

# **ESTIMATES COMMITTEE (1977-78)**

**(SIXTH LOK SABHA)**

## **SIXTH REPORT**

**MINISTRY OF HEALTH AND FAMILY WELFARE  
(DEPARTMENT OF HEALTH)**

tion taken by Government on the recommendations contained in the  
ndred and Second Report of the Estimates Committee (Fifth Lok Sabha)  
the Ministry of Health and Family Welfare—All India Institute of  
Medical Sciences.



*Presented to Lok Sabha on*

**23 DEC 1977**

**LOK SABHA SECRETARIAT  
NEW DELHI**

**December, 1977/ Agrahayana, 1889 (Saka)**

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(1977-78)

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\* Elected w.e.f. 30-11-1977 *vice* Shri Samar Guha resigned and Shrimati Renuka Devi Barkataki, Sarvashri S. Kundu, Janeswar Mishra, Fazlur Rehman and Sher Singh ceased to be members on their appointment as Ministers of State.

**STUDY GROUP 'G'**  
**ESTIMATES COMMITTEE**  
**(1977-78)**

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**—Chairman**

**—Convener**

## INTRODUCTION

1. the Chairman of the Estimates Committee having been authorised by the Committee to submit the Report on their behalf, present this Sixth Report on action taken by Government on the recommendations contained in the Hundred and Second Report of the Estimates Committee (Fifth Lok Sabha) on the Ministry of Health and Family Welfare, Department of Health—All India Institute of Medical Sciences, New Delhi.

2. The Hundred and Second Report was presented to Lok Sabha on 29 April, 1976. Government furnished their replies indicating action taken on the recommendations contained in that report during October—December, 1976. Further information called for on certain points was furnished by Government during June—July, 1977. The replies were examined by the Study Group 'G' of Estimates Committee (1977-78) at their sitting held on 24 November, 1977. The draft report was adopted by the Estimates Committee (1977-78) on 3 December, 1977.

3. The Report has been divided into the following Chapters :—

I Report

II Recommendations which have been accepted by Government.

III Recommendations which the Committee do not desire to pursue in view of the Government's replies.

IV Recommendations in respect of which replies of Government have not been accepted by the Committee.

V Recommendations in respect of which final replies of Government are still awaited.

4. An analysis of the action taken by Government on the recommendations contained in the 102nd Report of the Estimates Committee (Fifth Lok Sabha) is given in Appendix. It would be observed therefrom that out of 103 recommendations made in the Report, 86 recommendations i.e. 83 per cent have been accepted by Government and the Committee do not desire to pursue 5 recommendations i.e. 5 per cent in view of Government's replies. Replies of Government have not been accepted by the Committee in respect of 8 recommendation i.e. 8 per cent. Final replies of Government in respect of 4 recommendations i.e. 4 per cent are still awaited.

NEW DELHI

December 19, 1977

*Agrahayana 28, 1899 (Saka)*

SATYENDRA NARAYAN SINHA

*Chairman*

*Estimates Committee.*

## CHAPTER I

### REPORT

1. This Report of the Estimates Committee deals with the action taken by Government on the recommendations contained in their 102nd Report (5th Lok Sabha) on the Ministry of Health and Family Welfare—All India Institute of Medical Sciences, New Delhi which was presented to Lok Sabha on the 29th April, 1976.

2. Action taken notes have been received in respect of all the 103 recommendations contained in the Report.

1.3. The Action taken notes on the recommendations of the Committee have been categorised as follows :—

- (i) Recommendations/observations which have been accepted by Government.

Sl. Nos. 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 27, 28, 31, 32, 33, 34, 35, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 50, 52, 54, 55, 56, 57, 58, 59, 60, 61, 62, 64, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 89, 90, 91, 92, 93, 94, 96, 97, 98, 99, 100, 101, 103.

(Total = 86) Chapter II.

- (ii) Recommendations/observations which the Committee do not desire to pursue in view of Government's replies :—

Sl. Nos. 65, 66, 86, 87, 88.

(Total = 5) Chapter III.

- (iii) Recommendations/observations in respect of which Government's replies have not been accepted by the Committee :

Sl. Nos. 10, 26, 29, 30, 49, 53, 63 and 95.

(Total = 86) Chapter IV.

- (iv) Recommendations/observations in respect of which final replies of Government are still awaited :

Sl. Nos. 36, 37, 51 and 102.

(Total = 4) Chapter V.

4. The Committee will now deal with the action taken by Government on some of their recommendations.

#### **New Patterns of Medical Education**

#### **Recommendation S. No. 6 (Paragraphs 2.30 & 2.31)**

5. The Estimates Committee (1975-76) had noted that one of the major objectives of the All India Institute of Medical Sciences (A.I.I.M.S.) was to develop patterns of teaching in under-graduate and post-graduate medical education in all its branches so as to demonstrate a high standard of medical education to all medical colleges and other allied institutions in India. The Committee had observed that although the number of doctors had already increased over the successive plan periods, the alienation of doctors from the rural environment had deprived the rural communities of total medical care.

6. In reply, the Ministry of Health have stated that the Institute has succeeded in developing new patterns of medical education including new courses, methods and system of monitoring various courses so as to incorporate modifications and alterations on the basis of feed back experience gained. The Institute has included in its curriculum both the theoretical and practical aspects with emphasis on training in Community Medicine. Some of the medical colleges have adopted this curriculum as a part of their under-graduate medical education. The post-graduates in community medicine and other disciplines have gone back after post-graduate qualifications into their State medical colleges and have instituted the instructional methods which they learnt in the A.I.I.M.S.

7. The Ministry have added that while the A.I.I.M.S. has developed new patterns of medical education so as to motivate the students to serve the community and to help them in the understanding of the health needs of the people, there has not been a reciprocal and proportional enthusiasm on the part of the medical colleges in the country to follow the lead provided by the Institute. Introduction of a uniform curriculum in the entire country is a matter which falls in the jurisdiction of Medical Council of India and the A.I.I.M.S. has no authority in the matter.

8. The Committee note that while the A.I.I.M.S. has developed new patterns of medical education so as to motivate the students, to serve the community, it has no authority to introduce a uniform curriculum in the entire country. They would like the Government to take up with the Medical Council of India the question of orientation of medical education in the country with a view to adoption pattern of medical education suited to the fulfilment of national goals in the health needs of the community particularly, the rural community.

### **National Policy on Medical Education**

#### **[Recommendation S. No. 10 (Paragraph 2.37)]**

9. Considering that the goals of medical education in the country must be defined, appropriate instructional methods selected, curriculum reconstructed and duration determined, the Committee felt that it was of crucial importance to formulate a National Policy on Medical Education embodying the resolve of Government to carry out a radical reconstruction of medical education so as to make health care accessible to the largest number and particularly to the most needy segments of the community. The National Policy so formulated should indicate in unmistakable terms the goals to be achieved and methods of accomplishment. The Committee had desired that the Government should bring before Parliament a National Policy on Medical Education on the lines of National Policy on Education, 1968, so as to serve as a guide and a charter for restructuring of medical education on sound lines.

10. In their reply the Ministry have stated that the Plan of Action was very carefully formulated by the Government on the basis of the recommendations of the Group on Medical Education and Support Manpower (1975). This Plan of Action was discussed and approved in the meeting of the Central Council of Health and Family Planning held in April, 1976, which was attended by the Health Ministers of various State Governments and Union Territories. This Plan of Action, the Ministry

have added, is serving at present 'as a sort of National Policy on medical education'.

11. The Committee are of the view that 'Plan of Action which is stated to be serving as a sort of National Policy on Medical Education would not serve the purpose they had in view. They would, therefore, reiterate their earlier recommendation and urge the Government to bring before Parliament the National Policy on Medical Education embodying the resolve of the Government in specific terms, to carry out a radical reconstruction of medical education so as to make health care accessible to the largest number and particularly to the needy segments of the community.

### **Refresher Courses for General Practitioners**

#### **Recommendation S. No. 26 (Paragraph 2.99)**

12. The Committee desired that in each State, a Medical College which had sufficient competence, should be designated for holding refresher courses for general practitioners and that there should be close coordination between the A.I.I.M.S. and the Medical College so designated for the purpose for the organisation of the courses. In reply the Institute has indicated its willingness to assist the medical colleges in the State so designated by the Government in reviewing the refresher courses for the medical practitioners. The reply is, however, silent about the steps taken by the Government to designate such a college in each State.

13. The Committee would like to reiterate that necessary steps should be taken by the Government expeditiously to designate a Medical College in each State for holding refresher courses for general medical practitioners and the progress made in this regard be intimated to the Committee.

### **Liakage between A.I.I.M.S. and Selected Medical Colleges/Centres in each State**

#### **Recommendation S. Nos. 29 & 30 (Paragraphs 2.120 to 2.122)**

14. The Committee were informed that no country wide review had been made of the medical colleges which had adopted the pattern of teaching in the A.I.I.M.S. but that there was evidence to suggest that the patterns developed by the Institute were exerting an influence on the medical colleges. The Committee desired that the Government should introduce a systematic procedure so that the Institute had effective links with selected medical colleges/centres in each State for exchange of information and exchange of teachers and post-graduates for diffusion of new methods of teaching and innovations.

15. In the reply furnished to the Committee it has been stated that the Director of the All India Institute of Medical Sciences who is a member of the Executive Committee of the Medical Council of India communicates experiences gained in the A.I.I.M.S. in the meetings of the Council, particularly on medical education. The Institute has agreed that these should be a close and effective linkage with the selected medical centres in the States for exchange of information, teachers and post-graduates. The Institute, it is stated would welcome the initiative that the Government may take to bring this programme into being. The reply of the Government, however, does not indicate any initiative taken by them for evolving



a systematic procedure for establishing any effective linkage with other medical colleges/centres in the country.

16. The Committee would urge that the Government should formulate a scheme for establishing effective linkage between the AIIMS and selected medical colleges/centres in each State for exchange of information and teachers and post-graduates for diffusion of new methods of teaching and innovations.

### **Community Participation in Health Projects**

#### **[Recommendation Sl. No. 49 (Paragraph 3.47)]**

17. The Committee had been informed that a notable feature of the Ballabgarh project was the large extent of community participation both in the investment and operation of the project. They noted that the villagers had contributed approximately 50% of the cost of the building in Dayal Ganj and Chhansa primary health centres, and that the entire complex at Panherakhurd was the effort of the villagers themselves. The Committee desired that the Government should study the features of community participation in the Panhera Khurd project and to examine, in consultation with the other voluntary organisations, the extent to which medical care facilities could be increased with community help and also other village development activities could be integrated with the scheme for medical care. The reply of the Ministry does not indicate whether any steps have been taken by them in this regard.

8. The Committee regret to observe that the Ministry have not informed them of the steps taken to implement their recommendation. They would like to reiterate that Government should take necessary steps without delay to undertake the recommended study of the Panhera Khurd project and apprise them of the results.

### **Implementation of Plan of Action**

#### **Recommendation Sl. No. 53 (Paragraph 4.19)**

19. The Committee had noted that the basic principle of the scheme evolved under the 'Plan of action' which was adopted at a meeting of the Central Council of Health and Family Planning in April, 1976 was the creation of community level workers and creation of two cadres of health workers and health assistants between the community level worker and the Doctor at the Primary Health Centre who would be trained to provide simple promotive, preventive and curative health services needed by the community and also development of referral services complex by establishing links and contacts between Primary Health Centres, Taluk/ Tehsil, District, regional and medical colleges Hospitals. They had also noted that the 'Plan of Action' had suggested an experimental beginning for training of personnel in 70 districts and involvement of medical colleges as important units in the referral complex with responsibility for promotive, preventive and curative health care of 3 Blocks each. The Committee had expressed the hope that the expeditious action, as envisaged in the 'Plan of Action' would be taken to ensure that the health services were made available as early as possible to the most vulnerable segments of the society according to a time bound programme.

20. The Committee regret that the Ministry have not indicated any progress in this regard. They desire that the steps should be taken to expedite implementation of the experimental programmes of training of personnel in 70 districts, as envisaged in the 'Plan of Action' and Committee informed of the progress made.

### **Review of Research Projects**

#### **Recommendation Sl. No. 63 (Paragraph 5.41)**

21. The Committee desired that the research projects conducted at the Institute should be reviewed half-yearly by the Director in conjunction with the Dean concerned with reference to the progress made, expenditure and time required to achieve results so as to take meaningful decisions for providing additional inputs if necessary, with a view to accelerating progress or abandoning the unrewarding projects at the earliest possible time. The Committee further desired that in addition, an overall review might be made by the Government once in three years.

22. In reply the A.I.I.M.S. has stated that the periodical review of the Research projects suggested by the Committee is already being done. Once a month the departments of the Institute by rotation are asked to present their research projects to the whole Faculty of the Institute in the presence of the Director and Dean with a view to weeding out the unnecessary and repetitive projects. In addition the salient features of the research carried out by the Faculty of the Institute and the significant results obtained are presented in the Annual Reports every year which is deliberated upon by the Institute body and then placed before the Parliament. The Institute has added that in view of extensive means of research review in vogue in the Institute "It is felt that an additional overall review by the Government once in three years may not be necessary".

23. The Committee feel that an overall review of all the on-going research projects by Government, once in three years is necessary to have an objective and critical assessment of the progress made in the context of the time and money already spent and to be spent in the future, and to determine the future course of action, keeping in view the national priorities on medical research. The Committee would, therefore, like to reiterate their recommendation.

### **Emigration of Indian Doctors Abroad**

#### **Recommendation S. No. 95 (Paragraph 8.16)**

24. The Committee had drawn the attention of the Ministry to the following recommendation contained in their Eighty-eighth Report (1975-76) for necessary action :—

"The Committee would like to stress that there are vast opportunities in the country which provide a challenge to the scientists and doctors etc., to put their talents to the service of the nation, particularly, for ameliorating the conditions in rural and backward areas. The Committee also feel that those who have been trained at public expense, should compensate at least for expenditure incurred on their training by serving in the country itself or by remitting an equivalent amount."

In their reply, the Ministry stated :—

“The question of regulating the recruitment of Indian personnel on direct contract for service in foreign countries was considered by the Cabinet at its meeting held on 27th November, 1975. The Cabinet has approved the proposal for responding liberally to the request made to the Government of India by foreign countries for the recruitment of Indian experts for service abroad. In regard to certain highly essential categories, suitable measures are to be evolved to restrain Indian experts from seeking jobs abroad even through private contract. The Technical Ministries are required to inform the Department of Personnel and Ministry of External Affairs from time to time as to the categories of persons who may not be deputed for service abroad including in each case the period such ban shall apply. In the light of the above directive of the Cabinet, the existing policy of the Ministry of Health and Family Planning in regard to ban on foreign assignment of medical officers working in the C.H.S. and various institutions received grants from this Ministry is under review. The recommendations of the Estimates Committee will be given due consideration in arriving at a decision in the matter.”

25. Asked to state whether any decision had been taken on the suggestion of the Committee that those of the medical graduates who have been trained at public expense, should compensate for expenditure incurred on their training by serving the country itself or by remitting an equivalent amount, the Ministry have stated (July, 1977) :—

“The limited question of making the doctors serve in the rural areas, as adumbrated in the draft Rural Health Scheme has been referred to a Committee under the Director General of Health Services.”

26. The Committee would like to reiterate their earlier recommendation and desire that an early decision should be taken by the Government in the matter and the Committee apprised thereof.

### **Visits of the Members of the Faculty Abroad**

#### **Recommendation S. No. 97 (Paragraph 8.24)**

27. The Committee felt that the number of visits by members of the Faculty to international congresses, conferences, seminars, symposia etc. part from the visits for training purposes and short term assignments, was considerable, being about 37 per year involving absence for 520 days as seen from the record for 1974. A number of members of the Faculty had gone abroad several times during the same year and year after year. The Committee had been informed that the guide-lines had been laid down by Government regulating such visits. The Committee, however, felt that frequent visits abroad of Faculty members who were specialists and super-specialists, affected not only the studies of students but also the course of treatment of patients. The Committee, therefore desired that Government should undertake an in-depth review of the efficacy of the Faculty members attending the workshops seminars etc. abroad during the last 5 years to assess the extent to which the professed objective of the visits abroad were

actually achieved so that in the light of the results of the review the guidelines could be suitably revised so as to derive optimum benefits from such visits.

28. In reply, it has been stated by the Institute that a Committee has already been appointed by the Institute to lay down the guidelines for the foreign visits of the Faculty members of the Institute and to examine the staff position in the Faculty of the Institute. This Committee has been meeting to consider the question in detail and the report when submitted by the Committee and the action taken thereon will be intimated to the Ministry of Health.

29. The Committee hope that the Review Committee appointed by the Institute to study the question of foreign visits of Faculty members, will complete its work expeditiously and the Government will lose no time to revise the guidelines suitably so as to derive the optimum benefits from such visits.

### **Annual Reports and Annual Accounts**

#### **Recommendation S. No. 103 (Paragraph 8.54)**

30. The Committee had noted that there have been delays in receipt of the Annual Reports and Annual Accounts of the Institute by the Government and their being laid on the Table of the Houses of Parliament. The delay was particularly marked in the case of Annual Accounts. For example, the Annual Accounts for 1971-72 and 1972-73 were received by Government in November, 1975 and the Accounts from 1973-74 onwards were still to be received. The Committee emphasised the importance of submission of Annual Reports and Annual Accounts by the Scheduled dates so that the same were laid on the Table of the Houses of Parliament in time.

31. In their reply, the Ministry have stated :—

#### **1. Annual Reports**

The Annual Reports of the Institute are generally submitted to the Ministry of Health and Family Planning regularly well in time as per provision of the Act. The Annual Reports in Hindi can, however, not be laid on the Table of the Lok Sabha in time, due to delay in making Hindi translations for want of such facilities being available than at the Institute.

A Hindi cell has now been created at the A.I.I.M.S. and both the English and Hindi versions of the Annual Report will be submitted regularly in time as prescribed by the Act.

#### **2. Annual Accounts**

There was no time schedule specified in the A.I.I.M.S. Act, 1956, for the submission of Annual Accounts including the balance Sheet of the Institute. However, in accordance with the provision of Rule 10 of A.I.I.M.S. Rules 1958, the Annual Statement of Accounts including the Balance Sheet pertaining to the financial year ending 31st March, together with the Audit Report thereon, was to be forwarded annually to the Government not later than the following 31st December.

There has not been much delay on the part of the Institute in finalisation and submission of the Annual Accounts and the Balance Sheet, though the A.G.C.R. had taken quite some time in finalisation of the audit reports and submission of the Statements to the Government of India through the Comptroller and Auditor General of India. However, in order to expedite this matter, the Institute had indicated to the A.G.C.R. that the Annual Statement of Accounts including the Balance Sheet of the Institute would, in future, be made available to them for audit latest by the end of November each year, so that the same could be audited and sent to the Government well in time.

The Statement of Annual Accounts and the Balance Sheet of the Institute for the year 1973-74 and 1974-75 were furnished long back to the A.G.C.R. who studied the Annual Accounts for the years 1973-74 and 1974-75 sometimes in February, 1975 and January, 1976 respectively, but their reports were yet to be received from the Comptroller and Auditor General of India by the Government of India. The authorities concerned had again been reminded to expedite the matter."

In a subsequent note (December 1977) the Ministry informed the Committee that Annual accounts of the AIIMS for the years 1973-74 and 1974-75, duly certified by the Accountant General Central Revenues, alongwith Audit Report thereon were laid on the Table of the Lok Sabha on 19 August and 28 October, 1976, respectively.

32. Asked to state the specific steps taken to expedite the submission of Annual Accounts and their scrutiny by the Audit so as to ensure timely submission thereof to Parliament, the Ministry have further informed that necessary steps have been taken for early compilation and submission of Annual Accounts including Balance Sheet of the Institute to the A.G.C.R. It has further been ensured that the compiled Annual Accounts are submitted every year to the Audit within the scheduled time i.e. 3 months after the close of the financial year.

33. In regard to the time schedule for submission of Annual Reports and Accounts to Parliament, the Committee would like to invite the attention of the AIIMS/Government to the following recommendations contained in the First Report (1975-76) of the Committee on Papers laid on the Table of the Lok Sabha :—

"The Committee recommend that the Annual Report together with the audited accounts and audit report thereon for a particular year would be laid on the Table within 9 months of the close of the accounting year unless otherwise stipulated in the Act or Rules under which the organisation has been set up. To comply with this requirement proper time schedule should be laid down for compilation of Annual Report and Accounts and their auditing. The Committee feel that normally a period of 3 months would be sufficient for compilation of accounts and their submission to audit; the next 6 months might be given for auditing of accounts; for printing of the report and sending it to Government for laying. If for any reason the

report, audited accounts and audit report cannot be laid within the stipulated period of 9 months, the Ministry should lay within 30 days of expiry of the prescribed period or as soon as the House meets, whichever is later, a statement explaining the reasons why the report and accounts could not be laid within the stipulated period.

The Committee need hardly stress that to avoid delay in laying the Hindi version, the compilation of report and accounts and their translation should be simultaneous."

34. The Committee regret to note that the Statement of Annual Accounts and Balance Sheets of the Institute for the years 1973-74 and 1974-75 and Audit Reports thereon were laid on the Table of the House nearly 2½ years and 1½ years after the close of the respective years. The Committee strongly urge that the time schedule recommended by the Committee on Papers laid on the Table should be strictly adhered to in placing the Annual Reports and Audited accounts of the AIIMS before Parliament.

#### Implementation of Recommendations

35. The Committee would like to emphasise that they attach the greatest importance to the implementation of the recommendations accepted by Government. They would, therefore, urge that Government should keep a close watch so as to ensure expeditious implementation of the recommendations accepted by them. In cases where it is not possible to implement the recommendations in letter and spirit for any reason, the matter should be reported to the Committee in time with reasons for non-implementation.

36. The Committee would also like to draw attention to their comments made in respect of the replies of Government to the Recommendations at Sl. Nos. 8,19,34,68, & 96 (Chapter II) and desire that Government should take action in pursuance thereof and also furnish the requisite information to the Committee, where specifically called for.

37. The Committee also desire that action in respect of their recommendations contained in Chapter V of this Report may be expedited and final replies furnished to the Committee expeditiously.

## **CHAPTER II**

### **RECOMMENDATIONS WHICH HAVE BEEN ACCEPTED BY GOVERNMENT**

#### **Recommendation (Sr. No. 1, Para 1.17)**

The Committee note that the All India Institute of Medical Sciences was set up in 1956 by an Act of Parliament as a comprehensive medical training centre of national importance. The Institute has been made responsible for setting effective patterns of education and high standards in all important health fields; and has the powers of a University in prescribing curricula and courses of instruction, conducting educational programmes, experimenting with methods of education and granting of degrees and other academic distinctions.

#### **Recommendation (Sr. No. 1, Para 1.18)**

It is thus evident that the Institute was charged with the responsibility to keep itself abreast with the day to day scientific and technological developments in the medical field and to evolve patterns of medical education suited to the fulfilment of national goals to meet the health needs of the country. The Institute has thus a vital role to play as a pace-setting institution to the medical colleges and other allied institutions in the country.

#### **Reply of Government**

Since its inception, the Faculty of the Institute is deeply aware of the responsibilities regarding the development of effective patterns of medical education and high standards of medical practice in all important health fields. Besides the Undergraduate course leading to the award of the degree of M.B.,B.S., the Institute is conducting 45 postgraduate courses. The number of courses has increased over the years, keeping in view the growth and development of various biomedical sciences as well as the national needs of specialised medical services.

Efforts have been continuously made in the direction of projecting an image of the Institute as a pace-setter; indeed such a role of the Institute is being increasingly recognised by various medical colleges in the country as well as abroad.

[Ministry of Health and Family Welfare, Department of Health O.M.  
No. V. 16012/18/76-ME(PG), dated 27 October, 1976]

#### **Recommendation (Sr. No. 2, Para 1.19)**

The Committee consider that as an institution of All India importance, the Institute has to develop a unique public image both in this country and

abroad. It has to give the lead over a wide front in medical education, research and patient care services, and in establishing new specialities in keeping with the medical needs of the country and the developments taking place in other parts of the world. Research efforts have to be intensified for the solution of the pressing health problems of the country, particularly in the control of communicable diseases, family planning and malnutrition, diseases arising out of pollution generated by an industrial society and social tension etc. Techniques have to be evolved in keeping with the innate genius of the country. Cheaper medicines based on indigenous material have to be developed for long range benefits to the country so that dependence on foreign multinational pharmaceutical firms is reduced. Pioneering efforts have to be made to integrate indigenous medicine with the modern system. New method of alleviating human pain and suffering have to be developed. The Committee consider that the Institute has a wide spectrum of responsibilities to achieve the objectives laid down in the Act in the matter of improving the health status of the country.

### **Reply of Government**

The Institute is deeply conscious of its responsibilities as outlined by the report and has striven hard to achieve maximal results within as short a time period as possible. Some of the members of the Faculty of the Institute have been deeply involved in those areas of research which are of extreme relevance to national needs. These include newer methods of contraception, patho-physiology and management of malnutrition immunological basis of body's defence reactions in communicable disease and the use of such fundamental knowledge in the development of vaccines, and research efforts in the field of indigenous drugs with a view to developing relatively inexpensive and effective drugs for common usage. These efforts will be further intensified and the pace of research quickened so as to obtain meaningful results in the near future.

[Ministry of Health and Family Welfare, Department of Health O.M.  
No. V. 16012/18/76-ME(PG), dated 27 October, 1976]

### **Recommendation (Sr. No. 3, Para 1.20)**

The most important and urgent lead to be expected from an Institute of this nature is to transform medical education in such a way as to relate it to the life, needs and aspirations of the people and thereby make it a powerful instrument for improvement of the health status of the community. The increase in the number of medical colleges from 42 in 1955-56 to 99 in 1973-74 (now 106) afforded ample opportunity for the patterns of education evolved by the Institute to be tried in these medical institutions.

### **Reply of Government**

A persistent effort has been made to develop new patterns of medical education so that the learning experiences thus provided could be meaningfully related to the needs and aspirations of the contemporary society.

[Ministry of Health and Family Welfare, Department of Health O.M.  
No. V. 16012/18/76-ME(PG), dated 27 October, 1976]



### **Recommendation (Sr. No. 4, Para 1.21)**

The Committee note that the picture of health in India has undergone considerable change from the initial low level of health, low level of trained personnel and inadequate number of hospital beds at the time of commencement of the first Five Year Plan. The mortality rate has declined from 27.4 per 1000 in 1949-50 to 15.1 per 1000 in 1971 and life expectancy at birth has gone up from 32 years in 1951 to 50 years in 1971. The bed-population ratio has also gone up to 49/1000 during this period. One hundred and six medical colleges with an annual admission capacity of nearly 12500 undergraduates are now functioning as compared with an annual admission of 2500 students in 1950-51. The number of doctors in practice or in service is 136,000 in 1973-74 compared to 56,000 in 1950-51. Despite these achievements, the Committee are concerned to note that there is considerable rural-urban imbalance in the country in the availability of medical services and that 80 per cent of our population which lives in rural areas has only 30 per cent of the hospital beds and 20 per cent of the doctors in the country. This underlines the need for rural orientation to medical research, education and administration and for encouraging more doctors to serve in rural and backward areas. The Committee consider that the question of non-availability of a sufficient number of doctors to serve in the rural areas despite the increase in their number during the last twenty years brings to the fore *inter alia* the part played by Medical education to motivate and train the medical students for dedicated service to the community.

### **Reply of Government**

The Institute shares the concern expressed by the Committee and it is actively engaged in giving community bias training to its Undergraduate students.

[Ministry of Health and Family Welfare, Department of Health O.M.  
No. V. 16012/18/76-ME(PG), dated 27 October, 1976]

### **Recommendation (Sr. No. 7, Para 2.32)**

The Committee note that the Bhore Committee (1946), the Mudaliar Committee (1959) and the Medical Education Committee (1969) have laid particular emphasis on orientation of medical teaching and training so as to produce a basic doctor who can carry on his work among the vast masses in the villages. The Report of the Group on Medical Education and Support Manpower (1975) has referred to the 'tragedy' of persisting with a model of health services adopted 'tacitly and rather uncritically' from the industrially advanced and consumption oriented societies of the West identified the basic issue in Medical education as the training of the general medical practitioner who occupies a central place among the different functionaries needed for the health services with commitment to man and the human

family. If after the recommendations of the earlier Committees, the Group on Medical Education and Support Manpower has to arrive practically at the same conclusions in 1975 it is evident that not much progress has been made in giving the right orientation to medical education.

### **Reply of Government**

The Government of India share the concern of the Estimates Committee, and are aware of the fact that the existing system of Medical education, which was inherited from the British, is not fully suited to the conditions prevailing in a developing country like India. Steps are however being taken to re-orient the system of medical education so as to make it community based.

### **Further information called for by the Committee**

(Sr. No. 4, Para No. 1.21 and Sr. No. 7, Para No. 2.32)

Please indicate the steps taken or proposed to be taken for re-orientating the system of medical education so as to make it community based and suiting to the needs of the country.

(Lok Sabha Sectt. O.M. No. 4/10/EC/75, dated 18-3-1977)

### **Further Reply of Government**

The Institute imparts education in Community Health from the very beginning i.e. from first semester onwards. In the entire pre-clinical and para-clinical period the students receive lectures on Community Health and undertake family health visits in an urban health centre attached to the AIIMS. In the 6th semester, the students have a posting for 52 days in the urban health centre where they are taught on the patients attending a general medical clinic. In the 7th and 9th semesters the students are posted to a rural health centre for a period of 42 days and subsequently as interns the students spend three months in the rural health centre as a compulsory period. In addition to this period they may spend a part of the elective period of 3 months in the rural health centre or in general practice with a general medical practitioner. The system of examination has now been modified so as to equate the number of marks that one gets in Community Medicine to those obtained in Medicine and Surgery. Further with the new admissions, the examination in Community Medicine will be held at the final semester i.e. at the end of 9th semester. The emphasis on training at different levels in the rural and urban centres and in a small community clinic exposes the students to rural health work and encourage them to practice medicine in the rural areas and in the urban community.

[Ministry of Health and Family Welfare, Department of Health O.M.

No. V. 16012/6/77-ME(PG), dated 18 June, 1977]

### **Recommendation (Sr. No. 5, Para 1.22)**

The Committee note that one of the main recommendations of the Medical Education Committee which presented its Report in 1969 was that

medical teaching and training should be so oriented as to produce a basic doctor who is conversant with the basic health problems of rural and urban communities. The Committee are concerned to note that the response of the States to this recommendation of the Medical Education Committee regarding undergraduate medical education was rather poor and did not result in any meaningful changes. The Committee note that in their letter setting up the Group on Medical Education and Support Manpower in 1974, it has been admitted by Government that Medical Education in India has been essentially urban-oriented, relying heavily on curative methods and sophisticated aids with little emphasis on the preventive and promotional aspects of community health. The Committee feel that the role of the All-India Institute of Medical Sciences, which has functioned for about 20 years has to be mainly examined with reference to the extent to which it has succeeded in serving as a pace-setter in reorienting medical education to the needs of the community as a whole and influencing other medical institutions to adopt the patterns of medical education evolved by it. The Committee have dealt with this aspect in a subsequent Chapter of this Report.

### **Reply of Government**

Serious efforts have been made and are continuously being made to reorientate medical education. However, medical education like general education is a dynamic process and no pattern or curriculum developed thus far could be considered as final. Indeed there has to be a constant remodelling of medical education so that it can take into account the changing patterns as well as socio-cultural life styles of the people.

[Ministry of Health and Family Welfare, Department of Health O.M. No. V. 16012/18/76-ME(PG), dated 27 October, 1976]

### **Recommendation (Sr. No. 6 Para 2.30)**

The Committee note that one of the major objectives of the All India Institute of Medical Sciences is to develop patterns of teaching in undergraduate and postgraduate medical education in all its branches so as to demonstrate a high standard of medical education to all medical colleges and other allied institutions in India. The objects and functions devolve upon the Institute the responsibility for improving the quality and relevance of medical education so that the graduates who qualify from this Institute are able to respond with sensitivity to the needs of the community, both urban and rural. The Committee have been informed that the Institute has been able to evolve patterns of medical education, suited to the fulfilment of national goals in the health needs of the community.

### **(Sr. No. 6 Para 2.31)**

The Committee, however, are concerned to note that even as recently as 1975, that is, nineteen years after the setting up of the A.I.I.M.S. with the specific objective of improving the quality and relevance of medical education to subserve the needs of the community, a depressing picture is revealed in the field of Medical education in India. According to Government's own admission medical education over the years, has been essentially urban-oriented, relying heavily on curative methods and sophisticated diagnostic aids, with little emphasis on the preventive and promotional aspects of community health. Although the number of doctors has steadily increased

over the successive plan periods, the alienation of doctors from the rural environment has deprived the rural communities of total medical care.

### **Reply of Government**

There are two essential components regarding the reorientation of medical education in the country :

(a) Development of new and meaningful educational patterns which may provide such learning experience to the students as to motivate them to serve the community and to help them in the better understanding of the health needs of the people.

(b) The willingness on the part of medical colleges in the country to adopt these newly developed patterns by the Institute in their academic programme and curriculum contents so that a large scale use of such newly developed pattern could be made in the whole country.

While the Institute has succeeded in developing new patterns of medical education including new courses, methods of integrated teaching, use of new instructional methods, and a system of monitoring various courses so as to incorporate modifications and alterations on the basis of feedback experience gained, there has not been a reciprocal and proportionate enthusiasm on the part of various medical colleges in the country to follow such lead as provided by the Institute in the matter of medical education. The Institute is making continuous efforts in getting the Medical Colleges/Universities to adopt the new pattern of medical education. It is, however, disheartening to note that the progress made in this regard has not been satisfactory, as a few Medical Colleges have responded to this change so far. However it may be mentioned that some of the medical colleges have responded to incorporate curriculum changes in some of the disciplines of national health importance. For example, as a result of the workshops conducted by the Institute on the strengthening of teaching of human reproduction, family planning and population dynamics, Gauhati Medical College has appointed a coordination committee and has prepared a curriculum for the teaching of the subject. The curriculum is already in operation. Similarly, S. V. Medical College, Tirupati has constituted the curriculum committee which meets frequently. In addition the Board of Studies of S. V. University, Tirupati has adopted the objectives and curriculum drafted and recommended during the workshop conducted with the cooperation of the Institute at Tirupati in March, 1975. The syllabus as planned in this Workshop is followed in both S. V. Medical College Karnool. Steps have been initiated by the Medical Colleges at Aurangabad (Maharashtra) and Rohtak (Haryana) for the incorporation of necessary syllabus for the teaching of reproductive biology and family planning in the undergraduate curriculum. The representatives of these colleges had participated in the workshops conducted by the Institute and this is a follow-up action as a result of their participation.

[Ministry of Health and Family Welfare, Department of Health O.M.

No. V. 16012/18/76-ME(PG), dated 27 October, 1976]

### **Further Information called for by the Committee**

Please state as to what specific steps have been taken or proposed to be taken towards adoption of new pattern of medical education and integrated

teaching through the instructional methods evolved at the All-India Institute of Medical Sciences, by the other medical colleges in the country.

[Lok Sabha Sectt. O.M. No. 4/10/EC/75, dated 18-3-1977]

### **Further reply of Government**

The Institute has included in its curriculum both the theoretical and the practical aspects with emphasis on training in the community in the subject of Community Medicine. The Institute has realised the importance of family planning and educating the medical and para-medical persons in different methods of family planning which could be acceptable to the community. The Institute in co-ordination with the W.H.O. has conducted workshops in different parts of the country in various medical colleges on the incorporation of family planning and population dynamics in their curriculum. A number of medical colleges have adopted this curriculum as a part of their undergraduate medical education. The Medical Council have also in their circular emphasised the importance of training in the community in the rural areas and have laid down the periods which the undergraduate students must spend in the rural areas. The postgraduates in community medicine and other disciplines have gone back after postgraduate qualifications into their State medical colleges and have instituted the instructional methods which they have learnt in the All India Institute of Medical Sciences.

However, to institute a uniform curriculum in Medicine in the entire country is an aspect of medical education which falls within the jurisdiction of the Medical Council of India. The Council has the statutory authority to institute a uniform curriculum.

It may be mentioned that the A.I.I.M.S. has no such authority. Nevertheless, the A.I.I.M.S. is doing its best in this field by organizing from time to time, workshops, symposia, seminars etc. on various aspects of medical education to which teachers from the various medical colleges are invited.

[Ministry of Health and Family Welfare, Department of Health O.M No. V. 16012/18/76-ME(PG), dated 18 June, 1977]

### **Comments of the Committee**

Please see paras 5 to 8 of the Report—Chapter I

### **Recommendation (Sl. No. 7 Para 2.32)**

The committee note that the Bhore Committee (1946), the Mudaliar Committee (1959) and the Medical Education Committee (1969) have laid particular emphasis on orientation of medical teaching and training so as to produce a basic doctor who can carry on his work among the vast masses in the villages. The Report of the Group on Medical Education and Support Manpower (1975) has referred to the 'tragedy' of persisting with a model of health services adopted 'tacitly and rather uncritically from the industrially advanced and consumption oriented societies of the West and identified the basic issue in Medical education as the training of the general medical practitioner who occupies a central place among the different functionaries needed for the health services with commitment to men and the human family. If after the recommendations of the earlier Committees, the Group on Medical Education and Support Manpower has to arrive practically at the same conclusions in 1975, it is evident that not much progress has been made in giving the right orientation to medical education.

### **Reply of Government**

The Government of India share the concern of the Estimates Committee and are aware of the fact that the existing system of Medical education, which was inherited from the British, is not fully suited to the conditions prevailing in a developing country like India. Steps are however being taken to re-orient the system of medical education so as to make it community based.

[Ministry of Health and Family Welfare, Department of Health O.M.  
No. V. 16012/18/76-ME(PG), dated 30-12-1976]

*[Further information and reply thereto clubbed with Sl. No. 4]*

### **Recommendation (Sl. No. 8 Para 2.33)**

Asked to define the aims of medical education underlying the patterns of education developed by the All India Institute of Medical Sciences, the representative of the Ministry of Health and Family Planning stated during evidence before the Committee that the chief aim is to produce a basic doctor who is able to take care of the curative and preventive requirements of the individuals. The Director of the All India Institute of Medical Sciences stated that the Institute has now defined some specific objectives in order to achieve that broad goal and that the entire teaching of undergraduate students in the Institute is geared to the fulfilment of these objectives. The Committee, however, note with concern that the recommendations of the Medical Education Committee, 1969 which laid emphasis on the same objectives, namely, orientation of medical teaching and training as to produce a basic doctor met with poor response from the State Governments.

### **Reply of Government**

The Government of India share the concern of the Committee regarding lack of adequate enthusiasm in concerned quarters in respect of bringing about the desired reorientation in medical education and are aware of the fact that unless the need for such change is felt from within by the medical educationists involved in the process or is thrust upon them by the community, which demands the change, such changes cannot be brought about easily. The Government of India have addressed the various State Governments, Union Territories and medical institutions for implementing the Plan of Action based on the recommendations of the Group on Medical Education and Support Manpower (1975), and are actively pursuing the matter with them. The Medical Council of India has also been asked to bring about necessary changes in the curriculum. Unlike earlier days, the whole country is at present on a surging wave for new changes. And in these days of favourable conditions, the Government of India hope that this time a much better response would be forthcoming from all concerned.

[Ministry of Health and Family Welfare, Department of Health O.M.  
No. V. 16012/18/76-ME(PG), dated 30-12-1976]

### **Comments of the Committee**

The Committee desire that the matter should be vigorously pursued by the Ministry of Health and Family Welfare.

**(Recommendation (Sl. No. 9 Para 2.34, 2.35, 2.36)****(Para No. 2.34)**

It is evident that there is a big gap between aims and fulfilment and there are difficulties in maintaining uniform standards throughout the country. The Committee feel that the time has now come for clearly facing the realities and devising appropriate solutions before the situation degenerates further. The Committee were informed that even the students from backward areas for whom some seats are reserved in medical colleges do not go back to their own areas where they can serve the community. This shows, as the representative of the Ministry admitted, the unfortunate position today, that the students are not oriented to serve the community.

**(Para No. 2.35)**

The Committee note that the Report of the Group on Medical Education and Support Manpower (1975) has suggested a new strategy for health care and a Plan of Action has been evolved by Government indicating the steps to be taken. The representative of the Ministry of Health and Family Planning has indicated that it is the intention of Government that every medical college should be involved in the problems of community health care, preventive, promotive as well as curative and of nutrition and other connected problems of 2 or 3 Primary Health Centres and their faculty members, research scholars, residents and students will go to the rural areas and become conversant with the rural problems. The Committee welcome the steps proposed to be taken for enabling the students to have a bias in favour of problems and needs of the rural areas.

**(Para No. 2.36)**

The Committee would in this connection invite attention to the stress laid by the Prime Minister that "It is obvious that our medical organisation should be community rather than hospital based. Specialists are necessary but not to the exclusion of a new type of medical personnel who are capable of dealing with the common run of health problems, and who could where necessary refer difficult cases to a threeter system of neighbourhood dispensaries, service hospitals and specialists institution."

**Reply of Government****Sl. No. 9 Para No. 2.34**

The Government of India agree with the Committee and share their concern in this regard.

**Sl. No. 9 Para No. 2.35**

The Government of India gratefully acknowledge the appreciation shown by the Committee.

**Sl. No. 9 Para No. 2.36**

The Government of India are aware of the directions given by the Prime Minister in this regard, and are making all possible efforts to implement the same. In fact, the entire Plan of Action formulated on the recommendations

of the Group of Medical Education and Support Manpower (1975) and the consequent follow-up action are all geared to this direction.

[Ministry of Health and Family Welfare, Department of Health O.M.  
No. V. 16012/18/76-ME(PG), dated 30-12-1976]

### **Recommendation (Sr. No. 11 Para 2.50)**

The Committee are glad to note that the Institute adopted in 1965 the Ballabgarh Community Development Block for providing a meaningful rural experience for undergraduates medical students and developed an urban field practice area in Malviya Nagar Colony in 1971. The Committee also note that 50 per cent of the clinical instruction is undertaken in the community setting to expose the students to disease patterns prevalent in the community and the working conditions generally available in the vast majority of health centres in the country. The Committee further note that a Centre for community medicine has been set up under the auspices of the All-India Institute of Medical Sciences. The Committee consider these as steps in the right direction. The Committee cannot however help remarking that in the earlier period upto 1965, the students had to content themselves with hospital based training and that it was only from 1971 that 50 per cent of the clinical instruction was undertaken in the community setting.

### **Reply of Government**

Since the inception of the Institute, the undergraduate students are exposed to rural training and are provided learning experiences in the community-setting. The very first batch of students during their internship period were posted with the Department of Preventive and Social Medicine for a period of two and half months. Out of this posting, they were posted at the Health Centre, Kurali, a sub-centre in the Ballabgarh Community Development Block for a period of one and a half months and for one month at the Ballabgarh Primary Health Centre.

On the basis of experience gained in the earlier years the period of training of students in the community setting has been progressively increased, and at present 50 per cent of the clinical training is provided in urban as well as rural areas where the students come in close contact with the day-to-day health problems of the community and begin to appreciate the social setting in which such problems present themselves.

[Ministry of Health and Family Welfare, Department of Health O.M.  
No. V. 16012/18/76-ME(PG), dated 27 October, 1976]

### **Recommendation (Sr. No. 12 Para 2.51)**

The Committee have been given to understand through a memorandum from a knowledgeable person that the teaching at undergraduate level in the Institute is specialisation oriented. The Committee have, however, been informed by the Director of the Institute during evidence that this view was not justified and that the technology employed is as simple and accessible as possible. The Committee need not emphasise that excessive use of sophisticated aids is bound to stand in the way of the graduates practising in rural areas, and that the All India Institute of Medical Sciences has to set the lead in training the students so that they are able to practice their profession in



a true spirit of service to the community with minimum dependence on sophisticated aids at the same time ensuring the most efficient care.

### **Reply of Government**

The Institute shares the concern of the Committee regarding the use of oversophisticated aids in medical education. The students are encouraged to develop their basic clinical faculties and to use such skills for the diagnosis of common ailments in the community, without any dependence on the sophisticated laboratory investigations.

[Ministry of Health and Family Welfare, Department of Health O.M. No. V. 16012/18/76-ME(PG), dated 27 October, 1976]

### **Recommendation (Sr. No. 13, Para 2.52)**

The Committee would like in this context to invite attention to the observations of the Prime Minister that the benefits of simple technology should become available to those living in the villages. The Committee feel that the All India Institute of Medical Sciences should take a lead in devising diagnostic aids, instruments, equipments etc., which are simple in operation, reliable and free from maintenance difficulties so that the Doctors practising in the villages and other remote areas can press them into service.

### **Reply of Government**

In order to facilitate the development of simple instruments, which should also be suitable for the remote village areas, a Bio-Medical Engineering Unit has been set up at this Institute in collaboration with the Indian Institute of Technology. A few items have already been developed to suit the needs of the rural areas and it is expected that something more will be done in this regard in the near future.

[Ministry of Health and Family Welfare, Department of Health O.M. No. V. 16012/18/76-ME(PG), dated 27 October, 1976]

### **Further information called for by the Committee**

Please state the particulars of the instruments which have already been developed to suit the needs of the rural areas and that whether their performance has been adjudged, if so, with what results.

[Lok Sabha Sectt. O.M. No. 4/10/EC/75, dated 18-3-1977]

### **Further reply of Government**

The following equipments have been developed which may be used in rural areas :

1. An anaesthetic apparatus has been developed for use in rural areas and is being tried at our rural health centre at Ballabgarh.
2. *Electrical Impedance Plethysmograph* :—Evaluated for rural population in Ladakh. Instrument is under commercial production and know-ow given by the Institute.
3. *Heart rate Telemetry* :—Evaluated in regions around Ahmedabad for estimating the effect of work stress. Also has been used for

monitoring Industrial workers. Know-how given to National Research Development Corporation of India.

4. *Pressure Transducer* :—Know-how taken by Electronics Corporation of India Ltd., Hyderabad, may be used in mobile vans going to rural areas.
5. *Artificial Leg for above Knee Amputees* :—The leg developed enables the user to squat and perform agricultural operations like harvesting. Limited trials have been conducted with very good results. These artificial limbs have been fitted in the rural areas of Madhya Pradesh in Districts Indore, Vidisha, Mandla, Gana and Chindwara. They are also supplied to rural population near Delhi at Madangir and Chattarpur.

[Ministry of Health and Family Welfare, Department of Health O.M. No. V. 16012/6/77-ME(PG), dated 18-6-1977]

### **Recommendation (Sr. No. 14, Para 2.56)**

The Committee note that 1133 students have so far successfully completed postgraduate and post-doctoral courses at the Institute and that 694 students have graduated and obtained the degrees of M.B.B.S. from the Institute. The Committee also note that active efforts have been made to follow-up the careers those who have completed their under-graduate training here as well as of those who have taken their post-graduate courses and that the response has not been very encouraging especially from the undergraduate students. The Committee cannot over-emphasise the need for information about the extent to which the graduates and post-graduates of the Institute who are stated to have been trained to respond with sensitivity to the needs of the community have contributed by their personal example to the fulfilment of the aims of medical education and have put their talents to the service of the community, particularly for ameliorating the conditions in the rural and backward areas. The Committee, therefore, would like to stress the desirability of devising and implementing an effective system of follow-up of the graduates/post-graduates so as to ascertain the impact of the orientation given in medical education at the Institute to the service of the community.

### **Reply of Government**

The Institute appreciates the views expressed by the Estimates Committee and it is taking steps to improve the follow-up.

[Ministry of Health and Family Welfare, Department of Health O.M. No. V. 16012/18/76-ME(PG), dated 27-10-1976]

### **Further information called for by the Committee**

Please state the steps taken for devising an effective system of follow-up of graduates/post-graduates so as to ascertain the impact of orientation given in medical education at the Institute for the service of the community.

[Lok Sabha Sectt. O.M. No. 4/10/EC/75, dated 18-3-1977]

### **Further Reply of Government**

After the views expressed by the Committee were notified, the Institute has intensified follow-up action to see the impact that the post-graduates trained by

the Institute have had in their medical colleges. It will take considerable time before useful conclusions are available. It is hoped that a large percentage of the post-graduates would be shortly receiving a proforma, which when completed, would help us to analyse the information.

[Ministry of Health and Family Welfare, Department of Health O.M. No. V. 16012/6/77-ME(PG), dated 18-6-1977]

### **Recommendation (Sr. No. 15, Para 2.57)**

The Committee have been informed that 80 per cent of the post-graduates trained at the Institute are working in India in various institutions. It has been stated that we have not got a substantial number of doctors whom we have trained here and who have gone and settled down in the villages. The Committee consider that in order to foster a sense of identification with the needs of the rural communities for medical care, special emphasis should be given to the quality of service rendered by students in community centres. The Committee, therefore, are of the view that the service rendered by the students in the rural centres should be given due weightage while considering their admission to the post-graduate course. It is also essential that post-graduates should be trained at the Community centres for fixed periods. In the opinion of the Committee, the post-graduates of the Institute should be required to give lead in community service by offering their service once or twice a week in the rural Health Centre/Primary Health Centre.

### **Reply of Government**

It may be pointed out that 25 per cent of the total available seats for various post-graduate courses are reserved for those (i) who have served in the rural areas for a period of at least two years, (ii) belonging to the backward areas, (iii) working in the family planning programmes and (iv) Scheduled Caste and Scheduled Tribe candidates.

It is thus clear that due weightage is being given by the Institute for admission to various post-graduate courses to those who have already worked in rural areas. During the years 1975 & 1976, 56 students belonging exclusively to above defined category were admitted to various post-graduate courses at this Institute. Of these 32 (57%) were admitted entirely on the basis of their services in the rural areas for at least a period of two years.

The Institute shares the concern expressed by the Committee regarding the lack of motivation on the part of doctors to serve in rural areas. As suggested by the Committee the Institute has been providing appropriate incentives at the time of admission to the post-graduate courses.

The post-graduates registered for M.D. in Preventive and Social Medicine are posted on regular basis in their community training in rural setting for about two months. The post-graduates from other departments are also encouraged to participate in similar service activities along with the members of the Faculty by their respective departments. In view of the recommendations of the Estimates Committee it is now proposed to consider the question of regular posting of all clinical post-graduates in the community and rural setting. Besides three members of the Faculty who are permanently based at

the Ballabhgarh Hospital Health Centre, there are at least six Senior Residents working full time at the various Primary Health Centres and Sub-Centres.

[Ministry of Health and Family Welfare, Department of Health O.M. No. V. 16012/18/76-ME(PG), dated 27-10-1976]

### **Recommendation (Sr. No. 16, Para 2.61)**

The Committee are glad to note that the examination system of the Institute is based on internal assessment and the credits given to daily work of students from 50 per cent of the total credits. The Committee recommend that in internal assessment special weightage should be given to the work done by students in rural areas and among weaker sections of society and to the development of proper attitudes and behaviour and care in dealing with the needs of the patient irrespective of the class of society from which he comes.

### **Reply of Government**

Till today 12 per cent of the total internal assessment marks (50 per cent of the total credits) are allotted for learning exercises arranged in rural and urban settings. Assessment of their ability is conducted in the field setting by faculty members who participate in the learning exercises. It is based on the factual information as well as practical skill acquired during these postings. It is hoped that in the future the total percentage of credits allotted to learning exercise in rural and urban postings will be enhanced and greater emphasis will be laid on actual rendering of services by the student to the Community in the form of health care and health education and sanitation and some of these enhanced credits will be reserved entirely for the above mentioned activities as recommended by the Committee.

[Ministry of Health and Family Welfare, Department of Health O.M. No. V. 16012/18/76-ME(PG), dated 27 October, 1976]

### **Further Information called for by the Committee**

Please state the precise action taken with regard to enhancing the total percentage of credits allotted to learning exercise in rural and urban postings, with greater emphasis on actual rendering of services by the students to the community.

[Lok Sabha Sectt. O.M. No. 4/10/EC/75, dated 18-3-1977]

### **Further Reply of Government**

The marks allotted for the assessment of work in Community Medicine in the previous years was only 12 per cent of the total internal assessment. Since August, 1976 this percentage has been raised to 50%. This has increased the importance of the subject of the Community Medicine to the same level as that of Medicine and Surgery.

[Ministry of Health and Family Welfare, Department of Health O.M. No. V. 16012/6/77-ME(PG), dated 18-6-1977]

### **Recommendation (Sr. No. 17, Para 2.62)**

The Committee would also like the Central Government to take suitable measures for the system of internal assessment to be adopted by other medical

colleges in the country. It is essential that this system should be reviewed from time to time in the light of experience and the advances made elsewhere so that the valuation is truly objective.

### **Reply of Government**

The Medical Council of India has already issued necessary guidelines to the medical colleges/Universities in regard to internal assessment being made to form part and parcel of the system of examination for under-graduate medical education.

[Ministry of Health and Family Welfare O.M. No. V. 16012/18/76-ME(PG), dated 30-12-1976]

### **Further Information called for by the Committee**

Please state the actual progress made by the medical colleges/Universities in regard to internal assessment being made to form part and parcel of the system of examination for under-graduate medical education.

[Lok Sabha Sectt. O.M. No. 4/10/EC/75, dated 18-3-1977]

### **Further reply of Government**

The Medical Council of India in its recommendations on Under-graduate Medical Education, 1977, has recommended as under.

#### *Internal Assessment*

Regular periodical examination should be conducted throughout the course. The question number of examinations is left to the institution.

Marks may be allotted for the terminal examination and day to day assessment to be carried over to the University examinations as indicated.

- (a) The results of such terminal examination be decided within one month of completion of such examination.
- (b) 10 marks may be awarded to day-to-day records including record of case sheets etc.
- (c) The records of such examinations should be made available to the Council, if and when required.
- (d) Results of such periodical examinations and assessment of a particular subject are made available, only by the University to the Board of Examiners at the time of the final tabulation.

The revised recommendations of the Council on Under-graduate Medical Education 1977, has been forwarded to all Medical Colleges/Universities for their guidance and implementation and medical colleges/Universities are expected to follow the same.

The response for the Universities, teachers and students is not uniform. While in some places, internal assessment is welcome, in others, students have raised objection. In Bihar, the Internal Examiners have been completely removed. The Council has been trying to persuade the Universities and colleges to lay more stress on internal assessment, but Colleges have sometime pleaded lack of sufficient senior teachers to carry out the same.

[Ministry of Health and Family Welfare O.M. No. V. 16012/6/77-ME(PG), dated 11-7-1977]

### **Recommendation (Sr. No. 18, Para 2.75)**

Internship plays a very important part in the consolidation of skills and the knowledge gained by the medical student. It provides for a period of

one year, the work experience for the student who is declared to have passed the final M.B., B.S. examination. The Committee consider that this very important period in the life of the student should be fruitfully utilised in giving him defined responsibilities in patient care to help cultivation of the knowledge, attitudes and skills enabling him to function effectively in the community. The Committee have been informed that it has been found desirable by the Institute to give greater responsibility to the interns in patient care and allocate to him the duties presently performed by the house surgeon whose role was similar. The Committee trust that the internship period would be effectively utilised for enabling the undergraduate to mature into a fully-grown medico with commitment to serve the rural community and slum areas.

### **Reply of Government**

The internship period is recognised as an important aspect of undergraduate training programme and has received the attention of the Faculty of the Institute at all times.

[Ministry of Health and Family Welfare, Department of Health O.M. No. V. 16012/18/76-ME(PG), dated 27-10-1976]

### **Recommendation (Sr. No. 19, Para 2.76)**

The Committee note that the Medical Education Committee, 1969 has recommended that out of one year of internship, six months should be spent in rural areas under supervisors. The All India Institute of Medical Sciences has stated that the period spent by the students during internship at the Rural Health Centre is 3 months and counting the 3 months spent by them in their posting to the Rural Health Centres in the seventh, eighth and ninth semesters, the total period spent in the rural community is 6 months. The Committee however would like the Institute to examine whether the period spent in the rural community during the internship period can be increased so as to instil in him the desire at his most impressionable period to serve the rural community.

### **Reply of Government**

The Institute deeply appreciates the recommendations of the Committee to increase the period of rural internship from 3 months to 6 months. This recommendation will be thoroughly examined by the Staff Council and the Academic Committee of the Institute. However, as pointed out by the Director during his evidence, even now the students of the Institute are exposed to rural training for a period of six months, i.e., three months during 7th, 8th and 9th semesters and three months during their internship.

[Ministry of Health and Family Welfare, Department of Health O.M. No. V. 16012/18/76-ME(PG), dated 27-10-1976]

### **Further Information called for by the Committee**

Please state the decision taken by the Staff Council and Academic Committee of the Institute on the suggestion of the Committee to increase the period of internship in the rural community to six months.

[Lok Sabha Sectt. O.M. No. 4/10/EC/75, dated 18-3-1977]

### **Further Reply of Government**

The question of increasing the period of internship from the present period of three months has been engaging the attention of the Institute. As a

matter of fact the under-graduate students of the Institute actually spend much more than three months of their training period in rural and urban community health work. As already submitted to the Committee at other places even during the under-graduate period, for example, in the 6th Semester, 7th Semester and 9th Semester the students spend several months in working in our rural and urban community health stations. This is in addition to the three months internship period in the rural area. There is also an elective period of three months during the internship in which students can opt for work in the rural areas. It is therefore the feeling of the Institute that the exposure of its students to rural health conditions is quite extensive and takes place throughout the under-graduate career and not just restricted to the internship period. The matter is being taken up with the Staff Council and the Academic Committee.

[Ministry of Health and Family Welfare, Department of Health O.M.  
No. V. 16012/6/77-ME(PG), dated 16-8-1977]

### **Comments of the Committee**

**The outcome of the discussions with the Staff Council and Academic Committee and the action taken in the matter may be intimated to the Estimates Committee.**

### **Recommendation (Sr. No. 20, Para 2.77)**

The Committee note that the Plan of Action by Government on the recommendations of the Report of the Group on Medical Education and Support Manpower (1975) envisages training of the interns in the district, sub-divisional and taluka/tehsil hospitals and the Primary Health Centres. The Committee welcome the proposal and need hardly emphasise that the training given should be meaningful so that the graduate is motivated to serve the rural community.

### **Reply of Government**

The Government of India are thankful to the Committee for the appreciation shown in this regard.

[Ministry of Health and Family Welfare, Department of Health O.M.  
No. V. 16012/18/76-ME(PG), dated 30-12-1976]

### **Recommendation (Sr. No. 21, Para 2.81—2.82)**

The Committee note that there is a proposal to set up a cell for monitoring the development and teaching standards in the Institute, so as to design the courses to train the type of personnel the country needs in the health field. The Committee also note that it is the intention that medical scientists, social scientists, bio-metricians and educational scientists will work together in the Cell. The Committee further note that it has been decided to set up a cell in the Ministry of Health & Family Planning to continuously monitor the changes in medical education all over the country.

The Committee feel that irrespective of whether there should be a cell, the need for concurrently monitoring the developments of standards of tea-

ching is of such an importance that it should have been possible all along to make suitable arrangements in the existing organisational set-up. The Committee need hardly stress that effective use of monitoring should be made in translating new ideas into the curricula and training programmes.

### **Reply of Government**

The Faculty of the Institute has been deeply concerned with the monitoring of the teaching standards at the Institute. Although a formal cell for this purpose is likely to be set up in the near future, efforts in this direction have continuously been made during the past several years. For example, some of the departments routinely conduct an end-course evaluation by circulating questionnaires amongst the students and determining their response regarding the depth of the subject covered, the instructional method used, and other supportive learning material provided during the conduct of the course. These feedback responses from the students have been of considerable help in incorporating changes in various courses during the last several years. With the setting up of such a cell, these departmental efforts will be centralised and therefore strengthened. Furthermore, the impact of these courses and the teaching methods on the attitudinal changes brought about in the students as reflected in their subsequent careers following graduation, will also be monitored.

[Min. of Health & Family Welfare O.M. No. V. 16012/18/76-ME(PG), dated 27th October, 1976]

### **Further Information called for by the Committee**

Please state the progress made in setting up a monitoring cell to continuously monitor the changes in medical education all over the country and its impact on medical graduates passing out.

[Lok Sabha Sectt. O.M. No. 4/10/EC/75, dated 18th March, 1977.]

### **Further reply of Government**

The Ministry of Health and Family Welfare set up the Medical Education (Policy) Desk in August, 1976 specifically to deal with, *inter-alia*, the matters relating to Re-orientation of Medical Education with special emphasis on the Plan of Action on the Report of the Group of Medical Education and Support Manpower. This Desk is concerned with the monitoring of changes in the under-graduate medical education curriculum all over the country and has initiated steps to implement the Plan of Action *vis-a-vis* Re-orientation of Medical Education and with the active involvement of medical colleges in the provision of health-medi-care services to the rural population. This Monitoring Cell is also taking steps to ensure that the Medical Council of India undertakes re-structuring of the under-graduate academic curriculum in medical education keeping in view the need for promoting new ideas into the curriculum and training programmes.

[Ministry of Health O.M. No. V. 16012/6/77-M.E.(PG), dated the 22nd July, 1977]

### **Recommendation (Sr. No. 22, Para 2.95)**

The Committee note that the number of workshops, symposia etc., held from 1970-71 to 1974-75 is 38 and that a systematic attempt is made to evaluate the impact of the workshops both before and after the workshop etc., are held. The Committee consider that in the modern world where a



virtual explosion of knowledge is taking place in most sciences, the programmes of workshops are of immense significance for enrichment of knowledge through sharing of know-how and experiences. The Committee would like to point out that these workshops if organised on the right lines would help not only the participants to improve their knowledge and skills but would result in a further dissemination of knowledge and skills through the various participants in the areas of their work. It is therefore of crucial importance that the workshops should not be allowed to become mere abstract and academic exercises but be followed up by systematic evaluation of the impact made on medical education, research efforts and health care.

### **Reply of Government**

The Institute deeply appreciates the importance laid on the organisation of workshops, symposia, etc. The Institute also shares the view that appropriate and systematic evaluation not only at the end of workshop and symposia for eliciting any immediate and short-term responses is necessary, but also a long-term review of the advantages that accrue from such exercises should also be obtained. Though efforts have always been made in the first direction, it is now proposed to strengthen a long-term follow-up evaluation so that the impact of such courses on the pattern of medical education, as well as on the technical and professional skills in the delivery of health care, is properly evaluated. Some of this information is provided under 2.31.

[Ministry of Health and Family Welfare, Department of Health O.M. No. V. 16012/18/76-ME(PG), dated 27 October, 1976]

### **Further information called for by the Committee**

Please state the precise measures taken to strengthen the long-term follow-up evaluation of the impact of workshops and symposia on the technical and professional skills in the delivery of health care.

[Lok Sabha Sectt. O.M. No. 4/10/EC/75, dated the 18th March, 1977]

### **Further Reply of Government**

The Institute regularly organises workshops in the various fields of its activity. These have always been fully attended and in fact there are more applicants that can be accommodated. The follow-up information after these workshops has been obtained by the organisers and they have found that the new skills learnt by the participants have been enthusiastically developed in their respective Institutes on their return, except where there have been financial limitations. A measure of the success and usefulness of these workshops is the number of candidates sponsored by the medical colleges and the enthusiastic and intelligent participation of these candidates year after year.

The Medical Education Cell referred to in paras : 2.81 and 2.82 when established will further facilitate the follow up action.

[Ministry of Health and Family Welfare, Department of Health O.M. No. V. 16012/6/77-ME(PG), dated the 18th June, 1977.]

### **Recommendation (Sr. No. 23, Para 2.96)**

The Committee feel that the modalities of workshops, symposia etc., should be used to provide leadership in various fields so that the persons who are in the line are kept upto-date. The Committee desire that in organising the workshops etc., the All India Institute of Medical Sciences should take a lead in involving leading doctors in Government and private sectors also. There should be consultation with the medical profession so as to hold symposia, seminars etc., which are related to their needs.

### **Recommendation (Sr. No. 24, Para 2.97)**

The Committee note that the Institute is holding refresher courses for general practitioners of Delhi since 1972-73 and that only 3 such courses have been held so far. The course is designed to meet the specific needs of the general practitioners and the question of enlarging the scope to cover the general practitioners from the surrounding districts of Rajasthan, Haryana and Uttar Pradesh is being considered. The Committee consider that medical education has become a life time study and the practising physician owes it to society not only to become technically competent in his field but to remain so and to equip himself to respond to any changes in the needs of the community. It is therefore essential that the All India Institute of Medical Sciences, with its expertise, should organise a greater number of refresher courses for general practitioners on a regular basis and design them with care so as to deal with issues of deep significance to the health of the community.

### **Reply of Government**

At the time of organising workshops and symposia, the Institute makes every effort to involve doctors from various parts of the country in such exercises. The state health departments as well as Medical Colleges are requested to nominate their representatives to participate in these workshops and symposia.

The recommendations of the Committee regarding the additional involvement of doctors from private sectors has been noted. For future workshops and symposia, efforts will be made in this direction by contacting the national bodies like the Indian Medical Association and the College of General Practitioners to nominate the doctors who could usefully gain from the learning experiences provided in such workshops and seminars.

The Institute deeply appreciates the view point of the Committee that medical education has become a life time study and the practising physician owes it to the society not only to become technically competent in his field but to remain so throughout and to equip himself to respond ably to any changes in the needs of the community.

It may be pointed out that in addition to the holding of three refresher courses for general practitioners of Delhi, a large number of Faculty members are invited to deliver refresher lectures to the general medical practitioners. These lectures and symposia are arranged by various professional bodies like the Indian Medical Association not only in Delhi but also in the

in equipping themselves with knowledge about the latest developments in medical science. The Committee consider that there should be no difficulty in implementing this suggestion.

### **Reply of Government**

The Institute always welcomes proposals from senior and junior scientists working in various medical colleges of the country who wish to spend a short period of time in a particular department or unit of this Institute so as to share learning experiences in various advanced fields of their disciplines. A large number of such scientists has been trained at the Institute during the last several years. For example, during the year 1975, a total of 53 scientists received advance training for a period varying from one week to 6 months in different departments of this Institute. These scientists were serving health and medical education departments of various states in India including Uttar Pradesh, Tamil Nadu, West Bengal, Haryana, Jammu & Kashmir, Assam, Rajasthan, Andhra Pradesh, Orissa, Madhya Pradesh, Maharashtra; some of the scientists belonged to the Armed Forces Medical Service. The Institute will continue to do so with renewed effort and zeal as desired by the Estimates Committee.

[Ministry of Health and Family Welfare, Department of Health  
O.M. No. V. 16012/18/76-ME(PG), dated 27-10-1976]

### **Recommendation (Sr. No. 32, Para 2.124)**

The Committee are concerned at the limitations on the powers of the Medical Council in respect of enforcement of standards of medical education which probably have affected the development of the proper standards of medical education. As stated by the representative of the Ministry of Health and Family Planning, the Council has the responsibility to regulate the standards but it unfortunately has 'no teeth'. The degrees are given by the Universities set up by States. The Council has a right to recognise but no right to derecognise the degrees.

### **Recommendation (Sr. No. 32, Para 2.125)**

It is a matter for regret that the problem of enforcement of standards by the Medical Council has not been studied in depth earlier and solutions found to ensure that there is no laxity in standards of education in this very important science concerning human life. The Committee would like to stress that even now the remedy lies in expeditious action to remove the limitations in the powers of the Medical Council to regulate standards of medical education and also to ensure that the Council functions as an effective instrument with a complement of members fully dedicated to the cause of the community, particularly the rural community and to the development of medical education on the right lines.

### **Recommendation (Sr. No. 33, Para 2.126)**

The Committee would like the entire matter to be reviewed as to the nature of the efforts made by the Council to ensure that the standards of medical education were such as to orient the student to the needs of the community and the reasons for non-implementation by the States.

### **Reply of Government**

In order to make the Medical Council of India more effective and to ensure a uniformly high standard of medical education in the country, the Government of India propose to amend the Indian Medical Council Act, 1956 to provide for the following matters.

(1) No new medical college would be allowed to be established without having adequate finances, appropriate equipment, Laboratories, requisite hospital facilities etc. For this purpose, it would be necessary for any organisation intending to establish a medical college to obtain the prior approval of the Council by submitting a scheme containing full details, regarding finance, equipment, Laboratories, hospital services etc. The approval of the Council would depend upon a critical examination of the scheme.

(2) Similar prior approval of the Council would be made a pre-requisite for introduction of new post-graduate and other courses.

(3) The Schedules of the Act would be suitably changed so as to include a reference to the Medical College where the course of study was pursued alongwith the University-wise qualifications currently included therein. This would make the Schedules more rational and also make it easy for continuance or withdrawal of recognition of colleges which do not maintain adequate standards.

(4) The Medical Council would be enabled to grant provisional recognition of qualifications of an Institution pending removal of deficiencies pointed out by it.

(5) The power of the Medical Council to remove names from the Indian Medical Register would be exercised through an ethics-cum-disciplinary committee functioning as a statutory committee. The Committee will prescribe and enforce standards of professional conduct and code of ethics for medical practitioners.

(6) Maintenance of the Indian Medical Register would be centralised. Registration would be periodical say every five years, and therefore, renewable. It should also be provided that changes in addresses of medical practitioners should be notified to enable the register to be maintained up-to-date. Renewal and registration fees would be suitably changed to enable the Council to mobilise more resources of their own.

(7) There would be provision for recognition of qualifications granted by an examining body, apart from those granted by a University or medical Institution.

The curriculum in under-graduate medical education is being modified in the light of the decisions taken by the Conference of Deans and Principals of Medical Colleges in India held in April, 1976. As soon as the revised curriculum in under-graduate medical education comes into force, the medical education will orientate itself to produce a basic doctor suitable for the needs of the country. When the amended Indian Medical Council Act comes into force, the enhanced powers being vested in the Medical Council of India would enable the Council to obtain the requisite compliance from the medical colleges of the Universities in this regard.

[Min. of Health and Family Welfare O.M. No. V.16012/18/76-ME(PG), dated 30th December, 1976]

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[Min. of Health and Family Welfare O.M. No. V.16012/18/76-ME(PG), dated 30th December, 1976]

### **Further information called for by the Committee**

Please state the steps taken to bring before Parliament the proposed amendment to the Indian Medical Council Act, 1956.

[Lok Sabha Sectt. O.M. No. 4/10/EC/75, dated 18-3-1977]

### **Further Reply of Government**

Necessary action for the amendment to the Indian Medical Council Act, 1956 is being taken and the Bill is at the drafting stage.

[Ministry of Health and Family Welfare O.M. No. C.16012/6/77-M.E.(PG), dated the 11th July, 1977.]

### **Recommendation (Sr. No. 34, Para 2.144)**

The Committee are glad to note that by the end of the Fourth Five Year Plan the Institute had developed a unique public image both in the country and abroad and that on the threshold of the Fifth Five Year Plan, the Institute was in a position of considerable scientific strength to expand its efforts for development of health manpower, training of leaders in medical education and research, demonstration of high standards of patient care, development of new patterns of delivery of health care to rural and urban communities and researches into some of the country's major problems particularly in the field of family planning.

### **Reply of Government**

The Institute gratefully acknowledges the appreciation and assures the Committee that the Faculty and the students would strive continuously for the achievement of these goals and objectives.

### **Recommendation (Sr. No. 34, Para 2.145)**

The Committee note that the Institute proposed an outlay of Rs. 1,548 lacs for the growth and development of the Institute excluding the scheme for super-specialities during the Fifth Five Year Plan and that an allocation of Rs. 270 lacs only would be available for the Fifth Plan.

### **Reply of Government**

The proposed outlay of Rs. 1,548 lacs for the growth and development of the Institute was inclusive of the super-specialities like the (i) Medico-legal Centre, (ii) Cardiothoracic Centre, and (iii) Neuro-Sciences Centre. Against this, the Government of India had sanctioned an allocation of Rs. 200 lacs for the Institute, excluding superspecialities. On the basis of a re-appraisal made to adjust for the unprecedented rise in prices, an outlay of Rs. 270 lacs against the ceiling of Rs. 200 lacs was proposed in January 1975. The Finance Committee has, however, recommended an outlay of Rs. 240 lacs only for this purpose for the Fifth Five Year Plan.

Though the decision of the Government of India, in this regard is still awaited, it is informally understood that the Fifth Plan ceiling is now likely to be pegged at a still lower level of Rs. 150 lacs or so.

### **Recommendation (Sr. No. 34, Para 2.146)**

The expertise achieved by the Institute in the specialities of Cardio-Thoracic Surgery, Vascular Surgery, Cardiology and Respiratory Medicine is stated to have reached a high level of excellence and considerable competence is also said to exist in the entire spectrum of Neuro-Sciences. It has been stated that an Expert Committee has recommended establishment of Cardio-Thoracic Centre and Neuro-Sciences Centre in the All-India Institute of Medical Sciences. The Committee have been informed that the provision of funds for a scheme of super specialities involving the establishment of Cardio-Thoracic centre and Neuro-Sciences centre is under consideration of the Health Ministry in consultation with the Planning Commission. A scheme for setting up a Cancer Centre partly with the assistance of Rotary International is also said to be under consideration. The Committee are happy to note that the demand for super-specialisation in areas which are of direct relevance to community health has since been conceded by the Planning Commission. The Committee consider that the expertise achieved and competence developed by the Institute in the field of specialities and super-specialities should be fully utilised, and that the Institute should utilise the unique opportunity to contribute to further developments in this field besides catering to the increasing requirements from the community.

### **Reply of Government**

Against the total requirement of Rs. 478.00 lacs (Rs. 220 lacs for Neuro-Sciences Centre and 258 lacs for Cardiothoracic Centre) as included in the EFC memorandum for the development of these two superspecialities, the Government of India has provided an allocation of Rs. 188.37 lacs for the Fifth Five Year Plan period.

Recently, the Ministry of Health & Family Planning have informed that a total allocation of Rs. 130.50 lacs only is likely to be made available during the Fifty Plan period for these super-specialities. In view of the above the schemes have again been reviewed to affect further economy and it has been assessed that an outlay of Rs. 170 lacs is the minimum requirement for the same for the Fifth Plan period, with a small spill over of Rs. 30 lacs or so to the Sixth Five Year Plan. The matter has been taken up with the Government of India to fix the minimum allocation for the Fifth Plan period at Rs. 170 lacs at least.

Another scheme for setting up the Institute—Rotary Cancer Hospital at the A.I.I.M.S. with an outlay of Rs. 90 lacs during the Fifth Plan period has been finalised. For this project the Government of India will be providing a financial support of Rs. 50 lacs and the balance of Rs. 40 lacs is to be contributed by the Cancer Foundation, a project of Rotary Club of India. A substantial part of this contribution has already been received from the Cancer Foundation, but the Government of India's financial support is still awaited. The matter is being pursued vigorously at all levels including the Planning Commission, to get the requisite funds allocated and released at an early date.

[Ministry of Health and Family Welfare, Department of Health  
O.M. No. V. 16012/18/76-ME(PG), dated 27 October, 1976]



### Further Information called for by the Committee

Please state :—

- (a) The decision of the Government on the proposal of the Finance Committee of the Institute for an allocation of an outlay of Rs. 240 lacs for the purpose of development of the Institute including the super-specialities.
- (b) Whether the schemes pending approval by the Planning Commission have been approved and the allocated funds have been released to implement the schemes.

### Further Reply of Government

(a) No decision of the Government of India on the proposal of the Finance Committee of the Institute for an allocation of an outlay of Rs. 240 lacs for the purpose of development of the Institute has been communicated to the Institute. The Government of India vide their letter No. Z.14012/2/76-ME(PG) dated 24-5-76 informed the Institute that the Planning Commission have proposed the Plan allocation of Rs. 80.00 lacs for the year 1977-78 & 1978-79 to the Institute and that the Ministry is inclined to agree to the proposal. The matter was taken up with the Ministry of Health and it was pointed out vide D. O. letter No. Budget 1-2/72-73 dated 10th April, 1977 that by agreeing to the proposal of allocation of Rs. 80.00 lacs to the Institute during the remaining two years viz. 1977-78 and 1978-79 of the 5th plan period the total plan outlay of the Institute has been further reduced from Rs. 200 lacs originally sanctioned to Rs. 150.36 lacs instead of enhancing the same to Rs. 240 lacs as recommended by the Finance Committee. The matter was also referred to the President, A.I.I.M.S. vide note dated 7-8-1976. Earlier the Governing Body in their meeting held on 24-7-1976 while considering the minutes of the Finance Committee meeting held on 10-5-76 observed as under :—

“While considering the minutes of the Finance Committee meeting held on May 10, 1976 the Director drew the attention of the Body to item No. 3(b), vide which the Finance Committee had recommended a total allocation of Rs. 240 lacs as the Plan ceiling of the Institute during the Fifth Five Year Plan period, but unfortunately, against this, only a sum of Rs. 200 lacs was sanctioned and now it has been further reduced to Rs. 150 lacs. This will adversely affect the plans and functioning of the Institute. The Health Secretary explained the position that the cuts were actually made by the Planning Commission. It was decided that efforts be made to get the maximum amount possible which may be in consonance with the original allocation of Rs. 240 lacs. The Governing Body approved of the recommendations of the Finance Committee.” No reply has been received from the Government of India inspite of reminders.

As regards Super-specialities, the Government of India sanctioned Rs. 3.00 lacs in 1975-76, Rs. 10.00 lacs in 1976-77, and have approved an allocation of Rs. 50.00 lacs in 1977-78. The total outlay during the Fifth Plan period for the super-specialities has been fixed at Rs. 130.50 lacs. E. F. C. Memo in respect to ‘super-specialities’ has been approved by the Government of India. This would not be sufficient to meet the needs and the matter is being taken up with the Government.

(b) The proposal in respect of the establishment of Institute-Rotary Cancer Hospital at the A.I.I.M.S. is awaiting approval of the Government

of India. The E. F. C. Memo prepared on the basis of the outlay of Rs. 90 lacs (Rs. 50 lacs to be provided by the Government of India and Rs. 40 lacs by the Cancer Foundation) had been earlier submitted to the Government of India who have now revised its earlier commitment from Rs. 50 lacs to Rs. 40 lacs. They have now asked to redraw the E.F.C. Memo, with an outlay of Rs. 80 lacs. Out of Rs. 80 lacs, Rs. 40 lacs are to be provided by the Cancer Foundation and Rs. 40 lacs by the Government of India. The Memo is being revised to limit the requirements to the extent of entailing an expenditure of about Rs. 80 lacs or so during the years 1977-78—1978-79.

[Ministry of Health and Family Welfare, Department of Health  
O.M. No. V.16012/18/76-ME(PG), dated 18-6-1977.]

### **Comments of the Committee**

**Government should take early decision on the proposals made by the Institute in regard to the allocation of funds.**

### **Recommendation (Sr. No. 35, Para 2.147)**

The Committee note that the Institute has 45 full time courses of study leading to postgraduate and post-doctoral degrees as part of the Institute's efforts to achieve self-sufficiency in specialists, teachers and investigators in medical sciences. The Committee also note that there is provision for admitting 100 to 120 graduates to the postgraduate courses depending on the vacancies. The Committee note that proposals for Nursing Education at Post-graduate and post-doctorate levels and for Dental Education at Post-graduate level have to be shelved because of financial constraints. Having regard to the existence of sophisticated equipment in the Institute and the development of competence and expertise in the field of specialities and super-specialities the Committee feel that a stage has been reached where it should be examined in depth whether the Institute should increase the facilities for Post-graduate education so as to increase the stream of leaders in medical education and research.

### **Further Reply of Government**

The All-India Institute of Medical Sciences initiated its postgraduate training programme ever since its inception. In 1958, there were only 23 postgraduate students on the rolls. In 1960, this figure rose to 62 and the number increased further to 383 in the year 1973.

However, since 1974, when the new residency scheme was introduced it has put a ceiling to the number of postgraduate students who could be trained in each department of the Institute. The Institute will certainly welcome another indepth review concerning the postgraduate education, and would strive to develop such facilities as would lead to an increase in the number of postgraduate students who could be trained at the Institute.

[Ministry of Health and Family Welfare, Department of Health  
O.M. No. V.16012/18/76-ME(PG), dated 27-10-1976.]

### **Recommendation (Sr. No. 38, Para 3.35)**

It has been commonly recognised that physicians must play not only a technical role but also a wider social and humanistic role and that what is

needed is radical transformation in the methods of training physicians to achieve that role. The Committee are glad to note that for this purpose the All-India Institute of Medical Sciences has introduced rural and urban field practice areas to involve the medical student in community health practice, right from the beginning of his studentship and that from the hospital based, individual centred patient care, the emphasis has shifted to community centre health care.

### **Reply of Government**

It is gratifying to note that the emphasis placed by the Institute on the training of undergraduate students in the community setting has received the appreciation of the Committee.

[Ministry of Health and Family Welfare, Department of Health OM No. V.16012/18/76-FE(PG), dated 27-10-1976]

### **Recommendation (Sr. No. 39, Para 3.36)**

In a recent address at the Lady Hardinge Medical College the Prime Minister has emphasised that "Challenges in medicine are of two kinds : the handling of interesting individual cases and raising the health of the nation as a whole to a higher level. Our record in the second is not as impressive as our progress in the first. A disproportionate share of money and attention seems to be committed to advanced medical centres to the neglect of the more elementary tasks of public health. The battle against death is the driving force of medical research. But in any well ordered society, greater care should be given to improve the quality of day-to-day living." The Prime Minister has also observed "More than other disciplines, medical education has to be built on work experience, on practical training. Doctors in the making should acquire greater knowledge of our socio-economic conditions. There is a suggestion that every medical student should spend a few months in a village before he is permitted to put up his own single. Rural people need doctors and doctors also need to know rural conditions and problems."

### **Reply of Government**

The Faculty of the Institute gratefully acknowledges the guidance provided by the Prime Minister in the matter of defining objectives of the National Health Care Delivery System and assures their fullest cooperation and assistance in the efforts being made to achieve these objectives.

[Ministry of Health and Family Welfare, Department of Health OM No. V.16012/18/76-FE(PG), dated 27-10-1976]

### **Recommendation (Sr. No. 39, Para 3.37)**

The Committee have been informed that the objectives set for giving community orientation to medical education at the All-India Institute of Medical Sciences were to provide a meaningful rural and urban experience for undergraduate students and also to enable them to render service of preventive nature for diseases both physical and emotional and make them

aware of the role of promotional health techniques in the maintenance of healthy individuals and families. The Committee trust that the efforts made towards the fulfilment of these objectives would be reviewed and improvements effected so as to come up to the guidelines laid down by the Prime Minister and to generate a feeling of active concern for his surroundings among the medical students.

### **Reply of Government**

Steps are being taken to further extend the experiences gained in the rural and urban areas both for undergraduate medical education as well as for the patient care services. The involvement of the faculty is likely to increase further with a complete district allotment for providing a model of health care delivery system in Rajasthan. These steps are entirely in line with the thoughts expressed by the Prime Minister and referred to by the Estimates Committee.

[Ministry of Health and Family Welfare, Department of Health OM  
No. V.16012/18/76-FE(PG), dated 27-10-1976]

### **Recommendation (Sr. No. 40, Para 3.38)**

The Committee welcome the establishment of the Centre for Community Medicine for organising the entire training programme of the under-graduates in the community setting and the institution of separate examination in Community Medicine on par with main clinical subjects. The Committee are glad that the Centre including the staff is of a multi-disciplinary nature, and that there is total commitment of the entire faculty to community health programmes. It need hardly be stressed that members of the faculty from all departments and not merely from the Department of Preventive and Social Medicine should be actively associated in the programme of community orientation so that the students acquire comprehensive knowledge and experience.

### **Reply of Government**

The very setting up of the Centre of Community Medicine, as apart from the Department of Preventive and Social Medicine which is now an integral part of this Centre, represents the culmination of the joint thinking and efforts of the Members of the Faculty drawn from the various clinical and allied disciplines. By so doing, the coordinated effort is demonstrated to the students which can serve as a model example to the undergraduate students. For obvious reasons the non-clinical Faculty has not been very much involved in the area of Community Medicine, so far as the preventive, promotive and curative services to the patients are concerned. However, even such Members of the Faculty are equally sensitive to the health care needs of the community and their research efforts are directed to achieve results in this direction. Besides all the Members of the Faculty during the teaching of the undergraduate medical students make efforts to produce the desired attitudinal change amongst the students so that they can develop appropriate responses to the needs of the individuals and of the society.

[Ministry of Health and Family Welfare, Department of Health OM  
No. V.16012/18/76-FE(PG), dated 27-10-1976]

### **Recommendation (Sr. No. 41, Para 3.39)**

The Committee would like to emphasise in this connection that the members of the Faculty have a vital role to play by setting a personal example of enthusiastic participation and dedicated service to the cause of the health of the rural community.

### **Reply of Government**

The Members of the Clinical Faculty by rotation actively participate in the services devoted to the cause of the health of the community outside the four walls of the A.I.I.M.S. Hospital. This is done both in the rural setting as well as in the urban areas mostly in J.J. colonies. Besides, the Faculty has always volunteered to shoulder the responsibilities in times of national and regional needs.

Further steps to intensify the participation of faculty members in rural health care would be taken.

[Ministry of Health and Family Welfare, Department of Health OM  
No. V.16012/18/76-FE(PG), dated 27-10-1976]

### **Recommendation (Sr. No. 42, Para 3.40)**

The Committee consider that the students should be trained not only in the curative and preventive aspects of medicine but also be made thoroughly familiar with the national health system and its agencies at various levels so that in times of need, the student in his latter role as Doctor will be in a position to take prompt action in utilising all the available facilities in the national health system and take part in or organise, if necessary, team work to combat epidemics and to obtained the best possible results from the existing field organisations. In other words, he should be able to function responsibly and competently as officer incharge of a district health centre.

### **Reply of Government**

The Institute is appreciative of the views of the Committee that the students be trained not only in the curative and preventive aspects of medicine but also be made thoroughly familiar with the national health system and its agencies at various levels so that in times of need, the student in his later role as Doctor will be in a position to take prompt action in utilising all the available facilities in the national health system.

As already mentioned the Institute has well defined goals of undergraduate medical education; and one of these goals pertinently states that : "A graduate physician from the All-India Institute of Medical Sciences should be familiar with national health problems and appreciate the role of social, economic, psychological and environmental factors and their genesis and control. He should understand his role in the organisation and functioning of the national health care delivery systems."

The recommendation of the Committee is verbalised in the goal as stated above and therefore forms one of the objectives for the Faculty in the field of undergraduate medical education.

[Ministry of Health and Family Welfare, Department of Health OM  
No. V.16012/18/76-FE(PG), dated 27-10-1976]

### **Recommendation (Sr. No. 43, Para 3.41)**

The Committee recommend that there should be coordination of efforts between the health services and the medical education authorities so that these functional services are rendered simultaneously.

### **Reply of Government**

This is covered with para 19.05 of the Plan of Action which read as follows :—

“Concerned State Governments should be requested to suitably amend their administrative procedures so that the gulf which now separates the teaching medical profession from service-medical profession can be closed.”

The Ministry of Health & Family Planning (Department of Health) have already recommended the Plan of Action to State Governments for implementation.

[Ministry of Health and Family Welfare, Department of Health OM No. V.16012/18/76-ME (PG) dated 30-12-1976]

### **Recommendation (Sr. No. 44, Para 3.42)**

The Committee note that 50 per cent of the training time of the under-graduate is spent in the Community setting rural and urban, and that a greater proportion of the time is allotted at present for training in the urban setting. The Committee note that a period of six months in all including three months during internship has been allotted for training in the rural setting. The Committee feel that especially when the rural communities in India have not so far received the benefits of medical care, the accent of medical education should be on orientation to the needs of the rural community. The Committee, therefore, desire Government to examine to what extent the period allotted for training of students in the rural areas could be increased.

### **Reply of Government**

This is covered with para 19.07 of the Plan of Action which read as follows :—

“Training of interns in these colleges will be shifted completely away from medical college hospitals and instead, will be conducted at the P.H.C., taluk, sub-divisional and district hospitals.”

Accordingly the Medical Council of India has laid down in its revised recommendation on under-graduate medical education curriculum that the Compulsory Rotating Internship for 12 months should be done in teaching and non-teaching approved hospitals like District Hospitals and Rural Health Training Centre/Upgraded Primary Health Centres attached to the teaching institutions. Satisfactory collaboration must exist between such hospitals/rural centres and the medical college. The compulsory Rotating Internship shall include training in Medicine, Surgery and Obstetrics & Gynaecology and in Community Health Work at Rural Health Training Centre or Upgraded Primary Health Centres. The posting in Community

Health Work should be for a minimum period of six months. The students should be placed for in service training in Family Planning clinics for a period of one month. In the task oriented training the responsibility of the interns as participants in the institutional and domiciliary service programme should receive due attention. For this purpose all necessary inputs should be provided, like accommodation, transport adequate clinical facilities etc.

[Ministry of Health and Family Welfare, Department of Health OM No. V.16012/18/76-ME (PG) dated 30-12-1976]

### **Recommendation (Sr. No. 45, Para 3.43)**

The Committee consider that the students of the Institute should also be encouraged to study the health problems in the slums and to participate actively in programmes of health care in such areas.

### **Reply of Government**

Even at present the students of the Institute are encouraged to visit not only the slum areas but also other segments of the society who need a sympathetic understanding of their health problems. These visits include the following areas :

Resettlement colonies at :—

Khanpur,  
Madangir,  
Hansrani,  
Savitri Nagar and  
Begumpur.

Visits are also arranged to various social welfare institutions in Delhi. These include :—

1. Bal Sahyog (Connaught Place, New Delhi),
2. S.Q.S. Village (Faridabad),
3. Lady Noyce School for Deaf and Dumb Children (Daryaganj)
4. Arya Orphanage (Daryaganj)
5. Jawaharlal Nehru Institute for Physically and Mentally handicapped (Rouse Avenue, New Delhi)
6. Model School for Mentally Deficient Children (Lajpat Nagar).

The visits are made under the supervision of the Members of the Faculty and the students are provided learning experiences in the understanding of the health problems of the people in their own environment and socio-economic setting.

In 1975-76, under the National Service Scheme, 110 undergraduate and postgraduate students volunteered to undertake community health programmes in the slum areas and villages adopted by the non-medical students of the Delhi University colleges.

Seven short duration camps (1 to 3 days) and three long duration camps (10 days each) were organized and a large number of needy patients were

provided with medical care and advice. The Faculty of the Institute encouraged the students in their efforts and also actively participated in the programme.

As desired by the Committee further emphasis will be laid on this part of the student's programme in the future.

[Ministry of Health and Family Welfare, Department of Health OM No. V.16012/18/76-ME (PG) dated 27-10-1976]

#### **Recommendation (Sr. No. 46, Para 3.44)**

The Committee note that service assumes a very important role in the comprehensive Rural Health Services Project at Ballabgarh and that the service facilities range from the basic services provided by the multipurpose workers in the extension centre and the medical services at the Primary Health Centres to the hospital facilities at block level in Ballabgarh and specialist care at the All India Institute of Medical Sciences. There is thus a system of graded health facility to ensure that every individual in the area has access to Primary Health Care and specialist care.

#### **Reply of Government**

The system of graded health facility developed in the Comprehensive Rural Health Services Project, Ballabgarh, is entirely in line with the recommendations of the Group on Medical Education and Support Man-Power (M.E.S.M.). Further experience will be gained in this direction in the Churu district of Rajasthan.

[Ministry of Health and Family Welfare, Department of Health OM No. V.16012/18/76-ME (PG) dated 27-10-1976]

#### **Recommendation (Sr. No. 47, Para 3.45)**

The Committee agree that the system of integrating medical education with the system of medical care has potentialities for giving the students the bias for rural service. The Committee recommend that in order that the student may derive the maximum benefit from this training spell, a close watch should be kept whether he has developed the right values and attitudes and a definite percentage of the total credits in assessment may be earmarked for his performance in the rural field practice area.

#### **Reply of Government**

There is a system of end-posting assessment when the Faculty Members assess the students on the completion of their rural block posting. This assessment is conducted at Ballabgarh in the rural setting itself. Twelve per cent of the total credits for the internal assessment is reserved for the rural posting assessment only.

[Ministry of Health and Family Welfare, Department of Health O.M. No. V.16012/18/76-ME(Pg) dated 27-10-1976]



### **Recommendation (Sr. No. 48, Para 3.46)**

The Committee note that it is the intention of Government to involve more and more medical colleges in the problems of rural areas and that as a beginning 2 or 3 primary health centres will be attached to every medical college so that perforce the medical faculty, residents, graduates and others will be required to spend some time in studying rural people, their problems and find solutions. The Committee also note that it is the intention that every medical college would be given ultimately the responsibility of administering the health care-curative, promotive and preventive, in a district where it is situated. The Committee need hardly point out that such programmes are long overdue and would therefore stress the crucial importance of laying down time bound schedules for implementation of the proposed programmes.

### **Reply of Government**

The Institute is actively considering to adapt a complete district in Rajasthan, with its ten primary health centres, to develop the health care delivery model on the lines proposed in the Srivastava Committee Report. Initially efforts will be confined to the taking over of two primary health centres with an approximate population coverage of 200,000. There will be increasing response over the years with eventually taking over of nine to ten primary health centres, covering 900,000 to 1,000,000 total population.

[Ministry of Health and Family Welfare, Department of Health  
O.M. No. V.16012/18/76-ME(P) dated 27-10-1976]

### **Further Information called for by the Committee**

Please state :—

(i) Whether any specific programmes have been formulated to involve more and more medical colleges, apart from A.I.I.M.S in dealing with the health problems of rural areas and whether any time bound schedules have been drawn for the purpose.

(ii) The final decision taken by the Institute for adopting a district in Rajasthan for developing the health care delivery model on the lines proposed in the Srivastava Committee Report.

(Lok Sabha Sectt. O.M. No. 4/10/EC/75, dated 18-3-1977)

### **Further Reply of Government**

(i) The Ministry of Health and Family Welfare have formulated a Scheme for Re-orientation of Medical Education. The basic feature of the Scheme is to involve all the 106 medical colleges in the country in the provision of health care services. These colleges will cover 3 PHC in the district in which they are situated or in an adjacent district. The Government of India will give one-time-recurring-grant of a sum not exceeding Rs. 5 lakhs for the creation of infrastructural facilities for the involvement of medical colleges in the provision of services for the rural communities. The Government of India proposes to initiate operation of the scheme during 1977-78 in all the 106 medical colleges subject to

allocation of adequate funds for this purpose by the Planning Commission. The Scheme aims at the coverage of an entire district by a medical college over a period of 4-5 years.

(ii) The Institute has already decided to adopt Churu District in Rajasthan to develop a pattern of Rural Health Services for developing the health care delivery in the district. A draft agreement for this joint project between the Department of Health and Family Planning, Government of Rajasthan and the A.I.I.M.S. has already been finalised and sent to the Rajasthan Government for their approval but the approval of the Government of Rajasthan to the proposed agreement is awaited, and the matter is being pursued with the Government of Rajasthan.

#### **Recommendation (Sr. No. 50, Para 3.48)**

The Committee note that the underlying concept of the Rural Project is that the vast majority of morbidity in our country can be handled by less sophisticated personnel and facilities and that the experience so far has led to the conclusion that 'adequate minimum medical care facilities are definitely within the realms of possibility for our country and not an utopian idea we will never achieve.' The Committee are impressed with the possibilities of the scheme in the field of medical education and medical care for the rural communities.

#### **Reply of Government**

The comments of the Committee are gratefully acknowledged.

[Ministry of Health and Family Welfare, Department of Health  
O.M. No. V.16012/18/76-ME(PG) dated 27-10-1976]

#### **Recommendation (Sr. No. 52, Para 4.18)**

The Committee note that besides the Ballabgarh Rural Project, the All India Institute of Medical Sciences has undertaken several operational research studies in rural communities to design an integrated package of health service of low cost that can be provided through a single health functionary at the village level. The components of the package are immunisation, nutrition, family planning and primary medical care. The Committee are glad to note that the results of studies made by the Institute in the Special Child Relief Programmes involving nearly 5,00,000 infants and Children, expectant and lactating mothers in 6 different States has opened a new strategy for the delivery of package of health service, integrating the village level activity with the Primary Health Centre activities and from there to the Sub-Division and District Hospital. The Committee recommend that the results of the studies may be evaluated and brought to the specific notice of other Medical Colleges for undertaking similar programmes.

#### **Reply of Government**

The experience of Child Relief Programme in reference to the delivery of the health care at the village level is being communicated, after proper evaluation, to other medical colleges through :

- (a) scientific publications;
- (b) their association with monitoring of Integrated Child Development Scheme of India; and

(c) seminars and conferences.

[Ministry of Health and Family Welfare, Department of Health  
O.M. No. V.16012/18/76-ME (PG) dated 27.10.1976]

**Recommendation (Sr. No. 53, Para 4.19)**

The Committee note that the Group on Medical Education and Support Manpower which was appointed by Government in November, 1974 has presented a Report on Health Services and Medical Education and made far-reaching recommendations for improving the delivery of health services and the existing medical educational processes, and that Government have evolved a "Plan of Action" based on the recommendations which will be discussed at a meeting of the Central Council of Health and Family Planning in April, 1976. The Committee note that the recommendations of the Group have been accepted in principle in the "Plan of Action" with some modifications. The basic principle of the scheme is the creation of community level workers and creation of two cadres of health workers and Health Assistants between the community level worker and the doctor at the Primary Health Centre who will be trained to provide simple promotive, preventive and curative health services, needed by the community and also development of a referral services complex by establishing links and contacts between Primary Health Centre, Taluk/Tehsil, district, regional and Medical College Hospitals. The Committee note that the 'Plan of Action' has suggested an experimental beginning for the training of personnel in 70 districts for the present and has also recommended involvement of Medical College as important units in the referral complex with responsibility for promotive, preventive and curative health care of 3-Blocks each at present. The Committee hope that expeditious action will be taken to ensure that health services are made available as early as possible to the most vulnerable segments of the society according to a time-bound programme.

**Recommendation (Sr. No. 54, Para 4.20)**

The Committee note that the All-India Institute of Medical Sciences has proposed to develop a pilot project for one whole district in the State of Rajasthan for re-organising the health infrastructure of the district along the lines of the recommendations of the Medical Education and Support Manpower Committee. The period of the project will be five years, including first year of preparatory phase and the estimated expenditure is Rs. 18 lacs. The Committee have no doubt that the necessary infrastructure will be provided in time so that the Institute may evolve a viable model based on the proposed experiment for application to the rest of the country.

**(Reply of Government (Sr. No. 53, Para 4.19) and (Sr. No. 54, Para 4.20))**

The Institute has already decided to take 3 blocks and one sub-division hospital of the Churu District of Rajasthan. The following actions have been taken in this respect :

- (a) Project plan has been prepared;
- (b) Governing Body's approval has been obtained;

- (c) The Chief Minister of Rajasthan has informally given the permission but formal permission is awaited from the Health Minister; and
- (d) Project Committee of the Faculty of the Institute has been formed.

[Ministry of Health and Family Welfare, Department of Health  
O.M. No. V.16012/18/76-ME(PG), dated 27-10-1976]

#### **Further Information called for by the Committee**

Please state whether the 'Plan of Action' has been approved finally and whether steps have been taken for implementation of the Plan of Action in 70 districts on experimental basis, as suggested therein.

(Lok Sabha Sectt. O.M. No. 4/10/EC/75 dated 18-3-1977)

#### **Further Reply of Government**

The Government of India may answer the progress made in 70 districts on experimental basis as suggested in Plan of Action.

(Please also see Serial No. 53—Chapter IV)

#### **Recommendation (Sr. No. 55, Para 5.30)**

The Committee note that a wide base of research both in fundamental and applied fields has been established in the All India Institute of Medical Sciences and that the Institute is in a position to intensify researches into some of the country's major health problems such as malnutrition, population control, maternal and child health, control of communicable diseases and environmental biology. It has been stated that fields which are important for national health have been given high priority in the Institute for research support. The work of the Institute in the fields of Endemic Goitre nutritional anaemia, high altitude pulmonary oedema, delivery of health services etc. has been cited as examples of research where successful results have been achieved and applied.

#### **Reply of Government**

Research efforts will be further intensified into those health problems which are of direct relevance to national needs. The involvement of the medical faculty in the rural health care will enable them to appreciate better the problems of the rural community.

[Ministry of Health and Family Welfare, Department of Health  
O.M. No. V. 16012/18/76-ME(PG), dated 27-10-1976]

#### **Recommendation (Sr. No. 55, Para 5.31)**

The Committee have also been informed that there have been concrete achievements in the researches on fertility control and communicable

diseases. The Committee urge that necessary clinical trials in these fields should be completed at the earliest so that the results of these important researches could be applied extensively for the solution of these burning problems of the country.

### **Reply of Government**

The necessary steps are being taken to complete the clinical trials of the researches made in the field of fertility regulation. On completion of these trials, the Institute will take effective steps to disseminate the information.

[Ministry of Health and Family Welfare, Department of Health  
O.M. No. V.16012/18/76-ME(PG), dated 27-10-1976]

### **Further Information called for by the Committee**

Please state as to when the clinical trials of the researches made in the field of fertility regulation would be completed.

[Lok Sabha Sectt. O.M. No. 4/10/EC/75, dated 18-3-1977]

### **Further reply of Government**

The following is the progress in the field of fertility regulation at the A.I.I.M.S.

- (i) a single silastic implant is undergoing a phase II clinical trial.
- (ii) a vaccine against fertility in women is undergoing a Phase I and Phase II trials in India and abroad. The results are encouraging and it will take 4 to 5 years before the trials are completed and products released for free clinical use.
- (iii) Nasal spray of hormones for fertility control is in Phase II of clinical trials.

[Ministry of Health and Family Welfare, Department of Health  
O.M. No. V. 16012/6/77-ME(PG), dated 18-6-1977]

### **Recommendation (Sr. No. 56, Para 5.32)**

The Committee would like to point out that the purpose of medical research is to bring about results of practical utility in the fight against disease with the maximum expedition possible and that little purpose will be served unless the results of research can find immediate application in the field. The Committee therefore would like to urge that time bound programmes with practical specific objectives should be formulated and the tempo of research and of practical application of results in the field should be considerably intensified.

### **Reply of Government**

The Institute entirely agrees with the suggestion and assures that even previously the research projects pursued by the Faculty are formulated on the basis of a time bound programme and with specific objectives as well as well-defined experimental methodology. Efforts are always made to explore the practical application of results obtained; these efforts will be further intensified.

[Ministry of Health and Family Welfare, Department of Health  
O.M. No. V.16012/18/76-ME(PG), dated 27-10-1976]

### **Recommendation (Sr. No. 57, Para 5.33)**

The Committee would like to refer in particular, to the work done by the Institute in the field of nutrition in developing a special type of food from local ingredients which is said to be cheaper than almost all the weaning foods available for large scale feeding programmes. The Committee desire that efforts should be made to disseminate knowledge about the food on a large scale especially to the weaker sections in the country. The Committee recommend that the Institute should, on the basis of its researches in nutrition, evolve a balanced diet consisting of nutritious but cheap and inexpensive food materials which are locally available for the benefit of the people, particularly the weaker sections and widely publicise the same from time to time.

### **Reply of Government**

The Institute gratefully acknowledges the comments of the Committee regarding its effort in developing special types of foods from local ingredients for the weaning infants. Efforts will be intensified now to develop similar cheap foods from indigenous resources for adults also, as suggested by the Committee and the information/knowledge thus obtained will be disseminated.

[Ministry of Health and Family Welfare, Department of Health O.M. No. V. 16012/18/76-ME(PG), dated 27-10-1976]

### **Further Information called for by the Committee**

Please state the progress made in evolving cheap foods from indigenous resources for the adults, as suggested by the Committee.

[Lok Sabha Sectt. O.M. No. 4/10/EC/75, dated 18-3-1977]

### **Further Reply of Government**

The Institute has no department of food sciences but it has developed recipes for national programmes on supplementary feeding, provided help to Government of India and developed recipes for special child relief programme. It has also provided help to U.P. Government to develop the recipes for supplementary feeding programme in the World Bank supported India Population Project. The development of cheap food from indigenous resources is possible, but this would require added investments in the setting up of a department of food sciences.

[Ministry of Health and Family Welfare, Department of Health O.M. No. V.16012/6/77-ME(PG), dated 18-6-1977]

### **Recommendation (Sr. No. 58, Para 5.34)**

The Committee are glad to note that the Institute has developed low cost inexpensive materials as import substitutes, such as, Hydrocephalus value cardiac pacemaker triline inhaler etc. The Committee suggest that the Institute, apart from developing low cost apparatus, should also conduct research regarding the extent to which the expensiveness of medical treatment in terms of time and money for various types of disorders can be reduced consistent with the requirements of safety. It is of crucial importance as the Prime Minister has stated that inexpensive and appropriate

techniques for medical care should be developed in keeping with our socio-economic conditions.

### **Reply of Government**

As the Institute has already started the Bio-Medical Engineering Unit, in collaboration with the Indian Institute of Technology, efforts would be made to produce low cost simple medical equipment which could be widely used in the rural setting. Efforts will also be made to conduct research with a view to developing inexpensive yet effective medical treatment for various types of disorders.

[Ministry of Health and Family Welfare, Department of Health O.M.  
No. V.16012/18/76-ME(PG), dated 27-10-1976]

### **Recommendation (Sr. No. 59 Para, No. 5.35)**

The Committee note that the bulk of the research funds for the Institute come from the various agencies in the country sponsoring medical research such as Indian Council of Medical Research, Council of Scientific and Industrial Research, Atomic Energy Commission and Indian National Science Academy on the basis of the applications made by the Faculty members and their having been considered fit for research support. It has been stated that a Committee consisting of the Director of the Institute and the Dean reviews all the schemes that are submitted by the members of the faculty for research and that in the case of larger schemes, which fall in the priority of the nation, the schemes are sent to the Indian Council of Medical Research which is the apex body for medical research in the country.

### **Reply of Government**

No comments please.

[Ministry of Health and Family Welfare, Department of Health O.M.  
No. V.16012/18/76-ME(PG), dated 27-10-1976]

### **Recommendation (Sr. No. 59, Para No. 5.36)**

The Committee are concerned to note from the paper on 'Outline of a new policy' of the Indian Council of Medical Research that over the years, due to a variety of reasons, the Council could not function effectively as an apex body concerned with the over-all direction and co-ordination of medical research in the country and that the research programme of the Council so far, was largely not the result of any deliberate planning, based on careful assessment of the country's needs. It is matter of regret that the programme was 'mainly a collection of several disjointed and isolated research proposals submitted by a large number of individuals all over the country, and 'the bulk of the research efforts of the Indian Council of Medical Research as represented by 'ad hoc' research programmes, failed to yield tangible results of any practical or scientific value'. It is unfortunate that resources and time and talent of the medical community of the country have not been meaningfully utilised over the years according to well thought-out priorities.

### Reply of Government

Taking note of the fact that in the past the Council could not function effectively as an Apex Body concerned with the overall direction and coordination of medical research in the country and in order to ensure that the research programme of the Council was geared to the country's needs, the Council undertook a detailed review of its research programmes and has outlined specific strategies designed to promote research of immediate national importance and relevance. In accordance with this policy the Council has identified major priority areas and undertaken steps to deliberately promote and encourage research in those areas. The major areas of research thus identified were—(1) Communicable Diseases, (2) Fertility control, and (3) Nutrition and metabolic diseases.

Apart from the individual research schemes, the Council has also organised collaborative multicentric national projects on such national problems as rheumatic heart diseases, fluorosis, diabetes, blindness, oral cancer etc. The Council has also established links with sister organisations such as CSIR and ICAR in order to facilitate coordinated research in areas of overlapping research.

[Ministry of Health and Family Welfare Department of Health O.M. No. V.16012/18/76-ME(PG), dated 30-12-1976]

### Recommendation (Sr. No. 60, Paras 5.37 and 5.38)

The Committee note that it has now been realised that a major responsibility of the Council is to identify the areas in the field of biomedical and public health research of immediate national importance. The Council will formulate, on a national basis, research projects designed to provide practical and feasible solutions to such national problems and to identify individuals and institutions which have the requisite expertise and facilities for participating in these projects. Concrete, precise and time bound programmes will be formulated by the Indian Council of Medical Research.

The Committee welcome the new policy now evolved by the Indian Council of Medical Research, to undertake centralised planning of research programmes based on the careful assessment of the needs of the country. They would however like that the programme of research projects formulated by the Council should be widely circulated amongst the medical profession, medical institutes/colleges, reputed hospitals etc., for inviting their suggestions so that the programme could be improved upon and unnecessary duplication of research effort could be avoided. The Committee would like to stress that great care should be taken in the matter of selection of projects so that priority is given to research on diseases which are widely prevalent and for prevention of diseases which usually afflict the poor and weaker sections of Society.

### Reply of Government

The Council's research programmes are carried out through its ten permanent, mission-oriented institutes and also through research schemes and fellowship programmes which are being supported in nearly 110 institutions in the country. These institutions include medical colleges, hospitals, university departments and other research organisations. These institutions are thus in a position to give suggestions for improving the



Councils programme of research and avoiding duplication of research effort. The Council is at present supporting nearly 350 research schemes outside its permanent institutes. Over 90% of these research schemes fall in the priority areas mentioned earlier, viz. communicable diseases, fertility control, and nutrition and metabolic diseases. The poor and weaker sections of society are prone to these illnesses specially.

#### **Recommendation (Sr. No. 61 Para 5.39)**

The Committee have no doubt that All India Institute of Medical Sciences as an important participating institution in the research programme of the Council will provide the lead in effective implementation of those concrete, specific and time bound research programmes which may be assigned to the Institute.

#### **Reply of Government**

The Institute will offer all facilities and will cooperate whole-heartedly in the implementation of any research projects or programmes assigned to it on the basis of the national policy on medical education and research.

[Ministry of Health and Family Welfare, Department of Health O.M.  
No. V. 16012/18/76-ME(PG), dated 27-10-1976]

#### **Recommendation (Sr. No. 62 Para 5.40)**

The Committee would like to emphasise in this connection the need of costing of research projects in terms of time and money likely to be required for their completion. In the opinion of the Committee, this would encourage cost consciousness in the faculty and research staff and would result in purposeful utilisation of time energy and resources.

#### **Reply of Government**

While formulating research projects an effort is always made by the Faculty Investigator(s) to make appropriate cost estimates in terms of time as well as money, and set firm dates for the completion of various phases of project as well as of the whole project. The recommendation of the Estimate Committee will be widely circulated among the Faculty in order to reinforce the practice already being followed in this direction. The advice of the Estimates Committee will also be kept in mind while sanctioning the research projects in future.

[Ministry of Health and Family Welfare, Department of Health O.M.  
No. V. 16012/18/76-ME(PG), dated 27-10-1976]

#### **Recommendation (Sr. No. 64 Para 5.42)**

The Committee further recommend that the research projects undertaken by the Institute, the time and money spent on them and the positive results achieved should be published in the Annual Reports of the Institute.

#### **Reply of the Government**

(Please see reply of the Government under Serial No. 63 in Chapter IV)

### **Recommendation (Sr. No. 67 Para 5.53)**

The Committee are glad to note that the All-India Institute of Medical Sciences have done considerable work in the study of indigenous drugs and are presently engaged in carrying out clinical examination and trial of some of the indigenous drugs like development of peruvoside for treatment of heart diseases, calophyllolide (which prevents blood clotting) and extract of Guggulu (which has been found effective in joint diseases and heart diseases). The Committee urge that clinical trials of these drugs should be expedited and if found successful the drugs adopted for universal use.

### **Reply of Government**

The Institute gratefully acknowledges the appreciation by the Estimates Committee regarding the studies of indigenous drugs including peruvoside, calophyllolide and Guggulu extract. Efforts will be intensified regarding the clinical trial of these drugs as well as any other indigenous drugs which may be found to be of promise.

[Ministry of Health and Family Welfare, Department of Health O.M. No. V.16012/18/76-ME(PG) dated 27.10.1976]

### **Further information called for by the committee**

Please state the progress made with regard to the clinical trials of the indigenous drugs.

[Lok Sabha Sectt. O.M. No. 4/10/EC/75 dated 18.3.1977]

### **Further Reply of Government**

The clinical trials of indigenous drugs are conducted under the aegis of Central Council for Research in Indian Medicine and Homoeopathy, New Delhi, and the various departments who are getting financial assistance from this source submit an Annual Report to the Council on the trials of the indigenous drugs. As far as the Institute is concerned, long term clinical trials on the use of Guggulu have been published recently in the Indian Journal of Medical Research, Vol. No. 65, page 390 (1977). The department of Pharmacology of the Institute is willing to undertake any further studies on any other drugs provided enough literature on preliminary work on animal models is available as to the beneficial effects of the drugs.

Trials on the use of "Karkatari" on patients and experimental animals has shown it to be useful in the treatment of cancer.

"Musk" as an anti-inflammatory agent has been shown to be highly potent.

[Ministry of Health and Family Welfare, Department of Health O.M. No. V. 16012/6/77-ME(PG), dated 18-6-1977]

### **Recommendation (Sr. No. 68 Para 5.54)**

The Committee suggest that lists of indigenous drugs standardized and tested may be prepared and furnished to all Government and local hospitals/dispensaries.

### **Reply of Government**

The list of indigenous drugs standardised and tested at this Institute will be prepared and submitted to the Department of Health, Government of India for circulation to all Government and local hospitals/dispensaries.

[Ministry of Health and Family Welfare, Department of Health O.M. No. V.16012/18/76-ME(PG) dated 27.10.1976]

### **Further information called for by the committee**

Please indicate the progress made by the Institute in preparing the list of indigenous drugs standardised and tested by them for circulation to all Government and local hospitals and dispensaries.

[Lok Sabha Sectt. O.M. No. 4/10/EC/75 dated 18.3.1977]

### **Further Reply of Government**

A list of indigenous drugs standardised and tested at this Institute is being compiled and will be forwarded to the Government of India in due course.

[Ministry of Health and Family Welfare, Department of Health O.M. No. 16012/6/77-ME(PG), dated 18-6-1977]

### **Comments of the Committee**

Compilation of the list of indigenous drugs standardised and tested at Institute may be expedited for circulation to the Government and local hospitals/dispenseries.

### **Recommendation (Sr. No. 69 Para 5.55)**

The Committee also note that the Institute is working on an Ayurvedic herb preparation called 'Rudrawanti' for treatment of cancer. The Committee desire that the tempo of such studies should be accelerated and that the Institute should play a pioneering role and give a lead in developing and assimilating the knowledge available in the Indian systems of medicine so as to serve the health needs of the vast majority of our people.

### **Reply of Government**

Further work on determining the effects of Rudrawanti (Karkatari) as a therapeutic treatment of Cancer is being done.

[Ministry of Health and Family Welfare, Department of Health O.M. No. V. 16012/18/76-ME(PG), dated 27-10-1976]

### **Recommendation (Sr. No. 70 Para 5.56)**

The Committee would like that the amount of Rs. 33 lakhs which will be available to the Institute under an endowment from a philanthropist for setting up a centre for clinical pharmacology will be made effective use of. The Committee feel that the All India Institute of Medical Sciences can play a pioneering role in this field of clinical trials of indigenous drugs also.

### **Reply of Government**

The Institute is happy to convey to the Committee that the amount of Rs. 32 lakhs (and not 33 lakhs) has already been made available to the Institute and has been deposited in the Institute funds. Steps have been

initiated for the construction of the building for the S.R.B. Centre of Clinical Pharmacology. The priority research projects which would be taken up in the Centre include the study of a hypoglycemic principle derived from indigenous plant source and claimed to be effective for the treatment of diabetes mellitus.

[Ministry of Health and Family Welfare, Department of Health O.M. No. V. 16012/18/76-ME(PG), dated 27-10-1976]

### **Recommendation (Sr. No. 71 Para 5.57)**

The Committee note that there are quite a few diseases where the modern system of medicine has not been able to give an answer but where the practitioners of Indian systems of medicine claim effectiveness in treatment. The Committee also note that a Core Committee of the Faculty of the All India Institute of Medical Sciences was set up in 1972 to evaluate from time to time in a scientific manner, the reports of successful treatment of illnesses by the use of indigenous drugs and medicine. The Committee need hardly stress the importance of intensifying research on the effectiveness of indigenous medicine in cases where the western system offers no hope of cure.

### **Reply of Government**

The Institute deeply appreciates the importance of intensifying research on the claims of effectiveness of indigenous medicine in certain cases where the modern system have apparently not provided an answer to the problem. A number of trials on homoeopathic medicine and indigenous medicine is in progress at the A.I.I.M.S. under the guidance of the Core Committee. The results of these trials are still awaited.

[Ministry of Health and Family Welfare, Department of Health O.M. No. V. 16012/6/77-ME(PG), dated 16-8-1977]

### **Further Information called for by the Committee**

Please state the steps taken to intensify research efforts on the effectiveness of indigenous medicine in cases where the western system offers no hope of cure.

[Lok Sabha Sectt. O.M. No. 4/10/EC/75 dated 18-3-1977]

The Core Committee is continuing its efforts to work on indigenous drugs. The C.C.R.I.M.H. is the agency that encourages the research on a national scale.

Recently homoeopathic drugs have also been included in the various trials being conducted at the Institute.

[Ministry of Health and Family Welfare, Department of Health O.M. No. V. 16012/6/77-ME(PG) dated 18.6.1977]

### **Recommendation (Sr. No. 72 Para 5.65)**

The Committee note that the ancient Indian system of Yoga has attracted wide attention and that the studies carried out at the All India

Institute of Medical Sciences have established that Yogic exercises produce certain beneficial effects such as physical and mental relaxation, economy in energy utilisation, etc. The Committee also note that studies will be carried out by the Institute on the therapeutic claims of Yoga in various diseases. The Committee consider that the growing realisation by the medical world of the benefits of yogic and meditative practices, is a healthy sign and if its efficacy accepted and published by the modern medical scientists, it is bound to play a great role as a preventive technique in improving the health status of the people. The Committee, therefore, need hardly emphasise that the research on the preventive and curative efficacy of Yoga should be pursued by the Institute with greater enthusiasm so that it could be utilised extensively for the welfare of the community.

### **Reply of Government**

It is gratifying to note the interest shown and the emphasis laid by the Committee on research studies in Yoga. Complete research project proposals for the therapeutic evaluation of Yogic practices as well as for the study of extended tolerance to environmental stress have already been submitted to appropriate agencies for financial support. In spite of these limitations, research efforts are being continued in this direction. Several members of the Faculty as well as the Director and the Dean have been associated with the National Committee which aims at conducting seminars and symposia on the fundamental research aspects of Yōga. The Institute is also associated with the organization of research activities of the newly set-up Indian Institute of Research in Yoga and Allied Sciences, Tirupati. One senior member of the Faculty has been deputed to serve as a whole-time consultant for the various research projects and some of the other members of the Faculty have been selected as project leaders in different areas of research. These activities will be further intensified as soon as appropriate financial support for some of the pending projects is made available.

[Ministry of Health and Family Welfare, Department of Health O.M.  
No. V. 16012/18/76-ME(PG), dated 27-10-1976]

### **Recommendation (Sr. No. 73 Para 5.66)**

The Committee would also like Government to publicise the findings of the Institute on the beneficial effects of Yoga so that a large number of people are enthused to practise yoga in the interest of maintaining their physical and mental health.

### **Reply of Government**

The Institute welcomes the suggestion regarding the publication of the findings of the research in Yoga carried out at this Institute almost for the last two decades. However some of these findings have been incorporated in various chapters of the monograph "Yoga, Science and Man" being published through the aegis of the Central Council of Research in Indigenous Medicine and Homoeopathy (CCRIMH). In addition several members of the Faculty have been invited at various times by different news-media including newspapers, All India Radio, as well as Delhi Doordarshan

to speak on Yoga and its effects on health, mental and bodily disorders. Such activities have always been encouraged by the Institute as they result in wide dissemination of information on this important subject of national relevance.

[Ministry of Health and Family Welfare, Department of Health O.M.  
No. V. 16012/18/76-ME(PG), dated 27-10-1976]

#### **Further Information called for by the Committee**

Please furnish five copies of the monograph "Yoga, Science and Man" for the use of the Committee.

[Lok Sabha Sectt. O.M. No. 4/10/EC/75, dated 18-3-1977]

#### **Further Reply of Government**

Five copies of the 'Monograph on Yoga Sciences and Man' are enclosed.

[Ministry of Health and Family Welfare, Department of Health O.M.  
No. V. 16012/6/77-ME(PG), dated 18-6-1977]

#### **Recommendation (Sr. No. 74 Para 5.67)**

The Committee note that a curriculum dealing with the relevance and significance of Yoga has been drawn up by the All India Institute of Medical Sciences and is being introduced in the under-graduates course from July, 1976 session. The Committee would like Government to assess in due course, the impact of this course on the students so that the curriculum may be introduced in all the medical colleges in the country.

#### **Reply of Government**

The teaching of the relevance and significance of Yoga has been incorporated in the undergraduate curriculum at the Institute. This course has already been initiated in July, 1976. The Institute welcomes the suggestion of the Committee that there should be an evaluation of this course after some time both regarding its acceptance by the students as well as its impact on the attitudinal changes which it may bring about in the students. If necessary appropriate modifications will be incorporated in the course in the light of experiences thus gained. The final objective of introducing such courses in the undergraduate curriculum in various medical colleges is most welcome. Constant evaluation of the impact of this course would be made so as to introduce changes as and when required.

[Ministry of Health and Family Welfare, Department of Health, O.M.  
No. V. 16012/18/76-ME(PG), dated 27-10-1976]

#### **Recommendation (Sr. No. 75 Para 6.31)**

The Committee are glad to note that the basic aim of the Institute hospital is to develop high standard of medical care and make medical care available to a large number of people at a minimum cost. There are advanced facilities for the diagnosis of all varieties of diseases in the hospital. In addition, there are a large number of speciality clinics to take care of the most complex and intricate cases referred to them from all over the country.

### **Reply of Government**

The A.I.I.M.S. gratefully acknowledges that the Committee has noted that A.I.I.M.S. Hospital has developed high standards of medical care for the benefit of as large a number of patients at the minimum cost as possible. The facilities exist for advanced diagnosis of various diseases, including most complex and intricate cases referred to the A.I.I.M.S. The speciality clinics play a major role in this respect. The All-India Institute of Medical Sciences is continuing its efforts to expand the existing patient care facilities within the constraints of its resources.

[Ministry of Health and Family Welfare, Department of Health O.M.  
No. V. 16012/18/76-ME(PG), dated 27-10-1976]

### **Recommendation (Sr. No. 76 Para 6.32)**

The Committee note that the outpatient services of the Institute cater to a little over 4 lakh patients in a year inclusive of old and new cases including referrals and that the number of Indoor-patients admitted to the various departments of the Institute hospital is over 19,000 in a year including referrals. Out of 850 beds in the hospital, 65 beds are set aside for paying patients.

### **Reply of Government**

While the out-patient department of the A.I.I.M.S. was attended to a little over four lakhs patients (New as well as old cases) during the year 1974-75, the number of such patients during the year 1975-76 was more than five lakhs (both new and old cases). Similarly, the number of Indoor-patients during the year 1975-76 was more than 22,000 as against a little over 19,000 during the year 1974-75. The increase of indoor patients is possibly because of better/improved bed utilization. The overall increase in the number of patients attending the AIIMS Hospital is the result of greater confidence reposed in our Hospital by the public because of past performance and our continued efforts to improve upon the techniques and quality of patient-care service rendered by the all categories of staff concerned.

[Ministry of Health and Family Welfare, Department of Health O.M.  
No. V. 16012/18/76-ME(PG), dated 27-10-1976]

### **Recommendation (Sr. No. 76 Para 6.33)**

The Committee further note that the out-patients and the in-patients have direct access to the most advanced and sophisticated investigation and treatment and that the diagnostic services and treatment provided to the general ward patients are identical to those provided to the paying ward patients. The entire cost of investigations and treatment is met from the funds provided by the Government only. About 5 to 8 per cent of all the general ward patients pay the minimum charges only for some of the investigations.

### **Reply of Government**

It is true that patients at the OPD's, in the General Wards as also in the Private Ward (Paying) Wards avail themselves of the same facilities of the

medical advice and of the most advanced and sophisticated investigation procedures and treatment irrespective of the financial status of an individual patient. Only a very small number of patients attending the O.P.D.'s or the speciality clinics or admitted into the General Wards bear a part of the levy for some of the investigations. The patients admitted into the Paying Wards have to bear the prescribed levy.

[Ministry of Health and Family Welfare, Department of Health O.M.  
No. V. 16012/18/76-ME(PG), dated 27-10-1976]

### **Recommendation (Sr. No. 76 Para 6.34)**

The Committee are glad to note that the operations on the heart, brain, chest and other parts of the body which cost large sums of money, are freely available to the indigent patients in the Institute hospital.

### **Reply of Government**

The A.I.I.M.S. is encouraged to note the praise of the Estimate Committee as regards the surgical procedures conducted at the Hospital. In fact during the year 1975-76, nearly 38,000 surgical procedures were conducted as against nearly 34,000 during 1974-75. The A.I.I.M.S. Hospital has been providing and continues to provide facilities for surgical procedures, including very specialised operations on the heart, brain, chest, etc. to the patients who are poor and indigent as well as others. In such matters no differentiation is or can be made between the patients from affluent families and ones from the average common and poor families. Every patient is a very important person at the AIIMS Hospital at least in the matters of clinical examinations, laboratory investigations and treatment, inclusive of surgical procedures of the highest possible standards.

[Ministry of Health and Family Welfare, Department of Health OM  
No. . 16012/18/76-ME(PG), dated 27-10-1976]

### **Recommendation (Sr. No. 77 Para 6.35)**

The Committee note that there is a system of guidance and counselling for the patients who come to the hospital for treatment. The patients attending the out-patient departments are guided by a social guide sitting at the enquiry counter in the O.P.D. There is another enquiry, near the casualty, from where the people going to the wards are guided. Besides, there are National Service Scheme Workers and Medical Social Workers who guided the people in different areas and clinics of the hospital.

### **Reply of Government**

The Patients who come to the Out-patient Departments are given proper guidance by the part time Social Guides so that they reach the proper Clinics for their investigations and treatment. Such of the patients as are in need of counselling avail themselves of the services of the qualified Medical Social Workers. These Social Workers visit various areas of the Hospital, including the Wards where patients requiring hospitalization are admitted, and provide professional services to the needy patients. The Central Admission Office located near the Casualty Services functions round-the-clock.



This office, besides making admissions of the patients advised hospitalisation, functions as an Inquiry Office for the benefit of the patients and their relatives/attendants.

[Ministry of Health and Family Welfare, Department of Health O.M.  
No. V. 16012/18/76-ME(PG), dated 27-10-1976]

#### **Recommendation (Sr. No. 77 Para 6.36)**

The Committee further note that there is an active social service unit in the Institute hospital, catering to the needs of the poor, the crippled, the needy and the very seriously ill patients. The service undertakes the responsibility of informing the relations of the patients about their state of health. The service also helps in the rehabilitation of patients with illness ranging from psychiatric and neurological disorders to orthopaedic deformities.

#### **Reply of Government**

As already mentioned in the preceding paragraphs (6.35) the Medical Social Workers make arrangements to meet with such of the needs of the poor, indigent and crippled patients as are possible from out of the Poor Patients' Funds. The set-up, in its modest way, does make efforts in raising funds by persuading the grateful patients and their friends/relatives of sound financial status to donate towards the Poor Patients' Fund. The Medical Social Workers and the Central Admission Office also communicate with the relatives of the seriously ill patients as and when needed. This set-up has been providing and will continue to provide professional services in the rehabilitation of some of the patients especially those who have suffered from various ailments including psychiatric and neurological disorders and orthopaedic deformities.

[Ministry of Health and Family Welfare, Department of Health O.M.  
No. V. 16012/18/76-ME(PG), dated 27-10-1976]

#### **Recommendation (Sr. No. 77 Para 6.37)**

The Committee have been informed that counselling is also done by trained medical Social Workers to establish communication between the doctors and the patients by explaining to the patients the diagnosis of the disease, its prognosis and finally discussing with them the future treatment of the patient as a whole from medical, social and emotional point of view. The Committee consider that this service is of vital importance and desire that periodic reviews should be made about its effectiveness so as to effect improvements in keeping with the reputation of the Institute.

#### **Reply of Government**

The Social Work set-up does provide professional assistance in establishing communication between the doctors and such of the patients as need such assistance, in explaining to the patients the status of their ailment and treatment from every possible angle such as medical, social and emotional adjustments. In accordance with the suggestion made by the Estimates Committee with respect to periodical review of the social work rendered at the A.I.I.M.S. Hospital, the AIIMS has constituted a Committee consisting of six senior members of the Faculty for the periodical review of the work

done in this area and to make recommendations for further improvement of the services. This Committee continually reviews the situation, etc.

[Ministry of Health and Family Welfare, Department of Health O.M.  
No. V. 16012/18/76-ME(PG), dated 27-10-1976]

### **Recommendation (Sr. No. 78 Para 6.38)**

The Committee further desire that the various social, guidance and counselling services etc., provided at the Institute hospital, should be made known to the patients and their relatives by bringing out small brochures in English and Hindi at nominal prices.

### **Reply of Government**

The recommendations of the Estimates Committee would be implemented.

[Ministry of Health and Family Welfare, Department of Health O.M.  
No. V.16012/18/76-ME (PG) dated 27-10-1976]

### **Further information called for by the committee**

Please furnish five copies each of the brochures brought out on the various Social, Guidance and Counselling services etc.

[Lok Sabha Sectt. O.M. No. 4/10/EC/75 dated 18-3-1977]

### **Further Reply of Government**

Five copies of the brochures for indoor patients in the hospital, presently in use, are enclosed in a separate cover.

Five copies of the Residents Manual are also enclosed.

[Ministry of Health and Family Welfare, Department of Health OM  
No. V. 16012/6/77-ME(PG), dated 18-6-1977]

### **Recommendation (Sr. No. 79 Para 6.39)**

It has been represented to the Committee that medical care in the hospital lacks human approach especially on the part of the lower echelon of the medical staff and that most of the complaints against the hospital arise in the casualty department. The Committee are informed that all complaints are recorded and looked into by a grievances cell and the Medical Superintendent and that a Hospital Management Board has been constituted in July, 1975 precisely to improve the services with the hospital.

### **Recommendation (Sr. No. 79 Para 6.40)**

While these are welcome measures, it has to be appreciated that the patients and their relatives will be very reluctant to lodge oral or written complaints against the hospital staff. It is, therefore, for the hospital authorities themselves at the higher level to devise ways and means to locate the deficiencies in the services provided to the patients and the behaviour meted out to their relatives and take prompt remedial measures.

### **Recommendation (Sr. No. 80 Para 6.41)**

The Committee have no doubt that action taken on the complaints received from time to time will be investigated by the Hospital Management Board and that exemplary action will be taken against those members of the staff who do not show any response or improvement despite proper re-education.

### **Reply of Government**

The Institute is dealing with a large number of patients coming from various parts of the country. Due to shortage of accommodation and various other problems full satisfaction cannot always be given to each patient. Some stray cases of lack of courtesy and impolite language on the part of the subordinate staff might have occurred. However, every effort will continue to be made to improve the standard of medical care. The advice of the Committee is greatly appreciated and further steps will be taken to devise ways and means of improving the position. Exemplary action would be taken against the defaulting employees who may give cause for complaint.

[Ministry of Health and Family Welfare, Department of Health O.M. No. V. 16012/18/76-ME(PG), dated 27-10-1976]

### **Further information called for by the committee**

Please state the specific measures taken to improve the medical care during the last one year and the results achieved.

[Lok Sabha Sectt. O.M. No. 4/10/EC/75 dated 18-3-1977]

### **Further Reply of Government**

The Central Sterilization Supply Department has been reorganized and this has resulted in improving the supplies both in quantity and quality.

The crystalloid Services have been completely reorganized to conform to the standards laid down by the Drug Controller. Top quality crystalloids are now manufactured at the All-India Institute of Medical Sciences Hospital and it is intended to gradually increase the rate of manufacture so that the entire hospital requirements could be met with as far as possible and subject to the financial constraints. The work of infection control has been fully activated and the rate of infection has been brought down considerably. The Hospital formulary has been intensively reviewed and an upto-date formulary is being compiled. With this, it is intended to increase the capacity to manufacture medicinal formulas and to bring about economy and provide greater dispensing capacity at the All-India Institute of Medical Sciences Hospital. A residents manual has been prepared. This gives in detail all the information required for the smooth functions of a resident Doctor. The residents are expected to carry this with them all the time.

[Ministry of Health and Family Welfare, Department of Health O.M. No. V. 16012/6/77-ME(PG), dated 18-6-1977]

### **Recommendation (Sr. No. 81 Para 6.42)**

The Committee further suggest that the hospital administration should be given adequate and effective disciplinary powers to deal with the recalcitrant and erring staff members so as to enable them to deal with disciplinary cases promptly.

### **Reply of Government**

The disciplinary powers contained in the Central Civil Services Rules in terms of Regulation 33 of the A.I.I.M.S. Regulations, 1958, rest with the Deputy Director (Admn.), the Director, the President and other authorities of the A.I.I.M.S.

The Government of India has been approached to approve of certain amendments to the A.I.I.M.S. Regulations, 1958 to vest the Member-Secretary, Hospital Management Board with some disciplinary powers. Suitable disciplinary action is being taken promptly in cases on the recommendations of the Member-Secretary, Hospital Management Board.

[Ministry of Health and Family Welfare, Department of Health O.M.  
No. V. 16012/18/76-ME(PG), dated 27-10-1976]

### **Recommendation (Sr. No. 82 Para 6.43)**

The Committee need hardly stress that despite all the good work done by the senior doctors, the reputation of this premier hospital is likely to suffer if the para-medical and the lower category of staff are not courteous and attentive to the needs of the patients, with unflinching patience and sympathy. The Committee, therefore, recommend that this aspect of the working of the hospital should be given close attention so as to bring about perceptible improvements. It would also be desirable if periodical refresher courses are held for improving the outlook, attitudes and thinking of this category of staff particularly. Apart from lectures, practical demonstrations and film shows depicting the high standards of patient care required in a model hospital, may also be helpful in this regard. The Committee would like to stress that service in the hospital should be patient-oriented so that the patient is the focus of all care and service in the hospital.

### **Reply of Government**

The recommendations of the Estimates Committee are useful and every effort is being made and will continue to be made for the service at the A.I.I.M.S. Hospital to be patient-oriented and that all care and attention is promptly given to the patients. The authorities are quite conscious of the responsibility to enforce discipline, and at the same time, to see that the para-medical and lower categories of staff behave courteously and politely with all concerned, particularly the patients and their relatives. It may be mentioned that some refresher courses have already been organised for the nurses and the other para-medical staff. From time to time, this aspect is emphasised even on the junior doctors working at the Casualty. The Medical Superintendent has been keeping a close touch with the subordinate staff categories involved in the patient-care, and has been repeatedly emphasising upon them the need to be polite and courteous. Henceforth even greater attention will be given to patients-care as suggested by the Estimates Committee.

[Ministry of Health and Family Welfare, Department of Health O.M.  
No. V. 16012/18/76-ME(PG), dated 27-10-1976]

### **Recommendation (Sr. No. 83 Para 6.44)**

It is well-known that the casualty department of a Hospital, as an important point of contact of the patient and his relatives with the hospital, requires to be organised as the best service in every hospital, especially because the patients and their relatives are at that time under emotional strain and surcharged with suspense and anxiety. The degree of sympathy, courtesy and promptness which may be shown by the staff in that Department has a soothing and lasting effect on the patients and his relatives. It is, therefore, important that the casualty department and Emergency wards which are generally manned by junior doctors are staffed by experienced and competent doctors who would inspire confidence and put the anxious patients and their relatives at ease. The Committee recommend that the casualty department of the Institute Hospital should be organised as a model for other hospitals to follow so that the patients and their relatives get not only prompt and expert attention but also sympathetic treatment.

### **Reply of Government**

The Casualty Services of the Institute Hospital are supervised by a Senior Clinical Faculty member for day-to-day working. Besides, recently a fullfledged faculty member has been recruited for the Casualty Service alone. It may also be pointed out that usually 9 to 12 doctors are working in the Casualty round the clock and 50% of the doctors are Senior Residents who hold postgraduate qualifications and have been selected by a Selection Committee for the purpose. For the guidance of the Residents and for the speedy and effective treatment of the patients in the Casualty, the Hospital Administration has laid down standing instructions for all Casualty Medical Officers. The Clinical Faculty members of the Institute residing on the Campus are on call duty at any time of the day, thus, highest order of speciality care is made available promptly to the needy patients. The comments of the Estimates Committee are well appreciated. Efforts will be made to remove the shortcomings and to provide better care. Surprise checks will be carried out to improve the working of the casualty department.

[Ministry of Health and Family Welfare, Department of Health O.M.  
No. V. 16012/18/76-ME(PG), dated 27-10-1976]

### **Recommendation (Sr. No. 84 Para 6.45)**

The Committee further suggest that the casualty department of the Institute hospital should be located in spacious surroundings with adequate number of beds. It is also necessary that the enquiry counter of the casualty department is situated at a prominent and easily accessible place. The Committee further desire that an effective information system should be built up so as to provide relevant information to the visitors of the hospital, about the indoor patients at the enquiry counter itself.

### **Reply of Government**

Within the constraints of space and ever-increasing demands on the services of the Institute's Hospital, very little expansion in the present set-up

impossible. However, the construction of an independent casualty services block is under active consideration. In the meantime some structural alterations in the Casualty Services area have been planned to create more space for the patients and separate waiting space for the attendants. This will be taken in hand as soon as possible. One more operation theatre is proposed to be added to the existing casualty services operation theatre.

A system exists at the Central Admission Office of the AIIMS Hospital to provide information to the visitors. Action has been initiated in order to streamline the information system at the Central Admission Office. To begin with, action has been taken to recruit better qualified Receptionists to man the Central Admission Office round-the-clock. With this reorganization it is hoped that there will be further improvement in the information system at the Hospital.

#### **Further information called for by the committee**

Please state :

- (i) The precise progress made in carrying out structural alterations in the casualty area to create more space;
- (ii) The precise progress made in streamlining the information system at the Central Admission Office.

[Lok Sabha Sectt. O.M. No. 4/10/EC/75, dated 18-3-1977]

#### **Further Reply of Government**

- (i) Major structural alterations in the Casualty area have not been carried out. As already indicated there is a proposal for a separate Emergency Services block, and its construction will be undertaken, as and when funds become available. Meanwhile minor structural alterations are being continuously carried out to improve the comfort of the patients and the services rendered to them. An X-Ray Unit has been provided, and the operating rooms and observation rooms have been improved. Waiting space for attendants and increase of theatre facilities have not been possible yet because of financial constraints.
- (ii) The Central Admission Office, as the name indicates, handles the admission of the patients. It also functions as an Enquiry Office as far as the indoor patients and general information of the Hospital is concerned. An Alpha card is maintained of each indoor patient and this records general information about him.

[Ministry of Health and Family Welfare, Department of Health O.M. No. V. 16012/6/77-ME(PG), dated 18-6-1977]

#### **Recommendation (Sr. No. 85 Para 6.46)**

Hospital infection is a major health problem all over the world. The Committee are glad to note that a detailed scientific study of infection in the Institute hospital has been carried out and that the infection rate has been brought down to 5 per cent. The Committee trust that continuous efforts will be made to reduce it further so as to set an example to other hospitals.

### Reply of Government

The A.I.I.M.S. has noted with satisfaction the observation of the Estimate Committee. There exists an active Hospital Infection Control Committee at the A.I.I.M.S. Hospital involved in constant monitoring and prevention of the incidence of possible infection with the Hospital and in devising measures to check the sources of infection. It is a continuous process and no efforts will be spared to reduce the incidence to barest minimum.

[Ministry of Health and Family Welfare, Department of Health O.M.  
No. . 16012/18/76-ME(PG), dated 27-10-1976]

#### Recommendation (Sr. No. 89 Para 7.26)

The Committee note that Dr. Rajendra Prasad Centre for Ophthalmic Sciences was set up in 1969 as a constituent unit of the All-India Institute of Medical Sciences *inter alia*, to develop patterns of Ophthalmic services to the community, to develop much needed ophthalmic research and to take steps towards self-reliance in ophthalmic education. In order to achieve its objectives, the Centre has formulated various schemes to meet the current needs and has also drawn a perspective plan for its development.

#### Recommendation (Sr. No. 89 Para 7.27)

The Committee note that during the last three years 51 Ophthalmological and ancillary ophthalmic personnel have been trained at the Centre. 8 workshops on various subjects were held in which 90 delegates took part. 96 ophthalmologists from all over the country were trained in various sub-specialities. 5 eye relief camps were held in which 8500 patients were treated. In association with the National Society for the Prevention of Blindness in India the Centre conducted eye examination of 7004 school children, 7,482 college boys and 3,401 industrial workers. As for training in Prevention of Ophthalmology it has been stated that there is no regular course but fairly a good number of school teachers, social workers, industrial trade union leaders etc. have been trained in detection of visual defects and preliminary screening of the population. Considering the magnitude of the problem of visual impairment and the incidence of blindness in the country, it is apparent that the work at Rajendra Prasad Centre for Ophthalmic Sciences has to be stepped up considerably to make a perceptible impact on these problems. The Committee, therefore, suggest that short term and long-term plans may be prepared in order to enable the Centre to intensify research in preventive and curative Ophthalmology and create facilities for training of more ophthalmic personnel etc.

#### Recommendation (Sr. No. 90 Para 7.28)

9-million people are stated to be blind in the country. The problem of control and prevention of blindness is, therefore, of immense magnitude. The Committee note that Government has evolved a National Plan for control and prevention of Visual Impairment and Blindness which is under discussion in various forums of the Government of India. The Plan aims at

reducing the incidence of blindness through schemes which consist of programmes of prevention and *inter alia* of the setting up of Regional Institutes and strengthening of Dr. Rajendra Prasad Centre for Ophthalmic Sciences so as to act as an apex Organisation in referral services for the whole country and in providing training at a very high level. The implementation of the Plan is expected to cost Rs. 13.5 crores over a period of six to seven years and the total expenditure on strengthening the centre would be of the order of about Rs. 170 lakhs including equipment. The Committee further note that the schemes have not so far been finally approved. The Committee need hardly emphasise the imperative need for taking effective measures against the source of blindness, which besides causing human misery is an economic drain on the nation. The Committee would, therefore, like Government to expedite the consideration and approval of the scheme so that concerted efforts may be made for early implementation of the plan of action against blindness.

### **Recommendation (Sr. No. 91 Para 7.29)**

The Committee note that over six years, have passed since the Dr. Rajendra Prasad Ophthalmic Centre was established with the object of providing leadership at the National level to develop patterns of Ophthalmic education and research etc. The Committee suggest that a high powered Review Committee consisting of outside leading Ophthalmologists in the country and other medical experts may be appointed to go into the working of the Centre so as to suggest improvements for making the centre function more effectively for the fulfilment of the objectives for which it was constituted. The Review Committee may *inter alia* go into the aspect of a more suitable administrative structure for this centre which is to function as an apex body under the National Plan for control and prevention of visual impairment and blindness.

### **Reply of Government**

#### **(Sr. Nos. 89, 90 and 91 Para Nos. 7.26 to 7.29)**

The concern of the Estimates Committee for the prevention of blindness is appreciated. The Committee would be happy to know that a programme of prevention of blindness in the country has been approved by the Planning Commission and that a sum of Rs. 6.25 crores is being provided for this purpose for the Fifth Five Year Plan. The implementation of this programme is likely to be taken up in the near future. The role of Dr. Rajendra Prasad Centre for Ophthalmic Sciences in the implementation of this programme, pertaining to prevention of blindness, as suggested by the Estimates Committee, would no doubt be highly appreciable. A Review Committee, being appointed for the Institute, will also review the working of Dr. Rajendra Prasad Centre for Ophthalmic Sciences.

### **Further Information called for by the Committee**

- (i) Whether the implementation of the programme of prevention of blindness as approved by the Planning Commission, has been taken up.
- (ii) Whether the proposed Review Committee to go into the administrative and working of Dr. Rajendra Prasad Centre for Ophthalmic Sciences, has been appointed. If so, what are its terms of reference and composition.

[Lok Sabha Sectt. O.M. No. 4/10/EC/75, dated 18-3-1977]



### **Further Reply of Government**

- (i) The National Programme for Prevention of Visual Impairment and Control of Blindness has been approved by the Central Government for implementation. Under this programme, it is proposed to develop Dr. Rajendra Prasad Centre for Ophthalmic Sciences to function as an Apex Body for training research and advice for the programme. For this purpose, it is proposed to make an allocation of Rs. 30/- lakhs as Capital outlay for the years 1977-79. As National Plan is likely to continue beyond Fifth Five-Year Plan, it is expected that additional allocations could be provided during the 6th Five-Year Plan to complete the activity. In addition, the Centre may also be provided with equipment worth Rs. 30/- lakhs during the years 1977-79 which are expected to be received as a part of external assistance for the programme. Under this National programme, one mobile unit to be deployed in rural areas in and around Delhi has also been sanctioned. It is proposed to keep this Unit under the administrative control of Dr. Rajendra Prasad Centre for Ophthalmic Sciences.

Necessary proposals for National programme, creation of posts etc. for the Mobile Unit are being placed before the various bodies of the Institute.

- (ii) The Review Committee to be appointed by the President of the Institute as stated in reply to Serial Nos. 36, 37 and 51 (2.155, 2.156 and 3.49) will also go into this question.

[Ministry of Health and Family Welfare, Deptt. of Health O.M. No. V. 16012/6/77-FE(PG), dated 18-6-1977]

### **Recommendation (Sr. No. 92 Para 8.12)**

The Committee in Paragraph 2.56 have referred to the efforts made to follow up the career of the graduates and postgraduates who have completed their training at All India Institute of Medical Sciences. The Committee have, however, been informed that a majority of the postgraduates of the Institute are working in India as professors, assistant professors, research scientists etc. There is, however, a general impression that a majority of the graduates of the Institute have gone abroad and have not returned. It is apparently a great loss to the country.

### **Reply of Government**

The Institute shares the concern of the Committee regarding the migration of young Indian medical graduates to foreign countries.

Follow up of the Institute students regarding their career structure is being pursued. An in-depth analysis may then indicate the causes responsible for such migration. Efforts will be made to take appropriate remedial measures in this regard.

[Ministry of Health and Family Welfare, Deptt. of Health O.M. No. V. 16012/18/76-ME(PG), dated 27-10-1976]

### **Recommendation (Sr. No. 92 Para 8.13)**

The Committee feel that one of the methods for retaining the talent built up at great expense to the State will be to examine afresh the extent to which the present system of medical education provides the necessary field experience for motivating the students to identify themselves with the needs of the country and in the words of the representative of the Ministry of Health and Family Planning "to be better prepared to meet our own requirements rather than the requirements of the people in the United Kingdom." The Committee would like to point out in this connection that a great responsibility rests on the members of the faculty themselves to create the necessary awareness among the students and to show by personal example their dedication to put their talents to the service of the country.

### **Reply of Government**

The Institute completely agrees that re-orientation of medical education might be one of the remedial measures to prevent the migration of young doctors. The Faculty of the Institute will make every effort to create the necessary awareness and responsiveness among the students.

[Ministry of Health and Family Welfare, Department of Health  
O.M. No. V. 16012/18/76-ME(PG), dated 27-10-1976]

### **Recommendation (Sr. No. 93 Para 8.14)**

The Committee have been informed that one of the reasons for the Institute's graduates to leave India is that the graduates who cannot get admission to the Institute's postgraduate courses may be under some pressure to seek opportunities abroad and there may still be residual forces in the value systems in society which tend to attach importance to degrees in western countries. In the view of the Committee, the answer to the problem will lie in increasing the facilities for post-graduate education in the Institute as also in other institutions and effecting a general improvement in the standards of postgraduate education comparable to the best in foreign countries.

### **Reply of Government**

The Institute entirely agrees with the suggestion that the expansion of facilities for postgraduate education in the country and further improvement in the standards of such education, is desirable and this will attract a larger number of graduate students to remain in this country for the advancement of their knowledge and professional skills. The Institute will continue to play an effective role in this direction.

[Ministry of Health and Family Welfare, Department of Health  
O.M. No. V. 16012/18/76-ME(PG), dated 27-10-1976]

### **Further Information called for by the Committee**

Please state the specific steps taken for the expansion and improvement in standards of postgraduate education in the country so that the graduate students remain in the country for advancement of their knowledge and professional skills.

[Lok Sabha Sectt. O.M. No. 4/10/EC/75, dated 18-3-1977]

### **Further Reply of Government**

The Institute has in its training programme of courses for the post-graduates for all general medical disciplines and the students are admitted to these courses after a national competition. The best material is obtained and in general it has been seen that students who get an opportunity to be trained in this Institute, would prefer to stay in India than to go abroad. In addition the Institute has facilities for training in super-specialities in the hospital and advanced research in its research laboratories. These departments have produced some of the finest super-specialists in the country who are manning their departments in different State Medical Colleges. The Institute acknowledges the limitations in the number of students in the postgraduate level that it can admit. This limitation has been imposed by financial constraints on the part of the Government. With the present facilities available in the Institute it would be possible to increase the number of postgraduate and super-specialists to be trained here. Further the Institute would recommend to the other medical institutions to adopt the Staffing Pattern, Hospital Pattern, the pattern of research laboratories as exist at the A.I.I.M.S. to improve the postgraduate education in different Medical Colleges. This would prevent fresh graduates from leaving the country to obtain training and employment abroad.

[Ministry of Health and Family Welfare, Department of Health  
O.M. No. V. 16012/6/77-ME(PG), dated 18-6-1977]

### **Recommendation (Sr. No. 94 Para 8.15)**

The Committee note in this connection that a National Board of Examination has been set up recently, to ensure inter alia raising of standards of medical education in general and availability of prestigious qualifications within the country comparable to similar qualifications given in the foreign countries and thus minimise the tendency to go abroad to acquire such degrees. The Committee welcome the setting up of the National Board of Examination in all disciplines, of medicine at the National level to rationalise inter alia the growth of various specialities, as a step in the right direction.

### **Reply of Government**

The Government of India gratefully acknowledge the appreciation shown by the Committee in the matter.

[Ministry of Health and Family Welfare, Deptt. of Health O.M.  
No. V. 16012/18/76-ME(PG), dated 30-12-1976]

### **Recommendation (Sr. No. 96 Para 8.17)**

The Committee would further like the Institute to take early steps for completing the studies for ascertaining the cost of education and training in the Institute and to bring home to the students the cost incurred by Government in training them, so as to instil in them a sense of obligation to the country which bears the high cost of their education and training.

### **Reply of Government**

The Institute is taking steps to complete the studies for ascertaining the cost of medical education and the training in the Institute.

[Ministry of Health and Family Welfare, Department of Health  
O.M. No. V. 16012/18/76-ME(PG), dated 27-10-1976]

### **Further Information called for by the Committee**

Please state the steps taken to complete the studies for ascertaining the cost of medical education and training in the Institute.

[Lok Sabha Sectt. O.M. No. 4/10/EC/75, dated 18-3-1977]

### **Further Reply of Government**

The Institute on its own part is working out the expenditure incurred on the training of undergraduate students. This study has not been completed in the Institute. To get reliable data, a large number of factors have to be critically analysed and a large number of man-hours are required to do this. It is hoped to complete the study in the near future.

[Ministry of Health and Family Welfare, Department of Health  
O.M. No. V. 16012/6/77-ME(PG), dated 18-6-1977]

### **Comments of the Committee**

The study may be completed expeditiously and the results of the study communicated to the Committee.

### **Recommendation (Sr. No. 97 Para 8.24)**

The Committee feel that the number of visits by Members of the faculty to international congresses, conferences, seminars, symposia etc., apart from visits for training purposes and short term assignments, is considerable, being about 37 per year involving absence for 520 days as seen from the record for 1974. A number of members of the Faculty have gone abroad several times during the same year and year after year. The Committee note that the invitations for congresses, conferences etc., are mostly from Universities, international agencies and the organizers of international congress and that the Institute spends not more than Rs. 30,000 per annum on such visits. The Committee have been informed that guidelines have been laid down by Government regulating such visits. The Committee, however, feel that frequent visits abroad of faculty members who are specialists and super-specialists affect not only the studies of the students but also the course of treatment of patients. The Committee, would, therefore, like Government to undertake an in-depth review of the efficacy of the Faculty members attending the workshops, seminars etc. abroad during the last five years to assess the extent to which the professed objectives of the visits abroad were actually achieved, so that in the light of the results of the review, the guidelines could be suitably revised so as to derive optimum benefits from such visits. This is desirable particularly in view of wide-spread impression that majority of the members of the faculty are going abroad very often to attend seminars etc., only. The Committee recommend that such a review may be carried out by associating eminent persons in the medical field outside the Institute.

### **Reply of Government**

The concern of the Estimates Committee regarding frequent visits abroad of the Members of the Faculty of the Institute is well appreciated. A review will be made to evolve ways and means to prevent avoidable visits.

[Ministry of Health and Family Welfare, Department of Health  
O.M. No. V. 16012/18/76-ME(PG), dated 27-10-1976]

### **Further Information called for by the Committee**

Please state the specific action taken by the Government to undertake an in-depth review of the efficacy of the Faculty members attending the Workshops, seminars etc. abroad during the last 5 years to assess the extent to which the professed objectives of the visits were actually achieved. Also indicate the result of the review.

[Lok Sabha Sectt. O.M. No. 4/10/EC/75 dated 18-3-1977]

### **Further Reply of Government**

A Committee consisting of Prof. A. K. Basu, Dr. G. S. Melkote, Dr. Pritam Singh, Dr. G. K. Karandikar and Prof. Ramalingaswami has already been appointed by the Institute to lay down guide-lines for the foreign visits of the faculty members of the Institute and to examine the staff position in the faculty of the Institute. The Committee has been meeting to consider the question in detail and the report when submitted by the Committee and action taken thereon will be intimated to the Ministry of Health.

[Ministry of Health and Family Welfare, Department of Health  
O.M. No. V.16012/6/77-ME(Pg) dated 18-6-1977]

### **Comments of the Committee**

Please see para 29 of the Report—Chapter I

### **Recommendation (Sr. No. 98 Para 8.32)**

It has been stated that the staffing norms laid down by the Medical Council of India, are the minimum standards of requirements for a medical college admitting 100 students annually. It has been urged that as the Institute functions as a pioneer and has to demonstrate high standards in medical education, research and patient-care, it should not be tied down to the Minimum norms of staff and workload. The Committee, however, feel that it would be in the interest of economy and efficient functioning of the Institute if a periodical review is carried out for rationalisation of the staff requirements in the faculty, research, office and hospital, based on certain acceptable yardsticks which may be evolved, on the basis of the experience of the Institute for the last twenty years and the experience of other leading medical institutions in the country. The Committee, therefore, suggest that a review of the staff strength in all the wings of the Institute and the Ophthalmic Centre may be carried out at an early date according to the yardsticks and norms which may be evolved as stated above.

### Reply of Government

The suggestion of the Estimates Committee is appreciated. A review of the staff strength in all the wings of the Institute including Dr. Rajendra Prasad Centre for Ophthalmic Sciences, as suggested by the Estimates Committee, will be done in the near future.

[Ministry of Health and Family Welfare, Department of Health  
O.M. No. V. 16012/18/76-ME(PG), dated 27-10-1976]

### Further Information called for by the Committee

Please state the progress made in undertaking the periodical review and also evolving yardsticks and norms for rationalisation of the staff requirements in the faculty, research, office and hospital of the Institute.

(Lok Sabha Sectt. O.M. No. 4/10/EC/75 dated 18-3-1977)

### Further Reply of Government

The Committee appointed by the Institute to look into the question of foreign visits of the faculty members and lay down guidelines for the purpose and to examine the staff position in the faculty of the Institute will also go into this question. As regards the rationalisation of staff requirements in administrative sections, the Staff Inspection Unit of the Government of India is invited from time to time to conduct the study of staff requirements and the recommendations of the S.I.U. are implemented. The last survey of the Staff requirements of Ministerial staff in various wings of the Institute including the Hospital was conducted by the S.I.U. of the Ministry of Finance in the year 1968. The Ministry of Health and Family Planning was again requested in 1972 to depute the Work-Study Unit to conduct another survey of staff requirements for the purposes of structural re-organisation in respect of the ministerial cadres at the AIIMS, but this study could not be undertaken by the Work-Study Unit due to various reasons.

In view of the recommendations of the Estimates Committee, the Ministry of Health and Family Planning has now again been requested to undertake the study of the staff requirements at the Institute. It has been intimated by the Ministry of Health & Family Planning vide their letter No. V.16020/2/77-ME(PG) dated 9-3-77, that the work study unit of the Ministry will take-up three studies i.e. Ministerial staff, animal house and for Nurses at the Institute.

[Ministry of Health and Family Welfare, Department of Health  
O.M. No. V. 16012/6/77-ME(PG), dated 18-6-1977]

### Recommendation (Sr. No. 99 Para 8.40)

The Committee are glad to note that there is a proposal to create facilities in the Workshop at the Institute to help other hospitals in Delhi in the repair of their sophisticated equipment. The Committee desire that concerted efforts should be made to optimise the utilisation of facilities available in the workshop not only for the Institute but also for other sister institutions, so as to keep the costly equipment and machinery in these institutions in working order.

### **Reply of Government**

The Institute has always been keen to share its Workshop facilities with the other institutions in Delhi. However, workload on the Workshop occupies most of the normal working hours and therefore leaves little time for catering to the outside jobs. The Director has accorded special permission to undertake the outside jobs during extra hours. Efforts will be made to expand the facilities in the Workshop in such a way that these could be shared with other institutions.

[Ministry of Health and Family Welfare, Department of Health  
O.M. No. V. 16012/18/76-ME(PG), dated 27-10-1976]

### **Recommendation (Sr. No. 100 Para 8.41)**

The Committee have been assured that only 2 per cent of the equipment in the various departments of the Institute has been found to be out of order. There are certain items of equipment which have been lying out of order for want of spare parts for which action to import them is being taken. The Committee would like to emphasise the desirability of prompt action in this regard so that the costly machinery, lying out of order, are put into commission as early as possible.

### **Reply of Government**

The Workshop has always made efforts to find appropriate import substitutes or to re-model indigenously available parts in order to repair equipment which otherwise would remain unserviceable for want of imported components. However, under certain circumstances the import is absolutely essential. In case of costly equipment the import of certain components is dependent upon the clearance to be obtained from various Government agencies.

This procedure entails considerable time and therefore, causes unavoidable delays. The import of essential components if obstructed, such delay is obviously beyond our control.

[Ministry of Health and Family Welfare, Department of Health  
O.M. No. V. 16012/18/76-ME(PG), dated 27-10-1976]

### **Further Information called for by the Committee**

Please state the position/decision taken regarding allowing imports of spare parts for the costly machinery lying out of order in the A.I.I.M.S.

[Lok Sabha Sectt. O.M. No. 4/10/EC/75, dated 18-3-1977]

### **Further Reply of Government**

The spare parts are being imported either under the OGL Scheme of the Government, or where required by procuring an import licence. Some spare parts have also been obtained by the assistance of WHO. The repairs are carried out either by the Institute Workshop or by the agents of firms supplying and manufacturing the instruments.

[Ministry of Health and Family Welfare, Department of Health  
O.M. No. V. 16012/6/77-ME(PG), dated 18-6-1977]

### **Recommendation (Sr. No. 101 Para 8.42)**

The Committee would in this connection refer to the need for a high standard of maintenance of equipment in a modern hospital. A Study Group of the Committee which visited Jaslok Hospital, Bombay in March, 1976 were informed about the high standard of maintenance of equipment in that Hospital where the schedule of maintenance of machinery and equipment is strictly enforced and the maintenance personnel is held responsible for keeping the equipment in order, with the result that no machine is allowed to go out of order. The Committee have no doubt that the Institute will study the system of maintenance obtaining in the other leading hospitals so as to bring about necessary improvements in their system of maintenance.

### **Reply of Government**

Efforts will be made in the near future to obtain relevant information regarding the maintenance of equipment in other leading institutions in the country. Following collation of this relevant information, appropriate measures, if necessary, will be incorporated in the working schedule of the Workshop regarding the maintenance of the costly equipments.

[Ministry of Health and Family Welfare, Department of Health  
O.M. No. V. 16012/18/76-ME(PG), dated 27-10-1976]

### **Further Information called for by the Committee**

Please indicate the specific steps taken by the Institute to study the system of maintenance of equipment in other leading institutions in the country and the improvements effected in the system of the AIIMS.

[Lok Sabha Sectt. O.M. No. 4/10/EC/75, dated 18-3-1977]

### **Further Reply of Government**

Relevant information is being collected from some of the institutions, referred to by the Estimates Committee, whose pattern of functioning could be adopted for a possible improved function of the central workshop activities. Some of the names of the institutions are :—

1. Jaslok Hospital, Bombay.
2. P.G.I. Chandigarh.
3. Christian Medical College, Vellore.
4. C.S.I.O., Chandigarh.
5. E.C.I.L., Medical Section, Hyderabad.
6. L.R.D.E., Bangalore.

Also the concerned persons would be visiting soon PGI Chandigarh and CSIO Chandigarh to study their system.

[Ministry of Health and Family Welfare, Department of Health  
O.M. No. V. 16012/6/77-ME(PG), dated 18-6-1977]



### **Recommendation (Sr. No. 103 Para 8.54)**

The Committee note that there have been delays in receipt of the Annual Reports and Annual Accounts of the Institute by the Government and their being laid on the Table of the Houses of Parliament. The delay is particularly marked in the case of Annual Accounts. For example, the Annual Accounts for 1971-72 and 1972-73 were received by Government in November, 1975 and the Accounts from 1973-74 onwards are still to be received. The Committee need hardly emphasise the importance of submission of Annual Reports and Annual Accounts by the Scheduled dates so that the same are laid on the Table of the Houses of Parliament in time.

### **Reply of Government**

#### **I. Annual Report**

The Annual Report of the Institute are generally submitted to the Ministry of Health & Family Planning regularly well in time as per provision of the Act. The Annual Reports in Hindi could, however, not be laid on the Table of the Lok Sabha in time, due to delay in making Hindi translations for want of such facilities being available then at the Institute.

A Hindi cell has now been created at the A.I.I.M.S., and both the English and Hindi versions of the Annual Report will be submitted regularly in time as prescribed by the Act.

#### **II. Annual Accounts**

There is no time schedule specified in the A.I.I.M.S. Act 1956, for the submission of Annual Accounts including the Balance Sheet of the Institute. However, in accordance with the provision of Rule 10 of A.I.I.M.S. Rules 1958, the Annual Statement of Accounts including the Balance Sheet pertaining to the financial year ending 31st March, together with the Audit Report thereon, is to be forwarded annually to the Government not later than the following 31st December. The last date for submission is the following 31st December and not the 30th September as indicated in para 8.48 of the 102nd Report of Estimates Committee.

The audited Accounts are provided by the Comptroller and Auditor General of India direct to the Ministry of Health and Family Planning for placing before Parliament, as is the practice being followed since the very inception of the Institute. There has not been much delay on the part of the Institute in finalisation and submission of the Annual Accounts and the Balance Sheet, though the A.G.C.R. has taken quite some time in finalisation of the audit reports and submission of the Statements to the Government of India through the Comptroller and Auditor General of India. However, in order to expedite this matter, this Institute has indicated to the A.G.C.R. that the Annual Statement of Accounts including the Balance Sheet of the Institute will, in future, be made available to them for audit latest by the end of November each year, so that the same may be audited and sent to the Government well in time.

The statement of Annual Accounts and the Balance Sheet of the Institute for the year 1973-74 and 1974-75 were furnished long back to the A.G.C.R. who audited the Annual Accounts for the year 1973-74 and 1974-75 sometimes in February 1975 and January 1976 respectively, but their reports are yet to be received from the Comptroller and Auditor General of India by the Government of India. The authorities concerned are again being reminded to expedite the matter.

[Ministry of Health and Family Welfare, Department of Health  
O.M. No. V. 16012/18/76-ME(PG), dated 27-10-1976]

#### **Further Information called for by the Committee**

Please state the specific steps taken to expedite the submission of Annual accounts and their scrutiny by the Audit so as to ensure timely submission thereof to Parliament.

[Lok Sabha Sectt. O.M. No. 4/10/EC/75 dated 18-3-1977]

#### **Further Reply of Government**

Necessary steps have been taken for early compilation and submission of Annual Accounts including Balance Sheet of the Institute to the A.G.C.R. It has further been ensured that the compiled annual accounts are submitted every year to the Audit within the Scheduled time i.e. 3 months after the close of the financial year.

[Ministry of Health and Family Welfare, Department of Health  
O.M. No. V. 16012/6/77-ME(PG), dated 18-6-1977]

#### **Comments of the Committee**

Please see paras 33 and 34 of the Report—Chapter I.

## CHAPTER III

### RECOMMENDATIONS WHICH THE COMMITTEE DO NOT DESIRE TO PURSUE IN VIEW OF GOVERNMENT'S REPLIES

#### **Recommendation (Sr. No. 65 Para 5.43)**

The Committee note that there is no separate research head in the budget of the Institute and that the Institute has now requested for a separate budget allocation for research with a proposal that the research money would be administered by the Academic Committee, keeping in mind the national priorities for health. The representative of the Ministry of Health and Family Planning stated during evidence that "this was one of the subjects which was discussed by the Governing Committee. We take a view whether we should give some inputs to the Institute separately within the funds of the Institute to take up small schemes of medical research". The Committee would like to point out that research is one of the major functions of the Institute. The Institute is also staffed with highly qualified members of the faculty with considerable research experience. The Committee consider that it should be possible to develop a suitable financial arrangement by which adequate financial support on a continuing and assured basis is available for approved programmes of national importance.

#### **Reply of Government**

One of the functions as per the provisions of the All India Institute of Medical Sciences Act, 1966, is that the Institute may provide facilities for research in the various branches of modern medicine and other allied sciences, including Physical and Biological Sciences. The faculty members of the Institute are already engaged on research. Of course, there is no separate sub-head of expenditure for research, but the expenditure incurred on research is met from the funds of the Institute provided by the Government by way of grant-in-aid.

[Ministry of Health and Family Welfare, Deptt. of Health O.M.  
No. V. 16012/18/76-ME(PG), dated 30-12-1976]

#### **Recommendation (Sr. No. 66 Para 5.52)**

It is well known that nearly 80 per cent of the population which has no access to the modern health services, are still depending on one form or the other of indigenous system of medicine. The Committee feel that while every effort should be made to appropriate the best in the knowledge of the West and make modern medicine and science available in India, the high cost of the western system of treatment makes it difficult for universal application and it is therefore necessary to develop an alternative strategy of medical care combining the good features of both the western and indigenous systems. It is evident that indigenous medicine which has served the country for ages, can be used effectively after a scientific evaluation of its effects. The Committee would, therefore, stress on the need for making concerted efforts to develop an appropriate integrated relationship between modern and indigenous systems of medicine.

### **Reply of Government**

This matter is under active consideration.

[Ministry of Health and Family Welfare O.M. No. V. 16012/18/76-ME(PG), dated 30-12-1976.]

### **Further Information called for by the Committee**

Please state whether a final decision has been taken on the question of developing an appropriate integrated relationship between the modern and indigenous systems of medicine.

[Lok Sabha Sectt. O.M. No. 4/10/EC/75, dated 18-3-1977]

### **Further Reply of Government**

The present policy of Government of India is to develop modern as well as indigenous systems of medicine in their own ways. However, these systems of medicine may take advantage of each other as and when required. The Research programme in Indian systems of medicine and Homoeopathy being conducted by Central Council for Research in Indian Medicine and Homoeopathy is based on modern techniques of research and through composite drug research scheme, research of indigenous drugs is being carried out according to Indian Medicine as well as modern pharmacology, chemical investigations and clinical research. The syllabi for the under-graduate education in Indian Medicine formulated by the Central Council of Indian Medicine included essential portions of modern medicine and sciences also, specially for study of iatrogenic conditions.

► [Ministry of Health & Family Welfare O.M. No. V. 16012/6/77-ME.(PG), dated 11-7-1977.]

### **Recommendation (Sr. No. 86 Para 6.47)**

The Committee note that only 50 per cent of the cases attended to by the hospital belong to the category of 'referred cases' which need the specialised skills and diagnostic facilities available at the Institute. In this connection the Committee would like to refer to a view expressed to the Committee in a memorandum from a knowledgeable medical scientist that the cases requiring treatment in specialities and super-specialities only should be referred to and dealt with by the All-India Institute of Medical Sciences.

### **Reply of Government**

The A.I.I.M.S. Hospital does function as a well equipped centre for investigations and treatment of patients requiring specialist and super-specialist consultation so far as the patients referred to it from the various parts of the country are concerned, while continuing to provide general hospital services as well.

[Ministry of Health and Family Welfare, Deptt. of Health O.M. No. V. 16012/18/76-ME(PG), dated 27-10-1976.]

### **Recommendation (Sr. No. 86 Para 6.48)**

The Committee would invite attention in this connection to the proposal contained in the Plan of Action formulated by Government on the recommendations of the Srivastava Committee for the development of a 'referral

service complex' by establishing links and contacts between Primary Health Centre, taluk/tehsil, district, regional and Medical College Hospitals. It is, therefore, evident that the role of the All India Institute Hospital which will function at the top of this hierarchy, will, under the new scheme be referral only. The Committee, have no doubt that the All India Institute of Medical Sciences would give a lead in the prompt implementation of the 'Plan of Action' in this regard also so that the Institute hospital can function as a centre of excellence for treatment of referral cases requiring specialist and super-specialist treatment.

### **Reply of Government**

The A.I.I.M.S. Hospital will implement such decisions of the Government as are communicated to it when the Referral Services Complex is introduced in accordance with the plan of action chalked out by the Srivastava Committee. However, it may be added that general and casualty services will still need to be continued to be provided at the A.I.I.M.S. Hospital in the interest of the training of the under-graduate and post-graduate students.

[Ministry of Health and Family Welfare, Department of Health O.M. No. V. 16012/18/76-ME(PG), dated 27-10-1976]

### **Further Information called for by the Committee**

Please state whether decision has been taken to introduce the Referral Service Complex at the A.I.I.M.S. so that the Institute hospital is made largely a referral hospital.

[Lok Sabha Sectt. O.M. No. 4/10/EC/75, dated 18-3-1977.]

### **Further Reply of Government**

No decision in this respect has been taken yet. The Institute receives patients in all specialities from all parts of the country and from overseas. Some of these patients carry referral papers, while others do not. It would be unfair to deny admission to the latter group. Besides, general outpatients are essential for under-graduate and post-graduate training. Although it means extra work for the AIIMS staff, screening takes place at various levels in the hospital, and the speciality clinics function mainly as referral clinics from the general outpatients and outside. In the present state, it would perhaps be inadvisable to make this hospital entirely a referral hospital.

[Ministry of Health and Family Welfare, Department of Health O.M. No. V. 16012/6/77-ME(PG), dated 18-6-1977]

### **Recommendation (Sr. No. 87 Para 6.49)**

Medical audit and studies in cost effectiveness and efficiency with modern techniques of system analysis and operational research are considered to be important tools of management in a hospital. The Committee were informed that the Institute had not made extensive systematic studies in this area. The Committee during their visit to Jaslok Hospital, Bombay found that the hospital had introduced, right from its inception, unit costing with the help of a leading firm of chartered accountants. Norms had been laid down and performance watched against the norms. The Committee desire that the All India Institute of Medical Sciences, which is a premier

medical Institute of national importance in the country, should not lag behind in this area. The Committee, therefore, recommend that in order to achieve an all-round efficiency, medical audit and studies in cost effectiveness should be introduced at the earliest in the Institute.

**Recommendation (Sr. No. 88, Para 6.50)**

The Committee have been informed that studies regarding the turnover of beds made by the Institute have enabled the Institute to identify those patients whereby "without any danger to the patient if we can discharge the patients earlier than what we are doing at present we will be able to save". The Committee understand that in the Jaslok Hospital which the study Group of the Committee visited in March, 1976, the average stay of patients in the hospital is 6½ days as against 19 days in other hospitals. The Committee would like the All-India Institute of Medical Sciences to evaluate its performance in this matter in the light of the standard reached by leading hospitals in the country so as to be a pace setter.

**Reply of Government**

The recommendation of the Estimates Committee emphasizing the need for medical audit and study are well appreciated. Steps to improve the efficiency by using modern techniques of (i) Systematic analysis and (ii) Operational Research are also being looked into, and steps will be taken to implement the same as best suited to this Institute. The recommendations regarding the need to cut down hospital stay and increased turnover of patients are also acceptable. It might respectfully be pointed out that a comparison of this Institute Hospital with Private Nursing Homes is neither suitable nor desirable. It may be mentioned that this Institute Hospital is a top Referral Hospital and mostly patients suffering from acute, serious and complicated ailments come to this Hospital and, therefore, a comparison with Private Nursing Homes may really not be realistic.

[Ministry of Health and Family Welfare, Department of Health O.M. No. V. 16012/18/76-ME(PG), dated 27-10-1976]

**Further Information called for by the Committee**

**(Sr. No. 87, Para 6.49)**

**(Sr. No. 88, Para 6.50)**

Please state :

- (i) The details of steps taken to introduce the medical audit and studies in cost effectiveness.
- (ii) The present average stay of patients in the Institute Hospital.

[Lok Sabha Sectt. O.M. No. 4/10/75, dated 18-3-1977.]

**Further Reply of Government**

Recently (Sept. 1976) a patients' care committee has been constituted consisting of senior members of the faculty to go into such cases of patients as the Hospital Administration may bring forward. The review of such cases is thorough and covers every possible angle with a system of providing feed back, where necessary to improve the standard of Medical care, where found advisable.

A monthly analysis bulletin is now being issued which contains details of birth, death, average length of stay of patients in the Hospital, percentage

of bed occupancy and details of admissions, discharge, number of types of operation as also the details of attendance at the OPDs and speciality clinics. We have nothing to add to our earlier statement regarding studies in cost effectiveness.

The average stay of a patient in the A.I.I.M.S. Hospital during October, 1976 to January, 1977 is as follows :—

October, 1976 = 11.4 days

November, 1976 = 11.6 days

December, 1976 = 12.8 days

January, 1977 = 12.9 days.

[Ministry of Health and Family Welfare, Department of Health O.M.  
No. V. 16012/6/77-ME(PG), dated 18-6-1977]

## **CHAPTER IV**

### **RECOMMENDATIONS IN RESPECT OF WHICH REPLIES OF GOVERNMENT HAVE NOT BEEN ACCEPTED BY THE COMMITTEE**

#### **Recommendation (Sr. No. 10, Para 2.37)**

The Committee are glad to note that the Ministry of Health and Family Planning have shown keen awareness of the problems of medical care and the need for re-orientation of medical education. The All India Institute of Medical Sciences have also carried out valuable experiments in this direction. The Committee consider that it is high time that effective measures are taken to ensure that a positive community orientation is given to medical education throughout India so that products of the medical colleges serve with dedication the community especially the rural community which has not had the benefit of medical care. The Committee consider that as a first step, the goals of medical education must be clearly defined and appropriate instructional methods selected and the curriculum reconstructed and duration determined so that these goals are fulfilled in practice. The Committee are of the view that it is of crucial importance to formulate a National Policy on Medical Education embodying the resolve of Government to carry out a radical reconstruction of medical education so as to make health care accessible to the largest number and particularly to the most needy segments of the community. The National Policy should indicate in unmistakeable terms the goals to be achieved and the methods of accomplishment. In the opinion of the Committee, such a policy, especially in the context of Health being a State subject will help in maintenance of the requisite standards of medical education throughout the country in keeping with the needs of the people. The Committee, therefore, would urge Government to bring before Parliament a National Policy on Medical Education on the lines of the National Policy on Education, 1968 so as to serve as a guide and a charter for restructuring of medical education on sound lines.

#### **Reply of Government**

The Government of India are thankful to the Committee for the appreciation shown by them.

The Plan of Action, which envisages a radical change in the system of medical education of the country, was very carefully formulated by the Government on the basis of the recommendations of the Group on Medical Education and Support Manpower (1975). This Plan of Action was discussed and approved in the meeting of the Central Councils of Health and Family Planning held in April, 1976, which was attended by the Health Ministers of various State Governments and Union Territories, and, thus, is serving at present as a sort of national policy on medical education.

[Ministry of Health and Family Welfare, Deptt. of Health O.M.  
No. V. 16012/18/76-ME(PG), dated the 30th December  
1976]



### **Comments of the Committee**

Please see paras 9 to 11 of the **Report**—Chapter I.

### **Recommendation (Sr. No. 26, Para 2.99)**

The Committee consider that in each State a Medical College which has developed sufficient competence should be designated for holding refresher courses for general practitioners. There should be close coordination between the Institute and that Medical College for the organisation of the courses.

### **Reply of Government**

The Institute welcomes the suggestion that State Medical Colleges should also conduct refresher courses for general practitioners. In case this suggestion is acceptable to the State Governments and Medical Colleges, the Institute will be most willing to co-ordinate such activities by not only deputing some of the members of the faculty for jointly conducting such courses but also by providing the requisite learning material including projection slides, charts and models for these courses.

[Ministry of Health and Family Welfare, Deptt. of Health O.M. No. V. 16012/18/76-ME(PG), dated the 27th October 1976.]

### **Further Information called for by the Committee**

Please state the action taken/proposed to be taken by the Ministry on the suggestion of the Committee for conducting refresher courses for general practitioners by the State Medical Colleges.

[Lok Sabha Sectt. O.M. No. 4/10/EC/75, dated the 18th March, 1977.]

### **Further Reply of Government**

The Institute would be willing to assist the other medical colleges to run refresher courses for the medical practitioners. However, it is not for the Institute to impose itself on the other medical colleges but the Institute would welcome requests from the medical colleges and would be willing to depute their staff and teachers to help these medical colleges to run special courses.

On its own part, the Institute has opened the doors of some of its clinical exercises like the clinical grand round and clinical combined round to the medical practitioners of the city. Some of the medical practitioners have been regularly taking advantage of these clinical exercises. The faculty of the Institute has been regularly invited by the medical practitioners Association (DMA) to lecture to medical practitioners of the city. In addition the faculty of the Institute has organised teaching and demonstration courses for the medical practitioners of the city in the Institute itself. The faculty of the Institute has also been invited to deliver lectures in

various medical colleges and research institutes for the benefit of the medical students, practitioners and other para-medical personnel.

[Ministry of Health and Family Welfare, Deptt. of Health O.M.  
No. V. 16012/6/77-ME(PG), dated 18th June 1977.]

### **Comments of the Committee**

Please see para 13 of the Report—Chapter I.

### **Recommendation (Sr. No. 29, Para 2.120)**

One of the objectives of the Institute is to demonstrate a high standard of medical education to all Medical Colleges and allied institutions in the country. The Committee note that the steps taken for demonstration of such standards consist of dissemination of information through the Annual Reports of the Institute, memoranda on Medical Education published by the Institute from time to time, workshops, seminars and symposia organised at intervals, short term courses to teachers and ancillary staff, training given to postgraduate students sponsored by the State Governments and feeding of information to the Medical Council of India by the present Director of the Institute who is a member of the Executive Committee of the Medical Council and its Committee on Postgraduate Medical Education. The Committee have also been informed that no countrywide review had been made of the medical colleges which have adopted the pattern of teaching in the Institute but there is evidence to suggest that the patterns are exerting an influence on the medical colleges.

### **Recommendation (Sr. No. 29, Para 2.121)**

The Committee are not sure whether the above steps would be sufficient by themselves to ensure that patterns of proven value evolved at the Institute are adopted by other medical colleges and institutions and the Institute functions in the mainstream of medical education in the country, projecting its image by providing neither educational methodology and generating motivation for service to the community at large.

### **Reply of Government**

Although the formal adoption of new patterns of medical education with special relevance to the national health problems is entirely the prerogative of the Medical Council and the Universities in the country, and the Institute does not exercise any control over their activities, a major effort is being made to share the technical expertise and the appropriate learning experience with other medical colleges. The point made by the Committee is well appreciated and there is still more need for developing stronger linkage with the Medical Council of India as well as other Universities on this issue. The Government of India is also seized of the problem.

[Ministry of Health and Family Welfare, Deptt. of Health O.M.  
No. V. 16012/18/76-ME(PG), dated the 27th October 1976.]

### **Recommendation (Sr. No. 30, Para 2.122)**

The Committee would like Government to introduce a systematic procedure so that the Institute has effective links with other institutions. One method will be for the Institute to have links with one selected medical college/centre in each State both for exchange of information and exchange of teachers and post-graduates for diffusion of new methods of teaching and innovations. This will also encourage that Centre in the State to organise seminars, conferences and exchange of teachers with the other medical colleges in that State.

### **Reply of Government**

The Institute welcomes this recommendation of the Estimates Committee and efforts will be made to work out a scheme accordingly.

[Ministry of Health and Family Welfare, Deptt. of Health O.M. No. V. 16012/18/76-ME(PG), dated the 27th October, 1976.]

### **Further Information called for by the Committee**

(Sr. No. 29 & 30 Para Nos. 2.120 to 2.122)

Please state the specific section and the precise progress made with regard to establishing effective linkages between the A.I.I.M.S., Medical Council of India and the Universities/Medical Colleges in adopting new patterns of Medical Education.

### **Further Reply of Government**

The Director of the All India Institute of Medical Sciences is a member of the Executive Committee of the Medical Council of India. The Director in these meetings expresses the experiences gained in the A.I.I.M.S. and offers them to the Medical Council particularly in the meetings on medical education. The Institute agrees with the Estimates Committee's views on the subject that there should be a close and effective linkage with other medical colleges in the country. The Institute appreciates the desire of the Committee to have links between the Institute and selected medical centres in the States for exchange of informations, teachers and post-graduates. In fact, the Dean and other senior members of the faculty are the members of the Academic Committees of the various medical colleges and take active part in the deliberations of these committees for close and effective linkage with them. The Institute would welcome any initiative that the Government takes with selected State Medical Colleges to bring this proposed programme into being.

[Ministry of Health and Family Welfare, Deptt. of Health O.M. No. V. 16012/6/77-ME(PG), dated the 18th June 1977.]

### **Comments of the Committee**

Please see para 16 of the Report—Chapter I.

### **Recommendation (Sr. No. 49 Para 3.47)**

The Committee have been informed that a notable feature of the Ballabhgarh Project is the large extent of community participation both in

the investment and operation of the project. The Committee note that the villages have contributed approximately 50 per cent of the cost of the building in Dayalpur and Chhansa Primary Health Centres and that the entire complex at Panherakhurd is the effort of the villages themselves. The Committee note that the Panherakhurd centre would also be the focal point for other village development activities. The Committee have been impressed by this refreshing example of community participation which backed by institutional efforts, can result in a satisfactory system of medical care to cater to the needs of the community. The Committee consider that the complex of Panherakhurd is an example of how organised efforts of the community for self-help and mutual help supported by States Contribution in expertise, can break new grounds in an apparently intractable situation. The Committee would, therefore, like Government to study the features of community participation in this project and to examine in consultation with other voluntary organisations the extent to which medical care facilities can be increased with community help and also other village development activities integrated with the scheme for medical care.

### **Reply of Government**

The Institute gratefully acknowledges the appreciation of the the Estimates Committee and strongly shares the view that medical care facilities should be extended in all parts of the country with increasing participation from the community as well as from other voluntary organizations.

[Ministry of Health and Family Welfare, Deptt. of Health O.M. No. V. 16012/18/76-ME(PG), dated the 27th October, 1976.]

### **Further Information called for by the Committee**

Please state whether the study of the Panhera Khurd project, as desired by the Committee has been undertaken. If so, with what results ?

[Lok Sabha Sectt. O.M. No. 4/10/EC/75, dated the 18th March, 1977]

### **Further Reply of Government**

The Institute feels that with proper encouragement and demonstration of results the community can be made to participate and contribute to provide facilities for health care to itself. This has been demonstrated amply in Ballabgarh area. The Estimates Committee has desired the Government to study the project and determine in consultation with various organisations whether similar projects should be extended and initiated in other parts of the country. It would be appropriate for the Ministry of Health to provide this information.

[Ministry of Health and Family Welfare, Deptt. of Health O.M. No. V. 16012/6/77-ME(PG), dated the 18th June, 1977.]

### **Comments of the Committee**

Please see para 18 of the Report—Chapter I.

### **Recommendation (Sr. No. 53 Para 4.19)**

The Committee note that the Group on Medical Education and Support Manpower which was appointed by Government in November, 1974 has presented a Report on Health Services and Medical Education and made far-reaching recommendations for improving the delivery of health services and the existing medical educational processes, and that Government have evolved a "Plan of Action" based on the recommendations which will be discussed at a meeting of the Central Council of Health and Family Planning in April, 1976. The Committee note that the recommendations of the Group have been accepted in principle in the "Plan of Action" with some modifications. The basic principle of the scheme is the creation of community level workers and creation of two cadres of health workers and Health Assistants between the community level worker and the doctor at the Primary Health Centre who will be trained to provide simple promotive, preventive and curative health services, needed by the community and also development of a referral services complex by establishing links and contacts between Primary Health Centre, Taluk/Tehsil, district, regional and Medical College Hospitals. The Committee note that the 'Plan of Action' has suggested an experimental beginning for the training of personnel in 70 districts for the present and has also recommended involvement of Medical Colleges as important units in the referral complex with responsibility for promotive, preventive and curative health care of 3-Blocks each at present. The Committee hope that expeditious action will be taken to ensure that health services are made available as early as possible to the most vulnerable segments of the society according to a time-bound programme.

### **Reply of Government**

(Please see reply under Serial No. 54 in Chapter II)

### **Comments of the Committee**

Please see para 20 of the Report—Chapter I.

### **Recommendation (Sr. No. 63 Para 5.41)**

There is a general tendency for continuing research projects for long periods irrespective of results achieved. The Committee consider that if resources on research projects are to be utilised effectively and to the best advantage it is very necessary that their progress is reviewed from time to time. Such reviews not only provide occasions for meaningful discussions but they also offer valuable opportunities for assessing that the resources are not being spent on research projects where progress is not according to the desired results. The Committee would like that the research projects conducted at the Institute should be reviewed half-yearly by the Director in conjunction with the Dean concerned with reference to the progress made, expenditure and time already spent, the likely expenditure and time required to achieve results so as to take meaningful decisions for providing additional inputs, if necessary, with a view to accelerate progress or to abandon the unrewarding projects at the earliest possible time. The Committee further desire that in addition an overall review may be made by Government once in three years.

### Reply of Government

The Institute welcomes the suggestion of the Committee that the research projects conducted at the Institute be periodically reviewed. This is already being done. Once a month the departments of the Institute by rotation are asked to present their research projects to the whole faculty of the Institute in the presence of the Director and Dean with a view to weeding out unnecessary and repetitive projects. There is a critical and informal discussion regarding the experimental design chosen, techniques involved, data obtained and interpretations made by the investigators. This practice has been welcomed by the whole Faculty and serves the dual purpose of informing the Faculty of the research being undertaken by various departments of the Institute and benefitting the investigator(s) by providing appropriate critical views and advice which could be incorporated in the further development of the research projects. In addition the salient features of the research carried out by the Faculty of the Institute and the significant results obtained are presented in the Annual Report every year which is deliberated upon by the Institute Body and then placed before the Parliament for their worthy consideration. In view of such extension means of research review it is felt that an additional overall review by the Government once in three years may not be necessary.

[Ministry of Health and Family Welfare, Department of Health O.M. No. V. 16012/18/76-ME(PG), dated 27-10-1976.]

### Comments of the Committee

Please see para 23 of the Report—Chapter I.

### Recommendation (Sr. No. 95, Para 8.16)

As regards the doctors who still will go abroad, the Committee would like to invite attention to the following recommendations contained in their Eighty-eighth Report (1975-76) for necessary action :—

“The Committee would like to stress that there are vast opportunities in the country which provide a challenge to the scientists and doctors etc., to put their talents to the service of the nation, particularly for ameliorating the conditions in rural and backward areas. The Committee also feel that those who have been trained at public expense, should compensate at least for expenditure incurred on their training by serving in the country itself or by remitting an equivalent amount”.

### Reply of Government

There is at the moment no embargo on Indian doctors taking up jobs in foreign countries. About a year back a total embargo was placed on the foreign assignment of medical officers working in the C.H.S. This ban is not applicable to medical officers working under the State Government, autonomous and semi-government organisation, etc. and those in private practice. The ban was impounded as the foreign countries were recruiting Indian doctors on a rather large scale. The question of regulating the recruitment of Indian personnel on direct contract for service in foreign countries was considered by the Cabinet at its meeting held on 27th November, 1975. The Cabinet has approved the proposal for responding liberally

to the request made to Government of India by foreign countries for the recruitment of Indian experts for service abroad. In regard to certain highly essential categories, suitable measures are to be evolved to restrain Indian experts from seeking jobs abroad even through private contract. The Technical Ministries are required to inform the Department of Personnel and the Ministry of External Affairs from time to time as to the categories of persons who may not be deputed for service abroad including in each case the period such ban shall apply. In the light of the above directive of the Cabinet, the existing policy of the Ministry of Health and Family Planning in regard to ban on foreign assignment of medical officers working in the C.H.S. and various institutions received grants from this Ministry is under review. The recommendation of the Estimates Committee will be given due consideration in arriving at a decision in the matter.

[Ministry of Health and Family Welfare Office Memo No. V. 16012/18/76-ME(PG) dated 30-12-1976.]

#### **Further Information called for by the Committee**

Please state whether the decision has been taken on the suggestion of the Committee that those of the medical graduates who have been trained at public expense, should compensate for expenditure incurred on their training by serving the country itself or by remitting an equivalent amount.

[Lok Sabha Sectt. O.M. No. 4/10/EC/75, dated 18-3-1977.]

#### **Further Reply of Government**

The limited question of making the doctors serve in the rural areas, as adumbrated in the draft Rural Health Scheme has been referred to a Committee under the Dte. General of Health Services.

[Ministry of Health O.M. No. V. 16012/6/77-M.E. (PG), dated 22-7-1977.]

#### **Comments of the Committee**

Please see para 26 of the Report—Chapter I.

## **CHAPTER V**

### **RECOMMENDATIONS IN RESPECT OF WHICH FINAL REPLIES OF GOVERNMENT ARE STILL AWAITED**

#### **Recommendation (Sr. No. 36, Para 2.155)**

A high power Committee was appointed in 1964 to review the working of the All-India Institute of Medical Sciences and made many useful recommendations for effective functioning of the Institute. The Committee also note that the need for a further review of the progress made by the Institute was mooted in 1973. The review has been postponed for one reason or the other. The Committee understand that the review is being postponed again till the recommendations of the Group on Medical Education and Support Manpower (Srivastava Committee) are taken up for implementation. As the representative of the Ministry stated, a review will help to identify some of the shortcomings and also the strong points and will promote the growth of the Institute. The Committee therefore see no reason why the appointment of a Review Committee should be postponed any further. The Committee would urge the appointment of the Review Committee at a very early date.

#### **Reply of Government**

We welcome the suggestion of the Estimates Committee and are accordingly requesting the President of the Institute/Government of India to appoint a Review Committee and decide its terms of reference.

[Ministry of Health and Family Welfare, Department of Health O.M. No. V. 16012/18/76-ME(PG), dated 27-10-1976.]

#### **Recommendation (Sr. No. 37, Para 2.156)**

The Committee would like that the terms of reference of the Review Committee are comprehensively laid down. It should be stressed that report is given by specified time and the recommendations of that Committee may be considered by Government at the earliest. The Committee desire that in future such reviews should be completed before the commencement of the Plan periods so that deficiencies are rectified and new dimensions are made to the curricula and training. The Committee need hardly stress that the review body should consist of medical scientists who have had first hand experience of administering of reputed colleges or institutes and are of proven standing and service to the community. The recommendations of the Review Committee should be laid on the Table of the House together with the action taken thereon.

#### **Reply of Government**

The observations made by the Estimates Committee that the recommendations of the Review Committee should be laid on the Table of the House together with the action taken thereon, has been noted.

[Ministry of Health and Family Welfare, Department of Health O.M. No. V. 16012/18/76-ME(PG), dated 30-12-1976.]



### **Recommendation (Sr. No. 51, Para 3.49)**

The Committee have earlier suggested the appointment of a Review Committee for reviewing the progress of the Institute. It would be desirable if the Review Committee evaluates the achievements of the Rural and Urban Health Service Projects with reference to their impact on the community and also finds out the impact of the Community Orientation courses on the students with particular reference to their motivation for serving the needy segments of the population. The Committee also recommend that the review should make a special study of the extent to which use of less sophisticated aids for diagnosis and treatment have enabled students to acquire satisfactory skills consistent with the minimum standards of medical care required. The Review Committee should also examine whether the experiments in community medicine carried out by the All-India Institute of Medical Sciences have proved beneficial so that these could be extended after effecting necessary improvements to other colleges in the country.

### **Reply of Government**

The President of the Institute/Government of India will be requested to include these points in the terms of reference to be made for the proposed Review Committee.

[Ministry of Health and Family Welfare, Deptt. of Health O.M. No. V. 16012/76-ME(PG), dated the 27th October, 1976.]

### **Further Information called for by the Committee**

**Recommendation (Sr. No. 36, Para 2.155, Sr. No. 37, Para 2.156 and Sr. No. 51, Para 3.49)**

Please state whether a decision has been taken to appoint a Review Committee to examine the working of the Institute, and if so, what are the terms of reference and composition etc.

### **Further Reply of Government**

As per decision of the Institute taken at their special meeting held on the 27th August, 1976, the President of the Institute has been requested to appoint a Review Committee for the Institute including Dr. Rajendra Prasad Centre for Ophthalmic Sciences to review the working of the Institute and make recommendations for the effective functioning of the Institute. The decision of the President of the Institute regarding the appointment of Review Committee is awaited.

[Ministry of Health and Family Welfare, Deptt. of Health O.M. No. V. 16012/6/77-ME(PG), dated the 18th June 1977.]

### **Recommendation (Sr. No 102, Para 8.47)**

The Committee note that the question of autonomy and a suitable administrative structure for the All-India Institute of Medical Sciences has been examined by various Committees since 1964. A draft of an amendment bill on the lines of the Acts for the Central Universities for granting effective

autonomy to the All-India Institute of Medical Sciences and Post-graduate Institute, Chandigarh is under the consideration of Government. The Committee would like Government to take an early decision on this long pending matter and ensure that new administrative structure of the Institute results in greater economy, efficiency and effective working of the Institutes, in fulfilment of their objectives.

### **Reply of Government**

The matter with regard to the grant of effective autonomy to this Institute involving the amendment to All India Institute of Medical Sciences Act is still under the consideration of the Government of India. The matter is, however, being pursued with the Ministry of Health for taking early decision on the same.

[Ministry of Health and Family Welfare, Deptt. of Health O.M. No. V. 16012/18/76-ME(PG), dated the 27th October 1976.]

### **Further Information called for by the Committee**

Please state whether a decision has been taken on the question of granting affective autonomy and a suitable administrative structure to the Institute, by amending the All-India Institute of Medical Sciences Act.

[Lok Sabha Sectt. O.M. No. 4/10/EC/75, dated the 18th March, 1977.]

### **Further Reply of Government**

The case regarding re-organization of the Administrative Structure of the AIIMS on the pattern of the Central Universities and amendment of the AIIMS Act 1956 and the Rules and Regulation made thereunder was placed before the Governing Body of the AIIMS on 14th August, 1975. The Governing Body considered the matter to be one of considerable importance which merited an exhaustive discussion. It was decided that meanwhile the members of the Governing Body and the Institute may send their comments on the draft amendments Bill and Statutes to the Director who may then place them before the President of the Institute for his consideration. The President will have the proposals examined in the Ministry and thereafter they can be considered in the Governing Body.

In pursuance of the above decision of the Governing Body, a copy each of the comments received from the members was forwarded to the President on 4th August, 1976 for favour of further examination in the Ministry of Health and Family Planning. The matter is still pending with the Ministry of Health.

[Ministry of Health and Family Welfare, Deptt. of Health O.M. No. V. 16012/6/77-ME(PG), dated the 18th June 1977.]

**SATYENDRA NARAYAN SINHA,**  
*Chairman,*  
*Estimates Committee*

**NEW DELHI;**  
**December 19, 1977**

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*Agrahayana 28, 1899 (Saka)*

## APPENDIX

### *Analysis of action taken by Government on the recommendations contained in the 102nd Report of Estimates Committee (5th Lok Sabha).*

I	Total number of recommendations . . . . .	103
II	Recommendations which have been accepted by Government Nos. 1—9, 11—25, 27, 28 31—35, 38—48, 50, 52, 54—62, 64, 67—85, 89—94, 96—101, 103 . . . . .	
	Number . . . . .	86
	Percentage to total . . . . .	83%
III	Recommendations which the Committee do not desire to pursue in view of Government's replies (Nos. 65, 66, 86, 87 & 88) . . . . .	
	Number . . . . .	5
	Percentage to total . . . . .	5%
IV	Recommendations in respect of which replies of Government have not been accepted by the Committee (Nos. 10, 26, 29, 30, 49, 53, 63 & 95) . . . . .	
	Number . . . . .	8
	Percentage to total . . . . .	8%
V	Recommendations in respect of which final replies of Government are still awaited (Nos. 36, 37, 51, & 102) . . . . .	
	Number . . . . .	4
	Percentage to total . . . . .	4%

# LIST OF AUTHORISED AGENTS FOR THE SALE OF LOK SABHA SECRETARIAT PUBLICATIONS

Sl. No.	Name of Agent	Agency No.	Sl. No.	Name of Agent	Agency No.
<b>ANDHRA PRADESH</b>			12.	Charles Lambert & Company, 101, Mahatma Gandhi Road, Opposite Clock Tower, Fort, Bombay.	30
1.	Andhra University General Cooperative Stores Ltd., Waltair (Visakhapatnam)	8	13.	The Current Book House, Maruti Lane, Raghunath Dadaji Street, Bombay-1.	60
2.	G. R. Lakshminpathy Chetty and Sons, General Merchants and News Agents, Newpet, Chandragiri, Chittoor District.	94	14.	Deccan Book Stall, Ferguson College Road, Poona-4.	65
<b>ASSAM</b>			15.	M/s. Usha Book Depot, 585/A, Chira Bazar Khan House, Girgaum Road, Bombay-2 B.R.	5
3.	Western Book Depot, Pan Bazar, Gauhati.	7	<b>MYSORE</b>		
<b>BIHAR</b>			16.	M/s. Peoples Book House, App. Jaganmohan Palace, Mysore-1.	16
4.	Amar Kitab Ghar, Post Box 78, Diagonal Road, Jamshedpur.	37	<b>RAJASTHAN</b>		
<b>GUJARAT</b>			17.	Information Centre, Government of Rajasthan, Tripolia, Jaipur City.	38
5.	Vijay Stores, Station Road, Anand.	35	<b>UTTAR PRADESH</b>		
6.	The New Order Book Company Ellis Bridge, Ahmedabad-6.	63	18.	Swastik Industrial Works, 59, Holi Street Meerut City.	2
<b>HARYANA</b>			19.	Law Book Company, Sardar Patel Marg, Allahabad-1.	48
7.	M/s. Prabhu Book Service, Nai Subzimandi, Gurgaon, (Hayana).	14	<b>WEST BENGAL</b>		
<b>MADHYA PRADESH</b>			20.	Granthaloka, 5/1, Ambica Mookherjee Road, Belgharia, 24 Parganas.	10
8.	Modern Book House, Shiv Vilas Palace, Indore City.	13	21.	W. Newman & Company Ltd. 3, Old Court House Street, Calcutta.	44
<b>MAHARASHTRA</b>			22.	Firma K. L. Mukhopadhyay, 6/1A, Banchharam Akur Lane, Calcutta-12.	82
9.	M/s. Sunderdas Gianchand, 601, Girgaum Road, Near Princess Street, Bombay-2.	6	23.	M/s. Mukheji Book House, 8B, Duff Lane, Calcutta-6.	4
10.	The International Book House (Private) Limited 9, Ash Lane, Mahatma Gandhi Road, Bombay-1.	22			
11.	The International Book Service, Deccan Gymkhana Poona-4.	26			