

INDIAN MEDICAL ASSOCIATION

D.R. RAI*1



Salient Activities of Indian Medical Association During 2011

Indian Medical Association (IMA) formed in 1928 by freedom fighter medical stalwarts during the Indian freedom struggle, has achieved the distinction of best represented professional body in the world with more than 200,000 members and an outreach down to the village level through more than 1,700 local branches.

We are represented on the nearly all the Medical Boards and Committees of many Govt. health organizations and departments and are carrying out many health projects of Intl. health agencies like UNICEF, GFATM, UNFPA etc.

The year 2011 was full of turbulences for Indian healthcare personnel:

The govt. of India snatched the autonomy of the Medical Council of India by dissolving it through an ordinance in 2010 which provided for its statutory supersession of the Council at least for a period of one year. A Board of Governors was formed till the next elected council was brought into being.

IMA filed legal cases in this regard all over the country and organised many protests like sit-ins at prominent places like New Delhi, the capital of the country. Our viewpoint well covered by national media.

Licence to practice of leaders of IMA suspended by the Indian govt.

On an issue related to endorsement of products by IMA, MCI suspended licences to practice of leaders of IMA. IMA organized press meets and filed legal cases against the Govt. of India. We have since obtained a Stay from the Courts against this decision of the Govt. IMA issued Memoranda to political leaders and high officials

to sensitize them on this issue. Protest rallies and sit-ins were organized at the MCI office to highlight our viewpoint on this atrocious decision of the Govt., Protest rallies were organized by all State Branches of IMA. Hunger strikes organized at Delhi and all over the country.

Introduction of half baked doctors through a short term Bachelor Course for Rural Healthcare (BRHC)

To cope up with the shortage of doctors in rural healthcare institutions, the Govt. of India proposed Bachelor of Rural Health Care (BRHC) course for students of notified rural areas who will essentially practice medicine in those areas only.

The supreme body of IMA—the Central Council resolved that “IMA strongly opposes the implementation of the short term medical course” IMA prepared a White Paper and circulated the same widely. Sit-ins were organized by IMA all over the country to protest. Memoranda were presented to the Hon’ble President of India, Prime Minister of India, Union Health Minister & Members of the Indian Parliament. Court cases were filed in various courts against the implementation. Convention of leaders of rural governing bodies organized in national capital who condemned it. Young Doctors’ Asscn. of India (YDAI) was formed under the aegis of IMA who outrightly condemned the BRHC course. Presentation was made in front of the Parliamentary Committee looking into issues related to BRHC course. The general public and the national Media was sensitized on this issue.

IMA took a historic lead and was successful in obtaining the support of other major Indian Medical Speciality Organizations along with various medical colleges and other teaching institutions. We formed a Confederation of Associations

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of Medical Specialists of India (CAMSI) at a Round Table conference of all the Specialist organizations organized by us. All the members of CAMSI outrightly condemned the BRHC course in one voice.

As a result of our representations and demonstrations, the MCI has promised to scrap its proposal of introducing BRHC as a Medical Course.

Introduction of Clinical Establishments Act by the Govt.

With an aim to regulate formation and running of Hospitals and Nursing Homes and bring about uniformity in provision of healthcare in the country, the Govt. of India introduced the Clinical Establishments (Registration and Regulation) Act under which the Govt. made it mandatory for all clinical establishments, even if it was a single-doctor clinic, to be registered with Government through a licencing mechanism. This licencing out healthcare institutions will lead onto harassment, corruption and nepotism.

This Act further dictates uniform treatment protocol which will endanger patient's health safety as no two patients can be administered the same treatment.

The Act also provides for fixing rates for all types of treatment which is unrealistic. Government should first define parameters to measure skill and proficiency of doctors.

This Act provides for a "stabilization clause" for patients requiring immediate first-aid which clearly shows that the Government has taken a layman's approach to the subject. First aid is the right of the patient and duty of medical profession. Stabilisation is unachievable.

The Act is applicable to Single doctor establishments also which is absolutely wrong.

IMA fought this tooth and nail and have taken all possible steps to prevent this Act from implementation.

In view of this Act, feeling the need for accreditation and ensuring of standards in healthcare, the IMA Hospitals Board of India (IHBI) was formed with an aim to (1) assist and equip all healthcare institutions to provide quality healthcare to people, (2) facilitate all healthcare institutions to play their effective role in public health and (3) represent and safeguard the interest of all health care institutions and their personnel irrespective of their affiliation.

Assault on doctors and medical establishments

For various reasons ranging from waiving off the medical treatment bill to venting out frustration due to loss of life etc. the medical profession has been experiencing assaults from various other social and anti social elements.

IMA enjoys adequate representation of medical professionals in politics as a result of the respect earned by them by virtue of their noble profession. This has helped us in impressing upon 18 State Governments to introduce and pass Ordinances Against the Violence on Doctors and Medical Establishments which provide for strict action and penalties against those persons involved in violence against medical professionals and their medical establishments. As a result of IMA's interventions and legal actions, strict instructions have been given to local police by the Judiciary "not to book a medico under criminal negligence without court's order"

Coalition with International Organizations for Healthcare of the country

IMA has entered into various arrangements with various International agencies and organizations and taken up projects related to improvement of health and healthcare of the population of India.

We have collaborated with UNICEF and created a Medical kit and a film on correct procedure for use by medical officers for medical examination of victims of rape. The kit has become extremely popular as it helps in removing loopholes in investigation of such cases and increases the conviction rate.

IMA has been successfully conducting various projects aimed at eliminating the instances of Sex Selection procedures to Save the Girl Child and helping in the growth of female population for an effective Child Sex Ratio. We have teamed up with UNFPA on various projects in this field and have been extremely successful in most of the areas.

Another main areas of cooperation with UNFPA include (1) Contraceptive update for the medical professionals and (2) Reduction of Infant mortality through medical practitioners.

IMA is actively pursuing a Project to Control and eliminate Tuberculosis from many States of India with funding from Global Fund against AIDS, Tuberculosis and Malaria (GFATM). To

supplement Government's TB control programme thru the Public-Private Mix (PPM) model, IMA entered into an MoU with GFATM thru GoI to involve private practitioners in the govt.'s Revised National TB Control Programme in 2006. The objective of the IMA-GFATM-RNTCP-PPM-RCC project is to improve access to the diagnostic and treatment services of DOTS and thereby improve the quality of care for patients suffering from Tuberculosis by sensitising and training the Private medical Practitioners in RNCTP. IMA has so far sensitized more than 58,307 and trained 8,274 medical practitioners on RNTCP schemes across the 15 states and 1 UT since inception of the project. IMA has created 2,879 DOTS centre and 61 DMCs over the period of 4 years in the private sector.


IMA has also formed an Indian Medical Practitioner Associations' Coalition Against T.B. (IMPACT) with the involvement of W.H.O. for control of Tuberculosis in the country.

Another important area of cooperation in which IMA is involved with W.H.O. revolves around provision of information to the Drugs Controller of India about the Adverse Drug Reactions and Adverse Events due to drugs under our IMA Pharmaco Vigilance Education Programme.

Elimination of use of Tobacco has been another area of cooperation of IMA with WHO. We have organized many conferences, rallies and movements to sensitize the population about the ill effects of Tobacco use and have received substantial success in the same.



INDIAN MEDICAL ASSOCIATION




SALIENT ACTIVITIES OF IMA DURING THE LAST 1 YEAR

DR. D.R. RAI
HONY. SECRETARY GENERAL



OUR GLORIOUS BEGINING AND WHERE WE STAND



HISTORY & ACHIEVEMENTS OF IMA

IMA formed in 1928 by freedom fighter medical stalwarts during the freedom struggle

Since then we have achieved the distinction of best represented professional body in the world
More than 200,000 members with an outreach down to the village level thru our more than 1700 local branches

IMA represented on the Medical Boards and Committees of many Govt. health organisations
IMA carrying out many health projects of Intl. health agencies like UNICEF, GFATM, UNFPA etc.



AN YEAR FULL OF TURBULENCES FOR INDIAN HEALTHCARE PERSONNEL



AUTONOMY OF MEDICAL COUNCIL OF INDIA SNATCHED MCI DISSOLVED BY THE INDIAN GOVT.



DISSOLUTION OF MEDICAL COUNCIL OF INDIA BACKGROUND

BY AN ORDINANCE IN 2010 WHICH PROVIDED FOR A STATUTORY SUPERSESSION OF THE MEDICAL COUNCIL AT LEAST FOR A PERIOD OF ONE YEAR, THE INDIAN GOVT. BROUGHT INTO PLACE A BOARD OF GOVERNORS TILL THE NEXT ELECTED COUNCIL IS BROUGHT INTO BEING.



DISSOLUTION OF MEDICAL COUNCIL OF INDIA IMA ACTION

IMA ORGANISED SIT-INS IN NEW DELHI AND ALL OVER THE COUNTRY AS A PROTEST
 OUR VIEWPOINT WELL COVERED BY NATIONAL MEDIA
 LEGAL CASES FILED IN VARIOUS COURTS



MCI Dissolution Case

Indian Medical Association has filed a court case in the High Court of Delhi for annulling the autonomy of the Medical Council of India by taking the necessary steps for the demarcation of members to take over the functioning of the Government of India constituted Board of Governors. The term of present board of governors is coming to an end on 14.05.2011.

BRIEF NOTE

Subject: Indian Medical Association Vs Union of India Writ Petition (Civil) No. 2281 of 2010 before the Hon'ble High Court of Delhi at New Delhi.

In 1958 Indian Medical Council Act was enacted for forming and governing the structure of the Medical Council of India (hereinafter refer as "Council"), in order to ensure the autonomy of the Council should prevail. The Section 2 of the said Act provided for constitution and composition of the Council and, thereby, ensuring representation of Every State, Every Territory, from State Medical Register and members of Central Government. The Section 3 of the Act also provided that at any point of time approximately 50% members of the Council should be elected member from Universities and State Medical Register and the rest 50% are from nomination by State and Central Government. The apparent purpose for creating a majority in the interest of State of the members who are elected and not nominated in the constitution of the Council was to ensure that it is able to work in an autonomous manner and is not controlled or regulated by the governmental authorities. However, the Parliament simultaneously in order to ensure 50% of the representation to the "elected" members had also ensured due representation and reports to the governments of the State of India and also of State Governments through the provision of Section 10(1) to 10(3) of the Act requiring thereby that a substantial number of members constituting the Council, are representing the governments of the State of India and State Governments. It is common nature that securing membership in any body by "election" entails more freedom in functioning and decision making that compared to secure membership by nomination. In the absence of autonomy, the election of an effective body of the National level is lost and therefore,

02.08.2003 addressed to the Attorney had expressed / received their satisfaction with the functioning of the Council. In 2005 Ad hoc committee in its report admitted that random check of the records of the previous report and recommendations thereof in Ministry of Health of the last 5 years, where made available to the Ad-hoc Committee Members, did not indicate any irregularities or deviations or non-compliance with the Rules and Regulations of Council.

Thereafter in 2009 fresh Body of the Council was elected but however the Government of India through their Ministry of Health and Family Planning on 15.10.2010 promulgated the Indian Medical Council (Amendment) Ordinance, 2010 (Ordinance 2 of 2010) thereby superseding the Council and constituting the Board of Governors. By doing that the Council had gone under the full control of the Government i.e. through nominated members of the Government. The Government Authorities effort at the State Level as at National Level are not able to find themselves in a position to control, provide, acknowledge and report of Autonomy conferred by the Parliament on Autonomous Institutions and have always been long the functioning under the direct and complete control of the Government Authorities. Such an attitude of the Governmental Authority had "sought modification" in the amendments being made in the Act bringing the functioning of the Council under the direct and country control of the Governmental Authority thereby nullifying and eliminating autonomy which is the foundation of the Act of 1958.

As the period of the "Board of Governors" as constituted by the notification dated 15.10.2010 would be coming to an end on 14.05.2011 and as the Government of India has not initiated any steps as required under the Act and the rules framed there under to replace the Board of Governors by a duly constituted Council, the Indian Medical Association had filed the writ Petition before the High Court of Delhi seeking a declaration to the Union of India to constitute a Council as contemplated in section 2 and 4 of the Indian Medical Council Act and the rules framed there under, so that the autonomy of the Council should prevail.

Many times questions had been raised on the working of the Council but every time no irregularity had been found in the same. In 2002 Hon'ble High Court of Delhi, appointed an administrator for monitoring and supervising the functioning of the Council. The said administrator in their letter dated

Mitesh Jain
(Advocate)

NDIA



LICENCE TO PRACTICE OF LEADERS OF IMA SUSPENDED BY THE INDIAN GOVT.



SUSPENSION OF LICENCE TO PRACTICE OF IMA LEADERS

BACKGROUND AND IMA ACTION ON AN ISSUE RELATED TO ENDORSEMENT OF PRODUCTS BY IMA, MCI SUSPENDED LICENCES TO PRACTICE OF LEADERS OF IMA.
 IMA ORGANISED PRESS MEETS
 LEGAL ACTION TAKEN: STAY RECEIVED
 MEMORANDA ISSUED TO POLITICAL LEADERS AND HIGH OFFICIALS



SUSPENSION OF LICENCE TO PRACTICE OF IMA LEADERS

IMA ACTION

PROTEST RALLY/ SIT-INS AT MCI OFFICE
PROTEST RALLIES BY ALL STATE BRANCHES
HUNGER STRIKE AT DELHI AND ALL OVER THE COUNTRY
OTHER SPECIALITY ORGANIZATIONS/ MEDICAL COLLEGES/ TEACHING INSTITUTIONS INVOLVED



INTRODUCTION OF HALF BAKED DOCTORS THRU A SHORT TERM BACHELOR COURSE FOR RURAL HEALTHCARE – BRHC



BACHELOR OF RURAL HEALTHCARE COURSE (BRHC)

BACKGROUND

TO COPE UP WITH THE SHORTAGE OF DOCTORS IN RURAL HEALTHCARE INSTITUTIONS, THE GOVT. OF INDIA PROPOSED BACHELOR OF RURAL HEALTH CARE (BRHC) COURSE FOR STUDENTS OF NOTIFIED RURAL AREAS WHO WILL ESSENTIALLY PRACTICE MEDICINE IN THOSE AREAS ONLY



BACHELOR OF RURAL HEALTHCARE COURSE (BRHC)

IMA ACTION

THE SUPREME BODY OF IMA – THE CENTRAL COUNCIL RESOLVED THAT “IMA STRONGLY OPPOSES THE IMPLEMENTATION OF THE SHORT TERM MEDICAL COURSE”
IMA PREPARED A WHITE PAPER AND CIRCULATED THE SAME WIDELY
SIT-INS WERE ORGANIZED BY IMA ALL OVER THE COUNTRY TO PROTEST



BACHELOR OF RURAL HEALTHCARE COURSE (BRHC)

IMA ACTION

MEMORANDA PRESENTED TO PRESIDENT OF INDIA, PRIME MINISTER OF INDIA & UNION HEALTH MINISTER & THE INDIAN PARLIAMENT
COURT CASES FILED IN VARIOUS COURTS AGAINST THE IMPLEMENTATION
CONVENTION OF LEADERS OF RURAL GOVERNING BODIES ORGANISED IN NATIONAL CAPITAL WHO CONDEMNED IT



BACHELOR OF RURAL HEALTHCARE COURSE (BRHC)

IMA ACTION

YOUNG DOCTORS’ ASSOcn. OF INDIA FORMED UNDER THE AEGIS OF IMA
YDAI OUTRIGHTLY CONDEMNED BRHC COURSE



BACHELOR OF RURAL HEALTHCARE COURSE (BRHC)

IMA ACTION

PRESENTATION MADE IN FRONT OF THE PARLIAMENTARY COMMITTEE LOOKING INTO ISSUES RELATED TO BRHC COURSE: MEMBERS WELL CONVINCED ON IMA STAND HISTORIC STEP TAKEN BY IMA TO BRING ALL MAJOR MEDICAL SPECIALIST ORGANISATIONS ON A SINGLE PLATFORM – CONFEDERATION OF ASSOCIATIONS OF MEDICAL SPECIALISTS OF INDIA (CAMSI) WHICH CONDEMNED BRHC IN ONE VOICE



GLIMPSES OF IMA SIT-IN



INTRODUCTION OF CLINICAL ESTABLISHMENTS (REGISTRATION & REGULATION) ACT BY THE GOVT.



CLINICAL ESTABLISHMENTS ACT

BACKGROUND

WITH AN AIM TO REGULATE FORMATION AND RUNNING OF HOSPITALS AND NURSING HOMES AND BRING ABOUT UNIFORMITY IN PROVISION OF HEALTHCARE IN THE COUNTRY, THE GOVT. OF INDIA INTRODUCED THE CLINICAL ESTABLISHMENTS (REGISTRATION AND REGULATION) ACT



CLINICAL ESTABLISHMENTS ACT

IMA'S OBJECTIONS

Government licensing out healthcare institutions will lead onto harassment, corruption and nepotism.
 Government imposing uniform treatment protocol is unacceptable .This endangers patient safety.
 Government fixing rates is unrealistic.
 Government should first define parameters to measure skill and proficiency of doctors.



CLINICAL ESTABLISHMENTS ACT

IMA'S OBJECTIONS

Government have taken a layman's approach to the subject as evidenced by the 'stabilization clause'. First aid is the right of the patient and duty of medical profession. Stabilisation is unachievable.

Single doctor establishments should be exempted from the act.



CLINICAL ESTABLISHMENTS ACT

IMA'S OBJECTIONS

The proposed autonomous Hospitals Authority of India should provide single window clearance for all legislations regarding clinical establishments.

The clinical establishments act should include provisions for promotion of healthcare institutions. It should be The clinical establishments (Registration, Regulation and Promotion Act 2010)



CLINICAL ESTABLISHMENTS ACT

IMA'S OBJECTIONS

The licensing character of regulation should be replaced by a more friendly procedure.

Complaints cells are incompatible with administration and delivery of healthcare services. Alternative forums already exist.



CLINICAL ESTABLISHMENTS ACT

IMA ACTION

All Members of Parliament sensitized. Media and general public informed about the IMA stand

Meetings held with concerned Ministry

IMA Hospitals Board of India (IHBI) formed with and aim to:-

- (1) assist and equip all healthcare institutions to provide quality healthcare to people



CLINICAL ESTABLISHMENTS ACT

IMA ACTION

IMA Hospitals Board of India (IHBI) formed with and aim to:-

- (2) facilitate all healthcare institutions to play their effective role in public health and
- (3) represent and safeguard the interest of all health care institutions and their personnel irrespective of their affiliation.



ASSAULT ON DOCTORS AND MEDICAL ESTABLISHMENTS



ASSAULT ON MEDICAL PROFESSIONALS

REASON BEHIND AGGRESSION

Reasons range from

waiving off the medical treatment bill

TO

venting out frustration due to loss of life etc.



ASSAULT ON MEDICAL PROFESSIONALS

REASON BEHIND AGGRESSION

Booking of every complaint by pts. or their relatives by the police under Section 304 of IPC, i.e. criminal negligence

Applicability of Consumer Protection Laws on medical profession



ASSAULT ON MEDICAL PROFESSIONALS

IMA ACTION

We enjoy adequate representation of medical professionals in politics due to respect by the society

18 States have passed Ordinances Against the Violence on Doctors and Medical Establishments



ASSAULT ON MEDICAL PROFESSIONALS

IMA ACTION

STRICT INSTRUCTIONS HAVE BEEN GIVEN TO LOCAL POLICE BY THE JUDICIARY “NOT TO BOOK A MEDICO UNDER CRIMINAL NEGLIGENCE WITHOUT COURT’S ORDER”



COALITION WITH INTERNATIONAL ORGANISATIONS FOR HEALTHCARE OF THE COUNTRY



IMA RELATIONS WITH INTL. ORGANISATIONS

PROJECTS WITH INTL.AGENCIES

MEDICAL KIT AND FILM ON PROCEDURE FOR MEDICAL EXAMINATION OF VICTIMS OF RAPE – UNICEF

CONTRACEPTIVE UPDATE – UNFPA

SEX SELECTION AND SAVE THE GIRL CHILD – UNFPA

INFANT MORTALITY – UNFPA



IMA RELATIONS WITH INTL. ORGANISATIONS

PROJECTS WITH INTL.AGENCIES

INDIAN MEDICAL PRACTITIONER ASSOCIATIONS’ COALITION AGAINST T.B.-W.H.O.

HIV / AIDS – CLINTON FOUNDATION

PHARMACO VIGILANCE – W.H.O.

USE OF TOBACCO – W.H.O.

INVOLVEMENT OF PRIVATE PRACTITIONERS IN T.B. CONTROL – GFATM



IMA-GFATM PROJECT ON CONTROL OF TUBERCULOSIS



PROJECTS WITH INTL. AGENCIES

IMA-GFATM-RNTCP-PPM PROJECT
TO SUPPLEMENT GOVERNMENT'S TB CONTROL PROGRAMME THRU THE PUBLIC-PRIVATE MIX (PPM) MODEL, IMA ENTERED INTO AN MoU WITH GFATM THRU GoI TO INVOLVE PRIVATE PRACTITIONERS IN THE GOVT.'S REVISED NATIONAL TB CONTROL PROGRAMME IN 2006



PROJECTS WITH INTL. AGENCIES

IMA-GFATM-RNTCP-PPM PROJECT

The objective of the IMA-GFATM-RNTCP-PPM-RCC project is to improve access to the diagnostic and treatment services of DOTS and thereby improve the quality of care for patients suffering from Tuberculosis by sensitising and training the Private medical Practitioners in RNCTP



PROJECTS WITH INTL. AGENCIES

IMA-GFATM-RNTCP-PPM PROJECT

IMA has so far sensitised more than 58307 and trained 8274 medical practitioners on RNTCP schemes across the 15 states and 1 UT since inception of the project.
IMA has created 2879 DOTS centre and 61 DMCs over the period of 4 years in the private sector.