



INDIAN MEDICAL ASSOCIATION



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National president Dr R V Asokan and State Secretary of DMA Dr. Prakash Lalchandani met Dr Chandrashekhar Pemmasani, Minister of state of Union Government to discuss the Central Act on Violence.



National President Dr. R.V. Asokan and National Vice President Dr. Shivkumar Utture attended the National Task Force subgroup meeting at Nirman Bhavan on September 13, 2024

ACTIVITIES OF THE NATIONAL PRESIDENT, IMA & HONORARY SECRETARY GENERAL, IMA



Bittersweet moments ahead. As we say goodbye to our beloved building, we cherish the memories we've made. Every ending brings a new beginning, and soon, our new IMA building will be a place of endless possibilities. We can't wait to see our members thrive in this inspiring space. Let's create, collaborate, and conquer together!



Morning after the storm

Storm per se brings out great enduring capacity. What happened in RG Kar and the subsequent national movement has brought the entire medical profession of the country in the focus. The intervention of Honourable Supreme Court, the formation of National Task Force and the struggle of Resident doctors in West Bengal have evoked mature and appropriate response from the IMA. The Honourable Supreme court had asked IMA to be present in its 1st hearing of the case. The Honourable Supreme Court also mentioned that National Task Force should hear the views of the Indian Medical Association. Indian Medical Association has subsequently prepared an elaborate submission to the National Task Force. IMA has met the Minister of State in the Union Government Dr Chandrashekhar Pemmasani, the Cabinet Secretary Dr T V Somanadhan and the subcommittee of NTF. Liaison teams are meeting the NTF members. IMA has also filed an IA in the Honourable Supreme court in this regard.

IMA's demand for Central Law against violence on doctors is reverberating in the hearts of every doctor in the country. Apart from it several initiatives have been taken in the past few months. The IMA Employment and Career Facilitation Bureau has been launched and the 1st MOU has been signed for national operations. Dr Joseph Benaven, Dr Shitij Bali and Dr Munish Prabhakar have been given the charge of the Bureau by an ordinance. The contribution of Dr Abul Hasan in the formation of bureau will be remembered for ever. There is lot more to Central working Committee on 06.10.2024. Let us meet on virtual platform to take stock of everything.

Dr R VASOKAN
National President, IMA



**From the Desk of Honorary Secretary General**

Dear Esteemed Members,

After the decision by the previous CWCs and CCs to rebuild the existing IMA Headquarters, the progress is underway, and a new office has been established at the IIPA Building. We have successfully obtained the necessary statutory approvals, including those from DUAC, Fire Department, and MCD, for the new construction. Following a notice from NBCC to vacate the IMA Headquarters, we are in the process of relocating the office to the IIPA Building. The IMA Headquarters will be handed over to NBCC shortly and is scheduled for demolition soon.

The IMA Headquarters has been more than just a building—it has been the heart and soul of our Association, a witness to countless milestones, achievements, and challenges. For 65 years, this building has stood as a symbol of our shared legacy, holding the memories, dedication, and efforts of our forefathers who envisioned and built it. Every IMA member holds a special connection to these walls, where we have gathered, grown, and persevered. It is with heavy hearts but hopeful spirits that we announce the time has come to vacate this building. While it is difficult to part with a place that has been home to so much of our journey, we also recognize that progress requires sacrifice. Our forefathers built this building for us, and now it is our turn to lay the foundation for the future. With deep respect for our past and immense pride in what lies ahead, we are excited to create a state-of-the-art new IMA Headquarters, one that will serve the generations to come with the same spirit and vision. Together, we honor the legacy of this historic space and look forward to the future we are building—for ourselves and for those who will follow.

I am pleased to announce that the IMA Elections for the term 2024-2026 have been declared unopposed under the leadership of our esteemed Chief Patron - Dr. Ketan Desai, a true leader of leaders. Additionally, for the first time in IMA's history, a female doctor has been elected as the Honorary Secretary General, marking a significant milestone in our journey towards women empowerment. I am confident that, under the capable leadership of National President-Elect Dilip Bhanushali and Dr. Sarabari Dutta as Hony. Secretary General, IMA will reach new heights of success. On behalf of the IMA membership, I extend my heartfelt congratulations to all the elected members and wish them success in their future endeavors.

Please be informed that the 232nd meeting of the Central Working Committee of IMA is scheduled for Sunday, October 6, 2024. Important issues will be discussed during this meeting. I urge all CWC members to participate actively, as collective decisions will be made for the benefit of the Association.

I am delighted to inform you that as discussed in various CWCs and CCs, IMA Junior Doctors Employment Bureau has been created by signing a MoU on 15.09.24 in Chennai in presence of National President Dr. R.V. Asokan, Hon. Finance Secretary Dr. Shitji Bali, Commonwealth Association General Secretary Dr. J.A. Jayalal, Kerala IMA State President Dr. Joseph Benevan, National Vice President Dr. R. Gunasekaran, Hon. Secretary IMA TNSB & Developer of the Portal Dr. S. Karthick Prabhu, along with other leaders.

The Honourable Supreme Court has formed a National Task Force to address the demands and grievances of the medical profession after the alleged rape and murder of a Post Graduate resident doctor at R G Kar Medical College, Kolkata. IMA has formulated its submission to the NTF and had created a liaisoning team to meet the individual members of the NTF to sensitize them on the essentiality and inevitability of a Central Act to protect the doctors and Healthcare personnel along with other demands of IMA.

I also appeal to all our CC members to attend the 85th meeting of the Central Council along with UTSAV 2024 from 27th – 28th December, 2024 at Hyderabad, I request all of you to get yourself registered for the same.

Long Live IMA!

Dr Anilkumar J Nayak
Hony. Secretary General, IMA



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IMA/HSG/86/285

31/08/2024

New Delhi

To,
The Members
National Task Force

Dear Sir,

The National Task Force have been mandated to formulate effective recommendations to remedy the issues of concern pertaining to safety, working conditions and wellbeing of the medical professionals and other cognate matters.

The mandate includes preparation of an action plan:-

- (I) Preventing violence, including gender-based violence against medical professionals; and
- (II) Providing an enforceable national protocol for dignified and safe working conditions for interns, residents, senior residents, doctors, nurses and all medical professionals.

The Honourable Supreme Court of India has constituted the National Task Force to evolve a national consensus and to formulate protocols with due consultation of all stake holders.

Indian Medical Association is the national organization of modern medicine doctors established in 1928 which played a part in the freedom struggle of the country. Indian Medical Association has its Headquarters in New Delhi. It has presence in almost all the districts of the country with 1800 local branches, 28 state branches and 3,85,000 members. In addition, IMA has its presence in all the medical colleges of the country through its Junior Doctors Network (IMA JDN) and Medical Students Network (IMA MSN). The entire medical fraternity of India heeded to the call of IMA by withdrawing of all services except emergencies and casualties on 17.08.2021 following the brutal rape and murder of the 31 years old resident doctor in R G Kar Medical College Hospital Kolkata.

IMA has formulated its submission to the NTF in 3 sections:-

1. The demand and justification for a Central Act on violence on doctors and hospitals with the following annexures.
 - a) Safety During Night Duty: Survey of 3885 Doctors Across India.
 - b) Draft IMA Proposal for Central Act
 - c) Office Memorandum on 23rd March 2017 - The report of the committee constituted under the Chairmanship of Additional Secretary (Health) to examine the issue raised by Indian Medical Association.
 - d) Draft Legislation -The Healthcare Service Personnel and Clinical Establishments (Prohibition of violence and damage to property) Bill, 2019.
 - e) Epidemic Diseases (Amendment) Act September 2020
 - f) Code Gray Protocol, Government of Kerala
 - g) Resolution by World Medical Association on violence in healthcare adopted by the 63rd WMA General Assembly, Bangkok, Thailand, October 2012 and revised by the 73rd WMA General Assembly, Berlin, Germany, October 2022.



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Health care facilities vary in nature both infrastructure wise and human resources wise. The only preventive strategy that could be applied across the board and across all the states is deterrent central Law in statute. Absence of such law has resulted in half-hearted actions by the police and less that optimum investigations and prosecution of the incidence.

IMA believes deterrence is the best form of prevention. Unlike other measures a strong Central Law will prevent violence across all sectors especially the small and medium ones. It will serve as an enabling Act to the State legislations.

2. Demand for declaring hospitals as **Safe Zones**. The concept of safe zone could be embedded in the proposed law as well. Declaration as safe zone entitles the hospitals with security entitlements. These security entitlements however should be tempered with patient friendly nature and cultural sensitivity.
3. Improving the working and living conditions of the **Resident doctors**. Ever since the Resident System was created there have been administrative and judiciary pronouncements. Yet few things have changed on the ground.

We the medical profession of India expect the National Task Force to live up to our expectations and instill confidence into the minds of the demoralised doctor community.

We express our gratitude to the Honourable Supreme Court of India in whom we impose our TRUST.

Thanking you for your indulgence
Yours sincerely

Thanking you,
Yours sincerely,

Dr. R V Asokan
National President

Dr. Anilkumar J Nayak
Honorary Secretary General



Executive Summary of IMA's Submission to NTF

- Indian Medical Association is the national organization of modern medicine doctors established in 1928 which played a part in the freedom struggle of the country. Indian Medical Association has its Headquarters in New Delhi. It has presence in almost all the districts of the country with 1800 local branches, 28 state branches and 3,85,000 members. In addition, IMA has its presence in almost all the medical colleges of the country through its Junior Doctors Network (IMA JDN) and Medical Students Network (IMA MSN). The entire medical fraternity of India heeded to the call of IMA by withdrawing all services except emergencies and casualties on 17.08.2024 following the brutal rape and murder of the 31 years old resident doctor in R G Kar Medical College Hospital Kolkata.
- Health care facilities vary in nature both infrastructure wise and human resources wise. The only preventive strategy that could be applied across the board and across all the states is deterrent Central Law in statute. Absence of such a law has resulted in half-hearted less than optimum investigations and prosecution of the incidents. Very few FIRs and still fewer convictions are the result. IMA believes deterrence is the best form of prevention. Unlike other measures a strong Central Law will prevent violence across all sectors especially in the small and medium ones. It will serve as an enabling Act to the State legislations.
- **IMA is praying for a directive to the Central Government to enact an enabling Central Law to prevent attacks on doctors and hospitals.**
- The following attempts were made during the past several years to address the issue.
- The Government engaged IMA in a discussion and an office memorandum was signed in 2017 to explore the possibilities of such a law.
- Again in 2019 efforts were made to draft a legislation. Many stake holders including IMA participated. Three ministries namely Health Ministry, Home Ministry and Ministry of Law participated in this exercise. The draft Bill was put in public domain for suggestions. However, the draft bill stopped short of reaching either the cabinet or the Parliament.
- The Home Minister engaged IMA during covid pandemic over virtual platform in 2020. IMA had proclaimed a White Alert protest with candles after violence in Covid care hospitals. Considering the Health emergency situation the Government amended the Epidemic Diseases Act 1897 with stringent provisions against violence on doctors and hospitals. This was proclaimed as an ordinance (April 2020) and later passed by the Parliament into an Act (September 2020).
- Around 288 incidents have been documented by IMA over the years. The list is neither exhaustive nor comprehensive. This is just a sample of the prevailing situation.
- Twenty five state legislations are available in our records. FIRs filed under these Acts are rare and very few convictions have occurred. IMA's prayer to the Hon Supreme Court is for a directive to the State Governments to incorporate the amendments in the Epidemic Diseases (Amendment) Act 2020 into their legislations irrespective of whatever has been written in these legislations.
- The following doctors were killed in workplace inline of their duty:
 1. Dr. Sethulaxmi (03/01/2012) in Tuticorin, Tamil Nadu
 2. Dr. Deben Dutta (31/07/2019) in Teok Tea Estate, Jorhat, Assam
 3. Dr. Vandana Das (10/05/2023) in Kottarakkara, Kerala
 4. Trainee Doctor in R.G. Kar Medical College and Hospitals, Kolkata on 09/08/2024.



- Doctors stand as a separate class by the nature of their professional services. The Hon'ble Supreme Court of India acknowledged so much in the Jacob Mathew vs State of Punjab & Anr judgement of 2004.
- There are special laws enacted for specific exigencies like the POCSO Act as well. A special exigency does exist in relation to the violence on doctors and hospitals.
- The doctors are vulnerable in their workplace. The State has a bounden duty to provide safety and security to the doctors and other healthcare personnel. "Right to Life" is a fundamental right.
- The issue of a Central Act for protection of Healthcare professionals remains to be addressed.
 - a) Clinical Establishments (Registration and Regulation) Act, 2010 was enacted by the Parliament of India at the request of 4 states even though hospitals and dispensaries come under the state list of the Constitution of India.
 - b) The Ministry of Health & Family Welfare, GOI has documented an Office Memorandum with the IMA where the Ministry has said that "it shall explore the possibility to initiate the process to bring a Central Act in line with those in vogue in the state".
 - c) A draft legislation "The Healthcare Service Personnel and Clinical Establishments (Prohibition of violence and damage to property) Bill, 2019" was placed in public domain after due consultation with all the stake holders. The Union Home and Law Ministry were involved along with the Union Health Ministry in drafting this Bill.
 - d) The Epidemic Diseases Amendment Ordinance, 2020 was proclaimed on 22nd April 2020 amending the Epidemic Diseases Act of 1897 during the Covid Settings. The same was approved and passed by the Parliament as the Epidemic Diseases Amendment Act, 2020 and received the assent of the President on 28th September 2020.

DECLARATION OF HOSPITALS AS SAFE ZONES

Airports are protected areas and have security protocols and personnel. Hospitals are protected areas even in a war zone. They certainly deserve the same status in peace times. Hospitals are entitled for appropriate security protocols with infrastructure and personnel. The concept of hospitals as safe zones is imperative for providing the right ambience for doctors and Healthcare personnel. These safety measures will at the end improve patient care and safety. The following factors have been taken in to consideration by IMA:

1. Airports are used by a fraction of the population. The hospitals have to remain accessible for the entire population 24 x 7.
2. There are at least 3 categories of hospitals
 - a) Medical colleges and teaching institutions (both Government and Private).
 - b) Tertiary care corporate hospitals.
 - c) Small and medium hospitals providing primary and secondary care.
- Amongst these tertiary care corporate hospitals appear to have proper security protocols, infrastructure and personnel. This corresponds to the relative low incidence of violence in such hospitals.
- It is evident that the security needs of the medical college hospitals and teaching institutions are at variance with the needs of primary and secondary care hospitals.



- District hospitals, Taluk Hospitals and community Health centers provide secondary care in the Government Sector. Small and medium hospitals mostly run by doctors as single, couple and in group provide secondary care in private sector. Primary Health centers, clinics and consultation rooms provide primary care.
- The security features discussed mostly (including the Hon Supreme Court) are for the large tertiary care hospitals. The needs of the secondary and primary care hospitals both Government and Private sector have also to be addressed in a toned down manner.
- The security measures defined for various hospitals should be patient friendly and culturally sensitive. It is preferable to retain the Indian way of allowing few members of the family to stay with the patient for the physical and mental well being of the patient.
- The violence in hospitals can be classified into two:
 1. Violence on doctors and hospitals regarding death, care, Bill etc (around 99 % of the violence)
 2. Crime in a hospital similar to the incident in RG Kar Medical College

Code grey protocol to be prepared and implemented. Patient's charter defining the code of contact.

A Code Grey is an organization-level response to actual or potential violent, aggressive, abusive or threatening behavior, exhibited by patients or visitors, towards others or themselves, which creates a risk to health and safety.

- **Needs of small and medium hospitals.**

Minimum

1. Security protocol
 2. Security Personnel
 3. Visitors policy
 4. CCTVs
 5. Grievance Redressal Mechanism
- The cost of security infrastructure and personnel should be borne by the ownership of the hospitals.

IMPROVING THE WORKING AND LIVING CONDITIONS OF THE RESIDENT DOCTORS

A duty day means 24 straight hours of emergency/casualty posting and OT service and responding to CPR calls. This "duty" day then blends into the next "regular" work day without a break. It is hard to conceive a human being function at his optimum on that particular day and afterwards without any sleep whatsoever. And, this sleep-deprived duty roster continues to operate for a full 3 years of the resident tenure.

The Supreme Court had taken cognisance of this way back in 1987. As per the directives of the Honourable Supreme Court in its judgment dated, 25.9.87, in writ petition No. 348-352 of 1985, all the State Governments, Medical Institutions and Universities are required to amend their rules and regulations to introduce a uniform residency scheme by 1993. The judgement read as under.

"A uniform practice has to be evolved so that the discipline would be introduced. We accordingly allow the present arrangement to continue for a period of five years i.e. upto 1992 inclusive. For admission beginning from 1993 there would be only one pattern. All Universities and institutions shall take timely steps to bring about such amendments as may be necessary to bring statutes, regulations, and rules obtaining in



their respective institutions in accord with this direction before the end of 1991 so that there may be no scope for raising of any dispute in regard to the matter. The uniform pattern has to be implemented for 1993. It is proper that one uniform system is brought into vogue throughout the country."

In this connection Ministry of Health & Family Welfare, Govt. of India had sent directive to all states & U.T. administrations vide letter No. S-11014 /3/91/ME (P) dated 05 June, 1992.

The instruction No.13 of this letter 'Hours of Work', it is mentioned that "Continuous active duty for resident doctors will not normally exceed 12 hours per day. Subject to exigencies of work the resident doctors will be allowed one weekly holiday by rotation.

The resident doctors will also require to be on call duty not exceeding 12 hours at a time. The junior Residents should ordinarily work for 48 hours per week and not more than 12 hours at a stretch subject to the condition that the working hours will be flexible as may be decided by the Medical Superintendents concerned keeping in view the workload and availability of doctors for clinical work."

Presently Resident doctors (Post graduate students in Medical Colleges) in India are forced to work continuously for 24 hrs and collectively for 85-105 hrs/week in most of the clinical departments without the protection of any service rules because they are students.

Many countries have enacted duty hours regulations for doctors which varies between 40 to 48 hours per week. In Denmark, Norway and Sweden, residents work only 37-45 hours per week. In Netherlands, residents' duty hours are limited to 48 hrs per week. France has a 35 hour per week limit. In most of the states in India no duty hour's norm exists.

RECOMMENDATIONS BY IMA

1. Current training programs for residents need a relook with the aim at reduction in their working hours.
2. Medical Institutions and Universities are required to amend their rules and regulations to introduce a uniform residency scheme
3. Resident doctors should be allowed one weekly holiday by rotation. The resident doctors should be on call duty not exceeding 12 hours at a time. The junior Residents should ordinarily work for 48 hours per week and not more than 12 hours at a stretch
4. There is a need to rationalize the patient case load. This can only be achieved by administrative decisions such as limiting the number of patients to be seen per day, developing proper referral and back referral system, and strengthening the other health facilities in the area.
5. Need to develop mechanisms to evaluate the work-related stress, burnout, and depression among doctors and address the same in improving the physical and mental well-being of these young doctors, who are an integral part of the health care system.
6. There should be fixed duty hours, counselling and social support for resident doctors.
7. If Institutions are not able to cope with work load under normal working-hours-limit then the no. of posts must be increased.
8. In view of our economy getting bigger, healthcare also needs a bigger contribution both in terms of the size of the pie but also as a percentage. Healthcare in the country is woefully underfunded and this state of affairs is unacceptable.
9. Increase the number of posts of Medical Officers across the country commensurate with the population. Employ MBBS graduates in sub centres and wellness centres. Discontinue the practice of ad hoc and contract hiring of doctors in National Health Missions and central ministries.



10. Adequate and appropriate duty rooms and wash rooms need to be provided. Hostels where ever provided should provide befitting accommodation at affordable rates.
11. Admissions to the PG courses are expensive and/or coupled with contracts and bonds with penalty clauses and fines in tens of lakhs of rupees which are impossible to pay back.
12. Abolishment of bond policy because women doctors under it are posted in peripheral hospitals where CCTV cameras or security personnels are inadequate. There is no provision of a bond under the NMC Act, 2019 or the erstwhile Indian Medical Council Act, 1956 and regulations made thereunder. The condition of bond is imposed by the states.
13. Abolishment of Seat Leaving Bond Policy: According to NMC data, 153 MBBS and 1,120 doctors pursuing PG medical courses dropped out of their institutions in the last five years. Apart from the dropouts, at least 122 medical students, 64 in MBBS and 58 in post-graduate courses died by suicide between 2018 —2023. It was noted that the exorbitant amount of stress not only exacerbates the financial strain on the medical students but also acts as a deterrent for seeking necessary mental health support from the family.
14. Frequent NMC assessment and inspection should be conducted in all medical institutions and DNB hospitals to ensure security for the postgraduate doctors doing night duties and harmony in the departments to avoid departmental toxicity.
15. Classify the pay of medical residents as salaries instead of stipends. There is a great disparity among pay scales in different states of the country and should be addressed immediately.

National president Dr R V Asokan National Vice President Dr Shivkumar Utture met the Union Cabinet Secretary Shri T V Somnathan in his office in Rashtrapathi Bhavan on (Friday) 13.09.2024 and had a discussion on the Central Act on Violence. He was apprised of the situation and the importance of bringing out a Central Act. The Cabinet Secretary presides over the National Task Force.

National President Dr R V Asokan and National Vice President Dr Shivkumar Utture also attended the subgroup meeting of the National Task Force in Nirman Bhavan on 13.09.2024

National president Dr R V Asokan and State Secretary of DMA Dr. Prakash Lalchandani met Dr Chandrashekhar Pemmasani, Minister of state of Union Government on Thursday 12.09.2024 to discuss the Central Act on Violence.

**IN THE SUPREME COURT OF INDIA****SUO MOTO WRIT PETITION (CRL.) NO. 2 / 2024****IN THE MATTER OF:**

IN RE: ALLEGED RAPE AND MURDER INCIDENT OF A TRAINEE DOCTOR IN DR. R.G. KAR
MEDICAL COLLEGE AND HOSPITAL, KOLKATA AND RELATED ISSUES

AND IN THE MATTER OF:

Indian Medical Association

Through its Hony. Secretary General IMA House, I.P. Estate
New Delhi – 110001 APPLICANT

APPLICATION FOR IMPEADMENT

To,
Hon'ble the Chief Justice of India and his
Hon'ble Companion Judges
of the Hon'ble Supreme Court of India

The humble application
of the Applicant above-named

MOST RESPECTFULLY SHOWETH

1. It is most respectfully submitted that the present Writ Petition has been registered suo moto by this Hon'ble Court in relation to the horrific incident of rape and murder of a doctor pursuing her PG degree and working at RG Kar Medical College and Hospital Kolkata. The said incident had taken place between the late night on 09.08.2024 and early morning of 10.08.2024.
2. This Hon'ble Court having taken suo moto cognizance of this incident is also considering a number of issues in relation to, inter alia, the lack of institutional safety standards in healthcare establishments, as well as other issues relating to the safety and security of healthcare professionals at their workplace, particularly with reference to women.
3. It is respectfully submitted that the Applicant herein is the Indian Medical Association (hereinafter referred to as the "IMA"). It is the largest pan- India association of medical doctors in the country, comprising of more than 3,80,000 doctors. The Applicant (IMA) has a presence in almost all States / UT and districts of the country through its 1800 local branches and 28 State / UT branches. In addition, IMA has its presence in almost all medical colleges of the country through its Junior Doctors Network (IMA JDN) and Medical Students Network (IMA MSN).
4. One of the objectives of the Applicant (IMA) is to maintain the honour and dignity and to uphold the interest of the medical profession. The Applicant (IMA) has always found it to be its bounden duty to espouse the causes/concerns and has taken up/agitated the grievances of medical doctors/healthcare professionals before various courts, forums and authorities. The IMA has taken up many such causes in the past for agitating issues relating to the public healthcare system in the country, including in the field of education and practice of medicine. All such steps which are taken by the IMA, eventually, facilitate achieving of its larger objective for serving the needs of the community for medical care and treatment, and the honour and dignity for medical professionals.
5. It is most respectfully submitted that even with regard to the safety and security of doctors and healthcare professionals, the Applicant (IMA) has been agitating their issues before various forums and communities for a long time. One of the grievances of the Applicant (IMA) on behalf of the medical community has been that there ought to be a Central Legislation addressing the issues of



safety and violence against doctors and healthcare professionals at their workplace.

6. It has been the constant demand of the Applicant on behalf of the medical community that strong and effective laws and measures, through a Central Legislation, need to be put in place for ensuring an effective redressal of the issues which are faced by the members of the medical fraternity who are constrained to work in an atmosphere of fear wherein they are constantly fearing for their security and safety.
7. In the past, on account of the growing incidences of violence against doctors and healthcare professionals in healthcare establishments, and the grievances raised by the Applicant in this regard, a Committee has been constituted by the Government of India under the chairmanship of the Additional Secretary (Health) to examine the said issues raised by the Applicant (IMA). The said Committee, after deliberations, had submitted its report which was published vide Office Memorandum dated 13.02.2017. A copy of the said report of the Committee under the chairmanship of the Additional Secretary (Health) to examine the said issues raised by the Applicant (IMA) is annexed herewith as **ANNEXURE A1** [Pg. 14 to 25].
8. In the said report, one of the observations of the Committee was that the Ministry of Health & Family Welfare, Government of India shall consider the possibility of enactment of a central legislation and expedite the process to bring a central legislation on the said issue in relation to the legislation which are in vogue in different states.
9. Pursuant to subsequent consultation with the Applicant (IMA), the Government of India through the Ministry of Health & Family Welfare, had formulated a draft legislation to be enacted by the Parliament as a central legislation to deal with instances of violence against healthcare professionals and to provide for security of all healthcare establishments.
10. In this regard, a draft bill was floated viz. the Healthcare Service Personnel and Clinical Establishments (Prohibition of Violence and Damage to Property) Bill, 2019. The Ministry had also issued a Notice dated 02.09.2019 inviting comments and suggestions from the public in regard to the said draft Bill. A copy of the said Notice dated 02.09.2019 inviting comments in relation to the Healthcare Service Personnel and Clinical Establishments (Prohibition of Violence and Damage to Property) Bill, 2019 is annexed herewith as **ANNEXURE A2** [Pg. 26 to 32].
11. However, the said draft bill was neither placed before the Cabinet nor before the Parliament.
12. It is respectfully submitted that even during the Covid-19 pandemic, when there were multiple incidences of violence against medical doctors/healthcare professionals at their work place, the Applicant (IMA) had raised these issues with the Government of India pursuant to which, the Government had taken immediate steps and had promulgated the Epidemic Diseases (Amendment) Ordinance, 2020 on 22.04.2020.
13. By virtue of the said Ordinance, the Central Government had brought into existence stringent provisions prohibiting as well as penalizing the incidents of violence against health care professionals and damage to properties of health care establishments. A copy of the Epidemic Diseases (Amendment) Ordinance, 2020 dated 22.04.2020 is annexed herewith as **ANNEXURE A3** [Pg. 33 to 38].
14. Subsequently the said 2020 Amendment was substituted by an Act passed by the Parliament and which received the assent of the Hon'ble President of India on 28.09.2020. A copy of the said Epidemic Diseases (Amendment) Act, 2020 is annexed herewith as **ANNEXURE A4** [Pg. 39 to 42].
15. It is respectfully submitted that by way of the above-mentioned Central legislation, the Central Government/Parliament had brought into existence the provisions for dealing with incidents of violence against medical doctors and damage to properties of health care establishments.



However, the said provisions come into operation only during the period when there is an epidemic declared in the country and when the provisions of the Epidemic Diseases Act, 1897 are in operation. It has been the respectful submission on behalf of the Applicant that the said provisions prohibiting and penalizing the incidents of violence against doctors and damage to properties of health care establishments - would deserve to be made applicable at all times, irrespective of whether there is an epidemic or not. In this behalf, it is the submission on behalf of the Application (IMA) that there ought to be a central legislation, stipulating the same provisions and offences as in the Epidemic Diseases (Amendment) Act, 2020, for dealing with incidents of violence against medical doctors and damage to properties of health care establishments. A central legislation shall also ensure uniform application of such stringent provisions, across the country.

16. It is the respectful contention of the Application that health care facilities vary in nature - both infrastructure wise and human resources wise, across the country. The only effective mechanism that could be applied across the board and across all the states – would be a stringent, deterrent Central Law. Absence of such a law has resulted in half-hearted less than optimum investigations and prosecution of the incidents. Around 288 such incidents have been documented by IMA over the years. The list is nether exhaustive nor comprehensive. However, the number of FIRs registered are very few, and even fewer convictions have taken place in relation to such incidents. The Applicant submits that unlike other measures, a strong Central Law will prevent violence across all sectors, against the healthcare professionals and their establishments, especially in the small and medium establishments.
17. It is humbly submitted that significant pressure and workload for the treatment and management of the patients in India is on the shoulders of the medical colleges / hospitals run by the Central Government, Central Authorities, State Government and other public sector undertakings. The private hospitals and nursing homes are also sharing the burden of management and treatment of the patients. The safety and security of all serving at the hospitals, nursing homes, medical centres etc. is of utmost importance. Women medical doctors as well as medical students both in Undergraduate, Postgraduate as well as Super Speciality medical courses deserve an extra focus and attention by all concerned for ensuring safety and security at their hospitals as well as at their working places in the hospitals, nursing homes, medical centres etc.
18. It is also a matter of common knowledge that substantial number of incidents of physical assault, violence against the doctors are reported at Government medical colleges and hospitals. The number of cases of violence, aggression, threats etc. against the medical doctors and staff in hospitals being run by the Government authorities is considerably high. It is also a common knowledge that the poor masses of the country are able to avail the medical treatment and facilities, primarily and substantially from the Government run institutions and health services, as on large number of occasions, the masses find it difficult to approach private hospitals and nursing homes on account of monetary constraints.
19. It has also been observed over a period of time that the number / proportions of women medical doctors / students has tremendously increased. It can be easily seen that 3-4 decades ago, the proportion of women medical doctors / students was only between 10-15% of the total medical students which has now gone beyond 50% of the total strength of the medical students and doctors who provide medical facilities in the hospitals. It is, therefore, all the more necessary that the safety and security of both medical students as well as medical doctors, paramedical staff etc., especially in Government hospitals, should be of the highest order so as to create a safe and secure atmosphere for doing their duties of providing medical facilities to the citizens of the country who are able to approach the said hospitals / facilities. The Applicant association i.e. IMA therefore, urges this Hon'ble Court to take these aspects into consideration, which it has also placed before the National Task Force constituted under the orders of this Hon'ble Court.



20. It is respectfully submitted that in the present case, subsequent to the horrific incident that took place at Dr. R.G. Kar Medical College and Hospital, Kolkata, on 09.08.2024 / 10.08.2024, PILs had been filed before the Hon'ble Calcutta High Court, including by the parents of the victim, wherein an Order dated 13.08.2024 had been passed by the Hon'ble Calcutta High Court directing, inter alia, that the investigation of the case shall stand transferred to the Central Bureau of Investigation (CBI). Further, vide its subsequent Order dated 16.08.2024, the Hon'ble High Court had been pleased to, inter alia, direct that the identity of the victim be not disclosed and further, that the CBI may file an interim report as regard the progress of the investigation on the next date of hearing. Copies of the orders dated 13.08.2024 and Order dated 16.08.2024 passed by the Hon'ble Calcutta High Court are annexed herewith as **ANNEXURE A5** [Pg. 43 to 59] and **ANNEXURE A6** [Pg. 60 to 65] respectively.
21. Further, on 21.08.2024, the Hon'ble Calcutta High Court adjourned the proceedings to 04.09.2024. Thereafter, on 04.09.2024, the proceedings have been adjourned by the Hon'ble High Court to 18.09.2024. A copy of the order dated 21.08.2024 passed by the Hon'ble Calcutta High Court is annexed herewith as **ANNEXURE A7** [Pg. 66 to 70]. A copy of the order dated 04.09.2024 passed by the Hon'ble Calcutta High Court is annexed herewith as **ANNEXURE A8** [Pg. 71 to 75].
22. Pursuant to the aforesaid horrific incident, the Applicant (IMA) had also suo motu constituted a disciplinary committee, to consider the conduct of the erstwhile principal of Dr. R.G. Kar Medical College – viz. Dr. Sandip Ghosh. The office bearer(s) of the IMA had also met and interacted with the family of the victim. Taking into consideration all the facts, the IMA has suspended the membership of Dr. Sandip Ghosh and a copy of the communications dt. 28.08.2024 and 30.08.2024 issued in this regard, are annexed herewith as **ANNEXURE A9** [Pg. 76 to 77].
23. It is respectfully submitted that this Hon'ble Court had taken suo moto cognizance of the incident and taken up the present Writ Petition for consideration on 20.08.2024. On that date, this Hon'ble Court had passed a detailed Order wherein it had, inter alia, taken into all the grievances raised by the Applicant (IMA) on behalf of the medical fraternity for immediate steps to be taken by the Government and the authorities in relation to the said grievances. This Hon'ble Court, vide its Judgment/Order dated 20.08.2024 had issued directions, inter alia, for constitution of a National Task Force (NTF) for carrying out a consultation with all stakeholders and formulating effective recommendations to remedy the issues of concerns pertaining to the safety, working conditions and well- being of medical professionals in the country, as well as other related issues highlighted in the said Order passed by this Hon'ble Court.
24. It is further submitted that the NTF was requested by this Hon'ble Court to also recommend the timelines within which its recommendations ought to be implemented based on the existing facilities in the hospitals. This Hon'ble Court had requested the NTF to submit an interim report within three weeks, i.e. by 10.09.2024. Further, this Hon'ble Court had requested the NTF to submit its final report within two months from 20.08.2024 i.e. by 19.10.2024.
25. Subsequent to the proceedings before this Hon'ble Court on 20.08.2024, the Applicant (IMA) had also conveyed the appeal of this Hon'ble Court to the young / resident doctors, for resuming their duties with immediate effect, having regard to the directions issued by this Hon'ble Court and formation of the NTF for consideration, in a time-bound manner, of the issues and grievances of the medical community and for giving recommendations in that regard. The IMA, through its National President, had also issued a Statement to this effect, on 04.09.2024. The doctors of IMA had already resumed their duties on 18.08.2024, after the 24-hour withdrawal of services (except emergency and casualty services) from 6 am on 17.08.2024 to 6 am on 18.08.2024. A copy of the Statement dt. 04.09.2024 issued by the National President of the Applicant is annexed herewith as **ANNEXURE A10** [Pg. 78].



26. It is respectfully submitted that by its subsequent Order dated 22.08.2024, this Hon'ble Court had reiterated that the NTF shall engage with the diverse stakeholders including the Applicant (IMA).
27. Pursuant to the above-mentioned directions of this Hon'ble Court, the NTF had held its meeting and the Applicant (IMA) has also submitted its suggestions and recommendations to the NTF for consideration. The Applicant (IMA) has submitted its suggestions and recommendations to the NTF in three sections i.e.:-
- Enactment of a Central legislation stipulating stringent provisions for dealing with acts of violence on doctors and damage to properties of health care establishments;
 - Taking steps for declaration of hospitals as "safe zones" with entitlement for security measures, while maintaining patients friendliness and cultural sensitivity;
 - Improvement in the working and living conditions of the resident doctors.

A copy of the suggestions/recommendations submitted by the applicant (IMA) to the NTF on 31.08.2024 is annexed herewith as ANNEXURE A11 [Pg. 79 to 237].

28. In view of the above, it is most respectfully submitted that the Applicant (IMA) being the largest pan-India voluntary organisation of medical doctors and healthcare professionals is vitally interested in the consideration and outcome of the present proceedings. Further, being the representative body of the medical fraternity, the Applicant (IMA) shall be able to assist this Hon'ble Court for a proper and effective adjudication of the issues being considered by this Hon'ble Court in the present proceedings and for passing of orders to secure the rights and interest of the community of doctors and healthcare professionals. This Hon'ble Court has also acknowledged role of the Applicant (IMA) in its above-mentioned Orders dated 20.08.2024 and 22.08.2024.
29. Thus, it is most respectfully submitted that the Applicant (IMA) deserves to be impleaded in the present proceedings as a party Respondent.
30. It is respectfully submitted that the present application is bona fide and orders by this Hon'ble Court allowing the present application shall meet the ends of justice.

PRAYER

In view of the facts stated and submissions made hereinabove, it is most respectfully prayed that this Hon'ble Court be pleased to:-

- Pass orders for impleadment of the Applicant (IMA) as a party Respondent in the present writ Petition;
- Pass such other or further orders as this Hon'ble Court may deem fit and proper in the facts and circumstances of the present case.

APPLICANT

THROUGH

FILED ON: 10.09.2024

NEW DELHI

PRABHAS BAJAJ
ADVOCATE FOR THE APPLICANT
AOR CODE: 3430

FILED ON: 10.09.2024
NEW DELHI



SUBMITTED TO NTF

ISSUES IN THE WORKING CONDITIONS OF THE DOCTORS IN GOVERNMENT SERVICE

Doctors in government service in India face numerous challenges that affect their professional performance, job satisfaction, and personal well-being. Some of the key issues include:

1. Workload

Government hospitals are often overcrowded, with an increasing number of patients relying on public healthcare. This leads to a high patient-to-doctor ratio, resulting in a heavy workload for doctors. They are required to work long hours, often without adequate breaks, leading to physical and mental exhaustion. The inadequate Human Resources specially the Doctors is the major issue. Lack of a structured referral system in the three tier system . The specialist Doctors are over burdened at the Taluk/ District level hospitals because of this lack of referral system where in Primary Health Centres / Community Health Centres are to be strengthened and only cases to be seen by specialists are to be referred to secondary and Tertiary Hospitals. Many of the PHCs have been converted to Family Health Centres but the Medical Officers are not properly trained to work as a family Physician.

2. Poor Salary and Benefits

Despite the critical nature of their work, many government doctors specially the Specialists and super specialists receive relatively low salaries compared to their private sector counterparts. Additionally, the lack of incentives or benefits such as performance bonuses, housing allowances, further contributes to dissatisfaction among doctors. The Private practice norms are to be revisited and made more practical for better service to public . The specialist and super specialist Doctors are still not attracted to Government services.

3. Poor Working Amenities

The working conditions in many government hospitals are often substandard. Basic facilities like proper resting rooms , duty rooms, clean wards, proper lighting, air conditioning, and access to adequate medical supplies and modern equipment are lacking. The lady Doctors are adversely affected more. This not only hampers the ability of doctors to provide optimal care but also adds to their frustration.

4. Lack of Continuous Training

Medical science is constantly evolving, but government doctors often have limited opportunities for professional development. There is a shortage of structured training programs and workshops to keep them updated with the latest medical advancements, diagnostic techniques, and patient care methods. This gap in continuous medical education impacts their ability to deliver high-quality care. The Medical Officers appointed in Administrative posts are not trained , there is lack of proper job appraisal before promoted to higher posts resulting in the below desired quality in the administration of the Hospitals and the Health Department.

5. Infrastructure Issues

Many government hospitals suffer from inadequate infrastructure. This includes overcrowded facilities, lack of essential medical equipment, insufficient beds, and poor hygiene standards. Doctors are often forced to work in environments that are not conducive to effective patient care, which adds to the stress and dissatisfaction of their job. The Doctors are always at the receiving end in case of complications and issues in patient care attributed to lack of adequate infrastructure. The treating Doctors have little say in the Drugs/ Equipment procured and the quality is compromised which affects the patient care. Everything is thrust from top to bottom !



6. Job Stress

The combination of long working hours, poor infrastructure, and inadequate staffing results in significant stress for doctors in government service. They often face high-pressure situations where they are responsible for handling critical cases without the necessary support. The pressure of Politicians/Peoples representatives, media mostly not tuned to the medical correctness affects the morale and confidence of the Doctor. This job-related stress can lead to burnout, affecting both their mental and physical health.

7. Safety Concerns

In recent years, there have been increasing instances of violence against doctors in government hospitals. These incidents are often sparked by dissatisfaction with treatment outcomes or delays due to resource limitations. The lack of adequate security measures in many hospitals makes doctors vulnerable to such attacks, further increasing their job-related stress and anxiety.

Conclusion

The issues faced by government doctors are multifaceted and require immediate attention from policymakers. Addressing these problems through improved working conditions, better salaries, regular training programs, and enhanced infrastructure and Human Resources can significantly improve the morale and efficiency of doctors, ensuring better healthcare delivery to the public.

Compiled by Dr R Ramesh
Kerala

BOND POLICY

The bond system for medical graduates in India is a contract between the student and the state government or college authority to fulfill certain conditions, such as serving in rural areas or providing medical expertise in the state of their education. If the conditions are not met, the student must pay a hefty penalty to the state or institute.

Types of Bonds:

- **Service Bond:** A contract between the medical graduate and the state government to render medical service in the same state where they pursued their post-graduation.
- **Seat Leaving Bond:** An agreement between a medical graduate and the medical college or the state government where they are enrolled in a post-graduate program.
- **Bank Guarantee:** A guarantee from nationalized banks certifying that the medical graduate made a fixed deposit of a specific amount.

Undergraduate Bonds:

- Typically, government medical colleges require MBBS graduates to sign service bonds, mandating them to work in rural or underserved areas for a specified period.
- The duration and penalties vary across states, with some requiring a minimum of one year of service and penalties ranging from Rs. 5 lakhs to Rs. 1 crore.

Postgraduate Bonds:

- Postgraduate students, especially those pursuing MD/MS courses, are also required to sign bonds with varying conditions and penalties.
- Some states have a three-year service bond for postgraduates, with penalties for non-fulfillment, while others have a one-year bond or no bond at all.

**States with Bond Policies:**

1. LADAKH
2. JAMMU & KASHMIR
3. HIMACHAL PRADESH
4. HARYANA
5. PUNJAB
6. UTTARAKHAND
7. DELHI
8. UTTAR PRADESH
9. BIHAR
10. SIKKIM
11. ARUNACHAL PRADESH
12. ASSAM
13. MEGHALAYA
14. NAGALAND
15. MANIPUR
16. MIZORAM
17. TRIPURA
18. RAJASTHAN
19. GUJARAT
20. MADHYA PRADESH
21. CHATTISGARH

22. JHARKHAND
23. WEST BENGAL
24. DADRA AND NAGAR HAVELI & DAMAN AND DIU
25. MAHARASHTRA
26. ODISHA
27. GOA
28. KARNATAKA
29. TELANGANA
30. ANDHRA PRADESH
31. KERALA
32. TAMIL NADU
33. ANDAMAN & NICOBAR ISLANDS
34. LAKSHADWEEP
35. PUDUCHERRY

States without Bond Policies:

1. DELHI
2. MEGHALAYA
3. MANIPUR
4. CHANDIGARH

Conclusion :

Bonding the graduates of medicine is the vestige of slavery and can no longer justified. Bonds take away the right to work after graduation and the mental health of the doctors. 706 medical colleges bring out 1,08,682 MBBS graduates every year. Increasing evidence of unemployment and frustration are reported amongst young MBBS graduates. Increasing suicides are also reported. Many states are unable to use the services of these young doctors inspite of the bonds.

The judgement of the Honourable Supreme Court in this regard inspite of upholding the Bond policy has recommended to the Union Government and the then MCI to come up with a Uniform policy in this regard.

It is said that the Union Government is already seized of the matter and has written to the states suggesting withdrawal of seat leaving bonds.

NMC has taken a stand against the Bond policy saying that it affects the productivity of doctors and their mental health.

IMA requests this subgroup of NTF to recommend to the Honourable Supreme Court of India to reconsider their judgement in this regard.

This subgroup can also recommend to the Union Government and NMC to come out with a uniform policy across the country as directed by the Honourable Court.



GOVERNMENT OF ODISHA
HEALTH & FAMILY WELFARE DEPARTMENT

NOTIFICATION

No. HFW-MEI-MISC-0100-2024 24175 /H Dated 18.09.2024

Sub: Policy for providing a Safe Workplace Environment for Doctors, Students and Medicare Persons in Healthcare & Health Education Institutions.

In order to ensure a safe workplace environment for doctors, students and all medicare persons, the following guidelines are hereby prescribed for healthcare and health education institutions :-

1. Access Control:

- a. All health institutions should have a perimeter boundary wall with defined entry and exit gates. The entry of the general public and vehicles is to be regulated to stop use of health institution premises for thoroughfare.
- b. All employees / workers of the health institution should be provided with an ID card. Dress codes where applicable, should be strictly followed.
- c. Visitors pass system is to be followed for indoor patients. Only two entry passes are to be issued per patient, for attending the patient during official visiting hours and the attendants entering the ward should be frisked by the internal security guards to check for possession of any dangerous/objectionable items.
- d. Attendants should wait in a designated waiting area outside the ward. They should be allowed to meet the patient only during visiting hours to be decided by the Medical Superintendent. Visiting hours must be mentioned on the visiting card issued to the attendants and also on the prominent sites in the Hospital/Medical College.

2. Security Arrangements

- a. Security guards must be posted in all OPDs and 24x7 outside wards. As far as possible, both male and female security guards must be posted.
- b. The security guards should patrol in the campus and take steps for removal of unauthorized vehicles and vendors.
- c. If required, security hubs may be set up near high case load Departments in the hospital. The telephone number of these hubs may be made available through the display of signage.
- d. CCTV cameras are to be installed at strategic locations of the hospitals for monitoring of the activities in the hospital. CCTVs should be installed outside all hostels, main gate, roads, roundabouts, stairwells, other strategic points on campus and on each floor of the hostel.



- e. A control room must be available for security personnel 24x7 to keep watch on CCTV footage regularly, which must have at least 3 months storage recording backup.
- f. Well-lit secure parking areas, sufficient street lighting in the campus and provision of escort services or safe transportation options for night shifts for women doctors/ employees / students should be made.
- g. A public redressal system is to be developed through which aggrieved attendants may approach the Superintendent or Head of the institution at the time of need, instead of taking law into their own hands. The designated phone number should be displayed in conspicuous places on the campus.
- h. All health institutions should maintain a close liaison with the IIC / SHO/Officer-in-Charge of the nearest police station.
- i. In all Government Medical College Hospitals, a police outpost may be established within the premises of the institution. At least one female police staff must be available on duty at all times.
- j. Regular safety audits should be conducted to identify and address the potential security risks.

3. Availability of Duty Room and Rest room for Doctors and Staff:

Availability of doctor's duty room and washrooms for male and female doctors and nurses in all wards shall be ensured.

4. Emergency Response Plan:

A clear emergency response plan should be developed for all institutions, which may include panic buttons, emergency phones, mobile apps etc. to respond quickly to any threat and in emergency situations. A specific phone number can be set-up in the main Security Control Room to report any emergency or security issue at any time.

5. Respectful Workplace Culture:

- a. Institutions should foster a respectful workplace culture, addressing harassment, bullying or discrimination, and promoting a culture of inclusivity and respect. There must be zero tolerance for any harassment or bullying.
- b. Prominent signage must be displayed in the campus stating that patients' attendants & family must behave in respectful manner to all the medical and supporting staff and strict action would be taken against the offenders as per relevant provisions of law.
- c. Signage highlighting the penal provisions under the Bharatiya Nyaya Sanhita and the Odisha Medicare Service Persons and Medicare Service Institutions (Prevention of Violence and Damage of Property) Act, 2008 should be placed in front of the health institutions.

6. Support Services :

- a. The health institution should provide orientation and training on respectful workplace culture, hospital safety policies, provisions for emergency situations, respectful communication, punctuality and transparency, to all medicare workers, students and security personnel.
- b. The health institutions should take steps to offer support services, including counselling, women's self-defence training programs, and peer support groups to address workplace stress or trauma.

**Incident Reporting:**

- a. The health institution should establish a clear incident reporting process, ensuring confidentiality and prompt action on reported incidents.
- b. Any incident of violence against medical students should be promptly investigated by the college management and FIR should be lodged with the Police within six hours by the Head of the Institution.
- c. A detailed action taken report on any incident of violence should invariably be sent to the National Medical Commission (NMC), within 48 hours of the incident.
- d. The superintendent of Police of concerned district shall take immediate and appropriate action as per law against miscreants in order to discourage people from such activities.

Institutional Monitoring Committee:

- a. An Institutional Monitoring Committee should be constituted to undertake monthly review of all the above measures and take follow up action thereon. The Committee should be chaired by the head of the institution and should have representatives of doctors / faculty, paramedics, students and other relevant groups.


Commissioner-cum-Secretary



**Government of West Bengal
Office of the Chief Secretary
Nabanna, Howrah**

No. 66-CS/2024

Date : 19.09.2024

From: Chief Secretary,
Government of West Bengal

To: Principal Secretary,
Health & Family Welfare Department,
Government of West Bengal.

Sub: Directions regarding safety , security and efficient functioning of Health System in the state

Following directives are hereby issued for ensuring safety, security and efficient functioning of all health care professionals with overall objectives to deliver better healthcare services to all citizens of the State -

1. Adequate availability of On Duty Rooms, Washrooms, CCTVs, Drinking Water Facilities should be ensured in the healthcare facilities. Works in this connection must be completed as early as possible. All medical colleges and hospitals and other health care institutions must be advised to ensure implementation of these measures in consultation with all stake holders.
2. The state government has now appointed Shri Surajit Kar Purkayastha, IPS(retd), Chairman Satyendranath Tagore Civil Services Study Centre(SNTCSC) and former DGP, West Bengal for security audit of all Medical Colleges and Hospitals. Necessary co-operation in this regard should be extended by all concerned.
3. All committees including internal complaints committee should be made fully functional by the department.
4. It should be ensured that adequate number of police/security personnel along with female police/security personnel are deployed in every healthcare facility in consultation with Home Department. It should also be ensured that mobile teams are deployed by local police authorities for surveillance specially during night hours.

1 | Page



5. It should be ensured that Centralized Helpline No. is implemented for ensuring safety and security of healthcare personnels. Such Helplines should also be made available in every healthcare facility as early as possible.
6. A panic call button alarm system along with access control systems should be made operational in every healthcare facility as early as possible.
7. A Centrally Monitored Real Time Bed Availability Information System must be operationalized in all the Government facilities. Bed availability information should also be digitally displayed for benefit of public in every healthcare facility at a prominent place.
8. Centralized Referral System should be operationalized as early as possible.
9. Immediate steps should be taken for filling up of vacant posts of doctors, nurses, GDAs technicians etc.
10. A robust grievance redressal system should be developed to address promptly the grievances and complaints of all the stakeholders including patient & patient parties.

All the above directions must be implemented immediately and progress regarding the implementation of the above directions must be informed to State Level Task Force.

It is reiterated all stakeholders are the part of one family and they must work together to deliver good quality health care to all the citizens of the state.


Chief Secretary
West Bengal

No. 66/1(3)-CS/2024

Date : 19.09.2024

Copy forwarded for information and necessary action to :

1. Principal Secretary, Home & Hill Affairs Department, Govt. of West Bengal.
2. Director General of Police, West Bengal.
3. Commissioner of Police, Kolkata


Chief Secretary
West Bengal

2 | Page



ADHM

When the National Digital Health Blueprint was issued by the Government, Indian Medical Association highlighted several concerns including the healthcare infrastructure; funding for implementation of ABDM; privacy of citizens; data protection; regulatory framework; conflict with existing laws and regulations; participation of medical professionals & health care establishment etc. With a sense of responsibility, in the year 2020, the Indian Medical Association opined that it is not in favour of the policy framework as envisaged thereunder and provided reasoning through its representation dated 21.09.2020.

The saving grace was that NDHM insisted that it is purely voluntary. More over it insisted that the consent of the patient would be factored in every patient.

Now the pitch has changed and it is all about leveraging anything to get at data even by force. Read the following :

“Leverage various acts and government regulations (for e.g. Clinical Establishment Act) for increasing ABDM adoption.

- State / UTs that have adopted the Clinical Establishments Act should leverage it for increased ABDM adoption (ensuring HFR/HPR creation at time of renewal/registration under the Act).
- Similar provisions of existing Acts/regulations may be leveraged to populate registries (HPR and HFR), utilize ABHA and promote usage of ABDM-enable solutions.”
- The then AP Government had gone to the extent of amending the CEA in 2022.
- The ADHM is yet to reply to the six questions raised by IMA. IMA has asked for clarification. All options but legal have been exhausted.

LETTER TO CEO NHA ON ADHM

09/09/2024

To,
Ms. L S Changsan
Chief Executive Officer
National Health Authority
ceo.nha@nha.gov.in

Respected Madam,

I, Dr. R V Asokan, National President of the Indian Medical Association am a member of the Advisory Council for adoption of ABDM. I had written to your predecessor Ms. Deepti Gaur Mukerjee, then CEO, NHA on 26.04.2024 seeking for certain clarifications regarding ABDM. A physical meeting was arranged exclusively for Indian Medical Association team with the team of ABDM on 08.07.2024. IMA had requested for clarifications basically on 6 questions. To our disappointment ABDM team deputed on 12.07.2024 was elaborating on the technical side of ABDM. They never provided any answer to the questions raised by Indian Medical Association though they did promise to give a reply in writing.

I kindly request you for a formal reply to our letters. In the mean time we are bringing to your attention an amendment to the Andhra Pradesh Allopathic Private Medical Care Establishments (Registration and Regulation) Rules, 2007 dated 28th June 2022 for your information. We understand that the Government of India has fashioned ABDM as a voluntary option. We kindly request you to clarify the current status of ABDM whether it is mandatory for doctors and private hospitals to accept ABDM.

Dr. R.V. Asokan
National President, IMA



ఆంధ్రప్రదేశ్ రాజ పత్రము
THE ANDHRA PRADESH GAZETTE
PUBLISHED BY AUTHORITY

PART I EXTRAORDINARY

No.1061

AMARAVATI, FRIDAY, JULY 1, 2022

G.678

NOTIFICATIONS BY GOVERNMENT

--X--

**HEALTH, MEDICAL AND FAMILY WELFARE DEPARTMENT
(D2)**

AMENDMENT TO THE ANDHRA PRADESH ALLOPATHIC PRIVATE MEDICAL
CARE ESTABLISHMENTS (REGISTRATION AND REGULATION)
RULES, 2007.

[G.O.Ms.No.149, Health, Medical and Family Welfare (D2), 28th June, 2022.]

NOTIFICATION

In exercise of the powers conferred under Section 18 of the Andhra Pradesh Allopathic Private Medical Care Establishments (Registration and Regulation) Act, 2002 (Act 13 of 2002), the Government hereby make the following amendments to the Andhra Pradesh Allopathic Private Medical Care Establishments (Registration and Regulation) Rules, 2007 issued in G.O.Ms.No. 135, Health, Medical and Family Welfare (K2), Dated: 28.04.2007 as amended from time to time :

AMENDMENTS

In the said rules,-

- (1) In rule 4, after clause (a), the following shall be inserted, namely, -
 “(aa) All Private Allopathic Medical Care Establishments i.e. Hospitals, Clinics, Diagnostic centres shall enroll under National Digital Health Mission Portal and the Registry will enable hospitals and diagnostic clinics participate in the Digital Health Ecosystem. The health care facility registry will consist of one record and a unique identifier for each healthcare facility in the Country”.
- (2) In rule 5, after clause (a), the following shall be added, namely,-
 “All Doctors, Nurses and Para Medical staff and other health work force cadres shall enroll under National Digital Health Mission Portal.”

M. T. KRISHNA BABU,
Principal Secretary to Government.

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INDIAN MEDICAL ASSOCIATION (HQs.)

(Registered under the Societies Act XXI of 1860)
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IMA/NP/2024/300

08/09/2024

New Delhi

To,
Dr. B N Gangadhar
Chairman
National Medical Commission

Respected Sir,

Let me congratulate you on the several initiatives that you have taken after taking over as Chairman of NMC. I recall the first meeting with you officially and we had discussed the following issues:

1. Use of generic names of the drugs
2. Sponsorships of Continuing Medical Education (CME) Activities

Your proposal in that meeting was as follows:

1. Registered medical practitioners will take the generic names of the drugs wherever possible. They will retain the option of adding the brand name of their preference.
2. Sponsorship of CME Activities in the form of conferences, workshops, meetings, publishing etc. will be legal and legitimate so long as the accounts of the proceedings are audited as per the Laws of India. Any stake holder a Pharma Company, Hospital, Healthcare Institutions, Equipment Manufacturer, Medical Colleges and/or any stake holder can host and sponsor the same. Professional Associations or Hospitals or Healthcare institutions etc. can be the recipients of the sponsorship.
3. The above two proposals have been approved and passed in the 231st Central Working Committee of IMA at Chennai on 13th – 14th April 2024.
4. It will be a great privilege if the undersigned can get an appointment with your goodself either tomorrow (Monday) 09.09.2024 or on Monday next 16.09.2024. The purpose of appointment is to apprise you of the concern of the Medical Fraternity of India on the issues that have come to the fore after the unfortunate incident in RG Kar Medical College & Hospital and the subsequent suo moto intervention by Honourable Supreme Court of India forming a National Task Force of which your goodself is an Ex-Officio Members.

Thanking you,
Yours sincerely,

Dr. R V Asokan
National President, IMA

Copy to: Dr Anilkumar J Nayak, Honorary Secretary General, IMA



IMA EMPLOYMENT AND CAREER FACILITATION BUREAU
MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding (hereinafter "MOU") is executed on this 15th of September 2024 by and between:

Indian Medical Association (Hqs.), registered under the Societies Act XXI of 1860, located at I.M.A. House, Indraprastha Marg, New Delhi - 110002, represented by its Honorary Secretary General, Dr Anilkumar J Nayak (herein after referred to as Party I).

and

Doctors Classified a unit of Hicare Life India Private Limited, a company registered under Ministry of Corporate Affairs, Registrar of Companies, Coimbatore & located at Old No 66, New no 101, Karunanidhi Nagar, Trichy Road, Coimbatore-641045, represented by its Chairman, Dr S Karthick Prabhu (herein after referred to as Party II, which expression shall wherever the context otherwise requires includes its nominees, legal representatives and successors)

1. Background:

1. Whereas Party I, the largest association for doctors in the country is desirous of having an employment portal to increase the job opportunities of its young doctors.
2. The Party II has developed its own online portal in the name of doctorsclassified.com to cater various needs of doctors & healthcare sector including employment in healthcare .
3. Upon being approached by the Party II and upon being satisfied with the performance & idea of the employment vertical of doctorsclassified.com ,Party I engages with party II for its Doctors category in Employees & Employers vertical in employment division of doctorsclassified.com for a period of three (3) years commencing from 25/09/24, for use of the same by its members on certain exclusive terms and conditions as agreed to between the Parties.
4. The Parties hereto are keen to record the terms of offer of doctorsclassified.com and the terms of IMA and accordingly, enter into this MOU in order to record the same, along with the mutual promises and consideration therefor.

2. Representations:

The Party II represents that:

doctorsclassified.com is their proprietary software product and the proprietary rights to the same exclusively remain with them.

There are no third-party claims of ownership (or any right) vis-à-vis doctorsclassified.com

The signatory of the Party II is duly authorised to represent the Company in these presents.

The Party I represents that:

It has the requisite authority and powers to enter into this MOU.

3. Relationship between Parties:

1. The Parties confirm that this MOU does not constitute partnership or any form of joint – venture between IMA and the Company.
2. The Parties agree to operate on a 'Principal-to-Principal' basis, under this MOU.
3. Neither Party appoints the other as its Agent under this MOU.
4. Obligations of Parties:

During the subsistence of the MOU, the Party II agrees to make available its Doctors category in Employees & Employers vertical in employment division of doctorsclassified.com on a revenue



sharing basis as mutually agreed upon as per Annexure 1.

Party I agrees that Party II is the exclusive provider of services covered under this MOU for Indian operations, during the currency of the MOU.

Any change in the subscription rates, reduction or increase shall be done based on concurrence with Party I, during the term of this MOU

Party I shall actively promote the product to its members.

Party I agrees that the Party II will provide its Doctors category in Employees & Employers vertical in employment division of doctorsclassified.com at the agreed rates. All the other products are in the ownership of Party II at its terms.

5. Confidentiality:

From the date of this MOU and for a period of three (3) years starting 25/09/24 thereafter, the Parties agree not to disclose to, any person not having the need to know, any proprietary information or other confidential information of the other party (including the conclusion of this MOU and the actions contemplated under this MOU) to which such party may gain access to on account of the actions contemplated under this MOU.

This provision shall not apply to information in the public domain or that, which is to be disclosed by virtue of applicable law and / or for obtaining the necessary approvals to implement the provisions of this MOU.

6. Indemnity:

Each Party agrees to indemnify and keep the other indemnified against any and all, actual or alleged, claims, losses, damages, costs, expenses, penalties, payments and liabilities whatsoever including reasonable legal fees which such other Party may suffer or incur as a result of: (a) negligence, wilful default, fraud and/or misrepresentation of such Party or any of its personnel; (b) breach of representations or warranties (c) breach of applicable laws, rules or regulations by the such Party or any of its personnel; and/or.

7. Term and Termination:

Party I & Party II reserves the right to terminate this MoU with 3 months notice, in case of any deviation from this MoU and where such fault remains not cured for a period of three(3) months despite notice thereof.

8. Responsibilities:

Party I will perform all promotional activities but has no obligation to sell the product.

9. Severability:

If any provision (or part thereof) of this MOU is determined to be partially void, illegal, invalid or unenforceable in any respect by any court or body of competent jurisdiction or by virtue of any legislation to which it is subject or by virtue of any other reason whatsoever, it shall be void or unenforceable to that extent only, and the legality, validity and enforceability of any of the other provisions or the remainder of any such provision shall not be affected or impaired.

If any illegal, invalid or unenforceable provision would be legal, valid or enforceable if some part of it were deleted, such provision shall apply with the minimum modification(s) necessary to make it legal, valid or enforceable.

**10. Force Majeure:**

Either Party shall not be liable for any failure to perform its obligations under this Agreement due to causes beyond its reasonable control including, but not limited to, acts of God, acts of civil authorities, acts of military authorities, riots, embargoes, pandemic, acts of nature and natural disasters, and other acts which may be due to unforeseen circumstances.

11. Dispute Resolution:

All disputes or differences relating to this MoU, unless amicably settled, be subject to conciliation. In the event of failure of the latter, the dispute shall be settled by arbitration. The arbitration shall be conducted in accordance with the modalities to be agreed upon by the parties or, in the absence of agreement, with the Rules of Arbitration and Reconciliation Act. The parties shall accept the arbitral award as final. Arbitration fees shall be borne equally by both the Parties. No action can be taken under this agreement for the enforcement of any right without resorting to arbitration under this clause. The jurisdiction of the Court shall be in Delhi.

12. Governing Law and Jurisdiction:

This MOU shall be governed by and construed under the laws of India. The courts situated at Delhi, India shall have the exclusive jurisdiction over any disputes arising under or in relation to this Agreement.

13. Amendments:

No variation of this MOU or any of the documents referred to in it shall be valid unless it is in writing and signed by or on behalf of each of the Parties.

14. Entire Agreement:

This MOU and any other documents incorporated into this MOU, constitute the entire agreement and understanding between the Parties in respect of its subject matter and supersedes any previous agreement, warranty, statement, representation, understanding, undertaking or proposal (in each case whether oral or written) and all other prior or contemporaneous communications between the Parties or given by or on behalf of the Parties and relating to its subject matter.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL OF THE PROVISIONS OF THIS MOU.

For Indian Medical Association

Dr. Anilkumar J. Nayak
Honorary Secretary General

For Doctors Classified
Dr. S Karthick Prabhu
Chairman



19.09.2024



Dr. Joseph Benaven
Chairman



Dr. Shitij Bali
Hony. Secretary



Dr. Munish Prabhakar
Hony. Finance Secretary

INDIAN MEDICAL ASSOCIATION, HQs

IMA EMPLOYMENT AND CAREER FACILITATION BUREAU (ESTABLISHMENT OF)

Ordinance (02/2024) issued on Thursday 19/09/2024

I, Dr R V Asokan, National President of Indian Medical Association by the powers vested in me by bye law 37 F proclaim the IMA Employment and career facilitation Bureau ordinance (02/2024) issued on this nineteenth day of the September, two thousand and twenty four. The IMA Employment and career facilitation bureau for the employment opportunities and career facilitation of IMA members and deemed members in India and abroad is hereby constituted.

Preamble

Whereas 1,09,153 MBBS graduates come out of 706 medical colleges in India every year and a total of around 1.1 million modern medicine doctors are available currently there exists need for sharing of information about employment opportunities and career development at any point of time. Around 1.5 lakh doctors remain unemployed. In order to alleviate their suffering as well as provide employment and career opportunities IMA Employment and career facilitation is hereby constituted.

231st Central Working Committee at Chennai had given a specific mandate in this regard. Accordingly, the following members will constitute the bureau. They are nominated to the following responsibility. Their terms of office shall be 3 years from the date of nomination.

1. Dr Joseph Benaven (Kerala) Chairman
2. Dr Shitij Bali (Delhi) Honorary Secretary
3. Dr Munish Prabhakar (Haryana) Honorary Finance Secretary

IMA National President shall preside over the bureau.

The following will be the ex officio members of the bureau:

1. National President, IMA
2. Hony Secretary General, IMA
3. Hony Finance Secretary, IMA
4. Chairman IMA- JDN
5. Convenor IMA- JDN

Finances of the Bureau

IMA Employment and career facilitation bureau shall have a separate bank account at Delhi operated by the Hony Secretary and Hony Finance Secretary of the bureau. The bureau shall be audited by IMA HQs auditor and shall remain responsible in its activities and financial handling to the finance committee of HQs, Central Working Committee and Central Council.

There shall be 3 verticals to the bureau

1. Employment Bureau (National) Division
2. Employment Bureau (Overseas) Division
3. Career facilitation division

The Bureau is hereby constituted.

Dr. R V Asokan
National President



INDIAN MEDICAL ASSOCIATION HQs., New Delhi
Elections for the year 2024-2025 & 2025-2026
List of Elected Candidates

S.N.	Post	Year of the Post	Candidate's Name	State
1	National President Elect	2024-2025	Dr. DILIP BHANUSHALI	TELANGANA
2	National President Elect	2025-2026	Dr. ANILKUMAR J. NAYAK	GUJARAT
3	National Vice President Elect (4 Posts)	2024-2025	Dr. GURULINGAPPA B. BIDINAHAL	KARNATAKA
4	National Vice President Elect (4 Posts)	2024-2025	Dr. S. ALEX FRANKLIN	KERALA
5	National Vice President Elect (4 Posts)	2024-2025	Dr. HOZIE DARA KAPADIA	MAHARASHTRA
6	National Vice President Elect (4 Posts)	2024-2025	DR. NITIN K GARG	GUJARAT
7	National Vice President Elect (4 Posts)	2025-2026	Dr. RAMESH R.	KERALA
8	National Vice President Elect (4 Posts)	2025-2026	Dr. SUNIL CHUGH	RAJASTHAN
9	National Vice President Elect (4 Posts)	2025-2026	Dr. DHANWANTARI TIWARY	JHARKHAND
10	National Vice President Elect (4 Posts)	2025-2026	Dr. YAGNESH O. POPAT	GUJARAT
11	Dean- IMA CGP	2024-2025	Dr. V. S. PRASAD	ANDHRA PRADESH
12	Dean- IMA CGP	2025-2026	DR. SHOBHA AHUJA	MAHARASHTRA
13	Chairman IMA-AMS	2024-2025	DR. RAMNEEK BEDI	CHANDIGARH
14	Chairman IMA-AMS	2025-2026	Dr. M. VENKATCHALAPATHY	KARNATAKA
15	Hony. Director - IMA Dr. AKN Sinha Institute	2025-2026	Dr. ANIL S. PACHNEKAR	MAHARASHTRA
16	Hony. Editor-JIMA	2024-2025	Dr. KAKOLI SEN (MANDAL)	BENGAL
17	Hony. Editor-JIMA	2025-2026	Dr. RANJAN BHATTACHARYYA	BENGAL
18	Hony. Secretary General	2024-2026	Dr. SARBARI DUTTA	BENGAL
19	Hony. Joint Secretary (Two posts for NCR)	2024-2026	Dr. ANAND PRAKASH	UTTAR PRADESH
20	Hony. Joint Secretary (Two posts for NCR)	2024-2026	Dr. RAJNESH ATTAM	DELHI
21	Hony. Joint Secretary (One Post from rest of the country)	2024-2026	Dr. VASANT RAMRAOJI LUNGE	MAHARASHTRA
22	Hony. Joint Secretary, Stationed at Kolkata (To look after IMA bldg at Kolkata) (from Kolkata)	2024-2026	Dr. SIBABRATA BANERJEE	BENGAL
23	Hony. Asst. Secretary (One post from NCR)	2024-2026	Dr. SANDEEP DATTA	DELHI
24	Hony. Asst. Secretary (One post stationed at Kolkata as Hony. Asst. Secretary, JIMA)	2024-2026	Dr. ANIRBAN DALUI	BENGAL
25	Hony. Finance Secretary-for IMA HQ Stationed at New Delhi	2024-2026	Dr. PEEYUSH JAIN	DELHI
26	Hony. Joint Finance Secy. (One post from rest of the country)	2024-2026	Dr. RAJENDRA KUMAR YADAV	TELANGANA
27	Hony. Associate Editors, JIMA (2 Posts)	2024-2026	Dr. ASOK KUMAR NANDI	BENGAL



28	Hony. Associate Editors, JIMA (2 Posts)	2024-2026	Dr. SUMAN BISWAS	BENGAL
29	Hony. Secretary, JIMA	2024-2026	Dr. PRASANTA KUMAR BHATTACHARYYA	BENGAL
30	Hony. Editor, Your Health	2024-2026	Dr. KHWAJA ALIM AHMED	BENGAL
31	Hony. Associate Editors Your Health (One post from Kolkata)	2024-2026	Dr. ABUL KASEM MOLLA	BENGAL
32	Hony. Associate Editors Your Health (One post from rest of the Country)	2024-2026	Dr. SHAILENDRA KUMAR SINGH	UTTAR PRADESH
33	Hony. Secretary, Your Health	2024-2026	Dr. SANKAR SENGUPTA	BENGAL
34	Hony. Editor, Apka Swasthya (From Varanasi)	2024-2026	Dr. RITU GARG	UTTAR PRADESH
35	Hony. Secretary, Apka Swasthya	2024-2026	Dr. ARUN KUMAR TRIPATHI	UTTAR PRADESH
36	Hony. Secretary IMA- CGP (From Tamilnadu)	2024-2026	Dr. AMUTHA KARUNANIDHI	TAMIL NADU
37	Hony. Joint Secy., IMA CGP (Two posts from Tamilnadu)	2024-2026	DR. AADHAR SENTHIL KUMAR	TAMIL NADU
38	Hony. Joint Secy., IMA CGP (Four posts from other States)	2024-2026	Dr. UJWALA DAHIPHALE	MAHARASHTRA
39	Hony. Joint Secy., IMA CGP (Four posts from other States)	2024-2026	Dr. HEMANGA BAISHYA	ASSAM
40	Hony. Joint Secy., IMA CGP (Four posts from other States)	2024-2026	Dr. VANRAJSINH A. MAHIDA	GUJARAT
41	Hony. Joint Secy., IMA CGP (Four posts from other States)	2024-2026	Dr. VIKAS SHARMA	DELHI
42	Vice Chairman, IMA -AMS	2024-2026	Dr. V. AMUTHAN	TAMIL NADU
43	Hony. Secretary, IMA -AMS (From Telangana)	2024-2026	Dr. C. SAI RAM	TELANGANA
44	Hony. Joint Secretary, IMA AMS (One post from rest of the country)	2024-2026	Dr. SANTOSH KADAM	MAHARASHTRA
45	Hony. Executive Secretary, IMA AKNSI (From Bihar)	2024-2026	Dr. SUNIL KUMAR	BIHAR
46	Hony. Joint Secretary, IMA AKNSI (One post from Bihar)	2024-2026	Dr. D. S. SINGH	BIHAR
47	Hony. Joint Secretary, IMA AKNSI (One post from rest of the Country)	2024-2026	Dr. DILIP B. GADHAVI	GUJARAT
48	Chairman IMA HBI	2024-2026	Dr. K.M. ABUL HASAN	TAMIL NADU
49	Hony. Secretary IMA HBI (From Maharashtra)	2024-2026	Dr. SANJAY DATTARAYA PATIL	MAHARASHTRA
50	Treasurer IMA HBI (From Maharashtra)	2024-2026	Dr. ANILKUMAR BHASKAR PATIL	MAHARASHTRA

Chief Election Commissioner

Dr. Mahesh B. Patel
Ahmedabad (Gujarat)

Member

Dr. G. K. Thakur
Muzaffarpur (Bihar)

Member

Dr. M. S. Ashraf
Trichy (Tamilnadu)

Member stationed at Delhi

Dr. Vinod Khetarpal
(Delhi)

**उत्सव - 2024**

(Regd. No. 113/2024)

ALL INDIA MEDICAL CONFERENCE**IMA NATCON****27th & 28th December 2024****Hall 4, HITEX Exhibition Centre, Hyderabad, Telangana**

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- ☐ CHILDREN ABOVE 10 YEARS
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- 3) Academic topics from all Medical Specialities
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- 5) Medical Exhibition

TSMC
 CME Credit Hours
 will be applicable

 Abstracts for Platform & Poster Presentations to be submitted before 15th Nov. 2024 to
drsirangabkari@gmail.com



UTSAV - 2024

(Regd. No. 113/2024)

ALL INDIA MEDICAL CONFERENCE

IMA NATCON

27th & 28th December 2024

Hall 4, HITEX Exhibition Centre, Hyderabad, Telangana



REGISTRATION

DISCOUNT 1 st Jun to 31 st Aug 2024	REGULAR 1 st Sept to 30 th Nov. 2024	LATE 1 st Dec to 15 th Dec 2024	SPOT 16 th Dec 2024 onwards
Individual Registration			
Rs. 8000/-	Rs. 9,000/-	Rs. 11,000/-	Rs. 13,000/-
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85th Central Council Meeting

on 27th December 2024

at HALL 4, HITEX Exhibition Centre, Hitech City, Madhapur, Hyderabad

All India Medical Conference

on 27th & 28th December 2024

at HITEX Exhibition Centre, Hitech City, Madhapur, Hyderabad



UTSAV 2024

Conference Secretariat : UTSAV 2024, 1st Floor, IMA Building, Sultan Bazar, Koti, Hyderabad - 500027, (TS)

Tel : 7981824489, 7989112740

Email : imanatconhyd2024@gmail.com

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