOCTORS FOR DAUGHTERS” has been launched by National President Dr. Santanu Sen as a part of “**IMA MPH Daughters’ Month**” from 22nd September to 21st October, 2019 on **20th September 2019 at IMA Headquarters Delhi**

IMA Initiative on Antimicrobial Resistance: Under this initiative, the objective of IMA includes promotion/improvement of public health and medical education in India, and promotion and advancement of medical and allied sciences in all IMA branches. During the World Antibiotic Awareness Week in November 2019, IMA partnered with WHO India to organise the WHO-IMA-NCDC symposium on spreading awareness about AMR in this regard IMA established the Standing Committee to push AMR containment among members through scientific activities and also a public awareness campaign not to use antibiotics without prescription from modern system of doctors.

Govt. of India ban e-cigarettes – A victory of IMA - IMA CWC meeting in Puri had a lengthy discussion on e-cigarettes and passed a resolution demanding that the Govt. of India should ban E-cigarette. The Government of India banned e-cigarettes, this decision of the Government in this regard is welcomed by IMA and the medical fraternity of the country. IMA Headquarters sanctioned Grant-in-Aid of Rs.10 Lakh to IMA Jammu & Kashmir State Branch for Building Construction.

International Activities:

IMA HQs has received the invitation from WMA to attend the 212th Council Session at Santiago, Chile from 25-27, April 2019. On behalf of IMA, Dr. Ravindra S Wankhedkar, WMA Council Member and Dr. A. Marthanda Pillai, Council Member, WMA attended the WMA Council Session at Santiago, Chile.

IMA participated in the United Nation’s Multi Stakeholder High Level Meeting on Universal Health Coverage for specially accredited Entities at the UN General Assembly on 29th April 2019 at New York. IMA was represented by National President, IMA Dr. Santanu Sen along with Dr. Jyotirmoy Pal, Honorary Editor (2019-2020), JIMA, Dr. A.K. Jayakrishanan and Dr. V.K. Monga. On May 3 to 6, 2019 a **SAARC delegation** was hosted by the President of Nepal, Her Excellency Smt. Bidyadevi Bhandari. Dr. Ravi Wankhedkar, Imm. Past National President, IMA and Dr P.S. Bakhshi, felicitated the Honourable President on behalf of IMA.

IMA HQs was invited by the Japan Medical Association to attend the Health Professional Meeting (H20) 2019 on Universal Health Coverage in Tokyo (Japan) on June 13 & 14, 2019. On behalf of IMA our National President, IMA Dr. Santanu Sen and Dr. Sibabrata Bandyopadhyay, Hony. Joint Secretary, IMA attended the Health Professional Meeting (H20) 2019 in Tokyo from June 11 - 16, 2019 where the “**Memorandum of Tokyo on “Universal Health Coverage and the Medical Profession”**” was accepted. The same was forwarded to Hon’ble Prime Minister of India and other concerned authorities with a request to foster the same in our country also to bring UHC in our nation to strengthen the Government’s investment in health especially in health work force and education of health professionals. **Indian Medical Association thanks the World Medical Association for their “Statement on Violence Against Physicians In India”** passed by them during the recently held Health Professional Meeting (H20) 2019 held in Tokyo, Japan on June 13th -14th 2019. IMA calls upon all the member organizations of CMAAO & WMA to advocate for safe working environment for all healthcare professionals.

222nd Meeting of IMA Central Working Committee, November 1-2, 2019, Port Blair, Andaman & Nicobar

IMA HQs had received invitation from the British Medical Association to attend the BMA Annual Representative meeting from June 23-27, 2019 at Belfast, Northern Ireland. On behalf of IMA HQs, Our National President, IMA Dr. Santanu Sen and Dr. Sibabrata Bandyopadhyay, Hony. Joint Secretary, IMA attended the BMA Annual Representative meeting from June 23-27, 2019 at Belfast, Northern Ireland.

132nd Anniversary Annual Academic Sessions of the Sri Lanka Medical Association at Colombo: The National President, IMA, Dr Santanu Sen attended the 132nd Anniversary Annual Academic Sessions of the Sri Lanka Medical Association from 24th - 27th of July 2019 as a Guest of Honour at Colombo.

Bi-lateral Meeting of IMA & Myanmar Medical Association

On the Invitation of Myanmar Medical Association, the National President, IMA, Dr Santanu Sen represented Indian Medical Association in a meeting concerning future collaborations between the Executive Committee of MMA and IMA

Annual Day Celebrations of Bangladesh Community Welfare Association at Dhaka: The National President, IMA, Dr Santanu Sen attended the Annual Day Celebrations of Bangladesh Community Welfare Association on October 12, 2019 at Dhaka. During this meeting National President, IMA, met the representatives of Bangladesh Medical Association also and urged them to approach their government to introduce “Exchange of Facility”.

The National President, IMA extended a warm invitation to the President and Secretary of all the above Associations to attend IMA NATCON-2019 to be held on December 27th – 28th December, 2019 at Kolkata and offered complementary registration, local travel and airport transfers to them.

All the accompanying delegates to all International events have paid for their visit from their own.

IMA HQs has received the invitation from WMA to attend the WMA General Assembly from October 23-26, 2019, Sheraton Tbilisi Metechi Palace Hotel, Tbilisi, Georgia. On behalf of IMA, Dr. Ravindra S Wankhedkar, WMA Council Member and Dr. A. Marthanda Pillai, Council Member, WMA have attended. A meeting of the Global Health Forum was attended by Dr. Rajan Sharma, National President-Elect, IMA at Taipei from October 20-21, 2019.

Various days observed by Indian Medical Association

- **WHO DAY** was observed on 7th April 2019: United Health Coverage is the theme of WHO day this year and IMA is the signatory to the implication of this initiative of WHO. WHO is celebrated by IMA all over India to promote United Health Coverage and services at PHC and CHC level. The National President led an IMA Rally on World Health Day at Puri, Odisha during the 221st meeting of the CWC of IMA.
- **National Safe Motherhood Day** was observed on 11th April 2019
- **International Family Day** was observed on 15th May 2019
- **Menstrual Hygiene Awareness:** 28th May is globally observed as “Menstrual Hygiene Day’ in order to break the silence of the society on this issue and raise awareness and remove negative concepts from the society about the issue of utmost importance for women health and one of the major projects for adolescent girls under IMA Mission Pink Health. In this regard IMA leaders at National State and Branch level and IMA Mission Pink Health Chairperson and Office-bearers at National, State and Local levels to observe “Menstrual Hygiene Week” from May from 24th to 31st May 2019 in their respective IMA branches.

- **World No Tobacco Day** was observed on 31st May 2019: IMA commemorated World No Tobacco Day in its true spirit. Many public awareness activities and doctors sensitization meeting were organized all over the country to fight menace. Besides sensitizing doctors on how to further sensitize their patients about the ill effects of Tobacco consumption in any form. Public awareness camps were organized for the same.
- **World Environment Day** was observed on 5th June 2019 every year to sensitize the public about the various aspects related to environment around us.
- **World Elder Abuse Awareness Day** was celebrated on June 15th in all over the country to bring this social evil to the forefront which is a taboo and not discussed much in the society. Many awareness associations on "Prevention of Elder Abuse" Act related to it work organized at all branches, districts and state level.
- **Doctors Day** was observed on 1st July 2019 along with various Blood donation camps all over the country.
- **CPR Day** was observed on 27th July 2019 as a part of IMA activities related to BLS.
- **World Breastfeeding Week** was observed on 1st to 7th August 2019: Many activities were conducted by IMA in all over the country not only to remove inhibition from the mind of would be mothers about the breast feeding, but also to train the medical and para medical staff involve in child birth and pre-natal care to promote breast feeding amongst the mothers of newborns.
- IMA was organized Organ Donation Day at IMA HQs. New Delhi on 13th August, 2019 at 2:30 PM where an eminent personalities from Apollo Hospital and Delhi Woman Doctors Wing will apprise us about Organ Donation.
- **World Heart Day** commemorated on 29th September 2019
- **International Sr. Citizen's Day** commemorated on 1st October 2019.
- IMA organized World Mental Health Awareness Day commemoration; IMA Doctors for Doctors join hands under IMA WDW, IMA MSN and IMA JDN on 9th & 10th October 2019 at IMA House, New Delhi with the Theme: Say No To Suicide. The objective of this event is to sensitize about the increasing prevalence of Depression & Suicidal tendencies among doctors particularly in the younger ones.
- Indian Medical Association has planned a nationwide commemoration of World Sight Day on 10 October 2019 and World Diabetes Day (WDD) and month from 14 November to 14 December 2019. It was decided to hold Nationwide awareness campaigns and diabetic retinopathy screening at the local/state branches and at IMA Headquarters level at Delhi during this period.
- **Hand Wash Day** was commemorated on 15th October 2019 to emphasize the importance of hand hygiene in our daily life and in health care settings in particular and to mobilize people to improve hand washing habits.

NATCON-2019: This year 94th National Annual Conference of IMA and 80th Annual Meeting of Central Council organized by Bengal State Branch of Indian Medical Association on December 27th and 28th December 2019 at Biswa Bangala Convention Centre, West Bengal. It is our great privilege to invite the esteemed dignitaries attending the conference to attend IMA NATCON-2019.

As an acknowledgement of the dedicated services rendered by faithful staff of IMA HQs. to the Association, it was decided to provide complimentary Life Insurance to them. It gives me immense pleasure to inform you that due to the efforts of our beloved National President, all the permanent staff of IMA HQs. are now covered under Life Insurance and Accidental insurance and IMA has resolved to always pay the Premium for the same.

I am thankful to our beloved National president, Dr. Santanu Sen who has benchmarks for performance and a tough task master. I value his association and guidance. I thank the unseen hand guiding me and the profession, the leader who has suffered the most for standing up for the medical profession Dr Ketan Desai for timely interventions and guidance. I thank Dr. Vinay Aggarwal, Dr. A. Marthanda Pillai for their unflinching support and encouragement. No words will suffice to thank National President-Elect Dr. Rajan Sharma who covers up all my limitations and gives a practical shape to everything.

I thank Dr. Ramesh Datta and Dr. V.K. Monga who are pillars of strength behind me. I thank Dr. A.V. Jayakrishnan and Dr. Jayesh Lele who are in fact my both hands in every action. I thank my Delhi team of office bearers. I have been blessed with a well informed and efficient office led by Dr. N.V. Kamat and Ms.Meena Singh, Mr.Sanjay Sharma and Mr.Sanjiv Dogra. I thank my sober office in Punalur Ms. Sindhu.

This thanksgiving will be incomplete if I do not thank my wife Dr. Laila Asokan and grandson Akshin who scarified their time with me for IMA

I sincerely look forward to your guidance, support and help. I am sure, you will enjoy a comfortable stay and wonderful hospitality at this CWC meeting. I thank Dr. Thusidasdan and his team of IMA Port Blair for their commitment and efforts in hosting this very successful CWC in the history of IMA.

Calender of Govt. Meetings - 2019 attended by Various Office-Bearers of IMA
from April 2019

1. Meeting of 82nd DTAB meeting on 2.4.2019 at Nirman Bhawan, New Delhi attended by Dr. R.N. Tandon Past Hony. Secretary General, IMA.
2. 3rd meeting of the National Coordination Committee on Infant and Young Child Feeding to be held on 10th April 2019 under the Chairmanship of Dr. Rajesh Kumar, Joint Secretary, MWCD at Shastri Bhawan, New Delhi attended by Dr. R.N. Tandon Past Hony. Secretary General, IMA
3. 3rd of National Technical Board on Nutrition (NTBN) on 12.04.2019 under the Chairpersonship of Dr. V.K. Paul, Member, NITI Aayog attended by Dr. R.N. Tandon, Past Hony. Secretary General, IMA
4. Expert Group meeting on Development of National Guidelines for National Patient Safety Implementation Framework (2018-2025) on 23rd & 24th April 2019 at New Delhi attended by Dr. K.M. Abul Hasan, Secretary, Junior Doctors Network, IMA
5. Meeting notice of sub-committee of DTAB for evaluate Fixed Dose Combinations (FDCs) considered as irrational in the 2nd assessment report of the Prof. Kokate Committee Report on 30.04.2019 at New Delhi-110002 attended by Dr. R.N. Tandon, Past Hony. Secretary General, IMA
6. 3rd meeting of Technical Advisory Group on HIV Self Testing on 16th May 2019 at New Delhi attended by Dr. N.V. Kamat, Principal Advisor, IMA HQs.
7. Meeting of IMA's AMR Standing Committee on AMR with WHO officials on 22nd May 2019 at New Delhi attended by Dr.R.V. Asokan, HSG, Dr. Narender Saini, Past HSG and Dr. N.V. Kamat
8. DTAB Sub-committee meeting to evaluate Fixed Dose Combinations (FDCs) considered as irrational in the 2nd assessment report of the Prof. Kokate Committee report reg on 22nd May 2019 at New Delhi attended by Dr. R.N. Tandon, Past HSG
9. NABH Board meeting on 7th June 2019 at NABH Office, New Delhi attended by Dr. V.K. Monga, Chairman, IMA HBI.
10. Meeting regarding issue related to regulation of sales of drugs over internet on 10th June 2019 at New Delhi attended by Dr. A. Marthanda Pillai, Past National President, IMA and Dr. V.K. Monga, Chairman, IMA HBI

11. 83rd DTAB meeting on 11th June 20-19 at New Delhi attended by Dr. R.N. Tandon, Past Hony. Secretary General, IMA
12. National AEFI Committee meeting on 17th June 2019 at New Delhi attended by Dr. Ramesh Kumar Datta, Hony. Finance Secretary, IMA.
13. 10th meeting of Hospital Biomedical Waste Management and Infection Control Sectional Committee, MHD 21 on June 26, 2019 at New Delhi attended by Dr. N.V. Kamat, Principal Advisor, IMA HQs.
14. 13th Meeting of Health Informatics Sectional Committee MDd-17 on 5th July 2019 at New Delhi attended by Dr.N.V. Kamat, Principal Advisor, IMA HQs.
15. Second meeting of the sub group for Advocacy and public opinion on electronic Nicotine Delivery Systems (ENDS) 8th July 2019 at New Delhi attended by Dr. Narendra Saini, Past Hony. Secretary General, IMA.
16. Meeting with Dr. Harsh Vardhan, Hon'ble Minister of Health & Family Welfare, Ministry of Health & Family Welfare on 9th July 2019 at New Delhi
17. First meeting of the Committee reg. Central Legislation against assault on doctors on duty and clinical establishments was held on 10th July 2019 at 3.00 pm at New Delhi attended by National President & Honorary Secretary General, IMA.
18. Interministerial drafting Sub-committee meeting on Central Law on Violence of 17th July 2019 at Nirman Bhawan, New Delhi attended by Honorary Secretary General, IMA.
19. Interministerial drafting Sub-Committee meeting (reg. Central Act) on 22nd July 2019 at Nirman Bhawan, ND Delhi attended by Honorary Secretary General, IMA.
20. 84th meeting of DTAB on 27th August 2019 at New Delhi attended by Dr. R.N. Tandon, Past Hony. Secretary General, IMA
21. 14th TRG Meeting for ART (Adult & Adolescent) on 27th August 2109 at New Delhi attended by Dr. N.V. Kamat, Principal Advisor, IMAHQs
22. National AEFI Committee meeting on 9th September 2019 at New Delhi attended by Dr. Ramesh Kumar Datta, Hony. Finance Secretary, IMA.
23. 21st Governing Council meeting of QCI on September 13, 2019 at New Delhi attended by Dr. V.K. Monga, Chairman, IMA HBI.
24. First meeting of Anatomy and Forensic Sciences Equipment Sectional Committee MHD-23 on 20th September 2019 at New Delhi attended by Dr. N.V. Kamat, Principal Advisor, IMAHQs.
25. Ayushman Bharat : Arogya Manthan, a two-day programme on 30th September, 2019 – 1st October, 2019 at New Delhi attended by Dr. Monga, Dr. A.K. Ravi Kumar and Dr. Jayesh Lele.
26. 75th meeting of India CCM on 1st October 2019 at New Delhi attended by Dr.K.K. Aggarwal, Past National President, IMA
27. Meeting notice regarding Private Sector Coordination meeting on 7th October, 2019 at NACO attended by Dr. Ramesh Kumar Datta, Hony. Finance Secretary, IMAHQs. And Dr. N.V. Kamat, Principal Advisor, IMAHQs.
28. 12th meeting of Hospital Planning Sectional Committee, MHD 14 on 9th October 2019 at New Delhi attended by Dr. N.V. Kamat, Principal Advisor, IMAHQs.
29. 13th Conference CCHFV on 10th & 11th October, 2019 at "ARNAV", Min. Of Earth Sciences, at New Delhi attended by Dr. A. Marthanda Pillai, Past National President, IMA

30. Fifth meeting of Hospital Equipment and Surgical Disposable Products Sectional Committee on 18th October 2019 at New Delhi attended by Dr. N.V. Kamat, Principal Advisor, IMA HQs.
31. 29th meeting of Governing Body of National Blood Transfusion Council on 23rd October 2019 at New Delhi attended by Dr. R.N. Tandon, Past Hony. Secretary General, IMA.
32. 29th Meeting of Governing Body of National Blood Transfusion council on 23rd October 2019 at New Delhi attended by Dr R.N. Tandon, Past HSG, IMA.
33. Stakeholders meeting reg. Health Technology Bill 2019 on 24th October 2019 at New Delhi attended by Dr. R.V. Asokan, Hony. Secretary General, IMA.
34. National President, IMA Dr. Santanu Sen and Past National President, IMA, Dr. A. Marthanda Pillai attended the 13th Conference of Central Council of Health & Family Welfare held on 10th and 11th October 2019 in New Delhi.

MEDIA REPORT			
from 1stApril .2019 to 25th October 2019			
S.No.	Topic of Press Release	Date	Name of News Papers Coverage of Print Media
1	Bridge to Nowhere	21-4-2019	Jan Satta, Dainik Jagaran, Millineium Post ,Punjab Kesari, Shah Times, The Pioneer, Veen Arjun, National Express, Dainik Bhaskar, Statesman, National India, Jan Express, Navodaya, The Hans Indai and many other regional newspapers
2	Restrain the Pharmacy Council-IMA	29-5-2019	The Statesman, The State Vision, Millenium Post, The Imphal Times, The States vision and many other regional newspapers
3	World No Tobacco Day	30-5-2019	The Statesman, The State Vision, Millenium Post, The Imphal Times, The States vision, Rashtriya Sahara, Virat Vaibhav, IMA Northine, The Millenium Post , Navodaya times , Dainik Jagaran, Dainik Bhaskar and many other regional newspapers
4	All India nation-wide total with drawl of non-essential services on violence against doctors	14-6-2019	The State Vision, Millenium Post, The Indian Express, Times of India,The Tribune, The Imphal Times, The Hindu, Rashtriya Sahara, Virat Vaibhav, IMA Northine, The Millenium Post , The Pioneer, Aaj Samaj, and many other regional newspapers
5	Press Statement:-	25-6-2019	The State Vision, Millenium Post,

	IMA welcomes and thanks the central Government on conceding to its demand on Law against Violence on doctors and hospitals		The Indian Express, Times of India , The Tribune The Imphal Times, The Hindu Rashtriya Sahara, Virat Vaibhav, IMA Northine, The Millenium Post , The Pioneer, Aaj Samaj and many other regional newspapers
6	IMA Demands Central Law	16-6-2019	Jan Satta, Dainik Jagran, Milleneium Post ,Punjab Kesari, Shah Times, The Pioneer, Veen Arjun, National Express, Dainik Bhaskar, Statesman, National India, Jan Express, Navodya, The Hans India, and many other regional newspapers
7	Press Statement:- Heat, Humidity and malnutrition- Contributory factors for Acute encephalopathy	24-6-2019	Jan Satta, Dainik Jagran, Milleneium Post ,Punjab Kesari, Shah Times, The Pioneer, Veen Arjun, National Express, Dainik Bhaskar, Statesman, National India, Jan Express, Navodya, The Hans India, and many other regional newspapers
8	Press Statement: IMA Welcomes Government's decision on Consumer Protection Bill	25-6-2019	The Statesman, The State Vision, Millenium Post, The Imphal Times, The States vision, Rashtriya Sahara, Virat Vaibhav, IMA Northine, The Millenium Post , Navodaya times , Dainik Jagaran, Dainik Bhaskar and many other regional newspapers
9	Safety in hospitals is every one's concern. Say no to violence	28-6-2019	Navodaya Times , Aaj Samaj, Medicare News, Jan Satta, Punjab Kesari, Virat Vaibhav, Hari Bhoomi, Desh Bandhu, Veer Arjun, and many other regional newspapers
10	Press Statement:- Against Violence in Hospital and assault on Doctors	8-7-2019	Navodaya Times , Aaj Samaj, Medicare News, Jan Satta, Punjab Kesari, Virat Vaibhav, Hari Bhoomi, Desh Bandhu, Veer Arjun, Dainik Jagran, Pioneer, Amar Ujala and many other regional newspapers
11	IMA Opposes NMC 2019	23-7-2019	The satesman, Hindustan, Punjab Kesari, Dainik Jagran, Jansatta, Amar ujala, Rashtriya Sahara and many other regional newspapers
12	Press Statement :- IMA Warns the Government	28-7-2019	Punjab Kesari, Dainik Jagran, Jansatta, Amar ujala, Rashtriya

	Mothers and Children will die in thousands		Sahara, Veer Arjun, Navbharat Times, The Hindu, The Tribune, Hindustan Times, The Statesman, Naya India and many other regional newspapers
13	NMC Bill-2019: IMA HQ calls for 24hours withdrawal of non essential services on Wednesday 31-7-2019 on Protest	30-7-2019	Punjab Kesari, Dainik Jagran, Jansatta, Amar ujala, Rashtriya Sahara, Veer Arjun, Navbharat Times, The Hindu, The Tribune, The, Hindustan Times, The Statesman, Naya India, Virat Vaibhav, Aaj Samaj, and many other regional newspapers
14	Press Statement:- IMA to continue the Struggle	2-8-2019	Punjab Kesari, Dainik Jagran, Jansatta, Amar ujala, Rashtriya Sahara, Veer Arjun, Navbharat Times, The Hindu, The Tribune, The, Hindustan Times, The Statesman, Naya India, Virat Vaibhav, Aaj Samaj, and many other regional newspapers
15	Press Release :- IMA calls for All India Withdrawal of Services	7-8-2019	Punjab Kesari, Dainik Jagran, Jansatta, Amar ujala, Rashtriya Sahara, Veer Arjun, Navbharat Times, The Hindu, The Tribune, The, Hindustan Times, The Statesman, Naya India, Virat Vaibhav, Aaj Samaj, and many other regional newspapers
16	Ayushman Bharat: Still Born DNR Case	29-9-2019	Jansatta, , Rashtriya Sahara, Veer Arjun, Amar Ujala The, Hindustan Times, The Statesman, Naya India, Virat Vaibhav, Aaj Samaj and many other regional newspapers
17	IMA Initiative to prevent suicide amongst young doctors	9-10-2019	Jansatta, , Rashtriya Sahara, Veer Arjun, Amar Ujala The, Hindustan Times, The Statesman, Naya India, Virat Vaibhav, Aaj Samaj and many other regional newspapers

Dr. R.V Asokan

Honorary Secretary General
Indian Medical Association

AGENDA - A

ISSUES FOR DISCUSSIONS

S.No.	Description	Page No.
1.	Quackery and Crosspathy a. NMC Act – 2019 and the way forward	25
	b. National Education Policy 2019- Observations, Objections and Suggestions of IMA	26
2.	Violence on Doctors and Hospitals • Draft Central Clinical Establishment (Prevention of Violence) Bill	35
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7.	Registration of all local branches with the local Registrar of Societies and procurement of PAN card by all branches of IMA	50

NMC Act – 2019 and the way forward

PROFESSIONAL ISSUES & IMA ACHIEVEMENTS TILL NOW & WHAT NEXT ?

NATIONAL MEDICAL COMMISSION

Ever since a concept of NMC bill was announced by the government way back in 2015-16, IMA was on warpath. The proposed bill was drafted as per 92nd report of Parliamentary standing committee on health and Renjith Roy Choudhary committee, was primarily meant to bring in changes in regulation of medical education and medical practice. The draft bill provided for many changes in the composition of regulatory bodies, but did not have any proposals for changes in the system.

The contentious issues pointed out by IMA in the NMC draft of 2016 were

- a. Loss of representational character of states including state medical councils with a predominance of nominated members.
- b. Ayush bridge course to provide for entitlement of medical practice by Ayush.
- c. Inclusion of non medical persons in various committees.
- d. NMC to regulate fee for 40% of seats in private medical colleges. Apprehension of fees remaining unregulated taking away the present mechanism of fee regulating mechanism by states.
- e. NEXT exam after MBBS exam to be qualifying criteria for medical practice which will be an additional examination after university exams and internship

Following strong protest by IMA and massive campaign institutes against such provisions in the bill, introduction of bill in the parliament was delayed. Although the bill was introduced in 2017 in the Loksabha, it was sent to Parliamentary standing committee for further scrutiny. Indian Medical Association submitted its proposals before PSC. All the MPs were met and sensitised. Parliamentary standing committee recommended removal of clause for bridge course, increase state representation, drop NEXT exam etc. The bill was again introduced in Loksabha in 2018 with cosmetic changes, but was not considered for passing and subsequently got lapsed on completion of term of the Loksabha.

The new government introduced NMC bill 2019 in Loksabha which was passed on 29th July 2019. It was passed by Rajyasabha on 1st August 2019 with amendments and our national president Dr. Santanu Sen was the lead presenter for the opposition. While most of the bills introduced during the last session were passed without discussions or amendments, NMC bill was discussed threadbare and all the points raised by IMA were voiced in the parliament by MPs. Government was forced to make the following changes in the legislation due to IMA struggle.

State representation was increased in NMC and all states and universities represented in Medical advisory council.

- a. Proposal for Ayush bridge dropped
- b. Inclusion of non medical persons in MARB and MERB limited
- c. Control over fee structure in 50% of seats in private medical colleges. Minister clarified in parliament that state mechanism can continue for rest of the seats.
- d. NEXT was converted into a common final year examination.

The main concerns of IMA in the new legislation are the clauses 32, 51 and 52

- a. The new concept of middle level practitioners with provision for independent practice regarding primary and preventive services.(clause 32)
- b. Provision for states to make appropriate measures to increase the capacity of health professionals (clause 51, 52). This clause has been specifically included to provide for Ayush bridge and similar measures at state level.
- c. The mode of conduct of final year exam which will be the qualifying criteria for PG courses

- d. In another development the implementation of provisions of the act was stayed by Delhi High Court, as the government proceeded hurriedly without formally notifying the act.
- e. The long struggle by IMA against NMC yielded results but we should continue our struggle to address the remaining issues.

AGENDA ITEM NO. A-1 (b)

National Education Policy 2019- Observations, Objections and Suggetions of IMA

Professional Education (Chapter 16)

Objective: Build a holistic approach to the preparation of professionals, by ensuring broad-based competencies and 21st century skills, an understanding of the social-human context, and a strong ethical compass, in addition to the highest-quality professional capacities.

Page No	Para No	National Education Policy 2019	IMA Observations
293		<ul style="list-style-type: none"> • Professional education in India, in Agriculture, Law, Healthcare, and Technical education is, however, offered largely in silos of individual subjects and separate from general higher education. The practice of setting up separate technical universities, health sciences universities, legal and agriculture universities (AUs) in each State to affiliate colleges offering professional education in their respective disciplines, has resulted in deepening the isolation further. 	<ul style="list-style-type: none"> • Professional education having dedicated Technical and Health universities have streamlined the courses, improved the academics, encouraged research, brought in uniformity in students assessment in the respective sectors. • Backtracking on this focused attention in the Higher education field will bring in deterioration in quality of education and would be counterproductive on several counts both tangible as well as non-tangible at this juncture.
		<ul style="list-style-type: none"> • Professional education must also be separated from professional practice. In the healthcare sector for example, professional practice requires considerable oversight by a body of professionals, with regard to the need for updating the knowledge of doctors and other medical practitioners on a regular basis, and with regards to the various protocols and procedures followed for treatment. • For the same professional councils, such as the MCI, INC, DCI and several others, who regulate professional practice to also specify curriculum and regulate professional education is an undesirable anomaly that must be set right immediately. 	<ul style="list-style-type: none"> • Professional Education and Professional Practice are closely knit , Separation of these two will be practically and operationally not possible, such an attempt will inevitably bring in otherwise duplication of regulatory mechanisms bringing in conflict of interest and ultimately deterioration in quality and performance in both sectors. <p>As such, the proposed initiative falls short on taking into account limitations of operational modalities which have functioned optimally in terms of the past experience.</p> <ul style="list-style-type: none"> • The Professional regulatory bodies like MCI, INC, DCI and others have been and are regulating both the Professional Education and Professional Practice in an efficient manner. The regulatory bodies are updating their academic and professional regulation periodically as per the changing needs of the community. No alternate mechanism has been suggested till

			<p>date, other than renaming the existing institutions. The experimentation in case of Medical Council of India worked out by the Government of India, in 2010 in the form of putting into place Board of Governors has grossly failed. The same is revealed in terms of the material fact on record that in 3 ½ years from May, 2010 till October, 2013, the Government of India, was required to change the Board of Governors thrice. To begin with it was headed by Dr. Sarin, who was subsequently replaced by Dr. K. K. Talwar, and who was replaced by Dr. S. K. Shrivastava, so also the other members of the Board of Governors were changed for want of performance desired results. Consequent upon the failure of the said experimentation of a nominated regulated body totally under the control of the Government having failed, the Government of India, was forced to reconstitute the Medical Council of India and had to notify the same on 5th November, 2013. Having failed to learn a lesson from the said failure, the Government of India, has misadventure itself through National Medical Commission Bill in case of Medical Education and similar other Bills in case of other health sciences educational systems. As such, doing away with the present system at the cost of autonomy being throttled by gagged Government control, prejudicing the core principles of federalism incorporated under the Constitution and out mauling the essence democratic structure by altering the representative character as a judicious mix between the elected and nominated representatives is bound to eat into the vitals of the professional educational system as well as operational health sciences profession within the tenets of competence, ethicality, morality and catering to the larger social cause towards attaining the set out constitutional goal of invocation of a Welfare State as mandated in the Constitution of India.</p>
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		<ul style="list-style-type: none"> Professional councils must restrict themselves to the role of Professional Standard setting bodies (PSSBs) (see 18.3.1), when it comes to education. 	<ul style="list-style-type: none"> Restricting the role of regulatory bodies like MCI, INC, DCI and others as just standard setting mechanisms for Professional practice and handing over the responsibilities of Professional Education, Continuing Professional education, research and its regulation to a common body called National Higher Education Regulatory Authority (NHERA) will be disastrous to both Professional Education and Professional Practice and would be inconsistent with the practices that are in vogue in different parts of the world specially the developed world. Professional Education and Professional Practice are closely knit, Separation of these two will be practically not possible, such an attempt will bring in duplication of regulatory mechanisms bringing in conflict of interest and ultimately deterioration in quality and performance in both sectors which would be detrimental to the legitimate interests of the society as a whole.
		<ul style="list-style-type: none"> It must be left to the universities and colleges discharging professional education to work out all the academic aspects such as curriculum, pedagogy and so on 	<ul style="list-style-type: none"> Giving the responsibility of fixing the Curriculum, deciding on pedagogy etc to the universities and colleges will take away the uniformity in the field of professional education. This by itself is grossly contradictory to the core concept of exit examination embodied in this policy itself. If the respective universities and colleges are vested with the powers to fix the curriculum and pedagogy, then the role of apex nation body NHERA mentioned in this policy is rendered to nullity. As a matter of fact the need of a uniform core curriculum is inevitably necessary in a huge country like ours. What is required is an autonomy to be vested with the examining Universities to be able to upgrade the said core curriculum in terms of felt needs as an augmentation of it and not a compromise with the same.
		<ul style="list-style-type: none"> The remaining responsibilities of governance, regulation, accreditation, and funding must be 	<ul style="list-style-type: none"> If the respective bodies dealing with general education are given the powers governance, regulation,

		<p>aligned with that of general education, with RSA (see Chapter 23), NHERA, NAAC and HEGC extending their roles to also cover professional education (see Chapter 18) .</p>	<p>accreditation, and funding, then the role of apex nation body NHERA mentioned in this policy is irrelevant. It is not in tune with the core conceptual framework which was formulated diligently in the first Education Commission Report under the stewardship of legendary philosophers and Statesman Dr. S. Radhakrishnan.</p>
		<ul style="list-style-type: none"> • There is a tremendous shortage of professionals in the country, most particularly in the healthcare sector. It is critical that the need for professionals in various disciplines of higher education is mapped on a regular basis, based on careful data gathering, and adequate capacity is created at educational institutions. 	<ul style="list-style-type: none"> • The Reported shortage of Professionals in the healthcare sector is not as grave as projected. There is skewed distribution of HP's in the country due to lack of uniform health policy in the states. The need therefore is to start All India Medical Services (AIMS) on par with IAS and IPS • To have regular Permanent recruitment of Doctors on all India basis for jobs pan India with single medical council registration in the form of unique identity. • Increase the number of Post Graduate seats on par with under graduate seats • Large number of MBBS graduates are not absorbed into Post Graduate courses every year and are not given employment by the Government • Recruitment for vacant jobs in government hospitals, creation of new jobs, opening new Primary Health Centres (PHCs) and Community Health Centres(CHCs) commensurate with increase in population. • Opening of new Medical colleges , Nursing colleges and paramedical institutions as per state wise manpower assessment and requirement in terms of a National Perspective Development plan for the purposes of geographic location of the said institutions. The said plan should be based on the assessment of socio-economic assessment of the region as against developmental indices in vogue notified by the appropriate Government. The mandate for the same is incorporate under Article 371(2) of the Constitution of India. • Compulsory adoption of scientific, research, evidence based expansion of healthcare delivery system in

			<p>tandem with the future requirements of country, and the same should be adopted in all the alternate scheduled systems of medicine.</p> <ul style="list-style-type: none"> • Uniform service and working conditions for Doctors and allied medical personnel working in rural areas.
		<ul style="list-style-type: none"> • A separate committee needs be set up to work out a detailed transformation plan for each broad area of professional education, e.g agriculture, law, medical and technical education. 	<ul style="list-style-type: none"> • Any Committee to study various issues in professional education is welcome, provided the should include representatives of all the relevant stakeholders, primarily IMA, Medical Students, Medical teachers etc.

16.1. Undergraduate education.

295	16.1.1 Reintegrating professional education into higher education	<ul style="list-style-type: none"> • All higher educational institutions including those offering professional education will be empowered to widen the scope of their course offerings so that each of them becomes a large multidisciplinary institution offering a wide selection of courses. 	<ul style="list-style-type: none"> • Interdisciplinary curricula is time consuming and takes collaborative team work to create, which can seem like hard and exhausting as disadvantages. In the end, the interdisciplinary approach inhibits many favoured skills that are sought by the future colleges and employers. Students and their teachers will lose focus in respect of critical thinking, out of box reasoning, effective communication, innovation and creativity, pedagogy, and other essential and vital academic attributes.
297	16.1.6 Multidisciplinary education with multiple entry/exit points	<ul style="list-style-type: none"> • In order to facilitate the free exchange of ideas across disciplines, pathways for multiple entry points into various disciplines of professional education programmes will be created, including integration of learners with demonstrated competence or work experience in relevant areas. This will require a mechanism for Recognition of Prior Learning (RPL) and their concomitant assessment frameworks to be brought over into professional education. The NSQF, and the equivalent of the NHEQF for each of the professional disciplines, must be brought together to enable this. The RSA will help initiate this activity through the SCCs (see P23.10). Time and age limits for entering and completing programmes will be relaxed to allow learners to take 	<ul style="list-style-type: none"> • Major concern raised in this policy regarding professional education is the utility and employability of the courses. Multiple entry and exit points will lead to the loss of focus on the core subject of study and precipitate further dilution of the curriculum, teaching, training and resultant learning thereto. This will operate as a vicious circle whereby the utility and employability will be adversely effected in a continual and ongoing manner as a positive feedback system.

		breaks in between their studies, and a system for transferring credits between institutions will be developed.	
300	16.5 Governance, Regulation and Accreditation	<ul style="list-style-type: none"> • The overall regulatory framework created for higher education will be extended to professional education, and NHERA will remain the sole regulatory authority. • The regulatory role of the 17 or more professional councils such as the BCI, ICAR, MCI (or the proposed National Medical Commission - NMC), INC, VCI and others, with regard to professional education, will be converted to being PSSBs as far as education is concerned. They will not specify curriculum. Instead, they will specify professional standards and / or a curriculum framework, against which educational institutions will prepare their own curricula. 	<ul style="list-style-type: none"> • Professional Education and Professional Practice are closely knit, Separation of these two will be practically not possible, such an attempt will bring in duplication of regulatory mechanisms bringing in conflict of interest and ultimately deterioration in quality and performance in both sectors resulting in worst peril. • Professional regulatory bodies like MCI, INC, DCI and others are regulating both the Professional Education and Professional Practice in efficient manner. The regulatory bodies are updating their academic and professional regulation periodically as per the changing needs of the community. No alternate mechanism has been suggested till date, other than renaming the existing institutions. Hence doing away with the present system by taking away the autonomy, federal structure and the democratic outlook will be detrimental to the professions.
300	16.5.1 Fees for professional education	<ul style="list-style-type: none"> • In line with the spirit of providing autonomy to educational institutions to charter their own course, fees for professional education courses will be left to the management of educational institutions, both public and private. They will however, be required to fulfil their social obligations and provide scholarships to students from the socially and economically weaker sections of society. Up to 50% of students qualifying for admission must receive some degree of scholarships, and a minimum 20% of these must receive full scholarships. 	<ul style="list-style-type: none"> • Giving the power to fix the fee structure to the respective institutions will result in worst commercialisation of the professional education in terms of substantially increasing the cost of education, thereby depriving the poor, marginalised, and rural section of students from accessing professional education, which is contrary to the concepts mentioned in this education policy in its prologue that the aim is to decrease the cost of education and to improve access to rural students. (P16.8) page 304. As such the proposal in the present form as mooted is an antithesis to the lofty objective enshrined in the report itself. It is a classical case of content in total contempt of the intent. • IMA Suggests that power to fix fee should be with the Free Regulatory Authority and education for the poor and marginalised students should be subsidized in private funded institutions on par with

			public funded institutions against not less than 50% of the annual intake earmarked for the said purpose.
304	16.8 Healthcare Education	<ul style="list-style-type: none"> There is now a global shift from curative medical practice towards a more holistic approach to healthcare that balances wellness, prevention and cure. 	<ul style="list-style-type: none"> The global concept of holistic medicine is not to promote pluralism but to incorporate health promotional modalities into the health care system. Incorporating health promotional aspects can be achieved only after setting up of sufficient infrastructure and qualified man power to provide universal healthcare access.
		<ul style="list-style-type: none"> Indians have always exercised pluralistic choices in healthcare, seeking help from different systems of medicine for different needs. This makes it important to impart medical education in an integrative health science framework and replace the current silos in which it is imparted in India. Healthcare education must ensure that skilled doctors, nurses, and paramedics are trained in a scheme that appreciates pluralistic health education perspectives alongside specific disciplinary foci 	<ul style="list-style-type: none"> NSSO Health survey 2014 report provide the statistics of providing healthcare by various systems of treatment in India. It is categorically stated that 98 % of the Inpatient care & 94% outpatient care is provided by Modern Medicine. All other complimentary systems together provide rest of the treatment. Hence the statement that the Indians have always exercised pluralistic choices in healthcare, seeking help from different systems of medicine for different needs is contrary to the above survey findings and is wrong. The modification of the Medical education policy of the country should not be based on wrong concepts.
		<ul style="list-style-type: none"> Reforms in medical education must necessarily have a profound impact on the quality of healthcare delivery. The goals and standards for medical education must be derived from the vision of “state of the art, quality, and affordable healthcare for all”. Reforms in healthcare education must aim to improve the quality of infrastructure for primary and secondary healthcare, particularly in rural areas. Improving access to healthcare education for rural students, and lowering the cost of education is key to achieving this goal. 	<ul style="list-style-type: none"> The concepts of giving power to fix fee structure, providing multiple entry and exit points, providing lateral entry to various medical courses, permitting crosspathy in the guise of plurality are contradictory to the mentioned.
304	P16.8.1 Ensuring superior quality of the MBBS degree	<ul style="list-style-type: none"> The expectation that society has from a medical doctor is extremely high, more than any other profession. Yet, both the numbers and the quality of MBBS doctors being produced has been deteriorating. All MBBS graduates must necessarily possess: 	<ul style="list-style-type: none"> The concept of improving the quality of Medical education, Healthcare Practitioner and the Quality of healthcare delivery is very much appropriate and the education and Health policy should be centre around this principle.

		<ul style="list-style-type: none"> (i) medical skills; (ii) diagnostic skills (iii) surgical skills; and (iv) emergency skills; and <p>the revamped education of medical students must ensure this. Curriculum, pedagogy, assessment and opportunities for gaining work experience during the studies must all be improved. Students must be assessed at regular intervals on well-defined parameters primarily for the skills required for working in primary care and in secondary hospitals. The compulsory rotation internship, which has become virtually non-existent, will be reintroduced and made more robust and effective.</p>	<ul style="list-style-type: none"> • Unfortunately the next para (P16.8.2) and many other provision in the National education policy are contradictory to this concept.
305	P16.8.2 Pluralistic healthcare education and delivery	<ul style="list-style-type: none"> • The first year or two of the MBBS course will be designed as a common period for all science graduates after which they can take up MBBS, BDS, Nursing or other specialisations. • Common foundational courses based on medical pluralism will be followed by core courses focused on specific systems, and electives that encourage bridging across systems. • Graduates from other medical disciplines such as nursing, dental etc., will also be allowed lateral entry into the MBBS course. A medical education qualification framework to achieve this will be developed in conjunction with the NMC. • Given the pluralistic health care legacy of the country, the different health systems such as Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy (AYUSH) will be mainstreamed, and better access to AYUSH treatment will be provided through co-location in public facilities. The precedent set by the National Rural Health Mission, which leveraged the popularity of AYUSH and the low cost of medicines, by appointing AYUSH physicians at the PHC/CHC levels will be evaluated and adapted as necessary. 	<ul style="list-style-type: none"> • First 1 to 2 years common course for all science graduates, next 3 years to specialize as doctors, dentists or nurses is not properly defined. The fate of these students who undergo basic foundation course and if they fail NEET is not clear. • The proposal for bridge course is compromising on quality of healthcare and safety of the patients by lack of appropriate training, inappropriate integration into health systems, undue proliferation of cadre and inappropriate monitoring which are the challenges faced globally are more applicable in our country. • The concept of improving the quality of medical education, healthcare practitioner and the quality of healthcare delivery is very much appropriate and the education and health policy should be centred around this principle. Providing lateral entry to various medical courses, permitting crosspathy in the guise of plurality are contradictory to the mentioned. • In NMC no alternate mechanism has been suggested till date, other than renaming the existing institutions. Hence doing away with the present system by taking away the autonomy, federal structure and the democratic outlook will be detrimental to the professions.

			<ul style="list-style-type: none"> Mainstreaming of the AYUSH system , access to AYUSH system, co-location of public facilities and appointing AYUSH physicians in PHC/CHC are not part of education policy and relevance of mentioning in this education policy document is ill-motivated. The concept of mainstreaming and co-location of AYUSH systems is a ill conceived concept and will provide untrained practitioners to the rural and marginalised section of the society.
305	P16.8.3 Centralised exit examination for MBBS education	<ul style="list-style-type: none"> Just as the NEET has been introduced as a common entrance examination for the MBBS, a common exit examination for the MBBS will be introduced (as has been suggested in the National Medical Commission Bill) that will play a dual role as also the entrance examination for admission into postgraduate programmes. This exit examination will be administered at the end of the fourth year of the MBBS so that students are relieved of the burden of studying for a separate, competitive entrance examinations at the end of their residency period. With the entrance examination out of the way, they can spend their residency period acquiring valuable skills and competence. 	<ul style="list-style-type: none"> Common EXIT exam after MBBS final examination conducted by the respective universities is illogical. The students who fail the EXIT examination but pass the Final MBBS university exam cannot practice. If the student fails the final MBBS Examination and clears the EXIT Exam the fate of the student is not defined. It is improper to conduct another licentiate exam to students who pass a course under a curriculum approved by the regulatory body and the clearing an exam conducted by a recognised university.
305	P16.8.4	<ul style="list-style-type: none"> Nurse Practitioners courses will be introduced and recognised throughout India so that nurses can compensate in part for the non-availability of doctors. Professional development pathways for nurses with different levels of qualifications will be created. Continuing Nursing Education (CNE), and Renewal of License guidelines will be framed by the Indian Nursing Council (INC) for all nurses, including faculty in nursing education. An Indian Nurses Registry will be created. The role of the INC will be reviewed and amended as needed. 	<ul style="list-style-type: none"> Nurse Practitioners are midlevel practitioner in USA and parts of Europe termed as Advanced Practice Registered Nurse (APRN). In those countries the Nurse practitioners are now lobbying for Independent practice . It has been observed that the number of patient contact hours in the nurse practitioner training is only 3% of physicians training. Increased use of nurse practitioner is leading to increased cost of care through increased use of resources and unnecessary referrals. ➤ Concept of Nurse Practitioners in India impractical due to the extreme shortage of nurses in India especially in rural areas and aspirational districts. The global issues related to nurse practitioners are demand for independent practice, inappropriate training, increased cost of care through increased use of resources

			<p>and unnecessary referrals will also be a major issue. The major reasons against nurse practitioner cadre are</p> <ol style="list-style-type: none"> 1. The differences in educational preparation between NPs and physicians 2. Concerns regarding NPs ability to safely prescribe controlled substances and narcotics. 3. Shortage of nurses (NPs will affect the future nursing workforce) 4. Inability to control healthcare costs (expansion of role may lead to NP reimbursement same as physicians) 5. Lack of physician oversight (concerned about the danger of less qualified RNs practicing without supervision)
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AGENDA ITEM NO. A-2

Draft Central Clinical Establishment (Prevention of Violence) Bill

THE HEALTHCARE SERVICE PERSONNEL AND CLINICAL ESTABLISHMENTS (PROHIBITION OF VIOLENCE AND DAMAGE TO PROPERTY) BILL, 2019.

**A
BILL**

to prohibit violence against healthcare service personnel and damage or loss to property of clinical establishments and for matters connected therewith and incidental thereto.

WHEREAS, acts of violence causing injury or danger to life of healthcare service personnel and damage or loss to the property of clinical establishments are on the increase in the country creating unrest among healthcare service personnel resulting in hindrance to healthcare services in the country;

AND WHEREAS, to protect healthcare service personnel and property of clinical establishments against violence, it has become necessary to prohibit such acts of violence, to provide for punishment by making such acts of violence as cognizable and non-bailable offence and to provide compensation for injury to healthcare service personnel or for causing damage or loss to the property of clinical establishments;

BE it enacted by Parliament in the Seventieth Year of the Republic of India, as follows:

CHAPTER I

PRELIMINARY

1. Short title, extent, application and commencement —

1) This Act may be called the Healthcare Service Personnel and Clinical Establishments (Prohibition of violence and damage to property) Act, 2019.

2) It extends to the whole of the India.

3) It applies to clinical establishments as defined in clause (a) of section 3 and registered under the Clinical Establishments (Registration and Regulation) Act, 2010 or under any State Act for the time being in force.

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

2. Application of other laws not barred- The provisions of this Act shall be in addition to, and not, save as otherwise expressly provided, in derogation of any other law for the time being in force.

3. Definitions— In this Act, unless the context otherwise requires—

(a) "clinical establishment" means-

(i) a hospital, maternity home, nursing home, dispensary, clinic, sanatorium or an institution by whatever name called that offers services, facilities requiring diagnosis, treatment or care for illness, injury, deformity, abnormality or pregnancy in any recognized system of medicine established and administered or maintained by any person or body of persons, whether incorporated or not; or

(ii) a place established as an independent entity or part of an establishment referred to in sub-clause (i), in connection with the diagnosis or treatment of diseases where pathological, bacteriological, genetic, radiological, chemical, biological investigations or other diagnostic or investigative services with the aid of laboratory or other medical equipment, are usually carried on, established and administered or maintained by any person or body of persons, whether incorporated or not;

(iii) and shall include a clinical establishment owned, controlled or managed

by -

- (A) the Government or a department of the Government; or a Public Sector Undertaking or Autonomous Body of the Government;
- (B) a trust, whether public or private;
- (C) a corporation (including a society) registered under a Central, or Provincial or State Act, whether or not owned by the Government;
- (D) a local authority; and
- (E) a single doctor,

Explanation:

i. For the purposes of this clause, an ambulance or a mobile medical unit shall be deemed to be a clinical establishment if such vehicle is fitted with medical equipment and is used for providing healthcare service.

(b) "healthcare service personnel- in relation to a clinical establishment, shall include-

- i. A registered medical practitioner, possessing a recognized medical qualification as defined in clause (h) of section 2 of the Indian Medical Council Act, 1956, and enrolled in a State Medical Register as defined in clause (k) of that section;
- ii. a medical practitioner registered for practising in any other system of medicine which is recognized under any law for the time being in force;

- iii. a registered dentist, registered dental hygienist and registered dental mechanic as defined in clause (I) of Section 2 of the Dentist's Act, 1948;
 - iv. a registered nurse, midwife, auxiliary nurse-midwife and health visitor who is registered as such under section 15A of the Indian Nursing Council Act, 1947; a medical student who is undergoing education or training in any system of medicine recognized by any law for the time being in force;
 - v. a nursing student who is undergoing education or training in nursing profession;
 - vi. a para-medical workers, para-medical student and diagnostic services provider; and
 - vii. ambulance driver and helper,
- (c) "section " means a section of the Act;
- (d) "violence" means an act which causes or may cause....
- i. harm, injury, hurt, grievous hurt, intimidation to, or danger to the life of, a healthcare service personnel in discharge of duty, either within the premises of a clinical establishment or otherwise; or
 - ii. obstruction or hindrance to a healthcare service personnel in discharge of duty, either within the premises of a clinical establishment or otherwise;
 - iii. loss of or damage to any property or documents in a clinical establishment;
- (e) Words and expression used herein and not defined, but defined in Indian Penal Code or in the code of criminal procedure, 1973 shall have the meanings respectively assigned to them in those Codes.

CHAPTER II

OFFENCES AND PENALTIES

4. Prohibition of violence- No person shall indulge in any act of violence against a healthcare service personnel or cause any damage or loss to any property in a clinical establishment.

5. Offences and penalties: (1) Whoever commits violence or abets or incites commission of violence against any healthcare service personnel or abets or incites or causes damage or loss to any property of a clinical establishment, shall, upon conviction, be punished with imprisonment for a term which shall not be less than six months but which may extend to five years, and with fine, which shall not be less than fifty thousand rupees but which may extend to five lakh rupees;

(2) Whoever, while committing violence as referred to in sub-section (1), causes grievous hurt as defined in section 320 of the Indian Penal Code to any healthcare service personnel, shall, upon conviction, be punished with imprisonment for a term which shall not be less than three years, but which may extend to ten years, and with fine, which shall not be less than two lakh rupees, but which may extend to ten lakh rupees.

6. Information of offence- Notwithstanding anything contained in the Code of Criminal Procedure, 1973, upon a written request of the aggrieved healthcare service personnel, it shall be mandatory for the person in charge of a clinical establishment to inform the officer in charge of the concerned police station of the commission of an offence under this Act.

7. Offence to be cognizable and non-bailable- Notwithstanding anything contained in the Code of Criminal Procedure, 1973, an offence punishable under this Act shall be cognizable and non-bailable.

8. Investigation of offence-Notwithstanding anything contained in the Code of Criminal Procedure, 1973, any case registered under this Act shall be investigated by a police officer not below the rank of Deputy Superintendent of Police.

9. Compensation for acts of violence –

- (1) In addition to the punishment provided for the offence under section 5, the convicted person shall be liable to pay, by way of compensation
 - (i) an amount, twice the amount of fair market value of the damaged property or the loss caused, as may be determined by the court;
 - (ii) one lakh rupees for causing hurt to healthcare service personnel and five lakh rupees for causing grievous hurt to healthcare service personnel.
- (2) If the convicted person does not pay the compensation granted under sub-section (1), the said sum shall be recovered as an arrear of land revenue under the Revenue Recovery Act, 1890.

Report of activities related to drafting of Central Law for Violence on Doctors

VIOLENCE ON HOSPITALS & DOCTORS

National IMA was working on the issue of violence on doctors and was demanding a comprehensive central law for last 4 years and had intensified efforts since last incident at West Bengal. GOI had formed a high level committee in which IMA is an important stakeholder and following our suggestions and recommendations a draft legislation has been made and published by GOI for opinion. This is an important mile stone. The draft law proposes up to 10 year imprisonment, compensation to institution and health care persons in addition to punishments as per IPC. We have also demanded to declare Hospitals as safe zones which is also being discussed.

AGENDA ITEM NO. A-3

Consumer Protection Act

Consumer Protection Act 2019 was passed by Lok Sabha on 29/07/19 and subsequently by Rajyasabha.

The act passed by parliament has dropped healthcare from definition of services. Now consumer courts cannot trial medical negligence cases. Long standing demand of medical profession accepted due to persistent effort by IMA.

CPA act 1986 passed by parliament did not envisage medical profession to be included in CPA nor included any provisions for its inclusion. Medical profession was brought under the purview of Consumer Protection Act 1986 in 1994 following a supreme court verdict in V.P.Shanta Vs Indian Medical Association case.

Since this is new act the Supreme Court verdict on CPA 1986 will not stand. As healthcare has been dropped following cabinet decision to do so, if any case comes to supreme court for inclusion of healthcare in CPA 2019, government will naturally defend their action. More over during introduction of the bill in parliament, Minister for consumer affairs ha specifically stated the legislative intention of dropping health care from the purview of the act. Consumer courts are designated for speedy disposal of consumer disputes and hence they do a summary trial. Any cases which require detailed evidence taking including that of experts should be tried in civil courts.

**HENCE NOW MEDICAL PROFESSION & HEALTH CARE ARE OUT OF PURVIEW OF CONSUMER COURTS
SUCCESS OF PERSISTANT CAMPAIGN BY IMA**

Definitely the issue may come in for Judicial review. Henceforth any cases regarding medical negligence if filed in consumer courts, our contention should be that as health care is not included in the definition of services, consumer courts should not trial medical negligence cases.

This message should reach all medical practitioners and hospitals. Indian Medical association will arrange all legal help in such cases through IMA National Professional Protection Scheme.

The initiative of IMA pursued with single minded dedication succeeds. The Consumer Protections Bill 2019 circulated by the Ministry of Consumer Affairs, Govt. of India excludes 'healthcare' from the ambit of "Services" as defined at serial no. 42 of Clause 2 of the said Bill titled as Bill No. 144 of 2019, which was earlier there in the Bill No. 1 of 2018.

A great victory for the professional and professionals.

Let us keep it up by unity and solidarity.

Long Live IMA!

<p>AS INTRODUCED IN LOK SABHA Bill No. 1 of 2018 THE CONSUMER PROTECTION BILL, 2018</p> <p>Definitions (42) "service" means service of any description which is made available to potential users and includes, but not limited to, the provision of facilities in connection with banking, financing, insurance, transport, processing supply of electrical or other energy, telecom, healthcare, boarding or lodging or both, housing construction, entertainment, amusement or the purveying of news or other information, but does not include the rendering of any service free of charge or under a contract of personal service.</p> <p>... Page-11</p>	<p>AS INTRODUCED IN LOK SABHA Bill No. 144 of 2019 THE CONSUMER PROTECTION BILL, 2019</p> <p>Definitions (42) "service" means service of any description which is made available to potential users and includes, but not limited to, the provision of facilities in connection with banking, financing, insurance, transport, processing supply of electrical or other energy, telecom, boarding or lodging or both, housing construction, entertainment, amusement or the purveying of news or other information, but does not include the rendering of any service free of charge or under a contract of personal service.</p> <p>... Page-11</p>
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AGENDA ITEM NO. A-4

PC-PNDT- Revisit and Reconceive

If there is one law that has to be repealed and reconceived in toto it is the PCPNDT Act. A law which has failed in its objective and remains a milch cow for NGOs and just a tool to harass doctors just turned worse with the recent Supreme Court judgment.

**Meeting of Joint Action Council of Stakeholders related to PC-PNDT Act
on 2nd June, 2019 at 4:00 pm at IMA HQs, New Delhi.**

Following members were present:

• Dr Santanu Sen, National President, IMA	• Dr Suresh Mohan, Hony. Secretary, ISOCS
• Dr Ravi Wankhedkar, Imm. National President, IMA	• Dr Major Kumar Jain, Secretary, ISOCS
• Dr R V Asokan, Hony. Secretary General, IMA	• Dr Pradeep Chelawat, Malwa/ISOCS/FOCS
• Dr T Narasingha Reddy, National Vice President elect, IMA	• Dr D P Singh, FOCS
• Dr Ramesh Datta, Hony. Finance Secretary, IMA	• Dr Ram Kumar Singh, FOCS
• Dr Rajiv Singh, Hony Secretary, IRIA	• Dr Sanjay Lakthakia, FOCS
• Dr Narendra Malhotra, Past President, FOGSI	• Dr K K Kalra, AHPI
• Dr V K Monga, Chairman, IMAHBI	• Dr S K Poddar, Hony. Asst. Secretary, IMA
• Dr Manjul Mehta, Hony. Joint Finance Secretary, IMA	

- Dr R V Asokan, Hony Secretary General, IMA adorned the National President, Dr Santanu Sen with the Presidential Medallion.
- IMA Prayer and Flag Salutation was invoked by Dr. R V Asokan.
- Dr R V Asokan thanked the representatives of invited organization to discuss about the burning issue of PCPNDT. He said that the law suffered from serious conceptual flaws and a layman's approach. Attempting to address the social evil by quarantining the ultrasound machine and painting the doctors black was bound to be a failure. After wasting thousands of crores of public money and harassing an entire generation of doctors the law has nothing to show. The sex ratio of the country has infact deteriorated. Urgent course correction is warranted. Social determinants of the issue have to be addressed.
- He further added that movement for the Girl child cannot succeed without the partnership and whole hearted support of the medical profession. Enormous goodwill and activism exists inside the medical profession for the cause of the Girl Child. Instead of tapping the goodwill of the medical profession, this law has alienated doctors from Day one. Time has come to review the effectiveness of the law in addressing the issue. To repeal the current law and reconceive one with equal responsibility and participation of everyone concerned will be the right way to go. The medical profession reserves the right to withdraw appropriate services and resist all the harassments and injustice inflicted on it.
- All the organization are agreed that this is the most draconian act for the medical profession. He said that IMA has discussed the matter with IRIA, and FOGSI, leadership to form Joint Action Council for the national action.
- He said that different perspectives of different organizations are used against the medical profession by the Government. He said that time has come that everyone should speak in one language. He was of the opinion that we will have common minimum programme to discuss the issues related to community and medical profession.
- Dr Santanu Sen, National President, IMA welcomed the representative of all the Organizations who had spared their valuable time to discuss this burring issue. He said that IMA demands comprehensive review, repeal and reconception of PCPNDT Act. Nothing short of this can be acceptable to the medical profession. Describing it as Black Law, National President of IMA Dr Santanu Sen said that the law has miserably failed in achieving its objectives in the 24 years of its dubious existence. The layman's approach of the ill conceived legislation has only resulted in unending harassment of every single practicing Obstetrician and Radiologist in the country. Inspite of harsh implementation, the law has miserably failed in restoring the sex ratio of the country.
- While fighting against this draconian act there should not be any difference of opinion before the government for this movement. He humbly requested all the organizations to show the strength of medical profession and raise our voice against this draconian PCPNDT Bill.
- Dr Rajiv Singh, Hony Secretary IRIA said that we have to show our strength that there is a fault in Act. We will act together and force the Government to modify the PCPNDT Act for the sake of community

and medical profession. If this act would not modify we will take some aggressive steps. He also appreciated every one for having agreed to take some step against this PCPNDT Act.

- Dr Narendra Malhotra, Past President, FOGSI Said that everyone should come forward to present a joint statement against this draconian PCPNDT Act. He was of the opinion that we should demand to remove Form F from the Act. He also of the suggested that that one doctor should be included in the Raid team under PCPNDT Act.
- He suggested that The Central Supervisory Board under PC & PNDT Act is responsible for uniform implementation of PC & PNDT Act all over the country and as per PC & PNDT Act, two meetings of Central Supervisory Board are to be held in a year but It has been observed that the meeting of Central Supervisory Board has not been held for past few years.. Under the Central Supervisory Board a meeting should be convened between the medical profession and the government to discuss about the issues related to community and the profession. Dr V K Monga, Chairman, IMA HBI has informed that 50K budget is decided to convene the meetings between Government and Doctors. He suggested that file the case for review and convenience all the Political leaders to discuss the matter in Parliament.
- Dr Suresh Mohan, Hony. Secretary, ISOCS was of the opinion that it is high time to represent as one body. He said that government expects that if you have any problem then bring the solution of that problem. He said that we should come to a common platform and untidily approach before the government against draconian PCPNDT Act. He also informed about the Tamilnadu of Government's Pregnancy Tracking Software.
- Dr Ravi Wankhedkar, Imm. Past National President appreciated the leadership of IMA that they are able to bring three organizations at IMA HQs. to discuss the PCPNDT Issue. He was of the opinion that we should prepare a proper common document to present before the government and all organization should speak in one voice and come out with good policy statement. He also suggests thinking in Toto. He also assure all of them that IMA will provide all necessary help and IMA is the common platform for all the organization to discuss any issue commonly.
- Dr K K Kalra, AHPI, said that it is the need of hour to come under one umbrella. He said that more than 70% of ailments / procedures required ultrasound and this is most draconian act of the government We should involve legal people also to review this ACT.
- Dr A Marthanda Pillai, Past National President, IMA informed that Inter Ministerial Committee meeting in which IMA was a member it was accepted by the government to amend the PCPNDT act, but till today nothing has been done on this issue. He also informed that when we talk about the sex ratio, that many deaths of female children are happening from 0 to 5 years is not due to sex determination but it is due the social evil. So decrees in the sex ratio cannot be equated to the sex determination. He suggested that we can have legal review also against the judgment of Supreme Court on "FORM F". Ultrasound is used by all the specialties and to ban of ultrasound machine under PCPNDT act will be awful for other specializes also who are using ultrasound for other purposes.
- Dr T Narsingha Reddy, IMA informed that there are two issues one is technical and other is procedural issues. In procedural issues there are register and application forms etc He was of the opinion that we should come forward with very appropriate, sharp and focused points before the Government and limit the points on which we want answer from the government.
- Dr Jayalal, National Vice President, IMA said that Ultrasound is coming as an App in the advance cell phones. Ensuring the safety of female children is the responsibility of the government. All stake holder coming together to fight against this draconian act is a major victory. IMA will provide leadership and coordination to make this a logical fight and ensure patient safety. He suggested that all stake holders like FOGSI/Radiologist and Sonologists should unite to fight against this draconian PCPNDT Act. IMA will provide all necessary coordination to make this a logical fight.

Decisions

- A. Joint Action Council for PCPNDT is hereby constituted.

IMA National President

Chairman

IMA Hony. Secretary General
2 Representatives from FOGSI
2 Representatives from IRIA
1 Representative from ISOCS
1 Representative from FOCS

Convener

- B To work together for review and repeal of the current Act.
- C Re Conception of the law for Save the Girl Child in a comprehensive manner including the social determinants of the issue and tracking of pregnancy.
- D To share documents and minutes between the organisations.
- E To prepare a Joint document in advocacy of the above aims.
- F Meetings to be convened once in 3 months.

Meeting ended with vote of thanks by Dr Ramesh Dutta, Hony. Joint Secretary, IMA

Dr R V Asokan
Hony. Secretary General, IMA

AGENDA ITEM NO. A-5

Pollution Control Board Issues

Treating hospitals as any other industry has created serious difficulties for many small and medium hospitals and nursing homes. Starting from the registration fee to the ETPs and STPs there is a need to overhaul the entire law.

To

Hon'ble Minister for Environment, Forest & Climate Change
Indira Paryavaran Bhavan, Jorbagh Road, New Delhi – 110 003

Respected Sir,

Sub: Biomedical Waste Management in Healthcare Establishments & Common Biomedical Waste Treatment Facilities - **Request to amend BMW M Rules, modification of CPCB Modified Directions u/s 18(1)(b) of Air & Water Act and suggested changes in other related regulations.**

Ref: i) BMW M Rules 2016 with amendments in 2018 & 2019
ii) CPCB Modified Direction No. B/29012/ESS(CPA)/2015-16/ u/s Section 18(1)(b) of Air & Water Act dated 07.03.2016

The Biomedical Waste Management Rules 1998, 2016 (and its amendments in 2018 & 2019) were notified as per the Environmental Protection Act 1986. CPCB issued guidelines for classification of Industrial Sectors as per Air Act 1974 & Water Act 1981 into various categories. In these regulations Healthcare establishments (**HCEs**) & Common Biomedical Waste Disposal Facilities (**CBWTFs**) were considered at par with Industries and hence, these regulations posed innumerable hurdles in the working of HCEs & CBWTFs.

The two important general principles regarding HCEs & CBWTFs were ignored while framing these regulations. The HCEs are working to improve the health & well-being of the people, by intervening directly into the preventive, promotional and delivery aspects of the Public Health. Any regulation which interfere the smooth functioning of HCEs will be a greater public health hazard than the pollution they are supposed to cause. Secondly, CBWTFs are *pollution control facilities* which are addressing a serious environmental

hazard of biomedical waste. Categorising CBWTFs along with Polluting Industries and imposing impractical regulations on them will discourage setting up of such facilities in the country.

Indian Medical Association, the national organisation of more than 3 Lakh Modern Medicine Doctors as direct members across the country and another 5 Lakh indirect members through its various wings, is committed to public health and is voicing its studied opinion in various matters related to health of the citizens of the country. We would like to request your esteemed self to consider the following points for appropriate action.

SECTION A
HEALTHCARE ESTABLISHMENTS

A. BMW M Rules 2016 (with amendments in 2018 & 2019) & it's adverse effects on Healthcare Institutions

1. Clause 4(d): [Duties of Healthcare Institution] says,

phase out use of chlorinated plastic bags, gloves and blood bags within two years from the date of notification of these rule

IMA Opinion:

Instead of putting this as a responsibility of healthcare institutions, Govt. of India should come forward with banning of such chlorinated plastic bags in the whole country. HCIs doesn't have any mechanism to check for the chlorine content of these plastic bags & it is impractical for the HCIs to send each plastic bags being supplied to them by vendors for the chemical analysis to know whether there is chlorine or not.

The distribution of these plastic bags meant for biomedical waste management should be made the responsibility of the operators of CBWTFs.

2. Clause 4(i): [Duties of Healthcare Institution] says,

establish a Bar- Code System for bags or containers containing bio-medical waste to be sent out of the premises or for the further treatment and disposal in accordance with the guidelines issued by the Central Pollution Control Board by 27th March, 2019;

IMA Opinion:

The Guidelines released by CPCB on barcode-based BMW Management has not addressed the practical difficulties, wastage of money/resources, during implementation of these guidelines. The guidelines give an option to set up these barcodes either by CBWTFs or HCEs (Occupiers). Barcodes, if developed by each HCE, cannot be scanned by the software or application developed by the Operators due to software design incompatibility.

- I. So, a unique **centralised barcode management software developed by CPCB** would have been a practical approach. This centralised barcode management software system can be utilised for monitoring purpose at all levels (CPCB / State PCBs).
- II. This will reduce the unnecessary financial burden on the HCIs and centralised monitoring of the movement of BMW collected bags will be possible by the monitoring authorities. As the BMW M Rules insist for the disposal of Biomedical waste mainly through CBWTFs, **this clause should be removed from the "Duties of Healthcare Institutions" of BMW M Rules.**

3. Clause 4(n): [Duties of Healthcare Institution] says,

In case of all bedded health care units maintain and update on day to day basis the bio-medical waste management register and display the monthly record on its website according to the bio-medical waste generated in terms of category and colour coding as specified in Schedule I

IMA Opinion:

By providing the necessary central software with appropriate inputs by the CPCB regarding barcode management will provide all relevant data in real time to CPCB and this clause will be automatically complied with.

4. Clause 4(p): [Duties of Healthcare Institution] says, all bedded health care facilities (any number of beds) shall make available the annual report on its web-site within a period of two years from the date of publication of Bio-Medical Waste Management (Amendment) Rules, 2018

IMA Opinion:

By providing the necessary central software with appropriate inputs by the CPCB regarding barcode management will provide all relevant data in real time to CPCB and this clause will be automatically complied with.

5. Clause 7(8): [Treatment and disposal] says, *Every occupier shall phase out use of chlorinated plastic bags within two years from the date of publication of these rules and after two years from such publication of these rules, the chlorinated plastic bags shall not be used for storing and transporting of bio-medical waste and the occupier or operator of a common bio-medical waste treatment facility shall not dispose of such plastics by incineration and the bags used for storing and transporting biomedical waste shall be in compliance with the Bureau of Indian Standards. Till the Standards are published, the carry bags shall be as per the Plastic Waste Management Rules, 2016.*

IMA Opinion:

Same as above (Ref. Point No.1)

6. Schedule I, Part 2(2): says, *Chemical treatment using at least 1% to 2 % Sodium Hypochlorite having 30% residual chlorine for twenty minutes or any other equivalent chemical reagent that should demonstrate Log104 reduction efficiency for microorganisms as given in Schedule- III*

IMA Opinion:

This is contradictory to the Schedule II 1c (e) which says “Wastes to be incinerated shall not be chemically treated with any chlorinated disinfectants”

The chemical disinfectants that contains “Chlorine” are not recommended in the management of Biomedical Waste for the fear of release of toxic materials like dioxins & furans during incineration of these waste.

As biomedical waste has to be collected & disposed within 48 hours, this regulation is unnecessary and may be removed.

7. Schedule II (8): STANDARDS FOR LIQUID WASTE says, (1) The effluent generated or treated from the premises of occupier or operator of a common bio medical waste treatment and disposal facility, before discharge into the sewer should conform to the following limits-

<u>PARAMETERS</u>	<u>PERMISSIBLE LIMITS</u>
pH	6.5-9.0
Suspended solids	100 mg/l
Oil and grease	10 mg/l
BOD	30 mg/l
COD	250 mg/l
Bio-assay test	90% survival of fish after 96 hours in 100% effluent.

1. Above limits are applicable to the occupiers of Health Care Facilities (bedded) which are either connected with sewerage network without terminal sewage treatment plant or not connected to public sewers.
2. For discharge into public sewers with terminal facilities, the general standards as notified under the Environment (Protection) Act, 1986 (29 of 1986) shall be applicable.
3. Health Care Facilities having less than ten beds shall have to comply with the output discharge standard for liquid waste by 31st December,2019
4. Non-bedded occupiers shall dispose infectious liquid wastes only after treatment by disinfection as per Schedule – II (6) of the principal rules.

IMA Opinion:

- i. The hospital liquid waste doesn't in any way differ or is never more toxic than domestic liquid waste.
- ii. The article 21 of the Constitution of India categorically says that clean environment is the fundamental right of the citizen and it is the responsibility of the local bodies & the states to ensure that public health is preserved by taking all possible steps. And hence the responsibility of management of sewerage waste also rests with the local bodies.

B. CPCB Modified Directions u/s 18(1)(b) of Air & Water Act & its adverse effects on Healthcare Institutions

1. Healthcare Establishments are categorised as "Red / Orange Category Industries"

Table G-2 Serial No. 30 Health-care Establishment (as defined in BMW Rules) are categorised as either RED or ORANGE Category Industries, as they are

- Mainly water polluting.
- The water pollution score is normalized to 100 & valid for Hospitals having total waste -water generation > 100 KLD will be categorized as Red category.
- The hospitals with incinerator will be categorized as Red irrespective of the quantity of the waste -water generation.
- The hospitals having total waste -water generation less than 100 KLD and without incinerator, the normalized water pollution score will be 50 and will be categorized as Orange category.

IMA Opinion:

- HCEs are not mere Commercial Industries.
The BMW M Rules 2016 itself says, "They are a place where diagnosis, treatment or immunisation of human beings or animals is provided and research activity pertaining thereto".
- So, the Environmental Protection Act should not be made bound to HCEs. There should be a separate set of Guidelines for the Healthcare facilities.
- Healthcare Establishments with liquid discharge less than 100 KLD should be recategorized to White Category
- Healthcare Establishments with more than 100 KLD should be recategorized to Green Category

C. Difference in the Authorisation / Consent Process / Licence Fee in various State Pollution Control Boards on Healthcare Institutions

1. The duration of both CTE & CTO for the HCEs is different amongst various states across the country

IMA Opinion:

The duration of both CTE & CTO for the HCEs should be Uniform across India.

BMW M Rules 2016 Clause 10 (1) The authorisation (provided by PCB to HCEs) **shall be one time** for non-bedded occupiers and the authorisation in such cases shall be deemed to have been granted, if not objected by the prescribed authority within a period of ninety days from the date of receipt of duly completed application along with such necessary documents. Procedure to get authorisation simplified. Automatic authorisation for bedded hospitals

2. CPCB Modified Directions u/s 18(1)(b) of Air & Water Act Says,

- SPCBs/PCCs may issue consent to the industries
- Red category of industries for 5 years.
- Orange category of industries for 10 years.
- Green category of industries for 15 years.
- No necessity of consent for non-polluting industries.

IMA Opinion:

- All HCEs with more than 100 KLD liquid waste discharge, CTE should be a one-time process & CTO should be granted for 15 Years
- All HCEs with less than 100 KLD liquid waste discharge, there shouldn't be any necessity of consent for non-polluting industries

3. The CTE & CTO Fee levied by State PCBs is different amongst various states across the country

IMA Opinion:

- The CTE & CTO Fee should be proportionate to the Bed-strength or facilities in the HCE and should not be based on the capital investment.
- All non-bedded HCIs should be exempted from any Licence Fee, instead they may be charged a nominal registration fee.

4. Demand for STP / ETP by State PCBs for grant of CTE / CTO

The BMW M Rules 2019 (after amendment of 2018) have not specified any bed- strength level to which STP or ETP becomes mandatory.

As per BMW Rules (amended in 2019) Health Care Facilities having less than ten beds shall have to comply with the output discharge standard for liquid waste by 31st December,2019 (no clause is saying to install ETP or STP)

IMA Opinion:

- The hospital liquid waste doesn't in any way defer or is never more toxic than domestic liquid waste.
- The article 21 of the Constitution of India categorically says that clean environment is the fundamental right of the citizen and it is the responsibility of the local bodies & the states to ensure that public health is preserved by taking all possible steps. And hence the responsibility of management of sewerage waste also rests with the local bodies.

SECTION B

COMMON BIOMEDICAL WASTE TREATMENT FACILITIES (CBWTFs)

A. BMW M Rules 2016 (with amendments in 2018 & 2019) & it's adverse effects on CBWTFs

1. Clause 5(c) [Duties of Operator] says,

establish barcoding and global positioning system for handling of bio- medical waste in accordance with the guidelines issued by the Central Pollution Control Board by 27th March, 2019

IMA Opinion:

The Guidelines released by CPCB on barcode-based BMW Management has not addressed the practical difficulties, wastage of money/resources, during implementation of these guidelines. The guidelines give an option to set up these barcodes either by CBWTFs or HCEs (Occupiers). Barcodes, if developed by each HCE, cannot be scanned by the software or application developed by the Operators due to software design incompatibility.

- So, a unique **centralised barcode management software developed by CPCB** would have been a practical approach. This centralised barcode management software system can be utilised for monitoring purpose at all levels (CPCB / State PCBs). This will reduce the unnecessary financial burden on the HCIs and centralised monitoring of the movement of BMW collected bags will be possible by the monitoring authorities.
- As the BMW M Rules insist for the disposal of Biomedical waste mainly through CBWTFs, **this clause should be removed from the "Duties of Healthcare Institutions" of BMW M Rules.**

2. Clause 5(q) [Duties of Operator] says,

upgrade existing incinerators to achieve the standards for retention time in secondary chamber and Dioxin and Furans within two years from the date of this notification

IMA Opinion:

As per the BMW M Rules, all existing incinerators in the CBWTFs (total 220 plus in the country) are to be upgraded to meet the emission standards prescribed for Combustion Efficiency, Particulate Matter, Dioxins/ Furans; and Retention time of Secondary Chambers has to be modified to 2 Seconds, before 31st March 2018.

i. This is a totally impractical direction, as

- Installation of New Incinerators Compliant to the BMW M Rules 2016 require Environmental Clearance and this may take at least 2 Years or above. In thickly populated states and districts it may not be practical to get an EC for a Waste Treatment Plant, because of public resistance.
- Modification / Enhancement of existing incinerators also need Environmental Clearance as clarified by the CPCB.
- The Environmental Impaction Study (EIA), Public Hearing etc. for getting EC will make the enhancement or modification of incinerators delayed for more than 2 - 3 years or may happen never.
- Augmentation of existing Incinerators can be done without EC, but this mere augmentation will not meet compliance to all parameters set for stringent emission standards of Incinerators as per BMW M Rules.
- For the augmentation of existing Incinerators, the incinerator needs to be shut down for minimum 3 months and this is not practical as this may cause backlog of BMW in the CBWTF and CBWTF may fail to comply with the rules which says treatment of collected BMW should be completed within 24 Hours.
- For a large CBWTF the augmentation of all its multiple incinerators may need minimum 2 Years as this process need to be done in phased manner so as not to affect the functioning of CBWTF.
- There are only limited number of Incinerator Manufacturers available in India to complete the incinerator works of all CBWTFs in the said time frame, related to making their incinerators compliant to BMW M Rules.

Suggested Modifications:

- The time period for completing the process of making the existing incinerators compliant to the emission standards as per BMW M Rules may be extended till 2022.
- The installation of New Incinerators for the purpose of complying to the BMW M Rules may be exempted from getting EC (Environmental Clearance)
- A minimum 6 Months period may be given for completing the augmentation of each existing incinerator of the CBWTF.

3. Clause 7(8) [Treatment & Disposal] says,

Every occupier shall phase out use of chlorinated plastic bags within two years from the date of publication of these rules and after two years from such publication of these rules, the chlorinated plastic bags shall not be used for storing and transporting of bio-medical waste and the occupier or operator of a common bio-medical waste treatment facility shall not dispose of such plastics by incineration and the bags used for storing and transporting biomedical waste shall be in compliance with the Bureau of Indian Standards. Till the Standards are published, the carry bags shall be as per the Plastic Waste Management Rules, 2011.

IMA Opinion:

Instead of putting this as a responsibility of CBWTFs, Govt. of India should come forward with banning of such chlorinated plastic bags in the whole country. CBWTFs doesn't have any mechanism to check for the chlorine content of these plastic bags & it's impractical for the CBWTFs to send each plastic bags being collected by them for the chemical analysis to know whether chlorine is present or not.

4. Schedule II (8): STANDARDS FOR LIQUID WASTE: says,

The effluent generated or treated from the premises of occupier or operator of a common bio medical waste treatment and disposal facility, before discharge into the sewer should conform to the following limits-

<u>PARAMETERS</u>	<u>PERMISSIBLE LIMITS</u>
pH	6.5-9.0
Suspended solids	100 mg/l
Oil and grease	10 mg/l
BOD	30 mg/l
COD	250 mg/l
Bio-assay test	90% survival of fish after 96 hours in 100% effluent.

Those ETPs which are not discharging their effluent to the common sewers should be considered as Zero Liquid Discharge ETPs and the effluent parameters that set for irrigation purpose should be considered as the “standards for liquid waste” of such ETPs.

5. Schedule II (c)(f): STANDARDS FOR INCINERATION says,

Ash from incineration of biomedical waste shall be disposed of at common hazardous waste treatment and disposal facility. However, it may be disposed of in municipal landfill, if the toxic metals in incineration ash are within the regulatory quantities as defined under the Hazardous Waste (Management and Handling and Transboundary Movement) Rules, 2008 as amended from time to time

IMA Opinion:

The ash is formed during biomedical waste incineration in an effective incinerator with all APCDs, meeting all emission standards prescribed in the BMW M Rules for almost all toxic materials like dioxins, furans, Nitrogen Oxides NO and NO₂ expressed as NO₂, HCl, Hg and its compounds, CO, etc... and attaining a combustion efficiency of more than 99%.

- i. Biomedical waste incineration ash cannot be a hazardous waste but only a simple sterile Ash, which should be permitted to be used for land filling or as a manure.**

7. Schedule II (c)(i): STANDARDS FOR INCINERATION says,

The occupier or operator of the common bio-medical waste treatment facility shall install continuous emission monitoring system for the parameters as stipulated by State Pollution Control Board or Pollution Control Committees in authorisation and transmit the data real time to the servers at State Pollution Control Board or Pollution Control Committees and Central Pollution Control Board.

IMA Opinion:

- i.** Initially it was directed by CPCB to monitor only CO & CO₂ in the stack emission. Later some State PCBs started issuing notices to CBWTFs asking to monitor additional parameters like HCl, NO_x, SO_x, HCl, Hg etc. The OCEMS equipment installed as per the initial direction of CPCB are not capable of monitoring these additional parameters and such repeated directions cause huge financial loss to the CBWTFs.
- ii.** Also, the CBWTFs are directed to connect the online continuous stack emission monitoring equipment to CPCB and PCB servers through private data management agencies; selection of whom, the CBWTFs have no choice. These private data management service agencies are charging exorbitantly without any limits or guidelines. The failure of uploading of this data by these agencies to the CPCB or PCB servers, (on whom CBWTFs have no control), invite penal actions from authorities against CBWTFs.

B. CPCB Modified Directions u/s 18(1)(b) of Air & Water Act & its adverse effects on Healthcare Institutions

CBWTFs are categorised as “Industries” by the authorities.

Table G-2 of the above direction has listed the Common treatment and disposal facilities as Red but special category projects. “all such facilities are classified as Red but special category projects as these are parts of pollution control facilities”.

IMA Opinion:

- CBWTFs are actually not mere Commercial Industries, but real Pollution Control Facilities. So, **Environmental Protection Act should not be made bound to CBWTFs**. There should be a separate set of Guidelines for the CBWTFs.
- **CBWTFs should not be categorised as Industries**, but may be re-categorised as **Special Pollution Control Projects under White or Green Category**.

C. Miscellaneous issues related to CBWTFs

1. Standards of Analytical Labs

Neither the BMW M Rules nor CPCB specified the standards or quality of analytical labs where the emission parameters or effluent parameters to be tested. The test reports of even NABL accredited Labs are not accepted by the inspection teams of PCB or CPCB.

IMA Opinion:

MoEF should bring clarity to the standards of these analytical labs

2. Site for CBWTFs

The BMW M Rules says, without prejudice to rule 5 of these rules, the department in the business allocation of land assignment (Government) shall be responsible for providing suitable site for setting up of *CBWTFs in the State Government or Union territory Administration*.

IMA Opinion:

The respective state governments and local bodies should be given stringent directions to provide suitable land for setting up of CBWTFs.

3. State Level and District Level Monitoring Committees

There is guideline in the BMW M Rules 2016, for setting up State Level and District Level Monitoring Committees. But many state Governments have failed to constitute such a Committees in the State.

IMA Opinion:

- Strict instructions should be given to constitute State Level and District Level Monitoring Committees as prescribed in the BMW M Rules 2016.
- The representative of Indian Medical Association should be included in the State Level Monitoring Committee

AGENDA ITEM NO. A-6

Ayushman Bharat

- Ayushman Bharat is Macro-economic Allocation Failure.
- Ayushman Bharat eroding market efficiency of healthcare service delivery and threatening sustainability of efficient private health sector.
- Ayushman Bharat brings Direct/Indirect price controls on healthcare service delivery and system will face its long term ill impacts.
- Ayushman Bharat pricing of services below cost for pvt. Hospitals will lead to collapse of un-cushioned small and mid segment hospitals and will lead to further access dis-balance.
- Ayushman Bharat Pricing of Services is not scientific.
- Low price competition amongst hospitals reducing quality delivery of services.

- Ayushman Bharat threatening reduced pvt sector investments in core service delivery segment and pvt healthcare infrastructures.
- Ayushman Bharat: U turn on “Assurance vs Insurance Model” . A strategic silence or acceptance or in favor of Insurance Co..
- Ayushman Bharat Increasing excessive bureaucratic and political interference, leading to in- efficient delivery of healthcare and reducing autonomy of healthcare and eroding trust in system.
- Ayushman Bharat dis-balancing role of Govts as provider, purchaser, regulator and shifting responsibility/accountability to third parties.
- Role of profit motivated insurance
- Companies for management / administrative of schemes with highest administrative costs in world raises serious questions on scheme. Most of the police are favouring insurance companies and there seems unholy nexus of Insurance Co and NHA/SHA shaping up. Over-reliance of Ayushman Bharat on insurance co. is not desirable.
- Claim Settlement issue
- Irrational package rates
- Improper policy of hospital empanelment.

AGENDA ITEM NO. A-7

**Registration of all local branches with the local Registrar of Societies
and procurement of PAN card by all branches of IMA**

(i) Society Registration in India

A Society can be formed by a minimum of seven or more persons. Besides persons from India, foreigners, companies and other registered societies can subscribe to the Memorandum of a society. However, only registered Societies can hold vested properties and/or have a suit filed by or against the Society. Society registration is managed by State Governments. Therefore, the application for registration of society must be made to the concerned authority in the State, in which the registered office of the Society will be situated.

Memorandum of a Society

The Memorandum of the Society and the Rules and Regulations of the Society must then be signed by each of the founding members, witnessed by an Oath Commissioner, Notary Public, Gazetted Officer, Advocate, Chartered Accountant or Magistrate 1st Class with their official stamp and complete address. The following documents must be prepared, signed and submitted for Society Registration:

- Covering letter requesting registration of the Society, signed by all founding members.
- Memorandum of Association of the Society in duplicate along with a certified copy.
- Rules and Regulations of the Society in duplicate along with a duplicate, duly signed by the founding members.
- Affidavit sworn by the President or Secretary of the Society stating relationship between the subscribers.
- Address proof for the registered office of the Society and No-Objection Certificate from the Landlord.

The signed Memorandum and Rules and Regulations must then be filed with the concerned Registrar of Societies in the State with the prescribed fee. If the Registrar is satisfied with application for Society Registration, the Registrar would certify to deem the Society to be registered.

(ii) 12A Registration for Trust or NGO

12A registration is one time exemption obtained by most Trusts, right after incorporation to be exempted from paying income tax. Trusts and NGOs having 12A registration enjoy exemption from paying income tax on the surplus income of the Trust or NGO. Income tax exemption is available for all non-profit NGOs.

Hence, it is important for all Trusts, NGOs and other Not-for-Profit organizations to be aware of Section 12A of Income Tax Act and obtain the same, soon after incorporation of the Trust or NGO. In this article, we look at the procedure for obtaining 12A registration in India.

Applying for 12A Registration

- Charitable Trusts, Religious Trusts, Societies and Section 8 Companies claiming exemption under Section 11 and 12 of the Income Tax Act, must obtain 12A registration. Private or family trusts are not allowed such exemptions and cannot obtain 12A registration. To obtain 12A Registration, an application for registration of charitable or religious trust or institution under clause (aa) of sub-section (1) of section 12A of the Income-tax Act, 1961 must be made to the Commissioner of Income Tax along with the following documents:
- Application for 12A Registration in Form 10A.
- List of name and address of the Trustees.
- Copy or Registration Certificate with Charity Commissioner or copy of application.
- Notarized True Copy of the Trust Deed.
- Copy of PAN Card of the Trust.
- Copy of PAN Card of the Trustees.

Apply for PAN

- PAN, or permanent account number, is a unique 10-digit alphanumeric identity allotted to each taxpayer by the Income Tax Department under the supervision of the Central Board of Direct Taxes. It also serves as an identity proof. PAN is mandatory for financial transactions such as receiving taxable salary or professional fees, sale or purchase of assets above specified limits, buy mutual funds and more.
- It is mandatory for the bank account to have a Pan card associated with it, as most of the transactions are linked to PAN Card being provided only.
- What can happen if a PAN Card number is not linked?
- Opening a fixed deposit account or cash deposit for amount greater than Rs. 50,000 at any bank requires the Pan card number. Failure to submit the same would result in TDS getting deducted at 20% if the interest amount of FD account exceeds Rs. 10,000 which is higher than the current 10%.

Since many mutual funds are bought through your bank as the distributor, transactions exceeding Rs. 50,000 for equities/mutual fund/debentures/bonds will be rejected.

Apply for TAN

- TAN stands for Tax Deduction and Collection Account Number. It is a ten digit alphanumeric number that allotted to those who are supposed to deduct tax at source or TDS. TAN number or TAN registration is very important for State / Local Branches of IMA FOR deducting tax at source and is required to be quoted in TDS.

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**MINUTES OF THE 221st MEETING OF THE CENTRAL WORKING COMMITTEE OF IMA
HELD AT PURI (ORISSA) ON APRIL 6-7, 2019**

A meeting of 221st Central Working Committee was held on April 6-7, 2019 at Puri (Orissa). The following members were present:-

1. Dr. Santanu Sen, National President, IMA Headquarters
2. Dr. Ravindra Sitaram Wankhedkar, Imm. Past National President, IMA Headquarters
3. Dr. Rajan Sharma, National President Elect 2019-20, IMA Headquarters
4. Dr. J.A. Jayalal, National Vice President 2018-19, IMA Headquarters
5. Dr. Pragnesh C. Joshi, National Vice President 2018-19, IMA Headquarters
6. Dr. Potluri Gangadhar Rao, National Vice President 2018-19 & State CWC Representative, IMA Headquarters
7. Dr. Anil S. Pachnekar, National Vice President 2018-19, IMA Headquarters
8. Dr. Dipak Dhar Choudhury, State CWC Member & National Vice President 2019-20, IMA Headquarters
9. Dr. Atul Durgeshankar Pandya, National Vice President 2019-20, IMA Headquarters
10. Dr. T. Narasinga Reddy, National Vice President 2019-20, IMA Headquarters
11. Dr. G.N. Prabhakara, State CWC Representative & National Vice President 2019-20, IMA Headquarters
12. Dr. R.V. Asokan, Hony. Secretary General, IMA Headquarters
13. Dr. Ramesh Kumar Datta, Hony. Finance Secretary, IMA Headquarters
14. Dr. Vijay K. Malhotra, Hony. Jt. Secretary, IMA Headquarters
15. Dr. Vinod Kumar Arora, Hony. Jt. Secretary, IMA Headquarters
16. Dr. Amrit Pal Singh, Hony. Jt. Secretary, IMA Headquarters
17. Dr. Piyush Kanti Roy, State CWC Representative & Hony. Jt. Secretary, Calcutta, IMA Headquarters
18. Dr. Sibabrata Banerjee, Hony. Assoc. Editor, JIMA & Hony. Jt. Secretary, IMA Headquarters
19. Dr. Dinesh Sahai, Hony. Jt. Fin. Secretary, IMA Headquarters
20. Dr. Iskandar Hossain, Hony. Jt. Finance Secretary Stationed At Calcutta, IMA, IMA Headquarters
21. Dr. S.K. Poddar, Hony. Asst. Secretary, IMA Headquarters
22. Dr. Sudhir Dhakre, Dean Of Studies, 2018-19, IMA College Of G.P.
23. Dr. C. Anbarasu, CWC Representative & Hony. Jt. Secretary, IMA College Of G.P.
24. Dr. Ashok Tripathi, Hony. Jt. Secretary, IMA College Of G.P.
25. Dr. Fariyad Mohammed, Hony. Jt. Secretary, IMA College Of G.P.
26. Dr. Janmejaya Mohapatra, State Secretary, Orissa & Hony. Jt. Secretary, IMA College Of G.P.
27. Dr. Ravindra Bapurao Kute, Hony. Jt. Secretary, IMA College Of G.P.
28. Dr. Hiranmay Adhikary, State President, State CWC Representative & Dean Of Studies, 2019-20, IMA College Of G.P.
29. Dr. M.S. Ashraf, CWC Representative & Chairman, 2019-20, IMA Academy Of Med. Spec.
30. Dr. Natwar Sharda, State President & Chairman, 2018-19, IMA Academy Of Med. Spec.
31. Dr. Mohan Gupta, Hony. Secretary, IMA Academy Of Med. Spec.
32. Dr. Rajendra Kumar Yadav, Hony. Jt. Secretary, IMA Academy Of Med. Spec.
33. Dr. Yeshwant S. Deshpande, State CWC Representative & Hony. Director, 2019-20, IMA AKN Sinha Institute
34. Dr. Golokbihari Maji, Hony. Editor, JIMA 2018-19, Journal Of IMA

35. Dr. Shilpa Basu Roy, Hony.Asst.Secretary, Journal Of IMA
36. Dr. Nandita Chakrabarti, Hony.Editor, Your Health Of IMA
37. Dr. Susil Kumar Mandal, CWC Representative & Hony.Assoc.Editor, Your Health Of IMA
38. Dr. Kakoli Sen (Mandal), Hony.Secretary, Your Health Of IMA
39. Dr. Manoj Kumar Srivastava, Hony.Editor, Apka Swasthya
40. Dr. Atul Kumar Singh, Hony.Assoc.Editor, Apka Swasthya
41. Dr. Ashok Rai, Hony.Secretary, Apka Swasthya
42. Dr. Yogendra Shivnarayan Modi, Hony.Secretary, IMA National Social Security Scheme
43. Dr. Krishna M. Parate, State CWC Representative & Chairman, IMA National Prof.Protection Scheme
44. Dr. Jayakrishnan A.V., State CWC Representative & Hony. Secretary, IMA National Prof.Protection Scheme
45. Dr. Vinod Kumar Monga, Chairman, IMA Hospital Board Of India
46. Dr. Jayesh M. Lele, Hony. Secretary, IMA Hospital Board Of India
47. Dr. Mangesh Pate, Treasurer, IMA Hospital Board Of India
48. Dr. P. Gopeenathan, State CWC Representative & Hony. Secretary, IMA National Pension Scheme
49. Dr. Ashok Adhao, Past National President & Chairman, IMA National Health Scheme
50. Dr. Krishnan Jayaram Das, State CWC Representative & Vice-Chairman, IMA National Health Scheme
51. Dr. S. Alex Franklin, Hony. Secretary, IMA National Health Scheme
52. Dr. Chetan N. Patel, State CWC Representative And Chairman, IMA National Disaster Management Cell
53. Dr. D.R. Rai, Past H.S.G. & National Coordinator, IMA Care Of Elderly
54. Dr. Samuel Koshy, State CWC Representative & Convenor, IMA Care Of Elderly
55. Dr. K.M. Abul Hasan, Secretary, IMA Junior Doctors Network
56. Dr. Sreejith N. Kumar, State CWC Representative & Chairman, IMA Medical Students Network
57. Dr. Ajoy Kumar K. Saha, State CWC Representative & Secretary, IMA Medical Students Network
58. Dr. Neelam Lekhi, Vice Chairperson, IMA Mission Pink Health
59. Dr. Divya Saxena, State CWC Representative & Joint Secretary, IMA Mission Pink Health
60. Dr. Mona P. Desai, Chairperson, IMA Women Doctors Wing
61. Dr. Neeta Sandeep Biyani, Hony. Secretary, IMA Women Doctors Wing
62. Dr. Minakshi Gangopadhyay, State CWC Representative & National Vice Chairperson, IMA Women Doctors Wing
63. Dr. V. Sasidharan Pillai, Hony. Secretary, IMA Family Welfare Scheme
64. Dr. M.Narayana Menon, Vice Chairperson, IMA Career Guidance And Employment Bureau
65. Dr. Goparaju Samaram, Past National President & Chairperson, IMA Professional Equipment Protection Scheme
66. Dr. A.P.Singh, Chairman, Building Standing Committee, IMA, IMA Headquarters
67. Dr. S. Arulraj, Past National President, IMA Headquarters
68. Dr. Sudipto Roy, Past National President, IMA Headquarters
69. Dr. Vinay Aggarwal, Past National President, IMA Headquarters
70. Dr. A. Marthanda Pillai, Past National President, IMA Headquarters
71. Dr. Harish Grover, Past H.S.G., IMA Headquarters
72. Dr. Narendra Saini, Past H.S.G., IMA Headquarters
73. Dr. R.N. Tandon, Past H.S.G., IMA Headquarters
74. Dr. Gannabathula Satyanarayana Murty, CWC Representative, Andhra Pradesh
75. Dr. Satyanarayana Sarma Pappu, CWC Representative, Andhra Pradesh

76. Dr. Nagalla Kishore, CWC Representative, Andhra Pradesh
77. Dr. Srinivasa Raju Chinda., CWC Representative, Andhra Pradesh
78. Dr. Venkateswarlu Ponnuru, CWC Representative, Andhra Pradesh
79. Dr. C.S.R. Prasada Rao, CWC Representative, Andhra Pradesh
80. Dr. M. Atavur Rahman, CWC Representative, Andhra Pradesh
81. Dr. Satyajit Borah, CWC Representative, Assam
82. Dr. Ujjwal Kr. Sengupta, CWC Representative, Bengal
83. Dr. Dwaipayan Mojumdar, CWC Representative, Bengal
84. Dr. Sarbari Dutta, CWC Representative, Bengal
85. Dr. Ratan Kumar Chakrabarty, CWC Representative, Bengal
86. Dr. Chandan Kumar Ghosal, CWC Representative, Bengal
87. Dr. Sanjib Bandyopadhyay, CWC Representative, Bengal
88. Dr. Tapan Kumar Biswas, State President & CWC Representative, Bengal
89. Dr. (Capt) Vijay Shankar Singh, CWC Representative, Bihar
90. Dr. Sahajanand Pd. Singh, CWC Representative, Bihar
91. Dr. Basant Singh, CWC Representative, Bihar
92. Dr. Raman Kumar Verma, CWC Representative, Bihar
93. Dr. Anil Kumar Singh, CWC Representative, Bihar
94. Dr. Lalit Kumar Singh, CWC Representative, Bihar
95. Dr. Harihar Dikshit, CWC Representative, Bihar
96. Dr. Ajay Goverdhan, CWC Representative, Chhattisgarh
97. Dr. Alok Bhandari, CWC Representative, Delhi
98. Dr. Ajay Kumar Lekhi, CWC Representative, Delhi
99. Dr. N.C. Mohanty, CWC Representative, Delhi
100. Dr. Rajinder Pal Singh Arora, CWC Representative, Delhi
101. Dr. Ajay Gambhir, CWC Representative, Delhi
102. Dr. Shrinivas S. Vaishya, State President & CWC Representative, Gujarat
103. Dr. Kamlesh B. Saini, State Secretary & CWC Representative, Gujarat
104. Dr. ParIMAI M. Desai, CWC Representative, Gujarat
105. Dr. Mayank J. Bhatt, CWC Representative, Gujarat
106. Dr. Nitin K. Garg, CWC Representative, Gujarat
107. Dr. Girish A. Modi, CWC Representative, Gujarat
108. Dr. Vinodchandra S. Noticewala, CWC Representative, Gujarat
109. Dr. Rajendrakumar H. Jain, CWC Representative, Gujarat
110. Dr. Jesengbhai F. Chaudhary, CWC Representative, Gujarat
111. Dr. Anilkumar J. Nayak, CWC Representative, Gujarat
112. Dr. Mahendra H. Choudhary, CWC Representative, Gujarat
113. Dr. Praful Ramanlal Desai, CWC Representative, Gujarat
114. Dr. Vijay T. Parmar, CWC Representative, Gujarat
115. Dr. Punita Hasija, CWC Representative, Haryana
116. Dr. Pankaj Mutneja, CWC Representative, Haryana
117. Dr. Ramesh Goyal, CWC Representative, Haryana
118. Dr. Dalbeer Singh Jaspal, CWC Representative, Haryana
119. Dr. Amitabh C. Akhouri, CWC Representative, Jharkhand
120. Dr. Ajoy Kumar Singh, CWC Representative, Jharkhand
121. Dr. Suresh A. HalsangIMath, CWC Representative, Karnataka
122. Dr. Annadani M. Meti, CWC Representative And State President, Karnataka

123. Dr. Suresh Kudva, CWC Representative, Karnataka
124. Dr. K.T. Prakash Reddy, CWC Representative, Karnataka
125. Dr. K.P.Srinivasa Murthy, CWC Representative, Karnataka
126. Dr. T.N. Babu Ravindran, CWC Representative, Kerala
127. Dr. K. Jayaram, CWC Representative, Kerala
128. Dr. M. Bhaskaran, CWC Representative, Kerala
129. Dr. Joseph Mani, CWC Representative, Kerala
130. Dr. C.K. Chandrasekharan, CWC Representative, Kerala
131. Dr. Devadas K.V., CWC Representative, Kerala
132. Dr. Pradeep Kumar V.G., CWC Representative, Kerala
133. Dr. M.E. Sugathan, State President & CWC Representative, Kerala
134. Dr. P.T. Zacharias, CWC Representative, Kerala
135. Dr. Arun Malhotra, CWC Representative, Madhya Pradesh
136. Dr. Pushpraj Bhatele, State Secretary & CWC Representative, Madhya Pradesh
137. Dr. Arvind Jain, CWC Representative, Madhya Pradesh
138. Dr. Shyam Manohar Sirothiya, CWC Representative, Madhya Pradesh
139. Dr. Hozie Dara Kapadia, State President & CWC Representative, Maharashtra
140. Dr. Nisar Gulab Shaikh, CWC Representative, Maharashtra
141. Dr. Santosh Sadashiv Khadatare, CWC Representative, Maharashtra
142. Dr. Vasant Ramraoji Lunge, CWC Representative, Maharashtra
143. Dr. Arun B. Pawade, CWC Representative, Maharashtra
144. Dr. Prakash Jayawant Khalap, CWC Representative, Maharashtra
145. Dr. Ramkrishna S. Londhe, CWC Representative, Maharashtra
146. Dr. Rajeev Balkrishna Agarwal, CWC Representative, Maharashtra
147. Dr. Moreswaralias Mohan Rao Patwardhan, CWC Representative, Maharashtra
148. Dr. Sujatunnisa A.R. Attar, CWC Representative, Maharashtra
149. Dr. Kiran M. Desai, CWC Representative, Maharashtra
150. Dr. Shivkumar Utture, CWC Representative, Maharashtra
151. Dr. Sanjay Dudhat, CWC Representative, Maharashtra
152. Dr. Prakash Ramchandra Deo, CWC Representative, Maharashtra
153. Dr. Anand Narayan Kate, CWC Representative, Maharashtra
154. Dr. Pradip J Jadhav, CWC Representative, Maharashtra
155. Dr. Rajendra Kulkarni, CWC Representative, Maharashtra
156. Dr. Prakash Marathe, CWC Representative, Maharashtra
157. Dr. Dilip Sarda, CWC Representative, Maharashtra
158. Dr. Kamala Kanta Panigrahy, CWC Representative, Orissa
159. Dr. Saroj Kumar Sahu, CWC Representative, Orissa
160. Dr. Mahesh Prasad Mohanta, CWC Representative, Orissa
161. Dr. Gurmej Singh Gill, CWC Representative, Punjab
162. Dr. Surinder Paul Singh Sooch, CWC Representative, Punjab
163. Dr. Yogeshwar Sood, State President & CWC Representative, Punjab
164. Dr. Mahendra Nath Thareja, CWC Representative, Rajasthan
165. Dr. V. Kumar Jain, CWC Representative, Rajasthan
166. Dr. B. Sridhar, State Secretary & CWC Representative, Tamil Nadu
167. Dr. S. Kanagasabhapathy, CWC Representative, Tamil Nadu
168. Dr. Abdul Khuddose, CWC Representative, Tamil Nadu
169. Dr. Balasubramanian M., CWC Representative, Tamil Nadu

170. Dr. D. Chandrasekaran, CWC Representative, Tamil Nadu
171. Dr. S.Chandrasekharan, CWC Representative, Tamil Nadu
172. Dr. R. Gunasekaran, CWC Representative, Tamil Nadu
173. Dr. Palraj Mannar Mannan, CWC Representative, Tamil Nadu
174. Dr. L.V.K. Moorthy, CWC Representative, Tamil Nadu
175. Dr. C.N. Raja, CWC Representative, Tamil Nadu
176. Dr. P. Ramakrishnan, CWC Representative, Tamil Nadu
177. Dr. C Selvaraj, CWC Representative, Tamil Nadu
178. Dr. S.S. Sukumar, CWC Representative, Tamil Nadu
179. Dr. K. Thangamuthu, CWC Representative, Tamil Nadu
180. Dr. B. Venkatesan, CWC Representative, Tamil Nadu
181. Dr. D. Dwarakanatha Reddy, CWC Representative, Telangana
182. Dr. K. Rajeshwar, CWC Representative, Telangana
183. Dr. M. Sampath Rao, CWC Representative, Telangana
184. Dr. S. Jagan Mohan Rao, CWC Representative, Telangana
185. Dr. Satya Sagar Rao Katari, CWC Representative, Telangana
186. Dr. K. Prameela Surender Rao, CWC Representative, Telangana
187. Dr. M.V.Ranga Reddy, CWC Representative, Telangana
188. Dr. E. Ravindra Reddy, CWC Representative, Telangana
189. Dr. B. Pratap Reddy, State Secretary & CWC Representative, Telangana
190. Dr. Sanjeev Singh Yadav, State Secretary & CWC Representative, Telangana
191. Dr. Pawan Kumar Agarwal, CWC Representative, Uttar Pradesh
192. Dr. Madan Mohan Paliwal, CWC Representative, Uttar Pradesh
193. Dr. Amitabh Shrivastava, CWC Representative, Uttar Pradesh
194. Dr. Kuldip Singh Khokhar, State President, Haryana
195. Dr. Brajnandan Kumar, State Secretary, Bihar
196. Dr. Sunil Munjal, State Secretary, Haryana
197. Dr. Srinivasa S., State Secretary, Karnataka
198. Dr. Anil Bhadoria, Member, Building Standing Committee, IMA, IMA Headquarters
199. Dr. Santosh Kumar Mandal, Member, Building Standing Committee, IMA, IMA Headquarters
200. Dr. Manjul Mehta, Member, Building Standing Committee, IMA, IMA Headquarters
201. Dr. Sharad Kumar Agarwal, Member, Building Standing Committee, IMA, IMA Headquarters
202. Dr. Ashok Kumar Chatterjee, Member, Building Standing Committee, IMA, IMA Headquarters
203. Dr D K Sahai, Member, Finance Standing Committee, IMA, IMA Headquarters
204. Dr. Meena Ravindra Wankhedkar, Member, Finance Standing Committee, IMA, IMA Headquarters
205. Dr. Bakulesh Shantilal Mehta, Member, Finance Standing Committee, IMA, IMA Headquarters
206. Dr. Akhilesh Verma, Member, Finance Standing Committee, IMA, IMA Headquarters
207. Dr. Nema C. Nath, Member, Finance Standing Committee, IMA, IMA Headquarters
208. Dr. Surendra Daga, Co-Opted Member, IMA Headquarters
209. Dr. Anadi Nath Biswas, Co-Opted Member, IMA Headquarters
210. Dr. Bibartan Saha, Co-Opted Member, IMA Headquarters
211. Dr. Anirban Dalui, Invited Member, IMA Headquarters
212. Dr. Rajendra Airan, Invited Member, IMA Headquarters
213. Dr.N.S.D.Raju, Kerala
214. Dr.K.S.Karanth, IMA-Ksb

215. Dr.Gopaza Kaishnabhat,
216. Dr.P.K.Kesavan, Tamil Nadu
217. Dr.B.K.Das, Orissa
218. Dr.P.R.Somvanshi, Maharashtra
219. Dr.Rushikesh Shrikant N, Maharashtra
220. Dr.H.Vinay Ranjan, Kerala
221. Dr.P.R.Sai Kumar, Telangana
222. Dr.P.C.Garg, Rajasthan
223. Dr.Hemanga Baisbya, Assam
224. Dr.G.S.Gaya, Assam
225. Dr.Dinesh Thakare, Maharashtra
226. Dr. Ajay Kumar, Hony.Executive Secretary, IMA Akn Sinha Institute
227. Dr.D.B.Punse, Maharashtra
228. Dr.B.D.Sharma, Rajasthan
229. Dr.Shekhar G, Maharashtra
230. Dr.H.K.Nagesh, Karnataka
231. Dr.Ashok Agarwal, U.P.
232. Dr Brahmakar Ashok Rao D, Maharashtra
233. Dr.Srikumar Vasudevan, Kerala
234. Dr.M.Venkatashpally, Karnataka
235. Dr.S.F.Kumbar, Karnataka
236. Dr.V.Mohanan, Kerala
237. Dr.V.Vijaya Chandra, Kerala
238. Dr.Sureshwar, Kerala
239. Dr.Abraham Varghese, Kerala
240. Dr.Kanarudheen A.I., Kerala
241. Dr.S.Visusvn, Kerala
242. Dr.John Panicker, Kerala
243. Dr.Danish, , Kerala
244. Dr.Alfred V Samuel, Kerala
245. Dr. Roy A. Kalliuayalil, Kerala

The dignitaries were invited to the dais. Then, the Hony. Secretary General, IMA, Dr R V. Asokan adorned the National President, Dr Santanu Sen with the Presidential Medallion. The National President then called the meeting to order and requested Dr R V. Asokan to take up the Agenda of the meeting.

IMA Prayer and Flag Salutation

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

Obituary

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. Hirenbbhai Chelabhai Patel	Palampur	Gujarat
Dr. Prafulbbhai 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 Bhadrn	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. Arvinda	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

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. Janmay Mohapatra of Orissa 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.

Presidential address by Dr. Santanu Sen: In his Address, National President, IMA welcomed the members to Puri. He thanked the Organizers for their wonderful arrangements for conducting the CWC including hospitality and other arrangements.

He informed the members that the agenda had 3 booklets No. 1 (Issues for discussions and reporting matter), Book No. 2 (Finances of the Association) and Book No.3 (Supplementary Agenda).

The National President started with Book No.3 – Supplementary Agenda.

During the discussion on Supplementary Agenda, the observations of Advocate on Record on the reply received from Dr. K.K. Aggarwal, Past National President, IMA on ARTH matter was discussed. While discussing the report, the House discussed the issue of ARTH and the notional loss of rent to IMA HQs, members suggested that SoP should be made by IMA HQs for renting out any property of IMA through State and Local branches and the same should be circulated to the all state & Local branches to avoid such incidences. It was also suggested that we should be more careful while going for any such type of agreement and we should be more pro-active to get the money back from the ARTH Business News Channel. It was realized by the House that if proper and adequate timely steps would have been taken, then IMA could have received the money by now.

National President informed the House about the formation of a Committee on e-Cigarette consisting of Dr. Ravi Wankhedkar as its Chairman and Dr. Pankaj Chaturvedi and Dr. Sourav Dutta as its members. The report presented by them was read and circulated in the House.

The House also observed about the comments of Past National President, Dr. K K Aggarwal during his Conference on Harm reduction in which he had said that e-cigattee is less harmful than the regular one. Dr KK Aggarwal said that Harm Reduction Conference was organized by his own NGO and the comments which were given during the above Conference, were his personal comments and it had nothing to do with IMA.

Dr KK Aggarwal further informed that an IMA White Paper was prepared by him on E-Cigarette during his tenure as HSG depicting the view point of IMA. The House was of the opinion that the said paper should be

re-visited and corrected in the light of the views presented by the Committee constituted by IMA HQs on e-Cigarette.

While discussing the issue related to New Delhi Branch of IMA which is organizing a Conference with some religious body and is using the logo of IMA, the members were of the opinion that the logo of IMA shall not be used without the prior approval of IMA HQs. The House requested Past National President, IMA, Dr K K Aggarwal to arrange to withdraw the logo of IMA from that Conference. Dr K K Aggarwal agreed to do so and expressed his regret.

National President informed that though it was believed that IMA is registered under Societies Act, but the Registration of IMA has never been renewed since 1934. He assured that he would give his best possible efforts to regularize it.

NP informed the members that after taking over of the new team for the year 2018-2020, all the 8 National Vice Presidents for both the years 2018-2019 and 2019-2020 have put in all their best efforts and have worked as a dedicated team to achieve all the assignments entrusted to them. He felt that what IMA has done in this period should be known to the House. National President informed the House about the 3 draconian Bills namely (i) NMC Bill, which could not see the light of the day, (ii) IMC Amendment Ordinance which has remained with the Rajya Sabha and (iii) CPA Bill which could not be passed.

National President informed the House that IMA telephone directory has been printed and is circulated to the Hon'ble members herewith. The House applauded the same.

He also informed that as an initiative aimed to reach the membership, wishes are being sent to the entire membership on their birthdays and marriage anniversaries through SMS. He requested all the members to update the same in the IMA office records. The House applauded this initiative also.

He informed the members that due to the collective approach of the IMA leaders we could fight the Government. He also narrated that he could convince Shri Ram Vilas Paswan, Hon'ble Cabinet Minister of Consumer Affairs Food and Public Distribution on 12th March 2019 just fifteen minutes before leaving his office for the Parliament. Though, the Minister assured that the Bill will not be passed in the Rajya Sabha, it was ultimately placed for discussion on the last day of the Rajya Sabha Session. Incidentally, the Rajya Sabha was adjourned for few minutes and during this period, National President, IMA met Shri Venkaiah Naidu, Chairman of the Rajya Sabha and Vice-President of India in his Chamber and convinced him not to force this Bill through Rajya Sabha as it required further discussion. Hon'ble Chairman was kind enough to accede to the request of the National President and finally the Bill was not taken up for discussion or for passing.

National President informed the House about the IMA Days to be observed during the current year. He requested all of them to observe it in their respective States in a befitting manner. He appreciated the work done by the entire Delhi Team Office Bearers in conducting IMA Days in the last few months.

He further requested to observe the Doctors Day in a befitting manner in IMA HQs as well as in all State Branches of IMA. He requested the HQs office to organize Blood Donation Camp in IMA HQs. He also requested the State Presidents & Secretaries and CWC members to come to IMA HQs and donate blood on this occasion.

National President also informed about the mural painting of Dr B C Roy to be put up on the front facade of IMA HQs building which he wanted to inaugurate on the occasion of Doctors day.

He also informed the members about the IMA Flag Pole which IMA currently has in its Building. He desired that we should have one more Flag Pole with Indian National Flag in IMA HQs Building, the House agreed to the same.

He also suggested a memorial to be put up in the compound of the IMA HQs Building as a homage to our departed leaders and members of IMA.

The National President, IMA informed the House about his proposal to put up an LED Display near the boundary wall of IMA HQs. The House accepted the same.

He informed that as an acknowledgement of the dedicated services rendered by faithful staff of IMA to the Association, it was considered it as a bounden duty on our part to provide complimentary Life Insurance to them. In accordance with this, IMA should procure corporate Insurance Policy for the staff of IMA. The House accepted the proposal.

During the inaugural Address, Dr. Ketan Desai, Past National President, IMA congratulated the local Organizers of the Conference for arranging excellent venue and hospitality at a short period of time. He appealed the members to be united. While reviewing the current political liasoning scenario, he appealed the members to create a Public Relationship Fund/Political Liaison Fund by contributing at least Rs. 100/- per member. The matter was discussed by the Members in detail and everyone agreed for creating such a fund. It was also suggested that out of 26% of HFC share, 2% may be exclusively used for this purpose instead of collecting separately. The House unanimously agreed with the suggestion.

Dr. Ravi Wankhedkar, Imm. Past National President promised a sum of Rs.25,000/- and Dr. Ashok Adhao promised a sum of Rs. 10,000/- towards the above Fund.

Telangana State Branch, IMA promised Rs. One Lakh towards the above fund.

It was then resolved that IMA will open an account in the name of "Social Liason Fund" instead of "Political Fund" of IMA.

The report of the Hony. Secretary General, Dr R.V. Asokan :

While welcoming the delegates of the CWC meeting, he congratulated the organizers of the CWC for excellent conduction of the CWC. He briefed about the activities conducted with regard to NMC Bill, IMC Amendment Bill and the CPA Bill 2018. He further informed that we will continue our fight against IMC (Amendment Bill 2018 and Ordinance 2019 as well as Consumer Protection Bill 2018. He also informed the members about the Health Manifesto and Health First Campaign, Ayushman Bharat – Wellness Centre, Crosspathy, Registration by State and Local Branches including TAN, PAN, GST Numbers, Yearly auditing, IMA News, Digital IMA, Paramedical Course, IMA Mobile App, IMA End TB Initiative, IMA SBI Card, and other activities done by IMA HQs. HSG requested the members to inform the dates of their Annual & other meetings to IMA HQs so that they should not coincide with the events of IMA HQs.

"IMA Hospital App" was launched by the National President and Hony. Secretary General, IMA.

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

Then the agenda was taken up point by point.

Agenda A 1: Health Manifesto and Health Campaign – Intervention in Parliamentary Elections
The details of Health First campaign was informed to the House. Few documents including Objective of the Campaign, Internal Document and Implementation Guidelines for State and Local Branches of IMA were prepared by IMA HQs on the Health First Campaign and the members were requested to act accordingly. While discussing the above, all members were requested to kindly percolate this Manifesto to their State & Local branches. All were also requested to meet their local political candidates/leaders of various National

Parties and convenience them to add the issues related to IMA Health Manifesto in their own Manifestos and ensure the support of the medical fraternity to their respective parties. Local branches have to take up this issue on war footing.

Agenda A 2: Crosspathy and related matter

a) Inclusion of Ayush as elective subject in MBBS curriculum: Members were informed about the Section of Media reports quoting Chairman, Board of Governors that it has been decided to provide for study of Ayurveda, Unani, Naturopathy, Siddha and Homeopathy (AYUSH) as an 'elected' for the undergraduate learner of the MBBS Course in the curriculum to be given effect from the Academic Session (2019-2020) across the country. The House opposed the same as it is illegal, unethical and immoral.

b) Six (6) Months Bridge Course in various states for Ayush Graduates and others: The House was informed about the media reports that Maharashtra Government will officially promote Crosspathy by allowing BAMS graduates to prescribe drugs of modern medicine.

c) Acupuncture as a system of Medicine – The House was informed that IMA has written a letter to Secretary of Health & Family Welfare objecting acupuncture as a system of medicine and appealed the Government 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 exist in India at present, it will amount to large scale quackery which is harmful for the citizens of India.

While discussing the issue on Crosspathy, the House requested IMA to opt for legal action against the above and requested our Student Wing of the IMA to be active in this regard.

Agenda A 3: Allied and Healthcare Profession Bill – 2018: The House was informed about this Bill. The House was also informed that the above Bill had been discussed Clause by Clause and the suggestions of IMA HQs were forwarded to the Government.

Agenda A 4: Violence on Doctors, Healthcare Staff and establishments– Campaign for Central Law: The House was informed about the Violence on Doctors and their medical establishments. The House was further informed that IMA has been requesting Govt. of India to enact a Central Hospital Protection Act. In this regard, an International Conclave on Zero Tolerance on Violence on Doctors and Hospitals was organized on 8th February 2019 at Mumbai where a Memorandum of Mumbai on Violence in Healthcare was prepared. The House adopted the above Memorandum.

Agenda Item No: B-1: Minutes of the 220th meeting of the Central Working Committee held at Indore on November 17-18,2018.

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

Agenda Item No.B-2: Activity report of Dr. J. A. Jayalal, Senior National Vice President 2018-19

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

Agenda Item No.B-3: Activity report of Dr.Pragmesh C. Joshi, National Vice President 2018-19

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

Agenda Item No.B-4: Activity report of Dr. P. Gangadhar Rao, National Vice President 2018-19

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

Agenda Item No.B-5: Activity Report of Dr. Anil S. Pachnekar, National Vice President 2018-19

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

Agenda Item No.B-6. Activity Report of Dr. Atul D. Pandya National Vice President 2019-20

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

Agenda Item No.B-7: Activity Report of Dr. Dipak Dhar Chaoudhary, National Vice President 2019-20

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

Agenda Item No.B-8: Activity Report of Dr. G.N Prabhakara, National Vice President 2019-20

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

Agenda Item No.B-9: Activity Report of Dr. T.Narasingha Reddy, National Vice President 2019-20

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

Agenda Item No.B-10: Report of activities of HSG, IMA

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

Agenda Item No.B-11: Report of IMA End TB Initiative

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

Agenda Item No.B-12: Report of liaisons with other Specialist organizations (FOMA)

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

Agenda Item No.B-13: Minutes of the meeting of Office Bearers of IMA- January 15th , 2019, New Delhi

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

Agenda Item No.B-14: Minutes of State Presidents' and Secretaries' meeting alongwith Office Bearers of IMA – January 20, 2019, New Delhi

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

Agenda Item No.B-15: Minutes of meeting of Office bearers of IMA held on February 1st , 2019 at New Delhi

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

Agenda Item No.B-16: Minutes of meeting of Office bearers of IMA held on February 26, 2019

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

Agenda Item No.B-17: Minutes of & 1st review meeting of State President and Secretaries – March 16-17, 2019

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

Agenda Item No.B-18: Report of IMA North East Conclave-Dr. R.N Tandon, Past Honorary Secretary General, IMA

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

Agenda Item No.B-19: Report of Election Tribunal– Madhya Pradesh Dr. R. V. Asokan, Honorary Secretary General, IMA

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

Agenda Item No.B-20: Report of various Court cases in which IMA is involved

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

Agenda Item No.B-21: Report of celebration of World TB Day in IMA HQs.

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

Agenda Item No.B-22: Report of IMA Action Committee - Dr A Marthanda Pillai, Chairman, IMA Action Committee

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

Agenda Item No.B-23: Report of IMA Accreditation and Academic Council - Dr Vedprakash Mishra, Chairman

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

Agenda Item No.B-24: Report of IMA Standing Committee for Medical Education - Dr Vedprakash Mishra

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

Agenda Item No.B-25: Report on IMA Standing Committee For Sanjeevan Project For CPR Training – Dr. M. Balasubramanian, Chairman

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

Agenda Item No.B-26: Report of IMA Standing Committee For Medical Ethics – Dr. Rajendra Airan, Chairman

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

Agenda Item No.B-27: Report of IMA Standing Committee for National Plans, Dr. Samarendra K, Basu, Chairman, Dr. Murlidharan, Convenor

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

Agenda Item No.B-28. Report of IMA Standing Committee of Medico Legal Cell, Dr. T. N. Ravisankar, Chairman

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

Agenda Item No.B-29: Report of IMA Standing Committee for Ayushman Bharat

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

Agenda Item No.-30: Minutes of meeting(s) of the IMA Finance Standing Committee, Held at Indore on November 16, 2018

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

Agenda Item No.-31. Minutes of meeting(s) of the IMA Finance Standing Committee, Held at Bangalore on 27-28 December, 2018

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

Agenda Item No.-32: Minutes of the Joint meetings of IMA Standing Committee for Finance and Building on 8th February, 2019 at Mumbai

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

Agenda Item No.-32(A): Minutes of the meeting of IMA Finance Standing Committee held on April 6, 2019 at Puri (Orissa)

The minutes of the same were read out and passed by the House.

Agenda Item No.-33: Report of IMA HQs. Building at New Delhi and Minutes of various meetings of Building Standing Committee - Dr. V.K Malhotra, Hony. Jt. Secretary, IMA.

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

Agenda Item No.-34: Minutes of meeting of Building Standing Committee of IMA Held at Indore on November 16, 2018

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

Agenda Item No.-35: Minutes of meeting(s) of the IMA Building Standing Committee, Held at Bangalore on 27-28 December, 2018

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

Agenda Item No.-36: Minutes of the Joint meetings of IMA Standing Committee for Finance and Building on 8th February, 2019 at Mumbai

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

Agenda Item No.-36(A): Minutes of the IMA Building Standing Committee on 6th April 2019 at Puri (Orissa).

The minutes of the same were read out and passed by the House

Agenda Item No.-38: Administrative matters of IMA HQs. - Dr. Amrit Pal Singh Hony. Jt. Secretary, IMA

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

Agenda Item No.-39: Report of IMA HQs. Building at Kolkata - Dr. Pijush Kanti Roy, Hony. Jt. Secretary, IMA HQs. Based at Kolkata

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

Agenda Item No.-40: Report of activities of Dr. Dinesh Sahai, Hony. Jt. Finance Secretary, IMA

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

Agenda Item No.-41: Report of activities - Dr. S.K Poddar, Hony. Asst. Secretary, IMA

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

Agenda Item No.-42: Report of Hony. Joint Finance Secretary, Stationed at Kolkata-Dr. Iskandar Hossain

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

Agenda Item No.B-43: Position of HFC and Membership strength Dr. V.K Arora, Hony. Jt. Secretary, IMA

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

Agenda Item No.B-44: Report on Formation/Revival/Suspension/Merger/Change in name of Local Branches Dr. V.K Arora, Hony. Jt. Secretary, IMA

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

Agenda Item No.B-45: Report of Digital IMA - Dr. V.K Arora, Hony. Jt. Secretary, IMA –

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

Agenda Item No.B-46: Activity Report and Administrative matter of Journal of IMA since the last meeting of the CWC- Dr. Sanjoy Banerjee, Honorary Secretary

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

Agenda Item No.B-47: Report of IMA College of General Practitioners - Dr. L. Yesodha, Honorary Secretary

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

Agenda Item No.B-48: Report of IMA Academy of Medical Specialties - Dr. Mohan Gupta, Honorary Secretary

National President reminded the office bearers of IMA AMS who is supposed to conduct 1 National and 4 Regional conferences, Dr. Mohan Gupta assured that within 10 days he will send the details of the above Conferences.

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

Agenda Item No.B-49: Report of IMA Dr. AKN Sinha Institute of Medical & Health Education and Research – Dr. Ajay Kumar, Honorary Executive Secretary

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

Agenda Item No.B-50: Report of Your Health - Dr.Kakali Sen, Honorary Secretary

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

Agenda Item No.B-51: 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-52: 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-53: Report of IMA Hospital Board of India -Dr Jayesh M. Lele, Honorary Secretary

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

Agenda Item No.B-54: Report of IMA Junior Doctors' Network -Dr K M Abul Hasan, Honorary Secretary

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

Agenda Item No.B-55: Report of IMA Medical Students' Network -Dr.Ajoy Kumar Saha, Honorary Secretary

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

Agenda Item No.B-56: Report of IMA Women Doctors' Wing - Dr Mona P. Desai, Chairperson

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

Agenda Item No.B-57: Report of activities of IMA Disaster Management Cell - Dr. Chetan N. Patel

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

Agenda Item No.B-58: Report of activities of IMA Care of Elderly - Dr Samuel Koshy, Convenor

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

Agenda Item No.B-59: Report of IMA Mediation, Conciliation and Grievances Redressal Cell- Dr Milind Naik, Chairperson & Dr Prachi Garg, Convenor

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

Agenda Item No.B-60: Report of Paramedical Courses – Dr. D. R. Rai, Dean, IMA Paramedical College & Dr.N.V.Kamat, Principal Advisor, IMA

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

Agenda Item No.B-61: Minutes of the meeting of SAARC Medical Association held at Mumbai on February 9th, 2019 - Dr. Paramjit Singh Bakshi

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

Agenda Item No.B-62: International Conclave on Zero Tolerance On Violence On Doctors & Hospitals 8th - 9th February, 2019

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

Agenda Item No.B-63: Report of activities related to CMAAO – Dr. K.K Aggarwal, Executive Chairman, CMAAO

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

Agenda Item No.B-64: Report of meeting of IMA delegation with office bearers of The Thai Medical Women's Association, Bangkok – Dr. Kakali Sen, Honorary Secretary, your Health

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

Agenda Item No.B-65: Report of IMA Initiative on Safe Sound - Dr C John Panicker, Coordinator

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

Agenda Item No.B-66: Report of IMA Initiative on Prevention of Diabetic Blindness – Dr. N.S.D. Raju

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

Agenda Item No.B-67: Report of activities of IMA Initiative for Food Safety – Dr.Sreejith N. Kumar, Convenor

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

Agenda Item No.B-68: Report of activities of Organ Donation Committee of IMA - Dr. S. Vasudevan, Convenor

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

Agenda Item No.B-69: Report of activities of IMA Initiative for detection of Congenital Blindness - Dr. Mariam, Convenor

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

Agenda Item No.B-70: Report of activities of IMA Initiative for Emotional Health & Emotional Well-Being of Medical Students and Doctors in India - Dr. Nilima Kadambi, Chairperson

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

Agenda Item No.B-71: Report of activities of IMA Comprehensive Vaccination committee for education, promotion and Implementation of adult vaccination - Dr. Jayesh Lele, Convenor

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

Agenda Item No.B-72: Report of activities of IMA Maternal Mortality Reduction Committee since the last meeting of the CWC-Dr. Dilip Kumar Dutta, Chairperson

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

Agenda Item No.B-73: Report of activities of IMA Initiative for Promotion of Functional Medicine-Dr. Vivek Kadami, Chairperson

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

Agenda Item No.B-74: Proposed Constitutional amendments, if any

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

Agenda Item No.B-75: State / Branch Constitutions for Approval

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

Agenda Item No.B-76: Resolutions brought forward by State/Terr. Branches

Resolution received from Tamilnadu State Branch, IMA regarding 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 was not approved by the House.

However, The Resolution received from the Bengal State Branch, IMA was passed by the House.

Agenda Item No.B-77: Resolutions brought forward by Local Branches

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

Agenda Item No.B-78: Resolutions brought forward by individual members of the Association

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

Agenda Item No.B-79: Any other matter with the permission of the Chair

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

Except the Resolution received from T.N State Branch of IMA regarding separate slab of fee 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, the whole Agenda Book No.1, 2 & 3 was passed.

The House noted the Legislations: Consumer Protection Bill 2018 and **MCI Related Matter:** (i) MCI Ordinance, (ii) Writ Petition

The meeting ended with vote of thanks to the chair.

Dr. R.V. Asokan

Honorary Secretary General, IMA

AGENDA ITEM NO. B-2

Activity Report of Dr. J. A. Jayalal, Senior National Vice President 2018-19

Indeed it is a great honour to serve as your Senior Vice President and actively involved in the various works of IMA especially on the struggle against NMC during this last half year. 221st CWC meet at Puri ,a well organized fruitful meet participated and actively took part in the proceedings on April 6th and 7th and especially for the protest March on 7th in the bank of Puri beeches. Participated in the Extended Action Committee meet held in IMA HQ on 11th may and took part in the discussions on the impact of Bridge courses. On June 2nd in IMA HQ meeting of all Government Doctors Association was held to discuss on the "Policy of Bridge courses and Midlevel Practitioners" in which IMA HQ paved the way for many Government Doctors Associations come into the folder of IMA. On the same day a special Joint action Council Meet on PCPNDT held in which IMA, FOGSI, IRA and Sonologist Associations met under the banner of IMA to thrash out differences and decided to fight united against PCPNDT act. On 9th June IMA HQ organized IMA webcast on CPR for SAARC countries along with Anesthesiologist Association and in which represented on behalf of National President IMA HQ. On June 15th MSN JDN meet organized by Dr.K.M. Abulhasan in Chennai participated representing National HQ and addressed to the 450 MSN JDN students participated in the meet on the need for the struggle against violence on Doctors. On the issue of Violence against doctors with special attention to the violence on Doctors at Kolkatta IMA HQ called for protest day on 14th and all India withdrawal of service on 17th and for this effectively co-ordinated with state IMA TNSB and implemented the withdrawal of service agitation with a much impressive media attention , which resulted in the decision of Government to prepare a bill against violence against doctors. Participated in the TN state council meet on June 16th at Pollachi and spearheaded the agitation against violence on Doctors on 17th across Tamilnadu. On 29th June National President Dr. SanthanuSen visited Chennai and conducted a informal meeting with office bearers of IMA Tamilnadu in the IMA TNSB Guest House and also attended along with the National President for the "Sono summit" conference in Chennai in which our National President was the chief guest. July 1st National Doctors Day celebration conducted in the National HQ and participated in the meet and received the National Doctors Day Award. July 13th participated as Guest of Honour in Tamilnadu State Doctors Day Celebrations. Participated in Doctors day celebrations in Tamilnadu various IMA branches and mainly talked on the NMC issues with the members. Along with the political liaison team spend many days in Delhi HQ, meeting and imparting the ill effects of the NMC on various political leaders, especially members of Parliament. In the meeting organized by IMA HQ for members of Parliament on 10th July on " Challenges in Health Care and policy changes in Hotel Shangri-La Eros New Delhi participated and coordinated the participation of 5 Tamilnadu MP's in the meet. On 14th and 15th July participated in the 4th NBE- UNESCO Chair in Bioethics seminar in Delhi representing IMA in Bio-ethics. On July 20th and 21st organized the first of its kind South Zone Regional Leaders Meet and South Zone Doctors Day. It was attended by 250 branch leaders from Southern States- Tamilnadu, Kerala, Andhra Pradesh, Karnataka, Telangana and Pondicherry. National Leaders Dr. Ravi Wankedhkar, Dr. Vedprakash Misra, Dr. VinayAgarwal, Dr. Marthandam Pillai, Dr. K. Vijayakumar, Dr. S.Arul Rhaj, Dr. V.K. Monga and many others participated. 53 doctors from these states were honoured with South Zone Doctors Day award, in a colorful scintillating Doctors Day ceremony. Emergency Action committee meeting against NMC held on 24th in IMA HQ participated and led the protest against NMC on 25th in the IMAHQ campus by burning the copy of NMC bill. AMS Governing Council meet held in Indore on 28th July attended and motivated the members on the NMC ill effects. On the same night

reached IMA HQ. On July 29th participated in the Delhi Andolan protest against NMC in front of AIIMS and participated in the protest march to Nirman Bhavan, and arrested by the Delhi Police along with National Leaders and released in the afternoon. On 31st July participated in the nationwide strike of withdrawing essential services in protest against the NMC bill. On 4th August took part in the extended action committee meeting held in IMA HQ to discuss on the plan of actions against the NMC bill. 5th August conducted Medical students Dharna and strike against NMC in Kanyakumari Govt. Medical College. On August 10th Participated in the Hyderabad City Branch foundation meet along with National President and leaders of IMA. On the same day participated on the strike organized by Telangana Private Nursing Homes associations along with IMA, on the demand of settling the pending dues on Arokyashree project. On 24th August participated in the NMC Workshop organized by IMA HQ in Trivandrum and also the Safe Sound International seminar organized by the safe sound initiative project of IMA IN Trivandrum on 25th August. On August 31st participated in the West Zone Regional Leaders Meet in Mumbai organized by Dr. Anil Pachneker the Vice president. CMAAO meet organized in Goa on Sept 6th participated and served as Co-Chairman Reception committee. It was an opportunity to meet many CMAAO leaders from various countries and interact with them. Action Committee Meeting held in Goa to finalize the programme schedule of IMA action against NMC Bill. On 15th September Junior doctor's network conference held in IMA HQ attended and chaired few sessions and encouraged and empowered the Junior Doctors Network. On 22nd and 23rd of September in the National CGP Conference held in Agra participated and actively involved in the proceedings of Governing Council and Conference. Attended the TN State council Meet in Tirunelveli on 29th and motivated the state against NMC Bill and the proposed awareness on the clause 32, 50, 51. Attended 15 branch meetings and using the Medical student's network and social organization working on enhancing and motivating people against these sections of this act. In the pollution control board issues organized meeting with its officials and various IMA branch in Tamilnadu and streamlined the process of getting authorization and consent from Pollution control Board. To popularize and make a palpable impact on the Likho India -the signature campaign protest initiated by National president on Oct 2nd, many motivational and implementation steps are taken. I am committed to the struggle against the NMC and taken all steps to motivate the community against this dressed act of Central Government and assure to serve with the same dedication in the days to come also .I thank my colleagues Vice president and ever dynamic National Secretary, President and Dr. RajanSharma for their constant support and encouragement.

AGENDA ITEM NO. B-3

Activity Report of Dr. Pragnesh C. Joshi, National Vice President 2018-19

April 2019

- **14/04/2019:** Attended inauguration ceremony of HITCON south Gujarat technology conference for doctors as Distinguished Guest at jeevanbharti, Rangbhavan, Surat.
- **20/04/2019:** Attended inauguration function and convocation ceremony of National IMACGP North Zone con 2019 as Guest of Honour at Kanpur.
- **27/04/2019:** Attended P. P. S. Zonal seminar at Navsari Gujarat as Chief Guest, Attended "Cardcon"-A cardiology conference at Hotel Taj gateway, Surat as special guest, The organizers performed special and felicitation of National V. P. Dr. Pranesh Joshi.

May 2019

- **5/05/2019:** Attended and chaired the meeting of IMA, standing committee for Initiative for prevention of Diabetic Blindness (PDB) at IMA House, New Delhi.
- **12/05/2019:** Attended meeting of IMA Extended Action Committee at IMA HQS, New Delhi.
- **30/05/2019:** Attended Dinner Meeting along with police Commissioner of surat. Shri Satish Sharma and leading doctors of Surat at Hotel Taj Gateway, Surat. The subject was "Interaction with Doctor regarding

222nd Meeting of IMA Central Working Committee, November 1-2, 2019, Port Blair, Andaman & Nicobar

Cadaver Organ Donation' ' organized by welfare NGO "DONATE LIFE"(which is doing excellent work in field of organ donation and is rated amongst the highest in India).

June 2019

- **2/06/2019:** Attended various meetings at IMA House, New Delhi
 1. The National council meeting of MSN (Medical Students Network)
 2. meeting of the government doctor's organizations regarding Bridge courses and mid level Medical Practitioner.
 3. Joint Action Council on PCPNDT including IMA, FOGSI, IRA, Sinologists' Association & others.
 4. Meeting with Junior Doctors regarding their issues of increasing incidence of suicides, increasing work pressure, inadequate facilities in hostels and workplaces etc.
- **14-6-2019-** Attended the gathering & rally of students at SMIMER medical college & Govt. Medical College, Surat on IMA Protest Day. Addressed the students & briefed them about the current scenario. 400- 500 students took part & supported the cause of IMA whole heartedly. gave memorandum to collector of surat regarding IMA's demands.
- **17-6-2019-** Attended, chaired & addressed the meeting held by IMA, Surat in support of call given by IMA, HQs for Withdrawal of Non-Essential medic Services on 17-6-2019

July 2019

- **1-7-19** - Attended award function at IMA house, New Delhi on Doctors day. Received award of IMA.
- **3-7-19 to 13-7-19- Imphal(Manipur) & Myanmar visit.**
- **4-7-19-** Attended the flagoff ceremony at IMA house, Imphal, Manipur.
- **6-7-19 to 11-7-19-** Chief secretary of Manipur was chief guest. Led the delegation of IMA Manipur state Br. on behalf of IMA HQs.

He went to first ever international tour with delegation to mandalay Myanmar with delegate from IMA, Manipur. Attended Indomyanmar scientific meeting at Mandalay. Met consulgeneralshreeNarelabhaisora and discussed various issues pertaining medical tourism etc with him. Also meet representatives of Chambers of commerce of Mandalay,Myanmar and discussed about connectivity by road and air to and fro Imphal and Myanmar.
Meeting was very faithful in all aspects.

Visited one big multispeciality hospital Mandalay and studies about facilities there.
- **20/07/2019-** Attended South Zone IMA leader's meet at Kanyakumari.
- Attended Prize distribution Ceremony and Award function.
- **28/07/2019-** Went to Delhi for "Andolan" by IMA .
- Attended Meeting of IMA , MNS at IMA House , Delhi.
- **29/07/2019-** Went to Gate No. 1 of AIIMS and staged Dharnas& shouted slogans against NMC bill. Went to NirmanBhavan and courted arrest by police. Submitted the memorandum to MOH.

August 2019

- **25/08/2019** – Attended Meeting of Indian Medical Association Advisory Board Meeting for "Recommendation on Management of Asthma in Primary Care " held at Mumbai.
- **31/8/19** - Attended National West Zone Regional Leaders Meet at Mumbai. Hosted by IMA, Mumbai Branch. Chaired one session in lecture series.

September 2019

- **5/9/19** - Attended Installation ceremony of newly elected president of CMAAD. Dr. K .K. Agarwal at Hotel Lalif, Goa. Attended the lecture series by learned speakers of CMAAO & attended the key note speaker Dr. Ketan Desai's lecture.

- **15/9/19** -Attended meeting of IMA- JDN at IMA House, New Delhi.
- **22/9/19** - Attended National Conference of IMA CGP 13th CGPCON 2019 at Agra. Chaired one session on Tuberculosis, Attended Convocation ceremony of IMA,CGP& conferred fellowship to New fellows.
Attended Meeting of Governing council of IMA, CGP.

AGENDA ITEM NO.B- 4

Activity Report of Dr. P. Gangadhar Rao, National Vice President 2018-19

April 2019

*6th and 7th April: Participated in the deliberations of CWC meeting, finance standing committee and also meetings of welfare schemes and wings of IMA.

*21st April: Press meet in Gudivada about bridge course.

*26th April: Visited Machilipatnam branch of IMA as guest for motivating the members towards national issues concerning medical profession.

May 2019

*17th May: Local branch visits along with state president and secretary to Vuyyuru 9am, Nuzvidu 12 noon and 8pm Gudivada Krishna district.

*19th May: State press meet at Gudivada regarding midlevel healthcare providers.

June 2019

*1st June: Participated in swatchbharat programme in my home town representing IMA as National vice president.

*2nd June: Attended IMA HQ participating in the International environmental day organized by Delhi MA and IMA and took part in the rally. Took part in the discussions on bridge course and other issues of NMC.

*3rd June: Was in the deliberations with student leaders along with HSG and Action committee chairman on issues relating to psychological feelings and suicidal tendencies amongst medical students and for establishing a helpline at head quarters of IMA.

*17th June: Motivated and organised 24 hours workdown strike in Andhrapradesh as per the call of HQ IMA supporting the national call. 80 percent of the branches participated including Judas Medicos and GD7A members and the pulse of the protest felt by the community at large.

*23rd June: Attended Finance standing committee of IMA AP STATE to take stock of various issues pertaining to our AP STATE.

*25th June: Attended as Chief guest in Vijayawada branch at CME programme on diabetes and enlightened the members on all relevant issues of National body.

July 2019

*1st July: It was a great momentous occasion participating at the Inaugural of the portrait mural of Legendary Dr.B.C.Roy on the front face of IMA building of HQ. Attended the blood donation camp organized at HQ building. It was a great honour bestowed upon me by the National leaders felicitating me with an individual award appreciating my services to IMA.

*8th July: Attended a special function of Doctors Day of Nellore branch of IMA alongwith political leaders including the minister for major irrigation of our state govt and state IMA leaders. Had a wonderful opportunity to explain the stand of National IMA on various issues.

*14th July: Attended the state working committee meeting of IMA AP STATE and also forum of past presidents and secretaries of our state at Dindi resorts.

*20th and 21st July: It was a great pleasure attending the South Zone leadership meeting organised by Dr.Jayalal the senior vice president and participated in the deliberations.

*25th and 26th July: Was a part of actions of National Political Liaison Committee meeting political leaders regarding the draconian clauses of NMC ACT 2019.

*29th July: Was part of the Delhi Andolan meet along with IMA leadership and student leaders. Participated in the protest in front of AIIMS and proceeded to Nirmanbhavan and along with National President Dr. Santanusen Dr. Marthanda Pillai Dr. Rajan Sarma and courted detention by police later released.

*29th August: Conducted Leadership meet of IMA AP STATE regarding NMC ACT and appeal to Hon. Prime Minister for modifying the draconian laws. The leadership has decided to collect one crore signatures of IMA members medical students judas and public requesting MODIJEE to MODIFY NMC ACT. Conducted a press meet in PRESS CLUB Amaravati along with state leaders.

August 2019

24th to 25th August: Attended the Leadership meet on NMC ACT at Tiruvananthapuram for discussing further action plan along with two resource persons from AP to work on this subject also participated in The International convention on Safe Sound at the same place.

September 2019

*31st Aug to 1st Sept: It was a great pleasure attending the WEST ZONE LEADERSHIP meet and participating in the excellent deliberations of the meet. Dr. Anil Pachnekar has done a wonderful event.

*3rd September: Conducted a press meet at Gudivada with the branch leaders condemning the brutal attack on our colleague in Assam and observed protest day wearing black badges at work by all the members in AP STATE.

*21st to 23rd September: Participated at the great gala National Convention of CGP and fellowship presentation ceremony. in Agra where 40 senior colleagues were decorated with fellowship of CGP. Also was in the deliberations of National Council of CGP along with stalwarts National leaders and was a part in taking some crucial decisions on various administrative matters of CGP.

*29th September: Along with lead team members of IMA AP STATE made a preconference visit to PUTTAPARTI where our 4th AP IMA CONF is going to take place. Guided the organising team about the specificities to be worked out in making the conference a success.

*4th October: Presided over a public awareness meeting in Gudivada IMA hall inviting NGOs and prominent citizens of the town and explained to them the intricacies of clauses 31,50,51 and 15.

There was a popular appreciation of IMA stand on the issue and all people present signed the petitions addressed to PM Shri. Narendra Modi in our regional language appealing for changes in the operational part of the above clauses.

*11th October: Was the chief guest as National Vice President IMA at a special function of ROTARY INTERNATIONAL on International DAY on OBESITY in a Degree College and educated about 300 degree students about OBESITY its implications and management strategies.

AGENDA ITEM NO.B-5

Activity Report of Dr. Anil S. Pachnekar, National Vice President 2018-19

DR ANIL S PANEKAR NATIONAL VICE- PRESIDENT, IMA HQS DELHI, pleasurable submit my reports from April 2019-October 2019. I attended all the national programme religiously, participated actively in discussion, debates, & contributed immensely whatever responsibility designated to me as National Vice-President from National President Dr Santanu Sen & by Our HSG Dr Asokan from IMA HQs Delhi. My intention was always clear that I should attend national meetings, pass on messages to states & to local branches for their know how about issues & for expecting active participation from them.

Friends I was designated duty of NORTH-EAST AREA, I visited thrice in north-east area, in TRIPURA, ASSAM, & ARUNACHALPRADESH on behalf of IMA, has attended as chief guest in conferences, work-shops, in local branch meetings. I carry forward the centre's happenings to respective north-east states. Tried to update them about happening at central IMA, so idea behind to let them involve in mainstream working of central IMA. I was given responsibility for West-Zone Regional Leaders Meet, by our beloved National President Dr Santanu Sen Sir. We IMA Mumbai Branch conducted meeting with great enthusiasm & zest in Five Star "Hotel Orchid" at airport Mumbai on 31st August & 1st September. It was great response from all over Gujarat, Rajasthan, Madhya Pradesh, Goa & Maharashtra. More than 150, regional leaders, local branch

president secretaries attended West-Zone Regional Leader's Meet. Kind courtesy from centre as nearly all national leaders & office bearers were present to participate and blessed us. Speakers were national leaders & medical council members & experts of field. Spoke so well, It was a great, good take home message discussion, speakers guided vehemently on different issues pertaining to medical fraternity, and suggested further line & course of action for battle against draconian rules and regulations. The meet was so successful that everyone wanted video recordings content of speakers. At the end we tried to do justice to programme by nice gesture of good hospitably & by good take home message for those who attended. The idea behind such zonal meetings is that, in CWC & in central councils only few members are allowed and participated as per our Constitution, but by way of zonal meetings we can pass on message from centre to respective States and local branch, regional leader's, to local branch president-secretary more effectively.

- 1) 211st CWC Meet Puri - April 6th & 7th
 - Attended Finance & Building Committee, meeting in at CWC venue puri, Orissa
 - Participated in rally in CWC, Puri, Orissa 7th April on occasion of WORLD HEART DAY
- 2) On 16th April I was invited as a guest of honor for IMA Mumbai Branch, new President Installation ceremony at Mumbai
- 3) Participated on Live Telecast Program of T.V. Channel Times Mirror, opposing NMC .
- 4) IMA delegation lead by Dr Anil Pachnekar, national Vice-president, Dr Shivkumar utture, chairman MMC, Dr Hozie kapadia, President IMA maharashtra state, Dr prakash Borana ,president IMA mumbai branch, Dr Dhiren Kalawadia , treasurer IMA STATE & Dr shingan, Dr vaza, Dr Pankaj bandarkar, Dr shignapurkar met MP candidate Mrs Poonam Mahajan madam, Mr. Rahul Shewale , EX CHIEF MINISTER STATE MR PRITHVIRAJ CHAVAN , MP candidate EKNATHRAO Gaikwad, MLA VARSHA GAIKWAD, handed over them IMA MANIFESTO about health for all.
- 5) Attended Extensive Action Committee Meeting - 11th May at IMA HQ's Delhi
- 6) National Doctor Day - 1st July, received the Felicitation from IMA HQ's Delhi by the hands of National IMA President Dr. Santanu Sen on occasion of "DOCTOR'S DAY" Celebration today on Doctor's Day celebration, organised by newly elected MP Mr. Rahul Shewale, Dr Mohan Joshi, "Dean ", Sion Hospital, Dr Ameeta Patil , Proud Owner of "Ameeta" Nursing Home, & Dr Anil Pachnekar , National Vice President, got felicitation by hands of MP Rahul Shewale Sir.
- 7) Attended Meeting Held on 2nd June at IMA HQ's Delhi on
 - Policy on Bridge Course and Midlevel Practitioners.
 - MSN Meet
 - Joint Action Council on PCPNDT
- 8) 14th June Protest Day was observed in Maharashtra State, in local branches and in clinic as per instruction from center to protest violence against doctors.
- 9) Strike against violence against doctors observed all over Maharashtra State on 17th June conducted press conferences and Blood Donation Camp
- 10) Attended meeting on Challenges in Health Care - MP's Meet in Hotel Shangri -La, Delhi. On 10th July Meeting was very much fruitful as more than 50 MP attended meeting's.
- 11) South Zone Regional Doctors Meet Kanyakumari - 20th and 21st July
- 12) Emergency Action Committee Meet - 24th July
- 13) Burning of NMC Bill copies - 25th July in IMA House
- 14) Co-ordination Committee Meet -28th July
- 15) Actively Participated in Delhi Andolan Agitation in front of AIIMS and in front of NIRMAN BHAVAN, got Police Arrest - 29th July
- 16) Actively participated in Protest against NMC Bill by withdrawing non emergency services from clinics and hospitals nationwide - 31st July
- 17) Attended Action Committee Meet in IMA HQ's Delhi - 4th August
- 18) Attended workshop to opposed NMC in Trivandam .
- 19) Safe Sound Conference in Trivandam on 24th August & 25th August
- 20) Attended CMAAO Meet in Goa held on - 5th & 6th September

- 21) MAHA AMSCON, IMA MS AMS Conference Inauguration Ceremony at IMA Nagpur. Chief Guest Dr Santanu Sen National President, presiding officer Dr Hozie Kapadia President IMA MS, Special invitees Dr. Anil Pachanekar, VP IMA HQ, Dr Shivkumar Utture President MMC, Dr. Ashok Adhao National past President and Dr Suhas Pingle Hon Sec IMA MS graced the occasion. This was followed by a wonderful Musical Event and Banquet. We Thank IMA Nagpur Branch for excellent hospitality.
- 22) Conducted Graciously West Zone Regional Leaders Meet in Mumbai on 31st August & 1st September In Hotel Orchid Mumbai.

AGENDA ITEM NO.B- 6

Activity Report of Dr. Dipak Dhar Chaoudhary, National Vice President 2019-20

1. NMC Bill –
 - a) Attended Medical Students Network National Council Meeting held in IMA House, New Delhi, on 14.05.2019
 - b) Attended the proceedings of burning of NMC Bill in IMA House, New Delhi on 25.07.2019.
 - c) Participated in the protest march to Nirman Bhawan, New Delhi along with National President/Hony. Secretary General, other Office Bearers & the representative of MSN. Courted arrest along with the National President on 29.07.2019.
 - d) Closely monitored total closure of Medical Establishments in the state of Uttarakhand, Uttar Pradesh, Bihar, Jharkhand, Odhisa & Chhattisgarh on 31.07. 2019.
 - e) Attended Extended Action Committee Meeting on 04.08. 2019 in IMA HQs.
 - f) Monitored all India Strike on 08.08.2019 in the state of Uttarakhand, Bihar, Jharkhand, Odhisa & Chhattisgarh
2. SUNO BHARAT CAMPAIGN – Closely monitoring in the states of Uttarakhand, Bihar, Jharkhand, Odhisa.
3. LIKHO BHARAT CAMPAIGN - Closely monitoring in the states of Uttarakhand, Bihar, Jharkhand, Odhisa.
4. Conducted peaceful state election and attended 2nd SWC Meeting in Haridwar on 29.09. 2019.
5. Had a very cordial and successful meeting with Shri. Rajnath Singh Ji, Hon'ble Defence Minister on 5.10.2019 regarding Clinical Establishment issue in New Delhi, in his Camp office Ashoka Road, New Delhi.
6. Attended installation ceremony in IMA AIIMS Rishikesh Branch on 7.10.2019.

AGENDA ITEM NO.7

Activity Report of Dr. G.N Prabhakara, National Vice President 2019-20

- Attended 221st meeting of CWC of IMA on saturday April 6th 2019 and on 7th at Puri, Odisha.
- Arranged a walkathon on 31st may in view of world tobacco day to sensitise the people.
- Doctors day celebration at IMA head quarters on 1st july. Participated as chief guest for Doctors day at local branches.
- Arranged and participated in All India protest day on Friday, June 14th, 2019, in solidarity with a Doctor victim of assault in Kolkata. Closing all the OPDs and protest march done.
- Attended South zone Leaders meet at Kanyakumari.
- Attended 34th CMAAO Congress at Goa on 5th and 6th September. Leaders meeting also held at same venue.
- Conduction of meeting by IMA local branches on deleterious clauses of NMC act.
- Launch of Likho Bharat on 1-10-2019
- Wearing black apron and submission of memorandum on 4th October 2019 all over Karnataka.
- Observed hand washing day on October 15, 2019, at IMA Tumakur.

Activity Report of Dr. T.Narasingha Reddy, National Vice President 2019-20

- Attended Ayushman Bharat meeting with other Associations along with IMAHBI & CII on common minimum pricing for procedures on 14.12.2018 at 5.30 pm at IMA House
- Attended a common meeting of various Wings, Schemes & Committees on 15th & 16th December, 2018 at IMA House, New Delhi.
- 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.
- Invited and attended Doctors Parliamentarians from Andhra Pradesh and Telangana for meeting on the evening of 20th December 2018, at New Delhi to sensitize about the bills like NMC, MCI amended Ordinance and CPA bill.
- 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.
- 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.
- 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.**
- 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
- 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
- Done political liaisoning and campaign in New Delhi from 5-2-2019 to 7-2-2019
- Done Political liaisoning and campaign in New Delhi from 10-2-2019 to 13-2-2019.
- Observed IMA Solidarity Day on February 21, 2019 in solidarity with IMA Uttarakhand on the issue of CEA.
- Attended the CMAOO conference organising committee meeting on 5th March 2019 at 5:00 pm in IMA House, New Delhi
- 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
- Attended the Committee meeting 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.
- Attended the 2nd State Presidents and Secretaries Meet and other various Committee meetings held on 16th & 17th March 2019 at IMA House, Indraprastha Marg, New Delhi-110002.
- Attended the 221st CWC Meeting at Puri held on 6th & 7th April 2019, and other various committee meetings at Om Leisure Resort Puri, Baliapanda Housing Board, Baliapanda, Odisha.
- On 7th April, 2019, on occasion of World Health Day, Participated in the rally organized by IMA Odisha State Branch at Puri.
- **Participated in Indian Medical Association (IMA) HQ supported Exhibition on Medical Device & Equipment called as MEDIKO India from 3-5 May, 2019 at Hyderabad.**
- On 4th May 2019 Attended the IMA MEDIKO Excellence Award with BDO and CNBC. IMA MEDIKO Excellence Award at Hotel Novotel, Hyderabad
- Attended the 20th meeting of IMA Hospital Board of India - 4th May, 2019, Hyderabad (HBI) and the combined meeting of Telangana Hospitals & Nursing Homes Association (THANA) and HBI on 5th May 2019 at HICC, Hyderabad.
- Attended the extended Action Committee meeting on Saturday 11th May, 2019 at IMA House, New Delhi, with State and National leaders. The agenda was on "Mid level practitioners and Bridge Course".

- On 31st May 2019 , Observed and participated on occasion of World No Tobacco Day, and taken a public pledge on the occasion, promising not to consume Tobacco themselves or promote its consumption in any form- “Say No to Tobacco”
- Attended the meetings at IMA Hqs New Delhi on Sunday 02.06.2019
- Follow up action of the decisions of the Action Committee meeting held on 11.05.19.
- The National Council Meeting of Medical Students Network (MSN)
- Meeting with the Government Doctors Organizations.
- Meeting with Joint Action Council on PCPNDT including IMA, FOGSI, IRIA, Sonologists Association and others.
- Participated in “World Environment Day” on 2nd & 5th June, 2019 and
- Done tree plantation during the month of June, 2019.
- On **14.06.2019** observed and Participated in **All India Protest Day** for the gruesome incident in NRS Medical College, Kolkata which was
- Barbaric in nature. Dr Paribaha Mukharjee who was brutally attacked was then critical and fighting for his life.
- On 15/06/2019, Participated in the IMA JDN Convention at Sri Ramchandra Medical College, Chennai. Tamil Nadu
- On, 17/06/2019 , Participated in IMA HQs call to withdrawal of all non essential services for 24 hours from 6:00 am to 6:00 am (next day) across the country in all healthcare institutions.
- On 11th July 2019, Attended the Action Committee meeting on NMC at IMA House, Indraprastha Marg, New Delhi-110002.
- On 20th July 2019, Participated in the South Zone Leaders regional meet at Kanya Kumari, Tamil Nadu.
- On 21st, July 2019, Participated in the IMA Telangana State Zone III Regional conference at Warangal, Telangana State.
- On 25th July 2019 Participated and Protested by burning the NMC Bill 2019 along with National and State leaders at IMA House, Indraprastha Marg, New Delhi-110002.
- On 29th July 2019, Participated in Delhi Andolan against NMC bill at AIIMS, New Delhi and later protest march to Nirman Bhawan by entire medical fraternity and was arrested along with National President Dr.Santanu Sen and Other national leaders and were detained for 4 Hours at Mandir Marg Police Station. and later participated Chhatra Sansad in IMA Hq, New Delhi.
- Participated and lead the 24 hours withdrawal of non essential services across the nation by modern medicine doctors from 6 am on Wednesday, 31.07.2019 till 6 am the next day ie. Thursday, 01.08.2019.
- On 4th August 2019, Attended the extended Action Committee meeting has been convened at IMA House, New Delhi to discuss the further course of action regarding NMC Bill 2019.
- On 16th & 17th August 2019, on behalf of National President attended the 35th National Conference on Sexology , SEXCON 2019 at Vishakhapatnam, Andhra Pradesh and gave the Oration on” IMA Initiative on Sexual Health “
- On 23 August 2019, attended the national level workshop on NMC at Kovalam, Thiruvananthapuram, alongside the International convention on safe sound organised by IMA safe sound Initiative.
- On August 31st 2019 & 1st Sept 2019, Participated in the IMA West Zone Leaders meet in Mumbai, Maharashtra.
- From 4th to 7th September attended the CMAAO conference at Hotel lalit in Goa.
- On 15th September, 2019 attended the National Convention of Junior Doctors Network, at IMA HQs.
- On 22nd and 23rd September 2019, Participated in the Annual National CGP conference in Agra.
- On 13th October 2019, Participated in the IMA Telangana State Zone I Regional conference at IMA Building, Koti, Hyderabad. Telangana State
- On 19th October 2019, Participated in the Finance Standing Committee meeting at IMA House, New Delhi.

Minutes of the meeting of IMA with Government Doctors' Organisations 2nd June, 2019

A meeting of the IMA with Government Doctors' Organisations held on 2nd June, 2019 between 11.30 AM – 1.30 PM at IMA House, I.P. Marg, New Delhi

Participants :-

Dr. Santanu sen, National President, IMA
Dr. Ravindra Sitaram Wankhedkar, Imm. Past National President, IMA
Dr. J.A. Jayalal, National Vice President 2018-19, IMA
Dr. Pragnesh C. Joshi, National Vice President 2018-19, IMA
Dr. Potluri Gangadhar Rao, National Vice President 2018-19 , IMA
Dr. T. Narasinga reddy, National Vice President 2019-20, IMA
Dr. A. Marthanda Pillai, Past National President, IMA
Dr. R.V. Asokan, Hony.Secretary General, IMA
Dr. Ramesh Kumar Datta, Hony.Finance Secretary, IMA
Dr. Amrit Pal Singh, Hony.Jt.Secretary, IMA
Dr. Sibabrata Banerjee, Hony.Assoc.Editor, JIMA & Hony.Jt.Secretary, IMA
Dr. S.K. Poddar, Hony. Asst. Secretary, IMA
Dr. Dinesh Sahai, Hony.Jt.Fin.Secretary, IMA
Dr. Manjul Mehta, Member, IMA Building Standing Committee, IMA
Dr. Ajay Kumar, Hony.Executive Secretary, IMA AKN Sinha Institute
Dr. D.R. Raj, Past Honorary Secretary General, IMA
Dr. Narendra Saini, Past Honorary Secretary General, IMA
Dr. Ranjeet Kumar, Secretary General, Bihar State Health Services Association
Dr. D.R. Dey, President, Joint Action Council of Service Doctors Organisation
Dr. Vijay Rai, Secretary, Delhi Administration Doctors Welfare Association
Dr. Prakash M, Secretary General, Karnataka Government Medical Officers Association
Dr. G.A. Srinivasa, President, Karnataka Medical Officers' Association
Dr. Ravindranath Meti, Elect. Secretary, Karnataka Medical Officers' Association
Dr. Sanal kumar, Senior Vice President, Kerala Government Medical Officer's Association
Dr Sherin, Kerala Government Medical Officer's Association
Dr. Madhav Hasani, Secretary, Madhya Pradesh Medical Officers Association
Dr. Rajesh Anandrao Gaikwad, President, Maharashtra Association Of Gazetted Medical Officers (MAGMO)
Dr. Ajay Lekhi, IMA
Dr. Rajiv Garg, IMA
Dr. N. V. Kamat, Principal Advsiior, IMA

Dr. S.K.Poddar, Hony Asstt. Secretary IMA read out the IMA Prayer. Dr.Narendra Saini, Past Hony. Secretary General, IMA invoked the flag salutation.

Dr. R.V.Asokan, Hony. Secretary General, IMA welcomed the participants. Self introduction one by one present in the meeting.

HSG said that IMA is concerned with the policy of Bridge Courses and mid level medical practitioners. Govt. are planning to convert 1,50,000 modern medicine sub cetnres into wellness centres.

IMA has called a meeting of the Govt. Doctors organizations to address this professional issue. The existence of modern medicine as a system and our own institutions starting from primary health centre and our sub-centres are threatened. Our sub-centres are going to be redesignated as wellness centres and manned by AYUSH, non medical graduates and paramedical graduates.

He requested the Govt. doctors organization for their input and support. Dr. Santanu Sen, National President, IMA said that till date the dwellers of this country mostly depend on Govt. health sectors for their medical services. It is very unfortunate to observe that the modern medicine doctors are being tried to be out them gradually by the process of Bridge courses by allowing doctors of system of medicine to practice modern medicine by the process of bridge courses. The Indian Medical Association is not against any other system of medicine. We have respect for each and every system of medicine and believe that Govt. of India should take bold steps to develop each and every system of medicine instead of providing mixo pathy. Those days are not very far if the Govt. can implement this process then it will gradually expand into Taluk in hospitals, district Hospitals, sub centres or in primary health centres.

We strongly believe and we have already given a representation before the Govt. of India that we are having enough number of MBBS doctors to serve this country and if they are given a proper employment in a proper way each and every Indian citizen can get medical health care service from the hands of modern medicine doctors. He said that now the time has come to medical fraternity to show their unity and strength before this Government. He further said that at the same time we have to convince the people at large. That is why we have kept the slogan for this year as **Doctors for Doctors and Community at large**. We have to establish our fight as fight for the nation and fight for the common people at large then only we can gain the confidence of the common people. I am sure the Government will listen the voice of Indian Medical Association.

Dr. Ravi Wankhedkar, Immediate Past National President, IMA welcomed all the members present in the meeting. Service doctors are a integral part of health care delivery system of this country. Wrongly this impression was created that Indian Medical Association is an organization of private practitioners. You are a major opinion makers. Major portion of health care delivery to the common man is through Govt. doctors and we work together, we can address the problems of the profession and the healthcare delivery system of this country. Unfortunately successive Govts. have neglected the Govt. health sector. IMA is ultimately an umbrella mother organization. Our aim is to maintain the dignity of profession. Unemployment is such a big problem for the young graduates.

Dr. Marthanda Pillai, Chairman, Action committee said service doctors are on a common platform with IMA to address the issues of medical profession. The issue is much more concerned with Govt. service doctors because wellness centre itself is a problem in Govt. service. The service condition of service doctors is appalling. At least 30% of the primary health centres lack of their own building, medicine, equipments, facilities and no residential accommodation . No advertisement of any post. Dr. R.V.Asokan, HSG, IMA said that collapse of primary care by modern medicine will be a great catastrophe of the country. The theme of this year Doctors' Day July 1st is "Patient Safety and Quality Care" which will address the bridge course, mid level practitioners issue also. Dr. Marthanda Pillai said that state Govt. have to identify difficult areas where doctors are not going and form a package for those difficult areas. He suggested that during MBBS Course a student should spend atleast one month in a primary health centre and during internship three months posting in sub centre. Postgraduates have to spend minimum of one month in a community health centre. Dr. Prakash from Karnataka said that we are not against any pathy. AYUSH Wing should be separate with services of their own pathy.

Govt. Doctors' suggested that uniform recruitment rules, work place ambience avoidance of multi-tasking and eligibility for Post graduation will improve recruitment rules.

HSG expressed the willingness of a meeting on All India Medical Service (IMS). He also said that 877 posts were vacant in Karnataka Health Service. Dr. Ranjeet Kumar, General Secretary of Bihar and the All India Federation said that India has 1,06,000 doctors in Govt. service NRHM was exploiting doctors by appointing contractual doctors and retired doctors. He suggested that a copy of the minutes should be sent to all the

State Health Secretary or Principal. He suggested that no doctor of modern medicine should teach such unqualified people. Dr. J.A.Jayalal, Senior National Vice-President, IMA invited suggestion.

Dr. Ravi Wankhedkar, Past National President, IMA said that in some states there are majority of Govt Doctors but they are not part of IMA so he requested HGS to give a special package so that all Govt. doctors can become IMA members. Dr. Ajay from Maharashtra was concerned that the vacancies of modern medicine doctors was being captured by AYUSH. MBBS doctors are not attracted to Government services due to long duty hours, unattractive salary and lack of promotional opportunities. Dr. Santosh Kumar from Kerala emphatically said no to mixopathy and mid level practitioners. KGMOA will work with IMA in this regard.

The following decisions were taken :-

1. To oppose Bridge Courses and mid level practitioners
2. To demand to bring Health on concurrent list
3. To demand Indian Medical Service
4. To demand increase expenditure on Public Hospitals, infrastructure and human resources
5. To demand dedicated recruitment board at Central and State level
6. IMA will facilitate recruitment of young graduates through an employment bureau
7. Inform entry level, salary structure and promotional opportunities. Special package for difficult area
8. Dedicated incentives for PGs
9. Formation of Joint front in all States
10. IMA to examine legal options as well
11. IMA to ensure non appointment of AYUSH doctors in modern medicine private hospitals

Dr. J.A.Jayalal said that the policy document will be published and submitted to the Govt. IMA will instruct all the State Presidents and Secretaries to hold such meetings in their state. The vote of thanks given by Dr. Ramesh Kumar Datta, Hony. Finance Secretary, IMA

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

AGENDA ITEM NO. B-9 (b)

Dr. Payal Tadvi's Suicide and Related Matters

Dr Payal Tadvi issue: Dr Payal Tadvi , a postgraduate Resident in OG in Nairs Hospital Mumbai continuing a trend of depression and suicide amongst young Resident Doctors. Unfortunately the issue got coloured and the medical profession was accused of bias on non professional considerations. IMAHQ intervened subtly and firmly. This led to production of a documentary on the issues of Resident Doctors.

IMA FACT FINDING COMMITTEE ON DR. PAYAL TADVI'S SUICIDE AND RELATED MATTERS

Following are the Members of the IMA Fact Finding Committee on the above issue

1. Dr. Ashok Adhao, Past National President, IMA
2. Dr. Ravi Wankhedkar, Imm. Past National President, IMA
3. Dr. Chandrakanth Mhaske
4. Dr. Hozie Dara Kapadia
5. Dr. Suhas Pingle
6. Dr. Sujatunnisa Attar

The **terms and reference** for the above Committee.

- 1) To ascertain the facts regarding the index incident of Dr. Payal Tadví's suicide (Nair's Hospital, Mumbai).
- 2) To ascertain the living conditions of Resident Doctors and make recommendations.
- 3) To ascertain the working conditions, work load, work related stress and depression of Resident doctors and make recommendations.

Working Conditions, workload, work related stress

Resident doctors are working under extreme conditions and have multiple issues like

1. Duty hours - Resident Doctors works from 15-20 hours a day or 110-140 hours/week which is absolute violation of central residency scheme 1992 which recommends 48/week. Extended duty hours without break and extreme patient load affects residents mental status inversely.
2. Violence against doctors - In various surveys it was found that doctors are under continuous anxiety and feel threatened at workplace. The major cause is workplace violence and abuse. Patient attendants demands immediate relief of their patient's suffering and sometimes hits the doctor in an outrage. These emotional outbursts severely affects the mental status of Resident Doctors and they accept that their ability to perform skills also reduced under threat.
3. Duty rooms - most of the hospital don't provide Duty rooms to resident doctors, doctors are forced to sleep in treatment rooms, nursing stations or other temporary arrangements. sometimes a single duty room given to all speciality residents creating huge chaos. If duty rooms were given they don't have beds, clean washrooms, clean water and other required items.
4. No recreational activities- Resident doctors were forced to work 24x7 without food and water. These agony was justified by convincing them that they are in learning phase and these hardworking will pay later but in reality many of the resident doctors succumbs to these extreme conditions. They either become depressed or sometimes commits suicide. The major reason is non stop work without any recreational activities. Residents are never taken outside for picnic or sports activities or group activities by any hospitals. Even if resident doctors ask for leave for their marriage they are scolded by seniors for marrying in residency period.
5. Finally seniors must have empathy towards their juniors. Extreme workload can only make donkeys and not geniuses. If they can show some empathy towards them and pressurise Administration to provide all facilities to juniors and timely offs then they might work more then what they do now.

Living conditions

Most of the government hospitals have increased its post graduate, DNB, Non Academic SR, JR and super specialisation seats but the infrastructure remained the same. This has resulted in extreme shortage of hostel accommodation and most of the residents which was supposed to remain in hospital are forced to live outside on rent. Most of the rooms are in isolation and made in temporary settings to rent at low costs. But those rooms usually don't have proper ventilation, electricity, water, food, other facilities like proper sanitation, wastage removal and continued cleaning facilities which are provided in hostels. Hostels also provide cohort of colleagues which improve the mental status of residents as they usually meet each other in corridors or messes. This creates a positive environment of community. But when they live in isolation in rented houses it's cuts them from their colleagues and they sink into negative thoughts.

Most of the times rented houses are in remote places where security of residents especially female residents remain a primary concern. Many of the residents from different hospitals complained about the dangerous activities/ misbehaviour they encountered while going home after duty.

Recommendations:-

1. strict implementation of central residency scheme in all hospitals of India. Formulate central residency scheme with a core theme to grow any medical graduate in the health care sector with adequate job prospects ,academic growth to achieve excellence and financial stability to sustain in the rapid transition of the nation.
2. Central protection law to make violence against doctors a non bailable offence and trial will be done in fast track courts, hospital administration will file case and not resident. Demand for central medical tribunal can be given to specially take medical cases on priority.
3. All hospital departments strictly have attached duty rooms, if any department don't have doctors duty room their next year admissions must be cancelled. Duty rooms must be thoroughly maintained and taken care by Administration including food and water.
4. Recreational activities must be planned by hospitals with monthly sports activities, seminars, outings to water parks or other places where residents can feel relaxed from their busy schedule.
5. All Resident Doctors especially female resident doctors must get hostel accommodation on admission. Giving HRA can't be accepted as excuse from government not providing accommodation as already mentioned. In house accommodation will have positive psychological and security affect apart from better living conditions.
6. Financial insecurities are making youth an economic slaves and one cannot grow up adequately if stress predominates in their career objectives .As well equipped soldier can save the boundaries of the nation. Salary, allowances and other emoluments in par with their qualification and experience to be recommended and ensured.
7. **Pay disparity** of resident doctors encourages migration of the doctors across the country and will prevent losing our talent to the other countries for better prospectives. We recommend same work, same pay Health of young doctors have to be properly looked after. Young doctors are exposed to serious threat of ailments. Many doctors have even lost their life either due to assault or life threatening infections acquired on duty.**Risk Allowance and** compensation these occupational hazards to be instituted.
8. **Adhocism** has become curse for Indian health sector .Permanent care to the citizens cannot be assured when your doctors are on temporary basis. **Not only resident even specialist posts are still on contractual basis** in the country which clearly reflect the insensibility of the policies towards commitment for good health of the citizens. Doctors on contractual period of three months to six months is a biggest loophole in continued health care and adhocism must be abolished for the betterment of the sector as a doctor is a permanent care provider but policy are making them unstable at work place .
9. Resident doctors and other young doctors are major working force still they are facing exploitation irrespective of sectors. Apart from clinical responsibilities if young doctor has to learn new skills in various branches. They have to pay a huge amount to the institutions for further studies .Medical education can be imparted only under the guidance of senior doctors who are practicing since years. Unfortunately despite having academic interests ,many senior doctors are not able to share their skills and experience due to lack of infrastructure in public health sector and financial implications in private institutions. Huge fee structure for skilled medical education should go.

ADMINISTRATIVE MATTER

1. The following contractual staff members have been appointed on regular basis w.e.f. 1st November 2019:-
 - Mr. Anand Gautam, Data Entry Operator
 - Mrs. Priya Khera, Data Entry Operator
 - Mr. Manoj Bhakuni, Peon
2. 18 employees of IMA HQs. Were promoted and placed in next higher scale as per Office Order No.34 dated 12.6.2019.
3. Ms. Mary George, Account Assistant, was appointed in IMA HQs on a contractual basis at consolidated remunerations of Rs.25,000/-.
4. Felicitation of IMA Female Staff Members on the occasion of International Women's Day.
5. All employees of IMA HQs are insured through LIC. The premium of employees is paid by IMA HQs which will continue to pay for next 10 years till the maturity of the Policy.
6. Diwali Milan was celebrated in IMA HQs on 24.10.2019 along with HSG and Office-bearers of IMA HQs.

Report of Court cases in which IMA is involved

Case Title	Case No.	Office File No	Court	Case Type	Case Detail	First Appearance Date	Next Appearance Date
ASSOCIATION OF HEALTH CARE PROVIDER V. UOI	WP (C) 1072/19	ASA/SC/IMA/5447	SC	Litigation	seeking protection of doctors	25 Oct 2019	
ANUJ MISHRA VS M/S ANTRIKSH ENGINEERS CONSTRUCTION & ORS	CC 1312/19	ASA/NCDRC/IMA/5445	NCDRC	Litigation	consumer complaint	01 Oct 2019	06-Nov-2019
COMPLAINT AGAINST MS. ANJANA OMI KASHYAP, REPORTER OF AAJ TAK, BIHAR TAK NEWS CHANNEL FOR VIOLATING CODE OF ETHICS & BROADCASTING STANDARDS		ASA/M/IMA/5198	Misc.	Litigation	complaint against harrasing the doctors in ICU	closed	
ALAKH ALOK SRIVASTAVA VERSUS UNION OF INDIA AND ORS.	WP (C) 771/19	ASA/SC/IMA/5186	SC	Litigation		18 Jun 2019	dismissed
OPINION ON BERGER PAINT AGREEMENT		ASA/M/IMA/5155	Misc.	Miscellaneous			
IMA VS UOI & ORS	WP (C) 573/19	ASA/SC/IMA/5029	SC	Litigation	Challenges the constitutional validity of Medical Council (Amendment) Ordinance 2018 & 2019	10 May 2019	05-Dec-2019
DR. ASHISH AGGARWAL VS IMA		ASA/ARBI/IMA/4769	Arbitration Delhi	Litigation	arbitration claim against IMA	12 Jan 2019	24-Oct-2019
ALL INDIA INDIAN MEDICINE GRADUATES ASSOCIATION (REGD.) VS DMA & ORS.	SLP (C) 20144-20145/16	ASA/SC/IMA/4446	SC	Litigation		01 Oct 2018	Awaited
SULTAN SINGH DHOBI VS. U.O.I. & ORS.	OA 1855/16	ASA/CAT/IMA/4419	CAT	Litigation		23 Aug 2018	11-Oct-2019
DR. ARVIND NARAYAN VS. IMA	CS (OS) 386/18	ASA/HC/IMA/4390	HC Delhi	Litigation		06 Aug 2018	14-Oct-2019
IMA VS M/S ARTH BUSINESS NEWS CHANNEL PVT. LTD. & ORS.	Cri. Complaint	ASA/TH/Saket/4360	TH	Litigation		07 Jul 2018	25-Jan-2020
IMA VS UOI	WP (C) 895/16	ASA/SC/IMA/4330	SC	Litigation		19 Jul 2018	Awaited
BAHARUL ISLAM & ORS. VS IMA & ORS.	SLP 32592-32593/15	ASA/SC/IMA/4329	SC	Litigation		13-Nov-18	Awaited
IMA VS ROSARIO COSMETICS PVT. LTD. & ORS.		ASA/TH/IMA/4314	TH	Litigation		29 Jun 2018	14-Feb-2020
MCI VS MEENAKSHI GAUTHAM & ANR	Cont. App (C) 17/15	ASA/HC/IMA/4309	HC Delhi	Litigation		29 May 2018	27-Jan-2020
IMA VS M/S ARTH BUSINESS NEWS CHANNEL PVT. LTD.	CS (COMM) 122/17	ASA/HC/IMA/4240	HC Delhi	Litigation		04 May 2018	Closed
GNH DESTINATIONS PVT. LTD. VS. IMA & ORS.		ASA/TH/IMA/4185	TH	Litigation		06 Jan 2018	05-Dec-2019
DR ASHISH AGGARWAL VS IMA	CS 98/17	ASA/TH/IMA/4076	TH	Litigation		05 Sep 2017	Closed
INDIAN MEDICAL ASSOCIATION (REGD.) VS INDIAN MEDICAL ASSOCIATION(HQ) (REGD.) ANR.	OMP 1036/13	ASA/HC/IMA/2753	HC Delhi	Litigation		16 May 2015	16-Oct-2019
INDIAN MEDICAL ASSOCIATION VS MEDICAL COUNCIL OF INDIA;	WP (C) 4038/13	ASA/HC/IMA/2664	HC Delhi	Litigation		01 May 2015	04-Mar-2020

AGENDA ITEM NO.B-10 (A)

**Report of any activities conducted or meetings attended on behalf of IMA by
Dr. Ramesh Datta, Hony. Finance Secretary, IMA HQ**

- (i) A meeting was convened by NACO at 3:00 pm on 7th October, 2019 to streamline the partnership with Private Sector. The meeting was chaired by Shri Alok Saxena, Jt. Secretary, NACO and participated by various Non Government organizations. Indian Medical Association was represented by Dr. Ramesh Datta, Hony. Finance Secretary, IMA and Dr. N.V. Kamat, Principal Advisor, IMA. During the discussion, Dr. Ramesh Datta informed that the IMA had shown its interest in working with NACO for implementation of the programme in Private Sector. In this regard our National President, Dr. Santanu Sen had met Shri Alok Saxena, Jt. Secretary, NACO in February, 2019 and thereafter an formal letter was also submitted to Special Secretary and DG, NACO on February 14, 2019 (A copy of the letter was handed-over to the Jt. Secretary, NACO). It was further informed that Dr. N.V. Kamat, Principal Advisor, IMA followed it up with Jt. Secretary, NACO as well as the DDG, Dr. R.S. Gupta thereafter. However, no response was received from NACO after that. The Jt. Secretary, NACO recollected that the National President, IMA had met him earlier and had shown keen interest in working with NACO. The Jt. Secretary, NACO instructed to Dr. Naresh Goel, DDG, NACO to follow it up with Indian Medical Association at the earliest.
- (ii) A meeting was held with Dr. Sujeet Singh, Director NCDC along with IDSP team at 2:30 pm on Wednesday, September 18th, 2019. The meeting was attended by Dr. Ramesh Datta, Hony. Finance Secretary, IMA and Dr. N.V. Kamat, Principal Advisor, IMA. Director NCDC expressed the intent of the Government to involve IMA in the IDSP project for Disease Surveillance in Private Sector. Presently IDSP is covering the healthcare facilities in Government sectors only. After the introduction of the new health information platform, IDSP is now working mainly in the seven (7) states, namely: Andhra Pradesh, Telangana, Himachal Pradesh, Karnataka, Kerala, Odisha and Uttar Pradesh. Further IDSP has also started working in thirteen (13) other states, namely: Uttarakhand, Arunachal Pradesh, Assam, Meghalaya, Nagaland, Madhya Pradesh, Gujarat, Dadar & Nagar Haveli, Daman & Diu, Haryana, Goa, Maharashtra and Manipur. We have submitted that IMA is ready to work in all the 20 states for promotion of Disease Surveillance in private sectors so that the exact statistical data of all the 32 diseases of public health importance will be covered by IDSP. The Project Officer of IDSP was not available on that day. Hence it was decided that the modus operandi of tie-up of IDSP with Indian Medical Association will be discussed in detail in the next meeting.

AGENDA ITEM NO.B-10 (B)

Report of IMA World Environment Day Commemoration, 5th June 2019

Indian Medical Association is working for the pollution free country. On the occasion of “World Environment Day” Indian Medical Association has organized the following programmes on 2nd, 4th & 5th June, 2019 for bringing in the forefront - issues concerning clean and healthy environment and measures to achieve this :

1. On 2nd June, 2019 Clean Environment awareness walk from Delhi Medical Association to IMA Hqrs starting at 6:00 AM involving school children, doctors and their families, para medical staff and general public. About 300 School children from Arya Anath Alaya, Pataudi House, Darya Ganj and various other institutions participated in the walk. About 300 doctors and their families and other persons also took part of the rally. Dr Santanu Sen, National President, IMA flagged off the Rally from DMA and led the

Rally from the front. Dr Girish Tyagi, President, and Dr Arvind Chopra, Hony. Secretary, DMA, honoured National President, IMA, Dr Santanu Sen, at DMA before start of the Rally. Dr R V Asokan, Hony. Secretary General, IMA, Dr Ramesh Datta, Hony. Finance Secretary, IMA Dr Vinod Khetarpal, Co-ordinator, IMA World Environment Day Commemoration and other dignitaries of IMA were also felicitated at the start of the Rally. With full enthusiasm and spirit Rally reached Indian Medical Association where the painting competition on the topic of Clean and Healthy Environment was organized for the children of Arya Anathalaya under the guidance of Dr Usha Sridhar, Hony. Asst. Secretary, IMA. The Winning entries were awarded the prize by Dr Santanu Sen, National President, IMA

2. The Press Conference was held on 4th Jun e, 2019 at India Habitat Centre. Dr Anupam Sibal Chairman, Apollo Hospital, Dr Ramesh Datta, Hony. Finance Secretary, IMA, Dr V K Monga, Chairman, IMAHBI and Dr Vinod Khetarpal, Co-ordinator, IMA World Environment Day Commemoration briefed the media about the benefits of clean environment and 10 commandments were issued by IMA & Apollo Hospital to make environment clean and safe.

3. On 5th June, 2019 a Seminar on Measures to clean and protect our environment was also organized in association with Apollo Hospital and consultation of all specialties gave an excellent presentation on the various aspects to make environment clean and safe.

4. Dr Ramesh Datta thanked everyone for their active participation in the World Environment Day.

Dr. Ramesh Kumar Datta
Co-ordinator

Dr. Vinod Khetarpal
Co-ordinator

AGENDA ITEM NO. B-11

Report of IMA commemoration of World Breast Feeding Week, 1st to 7th August 2019

Every year World breastfeeding weak is commemorated from 1st August to 7th of August by WHO all over the world in different countries by governments, Medical organisations, Associations and NGOs in the interest of public. This year IMA (HQ) according to wishes and guidance of National President Dr Santanu Sen celebrated world breastfeeding week on 3rd of August in AKN Sinha Auditorium in the form of training workshop of Importance of Breastfeed and it's awareness among directly involved Nursing staff, paramedical health workers training medical doctors and mothers and grandmothers in public. Programme was compiled and implemented by a organizing committee of HSG Dr R V Asokan and convener Dr Dinesh Sahai Jt. Finance secretary IMA(HQ)in Association of Indian Academy of Paediatrics (IAP) Delhi. Dr. K.C Tamaria President and Dr Ajay Gupta Secretary IAP Delhi participated in the event. Programme was inaugurated by National President (elect) IMA, Dr. Rajan Sharma, Hony. Secretary General, Dr R.V. Asokan and Hony. Finance Secretary, Dr Ramesh Datta. Eleven Hospitals of Delhi were invited and about 160 people including 70 nursing staff, paramedics, Doctors , lady doctors, some young mothers of lactation age group attended the work shop enthusiastically. Benefits of breastfeed and Breastfeed banking techniques and benefits of it were told by Prof. Dr Sushma Nagia of LHMC and Kalawati Saran children Hospital Proff. Dr Praveen Kumar of same hospital took the technical knowledge of Breastfeeding techniques and motivational means for young mothers in hospital setups where Nursing staff handles directly with them after delivering babies. A Panel discussion was conducted on pre Questionnaire by senior Paediatrician Dr L . N.Taneja, Dr Dinesh Sahai, Dr Piyush Jain and senior obstetricians Dr. Dinesh Sahai, Dr Deepa Gupta, Dr Radha Jain . All participants took part in this by extempore questions and extensive discussion. Vote of thanks to all participants were given by Dr Ramesh Dutta HFS. Programme was preceded by lunch for all participants and ended with high tea.

Dr. Dinesh Sahai
Co-ordinator

AGENDA ITEM NO B-12

Activity Report of Hony. Joint Finance Secretary, Stationed at Kolkata

Respected National President Dr Santanu Sen., Hony Secretary General Dr R.V.Asokan, and all the Office bearers of IMA Headquarter.

As all of you know, there are three wings of IMA are in Kolkata namely Journal of Indian Medical Association, Your Health of IMA, and IMA Building in Kolkata. In my last report in the 221st CWC meeting held at Puri – I reported about weak financial condition of all the wings. From then all the Office bearers of the concerned wings tried their level best to make all the wings in a financial stable condition. In this current financial year all the wings have not run in negative direction. This was possible only by dedication of the concerned Office bearers. All the wings are running in positive direction. Although we have some dues-I think we will cover up the dues within this year. I pay my respect and regards to the National President of IMA for his timely cooperation to make us a positive direction.

Lastly I request National President and Hony Secretary General and Hony Finance secretary to grant some money to Hony Joint Secretary stationed at Kolkata, as discussed at 221st CWC meeting. I also request all of you to give JIMA the interest of the HFC which is valid demand.

Dr. Iskandar Hossain
Hony. Joint Finance Secretary
Stationed at Kolkata

AGENDA ITEM NO B-13(A)

Report of IMA World Heart Day commemoration – 29th September, 2019

World Heart Day was observed on 29th September, 2019 by IMA HQs.

In the morning 'Delhi Fitness Run' was organized by IMA HQs. in association with Sir Ganga Ram Hospital. Early Morning around 04:30 am all Runners taking part in Delhi Fitness Run for 15KM, 10KM, 5KM assembled in the lawn. NDMC Navyug Primary School, Saojini Nagar New Delhi. After completing all the formalities race was finally flagged off at 05:30 AM By Hony. Secretary General IMA, Dr. R V Asokan along with Dr. Ramesh Dutta, Dr. A P Singh & Dr. S K Poddar. All the participants were given beautiful shirt, cap along with Hot & Steaming breakfast. Throughout the route frooti & lemon drink was served by Indian Medical Association.

In the evening wonderful Programme was organized by IMA HQs. at Hotel Lalit, Connaught Place, New Delhi in association with Healthy Heart Society. More than 150 IMA Doctors & Cardiologists were present. Programme was inaugurated By National President Dr. Santanu Sen and attended by National President Elect Dr. Rajan Sharma, Hony. Secretary General, Dr. R.V. Asokan, Hony. Finance Secretary, Dr. Ramesh Kumar Datta, Dr. S.B. Banerjee, Hony. Joint Secretary and all IMA Office Bearers stationed at Delhi. National President, Dr. Santanu Sen addressed the gathering & sensitized the audience about the difficulties faced By Doctors today & what IMA is doing for them. Hony. Secretary General Dr. R V Asokan also addressed the gathering & emphasized role of IMA in today's situation. Appreciation Awards were given to 8 prominent IMA Doctors by National President, Dr. Santanu Sen, National President Elect, Dr. Rajan Sharma and Hony. Secretary General, Dr. R. V. Asokan. A very educative lecture was delivered By. Dr. Viveka Kumar, Chief Cardiologist, Max Hospital Saket on "Prevention of Heart Disease and Incidence of Cardiac Disease in Doctors".

Meeting ended with Dinner.

Dr. A P Singh
Hony. Joint Secretary

Dr. S K Poddar
Hony. Assistant Secretary

AGENDA ITEM NO B-13 (b)

**Report of any activities conducted or meetings attended on behalf of IMA
by Honorary Asst. Secretary, IMA**

IMA – SBI Credit Card: SBI has launched a special Credit Card for IMA Members which has exclusive benefits for the members.

Exclusive Card features:-

- Complimentary Professional indemnity Insurance cover of 20 lacs per annum*
- Complimentary International & Domestic lounge access
- Annual fee Rs. 1499/- (You get a voucher worth Rs. 1500 against this fee which can be used for any travel booking. Moreover this Fee is reversed on annual spends of Rs. 2 lacs)

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

Dr. S.K.Poddar
Hony. Asstt. Secretary, IMA

AGENDA ITEM NO B-14 (a)

**Minutes of meeting of Building Standing Committee held on 06-04-2019 at Puri, Odisha
and action taken report thereon Agenda C- 1 of Book – 2**

AGENDA ITEM NO B-14 (b)

Minutes of the meeting of IMA Standing committee for Building was held on 15th September, 2019

Members were present as per attendance register.

Dr Santanu Sen, National President, IMA, was adorned with Presidential Medallion.

1. Dr. R. V. Asokan, Hony. Secretary General, IMA, welcomed the National President, IMA, members of IMA Standing Committee for Building and requested to take up the Agenda of the Meeting.
2. Dr A P Singh, Chairman, IMA Standing Committee for Building, briefed about main issues regarding the work done in IMA Building in the last six months.
3. Dr V K Monga, Convenor, IMA Standing Committee for Building took up the Agenda points in detail and following decisions were taken:-
4. Confirmation of Minutes of the last IMA Standing Committee for Building held on April 6, 2019 at Puri (Orissa) – the Committee unanimously confirmed the Minutes.
5. Action Taken Report on decisions taken in the CWC Meeting held in Puri on 6th – 7th April, 2019 – the action taken was appreciated and accepted by the Committee.

6. School of Planning & Architecture, New Delhi is engaged for Architectural & Structural consultancy services for IMA Building – the Committee appreciated the efforts made by Team IMA for improving the existing structure of IMA Building which was being neglected for last so many years. The Committee authorized, Hony. Secretary General, IMA to sign an agreement with School of Planning & Architecture and proceeds with the proposed planning.
7. Urgent requirements of IMA Building
 - The Committee approved for the replacement of all the old ACs and take up all other activities as advised by the Energy Audit last year.
 - The Committee also desired that all repair work of IMA Building and other immediate requirements including provision of water pressure pump etc. to be done on top priorities.
8. The Committee was apprised that the vacant spaces at 3rd Floor and Ground Floor of IMA Building have been rented out to Delhi Commission for Women w.e.f. 1st September & 1st November, 2019 @ Rs. 4 Lakhs + GST and @Rs.8 Lakhs + GST per month respectively. The Committee appreciated the efforts made by team IMA in this regard.

The meeting ended with vote of thanks to the Chair.

Dr A P Singh
Chairman,
IMA Standing Committee for Building

Dr. V. K. Malhotra
Joint secy. (Building)
IMA Standing Committee for Building

Dr V K Monga
Convenor
IMA Standing Committee for Building

AGENDA ITEM NO B-15

Report of preparations of NATCON-2019 and the ensuing meeting of the Central Council of IMA

We are thankful to the leadership of IMA for entrusting Team IMA Bengal to organise 94th Annual Conference of IMA, NATCON 2019, the biggest event of IMA. The Venue is the state-of-art Biswa Bangla Convention Centre, New Town, Kolkata having 3200-seater Auditorium. It is only 15-20 minutes drive from Airport. As on date 600 delegates have been registered. We are also going to organize a two day Multi Speciality Scientific Fiesta for the members.

Places of Interest: Kalighat Temple, Dakshineswar Temple, Belur Temple, Birla Planetarium, Victoria Memorial, Howrah Bridge, Indian Museum, Sunderbans, Ganga Sagar and many more.

We are organising one Dinner at Cafe Ekante, Eco Park on 27th December and one at Wet-o-Wild, Nicco Park on 28th December. Accommodation is being arranged at Hotel West Inn and in other nearby Hotels.

Hon'ble Chief Minister /Hon'ble Governer are being requested to be the Chief Guest for this mega event.

We will publish a colourful Souvenir to commemorate the event.

Bengal is having wide range of Sweet dishes. Hope you will enjoy the hospitality during your stay.

Looking forward to receive you at the City of Joy, Kolkata with warm hospitality. We can assure you it will definitely be a memorable NATCON.

Dr Sibabrata Banerjee
Organizing Joint Secretary
IMA NATCON 2019

Dr Jyotirmoy Pal
Organizing Joint Secretary
IMA NATCON 2019

AGENDA ITEM NO. B-16

Report of IMA HQs. Building at Calcutta

The condition of the building was in bad shape since many years, no major repair work was undertaken due to resource constraint. On our repeated representations, IMA HQs. has kindly sanctioned an amount of Rs.20 lakh for repair work. We have started work for half of the rooms which are near to completion. After the completion of those, we will start for the rest. Apart from rooms there are many Scopes of works as under Roof: Construction of shade covering the entire roof.

Electrification: Re-modeling 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. **Plumbing:** The plumbing connections of all the 10 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. **Earthing of the entire building:** Work to be undertaken for earthing, which is currently not in place.

Front elevation: Re-painting of the exterior is needed. **Lift:** The lift is very old and needs to be replaced with the new one. **Staff related matters:** IMA guest house requires round the clock services. We have only 2 attendants, 2 Staffs, 1 Sweeper, and 1 contractual staff. We need more permanent staffs to run the guest house smoothly. We need more money from IMA HQs. as per estimation submitted earlier to finish the work as soon as possible. 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 conveying my gratitude to my leader Dr Santanu Sen, I think this report is incomplete. So, I am conveying my regards and best wishes to my leader Dr. Santanu Sen.

Dr. Pijush Kanti Roy
Hony. Joint. Secretary,
IMA HQ, Kolkata

AGENDA ITEM NO. B-17

REPORT(S) OF MEMBERSHIP SECTION BY DR. VINOD KUMAR ARORA, HONY. JT. SECRETARY, IMA

AGENDA ITEM NO. B-17 (A)

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

1. 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.
2. 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.
3. 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.
4. After the approval, membership number and downloadable certificate is emailed to member. Member can download the certificate and print it off directly.

5. 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.
6. Certificate can be printed as well as emailed to State in a batch (if required by state).

IMA State Level Membership Software

1. 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.
2. 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.
3. As soon as the application is approved by IMA HQ, membership number is automatically mailed and texted to applicant/member via Email and SMS.
4. And even Certificate is emailed to approved member in a pdf format.
5. Software automatically generates membership number once application gets approved from IMA HQ. Staff do not have to do that.
6. State can review the submitted as well as approved applications any time.
7. 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:

1. Provision to apply online for IMA Membership by individual themselves
2. Provision to pay membership fee online
3. Auto suggestion tool to find correct branch or state with respect to the pin code entered by the applicant
4. Check Online status of Application along with the report of Payment done or received.
5. After successfully approval of membership or joining of IMA, member will get the access of all features of Digital IMA Portal.
6. 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.
7. Provision to view Approved, Pending and Rejected Applications of your Own Branch.
8. Provision to search Member details of your own branch like member name, spouse name, qualification, membership number, address, membership type etc.
9. Download / Print membership Certificate of your own branch with the provision to email in batch or individual to State / IMA HQ / directly member

10. Provision to send Request for any type of correction in Membership Details directly to IMA HQ
11. Provision to send Request for Membership Transfer to IMA HQ
12. Provision to view Membership Entry for Online Payment Done along with the status to IMA HQ
13. Provision to manage account and transaction log of payment received for the share of Branch, State and IMA Head Office respectively
14. Provision to add and manage Branch President / Secretary Details
15. Prepare Member Label / List Report of your Own Branch
16. Manage CC Member of your Own Branch
17. All above will be synchronized with the running Membership software of IMA headquarter.

Procedures :

5. 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

6. Web Application for Branch

- Provision to view all self-submitted applications with approval / rejection button
- Accounting system to manage percentage sharing with IMA HQ and Branch
- A secure personal login system will be provided to each branch.
- 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.
- 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.
- View Approved / Pending Rejected Applications of your Own Branch. With option to print / export and save in excel.
- 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 and track progress of it.
- Send Request for Membership Transfer to IMA HQ and track progress of it.
- Payment Sent Entry for IMA HQ and track progress of it.
- Provision to add and manage Branch President / Secretary Details
- Prepare Member Label / List and strength Report of your Own Branch
- Manage CC Member of your Own Branch

In IMA HQ Panel

- All applications and request tasks will be shown in IMA HQ panel for taking the necessary action on them.
- All member activity will be synchronized with IMA HQ Software 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.
- Provision to review all fee collected reports and State Branch report of all transferred fee share along with the action panel to manage accounting
- Option to manage dynamic branch share creation tool for both Percent based and flat based share
- Daily monitoring of ongoing applications submission / unattended applications / shifted application to other branch / process

7. In State HQ Panel

- Option to manage branch wise application activity
- Daily monitoring of ongoing applications submission / unattended applications / shifted application to other branch / process
- All applications and request tasks will be shown in IMA HQ panel for taking the necessary action on them

8. Web Application for Online Member User / Who is willing to Join IMA

- Welcome screen to Join IMA for Visitor or member
- Easy IMA branch choose option based on user / visitor location.
- Auto suggest option based on address of user / IP.
- 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.
- A PIN code admin module will be provide to dynamically link/ unlink associated IMA Branch. For Admin / Moderator.
- Branch can also link / unlink new PIN.
- IMA member Application form option to submit.
- Option to support Drag and drop documents like degree, medical council certificate, signature and photograph etc.
- Application submission / approval / rejection / process all will be intimated by auto SMS / Email.
- 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.
- In case of Rejection of application, rejection mail & SMS will be sent to the applicant.
- Option to track application status later.
- After approval provision to update profile and update contact details.

Branch Software Model

- CSV upload option for IMA State Branches Ex. Delhi / Mumbai where they will prepare CSV and then, upload to Online IMA Branch Software.
- This option will upload and synchronized their updated member list to IMA head office with one click effort.
- Newly added members will able to access all features of IMA member Portal / member.

Dr. V.K. Arora
Hony. Joint Secretary, IMA

AGENDA ITEM NO. B-17 (b)**Position of HFC and Membership strength**

Complete Strength as on 14.10.2019									
STATE	SAM	CAM	Tot	SLM	CLM	Tot LM	Single	Couple	Gr. Total
Andhra Pradesh	0	0	0	10168	3783	17734	10168	3783	17734
Arunachal Pradesh	0	0	0	282	36	354	282	36	354
Assam	0	0	0	2398	488	3374	2398	488	3374
Bengal	0	0	0	11410	1547	14504	11410	1547	14504
Bihar	0	0	0	7095	1604	10303	7095	1604	10303
Chandigarh	0	0	0	667	349	1365	667	349	1365
Chhattisgarh	0	0	0	1645	610	2865	1646	610	2866
D.M. Attached To Hq.	0	0	0	76	5	86	76	5	86
Delhi	0	0	0	7844	3579	15002	7844	3579	15002
Direct Branches	0	0	0	193	24	241	193	24	241
Goa	0	0	0	1101	217	1535	1101	217	1535
Gujarat	0	0	0	20142	3838	27818	20142	3838	27818
Haryana	0	0	0	2355	1727	5809	2355	1727	5809
Himachal Pradesh	0	0	0	506	190	886	506	190	886
Jammu & Kashmir	0	0	0	299	64	427	299	64	427
Jharkhand	0	0	0	2991	799	4589	2991	799	4589
Karnataka	0	0	0	15145	4858	24861	15145	4858	24861
Kerala	0	0	0	17384	6926	31236	17388	6926	31240
Madhya Pradesh	0	0	0	5397	2064	9527	5397	2064	9527
Maharashtra	0	0	0	24154	9422	42998	24155	9422	42999
Manipur	0	0	0	420	123	666	420	123	666
Meghalaya	0	0	0	14	3	20	14	3	20
Mizoram	0	0	0	64	11	86	64	11	86
Nagaland	0	0	0	185	15	215	185	15	215
Orissa	0	0	0	3821	836	5493	3821	836	5493
Pondicherry	0	0	0	526	153	832	526	153	832
Punjab	0	0	0	4075	2309	8693	4075	2309	8693
Rajasthan	0	0	0	5776	1947	9670	5776	1947	9670
Sikkim	0	0	0	109	13	135	109	13	135
Tamil Nadu	0	0	0	23481	6149	35779	23481	6149	35779
Telangana	0	0	0	9796	3068	15932	9796	3068	15932
Tripura	0	0	0	554	47	648	554	47	648
Uttar Pradesh	0	0	0	10338	4470	19278	10338	4470	19278
Uttaranchal	0	0	0	1191	416	2023	1191	416	2023
Total	0	0	0	191602	61690	314984	191608	61690	314990

As on 31st March 2019					
State Name	Gr. Total	CWC Entitlement	State Name	Gr. Total	CWC Entitlement
Andhra Pradesh	17716	18	Madhya Pradesh	9482	9
Arunachal Pradesh	350	1	Maharashtra	42958	43
Assam	3362	3	Manipur	666	1
Bengal	14826	15	Meghalaya	20	1
Bihar	10336	10	Mizoram	86	1
Chandigarh	1361	1	Nagaland	213	1
Chhattisgarh	2851	3	Orissa	5480	5
Delhi	15003	15	Pondicherry	823	1
Goa	1533	2	Punjab	8640	9
Gujarat	27545	28	Rajasthan	9671	10
Haryana	5658	6	Sikkim	135	1
Himachal Pradesh	880	1	Tamil Nadu	35649	36
Jammu & Kashmir	427	1	Telangana	15889	16
Jharkhand	4578	5	Tripura	647	1
Karnataka	24799	25	Uttar Pradesh	18843	19
Kerala	31104	31	Uttaranchal	2011	2
Total	313869	321			

AGENDA ITEM NO. B-17 (c)**Formation/Revival/Suspension of Branches****Formation of Local Branch**

S.NO.	Name	State	Date of Formation
1.	Nuh	Haryana	01.07.2019
2.	Vaniamkulam	Kerala	31.03.2019
3.	Kovalam	Kerala	31.03.2019
4.	Koorkenchery	Kerala	31.03.2019
5.	Chromepet Dr. Rela Institute & Medical Center	Tamil Nadu	07.05.2019
6.	Melmaruvathur	Tamil Nadu	07.05.2019
7.	AIIMS Rishikesh	Uttranchal	31.03.2019

Bifurcation of Branch

S.NO.	Name	State	Date of Bifurcation
1.	Mallot into Mallot East and Mallot West	Punjab	03.06.2019

Dr. Vinod Kumar Arora
Hony. Jt. Secretary, IMA

Activity report of IMA College of General Practitioners

- On April 20th Attended National IMA CGP North Zone Conference at Kanpur
- FCGP given to 30 Candidates.
- On June 30th Started Echocardiography 9th Batch Course Training at Trichy by Dr.M.Chenniappan , 38 Candidates enrolled.
- On June 29th IMA CGP Dean Elect Dr.Hiranmey Adhikary & Senior Vice President Dr.J.A.Jayalal visited IMA CGP HQs Chennai.
- On June 29th National President Dr.Santanu Sen Visited Chennai.
- On July 25th Attended South Zone Conference organized by Dr.J.A.Jayalal at Kanyakumari.
- On July 31st Participated in No NMC Strike at Chennai.
- On August 09th SCHP Exam Conducted at IMA CGP HQs- 03 Candidates Appeared Examiner Dr.J.Ganesh & Dr.Senthil Kumar.
- On 22nd and 23rd Sept 2019 National 13thCGP GP Con organised at Agra. Started with, CME in the morning. Governing Council conducted in the presence of National President Dr Santana Sen, Hon Sec General Dr R V Asokan and other dignitaries. Evening inauguration and convocation ceremony organised 48 doctors were conferred Honorary FCGP. Later followed by cultural.
- Ayudha Pooja Celebrated in IMA HQs on 05.10.2019.
- Diploma in Family Medicine 2019 Batch is completing on 13.10.2019 followed by examination- 25 candidates appearing

IMA COLLEGE OF GENERAL PRACTITIONER HQRS-CHENNAI		
Life Membership Details From Jan to Sep - 2019		
SI No	States	Total Life Members
1	Andhra Pradesh	1
2	Assam	15
3	Bengal	1
4	Bihar	4
5	Delhi	2
6	Jharkhand	1
7	Karnataka	1
8	Kerala	5
9	Maharashtra	31
10	Rajasthan	1
11	TamilNadu	78
12	Telangana	45
13	Uttar Pradesh	47
	Total	232
	Total CGP Life Membership as on 30.09.2019	21831

IMA COLLEGE OF GENERAL PRACTITIONER HQRS-CHENNAI		
Overall Life Membership Details As On September - 2019		
Sl No	States	Total Life Members
1	Andhra Pradesh	1598
2	Assam	459
3	Bengal	1047
4	Bihar	1142
5	Chhattisgarh	170
6	Chandigarh	25
7	Direct Branch	29
8	Delhi	1090
9	Gujarat	1724
10	Haryana	428
11	Jammu & kashmir	1
12	Jharkhand	9
13	Karnataka	588
14	Kerala	1174
15	Maharashtra	2545
16	Manipur	2
17	Madhya Pradesh	6573
18	Meghalaya	1
19	Overseas LM	47
20	Odisha	345
21	Pondicherry	5
22	Punjab	177
23	Rajasthan	64
24	TamilNadu	1433
25	Tripura	42
26	Telangana	103
27	Uttaranchal	86
28	Uttar Pradesh	924
	Total	21831

	Total CGP Life Membership	21831
	Total Paid Life Membership From Jan-2019 To till	232

Dr.L. Yesodha,
Hony. Secretary, IMA CGP

Activity report of IMA Academy of Medical Specialities

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 14833 Life Members and 2346 Fellows as on the date. There are 378 membership and 17 fellowship applications pending for enrollment.

The state wise details of life members and fellows are as follows...

Life Memberships, Fellowships & Professorships received from 1st Jan 2019 to till date

Life Memberships	-	377
Fellowships	-	15

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 will be sent 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 practical exams including 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.

State shall conduct graduation ceremony and invite AMS National Chairman & National Secretary for this function. IMA AMS Hqrs will be responsible for arranging the certificates for distribution to the students 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 after entering into a MOU with the IMA AMS Hqrs. 40% of the fee collected for the course shall be contributed towards Hqrs share, 40% to the centre conducting the course and 20% to the respective State Branch. The amount saved after the expenditure shall be utilized to promote IMA AMS activities at the State and Branch level and to update doctors with the latest knowledge and skills in their respective fields. The fellowship course certificates will be issued only by IMA AMS HQs. Signatures of Chairman & Secretary - IMA AMS Hqrs are compulsory on all the certificates. National leaders of IMA and IMA AMS Hqrs shall be invited to certificate distribution ceremony.

This year IMA AMS State Branches Telangana State & Karnataka State have conducted Infertility Course with permission of IMA AMS HQs

AMS Fellowship & Professorship:

I request all the States to gear up and enroll more member and increase Life Memberships and Fellowships. Application forms can be downloaded from IMA AMS website www.ima-ams.org.

Hony. Professorships were being given to eligible candidates, on application for professorship. The Associate Life member were not eligible for Professorship and so also those who did not complete 25 years post in PG or Diploma. Here onwards, IMA Professorships are given on approval by IMA Accreditation Council, New Delhi. Interested members are requested to send filled application form along with required documents to Hony. Secretary IMA Hqrs, New Delhi address and one copy to Hony. Secretary IMA AMS Hqrs, Hyderabad on or before 31st July every year.

IMA AMS Head Qrs Activities

1. Dr. Natwar Sharda, Chairman IMA AMS HQs along with Dr. Anil Bhadoria, Indore visited the Office of IMA AMS HQs and assessed the working of the office. The Chairman was pleased to offer his suggestions and plans to organize Zonal Meets and National Conference.
2. Dr. Natwar Sharda, Chairman IMA AMS HQs and Dr. Mohan Gupta, Hon Secretary IMA AMS HQs attended the 221st Meeting of the Central Working Committee of IMA on 6th & 7th April 2019 at Puri, Orissa State.
3. Dr. Natwar Sharda, Chairman IMA AMS HQs and Dr. Mohan Gupta, Hon Secretary IMA AMS HQs attended the Action Committee Meeting of IMA on 11th May 2019 at New Delhi.
4. Dr. Natwar Sharda, Chairman IMA AMS HQs and Dr. Mohan Gupta, Hon Secretary IMA AMS HQs attended IMA AMS Zonal Conference on 12th May 2019 at Amritsar, Punjab State.
5. Dr. Mohan Gupta, Hon Secretary IMA AMS HQs visited and assessed two IVF centres on 13th May 2019 at Jalandhar, Punjab State.
6. Dr. Mohan Gupta, Hon Secretary IMA AMS HQs attended Blood Donation Camp on Doctors day Celebrations on 1st July 2019 at New Delhi.
7. Governing Council Meeting along with Central Zone Conference held on 28th July 2019 at Hotel Radisson Blu, Indore, Madhya Pradesh, under the Chairmanship of Dr. Natwar Sharda. Dr. V. S. Rao, Vice Chairman IMA AMS Hqrs and Dr. Mohan Gupta, Hony. Secretary IMA AMS H.Qrs. Chief Guest by Dr. Ravi Wankhedkar, Past National President IMA HQs Guest of Honours Dr. Singh Sahajanand PD, Past Chief Election Commissioner IMA HQs, Dr. J. A. Jayalal, Vice President IMA HQs, Other Office bearers of IMA & IMA AMS is attended this meeting.
8. Dr. Mohan Gupta, Hon Secretary IMA AMS HQs attended IMA CGPCON-2019 on 22nd & 23rd September 2019 at Agra.

IMA AMS National Conference 2019:

AMSCON 2019, the Annual National Conference of IMA Academy of Medical Specialties for the year 2019 will be organized under the auspices of IMA AMS Hqrs from 01.00pm on Saturday, 30th November to 12.00 Noon on Sunday, 1st December 2019 at Royalton Hotel, Chirag Ali Lane, Abids, Hyderabad. Governing Council meeting of IMA AMS is proposed to be organized on Saturday, 30th of November 2019 subject to confirmation. Further details will be communicated in short time.

Telangana State Activities:

1. Graduation ceremony was held on 4th April 2019 at Hotel The Plaza, Hyderabad, under the Chairmanship of Dr. E. Prabhavathi, Chairman IMA AMS Telangana State. Dr. Natwar Sharda, Chairman IMA AMS Hqrs, graced the function as Chief Guest. Dr. V. S. Rao, Vice Chairman IMA AMS HQs, Dr. Mohan Gupta,

Secretary IMA AMS HQs, Dr. B. Pratap Reddy, President IMA Telangana State, Dr. Sanjeev Singh Yadav, Secretary IMA Telangana State, Dr. M. Shivalingam, Treasurer IMA Telangana State, Dr. Anil Bhadoria, Indore, Dr. Rajendra Kumar Yadav and Dr. Ravi Shankar Joint Secretaries of IMA AMS HQs were the guests of honor. Dr. C. Jyothi, HOD of Ferty 9 Hospital, Dr. DurgaPoornima, HOD of Neelima Mom Infertility Centre. Dr. LakshmanRao, Vice Chairman, IMA AMS TS, Dr. Syed NusrathFarees, Hon Secretary IMA AMS TS, Dr. YashowanthRao, Treasurer IMA AMS TS and other guest and fellows attended the meeting. 54 of the qualified 74 students were present and were awarded fellowship certificates.

Bihar State Activities:

Bihar chapter of API along with Bihar chapter of IMA AMS organized a CME on 23.6.19 at Muzaffarpur. Topics covered were **“Antibiotics prophylaxis for infective Endocarditis, is it worth??”** Speaker : Dr P K Singh (Begusarai); Systemic approach to asthma of varying severity Speaker : Dr S Madhukar (Patna); Current algorithm in the management of Type 2 DM Speaker : Dr Rajeev Ranjan (Patna); Hypothyroidism & heart Speaker: Dr D P Singh (Bhagalpur) and Life style and N C D : The challenges and Solutions Speaker: Dr B B Thakur(Muzaffarpur).

Karnataka State Activities:

1. On October 2018 at Jindal Campus, Toranagallu, Ballari District the new office bearers took over the charge.
2. Today the membership strength is 866. There are 9 Local Branches.
3. Fellowship in infertility course has started at Garbhagnana Institute of Health and Research, Bengaluru. 24 Gynecologist are taking training from January 2019. Examination will be held in January 2020. Chairman and Immediate Past Chairman visited the Institute and had discussion with staff and students for two times.
4. IMA-AMS state level conference was organized at Dharwad on 08.09.2019. Around 150 specialist from all over Karnataka participated. Two distinguished members were awarded Orations. Conference was inaugurated by Vice- Chancellor of Local University.
5. Three Governing Council Meetings were organized this year.
6. Chairman attended the National Governing Council Meeting of IMA-AMS at Indore on 28th July 2019 and actively participated.
7. IMA-AMS, Karnataka State Chapter General Body meeting will be held on 18.10.2019 at Chamarajanagar during 85th IMA Karnataka State Annual Medical Conference.

Kerala State Activities:

IMAAMS THRISSUR hosted the IMA AMS ANNUAL STATE CONFERENCE on Sunday, 1st September 2019 at DASS Continental Hotel, Thrissur. Dr M E Sugathan, President IMA KSB inaugurated & gave the Inaugural Address. Branch president, Dr J S Nivin welcomed the gathering. Presidential address was delivered by Dr John Panicker C, Chairman, IMAAMS KSB. Dr P Hareendra Babu, Secretary, IMAAMS KSB read the report. Dr Sulphi N, State Secretary addressed the gathering. Inaugural function came to an end with Vote of Thanks By Dr Indudharan R, Org. Secretary IMAAMS THRISSUR. CME continued till 5 pm.

Haryana State Activities

IMA AMS Panipat Branch, Haryana State conducted a CME on 24th April 2019. Topics covered were “Overview of First trimester screen” ; “Role of Doppler in IUGR” and “Role of Microarray in Recurrent pregnancy loss” by Dr Rachna Gupta, Consultant-Fetal Medicine, MBBS, MS (OBGYN), Fellow Fetal Medicine (FMF- UK).

IMA AMS Jind Branch, Haryana State conducted a CME on 25th April 2019 on “Epilepsy simplified” speaker by Dr. VedParkash Hooda from Rohtak.

IMA AMS Kaithal Branch, Haryana State conducted a CME on 27th April 2019 on “ Frozen Shoulder” by Dr. ManiArora, MS Sports Medicine Consultant-Orthopedics.

IMA AMS Rewari Branch, Haryana State Conducted CME on 4th May 2019 Topics on 1. “Interpretation of Thyroid Function Tests” 2. “Subclinical Hypothyroidism” Speakers by Dr. Sunil Mishra Dr. Khalid Farooqui endocrinologists from Medanta the Medicity.

IMA AMS Jind Branch Chapter, Haryana State held a panel discussion with “symposium on Giartric problems”, Speakers were Dr Parveen Gupta Physician Dr Archna Gupta Ophthalmologist Dr Jagdeep sing Urologist and Dr Manoj Singh aOrthopeadic surgeon. It was well attended followed by discussion.

IMA AMS Kaithal Branch, Haryana State conducted CME on 24th May 2019, Topic on “Role of Endoscopy in Clinical Practice & Approach to a Patient with Chronic Constipation” speaker by Dr. Bhupender Singh.

IMA AMS Jind Branch, Haryana State conducted CME on 24th May 2019, Topic on “Hypertension” Speaker by Dr Manoopmittal from Rohtak.

IMA AMS Hisar Branch, Haryana State organized CME on 26th May 2019, topic on “Tissue Management and Sututing Skill both in open and Laparoscopic Surgeries” Speaker by Dr. Puja.

IMA AMS Tohana Branch, Haryana State organized CME on 28th May 2019 topic on “Radiation Oncology” by Arican Oncology Institute Hissar.

IMA AMS Kaithal Branch, Haryana State organized CME on 1st June 2019 topic on “Management of Peripheral Arterial Disease” Speaker by Dr. Ashok Chahal.

IMA AMS Jind Branch, Haryana State organized CME on 14th June 2019 topic on “Life Style Orthopeadic Problems” speaker Dr. Manoj Singh Ortho surgeon and “Rheumatoid Arthritis” speaker Dr. Parveen Gupta MD Medicine at Hotel Umrao.

IMA AMS Kaithal Branch, Haryana State organized CME on 21st June 2019 at Mannat Hotel topic on “Urological Problems & Their Management” speaker by Dr. Yogesh Garg, M.Ch Urology, consultant Urologist.

IMA AMS Kaithal Branch, Haryana State organized CME on 20th July 2019 at Hotel Lakhnupal on “Coronaries: The Living Structure” speaker by Dr. Birdevinder Singh, MD DM (Cardiology).

IMA AMS Kaithal Branch, Haryana State organized CME on 27-07-2019 at Hotel Mannat on “Sleep Related Breathing Disorders, Basics & Comorbidities” Speaker by Dr. Deepak Bhasin, Associate Director and Head Department of Pulmonology, Critical care & Sleep Medicine.

IMA AMS Bhiwani, Haryana State organized CME on 03-08-2019 on “Latest trends in management in COPD” by Dr. K.B. Gupta, Prof. & HOD, Chest and Diseases, at PGIMS- Rohtak (Haryana), “Precision in the delivery system of Inhaler” by Dr. SushilDhamija, Chest Physician at Bhiwani (haryana) and “Recent management in Vertigo” by Dr. Rupender K. Ranga, Director, Bharat ENT & Endoscopy Hospital- Bhiwani (Haryana).

IMA AMS Jind Branch, Haryana State organized CME on 08-08-2019 at Hotel Umrao Inn on “ Radiation Oncology Update by Dr. Abhinav Mutneja, Consultant Clinical Oncology and “Modern Surgical Management in Head and Neck Cancer” by Dr. Kishore Kumar Roy, Consultant Oncosurgery.

IMA AMS Panipat Branch, Haryana State organized CME on 01-09-2019. Topic was “Medicolegal Problems” by Dr. NeerajNagpal from Chandigarh.

IMA AMS Sonapat Branch, Haryana State organized CME on 1st Sept 2019. Topic was “Hepatology Cases and Liver Transplant and Urology Cases”

IMA AMS Kaithal Branch, Haryana State organized CME on 12th Sept 2019. Topic was “Nikshay App” speaker by Dr. Samsuddin Khan.

IMA AMS Kaithal Branch, Haryana State organized CME on 14th Sept 2019. Topic was “Stemi- Current Concepts in Management” speaker by Dr. VivekSingla.

Punjab State Activities:

IMA AMS Punjab chapter organized Punjab Regional CME under auspices of IMA AMS HEADQUARTERS on 12th May 2019. One full day Scientific session was conducted by DrAshok Uppal Chairman IMA AMS (PUNJAB). It was attended by Dr NatwarSharda Chairman National IMA AMS& Dr Mohan Gupta National Hon Secretary, IMA AMS.300+ Delegates attended this full day CME.

Uttar Pradesh StateActivities:

UPIMA AMS office bearers for the year 2018-19 are Chairman Dr Suryakant from Lucknow& Secretary Dr Shalabh Gupta from Ghaziabad. Under their leadership IMA AMS UP State made 96 life memberships. All the members have been awarded their certificates. At present total membership of UPIMA AMS has achieved a number of 1361.3 fellowships were also rewarded during 2018-2019. UPIMA is planning to have AMS Conference in 2nd quarter of 2020.

My sincere thanks to Dr SantanuSen, National President, IMA HQs, Dr. R V Asokan, Hon. Secretary General, IMA HQs, Dr. Ramesh Kumar Dutta, Finance Secretary IMA Hqrs, Dr. NatwarSharda, National Chairman, IMA AMS HQs and Dr V S Rao, Vice Chairman, IMA AMS HQs, Dr. Mona P Desai, Dr. Rajendra Kumar Yadav and Dr. Ravi Shankar Joint Secretaries of IMA AMS HQs, Dr. S P Singh, Editor of Annals and Dr. B. Narender Reddy, Executive Editor Annals of IMA AMS HQs for their valuable guidance and suggestions. I appreciate Mrs N Saritha, Office-in-charge for her exemplary services and her support in smooth conduct of the office activities.

Dr. NatwarSharda
Chairman
IMA AMS HQs

Dr. V S Rao
Vice Chairman
IMA AMS HQs

Dr. Mohan Gupta
Hony. Secretary
IMA AMS HQs

AGENDA ITEM NO. B-20

Activity report of IMA AKN Sinha Institute of Medical & Health Education and Research

The last report of activities & progress upto March 2019 of IMA AKN Sinha Institute, Patna has been submitted in the last CWC. Since then the following activities has been done at IMA AKN Sinha Institute, Patna from 01st April, 2019 to 30th September, 2019 :-

(1) Information Letter, Advertisement, Brochure, Enrollment and Certificate Issued: -

A. Letters (Personal letter sent to IMA Kerala)	-	8650
B. Advertisement given in the Patna Journal of Medicine	-	06
C. Information Brochure sent to doctors	-	08
D. Enrollment in Post Graduate Certificate Courses (Postal Mode)	-	28

E. Number of Certificate issued for Post Graduate Certificate Course -	29
F. after completion of the course	
G. Number of Certificate issued for BELSS Course	- 839
H. after completion of the Training	

2) Free Demonstration of BELSS amongst people: -

- A. IMA AKN Sinha Institute presented BELSS Training at Central Working Committee Members at CWC Meeting at Puri.
- B. At Sri Krishna Puri Chlidrens Park, Patna. About 2000 morning walkers attended the programme.
- C. At Rotary Club Patna Sheikhpura. About 100 Rotarian attended the programme.
- D. At Vikash Bhawan, New Secretariat, Patna to Health Department Officials and employees. About 80 persons attended in presence of Principal Secretary Health, Bihar.
- E. At Vardhman Institute of Medical Sciences, Pawapuri, Nalanda. About 300 medical students and doctors participated.
- F. At CTI, Bihta. About 500 Fire Service Constables attended in presence of DG, Home Guard and Fire Services.
- G. At CTI, Bihta. About 200 Local Health Workers and Home Guards attended in presence of Commandant Home Guards.
- H. At IMA Patna for CRPF Jawans. About 35 Jawans attended.
- I. At Inner Wheel Club, Patna. About 300 Women members attended.
- J. At Gyan Bharti International School, Daniyawan. About 350 students participated.
- K. At Bihta Referral Hospital. About 100 Nurses, Doctors & Paramedicals participated.
- L. At IMA Munger Zonal Meeting. About 100 doctors attended.
- M. At Nalanda Medical College & Hospital, Patna Auditorium. About 150 doctors and medical students attended.
- N. At Sri Krishna Medical College Alumni Meeting. About 3000 doctors participated.

3) BELSS Certification Courses: -

- A. Regular BELSS Training and certification at IMA Building, Patna for Emergency Medical Technicians, doctors and paramedicals.
- B. BELSS Training and certification at Muzaffarpur. About 105 doctors attended.
- C. BELSS Training and certification at Muzaffarpur. About 80 EMTs and doctors attended.
- D. BELSS Training and certification at Narayan Nursing College, Jamuar, Sasaram. About 200 Nurses attended.
- E. BELSS Training and certification at Araria. About 180 paramedicals and doctors attended.
- F. BELSS Training and certification at Hotel Panache, Patna for Skin Specialist. About 40 doctors attended.
- G. BELSS Training and certification at Chhapra. About 30 doctors and 80 EMTs attended.

4) Mental Health Awareness Programme : -

- A. A Lecture on Doctors Day (01st July, 2019) at IMA Building, Patna in association with IMA Bihar State Branch on subject Stress and Burnout among Doctors.
- B. International Suicide Prevention Day (10th September, 2019). Celebrated at Hotel Panache, Gandhi Maidan, Patna.
- C. Mental Health Awareness among Local Health Workers at Bihta and Daniyawan.
- D. Lecture on Mental Health among Fire Service Workers at CTI, Bihta
- E. Lecture on Mental Health at Rotary Club Patna Sheikhpura.
- F. Lecture on Child Sexual Abuse at Inner Wheels Club, Patna.
- G. Lecture on Psychiatry in Medical Settings at IMA Chhapra and Bhojpur.

5) **Web Cast of Basic Emergency Life Saving Skills** to SARC Countries in collaboration with IMA Headquarter on 09th June, 2019. National President Dr. Santanu Sen, Hony. Secretary General Dr. R. V. Asokan and Director IMA AKNSI Dr. P. S. Bakshi attended the programme.

6) **IMA End TB Initiative** Programme in association with IMA Behala Branch.

7) **Other Activities:** -

- IMA AKN Sinha Institute has requested Health Department, Bihar to Sign MoU for Training of doctors and paramedical in Bihar. The proposal is under consideration.
- IMA AKN Sinha Institute has got nod to demonstrate BELSS Training at Bihar Assembly and IAS Association Bhawan. Dates will be finalized soon.
- IMA AKN Sinha Institute has got proposal by Indian Psychiatry Society to collaborate in Certificate Course “Competency Development in Depression Management for Doctors”. The proposal is being worked out by IMA Headquarters and IMA AKNSI.
- IMA AKN Sinha Institute is soon to start ACLS Course, Diploma in ICU Care and Diploma in Anesthetic practice.

Dr. Ajay Kumar
Hony. Executive secretary,
IMA AKN Sinha Institute

AGENDA ITEM NO. B-21

Activity Report and Administrative report of Journal of IMA

The “**Team JIMA**” is working hard to bring back the lost glory of our prestigious age old Journal. We are presenting some important works done since last CWC Meeting at Puri, Odisha before the Hon’ble members of CWC of IMA. **Meetings:** We have organized 2 meetings of the JIMA Committee since Puri CWC which were attended by all members in presence of National President. Another meeting is scheduled on 25th October, 2019 before the CWC meeting. **Indexing & Web-Hosting Contract:** An agreement had been signed with Evangel Publishing a Delhi based Company who launched E-JIMA in an international format. They are also doing the necessary formalities required for indexing of JIMA for which all the files and details have been submitted to the Index Copernicus for evaluation. An initial contract payment of Rupees Two Lacs as per agreement deed has been already paid to them (excluding GST as per agreement). Now they are asking for the GST amount which is not mentioned in deed. We have applied for E-ISSN of JIMA and currently under process. The Hony. Secretary who is in charge of publishing of JIMA is in dark with the activity of Evangel Publishing as no body from this firm kept a contact with the office of the Hony. Secretary, JIMA. The agreement deed needs to be reviewed after one year before renewal. **RNI Registration:** We applied for the Revised Registration Certificate with the new Office Bearers. We received a communication from RNI mentioning that Volume No. (i.e. 117) printed in JIMA for this year is incorrect. The same should be printed as Volume No. 63. Their view was that the publication year should be counted from 1957 only, when RNI gave the Registration No. (2557/1957) to JIMA. Our view was that we started JIMA in the year 1930 and in few years we published two publications in one month alone and we made two volumes in one single year for some years as well. As our Journal is indexed and the Volume No. is already in the public domain as well as with the Indexing Authorities, it is difficult to change the Volume number now. National President and Hony. Secretary General were kind enough to intervene. The National President himself was kind enough to visit the RNI office at Delhi himself in spite of his busy schedule to sort out the matter. It was due to his immense help finally they have agreed to put both the Volume numbers [JIMA (117) & RNI (63)] in the front page. We have done so as per their verbal agreement in the October issue and let’s hope they comply with and renew the RNI registration which lapsed on 30th October 2019. **Marketing:** A special thrust has been put on the marketing department and Hony. Secretary, JIMA himself is looking after the marketing department. 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. We are planning to start visiting prospective Advertisers from January, 2020 for the next financial year. We appeal to all the members to help us in getting new advertisements. We have booked advertisements as follows since April, 2019 totaling to Rs. 56,59,250/-. January- Rs. 3,25,000/- ; February- Rs. 3,94,750/-; March- Rs.4,60,000/-; April- Rs. 4,23,000/-; May- Rs. 6,11,000/-; June- Rs. 4,26,000/-; July- Rs. 12,73,000/- ; August-Rs. 3,93,000/- ; September- Rs. 4,78,000/-; October- Rs. 8,75,500/- maintaining an average target of 5 lacs per month set by Hony. Secretary of JIMA.

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 of State & Local Branches, Past Editor and Secretaries of JIMA, IMA Branches with own Building. We are also sending JIMA to 407 Medical Colleges. The addressograph sent by IMA Hqs is backdated and needs update. We have been uploading e-journal in our website regularly (www.ejima.in). We are sending JIMA through e-mails to the members whose e-mail IDs are available with us. We appeal to IMA HQs, IMA State and Local Branches to send e-mail IDs available with them so that we can send the JIMA link and soft copy to all the members. We have sent repeated mails to all State Presidents & Secretaries but except Maharashtra nobody has responded yet. We are having West Bengal State Government as subscriber for sending JIMA to its BPHCs, PHCs, and SHCs. We appeal to the members of different States, if they can help us in getting respective State Governments as subscribers.

BREAKING NEWS: JIMA BECOMES SMART: The **BIGGEST SUCCESS OF JIMA THIS YEAR** is its availability in smartphones. This is purely a brainchild of Hony. Secretary, JIMA. The National President himself inaugurated and launched it on Doctors' Day 2019 from IMA Hqs, New Delhi. Now JIMA is being uploaded every month and all can access it on their smartphones having JIO numbers. Presently around 40,000 members are enlisted. We appeal to the members to send us their JIO numbers to JIMA office, who are still not enlisted.

For JIO users: Read JIMA on your Mobile: Download 'JIOCHAT' App > Search on JIOCHANNEL for 'JOURNAL OF IMA' > Touch the link you received. **For Non-JIO users also:** You can read JIMA on your Smartphones too. Download 'JIONEWS' App > Search "JIMA" on "JIONEWS". **Editorial:** Review Process of Journal of IMA

The incumbent Hony. Editor supervises all works of Editorial Department.

1. All Articles submitted in JIMA are screened by editorial staff for technical aspects;
2. If primary screening process fulfills all criteria then article to be sent to two Associate Editors and Past Editor/Editor Elect (a Committee of three).
3. When at least two members of the above Committee give clearance, it is placed before the Hony. Editor, who sends it to two Reviewers of concerned field;
4. If both Reviewers give clearance to the article, it is treated as accepted and carried on for printing. If any of the two differs, the Hony. Editor may take a decision or send it to a third Reviewer;
5. Editorial is selected preferably from one of the original/review articles. It is 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 is sent to Hony. Secretary, JIMA for Printing, Publishing (Print, Web, Mobile) and Posting;

The number of Articles received this year till October, 2019 is 58; Total Articles published this year is 94; (from Bengal-24; Other than Bengal: 70). It must be stressed that there is a serious dearth of original articles in JIMA Editorial Section as on date and we appeal all to send original articles to JIMA.

Book Review: We have sent following books to the reviewer which are yet to receive back with their comments. (1) Text book of family Medicine by Prof. Soumitra Ghosh; (2) Safe use of Medicine in Daily Practice by Prof. S. Tripathi. The following Books are in hand for Reviewing: (1) Comprehensive Medical Toxicology (2) Practical Medicolegal Manual (3) Organ Function Test (4) Management of Symptoms.

Internal Auditor: M/s D.P. Batabyal & Associate, Chartered Accountants, 122/14A, Maharani Indira Devi Road, Behala, Kolkata-700038 has been appointed as the new Auditor for JIMA for coming four years.

Court Cases of JIMA: Mrs. Usha Sengupta & JIMA

Case 1. Salary & Wages in Labour Court: All the payment has been cleared, the case has been dismissed but we are yet to receive the Closure Certificate from Labour Court.

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. As the concerned Judge has been transferred no hearing has been held till date in this case.

3rdNational 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 Hqs. We are yet to get the dates from the IMA Hqs and put our request to the IMA Hqs for a date. The National President is requested to finalize the dates as soon as possible.

Finance: We have been working hard to make JIMA a profitable wing by December 2019. We are in the closing stage of clearing all CORPUS FUND debts of JIMA. We request the IMA Hqs Finance Section to send us a consolidated sheet so that we have a record of payment of our debts related to corpus fund. Once it is cleared, we would request IMA HQs. to start sending HFC and FD interest to JIMA as before. We are also in the process of clearing carried forward Vendor debts and hope to clear everything by December 2019. There is no debt of JIMA by the current committee which runs in profit. We are really indebted to all the members of JIMA Committee, all the contributors of articles, the advertisers, the Printer M/s Prabha and all Staffs of JIMA for their hard work for uplifting the image of JIMA. Lastly we must mention that whenever we were in any problem the National President and Hony. Secretary General has extended their hand of help and we are indebted to them.

Dr. Golokbihari Maji
Hony. Editor

Dr. Sanjoy Banerjee
Hony. Secretary

AGENDA ITEM NO. B-22

Activity Report of “Your Health of IMA”

It is the great honour of Your Health of IMA to present the activity report on the administrative matter and functioning of Your Health of IMA before the 222ND Central Council Meeting of the IMA HQ to be held at Port Blair, A & N Island, India. 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 of Your Health of IMA Publication in this period (Apr 2019 – Sep 2019) is under challenges. Though we are successful to increase and receive the Grant-In-Aid, amount of Rs. 7, 00, 000.00 (rupees seven lakhs only), for the financial year 2019-20, from the Department of Health & Family Welfare, Govt of West Bengal, but still more financial assistance required to run the office, smoothly. We are very much thankful to Dr. Santanu Sen, the National President of IMA for promising an allocation of Rs. 10, 00, 000.00 (rupees ten lakhs only), as a Corpus Fund in the name of Your Health of IMA. Under the able guidance of the National President of IMA and his team E-Your Health is now being sent circulated by the IMA Headquarters to all its members.

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. The selected Topics on which Your Health of IMA Publication discussed during this period are:

Nutritional Balance Diet	Beat The Heat
Organ Donation: Good Practice	Criminal Minds

Upcoming Agendas:

- | |
|---|
| <ul style="list-style-type: none"> • Reaching out to more doctors, private hospitals, allied medical group, corporates, etc. • Involvement of school & college students and other youth. • Increase in advertisement and financial assistance of private hospitals and corporates. |
|---|

Dr. Kakali Sen
Hony. Secretary
Your Health

AGENDA ITEM NO. B-23

Activity Report of Apka Swasthya

“Apka Swasthya” journal of IMA Hq. is involved in many social activities & organized many programmes for society to aware them about health issues. Programmes organized were:

1. Release of Apka Swasthya by Health Minister (UP) Honourable Mr. J P Singh in September, 2019.
2. CME organized by Apka Swasthya on occasion of World Hypertension day (29 September) with API Varanasi Chapter.
3. Mega health camp by Apka Swasthya with IMA Banaras branch held at Kashi Kusth Sewa Ashram, Sarnath, Varanasi on 23 January, 2019.
4. ISBN number obtained for Apka Swasthya book & magazine.
5. Health awareness camp with Dainik Jagran, Kashi Varta on 4 February, 2019.
6. Mega Plantation Drive of Apka Swasthya 8 March, 2019.
7. CME of Apka Swasthya on occasion of World Tuberculosis Day (talk by Dr. Prof. Ashok Ratan).
8. Release of First issue Apka Swasthya in April, 2019.
9. CME of Apka Swasthya with API Varanasi in July.
10. Swachhata drive by Apka Swasthya office bearer on occasion of Gandhi Jayanti 2 October.

Dr Ashok Rai
Hony. Secretary,
Apka Swasthya

AGENDA ITEM NO. B-24

Activity Report of IMA National Social Security Scheme

Report of I.M.A. N.S.S.S. FROM 01/04/2019 TO 30/09/2019.

ABOUT MEMBERSHIP :

Actual Members at the beginning of year	16364
New Members enrolled during the period	240
Deceased Members during the period	46
Expired within One year of membership	1
Resigned members during the period	15

Actual Members at the end of period i.e: 30/09/2019 **16542**

RETIRED MEMBERS UPTO 30-09-2019 **815**

With your help, our scheme is able to pay / to be paid as Death Fund Contribution to the 46 Member's Families during the period i.e. 01/04/2019 to 30/09/2019.

Total amount paid / to be paid to deceased member's nominee Rs. 5,30,460

NSSS NO.	NAME OF MEMBER	STATE	AMT PAID	NSSS NO.	NAME OF MEMBER	STATE	AMT PAID
2783	Dr.Thakore Sudha Pradyot	Gujarat	1128910	2984	Dr. Shah Narendra Natvarlal	Gujarat	1164600
456	Dr. Haliyal Gopalkrishna L.	Gujarat	1137130	1140	Dr. Shah Girish Harilal	Gujarat	1155340
14458	Dr. Trivedi Ketan Anantray	Gujarat	1138220	12916	Dr. Mankad Meeta Hemant	Gujarat	1155170
951	Dr. Solanki Shamji Velji	Gujarat	1138470	7457	Dr. Ghoghale Sham Narharrao	Gujarat	1164630
4754	Dr. Jain Abhay Kumar	M.P.	1138790	73	Dr. Trivedi Dushyant Chhotalal	Gujarat	1155280
10454	Dr. Jain Vijay Kumar	New Delhi	1136870	473	Dr. S. Sivaramakrishna Rao	A.P.	1155390
7408	Dr. P S Ranga Reddy	A.P.	1133794	6891	Dr. Panara Madhavji L.	Gujarat	1165220
3649	Dr. M.Manchaiah	Karnataka	1138900	7328	Dr. Patel Bharatbhai N.	Gujarat	1164230
14790	Dr. Khobragade Pramod G.	Maharashtra	1139120	5371	Dr. Padma Ravi	Telangana	1152400
14318	Dr. Karkathala Bhagvandas K.	Gujarat	1134620	5977	Dr. Braj Nandan Prasad	Bihar	1165060
7446	Dr. Patel Sangita Bipinchandra	Gujarat	1140060	8150	Dr. Maheshwari Rekha	Punjab	1164350
6789	Dr. Nehete Vilas Topa	Maharashtra	1138850	8652	Dr. M N Selvarajan	Kerala	1165330
1268	Dr. Modi Trikamdias Haridas	M.P.	1138170	1466	Dr. Shiohare Sunderlal P.	Maharashtra	1166110
13408	Dr. Shah Divyesh Shirishchandra	Gujarat	1138210	636	Dr. R. Jayachandra Reddy	A.P.	1165090
4985	Dr. T. Kanakakumari	KERALA	1134824	909	Dr. Tamaichi Kantilal S.	Gujarat	1156010
2640	Dr. Mehta Krishnakant Venilal	Gujarat	1160130	144	Dr. Lala Manubhai Chhotalal	Gujarat	1166050
1034	Dr. Parmar Jagdishchandra N.	Gujarat	1140360	4451	Dr. Kantwala Mansukhlal Jekishandas	Gujarat	1165610
2208	Dr. Bavishi Anilbhai K.	Gujarat	1169440	1584	Dr. Chablani Rajaram J.	Gujarat	1156790
95	Dr. Vyas Shankerlal Anupam	Gujarat	1163190	10243	Dr. T. Aruna Madan	A.P.	1166970
7419	Dr. Kondeda Rajasekhar	A.P.	1160120	2916	Dr. Sahasrabuddhe Shyamala Vasant	Maharashtra	1166220
2063	Dr. Parmar Damjibhai D.	Gujarat	1162100	13334	Dr. Bhavsar Pradip Chhanalal	Gujarat	1156470
8527	Dr. Bachani Ashok Devidas	Gujarat	1164450	2720	Dr. Jain Kanakraj S.	Maharashtra	1157070
333	Dr. Padmasali Rangaiah	A.P.	1154770	2078	Dr. J Sreenivasulu Reddy	A P	1167180

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	DT OF JOINING	DT OF EXP
1	17433	Dr. K Rajendran	Tamil Nadu	16-07-2018	22-06-2019

RESIGNED MEMBERS DURING THE PERIOD

SR.	NSSS NO.	NAME OF MEMBER	STATE	PLACE
1	8719	Dr. Patel Amit B.	Gujarat	Bhavnagar
2	12176	Dr. Patwari Rootu H.	Gujarat	Ahmedabad
3	12298	Dr. Udhreja Satyam Ratilal	Gujarat	Ahmedabad
4	10457	Dr. Neeraj Tripathi	U.P.	Allahabad
5	10456	Dr. Geeta Tripathi	U.P.	Allahabad
6	15710	Dr. Patel Jaydeep Kantilal	Gujarat	Surat
7	15881	Dr. Udhan Rajan Baliram	Maharashtra	Jalna
8	16431	Dr. Patel Tejaskumar C.	Gujarat	Unjha
9	17256	Dr. Patel Bhavesh B.	Gujarat	Surat
10	17536	Dr. Patel Vivek	Gujarat	Baroda
11	17537	Dr. Patel Ami	Gujarat	Baroda
12	15820	Dr. Sheth Devam Pareshkumar	Gujarat	Ahmedabad
13	16103	Dr. Modi Prashant M.	Gujarat	Baroda
14	13628	Dr. Vaghani Mahesh A.	Gujarat	Surat
15	10770	Dr. Mahajan Swatantrata	Himachalpradesh	Dharamshala

MEMBERSHIP STRENGTH STATE WISE :

Andhra Pradesh, Gujarat, Maharashtra, Kerala, Karnataka, Tamil Nadu, Uttar Pradesh and Madhya Pradesh, Bihar state have more than 250 members:

STATE	MEMBERS	STATE	MEMBERS
Andhra Pradesh	1221	Kerala	678
Assam	34	Madhya Pradesh	298
Bihar	272	Maharashtra	2921
Chandigarh	15	Manipur	1
Chhattisgarh	96	Nagaland	6
Delhi	81	Orissa	57
Goa	4	Pondicherry	7
Gujarat	8183	Punjab	103
Haryana	117	Rajasthan	237
Himachal Pradesh	10	Tamil Nadu	697
Jammu & Kashmir	3	Telangana	63
Jharkhand	258	Uttar Pradesh	438
Karnataka	560	U.T.	10

Uttaranchal	5	Uttarakhand	10
West Bengal	157		
	TOTAL	16542	

MEMBERSHIP STRENGTH AGEWISE : (At the Time of Joining the Scheme) :

AGE GROUP	MEMBERS
Up to 30 Years	1384
31 to 40 Years	4498
41 to 50 Years	5460
51 to 55 Years	2497
56 to 60 Years	2602
61 to 65 Years	80
66 to 70 Years	18
71 to 75 Years	3

Total	16542

About D.F.C. – 24 :

We have asked D.F.C. 24 in April, 2019. Last date for payment is 15/05/2019. The maximum DFC amount to be paid by each member was Rs.9500.00 as D.F.C. As on 30/09/2019 about 521 members had not paid D. F. C. No. 24.

(Dr. Yogendra S. Modi)
Hon. Secretary

(Dr. Kirti M. Patel)
Chairman

AGENDA ITEM NO. B-25

Activity Report of IMA National Professional Protection Scheme

Report from 01.04.2019 to 31.09.2019

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	:	1001
Renewed	:	902
To be renewed	:	083
Expired	:	007

Litigations

Proceedings completed	:	0
Pending Cases	:	15
New Cases	:	3
Appeals	:	0

Managing Committee Meetings

27th December 2018 at Eagleton Resorts Bangalore

5th April 2019 at Puri, Bhubaneswar

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
2. managing cases at State level.
3. Bring out a publication and interactive web pages regarding litigations.
4. Increase Enhanced protection scheme coverage to 1 crore.Partner with specialty associations to offer membership in NPPS and IMA.
5. Start Hospital Protection scheme

Accounts:

Audited accounts have been regularly submitted to IMA National Headquarters.

CONSUMER PROTECTION ACT

Consumer Protection Act 2019 was passed by Lok Sabha on 29/07/19 and subsequently by Rajyasabha. The act passed by parliament has dropped healthcare from definition of services. Now consumer courts cannot trial medical negligence cases. Long standing demand of medical profession accepted due to persistent effort by IMA. CPA act 1986 passed by parliament did not envisage medical profession to be included in CPA nor included any provisions for its inclusion. Medical profession was brought under the purview of Consumer Protection Act 1986 in 1994 following a supreme court verdict in V.P.Shanta Vs Indian Medical Association case. Since this is new act the Supreme Court verdict on CPA 1986 will not stand. As healthcare has been dropped following cabinet decision to do so, if any case comes to supreme court for inclusion of healthcare in CPA 2019, government will naturally defend their action. More over during introduction of the bill in parliament, Minister for consumer affairs ha specifically stated the legislative intention of dropping health care from the purview of the act. Consumer courts are designated for speedy disposal of consumer disputes and hence they do a summary trial. Any cases which require detailed evidence taking including that of experts should be tried in civil courts. HENCE NOW MEDICAL PROFESSION & HEALTH CARE ARE OUT OF PURVIEW OF CONSUMER COURTS SUCCESS OF PERSISTANT CAMPAIGN BY IMA Definitely the issue may come in for Judicial review. Henceforth any cases regarding medical negligence if filed in consumer courts, our contention should be that as health care is not included in the definition of services, consumer courts should not trial medical negligence cases. This message should reach all medical practitioners and hospitals. Indian Medical association will arrange all legal help in such cases through IMA National Professional Protection Scheme.

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, Immediate Past National President Dr.Ravi Wankhedkar and Past National President Dr.A.Marthanda Pillai for their support and encouragement. I am very much indebted to my Chairman Dr.Krishna Parate 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.

Dr. A.V. Jayakrishnan
Secretary
IMA NPPS

AGENDA ITEM NO. B-26

Report of Activities of IMA Hospitals Board of India

- 1) Visit to IMA Surat for the HBI and NABH awareness meeting
- 2) Report of IMA HBI Board meeting took place at Hyderabad on May 4th, 2019. Hon Secretary General Dr. R. V. Asokan, National Chairman IMA HBI Dr. V. K. Monga, National Treasurer Dr. Mangesh Pate with other directors of HBI attended the meeting. HSG Dr. R. V. Asokan praised the work done by HBI. He emphasized need to percolate HBI in all states of India. He also reiterated importance of local hospital associations to work with HBI. Chairman Dr. V. K. Monga apprised the meeting about Ayushman Bharat & its implications. He also informed the stand by HBI in reforming processes of Ayushman scheme. HSG Dr. Asokan praised work by Dr. V. K. Monga in bringing FICCI, CII & other corporate stakeholders under one roof of HBI. It was unanimously decided to distribute the HBI functions across the country in various states among all directors. National uniform HBI affiliation form was approved in the directors meeting. HSG praised efforts on NABH Accreditation front by HBI. He emphasized the importance of quality in healthcare across country & stressed commitment of IMA HBI to work for it.
- 3) Visit to IMA Alwar for the inauguration of the HBI chapter-Rajasthan Initiate NABH accreditation Activity.
- 4) NABH awareness CME activities held in 30 branches.
- 5) CII, Ministry of Health and Family Welfare and National Health Authority are organizing the 1st edition of ASIA HEALTH 2019 on 16th- 19th October, 2019 at Hotel Taj Palace, New Delhi.

It will be a one of its kind conclave with influential voices and experts from both within and outside the healthcare sector. It will see a global conglomeration of Industry experts, senior policy makers, ministers, decision makers from the ASIA region, and multiple other stakeholders including innovators who imagine a more equitable and healthier world.

IMA Hospital Board of India is an association partner of the event and as ASIA HEALTH 2019 is envisaged as a unique health platform converging multiple stake holders in the Health eco system to deliberate and discuss the future of Health. It will look to develop a cohesive industry engagement with core cross sectoral policy dialogues and strategic exchanges enabled through high profile plenary sessions, focused capacity building workshops, bespoke B2Bs, Industry delegations, disruptor talks as well as an exhibition of the latest technologies disrupting the sector. On behalf of the organising committee, we are disseminating this information about the event and those of us who want to attend the event may do so by going on the link below and register.

<https://www.cii.in/OnlineRegistration.aspx?enc=pZVQM37jtSRTHlkmBsitha6NwEEwtqDqWF3bVXkCwVzyMMiB4mthnQ6a6Tab4Tg6>

- 6) A two days event was organized by Government of India on completion of one year of PMJAY on 30th September, 2019 and 1st October, 2019 in New Delhi where all Stakeholders, ministers, state governments, Insurance companies, major hospitals and IMA participated. Inauguration of this event was done by Shri Narendra Modi Ji, Hon'ble Prime Minister of India and Dr. Harsh Vardhan, Union Minister for Health & Family Welfare as a Chief Guest at the valedictory function.

The following points are worth sharing with our fellow colleagues:

- Government is very serious in taking up this project to a higher level. Till now around 47 lacs peoples have benefited with this scheme in more than 18 thousand hospitals out of which around 50 % are private hospitals.
 - It is clear that it is still not mandatory for private hospitals to join the scheme. Those hospitals who choose to get empanelled are requested to look into their infrastructure, manpower, facilities and other local issues before they do it. This is voluntary.
 - You must have read newspaper that the Government is keep an eye on the behaviour of private hospitals. In the scheme the fraud detection mechanism of their IT system is very robust. Once you have joined the scheme, you must be transparent and honest to the core otherwise Government is on a program to "NAME and SHAME". Those hospitals which are indulging in unethical and unwanted practices under the scheme. Some cases have been reported where Bills have been raised without patients getting admitted or surgeries on patients not done at all. This will bring the bad name of the hospitals of our members as well as the associations. You may take it as a warning from Government side and we should set our houses in order.
- 7) **IMA-HBI NEWSLETTER:** MOU proposed for the 1 year for the **monthly e-HBI NEWSLETTER** , proposed and shall be released on 1st Nov at the CWC meeting .
- 8) HBI team attended respective Zonal meets at Kanyakumari and Mumbai to inform zonal leaders **about the HBI and related activities.**
- 9) We wrote request letter was written to IRDA to extend the date for the Entry level accreditation.
- 10) Objection letter sent the ministry an concerned officials for the new proposals of the BMW and need of the ERP (Effluent Treatment plant) Plants for the small health establishments.

Dr.V.K. Monga
Chairman, IMA HBI

Dr. Jayesh Lele
Hony. Secretary, IMA HBI

AGENDA ITEM NO. B-27

Report of activities of IMA National Pension scheme

IMA National Pension Scheme was launched in the year 2015. Dr. Sudepto Roy was the founder Chairman, Dr. Devadas, Hony. Secretary and Dr. Sunny P. Orathel, Treasurer respectively. Out of total 32 members enrolled so far, four of them has resigned during the last 2 years. The premium paid by them were refunded with the interest accrued. The total corpus fund of the scheme is nearly Rs. 20 Lakhs and it is kept as FD in scheduled bank. As the interest rate is only 6% returns are not very attractive. This is the main obstacle for the members to join the scheme. The interest rate is further declining. The CWC held in Indore in 2018 has nominated Dr. Prashanth Nikhade as the Chairman, Dr. Gopeenathan as the Secretary and Dr. Anadarajan as the treasurer. The new committee has taken over the charge in 2019 January. Certain Bye-Law changes proposed in the CWC meeting held on 05/04/2019 held at Puri, Orissa were passed. After this amendment, the amount collected as the premium from the members can be invested in mutual funds and other money market instrument so as to generate 15-20 % returns on the capital. Suitable agencies have to be found for managing the investments. Dr. P. Gopeenathan Secretary of the scheme had attended the SWC meeting of IMA Kerala state branch held at Trissur in September, 2019 and detailed about the National Pension Scheme.

He also attended to general body meeting of IMA Thalassery branch and gave a detailed report regarding the benefit of NPS. To enroll more members to the scheme and also to make aware about the benefits of the scheme to the members of IMA, one co-ordinator from each state has to be appointed and they should propagate the scheme in their respective state. I request the help of all the Office Bearers of IMA HQs. to popularize the scheme amongst our members so that IMA can extend a helping hand to the needy members at the fag end of their professional life.

Dr. P. Gopeenathan
Hony. Secretary
IMA National Pension Scheme

AGENDA ITEM NO. B-28

Report of activities of IMA National Health scheme

Annual Report and accounts of IMA National Health Scheme was presented in the **79th Central Council on 27th December 2018 at Eagleton Golf Resort, Bangalore**, along with 93rd IMA National Conference on 27th&28th December 2018 at BGS Global Institute Of Medical Sciences, Kangeri, Bangalore, Karnataka State. Report and accounts were given in Agenda Papers Book No. 3, page no 63- 66 and page nos. 156 & 157 and were passed in the Central council. So far NHS convened **eight** managing committees held at different places along with CWC and also along with the annual National conferences. The VIIth Managing committee meeting of IMA National Health Scheme was held on 17th November 2018 in the Board room II of Hotel Radisson Blu at 8.30 am. at Indore, M.P State. Total 22 officials including Past presidents, scheme secretaries and other office bearers attended the VIIth Managing committee. The VIIth Managing Committee meeting was chaired in the beginning by Senior Vice president Dr Rajendra Airen at 8.30 am on 17th November 2018 in the Board room II of Hotel Radisson Blu at Indore, Madhyapradesh. He said all office bearers should be invited and may be called as a separate meeting. Later National President joined the meeting. He stated that there should be proper coordination and all states should be represented. All office bearers should join the IMA schemes then only proper motivation to others will come. All States should identify and nominate sincere State coordinators. Dr. R.N Tandon HSG told that separate Managing committees should be called quarterly, first a joint meeting of all schemes. Centre should nominate State coordinators in consultation with State. Dr. Vedprakash Misra suggested at least quarterly meeting of all schemes. National President suggested target should be fixed for membership development with incentive. Report and Accounts of NHS from April 2018 to October 2018 were presented before the 220th CWC on 18/11/2018 as Agenda item No.B-28 in page No.76 .There was a thorough discussion on the agenda papers and important IMA issues, the report if activities of IMA and all schemes including IMA National Health Scheme with accounts were passed in the CWC on 18th November 2018. Chairman Dr. Asok Adhao said that identifying state coordinators is main thing and need centre's help. Dr. Jayakrishnan suggested concessions in membership to sister organisations especially sister specialty organisations. But Dr. Ravi Wankhedkar National President stated concession only if bulk membership of at least 500 members are enrolled.

The Hon secretary stated that total membership is gradually increasing annual renewal is properly followed to avoid defaulters. In the Finance Committee meeting NHS Secretary handed over the 4th instalment of Central share due from December 2017 to August 2018 Rs. 71250/ paid as cheque no.885483 dated 6/10/2018 to Central IMA. So total central Share paid by the scheme is Rs 2, 25,950/ and the central share paid is up to date. Final payment of Central Share Rs. 56000/ is paid **(Total Due central share – Fifty Six Thousand only) September 2018 to March 2019** Central share to Pay from September 2018 to March 2019 Total Due of Central Share from Renewal & New members from September 2018 to March 2019 (New members from 504 to 551= 47x25 = 11750/ Total Central Share due to Renewal from September 2018 to March 2019 including New Members = Rs.56000/ Paid as Indian bank cheque No. 285080 dated 05/04/2019/ (Fifty Six Thousand only). Secretary requested the help of Central to promote the scheme. If regular new members are joining, there is no question of viability of the scheme. Secretary circulated the

Minutes of VIth Managing Committee and Audited accounts from April 2018 to October 2018 which was presented in the financial committee on 6th November 2018. The meeting concluded at 9.30 am
Hon, Secretary NHS and Chairman Dr. Adhao attended the National Conclave on Medico legal & Violence Against Hospitals seminar and award ceremony conducted at Hotel Savera, Chennai On 4th and 5th August 2018. Secretary actively involved in the Kerala flood relief activities from August 13th onwards. Kerala was worst ever affected due to flood with lot of casualty to human life .Central IMA Helped IMA Kerala to help the flood affected victims and doctors.

There was a Meeting of Coordination Committee Of all Wings & Schemes of IMA on 15th & 16th December 2018 at IMA H.Q New Delhi. Secretary and Chairman attended the meeting To begin with there was Leadership and Advisory Council meeting started at 10am in the auditorium of IMA H.Q followed by the meetings of all wings of IMA 11am to 1pm. After Lunch the meeting of Schemes, committees, councils and different projects from 2pm and continued up to 7pm. Extensive informative brainstorming interactive thread bear sessions about the issues of the schemes, wings and projects were there and solutions were there .excellent interactions between outgoing and incoming team. The current membership after adding 30 new members in 3 months was 584. **Total Medical Reimbursement from 2016 till date given is Rs.15, 4 3, 035.00 (Fifteen Lakhs Forty Three Thousand and Thirty) only Total Beneficiaries are for 18 members.** Secretary and Chairman attended the 2nd president, Secretaries and Office bearers meet at IMA H.Q, New Delhi on 16th 17th March. In the meeting Health Policy draft is prepared and finalised. On 17th March 2019 IMA Health Manifesto is released in the press meet. On 26th Night December 2018 there was a Finance Committee Meeting , the Audited Accounts of NHS with Balance Sheet from April 2018 to November 2018 is presented in the Finance committee meeting at Bangalore and the audited accounts approved by Finance committee. IMA National South zone Branch Leaders meet and National South Zone Doctors Day was Held on 20th & 21st July 2019 at Singar Hotel Kanyakumari. Secretary presented a power point presentation in the Meet about the salient features of IMA NHS and benefits the scheme is giving to its members.

Secretary participated in the DELHI Antholan in front of All India Institute and in Vidhan Sabha a combined agitation by Students and doctors against NMC bill on 29/07/2019. The 8th Managing Committee of NHS was held at Puri on 5/04/2019 in Hotel OM Leisure Resort. Total 24 members participated .In the Absence of National President, Dr. Pragnesh Joshi National Vice president chaired the 8th Managing Committee of IMA National Health Scheme. He stated that IMA NHS is a very good scheme helping the members at the time of hospitalisation helping them financially. It is the only scheme allows members to join up to the age of 80yrs with no restriction even if they are suffering from major illness. Every state should promote this wonderful scheme. With these words he handed over the procedure to Chairman Dr. Asok Adhao.

Chairman Dr. Asok Adhao also complimented the scheme since it allows the members to join even if he is suffering from any major illness without any screening. All other health Insurances will not allow to join if they are suffering from any illness that only after screening. What we need is promotion of the scheme through state coordinators. There are some state doesn't, have any state coordinators. National office should help to get appropriate persons nominated as state coordinators. Dr. Rajan Sharma pointed out that even top officials have not enrolled in this scheme. Unless all the national office bearers join the IMA Schemes no scheme will get proper promotion. Dr. Ravi Wankhedkar IPP complimented the secretary for his efforts to increase membership. Unless state coordinators work membership will not increase as desired. So election of state coordinators should be there in all states through them membership drive can be effected.

Dr. Arul Rhaj Past president said Top level discussion alone will not increase membership but reach in lower level. Website should be started and propagation from state to local branch level campaign should be there
Dr. Dinesh Thakkaray said that involvement of local president and secretaries should involve and local coordinators should be there. Dr. Desh Pandey said that local motivation is more important and local contact person to promote the scheme. Dr. Babu Raveendran, said that information should reach local level and office bearers should communicate with local branches for promotion of membership

Hon Secretary presented the reports and audited accounts till February 2019 and stated that website already started and communicating with all branched through Email but still responds from branch leaders is not satisfactory. In spite of all odds Membership is growing and total membership now is 612. Total Central Share due to Renewal from September 2018 to March 2019 including New Members = Rs.56000/ Paid as Indian bank cheque No. 285080 dated 05/04/2019/ (Fifty Six Thousand only) Finance status is favourable total fixed deposit till 31/03/2019 as per audit report dated 09/10/2019 was Rs.65, 66,122/ (Sixty Five Lakhs Sixty Six Thousand one hundred and Twenty Two. Now till date two more fixed deposits , Rs 6,00,000.00 (Six Lakhs) No.0641935 dated 4/06/2019 for Rs. 6,00,000.(six Lakhs) No.0843003A/C No.6793399314 Rs.6,00,000.00 on19/08/2019 added, so Total till date is 6566122+12,00,000 =7766122/(**Seventy Seven Lakhs Sixty Six Thousand one Hundred and Twenty Two only**) So far no F.D is withdrawn for Reimbursement of treatment – all the reimbursement is from the renewal income only. Total Central share paid so far is 2, 10,200/. The secretary requested to pass the accounts and reports to be passed.

The 8th Managing committee passed the accounts and reports proposed by Vinay Ranjan and seconded by Krishna Parate. Then chairman called the secretary to say vote of thanks and after the vote of thanks meeting is closed by the chairman and the same report and accounts presented in the CWC meeting in the same venue on 5/04/2019 in Hotel OM Leisure Resort, at Puri, Orissa State. I have to thank our beloved National President Dr.Santanu Sen for his full support and encouragement for the membership development of NHS. Our HSG Dr. R.V.Asokan is very much helpful to the Scheme so also the Finance secretary Dr. Ramesh Datta. My Special thanks to Dr. A. Marthanda Pillai who envisaged the scheme and for his support and guidance. I profusely thank my Chairman Dr. Asok Adhao, Vice chairman Dr.Jayaramdas, and Scheme Finance Officer Dr.K.S. Sunoj and Dr. Pragnesh Joshi Vice president for their support to perform my duties. I have to thank State Coordinators - Dr. Sasidharan Pillai of Kerala, Dr. Chetan Patel from Gujarat, and all who helped me a lot for enrolling members and remembering them with gratitude.

Dr. Alex Franklin
Hony. Secretary
IMA National Health Scheme

AGENDA ITEM NO.B-29

Report of activities of IMA Care of Elderly

Several programmes were conducted by many branches across the country but prompt reporting is still lacking. Many state and local branches in Gujarat, Maharashtra, Karnataka, Kerala, Delhi, Tamilnadu, West Bengal etc. have orally reported many of their Elders Friendly activities but documentation is lacking.

- **Geriatric clinic& awareness talk:** On 18/5/2019 free geriatric clinic was conducted at day care Centre, Malappuram where more than 50 older persons were examined, followed by an awareness talk by Dr. Pareed. In the meeting, it was decided to sponsor one newspaper and one health magazine to the daycare centre and to conduct a one day tour for the old people.
- **Care of Elderly Clinic:** Another geriatric Clinic was organized by Malappuram IMA on 9/6/2019
- **Interantional National Yoga Day:** Conducted National Yoga day programmes for Elders on 21/6/2019 at Day Care Centre Melmuri, Malappuram. About 80 senior Citizens attended the yoga class.
- **Awareness classes:** Dr Narayanan took class on old age problems for pensioners and family at Makkaraparamba Malappuram on 21st September. Awareness classes for Elders were conducted at Kunnappally LP school and at Perinthanmanna on 23/9/2019.
- **New Year Celebrations:** New year was celebrated at Vayoganavedhi ,Enkekkad, Thrissur.
- **Geriatric Centre in Ernakulam:** Ernakulam District Panchayat is coming up with a comprehensive Geriatric Centre in association with IMA for accommodation and daycare of older persons near the Aluva district hospital. Foundation stone for the same was laid on the 14 January 2019. The centre will also be a hub to design, implement and evaluate various programs for older persons in the district.
- **Memory Clinic and training:** Geriatric medicine & memory clinic training for doctors was conducted.

- **G- Tour:** IMA Care of ELDERLY with IMA Guruvayur and Vayomithram Chavakad conducted a one day tour to Malampuzha on 21/01/2019

Health Awareness Classes: Class for Older persons was conducted on heat stroke prevention and on proper hydration during summer. The classes gave insights on things older persons should not do in summer. These classes were conducted at Wadakancherry Pakal veedu, Aryampadam vayanashala and Puduruthy, Ernakulam. Classes were organized on 1st, 12th and 13th March Respectively.

Health awareness class for aged: IMA Care of Elderly organised Health Awareness Classes at Padinjattumury Anganwady on 14.05.2019

“GERI FIT - CHANGE THE WAY YOU AGE”: A CME on Geriatric care was organized at Elite hotels Auditorium on 1/5/2019 between 9AM to 2 PM. The program was inaugurated by Dr. M E Sugathan, President IMA Kerala and chaired by Dr K A Pareed, Chairman Care Of Elderly, State IMA. Topics were presented by eminent faculties and was attended by more than 100 doctors.

Public Awareness Program: On 15th June, a public meeting was convened by IMA in association with Wadakancherry municipality and Vayomithram at 10 am. Awareness class on MWPS ACT by law expert from wadakancherry bar council was organized along with a talk on police protection by local SI of police.

World Elder Abuse Awareness Day: Awareness class to Vayoganavedi, Wadakancherry was arranged

World senior citizens day: 21st August 2019, an awareness class was conducted at Mundathicode sub center

Age- friendly College: This is a continuing activity in association with IMA. The new batch of older persons are undergoing classes in St. Therasas College and SH College, Ernakulam. Around 50 persons are doing spoken English and another 100 doing basic computer and smart phone classes.

Senior Athletic Meet: A state level athletic meet was organized in Maharajas ground and also at SH ground Ernakulam – More than 400 older persons participated in the event from all over the state in 18 events.

G-Tour project: Two trips were organized – Indigo flight from Cochin to Trivandrum followed by Sightseeing at Trivandrum and return by train. 150 older persons who have never visited an airport were taken on the trip.

Dementia Screening: District Level Dementia Screening program was launched. A mobile app for screening depression and dementia is developed and is being used.

Emergency Alert system: 600 beneficiaries in Mulanthiruthi block are identified who will get the emergency device free. Pressing the button will dial 6 to 7 community volunteers parallel along with an SMS. Whoever picks the call first can talk. If no one picks the call within 30sec, the call gets transferred to our call centre. If in any case call is not answered in another 10sec, the call get transferred to local police station. In a nutshell, the person in need will get connected to a first responder within one minute. There is no similar community owned emergency response system in India for older persons and this is started as a pilot project. The launch was inaugurated by KV Thomas MP at Priyadarshini Hall, Ernakulam.

Elderline: The senior helpline is active and continuing – receiving around 100 to 150 calls a month for various information and help.

World Happiness Day: Cochin IMA visited St. Thomas Old age Home, Perumanoor, as part of World Happiness day. Entertainment programmes, experience sharing, awareness talk and an exercise of ‘blissful-meditation’ were arranged. Meditation session and a talk was taken by Mrs. Snovy, a psychologist. Under IMA Committee for Care of Elderly, IMA Cochin, have made a group of resource persons and a good number of volunteers from three colleges to visit different old age homes, day care centres and elders club with the standard set of recreation and learning session with the theme - "Happiness".

Tele-expert Opinion: A telemedicine system for second opinion and expert opinion was launched on 11 Feb 2019. IMA Committee for Care of Elderly has partnered with Vodafone Hello Arogyam project to develop and pilot a tele medicine program. As we all are aware, it is very difficult for older persons attending a PHC to visit a higher center when referred for a specialist opinion. Our telemedicine platform provides opportunity for medical officers in PHC to get a real time specialist expert opinion. In many cases, a referral can be avoided especially in case of follow-ups. We had already conducted 7 camps with support of Ernakulam General Hospital and EMS Hospital Perinthalmanna. Camps were conducted at Chaliyar, Attapady, Wayanad, Kuttampuzha, Chengannoor, Adimali and Kuttanad. We are making arrangements for regular tele consultations in Cardiology, neurology and nephrology in Chaliyar, Attappady, Kuttanad and Kuttampuzha.

Senior Citizens Adalat: IMA Care of Elderly, worked in cooperation with RDO, Ernakulam in organizing an adalat for redressal of elder abuse cases and pending cases with MWPS Act on the 21st August 2019 at Ernakulam town hall. More than 20 pending cases were heard on that day. A medical camp for senior citizens was also organized on the same day.

Dementia Friendly Ernakulam: Udbodh is a joint initiative with Centre for Neurosciences CUSAT, an initiative to develop a dementia friendly Community. This is a mixture of numerous community intervention programs and academic projects which aim to transform our community into an informed and responsible one. Udbodh is the first manifestation of this vision and aims at bringing awareness on dementia and related social issues. As part of Udbodh, we are in association with Alzheimers and Related Disorder Society of India (ARDSI)-Cochin chapter, National Health Mission, MAGICS, ADI, WHO, DTPC Ernakulam, Kerala University of Health Sciences and Ernakulam District Residents Association Apex Council.

On "World Alzheimer's Day" a procession - 'Memory walk'- on 21 st September 2019 was organised. More than 800 people belonging to various colleges, nursing colleges and NGOs participated in the memory walk. The walk was culminated at durbar Hall ground with a public function which was attended by more than 1000 people.

Other Activities:

- District Representatives meet at Periyar House, Aluva – Meeting was organized by IMA Committee for Care of Elderly (KSB), where representatives from five districts participated. It was decided to strengthen the committee and take effort to engage the local committees of other branches in the state
- Started working on developing Standard information materials/ presentation that will be provided to districts as basic resource material for conducting awareness classes/ programmes. Short videos will be made on common geriatric problems and issues, that will be uploaded in Youtube for public viewing. Same set of videos will be provided to hospitals and other healthcare institutions for display. Smaller size videos can be used through popular social media under the banner of 'IMA Committee for Care of Elderly'. Community Volunteering in all districts has been planned through more than 1500 schools in association with NSS units. Student volunteers shall do a survey in the vicinity of their school to identify older persons requiring care. They will report such cases to appropriate local authorities including ASHA workers for action and follow-up. A copy of the report will be accessible to IMA branches for action.
- Prevention of Elder Abuse through "PEACE" will be launched from October 2019 using 1056 as toll free helpline number. However, a helpline for health of older persons need to be established by IMA Committee for Care of Elderly.
- Our focus for world health day was healthy aging. It presents challenges and opportunities as well. It presents a demand for better primary care for aged. Demands for trained work force to look after aged. Environment is made age friendly to enable the aged to make contributions to the community. Healthy aging is long and healthy life. The environment influences the behavior of the aged. Their productivity is increased. Their functional ability is increased. Functional ability means ability to meet the basic needs, to learn to grow regain the ability to make decisions to have mobility to have relationship within family society and have the ability to contribute to the society. In old age one should be able to do things one values for as long as possible.

IMA CARE OF ELDERLY - CME AT ELITE HOTEL TRISSUR

"GERI FIT - CHANGE THE WAY YOU AGE"

A one day CME Program for doctors on Care of Elders was organised at Hotel Elite, Thrissur on 01-05-2019. The program was inaugurated by Dr. M E SUGATHAN, President IMA KSB and presided by Dr KA Pared Chair man Care Of Elderly, State IMA. Different topics were presented by eminent faculties. About 100 doctors attended the CME.

Planning meeting for World Elder Abuse Awareness Day

A meeting of 'IMA Care of Elderly' district office bearers decided to conduct programmes on 'World Elders Abuse Awareness Day'. It was also decided to conduct a national seminar on 15 th June.

REPORT FROM DAY CARE CENTRE - MALAPPURAM

Day Care Centre Malappuram also conducts regular Medical Examination for Elders and takes awareness classes for them on various topics.

Annual meeting of the Centre decided:

1. To sponsor one news paper regularly to DAY CARE CENTRE.
2. To sponsor one health magazine regularly
3. To celebrate Ramzan in a befitting manner
4. To conduct a one day tour for the pleasure of old people coming there.

NEW PROJECTS FOR 'IMA CARE OF ELDERLY'

Prevention of elder abuse and formation of PEACE Aim of 'Prevention Of Elder Abuse Cell' (PEACE)

1. Elderline: 24X7 Crisis call center
2. Information center (10AM to 4PM)
3. Assistance with MWPS ACT
4. Legal assistance support in case of abuse
5. Awareness classes on Elder abuse and MWPS ACT.

Project "PEACE" got recognised by NHM As part of the collaboration, anyone from Kerala can dial 1056 for getting assistance. If there is an abuse case, the call will be transfered to PEACE.

WORLD ELDERS ABUSE AWARENESS DAY - 15JUNE- IMA National level Commemoration of 'World Elders Abuse Awareness Day' was conducted at Sree Sudheendra Medical Mission Hospital Kacherippady, Ernakulam on June 15 th at 9AM

The day long program included: Talk on Elder abuse and Awareness on MWPS ACT 2007(Maintainance and Welfare of Parents & Senior Citizens Act 2007)

Launching of 'PEACE'- Prevention of Elder Abuse Cell by Dr.Sugathan IMA President and Cochin Mayer Smt. Soumini Jain. Dr.Pared, State Chairman IMA Care of Elderly, Dr.Junaid Rehman Cochin IMA President, Dr.Praven Pai, Convener Care of Elderly,Dr.Àbraham Varghese ,Dr.V U Seethi National Chairman Care of Elderly, Dr. Samuel Koshy National Convener IMA Care Of Elderly, Dr.Sulphi State Secretary attended the function.

Report on Elder Abuse Awareness Day from few branches.

Kottakal IMA branch Conducted awareness class on prevention of Elder Abuse.

Report from Nemam branch: World Elder Abuse Awareness Day was observed in IMA Nemom branch by organizing a sensitization and awareness programme in Taluk Head Quarters Hospital, Malayinkeezhu. Adv. S. D. Ajith, former AGP and Public Prosecutor handled a session on "MWPS Act and need to protect our parents and elders". Dr. Mohanan Nair chaired the session. Dr. Sreedhar, former Director of Health Services spoke on the occasion.

Report from Kunnamkulam: IMA Kunnamkulam observed World Elders Abuse Awareness day on 15th June at Royal Hospital. Dr. Devadas inaugurated the program. Adv. Rajeev spoke on legal rights for elders. Dr. Thomas mathew felicitated on the occasion.

Report from Vadakara: Took awareness class on 15/6/2019 as part of World Elderly Abuse Awareness Day for anganvady teachers

Report from Malappuram: Conducted national Yoga day programme 21/6/2019 at Day Care Centre Melmuri Malappuram. About 80 Old people attended the yoga class. To day in most places the yoga classes are attended by youngsters but at Day Care Centre yoga class attended by Old people. World senior citizens day. 21st August Awareness class mundathicode sub center vayomithram camp.

CME for Doctors on Care of Elders: A CME was arranged by 'IMA Care Elderly' on Dementia- The Problem - The Diagnosis and The Care by Dr P C Gilvaz, Prof. & HOD Neurology Jubilee Medical College, Thrissur and on 'When Aging Robs Your Vision' by Dr Vijayakumari, Ophthalmologist. Also a session on Deafness in old age - A Social Handicap - Detection & Rehabilitation was taken by Dr Arjun G Menon, Associate Prof. ENT.

'Commemoration of 'International Day of Older Persons' - OCTOBER 1st: As per directions from National President, 'IMA Care of Elderly' requested all our branches to have a month long campaign during October on Care of Elders. Branches were directed:

1. To conduct public meetings for creating awareness regarding care of elders
2. To arrange get together, short trips and picnic for elders.
3. Inter-generational activity in association with local schools.
4. To arrange awareness programmes for Care takers.
5. To conduct soft sports competitions.
6. To conduct literary competitions.
7. To conduct CME programmes for Doctors regarding Care of Elders.
8. Honoring of selected Senior citizens in the locality.
9. Visiting and providing health care to bedridden seniors in the locality.
10. To arrange geriatric medical camps.
11. Arrange Dementia awareness and early dementia detection camps.
12. Form Day care centres for Senior citizens.
13. To arrange cultural and music programmes for elders.
14. To give priority for older persons in OPD and health care institutions.
15. To conduct Free/concessional cataract detection camps and surger

Reports from Branches.

Dr Narayanan took class on old age problems for pensioners and family at Malappuram on 21st September Awareness class for old age people was conducted at Perinthalmanna on 23/9/2019 by Dr KA Pareed.

National Program

Inauguration of month long Elders Friendly Programmes by IMA National President Dr. Santanu Sen. Programmes included elaborate multispeciality medical camps for elders, Public function, Music program, Release of legal book for elders, Honouring of elders, planting of trees as a mark of memory of the day etc.

IMA THRISSUR:- State level launch of IMA KSB "CARE OF ELDERLY MONTH 19" was held at Daya Hospital Thrissur on 29/9/19. Program was inaugurated by Dr P Gopikumar, State Secretary Elect, IMA, Dr KA PAREED care of Elderly Chairman presided the function. Public function was followed by an excellent CME on different topics of old age problems. World elderly day celebrations at Thrissur town hall

On WORLD ELDERLY DAY, 83 yr old Kumaran and a rare talent Varunny 66 yrs. were honoured at Thrissur Town Hall by IMA. Mr. Sideek Sayidhali 109 yrs. was honoured in a public function by IMA THALAPILLY ELDERLY CARE.

Elders day at Vadakara Elders Day Public Function at Perinthalmanna

Dr Afrose, Dr Biju, Dr. Rejin and Dr Anand took awareness classes on Diabetes, Hypertension, Psychiatric ailments and ortho problems. Dr. Samuel Koshy, National Convener, Care of Elderly addressing the public function organised by Perinthalmanna Municipality on International Day for Older Persons.

Perinthalmanna IMA: Celebrations on International Day for Older Persons at IMA Pain and Palliative Care Centre, Pernythalmanna. ASP Miss. Reeshma honouring the elderly nun sister Jancy for her service to society

Report from Nemam branch "IMA Nemom ROUND TABLE" on World Elders Day. IMA Nemom kickstarted a month long programme to develop a Elderly Friendly Hospital Initiative (EFHI) " to make our healthcare facilities really elderly friendly.

Elders Day Celebrations. Interactive session with inmates of Vylongara old age home, organised by IMA Perinthalmanna branch. Had interaction with a Pakalveedu . Took a session on Old age problems and how to overcome depression in old age. Spent 2 hours with them and some of them entertained with old songs.

International Elder's Day- Report of programs at IMA National level: International Elder's Day observed on 29th September, 2019 at Shree Krishna Medical and Research Centre, Mayur Vihar, Delhi Medical Health Check up camp organized for Elderly Person at Karthiayani Socio – Cultural Complex, Mayur Vihar, Delhi in which facilities i.e. Screening tests for BP, Blood Sugar, ECG, PFT, BMD, Neuropathy, Uroflowmetry, Audiometry & Eye refraction with super specialty consultation in Cardiology, Gastroendogy, Neurology, Urology and Physiotherapy was also provided. A team of specialist and super specialist mainly General Medicine, Orthopedics, Gynaecology, ENT, Eye, General Surgery and Dental were also there. Dr. Upasana Arora, Director, Yashoda Super Specialty Hospital was kind enough to provide the above specialist team and infrastructure for this camp. More than 400 Elderly person examined by above consultants and availed the facilities. A cultural program was arranged for Elderly Person and their families. Arrangement for Breakfast and Lunch was arranged for them. Routine examination and Blood sugar was done of every elderly person and after screening they were refer to the respective specialty. The Services from Aadhar Office were arranged to get new or make any correction in Aadhar Card. A team of DSLSA mainly Mr. Kanwaljeet Arora, Member Secretary, DSLSA and Mr. Pawan Kumar, Secretary, DLSA, East District with their team sensitize the Elderly about their rights and privileges. They assured the Elderly DSLSA always there to help you around the clock. A team of Delhi Police advised the elderly to get them register in the respective police station. So, the help can be provided in emergency situation. Dr. Shantanu Sen, National President, IMA, Mr. Kawaljeet Arora, Dr. Ramesh Nambiar, Rotarian Pradeep Kumar Goyal and Dr. V.U Sethi planted the trees in the campus. The felicitation of Elderly Person was chaired by National President Dr. Shantanu Sen and was inaugurated by him by lighting the lamp. 15 Elderly person above the age of 90 were felicitated by National President Dr. Shantanu Sen, he also praised the families of elderly and also thanked them for caring their parents / Grandparents nicely. The oldest in this group was of 102 years of age.

Dr. Sibabrata Banerjee, Joint Secretary to National President was also present during the function and helped the organizer in conducting the program.

Dr. V.U. Sethi, Chairman, Committee of Care for Elderly Person, Dr. Samuel Koshy, Convener of Committee were kind enough to travel from Trivandrum to participate in this function and were instrumental in consoling, guiding, helping Elderly person individually. Dr. D.R. Rai, Chairman, Dr. Ajay Lekhi, Co – Chairman and Dr. Hariharan, Organizing Secretary of the Health Camp worked day and night for a month to make this program grand success. A take away message was given by Dr. D.R. Rai to the families of Elders that we should always respect the Elders and care them properly. They are the living God with us. Once you will pay respect and take care of parents and Grand Parents, the visible God will be more pleased and will bestow their blessings to you. Dr. Hariharan, Organizing Secretary was responsible for contacting RWAs and other organizations to participate in the camp and helped the elderly person in bringing from their home to the venue. Dr. Ramesh Nambiar, President, ADP, Mr. M.V. Haridas, Secretary, ADP, Shri C.M. Nagrajan, Vice President, ADP and Chairman of SKMRC, Rotarian Pradeep Kumar Goyal, Rotarian Vijay Kumar, Shri Ashok Gupta, RWA, Mayur Vihar and adjoining colonies helped a lot in organizing this camp successfully.

Dr. V.U Seethi,
National Chairman

Dr. Samuel Koshy
Convener

Dr. D.R. Rai
National Coordinator,

AGENDA ITEM NO.B-30

Report of activities of Ethics And Mediation Reconciliation 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 - 270

Total number of complaints File at IMA HQ - 117

Total Number of complaint Replied - 26

Under the process of forwarding the complaints to State Branch, IMA – 125

Solved - 2

Dr. Milind Naik
National Chairman, IMA – EMCGR

Dr Harish Grover
Co-Chairman, IMA – EMCGR

Dr. Alex Franklin
Co-Chairman, IMA – EMCGR

Dr. Arun Aggarwal
Member, IMA – EMCGR

Dr. Mandar Mhaskar
Member, IMA – EMCGR

Dr. Mohanan Nair
Member, IMA – EMCGR

Dr. Prabhas Kumar Maji
Member, IMA – EMCGR

Dr. S.N. Daga
Member, IMA – EMCGR

Dr Major Prachi Garg
Convenor, IMA – EMCGR

AGENDA ITEM NO.B-31

Report of IMA Mission Pink Health Wing including Welcome the Girl Child Project

Mission Pink Health – a wing of IMA dedicated for community services and Flagship Project of Indian Medical Association, also known as “Mother Wing of IMA”, in which we promote Health, Education & Empowerment of Girl child.

Our Vision : Healthy Nation Today & Tomorrow

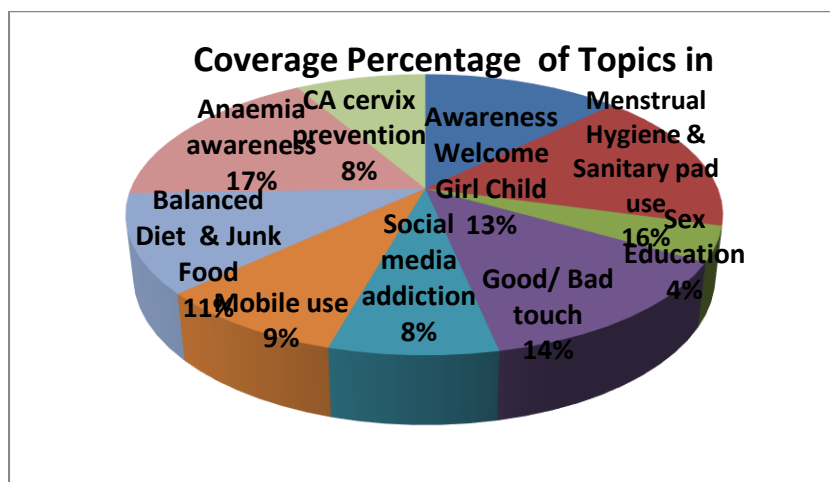
Our Mission :

<ul style="list-style-type: none"> Adolescent Health of Girl Child 	<ul style="list-style-type: none"> Prevention of Cervical Cancer
<ul style="list-style-type: none"> Anemia Free India 	<ul style="list-style-type: none"> Good Touch/Bad Touch Awareness
<ul style="list-style-type: none"> Welcome the Girl Child. 	<ul style="list-style-type: none"> Aao School Chalein – Personal Hygiene, Vector Born Diseases, Social Media Addiction, Prevention of Water Born Disease, Drug & Substance Abuse
<ul style="list-style-type: none"> Menstrual Health Hygiene 	<ul style="list-style-type: none"> Aao Gaon Chalein

• **Aims and Objectives of Mission Pink Health**

- ❖ To improve Adolescent health by scientific update on physical , emotional, Psycho-sexual aspects of adolescent phase.
 - ❖ To take care of teenage Girls – The future mothers
 - ❖ To make Adolescents Anemia free – By Detection , treatment and prevention
 - ❖ To spread the importance of Welcome the Girl Child
 - ❖ Menstrual Health Hygiene awareness & break the vicious circle of menstrual Taboo.
 - ❖ Prevention of Carcinoma Cervix by awareness and giving HPV Vaccination.
 - ❖ Good Touch/Bad Touch Awareness
 - ❖ Aao School Chalein
 - a) Awareness about personal hygiene, vector borne diseases and water borne disease.
 - b) To prevent Menace of Social Media Addiction
 - ❖ Aao Gaon Chalein – Adopt a village for health & hygiene awareness
- IMA MPH wings formed in 22 states
 - IMA MPH activities carried out regularly in 18
 - IMA MPH carried more than 500 Anaemia Detection and Treatment Camps – around more than 5 Lakh Girls benefitted from these camps.
 - IMA MPH carried out awareness talks on Prevention of CA Cervix and vaccination to 5226 girls at free of cost. MPH regularly in touch with UNICEF for procuring CA Cervix vaccination at Rs. 300/- only against its MRP Rs. 2500/- in the market.
 - IMA MPH carried out Good Touch and Bad Touch awareness programs in Private schools as well as Govt. schools at large scale alongwith association of Childline (1098).
 - IMA MPH carried out more than 2500 Awareness programs to benefit more than 2 Lakh Girls from January, 2019 on following topics:

Topic	No. of talks	No. of participants
Anaemia awareness	445	34253
Menstrual Hygiene & Sanitary pad use	463	32893
CA cervix prevention	260	16836
Awareness Welcome Girl Child	253	25553
Good/ Bad touch	295	26947
Social media addiction	198	15325
Mobile use	198	17545
Balanced Diet & Junk Food	242	22673
Sex Education	148	8063



- **Most active states** - Delhi, Haryana, Madhya Pradesh, Maharashtra, Kerala, Punjab, Jharkhand, Tamilnadu, Uttar Pradesh, Assam.
- **Mission Pink Health Punjab wing launched on 14th April, 2019 by Dr. R.V. Asokan, Hony. Sec. General, IMA, Dr. Neelam Lekhi, National Chairperson, IMA MPH. This launch program was organized by Dr. Paramjeet Bakshi, SAARC Chairperson and Dr. Sabina Baskhi State Chairperson, Punjab, MPH Wing.**
- MPH launched following **campaigns** this year,
 - “Menstrual Hygiene Week” from 24th May to 31st May, 2019. During that week every State enthusiastically covered a large number of Schools and Slum Areas for awareness and distribution of Sanitary Pads.
 - “IMA MPH Daughter’s Month – Doctors for Daughters” from 22nd September to 21st October, 2019 launched on 20th September, 2019 at IMA Headquarters by Dr. Santanu Sen, National President, IMA and Dr. Neelam Lekhi, Chairperson, IMA MPH on the occasion of “National Daughters Day”. The following activities are carried on across the country during this month:-

❖ Photo with Daughter / Grand Daughters	❖ Adopt a Girl Child
❖ “Beti Utsav” – Celebration of birth of Girl Child	❖ Painting / Poster Making / Debate Competitions
❖ Walkathon / Half Marathon / Rally	❖ Self Defense Training for Daughter and women doctors
❖ Nukkad Natak	❖ Awareness about Good Touch & Bad Touch
❖ Publish the message with activities through Media & Social Media	

IMA Mission Pink Health Welcome the Girl Child Project

IMA Mission Pink Health launched “IMA MPH Daughters’ Month - Doctors for Daughters” on the occasion of National Daughters Day (22nd September, 2019) and International Girl Child Day (11th October, 2019) From 22nd September to 21st October, 2019. IMA MPH team organized Launch Program on 20th September, 2019 at IMA Headquarters. Apprx. 75 Doctors participated in this celebration. Dr. Santanu Sen, National President, Indian Medical Association inaugurated the program by lighting of lamp. The poster of the Campaign was also launched by Dr. Santanu Sen, National President, IMA along with Dr. Neelam Lekhi, Chairperson, IMA Mission Pink Health, Dr. Ramesh Dutta, Financial Secretary, IMA, Dr. Vibha Tonbdon, IMA MPH, Dr. Madhu Monga, Finance Secretary, IMA MPH, Dr. Divya Saxena, Joint Secretary, IMA MPH Celebration of “IMA MPH Daughters’ Month - Doctors for Daughters” on the occasion of National Daughters Day (22nd September, 2019) and International Girl Child Day (11th October, 2019) From 22nd September to 21st October, 2019, included following activities at National level:-



Dr. Neelam Lekhi, Chairperson, IMA MPH addressed the audience about Activities of IMA MPH Daughters' Month - Doctors for Daughters". Dr. Santanu Sen, National President, IMA also addressed the audience about this campaign. He also inaugurated "Photo Frame with Daughters for Doctors". IMA MPH Team made poster of "Photo with Daughters of Doctors" to all Doctors who are present there. This was a surprise for all doctors, so they were amazed to see these posters. Dr. Neelam Lekhi, National Chairperson, Mission Pink Health also launched Activities of IMA MPH Daughters' Month - Doctors for Daughters on What's App Group of Mission Pink Health and encouraged all states and Zonal and Local Branches of IMA and Mission Pink Health to participate in this celebration all across the country.

Dr. Neelam Lekhi
Chairperson,
IMA Mission Pink Health

AGENDA ITEM NO.B-32

Report of activities of IMA Women Doctors Wing

NATIONAL SAFE MOTHERHOOD DAY ON 11TH APRIL- IMA HQ had assigned responsibility of National Safe Motherhood Day to Women Doctors Wing . An appeal to observe this day was sent to all 28 State WDW chairpersons and secretaries and simultaneously mail was sent all IMA state presidents and secretaries to observe National Safe Motherhood Day.

A common programme was given and it was followed every where.

Broad outline of programme

- 1) Targeted audience- Pregnant ladies, Adolescent Girls, Women of reproductive age group.
- 2) Preferable spots- Aanganwadi, Higher secondary schools & colleges, Nursery, Different social groups of females.
- 3) Points to be covered- Nutrition, Vaccination in adolescent/adulthood, Vaccination in pregnancy, Stress free environment/healthy mental health, Delivery by trained personnel, preferably in hospital under professional care. National Safe Motherhood Day was observed in 20 States .

INTERNATIONAL DAY FOR FAMILIES ON 15TH MAY- IMA HQ had assigned responsibility IMA Day for families to Women doctors Wing. Again mail was sent to all State Presidents and secretaries and all WDW chairpersons and secretaries.

Broad outline

- 1) Aim- To spend quality time with family amidst our busy , hectic life.
- 2) Tentative programme- Invite speaker to talk on proper balance between professional and family life, arrange competitions in which family can participate as a team for e.g. Quiz or Antakshari, Talent evening.

Very interesting and innovative programs were organised by different WDW of different states. In all 18 states organised programs. Local branches also organised interesting programs on this date.

NATIONAL EVECON 2019 & WIMALS. : It was organised on 22nd and 23rd June at Goa with Goa WDW, National WDW , Goa state IMA and IMA HQ. Total 375 delegates participated from 24 states.

The salient features

- 1) 13 Scientific celebrations.
- 2) Cultural evening- all states show cased their culture through dance.
- 3) WDW pageant – State wise WDW parade was conducted.
- 4) EVECON Trade- A exhibition of Goan specialities and delicacies with pharma stall were there.
- 5) Signing of MOU of Organ Donation Awareness Campaign with Apollo Hospital.

- 6) National WIMALS- Women IMA Leaders Summit – where 24 State leaders discussed their challenges and problems.
- 7) 15 Women Empowerment Awards were conferred.
- 8) Release of souvenir.
- 9) Lucky draw for delegates.
- 10) Inauguration was graced by Mr Vishwajeet Rane, Health Minister of Goa, IPP Dr Ravi Wankhedkar, HSG Dr R V Asokan and other national leaders like Dr Ramesh Datta, Dr V K Monga, Dr K K Aggarwal, Dr Jayesh Lele, Dr Anil Mehendiratta, Dr Rajesh Patil and many.

Doctors' Day was observed and celebrated by many WDW s. WDW participated in Zero tolerance movement for violence against Doctor. 21st July- WDW actively participated in South Zone National Leadership meet at Kanyakumari. Many WDW leaders got awards in it. 21st July- Karnataka's 1st WDW state conference was conducted at Bellari. 29Th July- National Chairperson and Secretary and many National and State WDW leaders participated in Agitation against NMC Bill at IMA HQ , AIIMS and Nirman Bhavan. On occasion of World's Organ Donation Day, IMA WDW decided to conduct Organ Donation Awareness drive all over the India. The Programme started with a big bang from 6th Aug. to 13th Aug. Informative PPT was prepared in three languages and was given. All WDW leaders conducted 1000s of Organ Donation Awareness talks and sensitized motivated many people and appealed many to sign organ donation pledge form. Many forms were collected. 16000 Pledge forms have been collected so far. It is our on going project and WDW of all states are still organising talks to sensitize people about Organ Donation.

Following is the data in tabular form.

SR NO	STATE	NUMBER OF ORGAN DONATION AWARENESS PROGRAMME
1	Andhra Pradesh	4
2	Assam	1
3	Delhi	23
4	Goa	50
5	Gujarat	50
6	Haryana	10
7	Himachal Pradesh	9
8	Kerala	2
9	Madhya Pradesh	4
10	Maharashtra	40
11	Mizoram	1
12	Puducherry	10
13	Punjab	1
14	Tamil Nadu	20
15	Telangana	10
16	Uttar Pradesh	12

TOTAL 16000 ORGAN DONATION PLEDGE FORMS WERE COLLECTED in SEPTEMBER ORGAN DONATION AWARENESS DRIVE- is a ongoing project and the awareness were conducted in September also. State WDW conference were conducted in Maharashtra at Baramati and in Kerala at Kozhikode. National Chairperson and Secretary of WDW and many national and state WDW leaders participated in Mental Health Day Celebration at IMA HQ on 9th and 10th October 2019. Dr Mona Desai conducted the session on Well Being

222nd Meeting of IMA Central Working Committee, November 1-2, 2019, Port Blair, Andaman & Nicobar

for Women Doctors. Dr Neeta Biyani was MOC for post lunch session. We also participated in the WALKATHON organised in the morning of 10th October from IMA HQ- All the IMA leaders and Medical Students Walked on the road with Placards stating messages for Emotional Wellbeing and No Stress.....etc.

WE WOMAN DOCTORS WING BELIEVE -

" LIFE ITSELF HAS NO MEANING ,IT IS AN OPPORTUNITY TO CREATE A MEANING "

(The proposed amendment of the Constitution of IMA WDW are reproduced as Agenda Item No. B-63)

Dr. Mona P. Desai
Chairperson
IMA Women Doctors Wing

AGENDA ITEM NO. B-33

Report of activities of IMA Career Guidance and Employment Bureau

The Employment Bureau started functioning as a pilot project in Kerala under IMA Kerala State branch. The initial process of creating a data bank of modern doctors seeking placement has started. EB helps the members by facilitating placement both at domestic and foreign level. The tie-up with the foreign job consultancy on an experimental basis is being done and the response seems to be good. Placement both domestic and abroad are contemplated associating with governmental agencies as well. We were able to help few members in facilitating placement in local hospitals. Process for abroad placement is also being planned.

Membership drive and expanding and extending the activity to the whole of the country through the state branches will taken up now. We take this opportunity to thank the National President, Secretary General and state branch officials for all the help.

Dr. P. Gopi Kumar
Chairperson
IMA Career Guidance and Employment Bureau

Report of activities of IMA Family Welfare Scheme

- Membership Strength as on 30/09/2019– 1803
- Members Joined during the period- 798
- New Website has been launched on may 2019: www.nationalfamilywelfarescheme.com
- Conducted three core committee meetings during the period at Dr.V.Sasidharan Pillai's(Secretary) residence on 14th April 2019, 25th June 2019 and 25th August 2019.

Demise During the period

NAME	BRANCH	STATE BRANCH	DATE OF JOINING
Dr.Lokanadhan J	Tirupati	Andhra Pradesh	08.10.2018
Dr.Rajendran K	Rajapalayam	Tamil Nadu	08.12.2018
Dr.G.Kurmavara Prasad	Kakinada	Andhra Pradesh	04.03.2019

State Wise List

STATE	No of Members	STATE	No of Members
Kerala	381	Delhi	3
Andhra Pradesh	367	Manipur	1
Telangana	331	Orissa	1
Tamil Nadu	290	Goa	1
Gujarat	201	Himachal Pradesh	1
Karnataka	75	Arunachal Pradesh	0
West Bengal	47	Chandigarh	0
Maharashtra	30	Jharkhand	6
Rajasthan	18	Jharkhand	0
Odisha	16	Mizoram	0
Assam	15	Uttaranchal	0
Uttar Pradesh	10	Haryana	0
Bihar	7	Jammu & Kashmir	0
Punjab	6	Meghalaya	0
Madhya Pradesh	6	Nagaland	0

Chattisgarh	5	Sikkim	0
Pondicherry	4	Tripura	0

Age Wise Break Up

SI No	AGE GROUP	Members Joined
1	Members Below 30 years	30
2	31 years to 40 years	162
3	41 years to 50 years	322
4	51 years to 60 years	461
5	61 years to 65 years	398
6	66 years to 70 years	430
	Total	1803

BRANCH WISE LIST

BRANCH NAME	No of Members	BRANCH NAME	No of Members
Warangal (Andhra Pradesh)	125	Latur (Maharashtra)	3
Kakinada (Andhra Pradesh)	101	Nandyal (Andhra Pradesh)	3
Desinganad (Kerala)	81	Nizamabad (Telangana)	3
Surat (Gujarat)	80	Patan (Gujarat)	3
Hyderabad City (Andhra Pradesh)	60	Patna (Bihar)	3
Behala (West Bengal)	47	Rajahmundry (Andhra Pradesh)	3
Khammam (Andhra Pradesh)	41	Rajkot (Gujarat)	3
Guntur (Andhra Pradesh)	39	Sangamner (Maharashtra)	3
Cochin (Kerala)	35	Shahapur (Karnataka)	3
Kurnool (Andhra Pradesh)	32	Sibsagar (Assam)	3
Karimnagar (Andhra Pradesh)	30	Siricilla (Andhra Pradesh)	3
Hyderabad (Andhra Pradesh)	26	Srivilliputtur (Tamil Nadu)	3
Trivandrum (Kerala)	25	Uppala (Kerala)	3
Coimbatore (Tamil Nadu)	21	Amravati (Maharashtra)	2
Tirupati (Andhra Pradesh)	21	Arvi (Maharashtra)	2
Konaseema (Andhra Pradesh)	19	Bangalore North East (Karnataka)	2
Salem (Tamil Nadu)	17	Bijapur (Karnataka)	2
Erode (Tamil Nadu)	16	Bobbili (Andhra Pradesh)	2
Jamnagar (Gujarat)	16	Chennai (Tamil Nadu)	2
Madurai (Tamil Nadu)	16	Chennai Appollo Thousand	2

		Lights (Tamil Nadu)	
Nellore (Andhra Pradesh)	16	Chilakaluripet (Andhra Pradesh)	2
Visakhapatanam (Andhra Pradesh)	16	Courtallam (Tamil Nadu)	2
Attur (Tamil Nadu)	15	Dasnapur (Telangana)	2
Bagalkot (Karnataka)	15	Direct Member (Andhra Pradesh)	2
Cumbumvalley (Tamil Nadu)	15	Dispur (Assam)	2
Palanpur (Gujarat)	15	Dombivli (Maharashtra)	2
Tirurangadi (Kerala)	15	Guruvayoor (Kerala)	2
Hyderabad North (Andhra Pradesh)	14	Harij (Gujarat)	2
Kannur (Kerala)	14	Harur- Uthangarai (Tamil Nadu)	2
Kollam (Kerala)	14	Himat Nagar (Gujarat)	2
Tanuku (Andhra Pradesh)	14	Hosur (Tamil Nadu)	2
Berhampur (Odisha)	13	Iritty (Kerala)	2
Kasaragod (Kerala)	13	Khedbrahma (Gujarat)	2
Mehsana (Gujarat)	13	Kodad (Telangana)	2
Pandalam (Kerala)	13	Kolenchery (Kerala)	2
Pathanamthitta (Kerala)	13	Kondotty (Kerala)	2
Deesa (Gujarat)	12	Kota (Rajasthan)	2
Tiruchirappalli (Tamil Nadu)	12	Kothaguden (Telangana)	2
Jagtial (Andhra Pradesh)	10	Kotkapura (Punjab)	2
Kumbakonam (Tamil Nadu)	10	Kozhenchery (Kerala)	2
Vijayawada (Andhra Pradesh)	10	Lallaguda (Telangana)	2
Virudhunagar (Tamil Nadu)	10	Machilipatnam (Andhra Pradesh)	2
Alwar (Rajasthan)	9	Madhugiri (Karnataka)	2
Bangalore (Karnataka)	9	Mangalore (Karnataka)	2
Gudiwada (Andhra Pradesh)	9	Mannarkad (Kerala)	2
Nadiad (Gujarat)	9	Mayiladuthurai (Tamil Nadu)	2
Rajapalayam (Tamil Nadu)	9	Meerut (Uttar Pradesh)	2
Bhel Area (Andhra Pradesh)	8	Mulamkunnathukavu (Kerala)	2
Chengannur (Kerala)	8	Mullaiperiyar (Tamil Nadu)	2
Hubli (Karnataka)	8	Mumbai West (Maharashtra)	2
Kozhikode (Kerala)	8	Muvattupuzha (Kerala)	2
Madhya Kerala (Kerala)	8	Muzaffarpur (Bihar)	2
Mavelikara (Kerala)	8	Nagpur (Maharashtra)	2
Thanjavur (Tamil Nadu)	8	Narsampet (Telangana)	2
Bharuch (Gujarat)	7	Neelagiri (Andhra Pradesh)	2
Dharmapuri (Tamil Nadu)	7	Neyveli (Tamil Nadu)	2
Gorakhpur (Uttar Pradesh)	7	North Paravur (Kerala)	2
Kottarakkara (Kerala)	7	Paratwada (Maharashtra)	2

Mandya (Karnataka)	7	Payyanur (Kerala)	2
Nedumangad (Kerala)	7	Pudukkottai (Tamil Nadu)	2
Pala (Kerala)	7	Ratnagiri (Maharashtra)	2
Palmoor (Telangana)	7	Sathyamangalam (Tamil Nadu)	2
Thrissur (Kerala)	7	Sivakasi (Tamil Nadu)	2
Bilaspur (Chattisgarh)	6	Sulthan Bathery (Kerala)	2
Dindigul (Tamil Nadu)	6	Tiruchendur (Tamil Nadu)	2
Eluru (Andhra Pradesh)	6	Tiruchengode (Tamil Nadu)	2
Kanhangad (Kerala)	6	Tiruvannamalai (Tamil Nadu)	2
Karur (Tamil Nadu)	6	Valsad (Gujarat)	2
Nagercoil (Tamil Nadu)	6	Vandiperiyar (Kerala)	2
Radhanpur (Gujarat)	6	Vellore (Tamil Nadu)	2
Ramanathapuram (Tamil Nadu)	6	Vijaypur (Karnataka)	2
Sattenapalli (Andhra Pradesh)	6	Villupuram (Tamil Nadu)	2
Siddipet (Telangana)	6	Vinukonda (Andhra Pradesh)	2
Thiruvalla (Kerala)	6	Adoor (Kerala)	1
Tiruvarur (Tamil Nadu)	6	Akola (Maharashtra)	1
Gobichettipalayam (Tamil Nadu)	5	Ambattur Avadi (Tamil Nadu)	1
Hyderabad Airport (Telangana)	5	Anand (Gujarat)	1
Idar (Gujarat)	5	Anantapur (Andhra Pradesh)	1
Jammikunta & Huzurabad (Telangana)	5	Anaparthi (Andhra Pradesh)	1
Kodambakam (Tamil Nadu)	5	Anjar (Gujarat)	1
Krishnagiri (Tamil Nadu)	5	Araria (Bihar)	1
Kukatpally (Telangana)	5	Ariyalur (Tamil Nadu)	1
Peddapalli (Telangana)	5	Athani (Karnataka)	1
Perinthalmanna (Kerala)	5	Baroda (Gujarat)	1
Perumbavoor (Kerala)	5	Bhadrak (Odisha)	1
Porbandar (Gujarat)	5	Bhadravathi (Karnataka)	1
Tezpur (Assam)	5	Bhavnagar (Gujarat)	1
Tirunelveli (Tamil Nadu)	5	Bhubaneswar (Odisha)	1
Alappuzha (Kerala)	4	Bicholim (Goa)	1
Bhilwara (Rajasthan)	4	Biharsharif (Bihar)	1
Changanachery (Kerala)	4	Bokakhat (Assam)	1
Hyderabad East (Andhra Pradesh)	4	C.H.S Bangalore (Karnataka)	1
Junagadh (Gujarat)	4	Chembur (Maharashtra)	1
Kanyakumari (Tamil Nadu)	4	Chennai Perambur (Tamil Nadu)	1
Kayamkulam (Kerala)	4	Cherthala (Kerala)	1
Kottayam (Kerala)	4	Cochin West (Kerala)	1
Kundapura (Karnataka)	4	Cuttack (Odisha)	1
Marthandam (Tamil Nadu)	4	Dasnapur Adilabad (Andhra)	1

		Pradesh)	
Nidubrolu (Andhra Pradesh)	4	Deverkonda (Telangana)	1
Paramakudi (Tamil Nadu)	4	Dhoraji (Gujarat)	1
Pondicherry (Pondicherry)	4	East Delhi (Delhi)	1
Tiruvallur (Tamil Nadu)	4	Gudur (Andhra Pradesh)	1
Trichy (Tamil Nadu)	4	Gundlupet (Karnataka)	1
Tripayar (Kerala)	4	Hassan (Karnataka)	1
Vijayapur (Karnataka)	4	Huzurabad (Telangana)	1
Ahmedabad (Gujarat)	3	Hyderabad South (Telangana)	1
Barpeta Road (Assam)	3	Jamkhandi (Karnataka)	1
Bhandara (Maharashtra)	3	Jhunjhunu (Rajasthan)	1
Bhimavaram (Andhra Pradesh)	3	Kamareddy (Telangana)	1
Chandrapur (Maharashtra)	3	Kanchipuram (Tamil Nadu)	1
Chidambaram (Tamil Nadu)	3	Kannur Malabar (Kerala)	1
Dahod (Gujarat)	3	Kapurthala (Punjab)	1
Gadag (Karnataka)	3	Kazhakoottam (Kerala)	1
		Kelambakkam Chettinad Health	
Hoshiarpur (Punjab)	3	City (Tamil Nadu)	1
Indore (Madhya Pradesh)	3	Khandwa (Madhya Pradesh)	1
Irinjalakuda (Kerala)	3	Kolhapur (Maharashtra)	1
Kanjirappally (Kerala)	3	Kovilpatti (Tamil Nadu)	1
Karunagappally (Kerala)	3	Koyilandy (Kerala)	1
Kollam West (Kerala)	3	Kunnamkulam (Kerala)	1
Kothamangalam (Kerala)	3	Madanapalli (Andhra Pradesh)	1
Manapparai (Tamil Nadu)	1	Puliangadi (Tamil Nadu)	1
Manipur (Manipur)	1	Punlaur (Kerala)	1
Markapur (Andhra Pradesh)	1	Puttur (Karnataka)	1
Mettupalayam (Tamil Nadu)	1	Rahpar (Gujarat)	1
Mukkom (Kerala)	1	Razole (Andhra Pradesh)	1
Mullai Periyar (Tamil Nadu)	1	Rohini None (Delhi)	1
Musuri Kultthalai (Tamil Nadu)	1	Sagar (Madhya Pradesh)	1
Mylavaram (Andhra Pradesh)	1	Sanawad (Madhya Pradesh)	1
Mysore (Karnataka)	1	Santrampur (Gujarat)	1
Mysuru (Karnataka)	1	Savanur (Karnataka)	1
Najibabad (Uttar Pradesh)	1	Secunderabad City (Telangana)	1
Namakkal (Tamil Nadu)	1	Shikaripur (Karnataka)	1
Narsipatnam (Andhra Pradesh)	1	Sindhanur (Karnataka)	1
Navasari (Gujarat)	1	Sirpur Kaghaznagar (Telangana)	1
Palanoor (Telangana)	1	Sirsi (Karnataka)	1
Tadipatri (Andhra Pradesh)	1	Valluvanadu (Tamil Nadu)	1
Tandur (Telangana)	1	Vellore Cmc (Tamil Nadu)	1

Tenali (Andhra Pradesh)	1	Venjaramoodu (Kerala)	1
Teynampet (Tamil Nadu)	1	Vriddhachalam (Tamil Nadu)	1
Themmalapuram (Kerala)	1	Wardha (Maharashtra)	1
Tirur (Kerala)	1	Thiruvottiyur Ennore (Tamil Nadu)	1
Tumkur (Karnataka)	1	Tindivanam (Tamil Nadu)	1
Tuticorin (Tamil Nadu)	1	Tinsukia (Assam)	1
Tuticorin (Tamil Nadu)	1	Tirupattur (Tamil Nadu)	1
Vadodara (Gujarat)	1	Tirupur (Tamil Nadu)	1

Dr.K. Vijayakumar,
Chairman
IMA Family Welfare Scheme

AGENDA ITEM NO. B-35

Report of activities of IMA Junior Doctors Network

Top 10 Activities of IMA Junior Doctors Network

- 1.) IMA JDN Online Survey – a first of its kind is being conducted to study the status of Junior Doctors of our country including their Jobs, Remunerations, Work hours, Work place difficulties etc.
- 2.) IMA PG SATHI: IMA JDN has been functioning this mobile PG Exam Entrance App to help PG Aspiring Junior Doctors, since 2 years. Log onto: www.imajdn.org, exams in 27 disciplines of medicine.
- 3.) State Level JDN Conclaves are being held on topics of medical entrepreneurship, job opportunities and PG Education.
- 4.) An E- Bulletin of JDN is being prepared and will be launched on 6th April.
- 5.) JDN has submitted a Draft Policy on Employing MBBS doctors in Health Wellness centres announced by Central Govt, suggesting to form a separate Recruitment Board for MBBS doctors for the centres.
- 6.) National JDN Convention and Tamil Nadu MSN Convention will be held jointly at Chennai on June 16th 2019.
- 7.) JDN has become part of standing committee of Emotional Wellbeing of Medical Students and Junior Doctors and launched a Scheme called Doctors 4 Doctors and Dr KM Abul Hasan is the chair of Events Panel.
- 8.) JDN suggested to Govt & Private Hospitals to conduct campus interviews for Doctors.
- 9.) JDN will organise JDN Session in the forth coming CMAAO conference in September 2019 at Goa.
- 10.) JDN has formed various committees to bring all Resident Doctors Associations to IMA JDN fold.

Minutes of the meeting of IMA JDN Executive Meeting Held on 11.05.2019 at 10.30 AM - IMA HQ New Delhi

Members Attended:

1. Dr. K.M. Abul Hasan, Secretary, IMA JDN
2. Dr. Phanidar, Joint Secretary, IMA JDN
3. Dr Aswin Surjeet, Vice Chairman, IMA JDN

4. Dr Shiv Joshi, Vice Chairman, IMA JDN
5. Dr Anirban Dalui, Vice Chairman, IMA JDN
6. Dr. Harjit Singh Bhatti, Vice Chairman, IMA JDN
7. Dr Manish Chandra Prabhakar, Joint Secretary, IMA JDN
8. Dr. Aloke, EC Member, IMA JDN
9. Dr. Jitendra, EC Member, IMA JDN
10. Dr Akash, EC Member, IMA JDN

The following resolutions were taken

A.) Bridge Courses

Agenda:

- 1.) We should pressurise Central Govt to bring a law barring Non – MBBS persons to practice Allopathy.
- 2.) Central recruitment of MBBS doctors to Health & Wellness centres throughout the country.

Strategies

- 1.) To motivate Junior Doctors & Medical Students throughout the country both in Govt & Private to take part in agitations planned by IMA HQ against Bridge Courses.
 - 2.) To do publicity through a short film depicting real picture of rural healthcare setup and number of MBBS practitioners.
 - 3.) Action Committee to be formed for JDN & MSN. One representative from each should be nominated from each state.
 - 4.) Appropriately use the social media to reach all sections of the population and sensitize them against Crosspathy.
 - 5.) A report from all state JDN representatives will be sought in a given proforma regarding vacancy position in PHC, remuneration, working environment to compile a national data.
 - 6.) Involve all RDAs across the country in the struggle against Crosspathy.
- B.) Request the National President & Secretary to send a mail to the State Branches to complete nomination of JDN representative in their respective states.
- C.) All the office bearers are given incharge of the following state, to form JDN units and organise JDN meetings.
- Dr. Ashwin Surjeet: Kerala, Karnataka, Tamil Nadu, Andhra Pradesh and Telangana
Dr Anirban Dalui: West Bengal, Orissa, Jharkhand, North East States
Dr. Shiv Joshi: Maharashtra, Goa and Gujarat
Dr. Manish Chandra Prabhakar: Madhya Pradesh and Chattisgarh
Dr. Anurag Singh: Uttar Pradesh, Uttarkhand and Bihar
Dr. Bhatti: Delhi, NCR, Punjab, Haryana, Jammu & Kashmir, Himachal Pradesh
- D.) Planned to create an Online Portal for Job Opportunities for Junior Doctors in the IMA member hospitals.
- E.) To organise IMA PG SATHI Class room, PG Entrance Exam Coaching Centres.

IMA Medical Students and Junior Doctors Convention was held at Chennai on 15.06.19

IMA Medical Students and Junior Doctors Convention was held at Chennai on 15.06.19 at Sri Ramachandra Medical College, Chennai where 386 students of 55 medical colleges from TN & Pondy States participated. There were Six Plenary Sessions with faculties across the country viz Dr. Chandrakant Lahariya, Delhi, Dr. T.S. Ravi Kumar, AP, Dr. Kathir Azhagan Chennai, Dr. Vinayak Senthil Chennai, Dr. K. Vijayakumar, Kanyakumari, Dr. B. Sridhar, Karaikudi. There was a panel discussion on Emotional Well Being with a Standup Comedy by Dr. Jagdish from Bengaluru, Dr. Nilima Kadambi, Bengaluru, Dr. Balakrishnan, Psychiatrist, Chennai and moderated by Dr KM Abul Hasan

IMA TNSB leaders and National leaders Dr. S. Kanagasabapathy State President, Dr. B. Sridhar, State Secretary, Dr. C.N. Raja, State President Elect, Dr. T. Narasinga Reddy, National Vice President IMA, Dr. J.A. Jayalal, Senior National Vice President IMA, Dr. K. Vijayakumar, Past National President IMA graced the occasion. Dr. A. Edwin Joe, Director of Medical Education, Govt of Tamil Nadu was the Chief Guest. We also conducted an exciting and educative Quiz Programme conducted by Dr. S. Eswaramoorthy. Mr. Jayaprakash a well-known Tamil Nadu Actor distributed the prizes. Meeting ended with a student's Parliament Conducted by JDN Dr. Anirban Dalui Vice Chairman JDN IMA HQ, Dr. Harjit Bhatti, Vice Chairman JDN IMA HQ, Dr. Manish Chandra Prabhakar, National Co.ordinator, JDN IMA HQ, Dr. Karuna Murthy, MSN IMA AP, Dr. K.M. Abul Hasan, Secretary, JDN IMA HQ & Chairperson MSN IMA TN and Dr. J.A. Jayalal, Senior National Vice President IMA. Dr. Anandan, Dean SRMC, Dr. Raja Vignesh, Tirunelveli.

The students came forward and volunteered to be MSN & JDN office bearers of the colleges which will be done at the earliest. We profusely thank IMA TNSB & all the sponsors, IMA Members helped us to conduct this convention in a successful & purposeful manner. A Special thanks to MSN TN & Pondy office bearers Dr. Manikandan, Dr. Venkatesh, Dr. Vinith Velmurugan, Dr. Suveankar Datta & Dr. Reuben.

IMA JDN office bearers meeting on 29th July, 2019 with HSG, Dr.R V Asokan

List of Participants:-

Dr. R V Asokan	Dr. Arman (Mohammed Afaque Arman)
Dr. KM Abul Hasan	Dr. Abhijit Upadhyaya
Dr. Aswin Surjit	Dr. Yash Talera
Dr. Manish Prabhakar	Dr. Anurag Singh
Dr. Rajeev Ranjan Gupta	Dr. Sibrata Parida
Dr. Sourav Kumar	

1. State JDN representatives – Suggestion from State offices. One time last chance before mid September.
2. Eligibility for IMA JDN – Bridge between MSN to JDN, catch them in house surgery include interns in JDN.
3. Membership – IMA central membership 20% of central fee as JDN fee.
4. Introducing IMA system to JDN byelaw.
 - CM -- IMA JDN by State – Maximum 3 States
 - WC – IMA JDN by HQ – Maximum 5 from each State
5. Recognition of IMA JDN in International conferences & organizations.
6. Membership
 1. Dr. Manish Prabhakar
 2. Dr. Anurag Singh

FIRST NATIONAL CONVENTION MEET OF IMA JDN 15TH SEPTEMBER 2019 AT IMA HQ, NEW DELHI

Suno Bharat
Sab Ka vikas Sab Ka Awaaz

It was a historic event in the Junior Doctors Movement of IMA. More than 100 junior doctors Representing 18 states came to IMA HQs to join hands with IMA and to launch off IMA JDN National Movement. The Meeting officially began at 11 am at AKN Sinha Hall with the august presence of National President Dr Santanu Sen and other National leaders. The function began by IMA prayer and Flag Salutation, following which Dr Aswin Surjit, National Secretary of IMA JDN gave the Welcome address. The Theme address "Mission and Vision of IMA JDN" was presented by Dr KM Abul Hasan, Honorary Secretary of IMA JDN Standing Committee which gave a comprehensive insight of past activities of IMA JDN and the proposed activities of JDN in future.

The National president inaugurated the IMA JDN National Convention in which he congratulated the JDN Movement and gave his blessings to the movement. The National president inaugurated the online job portal IMA JDN JOB WORLD which aims to provide job for junior doctors of the country. It is a prestigious project of IMA JDN with the initiative to help all the junior doctors to get employed. The portal is functional in the IMA JDN website and now everyone can register in it. On the event the National President launched the video documentary developed by IMA HQs on plight of resident doctor life THE DREAM, which is released in YouTube worldwide. The National IMA Award of Appreciation was given to IMA JDN Standing Committee and National Council Members for organising the event and giving a new phase for JDN movement.

The National President also gave award of Appreciation to medical colleges where IMA JDN was formed in the past 6months and awards were received by:

1. Dr Tejaswi, Vice Chairman, IMA JDN Karnataka-Mysore Government Medical College, Karnataka
2. Dr Shanmukha MN, EC member, IMA JDN Karnataka- JSS Medical College, Karnataka
3. Dr Manikandan, Convenor, IMA JDN Tamilnadu-Government Tirunelveli Medical College, TamilNadu
4. Dr JA Jayalal, National vice president IMA-Government Kanyakumari Medical College, TamilNadu
5. Dr JithinS, Convenor, IMA JDN Government Medical College Kannur, Kerala
6. DrAbhijith V, Convenor, IMA JDN Jubilee Mission Medical College, Kerala

The convention was addressed by National IMA leaders

Musings on JDN :	Dr Rajan Sharma, National President Elect
Rural Health Care and NMC Act :	Dr A Marthanda Pillai, Chairman, National Action Committee
Address by Hon. Secretary General:	Dr RV Asokan
Message to JDN:	Dr Vinay Aagarwal
JDN in CMAAO:	Dr KK Aggarwal
Expanding JDN:	Dr. ShivJoshi, Convener, IMA JDN National council
Violence Against Doctors:	Dr. Anirban Dalui, Vice Chairman, IMA JDN Standing Committee

The convention continued with interactive sessions in which various issues and challenges of Junior doctors and JDN was discussed and came out with the following resolution.

- 1) JDN Action Plan against NMC-Chair- DrManish Chandra Prabhakar, Dr KrishanKant, Dr Manikandan
 - A .Social Media Campaign against NMC act with the aim of creating awareness among general public
 - b. To hold state conventions with Junior Doctors
 - c. To actively participate in IMA HQ NMC Action Plan 2019
- 2)Violence against Doctors and other issues of junior doctors – Chair-Dr Anurag Singh, Dr Anirban Dalui, and Dr Pushendra Singh
 - a. Monitor and follow up of all cases of violence incidents occurred
 - b. Social media campaign to change perception of society towards doctors
 - c. To create a central help line number 24x7 available
 - d. Training for communication skills among junior doctors
- 3) Formation of JDN Structure in all the states AND Social media campaign and fundraising– Chair– Dr Dilber Pareed, Dr Shravan Dave, Dr. Rajeev Ranjan, DrAkshay Yadav
 - JDN space in National HQ and all state HQ
 - Interns to be made a part of the JDN movement as after one year they will be Junior Doctor and will be hard to trace once left from college.
 - District coordinator for JDN to unite junior doctors not under resident life
 - Promote lady representation in JDN by creating a JDN W wing inside JDN

- Fundraising for JDN by various initiatives—Youtube channels, Fund collections, CMEs, Sponsorships, cultural events, etc.

The convention Concluded by 4pm by Vote of thanks and National Anthem

IMA JDN JOB WORLD:

The National President inaugurated the IMA JDN National Convention on 15.09.2019, in which he congratulated the JDN Movement and gave his blessings to the movement. The National president inaugurated the online job portal IMA JDN JOB WORLD which aims to provide job for junior doctors of the country. It is a prestigious project of IMA JDN with the initiative to help all the junior doctors to get employed. The portal is functional in the IMA JDN website www.imajdn.org and now everyone can register in it.

Salient Features of IMA JDN Job World Application:

- Existing users can Login and New users can register through the Login screen
- Both Job Seekers and Recruiters can Sign up through the Job Portal
- Job Seekers can register using their basic information and their Job Specialization
- Recruiters who are looking out for best candidates can register with the portal as well
- Recruiters can post a vacancy with requirement criteria and other information
- Users can update their profile settings, manage their account through an easy to use interface
- Recruiters can post multiple Job vacancies based on their requirement
- Seekers can easily customize their account, upload their resume etc., through the portal
- Seekers and Recruiters can narrow down their search and need by specialization
- The vacancy list shows different vacancies available and enables the seekers to apply right away.

Minutes of the JDN Council meeting held on 9am, 15.09.2019 at IMA HQ, New Delhi

Following members were Present:

Dr K.M Abul Hasan	Dr Shravan Dave
Dr Anirban Dalui	Dr Rajeev Ranjan
Dr Shiv Joshi	Dr Akshay Yadav
Dr Aswin Surjit	Dr Krishan Kant
Dr Dilber Pareed	Dr Pushpendra Singh

The IMA JDN Standing committee and National Council had a joint sitting chaired by Dr K M Abul Hasan, Honorary secretary, IMA JDN Standing committee, following decisions were made;

1. IMA JDN bye law was passed in its present form with following suggestions and forwarded to Honorary secretary general IMA for submitting in CWC for consideration and passing.
 - a. JDN-W as a subcommittee /wing of JDN for encouraging lady representation in JDN movement.
 - b. Interns be included in JDN with capacity to be executive members.
2. NMC action plan 2019
 - a. State conventions of IMA JDN against NMC Act 2019
 - b. Bharat yatra by JDN national leaders
 - c. Social media campaign.
3. Blanket approval for JDN conventions with endorsement from State IMA.
4. To conduct membership and fundraising campaign along with Bharat yatra.
5. To constitute committees on Social media campaign, fund raising and Academic activities.

6. To prepare a list of junior doctors willing to take up JDN movement in respective states before 30th September 2019.

Dr Abul Hasan
Secretary

Dr Shiv Joshi
National Convenor

Dr. Aswin Surjit
National Secretary

AGENDA ITEM NO. B-36

Report of activities of IMA Medical Students' Network

April,2nd/2019 – Campaign was started to liaise MSN branches with State and local IMA branches to get the Patron nominated. This campaign was started as the initial steps for formation of MSN units in all Medical colleges as per the bylaw. Student leaders from entire country Started meeting with local IMA Presidents and Leaders for Liaising, hundreds of new MSN branches inaugurated during this period

May,7/2019 –PRERNA- A sanitary napkin vending machine donation drive was launched today under the aegis of MSN-Punjab. The students from Sri Guru Ram Das medical college, Amritsar (Punjab) setup a vending machine at a government school in Mallu Nangal Pind in Amritsar. Each pad costs Rs 2 only. It's a strive from the students to make the lives of the girls in the school easier by providing pads at subsidized rates. The machine was donated by Sri Guru Ram Das University, Vallah, Amritsar.The MSN Punjab student Leader Dr.Sonalika Gupta were given a Menstruation hygiene awareness talk and demonstrated how to use the machine in one single step.

May,9th/2019: Recycle booth and Tree plantation drive was conducted by the students of Sri Guru Ram Das Medical College, Amritsar under the aegis of MSN Punjab on 9th May ,2019.

▪The event was held in 2 parts –

1. Recycle Booth was set up in the Hospital campus where useful items were made from the used products like juice cartons, newspapers, bangles , ice-cream sticks , bottles , etc . They were distributed free of cost to the visitors & the interested people were tutored about the DIY techniques.
2. *Tree Plantation Drive * was conducted in the 2nd part of the campaign wherein 28 plants were planted in the campus area alongwith a placard representing common & scientific names of the plant, with each volunteer taking responsibility of one plant.

May,18th/2019 FIRST AID - BETTER THAN LAST at IMA Bhawan, Ghaziabad a memorable function was organized by Team IMA MSN, Ghaziabad a branch of MSN U.P.More than 250 students Participated in this event .Dr. Sharadh Agarwal (Past National Vice President) was the chief guest of the event. Dr V.B Jindal(President elect,IMA Ghaziabad ,Dr. Rajeev goel(secretary IMA Ghaziabad) Dr.Shalabh Gupta(past president Ghaziabad) Dr Mrityuanjay Gupta (State President, IMA MSN U.P) was present there as guest of honor. Students not only from Ghaziabad but from entire U.P participated in this event. There was a POSTER MAKING COMPETITION, POWER POINT PRESENTATION ON FIRST AID, SKITS AND PLAY ON FIRST AID AND DEPRESSION.event Judges are from Santosh Medical College, Ghaziabad . INAUGURATION OF MAGAZINE "SEROTONIN" BY THE RESPECTED LEADERS ... all the Ghaziabad student leaders got Designation Pins from respected leaders.

MINUTES OF MEETING of IMA MSN National Council Meet held on 02/06/2019 at IMA HQ, Delhi

Following members were present

- Dr. Santanu Sen, National President, IMA
- Dr. R. V. Asokan, Hony. Secretary General, IMA

- Dr. Ravi Wankhedekar, Immediate Past NP (IMA), Member - WMA
- Dr. Marthanda Pillai, Chairman (AC), Past NP (IMA), Member - WMA
- Dr. Ramesh Datta, Finance Secretary
- Dr. Sreejith N Kumar, Chairman, IMA MSN
- Dr. Ajoy Saha, Secretary, IMA MSN

Attending States: Delhi, Himachal Pradesh, Uttarakhand, Uttar Pradesh, Haryana, Chandigarh, Maharashtra, Rajasthan, Gujarat, Goa, Karnataka, Kerala, Tamil Nadu, Pondicherry, Andhra Pradesh, Orissa, West Bengal, Assam

History was created when Almost all states came together at the IMA Headquarters, Delhi to attend the first National Council Meeting of IMA MSN. The scale of the event turned the meeting into a superfluous, pan-India meet as the Medical Student along with their seniors passionately resonated with IMA's vow to ensure patient safety and delivery of quality healthcare.

A pre-council discussion which began on the dot at 09:00hrs highlighted important issues such as:
Formation of a national committee

- Membership drive, including fees, application, verification and documentation
- IMA MSN App
- Subcommittee discussions (Administrative, Finance, Academics, Socio cultural)

At 1100hrs, the dignitaries were welcomed into the meeting. Our National President, Dr. Santanu Sen was felicitated, following which the attendees rose to chant the IMA prayer and flag salute. Dr. Ajoy Saha, Secretary of IMA MSN, welcomed the exuberant crowd and underscored the topics that were to be focused on during the course of the meeting. Following this, at the request of the National President, there was a quick self-introduction round. Subsequently, the dignitaries addressed the young students and doctors. Important points that were emphasized and stressed on were the existential crises of modern medicine, injustice of the bridge course, Ayushman Bharat scheme and IMA's consistent commitment to improving patient care, healthcare delivery in face of such tyrannous government propositions.

The professional difficulties faced by young students and doctors, including workplace discord, harassment and exploitation were highlighted. It was stressed that the interest of the patients and doctors were equally important ulterior motives of the government should be discouraged and demobilized. It was the need of the hour to establish IMA MSN in every college, sensitize and orient the students and the general public to the grave crisis the profession faces.

Following this, individual states presented their views on the issues that needed to be targeted and worked on in these coming months. State-wise speakers and their key take-away points included:

Student leaders and patrons from several other states shared their valuable insight and provided the committee a trajectory for the work to be done.

The entire list of speakers and drafts of their speeches can be found by clicking on the following link:

<https://docs.google.com/document/d/1k8D2Jw0whCdXG9Qiu3ER8AfK1bDDykNggAhgdtl3ymA/edit?usp=drivesdk>

Dr. Abdul Hassan, Chairman and leader of IMA JDN, focused on various activities and achievements of JDN while enumerating the various challenges young doctors faced in the medical profession. Dr. Karnamurthy from Andhra Pradesh, a senior IMA MSN leader who was instrumental in the formation of the students' network spoke about the need for financial support from universities, encouraging development skills, health of medical students and the threat of deceptive student organisations. After lengthy discussions by all participants and highlighting of core issues that needed to be dealt with, the council was addressed Dr. Sreejith Kumar who raised the concern of the abysmal state of the profession. Such are the circumstances that we would be guaranteed to have no income, no security and no alternate profession. Patient safety was in peril and the loser in the long run would be the community, not the doctors. The subcommittees as per the

by-laws briefly discussed the critical areas that needed work: FINANCE (Mr.Naved) - Membership fees/fundraising activities, ACADEMICS (Ms.CHARU) - Patient-, Student- and Doctor-safety/Hands on work, simulator training/Workshops to increase critical skills/Rehabilitation of professionals/Study exchanges, debates, ADMINISTRATIVE (Dr. Mrityuanjay Gupta) - Common membership forms/Membership fee/Zonal coordinators to supplement co-conveners, SOCIO CULTURAL (Ms.Simrran) - Pan-India camps/Execution of ideas/Non-academic workshops/Events e.g. Earth-hour, cellphone free days/Regular health checkups. As the meeting progressed towards the last hour, crucial decisions regarding the formation of the National Council of IMA MSN were made, and the following student was elected as National Office bearers for IMA MSN:

- Dr. Vaishnavi Kaimaparambil- National Convener
- Dr. Mrityuanjay Gupta – National General Secretary
- Dr. Abhijit Upadhyay- National Co-Convener
- Mr. Ajith Paul – National Co-Convener
- Dr. Shankul Dwivedi- National Joint Secretary (Administration)
- Mr. Meet Ghonia – National Joint Secretary (Finance)
- Ms. Simrran Kalra - National Joint Secretary (Socio Cultural)
- Ms. Shreya Namjoshi- National Joint Secretary (Academics)

Thus, ended the brilliantly organized meeting, All thanks To the Real Backbone and The Strongest pillar of team MSN, Dr. Sreejith N Kumar. We are grateful and highly indebted to the National President, the HSG and the distinguished IMA team that allowed students and young doctors the chance to convene, discuss, be inspired and work towards a united cause for the medical profession.

June,14th /2019, IMA MSN Observe Black Day

On this day of 14th June 2019, every medical professional stood up for each other and fought for their dignity. Each Medico of Nation played a crucial role in turning a series of thoughts and plans into a full-blown the issues were started after the brutal attack by a group of violent hooligans on Interns of NRSMCH, Calcutta following the death of a patient. NATIONWIDE PROTEST- There were mass resignations, blood donation camps, candle marches, protest Walks, media talks and public gatherings with common slogan - SAVE OUR SAVIOURS- NO MORE VIOLENCE, ZERO TOLERANCE- DOCTOR SAFETY IS PATIENT SAFETY by the medical students across the country. There was not a single state in this country where medical students did not rise for the cause with one voice Stop Violence against Doctors. Hundreds of colleges across the country created history by protesting publicly continuing to observe same on 15th June and 16th June.

June 17th / 2019, NATIONAL MEDICAL STRIKE: All the Branches of MSN in India are actively involved in the Protest Against the Violence as IMA HQ called for Pan India withdrawal of non-essential medical services for 24 hours from 6:00 am till 6:00 am on Tuesday. IMA Medical Students Network (IMA-MSN) shows solidarity with IMA by boycotting the classes and ward postings at medical colleges. The medical student conducted activities showing solidarity to the unprecedented events that are taking place against medical fraternity.

June,25th / 2019: World Blood Donors day: Students from the IMA MSN of Velammal Medical College, Tamilnadu conducted a BLOOD & ORGAN DONATION CAMPAIGN for 1st year engineering students at Anna university Madurai Regional. MSN MP on World Blood Donors day donated 300 units of blood creating a new history.

7th July 2019: IMA MSN Bareilly (U.P) Wing has organized their inaugural event Workshop on Hospital Violence and Medico Legal Issues on Sunday 7th July 2019 from 2PM onwards at IMA Bhawan Bareilly. President of IMA Bareilly Dr Satyendra Singh was present as the chief guest. More than 100 people attended the event. Guest speakers were called from Sonipat and Ghaziabad. Events like Skit Competition and Debate Competition was also there and winners got cash prizes. The event was followed by High Tea and Refreshments.

July 22nd / 2019: Emergency meeting at HQ for Plan of Action against NMC Cabinet Passed NMC on 17th July, student leaders of respected MSN branches across the country already started sensitizing the students and community like alerting about disaster and getting up ready for all necessary action, Regarding Further plans to oppose NMC , IMA HQ calls Emergency Meeting at IMA HQ just before the session of Lok Sabha for NMC presentation . The Meeting Was chaired by National President Dr. Santanu sen in the presence of Hon. HSG Dr. R V Asokan , National President Elect Dr. Rajan Sharma and MSN Chairman Dr.Sreejith N Kumar with JDN and MSN student Leader across the country. National President Dr. Santanu Sen after taking suggestion from all the leaders concluded that there will a huge moment against NMC and IMA will do whatever required to stop the draconian NMC bill. Entire MSN Supports the words of all National Leaders of IMA and MSN Chairman Dr. Sreejith N Kumar promised IMA on the behalf of entire MSN that MSN will Play Lead Role in protest against NMC and extended full support

July 23rd, 2019: BURN NMC MOMENT: For starting the momentum , MSN started the protest by Burning the copy of NMC Bill across the Country. Sreejith N Kumar Chairman IMA MSN, Dr Mrityuanjay Gupta, National Gen Secretary MSN , Sonalika Gupta, Meet Ghonia, Aarvind Swamy,Tarun sharma and other student leaders BURN the Copy of NMC BILL in front of main gate of AIIMS and Started the All India Agitation against NMC . Dr Sreejith N Kumar Release live video speech Against NMC for All medicos marking the onset of Medicos Struggle against unscientific NMC Bill, after that all the MSN units Started this Moment and medical students from entire country Burn the copy of NMC Bill in their respective Colleges and cities.

July 24th, 2019 HUNGER STRIKE BY MEDICAL STUDENTS AGAINST NMC: As continuing the agitation Many student leaders of MSN went on hunger Strike for raising their voice against the NMC bill in their Respective college other students in support of student leaders who are on hunger strike boycott the classes and protest in their colleges.

July 28th, 2019 Chatra sansad: A Historic Day in the history of IMA, Chatra Sansad was organised in Keten Desai hall, IMA HQ, Delhi. thousands of students across the country participated in chattr sansad and created a huge moment for youth leaders. The Chatr Sansad was inaugurated by Dr. A. Marthandha Pillai Chairman IMA Action Committee, He congratulates and appreciate the efforts of MSN. Dr. Sreejith N Kumar Chairman, IMA MSN Welcomed all the National leaders of IMA and students, and appreciate the courage of students for the profession. Many students Leaders share their views focusing on NMC Bill and all students pledge to fight till justice

July 29th 2019: one of the biggest protest day in the history of IMA, More than 3500 students across the country gathered in Delhi following the guidance of National Leaders, thousands of students show their anger in front of Main Gate of AIIMS, with holding Banners and Poster with one voice no to NMC. After that students march the protest in front of Nirman Bhawan. during the protest at nirman bhawan National President Dr. Santanu Sen, Dr Ravi Wankhedkar IPP IMA, Dr Sreejith N Kumar Chairman IMA MSN with Hundreds of students got arrested by police. This Moment Create Huge Impact on entire country.

July 30th, 2019: IMA MSN and JDN announce the Post Card Campaign to Health Minister. Lakhs of students Across the country send post card to Health Minister with message of "SHAME ON YOU". with in 2 days of post Card campaign lakhs of post card delivered to Health minister office representing the anger of Medical Student after NMC passed.

17th – 18th August 2019: National Leadership Meet at IMA HQ

Minutes of Meeting of IMA MSN on 18.08.19 at IMA Headquarters

The Meeting was attended by Dr.Santanu Sen, National President, IMA, Dr. R.V Asokan, Hony. Secretary General, Dr.A. Marthanda Pillai, Chairman, IMA Standing Committee for Action, Dr.Sreejith N Kumar, Chairman, IMA MSN along with Student leaders. The National Medical Commission Bill was discussed and detailed in depth. Issues raised were on Clauses 15, 32, 50 and 51. The first taken was Clause 15 (National Exit Test). Primarily percentile versus percentage as the eligibility criteria, that should be used for purposes of clearing the next examination. It has also been decided to use comparison studies of UG NEET and PG NEET and DNB examinations to assess success rates.

Recommendations from IMA MSN include:

- Conductance of the examination into 2 parts: a qualifying examination based on a standard question bank and an entrance examination that shall go apart from the question Bank to test the student's knowledge.
- The issue was raised on service Quota students who have been deprived of their incentivization in NEET PG, which existed in the system before NEXT was introduced.

Clause 32:

- With respect to Community Health practitioners, the status of such CHP in the world over with data in each country shall be looked up for as in the speech made by Dr. Harsh Vardhan in the floor of the Lok Sabha, the scope, training, license benefit and harm of such semi qualified people shall be elicited from the common public and from previous studies in countries elsewhere.
- The Popular Notion of a deficiency in rural Health Services shall be countered by suitable data.
- Regional disparities in the employment status and the general or overall unemployment of the MBBS graduates shall be studied with statistical analysis of the same
- The medical recruitment board examinations and its scope shall be explored.
- The perception of the public, media and the medical students with respect to the Clauses mentioned shall be elicited with special focus on sections 32, which shall be read along with Section 50,51.
- Slogans such as "Give us Jobs", and "My Future My Career" shall be spread throughout the country.

With respect to Publicity and Social Media, the following resolutions were passed.

- Hoardings outside the gates of the medical colleges can be used to display the message about NMC.
- Pamphlets can be printed and included in newspapers regularly.
- Articles can be submitted by students to national and local newspapers. Meet editors of local magazines.
- Contact famous media reporters and disseminate information through them.

Social media campaign:

FACEBOOK PAGE/TWITTER -

Make it Trending.

Ensure each post is shared on the same official page. The post should be shared and not posted on individual accounts. Posts will be shared every day and in lucid language. All the information and latest updates will be posted. Posts will be concise, catchy and emotional for medicos as well as the general public. One liners or photos will be promoted more than bullet points or long paragraphs. Balance this with funny posts/memes to ensure diverse content. Posts must be in regional languages. Tag Prime Minister and Health Minister in each post. Other appropriate tags shall be used judiciously. Share the link for posts to all groups for maximum reach. Tie up with medical pages with maximum likes. Promote the page with the help of web designers A specific team will be formed to answer the doubts of all medical students/public.

Website: Under Preparation IMA-MSN Delhi Declaration

On this day, the 18th of August, 2019, MSN National Executive hereby resolve to launch a nationwide movement: " Save Health, Save India - Equal Care for Everyone" as an effort to safeguard the healthcare system of the country from NMC Act

Dr.Sreejith N. Kumar
Chairman, IMA MSN

Dr. Mrityuanjay Gupta
Secretary, IMA MSN

AGENDA ITEM NO. B-37

Report of IMA Standing Committee for Action

The meeting of IMA Action committee was held on September 6th, 2019 at Hotel Lalit, Goa.

Following members were present:

- i. Dr Santanu Sen, National President
- ii. Dr. Rajan Sharma, National President Elect
- iii. Dr R.V Asokan, Hony. Secretary General
- iv. Dr. J.A. Jayalal, National Vice President, 2018-19
- v. Dr. Pragnesh Joshi, National Vice President, 2018-19
- vi. Dr. Anil Pachnekar, National Vice President, 2018-19
- vii. Dr. G.N. Prabhakara, National Vice President 2019-20
- viii. Dr. S.K. Poddar, Hony. Asst. Secretary
- ix. Dr. R.N. Tandon, Imm. Past Hony. Secretary General
- x. Dr. Narendra Saini, Past Hony. Secretary General
- xi. Dr. Harish Grover, Past Hony. Secretary General
- xii. Dr. D.R. Rai, Past Hony. Secretary General
- xiii. Dr. A. Marthanda Pillai, Chairman, IMA Action Committee
- xiv. Dr A.V Jayakrishnan, Hony. Secretary, IMA NPPS
- xv. Dr. Ramneek Bedi
- xvi. Dr. Vedprakash Mishra
- xvii. Dr. Daggumati Sreehari Rao, President, IMA Andhra Pradesh State Branch
- xviii. Dr. Kuldip Singh Khokhar
- xix. Dr. Pankaj Mutneja
- xx. Dr. Hozie Kapadia, State President, Maharashtra State
- xxi. Dr. K.M. Abul Hasan, Secretary, IMA JDN

- National President Dr Santanu Sen was in the Chair. He called the meeting to order at 10 30 am.
- IMA prayer was invoked by Dr. S.K. Poddar, Hony. Asst. Secretary, IMA HQs.
- Dr A.V Jayakrishnan, Hony. Secretary, IMA NPPS invoked the Flag Salutation.
- Dr R.V Asokan, Hony. Secretary General, IMA welcomed the gathering and elaborated on the Action Plan.
- Dr Santanu Sen, National President requested for one minute silence as a homage to Dr. Deben Dutta from Jorhat, Assam, who was brutally murdered. After the homage he detailed on his visit to Jorhat. He had visited the family and had taken part in the candle light vigil. He had submitted a Memorandum to the Commissioner of police, Assam. He had addressed the Media asking the Government to respond within 24 hours. The Government responded the same day. 30 culprits have

been arrested. The case was transferred to fast track as well. The whole nation had joined the mourning on 04 09 2019.

- He then detailed on NMC and the achievements of IMA. He said out of the 26 Bills that the Parliament had accepted, amendments were accepted by the Government only in NMC Bill.
- He reviewed the Action in front of AIIMs, Delhi where 3000 strong demonstration had been organised.
- The Action before Nirman Bhavan had nearly 100 of the demonstrators arrested including the National President. He said IMA would continue the struggle.
- Dr. Rajan Sharma, National President Elect said that by mid October medical colleges should be contacted for further action. National Convention of Junior Doctors Network is being conducted on Sunday, 15th September, 2019 at IMA HQs.
- All local branches should be reached out to arrange branch meeting on NMC. Dr. Ravi Wankhedkar suggested that parents of Medical Students and patients should be invited. MSN and JDN form the plank of main action. State Branches should support the MSN and JDN. The local components should also be explored. The successful case in Delhi struggle on notification is just an example.
- Chairman of IMA Action Committee, Dr. A. Marthanda Pillai said that there should be tangible action at State level. The action has to move to local branches. Patients and public should be involved. The war room should operate in IMA HQs. North Zone and East Zone regional meet should be held. MSN has penetrated 150 medical colleges. This process should go ahead with patronage of local branches. Speciality organisations and Government Doctors' organisations should be taken---. Letters by patients should be sent.
- IMA should send suggestions on rural healthcare to all MPs. Local newspapers have to be involved. Past National President Dr. Ashok Adhao said that there is a general feeling of helplessness. He requested everyone to give hope. He also said IMA should use Media to reach to the public.
- Past National President, Dr. Vinay Aggarwal said that the messages should have clarity and we should contact all professional colleagues. He said that the office should update all contact details. Advertisement also could be published.
- Dr. Ramneek Bedi said that the National list of experts should be prepared for discussion in T.V. Channels.
- Dr. Vedprakash Mishra said that the Government do not have any legitimacy to continue. He also highlighted that only few sections of NMC have been notified. The 9 sections thus notified should invite legal scrutiny and challenge the other non notified sections or all the matter for public struggle. The validity of camouflaging NMC Bill as Money Bill can be challenged before Constitution Bench of Supreme Court.
- Dr. Daggumati Sreehari Rao, President, IMA Andhra Pradesh State Branch said that Andhra Pradesh had started signatory campaigns and had also initiated state level FOMA Forum.
- Dr. G.N. Prabhakara, National Vice President 2019-20 re-iterated legal validity to be challenged. He also said that expansion of MSN in Karnataka has become difficult because of Private Medical Colleges.

- Dr. Kuldip Singh Khokhar, State President, Haryana State discussed the discretionary Judgement of Justice Chandrachud.
- Dr. J.A. Jayalal, National Vice President, 2018-19 highlighted the achievements during the struggle in NMC, CPA and Violence on doctors.
- Dr. Pankaj Mutneja opined that NMC is a long sustained struggle.
- Dr. Pragnesh Joshi, National Vice President, 2018-19 suggested to have a Core Strategy Committee.
- Dr. Hozie Kapadia, State President, Maharashtra State discussed about the success of MSN in Maharashtra.
- Dr. Anil Pachnekar, National Vice President, 2018-19 suggested that a date should be announced for a National Bandh.
- Dr. K.M. Abul Hasan, Secretary, IMA JDN informed about the ensuing National Convention of JDN.
- Dr. Narendra Saini, Past Hony. Secretary General suggested legal challenges on some of the sections. He also opined that involvement of parents could make differences.
- Dr. Harish Grover, Past Hony. Secretary General discussed about the hospital security force.
- Dr. D.R. Rai, Past Hony. Secretary General said that all the 8 National Vice Presidents should work on public awareness.
- Dr. R.N. Tandon, Past Hony. Secretary General said that the discussions should reach to all members. FOMA should be used effectively.
- Dr. R.V. Asokan, Hony, Secretary General summed up the discussion and moved following resolutions.
 - i. Dedicated Action fund for the purpose to be created.
 - ii. Disciplinary Action: Initiation of action against individuals who had acted against the interest of the organisation.
- Dr. Rajan Sharma, National President Elect concluded the meeting saying that time for action has arrived.
- Dr. J.A. Jayalal said that entire leadership should undertake another “Bharat Yatra”. He concluded by saying that IMA was in a “Do or Die situation”.

Dr. A. Marthanda Pillai
Chairman

(i) Report of IMA Standing Committee for Education Promotion and Implementation of Adult Vaccination

This meeting of IMA Standing Committee for Education Promotion and Implementation of Adult Vaccination was attended by Dr. R.V. Asokan, Hony. Secretary General, IMA, Dr Ravi Wankhedkar, Imm. Past President, IMA Dr. Rajan Sharma, National President Elect, Dr. Bhaskaran and other members.

- 1) 2nd PHASE IMA-GSK VACCINE TIE UP : Committee meeting was held on 1sept 2019 at IMA MUMBAI premises a) To plan the CME activities for the IMA members. b) To start the “Vaccinology Certificate course” c) To prepare the Education material like presentations of various modules,
- 2) IMA HQ has received Educational support for the same

Dr. M. Bhaskaran
Chairman

Dr. Jayesh Lele
Convenor

(ii) Report of CME activities planned on behalf of IMA Hq.

- 1) IMA-GSK CME events: 50 CME’s completed across various branches, with proposal of about 200 CME events received from them. Periodical grant is being received and given to the branches conducting the same with HQ retaining the administrative charges
- 2) IMA-ICICI tie up 15 “INVESTOR EDUCATION PROGRAMS” have been completed under this tie up.
- 3) We are Organizing Event on the theme “Judicial Antimicrobials Usage” on 4th Dec and the same shall be webcast across India
- 4) IMA HQ is –planning a guideline book similar to the Guidelines booklet released last year on Vaccine with Tie up with GSK..
- 5) IMA HQ is with the tie up with INSIGNIAis preparing a book “Guideline on ‘Management of Asthma in Primary Care’, one meeting is held and the book shall be released in short while.
- 6) “ CME module is being prepared for Abbott – Nutrition with the Tie up with Medicca Press Ltd. IMA HQ shall do the certification of the RMP’s
- 7) IMA Hq also completed a project started last year with BioQuest about the CME modules about the need and use of Protein with Pfizer
- 8) CME Modules of the doctors on the Topic of “COUGH” and related Respiratory ISSUES (2) modules are being done with the BIOQUEST and Abbott.

CME activities are being through the IMA HQ office and are helping financially. The same can be continued by the branches which will help them also.

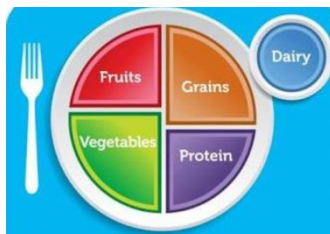
IMA END TB ACTIVITY

- 1) Participated at the “TB HAREGA DESH JITEGA “ inauguration function held in the NEW Delhi along with NPE Dr. Rajan Sharma, HSG Dr R V Asokan, Dr. Kamlesh Saini and Dr Ashok Rai. We attended the programme at Pravasi Bharatiya Kendra, 15A, 15B and 15D, Dr Jose P Rizal Marg, Chanakyapuri, New Delhi, Delhi 110021

Dr. Jayesh Lele
Secretary
IMA HBI

Report of activities of IMA Standing Committee for Initiative for Food Safety

World Food day was commemorated on 16th October at IMA Hq, Trivandrum with a Policy summit on safe and healthy eating. The summit adopted the policy for the year as 'Fill half the plates with Vegetables and fruits, whenever we eat'. Participants included leaders of IMA, IAP, API, Netprofan and officials form Food safety, Education and Agriculture Departments.



This is an easy method towards healthy eating. One half of the plate should contain fruits and vegetables. Grains (preferably whole grains) should occupy 60 percent of the other half, while rest 40 percent should be proteins. IFSI had adopted this as the recommended eating pattern for every meal. The policy summit decided to focus on one half of the plate this year to begin with, so as to make the message simple for the common man.

Why vegetables?

1. They are less in calories so we can eat plenty and not bother about weight gain.
2. They have plenty of nutrients, vitamins and minerals.
3. They've lot of fibre.
4. There's little fat and no cholesterol.

How to eat?

1. Half should be raw and half can be cooked.
2. Cook with steam, water or grill.
3. Go for locally and seasonally available ones.
4. Wash thoroughly and peel.

Let's be healthy, let's lavish on vegetables and fruits and restrict the rest.

Other events

A meeting was called at Delhi on 22, 23.03.2019 by FSSAI for co-creating NetProFaN (Network of Professionals of Food & Nutrition)

Attendees were:-

1. Dr. Sreejith Kumar, Convenor, IFSI
2. Dr. Dinesh Thakare, Vice-chairman, IFSI
3. Dr. Dr. Srikanth Reddy, South Zone Joint Secretary, IFSI
4. Dr. Sarika Varma, North Zone Joint Secretary, IFSI

The second meeting was held at FSSAI on 07.06.2019 at Delhi on the occasion of World Food Safety Day.

Attendees were:-

1. Dr. Dinesh Thakare, Vice-chairman, IFSI
2. Dr. Srikanth Reddy, South Zone Joint Secretary, IFSI

IFSI Convener Dr.Sreejith Kumar gave a PPT presentation in the meeting wherein NetProFaN was co-created. Our vice-chairman Dr.Dinesh Thakare gave many suggestions in the manifesto of the NetProFaN, majority of which were accepted by the FSSAI and published in final manifesto inaugurated on 07.06.19 the World Food Safety Day.

Eat Right India Lighthouse event was held on September 26, 2019, at Goa, Panaji. It was attended by Dr Sreejith N Kumar and Dr Jyothi Ramagauda.

Objectives of IFSI

1. To impart advanced authentic knowledge about nutrition and food safety to IMA members.
2. To keep them informed about recent developments in the field and involve them in the related activities.
3. To guide the society towards healthy eating.

Slogan of the initiative is decided as “Food Safety; A Right, A Responsibility”.

IFSI State chapters are formed in nearly all States.

Chapters of IFSI took part in “Swasth Bharat Yatra” organised by FSSAI from 16.10.18 to 27.01.19 throughout the country

Dr.Ravi Wankhedkar
Chairman

Dr.Sreejith Kumar
Convener

AGENDA ITEM NO.B-40

Report of IMA Standing Committee for Academic and Accreditation Board

The Standing Committee for Academic and Accreditation Board of Indian Medical Association, during the impending period from the last 221st CWC meeting held at Bhubaneswar till date dispensed under mentioned tasks at hand as remitted to it during the said period. They are :

1. Update of curriculum for Certificate Course in Basic Emergency Life Saving Skills along with scheme of examination appended thereto and commensurate modality of certification so that it merits required accreditation in terms of its conformity with those prescribed by American Heart Association, U.S.A.
2. Vetting of draft of the Memorandum of Understanding between Royal College of General Practitioners U.K. and Indian Medical Association and incorporation of suitable and desirable changes therein in order to make it well aligned and focused addressing the concerns of IMA.
3. Structuring of the comments on behalf of the IMA in regard to the relevant inclusions in the draft of the New Education Policy 2019 put into public domain for opinion by the Government of India, specially in the context of medical education and healthcare outcome thereof.
4. Worked out the observations for the IMA in regard to draft resolution on accreditation of National Board of Examination at their meeting to be sent to Director National Board of Examination, New Delhi by the National President, IMA, New Delhi.
5. Worked out the structuring and appropriate update of the academic document including syllabus, infrastructural requirements, scheme of examinations, assignable teaching workload, required competencies, mode and manner of teaching and learning and certification in respect of Fellowship in Renal Pathology.
6. Structured a desired document with appropriate inclusions commensurate with the perceptible needs, and associated challenges thereto in respect of Fellowship courses under the aegis of AMS, Indian Medical Education Karnataka State Branch.
7. Furnished relevant informational inputs in respect of discussion on Joint /Collaborative Education Programme with Indian Menopause Society by the Indian Medical Association for the across the table discussion with their representatives facilitating necessary decision thereon.

8. Worked out a detailed document pertaining to the syllabus, infrastructural requirements, modes of teaching and training, scheme of examination, teaching and training workload, required competencies, certification, requirement of electives pertaining to course on Hyper baric oxygen therapy under the aegis of Indian Medical Association.
9. Furnished appropriate relevant and need based inputs in regard to the need, scope, mandate and operational outcome for the "Combat Depression" Academic programme proposed by the Indian Psychiatric Society for their consideration on behalf of IMA.

Report submitted to Secretary General, IMA Headquarters, New Delhi for such consideration as may be deemed appropriate.

Dr. Vedprakash Mishra
Chairman IMA Standing Committee for
Academic and Accreditation Board

AGENDA ITEM NO. B-41

Report of IMA Standing Committee for Doctors in Service

IMA Standing Committee in Service Doctors was formed by then National President Dr. Ravi Wankhedkar sir as decided in CWC meeting at Indore on 21/12/2018 with the purpose to connect more service doctors working in State Govt., Central Govt, ESIC, Corporate Hospitals and to identify their issues to solve them through IMA. On 7/3/2019 SC written a letter to HSG IMA to take safeguard of the service doctors in PG seats converted from diploma seats by providing reservation of 50% seats among these converted seats also send a copy to MOHFW GOI for this purpose. First meeting of whole standing committee was held at IMA HQ with permission from HSG on 16 June 2019. This meeting was attended by-Dr. Rajan Sharma, National President Elect, Dr R V Asokan HSG HQ, Dr Amrit Pal Singh, Hon'y Joint Secretary, Dr Vinay Agarwal Past National President, Dr Fariyad Mohammed, Chairman IMA SC for In service Doctors, Dr Veer Bhadriah ,Member, Karnataka, Dr Debashis ,Debangshi, Member, W.B., Dr Vijay Rai, Member, Delhi, Dr Rajiv Garg, Member, Up, Dr Ajay Kumar, Convenor, Bihar. After IMA prayer and flag salutation welcome address of all delegates given by Dr Fariyad Mohammed. In his opening remark by Dr. R V Asokan given emphasis to make this SC committee more active and effective as service doctors are important segment of medical profession. He also told to prepare a detail documents on issues related with in service doctors specially on formation of IMS cadre for effective and equal implementation of all medical & health policies all over India . This document should be ready in 3 months so that can be put in CWC & CC meeting for approval. Dr. Rajan Sharma in his speech told that all segments should come under umbrella in IMA to fight against all issues related with medical profession in effective manner. Dr. Vinay Agrawal told that this sc should also advice for improvement in infrastructure at work place, how to preserve dignity of service doctors, ways to provide safe environment at working place of service doctors.

In this meeting following resolutions passed unanimously –

1. All service doctors along with all the members will participate in agitation called by national IMA to keep OPD services closed from 6 am on 17 June to 6am on 18 June against violence incidence in WB against a doctor and also in favour of other issues.
2. IMA SC for in service doctors should be reformed as IMA in service doctors wing as mentioned in constitution of national IMA, with branches of IMA is wing in each state
3. Meanwhile this sc can be extended to include representation from all states.
4. Standing Committee should prepare a detail document related to formation of IMA cadre and other issues related to service doctors
5. SC also make a requests to IMA HQ for permission to allow to call meeting of this SC twice in a year before every CWC so we can present activity report and further action plan in more effective way.

6. Issues which are related with service doctors raised by members present in meeting are provision of equal pay for equal work.
7. Incentives to service doctors working in rural and difficult areas and also 50% seats reserved for in service doctors in all states.
8. Provide foolproof security to service doctors at work place with dignity to improve quality services to the patients.
9. Improve infrastructure and supporting manpower to provide better services in govt hospitals
10. No contractual appointment in govt hospital give permanent appointment as per requirement to give 24 hrs services in govt hospitals.
11. create new posys as per workload in particular institution
12. Working hours for doctors in week and also in a particular day should be fixed
13. There should be a provision of minimum pay and facilities for a MBBS, MD/MS and super specialist doctor according to qualification and duration of experience.
14. Prepare an outline of fair and transparent transfer policy after thorough discussion with medical fraternity concerned with it

Vote of thanks given by convenor Dr Ajay Kumar

As a chairman of SC, I have participated in:

- leadership meet on 20 Jan 2019 at New Delhi
- 6,7 April 2019 Cwc Meeting at Puri
- Agitation on 17 June 2019
- 29 & 30 June -State IMA conference at Jaipur
- 28 July 2019- Chatrasansad at IMA HQ New Delhi
- 29 July- participated in Dharna Pradarshan at AIIMS New Delhi and march to Nirman Bahwan and arrested by Mandir Marg police along with other national leaders in New Delhi during protest
- 31 July- participated in agitation against NMC at Bhilwara
- 31 August and 1 September-west zone leaders of IMA meeting at Mumbai

Dr. Fariyad Mohammed
Chairman
IMA Standing Committee for Doctors in Service

AGENDA ITEM NO. B-42

Report of IMA Standing Committee for Anti Quackery

The meeting of IMA Standing Committee for Anti Quackery held on 17th May, 2019 between 2 PM to 4 PM at IMA House IP Marg, New Delhi.

The following members were present:

1. Dr. Santosh Kumar Mandal, Chairman
2. Dr. D.D Choudhury, Member
3. Dr. Mangesh M Gulwade, Member
4. Dr. Anadi Nath Biswas, Member
5. Dr. Anil Bansal, Member
6. Dr. S.K Poddar, Hony. Asst. Secretary, IMA HQs.

- All the members gave their self introduction
- Meeting called to order by the Chairman Dr. Santosh Kumar Mandal
- IMA Prayer and Flag Salutation done by Dr. D.D Choudhury

- Welcome address given by the Chairman, Dr. Santosh Kumar Mandal. The Chairman, IMA Standing Committee for Anti-quackery thanked Dr. Santanu Sen, National President, IMA and Dr. R.V.Asokan, Hony. Secretary General, IMA for giving them the responsibility of the committee. He said that Indian Medical Association is the only representatives, national voluntary organization for Doctors of Modern Scientific System of Medicine which looks after the interest of Doctors as well as the well being of the Community at large. So far the legality point of view he said that for Indian system of Medicines, Indian Medical Central Council Act, 1970 provides that no person other than a Practitioner of Indian Medicine who possesses a recognized medical qualification and is enrolled on a State Register or the Central Register of Indian Medicine in any State can practice an allopathic medicine He urge to prevent the Quacks for working in the field of medicines at the cost of human lives and also urge the Government to introduce an Anti-Quack Act to make medical practitioners more accountable.
- Dr. S.K.Poddar, Hony. Asst. Jt. Secretary, IMA HQ on behalf of Headquarter narrated the importance of forming this standing committee and assured for full support on IMAHQ behalf.
- All the Members present in the meeting expressed their deep concern about the burning problems of the Quack practice.
- Dr. D.D.Choudhury shared his personal views regarding how to tackle the Quackery.
- Dr. Bansal informed the house that the main roadblock to eradication of quackery is CCIM which keeps issuing clarifications/notifications without any authority of gazette notification that practitioners of Indian Medicine are allowed to practice Modern Medicine by promoting crosspathy. They are deliberately misguiding the Govt. authorities and courts so that confusion may continue. Many times they have misled the prosecutors themselves who then start advocating on their behalf.
- Dr. Mangesh M Gulwade and Dr. Anadi Nath Biswas also shared their valuable suggestions.

After elaborate discussion over more than Two hours amongst the members of the committee the following decisions were taken:

1. IMA Standing Committee for Anti Quackery will be run at IMA HQs. and Dr. S.K Poddar, Hony. Asst. Secretary, IMA HQs. will be doing day to day work of this committee under supervision of Hony. Secretary General, IMA. The members present also urge the IMAHQ concerned authority to make Dr. S.K.Poddar the Convenor of this Standing Committee.
2. A designated Staff of IMA should be asked to support Dr. S.K Poddar at IMA HQs. for smooth functioning.
3. Any correspondence regarding IMA Standing Committee for Anti Quackery should be send to the respective State branch in consultation with Hony. Secretary General, IMA and Chairman of the Committee.
4. Letter from IMA HQs. should be sent to all State branches to formed IMA Standing Committee for Anti Quackery at State and District level.
5. Any Complaint against Quacks / Quackery received by IMA HQs. should be sent to respective State Branch of IMA / State Medical Council / State Health Ministry and oversight committee of MCI for necessary action.
6. It was decided unanimously to observe Anti Quackery Week at a convenient period when various programmes like Dharna / Rally / Debate Competition and Press Conference should be organised at the State and Central level.
7. It was further decided that a common memorandum should be framed in consultation with Hony. Secretary General, IMA and will be submitted to the concerned authorities of Central and State level.
8. It was decided to hold a quarterly meeting of IMA Standing Committee for Anti Quackery after discussing with National President, IMA and Hony. Secretary General, IMA.

9. It was also decided to write to concerned authorities to take strong action against fake advertisements in the Newspaper, Print Media, Television etc. under Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954.
10. It was further decided to give awards to State and Local branches who have done exemplary work against the Quackery.
11. Letter should be sent to all State and Local branches and State Medical Council that No Ayush / Quack doctor should be employed or promoted in their Hospitals or Healthcare establishments.
12. IMA Standing Committee for Anti Quackery decided this year slogan as “Quacks Free India”
13. It was pointed out that a cases pending in the Supreme Court of India regarding Crosspathy Issue. It was decided that IMA HQs. should be a party in this case with Sr. Advocate of Supreme Court to counteract as one of the heavyweight advocate is representing Ayurvedic doctors / National Integrated Medical Association (NIMA) to deliberately misguide the Govt. authorities and courts so that confusion on crosspathy may continue.

Dr. Santosh Kumar Mandal
Chairman,
IMA Standing committee for Anti Quackery

AGENDA ITEM NO. B-43

Report on Para Medical Courses of IMA

Presently, total Sixty One Institutes of different states are running Para Medical courses under IMA. Recently four institutes -Sarvodaya Institute of Allied Health Sciences, Faridabad, IL&FS Skill Development Corporation Ltd., Noida, SJM Super Speciality Hospital, Noida and Asian Institute of Allied Health Sciences, Faridabad have been inspected and approved for conducting Paramedical courses in different streams through IMA. TUTION FEE including Admission Fee (Excluding Enrolment & Examination Fee) has been revised from Rs. 25,000/- to 30,000/- per year.

PARAMEDICAL FINAL EXAMINATION – JULY 2019

Total Two Hundred Thirty Two candidates from different Institutes/Hospitals were appeared in different streams of Para Medical Final Examination which was held on July 2019 throughout India and One Hundred Eighty One candidates passed. Result of Diploma in X-Ray & Imaging is awaited. Coming Paramedical Final Examination will be held in November 2019. IMA – NIOS Para Medical Courses Besides Diploma in Medical Laboratory Technology (DMLT) and Diploma in Medical Imaging Technology (DMIT) courses, 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.

Dr. D. R. Rai
Dean
IMA Paramedical College

AGENDA ITEM NO. B-44**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. M.N. Menon
• Dr. Harish Grover	• Dr. Hiranmay Adhikary	• Dr. Sunil Kumar Shahi
• Dr. Nitin S Vora		

As per the decision of the last CWC, letters were written to all the State Medical councils regarding the importance to be given to Ethics while awarding CME hours. Unfortunately the responses from the State Medical Councils were not very encouraging. We plan to increase our efforts in informing the SMCs the need to give importance to Ethics.

As per the decision to conduct Ethics sensitization workshops in Medical Colleges the Convener Dr. Srikumar Vasudevan conducted CME sessions in:

9. Calicut Medical College, Calicut on 8th June 2019 & 20th August 2019
10. Kannur Medical College, Pariyaram on 31st August 2019
11. Sumandeep Vidyapeeth, Baroda on 1st June

Letters were written to all the State Branches requesting 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. Unfortunately we have had no replies from any of the State branches.

Dr. Rajendra Airan
Chairman
IMA Standing Committee for Medical Ethics

Dr. Srikumar Vasudevan
Convener
IMA Standing Committee for Medical Ethics

AGENDA ITEM NO. B-45**Report of activities of IMA Standing Committee for Medico Legal Cell**

First meeting of the committee was held on 16.06.2019 at IMA HQs. from 10 AM to 4 PM.

Attendees were:-

- Dr.R.V.Asokan, HSG
- Dr.S.K.Poddar, HAS
- Dr.T.N.Ravisankar, Chairman
- Dr.Dinesh Thakare, Convenor
- Dr.Bipin Patel, Member
- Dr.Samuel Koshy, Member
- Dr.Pavankumar Patil, Member

Similarly, the second meeting was held on 06.10.2019 at IMA HQs. from 11AM to 4 PM.

Attendees were:-

• Dr.S.K.Poddar, HAS	• Dr.Bipin Patel, Member
• Dr.T.N.Ravisankar, Chairman	• Dr.Samuel Koshy, Member
• Dr.Dinesh Thakare, Convenor	• Dr.Pavankumar Patil, Member
• Dr.S.K.Poddar, HAS	• Dr.Krishna Sai, Member

Activities :-

Objectives of the committee are decided as :-

1. To impart basic medicolegal knowledge to IMA members.
2. To train IMA members to be ethically & legally correct in daily practice.
3. To boost confidence in common IMA members to face any medicolegal situation in routine practice.
4. Slogan of the committee is decided as **“Be Informed, Be Empowered, Be Vigilant”**.
5. Logo of the committee is finalised as below...



6. First Medicolegal Tip - sent to IMA HQs., it's dissemination to members is awaited. Chairman Dr.Ravisankar will send such tips to IMA HQs. for dissemination to members.
7. Website 'www.imahqml.com' activated. It will have all medicolegal issues related information. Thanks a lot to our chairman Dr.Ravisankar as he is ready to bear all the expenditure of creation & maintenance of the website.
8. CME programs will be conducted via webinar by Dr.Pavankumar Patil under guidance of vice-chairman Dr.Jayant Navrange. Basic medicolegal knowledge will be disseminated to registered members. An online exam will be conducted and a certificate will be issued.
9. Webinars on “Effective Communication & Proper Documentation In Minimum Time & Staff” will be conducted by Dr.Pavankumar Patil.
10. Following books are proposed to be published by the committee.
 - i. **“Judiciary Favours Medical Professionals!, Provided.....!!”**. Yes..It's true
 - Book shall contain judicial pronouncements in favour of doctors with the reasons behind - explain in what circumstances judiciary favours you -boost up confidence of ethically practising doctor be a reference book for lawyers to pick up 'case law' to include in their arguments in favour of doctor clients.
 - Chairman Dr.Ravisankar consented to compile material & edit this book.
 - ii. **Legal provisions on law with nice and & every doctor on basic medico**
Members are unaware of many legal provisions with heavy penal provisions. And there is no excuse for it. Following are routinely heard excuse. e.g.- “I was unaware that clerical error is equivalent to sex determination under PCPNDT Act.” (He has to go behind bars). “I was unaware that failure to notify TB case attracts criminal prosecution” “I was unaware that barcoding is compulsory for Biomedical Waste disposal”, etc. Convenor Dr.Dinesh Thakare consented to compile material & edit this book.

Following three books are also proposed to be published.

“Effective Communication In Hospital Environment” - insight into -where are we lagging & -maximum communication in minimum time. Lack of effective communication is major reason behind abuse & attacks on doctors. Book shall guide on ways, tactics, time management, delegation methods, communication skills, empathy simulation techniques, staff motivation methods, etc. for effective communication.

“Record Keeping Made Easy!” - easy practical ways for proper record keeping. Book shall. motivate doctors to maintain record, invent & suggest easy ways of record maintenance, facilitate integration & adoption of computer software for record maintenance, ways to prove credibility of record kept in the form of soft copies with use of digital signature which shall be acceptable to judiciary, highlight adverse judicial pronouncements because of deficient record maintenance -provide legally full proof editable model formats for record maintenance which will be available free of cost on our website. be a reference book for record keeping.

“A Medico Legal Emergency - What to do? When? Why? & How?” - a practical guidebook on common medico legal emergencies. The book shall contain.

1. How to predict / identify the situation of medicolegal emergency,
2. Description of situation of medicolegal emergency,
3. Immediate precautionary measures to take,
4. Tips for actual handling of situation,
5. Measures to take immediately after management of emergency, &
6. Long term measures to avoid re-emergence of similar medicolegal emergency.

“How To Do Ethical Practice?” Committee will prepare presentations (in the form of articles / guidelines / advisories /

Do's & Don'ts/ PPTs / etc.) on important medicolegal issues to be presented by IMA leaders at their own & nearby local branches.

Method :-

1. The MLC SC will appeal members to prepare presentations (in the form of articles / guidelines / advisories / Do's & Don'ts / PPTs / etc.) on important medicolegal issues...
2. These presentations will be scrutinised & edited by Team MLC SC.
3. These presentations will contain basic knowledge about related Acts / Regulations.
4. Then these presentations will be circulated to IMA members through all available modalities.
5. All the leaders will be requested to spread the presentations to their local branches as per local setup e.g. one topic in monthly meeting / one hour meeting on any weekday / posting bites on local Whatsapp group / etc.

Following presentations are ready for sending to IMA HQs. for further dissemination once it approves and send first medicolegal tip sent by the committee.

By Dr. Samuel Koshy.....

- i) Must Know Provisions In Current CPA 1986 - in the form of PPT.
- ii) Criminal Negligence In Medical Practice - An Overview - in the form of PPT
- iii) Other Must Know Provisions In Indian Penal Code - in the form of PPT
- iv) Must Know Provisions In Biomedical Waste Acts.

By Dr. Bipinchandra Patel...

- i) Must Know Provisions In MCI Ethics Regulations 2002 - in the form of PPT
- ii) Must Know Provisions In POCSO Act - in the form of PPT

By Dr. Dinesh Thakare.....

- i) Must Know Provisions Central Clinical Establishment Act 2010 - in the form of PPT
- ii) Must Know Draconian Provisions In Proposed Consumer Protection Bill 2018 - in the form of a story.
- iii) Critical Analysis Of Provisions In PCPNDT Act, 1994 Resulting In Harassment Of Guiltless Doctors And Suggested Amendments - in the form of a Research Paper.

By Dr. Krishna Sai.....

- i) Medical negligence - liabilities and safeguards for doctors.
- ii) Out of court settlement In medicolegal cases

10. After approval from IMA HQs., the committee will form Medico Legal Cells at State & local branches by identifying members with legal aptitude. Name of Dr. Pavankumar Patil is proposed to IMA HQs. to nominate him as National Coordinator for this work.

11. Committee is planning to organise a national medicolegal conference at Bangalore in mid December subject to availability of dates of NP & HSG.

The committee is thankful to IMA HQs. for hosting the meetings. Special thanks to Dr. S.K. Poddar, HAS, for his presence in both meetings and guidance thereof. Thank you.

Dr. T.N. Ravisankar
Chairman

Dr. Dinesh Thakare
Convenor

AGENDA ITEM NO. B-46

Report of IMA Standing Committee for LIC & Medical Protection Insurance Scheme

The meeting of IMA Standing Committee for LIC & Medical Protection Insurance Scheme was held on 17th.May 2019 & 12th.September 2019 at IMA HQs. The Motive of this committee is to re-think, remodel, and telkom to it, so that we can protect our members from any losses. Though some states have already protection schemes, but at National level we should have National Protection scheme through which our 3.5 lacks members will be benefited.

The committee after discussion place the following suggestions:

- Our National President and Hony. Secretary General had take initiative to compliment this scheme.
- One office bearer of IMA HQ to be given responsibility to look after the scheme matters.
- The scheme matter should be discussed in next CWC & CC meeting of IMA.
- The draft of the scheme to be prepared from State Branches with suggestions.
- If we want justice for our members, we have to think in details of this committee planning.

Dr.Ashok Kumar Chatterjee
Chairman
IMA Standing committee for
L.I.C & Medical protection Insurance Scheme

AGENDA ITEM NO.B-47

Report of activities of IMA Initiative for Emotional Health & Emotional Well-Being of Medical Students and Doctors in India

Since the 221st CWC Meeting in Puri in April 2019 the IMA Emotional Well-being Initiative's Project Doctors-4-Doctors (D4D) Team has been re-constituted. The present strength is 25 Members and Advisors. The Co-Chair DrPrabhakar requested to be relieved of this responsibility for personal reasons and was replaced with Dr. VikramBharati a practicing Psychiatrist and active IMA member in July 2019. Bi-Monthly Full Committee Meetings or as needed with only a particular Sub-Committee Group Meetings are held on Google Hang-Outs on alternate Sundays. This usually takes place between 9pm and 10 pm to suit the convenience of most of our members. Every meeting is minuted and Actionable Points with Time Lines as agreed upon are documented. This MoM is circulated via –mail and on WA Groups. Regular follow-ups by the Honorary Project Manager – Ms. MeenaBadami helps the members work more effectively and efficiently. All the Leaders of IMA JDN, IMA WDW and IMA MSN who were added to the IMA D4D Committee with a view to work more cohesively & collaboratively for the common purpose of well-being of the young medical students, resident doctors and young practicing doctors in India. Among all the wonderful leaders who joined us this year, we have maximum active support from Dr. Abul Hasan for the IMA Doctors4Doctors initiative.

IMA Cochin: A 2 hour IMA D-4-D Well-being workshop was conducted at the Ernakulam Medical College on 28th April 2019 by Dr. NilimaKadambi. DrSreejith Kumar &DrKavitha were instrumental in arranging this Event. About 140 UG Medical Students participated in the interactive session. The Laughter Yoga class was the most appreciated event. The HOD of Psychiatry of the Medical College also spoke about local challenges for Medical Students. Especially the out station fresher Students who got in through the All India Common Entrance Test for MBBS. Language and lack of family support were ket stress inducing factors. Mentorship Programme and Buddy-System is followed in this college with Senior Students helping the new students settle in. On-campus sports and recreation facilities are being built up to help students stay fit and happy. The IMA D4D eNews Bulletin under the able Editorial Team of Dr. SuhasChandran&DrMurtuza Ghia was kicked off in on 10th May 2019 with the blessings of IMA NP& IMA HSG. Every month a very crisp and well

designed 2 page e-News Bullatin is released by the IMA D4D Team. We received sponsorship from an individual well-wisher of IMA D4D for 12 months Design Fee support. We have had excellent contributions from National & International Psychiatrists and Psychologists and Doctors for the News Bulletin. On 10th Oct 2019 a Special 5 Page News Bulletin was created for World Mental Health Day. This was formally launched by the IMA National President Dr. Sen at IMA HQ Delhi.

IMA Tamil Nadu: A very big IMA MSN & IMAJDN Convention was organized on 15th June 2019 at Sri Ramachandra Medical College, Chennai. DrAbul Hasan& Team had made wonderful arrangements and DrJagdish&DrNilima from IMA D4D Team actively participated and conducted sessions. About 250-300 medical students (mostly UGs) fom Chennai and nearby cities like Pondicherry and places like Tirupathi(AP) participated enthusiastically. The Dean of SRMC was very impressed and happy with the programme and has promised his full support for future IMA events. The two IMA D4D committee members Dr. Sandip Deshpande &DrSuhasChandran worked sincerely for 6 months with the White Swan Foundation Team to breate a wonderful Booklet which is a Survival Guide to MBBS Students, particularly relevant for the freshers joining 1st MBBS. This was officially released by Dr. Ravi Wankhedkar the Immediate Pat National President IMA and the D-4-D Team Mentor, at the 10th Oct Event at IMA HQ on occasion of World Mental Health Day. The same will be made available to all Medical Colleges as a FREE e-Guide for MBBS Students.We need the support from ALL State IMAs and active promotion for this Gude Book to reach each and every Medical College (Pvt&Govt) in every corner of India. This handbook should become a Mandatory Part of the Induction month reading material for all freshers joining for 1st MBBS. World Mental Health Awareness Day was on 10th Oct 2019 and for the very first time IMA HQ has held a mega Event to promote better Mental Health and Well-being among Medicos. The Global Theme this year was "Say NO to Suicide" and IMA D4D has adopted this along with our own more positive tag line "Say NO to Stress" for this Event. Under the able leadership of Dr. Abul Hasan and DrAbhinavMonga and with the full support of IMA HQ Leaders and the IMA HQ Admin Team we were abe to conduct this 1.5 day action packed Eventvery successfully. The detailed agenda for this programme is shared along with this report. Thanks to efforts of Dr. AjyLekhi&DrPrabhjot Kaur as well as the JDN & MSN leaders in Delhi we had a good turn out with over 200 Medical Studentsparticipating. The Free ½ Day Work-shops conducted at IMA HQ on 9th Oct, by DrJagdish on Stand-Up Comedy and Dr.Harshwardhan on Interactive Theatre were very well attended. The fun filled Mental Health & Medical Quiz conducted by Dr. Robert Antony &DrMurtuzaGhiya was very popular and carried cash prizes worth Rs 18,000/- for the winning teams. The turn-out of IMA Delhi Members and students from the three big Medical Colleges in Delhi (AIIMS, MAMC & LHMC) was rather poor!

At the end of the Event a IMA D4D Decleration was compiled, read out and unanimously accepted by all present. We now need to promote the concepts and suggestions for interventions in this World Mental Health Day Declaration by IMA D4D at the grass root level of each Medical College. Together we can make a healthier environment for young Medicos to thrive and do great work in our society. IMA HQ Leadres need to help us reach this document to the Ministry of Health, Ministry of Education, the MCI & NMC and other Regulatory bodies and key Policy making institutions in the Government. This is the only way to make a real difference. A Press Conference was held at IMA House, Delhi on 9th Oct 2019. Dr Ravi &Dr. Nilima Kadambi & Dr. Abul Hasan & Dr. Abhinav were the key speakers. A large Media turn-out was present and had many questions to the panel about Mental Health Callenges in the 21stCentury and specifically about the impact of Social Media and Smart Phones on rising rate of depression & suicides among teenagers and the young adult population (15years – 30 years). They were happy to learn about the IMA Initiative for Emothional Well-being started in 2018 and the various activities conducted by IMA D4D till date.

Our humble rquest to the IMA National President and IMA HSG is to get better acceptance and support from each State IMA Leaders and CWC members for IMA D4D work. Especially important is to get the 4 states (Kerala, Gujarat, Maharashtra& West-Bengal) who had promised full support to commit funds and a point person to start and run the IMA D-4-D Help-Line in their respective states. We suggest the Pilot be started in Kerala (Cochin) undr the leadership of DrSanju George before the Nat-Con 2019 in Dec 2019. I request that during the CWC at Andaman in Nov 2019 this matter be discussed and decided upon. We also seekUrgent

help to widely circulate the IMA D4D e-New Bulletin across their respective state's IMA Members and Govt&Pvt. Medical colleges of their States. The World Mental Health Day Special IMA D4D News Bulletin is attached along with this report for sharing at the CWC meeting. 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.

IMA Initiative to prevent suicide amongst young doctors

Mental Health is defined as a state of well-being in which every individual realizes his or her full potential, can cope with the normal stresses of life, can work productively, enjoys healthy relationships with others and is able to make some contribution to community, society and the world.

Dr Ravi Wankhedkar, Imm Past National President and present Treasurer of World Medical Association, said that WHO recognizes suicide as a public health priority! Their data suggests that 8,00,000 persons with disturbed mental health commit suicide every year and this figure is rising. Latest report suggests that every 40 seconds someone somewhere is attempting suicide!! Suicide is a preventable cause of death! Undetected, undertreated or untreated depression underlies most suicide attempts. It is a cry for help! Suicide is the 2nd leading cause of death among teenagers and young adults (age group 15 to 29 years). This is the age at which bright young students enter Medical Colleges. In our country Neuro-Psychiatric disorders contribute to 11.6% of the global mental health disease burden. Medical Students and Doctors have a significantly higher Suicide rate than general population. This is estimated at 28 to 40 suicides per 1,00,000 Medicos! The American Medical Association adopted a new policy at their 2018 Annual Meeting which states the AMA will "engage with appropriate organizations to facilitate the development of educational resources and training to mitigate suicide risk among medical students & doctors using an evidence-based multi-disciplinary approach"

Dr. Nilima Kadambi Chairperson of IMA National Standing Committee for Emotional Well-being of Med Students and Doctors in India stated that a holistic approach to preventive and promotive care would go a long way in improving Emotional Well-being among Medicos and thus bring down the suicide rates. Professional support systems, help-lines and counseling centers will be promoted by the IMA to help Medical Students and Doctors who need this assistance. Smaller Work-Shops have been conducted by members of the IMA Committee for Emotional Wellbeing at various Medical Colleges and IMA Halls in Kerala, Karnataka, Tamil-Nadu, Maharashtra, Gujarat, Madhya-Pradesh and Delhi for the benefit of Under Graduate and Post Graduate Students. All were well received and there is a need for more such interventions across all Colleges and Hospitals in India. Monthly e-News Bulletins are released by IMA D-4-D for creating more awareness about Burn-Out prevention and Stress.

Dr Abhinav Monga, Convenor IMA committee for Emotional well being for doctors and medical students said that IMA HQ has arranged a mega event on 9th & 10th Oct. This day is the World Mental Health Awareness Day. The Global Theme this year is "Say NO to Suicide" two Free Work-Shops have been arranged for Medicos.

Dr Abul Hasan Secretary IMA Junior Doctor Network said that there is an urgent need to address this issue of rising rate of Physician Burn-Out (WHO has added this as a Clinical Disorder) Stress induced Mental Health Challenges and Suicides. In India we also need Public, Media, Political and Legal support in this regard. Formulation and implementation of proper guidelines for PG Resident Doctors training, safety and working conditions is urgently called for.

A multi-pronged approach to create support systems and bring about positive changes is needed at individual, family, institutional, regulatory and society. Indian Medical Association as the Apex Body of Doctors in India through this D4D initiative will facilitate these changes. In the near future IMA D-4-D will facilitate each State to set up and run a Free IMA D-4D Help Line for the benefit of UG & PG Students and IMA Members. This will provide anonymity and professional counselling to those in need of support and

help. Many colleges are now providing the services of a trained Clinical Psychologist on Campus as a Free Student Counsellor.

Dr. NilimaKadambi
Chairperson
IMA National Committee for Emotional Health and
Emotional Well-being of Medical Students & Doctors in India

AGENDA ITEM NO.B-48

Report of activities of IMA National Safe Sound Initiative

IMA National Initiative for Safe Sound has made history by Organising the first Global convention on Safe Sound at Kovalam Trivandrum Kerala from 23rd to 25th August. The Convention was attended by around 600 delegates including many from abroad and from all over India. 10 state police departments and BSF, RPF and CRPF were represented by IG level senior officers in addition to IMA and ENT doctors from every State of India. The Faculties were from UK, USA, GERMANY, ISRAEL and also included National Faculties. The points discussed included various Health, legal and social Issues of Noise with special emphasis on developing countries like India. A preconference workshop on Vestibular and Audiology practices was organised on 23 at NISH and eminent Faculties included Dr Anirban Biswas, Dr Mohan Kameshwaran, Dr MP Manoj, Dr Deitrich Herman Schwela, Dr Joseph Attias, Dr Jacob Eapen and so on. The highlight of the conference was the first World parliament on Safe Sound on 24th August.

Apart from ENT surgeons and Audiologists, National IMA leaders, IG level police officers from different States, Senior IAS officers, judges and legal luminaries and eminent personalities from different walks of life joined this parliament led by Padmasree Dr Mohan Kameshwaran and came up with Safe Sound recommendations. The conference was inaugurated by Hon CM of Kerala Mr Pinarayi Vijayan and guests included Hon Minister Mr. Kadakampally Surendran, Home secretary Viswas Mehta, DGP Loknath Behera. The conference was graced by National President of IMA Dr Santanu Sen, HSG Dr RV Asokan, IPP Dr. Ravi Wankhedker, National President elect Dr. Rajan Sharma, National vice Presidents, Joint secretaries and Past National Presidents and Presidents and secretaries of most of the IMA state branches. The Global safe Sound Parliament after detailed deliberations has come up with Safe Sound Guidelines suitable for developing countries like India and this has already been submitted to the central and state governments for necessary actions. As an outcome of this conference, the Hon'ble Minister of state for Parliamentary Affairs Sri. V. Muraleedharan has agreed to look into the possibility of bringing a stricter act on Noise control in the parliament. Kerala government has already taken measures to bring special rules in the state for implementation of noise rules on the initiative of Hon'ble Chief Minister. The state government has already constituted a committee under Home secretary to draft special rules for control of Noise pollution in Kerala and this is a great achievement for the IMA initiative for Safe Sound. We are planning to observe March 1st as a National Safe Sound day and we would request support from all the IMA National and State leaders to organise this event which will surely take this initiative to the grass root level. We place on our deep gratitude to beloved National President Dr. Santanu Sen, IPP Dr. Ravi Wankhedker, National President elect Dr. Rajan Sharma, HSG Dr. R.V. Asokan all the National Vice Presidents, Past National Presidents, other National Office Bearers and also all the state leaders of IMA for their guidance and support in the last one year and specially for the Global convention on Safe Sound. Special thanks to our patron and past National President Dr. A. Marthanda Pillai who was instrumental in taking this initiative at the National level.

Dr. C. John Panikcer
Chairman

Dr. Ajay Lekhi
Vice Chairman

Dr. C.N. Raja
National Coordinator

Dr. Sarika Verma
Convenor

Report of activities of IMA Initiative on Prevention of Diabetic Blindness

IMA National President Dr. Santanu Sen reconstituted the standing committee for IMA Initiative for the 'Prevention of Diabetic Blindness' PDB in March 2019 for tenure of three years. Dr. Marthanda Pillai originally launched the IMA Initiative PDB in 2015, the then IMA National President. Ever since the Project has been implemented as an ongoing program in the country and the PDB Initiative has now been successfully launched in most of the states; Gujarat, Maharashtra, Odisha, Haryana, Delhi, Bengal, Bihar, Tamil Nadu, Meghalaya, Assam, Arunachal Pradesh, Himachal Pradesh, Manipur, Nagaland, Sikkim, Tripura, Jharkhand and Chhattisgarh.

IMA PDB activities 2019

The Standing Committee Members:

1. Dr. Santanu Sen IMA National President
2. Dr. R V Asokan HSG IMA
3. Dr.NSD Raju, Chairman
4. Dr.Kakoli Sen Vice-Chairperson
5. Dr.ShirishNegvale, Convener
6. Dr. B N R Subudhi National Coordinator
7. DR. AjaykumarLekhi Convener Awareness Campaigns
8. Dr. S S Sukumar Convener Public Relations
9. Dr. Atul Kumar Kalita, Regional Coordinator North East States
10. Dr. Saju Joseph, Convener PDB Network

The first meeting of the IMA PDB Standing Committee was held at IMA Headquarters Delhi on 5th of May 2019 IMA National Vice President Dr. Pragnesh C Joshi Chaired the session. Dr. NSD Raju, Chairman IMA PDB was the Co-Chair, Dr. S K Plodder, Honorary Assistant Secretary Headquarters, Ajay Kumar Lekhi, Convener and Liaison officer Awareness campaigns, Dr. SS Sukumar, Convener Public Relations participated in this critical Standing Committee Meeting. The Committee after a detailed deliberation of the various issues relating to the execution of the initiative PDB, drafted a plan of action for the year 2019. The committee felt that although the onus for the successful implementation rests with the IMA Headquarters and the Standing Committee, the final Nationwide success of the initiative will largely depend on the sensitization and active participation of all the local IMA branches across the country towards achieving this goal. The Committee decided to draft a plan of activities in connection with the forthcoming World Sight day on October 10th 2019 and World Diabetes Day on November 2019. In the meantime the awareness campaigns and diabetic retinopathy screening will continue as an ongoing program. Resolved to form a state PDB coordination Committee with a coordinator, convener and the state president and secretary. Measures are already on for the formation of the state committees A nationwide network of referral institutions and hospitals will be established for patients with diabetic retinopathy. Many reputed tertiary ophthalmic institutes have already consented and the list will soon be finalized. Decided to hold the next Standing Committee meeting on 22nd September 2019 at IMA Headquarters at Delhi.

PDB activities for the period June, July and August

IMA PDB activities are being conducted all across the country as an ongoing program in most of the states , notable among them are the states of Gujarat, Odisha, Assam, Meghalaya, Arunachal Pradesh, Mizoram, Kerala and many other states . The following are few of the report of activities:

Odisha At Bhubaneswar a review meeting of the PDB activities was held . Dr S Natarajan President AIOS, Dr NSD Raju , chair, IMA PDB, Dr. Anita Panda Past president AIOS, Dr BNR Subudhi National Coordinator PDB and other leaders of IMA and AIOs participated in the discussions and evolved a strategy to continue the activities in the state as an ongoing program . A walkathon was held in the morning as part of the awareness campaign on diabetes and diabetic blindness

Gujarat Vadodara

Diabetic Blindness awareness campaign and DR Screenings are regularly being carried out on a monthly basis .

Arunachal Pradesh

So far IMA Arunachal Pradesh in collaboration with District non communicable disease (NCD) clinic at TRIHMS. Altogether 560 diabetic patients were screened for diabetic retinopathy All patients diagnosed with DR referred for treatment at Ophthalmology department TRIHMS.

At Tezpur, Assam ,Awareness campaign on diabetes DR screening camp were held. The 2nd Standing Committee Meeting held at IMA Headquarters New Delhi on 22 December 2019 was presided over by Dr A P Singh, IMA Joint Secretary. The Committee reviewed the IMA PDB activities for the current year. Dr NSD Raju, Chair IMA PDB, Dr. BNR Subudhi National Coordinator, Dr Ajaykumar Lekhi, and Dr Sharad Lakhota Special invitee participated in the meeting.

The committee approved the statewide coordination committees for the implementation of the project in the states (Annexure A.) Approved the list of hospital Network for further treatment of patient with diabetic retinopathy. The (Annexure B) The committee after detailed detail discussion decided on the various activities to be conducted for the forthcoming World Sight Day on 10 October 2019 and World Diabetes Day (WDD) and month from 14 November to 14 December 2019. It was decided to hold nationwide awareness campaigns and diabetic retinopathy screening at the local IMA branches, IMA State branches and at IMA Headquarters level at Delhi during this period. The following are the important decisions in this regard:

1. IMA request all the branches to hold awareness campaigns on Diabetic Blindness and conduct screening for diabetic retinopathy for all diabetics.
2. A mega Public awareness Meeting at Delhi tentatively on 14 November 2019
3. To display information posters, banners and display boards on prevention of diabetic blindness at key places like major hospitals, teaching institutions, clinics, and public places like Malls, Railway stations, airports etc.
4. Blue color and Blue ring are the symbols of WDD. All IMA institutions, local branches and other important institutions to have blue light night illumination on WDD the 14th of November 2019.
5. Release and display of blue balloons at walkathons, cycle/motorcycle rally, marathon etc.
6. IMA Initiative PDB will organise TV /Channel/ media to create and spread awareness on diabetes and diabetic blindness.
7. The Prevention of Diabetic Blindness (PDB) will continue for one month from 14 November 2019
8. All IMA branches and other institutions holding diabetic retinopathy screening will have to maintain register of screening in a specific Performa which will be sent to all IMA branches very soon. This data is shared with IMA Headquarters and Standing Committee PDB.
9. IMA Standing Committee for PDB will be sending detailed instructions, copy of artworks for making banners to all IMA local branches

We have already communicated these decisions to all local IMA branches with instructions from the IMA Headquarters to hold awareness campaigns on diabetic blindness and to hold diabetic retinopathy screening for diabetics during this period. Reports of IMA PDB World Sight Day (October 10,2019) activities are being received from all over the state. Public awareness rallies , walkathon , CMEs on prevention of Diabetic blindness , and screening of diabetics for diabetic retinopathy are all being held across. Reports of

World sight day have already come from many states including Kerala, Odisha, Gujarat, Assam, Meghalaya, Delhi, Arunachal Pradesh and more and we are receiving more and more reports of World Sight Day activities from other states also. The details of IMA PDB activities are in our Whatsapp Group 'IMA Initiative PDB'. We are all now fully geared up for the World Diabetes Day and Diabetic Month November 14 through December 14.

On behalf of the TEAM IMA Initiative PDB, we take this opportunity to place on record our gratitude and gratefulness to IMA NP Dr. Santanu Sen and Dr. R V Asokan IMA HSG for their whole hearted involvement, guidance and help in the successful implementation of this IMA Initiative. Our heartfelt thanks to all the members of the Standing Committee for the wonderful help sincere work rendered in implementing this program.

Dr.NSD Raju,
Chairman

Dr. BNR Subudhi
National Coordinator

AGENDA ITEM NO. B-50

Report of activities of IMA Organ Donation Committee

A meeting of IMA Standing Committee for Organ Donation was held on Sunday 29th September, 2019 at IMA House, Indraprastha Marg, New Delhi.

The meeting attended by the following:-

- Dr. Santanu Sen, National President, IMA
- Dr. R.V. Asokan, Honorary Secretary General, IMA
- Dr. Ramesh Kumar Datta, Honorary Finance Secretary, IMA
- Dr. S.K.Poddar, Honorary Asstt. Secretary, IMA.
- Dr. Saurabh Kole, Secretary, IMA Standing Committee for Organ Donation
- Dr. Harsha Jauhari, Member, IMA Standing Committee for Organ Donation
- Dr. Hardev Ramandeep Singh Girn, Member, IMA Standing Committee for Organ Donation
- Dr. S.Vasudevan, Convenor, IMA Standing Committee for Organ Donation

The meeting was addressed by Dr. Santanu Sen, National President, IMA, Dr. R.V. Asokan, Honorary Secretary General, IMA, Dr. Ramesh Kumar Datta, Honorary Finance Secretary, IMA and Dr. S.K.Poddar, Honorary Asstt. Secretary, IMA.

After the IMA Prayer and Flag Salutation all the attending members introduced themselves.

Dr R.V Asokan in his address touched many areas where the committee could make a difference. He made an excellent statement regarding the expectations from this committee. He pointed out that this was a dynamic area with many changes in official policy occurred over a period of time requiring responses from the profession. He assured the support of IMA Headquarters to the committee in the form of participation for all activities organized and financial support for travel and publications. He wanted the following activities:

1. A policy document with updates in technical areas.
2. A vertical platform for adoption of activities at all levels of IMA
3. A simple power point presentation to be shown during all branch functions
4. Advice for court cases to which IMA is party

Dr Santanu Sen reacted to the suggestion for a uniform death certificate wording. He wanted a resolution for IMA to take up at the official level.

Dr.S.Vasudevan, Convenor of IMA Standing Committee for Organ Donation made a short presentation regarding the committee:-

- The history behind the formation of the committee
- Objectives of the committee
- The areas where the committee has to act.
- Information regarding the potential partners.
- The activities planned in the coming 3 months and
- The support expected from the IMA (HQs.)

Dr. Harsha Jauhari, Member of the committee appreciated the clear mandate from the Honorary Secretary General, IMA. He advised regarding the need for a uniform death certificate. He also explained the misgivings among the public regarding brain death declaration and the problems faced by the designated team during the brain death declaration process.

Dr. Saurabh Kole, Secretary of the committee mentioned the need for awareness programmes in three levels:-

Family Physician

1. The critical care physicians manning the ICUs
2. Superspeciality doctors working in the area of organ transplantation

Dr. Hardev Ramandeep Singh Girn, Member of the committee mentioned the impasse in Punjab due to the Government withdrawal of official permission for doctors to perform organ transplantation. He requested IMA to take up the case with authorities and restore the programme.

The following decisions were taken:-

1. Prepare a position statement or document for the national leadership regarding the situation of organ transplantation
2. To prepare an official PPT for circulation among various levels of IMA.
3. Display consent form and brochure regarding Organ Donation at all meetings of IMA.
4. Request for a space in the IMA Website.
5. Request for participation in all medical camps organized by IMA to facilitate information dissemination regarding Organ Donation and Organ Transplantation.
6. Prepare a vertical platform for activities at branch and state level to prepare a proposal for uniform death certificate to be forwarded to the Union Ministry.
7. To prepare a Resolution to place before the next CWC to be held on Saturday, November 2, 2019 at Port Blair, Andaman & Nicobar Islands
8. To request for intervention in the Punjab issue to the Honorary Secretary General, IMA.
9. Prepare a calendar of activities for next three months
10. Prepare a proposal to be sent to Union Health Ministry for participation of IMA in the official National Transplant Day function on November 27th, 2019.
11. To push for inclusion of Organ Transplantation and Organ Donation in the medical curriculum.

The meeting ended with a vote of thanks.

Organ Donation Awareness Talk and Blood Donation Camp at the 70th CA Day of the Institute of Chartered Accountants of India Cochin Chapter on 1st July. Dr Abraham Varghese the incoming President of IMA Kerala State IMA spoke on the subject. (photos attached

1. **Meeting with the makers of the Malayalam feature film Jeevamritham** to discuss the implementation of the Kerala Government order permitting the local self-government bodies like the Grama Panchayaths, the Municipal Corporations etc. to project the film at selected schools and colleges to promote the organ donation awareness for a fee. The meeting was attended by Mr Anish the producer Cats Media, Mr Girish Kallada the Director and the Director of Photography.
2. **The Organ Donation Awareness talk** for the retired employees of HINDALCO by Dr Abraham Varghese the incoming President of IMA Kerala State IMA on 12th October at Kochi.
3. **CAST** – the annual meeting of the Asian Society of Transplantation along with the Annual meeting of the Indian society of Organ Transplantation as attended by Dr Saurabh Koley and Dr Harsha Jauhari from 29th September to 2nd October 2019.

Dr. S. Vasudevan
Convenor

AGENDA ITEM NO. B-51

Report of activities of IMA Initiative for Detection of Congenital Blindness

Report of activities of IMA Initiative for Detection of Congenital Blindness from L V Prasad Eye Institute, Hyderabad, by Dr. Subhadra Jalali to Indian Medical association regarding Childhood blindness control: ROP Parent Support Group initiated

An ROP Parent Support Group was initiated at LVPEI jointly with the Indian Institute of Public Health, Hyderabad, Telangana (IIPHH). LVPEI will play a supportive role in the initial conduct of the sessions, developing the protocols, systems, enabling this to eventually be a parent-driven and parent-led initiative. The newly-formed ROP Parent Support Group at LVPEI on 1 February, 2019 The countess of Wessex visited L V P EI Hyderabad to see for herself the work done at LVPEI and its partners Fernandez Hospital and Pushpagiri Vitreoretinal institute, under the funding from the Queen Elizabeth Diamond Jubilee Trust, London.

June 29, 2019: Second Pediatric Retina Surgical workshop:

A three-day ROP Surgical workshop focusing on 'All you want to know about ROP' was organized at LVPEI's Hyderabad campus from 27-29 June 2019. It had 33 participants comprising pediatric retinal ophthalmology surgeons, fellow doctors, nurses, optometrists, anaesthetists and neonatologists. The main highlights were the hands-on sessions for all surgeons to do/ or to assist pediatric and neonatal retinal surgeries. There were in-depth discussions on topics related to evaluation, referral, post-op care, anaesthesia, vision rehabilitation and surgical techniques. A special session was held on neonatal retinal photography using the Neo-Forus camera. The ROP skill enhancement workshop was supported by the Queen Elizabeth Diamond Jubilee Trust, London and was mentored by Dr. Lingam Gopal from the National University Hospital (NUH) Singapore and Dr Parijat Chandra from R P Centre, AIIMS, New Delhi. This is the first time such workshops are being held anywhere in the world.

ROP data April –Sept 2019: Babies screened: 1231 babies
ROP identified: 421 babies Lasers: 186 eyes of 120 babies
Surgery (including injections): 131 eyes of 79 babies

Publications:

Komal A, Balakrishna D, Rani PK, Jalali S. Changing patterns of early childhood blinding conditions presenting to a tertiary eye centre: The epidemic of ROP in India. Ind J Ophthalmol 2019, June 67(6): 816-818 (Corresponding author)

Gopal DP, Rani PK, Rao HL, Jalali S. Prospective study of factors influencing early versus delayed presentation of preterm babies for ROP screening to a tertiary eye hospital in India. The Indian Twin Cities ROP study (ITCROPS) report number 6. *Ind J Ophthalmol* 2019, June 67(6): 855-859. (Corresponding author)

Patnaik S, Jalali S, Joshi MB, Satyamoorthy K, Kaur I. Metabolomics applicable to retinal vascular diseases. *Methods. Mol Biol* 2019; 1996:325-331. (May 2019) (ROP).

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Jalali S. Keynote address, and spoke on ROP India Status, at the CME on ROP and Pediatric Retinal diseases, and Inauguration of the ROP program at the Aditya Jyot eye Hospital, Mumbai, Sept 29, 2019. Jalali S. Classification, newer terminologies and recent advances in ROP, at the CME on ROP and Pediatric Retinal diseases, and Inauguration of the ROP program at the Aditya Jyot eye Hospital, Mumbai, Sept 29, 2019. Jalali S. Host faculty and spoke on "Retinopathy of prematurity". Also had breakfast meeting with a group of students, at the EyePEP 2019, LVPEI, Hyderabad, Sept 26, 2019. Jalali S. Invited speaker and spoke on 'Controlling ROP and neonatal blindness' at the First meeting of NNF East zone Neonatologists, Kolkata September 8, 2019. Jalali S. Keynote address, and spoke on ROP India Status, at the CME on ROP and Pediatric Retinal diseases, and Inauguration of the ROP program at the Aditya Jyot eye Hospital, Mumbai, Sept 29, 2019. Jalali S. First Salil Gadkari ROP oration, 'From local to Global: A life with Sight' delivered on the occasion of the inauguration of the Salil Gadkari ROP centre, H V Desai Eye Hospital Pune, July 14, 2019. Jalali S. Invited faculty, and spoke on Universal newborn screening, at the Pediatric Retina summit hosted by SankaraNethralaya, Chennai, July 12-13, 2019. Jalali S. Invited faculty, and spoke on ROPER: recent understanding and management, at the Pediatric Retina summit hosted by SankaraNethralaya, Chennai, July 12-13, 2019. Jalali S. Invited faculty and Chairperson on "Panel discussion about management of ROP", at the Pediatric retina summit, hosted by SankaraNethralaya, Chennai, July 12-13, 2019. Jalali S. Organised and spoke about "technical aspects of ROP surgeries", at the Second ROP and pediatric retinal surgical workshop at KAR campus, LVPEI, Hyderabad, June 27-29, 2019. Jalali S. Invited speaker at the Second Advanced eye centre, Alumni meet, and spoke on From Local to Global: Journey of a life of Sight. PGIMER, Chandigarh, June 22-23, 2019. Padhi TR, Agarwal T, Khalsa A, Jalali S. "Bilateral vitreous haemorrhage and tractional retinal detachment within a week of birth in a prematurely born bay: ROP or FEVR?" Fourth I-ROP meeting, PGIMER Chandigarh, June 21-22, 2019. Jalali S. "Death and Near Death during ROP management," Invited mentor faculty and speaker at the Fourth I-ROP meeting, PGIMER Chandigarh, June 21-22, 2019. Jalali S. "Essentials of a training program for ROP." Invited mentor faculty and speaker at the Fourth I-ROP meeting, PGIMER Chandigarh, June 21-22, 2019

Dr Sucheta Kulkarni visited Tanzania to establish country's first ROP screening program at Muhimbili National Hospital, Dar es Salaam. This is Tanzania's national referral centre. She conducted sensitisation meetings with several professional groups such as paediatricians, ophthalmologists, nurses etc.

She also conducted advocacy meetings with the Director of the institute. She guided and supported ophthalmologist who was trained for ROP screening at H V Desai Eye Hospital , Pune earlier this year. Participation in panel discussion on ROP project on international forum (25- 29 March 2019). Dr Sucheta Kulkarni presented her work and participated as a panellist in discussion on ROP project in a week long meeting held at London School of Hygiene and Tropical Medicine, London. She also had a privilege to discuss her work in prevention of infantile blindness with “Her Royal Highness Countess of Wessex” a prominent British Royal Family member and Patron to ‘The Queen Elizabeth Diamond Jubilee Trust’ (QEDJT). Presentation in a prestigious international conference at Vancouver, Canada (30 April 2019). Dr Sucheta Kulkarni, presented her poster on ‘ Natural history of retinal maturation in preterm infants’ in the annual meet of ‘Association for Research in Vision and Ophthalmology’.

Presentation of Maharashtra ROP work in a National summit (15 June 2019)-

Dr Sucheta Kulkarni presented state level work at a national summit called by The QEDJT and organised by Public Health Foundation of India (PHFI) at Hyderabad. This was attended by over 100 field experts from India and abroad and also by central and state health authorities. She also moderated a session where beneficiaries of ROP work (parents of treated children) shared their experiences. Invited Talk at Annual meet of Indian ROP society at Chandigarh (23 June 2019). Dr Sucheta Kulkarni delivered a talk on ‘Litigation Touch points in ROP care” at this international level meet which was attended by over 150 delegates.

Trainings:

Dr Sucheta sensitised 25 paramedical ophthalmic officers on ROP and other causes of childhood blindness. This cadre works at PHC and rural hospital level and are the first point of contact for patients residing in remote rural areas. She also trained 4 ophthalmologists to perform ROP screening and 4 optometrists to perform retinal imaging for ROP screening purpose.

Research Publications:

Kulkarni et al, ‘Habilitation services for children blind from retinopathy of prematurity: Health care professionals’ perspective in Maharashtra ‘, Indian J Ophthalmol, June 2019. Invited Talk at national pediatric retina summit at Chennai (12 July 2019). Dr Sucheta Kulkarni delivered a talk on ‘lasers for avascular retina’ at a summit organised by Shankar Netralaya.

Host faculty at Eye India Conference, Pune (13 July 2019)

Dr Sucheta spoke on ‘anti VEGF injections in ROP’ at the national level meeting organised by H V Desai Eye Hospital in Pune and attended by over 400 delegates. Invited faculty for annual conference of ‘Bombay Ophthalmology Association’ (BOA) (10-11 August 2019). Dr Sucheta Kulkarni delivered talks on ‘lasers’ and ‘antiVEGF’ in ROP at the prestigious BOA meeting held at Mumbai.

Dr. Mariam :-

Congenital cataract - 84 surgeries were done from 15th March till Sept 2019. ROP from 15th March to 31st Sept.

Total 217 children were examined and out of it 116 were male and 101 were female children. Amongst 217 screened children 67 had various degree of ROP ,and 43 children were treated by laser and 24 children were given anti -VEGF. Congenital Glaucoma surgery - 50 cases done. Squint surgery - 37 cases done

IMA Committee for Prevention of Blindness – ROP Report from 1.3.2019 to 30.9.2019

- Number of ROP screening sessions:16,985
- Number of infants (new) enrolled: 4832
- Number of treatments performed:149

222nd Meeting of IMA Central Working Committee, November 1-2, 2019, Port Blair, Andaman & Nicobar

- Number of infants screened under universal screening:409
- Number of districts screened: 30
- Number of neonatal units screened in:127

Invited Faculty Presentations of KIDROP faculty: 15.3.2019 to 30.9.2019

International:

- April 13th: 17th International meeting of the Egyptian Vitreo-Retinal Society in Cairo, Egypt
- May 31st: HEC Paris Business School healthcare workshop in Bangalore
- June 13th to 15th: The Advances in Pediatric Retina Conference at Salt Lake City, USA
- September 22nd: 4th Asia Pacific Tele Ophthalmology Society (APTOS) meeting was hosted by India this year in Chennai

National:

- March 16th: CME on ROP in Surat
- March 25th: IAP Bihar Branch CME on ROP in Patna
- March 30th to 31st: 6th Annual Indian Academy of Pediatrics Neurology Karnataka Chapter meeting, Bangalore
- June 21st& 22nd: The 4th Annual Conference of the Indian Retinopathy of Prematurity (iROP) society, Chandigarh
- July 14th: 4th Annual Retina Summit July 11-14, in Chennai
- August 10th: 27th annual meeting of the Bombay Ophthalmologists' Association, Mumbai,

State:

- April 27th: Rotary- Netradarshan Eye Bank Inauguration and ROP CME in Belgaum district, North Karnataka
- August 14th Foundation course with a hands-on diagnostic workshop for postgraduates and fellows, Narayana Nethralaya Eye Institute, Bangalore
- September 15th: "Retina Master Class" for practising ophthalmologist of Bangalore

ROP Workshops conducted:

- June 29th: Maharashtra SNCU meeting, KEM Pune and the Indian Academy of Pediatrics, Pune.
- July 15th National Health Mission organized post training workshop for Government nurses in Trivandrum, Kerala
- September 9th: 4th Annual Meeting of the Women Ophthalmologists Society, Bangalore

Dr. Prakash Marathe
Chairman

Dr. Mariam
Convener

AGENDA ITEM NO. B-52

Report of activities of IMA Initiative for Safe Motherhood and Why Mothers Die

Report of IMA Standing Committee Initiative for Safe Motherhood And Why Mother's Die from May 2019 to October 2019. The vision of this committee is to reduce maternal mortality 30/1lakh by 2030.

3yr project.

1st yr

1) Awareness, CME , HB investigations.

- A) Awareness program: Organized- 34 school, 5 village, 433 pregnant mother's. (Photo on book),at London during world cup and RCOG conference.
- B) Skill transfer course to Para Medical,Nursing staff (300).

222nd Meeting of IMA Central Working Committee, November 1-2, 2019, Port Blair, Andaman & Nicobar

- C) CME on post partum Haemorrhage, Silchar, Agartala, Bhopal, Imphal, Kalyani and Newtown.
- D) Haemoglobin estimations (230)

- 2) Proposed conference or CME At Andaman on 31.10.2019 At Kalyani with Fogsi on 6,7,8 Dec 2019.
- 3) Appreciations letters from Ministry of Health and family welfare, women and child welfare regarding books -STRATEGIES to reduce maternal death and REVIEW of maternal mortality.
- 4) Future plan.
 - a) Publish book at Natcon Kolkata- IMA vision- O maternal death 2030,
 - b) To visit all IMA Societies to organize CME on maternal death.
 - c) To attend and liaison with Bangladesh obstetrics and gynaecology society and IMA on 19,20,21 Dec 2019
 - d) To write to Govt to announce

MATERNAL DEATH PREVENTION DAY.

Compensation to child who lost mother for education .

My sincere wholeheartedly thank to Dr Ketan Desai, our mentor ,EX- PRESIDENT WMA, Dr. Santanu Sen, National President, Dr RV Asokan, Hony. Secretary General and all Office Bearers of IMA who entrusted me to give this committee.

With regards

Dr Dilip Kumar Dutta

Chairman

IMA Initiative for Safe Motherhood and Why Mothers Die

AGENDA ITEM NO. B-53

Report of IMA World No Tobacco Day, 31st May 2019

The Tobacco epidemic kills more than 7 million people each year in the world, out of which nearly 900 000 are non-smokers dying from breathing second-hand smoke. In India alone nearly 1 million deaths occur every year due to tobacco related diseases. Tobacco kills up to half of its users.

WNTD was started in 1987 to draw global attention to the tobacco epidemic and the preventable death and disease it causes. Every year WHO announces a theme for WNTD to highlight one or the other aspect of Tobacco harms. WHO has, for 2018 given the theme as **“TOBACCO & HEART DISEASE”**. The campaign is to increase awareness on the link between tobacco and heart & other cardiovascular diseases (CVD), including stroke, which combined are the world's leading causes of death.

Tobacco use is an important risk factor for the development of coronary heart disease, stroke, and peripheral vascular disease. Tobacco use and second-hand smoke exposure contribute to approximately 12% of all heart disease deaths. Tobacco use is the second leading cause of CVD, after high blood pressure.

As per Global Adult Tobacco Survey (GATS 2016-17) 55% of smokers & 50% of Smokeless Tobacco users in India, are planning or thinking of quitting. Counselling and medication can more than double the chance that a smoker who tries to quit will succeed. Nicotine dependence is considered a disease in I.C.D. 10 and we have pharmacotherapy for the same. IMA Doctors should proactively work as tobacco control advocates, must reach out to communities and communicate the health hazards of tobacco, be it smoking or smokeless tobacco use.

On WNTD, branches can organise awareness rally, arrange workshops/ symposium/ lectures for media/public/social groups/police, give talk show on Radio/TV, Distribute pamphlets, stickers, arrange oral lesion/Cancer detection camps etc etc.

Dr. Dilip Kumar Acharya
Chairman
IMA National Cancer &
Tobacco Control Committee

Dr. V.K. Monga
Co-ordinator
IMA National Cancer &
Tobacco Control Committee

AGENDA ITEM NO. B-54

Report of IMA Doctors Day Commemoration, 1st July 2019

On the Occasion of Doctors Day Commemoration on 1st of July,2019 under the Guidance and Supervision of National President Dr. Santanu Sen, National President Elect Dr. Rajan Sharma, Hony. Secretary General, Dr.Asokan, Imm. Past National President Dr.Ravi Wankhedkar and Hony. Finance Secretary Dr.Ramesh Datta, I Dr.Manjul Mehta, Chairman Doctors Day Commemoration Organised Following Activities At IMA HQs.

We Organised Blood Donation Camp in Association with Red Cross Society of India from 8.00 A.M. UPTO 2.00 P.M. Which was Inaugurated by Dr. Rajan Sharma, National President Elect & Dr. R.V. Asokan HSG. at IMA HQs. Very good number of Donors Donated Blood on the Occasion including our President Dr.Santanu Sen and Dr.S. Banerjee, Joint.Secy. to President were among Important Personalities.

We distributed Fruits, Clod Drinks, Chips and other Eatables to Blood Donors and One Mug & Certificates were also given to each Donor as a Gift. A Message was given to all the State Presidents & Secys to organise Blood Donation Camps at every City Branch Level & State Level to Organise BLOOD DONATION CAMPS any day from 01.07.2019 TO 07.07.2019 as per there Convenience. At 6.00 P.M. UNVEILING OF MOSAIC MURAL of Dr. B.. Roy and done by our National President Dr. Santanu Sen among a Big Gathering. After This Felicitation Ceremony Started At 6.30 P.M.At A.K.N.Sinha Auditorium To Felicitate Great Achievers Of The Medical Profession As A Token Of Acknowledgement Of Their Work In There Respective Fields Numberinf To Approximately 40 In Number. This Activity Lasted Till 8.00 P.M. Vote Of Thanks Was Given By Dr.Ramesh Datte, Hony. Finance Secretary. From 8.00 P.M. Onwards Gala Dinner With Music By Army Band Was Organised For More Than 200 Dignitries In Dr.Ketan Desai Auditorium.The Whole Show Of Doctors Day Celebrartion Was The Result Of Untiring Efforts Of Team Of Ima Led By President Dr.Santanu Sen,Dr.Rajan Sharma President Elect,Dr.Ashokan Hsg,Dr.N.V.Kamat Principal Advisor & Dr.Vijay Malhotra,Joint Secy.Ima Hqs

Dr.Manjul Mehta
Chairman
IMA Doctors Day Commemoration

AGENDA ITEM NO. B-55

Report of IMA Commemoration of CPR Day - 27th July 2019

On direction of IMA Headquarter, New Delhi CPR Day organized by IMA AKN Sinha Institute at LPU, Jalandhar, Punjab on 27th July, 2019 in association with Resuscitation Council of India & IMA Punjab Branch and under guidance of Dr. Paramjit Singh Bakshi, Director IMA AKN Sinha Institute. Dr. Santanu Sen, National President, IMA was the Chief Guest. Dr. Chakra Rao, Chief of Resuscitation Council of India, Dr. Sahajanand Pd. Singh, Past President, IMA Bihar and Dr. Ajay Kumar, Hony. Executive Secretary, IMA AKN Sinha Institute, Patna, Dr. S. P. S. Sooch, President, Punjab Chapter, AKNSI, Dr. Yogeshwar Sood, President, IMA Punjab, Dr. K. D. Singh Arora, Hony. Secretary, IMA Punjab participated. Vice Chancellor and other official of LPU attended the training along with about 350 Students and Faculties members. Dr. Sunil Katyal was the Organising Chairman and Dr. Viveka Gupta was the Organising Secretary of this programme.

Dr. Ajay Kumar
Organising Chairman

AGENDA ITEM NO. B-56

Report of IMA International Sr. Citizen's Day, 1st October 2019

International Elder's Day observed on 29th September, 2019 at Shree Krishna Medical and Research Centre, Mayur Vihar, Delhi. Medical Health Check up camp organized for Elderly Person at Karthiayani Socio – Cultural Complex, Mayur Vihar, Delhi in which facilities i.e. Screening tests for BP, Blood Sugar, ECG, PFT, BMD, Neuropathy, Uroflowmetry, Audiometry & Eye refraction with super specialty consultation in Cardiology, Gastroenterology, Neurology, Urology and Physiotherapy was also provided. A team of specialist and super specialist mainly General Medicine, Orthopedics, Gynaecology, ENT, Eye, General Surgery and Dental were also there. Dr. Upasana Arora, Director, Yashoda Super Specialty Hospital was kind enough to provide the above specialist team and infrastructure for this camp. More than 400 Elderly person were examined by above consultants and availed the facilities. A cultural program was arranged for Elderly Person and their families. Arrangement for Breakfast and Lunch was arranged for them. Routine examination and Blood sugar was done of every elderly person and after screening they were refer to the respective specialty. The Services from Aadhar Office were arranged to get new or make any correction in Aadhar Card. A team of DSLSA mainly Mr. Kanwaljeet Arora, Member Secretary, DSLSA and Mr. Pawan Kumar, Secretary, DSLSA, East District with their team sensitized the Elderly about their rights and privileges. They assured the Elderly that DSLSA is always there to help you around the clock. A team of Delhi Police advised the elderly to get them register in the respective police station. So, the help can be provided in emergency situation. Dr. Santanu Sen, National President, IMA, Mr. Kawaljeet Arora, Dr. Ramesh Nambiar, Rotarian Pradeep Kumar Goyal and Dr. V.U Sethi planted the trees in the campus. The felicitation of Elderly Person was chaired by National President Dr. Santanu Sen and was inaugurated by him by lighting the lamp. 15 Elderly person above the age of 90 were felicitated by National President Dr. Santanu Sen, he also praised the families of elderly and also thanked them for caring their parents / Grandparents nicely. The oldest in this group was of 102 years of age. Dr. Sibabrata Banerjee, Joint Secretary to National President was also present during the function and helped the organizer in conducting the program.

Dr. V.U. Sethi, Chairman, Committee of Care for Elderly Person, Dr. Samuel Koshi, Convener of Committee were kind enough to travel from Trivandrum to participate in this function and were instrumental in consoling, guiding, helping Elderly person individually. Dr. D.R. Rai, Chairman, Dr. Ajay Lekhi, Co – Chairman and Dr. Hariharan, Organizing Secretary of the Health Camp worked day and night for a month to make this program grand success. A take away message was given by Dr. D.R. Rai to the families of Elders that we should always respect the Elders and care them properly. They are the living God with us. Once you will pay

respect and take care of parents and Grand Parents, the visible God will be more pleased and will bestow their blessings to you. Dr. Hariharan, Organizing Secretary was responsible for contacting RWAs and other organizations to participate in the camp and helped the elderly person in bringing from their home to the venue. Dr. Ramesh Nambiar, President, ADP, Mr. M.V. Haridas, Secretary, ADP, Shri C.M. Nagrajan, Vice President, ADP and Chairman of SKMRC, Rotarian Pradeep Kumar Goyal, Rotarian Vijay Kumar, Shri Ashok Gupta, RWA, Mayur Vihar and adjoining colonies helped a lot in organizing this camp successfully.

Dr. V.U Sethi,
Chairman,

Dr. Samuel Koshi
Convener,

Dr. D.R. Rai
National Coordinator

AGENDA ITEM NO. B-57

Report of IMA World Mental Health Awareness Day Commemoration, 10th October 2019

IMA JDN Joined IMA D4D & IMA MSN and organised World Mental Health Awareness Day at IMA HQ, Delhi on 9th & 10th of October. National President Dr Santanu Sen inaugurated the programme and walkathon & two workshops one on Laughter is the Best Medicine (Standup comedy) and Another one “Now it’s Time to Act” Interactive Theatre Play. More than 250 medical students, young doctors across the country participated. There was a scintillating Quiz Programme also. Faculties from various parts of the country and even overseas spoke at various topics covering Mental Health. It was a landmark, path through event towards addressing increasing instances of Burnout, Depression & Suicides among doctors. A Survival Guide for Medical Students was also released in the function.

It is a matter of public knowledge that Doctors-4-Doctors (D-4-D) is the Project Name for this initiative started by the IMA = Indian Medical Association, in June 2018. This is an initiative to tackle the burden of burnout and rising rates of mental health challenges and suicides among Medical Students (UG & PG) and practicing young Doctors in India. According to a study among clinicians in India, about 45% of the respondents scored high on emotional exhaustion. Meanwhile, 66% suffer from depersonalization & a lack of empathy for patients. The study shows that 87% of the doctors scored low on “personal accomplishments”, whereas only 63% scored moderately on satisfaction levels in medical practice. Most doctors were suffering from significant stress & burn out. The world and India is in the midst of a ‘Physician Burnout Crisis’. However, none of the medical systems are rushing to fix the problem. Besides the obvious deleterious effects that this can have on personal health, family well-being and patient outcomes, an equally important consideration is tremendous financial loss for any medical practice or system with the loss of life of a trained physician. As a country we are struggling to cope with a supply demand issue in quality healthcare delivery.

Stress and Burnout leads not only to the deterioration of a physician’s emotional and physical health but has also been documented to contribute significantly to an increase in medical errors! These are some of the challenges identified with stress burnout & mental health among Medicos:

- The serious stigma associated with it within the medical fraternity and society prevents timely intervention
- The inability to thus far quantify the perils of physician burnout (Largely subjective) gives it less than the due importance this matter needs to be given by the institutions and society at large
- The erroneous focus is on the individual coping capacity instead of addressing the entire system and environment that leads to these mental health challenges among doctors.

Mission of IMA D-4-D:

The ultimate goal of this initiative is to prevent burn-out, address mental health challenges and reduce the incidence of suicide of among clinicians at an individual, institutional and national level.

Objectives

- To conduct awareness campaigns to reach everyone among the 9,00,000 medical practitioners presently in India through face to face and/or digital channels over the next 2 years and for all new doctors passing out each year
- To conduct intervention programs through mandatory CMEs, Compulsory Emotional Well-being sessions in All Medical Conferences etc.. to reach at least 1,00,000 clinicians each year
- To implement change at a policy level, at an association and a government level through both advocacy and legislative change and Standard HR Guidelines for Doctors to be followed by Medical Institutions and Hospitals

Target Population

Practicing clinicians in India, Resident Doctors (PG students), Medical college UG students, Teaching Faculty in Medical Colleges

Our Suggested AAAA approach:

A = Awareness A = Action Plan A = Aiding continuing Professional Development A = Advocacy

Holistic plans by GOI to combat rising burnout & depression & suicide

Establish institutional SOPs & HR Guidelines for UGs & PGs based on IMA recommendations Psychometric evaluation & Aptitude assessment before starting & annual reassessment at Med Colleges Prevention strategies & Early Identification strategies for Students' Mental Health challenges & burn-out Access to professional treatment and management strategies with full confidentiality for all Medicos Dedicated 24/7 Free Counselling & Suicide Help-Lines for Med Students & Drs in every State of India Customised Holistic Wellness Programs for Clinicians annually run in every Medical College Campus

Awareness:

Informative Mode Demonstrative Mode Illustrative Mode

Action Plan:

Nature of Activities, Timing of Activities, Schedule of Activities, Monitoring of Activities, Outcome Assessment of Activities

Aiding continuous Professional Development:

Creation of Modules, Seeking Award of Credits, Mandating the Same for renewal / re-registration

Advocacy

- Create a partnership with all national level Institutions & Associations working on Mental Health
- Create a committee of top advocates/advisors / supporters to continue development in this area
- Implement the established SOPs in >20 institutes across the country in 2 years and measure outcomes
- Dissemination of IMA Survival Guidelines and eNews Bulletins for Medical Students (UG & PG)

Policy Intervention:

Rendering Evidence Based Inputs Suggesting Policy Inputs
Seeking Budgetary provisions Evoking Impact Analysis

CONCLUSION:

Keeping in mind the desired priority to be credited to Mental Health specially of the Medical Professionals and Learners in Medical Schools, it is imperative that an appropriate and commensurate ambience conducive in character is ushered in for which the required initiatives at all levels through all agencies needs to be worked out and pushed through for actualization of the same in a time bound manner, so that the targeted objectives are met with in the interest of effective health care delivery system in the country and also across the globe in the interest of men and mankind. The Declaration was read out and was unanimously adopted. Hence it is confirmed in the aforesaid form on 10th Oct 2019 at IMA Head Quarters, New Delhi. As such the same would be heard in after open and available for Public circulation.

Dr. K.M. Abul Hasan
Chairman

Dr. Nilima Kadambi
Organising Joint Secretary

Dr. Abhinav Monga
Treasurer

AGENDA ITEM NO. B-58

Report of IMA World Hand Wash Day, 15th October 2019

Indian Medical Association has given a call to celebrate Global hand washing Day asking branches to organise hand washing workshop in different part of the country on 15th Oct and do hand washing/hand rub at 11 am on that day involving patient, their relatives, families and public at large to emphasize the importance of hand washing in controlling infection. One such program was organised at IMA Hq, which was inaugurated by Delhi Health Minister, presided over by IMA Hq finance Sec Dr Ramesh Datta. Dr Ravinder Aggarwal additional ADH. Dr Gayatri from NABH, Dr Anuj Sharma from WHO and Dr Arun Gupta President DMC also shared their views. Dr D.R. Rai former Sec. Gen, Dr Podar, Dr Dinesh Sahai and Dr Kheterpal also grace the occasion. Dr Narendra Saini in his Key note address emphasized on the importance of proper Hand washing in controlling infection, not only in hospitals but in the families as well and in this involvement of children can be a great motivator. He also conducted a workshop with the student on how and when to do hand wash or hand rub. Dr Murtenjya represented IMA MSN. There was overwhelming response to this call of IMA hq. Many such program were organised in different part of the country. Thousands of health care workers and people at large participated in these program. We are also thankful to IMA-MSN, IMA-JDN, PHFI, Delhi Pharmacy Council, Different schools, NIMS university and many NGOs who supported the call of IMA.

Dr Narendra Saini
Program Co-ordinator

AGENDA ITEM NO. B-59

**Report of International Activities of IMA
17th Taro Takemi Memorial Oration: The Path to Wellness by Dr. Ketan Desai
CMAAO Conference – 2019, Goa**

Ladies and Gentleman,

It gives me immense pleasure to record my committed sense of appreciation for the Indian Medical Association and its office bearers who have taken this historically notable initiative of organizing the 34th CMAAO General Assembly and 55th Council Meeting in the midst of the scenic beauty of Goa, which is bound to be memorable by all yardsticks.

I also consider it a privilege conferred on me to deliver this prestigious oration on a theme which is very apt, timely, relevant and of vital and significant need in the context of contemporary and long term challenges that the health systems in vogue across the Globe are plagued by.

It is pertinent to note that rightly the World Health Organization has defined the concept of Health as 'not just the absence of infirmity or disease but a total sense of wellbeing in all the domains namely the physical, emotional, social, intellectual, mental and spiritual as well'. As such, it by itself brings to fore that it contemplates the entitlement of every Global Citizen to a sense of 'positive health' which is a mirror image of the desired sense of 'wellbeing', which finally connotes 'wellness'.

The essence of the concept of 'wellness' is depicted in the Vedic literature as well wherein Wellness as a concept or idea is best defined in Atharvaveda in Sushruta Samhita through one of its hymns, which states that :

(“sama dosha sama agnischa sama dhatu mala kriyaaha | Prasanna atma indriya manaha swastha iti
abhidheeyate |)

The contours in the said hymn bring out that one is in perfect health when the Three Doshas (movement, metabolism and structure), Digestive fire (digestion, assimilation and metabolism of the body as well as the microbiome), Dhatus or seven tissues (Rasa, Rakta, Mamsa, Medha, Asthi, Majja, Shukra or Plasma, Blood, Muscle, Adipose Tissue, Bone, Bone Marrow and Reproductive Fluids) all the excretory functions (urination, sweating, defecation, menstruation) are in perfect order with a joyful and contented mind, senses (5 motor and 5 sensory) and spirit or consciousness.

As such, the most important aspect of Health contributing to wellness is therefore believed to be a contented mind, senses and the consciousness.

The four steps of Joy are: Shanti (quiet undisturbed mind), Vichara (soul searching), Santosha (contentment) and Satsanga (company of good people indulging into the path of truthfulness) Yajurveda brings out yet another revelation that, "Yatha pinde tatha brahmande, yatha brahmande tatha pinde", which means that as is the macrocosm so is the microcosm. This tells us to follow the path of nature as everything in environment reflects the same changes that take place correspondingly in our body. The sum and substance thereto goes to emphasize that the path of wellness of an individual is to : Unlearn the wrong habits and lifestyle, learn the right habits and practice right actions thereto.

Correspondingly the modern literature brings out the concept of 'wellness' be a state of wellbeing and process that applies to the 'whole person'. The 10 dimensions of the wellness have been catalogued to the effect that it includes :

12. Social which contemplates family and social support including cohesion
13. Physical contemplates physical vitality, active lifestyle practices, structured exercise
14. Environmental contemplates living condition and physical surroundings for immediate to Global
15. Medical and Dental contemplates screening prevention and adherence
16. Nutritional contemplates diet and food choices along with health weight.
17. Spiritual contemplates core values, identity and purpose.
18. Psychological and Emotional contemplates mental state, coping and problem solving skills, stress management and decision making.
19. Behavioural and intellectual contemplates thoughts and actions that have positive or negative effects on life.
20. Occupational contemplates activities in which one is engaged, interests, skills, performance and satisfaction
21. Financial contemplates planning and saving, cash and credit management along with risk management.

In this context, it needs to be kept in mind that Wellness as a goal does not exclude communities or nations to legitimately aspire for the same. Every community and nation has the inalienable right to aspire and attain wellness of all its members or citizens by collective action. Wellness is Health in all dimensions. Wellness as a

concept and goal is germane to the Health of an individual or society or a nation as a whole. The concept of wellness as expanded to a population and civilization involves the collective effort of the all stakeholders. Universal access to Health including safe water, sanitation, nutrition, primary education as well as eradication of poverty are cornerstones in the path to wellness of a society and nation. There can never be wellness in the absence of Health. Inclusive and quality Healthcare delivery systems are a pre-requisite for any civilization to attain wellness for all its people independent of any differentiation or demarcation of any type.

Attainment of this larger context of Wellness mandates a political system to be founded on the principle of a social contract where ensuring access to fundamental public (basic) goods-clean air, safe water, sanitation, hygiene, nutritious food and basic health care and ensuring security to vulnerable populations from health expenditure shocks are visualized as its primary obligations and not options. This by itself goes to conceptualization of the cardinal principle of invocation and ushering in of 'Welfare State' contemplated as a goal for India in its Constitution guaranteeing all its citizens Liberty, Equality, Fraternity and Justice and reflecting them appropriately as accruable 'Fundamental Rights' to all its citizens and also providing for statutory grievance handling mechanisms for any infringement thereto of any type. The directive principles for the state policy further contemplated in the said Constitution bring out a desired path for a genuine wellness of all its citizens in the context of the core concept of the Welfare State as a set out goal for attainment.

Poverty has to be defined in all its multi dimensional aspects not in terms of an income level alone. Poverty is a state of being which induces low self esteem and when combined with illiteracy, hunger and sickness becomes a morass from which it is almost impossible to pull oneself out.

The Sustainable Development Goals (SDGs), otherwise known as the Global Goals, are a universal call to action to end poverty, protect the planet and ensure that all people enjoy peace and prosperity. Ending poverty and other deprivations must go hand-in-hand with strategies that improve health and education, reduce inequality, and spur economic growth.

The social determinants of health are the economic and social conditions that influence individual and group differences in health status. The World Health Organization says, "This unequal distribution of health-damaging experiences is not in any sense a 'natural' phenomenon but is the result of a toxic combination of poor social policies, unfair economic arrangements (where the already well-off and healthy become even richer and the poor who are already more likely to be ill become even poorer), and bad politics.

The United States Centers for Disease Control defines social determinants of health as "life-enhancing resources, such as food supply, housing, economic and social relationships, transportation, education, and health care, whose distribution across populations effectively determines length and quality of life. Social determinants of health do not exist in a vacuum. Their quality and availability to the population are usually a result of public policy decisions made by governing authorities.

The availability of quality, regulated childcare is an especially important policy option in support of early life. These are not issues that usually come under individual control but rather they are socially constructed conditions which require institutional responses. In this context, Health in All Policies has seen as a response to incorporate health and health equity into all public policies as means to foster synergy between sectors and ultimately promote health.

In view of the aforesaid cardinal considerations it is inevitably necessary to de-medicalize, democratize and decentralize health care delivery by having a wider group of people to share the powers, responsibilities, functions and a part of the financial burden. Such restructuring of the existing delivery systems, public and private, would need to be based on universally accepted set of core values, such as compassion, concern for the strict adherence to ethical norms and an unflinching commitment to patients' well being, and total adherence to the following guiding principles:

2 Being accountable to the health and well-being of the community it serves;

- 3 Being responsible to the patient who receives treatment and care in dignity, fairness, without discrimination and in consonance with the basic tenets of a patients charter;
- 4 Being accessible at all times and at all facilities — that is, none being denied care on grounds of time, distance or place of residence;
- 5 Being adaptable to ensure that local practices, traditions and preferences are given due consideration;
- 6 Being participatory — providing leadership in bringing about behaviour change for adoption of healthy lifestyles and practices that promote well-being and good health values; and
- 7 Recognizing the special value of mothers, children and senior citizens in society.

However, in spite of all these ideal connotations and guiding principles the material factual reality is that Wellness has remained a concept and an idea even today. The same has been deemed as an 'ideal state of life' and a desirable attainment for an individual. This by itself is taken by many to be imaginary,

farfetched, difficult to achieve and accomplish and therefore, is viewed to be a day dreaming which is more of a fiction than reality. As such, it is therefore, taken as an utopia.

It is in this stark backdrop I with all humility intend to venture to propose that in the interest of men and mankind the concept of wellness accruable to all the Global citizens is a minimum must, which cannot wait any further and hence is required to be achieved sooner than later.

It is for this actualization it is mandatory that the path to wellness of a society or a nation should be tangible and defined. When we upscale wellness from a state of mental, physical and social well being of an individual to a society or its people, it would require to be structured as clinical services, public health services with diligent cognizance of social determinants of health and extension of spiritual health as an inevitable dimension added thereto.

Conceptualizing good Governance to attain wellness of a people could mean clubbing together of these services (clinical, public health and social determinants) under one roof for which the prudent move would be to create a separate independent Ministry as Ministry for Wellness. The focused aim for the said Ministry would not only be the invocation of wellness for all but also ensuring its outcome measurement in the form of measurable happiness index as a parameter for the same.

Though this appears to be a simple idea, in effect this can genuinely revolutionize the Health of the Human race. In my opinion at least water, sanitation and poverty alleviation should be clubbed with Health for attainment of wellness of all the people in the society.

Idea and concept of wellness in philosophical terms applying to an individual would remain a mirage if the same could not be translated into actionable and measurable indicators of Health and Wellness. Path to wellness cannot be an unattainable rainbow. Rather it should be grounded in reality on Health and well being of all with justice and equity without which it would end up in everything turning out to be a lip sympathy and a theatrical farce being played to the gallery.

I would like to conclude by recalling the inspirational message given by the famous legendary philosopher of India Swami Vivekanand, who said that "arise, awake and stop not till the goal is achieved'. Let this dictum drive us all to alter the face of men and mankind in the name of humanity.

Dr Ketan Desai
President IMA (2002)
President MCI (2009)
President WMA (2016)

National President's Address in CMAAO

Challenges are opportunities. The relevance and scope of CMAAO simultaneously present both. The super arching body for national medical associations of Asia - Oceania represents roughly one third of humankind. The responsibilities that we can shoulder borders on infinity. The question is whether we can take the huge strides worthy of the platform.

We bring in the rich experience of Indian Medical Association in public health interventions (Tuberculosis), crusade for social causes (save the girl child), and rural healthcare initiatives (Aao Gaon Chalen/Let us go to the villages). IMA is also a strong defender of the dignity of medical profession and has been playing an active role in nation building. Nevertheless like our eastern culture and values, we share common challenges and destiny. We would like to embark upon partnership with our national Governments in all areas of health. From South Asia to North East Asia and Oceania millions of doctors provide clinical care. Involving them in national programmes and channelizing their energy and capacity, for public health strategies will be the thrust of my tenure.

Great men live eternally through the institutions they create. Human civilization would have been impossible without institutions. Institutions are platforms for team work with common goals. In this way CMAAO is a unique institution. It unites us in the name of medical profession across national frontiers. We have to set an agenda that befits the platform. We dream of a vision where the profession is able to uplift the health of our peoples. Synchronising the profession across the semi circle of Asia and the Oceania can bring in great dividends in health. The true potential of the independent profession has never been harvested for larger public health goals. Holding hands across the borders sharing best practices and protocols and strategizing together, diseases defying solutions over aegis can be tackled. Clinical medicine and public health are two faces of modern medicine. They are not exclusive of each other. Structural linkages between the two can redeem humankind from many a scourge. It is the wont of medical associations to manage the contradictions for a larger cause. Endless are the possibilities for our intervention in health issues. Our concern for the health of our peoples is legitimate and genuine borne out of deep appreciation of field realities. There is no relationship sacred than the doctor patient relationship.

We also represent countries in different planes of development. We have countries with organized and structured healthcare at one end and countries which face huge challenges in meeting the healthcare needs of their people. It is my desire that developed nations share their skills and expertise through exchange programmes. We should be able to facilitate such activities between the national medical associations. We should actively engage our national governments for enhanced budgetary allocations for health. Our expertise and co-operation would be available to them in evolving three tier structures of referral and providing universal health coverage. The disease profile of our countries also vary from each other. While countries like India and Indonesia carry a huge burden of tuberculosis Australia and New Zealand are at the other end of the spectrum. I have to mention diabetes mellitus and coronary artery disease as emerging threats in all nations. While it is a matter of great satisfaction that poliomyelitis has been eradicated in our region, it requires continued vigilance at this front. Huge gaps do exist in maternal and child healthcare in some countries. Let us continuously strive to provide the best modern medicine could provide to our peoples.

Another area of challenge is decreasing levels of clinical skills in young medical graduates. This is an inevitable fall out of consumer culture in the society which has led onto high tech evidence based medicine as a response. I emphasise that clinical medicine is still very relevant in most of our societies and has the capacity to provide healthcare at affordable cost. Clinical skills and methodology are our common heritage and are patient friendly. Medical teachers have a special responsibility in imparting this live science to new generation doctors.

There has been increasing tendency on the part of national governments and international technical agencies to consider the independent practitioners of modern medicine as 'for profit' providers. This in turn has resulted in myopic policies and strategies. I have no hesitation to reiterate that doctors in any country are a national asset and not a national liability. Doctors in any sector respond to calls of professional duty than to any financial incentive. Peer pressure and peer opinions are better tools to reach out to doctors. I request the Governments and the agencies like WHO to factor in this reality. Nevertheless there are emerging trends to use Governmental regulations to contain medical science. Dissent and plurality of opinions are the strength of modern medicine. Regulations are often unrealistic in space and time and should be used with caution. Only self regulation through Medical councils are acceptable to the medical profession.

Advances in medicine both in therapy and technology push the frontiers everyday. Ways and means should be found that they are accessible and affordable to the poor sections of the society. States have a bounden duty to uphold the dignity of life. Right to healthcare is an essential component of right to life.

I will be failing in my duty if I do not remind every doctor to adhere to the ethics and etiquette of medical profession. They should not be carried off their feet when hospitals have taken precedence in healthcare. Any industry which is centered on patient care should follow only medical ethics. There is no way to apply business or industrial ethics and practices.

Dr Santanu Sen
National President IMA

AGENDA ITEM NO. B-59 (c)

Participation of IMA in International Activities

212th Council Session of WMA at Santiago, Chile

IMA HQs has received the invitation from WMA to attend the 212th Council Session at Santiago, Chile from 25-27, April 2019. On behalf of IMA, Dr. Ravindra S Wankhedkar, WMA Council Member and Dr. A. Marthanda Pillai, Council Member, WMA attended the WMA Council Session at Santiago, Chile.

U.N. High-level meeting on UHC; New York: The National President, IMA, Dr Santanu Sen attended the United Nations High-Level Meeting on Universal Health Coverage : Multi Stakeholders Hearing held at UN Headquarters, New York on 29th April, 2019. During this Conference the National President, IMA presented the views of IMA on the issue and said that "Universal Health coverage is the need of the day. It should be implemented in each and every country. Concerned Governments should take the responsibilities. Patients should be benefitted directly and there should not be any involvement of Insurance Companies. Whenever needed there might be a Public Private Partnership Module. Health Budget of every Nation should be adequate to meet the need of the people of the country. Like Universal Guidelines of treatments of certain ailments, can not there be a Universal Health Policy for Universal Health Coverage, as only a Healthy Nation can progress and a Nation can be healthy only if their citizens are healthy".

H-20 Meeting to promote UHC; Tokyo: The National President, IMA, Dr Santanu Sen visited Tokyo, Japan in connection with an International Conference named Health Professional Meeting (H-20) 2019 on June 13th-14th June, 2019 to promote Universal Health Coverage, one of the objective of the SDGs of United Nation.

ARM of BMA: The National President, IMA, Dr Santanu Sen attended the Annual Representatives Meeting of British Medical Association held at Belfast Northern Ireland from June 23rd – 27th, 2019. Issues of bilateral interest were discussed by him with the representatives of BMA.

132nd Anniversary Annual Academic Sessions of the Sri Lanka Medical Association at Colombo: The National President, IMA, Dr Santanu Sen attended the 132nd Anniversary Annual Academic Sessions of the Sri Lanka Medical Association from 24th - 27th of July 2019 as a Guest of Honour at Colombo. During this academic session, he delivered a Plenary Lecture on “Radiology as a Diagnostic Tool in Cancer”. Many topics of bilateral interest were discussed between Srilankan Medical Association and Indian Medical Association during this meeting.

Bi-lateral Meeting of IMA & Myanmar Medical Association

On the Invitation of Myanmar Medical Association, the National President, IMA, Dr Santanu Sen represented Indian Medical Association in a meeting concerning future collaborations between the Executive Committee of MMA and IMA to discuss joint activity on medical education and related matters on 24th September, 2019 at Yangon. The meeting went on very well and many issues of common interest were discussed.international

Annual Day Celebrations of Bangladesh Community Welfare Association at Dhaka: The National President, IMA, Dr Santanu Sen attended the Annual Day Celebrations of Bangladesh Community Welfare Association on October 12, 2019 at Dhaka. During this meeting National President, IMA, met the representatives of Bangladesh Medical Association also and urged them to approach their government to introduce “Exchange of Facility”. The principal aim of the exchange of facility is to allow doctors of India to provide treatment to patients in Bangladesh. In this exchange of facility, the doctors of both countries will be able to visit each other and exchange treatment protocol which will cut the cost of treatment to patients.

The National President, IMA offered complimentary registration for IMA AKN Sinha Certificate Courses to member of BMA.

The National President, IMA extended a warm invitation to the President and Secretary of all the above Associations to attend IMA NATCON-2019 to be held on December 27th – 28th December, 2019 at Kolkata and offered complementary registration, local travel and airport transfers to them.

AGENDA ITEM NO. B-60

Proposed Constitutional Amendments:

(i)

- To include the name of the Chairperson and Secretary of Family Forum and Mission Pink Heath in CC/CWC
- IMA Prayer should be one and uniform in IMA HQs., IMA State Branches and IMA Local Branches

(ii) RULES AND BYE-LAWS 2019

Page No.	Existing	Proposed
20	Composition of Working Committee: Rule No. 26. The Working Committee shall be composed of the following:	Following will be added

	<p>(A) Ex-Officio Members:</p> <ul style="list-style-type: none"> i) National President ii) Immediate Past National Presidents iii) Past Hony. Secretaries General*** iv) National President-Elect(s) v) Vice Presidents vi) Vice Presidents-Elect*** vii) Honorary Secretary General viii) Honorary Joint Secretaries ix) Honorary Finance Secretary x) Editor, JIMA or in case he is unable to attend, one of the Associate Editors deputed by him xi) Honorary Secretary (JIMA) xii) Dean (IMA CGP) xiii) Honorary Secretary (IMA CGP) xiv) Chairman (IMA AMS) xv) Honorary Secretary (IMA AMS) xvi) Hony. Director (IMA AKN Sinha Institute)* xvii) Hony. Executive Secretary (IMA AKN Sinha Institute)* xviii) Chairman (IMA NSSS)* xix) Hony. Secretary, IMA NSSS* xx) Chairman, (IMA NPPS)*** xxi) Hony. Secretary (IMA NPPS)*** xxii) Chairman, (IMA HBI) *** xxiii) Hony. Secretary (IMA HBI) *** xxiv) Chairman, (IMA National Pension Scheme)*** xxv) Hony. Secretary (IMA National Pension Scheme)*** xxvi) Chairman (IMA National Health Scheme)** xxvii) Hony. Secretary (IMA National Health Scheme)*** xxviii) Chairman (IMA Mediation & Grievances Cell)*** xxix) Hony. Secretary (IMA Mediation & Grievances Cell)*** xxx) Chairman, IMA Service Doctor's Wing*** xxxi) Hony. Secretary, IMA Service Doctor's Wing*** xxxii) Chairman, IMA Women Doctor's Wing*** xxxiii) Hony. Secretary IMA Women Doctor's Wing*** xxxiv) Chairman, Standing Committee of Finance*** xxxv) Chairman, Standing Committee of Building*** xxxvi) Chairman, Legal Cell*** 	<ul style="list-style-type: none"> liii) Hony. Editor, Your Health liv) Hony. Secretary, Your Health lv) Hony. Editor, Apka Swasthya lvi) Hony. Secretary, Apka Swasthya
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	<p>xxxvii) Chairperson, Mission Pink Health ## xxxviii) Secretary, Mission Pink Health ## xxxix) Treasurer, Mission Pink Health ## xl) Vice Chairperson, Women Doctor’s Wing ## xli) Treasurer, Women Doctor’s Wing ## xlii) Vice Chairman, Hospital Board of India ## xliii) Treasurer, Hospital Board of India ## xliv) Chairman, Junior Doctor’s Network ## xlv) Vice Chairman, Junior Doctor’s Network xlvi) Secretary, Junior Doctor’s Network ## xlvii) Chairman, Medical Student Network ## xlviii) Vice Chairman, Medical Student Network xlix) Secretary, Medical Student Network ## l) Chairperson, Family Forum ## li) Secretary, Family Forum ## lii) Treasurer, Family Forum ##</p>	
51	<p>BYELAW NO. 29 – TRAVELLING ALLOWANCE</p> <p>D. REIMBURSEMENT TRAVEL POLICY FOR HQS</p> <p>e. Past National Presidents & Past Secretaries General can apply to avail free registration and accommodation for one of the above international conference in a year subject to approval from the head quarters.</p>	<p>e. Past National Presidents & Past Secretaries General can apply to avail free registration and accommodation in international conferences subject to approval from the head quarters.</p>
51	<p>BYELAW NO. 29 – TRAVELLING ALLOWANCE</p> <p>F. REIMBURSEMENT TRAVEL POLICY FOR INTERNATIONAL VISITS</p> <p>b. All IMA representatives who are office bearers or in any Committee of WMA, CMAAO, Commonwealth Medical Association will be entitled to attend Council/Assembly meetings including Registration, Economy class air fare & hotel stay.</p>	<p>b. All IMA representatives who are office bearers or in any Committee/Panel of WMA, CMAAO, Commonwealth Medical Association will be entitled to attend Council/Assembly meetings including Registration, Economy class air fare & hotel stay.</p>

Resolutions brought forward by Wing / State / Branch Constitutions for Approval

Constitution, Rules & Bye Laws of IMA Women Doctors Wing
(As presented at 176th Meeting of the Working Committee)

- (A) There shall be a Women Doctors' Wing of Indian Medical Association as per decision of Central Council of I.M.A. in its meeting held at Vijayawada on 26th and 27th December, 1994.
- (B) This Wing of Women Doctors shall be a part of I.M.A. and shall work under the guidance of Working Committee/Central Council of IMA given from time to time.
- (1) To bring together the Women members in medical profession under the banner of Indian Medical Association.
- (2) To maintain the honour and dignity of the women doctors and their welfare.
- (3) To cooperate with other bodies in all matters related to or connected with the upliftment of Women Doctors in India regarding their education, social status and service conditions.
- (4) To encourage women in India to opt for advance medical and allied sciences in all their different branches and to promote the improvement of health of women and children in India.
- (5) To involve Women Doctors in all the multifarious activities carried out by IMA, to ensure their participation in organising an effective health care delivery system or restructuring the same to meet the National Health needs.
- (6) To organise seminars and meetings to discuss the problems of Women Doctors particularly their service conditions and conditions to practice as well as to improve their professional knowledge and skill and administrative capabilities.
- (7) To encourage Women Doctors to take keen interest in community welfare activities, particularly education, health camps,

PART I - MEMORANDUM

I. Name:

The name shall be Indian Medical Association Women Doctors' Wing, hereinafter called the Wing.

II. Head Office:

The Headquarters of the Wing shall be in IMA Headquarters at New Delhi. The Executive Headquarters shall be at the place of the Chairperson elected from time to time.

III. Objects:

The objects of the Wing are :-

immunization centres and baby show etc.

IV. methods :

For the attainment and furtherance of these objects, the Wing may :-

- (1) Occasionally review medical education from the point of view of Women Doctors and recommend changes in curriculum and infrastructure of health care delivery.
- (2) Bring to the notice of IMA Headquarters/State Hqrs. about the problems faced by the Women Doctors.
- (3) Give its recommendations to the IMA Headquarters/ State Hqrs. for taking necessary action for safeguarding the interests of the women doctors.
- (4) Undertake publicity of the Women Doctors Wing, through some pages in the journal of the IMA allotted from time to time for the Women Doctors Wing.
- (5) Publish from time to time transactions and other papers embodying medical researches conducted by the members or under the auspices of the Women Doctors Wing.
- (6) Encourage research in medical and allied sciences with grants or out of the funds of the Women Doctors' Wing by the establishment of scholarships, prizes, rewards and in such other manner as may from time to time be determined upon by the Women Doctors' Wing.
- (7) Create or assist in creating State Chapters for any of the purpose aforesaid.
- (8) Do all such other things, as are cognate to the objects of the Women Doctors' Wing or are incidental or conducive to the attainment of the above objects.
- (9) Have a representation in all the policy making committees/bodies concerning the women and child welfare.
- (10) Have two members from the Wing to the Family Welfare Standing Committee of the I.M.A.

PART-II – RULES

Definition :

The I.M.A.	-	The Indian Medical Association Headquarters
The Wing	-	The I.M.A. Women Doctors Wing
The Council	-	The Governig Council of the Wing

1. Members:

- 1.1 The members of the Wing must be the women members of I.M.A. subscribing to the Memorandum of the Wing on a prescribed form prepared by I.M.A. Headquarters.
- 1.2 The Members shall be entitled to receive all general notices sent out by the Wing to its members to attend and to participate in the activities of the Wing. Any Woman and Life member of I.M.A. may be enrolled as a member of the Wing on being a life member of the Wing. Her membership of the Wing shall however, automatically cease with cessation of her membership of I.M.A. due to any reason.

2. Entrance Fees and Subscriptions :

- 2.1 Every woman Life member of I.M.A. may be admitted to membership of the Wing and shall be required to pay an admission

fee of Rs. 30/- which will be shared equally by the State Chapter and Executive Headquarters.

- 2.2 All the members of the Wing will be Life members of the Wing, the Life Membership fees for the time being shall be Rs.450/- payable alongwith admission fee at the time of enrolment. The disbursement of Life Membership fee shall be :-

2/3rd to Executive Hqrs. of the Chairperson of the Wing.
1/3rd to the State Chapter.

- 2.3 IMA Hqrs. shall be paid Rs. 250/- annually by each State Chapter.

3. Governing Council :

- 3.1 The Governing Council of the Wing shall consist of -

(a) Ex-officio Members

1. National President of I.M.A.
2. Hony. General Secretary of I.M.A.

(b) Elected Members :

(To be elected in the Annual General Body Meeting of the Wing) :-

1. One Chairperson.
2. Four Vice-Chairpersons.
3. One Hony. Secretary of the Wing at its Executive Headquarters at the place of the Chairperson of the Wing.
4. Two Hony. Joint Secretaries, one of whom shall be from the place of Chairperson and the other at IMA Hqrs.
5. One Hony. Treasurer at its Executive Headquarters at the place of Chairperson of the Wing.

(c) Representatives of the States- To be elected by the State Chapters in proportion of one representative for 50 to 100 members, 101-200 one representative and thereafter one representative for every 200 members or part thereof.

4. State Chapters:

- 4.1 A State Chapter can be formed if the State has enrolled minimum 50 members. If less number of members exist in any State, they shall be direct members of the Executive Headquarters till such time the State Chapter is formed and the State Chapter share of the subscription and Admission fee shall be transferred to the State Chapter after the formation of such Chapter.
- 4.2 Each State Chapter shall pay to the Wing an annual fee of Rs. 300/- as the Wing Membership besides their share of Life Membership fees, out of which Rs. 250/- will be paid to the I.M.A. Hqrs. by the Executive Hqrs. of the Wing.

5. Finances :

- 5.1 The income of the Wing shall be derived from :

(a) Subscriptions from the members of the Wing at a rate

as decided from time to time by the Central Council of I.M.A. on the recommendations of the Governing Council of the Wing/Working Committee.

- (b) Funds raised through programmes arranged by the Wing.
- (c) Donations received by the Wing.
- (d) Advertisements for the souvenirs and other publications of the Wing.

- 5.2 All accounts pertaining to the Wing recommended by the Governing Council shall be placed for approval before the Central Working Committee/Central Council through IMA Finance Standing Committee.
- 5.3 The Wing shall prepare its budget and maintain their expenditure within their budgetary provision. The budget prepared by the Hony. Treasurer in consultation with the Chairperson and the Hony. secretary at the Executive Hqrs. and recommended by the Governing Council, shall be placed before the IMA Finance Standing Committee, Central Working Committee and Central Council.
- 5.4 Separate Bank accounts shall be maintained at the Executive Hqrs. which shall be operated in such manner as laid down in the Bye-laws.
- 5.5 IMA Hqrs. shall also maintain a separate Bank account to be operated by Hony. General Secretary etc. like other Hqrs. accounts.
- 5.6 The Wing shall be financially independent of the IMA and IMA shall have no liability of expenses, debts or losses incurred by the Wing or vice-versa.
- 5.7 Any State Chapter hosting the All India Conference/ Convention of the Wing shall pay Rs. 5000/- along with its application to the Wing.

6. Working of the Wing :

- 6.1 The Chairperson of the Wing elected from time to time shall function from her Executive Headquarters. As and when gradually Chapters are formed in different States, there shall be formed a Governing Council with elected representatives from each Chapter and the Governing Council will meet at least once in a year, preferably at the time of Convention/Conference and give guidelines and policies for functioning of the Wing. The elected members of the Governing Council from the State Chapters shall be on the basis of strength of the Chapter i.e. upto 100 members -one, 101 to 200 members - two, thereafter, for every additional 200 members -one.
- 6.2 The National President of I.M.A. shall be the President of the Wing and shall guide and control the affairs of the Wing. The National President of I.M.A. whenever is present in any meeting and/or function of the Wing, shall preside. The Hony. General Secretary of I.M.A. shall, from time to time, guide and help the Executive Hqrs. of the Wing, in running the office.

7. Amendment to the Memorandum, Rules and Bye-laws:

- 7.1 These shall be considered at the annual Meeting of the Wing on proposal by the members/Governing Council

submitted to the Executive Head quarters office at least six weeks in advance and forwarded to the Central Working Committee/Central Council of the I.M.A. for approval.

8. Powers and functions of the Governing Council :

- 8.1 The Council shall have overall administrative control of the Wing.
- 8.2 The Council shall review the activities of the Wing and render advice for its smooth running.
- 8.3 The Council shall formulate policies and recommend the same to the Central Working Committee/Central Council of IMA for approval.
- 8.4 The Council shall decide the date and venue of the Conference of the Wing and advise and help the host State Chapter so as to make it a success.
- 8.5 The Council shall send the work report, audited statement of accounts to the Indian Medical Association Hqrs. for guidance from the Working Committee/Central Council, as prepared by the Hony. Treasurer of the Wing in consultation with the Chairperson and Hony. Secretary at the Executive Headquarters of the Wing.
- 8.6 The Council shall appoint sub-committees and ad-hoc Committees for furtherance of the objects of the Woman Doctors' Wing.
- 8.7 The Council shall have powers to change and alter bye-laws subject to confirmation and ratification by the Annual General Body of the Wing and subsequent approval of the Working Committee/Central Council of I.M.A.

9. Office bearers of the Wing :

- 9.1 The following will be the office bearers of the Wing:
 - (1) One Chairperson
 - (2) Four Vice-Chairpersons (one from each region)
 - (3) One Hony. Secretary from the place of the Chairperson.
 - (4) Two Hony. Joint Secretaries, one of whom shall be from the place of the Chairperson and one at IMA Headquarters New Delhi.
 - (5) One Hony. Treasurer from the place of the Chairperson.
 - (6) Four Hony. Asstt. Secretaries (one from each region) at the place of each Vice-Chairperson.

10. Term of office and election of Office-Bearers :

- 10.1 The term of office of all the office bearers shall be for two years.
- 10.2 The election of the office bearers shall be held during the annual General Body meeting of the Wing.

11. Duties of powers :

11.1 Duties of Chairperson :

- (a) The Chairperson shall be the overall incharge of the Wing and shall administer in consultation with the

Hony. General Secretary, IMA Hqrs. from time to time.

- (b) The term of her office will be of two years for the time being but she will be eligible for re-election for another one term.
- (c) She shall be an ex-officio member of the Working Committee/Central Council of I.M.A.
- (d) She shall have the power to co-opt maximum two women doctor members of the Wing, preferably from the States where the State Chapter has not been formed formally, for any meeting of the Governing Council, who will get T.A.

11.2 Duties of the Vice-Chairperson :

- (a) Each Vice-Chairperson will help the Chairperson in the activities of the Wing in the Region from which she has been elected. She with the help of Regional Asstt. Secretary shall organise Regional Conference every year preferably in the month of April/May.
- (b) One of them shall conduct the business/meeting in the absence of the Chairperson. In case of resignation or demise of the Chairperson, the senior of them will function as Chairperson for the remaining term.

11.3 Duties of the Secretary :

The Secretary shall be responsible for day-to-day administration of the Wing Executive Hqrs. in consultation with the Chairperson and shall represent the Wing in the Working Committee/Central Council of I.M.A. in absence of the Chairperson. He will be an Ex-officio member of the Central Council of IMA. In case of resignation or demise of the Secretary, the joint Secretary at the Executive Hqrs. will function as Secretary for the remaining term.

11.4 Duties of Hony. Joint Secretaries :

One of the Hony. Joint Secretaries located at the Executive Headquarters at the place of the Chairperson of the Wing, shall help the Secretary in the administrative work and conduct the business in her absence. The other Joint Secretary located at the IMA Headquarters at New Delhi shall be entrusted with the organisational affairs of the Wing and will keep liaison between the IMA Headquarters and the Executive Headquarters of the Wing.

11.5 Duties of Hony. Treasurer :

The Hony. Treasurer shall receive money in cash or by cheque and shall deposit to the bank account of the Wing. She will prepare accounts as well as budget and place before the Governing Council with the permission of the Chairperson. She shall maintain day to day accounts and apprise the financial position to the Hony. Secretary and the Chairperson from time to time.

11.6 Duties of the Hony. Asstt. Secretaries :

The Hony. Asstt. Secretaries will assist their respective regional Vice-Chairperson in her duties.

12. Meetings :

12.1 The meetings of the Wing and its State Chapters shall be :-

- (1) Annual General Body Meeting
- (2) Ordinary Meeting
- (3) Special Meeting
- (4) Requisition Meeting

as per Rules and Bye-laws of IMA Headquarters.

12.2 Annual General Body Meeting :

The Annual General Body Meeting of the Wing shall ordinarily be held each year at the venue of the Annual Conference of the Wing or at a place and date decided by the Governing Council.

- (a) At least six weeks notice shall be given to the members of the Wing stating date, place, time and agenda of the business to be transacted.
- (b) The quorum of the meeting shall be 25.
- (c) The resolutions to be moved at the annual General Body Meeting by individual members or by State Chapters shall reach the Hony. Secretary at least four weeks before the meeting.

Ordinary Meeting :

- 12.3 The Ordinary Meeting shall be convened immediately after the Annual General Body Meeting to confirm the minutes of the Annual General Body Meeting.

Special Meeting :

- 12.4 The Special Meeting shall be convened by the Hony. Secretary on the instructions of the Governing Council.

Requisition Meeting :

- 12.5 The Requisition Meeting shall be called by the Hony. Secretary in consultation with the Chairperson on requisition from at least 50 members of the Wing, within 30 days of the receipt of the requisition to consider the specific item of agenda as demanded by the requisitionists. No other matter will be transacted at this meeting. The quorum of the meeting shall be 25 members who signed the requisition.
- 12.6 All formalities regarding the requisition meeting shall be followed as per IMA Rules & Bye-Laws. In any matter of dispute, the Chairperson's ruling shall be final but in case of an election dispute at any level, it shall be decided by the National President, IMA as per Rules and Bye-Laws of IMA.

13. Travelling allowances :

- 13.1 Travelling Allowance will be paid according to the guidelines of IMA. Ordinarily a two way II AC/First class rail fare shall be paid to the Governing Council members for attending the Council meeting and to other members of the Wing for attending meetings of special committees appointed by the

Governing Council.

13.2 The Travelling allowance shall be paid in the following manner :

- (a) Ex-officio Member-to be paid by IMA Hqrs.
- (b) Elected and Co-opted members - to be paid by the Wing Executive Hqrs.
- (c) State Chapters representatives to be paid by State Chapters.

13.3 No T.A. will be paid for attending the General body or any other meeting.

13.4 A two way II AC/First class rail fare shall be paid to the Chairperson or her substitute for attending the Central Working Committee and Central Council meeting out of the Funds of the Wing.

13.5 One way II AC/First class rail fare shall be paid to the Hony. Secretary of the Wing or her substitute for attending the Central Council meeting out of Funds of the Wing.

PART III BYE-LAWS

1. Names and areas of Regions of the Wing :

1.1 The names and areas of the four Regions of the Wing shall be as under :-

Northern Region : Chandigarh, Delhi, Haryana, Himachal Pradesh, Jammu & Kashmir, Punjab and Uttar Pradesh.

Southern Region : Andhra Pradesh, Karnataka, Kerala, Pondicherry and Tamil Nadu.

Eastern Region : Assam, Bengal, Bihar, Manipur, Meghalaya, Orissa, and Tripura.

Western Region : Goa, Gujarat, Madhya Pradesh, Maharashtra and Rajasthan.

2. Formation of State Chapters :

2.1 A State Chapter can be formed after registering minimum 50 members. The State Chapter shall be bound and adhere to the Memorandum, Rules and Bye-laws of the Wing in force from time to time. Until a State Chapter is formed, members may enrol themselves as Direct Members of Executive Hqrs. and they will automatically be transferred to State Chapter when the same is formed, along with the State Chapters share of fees.

2.2 Each State Chapter shall submit an Annual Return of the members of their rolls to the Hony. Secretary of the Wing by 31st July each year.

3. Name and area of the State Chapter :

3.1 A State Chapter shall be established in the area of jurisdiction of the State/Territorial Branch of I.M.A. and shall have its office in the State Headquarters of IMA.

4. Membership of the Chapter :

4.1 The Members of the State Chapter shall be those members of the Wing whose registered address are within the area of the State Chapter.

5. Rights of State Chapter members :

5.1 Members of the State Chapter shall be entitled to receive all notices sent by the State Chapter to attend, speak and vote at any General Body Meeting and generally to participate in the activities and programmes of the State Chapter.

6. Meeting of the State Chapter :

6.1 The Meetings of the State Chapter which all members of the State Chapter shall attend, shall be :

1. Annual General Meeting
2. Ordinary Meeting
3. Special Meeting
4. Requisition Meeting.

Annual General Meeting :

6.2 It shall be held each year before 31st July. At least fourteen days notice shall be given in writing to each members. Such notice shall include the date, time and place of the meeting and the agenda.

6.3 The quorum of the meeting shall be 10 (ten).

6.4 The business of the Annual General Meeting shall be :

- (a) Annual Report of the previous year.
- (b) Statement of Accounts of the year.
- (c) Election of office-bearers of the State Chapters namely :-

- (1) The Chairperson
- (2) Four Vice-Chairpersons
- (3) One Hony. Secretary
- (4) Two Hony. Joint Secretaries
- (5) One Hony. Treasurer
- (6) Four Hony. Asstt. Secretaries.

(d) Resolutions brought forward by individual member/Chairperson's office/Governing Council.

(e) Any other business with the permission of the Chairperson.

6.5 The Chairperson shall have a casting vote in case of equality of the votes.

6.6 In any matter of dispute, the Chairperson ruling shall be final.

6.7 The confirmation of the minutes of the Annual General meeting shall be made at the Ordinary Meeting following the Annual General Meeting.

6.8 It shall be called by the Hony. Secretary in consultation with the Chairperson. At least 14 days notice of such meeting shall be given to each member.

6.9 The quorum of the meeting shall be 10 (Ten).

Special Meeting:

6.10 It shall be called by the Hony. secretary in consultation with the Chairperson to consider specific agenda. No other item shall be considered in this meeting.

6.11 The quorum of the meeting shall be 10 (Ten).

Requisition meeting :

- 6.12 It shall be called by the Hony. Secretary in consultation with the Chairperson on receipt of a requisition from at least twenty five members of the Wing, within 30 days of the receipt of the requisition to consider the specific item of agenda as demanded by the requisitionists. No other matter will be transacted at this meeting.
- 6.13 The quorum of the meeting shall be 15 (Fifteen) requisitionists who signed.
- 6.14 A copy of the proceedings of all these meetings shall be sent to the Executive Hqrs. of the Wing as well as to IMA Headquarter Office.
- 6.15 The accidental omission to give notice to any member of the Wing shall not invalidate the proceedings of any meeting.

7. Managing Committee of the State Chapter :

- 7.1 The Managing Committee of the State Chapter shall consist of :-
- (a) Ex-officio Members :
- (1) The President of the State Branch of I.M.A.
(2) Hony. Secretary of the State Branch of I.M.A.
- (b) Elected Members :
- a) The Chairperson of the Chapter

- b) Vice-Chairperson of the Chapter
c) One Hony. Secretary of the Chapter
d) One Hony. Joint Secretary of the Chapter
e) One Hony. Treasurer of the Chapter.

- 7.2 All the office-bearers of the State Chapter shall act on behalf of the State Chapter and assist and work for all the activities taken up by the State Chapter, for that particular State or as directed by the Wing Executive Hqrs./IMA Headquarters. They will organise conference every year preferably in the month of February/March.

8. Bank Accounts :

- 8.1 The Bank Accounts of the State Chapter shall be operated by the Hony. Secretary or the Hony. Joint Secretary and the Hony. Treasurer or the Chairperson of the State Chapter.

9. **Rules and Bye-Laws not covered by these Memorandum, Rules and Bye-Laws, shall be guided by the Memorandum, Rules and Bye-Laws of I.M.A. Headquarters.**

PROPOSED AMENDMENTS IN THE ABOVE WDW CONSTITUTION

Page 1

Name: IMA Women Doctors' Wing (IMA WDW). IT SHOULD BE GIVEN STATUS OF WING- WOMEN DOCTORS' WING AND NOT AS A STANDING COMMITTEE OF IMA HQ.

Page 2

- 1) Removal of point : Entrance fees and subscription. Point 2.1 , 2.2 & 2.3 need to be with hold for five years as IMA WDW is new .
- 3) Governing council
- a) One Chairperson
b) One Vice chairperson, 5 Zonal Vice chairpersons.
c) One Hony. Secretary.
d) National Zonal Coordinators- 5
e) Hony Treasurer- 1
f) Representation of the states- State WDW chairperson will be representation from state.
- 4) State Chapters- Abolish 4.1 and 4.2
Include Composition of State WDW
- a) State Chairperson
b) Secretary
c) Treasurer
d) Vice Chairperson

- e) Joint Secretary
- f) Executive Members- 10-25 depending upon membership strength of State.(Members should be appointed from all representative areas)

5) Local Chapters: Local chapters of WDW can be formed at a place where more than 15 women doctors are present.

Composition of local WDW

- a) Chairperson
- b) Secretary
- c) Treasurer
- d) Vice Chairperson
- e) Joint Secretary
- f) Executive Members-10-15 depending upon the strength

Abolish following Point from 5 - page 2 & 3- 5.1, 5.6 & 5.7

Add Tenure-

- a. Tenure of National WDW will be 3 years.
- b. Tenure of state WDW and local WDW will be 2 years.

Finances

- a) For any event, the members will try to generate the funds required for the event or can take registration fees sufficient to meet the expenses.
- b) As WDW is wing of IMA, respective branches will support respective WDW as per their needs.

Page no 4-

Add

Duties of National Zonal Coordinators

- Central-
- North
- South
- East
- West

Zonal coordinators will be allotted state of their zones to coordinate.

Page No 5-

- Add in
- Part III Bye laws
- Names and areas of the wing
- Add Central
- Correction in Annual General Meeting
- Team as mentioned above.

Dr. Mona Desai

Chairman

IMA Women Doctor's Wing

AGENDA ITEM NO. B-62

Resolutions brought forward by State/Terr. Branches --- None

AGENDA ITEM NO. B-63

Resolutions brought forward by individual members of the Association

All Indian speakers in IMA scientific sessions/CME/Conferences should compulsorily be a member of IMA:
Proposed by -Dr. Dilip Kumar Acharya, Indore (MP). Many IMA branches are regularly arranging CME/symposium/guest lecture/workshops/conferences for members, which are mostly sponsored by corporate hospitals or pharma companies. I have observed that they bring their own Doctors as speakers and sometimes the speaker is not a member of IMA of any branch. It should be **mandatory**, that, if an Indian Doctor is speaking from an IMA platform, he should compulsorily be a member of IMA . All branch President & Secretary should enquire from the sponsorer , before finalising the program, whether the speaker is a member of IMA from any branch or not. If not, the lecture should be postponed till he becomes an IMA member.

AGENDA ITEM NO.B-64

Resolutions brought forward by Local Branches-- None

AGENDA ITEM NO.B-65

Resolutions brought forward by HQs. office / Departments:

- i. Imm. Past National President shall be the Council Member of CMAAO in a given calendar year.
- ii. The National President/Past National Presidents/Hony. Secretary General / Past Hony. Secretary Generals will be eligible for a room in a Building belonging to IMA HQs. or its Wings
- iii. IMA Prayer and Flag Salutation shall be one and uniform in IMA HQs. and State/Local Branches of IMA including all Wings and Schemes.

AGENDA ITEM NO.B-66

Any other matter with the permission of the Chair

- i. Issue of Annual Membership

Annexures

Annexure 1

World Medical Association

Health Professional Meeting (H20) 2019

Road to Universal Health Coverage

June 13th & 14th, 2019

Hilton Tokyo Odaiba, Tokyo

Memorandum of Tokyo

on

Universal Health Coverage and the Medical Profession

At the Health Professional Meeting (H20) 2019 in Tokyo, the World Medical Association and the Japan Medical Association welcome the efforts by the World Health Organization, national governments, intergovernmental and United Nations agencies as well as other organizations to foster the development of Health Care Systems providing Universal Health Coverage (UHC).

We notice that UHC means "that all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship." (WHO definition of UHC)

UHC is a tool to overcome inequities in the health systems themselves.

UHC is for people, but also by people.

Human resources for health care in many countries are scarce. We urge all in responsible positions to invest in the education and retention of health professionals to make UHC possible.

This must include quality education, opportunities for continuing professional development and most important safe, dignifying and attractive working and living conditions for those who provide health care to their communities and patients.

The WMA encourages physicians and their associations in all parts of this world to play a profound role in the advocacy for and the realization of UHC.

From the side of the medical profession, there should be no hesitancy in embracing the concept of UHC, including a strong engagement for the development of quality primary care as the core part of a comprehensive health system.

We welcome the recent attention that G20 Finance Ministers¹ give to the development of UHC as a contribution "to human capital development, sustainable and inclusive growth and development, and prevention, detection and response to health emergencies, such as pandemics and anti-microbial resistance, in developing countries."

We express our expectation to the G20 Summit that this inspires the way to improved and sustainable investments in health care system not only in G20 countries but also and most importantly in other economies, which still invest insufficiently in their health care systems, irrespective of the reasons for such shortfalls.

Annexure 2

The editorial "Fear and uncertainty around Kashmir's future" published in The Lancet



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IMA/HSG/112/676

August 19th, 2019

To,
Mr. Richard Horton
Editor-in-Chief
The Lancet

Dear Mr. Horton,

Greetings from Indian Medical Association!

This is regarding the editorial "Fear and uncertainty around Kashmir's future" published in "The Lancet, Vol394 on August 17th, 2019"

It is unfortunate that the reputed medical journal The Lancet has committed breach of propriety in commenting on this political issue.

It is amounting to interference into an internal matter of Union of India. The Lancet has no locus standi on the issue of Kashmir. Kashmir issue is a legacy that the British Empire left behind.

The Lancet has reacted to an internal administrative decision of Government of India under the garb of concern for the health of Kashmiris.

Indian Medical Association, the National medical organisation of India baptised in the fire of freedom struggle condemns this unsolicited intrusion into the affairs of the Sovereign Republic of India. Generations of Indians especially the doctors and medical students will carry the unpleasant memory of this act of commission by "The Lancet".

We wish to question the credibility and the malafide intention behind the uncalled for editorial.

Indian Medical Association on behalf of the medical fraternity of India withdraws the esteem we had for The Lancet.

Thanking you

Dr. Santanu Sen
National President

Dr. R.V. Asokan
Hony. Secretary General

Doctors for Doctors and Community at Large

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

Annexure 3

A Request letter to Shri Narendra Modi Ji regarding investigation of BRD Medical College Oxygen Tragedy by Central Agencies and revoking of suspension of Dr. Kafeel Khan



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IMA/HSG/130/693

August 22nd, 2019

To,
Shri Narendra Modi ji
Hon'ble Prime Minister of India
Prime Minister's Office
South Block, Raisina Hill
New Delhi-110011

Beloved Prime Minister,

Greetings from Indian Medical Association!

We wish to draw your kind attention towards the stress and suffering of Dr. Kafeel Khan (Suspended Lecturer, B.R.D. Medical College, Gorakhpur) and his whole family is undergoing for the past two years.

BRD oxygen tragedy happened on 10th August 2017, when many children died. Liquid Oxygen supply was unavailable due to non-payment of dues to the vendor. Dr. Kafeel Khan played a major role in saving the lives of the children during the episode, unfortunately he has been implicated without proper evidence. Honourable High Court of Allahabad has categorically stated that there is no evidence of medical negligence against Dr. Kafeel Khan and he was not involved with the tendering of oxygen.

As per a recent RTI information, the Government has accepted that there was shortage of liquid oxygen for 54 hours in BRD Medical College on 10th, 11th, 12th of August 2017. Dr. Kafeel Khan had indeed arranged jumbo oxygen cylinders to save the children. Even in its affidavit to High Court of Allahabad the U.P. Government has accepted the shortage of oxygen supply. Honourable High court in its judgement on 30th April 2018 has observed that there indeed was abrupt disruption of liquid oxygen supply.

Departmental enquiry report has clearly mentioned that the disruption happened due to non-payment of dues to the supplier and there is no evidence of medical negligence against Dr. Kafeel Khan. He was not involved with oxygen related tendering as well. He was the junior most consultant who went beyond his call of duty to save the dying children. Enquiry officer has also mentioned that charges of medical negligence and corruption against Dr. Kafeel Khan were without any substance.

Doctors for Doctors and Community at Large

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Honorary Secretary General

Dr. R. V. Asokan
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Now, our main concern is that Dr. Kafeel Khan is struggling to survive since his suspension has not been revoked.

IMA identifies with Dr Kafeel Khan and proclaims solidarity with him in these difficult times. We request you to kindly further Dr. Kafeel Khan's cause to get justice:

1- Dr Kafeel Khan's suspension may kindly be revoked at the earliest and he may be compensated.

2- Kindly prevail on the Government of Uttar Pradesh to withdraw all pending legal cases against Dr Kafeel Khan.

3- BRD Oxygen Tragedy may be investigated by central agencies.

Thanking you with respects

Dr. Santanu Sen
National President

Dr. R.V. Asokan
Hony. Secretary General

Doctors for Doctors and Community at Large

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

Annexure 4

Bridge course and Mid level Practitioners **Bridge To Nowhere- The Misconceived bridge courses**

Universal Health Coverage (UHC) means that everybody receives the health services they need without suffering financial hardship. All United Nations member states have agreed to work towards UHC as part of the Sustainable Development Goals (SDGs) to be achieved by 2030. India urgently needs UHC - around 600 million people fail to access the health services they need and 63 million Indians are living in poverty because of healthcare costs. India also did not achieve either its child or maternal mortality targets under the Millennium Development Goals (MDGs). The Government which has failed till now in their attempt to achieve the targets have identified certain health care gaps and is devising short term solutions to address the failures. Bridge course and Midlevel Practitioners concept has been introduced by the government to address the so called Modern Medical man power deficit.

I. Government proposal for Bridge Courses.

The Government proposal for Bridge courses are in multiple dimensions. The Proposal of Crosspathy in the National Medical Commission Bill , Various Notifications and Circulars issued as directions to various States and Union territories and proposal from various advisory and regulatory bodies like NITI AYOOG and Dental Council of India .

- a) Dental Bridge Course:** The proposal to allow dentists to practice as doctors of Modern Medicine after a three years bridge course between BDS and MBBS. The successful completion of the course would allow Dentists to practice family medicine. The move is based on the premise that the dental courses in the country follow the same training and curriculum as the MBBS courses for the first three years. The proposal looks at empowering the dentists in the country to cater to the 'primary health care.
- b) Ayush Bridge Course :** A six months bridge course for Homoeopathy, ayurveda and unani practitioners was proposed National Medical Council (NMC) Bill, which provides for a bridge course that would allow them to legally practise modern medicine. AYUSH practitioners after being trained in primary care and public Health competencies through the bridge course are envisaged to be placed as Community Health officers in Health and wellness Centres.
- c) Nurse Practitioners:** The Staff Nurses after being trained in primary care and public Health competencies through the bridge course are envisaged to be placed as Mid-Level care providers in Sub Health Centres to be strengthened as Health and wellness Centres.
- d) Health Professionals Category :** A new category termed as "Health Professionals" has been created from Allied Health Professionals as per the Allied and Healthcare Professions Act, 2018.

“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.

These health professional can practice independently for preventive and curative services. Physiotherapist, Clinical Psychologists, Optometrists, Burn therapist etc are included in this category.

Accordingly, the Central Government adopted a strategy of co-location of AYUSH facilities at Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals (DHs), thus enabling choice to the patients for different systems of medicines under single window. The engagement of AYUSH Doctors/paramedics and their training are supported by the Department of Health & Family Welfare, while the support for AYUSH infrastructure, equipment/furniture and medicines are provided by Ministry of AYUSH under shared responsibilities.

2. Health Manpower Scenario in India

The National Health profile data published by Government of India in 2018 provided the following man power data of India. Although there is some health manpower deficit in the country, it is not as much grave as projected. Moreover the number of nurses and dentists are also less. Their numbers are far less in government services. In backward and rural areas the number of nurses and dentists are less than that of Allopathic doctors

Modern medical practitioners	:	10,41,390
Dental Surgeons	:	2,51,207
AYUSH	:	7,73,668
Registered nurses		
Including midwives	:	19,80,536

POPULATION WISE RATIO

PROFESSION	WHO RECOMMENDATION	INDIA
DOCTOR	1:1000	1:1250
NURSE	1:500	1:625
DENTAL	1:6500	1:6000

Scarcity of Allopathic Doctors: Myths and Reality

India produces more than 50,000 allopathic doctors per year, but the public health system has only 100,000 existing posts for (total posts) employment of doctors. There is a deficiency of only a few thousand doctors within the public health systems at Primary Health Centers (PHCs), but as a country, India is producing several times more doctors. Shortage of doctors for primary health care has been overstated. As per Rural Health Statistics-2015 published by Ministry of Health and Family Welfare (MOHFW), Government of India, the number of allopathic doctors at PHCs has increased from 20,308 in 2005 to 27,421 in the year 2015, which is about 35.0% increase and shortfall of allopathic doctors in PHCs was 11.9% of the total requirement for existing infrastructure.

To be more specific, all over India only 3002 allopathic doctors are shortfall in PHC and in that too only in nine states. Of these vacancies, a proportion is due to non recruitment rather than non availability of doctors. Data showed that each year, about 100,000 doctors took postgraduate medical entrance examinations across the country. However, only around 25,000 made it and the rest were available for service as MBBS doctors for the public health system. In fact, states like Maharashtra are now producing surplus MBBS doctors. The Government of Maharashtra has, therefore, decided to scrap the service bond to serve rural sector, which was earlier compulsory for all medical students qualifying from government medical colleges. The requirements (advertised posts) have not changed for last several decades in India but the populations as almost doubled.

For any number of regular government medical officer posts advertised, there are far more applicants. The recent order to move retirement age from 60 to 65 years effectively means that there will be no urge for new recruitments for 5 more years. These additional senior doctors, who would have been looking after administrative responsibilities till now, are less likely to see patients in coming 5 years. Therefore, no change is expected in addressing community-based morbidity. The real problem is not non availability of MBBS doctors but recruiting them and giving an atmosphere to retain them. According to OPPI KPMG report on healthcare access initiatives, "the country faces acute shortage of infrastructure at the primary, secondary, and tertiary levels, which is further hampered by inadequately trained health-care professionals and staff. The problem is underdeveloped infrastructure and rather than a shortage of workforce.

3. Global scenario

The Middle Level Health Worker review document by WHO provides insight into the global scenario of middle level health worker. (MLWs), The term Mid-level workers are often defined as those who have received less training than doctors but who perform aspects of doctors' tasks. This understanding is reflected in the two definitions below:

Mid-level practitioners are front-line health workers in the community who are not doctors, but who have been trained to diagnose and treat common health problems, to manage emergencies, to refer appropriately, and to transfer the seriously ill or injured for further care .

A severe and growing shortage of health workers has become an international emergency that in recent years has generated considerable international attention and concern.

Mid-level workers are health care providers who have received less training and have a more restricted scope of practice than professionals.

Mid-level practitioners have been used in many countries for more than 100 years. In many low income countries, mid-level doctors (then called auxiliaries) originated in colonial times, when they were trained to render care to indigenous populations as professional health care remained the privilege of Europeans.

Today they are used in high- and low-income countries either to assist professionals or to render care independently, particularly in rural health centres and district hospitals, making up for the scarcity or absence of professionals such as therapists, doctors, dentists, pharmacists or nurses.

But despite their often vital importance to health service delivery, particularly in low-income countries, mid-level cadres are often considered a stopgap measure in emergency situations. They are consequently neither properly integrated into health systems nor adequately planned for and managed.

There are considerable challenges as well as vast gaps, Paramount among these is that in many countries mid-level workers continue to exist on the margins of the health sector, even though their centrality in the of health care is well accepted. This ambiguity has its roots in the colonial history of mid-level worker programmes and in the predominance of the traditional health professions in determining health systems discourses and structures, and it often leads to a lack of attention to crucial management issues, such as training and support, regulatory issues and the integration of these into health staffing structures.

Nurse Practitioners are midlevel practitioner in USA and parts of Europe termed as Advanced Practice Registered Nurse (APRN). In those countries the Nurse practitioners are now lobbying for Independent practice. It has been observed that the number of patient contact hours in the nurse practitioner training is only 3% of physicians training. Increased use of nurse practitioner is leading to increased cost of care through increased use of resources and unnecessary referrals.

4. LEGAL & STATUTORY PROVISIONS

Prescription Deregulation

Under the pretext of deficiency of doctors, the pharmaceutical industry is pushing further deregulation of allopathic prescription. Several pharmaceutical groups already run allopathic educational programs in the name of continuous professional development for non licensed practitioners. Legalizing crosspathy and creating an opportunity for back door entry for Homeopathy or Yoga graduates to practice Allopathy in the name of meeting shortage of allopathic doctors in rural India will only compound and complicate medical problems. One can prefer and adopt shortcut, short-sighted sightless, “stitch and suture” policy, i.e., cross pathy and can fill up the gap. But by legalizing crosspathy by deregulating allopathic prescription is likely to severely impact the prescription patterns at public health (government) health centres. The pharmaceutical industry is ultimately going to benefit from the deregularization of allopathic prescription.

Legal Boundaries of Medical Practice in India

At the heart of medication therapy, lies the prescription, a legal document governed by the following laws:

- The Indian Medical Council Act, 1956
- The Indian Medical Council (Professional Conduct, Etiquette, and Ethics) Regulations, 2002
- The Drugs and Cosmetics Act, 1940, and Rules 1945; The Pharmacy Act, 1948
- The Narcotic Drugs and Psychotropic Substances Act, 1985, and Rules 1987
- Drugs (Price Control) Order, 1995
- The Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954, and Rules 1955.

Judicial Protection of Medical Practice and Prescription Rules: Legal Angle

In a landmark judgment, the High Court of Delhi on April 8, 2016, vide W.P.(C) No. 7865/2010 stated that practitioner of Indian System of Medicine or of Homeopathic Medicine practitioners cannot prescribe allopathic medicines. Delhi Medical Association, under Article 226 of the Constitution of India, had filed as a Public Interest Litigation, inter alia seeking directions from the honourable court]

The matter regarding qualified practitioners of Ayurveda, Unani, Siddha, and Homeopathy systems prescribing allopathic medicines have been examined in depth by the Honorable Supreme Court of India in Civil Appeal No. 89 of 1987 Dr. Mukhtiar Chand *et al.* versus State of Punjab and others. Drugs can be sold and supplied by a pharmacist or a druggist only on a prescription of a Registered Medical Practitioner and who can also store them for the treatment of patients.

According to Section 2 (ee) of the Drugs and Cosmetics Rules, 1995, Registered Medical Practitioner means a person:

- i. Holding a qualification granted by an authority specified or notified under Section 3 of the Indian Medical Degrees Act, 1916 (7 of 1916), or specified in the Schedules to the Indian Medical Council Act, 1956 (102 of 1956); or
- ii. Registered or eligible for registration in a medical register of a state meant for the registration of persons practicing the modern scientific system of medicine (excluding the Homeopathy system of medicine); or
- iii. Registered in a medical register (other than a register for the registration of homeopathic practitioners) of a state, who although not falling within subclause (i) or subclause (ii) is declared by a general or special order made by the State Government in this behalf as a person practicing the modern scientific system of medicine for the purposes of this Act.

Honourable Supreme Court of India upheld the validity of Rule 2 (ee) (iii), as well as the notifications issued by various State Governments there under allowing Ayurveda, Siddha, Unani, and Homeopathy practitioners to prescribe allopathic medicines. In view of the above judgment, Ayurveda, Siddha, Unani, and Homeopathy practitioners can prescribe allopathic medicines under Rule 2 (ee) (iii) only in those states where they are authorized to do so by a general or special order

made by the concerned State Government in that regard. Practitioners of Indian Medicine holding the degrees in integrated courses can also prescribe allopathic medicines if any State Act in the state in which they are practicing recognizes their qualification as sufficient for registration in the State Medical Register

The recent judgment of High Court of Delhi further rules out ambiguity. It states “That a harmonious reading of Section 15 of MCI Act and Section 17 of the Indian Medicine Act leads to the conclusion that there is no scope for a person enrolled on the State Register of Indian Medicine or Central Register of Indian Medicine to practice modern scientific medicine in any of its branches unless that person is also enrolled on a State Medical Register within the meaning of the MCI Act. That the right to practice modern scientific medicine or Indian system of medicine cannot be based on the provisions of the drugs rules and declaration made there under by State Governments.

Earlier the High Court of Gujarat vide order dated June 12, 2001, in Special Civil Application No. 511/1983 titled Gujarat State Branch of Indian Medical Association versus State of Gujarat has observed that diploma holders in nature cure and hygiene cannot be treated as “medical practitioners” and cannot be allowed to practice in the Allopathic System of Medicine

High Court of Allahabad also in order dated September 6, 2001, in W.P.(C) No. 5896/2000 titled Dr. Mehboob Alam versus State of Uttar Pradesh has observed that Allopathic System of Medicine is not included in the definition of Indian System of Medicine and that a person holding a qualification recognized under the Indian Medicine Act in the system of Indian Medicine commonly known as Ashtang Ayurveda, Siddha, or Unani Tibb is entitled to practice only in the discipline in which he has acquired qualification and not authorized to practice in Allopathic System of Medicine. High Court of Allahabad vide order dated April 27, 2004, in Special Appeal No. 320/2004 has also directed the State Government to ensure that the right to health of citizens is not affected by the practice of unauthorized medical practitioners

The High Court of Madras vide order dated February 12, 2010, in W.P.(C) No. 2907/2002 titled Dr. K. Abdul Muneer versus State of Tamil Nadu had ordered that it is not open to medical practitioners of other systems of medicine to claim right to practice in modern medicine without qualification in the said system and that the practitioners of Indian System of Medicine though entitled to practice Indian System of Medicine cannot practice modern system of medicine

From these verdicts, the legal stand becomes very clear, i.e., medical practitioners who are not qualified and licensed to practice allopathy cannot issue an allopathic prescription, which seems valid, logical, and scientific too.

5. IMA Observations:

- Universal Health Coverage as a part of sustained development goals by UN stress on quality health care and not compromised health care to improve access.
- The medical manpower in the country falls below the recommended ratio, but the situation is not grave as projected by the government. The shortage of supporting manpower like nurses and allied health workers are more than that of modern medical practitioners,

- The proposal for bridge course and middle level practitioners is compromising on quality of healthcare and safety of the patients.
- Lack of appropriate training , inappropriate integration into health systems , undue proliferation of cadre and inappropriate monitoring which are the challenges faced globally are more applicable in our country.
- Destabilizing and deregulating the existing legal framework of Modern Medical system is likely to have serious implications on the healthcare delivery.
- Quackery and crosspathy with over the counter sale of controlled prescription items is already a known challenge in India. The attempt to deregulate allopathic prescription will elicit similar situation in public health scenario, i.e., leaving the patient in the complete care of in appropriately trained medical practitioners under the perception of qualified practitioners. Further indiscriminate deregulation of prescription laws is likely to have a catastrophic impact on the public health curative expenditure.
- The Academic Committee of Medical Council of India was asked to consider the proposal for Dental Bridge course noted the fact that the Medical Council of India had ventilated its concern in regard to the proposed Bridge course in the National Medical Commission Bill 2017 by the Govt. of India for the purposes of entitling the Ayush Graduates to practice modern medicine competencies to a certain extent. The said opposing observations by the Medical Council of India in terms of their deposition before the Niti Ayog and the Standing Parliamentary Committee on Health & FW. As such the very principles on the basis of which the Medical Council of India has taken a position of opposing the Bridge course stipulated in the NMC Bill 2017 are equally applicable to the proposed Bridge course for BDS graduates.
- Concept of Nurse Practitioners in India impractical due to the extreme shortage of nurses in India especially in rural areas and aspirational districts. The global issues related to nurse practitioners are demand for independent practice, inappropriate training, increased cost of care through increased use of resources and unnecessary referrals will also be a major issue.
- The major reasons against nurse practitioner cadre are
 1. The differences in educational preparation between NPs and physicians
 2. Concerns regarding NPs ability to safely prescribe controlled substances and narcotics.
 3. Shortage of physicians (should support initiatives to increase the number of physicians in the state)
 4. Shortage of nurses (NPs will affect the future nursing workforce)
 5. Inability to control healthcare costs (expansion of role may lead to NP reimbursement same as physicians)
 6. Lack of physician oversight (concerned about the danger of less qualified RNs practicing without supervision)

- Ayush Bridge course is extremely hazardous to public health as basic concepts, principles, training process of ayush and modern medicine are totally different in approach. Treating a patient entails the many steps, Gathering patient history, assessing appropriateness of the medications, communicating the therapy to other health-care professionals, and monitoring patient's treatment response. Even though the process of prescribing medicines seems simple, choosing the most appropriate therapy for the patient often requires a sound judgment on the part of the health-care provider. Thus, a prescription is not only advice for patient's recovery but it is also a legitimate order for the sale of controlled drugs and pharmaceutical product. Hence inappropriately trained Ayush practitioners will be detrimental to public health.

IMA Recommendations for assuring medical man power

- To start All India Medical Services (AIMS) on par with IAS and IPS
- To have regular Permanent recruitment of Doctors on all India basis for jobs pan India with single medical council registration.
- Increase the number of Post Graduate seats on par with under graduate seats
- Large number of MBBS graduates are not absorbed into Post Graduate courses every year are not given employment by the Government
- Recruitment for vacant jobs in government hospitals, creation of new jobs, opening new Primary Health Centres (PHCs) and Community Health Centres(CHCs) due to increase in population.
- Opening of new Medical colleges , Nursing colleges and paramedical institutions as per state wise manpower assessment and requirement.
- Compulsory adoption of scientific, research, evidence based expansion of healthcare delivery system in par with the future requirements of country, and the same should be adopted in all the alternate systems of medicine.
- Uniform service and working conditions for Doctors and allied medical person working in rural areas.

REPORT OF THE MCI COMMITTEE
in regard to the Bridge Course mooted out for the BDS Graduates

The present Committee came to be constituted by the Academic Committee of the Medical Council of India vide its meeting dated 8.5.2017 duly approved by the Executive Committee at its meeting dated 11.7.2017, for the purposes of considering the letter received from Shri Arun Singhal, Joint Secretary in the MoHFW, New Delhi which is dated 12.4.2017, regarding draft Dental Council of India Regulations on Post Bachelor of Dental Surgery-Medicine, Bridge Course 2016.

Accordingly, the meetings of the Committee were held on 30th Oct. 2017 and 11.4.2018 in the Office of the Medical Council of India.

It was noted that the Dental Council of India has proposed a draft Regulation on Post BDS Medical Bridge course, 2016 Masters of Essential Medicine. The said draft has been forwarded by the Joint Secretary in the MoHFW, Govt. of India vide letter dated 12.4.2017 addressed to the Secretary, Medical Council of India for opinion.

The perusal of the said draft Regulations reveals that it contemplates a Bridge Course for those learners who have gained the degree of BDS for the purposes of equating them with an equivalent MBBS qualification.

The said document brings out following facets-

1. The post BDS medical course would be of 3 years duration.
2. The period of study of 3 years will be divided into 6 semesters of 6 months each.
3. The syllabus, curriculum, scheme of examination, method of evaluation, mode of awarding degree and their registration with the registering regulatory council would be same as is invogue for the MBBS degree holders notified by the Medical Council of India.
4. The BDS graduates recognised by the Dental Council of India only will be eligible for the proposed Bridge course.
5. Admission will be either through common entrance test or through cumulative marks gained by the examinee at the BDS examinations conducted by the affiliating and examining university.
6. Only 10% of admissions will be allowed to start a Bridge course which can be increased to a maximum 25% of BDS intake capacity (after the Bridge course is recognised by the Dental Council of India)
7. The syllabus for the MBBS course as included in the Graduate Medical Education Regulations, 1997 notified by the Medical Council of India for a duration of 4½ years (9 semesters) has been condensed to be completed in a period of 3 years (6 semesters).
8. Upon successful completion of Bridge course there shall be a rotating internship of one year duration as is contemplated under the Graduate Medical Education Regulations, 1997 notified by the Medical Council of India.

Taking stock of the salient features as have been contemplated in the proposed draft Regulations pertaining to the Bridge course for BDS students, it is seen that the proposed curriculum has been condensed and is in its traditional mode. This needs to be viewed in the context of the material fact that the Medical Council of India has evolved an integrated competency based curriculum course which is to be made applicable for the said course prospectively through an appropriate notification of the required amendment to the Graduate Medical Education Regulations vide provisions included at Section 33 of the Indian Medical Council Act, 1956.

The statutory stipulations mandate that only a recognised undergraduate medical qualification (MBBS) by the Medical Council of India in terms of its authority vested under section 11(2) of the

IMC Act, 1956 can be included in the appropriate schedule (in the instant case Schedule I) appended to the IMC Act. The entry of the said qualification is against the name of the examining university with reference to the concerned affiliated medical college thereto.

The recognition entail to a medical college affiliated to an examining university in terms of section 11(2) of the IMC Act, 1956 in terms of the statutory provisions is for a period of 5 years which is required to be renewed thereafter.

The holders of the recognised medical qualifications (MBBS) included in the appropriate Schedule appended schedule are eligible with concerned State Medical Councils for the purposes of inclusion of their name in concerned State Medical Register where after they are entitled for the conferment of privileges of modern medicine and are placed under disciplinary jurisdiction vide Code of Medical Ethics -2002 notified by the Medical Council of India with reference to adherence to ethical medical practice based on the principles of beneficence and non-malificence. Any breach thereof is open for trial by the Registering Council with Medical Council of India as an appellate authority thereto.

These statutory stipulations are quoted for the purposes of bringing before that it does not provide for any inclusion of an equivalence degree by a Bridge course for inclusion in the appropriate schedule and eligibility for registration thereto in the State Medical Register maintained by concerned State medical Council and incorporation thereto in the Indian Medical Register maintained by Medical Council of India.

The Committee also takes note of the fact that the Medical Council of India has ventilated its concern in regard to the proposed Bridge course in the National Medical Commission Bill 2017 by the Govt. of India for the purposes of entitling the Ayush Graduates to practice modern medicine competencies to a certain extent. The said opposing observations by the Medical Council of India in terms of their deposition before the Niti Ayog and the Standing Parliamentary Committee on Health & FW.

As such the very principles on the basis of which the Medical Council of India has taken a position of opposing the Bridge course stipulated in the NMC Bill 2017 are equally applicable to the proposed Bridge course for BDS graduates. In tune with the said set out principled stand of the Medical Council of India based on rationalistic consideration and present statutory stipulations the Committee is of the considered opinion that the proposition as has been made out in the proposed Dental Council of India Regulation on post BDS Medical Bridge course, 2016, should not be acceded to in any manner as the proposition apart from being inconsistent with the statutory stipulations in vogue is self defeating and also amounts to dilution of the desired standards and generating something which can be colloquially called as "Mixopathy" which would be prejudicial to the legitimate interest of all the stake holders and would generate compromised trained health man power which would be half baked and detrimental to an effective health care delivery system. Acceptance of the same would be at the cost of the peril of effective and meaningful health care delivery system. Hence, the recommendations of a strong negation and non-affirmation

Report submitted to President, Medical Council of India for such action as may be deemed appropriate.

(Dr. P.C. Kesvankutty Nair)

(Dr. Ved Prakash Mishra)

(Dr. R. K. Sharma)

Chairman

Place: New Delhi

Date: 11.04.2018

Annexure 5

Bridge Course and Mid level Practitioners – IMA Policy Document

Bridge Course and Mid level Practitioners

Bridge to Nowhere- The misconceived Bridge Courses

The theme of UNITED NATIONS & WORLD HEALTH ORGANISATION FOR 2019 is UNIVERSAL HEALTH CARE which is the need of the hour and more appropriate for our country. Universal Health Coverage (UHC) means that everybody receives the health services they need without suffering financial hardship and without compromising the quality of care. All United Nations member states have agreed to work towards UHC as part of the Sustainable Development Goals (SDGs) to be achieved by 2030. India urgently needs UHC - around 600 million people fail to access the health services they need and 63 million Indians are living in poverty because of healthcare costs. India also did not achieve either its child or maternal mortality targets under the Millennium Development Goals (MDGs). The Government which has failed till now in their attempt to achieve the targets have identified certain health care gaps and is devising short term solutions to address the failures. Bridge course and Midlevel Practitioners concept has been introduced by the government to address the so called Modern Medical man power deficit.

The concept of middle level health workers which is prevalent in some low-income countries have been modified here to accommodate **middle level practitioners** which **originated in colonial times, when they were trained to render superfluous care to indigenous populations as professional health care remained the privilege of Europeans. The current concept also considers rural people as second-class citizens to be treated by half baked doctors.**

1. **Government proposal for Bridge Courses.**

The Government proposal for Bridge courses are in multiple dimensions. The Proposal of Crosspathy in the National Medical Commission Bill, Various Notifications and Circulars issued as directions to various States & Union territories and proposal from various advisory and regulatory bodies like NITI AYOJ and Dental Council of India. When the proposals are compared it is evident that the government has set different standards for various bridge courses eg; 3 year training to dental graduates, one year pharmacology training without any clinical exposure for Ayush in Maharashtra etc. IMA doubts that the very intention is rather political than addressing the health needs

- a) **Dental Bridge Course:** The proposal to allow dentists to practice as doctors of Modern Medicine after a three years bridge course between BDS and MBBS. The successful completion of the course would allow Dentists to practice family medicine. Proposal looks at empowering the dentists in the country to cater to the 'primary health care.
- b) **Ayush Bridge Course:** A six months bridge course for Homoeopathy, ayurveda and unani practitioners was proposed National Medical Council (NMC) Bill, which provides for a bridge course that would allow them to legally practise modern medicine. AYUSH practitioners after being trained in primary care and public Health competencies through the bridge course are envisaged to be placed as Community Health officers in Health and wellness Centres. In Maharashtra one-year training is being given to Ayush to make them eligible to practice modern medicine. Government of India has sent circulars to states to take up bridge course by IGNOU to enable them to practice modern medicine.
- c) **Nurse Practitioners:** The Staff Nurses after being trained in primary care and public Health competencies through the bridge course are envisaged to be placed as Mid-Level care providers in Sub Health Centres to be strengthened as Health and wellness Centres.
- d) **Health Professionals Category:** A new category termed as "Health Professionals" has been created from Allied Health Professionals as per the Allied and Healthcare Professions Act, 2018.

“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.

These health professionals can practice independently for preventive and curative services. Physiotherapist, Clinical Psychologists, Optometrists, Burn therapist etc are included in this category.

Accordingly, the Central Government adopted a strategy of co-location of AYUSH facilities at Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals (DHs), thus not giving choice to the patients for different systems of medicines under single window. The engagement of AYUSH Doctors/paramedics and their training are supported by the Department of Health & Family Welfare, while the support for AYUSH infrastructure, equipment/furniture and medicines are provided by Ministry of AYUSH under shared responsibilities.

National health survey by NSSO 2014 made it clear that hardly less than 1% of public prefer Ayush. The govt health policy to have parallel provision for Ayush system is a misdirected initiative and gross waste of scarce resources. Hence any attempt to mainstream Ayush is again more political than administrative.

2. Health Manpower Scenario in India

The National Health profile data published by Government of India in 2018 provided the following man power data of India. Although there is some health manpower deficit in the country, it is not as much grave as projected. Moreover, the number of nurses and dentists are also less. Their numbers are far less in government services. In backward and rural areas, the number of nurses and dentists are less than that of Modern medicine doctors

Modern medical practitioners	:	10,41,390
Dental Surgeons	:	2,51,207
AYUSH	:	7,73,668
Registered nurses including midwives	:	19,80,536

POPULATION WISE RATIO

PROFESSION	WHO RECOMMENDATION	INDIA
DOCTOR	1:1000	1:1250
NURSE	1:500	1:625
DENTAL	1:6500	1:6000

Health workforce innovations in India from 1946

Over the years, India has tried many models of delivering primary care to its vast population through many mechanisms of human resource allocation. The **Bhore committee** gave its progressive vision of providing health at the doorstep of the people paved the way for primary health care workers. Many initiatives have been implemented, of which, the Community Health Workers/ Volunteers (CHVs), and the latest Accredited Social Health Activists (ASHAs) need prime mention because they have a voluntary status. The Community Health Volunteer Scheme (CHV Scheme) was a major intervention in the history of health services development in the country to place people’s health in people’s hands by having a representative of the community dealing with the basic health care in rural areas and serving as a link between the people and the health services (Nayar, 2014). ASHAs are health volunteers set up under the National Rural Health Mission. They are resident in the village that they work in, have a

minimum of eight years of formal education and are usually women in the age range of 25-45 years (Rao et al. 2011). ASHAs are paid based on the performance mainly on promoting immunization, reproductive and child health services and other selected health care delivery programs. ASHAs' work has been challenging mainly due to overload, comparatively low compensation and inadequate infrastructure facilities. But use of such voluntary workers such as ASHAs for health care delivery has helped to sustain primary health care.

Apart from the volunteers, the broad group of Community Health Workers such as Auxiliary Nurses and Mid wives (ANMs), Male Health Workers also are important links with the community. Several studies have shown that they are often not available to the communities they are supposed to serve due to large population size, transportation issues and staying outside the sub-centre village or area (ICMR, 1991, Mohan et al., 2003). ANMs are always overworked; and multi-tasking results in failure to perform all the assigned duties effectively. **In order to improve the quality of services delivered through ANM's, the public health care system should increase ANM's manpower and reduce the population coverage per ANM.**

Improving the quality of such primary level workers and volunteers would provide rich dividends as far as ensuring universal health coverage and achieving sustainable development Goals (SDGs) than imposing half-cooked professionals (Bridge Course Ayush Doctors and Dentists) on the people. The reality of shortage of doctors for the rural areas in the country could be addressed by enforcing and increasing the period of rural internships for both graduate and post-graduate levels. There is still no evidence regarding the utility and success of medical assistants and bridge courses.

Scarcity of Modern Medicine Doctors: Myths and Reality

India produces more than 65,000 modern medicine doctors per year, but the public health system has only 100,000 existing posts for (total posts) employment of doctors. There is a deficiency of only a few thousand doctors within the public health systems at Primary Health Centers (PHCs), but as a country, India is producing several times more doctors. Shortage of doctors for primary health care has been overstated. As per Rural Health Statistics-2015 published by Ministry of Health and Family Welfare (MOHFW), Government of India, the number of modern medicine doctors at PHCs has increased from 20,308 in 2005 to 27,421 in the year 2015, which is about 35.0% increase and shortfall of modern medicine doctors in PHCs was 11.9% of the total requirement for existing infrastructure.

To be more specific, all over India only 3002 modern medicine doctors are shortfall in PHC and in that too only in nine states. Of these vacancies, a proportion is due to non recruitment rather than non availability of doctors. Data showed that each year, about 100,000 doctors took postgraduate medical entrance examinations across the country. However, only around 25,000 made it and the rest were available for service as MBBS doctors for the public health system. In fact, states like Maharashtra, Kerala, TN are now producing surplus MBBS doctors. The Government of Maharashtra has, therefore, decided to scrap the service bond to serve rural sector, which was earlier compulsory for all medical students qualifying from government medical colleges. The requirements (advertised posts) have not changed for last several decades in India but the populations as almost doubled.

For any number of regular government medical officer posts advertised, there are far more applicants. The recent order to move retirement age from 60 to 65 years effectively means that there will be no urge for new recruitments for 5 more years. These additional senior doctors, who would have been looking after administrative responsibilities till now, are less likely to see patients in coming 5 years. Therefore, no change is expected in addressing

community-based morbidity. The real problem is not non availability of MBBS doctors but recruiting them and giving an atmosphere to retain them. According to OPPI KPMG report on healthcare access initiatives, "the country faces acute shortage of infrastructure at the primary, secondary, and tertiary levels, which is further hampered by inadequately trained health-care professionals and staff. The problem is underdeveloped infrastructure and rather than a shortage of workforce.

By emphasising on middle level practitioners in the health policy by the government which is a ill conceived idea because all the developed countries with good parameters in health are now focusing on quality and properly trained healthcare providers and middle level providers have been excluded from the main stream. Also, parallel legs if treatment systems are non existing and not provided with funds from government exchequer.

3. Global scenario

World Medical Association (WMA) has observed the following "WMA Secretariat have noticed that a tendency in international discussions, personal exchanges and public events towards a push to downgrade primary health care. Some international organisations think physicians in primary health care could be replaced by mid or even low-level cadres equipped with decision support tools for diagnosis. The WMA strongly advocates for a high quality, physician led primary care system, which is closely linked with promotion, prevention, secondary and tertiary care".

The Middle Level Health Worker review document by WHO provides insight into the global scenario of middle level health worker. (MLWs), The term Mid-level workers are often defined as those who have received less training than doctors but who perform aspects of doctors' tasks. This understanding is reflected in the two definitions below:

Mid-level health workers are front-line health workers in the community who are not doctors, but who have been trained to diagnose and treat common health problems, to manage emergencies, to refer appropriately, and to transfer the seriously ill or injured for further care.

Mid-level workers are health care providers who have received less training and have a more restricted scope of practice than professionals.

Mid-level practitioners have been used in many countries for more than 100 years especially in many low income countries. Mid-level doctors (then called auxiliaries) originated in colonial times, when they were trained to render care to indigenous populations as professional health care remained the privilege of Europeans.

Today they are used in low-income countries either to assist professionals or to render care independently, particularly in rural health centres and district hospitals, making up for the scarcity or absence of professionals such as therapists, doctors, dentists, pharmacists or nurses.

But despite their presence in health service delivery, particularly in low-income countries, mid-level cadres are often considered a stopgap measure in emergency situations. They are consequently neither properly integrated into health systems nor adequately planned for and managed.

There are considerable challenges as well as vast gaps, Paramount among these is that in many countries mid-level workers continue to exist on the margins of the health sector, and

their centrality in health care is not accepted. This ambiguity has its roots in the colonial history of mid-level worker programmes and in the predominance of the traditional health professions in determining health systems discourses and structures. **Crucial management issues, such as training and support, regulatory issues and the integration of these into health staffing structures exist in countries where middle level health workers are employed. The primary care provided by them lacks quality and are situations of delayed referrals, missing diagnosis and more complications.**

Nurse Practitioners are midlevel practitioner in USA and parts of Europe termed as Advanced Practice Registered Nurse (APRN). In those countries the Nurse practitioners are now **lobbying for independent practice**. It has been observed that the number of patient contact hours in the nurse practitioner training is only 3% of physicians training and hence the **quality of care provided is compromised**. Increased use of nurse practitioners is leading to **increased cost of care through increased use of resources and unnecessary referrals**.

4. Issues in Legal & Statutory Provisions

Prescription Deregulation

Under the pretext of deficiency of doctors, the pharmaceutical industry is pushing further deregulation of modern medicine prescription. Several pharmaceutical groups already run modern medicine educational programs in the name of continuous professional development for non licensed practitioners. Legalizing crosspathy and creating an opportunity for back door entry for Homeopathy or Yoga graduates to practice modern medicine in the name of meeting shortage of modern medicine doctors in rural India will only compound and complicate medical problems. The pharmaceutical industry is ultimately going to benefit from the deregulation of modern medicine prescription.

Legal Boundaries of Medical Practice in India

At the heart of medication therapy, lies the prescription, a legal document governed by the following laws:

- The Indian Medical Council Act, 1956
- The Indian Medical Council (Professional Conduct, Etiquette, and Ethics) Regulations, 2002
- The Drugs and Cosmetics Act, 1940, and Rules 1945; The Pharmacy Act, 1948
- The Narcotic Drugs and Psychotropic Substances Act, 1985, and Rules 1987
- Drugs (Price Control) Order, 1995
- The Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954, and Rules 1955.

Judicial Protection of Medical Practice and Prescription Rules: Legal Angle

In a landmark judgment, the High Court of Delhi on April 8, 2016, vide W.P.(C) No. 7865/2010 stated that practitioner of Indian System of Medicine or of Homeopathic Medicine practitioners cannot prescribe modern medicines.

The matter regarding qualified practitioners of Ayurveda, Unani, Siddha, and Homeopathy systems prescribing modern medicines have been examined in depth by the Honourable Supreme Court of India in Civil Appeal No. 89 of 1987 Dr. Mukhtiar Chand *et al.* versus State of Punjab and others. Drugs can be sold and supplied by a pharmacist or a druggist only on a prescription of a Registered Medical Practitioner and who can also store them for the treatment of patients.

According to Section 2 (ee) of the Drugs and Cosmetics Rules, 1995, Registered Medical Practitioner means a person:

- i. Holding a qualification granted by an authority specified or notified under Section 3 of the Indian Medical Degrees Act, 1916 (7 of 1916), or specified in the Schedules to the Indian Medical Council Act, 1956 (102 of 1956); or
- ii. Registered or eligible for registration in a medical register of a state meant for the registration of persons practicing the modern scientific system of medicine (excluding the Homeopathy system of medicine); or
- iii. Registered in a medical register (other than a register for the registration of homeopathic practitioners) of a state, who although not falling within subclause (i) or subclause (ii) is declared by a general or special order made by the State Government in this behalf as a person practicing the modern scientific system of medicine for the purposes of this Act.

The recent judgment of High Court of Delhi further rules out ambiguity. It states "That a harmonious reading of Section 15 of MCI Act and Section 17 of the Indian Medicine Act leads to the conclusion that there is no scope for a person enrolled on the State Register of Indian Medicine or Central Register of Indian Medicine to practice modern scientific medicine in any of its branches unless that person is also enrolled on a State Medical Register within the meaning of the MCI Act. That the right to practice modern scientific medicine or Indian system of medicine cannot be based on the provisions of the drugs rules and declaration made there under by State Governments.

From these verdicts, the legal stand becomes very clear, i.e., **medical practitioners who are not qualified and licensed to practice modern medicine cannot issue an modern medicine prescription.**

5. **IMA Observations on Bridge Courses and Middle Level Practitioners**

- Universal Health Coverage as a part of sustained development goals by UN stress on quality health care and not compromised health care to improve access.
- The medical manpower in the country falls below the recommended ratio, but the situation is not grave as projected by the government. The shortage of supporting manpower like nurses and allied health workers are more than that of modern medical practitioners.
- The proposal for bridge course and middle level practitioners is compromising on quality of healthcare and safety of the patients.
- Lack of appropriate training, inappropriate integration into health systems, undue proliferation of cadre and inappropriate monitoring which are the challenges faced globally are more applicable in our country.
- Destabilizing and deregulating the existing legal framework of Modern Medical system is likely to have serious implications on the healthcare delivery.
- Quackery and crosspathy with over the counter sale of controlled prescription items is already a known challenge in India. The attempt to deregulate modern medicine prescription will elicit similar situation in public health scenario, i.e., leaving the patient in the complete care of inappropriately trained medical practitioners under the perception of qualified practitioners. **Further indiscriminate deregulation of prescription laws is likely to have a catastrophic impact on the public health curative expenditure.**
- Concept of Nurse Practitioners in India impractical due to the extreme shortage of nurses in India especially in rural areas and aspirational districts. The global issues related to nurse practitioners are demand for independent practice, inappropriate training,

increased cost of care through increased use of resources and unnecessary referrals will also be a major issue.

- The major concerns regarding nurse practitioner cadre are
 1. The differences in educational preparation between NPs and physicians
 2. Concerns regarding NPs ability to safely prescribe controlled substances and narcotics.
 3. Shortage of physicians (should support initiatives to increase the number of physicians in the state)
 4. Shortage of nurses (NPs will affect the future nursing workforce)
 5. Inability to control healthcare costs (expansion of role may lead to NP reimbursement same as physicians)
 6. Lack of physician oversight (concerned about the danger of less qualified RNs practicing without supervision)
- Ayush Bridge course is extremely hazardous to public health as basic concepts, principles, training process of Ayush and modern medicine are totally different in approach. Treating a patient entails the many steps, gathering patient history, assessing appropriateness of the medications, communicating the therapy to other health-care professionals, and monitoring patient's treatment response. Even though the process of prescribing medicines seems simple, choosing the most appropriate therapy for the patient often requires a sound judgment on the part of the health-care provider. Thus, a prescription is not only advice for patient's recovery but it is also a legitimate order for the sale of controlled drugs and pharmaceutical product. Hence inappropriately trained Ayush practitioners will be detrimental to public health.
- This will not be cost effective as these trained professionals in their respective field need to undergo bridge course of three years' duration and such re-trained persons may lack commitment and motivation as they might feel alienated in their new professional role. The emphasis at the sub centre should be more on improving social determinants of health and preventive care rather than curative medicine.
- Bridge course will remove MBBS doctors from the primary health delivery and will compromise quality of treatment. Compartmentalization of health care in which primary care given by Middle Level Health Providers (Bridge course completed AYUSH doctors and dentists) and secondary and tertiary care by MBBS doctors and specialists, will deny 65% of the health seekers the service of MBBS doctors.
- Take steps for efficient utilisation of available health workers in India.(Increase the number of ANMs/ASHA Health workers proportionate to the population, Provide basic facilities at the sub centers including equipment and medicines which the ANMs are authorized to distribute, Better service conditions, salary and accommodation for ANMs/ASHA workers, Many of the sub centers do not still have their own building which should be provided, Good and efficient governance, Monitoring and information technology support.)

IMA RECOMENDATIONS FOR ASSURING MEDICAL MANPOWER

- To start All India Medical Services to recruit MBBS doctors to be deployed in states lacking medical manpower. To have regular Permanent recruitment of Doctors on all India basis for jobs pan India with single medical council registration.
- Increase the number of Post Graduate seats on par with under graduate seats

- Large number of MBBS graduates are not absorbed into Post Graduate courses every year are not given employment by the Government
- Recruitment for vacant jobs in government hospitals, creation of new jobs, opening new Primary Health Centres (PHCs) and Community Health Centres (CHCs) due to increase in population.
- The backbone of health care in any country is the family doctor system. Family doctors are the first link in health care delivery for the population. They play a pivotal role in preventive health, early diagnosis and timely referral, up keeping of health records of family members.
- Services of General Practitioners and Family Physicians working near PHC's wheredoctors are not available can be utilized on a contract basis or retainer ship basis.
- Special package should be introduced to attract young doctors in remote and difficult areas. (Offer attractive salaries, provide accommodation, Nurseries, day care centres for children of doctors& staff, facilities for education of children, facility for academic activities like internet connection, e medical journals, library, allowance for attending CME's)
- Resource sharing model
- Urban India, the private sector accounted for only eight per cent of health services sixty years ago. The urban health scenario only changed with the growth of the private sector, which now accounts for more than 80 per cent of urban health care. In villages where modern medicine private doctors are working, health status and statistics have improved e.g. TN and Kerala. India now has a flourishing rural economy and a large number of villagers would want and be able to pay for quality private consultations. hence a resource sharing model involving private practitioners in the area has to be implemented.
- Opening of new Medical colleges, Nursing colleges and paramedical institutions as per state wise manpower assessment and requirement.
- Compulsory adoption of scientific, research, evidence-based expansion of healthcare delivery system in par with the future requirements of country, and the same should be adopted in all the alternate systems of medicine.
- Uniform service and working conditions for Doctors and allied medical person working in rural areas.
- Modification of curriculum and syllabi of MBBS to suit rural health requirements
- Each postgraduate student should spend a fixed time (e.g. six months) at a CHC in the second year of his/her training.
- Under Graduate Medical Students should spend at least one month per year during their training and internship in PHCs
- Utilizing the manpower of Indian foreign qualified doctors (who have not passed qualifying examination) as Assistant Medical Officers in PHCs and Sub Centres. Over the last 7 years there are about 39200 foreign qualified doctors who are jobless. This category of medical personnel can be utilized in sub centres instead of AYUSH or Dentists. As and when they pass qualifying examination they can be promoted as medical officers in PHCs
- Strategic outsourcing of specialist care from the private sector at the tertiary care level.