



INDIAN MEDICAL ASSOCIATION



IMA NEWS

An Official Publication of Indian Medical Association (HQs)

Vol. 62 No. 2

February 2023

Pages : 01 to 28

Price : ₹ 5/-

www.ima-india.org



National President & Honorary Secretary General had a courtesy Meeting with Hon'ble Union Health Minister Shri @mansukhmandviya Ji



Dr. Sharad Agarwal National President, was warmly welcomed and greeted by members of the IMA Prayagraj Branch during his visit.



Dr. Anil J Nayak, Hony. Secretary General, #IMA met with cricket legend @msdhoni in Ahmedabad



अब IMA का विरोध, राष्ट्रीय अध्यक्ष बोले - बिना सोचे समझे, कॉपी-पेस्ट कर बनाया राइट टू हेल्थ बिल



“ONE FOR ALL - ALL FOR ONE” A COHESIVE, COLLECTIVE, ENHANCE, COMMUNICATIVE APPROACH TO BREAK ALL SECTORIAL WALLS AND BRING ALL CLINICIANS AT ONE PLATFORM TO HELP IN BUILDING A HEALTHY NATION



From the pen of National President, IMA



Greetings from Indian Medical Association (HQs.)!

It is my proud privilege to address you through this IMA NEWS Bulletin.

First and foremost, I appeal to you to feel proud of our Association and be optimistic. Be united and work together to achieve the aims and objectives of Indian Medical Association. Please come forward and take active interest and lead our Association in the right path. Indian Medical Association is a significant contributor to the country's healthcare. In past few years, IMA contributed to India's healthcare issues, even in amidst of pandemic, in a proactive way.

The Indian healthcare sector is a key pillar of healthcare tourism. There is no doubt that Government's vision of healthcare always well supported by the Indian Medical Association. Timely studious contributions by IMA has established that it is countrywide universal representation of the healthcare sector.

I wish to inform you that the meeting of the State Presidents & Secretaries which was held successfully on 27th & 28th January, 2023 at IMA HQs gave the chance to the leaders to apprise the activities done by their States and their future course of action.

Cancer, continues to be the second leading cause of death worldwide. Each year, around 10 million people die from cancer and the number is predicted to rise to 13 million cancer deaths by 2030. In this context, on the occasion of World Cancer Day on 4th February, 2023, all the State and Local Branches were requested to observe it to create awareness and share knowledge for prevention & early detection of Cancer, empower all to recognize early warning signs, and clear misconceptions about cancer.

During the discussions which took place in the IMA Standing Committee for Action held on 17.2.23, based on the same, a letter was sent to the Hon'ble Prime Minister of India on the issues like Violence against medical doctors and their medical establishments, NExT, merger of National Board of Examinations in Medical Sciences with National Medical Commission, PCPNDT Act and Pocso Act needs to be reviewed.

I request all the State and Local Branches to observe World Health Day which falls on 7th April, every year. A detailed letter from IMA HQs has been sent to all the State and Local Branches to observe it in a befitting manner. It is also an opportunity to motivate action to tackle the health challenges of today.

I also appeal all the State Presidents & Secretaries to percolate the information of IMA various Schemes/Wings being run by IMA HQs. so that our members can get the benefit of these schemes/Wings. Young and enthusiastic generation is a strength of any Association. Please also try to strong your Junior Doctors Network and Medical Students Network in your respective States/Local Branches level.

I request all of you to adopt a village under your state/local branches and flag high our "Aao Gaon Chalen" Project under the banner of Indian Medical Association. Under this Project, we can create our CSR activities and it will also give us a chance to increase our bond with general public

I also reiterated to follow the IMA's social media handles where you can follow/subscribe IMA page to boost up our strength and to achieve the landmark of 2 million subscribers. Simultaneously, you can share the below mentioned links with your family members and colleagues and ask them to share / subscribe the same. Our social media handles are as follows:

Facebook: <https://www.facebook.com/indianmedicalassociationofficial>

Twitter: <https://twitter.com/IMAIndiaOrg>

YouTube <https://www.youtube.com/@indianmedicalassociationhq7864>

LONG LIVE IMA !!

Dr. Sharad Kumar Agarwal
National President, IMA



My Dear Friends,

I am happy to connect with you through our IMA News as this is a very important source of communication between all of us.

Indian Medical Association is dedicated to promote the highest standards of medical education, ethics, and professional conduct. We are constantly working towards creating awareness and promoting the welfare of our Members, Medical Community and the General Public.

A meeting of IMA State Presidents and State Secretaries held on 27th – 28th January, 2023 at IMA HQs. New Delhi was very satisfying as it gave the opportunity to all of us to interact one to one and in groups. It has created an atmosphere of relying on each other to achieve the objectives of our Association.

An online meeting of the "IMA Standing Committee for Action" was also held on 17th February, 2023 to discuss various issues concerning the medical fraternity such as violence against doctors, mixopathy, and other issues, as well as strategies to combat these issues. On the basis of the above, IMA has sent a letter to the Hon'ble Prime Minister of India informing him about the various issues related to the medical profession for his kind consideration. The same is annexed in this IMA News Bulletin.

A courtesy Meeting with Honorable Union Health Minister Shri. Mansukh bhai Mandaviya Ji at his office in Nirman Bhavan, New Delhi was also held on 15-2-2023 where we apprised him about the various issues being faced by the medical profession. During the meeting, he assured that he will give a suitable time to the IMA delegation to discuss the various issues related to medical profession.

IMA appreciated the Central Government on declaring the Union Budget 2023. However IMA showed its resentment for not compensating 2000 bereaved families of Covid martyrs doctors by Central Government.

IMA has demanded to reduce the GST on medical equipments to 5%. IMA has also demanded zero rates GST on healthcare services allowing service providers to claim input tax credit. Similarly, IMA had expected GST exemption for Social Security Schemes and other Family Welfare Schemes, IMA Membership of doctors as well as Registration of Medical / Dental & Nursing graduates in their respective State Councils.

As requested by our National President, to show our unity and solidarity, every member of IMA and their family members are also requested to follow IMA's Face Book, Twitter & You Tube so that we can achieve the target of 2 million followers of IMA social media handle.

You might be aware that our Chief Patron, Dr Ketan bhai Desai has launched "Aao Gaon Chalen" a dream Project of IMA in 2004 in Mehsana (Gujarat). To increase the Doctor-Patient Relationship and Doctor Community Services in good spirit, we can have multiple activities under the Aao Gaon Chalen Project. I request all the Branches to adopt one village / slum area of metro city for their health needs and conduct various activities on regular basis like :- Public Awareness Camps on Anaemia, General diagnostic camps for screening of various diseases, side effects of Tobacco, various drugs and alcohol addiction, sexually transmitted diseases and emphasis of cleanliness etc. For organizing such camps, you can also invite your local MPs and MLAs to boost up the moral of the general community.

IMA HQs. is also reconstituting various IMA Standing Committees for the term 2022-23 to 2023-24. I request each and every Committee member to work hard and give their wholehearted support and contribution to the respective IMA Standing Committee.

LONG LIVE IMA !!

Dr. Anilkumar J. Nayak
Honorary Secretary General, IMA



STATES ALLOCATION TO NATIONAL VICE PRESIDENTS 2022-24

To,

All the Vice Presidents of IMA 2022-2024

Dear Sir,

Greetings from Indian Medical Association (HQs.)!

In order to establish proper linkage between IMA Hqs., State Leadership of different states and further support the states in their various activities, the National President, IMA, Dr. Sharad Kumar Agarwal is pleased to allocate the following areas to the National Vice Presidents of IMA for the years 2022-23 and 2023-24 as mentioned against the names of each:-

Name	Year	States
Dr. Jayesh M. Lele (Maharashtra) M: 9819812996 Email: drjmlele@gmail.com , drjayeshlele@gmail.com	National Vice President 2022-23	<ul style="list-style-type: none"> • Karnataka • Madhya Pradesh • Jharkhand • Bihar
Dr. Sachchidanand Kumar (Bihar) M: 9431020230 Email: drk_sachchidanand@yahoo.co.in	National Vice President 2022-23	<ul style="list-style-type: none"> • Odissa • West Bengal • New Delhi • Jammu & Kashmir
Dr. Shailesh H. Shah (Gujarat) M: 9825094525 Email: shailesh_14264@yahoo.co.in	National Vice President 2022-23	<ul style="list-style-type: none"> • Maharashtra • Goa • Rajasthan • Uttar Pradesh
Dr. Daggumati Sree Hari Rao (Andhra Pradesh) M: 9848017687 Email: drsreeharirao_svd@yahoo.com	National Vice President 2022-23	<ul style="list-style-type: none"> • Tamilnadu • Chhattisgarh • Pondicherry • Meghalaya
Dr. R. Gunasekaran (Tamilnadu) M: 9843055749 Email: gunadnh@doctor.com	National Vice President 2023-24	<ul style="list-style-type: none"> • Andhra Pradesh • Telangana • Uttaranchal • Assam
Dr. Shivkumar Utture (Maharashtra) M: 9820089321 Email: utture@yahoo.com	National Vice President 2023-24	<ul style="list-style-type: none"> • Haryana • Punjab • Chandigarh • Gujarat
Dr. Suresh Gutta (Telangana) M: 9848023427 Email: drguttasuresh@gmail.com	National Vice President 2023-24	<ul style="list-style-type: none"> • Kerala • Arunachal Pradesh • Manipur • Mizoram
Dr. Ashok Sharda (Rajasthan) M: 9829038266, 9694088266 Email: drashoksharda@gmail.com	National Vice President 2023-24	<ul style="list-style-type: none"> • Himachal Pradesh • Nagaland • Sikkim • Tripura



They are requested to be in regular touch with State Leaders of their allotted states in connection with various issues faced by them and should present their quarterly reports of the activities conducted by them in their respective states to National President / Hony. Secretary General, IMA.

Separate communication is being sent to the State Leadership of all States with a request to kindly keep you updated with the information about the various events being organized by them and request your representation in the absence of National President in such events.

We enclose herewith a complete list of all State Presidents and Hony. State Secretaries with a request to kindly get in touch with the State leaders of the areas allocated to you for better liaisoning with them.

You are requested to kindly ensure that all Headquarters' Policies/Schemes/ initiatives are duly implemented in all the State/Local Branches of IMA.

We are pleased to inform you about IMA's social media handles where you can follow/subscribe IMA page to boost up our strength and to achieve the landmark of 2 million subscribers. Simultaneously, you can share the below mentioned links with States and Local Branches along with your family members and colleagues and ask them to share / subscribe the same.

Our social media handles are as follows:

- Facebook: <https://www.facebook.com/indianmedicalassociationofficial>
- Twitter: <https://twitter.com/IMAIndiaOrg>
- YouTube <https://www.youtube.com/@indianmedicalassociationhq7864>

As you are aware that National President, IMA has revamped the Prime Project – “Aao Gaon Chalen”, please ensure that each and every Branch should adopt one village / slum area of metro city for their health needs and conduct activities on regular basis.

Please note that one way TA will be provided to you after taking prior approval from the National President for your visits to States / Local Branches from IMA HQs. The TA for the return journey will be reimbursed by the States / Local Branches as allotted to you.

You are requested to kindly plan your visits accordingly.

This is for your information, please.

Thanking you and with kind regards,

Yours sincerely,

Dr. Anilkumar J. Nayak
Honorary Secretary General, IMA



[Email from IMA reg. seeking comments of the stakeholders on the proposed draft regulations related to NExT as prescribed in the NMC Act, 2019](#)

To,
Shri Pankaj Agarwal
Secretary(I/C), NMC
Government of India, National Medical Commission
Pocket-14, Sector-8, Dwarka,
Phase-1, New Delhi-77

Dear Sir,

Greetings from Indian Medical Association HQs.!

Ref: Your public notice dated on 28th December 2022: Seeking comments of the stakeholders on the proposed draft regulations related to National Exit Test (NExT) as prescribed in the National Medical Commission (NMC)Act,2019-reg.

In continuation to the Observations of Indian Medical Association on NMC Bill-2017 which were submitted by us to the Chairman, Parliamentary Standing Committee on Health & Family Welfare on 22nd January, 2018 (copy enclosed- Page no. 20 & 21), please find the response of Indian Medical Association, the professional body of modern medicine doctors in India regarding the draft regulations on NExT. IMA has arrived at the opinion after cross country consultations with medical students, teachers and other stakeholders. The same is placed before you for due consideration.

Thanking you

Dr. Sharad Kumar Agarwal
National President, IMA

Dr. Anilkumar J Nayak
Honorary Secretary General, IMA

[VIEWS OF INDIAN MEDICAL ASSOCIATION ON NExT](#)

India is a country with vast diversity in geography, the people and their social profile. Common tests for all medical students is not the right approach to achieve common minimum standards in medical education and care. Setting common uniform standards in institutions and the entrance pattern is what is desirable. Common exams would deprive the poor, rural, under privileged and marginalised sections of their right to learn and practise medicine. Moreover creating an exit test to licence Indian medical graduates is mocking at our own system. It is certainly required for foreign medical graduates since NMC has no control over their standards. An exit test for licensing the medical graduates who complete their courses from the institutions guided and approved by NMC would be demeaning.

MCQs are an accepted methodology for competitive exams. Licensing exams have a totally different context and purpose. Blindly imitating the redundant western countries is unfortunate. Our country has higher standards in medical education and care. Covid combat has earned India a place on the high table as well. Countries in the South and elsewhere look upon us to lead in medical education and Healthcare. We should not be seen imitating the West where medical education and care are beyond the reach of the common man. This betrays a colonial hangover in policy making and worse a cut and paste attitude.

Opinion surveys amongst the medical students, teachers, authorities and administrators from various states have revealed that the present proposal has to be grossly modified. The students who are already under severe stress find the new suggestions even more stressful. The proposals will make medical studies difficult for no reason and would become unacceptable to many. This will drive the best students away from the medical courses. Even completing the course successfully wouldn't guarantee them the right to practice medicine. This is gross injustice to our medical students. Depriving the states, universities and the colleges



the opportunity to test their students is again an injustice.

Under these circumstances, we appeal to the NMC to reconsider the proposal for NExT. We request you to kindly hold detailed discussions with all the stake holders and address all concerns before attempting implementation. IMA is duty bound to safeguard the interest of the common man, the medical students and the Professionals alike.

We submit the following suggestions on the draft on NExT.

NExT examination should be limited as a PG entrance exam and not as a Licensing exam.

Specific suggestions - clause wise

Chapter 1

1.3 Objective

Uniformity in summative evaluation should be that of Institutions and not individual students. Minimum common standards of education should be ensured by setting such standards for institutions, periodic assessment and upgradation.

Examining individual students can only test their affordability for specific training for such exams. This will lead to mushrooming of coaching centres and divert students away from colleges and force them to focus on such training even during MBBS course.

Our country with vast diversity in infrastructure and available backgrounds cannot be brought under a uniform exam for licensing as the facilities and needs are hugely variant across the country.

1,4 General

2. (i) , (ii) Licencing exam and PG entrance exam can never be the same as the purpose is entirely different. *Licensing exam should asses the lowest minimum standard while the entrance exam would assess the best merit among students*. The entrance test hence would invariably contain tough questions too to separate the best from the rest and these questions cannot be used to asses the minimum essential standard. Hence both set of questions and the pattern of exams have to be different.

3 (i) For Students of Indian medical colleges Next should only be for PG entrance.

(iii) This clause is ambiguous and would entitle back door entry for non MBBS Doctors, and hence should be deleted.

4. Agreed

Chapter 2

2.1

NExT step 1

- (ii) Exam for PG entrance has to be MCQs. However if at all this exam is considered for Licensing not more than 10 to 20 % of the questions for the licensing part should be objective type.
- (iv) Exam should be conducted by Universities. NMC can provide common pattern and question banks.
- (v) e, f, g, h - should not be considered for Licensing exam as these are already covered in exams before the final year. Including these in the final exam will dilute attention to the most important subjects of MBBS course (Medicine , Surgery, Gynaecology and Paediatrics). Students should be trained and should study these subjects exclusively with proper time and attention during the final year.
- (x) Provision for appearing for 10 years after completion (not joining) of the course as there could be course lags in many Universities and essentially students may get only 3 to 4 chances in many institutions across the country.



- (xii) This exam should not replace the existing University exam for the licensing part. If at all the NExT exam is considered for licensing not more than 10 to 20% weightage should be given for such exam and the rest of the weightage should be for University exam.

NExT Step 2 - is not required, as what the students get trained during internship cannot be assessed by exams and it will only be another reason for stress during internship.

2.2 NExT Scores

- (ii) NExT 2 is not required
- (l) minimum marks for passing for licensing should not be more than 30% if the exam is common as at least 30 to 40% of questions will be of highest standards since its a competitive exam for PG entrance also. Hence only 50 percentage of the minimum standard questions need to be applied for qualifying for licence. Ideally Licensing part should be de-clubbed from the PG entrance part. If at all a central exam is being conducted for licensing, the set of questions should be different from that for PG Entrance. Testing minimum standard should be the aim for the licensing exam and no tough questions should be included. Such questions can however be included in the PG entrance part of the exam where testing the competitive merit is the aim.
- (ii) For each of the six papers the minimum marks for pass should be 30%.
4. i (a) Pass mark should not be more than 30%.
- (b) ii. NExT 2 is not required

Chapter 3

Objective

It's told that the testing will be based on high quality MCQs. This is injustice to the underprivileged sections of the society especially in rural areas of the country, who wouldn't be able to practise Medicine inspite of getting entry into MBBS course, following the norms set up by the State and undergoing course in colleges approved by NMC. MCQ testing would not be ideal method of testing the skills and acumen of the students. There is no reason or requirement to change the existing pattern of examination for Indian Medical graduates, known for their skills and acumen world over.

(2) If at all any change in the present structure of exam is being envisaged, *at least five years of trail run* should be conducted where the existing system will continue and students are given an opportunity to appear in the new format also, only as trail and with no weightage for the marks during this period.

(3) ii, iii, iv -not required as these subjects have been tested with exams in earlier years. Clinical applications should be tested at that stage and not again in the final year as during this year exclusive attention for clinical subjects is essential.

3.2

NExT 2 is not required

We request you to kindly consider all the suggestions above and be kind enough to hold extensive discussions before arriving at the final mode of implementation. We offer to participate in any such discussions and also to reflect the views of the Medical professionals, students and Statesmen in this regard.

Regarding NEET PG 2023

To,
Shri Mansukh Mandaviya ji,
Hon'ble Union Minister,
Ministry of Health and Family Welfare,
Govt. of India, Nirman Bhawan,
New Delhi

Respected Sir

Greetings from Indian Medical Association, Headquarters, New Delhi.

As a national representative of the medical fraternity & guardian association for all aspiring medical students in the country, we draw your immediate attention towards issues in NEET PG – 2023. The NBE has announced the exam date for NEET PG 2023 session. On this background kindly note an important point for safeguarding future of medical students in the country.

1. NBE organizes NEET PG for admission to Postgraduate and PG diploma courses offered in various government, private, Deemed/Central, ESIC and AFMS medical institutions across India. MBBS graduates are required to register on the official website of NBE in order to appear for this national level entrance exam.
2. While NBE has announced the exam date for NEET PG 2023 as on March 5, 2023, it is not giving any time to aspirants who are doing their mandatory internship for preparation.
3. Practically many aspiring MBBS students yet have to complete their internship as per their local internship schedules.
4. These all students will miss their opportunity to seek postgraduate education as the NBE NEETPG-23 date do not synchronize with the dates of completion of internships at various parts of country.
5. While we are entrusted with the task to bring uniformity & standardization in postgraduate examinations conducted in India, we must safeguard these basic objectives while framing the schedule for NEET PG.
6. Wellbeing & Welfare of students should be our primary and only focus.
7. As requested by IMA Headquarters the issue of eligibility criteria for NEET PG 2023 was resolved by extending the date of completion of internship. But this also needs to synchronize with the actual examination date, which shall be convened after completion of internship.
8. IMA Headquarters seek immediate meeting for safeguarding the interests of all medical students & medical education in the country.
9. NEET PG-23 examination date should be postponed by 2-3 months to safeguard the future of aspiring medical students.

Thanking You,

Dr. Sharad Kumar Agarwal
National President, IMA

Dr. Anilkumar J. Nayak
Honorary Secretary General, IMA

**PRESS RELEASE****Legal illiteracy – IMA**

IMA Headquarters retorted to Haryana's Health Minister Sri Anil Vij's statement on 04.02.2023 that Haryana MBBS students will be taught Ayurveda for one year. In terms of Article 246 of the Constitution of India List of Subjects on which respective legislative forums can legislate is prescribed in Seventh Schedule appended to it. As such, list-I in the said Schedule includes entries pertaining to 'Central List' on which Parliament alone can legislate. List-III titled 'State List' includes entries on which only State Legislature can legislate, however, List-II titled 'Concurrent List' includes the subjects on which both Parliament as well as State can legislate. In the year 1976 through 42nd Amendment the Five Subjects included in Central List were transferred to Concurrent List in which Education including Medical and Technical Education was transferred to concurrent list. Entry No. 25 in Concurrent List covers Education including Technical Education and Universities subject to the riders incorporated vide Entries No. 63, 64, 65 and 66 in the Central List in the Seventh Schedule.

In the teeth of the aforesaid constitutional provisions the regulation of medical education is governed through the Parliamentary enactment titled 'National Medical Commission Act, 2019' as of now upon repealing of Indian Medical Council Act, 1956 which was in vogue till then.

As such, no state Government in any manner entitled to meddle with medical education of the country on its own as education including medical education is not a subject included in the 'State List' in the Seventh Schedule appended to the Constitution of India. Resultantly, the said statement of the Minister is unconstitutional, unfortunate, and unwarranted. IMA opposes Mixopathy in its all forms. Hybridization of medical education to bring out compromised doctors will backfire on the nation and put its health care delivery system into total peril. IMA regards Ayurveda as our ancient medicine and would prefer to preserve its tenets and traditions in its purest form. Misguided adventures will be beaten back by IMA the guardian of modern medical profession. Mixopathy its anti-people and will hamper the Health of the nation

However IMA is pained to note that :-

1. National Educational Policy has declared medical pluralism as the policy. To implement the same it has proposed to abolish dedicated Health universities and has provided for lateral entry and lateral exit in medical courses.
2. The NITI Aayog has four committees working on integrating all systems of medicine. They are in advanced stage of recommendations of how to integrate medical education, practice, research and public health.

Modern Medicine is evidence based. Double Blind Control studies and replicability in unbiased settings elsewhere are the sine qua non of modern medicine. It is impossible to mix different systems of medicine without catastrophic fallout on patient care and safety. The contradictions are self-evident.

China is the only country which practises integrative medicine. China is certainly not our model in Healthcare. Due to integration CTM (Chinese traditional medicine) has been decimated and is no longer practised in its pure form. Safeguarding the purity and legacy of Ayurveda will enrich our traditional medicine. Mixing of systems will ring the death knell of Ayurveda. The loss of lives and suffering due to this unscientific mixing will be phenomenal. Healthcare in India will be set back by a century.

The harm that will befall the nation due to mixing of systems will be profound. It is an anti people policy and unfortunately this has not caught the imagination of the people. All MBBS doctors will be from Integrative medicine by 2030 . IMA appeals to people to understand the impact of this ill advised decision. IMA is determined to resist this mixing of systems and expects to create public opinion against this.

Dr. Sharad Kumar Agarwal
National President, IMA

Dr. Anilkumar J. Nayak
Honorary Secretary General, IMA



03.02.2023

CIRCULAR REGARDING MEMBERSHIP FORMS

To,
All State & Local Branches
Indian Medical Association

Respected Doctor,

We have received Summons on 22 Dec, 2022 and 23rd Jan, 2023 by GST Authority with following instructions:

In exercise of power under section 70 of GST Act. 2017, IMA is asked by the authorities of GST to pay GST @18% on membership fee received by the branch. Non-compliance attracts judicial proceedings. Therefore, you are requested to act urgently on this matter as this is a statutory compliance.

Below are the important information, kindly go through the same and implement at the earliest:

1. All State & Local Branches are requested to apply for the PAN & GST No. urgently.
2. The membership forms along with membership fee that have been received up to 31st January 2023, will be accepted by the IMA HQs.
3. From 1st February 2023 onwards the membership forms shall be accepted with 18% GST fee only (as per Government compliance)
4. However, State/Local branches having GST No. can send membership forms along with 18% GST Challan from 1st February 2023 onwards.

Dr. Anilkumar J. Nayak
Honorary Secretary General, IMA

14.02.2023

REGARDING GST ON MEMBERSHIP FEE

To,
All State Branches
Indian Medical Association

Respected Doctor,

We would like to inform you that the below are the important information, kindly go through the same and implement at the earliest:-

1. GST on membership fee to be taken by State Branches

For Single Life Member -9700+1746(GST 18%)= Rs. 11446/-

For Couple Life Member-14541+2617(GST 18%)=Rs. 17158/-

2. If the State does not have GST number, then send the following amount to IMA HQS.

For Single Life Member -7556+1746 (GST 18%)= Rs.9302/-

For Couple Life Member-11327+2617 (GST 18%)=Rs.13944/-

3. If the State has GST number sent the challan copy of GST paid and following amount to the IMA HQs.

For Single Life member - Rs. 7556/-

for Couple Life member-Rs. 11327/-

We are requesting you please also send Admission Fee Rs. 10/- for SLM and 15/- for CLM.

Dr. Anilkumar J. Nayak
Hony. Secretary General, IMA

Dr. Munish Prabhakar
Hony. Joint Secretary, IMA



**REQUEST FOR INCLUSION OF ALL FORMS OF SHARP KITE-FLYING STRINGS
IN A NATIONAL MANJA POLICY FOR PUBLIC HEALTH**

To,

Shri Bhupender Yadav Ji
Hon'ble Minister for Environment, Forest and Climate Change
Indira Paryavaran Bhawan
Jorbagh Road, New Delhi
Delhi 110003

Hon'ble Sir,

I am writing to you on behalf of the Indian Medical Association to follow up on our statement dated 2 April 2018 (attached) requesting that all forms of sharp kite-flying string (Manja) be prohibited, as these strings continue to threaten public safety.

While we are aware of the Honourable National Green Tribunal's judgement dated 11 July 2017, which prohibits Chinese Manja and nylon, and plastic threads. As doctors, we can attest that cotton threads coated with glass, metal, or any other sharp material are just as dangerous and can cause injury or death to humans as well as birds.

In just the last few weeks, Manja has killed an 11-year-old child in Nagpur, a 2-year-old child in Bhavnagar, a 47-year-old man in Bhiwandi, a 45-year-old man in Pune, a 35-year-old man in Nadiad, a 30-year-old man in Vadodara, a 52-year-old man in Surat, and a 3-year-old child in Mehsana. It has seriously injured countless others.

As such, increasingly, states and union territories, such as Chandigarh, Delhi, Himachal Pradesh, Telangana, and Tripura, are issuing orders prohibiting all forms of Manja, including cotton threads coated with glass, metal, or other sharp materials, and requiring that kite-flying be done only with plain cotton thread, free from any strengthening material. While this is a start, a nationwide policy is needed prohibiting all forms of sharp kite string.

Kite-flying can be enjoyable for all with plain cotton strings. May we please request that your good ministry will prohibit all forms of Manja nationwide?

Thank you for your time and consideration on this important matter.

Sincerely,

Dr. Sharad Kumar Agarwal
National President, IMA

**STAY UPDATED WITH IMA'S ACTIVITIES - FOLLOW OUR SOCIAL MEDIA HANDLES****"Two Million Mark"**

Dear Members,

Greetings from Indian Medical Association!

We hope this email finds you in good health and spirits. As you know, Indian Medical Association is dedicated to promote the highest standards of medical education, ethics, and professional conduct. We are constantly working towards creating awareness and promoting the welfare of our Members, Medical Community and the General Public.

We believe that it is important for you and your family members to stay updated with the latest information and developments in the healthcare sector. You can update yourself by following/subscribing to our social media handles which will inform you about the latest IMA activities, CME events, updates on medical issues ,and other activities that affect our Members , Medical Community and the General Public.

In today's digital age, social media plays a crucial role in spreading information and updates to a larger audience. IMA should have at least 2 million subscribers on social media because Social media is the strength of any Association in today's scenario. Accordingly , every member of IMA should follow the same on (Facebook, Twitter and Youtube). Even our family members, friends and colleagues can also follow/subscribe our social media channels to boost up our strength and to achieve the landmark of 2 million subscribers.

Our social media handles are as follows:

- Facebook:
<https://www.facebook.com/indianmedicalassociationofficial>
- Twitter:
<https://twitter.com/IMAIndiaOrg>
- YouTube
<https://www.youtube.com/@indianmedicalassociationhq7864>

We once again request you to kindly follow/subscribe to our social media handles and also ask your family members to do the same.

Thank you for your continued support and cooperation.

Best regards,

Dr.Anilkumar J. Nayak
Honorary Secretary General
Indian Medical Association



RIGHT TO HEALTH BILL

To,
Shri Ashok Gehlot Ji
Chief Minister,
Government of Rajasthan

Sub: Right to Health Bill.

Sir,

Greetings from Indian Medical Association (HQs.), Delhi.

Doctors across the state of Rajasthan are on stir against the proposed RTH bill scheduled to be placed in the ongoing assembly session. It should be a matter of serious concern to all concerned with the enactment of the process under your subordination.

It's about a year since the bill was first placed in the public domain for objections and suggestions. Whenever inquired of, the medical fraternity has repeatedly requested the state authorities to consider their apprehension and anxiety over the issue sadly without an appropriate response consequencing a simmering outrage.

The right to health exists already enthused in the heart of the constitution as a well-specified legal entity obviating a rational ground for its iteration by the state. As with other fundamental rights, the right to health (enshrined in the right to live) is claimable against the state and its instrumentalities, and not against any private bodies.

Your ambition as magnanimous head of the state to provide quality care equally to all, impoverished and the elite, is applaudable. Any state inspired to enrich its citizens with renewed order of welfare has a moral and legal obligation to cater to it without violating social and economic justice to all stakeholders. Any move to fulfill the ordained accomplishment, therefore, deserves to be equitable, fair, very well contemplated, and thoroughly analyzed without fanciful fulfillment of a segment at the cost of the other lest it proves horrendous and repercussive.

Without reiterating the pros and cons of the said bill that must have already clung to the mind, it is humbly enjoined upon you to please annul the controversial bill and consider it afresh with cool benevolence and broad tender heart.

Thanks and regards,

Dr. Sharad Kumar Agarwal
National President, IMA

Dr. Anilkumar J. Nayak
Honorary Secretary General, IMA

**UNION BUDGET 2023-24: INDIAN MEDICAL ASSOCIATION SUBMITS SUGGESTIONS TO GOVERNMENT OF INDIA FOR CONSIDERATION**

Dear Sir/Madam,

Indian Medical Association is a significant contributor to the country's healthcare. In past 2 years, IMA contributed to India's healthcare issues amidst of pandemic in proactive way.

Honourable Prime Minister Shri Narendra Modi has identified "Healthcare" as one of an important pillar of the People. The Indian healthcare sector is a key pillar of healthcare tourism.

There is no doubt that government's vision of healthcare will be well supported by the Indian Medical Association. Timely studious contributions by IMA has established that it is countrywide universal representation of the healthcare sector. Need for augmentation and further percolation of healthcare to interiors makes a strong case for encouraging the investments in the healthcare sector through pragmatic incentives. Pandemic proved the IMA demands beyond doubt. The pandemic has dealt a severe strain and blow to the healthcare sector. Government's support is crucial to propagate the much-needed basic right at a faster pace. This can be achieved through various means which are being suggested by Indian Medical Association. Rationalization of taxes and tax rates, GST, policy professional Interventions, practical solutions are must for ease of doing business. It is against this background that Indian Medical Association has submitted its suggestions proposed to be considered by the Government in Union Budget 2023-24.

The Association requests that the important suggestions be well thought by the Ministry officials. We are hopeful that this year's budget will include some favorable policy announcements that will not only aid a speedy recovery of the healthcare sector but also promote the long-pending growth and development of it.

Poverty is the Least Common Denominator of HEALTH: IMA

1. Poverty and Health

With 228 million, India continues to have the biggest proportion of the world's poor. It is estimated that 150-199 million additional people have fallen into poverty at the end of 2022. Every year 2.4 % of the population goes below poverty line because of catastrophic Healthcare expenditure. Alleviation of poverty is the surest way towards a Healthy Nation.

The Covid 19 pandemic experience has a strong case for declaring Health as a fundamental right. IMA feels the opportune time to do so has arrived. It is expected that GOI will be able to take this monumental step. Universal access to Health including safe water, sanitation, nutrition, primary education as well as eradication of poverty are cornerstones in the path to wellness of a society and nation. Conceptualizing good Governance to attain wellness of a people could mean clubbing together of these services (clinical, public health and social determinants) under one roof. At least drinking water, sanitation and poverty alleviation should be clubbed with Health as Ministry for wellness.

2. Universal Health Care

Vision of UHC transcends the narrow, inadequate and often inequitable view of UHC as merely a system of Health insurance. UHC moves beyond 'insurance'. The UHC is linked firmly to the Right to Health and converts an aspirational goal into an entitled provision.

For such a vision of the UHC to be realized, a tax based system of Health financing is essential. This is also the global experience, wherein countries which have introduced UHC have mostly depended on general revenues rather than on unsteady streams of contributory Health insurance which offer incomplete coverage and restricted services.

Every citizen should be entitled to essential primary, secondary and tertiary health care services that will be guaranteed by the Central government. Citizens should be free to supplement free-of-cost services (both in-patient and out-patient care) offered under the UHC system by paying out-of-pocket or directly purchasing additional private voluntary medical insurance from regulated insurance companies.

IMA demands universal Health care with strong Public Sector investment and strategic purchase from Private Sector by the Government.



3. Invest in Health

Health policy 2017 promised GDP in healthcare of 2.5% by 2025. But the increase for Healthcare has been negligible and still hovers around 1.1% of GDP. Of the healthcare expenditure of 89,000 Cr for last year, a major chunk of 83,000 Cr is revenue expenditure. Capital expenditure is only 5630 Cr. Substantial increase in capital expenditure is required in the proposed budget to make a meaningful change. For equitable distribution of health and attaining Universal Health care, more infrastructure and facilities need to be added. With 650 medical colleges and 99063 MBBS doctors in one year India is number one in medical education. It is time to pause and take a call on quality and sub specialization. More nursing colleges paramedical institutions and skill courses are needed. One PHC with 24x7 services should be available for every 15,000 population instead of one PHCs servicing 30,000 population for few hours in a day. More FRUs and CHCs have to be established. PMABHIM had announced spending 64,180 Cr for building infrastructure, but the allocation for the last two years taken together was only 8000 Cr. Suitably increased allotment is required.

- India being a signatory for the Sustainable Development Goals to be achieved by 2030 will have to allocate more resources for the same in the Health sector.
- In 2022 only 37000 Crores was allocated for NHM. More allocation of funds to NHM can improve the infrastructure, Human Resources, Preventive and curative services in the States.
- Human Resources development for Health and Medical Education was allocated 7500 Crores in 2022 which was not enough. There is still a huge shortage of qualified and trained Health care staff.

4. Prioritise- Primary care

The Covid crisis has amply demonstrated the importance of universal primary care in Public Sector. Health Policy 2017 firmly focuses on primary care: If possible the Government should upgrade and enhance these figures and appoint MBBS doctors in the 1,50,000 wellness centers. The policy recommends that health centres be established on geographical norms apart from population norms. This would also necessitate upgradation of the existing sub-centres and reorienting PHCs.

5. AB-PMJAY

- Funds of AB PMJAY should be used exclusively for the private sector for strategic purchase and to create a retainer system and not for critical gap funding of Government hospitals.
- Deficit funding is the most important cause of lack of penetration of AB PMJY . If the funding has to be raised to at least CGHS level, then money required is around 1,60,000 crores. The money being provided now is around 12,000 crores. It is not possible to deficit finance to this level. Insufficient fund allotment is the root cause of unrealistically low package rates.
- AB PMJAY should remove the unjust exclusion criteria for procedures imposed on private hospitals.

6. GST and other Taxes for Healthcare Services:

- a. Healthcare industry is the only industry which does not get input credit because of exemption. Actually the GST paid by the institutions become expenditure and indirectly add to the cost of treatment . Either some percentage of total GST paid by healthcare providers be treated as advance tax or MAT (Minimum Alternative Tax) or the GST paid by them on equipment or otherwise should be reduced to 5 %.
- b. The Government should conceive zero rate GST on healthcare services, allowing service providers to claim Input Tax Credit. As GST is not payable on healthcare services, service providers are not eligible for input tax credit. Enabling this would ensure that input taxes are not added into the cost of the services and will provide some relief to the patients.
- c. Income tax and TDS may be waived on money received from Government schemes like Aayushman Bharat and other state schemes since the pricing of the schemes is less than the cost incurred. 47th GST Council meeting has recommended that,
- d. "Like CTEPs, common bio-medical waste treatment facilities for treatment or disposal of biomedical waste shall be taxed at 12% so as to allow them ITC." This was earlier in the GST exempted category.



- e. "Room rent, excluding ICU, exceeding Rs 5,000/- per day per patient charged by the hospital will also be taxed at 5% GST, without ITC." This was earlier in the GST exempted category.
- f. Exemption of social security schemes and other family welfare schemes of doctors from the ambit of GST may be considered.
- g. Withdraw GST on CMEs and skill training which is a disincentive on nation building.
- h. Apart from this, the healthcare sector is burdened with embedded taxes for various goods and services. It will be in fitness of things to keep healthcare away from GST. Application of GST will push health care towards a business model and away from being a service centric one. The burden will be on poor people.
- i. Post graduate medical students receiving stipend during the course may be exempted from income tax.
- j. Tax incentives may be provided to doctors working in government hospitals and private doctors establishing a practice in aspirational districts.
- k. Increasing the limit of exemption for Mediclaim in tax returns from Rs 25000 to upto Rs 50000 per year for individuals and Rs 100000 for dependent parents .

7. Covid Martyrs and Social Security:

Country lost more than 2000 doctors during the pandemic. Unfortunately, the majority of the families of deceased doctors did not receive any help other than from whatever little IMA could marshal. A special welfare fund for doctors in general and for Covid martyrs in particular has to be set up. The nation owes atleast this gesture to the medical community.

8. Working capital and preferential funding

- Doctors and Healthcare organizations be given access to working capital and preferential funding to ensure that the overall cost of operations is reduced
- Special schemes that should be provided for formal training of doctors and nurses to enhance skills and bandwidth to offer care to a larger population which will help strengthen the quality of healthcare resources in the longer run.
- Building capacity for intensive medical and surgical care by enhancing skills of nurses and by providing better equipment and infrastructure.
- Benefits to be given to manufacturers of healthcare equipment and consumables under the 'Make in India' campaign .

9. Elderly care

Currently, India has the youngest workforce but with dropping fertility rates and increasing lifespan, a surge in the elderly population and health care expenses has been projected. A national level comprehensive elderly care program with geriatric clinics, day care centres, home care facilities, training and accreditation for caregivers and supply of geriatric aids has to be envisioned.

10. Migrant workers

Indian society and its national government as well as various State Governments need to understand and address problems of vulnerable interstate migrant workers who are seen across both rural and urban areas in India. The majority of migrant workers are unskilled and employed in unorganized sectors. AB-PMJY with its portability is supposed to take care of the health needs of migrant workers. Special fund allocation to cater to the health needs of migrant workers is urgently required.

11. Indian Medical Services

The Indian Medical Service which served India, so well almost for last 300 years was abolished in 1947. The COVID pandemic has exposed the vulnerability of the healthcare system. It has also brought to fore the grave paucity of professionalism in health management right from the Sub-District Office level. There is an



acute need for a drastic but holistic change in the health administration of the country by creating a specialized cadre of health administrators who would be holding the administrative responsibilities. The structure of the Indian Medical Services would be in the form of a cadre specialized in character for the dispensation of healthcare services including those in the domain of public health excluding the domain of medical education in its entirety as All India Civil Services emanating out of All India Services Act, 1951.

12. Protecting the middle sector

India has the unique middle sector in Health care delivery. There are large number of small hospitals and nursing homes run by doctors. They remain available and accessible. This middle sector is in between the corporate For profit and the Government hospitals.

Average Medical Expenditure per treated ailment by healthcare service providers						
Sector	Government / Public Hospital	Private Hospital	Trust / NGO Run Hospital	Private Doctors/ Clinic	Informal Healthcare Providers	All
Rural	325	1081	624	566	487	592
Urban	344	1038	863	714	1035	710
All	331	1062	732	624	552	636
				source: www.mospi.gov.in		

Further, as per the above-mentioned report, more than 44% of the Indian population prefers Private Doctors / Clinic / Nursing homes for their medical treatment. The average medical expenditure per treated ailment is low. Protecting this middle sector with encouragement of doctor entrepreneurs is an urgent task and has to be carried out on war footing.

IMA submits its view points to Government of India for consideration during the eve of Union Budget.

Dr. Sharad Kumar Agarwal
National President, IMA

Dr. Anilkumar J. Nayak
Honorary Secretary General, IMA



HIGHLIGHTS OF NATIONAL BUDGET 2023

IMA's appreciate the Central Government Union Budget 2023 for:

- Implementing free food scheme for the next 1 year – 2 lakh Cr to be borne by the Centre.
- 157 new nursing collages to be established and co-location with the existing 157 Medical Colleges since 2014.
- New Pharma Program for R&D through Centre for Excellence.
- Joint public / private medical research to be facilitated through ICMR Labs.
- Sickle cell anemia elimination mission by 2045 to be undertaken.
- Budget for new AIIMS to be increased.
- National Digital Library for Children and Adolescents to be set up.
- All cities & towns eligible for mechanical sewage de-slugging from manholes to machineholes.
- Replacement of old polluting vehicles is also environmental friendly.
- Relief to MSME'S effected during Covid period.
- New individual tax slabs will benefit hospital employees too
- For senior citizens, the investments in the Central Government Schemes have been increased from 15 lakhs to 30 lakhs for which they will be getting an interest of 8%.
- Private investment to be encouraged in healthcare.

IMA's request of compensating 2000 bereaved families of Covid martyrs doctors by Central Government is still not addressed.

Little disappointment about GST as no relief has been provided in GST for medical equipments. IMA has demanded to reduce the GST on medical equipments to 5%. IMA has also demanded zero rate GST on healthcare services allowing service providers to claim input tax credit. Similarly, IMA had expected GST exemption for Social Security Schemes and other Family Welfare Schemes, IMA Membership of doctors as well as Registration of Medical / Dental & Nursing graduates in their respective State Councils.

. Anilkumar J. Nayak

Honorary Secretary General, IMA

20.02.2023

IMA - ISSUES OF THE MEDICAL PROFESSION FOR YOUR CONSIDERATION

To,

Shri Narendra Modi ji

Honourable Prime Minister of India

We bring you the respect and esteem of the modern medicine doctors of India. We wish to bring to your attention some important issues of the medical profession for your consideration.

1. There has been a policy shift to introduce integrative medicine. IMA wishes to submit that every system of medicine is unique in its own way and has a distinct identity and profile. Modern medicine has made huge strides in India and has to be accepted as a legacy than a colonial vestige. The life span of an Indian has increased from 27 in 1947 to 70 in 2023. Modern maternal and child health services, eradication of small pox, polio, neonatal tetanus as well as control of Tuberculosis and other infectious diseases have contributed to this phenomenal Health achievement. We could stop Covid on its tracks because of the vaccine and modern medicine doctors manned our Pandemic services. It is estimated around 2000 modern medicine doctors laid down their lives in our war against Covid. Indian medical colleges are amongst the oldest in the world and are rightfully our legacy. Indian doctors are our best ambassadors and add a legion to our soft power. Today India is the proud capital of modern medicine effectively



blending clinical medicine with evidence based medicine. The effort to integrate irreconcilable systems will lead onto loss of our leadership in modern medicine. Chinese Traditional Medicine got decimated in such a process. The purity and existence of Ayurveda is under threat by opting for Integrative Medicine. We wish to say that we are the leaders in affordable and accessible healthcare and China is not our role model. IMA appeals to you to preserve the purity of all systems to retain the choice of our people. IMA is apprehensive that Integrative Medicine will set us back by a century and cause irreparable damage leading onto loss of countless lives.

2. Violence on doctors and hospitals has become commonplace and can no longer be ignored. Fear rules our hospitals. Young doctors manning our emergencies and ICUs as well as the Obstetricians are in the front lines of such attacks though no one is safe. Physical abuse, trial by media and cyber trolling are order of the day. 25 states have law on attack on doctors and hospitals. They are mostly ineffective on ground and do not serve the purpose of deterrence. The absence of a special central enactment is one of the reasons. It is pointed out that the airline staff have been given a special status and protection under a special law while the doctors and nurses have been left alone to fend

for themselves. Your Government partially mitigated the situation during the pandemic by amending the ancient Epidemic diseases Act 1897. Hospitals are recognised as safe zones even in war. It is unacceptable that they are targeted in peace. Violence on doctors and hospitals is a complex issue and would require a sophisticated and effective response. The Central law against violence on doctors and hospitals could only be a beginning.

3. The advent of a new regulator in medical education has led to amateurish experimenting affecting the medical students of the nation. One of these avoidable sluggers fast is the confusion compounded by introduction of a licentiate exam NeXT 2 at the end of compulsory internship and deeming it the entrance exam for postgraduate studies as well. It is illogical to evaluate the least common denominator of being licensed and to identify the best students for post-graduation by a single examination. This will be an injustice to students who wish to join Government service or begin general practice after graduation. The least that could be done is to decouple postgraduate selection. This is not to exonerate the idea of NeXT 1 which is a violation of the Universities Act. The idea of licensing is alien and our medical education has done us proud as evidenced by an omnipresent and competent medical diaspora.
4. The institution of National Board of Examinations has done well to produce highly competent specialists and super special specialists from non-teaching institutions. It will be in prudence of things to retain and nurture this institution rather than merge the same with NMC which is saddled with many responsibilities all at once.
5. Time has come to review all the legislations governing the medical practice including medical negligence. Criminal prosecution in the absence of mens rhea, alterations of the doctor patient relationship to one of consumer and provider, the collateral damage suffered by the profession by the biased structure of the PCPNDT Act and the POCSO Act are few of the many which need to be reviewed in a way aligning the profession with the national interest without alienating.

In a true sense doctor are in a state of fear and harassment from all directions. They deserve solace and succour especially after the crucial Covid war. They certainly need a new deal. We in IMA have high hopes that your administration will hear the voice of the medical profession. Redressal of the grievances of the doctors and medical students of India is awaiting your favourable consideration.

Thanking you

Dr. Sharad Kumar Agarwal
National President, IMA

Dr. Anilkumar J. Nayak
Honorary Secretary General, IMA

Branch Activities

DATE	ACTIVITY	TYPE OF ACTIVITY	BRANCH	STATE
16-Jan-23	IMA Nedumangad in association with UBA IISER TVM conducted a session on COLS and First Aid for CDS and ADS members at Community hall, Grama Panchayat Vithura	session	Nedumangad	Kerala
17-Jan-23	IMA Telangana State Executive Committee zoom meeting regarding the SWC meeting, HBI & Public Health Services attended by State President Dr. B. N. Rao, Imm. Past President Dr. M. Sampath Rao, President Elect Dr. P. Kali Prasad Rao, Dr. D. Dwarakanatha Reddy, Hony. State Secretary Dr. J. Vijay Rao, HBI Chairman Dr. Sanjeev Singh Yadav, Public Health Chairman Dr. B. Ranga Reddy and other Executive Committee members.	Meeting	State Branch	Telangana
19-Jan-23	Dr. Gracy Thomas held a Cancer Awareness class on World Palliative day	Class	Cochin	Kerala
21-Jan-23	Dr. Mohammed Asharaf, President, Dr. Hema Francis Secretary and Dr. Ayyappan Senior leader have visited Shri. G R Anil, Hon'ble Minister for food and Civil Supplies and handed over the memorandum regarding HV as per the state directives	Meeting	Nedumangad	Kerala
21-Jan-23	The talk was delivered by Dr. R. Manju, Consultant Paediatrician Renai Medicity on "Parenting skills- The need of the hour".	Talk	Cochin	Kerala
22-Jan-23	THANA Conference at Warangal attended by State President State President Dr. B. N. Rao, Imm. Past President Dr. M. Sampath Rao, President Elect Dr. Dr. P. Kali Prasad Rao, Dr. E. Ravindra Reddy, Chairman TSMC Dr. V. Rajalingam, Dr. V. Rakesh took charge as THANA President, Dr. P. Ramana and other members.	Conference	State Branch	Telangana
24-Jan-23	Scientific Committee Zoom meeting regarding the CME programme on AIDS was going to be held on 29th Jan. 2023 at Golconda Hotel attended by State President Dr. B. N. Rao, TSACS Project Director Dr. Preethi Meena, IAS, Hony. State Secretary Dr. J. Vijay Rao, Hony. State Fin. Secretary Dr. Rajendra Kumar Yadav and Scientific Committee members.	Meeting	State Branch	Telangana
24-Jan-23	WDW of IMA NEMOM Branch, under the Mission Pink Health Project conducted an awareness generation session on "Menstrual Irregularities, menstrual health and hygiene" in Sree Chithra Home, Pazhavangadi, Thiruvananthapuram. Dr. Gopinathan Nair, Former President of IMA Nemom Branch inaugurated the session and Dr. K. M. Chandini Devi conducted the session.	session	Nemom	Kerala
25-Jan-23	IMA Cochin conducted a panel discussion in association with Cochin Association of Nephrologists on "Drugs and Kidney". Dr. Mammen M John, Senior Consultant Medical Trust Hospital and Dr. George Kurian, Professor, AIMS moderate the panel discussion. Dr. Vishnu Dev, Aster Medicity, Dr. Sneha P Simon Rajagiri Hospital, Dr. Punnoose Thomas Lourdes Hopsital and Dr. Karthik Ganesh Lakeshore Hospital were panelists.	Discussion	Cochin	Kerala
25-Jan-23	IMA Cochin, Ochanthuruth Service Sahakarana Bank, MAGICS, Jai Bharat College Perumbavoor jointly organized a Memory screening camp at Puthuvype Ochanthuruth Service Sahakarana Bank.	Camp	Cochin	Kerala



Branch Activities

DATE	ACTIVITY	TYPE OF ACTIVITY	BRANCH	STATE
25-Jan-23	Dr. V. Mohanan Nair, immediate past State Vice President and SWC Member, IMA NEMOM conducting motivational session to the examination going students of Malayinkeezhu Government Boy's Higher Secondary School. Sri. Anil Kumar, PTA President presided the session. 61 examination going students of X Std, some teachers and parents attended. The session was organised on 25 Jan 2023 under the Mission Pink Health Programme.	session	Nemom	Kerala
26-Jan-23	IMA NEMOM branch organised a session on "Life Style Diseases in elderly people" on 26th January 2023, in the meeting of Telegraph Service Pensioners, conducted in Trivandrum Hotel.	Awareness Programme	Nemom	Kerala
28-Jan-23	A CME was conducted on the topics of "Hypertension" by Dr. Sheeba George, Cardiologist, Jubilee Memorial Hospital, Trivandrum	CME	Nedumangad	Kerala
29-Jan-23	Telangana State AIDS Control Society (TSACS) in association with IMA Telangana State Conducted CME programme on AIDS at Golconda Hotel, Masabtank, Hyderabad attended by Sri Dr. Preethi Meena, IAS- Project Director of TSACS, Dr. J. Vijay Rao, Hony. State Secretary, Imm. Past President Dr. M. Sampath Rao, Dr. Rajendra Kumar Yadav, Hony. State Fin. Secretary, IMA Members & TSACS Members.	CME	State Branch	Telangana
30-Jan-23	Senior Doctors Forum of IMA Cochin meeting was held in the IMA House. Dr. K. Narayanankutty gave a talk on Neurobics.	Meeting	Cochin	Kerala
04-Feb-23	World Cancer Day was observed at IMA Nemom Branch.	Day	Nemom	Kerala
04-Feb-23	On the eve of World Cancer Day IMA Courtallam Branch Conducted Cancer awareness program in Sri Parasakthi College for Women at Courtallam. About 500 Students Attended the program.	Awareness Programme	Courtallam	Tamilnadu
04-Feb-23	IMA Jamshedpur Branch organised a press conference with specialists from all faculties and created awareness amongst public about the threat of cancer and measures to be taken to prevent and fight it.	Press Conference	Jamshedpur	Jharkhand
04-Feb-23	IMA Chhindwara Branch observed World Cancer Day at District Hospital	Day	Chhindwara	Madhya Pradesh
07-Feb-23	Blood Donation camp was conducted by IMA Thrissur Branch	Camp	Thrissur	Kerala
08-Feb-23	Office Bearers of IMA Tenkasi Branch met with District Collector and requested Him to Take Severe Action Against those Involved in attack Of Doctors, Paramedical Staff and Hospitals.	Meeting	Tenkasi	Tamilnadu
10-Feb-23	A Social Awareness Programme was conducted on Sree Narayana Guru Metric Higher Secondary School, Kanchipuram	Program	Kanchipuram	Tamilnadu
12-Feb-23	An awareness programme was conducted on the topic of "Sexual and Reproductive Health"	Awareness Programme	Enathur	Tamilnadu
12-Feb-23	A CME was conducted on the topics of "Sexual and Reproductive Health in Diabetics" by Dr. K. Parthasarathy Pichumani	CME	Enathur	Tamilnadu
19-Feb-23	A CME was conducted on the topics of "Management of Thyroid Disorders" by Dr. R. M. Manikandan and "Advanced Cardiac Life Support Updates" by Dr. Jude Vinoth.	CME	Courtallam	Tamilnadu



Branch Activities



**भारतीय भेषजसंहिता आयोग**

स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार

सैक्टर - 23, राज नगर

गाजियाबाद - 201 002 (उ.प्र.), भारत

**INDIAN PHARMACOPOEIA COMMISSION**

Ministry of Health & Family Welfare, Government of India

Sector-23, Raj Nagar

Ghaziabad - 201 002 (U.P.) INDIA

File No. P.17019/01/2018-PvPI**Dated: January 31, 2023****Monthly Drug Safety Alert**

The preliminary analysis of Adverse Drug Reactions (ADRs) from the PvPI database revealed that the following suspected drug is associated with the ADRs are given below.

Table

Sl. No.	Suspected Drug	Indications	Adverse Drug Reactions
1	Amphotericin B (Liposomal)	1. Febrile Neutropenia in cancer patients. 2. For invasive fungal infection in patients who are refractory to or intolerant of conventional amphotericin B therapy. 3. By RMP- for the treatment of invasive fungal infection in patients who are refractory to or intolerant of conventional amphotericin-B therapy.	Hearing disorders
2		4. Indicated for the treatment of visceral leishmaniasis.	Tachycardia

Healthcare Professionals, Patients/Consumers are advised to closely monitor the possibility of the above ADRs associated with the use of above suspected drug. If, such reactions are encountered, please report to the NCC-PvPI, IPC by filling of Suspected Adverse Drug Reactions Reporting Form/Medicines Side Effect Reporting Form for Consumer (<http://www.ipc.gov.in>), through Android Mobile App “ADR PvPI” and PvPI Helpline No. **1800-180-3024**.

INDIAN PHARMACOPOEIA (IP)

Official Book of Drug Standards in India

IP REFERENCE SUBSTANCES (IPRS)

Official Physical Standards for Assessing the Quality of Drugs

NATIONAL FORMULARY OF INDIA (NFI)

Reference Book to Promote Rational Use of Generic Medicines

PHARMACOVIGILANCE PROGRAMME OF INDIA (PVPI)

WHO Collaborating Centre for Pharmacovigilance in Public Health Programmes and Regulatory Services

Tel. No.: +91-120-2783392, 2783400, 2783401;

E-mail: lab.ipc@gov.in;

Website: www.ipc.gov.in

PRESIDENT / SECRETARY OF STATES & OFFICE BEARERS MEET
HELD ON JANUARY 27th - 28th 2023 AT IMA HQs.



Seminar on "ONE PROFESSION, ONE VOICE"
HELD ON JANUARY 27th 2023 AT INDIA HABITAT CENTRE, LODHI ROAD, NEW DELHI



R.N.I No. : 14447/1967

Date of Publication 7-8th of the same month

Date of Posting 28-29 Same Month

Postal Registration No. DL-(C)-01/1385/2021-23

Posted at LPC Delhi RMS Delhi - 110006

Dr. Sharad Agarwal, National President unfurled the National Flag followed by National Anthem on 74th Republic Day at IMA HQs.

More than 100 Leaders, Past Presidents/Secretaries, Staff Members & Members of Delhi/NCR branches were present on the occasion.



www.ima-india.org



@IMAIIndiaOrg



@IndianMedicalAssociationOfficial



@Indian-Medical-Association

Printed by Dr. R. N. Tandon and Published by Dr R N Tandon on behalf of Indian Medical Association (Name of Owner) Indian Medical Association and Printed at M/s. Print Master Enterprises, LLP, 134, GF, Patparganj Indl. Estate and published at IMA House, Indraprastha Marg, New Delhi - 110002
Place of publication: IMA House, Indraprastha Marg, New Delhi - 110 002
Telephone : +91-11-2337 0009, 2337 8680
Fax : +91-11-23379470. 2337 0375 Telegram : INMEDICI, New Delhi - 110002
Mail : hsg@ima-india.org Website : www.ima.org
Editor : Dr. R. N. Tandon

