CHAPTER I : MINISTRY OF HEALTH AND FAMILY WELFARE

Medical Council of India

Highlights

- **Of the total 299 medical colleges, 188 medical colleges (63 *per cent*) were in the six States of Maharashtra, Karnataka, Andhra Pradesh, Tamilnadu, Kerala and Uttar Pradesh indicating skewed distribution of medical colleges across the country.**

(*Paragraph 1.1.1*)

- **Permission for establishment of four government medical colleges was granted without ensuring fulfillment of the prescribed medical standards relating to faculty, residents, infrastructure, clinical material and para medical nursing staff.**

(*Paragraph 1.3.1*)

- **Despite wide variations noticed in the Inspection report of the Council and the Ministry in case of two medical colleges permission for their establishment was granted simply on submission of compliance of deficiencies by the applicants without getting the same verified through compliance verification inspection.**

(*Paragraph 1.3.1.1*)

- **Despite non-adherence to required minimum standards of medical education, permission was granted for (i) renewal of permission for yearly admissions to 11 medical colleges (ii) starting of post graduate course in two medical colleges and (iii) increase of seats in three medical colleges.**

(*Paragraphs 1.3.1.2. and 1.3.2*)

- **The shortage of faculty and residents beyond the permissible limits were noticed in 29 and 21 medical colleges respectively in the periodical inspection of 42 government medical colleges. Similarly, shortage of faculty and residents beyond the permissible limits were noticed in 19 and 18 medical colleges respectively in the periodical inspection of 21 private medical colleges.**

(*Paragraph 1.4*)

- **59 medical colleges were found admitting 326 students in excess of their intake capacity in 126 post graduate courses.**

(*Paragraph 1.5*)

- **Recognition of nine medical colleges imparting medical education of undergraduate (MBBS) courses and nine medical colleges imparting medical education in post graduate courses was not withdrawn despite persistence of major deficiencies noticed since many years.**

(***Paragraphs 1.6.1 and 1.6.2***)

- **Out of 128 delinquent medical teachers whose names were deleted from the Indian Medical Register (IMR), 38 medical teachers were found to be working in medical colleges during the period of deletion of their names from IMR. 18 medical teachers were found working in more than one medical college on the same date of inspection thus implying that some other persons had impersonated them in any of the colleges. Besides, 102 medical teachers were found working in both dental and medical colleges simultaneously.**

(***Paragraph 1.7.1***)

- **The recommendation of the Parliamentary Committee (Tenth Lok Sabha) for mandatory re-registration/renewal of registration of every medical practitioner remained unimplemented due to inaction on the part of the Ministry.**

(Paragraph 1.8)

Summary of Recommendations

- ***In order to adhere to the minimum standards of medical education, Ministry, while according permission, should ensure the fulfillment of all conditions/norms required for establishment of new medical colleges, increase of seats, introducing new course of study and renewal of permission for yearly admission.***
- ***The Council should lay down the schedule for periodical inspection once in a block of five years to identify the medical institutions due for periodical inspection after their recognition.***
- ***The Council should adhere to its own norms of conducting periodical inspection of the recognized medical institutions once in every block of five years.***
- ***The Council should review the desirability of application of discriminatory norms for government and private medical colleges.***
- ***The Council should fix a time limit for the medical institutions to rectify the deficiencies noticed in the periodical inspections and conduct compliance verification inspection immediately thereafter instead of giving them ample time by giving opportunity time and again for rectification of the deficiencies. After the due date, if the deficiency still persists, the Council should take prompt action as per the Act against the medical institutions.***

- ***Necessary facilities should be created to accommodate the increase in sanctioned intake.***
- ***The Ministry should take prompt action to derecognize such medical colleges/medical qualifications which do not conform to the prescribed standards of medical education as per recommendation of the Council.***
- ***The Council should have an appropriate mechanism to check whether doctors whose names are struck off the Indian Medical Register continue the practice.***
- ***Names of doctors found guilty of professional misconduct should be widely publicized as prescribed in Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002 to inform the general public.***
- ***The Ministry may like to amend the IMC Act for implementation of the recommendations for compulsory re-registration/renewal of registration of medical practitioner.***

1.1 Introduction

The Medical Council of India (Council) was established in February 1934 under an Act of Parliament - the Indian Medical Council Act 1933 repealed in 1956 by the Indian Medical Council Act, 1956 (*Act*). The Act was further amended in the years 1964, 1993 and 2001. The major amendment introducing Sections 10A, 10B and 10C was made in the year 1993 called the Indian Medical Council (Amendment) Act 1993 now referred to as Act in this review. In exercise of the powers conferred on it under Section 33 of the Act, the Council makes regulations with the previous sanction of the Central Government.

The Council functions as an advisory body on medical education. It aims to establish uniform standards of medical education and recognition of medical qualifications granted by universities/medical institutions in India and abroad as per mandate given in Box-1 below:

Box-1: Mandate of the Council

- Maintenance of uniform standards of medical education - both at undergraduate and postgraduate levels.
- Recommendation for starting new medical colleges, new courses including postgraduate or higher studies and increase of seats.
- Recommendation for recognition and de-recognition of medical qualifications of medical institutions within and outside the country.
- Grant of provisional and permanent registration, and registration of additional qualification as applicable to persons holding recognized medical qualifications.
- Maintenance of Indian Medical Register (IMR)
- Prescribing and enforcing ethical conduct of medical profession by the registered medical practitioners and invoking disciplinary action in cases of breach thereof.

1.1.1 Status of medical colleges

There were 299 medical colleges (comprising 141 government and 158 private medical colleges) in the country as of July 2009 of which, 149 medical colleges were established after the commencement of Indian Medical Council (Amendment) Act 1993. Of the 141 government medical colleges and 158 private medical colleges, 120 and 100 medical colleges respectively have been recognized as of July 2009. The remaining medical colleges are in the process of recognition as on that date. Out of the 100 private medical colleges, 47 colleges had been recognized during the period 2004-09.

Of the 299 medical colleges, 188 Colleges (63 *per cent*) were in the six states of Maharashtra, Karnataka, Andhra Pradesh, Tamilnadu, Kerala and Uttar Pradesh indicating skewed distribution of medical colleges across the country.

1.1.2 Organizational structure

The Council functions under the administrative control of the Ministry of Health and Family Welfare (Ministry). Section 3(1) of the *Act* provides for constitution and composition of the Council. During the period of report the Council was headed by a President and Vice-President, both honorary members elected by the members of the Council from amongst themselves. The day to day working of the Council was supervised by a Secretary assisted by one Additional Secretary, one Joint Secretary and two Deputy Secretaries looking after different departments.

1.1.3 Procedure of establishment and recognition of new medical colleges

A new medical college is established under the provisions of Section 10 A of the Act. As per the Act, the Central Government may grant permission to set up a new medical college on the recommendations of the Council. For that purpose, any person (University or Trust) who intends to establish a new medical college would apply in the prescribed format to the Central Government which will be forwarded to the Council for evaluation and recommendation. The Council, in turn, would evaluate the application in terms of desirability and prima facie feasibility of setting up the medical college in accordance with the norms set out in the Act and concerned regulations relating to the each element of infrastructure, equipment, hospital facilities, accommodation, financial resources and training to students etc. After examining the application by conducting physical inspection, the Council makes its recommendations to the Central Government, which in turn, would issue letter of intent to set up a new medical college with such conditions or modifications as it may consider necessary. After the above conditions are accepted and upon furnishing of a bank guarantee of required amount by the applicant, the Central Government may grant formal permission to establish a medical college and admit students as per the sanctioned intake capacity for an initial period of one year. The permission is then renewed on yearly basis subject to achievements of annual targets. This process continues till such time the establishment of the medical college and expansion of hospital facilities are completed and formal recognition of the medical college is granted by the Central Government.

Similar procedure is to be adopted in the case of applicants for increase in intake capacity of students and starting of a new/higher course of study (post graduate courses) in various fields.

1.1.4 Finances

During the years 2004-05 to 2008-09, the Council received grants amounting to ₹ 7.25 crore from the Ministry. It also generated its own receipts[1] amounting to ₹ 112.90 crore. Details are given in Table -1 below:-

Table -1

(₹ in crore)

Year	Grant		Own receipts	Total	Expenditure		Total Exp.	Savings
	Plan	Non Plan			Plan	Non-plan		
2004-05	0.60	0.55	11.83	12.98	0.60	7.98	8.58	4.40
2005-06	1.00	0.60	9.08	10.68	0.56	8.68	9.24	1.44
2006-07	1.00	0.60	14.61	16.21	1.11	8.82	9.93	6.28
2007-08	1.00	0.60	28.07	29.67	4.10	12.00	16.10	13.57
2008-09	1.00	0.30	49.31	50.61	1.97	17.45	19.42	31.19
TOTAL	**4.60**	**2.65**	**112.90**	**120.15**	**8.34**	**54.93**	**63.27**	**56.88**

It may be seen from the above table that although the Council's own receipts have increased over the years resulting in increase in savings every year indicating a degree of self sufficiency, it continued to draw grants from the Government for its Plan and Non Plan expenditure.

1.2 Audit Approach

The audit of the Council is conducted by the Comptroller and Auditor General of India under Section 20(1) of the Comptroller and Auditor General's (Duties, Powers and Conditions of Service) Act, 1971.

1.2.1 Audit objectives

The performance audit was conducted to verify whether:

- the Council met the principal objective of keeping uniform standards[2] of medical education while recommending for establishment and recognition of a new medical college - both at undergraduate and postgraduate levels.
- the Council maintained uniform standards of medical education by conducting periodical inspections of existing medical colleges.
- the Council was maintaining and updating regularly the Indian Medical Register (IMR) and took appropriate action against physicians found delinquent as per professional conduct.

[1] Inspection/registration fee for inspection and registration of medical colleges and persons holding recognized medical qualifications respectively.

[2] Establishing curriculum, standards, methods for examination and internships to ensure maintenance of uniform standards of medical education and conducting inspection/visitation with a view to ensure maintenance of proper standard of medical education.

1.2.2 Audit scope

The performance audit covered the period from 2004-05 to 2008-09 and involved the examination of all the records in the Council and the Ministry relating to establishment of 71 new medical colleges established during the above period. The scope of audit also covered examination of records of all 63 medical colleges periodically inspected by the Council during the period of report. The audit was conducted from 8 June 2009 to 25 September 2009.

1.2.3 Audit criteria

The following audit criteria were adopted:-

- Provisions of the Indian Medical Council Act, 1956
- Regulations of the Indian Medical Council
- Guidelines/Instructions issued by the Government

1.2.4 Audit methodology

The performance audit of the Council commenced with an entry conference with the Secretary, Council in August 2009, in which audit objectives, criteria, scope of audit and methodology were discussed. The Council was dissolved in May 2010, and a Board of Governors was constituted to perform the functions of the Council. Audit findings were discussed in detail with the Board of Governors during exit conference held in October 2010. Most findings were accepted by the Board.

1.2.5 Acknowledgment

We acknowledge the cooperation and assistance rendered by the Council and the Ministry during the course of this performance audit.

Audit findings

Performance audit of the Council revealed non-adherence to uniform standards in medical education in cases of (1) establishment of new medical colleges, (2) increase of seats in existing medical colleges, (3) renewal of permission for yearly admissions, (4) periodical inspection of recognized medical colleges and (5) continuance of recognition of recognized medical colleges. The Council also failed to take action against the delinquent doctors/medical teachers. Audit findings highlighting the non-achievement of objectives by the Council/Ministry are discussed in the succeeding paragraphs.

While examining the Inspection Reports of the Council in connection with the establishment and recognition of medical colleges, Audit noted that the letter forwarding the Reports to the Council were signed by all three inspectors. However, the detailed Report was signed only by the whole time inspector. These Reports were subsequently reviewed and accepted by the Council.

1.3 Non-adherence to uniform standards of medical education in the establishment of new medical colleges, renewal of permission for yearly admissions and increase in seats in existing medical colleges:

1.3.1 *Non-maintenance of norms in establishment of new medical colleges*

During the years 2004-05 to 2008-09, the Council, through the Ministry, received 255 applications for evaluation and assessing desirability and prima facie feasibility of setting up of the new medical colleges. The details of applications recommended by the Council and approved by the Ministry are given in Table-2 below:

Table-2

Year/academic year	No. of applications for establishment of new medical college		
	Received	Recommended by the Council	Approved by the Ministry
2004-05/2005-06	40	13	13
2005-06/2006-07	46	18	20
2006-07/2007-08	44	7	9
2007-08/2008-09	63	19	19
2008-09/2009-10	62	10	10
TOTAL	**255**	**67**	**71**

Out of the 71 cases approved by the Ministry, Audit noticed that in four cases of government medical colleges[3] (details given in **Annexure I**), Council noticed the following major deficiencies:

- shortage of faculty and residents beyond the permissible limits of 10 *per cent,*
- infrastructure like college building, hostels, lecture theatres, wards, teaching area in out patient departments (OPD) etc. was not complete
- clinical material in terms of radiological investigations, laboratory investigations, OPD attendance and Operation theatre equipments etc. were grossly inadequate and
- inadequate para medical and nursing staff etc.

Accordingly, Council recommended to the Central Government for disapproval of the establishment of these medical colleges. Three of the above colleges (Sl No. 1-3 of the footnote) submitted their compliance reports during September 2006 to July 2007 to the Ministry. The Ministry, granted permission for their establishment without getting the compliance reports verified from the Council. Audit, therefore observed that in the absence of verification inspection of compliance reports by the Council, it could not be ensured that the medical colleges, which the Ministry permitted to establish, conformed to the prescribed standards of medical education.

[3] (i) Shimoga Institute of Medical Sciences, Shimoga, Karnataka, (ii) Raichur Institute of Medical Sciences, Raichur, Karnataka, (iii) Hassan Institute of Medical Sciences, Hassan, Karnataka and (iv) NDMC Government Medical College, Jagdalpur, Orissa

In case of fourth college, Ministry sent the compliance report of the medical college to the Council and the Directorate General of Health Services (DGHS) for their comments. Both the institutions inspected the college in the Ist week of July 2006. Inspection reports of both the institutions were found at great variance specifically in the status of teaching faculty. DGHS recommended for establishment of the college whereas Council denied the recommendation. Ignoring the Council's recommendations, Ministry permitted establishment of the medical college with reduced intake from 100 to 50 students on the basis of the recommendations of the DGHS. In this case also, audit observed that due to variances in the inspection reports, it could not be ensured whether the medical college met the prescribed minimum standards of medical education.

1.3.1.1 Variance in inspection reports of Council and the Ministry

During the period under review, the Ministry conducted inspection of 18 medical colleges[4] to verify the facilities as reported to have been available at these colleges as per recommendations of the Council. Audit observed wide variations in the findings of the inspection team of the Council and the Ministry in respect of the following two medical colleges (Case Study 1 and Case Study 2) which were granted LOI/LOP by the Ministry for establishment of new medical colleges.

[4] (i) Santosh medical college and hospital, Ghaziabad, UP, (ii) Bhaskar medical college, Yenkapally, Andhra Pradesh (iii) Shadan Institute of medical sciences and research, Peerancheru, Andhra Pradesh, (iv) Konoseema Institute of medical sciences and research foundation, Amlapuram, Andhra Pradesh (v) Santhiram medical college, Nandayal, Andhra Pradesh (vi) Muzaffarnagar medical college and hospital, Muzaffarnagar, Uttar Pradesh, (vii) Rohilkhand medical college and hospital, Barielly, Uttar Pradesh (viii) Index medical college, hospital and research centre, Indore, Madhya Pradesh (ix) Ram Murthi Samarak medical college and hospital, Barielly, Uttar Pradesh (x) Hind Institute of medical sciences, Barabanki, Uttar Pradesh (xi) Kasturba medical college, Manipal Karnataka (xii) Kasturba medical college, Bangalore, Karnataka (xiii) Government medical college, Madhepura, Bihar (xiv) Government medical college, Bettiah, Bihar (xv) Government medical college, Pawapuri, Bihar (xvi) Geetanjali medical college and hospital, Udaipur, Rajasthan (xvii) National Institute of medical sciences, Jaipur, Rajasthan (xviii) People's college of medical sciences, Bhopal, Madhya Pradesh.

Case Study-1 Geetanjali Foundation, Udaipur, Rajasthan (private)

The Ministry forwarded (February 2008) the compliance report to the Inspection Report of the Council of Geetanjali Foundation, Udaipur, Rajasthan for establishment of a new medical college. The Council conducted compliance verification inspection (April 2008) and found adequate infrastructural facilities and recommended (June 2008) grant of LOP. Subsequently, the Ministry conducted (July 2008) inspection of the said college. There were wide variations in respect of the following parameters in the inspection reports as shown below:-

Parameter	Council's inspection	Ministry's inspection
Infrastructure	Adequate	The medical college building, hostels and staff quarters were under construction.
Clinical material	Adequate	Grossly inadequate i.e. most of the patients admitted from OPD for investigations to increase the bed occupancy and investigations.

The Ministry, in its inspection report, also pointed out that the building, in its current state (Photo-1), could pose different kinds of hazards to students and may lead to fatal accidents and injuries. Accordingly, Ministry asked (August 2008) the applicant to rectify the deficiencies and furnish the compliance. After receipt of compliance (September 2008), the Ministry issued LOI and LOP (September 2008). The Ministry granted permission on the basis of compliance reported by the college without re-inspection which was not justified.

The Ministry stated (November 2009) that permission was granted in view of the detailed compliance report by the college, shortage of time due to Hon'ble Supreme Court order dated 3 September 2008 giving a week's time to decide the issue and positive recommendations of the Council. The reply is not justified as the compliance reported by the college was not verified by the Ministry and the Council recommendation stood superseded by the adverse subsequent inspection report of the Ministry.

Photo: Work in progress of college building at Udaipur, Rajasthan (July 2008)

Case Study-2 Fateh Chand Charitable Trust, Muzaffarnagar, Uttar Pradesh (private)

As per norms of the Council, shortage up to five *per cent* of the total required number of faculty and residents was condonable while considering the Inspection Reports of the private medical colleges. It was seen in audit that the Ministry forwarded (September 2005) the application of Fateh Chand Charitable Trust, Muzaffarnagar for establishment of new medical college to the Council. The Council, after conducting (2-3 June 2006) inspection, recommended (15 June 2006) issue of LOP. The Ministry, however, after a gap of 26 days, carried out (29 June 2006) an inspection and found wide variations in respect of the following parameters in the inspection report submitted by the Council.

Parameter	Council's inspection	Ministry's inspection
Shortage of teaching faculty	Less than 5 *per cent*	57.6 *per cent*
Shortage of residents	Nil	68.4 *per cent*
Clinical material-Bed occupancy	84 *per cent*	21.33 *per cent*

The inspection by the Ministry revealed significantly higher deficiencies than that noticed by the Council in its inspection. The reason for wide variations in the inspection report carried out after a gap of 26 days was not available on record. The Ministry, however, issued LOI on 12 July 2006 and LOP on 14 July 2006 after the college clarified (11 July 2006) that half of the faculty was on vacation and cited incessant rains for deficiency in clinical material.

The Ministry replied (November 2009) that permission was granted on the basis of specific recommendations of the Council. The reply is not acceptable as the inspection carried out by the Ministry subsequently (29 June 2006) superseded the earlier inspection of the Council (2-3 June 2006).

Thus, despite wide variances in the inspection reports of the Ministry and the Council, permission was granted by the Central Government for the establishment of new medical colleges simply on submission of compliance of the deficiencies by the applicant without getting the same verified through compliance verification inspection by the Council.

1.3.1.2 *Non-adherence to uniform standards of medical education in renewal of permission for yearly admissions*

Audit observed in 11 cases[5] of renewal of permission for yearly admissions and two cases[6] of starting Post graduate (PG) courses (details given in **Annexure II**), that the Council did not recommend renewal of permission for

[5] (i) Hassan Institute of Medical Sciences, Hassan, Karnataka, (ii) Shri Guru Ram Rai Institute of Medical Sciences, Dehradun, Uttarakhand, (iii) Theni Medical College, Theni, Tamilnadu, (iv) Belgaum Institute of Medical Sciences, Belgaum, Karnataka, (v) Mandya Institute of Medical Sciences, Mandya, Karnataka, (vi) Tripura Medical College & B.R.A.M Teaching Hospital, Agartala, Tripura, (vii) Raichur Institute of Medical Sciences, Raichur, Karnataka, (viii) Agartala Government Medical College, Agartala, Tripura, (ix) Government Medical College, Vellore, Tamil Nadu, (x) Kanyakumari Medical College, Asaripallam, Tamil Nadu, (xi) SCB Medical College, Cuttack, Orissa

[6] Command Hospital, Kolkata, Institute of Mental Health and Hospital, Agra, Uttar Pradesh

admission due to major deficiencies noticed during inspection of the college as shown below:

- shortage of faculty and residents beyond the permissible limits of 10 *per cent,*
- infrastructure like examination hall, hostels, operation theatres, lecture theatres, laboratory, demonstration rooms, wards, library books, etc. was not adequate,
- clinical material in terms of radiological investigations, laboratory investigations, bed occupancy, and microbiological services, equipments, etc. were inadequate and
- inadequate para Medical and Nursing staff etc.
- No training courses conducted.
- Non-availability of facilities required for basic sciences

Accordingly, Council recommended to the Central Government for disapproval of the renewal of permission/starting of PG courses in these medical colleges. Despite non-fulfillment of minimum standards of medical education in these medical colleges, the Ministry granted renewal of permission for yearly admissions in these medical colleges as these were government medical colleges and on the basis of assurances/replies given by the State Governments. Further, audit could not verify as to whether these deficiencies had been rectified in the absence of compliance verification inspection by the Council.

In order to have full appreciation of the case, out of 11 cases cited above, one case of Tripura Medical College & B.R.A.M. Teaching Hospital Agartala, where the audit had found persistence of deficiencies in renewal for 2nd and 3rd batch of students is discussed below:

Tripura Medical College & Dr. B.R.A.M. Teaching Hospital, Agartala

During inspection (June 2007) of Tripura Medical College & Dr. B.R.A.M. Teaching Hospital, Agartala for renewal of permission for admission of 100 students for 2nd batch of MBBS students, the Council noticed various deficiencies, including 92 and 100 *per cent* new appointments of faculty and resident doctors respectively and recommended (June 2007) non-renewal of permission to the Ministry. It was, however, noticed that on the basis of undertaking of the State Government to rectify the deficiencies and keeping in view the fact that the college was a joint venture on public private partnership model in the North East, the Ministry approved (July 2007) renewal of permission for admission for the 2nd batch and advised the applicant to rectify the deficiencies within a period of three months. These deficiencies, however, persisted as was noticed in subsequent inspections by the Council for renewal of permission for admission of 3rd batch as per details given in Table 3 below:

Table -3

Sl. No.	Period of inspection	Shortage of teaching staff (in *per cent*)	Shortage of residents (in *per cent*)	Other deficiencies
1.	May 2008	13.00	Nil	Inadequate clinical material and infrastructural facilities
2.	August 2008	51.72	63.41	Grossly inadequate clinical material, inadequate infrastructural facilities
3.	October 2008	20.56	18.29	Grossly inadequate clinical material

The Ministry replied (November 2009) that permission was renewed for 2nd batch on the basis of undertaking given by the Health Minister, Government of Tripura to rectify the deficiencies within a specified period. The Ministry added that in view of the Council's recommendations, renewal of permission for 3rd batch was not granted by the Central Government. However, the fact remained that the Ministry granted permission for renewal of admission for the 2nd batch on the basis of State Government's undertaking ignoring the Council's recommendations. Further, the deficiencies noticed during inspection for admission of 2nd batch persisted up to the inspection carried out in October 2008 for admission of 3rd batch whereas according to the conditions granting permission for 2nd batch, these deficiencies should have been rectified within three months from July 2007 i.e. by October 2007.

Recommendation

- *In order to adhere to the minimum standards of medical education, Ministry, while according permission, should ensure the fulfillment of all conditions/norms required for establishment of new medical colleges, increase of seats, introducing new course of study and renewal of permission for yearly admission.*

1.3.2 *Non-adherence to uniform standards of medical education in increase of seats in existing medical colleges*

Audit examined all the 93 applications received by the Council during the years 2004-05 to 2008-09, for evaluation and assessing desirability and prima facie feasibility of increase of seats. It was noticed that of the above, the Council recommended only 26 applications for increase in seats against which the Government granted increase of seats in 29 cases. The year wise details of the recommendations made by the Council vis-à-vis approval accorded by the Ministry is given in Table-4 below:

Table-4

No. of applications for increase of seats			
Year/Academic year	**Received**	**Recommended by the Council**	**Approved by the Ministry**
2004-05/2005-06	13	3	3
2005-06/2006-07	15	8	8
2006-07/2007-08	16	3	6
2007-08/2008-09	23	3	3
2008-09/2009-10	26	9	9
	93	**26**	**29**

In three cases of government medical colleges[7] (details given in **Annexure I**), the Council highlighted the following major deficiencies:

- shortage of faculty and residents beyond the permissible limits of 10 *per cent,*
- infrastructure like examination hall, hostels, lecture theatres, demonstration rooms, etc. was not adequate,
- clinical material in terms of radiological investigations, laboratory investigations, bed occupancy, and microbiological services, etc. were inadequate and
- inadequate para Medical and Nursing staff etc.

Accordingly, Council recommended to the Central Government for disapproval of the increase of seats in these medical colleges. Despite non-fulfillment of minimum standards of medical education in these medical colleges, the Ministry granted permission for increase of seats in these medical colleges on the pretext that (i) these were government medical colleges and (ii) in cases of two medical colleges in Orissa, the State Government indicated scarcity of medical colleges in the State and assured to get the deficiencies rectified by the concerned medical colleges. Further, audit could not verify as to whether these deficiencies had been rectified in the absence of compliance verification inspection by the Council.

1.4 Non-maintenance of uniform standards of medical education through periodical inspection of recognized medical colleges

In order to meet the prime objective of maintaining uniform standards of medical education both at Undergraduate and Postgraduate levels, the Council is required to carry out periodical inspections of existing medical colleges. The mandate of the Council in this regard is given in Box-2 below:

Box-2: - Mandate for inspection of medical colleges
Sections 17 and 18 of the *Act* provide that the Executive Committee of the Council shall appoint medical inspectors/visitors to inspect any medical institution, college, hospital to assess the adequacy of the standards of medical education with respect to staff, equipment, accommodation and training facilities for the purpose of recommending to the Ministry, for continuance of recognition of medical qualifications granted by the university or medical institution. The Act, however, did not provide any periodicity for conducting such periodical inspections.

Audit examined all the inspection reports of 63 medical colleges which were periodically inspected by the Council during the period 2004-05 to 2008-09. The deficiencies noticed are discussed in the subsequent paragraphs.

[7] (i) T.D. Medical College, Alappuzha, Kerala, (ii) M.K.C.G. Medical College, Brahmapur, Orissa and (iii) V.S.S. Medical College, Barla, Orissa

1.4.1 *Non-adherence to norms for periodical inspection*

In the absence of any norm in the Act, the Council adopted the norm of periodical inspection of a medical institution for continuation of recognition of medical qualification once in every block of five years after the recognition of the institution. For this purpose, the Council however did not lay down any schedule to identify the medical institution due for periodical inspection. Due to non-laying of any schedule, the Council could not adhere to its own norm of periodical inspection and out of 63 medical colleges inspected during 2004-05 to 2008-09, 56 medical colleges (89 *per cent*) were inspected after a period ranging from 6 – 16 years as given in Table-5 below (college-wise details in **Annexure-III**):

Table-5

Time interval for periodical inspection	No. of colleges		
	Government	Private	Total
Below 5 years	2	5	7
5 to 6 years	4	6	10
6 to 8 years	19	7	26
8 to 10 years	6	1	7
10 to 12 years	8	2	10
12 to 14 years	2	0	2[8]
14 to 16 years	1	0	1[9]
Total	**42**	**21**	**63**

While accepting the audit comment, the Council stated (October 2009) that the concerned colleges had either not sent any compliance report or had submitted compliance report which prima facie was unsatisfactory in the sense that the major deficiencies were not rectified without which, further inspection was neither open nor permissible.

The reply, however, does not explain as to why in the absence of compliance reports or unsatisfactory compliance reports, no action was initiated against the institutions to rectify the deficiencies pointed out and why further inspection could not be carried out as per the Act to ensure maintenance of uniform standards in quality of medical education in existing medical colleges.

1.4.2 *Deficiencies noticed during periodical inspection*

Adequacy of teaching faculty and residents is one of the important factors to ensure maintenance of uniform standards in medical education. As per the prevalent policy of the Council, shortage of faculty and residents up to 5 *per cent* and 10 *per cent* each in private and government medical colleges respectively, was considered to be within permissible limits. Although such deficiencies affect the standard and quality of medical education in both the

[8] 1) S.N. Medical College, Agra, Uttar Pradesh
2) M.L.N. Medical College, Allahabad, Uttar Pradesh

[9] Lady Harding Medical College, New Delhi

government and private medical colleges equally, the reason for fixing diluted norms in government medical colleges was not found on record.

1.4.2.1 *Deficiencies in government medical colleges*

In the 42 government medical colleges the records of periodical inspection of which were checked, Audit noticed the following deficiencies:

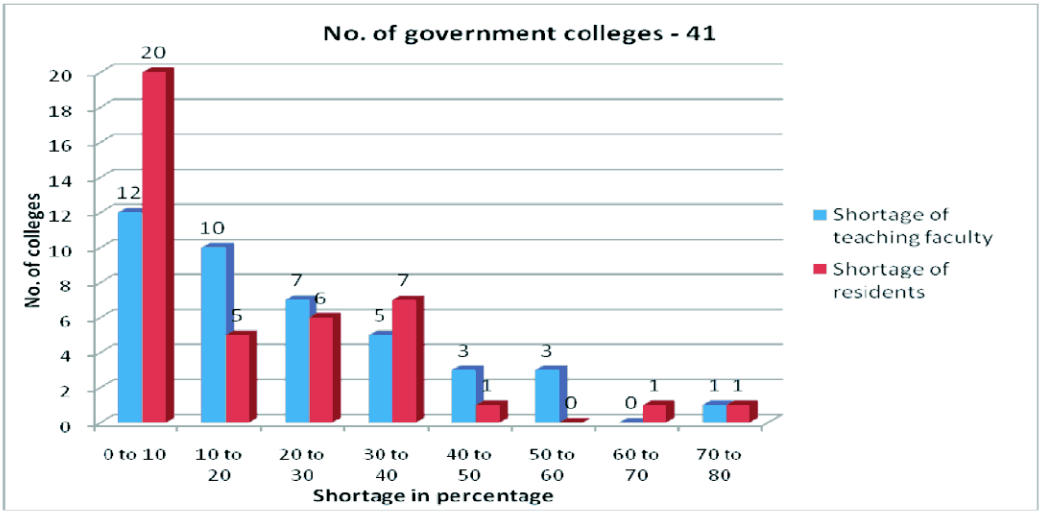
i. 18 medical colleges were running short of (1) faculty ranging from 12.86 to 71.5 *per cent* and (2) residents ranging from 16 to 70.27 *per cent* as against the permissible limit of 10 *per cent*.

ii. 11 medical colleges were running short of faculty ranging from 13.1 to 45.53 *per cent* as against the permissible limit of 10 *per cent*.

iii. Three medical colleges were running short of residents ranging from 10.4 to 63.38 *per cent* as against the permissible limit of 10 *per cent*.

The details of percentages of shortages of faculties and residents in the government medical colleges are indicated in Graph 1 below (college wise details are given in **Annexure III**).

Graph-1



The shortages of faculty and residents noticed in periodical inspection of 29 (comprising 71 *per cent*) and 21 (comprising 51 *per cent*) government medical colleges respectively were beyond the permissible limits.

1.4.2.2 *Deficiencies in private medical colleges*

Similarly, in the 21 private medical colleges periodically inspected by the Council, Audit noticed the following deficiencies:

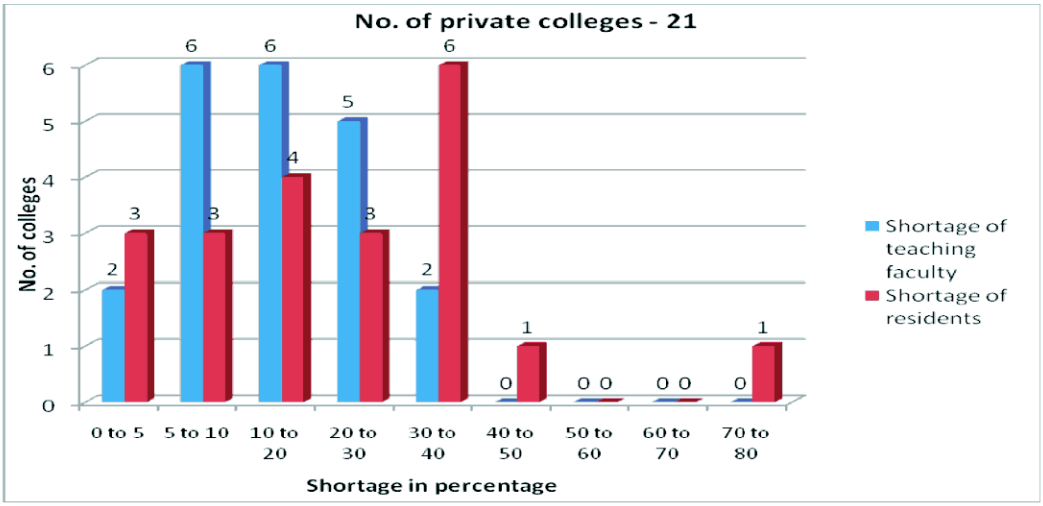
i. 17 medical colleges were running short of (1) faculty ranging from 8 to 30.2 *per cent* and (2) residents ranging from 5.4 to 73.8 *per cent* as against the permissible limit of 5 *per cent*.

ii. Two medical colleges were running short of faculty ranging from 6.5 to 6.70 *per cent* as against the permissible limit of 5 *per cent*.

iii. One medical college was running short of residents by 35.02 *per cent* as against the permissible limit of 5 *per cent*.

The details of percentages of shortages of faculties and residents in private medical colleges are indicated in Graph 2 below (college wise details are given in **Annexure III**).

Graph-2



The shortages of faculty and residents noticed in periodical inspection of 19 (comprising 90 *per cent*) and 18 private medical colleges (comprising 86 *per cent*) respectively were beyond the permissible limits.

Despite the non-compliance of norms of faculties and residents required to achieve the uniform standard of medical education noticed in the periodical inspection, the Council instead of taking action for recommending withdrawal of recognition under Section 19 of the Act, permitted the colleges time and again to rectify the deficiencies and thus, these colleges continued imparting medical education without the requisite number of faculties and residents.

The Council (October 2009) accepted the audit findings and stated that the response of the colleges to furnish compliance on the deficiencies noticed in periodical inspection was neither prompt nor encouraging. The only modality of recommending de-recognition available with the Council has proved to be ineffective due to non-implementation of the recommendations of the Council by the Ministry for de-recognition of some medical colleges. The reply of the Council is not acceptable as it did not recommend withdrawal of recognition in any of medical colleges found deficient above.

It is therefore, apprehended that non-compliance of uniform standards of medical education may encourage dilution in quality and standard of imparting medical education. This may also result in producing untrained medical practitioners incapable of delivering quality health care in the country.

Thus, the Council failed to achieve its principal objective of maintenance of uniform standards of medical education by (i) keeping different norms of permissible limits of shortage in faculties and residents for government and private medical institutions and (ii) not taking appropriate action as per the Act against the medical colleges found deficient in periodical inspections.

Recommendations

- *The Council should lay down the schedule for periodical inspection once in a block of five years to identify the medical institutions due for periodical inspection after their recognition.*
- *The Council should adhere to its own norms of conducting periodical inspection of the recognized medical institutions once in every block of five years.*
- *The Council should review the desirability of application of discriminatory norms for government and private medical colleges.*
- *The Council should fix a time limit for the medical institutions to rectify the deficiencies noticed in the periodical inspections and conduct compliance verification inspection immediately thereafter instead of giving them ample time by giving opportunity time and again for rectification of the deficiencies. After the due date, if the deficiency still persists, the Council should take prompt action as per the Act against the medical institutions.*

1.5 Excess admission against permitted intake of seats

As per Section 10 B. 3 of the Act where any medical college increases its admission capacity in any course of study or training except with the previous permission of the Central Government no medical qualification granted to any student of such medical college on the basis of the increase in its admission capacity shall be a recognized medical qualification. As per explanation 2 under Section 10. A 'Admission Capacity' in relation to any course of study in a medical college means the maximum number of students that may be fixed by the Council from time to time.

Audit scrutiny revealed that during the year 2007-08 and 2008-09, 59 colleges admitted students in excess of their intake capacity. The year-wise details of students admitted in excess of the permitted intake of seats available in PG courses are given in Table-6 below (college-wise details in **Annexure-IV**):

Table-6

Year	Number of medical colleges	No of courses	Number of students admitted in excess of the permitted intake
2007-08	55	121	317
2008-09	4	5	9
Total	**59**	**126**	**326**

A sample of 10 colleges[10] selected on random basis was taken for scrutiny which revealed that the Council had asked the colleges (January, August and November 2008) to discharge the students admitted in excess of the sanctioned intake during the academic years 2007-08 and 2008-09, and forwarded the letter to the concerned State Government for necessary action. The colleges, however, did not take any action and the concerned State Government had also not taken any action against the colleges. Thus, the aforesaid medical colleges have been admitting students in excess of their intake capacity in disregard to the provisions of the Act above.

Audit scrutiny also revealed that the Council, instead of sending its specific recommendations in such cases to the Central Government for taking necessary action under Section 10. A of the Act, issued discharge notices directly to the concerned colleges with copy to the concerned State Governments, State Medical Councils and the Universities, which remained unattended to while the Central Government was the only authority to de-recognize admissions in such medical institutions.

Recommendation

- *Action may be taken to create adequate facilities to accommodate the increase in sanctioned intake.*

1.6 Failure to derecognize medical qualifications awarded by medical colleges failing to conform to prescribed standards

Section 19 of the *Act* stipulates that whenever it appears to the Council that the facilities of staff, equipment, accommodation, training or other facilities provided by the medical college do not conform to the standards prescribed by the Council, the Council shall make a representation to that effect to the Ministry. The Ministry may forward it to the concerned State Government seeking explanation for the shortcomings. After receipt of reply from State Government, the Ministry may issue notification on recognition of the said medical qualification. Out of 220 recognised medical colleges, the Council

[10] (i) M.P. Shah Medical College, Jamnagar, (ii) Al-Ameen Medical College, Bijapur, (iii) Sri Devraj Urs Medical College, Kolar, (iv) S.V. Medical College, Tirupati, (v) Rangaraya Medical College, Kakinada, (vi) Mahadevappa Rampure Medical College, Gulbarga, (vii) Pramukhswami Medical College, Karmsad, (viii) Andhra Medical College, Visakhapatnam, (ix) Kakatiya Medical College, Warangal, (x) Kurnool Medical College, Kurnool.

recommended for de-recognition of the medical qualifications awarded by nine colleges in case of undergraduate course and nine colleges in case of post graduate courses as discussed in the following paragraphs.

1.6.1 *Undergraduate course (MBBS)*

Audit examined the records relating to nine medical colleges wherein it was noticed that that in view of major deficiencies persisting since many years, the Council, during the period 1998 to 2009, recommended to the Ministry for withdrawal of recognition for MBBS course (details given in Table-7 below). The Ministry, however, did not withdraw recognition of these medical colleges.

Table-7

Sl. No.	Name of medical college	Year of inspection	Deficiencies noticed during inspections	Date of recommending withdrawal by the Council
1.	Dr. B.R. Ambedkar Medical College, Bangalore, Karnataka (Private)	2002, 2004, 2007, 2008, 2009	▪ Shortage of teaching faculty and residents ▪ Inadequate infrastructural facilities ▪ Grossly inadequate clinical material ▪ Low bed occupancy	May 2005, May 2007, July 2008, June 2009
2.	S.S. Medical College, Rewa, Madhya Pradesh (Government)	1993, 1998, 2003, 2005, 2006	▪ Shortage of teaching faculty and residents ▪ Inadequate infrastructural facilities ▪ Grossly inadequate clinical material ▪ Absence of separate departments for some specialities	January 2004, December 2006, February 2007
3.	NSCB Medical College, Jabalpur, Madhya Pradesh (Government)	1998, 2003, 2005, 2006	▪ Shortage of teaching faculty and residents ▪ Inadequate infrastructural facilities ▪ Grossly inadequate clinical material ▪ Poor maintenance of hostels and medical facilities	January 2004, December 2006
4.	G.R. Medical College, Gwalior, Madhya Pradesh (Government)	2003, 2005, 2006	▪ Shortage of teaching faculty and residents ▪ Inadequate infrastructural facilities ▪ Grossly inadequate clinical material ▪ Inadequate nursing and para-medical staff	January 2004, December 2006
5.	MGM Medical College, Indore, Madhya Pradesh (Government)	1992, 1998, 2001, 2003, 2005, 2006		January 2004, December 2006
6.	Gandhi Medical College, Bhopal, Madhya Pradesh (Government)	1998, 2003, 2005, 2006		January 2004, December 2006, February 2007

Sl. No.	Name of medical college	Year of inspection	Deficiencies noticed during inspections	Date of recommending withdrawal by the Council
7.	B.R.D. Medical college, Gorakhpur, Uttar Pradesh (Government)	1995, 1999	▪ Shortage of teaching faculty and residents ▪ Gross deficiencies in overall infrastructural facilities	April 1998, November 1999, April 2003, June 2003, December 2009
8.	Dr. Panjabrao Alias Bhausaheb Deshmukh Memorial Medical College, Amravati, Maharashtra (Private)	1997, 2000, 2004, 2005, 2007, 2008, 2009	▪ Shortage of teaching faculty and residents ▪ Inadequate infrastructural facilities ▪ Inadequate accommodation for students, nurses, interns. ▪ Inadequate clinical material	May 2006, February 2007, October 2007, June 2008, June 2009, August 2009, September 2009
9.	Rajendra Institute of Medical Sciences, Ranchi, Jharkhand Government)	2004, 2005, (3/2008), (6/2008)	▪ Shortage of teaching faculty and residents ▪ Inadequate infrastructural facilities ▪ Inadequate clinical material ▪ Anomaly in number of units, faculty and PG students	May 2006, February 2007

In respect of Dr. B.R. Ambedkar Medical College, Bangalore, Karnataka (sl. no. 1), the college authorities filed an application before the Hon'ble High Court of Karnataka who directed (11 June 2009) the Central Government to pass orders on the issue of recognition within four months from the said order. No orders had been passed by the Central Government as of date (May 2010).

In respect of the five medical colleges listed at sl. nos. 2 to 6, located in Madhya Pradesh, the Ministry asked the State Government in September 2009 to furnish the detailed compliance report on the deficiencies pointed out by the Council. On receipt of the detailed compliance reports in respect of all the aforesaid five medical colleges from the State Government, the Ministry forwarded (November 2009) the same to the Council for comments/recommendations. The Council, however, sought (22 February 2010) further clarifications and/or compliance on the deficiencies still persisting from the concerned colleges.

In respect of B.R.D. Medical College, Gorakhpur, Uttar Pradesh (Government) at sl. no. 7 inspection of the college by the Council in October 1999 revealed that the college was admitting 105 students against the approved annual intake of 50 students for which also there was shortage of staff, besides other gross deficiencies. The State Government forwarded (March 2010) the compliance report of the college on the rectification of deficiencies pointed out in Council's letter dated 11 December 2009 to the Ministry. The Ministry forwarded (March 2010) the said reply of the State Government to the Council for necessary action.

In respect of Dr. Panjabrao Alias Bhausaheb Deshmukh Memorial Medical College, Amravati, Maharashtra (private) at sl. no.8, the Ministry asked (April 2010) the Council to verify the compliance report of the college.

In respect of Rajendra Institute of Medical Sciences, Ranchi, (Government) at sl. no.9, after, conducting compliance verification inspection in March 2008, the Council issued (May 2008) a show cause notice to the college for withdrawal of recognition. The Ministry asked (May 2008), the State Government to furnish the detailed compliance report on rectification of deficiencies noticed by the Council in its inspection of March 2008. No further progress on the case was available on record.

1.6.2 *Post graduate courses*

Similarly, the Council recommended to the Ministry in the years 2007, 2008 and 2009 for withdrawal of recognition of PG courses and for stopping admissions in PG courses in nine colleges (details given in Table-8 below) in view of the serious deficiencies noticed in the inspections of the colleges (PG course wise details in **Annexure V**). The Ministry had not taken any action in this regard.

Table-8

Sl. No.	Name of the college/institution and the city in which situated	Date of inspection	Shortage of teaching faculty (in *per cent*)	Shortage of residents (in *per cent*)
1.	NSCB Medical College, Jabalpur (Government)	November 2006	31.70	34.10
2.	S.S. Medical College, Rewa (Government)	November 2006	63.00	31.00
3.	G.R. Medical College, Gwalior (Government)	November 2006	28.80	25.80
4.	MGM Medical College, Indore (Government)	November 2006	27.85	29.56
5.	Gandhi Medical College, Bhopal (Government)	November 2006	40.00	25.80
6.	Dr. B.R. Ambedkar Medical College, Bangalore (private)	February 2007	33.54	31.30
7.	Kasturba Medical College, Manipal (private)	February 2007	17.20	36.00
8.	Kasturba Medical College, Mangalore (private)	February 2007	12.57	46.80

In addition to the above, in respect of College of Physicians and Surgeons, Mumbai which offers post graduate qualifications such as M.C.P.S., F.C.P.S., D.G.O., D.C.H., the Council had recommended de-recognition to the Ministry in 1972, 1998, 2000, 2001, 2004 and 2009 on the basis of deficiencies noticed during inspections. Besides, the Council was of the view that the college was neither a statutory body nor an autonomous institution created by an Act of legislature. Since a large number of universities were affording adequate facilities for PG courses, purely examining bodies like the College of Physicians and Surgeons, Mumbai should not be allowed to continue awarding

diploma qualifications. The Ministry has not taken cognizance of the recommendations of the Council as of date (May 2010) and the postgraduate qualifications granted by the said college have not been derecognized though a period of 37 years has elapsed since the first date of recommendation of the Council for de-recognition of the said college.

Thus, continuance of recognition of deficient medical colleges would adversely affect the quality/standards of medical education resulting in incompetent medical practitioners who would prove detrimental to the delivery of public health care.

Recommendation

- *The Ministry should take prompt action to derecognize such medical colleges/medical qualifications which do not conform to the prescribed standards of medical education as per recommendation of the Council.*

1.7 Professional misconduct by medical practitioners

The Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002 prescribes the standards of professional conduct, etiquette and a code of ethics for registered medical practitioners. It also specifies that aforesaid regulations are not intended to constitute a complete list of infamous acts calling for disciplinary action; that circumstances may also arise from time to time in relation to which there may occur questions of professional misconduct which do not come within any of the categories prescribed in the regulations.

Audit scrutiny of the records of the Council revealed the following deficiencies:

1.7.1 *Action against medical teachers/doctors for unethical practices*

The Council observed in October 2004 that a large number of doctors were claiming employment as medical teachers in more than one medical college at the same time, as noticed from the inspection reports of various medical colleges. The medical colleges were resorting to this practice to fulfill the Council's requirements of minimum staff and getting the requisite permissions/renewals. In this regard Audit observed the following irregularities:

- The Dental Council of India had forwarded (May 2009) the details of 102 medical teaching faculties who were found working in both dental colleges and medical colleges to the Council for necessary action. However the Council had not taken any action in this regard.

- Audit noticed 18 cases of impersonation from the database of the Council for the period 2004-05 to 2008-09 where medical teachers were found working in more than one medical college on the same date

of inspection. As the Council failed to detect the discrepancy, no action was taken on these cases of impersonation.

- During 2006-08, the Council recommended lodging of FIRs against 325 doctors for submitting forged/fake information/certificate/declaration to the Council at the time of Council's inspection of the medical colleges, to the police authorities. When no FIRs were lodged by the police authorities, no further action was taken by the Council except referring the names of such doctors at a belated stage in March 2009 to the Ethics Committee. The Ethics committee removed the names of only three doctors from the IMR, whereas in the remaining cases, it is still in the process of seeking comments/clarifications from the respective doctors most of whom are reported to have left their place of postings. However, the Council should have issued instructions for deleting their name from IMR so that they could not continue their practice further. This could have resulted in continuous practice of the delinquent doctor leading to sub-standard delivery of health care to the public.

In view of the seriousness of the matter, the Council decided (October 2004) to initiate appropriate proceedings for removal of the names of such medical teachers from the Indian Medical Register (IMR), forward their names to all Directorates of Medical Education (DMEs), universities and medical colleges/institutions and publish the same in website - www. mciindia. org. During the years 2004 to 2009, the Council had removed the names of 134 medical teachers/doctors temporarily on various grounds from the IMR as shown in Table-9 below:

Table-9

Period of removal from IMR	Number of medical teachers/doctors
Less than 1 year	1
One year	3
Two years	65
More than two years	65
Total	**134**

Of the above, 128 were medical teachers and the remaining 6 were medical practitioners. In respect of the 128 medical teachers, audit further noticed from the Declaration forms submitted by the medical colleges during subsequent inspections that 38 such medical teachers were found working in medical colleges during the period of deletion of their name from IMR. Thus the action taken by the Council did not prove to be effective to curb this menace.

1.7.2 *Lack of wide publicity of deletion of the name of delinquent doctor*

Chapter 8 relating to 'Punishment and disciplinary action' of the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002 prescribes that 'deletion from the register shall be widely publicized in local press as well as in the publications of different medical associations/societies/bodies.' The Ethics Committee had also recommended

(October 2007) for publicity through mass media as to the misconduct, how it occurred, how it was detected, what were the punitive measures given and what were the reformative measures.

However deletion of all 134 medical practitioners found delinquent, from the IMR was not widely publicized in local press as well as in the publications of different medical associations/ societies/ bodies. This would result in continuance of the practice by the delinquent medical practitioners.

The Council replied (October 2009) that information of deletion of the name of the concerned teacher/doctor from the IMR, was forwarded to the State Medical Council, DME, Deans/Principals of the concerned institute and displayed on the website of the Council. The reply was silent on the issue of non-publicizing the removal of the name of delinquent doctors from IMR through local press as well as in publications of different medical associations/societies/bodies as required under the regulation ibid.

Recommendations

- *The Council should have an appropriate mechanism to check whether doctors whose names are struck off the Indian Medical Register continue the practice.*

- *Names of doctors found guilty of professional misconduct should be widely publicized as prescribed in Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002 to inform the general public.*

1.8 Registration of medical practitioners

In addition to the provisions of Section 25(1) and 25(2) and 13(3) and 23 of the Act requiring practical training in any university or medical institution for provisional/permanent registration of qualified doctors, the Parliamentary Committee on Sub-ordinate Legislation (Tenth Lok Sabha) had made a recommendation for compulsory renewal of registration of medical practitioners. Accordingly, the Council conducted National Workshop on Medical Education which recommended (May 1996) mandatory re-registration/renewal/revalidation of the registration of all medical practitioners after a period of every five years. It also recommended at least 30 hours of continuing medical education (CME) per year for enhancing and upgrading their knowledge and skill to qualify for renewal/revalidation of their registration.

Accordingly, Ministry asked (December 1996) the Council to prepare an action plan for implementation of these recommendations and in turn, the Council requested (April 1997) the Ministry for amendment in the Act for implementation of the recommendations.

The Ministry stated (September 2010) that a final decision on the Indian Medical Council (Amendment) Bill, 2009 for periodic re-registration of

medical practitioners is still awaited as recommendations of the Department Related Parliament Standing Committee on the said Bill are being considered by the Ministry. In the meantime, the Ministry is considering setting up an Overreaching Regulatory Body namely National Commission for Human Resource for Health. However, a final decision on the amendment to Indian Medical Council Act, 1956 has not yet been taken.

The fact, therefore, remained that the objective of the Parliamentary Committee (Tenth Lok Sabha) of enhancement and up-gradation of the knowledge and skill of the practicing qualified doctors to keep pace with the rapid technological developments in medical field remained un-achieved even after a gap of 13 years.

Recommendation

- *The Ministry may like to amend the IMC Act for implementation of the recommendations for compulsory re-registration/renewal of registration of medical practitioner.*

1.9 Conclusion

The Performance Audit revealed non-adherence to prescribed standards in (i) establishment of certain new medical colleges; (ii) increase of seats in certain existing medical colleges without having the requisite facilities/standards and (iii) renewal of permission for yearly admission in some cases without fulfilling the requisite minimum standards pointed out in the respective inspection reports.

The maintenance of uniform standards of medical education was hampered as the Council did not adhere to its own norms of periodical inspection of recognized medical colleges once in a block of five years in 56 out of 63 medical colleges periodically inspected during the review period. It was adopting diluted standards of medical education for the allowable shortages of teaching faculty and residents in the government medical colleges in comparison to the private medical colleges. Out of these 63 medical colleges, 48 and 39 medical colleges were allowed to function despite shortages of faculty and residents respectively beyond the permissible limits in both the government and private sectors.

Thus, the performance audit revealed failure of the Council to achieve its principal objective of maintenance of uniform standards of medical education, leading to sub-standard quality of medical education being imparted in the medical colleges found deficient. This may also result in adverse affect on the delivery of public health care in the country.

The Ministry furnished replies to the initial audit observations during the audit which have been incorporated in the Report. Reply to the draft Report issued to the Ministry in January 2010 is awaited as of October 2010.

Annexure-I

(Referred to in paragraphs 1.3.1 and 1.3.2)

List of cases where Ministry granted permission for establishment of new medical colleges/increase in seats against recommendations of the Council

Sl No.	Name of college/ Number of seats	Recommendations of the Council	Deficiencies noticed by Council	Action taken by the Ministry
(A)	**Establishment of new medical college**			
1.	Shimoga Institute of Medical Sciences, Shimoga, Karnataka (Government)/100	Disapproved (September 2006) (June 2007)	▪ Shortage of teaching faculty and residents ▪ Inadequate infrastructural facilities ▪ Inadequate clinical material	In view of the compliance report (July 2007) of the college and request of the State Government, the Ministry issued LOI and LOP on 13 July 2007.
2.	Raichur Institute of Medical Sciences, Raichur, Karnataka (Government)/100	Disapproved (June 2005) (June 2006) (June 2007)	▪ Shortage of teaching faculty and residents ▪ Inadequate infrastructural facilities ▪ Inadequate clinical material ▪ Inadequate para medical and nursing staff	In view of the compliance report (June 2007) of the college, the Ministry issued LOI and LOP on 13 July 2007.
3.	Hassan Institute of Medical Sciences, Hassan, Karnataka (Government)/100	Disapproved (June 2005) (June 2006) (September 2006)	▪ Shortage of teaching faculty and residents ▪ Inadequate infrastructural facilities ▪ Inadequate clinical material ▪ Inadequate para medical and nursing staff	In view of the compliance report (September 2006) of the State Government, the Ministry issued LOI and LOP on 29 September 2006.
4.	NDMC Govt. Medical College, Jagdalpur, Chhattisgarh (Government)/50	Disapproved (December 2005) (June 2006) (July 2006)	▪ Shortage of teaching faculty ▪ Inadequate infrastructural facilities ▪ Inadequate clinical material ▪ Inadequate para medical and nursing staff	In view of the recommendations of the DGHS Committee (July 2006) and the location of the college being in an undeveloped area, the Ministry issued LOI on 12 July 2006 and LOP on 15 July 2006.
(B)	**Increase of seats in MBBS**			
5.	T.D. Medical College, Alappuzha, Kerala (Government)/100 to 150	Disapproved (June 2007)	▪ Shortage of teaching faculty and residents ▪ Inadequate infrastructural facilities	In view of the reply (July 2007) of the State Government and since it is a Government college, the Ministry issued LOI and LOP on 20 July 2007.

Sl No.	Name of college/ Number of seats	Recommendations of the Council	Deficiencies noticed by Council	Action taken by the Ministry
6.	M.K.C.G. Medical College, Brahmapur, Orissa (Government)/ 107 to 150	Disapproved (June 2007)	▪ Shortage of residents ▪ Inadequate infrastructural facilities ▪ Inadequate clinical material	The State Government of Orissa stated (July 2007) that they had asked the college to rectify the deficiencies and forward the compliance report. It also stated that that there were only three Government medical colleges with intake capacity of 364 and due to lesser number of seats lesser number of doctors were available in Orissa to serve in rural areas. It further stated that if the seats were not increased it would cause set back to health care services. Due to the above reasons, the Chief Minister, Orissa requested to permit increase of seats from 107 to 150. In view of the reply of the State Government, the Ministry issued LOI on 13 July 2007 and LOP on 14 July 2007.
7.	V.S.S. Medical College, Barla, Orissa (Government)/107 to 150	Disapproved (June 2007)	▪ Shortage of teaching faculty and residents ▪ Inadequate clinical material ▪ Inadequate para medical and nursing staff	

Annexure-II

(Referred to in paragraph 1.3.1.2)

List of cases where Ministry granted permission for renewal of yearly admission/starting of PG courses against the recommendations of the Council

Sl No.	Name of college and year in which started/Number of seats	Date of Inspection/ Recommendations of the Council	Deficiencies noticed by Council	Action taken by the Ministry
(A)	**Renewal of permission for admission of 2nd batch of MBBS for session 2007-08**			
1.	Hassan Institute of Medical Sciences, Hassan, Karnataka (Government), 2006-07/100	8-9 June 2007/ Disapproved (June 2007)	▪ Shortage of teaching faculty ▪ Inadequate infrastructural facilities ▪ Inadequate nursing staff	Based on the compliance report of the college and since it was a Government college, the Ministry granted permission on 10 July 2007.
2.	Shri Guru Ram Rai Institute of Medical Sciences, Dehradun, Uttarakhand (Private), 2006-07/ 100	8-9 May 2007/ Disapproved (June 2007)	▪ Shortage of residents ▪ Inadequate infrastructural facilities ▪ Inadequate clinical material	Based on the reply (5 July 2007) of the State Government and since the college was working with a philanthropic motive, the Ministry granted permission on 13 July 2007.
3.	Theni Medical College, Theni, Tamilnadu (Government), 2006-07/100	8-9 June 2007/ Disapproved (June 2007)	▪ Shortage of teaching faculty and residents ▪ Inadequate infrastructural facilities	Based on the compliance report of the college and since it was a Government college, the Ministry granted permission on 6 July 2007.
4.	Belgaum Institute of Medical Sciences, Belgaum, Karnataka (Government), 2006-07/100	18-19 May 2007 Disapproved (June 2007)	▪ Shortage of teaching faculty and residents ▪ Inadequate infrastructural facilities ▪ Inadequate clinical material	Based on the compliance report of the college and since it was a Government college, the Ministry granted permission on 10 July 2007.
5.	Mandya Institute of Medical Sciences, Mandya, Karnataka (Government), 2006-07/100	18-19 May 2007/ Disapproved (June 2007)	▪ Shortage of teaching faculty and residents ▪ Inadequate infrastructural facilities ▪ Inadequate para medical and nursing staff	Based on the replies (29 June 2007) of the college and the State Government, the Ministry granted permission on 13 July 2007.
6	Tripura Medical College & B.R.A.M Teaching Hospital, Agartala (Public Private Partnership), 2007-08/100	5-6 June 2007/Disapproved (June 2007)	▪ Shortage of teaching faculty ▪ 92 *per cent* of teaching faculty were new appointments ▪ 100 *per cent* resident doctors were new appointment ▪ Inadequate clinical material ▪ Inadequate infrastructural facilities	Based on the undertaking given (3 July 2007) by the State Government to rectify the deficiencies, the Ministry granted permission on 13 July 2007.

Sl No.	Name of college and year in which started/Number of seats	Date of Inspection/ Recommendations of the Council	Deficiencies noticed by Council	Action taken by the Ministry
(B)	**Renewal of permission for admission of 2nd batch of MBBS for session 2008-09**			
7	Raichur Institute of Medical Sciences, Raichur, Karnataka (Government), 2007-08/100	6-7 June 2008/ Disapproved (June 2008)	▪ Shortage of teaching faculty and residents ▪ Inadequate infrastructural facilities ▪ Inadequate clinical material	Based on the reply (July 2008) of the State Government, the Ministry granted permission on 10 July 2008.
(C)	**Renewal of permission for admission of 3rd batch of MBBS for session 2007-08**			
8.	Agartala Government Medical College, Agartala, Tripura (Government), 2005-06/100	8-9/June 2007/ Disapproved (June 2007)	▪ Shortage of teaching faculty ▪ Inadequate infrastructural facilities ▪ Inadequate clinical material	Based on the reply (3 July 2007) of the State Government and in view of shortage of the medical colleges in the North-East and since it was a Government medical college, the Ministry granted permission on 11 July 2007.
9.	Government Medical College, Vellore, Tamil Nadu (Government), 2005-06/100	5-6 June 2007/ Disapproved (June 2007)	▪ Shortage of teaching faculty and residents ▪ Inadequate infrastructural facilities	Based on the reply of the State Government and since it was Government medical college, the Ministry granted permission on 6 July 2007.
(D)	**Renewal of permission for admission of 4th batch of MBBS for session 2007-08**			
10.	Kanyakumari Medical College, Asaripallam, Tamil Nadu (Government), 2004-05/100	5-6 June 2007/ Disapproved (June 2007)	▪ Shortage of teaching faculty ▪ Inadequate infrastructural facilities	Based on the reply (28 June 2007) of the State Government and since it was Government medical college, the Ministry granted permission on 11 July 2007.
(E)	**Renewal of permission for admission of 5th batch of MBBS for session 2007-08**			
11.	SCB Medical College, Cuttack, Orissa (Government), 1944/150	18-19 May 2007/ Disapproved (June 2007)	▪ Shortage of teaching faculty and residents ▪ Inadequate infrastructural facilities	Based on the reply (2 July 2007) of the State Government and in view of shortage of medical colleges in the State, the Ministry granted permission on 11 July 2007.
(F)	**Starting of PG courses**			
12.	Command Hospital, Kolkata (Government)/2006-07/2	February 2006/ Disapproved (February 2006)	▪ Non-availability of facilities required for basic sciences ▪ Distribution of teaching faculty not as per Council's norms	Based on the reply (15 March 2006) of the Hospital, the Ministry granted permission on 31 March 2006.
13.	Institute of Mental Health and Hospital, Agra (Government)/2009-10/2	January 2009/ Disapproved (February 2009)	▪ Inadequate teaching faculty	Based on the reply (30 March 2009) of the Hospital, the Ministry granted permission on 30 March 2009.

Annexure-III

(Referred to in paragraphs 1.4.1, 1.4.2.1 and 1.4.2.2)

List of colleges whose periodical inspection was carried out during the years 2004-05 to 2008-09

Sl. No.	Name of college	Status	Date of periodical inspection	Date of previous inspection	Time interval (In years)	Shortage of teaching faculty (in percentage)	Shortage of resident (in percentage)
1.	Govt. Medical College, Chandigarh	Govt.	26-27 October 2004	October 1998	6	9.4	0
2.	Pt. J.N.M. Medical College, Raipur	Govt.	26-27 October 2004	September 1996	8	38.6	32.5
3.	ACPM Medical College, Dhule	Private	7-8 January 2005	March 1998	7	24.32	28.04
4.	Maharashtra Institute of Medical Education and Research Medical College, Talegaon, Pune	Private	7-8 January 2005	October 2002	2	13.2	17.1
5.	Terna Medical College, Navi Mumbai	Private	19-20 January 2005	July 1998	6 ½	12.6	73.8
6.	Rural Medical College, Loni, Maharashtra	Private	1-2 February 2005	September 1999/August 2000 (CV)	4 ½	24.6	31.6
7.	NDMVP Samaj's Medical College, Nashik	Private	25-26 February 2005	November 1999	5	27.2	19.3
8.	Rajendra Institute of Medical Sciences, Ranchi	Govt.	8-9 September 2005	January 1997/ November 2004 (CV)	1	34.5	5
9.	Vijayanagar Institute of Medical Sciences, Bellary	Govt.	15-16 September 2005	October 1996	9	25	8.3
10.	RNT Medical College, Udaipur	Govt.	15-16 September 2005	February 1995	10 ½	22	16
11.	JLN Medical College, Ajmer	Govt.	15-16 September 2005	February 1995	10 ½	20.93	28.94
12.	Christian Medical College, Vellore	Private	22-23 September 2005	February 1997	8	8.3	25
13.	Osmania Medical College, Hyderabad	Govt.	22-23 September 2005	March 1999	5 ½	7.82	63.38
14.	St. John's Medical College, Bangalore	Private	22-23 September 2005	February 1997	8 ½	6.5	Less than 5%
15.	Calcutta National Medical College, Calcutta	Govt.	7-8 December 2005	April 1996	9 ½	2.2	1.8
16.	Govt. Medical College, Patiala	Govt.	6-7 October 2006	November 1998	8	18.72	5.12
17.	Rajiv Gandhi Medical College Chhatrapati Shivaji Maharaj Hospital, Thane	Govt.	6-7 October 2006	August 1998	8	Not available	Not available
18.	Regional Institute of Medical Sciences, Imphal	Private	6-7 October 2006	July 1999	7	6.70	1.31
19.	Institute of Road Transport Perundurai Medical College, Perundurai	Govt.	6-7 October 2006	October 1993/August 1997 (CV)	9	35.9	25.8

Sl. No.	Name of college	Status	Date of periodical inspection	Date of previous inspection	Time interval (In years)	Shortage of teaching faculty (in percentage)	Shortage of resident (in percentage)
20.	S.P. Medical College, Bikaner	Govt.	13-14 October 2006	July 1998	8	27.6	6.8
21.	NRS Medical College, Calcutta	Govt.	30-31 October 2006	April 1996	10 ½	4.4	Nil
22.	Shri Siddhartha Medical College, Tumkur	Private	7-8 November 2006	October 2000	6	15.31	31.96
23.	Govt. Medical College, Srinagar	Govt.	7-8 November 2006	April 1996	10 ½	27.4	7.1
24.	Shri Devraj Urs Medical College, Kolar	Private	7-8 November 2006	June 1995	11	23.74	24.34
25.	Gandhi Medical College, Hyderabad	Govt.	7-8 November 2006	April 1999	7 ½	7	7.8
26.	Al Ameen Medical College, Bijapur	Private	15-16 November 2006	February 2000/July 2001 (CV)	5	30.04	50
27.	Siddhartha Medical College, Vijayawada	Govt.	5-6 January 2007	February 1997	10	14.87	42.30
28.	Vinayaka Missions Medical College, Salem	Private	5-6 January 2007	December 2000	6	16.3	20
29.	Andhra Medical College, Vishakhapatnam	Govt.	5-6 January 2007	February 1999	8	9.9	9.4
30.	Govt. Medical College, Kolkata	Govt.	3-4 April 2007	March 1996/ May 1999 (CV)	8	2.56	1.70
31.	Chengalpattu Medical College, Chengalpattu	Govt.	23-24 October 2007	August 2001	6	15.3	18.7
32.	Guru Govind Singh Medical College, Faridkot	Govt.	29-30 November 2007	April 2000	6 ½	51.61	70.27
33.	SMS Medical College, Jaipur	Govt.	29-30 November 2007	February 1999	8 ½	13.49	20
34.	Thanjavur Medical College, Thanjavur	Govt.	29-30 November 2007	April 1998/ November 2000 (CV)	7	13.1	5.1
35.	Mahatma Gandhi Institute of Medical Sciences, Sewagram, Wardha	Private	11-12 January 2008	April 1997	11	15.38	7.44
36.	Himalayan Institute of Medical Sciences, Dehradun	Private	11-12 January 2008	September 2000	7	3.4	4.7
37.	Stanley Medical College, Chennai	Govt.	23-24 January 2008	April 1998/ November 2000 (CV)	7	17.42	2.32
38.	MGM Medical College, Navi Mumbai	Private	1 February 2008 (Surprise Inspection)	May 2006	1 ½	30.2	38.1
39.	PSG Institute of Medical Sciences, Coimbatore	Private	20 February 2008	July 1999/ June 2001 (CV)	6 ½	13.7	34.1
40.	Govt Medical College, Nanded	Govt.	11-12 July 2008	August 2001	7	22.11	16.43
41.	Govt. Medical College, Kilpauk	Govt.	11-12 July 2008	August 2001	7	6.8	Nil

Sl. No.	Name of college	Status	Date of periodical inspection	Date of previous inspection	Time interval (In years)	Shortage of teaching faculty (in percentage)	Shortage of resident (in percentage)
42.	MGM Medical College, Aurangabad	Private	14-15 July 2008	December 2004	3 ½	9.92	5.88
43.	TN Medical College, Mumbai	Govt.	22-23 July 2008	August 2001	7	14.50	27.10
44.	AFMC Pune	Govt.	30-31 July 2008	November 1998/May 2000 (CV)	8	16.6	30.8
45.	Mata Gujri Medical College, Kishanganj	Private	24-25 July 2008	May 2000	8	8	5.4
46.	GSVM Medical College, Kanpur	Govt.	31st July and 1st August 2008	February 1997/April 1997 (CV)	11 ½	52.4	31.2
47.	SN Medical College, Agra	Govt.	31 July and 1st August 2008	September 1995	13	71.5	28.24
48.	Govt. Medical College, Miraj	Govt.	31 July and 1st August 2008	September 2001	7	4.9	Nil
49.	VM Medical College, Sholapur	Govt.	31 July and 1st August 2008	September 2001	7	20	30
50.	BJ Medical College, Pune	Govt.	1-2 August 2008	December 2001	6 ½	12.86	25.84
51.	MLB Medical College, Jhansi	Govt.	7-8 August 2008	September 1995/ November 2003 (CV)	5	51.6	35.1
52.	MLN Medical College, Allahabad	Govt.	7-8 August 2008	September 1995	13	46.15	36.36
53.	Shri Bhausaheb Hire Govt. Medical College, Dhule	Govt.	7-8 August 2008	September 2001	7	5.74	35.13
54.	Academy of Medical Sciences Periyaram, Kannur	Private	13-14 August 2008	December 2002	5 ½	23.96	31.76
55.	LLRM Medical College, Meerut	Govt.	13-14 August 2008	May 1997	11	46.29	35.29
56.	NDMVP Samaj Medical College, Nashik	Private	13-14 August 2008	February 2005	3 ½	10	20
57.	Chennai Medical College, Chennai	Govt.	25-26 August 2008	September 1998/January 2007 (CV)	1 ½	4.68	Nil
58.	Maulana Azad Medical College, Delhi	Govt.	25-26 August 2008	February 1998	10 ½	37.6	5
59.	Lady Hardinge Medical College, Delhi	Govt.	25-26 August 2008	March 1992	16	45.53	4.72
60.	Jawaharlal Institute of Postgraduate Medical Education and Research, Pondicherry	Govt.	3-4 October 2008	March 1997	11 ½	40	5
61.	UCMS & GTB Hospital, New Delhi	Govt.	3-4 October 2008	February 1997/July 1998 (CV)	10	20.35	4.5
62.	Govt. Medical College, Baroda	Govt.	16-17 October 2008	August 2001	7	3.9	10.4
63.	Shri Ramchandra Medical College & Research Institute, Chennai	Private	19-20 March 2009	December 2003	5	4.9	35.02

Annexure-IV

(Referred to in paragraph 1.5)

List of medical colleges which have admitted students in excess of the intake capacity during the years 2007-08 to 2008-09 for PG courses

Sl. No.	Name of medical college/ institution	No. of PG courses	Sanctioned intake	No. of students admitted	No. of students admitted in excess
		2007-08			
1.	Kempegowda Institute of Medical Sciences, Bangalore	2	0	4	4
2.	St. John's Medical College, Bangalore	1	1	2	1
3.	Mysore Medical College, Mysore	1	8	9	1
4.	J.N. Medical College, Belgaum	3	5	10	5
5.	Al Ameen Medical College, Bijapur	1	0	2	2
6.	MR Medical College, Gulburga	2	0	5	5
7.	J.J.M. Medical College, Davangere	5	19	32	13
8.	Rangaraya Medical College, Kakinada	5	8	20	12
9.	Kurnool Medical College, Kurnool	3	4	8	4
10.	Osmania Medical College, Hyderabad	2	6	8	2
11.	Guntur Medical College, Guntur	1	1	2	1
12.	S.V. Medical College, Tirupati	8	7	21	14
13.	Andhra Medical College, Visakhapatnam	4	8	17	9
14.	Gandhi Medical College, Secunderabad	2	4	6	2
15.	Kakatiya Medical College, Warangal	2	4	9	5
16.	Pt. P.D. Sharma Post Graduate Institute of Medical Sciences, Rohtak	2	4	6	2
17.	Smt. N.H.L. Municipal Medical College, Ahmedabad	1	3	4	1
18.	Pramukhswami Medical Colege, Karmsard	1	0	2	2
19.	Govt. Medical College, Surat	1	4	6	2
20.	Medical College, Baroda	3	14	29	15
21.	MP Shah Medical College, Jamnagar	1	0	2	2
22.	Rajendra Medical College, Ranchi	1	7	12	5
23.	University College of Medical Sciences, Delhi	1	2	4	2

Sl. No.	Name of medical college/ institution	No. of PG courses	Sanctioned intake	No. of students admitted	No. of students admitted in excess
24.	Safdarjung Hospital, Delhi	1	3	5	2
25.	Lady Hardinge Medical College, Delhi	1	1	2	1
26.	M.K.C.G. Medical College, Berhampur	1	7	12	5
27.	Indira Gandhi Medical College, Shimla	1	0	2	2
28.	Govt. Medical College, Srinagar	2	2	6	4
29.	Govt. Medical College, Jammu	3	10	21	11
30.	Sher-e-Kashmir Institute of Medical Sciences, Srinagar	2	20	44	24
31.	T.N. Medical College, Mumbai	1	6	8	2
32.	S.R.T.R. Medical College, Ambajogai	4	6	12	6
33.	K.J. Somaiya Medical College & Research Centre, Mumbai	1	0	2	2
34.	B.J. Medical College, Pune	1	2	4	2
35.	Seth G.S. Medical College, Mumbai	4	34	45	11
36.	Grant Medical College, Mumbai	1	4	6	2
37.	Armed Forces Medical College, Pune	1	2	3	1
38.	INHS Ashwani	2	0	2	2
39.	Chennai Medical College, Chennai	2	3	36	33
40.	Kilpauk Medical College, Kilpauk	1	2	4	2
41.	Mohan Kumaramangalam Medical College, Salem	1	0	2	2
42.	Madurai Medical College, Madurai	3	4	10	6
43.	Thanjavur Medical College, Thanjavur	2	8	17	9
44.	Goa Medical College, Goa	1	1	2	1
45.	Medical College, Kottayam	1	2	9	7
46.	Medical College, Calicut	1	0	2	2
47.	Medical College, Thiruvananthapuram	3	5	8	3
48.	SMS Medical College, Jaipur	4	9	15	6
49.	SP Medical College, Bikaner	4	3	7	4
50.	Institute of Post Graduate Medical Education and Research, Kolkata	3	8	16	8
51.	King George Medical College, Lucknow	6	30	48	18
52.	GSVM Medical College, Kanpur	1	10	18	8

Sl. No.	Name of medical college/ institution	No. of PG courses	Sanctioned intake	No. of students admitted	No. of students admitted in excess
53.	B.R.D. Medical College, Gorakhpur	5	12	22	10
54.	M.L.B. Medical College, Jhansi	3	10	19	9
55.	J.L.N. Medical College, Aligarh	1	4	5	1
Total		**121**			**317**
2008-09					
1.	Deccan College of Medical Sciences, Hyderabad	1	0	1	1
2.	Al Ameen Medical College, Bijapur	1	0	2	2
3.	Sri Devraj Urs Medical College, Kolar	2	0	5	5
4.	Padam Shree Dr. D.Y. Patil Medical College, Navi Mumbai	1	1	2	1
Total		**5**			**9**
Grand total		**126**			**326**

Annexure-V

(Referred to in paragraph 1.6.2)

List of colleges in respect of which the Council has recommended to the Ministry for stoppage of admissions in PG courses

Name of college	Sl. No.	Name of PG course	Date of recommendation of the Council
MGM Medical College, Indore	1.	MD (SPM)	21.1.2008
	2.	MS (General Surgery)	21.1.2008
	3.	DTCD	21.1.2008
	4.	MS (Anatomy)	21.1.2008
	5.	MS (ENT) & DLO	21.1.2008
	6.	MD (Anaesthesia) & DA courses	21.1.2008
	7.	MD (Radio-diagnosis) & DMRD courses	21.1.2008
	8.	MD (Paediatrics) & DCH courses	21.1.2008
	9.	MD (Pathology) & DCP qualifications	21.1.2008
	10.	MD (General Medicine)	21.1.2008
	11.	MD (Physiology)	21.1.2008
	12.	MD (Pharmacology)	21.1.2008
	13.	MS (Ortho. & D. Ortho)	28.3.2007
	14.	MS (OBG) & DGO	21.1.2008
	15.	MS (Ophthalmology) & DOMS	21.1.2008
Gandhi Medical College, Bhopal	16.	MD (Ophthalmology) & DOMS	21.1.2008
	17.	MD (Anaesthesia) & DA courses	21.1.2008
	18.	MD (General Medicine)	21.1.2008
	19.	MD (SPM)	21.1.2008
	20.	MD (Physiology)	21.1.2008
	21.	MD (Pharmacology)	28.3.2007
	22.	MS (General Surgery)	28.3.2007
	23.	MS (ENT) & DLO	28.3.2007
	24.	MD (Paediatrics) & DCH	28.3.2007
	25.	MD (Pathology) & DCP qualifications	28.3.2007
	26.	MS (Ortho.) & D. Ortho	28.3.2007
	27.	MS (Anatomy)	28.3.2007
	28.	MS (Obstet. & Gynae.) & DGO courses	28.3.2007
	29.	M. Ch. (Paediatrics Surgery)	28.3.2007
NSCB Medical College, Jabalpur	30.	MD (Anaesthesia) & DA	30.3.2007
	31.	MD(Paediatrics) & DCH	21.1.2008
	32.	MS (Ortho.) & D. Ortho	28.3.2007
	33.	MD (Pathology)	28.3.2007
	34.	MD (SPM)	28.3.2007
	35.	MD (Physiology)	28.3.2007
	36.	MD (Radiology)	21.1.2008
	37.	MS (Anatomy)	21.1.2008
	38.	MD (Pharmacology	21.1.2008
	39.	MS (OBG) & DGO	21.1.2008
S.S. Medical College, Rewa	40.	MD (OBG)	21.1.2008
	41.	MD (Physiology)	30.3.2007
	42.	MS (Anatomy)	21.1.2008
	43.	MD (Anaesthesia) & DA	30.3.2007
	44.	MD (Pharmacology	21.1.2008
	45.	MS (General Surgery)	30.3.2007
	46.	MD (Pathology) & DCP qualifications	28.3.2007
	47.	MD (General Medicine)	28.3.2007

Name of college	Sl. No.	Name of PG course	Date of recommendation of the Council
	48.	MD (SPM)	28.3.2007
G.R. Medical College, Gwalior	49.	MD (General Medicine)	21.1.2008
	50.	MD (Anaesthesia) & DA courses	21.1.2008
	51.	MD (Physiology)	21.1.2008
	52.	MD (Pathology) & DCP qualifications	28.3.2007
	53.	MD (Radio-diagnosis)	28.3.2007
	54.	MD (Obstet. & Gynae.)	28.3.2007
	55.	MD (Ophthalmology) & DOMS	28.3.2007
	56.	MD (SPM)	28.3.2007
	57.	MD (Pharmacology)	28.3.2007
	58.	MS (General Surgery)	28.3.2007
	59.	MS (Anatomy)	28.3.2007
	60.	MS (ENT) & DLO	28.3.2007
Kasturba Medical College, Manipal	61.	MS (Ortho) & D (Ortho)	12.3.2007
	62.	M.Ch. (Urology)	
	63.	MD (General Medicine)	
	64.	MD (Micro-biology)	
	65.	MD (Hospital Administration)	
	66.	MD (Skin & VD) & DVD	
	67.	MS (ENT) & DLO	
	68.	M. Ch. (Paediatrics Surgery)	
	69.	MD (Obstet. & Gynae.) & DGO courses	
	70.	M. Ch. (Cardio thoracic surgery)	
	71.	MD (Radio-diagnosis) & DMRD qualifications	
	72.	MD (Community Medicine)	
	73.	MD (Pharmacology)	
	74.	MD (Anaesthesia) & DA courses	
	75.	MD (Pathology) & DCP	
	76.	MD (Ophthalmology) & DO qualification	
	77.	MD (Paediatrics) & DCH	
	78.	MD (Bio-chemistry)	
	79.	MD (Physiology)	
	80.	MS (General Surgery)	
	81.	MS (Anatomy)	
	82.	MD (Forensic Science)	
Kasturba Medical College, Mangalore	83.	MD (General Medicine)	12.3.2007
	84.	MD (Micro-biology)	
	85.	MD (Bio-chemistry)	
	86.	MD (Skin & VD) & DVD	
	87.	MS (ENT) & DLO	
	88.	MD (Ophthalmology) & DOMS	
	89.	MD (Physiology)	
	90.	MD (Pathology) & DCP qualifications	
	91.	MS (Ortho.) & D. Ortho	
	92.	MD (Paediatrics) & DCH	
	93.	MD (Pharmacology)	
	94.	MD (Obstet. & Gynae.) & DGO courses	
	95.	MS (Anatomy)	
	96.	MS (General Surgery)	
	97.	MD (Anaesthesia) & DA	

Name of college	Sl. No.	Name of PG course	Date of recommendation of the Council
B.R. Ambedkar Medical College, Bangalore	98.	MD ((Anaesthesia) & DA	19.3.2007
	99.	MD (Dermatology) & DVD	
	100.	MD (Forensic Medicine)	
	101.	MD (Micro biology)	
	102.	MD (Obstetrics and Gynae.) &DGO	
	103.	MS (ENT)	
	104.	MS (Ophthalmology)	
	105.	DCH	
	106.	DCP	
	107.	DOMS	
	108.	D. Ortho	
College of Physicians and Surgeons, Mumbai	109.	Diploma in Pathology & Bact.	16.1.1998
	110.	Diploma in Child Health	
	111.	Diploma in Obstetrics & Gynae.	
	112.	FCPS (Dermatology)	
	113.	FCPS (Medicine)	
	114.	FCPS (Mid. & Gynae.)	
	115.	FCPS (Ophthalmology)	
	116.	FCPS (Pathology)	
	117.	FCPS (Surgery)	
	118.	MCPS	