



INDIAN MEDICAL ASSOCIATION PUNJAB

(Session 2010)

(A State Branch under the Jurisdiction of IMA HQ New Delhi – 110 002)

Registered under Societies Act XXI of 41860



President DR R S PARMAR Parmar Hospital Bela Road Ropar 98140 14799	Imm. Past President DR YASH SHARMA 98140 66944 (Jalandhar) President Elect (2011) DR RAJESH VIG (Jalandhar)	Vice President DR H S NARANG 9814650005 (Bathinda) DR SUDHIR RAJ 9216782777 (Mukatsar)	Hony. Secretary DR JAGBIR SINGH 6, Rajindra Garden Stadium Road, Officer Colony, Patiala, 98140 37109	Hony Financial Secretary DR SPS GROVER New Ruby Hospital 26, Link Road, Latpat Nagar Jalandhar M 98726-66177
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State Organizing Secretary

Dr Jatinder Kansal (Patiala)

Dr Bimal Sharma (Kapurthala)

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(Jalandhar)

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**Central Working Committee
Member (Regular)**
Dr OPS Kande (Patiala)

Dr Amrik S. Arora (Amritsar)

Dr R S Parmar (Ropar)

Dr Yash Sharma (Jalandhar)

Dr Amrit Sethi (Bathinda)

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MEMORANDUM

IMA to observe Punjab Bandh on 15th July 2010

All Private Medical Practitioners of Punjab are observing Bandh on 15th July from 09 AM to 01 PM in protest against the Clinical Establishment Bill, Dissolution of MCI and introduction of BRMS course.

Dr R S Parmar President and members of IMA Punjab strongly condemn the move by the Govt. of India to introduce the Clinical Establishment Bill. The Govt is trying to regulate a body which is already regulated by the state medical council, the medical council of India and 41 other acts, and the patients who are visiting the doctors and are satisfied with the services provided. Are these 43 acts not sufficient to regulate the medical profession, if not then what another act will do. The Govts and the administration have miserably failed to check the misuse of allopathic and Ayurvedic medicine by the unqualified persons. The stringent requirements to be incorporated in this act of having number of trained paramedical staff will also not be possible to meet due to the shortage of trained manpower, which is prevalent even in Govt. institutions. In addition it will add to the cost of treatment which may raise many folds. Inspection will lead to deleterious effects on the minds of the patients sitting in the waiting areas as if the doctor has committed a crime, thus shaking their faith in the doctor. Imposing fines for minor infringements is unwanted.

The planning commission of India had recommended that registration should be done on the basis of documents certified by the licensed professionals and setting up of administrative paraphernalia for inspection is to be discouraged. It also advised to consolidate the functioning of multiple licensing / inspecting authorities, thus eliminating harassment and dispensing away the plethora of acts applicable to the medical profession. It also advised not to over emphasize on standards for infrastructure as the investment required to comply with the standards will have spiralling effect on the cost of the treatment. As such the act is unwarranted. No where in the world this types (Clinical Establishment Bill) of act is operative.

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Accreditation of hospitals may be the answer and can be done as is the practice in many of the developing and developed countries. In view to extend affordable healthcare and to retain young graduates in the family practice (90% of the clinic and small hospitals are run by single doctor), **the clinical establishment bill shall be frozen, a national debate on this issue be initiated, the health care should be brought under single act and single window and if at all Govt. wants any act it should not be applicable to the clinics / hospitals run by the doctors who are already registered with state or the national medical council.**

DISSOLUTION OF MCI

The dissolution of MCI because of corruption allegedly by the chairman, was unwarranted. Rather than dissolution functioning should have been streamlined by amending the act. The functioning of the MCI till now had been subject to the approval by the Govt. of India. Govt. had raised no objection to any of the wrong doings by the MCI till 2010, when its suddenly realized the malfunctioning of the council. By dissolution of MCI it has usurped the powers vested in the doctors. On the contrary Honable Supreme Court of India in 2002 had appointed a committee in 2002 to oversee and monitor the functioning of the MCI, **which has suggested for more bonafide autonomy to the MCI** due to the fact that many negative recommendation made by the MCI regarding new medical colleges were over ruled by Govt. of India. So the dissolution/clipping the wings of MCI is against the direction of the Supreme Court of India.

The proposed National Council for Human Resource in Health (NCHRC) contemplates complete administrative and political control of the medical profession and medical education by the Govt. of India. It is worth while mentioning that about 50 MP's have interests in the medical colleges in their states. The stacks are clear.

As such to keep the medical profession functioning independently the MCI should be revived and given more autonomy.

BRMS (BRHC)

The BRMS, a 3^{1/2} year certification course for the so called rural doctors, is ill conceived, impractical, retrograde, discriminatory and undemocratic step. It will produce sub standard doctors who due to compromised education and training will provide a compromised healthcare. With the

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modern advances and state of health care system emerging in India which may be comparable with the best in the world in the urban areas, to give a second rate medicare to rural population is undemocratic and against the human rights. Even if these graduates are trained in the rural setups there is no guarantee that these doctors will stay in the rural areas. **As such the proposal shall be shelved. The real reason for the doctors not going to rural areas needs to be investigated. With increase in the funding for healthcare, better facilities could be provided to the doctors in the rural areas. Even more graduate colleges for MBBS could be opened in 50 underserved districts of India which will meet all the requirements of the doctors in the country.**

IMA strongly condemns and opposes:

1. The Clinical Establishment Bill
2. Dissolution of MCI
3. BRMS course

Dr R S Parmar
President
IMA Punjab (2010-11)

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