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IMA NEWS

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Hon'ble Prime Minister, Shri Narendra Modi Ji addressed the Medical Fraternity on Doctors' Day



NP & HSG Paying Homage to Covid Martyrs



Dr Ketan Desai, Past President, WMA

Purity of Profession - Parity in Healthcare



Dr. V. K. Paul, Member, Niti Aayog



Dr Randeep Guleria, Director, AIIMS, New Delhi



Sh. Rajesh Bhushan, Secretary, MoHFW, GoI



Dr. J. A. Jayalal
National President, IMA



Warm greetings and Best wishes to all our beloved IMA family members. It brings extreme joy and happiness for me to contact you through this IMA News.

July is a special privileged month, as we get rejuvenated and rededicate ourselves for the Service of humanity on the Doctors Day. This year it was a great moment of joy for us to have our Honourable Prime Minister as Chief Guest and the Health Secretary Shri. Rajesh Bhushan, Niti Aayog Member Dr. V.K. Paul, the AIIMS Director Dr. Guleria and more so our veteran leader Dr. Ketan Desai as Guest of Honour who had greeted the medical fraternity on this day.

Hope you all have witnessed the programme and also the comforting words of the Supreme Court Chief Justice.

I am happy to inform, the Safe Motherhood Week initiated on this day, was a game changer in the attitude, coordination, and effectiveness of our Safe Motherhood Standing Committee, the Women Doctors Wing and Mission Pink Health, under the young dynamic leadership of Dr. Erika Patel. From every State and Branch, we are getting activity reports on this Mission Safe Motherhood of IMA, and I profusely thank each and every one of you. Continue to carry on the mission, and complete the target of reaching 1 million Women for Anemia Screening too.

We are living in anticipation of the inevitable third wave of Covid Pandemic soon in our country. IMA plays the role of advocacy and voice of concern in this crucial time to caution Government and Public not to loose guard against the virus, in the form of mass gatherings and Covid inappropriate behavior. We are thankful to Governments for responding to that, and take steps to control and preventing revenge tourism and mass gatherings. Every member of IMA, should cautiously spread this message of need for Covid appropriate behavior and let us be the Ambassador of this messages to all State and District administrators. IMA is working with Government for qualitative augmentation of manpower and in the process IMA, Ministry of Health and AIIMS are planning to bring out structured Certification programme for training our fraternity on the Covid protocol and Covid care responsibilities very soon. As the National President I appeal to all our Colleagues, to strictly adhere to Covid appropriate behavior, be safe and be proactive. Be passionate towards your Medical College and Staff whatever help they need on pandemic.

IMA is also pro-actively helping the government on vaccination, IMA dreams to make the vaccine reach out to all unreachable people. I urge you all to play a major role as facilitator to make the vaccine reach all our population. CPR day is observed on 27th with multiple programmes across to country, to create awareness and involvement of various sections of people to this CPR training. Let us take pledge to train at least one person in the CPR protocols. Who knows he may be the person who is going to save either me or my relatives during the time of shock and distress.

IMA Head Quarters is having multiple schemes to help you Professional Protection, Social Security and knowledge upgradation. We are working to bring out a combined brochure of all these programmes and work on enhancing participation of more membership in these schemes. They are literally very exciting schemes and kindly make use of these schemes.

October, we are planning as a membership drive month and I request every Branch and State is to get ready for this magnanimous work.

IMA has taken steps to make uniform norms and conferment of honorary title of Professorship on behalf of IMA CGP, IMA AMS & IMA HQ on the proposed event of Teachers Day. The application format has been sent to all of you and those who feel, you can serve the objectives of IMA by your contribution to the knowledge enhancement process, please do apply. All your applications will be duly screened by the Academic Board headed by Dr. Ved Prakash Mishra, and the duly selected persons will be given their meritorious position.

I request all members of various standing committees to regroup together, plan and execute programmes to augment and strengthen your role and goals of the Standing Committees. Whatever help you need, IMA HQ is willing to provide. Please come out with your plans, we are running short of time.

Once again I thank all our State leaders, National office bearers and Branch leaders for your exemplary co-ordination and looking forward to meet you all soon.



Dr. Jayesh M. Lele
Hony Secretary General, IMA



Dear Friends,

Greetings from IMA HQs.

July 2021 began with DOCTORS' day celebrated on 1st July. The highlight was address by HON PM Shri Modiji to all the doctors and to IMA members in particular. It was honor and great moment for all of us that it was for the 1st time that PM had addressed to us. He appreciated the efforts put in by the members in the war against COVID for last almost 18 months. He also assured that doctors and health workers shall be looked after well in terms of the Violence against the doctors. He also recognized the COVID Martyrs who laid the precious life during this battle.

NMC has also released the proposal in the INTRENSHIP program for undergraduates that they shall be doing 1 week training in Ayush departments available in their hospital. This is again not warranted and uncalled for as they shall never have learnt during their undergraduate syllabus and in future shall never practice the same. This is not only waste of the crucial week but probably NMC wants to create backdoor entry for Ayush students into training in Allopathy. IMA and MSN have very strongly opposed this part of the internship. We have written letter to respective authorities and shall follow up about it.

We are preparing for the possible 3rd wave which is being projected by many epidemiologists. Our strong doctor teams are working and responding to the authorities in the management. Also Vaccination needs to be increased, which is tool to fight this battle.

Our CME projects for the members are being done. Last week we had various meetings with the wings and schemes to have synchronization amongst them. We are working out for th combined broacher as well as, the possibilities to work out a joint proposal which benefit for the members as well as it will increase the membership.

Please write to us your suggestions

Take care, stay safe,



REPORT OF IMA DOCTORS' DAY OBSERVED BY IMA (HQs.) ON 1ST JULY 2021

The Doctors Day is being celebrated in remembrance of Dr. B.C. Roy for the altruistic services rendered by him for the country in all walks of life as a clinician, as a politician, as an administrator, as an ethnic academician and as a great social reformer.

In his Presidential address, Dr. J.A. Jayalal said that our country is observing the Doctors' Day with great zeal and enthusiasm, but Doctors Day of 2021 is of special importance. In this covid-19 pandemic, the entire fraternity, right from the day one had involved in the war against corona from the front line to save millions of people from the clutches of severe covid-19 and in the bargain lost more than 1500 of its proactive veterans and dynamic young Doctors as martyrs of covid-19. Hence, National President informed the audience that Hon'ble Prime Minister of India will be addressing the medical fraternity at 3.10 pm to greet the Doctors on the occasion of the National Doctors' Day.

In the Special Address for the Doctor's community, Hon'ble Prime Minister Shri Narendra Modi that said this day is celebrated in the memory of Doctor BC Roy, is the symbol of the highest ideals of our medical fraternity. He thanked the Doctors on behalf of 130 crore Indians for their services during the difficult times in last one and half years of the pandemic. Some of the salient points of his address were - "Doctors are called a form of God, and for a good reason. When the nation is fighting the COVID-19 pandemic, doctors have worked tirelessly to save lakhs of lives. There have been those doctors who laid down their lives saving the lives of others. He paid homage to all those doctors who made the supreme sacrifice. The budgeted allocation for health is more than doubled to over ₹ 2 lakh crores. We are always thankful to doctors and healthcare workers for their service, and hence we have brought and enhanced laws for their protection too. We have also seen in recent times that many doctors and medical practitioners have actively promoted yoga and wellness. Yoga and wellness is a accepted the world over and it is encouraging to see how many people are now actively keen about their well-being and fitness".

The National President, IMA whole-heartedly thanked the Hon'ble Prime Minister on behalf of the Indian Medical Association for boosting the morale of the doctors who are tirelessly service our fellow men during this Covid pandemic. He also assured that we will stand together and work hand-in-hand with the Government.

The National President, Dr. J.A. Jayalal and Hony. Secretary General, IMA Dr. Jayesh Lele along with other leaders paid Floral Tribute to IMA Covid Martyrs.

Dr. Ketan Desai, Past President, WMA and Past National President, IMA, Dr. V.K. Paul, Member, Niti Aayog, Govt. of India, Shri Rajesh Bhushan, Secretary Health, MoHFW and Dr. Randeep Guleria, Director, AIIMS thanked the medical fraternity for their wonderful and excellent work done by them during the Covid-19 era and shared their views.

Shri Om Birla, Hon'ble Speaker, Lok Sabha, Shri G Kiran Reddy, Hon'ble Minister of State, Ministry of Home Affairs, Shri Vijay Rupani, Hon'ble Chief Minister of Gujarat, Shri Shashi Tharoor, Hon'ble Member of Parliament, Lok Sabha, Shri Anil Vij, Hon'ble Health Minister, Haryana and Shri Udhayanidhi Stalin, MLA, Tamilnadu sent their video messages motivating and encouraging the medical fraternity. They all thanked medical fraternity for their dedicated services rendered to the citizens of this country during this Covid Pandemic

Message were also received from Shri Manoj Sinha, Hon'ble Lieutenant Governor, Jammu & Kashmir, Smt. Droupadi Murmu, Hon'ble Governor of Jharkhand, Shri Uddhav Thackeray, Hon'ble Chief Minister, Government of Maharashtra, Shri Naba Kisore Das, Hon'ble Minister, Health & Family Welfare, Government of Odisha, Shri Vivek Thakur, Hon'ble Member of Parliament, Rajya Sabha and Shri M K Stalin, Hon'ble Chief Minister of Tamil Nadu

On this occasion, IMA HQs also announced Safe Motherhood Week programme from 1st to 7th July 2021 thereby providing a Safe Motherhood facility to all the women of the county. A week's long Webinar was jointly conducted by IMA Standing Committee for Safe Motherhood, IMA Standing Committee for Women Doctors and IMA Standing Committee for Mission Pink Health. It was appreciated and attended by large number of participants across the country

The following Awards were announced on this occasion: -

- 1) Covid Warrior Award were announced on the occasion of Doctors' Day to recognize the members who have contributed during this pandemic
- 2) An amount of Rs. 10 lakhs each was announced to the Nine family members of Covid Martyrs.
- 3) IMA Doctors' Day Appreciation Awards.

On this occasion, IMA also honoured the Past National Presidents and Hony. Secretary Generals present during this occasion for their exemplary services.

The meeting was attended by large number of members across the country on virtual mode.

Dr. J A Jayalal
National President, IMA

Dr. Jayesh M Lele
Honorary Secretary General, IMA



To,

Dr. V.K. Paul
Member, NITI Aayog,

Sub: SEEKING NITI AAYOG TO ORGANIZE A SPECIAL MEETING ON JULY 1ST DOCTORS DAY, AND SEEK THE PARTICIPATION OF OUR HON'BLE PRIME MINISTER JI IN THE MEET TO ENCOURAGE AND SOOTHE THE FEAR OF VIOLENCE ON DOCTORS

Respected Sir,

IMA is the largest professional association of Modern Medical professionals in India ever since its inception in 1928 by Indian Doctors who had also actively participated in the struggle for Independence of the country. The IMA has been constantly striving towards fulfilling its objectives of Promotion and advancement of Medical and Allied Sciences in all their different branches, the improvement of Public Health and Medical Education in India, and the maintenance of honor and dignity of the medical profession. In recognition of the multifaceted altruistic services rendered by one of the founders of IMA, Dr. B.C. Roy, who later become Chief minister of united West Bengal for 14 years, his birthday is celebrated as Doctors Day in our country. He was awarded Bharat Ratna on 4 February 1961, India's highest civilian honor.

It is the day all our medical fraternity will dedicate their professional life, true to their commitment of consecrating their life for the welfare of humanity. Honourable Prime Minister Ji, the Doctor's Day celebrated by doctors is not appropriate. The people who got the benefit out of their altruistic services and the Government who have used them for health achievement shall celebrate and honor them. Hence IMA with folded hands appeals to our Hon. Prime minister Ji to talk with us at least virtually, to encourage our mind, console those who had lost their life, honor a few with awards, and invoke us to work more with compassion in the country. We also appeal to ensure safety and security by enacting a stringent implementable central law as a gift to all your beloved medical fraternity.

During the ongoing COVID-19 pandemic, the entire medical fraternity, right from day one, has been battling at the frontlines in the war against coronavirus and has been able to save millions of people from the clutches of severe COVID-19 infection, and in the bargain, it has lost more than 1400 of its proactive veterans and dynamic younger ones as martyrs in this war against COVID-19. We wish our Hon'ble Prime Minister Ji will console the families of their Corona Martyrs.

We here with appeal to you to initiate steps to organize special meeting on this Doctors Day and request our Hon'ble Prime Minister to address in the Meeting.

Thanking you,

With kind regards,

Dr. J A Jayalal
National President, IMA

Dr. Jayesh M Lele
Honorary Secretary General, IMA



To,

Dr. V.K. Paul
Member, NITI Aayog,
Government of India
New Delhi

Sub: **Request to provide financial support to the Covid Martyrs**

Respected Sir,

Greetings from Indian Medical Association Hqs!

As we all know that Covid took a heavy toll on our doctors even in the 2nd wave of Corona pandemic, the details of which are attached herewith.

The medical fraternity irrespective of Govt. or private sector, has worked with same zeal and enthusiasm to serve the citizens of our country during this pandemic.

As requested to you earlier, the families of the deceased members (Covid Martyrs) are in dire need of financial support to sustain themselves including the educational need of their children. Few of them were the only bread earners of the family and had non-earning dependents. Some of them were of younger age group, were not financially strong. They have done great services to the nation.

We request you to kindly endorse the hard work and contribution by our doctors in flattening the COVID curve in India, and declare them as covid martyrs.

Sir, the existing PMAYG insurance scheme could not cater to the death of nearly 1500 doctors. IMA is maintaining the Registry, and submitting the details, herewith. We request you to consider this list with the help of CBHI and enable them all to get the timely comfort at the earliest.

Looking forward for a favourable consideration.

Thanking you and with regards

Yours sincerely,

Dr. J A Jayalal
National President, IMA

Dr. Jayesh M Lele
Honorary Secretary General, IMA



To,
Shri Narendra Modi Ji
Hon'ble Prime Minister of India

Sub: [Letter of thanks to Hon'ble Prime Minister of India](#)

Respected Sir,
Greetings from Indian Medical Association HQs!

Indian Medical Association is immensely thankful to our Honorable Prime Minister ji for addressing the doctors on the occasion of the National Doctor's Day on 1st July, 2021.

Words of encouragement and gratitude by our Hon'ble Prime Minister has made the National Doctors Day celebration historical, which will always prevail in the history of entire medical profession.

Referring to violence against the health workers during the pandemic, you assured that the government is committed towards safety and security of the doctors and other medical staff. Your valuable address has made the whole profession very happy and satisfied

With your graceful presence and address has motivated and united all our modern medical fraternity to work with more dedication and empathy. Your words echoed the objectives and visions with which stalwart's freedom fighter like Dr. B.C. Roy who had formulated our Indian Medical Association in 1928.

As the leader of our country, you have shown formidable pathway to recover our country from Covid-19, we salute you and assure you IMA will fully involved in the mission of country to make the vaccine reach all over unreached people in many tribal and rural areas.

We also bring to your kind notice, in our country 1533 doctors have lost their life on this fight against Covid-19. The families of them are still suffering a lot as many from 3rd and 4th decade of life and their children are studying with great difficulty.

We appeal to you Sir, to recognize them as our National Covid Martyrs and also support them with Government solatium. The insurance sector being a third party, there is lot of bottle necks for many to receive the benefit. We appeal to form a committee and include IMA also with it, to identify, support and comfort the martyrs.

We also bring to your kind notice, the prevailing and enhancing violence both physical and mental on medical fraternity. We want an exclusive Central Act to prevent the hazard. 23 States have state hospital protection law. However, these law, being a criminal law without criminal procedure component, the implication is very rare and difficult. These law also do not make it mandatory to take steps to prevent such violence by enhancing security check-ups in hospital and declare hospitals as protection zone. We appeal to you to help us to have Central law, to protect doctor and hospital violence and enhance, security system in hospital. The draft bill is pending in Home Ministry since 2019, and as a gift to medical fraternity working hard, kindly give this to our country.

We assure our Honorable Prime Minister Shri Narendra Modi ji that Indian Medical Association and the entire medical profession of the country will work shoulder to shoulder with the Government and will try that the healthcare should be delivered to the last possible and farthest citizen of this country.

With this, Sir, thank you very much for your time and valuable address to all of us.

Thanking you with warm regards,

Dr. J A Jayalal
National President, IMA

Dr. Jayesh M Lele
Honorary Secretary General, IMA



15.7.2021

To,

Dr. Suresh Chandra Sharma
Chairman
National Medical Commission

Dr. Aruna V Vanikar
President,
Under Graduate Medical Education Board (UGMED)

Sub: Observations on draft regulation for compulsory Rotating Internship 2021 placed into the public domain for opinion by National Medical Commission New Delhi

Respected Sir,

Indian Medical Association the largest professional organization with 3.5 lakhs doctors as regular members and 2.2 lakh medical students as student members herewith submit the following contentious issues on the Draft regulation for compulsory Rotating Internship 2021 published by NMC and seek your active intervention to rectify the same.

1. IMA FULLY OPPOSES THE INCLUSION OF ONE-WEEK EXCLUSIVE ELECTIVE POSTING WHICH IS CONTRARY TO THE ESTABLISHED NORM, SUPERFLUOUS AND AN ATTEMPT TO INITIATE MYXOPATHY. IMA STRIVES FOR PURITY OF PROFESSION.

As per section 3.2, the objectives of the Internship are categorically said that "At the end of the internship period the medical graduates will possess all competence required of Indian Medical graduates" to function as (a) Clinician who understands and independently provide safe, preventive, promotive, curative, palliative and wholistic care with compassion and is confident of handling common acute emergencies. It clearly defines, the intern should practice what he has learned in his curriculum and provide the same care to people under supervision.

However, section 4-3 describes the time distribution of the internship period into which as 4.3 (17) says exclusive elective posting of 1 weeks in any one of the AYUSH medicine available in the Medical College to be given as a mandatory elective posting. IMA object to this provision of including the AYUSH system into the Modern Medical system for the following reasons.

- It is not prudent for an Intern trained in modern Medicine to partake and practice a system of medicine which he has not learned in under graduation with know-how and show how paradigms. And straightaway coming to do it in an internship is dangerous to the public and the system. It is contra to Sec. 7.2(a) of draft regulation states, the emphasis during internship shall be hands-on training applying the scientific and theoretical background gained during the undergraduate course.
- AYUSH and its components are vast subjects, working there for a week the intern will not learn any new skill, and there is no clarity who shall be their mentor, and will they be assessed by NMC faculty norms or not. What is the objective, roll or competency will be learned which will augment his competencies as IMG.?. Are we adding engineering and Agricultural science too for a week as it will make him a perfect human being? One-week period exposure especially in another system of Medicine will only pave the way to a half-baked myxopathy, which is disastrous for the country.
- The rider for the said elective is very clear to the effect that provided the said discipline is available in the same college/ institution where the internship is being done by the intern. In this pretext, attempts will be made to introduce all these disciplines inside the Modern medical hospitals, and slowly myxopathy will creep in.
- It is also to be borne in mind that in terms of the interpretative pronouncement made by the Hon'ble Supreme Court in series of proclamations that the registered medical practitioner in a given pathy whereunder he/she have been trained and possesses the requisite registering qualification is entitled to practice the said profession and not trespass any other profession in any manner by practicing the same. This being binding and established position of law any posting in the name of elective in the period of internship which has no bearing in regard to the competencies that the intern would be entitled to practice as a registered medical practitioner are neither open nor permissible for inclusion in the said internship program, otherwise, it will be violative of this binding settled legal position in terms of it being law of the land.



- Hence, we appeal, this section 4.3(17) shall be deleted

2. INCLUSION OF FAMILY MEDICINE ELECTIVE IS THE NEED OF THE HOUR:

Family Medicine is a specialty which is a need of the hour for catering to the common people with multifaceted, continuous, comprehensive, cost-effective, community-oriented concept and values of family care. The new competency-based Medical Education has multiple hours of learning and practical sessions on Family Medicine subjects. When there is no opportunity to practice Family Medicine in the intern period for which the Government is giving much priority is against the health care policy of our country. The 4.3(17) subject shall be replaced by a one or two-week Family Medicine along with Bioethics.

3. UNIFORM STIPEND AND WORKING PATTERN FOR ALL INTERNS ACROSS THE COUNTRY:

6.3 section talks about the stipend. The regulation demands uniform skill development and also envision uniform testing by NEXT exam. It also defines service rules for leaves, durations but deliberately leaves the stipend to the whims and fancies of private medical colleges and states

IMA demands there shall be a uniform scale of stipend and working conditions of the interns shall be formulated in the regulations.

4. ANOMALY IN ALLOTMENT OF ELECTIVE TWO-WEEK POSTINGS IN BROAD SPECIALTY AND SUPER SPECIALTY:

In Section 4.3 (15) (16) There is ambiguity in putting the subjects as broad (or) super specialty. For example;

- Respiratory Medicine is mentioned as a broad specialty in 4.3(15), however, pulmonary medicine is included as a super-specialty in 4.3(16). What is the difference between respiratory medicine and pulmonary medicine? The same intern can choose 2 weeks of Respiratory medicine and 1 week of Pulmonary medicine both are carried out by the same departments.
- Physical Medicine – physiatry, is included in the Orthopedic posting along with its two-week postings as per section 4.3(8). On the contrary Separate physiotherapy course for 2 weeks is included as a broad specialty. However, NMC guidelines do not mention physiotherapy as a broad specialty in our MBBS curriculum. The Doctor who had postings in Physical Medicine why should be posted for physiotherapy? Who will be the teacher for them?

5. FACTUAL ERROR:

In section 6.3, the last sentence says "Total internship paid for the entire internship shall be for 48 weeks (12 months) only. How come 48 weeks become 12 months. Needs correction or clarification

6. ASSESSMENT OF INTERNS:

Assessment patterns shall include more clarity on formative components and on objective patterns covering all the three domains of learning as cognitive, psychomotor, and affective components. Section 8.2 needs more clarity, as in this section 8.2 (e), states intern shall have to undergo an eligibility test whenever duly notified as a requisite to granting of permanent registration/licentiate to practice? Is this eligibility licentiate test in addition to the Exit Exam?

7. COMPLETION PERIOD UP TO 2 YEARS, BUT VALIDITY OF REGISTRATION IS ONE YEAR:

Sec. 4.2 Period for Completion (a) The Internship shall be completed within 2 years of passing the Final MBBS/FMGE/NExT Examination whenever in force. However, Sec. 5.3 (b) states that "The Provisional Registration shall normally be valid for a period of ONE YEAR and shall stand canceled/ withdrawn/ invalid after this period unless otherwise extended.". Hence, this requires to be amended.

IMA, submit these observations with a firm request to you, to delete section 4.3 (17) and do necessary corrections for the other comments placed.

Thanking you,

Dr. J A Jayalal
National President, IMA

Dr. Jayesh M Lele
Honorary Secretary General, IMA



15.7.2021

AMENDMENT TO BMW RULES 2016 & THE AMENDMENT 2018

To,

Shri Rameshwar Prasad Gupta, IAS
The Honourable Secretary
Ministry of Environment, Forest & Climate Change
Government of India

Subject: Amendment to BMW Rules 2016 & the Amendment 2018.

Respected Sir,

Greetings from Indian Medical Association.

Indian Medical Association is the largest association representing modern medicine doctors in our country.

BMW Rules 2016 & Amendment 2018-19 have certain issues for which we have given representation to Hon. Minister of EF&CC along with Central Pollution Control Board.

Certain sections need immediate rectification as they are impractical for all healthcare establishments in the country.

Indian Medical Association held serial meetings with officials from CPCB in this regard and has prepared the Amendment needed to be put forth on the floor of Parliament for approval.

We request you to admit the said Amendment in forthcoming session of Parliament. This will solve major issues of 10 lac Modern Medicine doctors and all the clinical establishments in the country.

Thanking you,

Dr. J A Jayalal
National President, IMA

Dr. Jayesh M Lele
Honorary Secretary General, IMA

Enclosure-
Proposed Amendment to BMW Rules 2016 & Amendment 2018-19.



INDIAN MEDICAL ASSOCIATION (HQs.)

(Registered under the Societies Act XXI of 1860)
Mutually Affiliated with the British & Nepal Medical Associations
I.M.A. House, Indraprastha Marg, New Delhi-110 002
Telephones: +91-11-2337 0009 (10 lines), 23378680 / +91-9999116375, 9999116376, Fax: +91-11-23379470
Website: www.ima-india.org ; Email: hsg@ima-india.org



National President

Dr. J A Jayalal

(M): 9443160026

Email: lapsurgeon2001@yahoo.co.in

Immediate Past National President

Dr. Rajan Sharma

(M): 9812054730

Email: rajanhospital@gmail.com

Honorary Secretary General

Dr. Jayesh M Lele

(M): 9819812996

Email: drjayeshlele@gmail.com

Honorary Finance Secretary

Dr. Anil Goyal

(M): 9811101454

Email: drgoyalhospital@gmail.com

14.07.2021

New Delhi

Proposed Amendment to Bio-Medical Waste Management (Amendment) Rules 2016 and Amendment 2018 / Notification dated 16th March, 2018

No	Existing	Proposed	Remarks														
1.	3/iv/ "(p) all the 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;"	Reporting of Biomedical Waste should be done by CBMWTF/Collection agencies through a specialized central information software.	<ol style="list-style-type: none"> It will be cumbersome to collect data from numerous websites of healthcare establishments across the country. Specific Centralized software filled by collection agencies & CBMWTF shall give accurate data in simplified way. 														
2	<p>8. STANDARDS FOR LIQUID WASTE:</p> <p>(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:</p> <table border="1"> <thead> <tr> <th>PARAMETERS</th> <th>PERMISSIBLE LIMITS</th> </tr> </thead> <tbody> <tr> <td>pH</td> <td>6.5-9.0</td> </tr> <tr> <td>Suspended solids</td> <td>100 mg/l</td> </tr> <tr> <td>Oil and grease</td> <td>10 mg/l</td> </tr> <tr> <td>BOD</td> <td>30 mg/l</td> </tr> <tr> <td>COD</td> <td>250 mg/l</td> </tr> <tr> <td>Bio-assy test</td> <td>90% survival of fish after 96 hours in 100% effluent.</td> </tr> </tbody> </table> <p>8. In Schedule II to the principal rules,—</p> <p>(ii) in serial number 8, in item (1), the following Note shall be inserted, namely:— “Note— 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.</p>	PARAMETERS	PERMISSIBLE LIMITS	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-assy test	90% survival of fish after 96 hours in 100% effluent.	<p>8. In Schedule II to the principal rules,— (ii) in serial number 8, in item (1), the following Note shall be inserted, namely:— “Note— 1. Above limits are applicable to the occupiers of Red category & to establishments with Liquid output discharge more than 100 KLD. Health Care Facilities (bedded) which are either connected with sewerage network without terminal sewage treatment plant or not connected to public sewers.</p>	<ol style="list-style-type: none"> Most of the liquid output discharge in HCEs is like domestic liquid waste. More than 80% sewage discharge in common collection public sewers is domestic & is same as that from HCEs. 95% patients who take domestic treatments utilize public sewage & are not hazardous. Meager 5% of admitted patients have much lower liquid output discharge as compared to OPD patients & is not hazardous. These standards can't be achieved without installation of ETP/STP and for HCOs & SHCOs hospitals it is very
PARAMETERS	PERMISSIBLE LIMITS																
pH	6.5-9.0																
Suspended solids	100 mg/l																
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Purity of Profession – Parity in Healthcare

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



INDIAN MEDICAL ASSOCIATION (HQs.)

(Registered under the Societies Act XXI of 1860)
 Mutually Affiliated with the British & Nepal Medical Associations
 I.M.A. House, Indraprastha Marg, New Delhi-110 002
 Telephones: +91-11-2337 0009 (10 lines), 23378680 / +91-9999116375, 9999116376, Fax: +91-11-23379470
 Website: www.ima-india.org ; Email: hsg@ima-india.org



National President

Dr. J A Jayalal

(M): 9443160026

Email: lapsurgeon2001@yahoo.co.in

Immediate Past National President

Dr. Rajan Sharma

(M): 9812054730

Email: rajanhospital@gmail.com

Honorary Secretary General

Dr. Jayesh M Lele

(M): 9819812996

Email: drjayeshlele@gmail.com

Honorary Finance Secretary

Dr. Anil Goyal

(M): 9811101454

Email: drgoyalhospital@gmail.com

	<p>3. Health Care Facilities having less than ten beds shall have to install Sewage Treatment Plant by the 31st December, 2019.</p>	<p>2. For discharge into public sewers by Red category HCF with terminal facilities, the general standards as notified under the Environment (Protection) Act, 1986 (29 of 1986) shall be applicable</p> <p>3. Health Care Facilities in orange category (having less than 100KLD discharge) shall dispose of infectious liquid waste in public sewers after disinfection by pre-treating with 1% Sodium hypochlorite as per BMW rule 2016.</p>	<p>difficult due to space and financial constraints.</p> <p>6. Applicable only to discharge from Common Biomedical Waste Treatment Facility (CBMWTF) & not to individual healthcare establishments.</p>
3	<p>Amendment to 'BMW Rules 2019 amendment'</p> <p>3. In Schedule II to the said rules, against serial number 8, in item (1), in the Note, for clause 3, the following clause shall be substituted, namely: -</p> <p>"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.</p>	<p>To be deleted.</p>	<p>1. Healthcare Establishments are under orange category.</p> <p>2. Only HCEs with liquid output discharge more than 100 KLD &/or having incinerator are in orange-red category.</p> <p>3. Principally it has been witnessed that common sewage-effluent collection system is always efficient, affordable, compliant & practical.</p> <p>4. Separate STP, ETP for all healthcare establishments is not</p>

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



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Telephones: +91-11-2337 0009 (10 lines), 23378680 / +91-9999116375, 9999116376, Fax: +91-11-23379470
Website: www.ima-india.org ; Email: hsg@ima-india.org



National President Dr. J A Jayalal (M): 9443160026 Email: lapsurgeon2001@yahoo.co.in	Immediate Past National President Dr. Rajan Sharma (M): 9812054730 Email: rajanhospital@gmail.com	Honorary Secretary General Dr. Jayesh M Lele (M): 9819812996 Email: drjayeshlele@gmail.com	Honorary Finance Secretary Dr. Anil Goyal (M): 9811101454 Email: drgoyalhospital@gmail.com
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			<p>practical in view of space constraint, heavy financial burden & affordability.</p> <p>5. This will be impractical for more than 90% healthcare establishments in the country.</p> <p>6. This will increase the healthcare costs.</p>
--	--	--	---

Dr. J A Jayalal
National President, IMA

Dr. Jayesh Lele
Honorary Secretary General, IMA

Dr. Sharad Kumar Agarwal
Chairman, IMA-HBI

Dr. Mangesh Pate
Secretary, IMA-HBI

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An appeal from IMA HQs

Dear Esteemed Members,

Greetings from Indian Medical Association (HQs.)!

At the outset we salute the hero in each one of you and applaud the contribution that you are making in combating the ongoing Covid-19 pandemic. This certainly is a global health crisis unlike any other that the mankind has prior experienced that is upending the human lives.

India is one of the worst affected countries by the COVID-19 pandemic. Owing to the lack of any specific treatment, the response has focused majorly on promotion of COVID appropriate behaviour, mass movement restrictions and aggressive roll out of COVID-19 vaccines. The evidence about available Covid-19 vaccines to protect against COVID-19 infection primarily comes from efficacy studies and ranges between 50% to 94%. As understanding of the performance of the COVID-19 vaccines in India keeps evolving, there is an increasing need to investigate the real-world effectiveness of the vaccines. This will help inform re-calibration of our SARS-CoV-2 vaccination strategies during the pandemic.

With this national interest in mind, IMA in collaboration with IAPSM is conducting a study to assess effectiveness of vaccines against SARS-CoV-2 among doctors in India. We appeal to you to support us in this non-funded initiative and participate in this study of national importance.

We request 10 minutes of your time to complete this online survey about your COVID-19 vaccination, COVID-19 infection in the past, and clinical details related to infection.

The online survey can be accessed from the link:

<https://112.133.207.124/redcap/surveys/?s=8EY4AJCD9Y>

Look forward to your support and participation.

Best regards,

Dr. J A Jayalal
National President, IMA

Dr. Jayesh M Lele
Honorary Secretary General, IMA

For details and clarifications please contact the IMA study team:

1. Dr. J A Jayalal, National President, IMA (Mob: 9443160026)
2. Dr. Jayesh Lele, Hony. Secreatry General, IMA (Mob: 9819812996)
3. Dr. Parul Vadgama (Mob: 8460348932)
4. Dr. M. Kanagavel (Mob: 9444083330)
5. Dr. Jyotirmoy Pal (Mob: 9433230319)
6. Dr. Surya Kant (Mob: 9415016858)

[APPLICATIONS ARE INVITED FOR PROFESSORSHIP OF IMA HQS, IMA-AMS, IMA- CGP](#)

To,

Dear Friends,

The existing guidelines and application form for conferment of title Honorary Professorship by IMA, IMA-CGP and IMA-AMS are updated. The same are being enclosed herewith for your kind perusal.

The applications are invited from the eligible Academicians for such positions as mentioned in the attached guidelines.

The applications will be screened by the IMA Academic and Accreditation Board along with the representative of IMA College of General Practitioners and IMA Academy of Medical Specialists.

The applications in the prescribed format may kindly be sent to the office of Honorary Secretary General at the email ID: hsg@ima-india.org on or before 20th August, 2021.

The selected persons will be conferred with respective titles on September 5, 2021 on the occasion of Teachers Day celebration to be held in IMA Hqs.

The IMA-CGP and IMA-AMS can also forward nominations in the respective form to IMA Hqs.

With kind Regards,

Dr. J A Jayalal
National President, IMA

Dr. Jayesh M Lele
Honorary Secretary General, IMA

Encl:

1. Updated guidelines for conferment of the titles of Honorary Professor by the IMA Hqs.
2. Application form for the conferment of Honorary Professorship of IMA HQs, IMA-AMS, IMA-CGP.



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National President

Dr. J A Jayalal

(M): 9443180026

Email: lapsurgeon2001@yahoo.co.in

Immediate Past National President

Dr. Rajan Sharma

(M): 9812054730

Email: rajanhospital@gmail.com

Honorary Secretary General

Dr. Jayesh M Lele

(M): 9819812996

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Honorary Finance Secretary

Dr. Anil Goyal

(M): 9811101454

Email: drgoyalhospital@gmail.com

21.07.2021

New Delhi

UPDATED GUIDELINES FOR CONFERMENT OF THE TITLES OF HONORARY PROFESSOR BY THE INDIAN MEDICAL ASSOCIATION (HQs.)

In terms of the governing guidelines in vogue, the Honorary IMA Professor title is conferred by the Indian Medical Association, Honorary Professorship are conferred by IMA Academy of Medical Speciality and Honorary IMA CGP Professorship are conferred by IMA College of General Practitioners.

The required eligibility for the said conferment are included in the respective rules and Byelaws governing the aforesaid conferment.

It is decided to streamline this process conferment of professorship by the academic wings and IMA, and make it as an important agenda of the proposed Teachers' Day on September 5th.

On behalf of IMA AMS, CGP and IMA HQs, the applications are called for from the eligible candidates as per the criteria prescribed and the filled in application forms with citations and relevant attachments, to be submitted to the Honorary Secretary General of IMA on or before 20th August. The applications will be reviewed by the respective wings and the IMA HQ accreditation committee and the final list will be announced.

Maximum number of professors to be conferred will be fixed as follows:

- | | |
|--|------|
| 1. <i>Honorary Professor of IMA CGP</i> | - 10 |
| 2. <i>Honorary Professor of AMS</i> | - 10 |
| 3. <i>Honorary Professor of IMA HQs.</i> | - 10 |

ELIGIBILITY CRITERIA:

1) Honorary Professor, Indian Medical Association:

The applicant shall possess:

- Must be a member of IMA for 15 years and have served in IMA as office bearer in Branch/state /HQ
- Registered MD / DM, MS / DCH or equivalent qualifications conferred by National Board of Examinations
- Minimum 10 years of teaching experience as a recognized Postgraduate Teacher / Doctoral Degree Supervisor or 10 years of Professional Experience in the concerned speciality after acquiring Postgraduate qualification as the case may be.
- Minimum 5 scientific publications as first or corresponding author in Indexed / Peer Reviewed National / International Journals of repute preferably Scopus, PubMed, Medler, Web of Science etc.
- Publication Index in terms of computable H-Index / Citation Index of the claimed publications. Orchid ID is preferable
- Authorship in terms of Books/ Chapters contributed/ Monograph on the concerned areas of medical sciences.
- Contributions for the advancement of Medical Education and active participation in IMA, and have delivered orations, accredited lectures or served as faculty.

2) Honorary Professor, IMA Academy of Medical Specialities:

The applicant shall possess:

- Registered MD / DM, MS / DCH or equivalent qualifications conferred by National Board of Examinations.

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Honorary Finance Secretary

Dr. Anil Goyal

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- ii. Minimum 15 years of teaching experience of which 5 years should be as a recognized Postgraduate Teacher / Doctoral Degree Supervisor or 15 years of Professional Experience in the concerned specialty after acquiring Postgraduate Degree / Diploma qualification as the case may be.
- iii. Minimum 3 scientific publications in Indexed / Peer Reviewed National / International Journals of repute preferably Scopus, PubMed, Medler, Web of Science etc.
- iv. Must be a member of IMA AMS for 10 years
- v. Contributions for the advancement of Medical Education and active participation in IMA AMS, and have delivered orations, accredited lectures or served as faculty in IMA AMS events.
- vi. Willing to serve in the dissemination of knowledge and skills through IMA AMS platform.

3) Honorary Professor, IMA College of General Practitioners:**The applicant shall possess:**

- i. Recognized MBBS Qualification as the registering medical qualification.
- ii. Minimum 20 years of teaching / Clinical experience
- iii. Minimum 2 scientific publications in Indexed / Peer Reviewed National / International Journals of repute preferably Scopus, Pubmed, Medler, Web of Science etc.
- iv. Evident contribution to promote General practice / Family Medicine Practice.
- v. Must be a member of IMA CGP for 10 years
- vi. Willing to serve in the dissemination of knowledge and skills through IMA CGP platform.

All other procedural things remaining the same. The aforesaid proposition gives a stepwise ladder pattern eligibility from IMA CGP Professorship, IMA AMS Professorship with IMA Honorary Professorship at the Apex and thereby giving it a pyramidal structure.

MODE OF APPLICATION:

1. Applications to be send by mail or post individually and one person can send only one nomination.
2. Application must be in the prescribed application forms only.
3. The IMA CGP and IMA AMS can also forward the already submitted nomination with the required details with their observations.
4. The citation and conferment of honorary professor is as per the recommendation of the Accreditation board and approval of the National President.

VALIDITY:

The conferment of title is valid for five years from the date of conferment.

Dr. J A Jayalal
National President, IMA

Dr. Jayesh M Lele
Honorary Secretary General, IMA

Enclosed: Application Form

Purity of Profession – Parity in Healthcare

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



INDIAN MEDICAL ASSOCIATION (Headquarters)

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Application for the Conferment of Honorary Professorship of:

- Indian Medical Association
- IMA-Academy of Medical Specialities
- IMA-College of General Practitioners

Recent
Photograph

Applying for Honorary Professor of:

IMA

IMA-AMS

IMA-CGP

Name of Applicant	:	
Title	:	
Date of Birth	:	
Gender	:	
Address	:	
Cell/Mob Number	:	
Email	:	
Website	:	
Blog	:	

Membership:

Membership	YEAR OF JOINING	NUMBER
IMA		
IMA AMS		
IMA CGP		

Qualifications:

#	Degree / Discipline	Year of Passing	University	Registration
UG	MBBS			
PG				
SS				
Fellowship				
Others				

**Publication: (Recent 5 only)**

#	Title	Journal	Index	Authorship First/corresponding
1.				
2.				
3.				
4.				
5.				

CME Lectures, Oration, Faculty: (Recent 5 only)

#	Title	Type	Place	Credit hours
1.				
2.				
3.				
4.				
5.				

Position held in IMA (Latest 3 only):

#	Post	BR/STATE/HQs	Year
1.			
2.			
3.			

Reference / Proposer (up to 3 only):

#	Name	Position in IMA	Email / Mob	State
1.				
2.				
3.				

MANDATORY ENCLOSURE:

1. Curriculum vitae not more than two pages
2. Outline of your contribution for Medical Education (250 words)
3. Narrative of your vision and areas of help you can offer for medical Education (250 words)
4. Photo

The application should reach the Honorary Secretary of IMA (HQs.) (hsg@ima-india.org) on or before 20th August 2021.

(Signature of the Applicant)



To
Shri Narendra Modi ji
The Honourable Prime Minister of India

Shri Amit Shah Ji
Honourable Minister of Home

Shri Rajesh Bhushan IAS
Secretary, Ministry of Health & Family Welfare

Shri V.K. Paul
Member, Niti Aayog,

Sub: Request to bring Central Law on Violence against Doctors and Hospitals

Respected Sir,

Greetings from Indian Medical Association!

Indian Medical Association has a membership of 3, 27,000 modern Medicine doctors. It has presence in all the districts of the country with 28 state and 5 Union territory branches. 1700 local branches reach out to the district and sub district level. Associations of Specialty doctors, Government doctors, medical teachers, Resident Doctors and medical students across the country accept the leadership of Indian Medical Association. IMA was founded by Indian doctors as part of the freedom struggle in 1928. Post Independence IMA has been part of all national health programmes and has taken active part in formulating policies in Health.

IMA had earlier brought to your attention the issue of violence on doctors, nurses and hospitals. An Inter-ministerial Committee recommendations document was signed by IMA with Government of India way back in 2016. Your Government had considered IMA's request favourably and constituted a committee under Ministry of Health to draft the central law against violence on Health Care personnel and establishments. The Ministry published the draft Bill on 02nd September 2019 and had invited public comments. The process has halted there and is awaiting clearance from the Government.

In the meantime, the Government brought forward by an ordinance the amendment to the Epidemic Diseases Act 1897 which dealt with the health care violence in the epidemic setting. This step has been widely appreciated since the Government had taken timely cognition of the seriousness of the issue. This law has been an important deterrent.

23 states have diverse legislations on Health Care violence. In the absence of a central law these remain Health Care Acts and consequently have not resulted in prosecution and conviction. This fact was considered by the drafting committee of Ministry of Health which found adequate reason to initiate the legislative process under section 1 and 2 of the Concurrent list.

Health care violence is a complex phenomenon. Indian Medical Association recognises the fact that a Central Law is only the beginning of the effort to stymie the violence. All persons have the right to work in a safe environment without the threat of violence. Any form of violence against medical profession and facilities will be counterproductive. It takes away the confidence and courage of the doctors to take bold decisions in critical situations. Ultimately this will adversely impact on the patient care and safety. Violence on doctors shatters the morale and confidence of the entire profession and leads to large scale practice of defensive medicine. The ultimate loss is to the patients. Limitations of infrastructure and Human Resources force doctors to spend less time with the patients and hence the chances of doctor patient conflicts are very high. It is pointed out that Hospitals, doctors and nurses are exempted even in a war zone.

Like the issue of child abuse for which the Parliament deemed it fit to enact POCSO , violence on doctors,



nurses and hospitals deserves a dedicated law. It is unfortunate doctors are constrained to go for protests and withdrawal of services to pressurise the police to take action on the culprits. A stringent Central Act will have a salutary effect on the situation.

1. IMA demands a comprehensive Central law dealing with violence on Doctors, Healthcare Staff and Hospitals.
2. Security measures and the determinants leading on to violence should also be addressed.
3. 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.
4. 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.

IMA submits to your good self that your Government may give clearance to the draft Bill prepared by the Ministry of Health and Family Welfare in September 2019. We also suggest the following components may also be addressed

- Cyber trolling and other cyber crimes against doctors and hospitals also be included.
- The following points which were included in THE EPIDEMIC DISEASES (AMENDMENT) ACT, 2020 NO. 34 OF 2020 may be included in the "The Healthcare Service Personnel and Clinical Establishments (Prohibition of violence and damage to property) Bill.
 - i. investigation of a case under the act shall be completed within a period of thirty days from the date of registration of the First Information Report;
 - ii. in every inquiry or trial of a case, the proceedings shall be held as expeditiously as possible, and in particular, when the examination of witnesses has once begun, the same shall be continued from day to day until all the witnesses in attendance have been examined, unless the Court finds the adjournment of the same beyond the following day to be necessary for reasons to be recorded, and an endeavour shall be made to ensure that the inquiry or trial is concluded within a period of one year:
Provided that where the trial is not concluded within the said period, the Judge shall record the reasons for not having done so:
Provided further that the said period may be extended by such further period, for reasons to be recorded in writing, but not exceeding six months at a time.
 - iii. Where a person is prosecuted for committing an offence punishable under the act such offence may, with the permission of the Court, be compounded by the person against whom such act of violence is committed.
 - iv. Where a person is prosecuted for committing an offence punishable under the act, the Court shall presume that such person has committed such offence, unless the contrary is proved.

We thank you and your Government for your favorable disposition towards the medical fraternity. We trust that your Government will satisfy itself on the urgent need to bring in the central enactment on violence against doctors and hospitals. We submit that such a law will change the dynamics of the issue of violence and ensure peaceful ambience in our hospitals.

Yours in anticipation

With respects

Dr. J. A. Jayalal
National President, IMA

Dr. Jayesh M Lele
Honorary Secretary General, IMA



रजिस्ट्री सं० डी० एल०—(एन)04/0007/2003—20

REGISTERED NO. DL—(N)04/0007/2003—20


भारत का राजपत्र
The Gazette of India

सी.जी.-डी.एल.-अ.-29092020-222125

CG-DL-E-29092020-222125

असाधारण

EXTRAORDINARY

भाग II—खण्ड 1

PART II—Section 1

प्राधिकार से प्रकाशित

PUBLISHED BY AUTHORITY

सं० 59] नई दिल्ली, मंगलवार, सितम्बर 29, 2020/ आश्विन 7, 1942 (सका)
 No. 59] NEW DELHI, TUESDAY, SEPTEMBER 29, 2020/ASVINA 7, 1942 (SAKA)

इस भाग में भिन्न पृष्ठ संख्या दी जाती है जिससे कि यह अलग संकलन के रूप में रखा जा सके।
 Separate paging is given to this Part in order that it may be filed as a separate compilation.

MINISTRY OF LAW AND JUSTICE
(Legislative Department)

New Delhi, the 29th September, 2020/Asvina 7, 1942 (Saka)

The following Act of Parliament received the assent of the President on the 28th September, 2020 and is hereby published for general information:—

THE EPIDEMIC DISEASES (AMENDMENT) ACT, 2020

No. 34 OF 2020

[28th September, 2020.]

An Act further to amend the Epidemic Diseases Act, 1897.

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

1. (1) This Act may be called the Epidemic Diseases (Amendment) Act, 2020.

Short title and commencement.

(2) It shall be deemed to have come into force on the 22nd day of April, 2020.

3 of 1897.

2. In section 1 of the Epidemic Diseases Act, 1897 (hereinafter referred to as the principal Act), in sub-section (2), the words, figures and letters "except the territories which, immediately before the 1st November, 1956, were comprised in Part B States" shall be omitted.

Amendment of section 1.



Insertion of new section 1A.

Definitions.

3. After section 1 of the principal Act, the following section shall be inserted, namely:—

‘1A. In this Act, unless the context otherwise requires,—

(a) “act of violence” includes any of the following acts committed by any person against a healthcare service personnel serving during an epidemic, which causes or may cause—

(i) harassment impacting the living or working conditions of such healthcare service personnel and preventing him from discharging his duties;

(ii) harm, injury, hurt, intimidation or danger to the life of such healthcare service personnel, either within the premises of a clinical establishment or otherwise;

(iii) obstruction or hindrance to such healthcare service personnel in the discharge of his duties, either within the premises of a clinical establishment or otherwise; or

(iv) loss or damage to any property or documents in the custody of, or in relation to, such healthcare service personnel;

(b) “healthcare service personnel” means a person who while carrying out his duties in relation to epidemic related responsibilities, may come in direct contact with affected patients and thereby is at the risk of being impacted by such disease, and includes—

(i) any public and clinical healthcare provider such as doctor, nurse, paramedical worker and community health worker;

(ii) any other person empowered under the Act to take measures to prevent the outbreak of the disease or spread thereof; and

(iii) any person declared as such by the State Government, by notification in the Official Gazette;

(c) “property” includes—

(i) a clinical establishment as defined in the Clinical Establishments (Registration and Regulation) Act, 2010;

23 of 2010.

(ii) any facility identified for quarantine and isolation of patients during an epidemic;

(iii) a mobile medical unit; and

(iv) any other property in which a healthcare service personnel has direct interest in relation to the epidemic;

(d) the words and expressions used herein and not defined, but defined in the Indian Ports Act, 1908, the Aircraft Act, 1934 or the Land Ports Authority of India Act, 2010, as the case may be, shall have the same meaning as assigned to them in that Act.’

15 of 1908.
22 of 1934.
31 of 2010.

Amendment of section 2A.

4. In section 2A of the principal Act, for the portion beginning with the words “the Central Government may take measures” and ending with the words “as may be necessary”, the following shall be substituted, namely:—

“the Central Government may take such measures, as it deems fit and prescribe regulations for the inspection of any bus or train or goods vehicle or ship or vessel or aircraft leaving or arriving at any land port or port or aerodrome, as the case may be, in the territories to which this Act extends and for such detention thereof, or of any person intending to travel therein, or arriving thereby, as may be necessary.”.



5. After section 2A of the principal Act, the following section shall be inserted, namely:—

Insertion of new section 2B.

“2B. No person shall indulge in any act of violence against a healthcare service personnel or cause any damage or loss to any property during an epidemic.”

Prohibition of violence against healthcare service personnel and damage to property.

6. Section 3 of the principal Act shall be renumbered as sub-section (1) thereof, and after sub-section (1) as so renumbered, the following sub-sections shall be inserted, namely:—

Amendment of section 3.

“(2) Whoever,—

(i) commits or abets the commission of an act of violence against a healthcare service personnel; or

(ii) abets or causes damage or loss to any property,

shall be punished with imprisonment for a term which shall not be less than three 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 two lakh rupees.

45 of 1860.

(3) Whoever, while committing an act of violence against a healthcare service personnel, causes grievous hurt as defined in section 320 of the Indian Penal Code to such person, shall be punished with imprisonment for a term which shall not be less than six months, but which may extend to seven years and with fine, which shall not be less than one lakh rupees, but which may extend to five lakh rupees.”

7. After section 3 of the principal Act, the following sections shall be inserted, namely:—

Insertion of new sections 3A, 3B, 3C, 3D and 3E.

2 of 1974.

‘3A. Notwithstanding anything contained in the Code of Criminal Procedure, 1973,—

Cognizance, investigation and trial of offences.

(i) an offence punishable under sub-section (2) or sub-section (3) of section 3 shall be cognizable and non-bailable;

(ii) any case registered under sub-section (2) or sub-section (3) of section 3 shall be investigated by a police officer not below the rank of Inspector;

(iii) investigation of a case under sub-section (2) or sub-section (3) of section 3 shall be completed within a period of thirty days from the date of registration of the First Information Report;

(iv) in every inquiry or trial of a case under sub-section (2) or sub-section (3) of section 3, the proceedings shall be held as expeditiously as possible, and in particular, when the examination of witnesses has once begun, the same shall be continued from day to day until all the witnesses in attendance have been examined, unless the Court finds the adjournment of the same beyond the following day to be necessary for reasons to be recorded, and an endeavour shall be made to ensure that the inquiry or trial is concluded within a period of one year:

Provided that where the trial is not concluded within the said period, the Judge shall record the reasons for not having done so:

Provided further that the said period may be extended by such further period, for reasons to be recorded in writing, but not exceeding six months at a time.



Composition of certain offences.

3B. Where a person is prosecuted for committing an offence punishable under sub-section (2) of section 3, such offence may, with the permission of the Court, be compounded by the person against whom such act of violence is committed.

Presumption as to certain offences.

3C. Where a person is prosecuted for committing an offence punishable under sub-section (3) of section 3, the Court shall presume that such person has committed such offence, unless the contrary is proved.

Presumption of culpable mental state.

3D. (1) In any prosecution for an offence under sub-section (3) of section 3 which requires a culpable mental state on the part of the accused, the Court shall presume the existence of such mental state, but it shall be a defence for the accused to prove the fact that he had no such mental state with respect to the act charged as an offence in that prosecution.

(2) For the purposes of this section, a fact is said to be proved only when the Court believes it to exist beyond reasonable doubt and not merely when its existence is established by a preponderance of probability.

Explanation.—In this section, “culpable mental state” includes intention, motive, knowledge of a fact and the belief in, or reason to believe, a fact.

Compensation for acts of violence.

3E.(1) In addition to the punishment provided for an offence under sub-section (2) or sub-section (3) of section 3, the person so convicted shall also be liable to pay, by way of compensation, such amount, as may be determined by the Court for causing hurt or grievous hurt to any healthcare service personnel.

(2) Notwithstanding the composition of an offence under section 3B, in case of damage to any property or loss caused, the compensation payable shall be twice the amount of fair market value of the damaged property or the loss caused, as may be determined by the Court.

(3) Upon failure to pay the compensation awarded under sub-sections (1) and (2), such amount shall be recovered as an arrear of land revenue under the Revenue Recovery Act, 1890.

1 of 1890.

Repeal and savings.

8. (1) The Epidemic Diseases (Amendment) Ordinance, 2020 is hereby repealed.

Ord. 5 of 2020.

(2) Notwithstanding such repeal, anything done or any action taken under the Epidemic Diseases Act, 1897, as amended by the said Ordinance, shall be deemed to have been done or taken under the corresponding provisions of the said Act as amended by this Act.

3 of 1897.

DR. G. NARAYANA RAJU,
Secretary to the Govt. of India.



No. Z.28013/22/2019-MS
 Government of India
 Ministry of Health & Family Welfare
 Department of Health & Family Welfare
 (Medical Services Division)

Nirman Bhawan, New Delhi
 Dated: 2nd September, 2019

NOTICE

Subject: Draft Legislation titled “The Healthcare Service Personnel and Clinical Establishments (Prohibition of violence and damage to property) Bill, 2019” – regarding

Ministry of Health and Family Welfare, Government of India proposes to formulate a legislation to address the issue of violence against the healthcare service professionals and damage to property of clinical establishments. A Legislation titled as “The Healthcare Service Personnel and Clinical Establishments (Prohibition of violence and damage to property) Bill, 2019” has been prepared.

2. It has been decided to solicit objections and suggestions from public with regard to said draft legislation before the finalisation of the draft Bill. The objections/suggestions may be forwarded within 30 days from the date of issue of this notice by email at us-ms-mohfw@nic.in or to Shri. Rajeev Attri, Under Secretary (Medical Services Division), Ministry of Health and Family Welfare, Room No. 514(B), A-Wing, Nirman Bhawan, New Delhi-110011. Only the comments received on the above-mail/ address and/or within the period of 30 days shall be taken into consideration.

Encl: Draft Bill.

Rajeev Attri
 2/9/2019

(Rajeev Attri)

Under Secretary to the Govt. of India

Tel: 011-23061883

(राजिव अट्टी)
 (RAJEEV ATTRI)
 Under Secretary
 Ministry of Health & Family Welfare
 Nirman Bhawan, New Delhi
 Tel: 011/23061883



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;

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;
 - (v) a medical student who is undergoing education or training in any system of medicine recognized by any law for the time being in force;



- (vi) a nursing student who is undergoing education or training in nursing profession;
 - (vii) a para-medical workers, para-medical student and diagnostic services provider; and
 - (viii) 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.



STATES ACTS AND ORDINANCE AGAINST VIOLENCE ON DOCTORS AND MEDICAL INSTITUTIONS

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

2

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



							50,000/- Simple injury requiring period of absence – Rs. 75,000/- Grievous injury requiring period of absence – Rs 1,00,000/- Amount to be returned if not found guilty by court.
GUJARAT	Gujarat Medicare Service Persons And Medicare Service Institutions (Prevention Of Violence And Damage Or Loss Of Property) Act, 2012	Imprisonment which <i>may extend</i> to 3 years <u>or</u> with fine upto Rs. 50,000/- or both.	Cognizable/Non Bailable	Compensation of twice the purchase price of property damaged and loss caused. To be recovered as arrears of land revenue on default.	-	-	-
HARYANA	Haryana Medicare Service Persons And Medicare Service Institutions (Prevention Of Violence And Damage to Property) Act, 2009	Imprisonment <u>for</u> 3 years <u>and</u> with compensation.	Cognizable/Non Bailable	<i>Actual amount</i> of purchase price of property damaged and loss caused. To be recovered as arrears of land revenue on default.	-	-	-
KARNATAKA	Karnataka Prohibition of Violence against Medicare Service Personnel and Damage to Property in Medicare Service institutions Act 2009	Imprisonment <u>for</u> 3 years <u>and</u> with fine upto Rs. 50,000/-	Cognizable/Non Bailable	Compensation of twice the purchase price of property damaged and loss caused. To be recovered as arrears of land revenue on default.	-	-	-

KERALA	KERALA HEALTH SERVICE PERSONS AND HEALTH CARE INSTITUTIONS { PREVENTION OF VIOLENCE & DAMAGE TO PROPERTY ACT 2012	Imprisonment <u>for</u> 3 years <u>and</u> with fine upto Rs. 50,000/-	Cognizable/Non Bailable	Compensation of twice the purchase price of property damaged and loss caused. To be recovered as arrears of land revenue on default.			
MADHYA PRADESH	M.P. ChikitsakTathaChikitsaSev Se SambaddhaVyaktiyon Ki SurakshaAdhiniyam 2008	Imprisonment of either description upto 3 months <u>or</u> with fine upto Rs. 10,000/- or both.	Cognizable/Non Bailable	-	-	No court inferior to Court of Judicial Magistrate of first class	Offence may be compounded by aggrieved persons with permission of court.
MAHARASHTRA	Maharashtra Medicare Service Persons and Medicare Service Institutions (Prevention of Violence and Damage or Loss to Property) Act 2010	Imprisonment which <i>may extend</i> to 3 years <u>and</u> with fine upto Rs. 50,000/-.	Cognizable/Non Bailable	Compensation of twice the purchase price of property damaged and loss caused. To be recovered as arrears of land revenue on default.	Yes. Authority shall consist of one expert each from field of medical, law, consumer movement and health.	Court of Judicial Magistrate of first class	-
ORISSA	Orissa Medicare Service Persons and Medicare Service Institutions (Prevention of Violence and Damage to Property) Act 2008	Imprisonment which <i>may extend</i> to 3 years <u>and</u> with fine upto Rs. 50,000/-.	Cognizable/Non Bailable	Compensation <i>not less than</i> purchase price of property damaged. To be recovered as arrears of land revenue on default	-	-	-
PUDUCHERRY	Puducherry Medicare Service Persons and Medicare Service Institutions(Prevention of Violence and Damage or loss to Property) Act 2011	Imprisonment which shall <i>not be less than</i> 3 years but may <i>extend</i> to 10 years <u>and</u> with fine.	Cognizable/Non Bailable	Compensation <i>as determined</i> by the court. To be recovered as arrears of land revenue on default	-	-	No claim for compensation for damage/loss to property shall be made by medicare personnel or institutions before



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

UTTAR PRADESH	U.P. Medicare Service Persons and Medicare Service Institutions(Prevention of Violence and Damage to Property) Act 2013	Imprisonment which may extend to 3 years and with fine upto Rs. 50,000/-.	Cognizable/Non Bailable	Compensation of twice the purchase price of property damaged and loss caused. To be recovered as arrears of land revenue on default.	-	-	-
WEST BENGAL	W.B. Medicare Service Persons and Medicare Service Institutions(Prevention of Violence and Damage to Property) Act 2009	Imprisonment which may extend to 3 years and with fine upto Rs. 50,000/-.	Cognizable/Non Bailable	Compensation as determined by the court. To be recovered as arrears of land revenue on default	-	-	-
ARUNACHAL PRADESH	Arunachal Pradesh Doctors and Medical Personnels Protection Act 2019	Imprisonment for not less than 3 years extendable upto 10 years, or with fine upto 5 lakhs rupees or with both	Cognizable/Non Bailable	Compensation of twice the purchase price of property damaged and the loss caused to the hospital property.			
MANIPUR	THE MANIPUR MEDICARE SERVICE PERSONNEL AND MEDICARE SERVICE INSTITUTIONS (PREVENTION OF VIOLENCE AND DAMAGE To PROPERTY) _ ACT, 2015 , _ (MANIPUR ACT NO. 3 OF 2016)						

CHANDIGARH							
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Table 1: Offences and penalties with regard to violence against healthcare service personnel

Offences and Penalties	Epidemic Diseases (Amendment) Ordinance, 2020	Healthcare Service Personnel and Clinical Establishments (Prohibition of violence and damage to property) Bill, 2019	Indian Penal Code, 1860
Violence	Violence against a healthcare service personnel is punishable with imprisonment between three months and five years, and a fine between Rs 50,000 and two lakh rupees. (Act of violence includes harassment, hurt/harm, and damage to property)	Violence against a healthcare service personnel, is punishable with imprisonment between six months and five years, and a fine of up to five lakh rupees. (Act of violence includes harassment, hurt/harm, and damage to property)	Causing voluntary hurt is punishable with imprisonment up to one year, or with fine up to Rs 1,000, or both.
Violence causing grievous harm	Violence against a healthcare service personnel causing grievous harm is punishable with imprisonment between six months and seven years, and a fine between one lakh rupees and five lakh rupees.	Violence against a healthcare service personnel causing grievous harm is punishable with imprisonment between three years and ten years, and a fine between two lakh rupees and ten lakh rupees.	Voluntarily causing grievous hurt is punishable with imprisonment up to seven years, and a fine.
Damage to property	Damage or loss to any property during an epidemic, is punishable with imprisonment between three months and five years, and a fine between Rs 50,000 and two lakh rupees.	Damage or loss to any property of a clinical establishment, is punishable with imprisonment between six months and five years, and a fine of up to five lakh rupees.	Loss or damage to the property worth Rs 50 or more is punishable with imprisonment up to two years, or fine, or both.

Sources: Epidemic Diseases (Amendment) Ordinance, 2020, Healthcare Service Personnel and Clinical Establishments (Prohibition of violence and damage to property) Bill, 2019, and Indian Penal Code, 1860; PRS.



**REQUEST TO MEET AND INVITE YOU FOR A BRAINSTORMING SESSION WITH PARLIAMENTARIAN
ON 28TH JULY, 2021 AT CONSTITUTIONAL CLUB OF INDIA**

To

Shri Mansukh Mandaviya
Hon'ble Minister of Health & Family Welfare
Ministry of Health & Family Welfare

Dr. Bharati Pravin Pawar
Minister of State
Ministry of Health & Family Welfare

Respected Sir / Madam,

Greetings from Indian Medical Association (Hqs.)!

Indian Medical Association, the largest professional body of modern medical professionals, wishes to bring to your kind notice that we are organizing a brainstorming session with Parliamentarian, Medical Professionals and also Parliamentary leaders of all political parties who are involved in healthcare policies at 7 P.M on 28th July, 2021 at Constitutional Club of India.

During the above session, we would like to discuss on "Challenges in Healthcare and Policy Changes required". It will be an exclusive meeting of the policy makers and discussion will be focused on following issues:

Violence on Healthcare Professionals and need for Central Law
1570 Covid Martyrs Doctors – How do we honour them?
Mixopathy – a growing menace, boon to all systems of medicine
Exclusion of Medical Profession from Consumer Protection Act.

As the Captain of Healthcare delivery, we seek your blessings and participation in the meeting to give your wisdomful thoughts and guidance.

IMA National President and Secretary are seeking your appointment to personally meet you and invite you for the above meet.

Thanking you in anticipation,

With kind regards,
Yours sincerely,

Dr. J. A. Jayalal
National President, IMA

Dr. Jayesh M Lele
Honorary Secretary General, IMA



REQUEST FOR YOUR GRACIOUS PRESENCE IN BRAIN STORMING SESSION ON 28TH JULY, 2021 AT
7:30 PM

To,

Respected Parliamentarian,

Greetings from Indian Medical Association Hqs!

IMA is the largest professional body with 3.5 lakhs modern medicine doctors, proactively involved in the healthcare delivery of the country. Our members have altruistically served in the frontline on the Covid war and 1579 of them had sacrificed their lives in the battle to save millions of peoples.

IMA, constantly plays the role of advocacy in highlighting health needs healthcare priorities and fight for social, professional, academic welfare of medical fraternity and community.

IMA is concerned about the growing violence on doctors and we are constantly requesting the Government to bring a Central Act against violence on healthcare professionals incorporating criminal procedures code and preventive measures.

IMA fully appreciates, respects and acknowledges the Ayurveda and other Indian systems of medicine. However, we oppose mixing of these systems and want the purity of the system to be restored.

To express our views and understand your wisdomful thoughts on it, we seek your presence for a meeting of Doctor Members of Parliament and Leaders of the Profession at 7:30 pm onwards on 28th July, 2021 at Constitution Club of India, Rafi Marg, Sansad Marg, New Delhi.

We will be following Covid protocols in the meeting and there will be only 10 IMA Leaders who will participate in the above-mentioned meet.

We await your esteemed presence and participation in the meet

With kind regards

Dr. J A Jayalal

National President, IMA

Dr. Jayesh Lele

Honorary Secretary General, IMA

INDIAN MEDICAL ASSOCIATION
Doctors for Doctors and Community at Large...

Prof. Dr. J A Jayalal
National President, IMA

Invites
Respectful **Parliamentarians** for reception
and Brain Storming Session on
“Challenges in Healthcare & Policy Changes Required”
on Wednesday, July 28, 2021 at 7:30 PM
at Constitution Club of India, New Delhi

Dr. Sahajanand Prasad Singh National President (Elect)	Dr. Jayesh Lele Honorary Secretary General
Dr. Rajan Sharma Imm. Past National President	Dr. Anil Goyal Honorary Finance Secretary

RSVP: 9819812996

**PRESS RELEASE****IMA Doctors' Day – July 1, 2021**

Indian Medical Association is celebrating IMA Doctor's Day in the country on July 1, 2021. This year, Doctors' Day is very special on background of profound devotion showed by all IMA doctors across country during the dreaded pandemic. IMA lost its more than 1500 eminent doctors. This sacrifice for the mankind has added its shade of remembrance to the Doctors' Day celebrations. Doctor's Day 2021 is dedicated to the innumerable medical practitioners who sacrificed their lives while serving the citizens of our country & to those numerous eminent professionals who are still serving on the frontline during the COVID-19 pandemic.

This year IMA is holding a specially organized Doctors' Day program at its headquarters, New Delhi. Hon'ble Prime Minister Shri. Narendra Modi ji will address the entire medical fraternity in the IMA Doctors' Day Program at 3 pm on July 1, 2021. Prime Minister has repeatedly reiterated the dedicated work by doctors & unparalleled importance of vaccination in the fight against the virus.

Dr. Ketan Desai, Past President of World Medical Association & Indian Medical Association, Dr. V. K. Paul, Member, NITI Aayog, Shri. Rajesh Bhushan, Health Secretary, Government of India, Dr. Randeep Guleria, Director, AIIMS, New Delhi & IMA National President Dr. J. A. Jayalal shall address the function.

IMA Headquarters has declared "Save The Saviours" as the theme of this year's Doctors' Day. IMA Headquarters has also declared Safe Motherhood Week from July 1, 2021 for next 7 days.

IMA Headquarters will pay respectful homage to its martyrs & also will felicitate its eminent doctors with Doctors' Day Awards.

Dr. J A Jayalal
National President, IMA

Dr. Jayesh M Lele
Honorary Secretary General, IMA

12.07.2021

PRESS RELEASE**IMA appeal to Governments not to let off the Guard against Covid**

India with the proactive leadership of Honourable Prime Minister Ji and dedicated altruistic services of Modern Medical fraternity has literally just walking out of the disastrous second wave of Covid pandemic. With the global evidence available and the history of any pandemics the third wave is inevitable and imminent. But the past experience of last one and half years of war with the virus and based on the emerging evidences it is obvious with making the universal vaccination reach maximum possible population and strictly adopting to Covid appropriate behaviours we can face the third wave with confidence and mitigate its impact. However, it is painful to note in this crucial time every one need to work for the mitigation of third wave, in many parts of the country both government and public are complacent and engaged in mass gatherings without following Covid protocols. Tourist bonanza, pilgrimage travel, religious fervour all are needed, but can wait for few more months. Opening up these rituals and enabling people without vaccination to go scot free in these mass gatherings are potential super spreaders for the Covid third wave. The consequences of treating a patient with covid in hospital and its impacts on the economy will be much better than the economic loss we suffer with avoiding such mass gathering. It is the duty and responsibility of every one at this moment to strictly enforce the covid appropriate behaviours for minimum three more months and ensure every one nearer to our house are getting vaccinated. IMA appeal to all state Governments to translate the vision of Honourable Prime Minister Ji and control any mass gatherings in their state.

Dr. J A Jayalal
National President, IMA

Dr. Jayesh M Lele
Honorary Secretary General, IMA



PRESS RELEASE

IMA welcome the decision by the Government to conduct NEET PG examinations on 11th September. The Ministry and the National Board of examination of Medical Science are taking all possible steps to conduct the exams with adequate Covid protocol and the exams are scheduled to be held in 260 cities and 800 test centers across the country. This will enable almost all the doctors get their exam center at their place of choice. Now it is also important to scale up the process of result publication, counseling and starting of the courses to be as quick as possible and hoping to welcome the new postgraduates by the end of October. The country is in need of manpower in all medical colleges as the final year postgraduates have already on the process of completing their exams.

Along with the center merit list the state merit list shall be also published and all states shall be also motivated to complete the process of admission as per the schedule and guidance. Nearly 1.76 lakhs students are going to participate in this NEET PG examination and IMA wish all the best to them. As the central INCET exams will be over by July 22, the admission process for the All India and state quota shall go without much difficulty.

Dr. J A Jayalal
National President, IMA

Dr. Jayesh M Lele
Honorary Secretary General, IMA

8.07.2021

PRESS RELEASE

**LET US NOT LET OF OUR GUARD AGAINST COVID,
IMA DEMANDS THE KERALA STATE TO STOP MASS GATHERINGS:**

Indian Medical Association (IMA) thank the Government of India and our Honorable Prime minister for taking all appropriate steps to face the inevitable impending third wave and mitigate its impacts in the form of infrastructure augmentation, quantitative and qualitative preparedness of medical manpower, and building awareness of following COVID appropriate behaviors. With the sustained progression of vaccination, avoiding mass gatherings in any form is the responsible duty expected at this crucial time from every citizen of our country. After the proactive visionary call of the Honourable Prime Minister to stop revenge tourism and not to invite the third wave by mass gatherings many proposed religious and pilgrimage yatras were canceled. The supreme court of India had also taken the issue, Suo moto, and directed everyone to play a vigilant role to mitigate the third wave.

With the dedicated and committed services of the Government and the Modern medical fraternity, today we are in the declining phase of the second wave throughout the country, except in few states like Kerala and Maharashtra where we are still having the high number of cases.

IMA is pained to see amidst the raise of cases and Seropositivity, the Kerala Government has issued an order to ease out lockdown followed in the state on the pretext of religious gatherings of Bakri Id. It is unwarranted and inappropriate at this time of medical emergency. When many Northern states like J&K, Uttar Pradesh, and Uttaranchal have stopped, with a constructive sense of public safety the traditional and popular pilgrimage yatras, it is an unfortunate learned state of Kerala had taken this decisions which will pave wave for mass gatherings.

IMA in the larger interest of the country and wellbeing of humanity, with the sense of responsibility, strongly urge/demand the Kerala State Government to immediately withdraw this order, enforce zero-tolerance against covid appropriate behaviors, and do not deviate from its statutory duty and vision to ensure the safety of State and Nation as a whole. IMA the body of warriors of this covid war with the sense of altruism will be constrained to knock the pedestals of the supreme court if the state is not enforcing covid appropriate behaviors and become a model state to curtain the raising menace of covid, by withdrawing this decision. IMA HQ and all its members assure the state Government, all our proactive support in this consistent fight against the pandemic. IMA also appeal to all our public to strictly follow the masking, keep social distance, and get vaccination at the earliest.

Dr. J A Jayalal
National President, IMA

Dr. Jayesh M Lele
Honorary Secretary General, IMA

**INDIAN MEDICAL ASSOCIATION**

IMA House, I P Marg, New Delhi – 110 002

Ph. : +91-11-2337 0009, 2337 8680, 2337 8819, 2337 0250

Website : www.ima-india.org, Email : hsg@ima-india.org, Email : paramedicalcoursesima@gmail.com**PARAMEDICAL COURSES**

Indian Medical Association conducts the following Paramedical courses:

1. Diploma in Medical Laboratory Technology
2. Diploma in X-RAY/IMAGING Technology
3. Diploma in O.T. Technician
4. Diploma in Medical Record Technology
5. Diploma in Cardiac Technology
6. Diploma in Dialysis Technician
7. Certificate Course in Blood Bank Technology
8. Certificate Course in CT
9. Certificate Course in MRI
10. Certificate Course in CT and MRI

Duration : Two years for Diploma courses. Six months and one year for Certificate courses.**Eligibility Criteria :** 10+2 with 40% with science stream (**Physics, Chemistry, Biology, Mathematics, Agriculture, etc.**) for Diploma courses.

For certificate in Blood bank course, eligibility criteria is DMLT, B.Sc. MLT, B.Sc (Micro). For CT and MRI courses, eligibility criteria is two or three years Degree/Diploma in Radiography with internship.

IMA Paramedical Diploma courses are recognized by Govt. of NCT of Delhi, Department of Health and Family Welfare.

Diploma in Medical Laboratory Technology and Diploma in X-RAY/IMAGING Technology - both are also running jointly by National Institute of Open Schooling(NIOS), Ministry of HRD, Govt. of India, Noida (U. P.) and Indian Medical Association H.QRs. , New Delhi.

For details, please contact or write to :Dr. J A Jayalal
National President, IMADr. Jayesh M Lele
HSG, IMA & Deen, IMA Para Medical

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