

## INDIAN MEDICAL ASSOCIATION

K. VIJAYAKUMAR\*<sup>1</sup>



Indian Medical Association (IMA) is a well established pan-India voluntary organization of modern medicine doctors. It has a membership of 2.3 lakh doctors spread over 1,600 branches in almost all the districts of India. IMA is reaching to approximately 33 crores of people every month and ensuring affordable & quality treatment.

Born in 1928, mainly out of the burning need to organise the medical professionals of the time for the national freedom struggle, IMA eventually reached an agreement with the British Medical Association (BMA), which had opened a few branches in India to cater to the local needs, that they will have no branch in India and got mutually affiliated. This relationship continues till today. This was as a result of the select few stalwarts of the medical professionals in the country at that time.

In the year 1946, IMA was one of the founder constituent members of the world body, World Medical Association (WMA). IMA has been and continues to play an important role in the deliberations of WMA. In 1966, we hosted the III World Conference on Medical Education under the joint auspices of WMA and IMA in New Delhi followed by the WMA General Assembly in 2009 in the national capital.

### Vision of Leaders of IMA

IMA went started from where we left last year. The new team of office bearers took over the office with new vigour and dedication. Our National President, Dr. K. Vijayakumar gave a clarion call for a “**Vibrant IMA**” with the Hony. Secretary General, Dr. Narendra Saini promising it by “**Building Partnerships in Healthcare.**”

We have strived hard and taken effective steps to involve IMA State/Local Branches, Government Authorities, other National Medical

Specialist Organizations, National and International Agencies, Media and Residents’ Welfare Associations etc. as partners in Healthcare. Various MoUs have been entered into by us during a short span of 8 months of this year with many stakeholders for the benefit of the doctors and society alike.

To make IMA “Vibrant,” many programmes have been started by IMA for the benefit of its members. A few to name:

- **IMA Privilege Card:** A card to be issued to members of IMA which will entitle them to facilities like subsidized Tickets for Travel, Transport, Hotel Accommodation etc.
- **IMA Pension Scheme for Members:** Steps have been initiated to work out an attractive Pension scheme for IMA members in collaboration with the leading Insurance providers of the Country.
- **IMA Family Protection Scheme:** It has been decided to start a Family protection scheme at HQs. for the families of deceased Doctors wherein the family members will be given a sum of Rs.15 lakhs to 20 lakhs on his death. IMA is working out an exhaustive scheme for the benefit of the families of our members.

### Alliance of Health Association of India (AHAJ)

A professional health alliance has been formed involving all the medical stakeholders involved in providing Health to the nation. The ultimate goal of the Alliance is to develop a mutually beneficial relationship for all health care providers. It will result in delivery of the highest quality care to all citizens.

At its first meeting held at New Delhi on April 21, 2013, it was resolved:

- Core Committee should be formed.

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This article is based on a presentation made as the Report of Activities by each NMA at the 28th CMAAO General Assembly and 49th Council Meeting, New Delhi, India, on September 13, 2013.

- Policy/white paper of the Alliance be drafted and released.
- Common Minimum Programs be finalised.
- Harassment and violence against the healthcare professional to be stopped.
- Alliance should come forward against all forms of quackery.
- Campaign for Save the Girl Child launched.
- Social Security Scheme to be started for the doctors of AHAI
- Ethical and Moral Issues should also be included.
- Representative in state and central legislative bodies such as Rajya Sabha membership from the AHAI
- Continuing Medical Education and Research in all pathies.
- Referral system between healthcare specialties and other domains
- Insurance schemes for AHAI members
- Issues related to immigration of all health care providers.

### Partnership With Medibiz TV

As a part of our “Partnerships in Healthcare” initiative, IMA has entered into an Understanding with MediBiz TV to provide TV programmes on medical ailments and treatment for the benefit of the common man. They shall also organise TV programmes to provide CME activities for the benefit of the medical professionals.

### Save the Girl Child and Empowerment of Females

IMA launched its Save the Girl Child and empowerment of the females initiative in continuation of its many earlier programmes related to Gender equality. Due to our old social beliefs, there exists a gender inequality in our society which is not good for its development.

To ensure that no medical professionals are involved in Sex determination and as a part of its social commitment, IMA made two of Indian celebrities of International fame as its Brand Ambassadors for this issue of immense social importance, namely:

1. Mr. Sunil Gavaskar, the famous former Indian Cricketer and
2. Mrs. Hema Malini, the world renowned, Indian cine personality & social worker.

We started a signature campaign under this initiative where we have collected signatures of more than one lakh medical professionals endorsing the IMA viewpoint—**“I can’t imagine a world without women. No family is complete without a girl. I pledge to save the Girl Child.”**

### Academic Activities of IMA and Its Wings

**IMA College of General Practitioners**, one of the academic wings of IMA organises many courses for our members. To name a few:

1. Fellowship Course on Cancer Palliative Medicine
2. International Post Graduate Paediatric Certificate Course
3. P.G. Course in Emergency Medicine
4. P.G. Course in Family Medicine
5. Fellowship Course in Diabetology
6. Fellowship Course in Nephrology
7. Fellowship Course in Echocardiography
8. Fellowship Course in Practical Oncology
9. Fellowship Course in Sexual Medicine
10. Fellowship Course in Practical Endocrinology

**IMA Academy of Medical Specialities**, the Specialists’ wing of IMA, publishes its Annual publication, the Annals of IMA AMS every year, which is an important publication for specialists. Moreover, the following courses are being organised by this Wing:

- Infertility
- Fluorescein Angiography
- Laser Photocoagulation in Retinal
- Excimer, Laser & Lasik Surgery
- Phacoemulsification
- Training in Laparoscopic Surgery, Noninvasive Cardiology, Echocardiography, TMT, etc., Critical Care in Cardiology, Advance Microear Surgery
- Functional Endoscopic Sinus
- Laser in ENT
- Tricho-Bronchial. Rhinoplasty Joint Replacement
- Orthoscopic
- Spine Surgery

**IMA AKN Sinha Institute of IMA**, the wing of IMA involved in Distance Learning Courses, is organising a large number of Distance Learning Certificate courses for the members of IMA e.g.

- Family Planning
- Lactation Management

- Torture Medicine
- Adolescent Health
- Paediatrics
- Medical Negligence & CPA
- Clinical Cardiology
- Rheumatology
- HIV/AIDS & STDs Management
- Geriatrics Medicine
- Environment & Occupational Health
- Tuberculosis & Chest Diseases
- Reproductive & Child Health
- Psychiatry & Psychosexual Medicine
- Clinical Diabetes

### **Increase in Membership**

Envisioning that our strength is in numbers, a special effort has been made to increase the membership of our Association through a Special Membership Drive. We have since started receiving good results and expect a spurt in Membership by the end of this year. IMA is the largest professional organisation around the globe, with a membership of more than 230,000 members.

### **Medical Students and Young Doctors Networking: Bringing our younger ones into the mainstream**

We have taken proactive steps this year to attract our younger medical professionals and medical students into the mainstream of the Association.

We have formed the Medical Students Wing of IMA in all our branches to involve them into the various activities of the Association so as to eventually enrol them as members of IMA after their Graduation.

Besides the Medical Students, extreme attention has been paid to initiate the process of enrolment of those young medicos who have graduated within the last 5 years through attractive discounts in Life Membership of IMA for them.

### **IMA Hospital Board of India**

In India, where 87% of healthcare expenditure is outside the Government system, it is important to have institutions to give direction to the growth and activity of the non Governmental players. The leadership in healthcare delivery has been

slowly and steadily passing into the hands of entrepreneurs of all backgrounds. It is important to moor the industry strongly on the ethics and dynamics of the medical profession. To achieve the political objective of maintaining the benign influence of the medical profession on the health-care industry, IMA stepped in with the initiative of IMA Hospital Board of India (IHBI). The IHBI is working very hard to achieve its aims and objectives:

1. To assist and equip healthcare institutions in non Governmental sector to provide quality healthcare to people.
2. To protect and sustain non Governmental sector in health to play its effective role in public health.
3. To represent and safeguard the interest of the non Government health care institutions and their personnel irrespective of their affiliation.

It has recently taken action to work out the minimum standards for health providers for implementation through its affiliated institutions.

### **Antibiotic and Hospital Infection Control**

A special committee has been formed on rational use of Antibiotic and Hospital Infection Control Programme. With increasing antibiotic resistance and no newer molecules being discovered, it has become important that we should use Antibiotics judiciously. In this regard, IMA has taken a number of steps; an important one being, creating awareness among medical professionals on this issue. A book on rational use of Antibiotics is being prepared. A Committee has been formed on Hospital Infection Control to give recommendations on minimum standards to be adopted in healthcare settings on this issue.

### **IMA Activity Related to Autonomy of the Medical Profession**

For effective working of any professional regulatory body, its autonomy needs to be ensured for its enhancement and promotion. Since the year 2010, no election were held in the Medical Council of India (MCI), the regulatory body for medical professionals in India.

Due to the efforts of IMA, the elections of MCI have been announced and the democratic structure of this regulatory body is expected to be restored soon.

## Bachelor of Rural Health Course

There is a shortage of doctors qualified in modern system of medicine for serving the rural population of the country. To offset this shortage, the Government proposed a short term Course of 3 1/2 years for students who will be required to essentially serve the rural population only. These students would be allowed to prescribe medicine to the above population just like the other MBBS doctors. However, IMA strongly objected to this course and felt that such a Course will amount to discrimination towards the health of the rural folk. Also, it will not be possible to devise a mechanism to ensure that such professionals will only work in rural areas in future. In accordance with our objections and observations on the issue, the Indian Parliamentary Standing Committee on Health rejected the above Course.

## Consumer Protection Act and Medical Profession

In our country, the medical profession has been brought under the ambit of Consumer Protection Act (CPA). However, IMA has formed a Committee against the implementation of CPA on the medical profession. We have proposed to the Government and the Judiciary that a Medical Tribunal be formed consisting of some designated medical professionals also, to assist the Judiciary to adjudicate the CPA cases related to medical profession. Efforts are on to get this approved and implemented at all levels.

## Anti Quackery Activities

The menace of Quackery, a procedure of medical practice by a person in a system of medicine for which he is not qualified, is extremely widespread in our country. This causes a huge danger on the lives of the common man. In the absence of an exclusive law dealing with Quackery, this menace goes on increasing day by day. IMA has initiated steps to try and get a Central law against this menace against humanity so that the same can be effectively implemented all over the country.

## Implementation of Service Tax Laws on Medical Profession

There have been many proposals to apply Service Tax laws on all medical procedures. This will increase the cost of medical treatment to the poor patients. IMA fought tooth and nail and succeeded in waiving off any such taxes on the regular medical treatment and keep the essential medical services out of the ambit of Service Tax.

## IMA Activity Related to the Safety of Medical Practitioners in the Country

We have worked immensely to ensure that more and more State Governments come out with effective laws for prevention of assaults and attacks on medical professionals and their clinical establishments.

At present, sixteen States have enacted laws for prevention of assaults and attacks on medical professionals and their clinical establishments. Efforts are also being made to make a Central Law regarding this important issue.

Crisis Management Committees have been formed at IMA HQs., State and Local Branch levels to immediately deal with crisis situations arising out of sudden assaults on medical professionals and their clinical establishments in the area.

## IMA Activity Related to Ensuring Speedy Rape Case Trials and to Make the Laws of Rape Cases More Effective

The country observed the New year on a sad note with the unfortunate rape of a para medico in the Capital of India. It was followed by a huge outburst of the society which made the Indian Government to frame proper laws against this ghastly act of mankind.

IMA provided its set of recommendations for speedy rape case trial and to make the laws for rape cases more effective:

1. More Forensic Labs to be made in the country  
The numbers of forensic lab in the country are very less as compare to work load. The report of examination of rape victim from forensic lab takes lots of time and the trial gets delayed. **Justice delay is justice denied.** If the labs are increased in the country, the report can be

- available expeditiously and would help to expedite the trial of the case
2. Forensic reports along with other medical reports for forced sexual intercourse should be accepted as conclusive proof for rape.
  3. Medical test for rape should also be done on the request of the victim and not only on the request of the police, and, if possible, should be done within 24 hours of the sexual assault
  4. Fast track trial Courts should be made compulsory for rape cases.
  5. Identity of unsound person and minor as is with the major cannot be disclosed in any condition not even with the consent of parents/guardians.
  6. Testing including HIV and Follow up for sexually transmitted diseases should be made compulsory. At present prior consent even of the accused is required for HIV test. Seeing the gravity of disease and antisocial habits of the accused, HIV and other tests should be mandatory for them even without their consent in rape cases.
  7. Prophylactic HIV medicine for the victim: In view of the antisocial behavior of sexual assaulters, they are more prone to sexually transmitted diseases. (STDs) HIV is a serious disease which is transmitted sexually. So the victim should be given the course of prophylactic medicine immediate after the crime.
  8. Chemical castration is not an answer. It is not effective as rapes are not linked only to increased desire but also involve people with criminal mind and high hormone levels does not mean that a person will have sexual deviations. Chemicals are not medically safe and require an informed consent. Their effects are reversible.
  9. For Molestation & eve teasing, laws should be stringent and strictly implemented. Preventive measures should be taken by Govt. E.g. CCTVs/security guards at public places & in public transport.

### **Activities Related to Disaster Management**

This year, India witnessed one of the worst natural disasters when most of the hilly terrains of Devbhoomi (The God's own land), i.e. the State of Uttarakhand, were washed away due to huge landslides as a result of cloud bursts during

the Monsoon season. A large number of unsuspecting pilgrims and local residents were buried alive or were left stranded with no food or shelter. The Uttaranchal State Branch of IMA reached the disaster hit areas before any other help could reach there and started providing medical relief immediately to the survivors. It was followed by many other members from other States like Punjab etc.

It has been decided by IMA to start rehabilitation work in Kedar valley, one of the worst hit areas and construct a well equipped New Health Center at Gupt Kashi for disaster victims.

The IMA HQs. has prepared an extremely informative Manual for Disaster Management for medical professionals which is updated on a regular basis. Recently we have prepared a booklet on dealing with Disaster due to floods. Regular training workshops are being held to train our members on disaster management.

### **IMA Trauma Care Committee**

Identifying the need of primary medical care during the "Golden Hour" of an accident on highways, IMA has formed an IMA Trauma Committee which shall look into registration of medical establishments alongside the highways which can arrange medical and paramedical professionals to reach an accident site immediately and provide the most needed medical attention to the victims(s). IMA has also approached the National and State Governments to create such Trauma Care centres along the highways.

### **Feasibility of Generic Drugs**

IMA has resolved that it is concerned and is committed in providing cost effective quality drugs to the patient. Seventy percent of the expense of a treatment is on drugs. IMA is negotiating with the Government to evolve a mechanism to reduce the cost of drugs.

1. Major concern for medical professionals is to evolve a mechanism so that a quality and affordable drug can be given to the patient.
2. IMA believes that the Govt. should control the MRP of drugs, generic or branded so that benefit reaches the common man. At least the price control of MRP of all essential drugs is of paramount importance and their list should

be published and revised regularly.

3. Government of India should undertake measures to strengthen the monitoring system of medicines for quality control of all batches of drugs and it should also cover the Bioavailability aspect.
4. Supply of quality generic drugs, in different stores of the country.
5. The IMA members should maintain the rational use of drugs while choosing a drug and ensure it qualifies the criteria: quality safe drug and yet affordable.
6. The so-called nexus between doctor and chemist or a pharma company, where a doctor is writing a particular brand, a costly brand or a brand only available with particular chemists should be considered unethical.
7. Since in our country, patients have very limited access about the information of drugs and even persons employed in chemist shops are also not qualified, proper checks and balances are essential to ensure that patients get the best medicine on physician prescription.  
Doctors along with Govt. monitoring and price control are the only mechanisms to ensure patient getting proper medicine in the present circumstances.
8. The web site of Drug Controller of India should mention the names and addresses of manufacturing and marketing companies authorized by them to ensure the traceability of the product. It should also mention the MRP of drugs.

## Medical Tourism

Non availability of quality medicare services in developing countries and Long Waiting Lists & Expensive treatment in the developed ones, the Wellness and Medical Tourism is growing at a rapid pace in our country. At the estimated annual growth rate of 30 percent, it is expected to make it a Rs.10,000 crore industry by the year 2015.

The metropolitan cities of Delhi, Chennai, Bangalore and Mumbai cater to the maximum number of the health tourists and are fast emerging as medical tourism hubs. The low cost personalized quality healthcare services of international class made available in near real time, coupled with the rich cultural heritage of our country, makes India one of the favoured nations for

medical tourism.

We have conveyed some of our observations on this issue to the concerned authorities, which include:

- Medical Tourism can only succeed if state proactively assists the healthcare providers with Affordable real estate, infrastructure, good governance and continuous energy.
- Financial incentives such as tax rebates/holidays, special financial assistance in the form of low interest loans and active PPP collaborations and active promotion through dedicated cells by the government tourism bodies and Embassies.
- Fast track Visas clearance for such cases.
- Environment safety, Infection control practices, qualified, trained & experienced staff, regulatory compliances and better Infrastructure are other key areas in promoting health tourism.
- Indian judicial redressal system needs to be refined and recalibrated to address concerns related to typical delays in India's Civil Courts & consumer forums as well as difficulties in securing expert testimony and accessing medical records, so as to build confidence in the inbound patients.

## IMA Activities Related to Control of Tuberculosis in the Country

### IMA-GFATM-RNTCP-PPM-Project

Our Understanding with the Global Fund Against Tuberculosis, AIDS and Malaria (GFATM) through the Government of India in connection with the Government's Revised National Tuberculosis Control Programme (RNTCP) has gone stronger every passing year since its starting in 2007.

#### Monitoring & Evaluation:

A National Working Group (NWG) formed at the IMA Hqs. level has been monitoring and evaluating the progress of the project.

#### Achievements as Per Project Indicators:

Since 2007, the project has successfully achieved all its Project Indicators, the salient achievements being as **Table 1**.

We have added another Project Indicator this year—TB notification. All new TB cases shall be notified by our members on the national register.

**Table 1 Project Indicator**

| Indicators  | Cumulative achievement |
|---|------------------------|
| Number of Review cum workshop held at National and state Level:   | 75                     |
| Number Private Medical Practitioners reached through CME  | 86,626                 |
| No. of Private providers trained in DOTS using RNTCP Module for Private Practitioners and International Standard of Care Guidelines | 14,982                 |
| Number of IMA MEMBERS from the 15 + 1 project states/UTs who have signed an MoU under one of the RNTCP PPM schemes                  | 4,759                  |
| No. of DOTs centre created are:,  | 4,314                  |
| No. of DMCs approved in the project sites are:  | 95                     |

### Project on Pain Management

Pain is the most common symptom of any illness. The physicians' task is twofold: to find the cause and treat the pain. Sometime whether or not the underlying cause is treatable, to provide relief and reduce the suffering caused by pain.

In this regard IMA has conducted a series of CMEs on Management of Pain during the year 2012–2013. A total of 250 CMEs will be conducted in selected districts all over India.

Total 165 CMEs have been successfully conducted in various States and more are to follow.

### Care of Elderly Project of IMA

Due to increase in better health facilities, the elderly population of the country is increasing. IMA Care of elderly project to give better health care and social support to elders is an ongoing project of the Association. The National President Dr. K. Vijayakumar and Hony. Secretary General, Dr. Narendra Saini are taking keen interest for the continuous implementation of the project.

This year our aim is

1. To observe the World Elders Day on October first in National level, State level and Branch levels.
2. To organize workshops and CME programmes for our members.
3. To request the government:
  - a) to help IMA to start training programme in geriatric care for doctors by financial and

other technical help. (We have prepared a project submit to the Government)

- b) To implement National Policy on elder persons. Preference to be given to:-
  - Financial security
  - Health care
  - Shelter

4. Protection against abuse and exploitation
5. Health insurance policy to all senior citizens
6. Old age pension scheme

World Elders Day will be celebrated on October 1, 2013 all over the country by most of the Branches of IMA. Necessary information has already been sent to all the branches of the Association.

### Project on Prevention and Treatment of Childhood Diarrhoea

A project on Prevention & Treatment of Childhood Diarrhoea supported by UNICEF was successfully completed. The project covered 13 States and 44 Districts. Medical practitioners were trained on revised diarrhoea control guidelines. The objective of the project was to promote use of ORS and Zinc for the treatment of diarrhoea and to advocate rational use of drugs for the treatment of diarrhoea. The overall aim was to reduce the deaths due to diarrhoea.

The National Advisory Group formed for this project has conducted its meetings and finalized the study material and project outline. The same was effectively implemented and Workshops organised in this regard. More than 3,000 practitioners trained in various States.

### IMA Project on Defining Minimum Standards for Health Providers to Govt. of India

IMA conducted a survey of clinical establishments in all districts (61 in number) of the 4 States of Arunachal Pradesh, Himachal Pradesh, Sikkim and Mizoram and 7 Union Territories with an objective of:

- Phase-1 Listing of all types of Clinical establishments in the 61 districts.
- Phase-2 Detailed survey of at least 40 selected clinical establishments in each district to collect information in relation to the parameters under the template of Standards.

The project started in April 2012 and have completed both Phase-1 & Phase-2 survey.

We have since submitted our report and recommendations on the basis of the data collected and are soon going to initiate our own system of Registration of Clinical Establishments owned by our members based on the above Minimum standards. This is a step towards self regulation.

### **Liaisons With International Bodies**

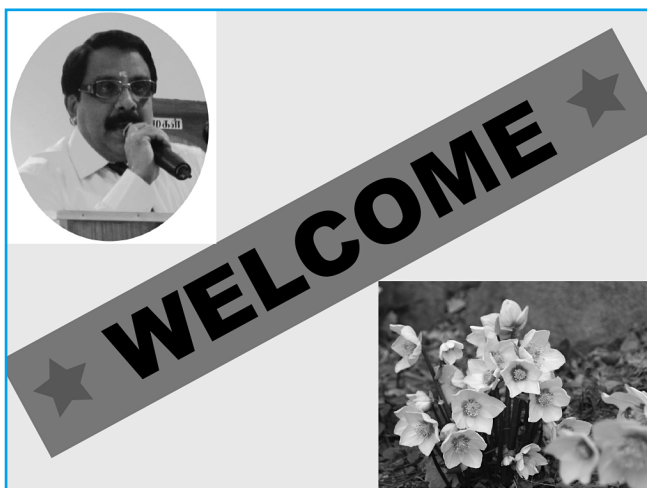
It is my proud privilege to inform the august gathering that the National President of IMA, Dr. K. Vijayakumar has been elected as the Vice President of Commonwealth Medical Association (CMA) (2013–2016) at its recently organised 23rd Triennial Conference and Council meeting held on July 4–7, 2013 at Trinidad and Tobago, Port of Spain.


As already informed above, the IMA is actively participating in the activities related

to the WMA. IMA attended the 194th Council Session of WMA held at Bali, Indonesia from 4–6th April 2013. Dr. Ajay Kumar, Past National President, IMA and IMA Council Member to WMA attended the same alongwith Dr. Vinay Aggarwal, President-Elect, CMAAO, Dr. K. Vijayakumar and Dr. Narendra Saini. Apart from other matters, there was a discussion for voting on “Abolishment of Capital Punishment.” IMA and American Medical Association (AMA) voted against the motion of “Abolishment of Capital Punishment.” The motion was passed with majority votes.


Dr. Narendra Saini attended the Annual Representative Meeting (ARM) of our affiliates, the BMA on June 23–27, 2013 at Edinburgh, U.K.


We are well involved with the American Association of Physicians of Indian origin (AAPI) and British Association of Physicians of Indian Origin (BAPIO).





**INDIAN MEDICAL ASSOCIATION**  
– COUNTRY REPORT





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## INDIAN MEDICAL ASSOCIATION

- **Born in 1928.**
- **IMA has a membership of 2.3 lakh doctors spread over 1600 branches in almost all the districts of India.**

## VIBRANT IMA



## BUILDING PARTNERSHIPS IN HEALTH CARE



## EFFECTIVE FUNCTIONING OF IMA

- **IMA Office Bearers Orientation & Training workshop.**
- **IMA State President & Secretary Orientation & Training workshop.**
- **Hand Book for IMA Office Bearers.**
- **IMA Office workers workshop.**

## ACADEMIC ACTIVITIES OF IMA AND ITS WINGS

- **IMA College of General Practitioners.**
- **IMA Academy of Medical Specialities.**
- **IMA AKN Sinha Institute of IMA.**

## MEDICAL STUDENTS AND YOUNG DOCTORS NETWORKING

- **IMA Medical Students Wing.**
- **Young Doctors Wing at subsidized membership Drive (50%).**

## MEDICAL COUNCIL OF INDIA



## **RURAL MBBS COURSE – OBJECTED & SUCCEEDED**

**MBBS (R) → BRMC → BRHC → BSC Community Health – made to be rejected by Parliamentary Standing Committee.**

## ACTIONS INITIATED

- Clinical Establishment Act – Made Doctor friendly.
- Consumer Protection Act → Fight started to form Medical Tribunal Instead of CPA.
- Anti-quackery Act - Demanded at National / State level.

## ASSAULT ON DOCTORS

- Hospital Protection Act
- Rape of a Medical Student
- Murder of a Medical Student
- Many attacks on Doctors / Hospital.

## MEMBERS BENEFIT SCHEMES

- IMA Privilege Card → Subsidized Tickets for Travel, Transport, Hotel Accommodation for our members.
- IMA Pension Scheme for Members (LIC)
- IMA Family Protection Scheme → Helping the family of deceased Doctors family with Rs.15 to 20 Lakhs.
- IMA National Social Security Scheme.
- IMA National Professional Protection Scheme.

## DOCTOR - PUBLIC RELATIONSHIP

- Partnership with Biz TV → to enhance Doctor – Public Telecasting & Web learning for Doctors.
- IMA Trauma Care Committee → at all levels.
- Disaster Management Committee → at all levels.
- Village Adoption Project
- School Adoption Project.
- PPP Clinics → (Public Private Partnership Clinics).

**DOCTOR - PUBLIC RELATIONSHIP**  
**(CONT...)**

- Care of the Elderly.
- Save the Girl Child and Empowerment of Females.
- Control of Tuberculosis of the Country.
- Polio Eradication.
- Other Govt. Health Schemes.

**TRADE UNIONIZED IMA**

- Action Committee for Agitations & Protests formed.
- Indian Health Professional Alliances Partnership with Speciality, Super Speciality Association, other pathies, Dental Association Nursing & Para-medicals.
- Crisis Management Committee, HQRS, State, Local Branch to deal with Crisis situation of the Hospital / Doctors.

