### 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 thru our 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 thru 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' Assocn. 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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This article is based on a presentation made as the Report of Activities by each NMA at the 27th CMAAO General Assembly, Taipei, Taiwan, R.O.C., on November 11, 2011.

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 licensing 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 health-care, the IMA Hospitals Board of India (IHBI) was formed with and 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.

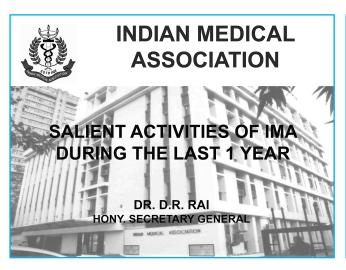
Another main areas of cooperation with UNFPA include (1) Contraceptive update for the medical professionals and (2) Reduction of Infant mortality through medical practitioners.

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.







# 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.







# 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 hicount of bath for uphdring the subcovery of the Medic Council of India by taking the necessary steps for to democratically elected members to take over the function rather than the government of India nominated based governors. The lawn of present board of governors is consitationed on 14 05-2011.

### Subject: Indian Medical Association Vs Union of India Writ Petition (Civil) No. 1281 of 2011 before the Hon'bit

High Central Cardinal New Cardin.

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Council but every time no imagularity had been found in the same. In 2002 Honble High Court of Delhi, appointed an administrator for examining and overseeing the functioning of Q2.09.2003 addressed to the Amicus had expressed recorded their satisfaction with the functioning of the Council in 2005 Ad hoc committee in its report submitted that randor check of the records of the previous inspection report an recommendations thereof in Minutes of meeting of the last years, where mature analities to the Address Committee.

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Nitesh Jain

# 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



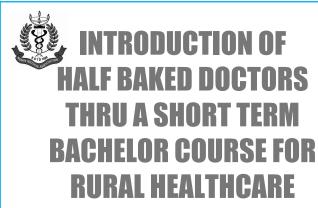
# SUSPENSION OF LICENCE TO PRACTICE OF IMA LEADERS

### **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 INSTI-TUTIONS INVOLVED



-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

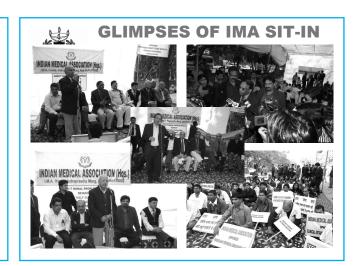
YDAI OUTRIGHTLY CONDEMNED BRHC COURSE



### 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





# 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"





# 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.