



शरीरमाद्यं खलु धर्मसाधनम्

ALL INDIA INSTITUTE OF MEDICAL SCIENCES NEW DELHI

AGENDA

FOR THE **7TH** MEETING OF THE

CENTRAL INSTITUTE BODY

TO BE HELD ON : 29th July, 2023 (Saturday)
TIME : 09.30 A.M.
PLACE : National Documentation Centre,
National Institute of Health and
Family Welfare (NIHFW)
Munrika, New Delhi

Through Special Messenger
By Speed Post

ALL INDIA INSTITUTE OF MEDICAL SCIENCES

No.F.5-1/2023-Genl.(CIB-7)


Ansari Nagar, New Delhi-29

Dated: 25 JUL 2023

MEMORANDUM

Subject: 7th meeting of the Central Institute Body scheduled to be held on Saturday the 29th July, 2023 at 09:30 A.M. in the NIHF, Munirka, New Delhi.

In continuation of this office memorandum of even number dated 25.07.2023 on the above mentioned subject, the Agenda for the Central Institute Body (CIB) meeting is enclosed.

 25/7/2023

(PROF. M. SRINIVAS)
DIRECTOR &
MEMBER SECRETARY

Encl. As above

The Chairman and all the
Members of the Central Institute Body.

ALL INDIA INSTITUTE OF MEDICAL SCIENCES**List of the Central Institute Body Members**

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| 1. Hon'ble Dr. Mansukh Mandaviya
Minister of Health & Family Welfare
Nirman Bhawan, New Delhi – 110011 | President |
| 2. Dr. Anil Jain, MP (Rajya Sabha)
D-244, Anupam Garden,
Saiyad Ul Ajaib, New Delhi-68 | Member |
| 3. Shri Ramesh Bidhuri, M.P (Lok Sabha)
H.No.179, Sunpath House,
Village Tughlakabad, New Delhi-110044 | Member |
| 4. Shri Manoj Kumar Tiwari, M.P (Lok Sabha)
24, Mother Terrasa Crescent Marg,
New Delhi. | Member |
| 5. Dr. K. Vijay Raghvan
Former Principal Scientific Advisor
R.No. 319, Vigyan Bhawan,
New Delhi | Member |
| 6. Shri K. Sanjay Murthy
Secretary to the Govt. of India
Department of Higher Education,
Ministry of Human Resource Development
Shastri Bhawan, New Delhi-110001 | Member |
| 7. Dr. Pranjal Modi
Vice Chancellor
Gujarat University of Transplantation Sciences,
Opp. Trauma Centre, Civil Hospital Campus,
Asarwa, Ahmedabad-380016, Gujarat | Member |
| 8. Shri Rajesh Bhushan
Secretary (H&FW)
Govt. of India
Ministry of Health & Family Welfare
Nirman Bhawan, New Delhi – 110011 | Member |
| 9. Prof. Yogesh Singh
Vice Chancellor
University of Delhi, Delhi – 110007 | Member |
| 10. Dr. Atul Goel
Director General of Health Services
Govt. of India
Nirman Bhawan, New Delhi – 110011 | Member |
| 11. Prof. Vijay Kumar Shukla
Rector & Vice Chancellor,
Banaras Hindu University,
Varanasi-221005, U.P | Member |
| 12. Dr. (Smt.) Vijay Laxmi Saxena
Former General Secretary,
Indian Sciences Congress Association,
(ISCA), Kolkata, West Bengal-700017 | Member |

Dr. (Smt.) Vijay Laxmi Saxena
Coordinator Bioinformatics
Infrastructure Facility Centre of DBT, (Govt. of India),
Head of Department of Zoology, Dayanand
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- | | |
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| 13. Dr. Kameshwar Prasad
Director
Rajendra Institute of Medical Sciences,
Bariatu, Ranchi-834009, Jharkhand | Member |
| 14. Dr. Prem Nair
Medical Director
Amrita Institute of Medical Sciences,
Elamakkara P.O., Kochi-682041, Kerala | Member |
| 15. Dr. S. Venkatesh
Principal Advisor
87, Doctor's Appartment,
4, Vasundhara Enclave,
Delhi-110096 | Member |
| 16. Shri Jaideep Kr. Mishra
Addl. Secretary and Financial Adviser
Govt. of India,
Ministry of Health & Family Welfare,
Nirman Bhawan, New Delhi – 110011 | Member |
| 17. Dr. V.K. Paul,
Member
NITI Aayog, New Delhi | Member |
| 18. Dr. Rajiv Bahl,
Secretary
DHR and DG, ICMR, New Delhi | Member |
| 19. Dr. Raman Gangakhedkar
Former Additional DG,
ICMR, New Delhi

13-14, Chandangad, Next to Rahul Nagar,
Near Karve putala, Kothrud, Pune-411038 | Member |
| 20. Dr. Pratima Murthy,
Director and Vice Chancellor,
National Institute of Mental Health and Neuro
Sciences, Bengaluru, Karnataka-560027 | Member |
| 21. Dr. D.S. Rana,
Sir Ganga Ram Hospital,
New Delhi | Member |
| 22. (Prof.) Dr. Ajai Singh
Executive Director, AIIMS,
Saket Nagar, Bhopal, M.P.-462020 | Member |
| 23. Dr. Madhabananda Kar
Executive Director, AIIMS,
Basni Indl. Area, Phase-2, Jodhpur Rajasthan-342005 | Member |

24. **Dr. Gopal Krushna Pal** Member
Executive Director, AIIMS,
Phulwari Sharif, Patna, Bihar-801507
25. **Dr, Ajai Singh** Member
Director, AIIMS,
Great Eastern Rd, AIIMS Campus, Tatibandh,
Raipur, Chhattisgarh-492099
26. **Prof. Meenu Singh** Member
Executive Director, AIIMS,
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Rishikesh, Uttrakhand-249203
27. **Dr. Ashutosh Biswas** Member
Executive Director, AIIMS,
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28. **Dr. Mukesh Tripathi** Member
Director, AIIMS, Manglagiri,
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29. **Dr. (Prof.) Hanumantha Rao** Member
Ex. Director, AIIMS,
Plot No.2, Sector-20, MIHAN, Nagpur-441108
30. **Dr. Ramji Singh** Member
Executive Director, AIIMS, Kalyani,
NH-34 Connector, Basantapur,
Saguna, Kalyani, West Bengal-741245
31. **Dr. Arvind Rajwanshi** Member
Executive Director, AIIMS,
Dalmau Road, Munshiganj, Raibareilly, U.P-2704400
32. **Dr. Dinesh Kumar Singh** Member
Executive Director, AIIMS
Bhatinda, Punjab-151001
33. **Dr. Vikas Bhatia** Member
Executive Director, AIIMS,
Hyderabad, Metropolitan Region,
Bibinagar, Telangana-508126
34. **Dr. Saurabh Varshney** Member
Executive Director, AIIMS
Anchayat Training Institute, Daburgram JsidiH,
Deogarh, Jharkhand-814142
35. **Dr. Surekha Kishore** Member
Executive Director,
Kunraghat, Gorakhpur-273008
36. **Dr. V. S. Negi** Member
Executive Director, AIIMS,
Bilaspur-174001
37. **Dr. M. Hanumantha Rao,** Member
Executive Director, AIIMS,
Tamilnadu, Madurai-625008

- | | |
|-----------------------------------------------------------------------------------------------------------|------------------|
| 38. Dr. Shakti Kumar Gupta
Director, AIIMS,
Vijaypur, Distt. Samba, Jammu and Kashmir-184121 | Member |
| 39. Col. CDS Katoch
Executive Director, AIIMS
Khanderi, Para Pipaliya,
Rajkot-360006 | Member |
| 40. Prof. Ashok Puranik
Executive Director
AIIMS, Silibharal, Changsari,
Guwahati-360006 | Member |
| 41. Dr. Anup Banerji
Executive Director
AIIMS, Awantipora, Kashmir | Member |
| 42. Dr. Madhabananda Kar,
Executive Director,
AIIMS, Darbhanga | Member |
| 43. Ms. V. Hekali Zhimomi,
Additional Secretary, PMSSY | Member |
| 44. Smt. Ankita Mishra Bundela
Joint Secretary, MoHFW,
Govt. of India | Member |
| 45. Prof. M. Srinivas
Director, AIIMS | Member Secretary |

AGENDA FOR THE 7TH MEETING OF THE CENTRAL INSTITUTE BODY TO BE HELD ON 29.07.2023 AT 9:30 A.M. IN THE NIHFV, MUNIRKA, NEW DELHI

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AGENDA – I

**THE COMMITTEE OF EMINENT EXPERTS TO
DEVELOP A ROAD-MAP FOR DEVELOPING ALL THE
AIIMS AS CENTRE OF EXCELLENCE OF GLOBAL
STANDARD**

**1. TO IDENTIFY NOVEL AND SUSTAINABLE
REVENUE GENERATING MODELS FOR
AIIMS AND OTHER INIs**

DR. R.A. BADWE

DR. PANKAJ CHATURVEDI

SUSTAINABLE MODEL OF AIIMS

With the increasing number of AIIMS and commensurate increase in the operational budget, there will be challenges in budget allocation by the Ministry of Health. The resultant lack of adequate operational expenses will negatively affect the satisfaction level among patients, students and hospital staff leading to erosion of brand value of AIIMS. This will also hamper the mission of AIIMS to offer excellent clinical care to entire spectrum of society rather than financially impoverished only. Most AIIMS have some of the best medical staff in the country that are in great demand by the patients and their caregivers. We can capitalize on this market value of the AIIMS faculty. Recruitment and Retention of the AIIMS medical faculty on government salary is an area of concern that also needs urgent attention. The proposed model will lead to generation of academic funds for supporting research, publication, attending conferences and other privileges.

There are three aspects of our proposed financial model –

- Charges for clinical services
- Academic Fees
- Extramural support for augmentation of Service, Education and Research through CSR, Philanthropy, state government support etc.

Charges for Clinical Services: Rationale for this review.

- Social Strata is one of the most important determinant of outcome of treatment of NCDs. Unless we treat the whole spectrum of society, our understanding of disease remains lopsided and solutions emanating out of such an understanding will have little impact on conquest of disease.
- With rising affluence, many patients are willing to pay for getting additional privileges in Private category or even in General category.
- A significant proportion of patients these days are having private insurance or their employer supports their health care expenditure.

- Many government employees are ensured through variety of mechanisms such as CGHS, ECHS, Indian Railways etc. and entitled for private category treatment.
- At present the treatment to BPL, patients are totally free in AIIMS. APL patients are charged very small token amount for OPD/IPD treatments, which are very old and not revised since long.
- There are various examples of such hybrid models (fully subsidized or partly subsidized) in government sector such as Indian Railways, Passport office etc.
- The Institute must adhere to treating 60% Fully Subsidized and 40% partly subsidized patients annually.
- No poor patient should be denied treatment because of lack of financial support. AIIMS must create a mechanism to generate funds to support that. Revenue earned from the private patients will allow hospital to give more amenities to poor patients.
- With the revenue earned, contractual staff can be employed to run the services in two or three shifts so that more patients can be accommodated.
- This enhanced patient care model should be able to attract medical tourism under Heal India mission.

Proposed Revision –

- There will be two categories of patients – FullySubsidized (for BPL/APL patients) and Partly Subsidized (for Private Patient).
- At present the treatment to BPL, patients are completely free in AIIMS. Above Poverty Line patients are charged very small token amount for OPD/IPD treatments which are very old and not revised since more than a decade. Both these categories will be merged into “Fully Subsidized (FS)” category. To give an example, we recommend revision of charges of the OPD consultation, investigations, bed charges, procedure charges for the Fully Subsidized category as follows -

Charges	Present charges	Proposed charges
OPD Registration charge	Rs. 10/-	Rs. 100/-

IPD Hospitalization Charges (General Ward)

Sr. No	Charges	Present charges	Proposed charges
1	Admission charges	Rs. 25/-	Rs. 100/-
2	Hospitalization charges	Rs. 35/- per day	Rs. 200/- per day

- BPL patients of FS category should be considered for support through the central / state insurance or an Institutional corpus for supporting poor patients. We must create a robust system at the OPD level to ensure that BPL patients are covered in these central or state schemes. APL patients of the FS category will pay for the services they receive. For deciding on other charges (such as laboratory charges, radiological charges, procedure charges etc) for FS Category patients, the schedule of charges of Tata Memorial center can be referred.
- No poor patient should be denied treatment because of lack of financial support.
- There should be dynamic process of revision of charges based on inflation and other indices.
- Due diligence in utilization of high-end investigations, expensive drugs, Implants etc. at the cost exchequer.
- There should be dedicated OPD space for consultation of the private patients who should get good care for the higher price they pay. Serious consideration should be given for starting the evening OPD as additional source of revenue.
- **Partly Subsidized category** -Patients admitted in the private wards should have a separate schedule of charges. Presently there is shortage of private beds in all AIIMS. In the interim, special general ward (within the existing general wards) can be created with additional value added services to admit patients covered under CGHS, ECHS, Railways, Private Insurance, PSU Insurance etc. The charges such as surgery charges, laboratory charges, radiological charges, procedure charges etc will be as per their entitlement.

Academic Fees -

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- The committee proposed annual fees for all courses such as Under Graduate, Post Graduate, Paramedical Courses, Nursing that are being conducted in AIIMS with negligible fees. This should be like what is being practiced in Indian Institute of Technology, Indian Institute of Management and other government run reputed medical colleges of the country. The aim should be to give subsidy to those who need rather than to all. The committee proposed following fee structure –

The Proposed fee structure for all medical courses

Category	Tuition Fee (Per semester)	Hostel seat rent + Amenity Charges (Per semester)	One time payment	Payable each semester	Refundable caution deposit	Medical Insurance + student distress fund (Per Semester)	Total Fees payable at the time of admission
General, OBC (Family income above EWS as per Gol norms)	Rs. 1,00,000/-	Rs. 8,000/-	Rs. 5,800/-	Rs. 3,850/-	Rs. 6000/-	Rs. 800/-	Rs. 1,24,450/-
EWS (as per Gol norms)	Rs. 33,333/-	Rs. 8,000/-	Rs. 5,800/-	Rs. 3,850/-	Rs. 6000/-	Rs. 800/-	Rs. 57,783/-
SC, ST and PwD	NIL	Rs. 8,000/-	Rs. 5,800/-	Rs. 3,850/-	Rs. 6000/-	Rs. 800/-	Rs. 24,450/-

BSc (Hons.) Nursing Course Fee

Category	Total fees payable per year per student (Approx)
General, OBC (Family income above EWS as per Gol norms)	Rs 50,000/-
EWS (as per Gol norms)	Rs 25,000 /-
SC, ST and PwD	Rs. 10,000/-

- We should increase the seats of NRI quota at a premium cost.

Extramural Support for Service, Education and Research -

- Faculty of AIIMS are undertaking various research projects in the field of medical sciences. Similar to IITs and IIMs, faculty to be encouraged to get the consultancy charges on the departmental kitty and utilized as per the

prevailing SR 12. A mechanism should be created to ensure that departmental work does not suffer due to research consultancy.

- The Service charges for conduct of the research in the AIIMS to be 15 percent of the project cost for the non-government sponsors. In case of projects being sponsored by the Government, prevailing government norms will be followed.
- The institutes should create fund-raising committee to arrange the funds through CSR/Donations for various research projects. These funds will be utilized as per the SOPs that institutes can decide.

2. AIIMS VISION 2030

DR. CHITRA SARKAR

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1. VISION 2030 FOR AIIMS

To become global Institutes of Excellence (IoE) by providing the highest quality of patient care, research and education in ways which benefit society on a local, regional, national and global scale.

2. ACTION PLAN

2.1 Establishment of Centres of Excellence (CoEs) in identified areas with alignment to global standards in all new AIIMS

2.2 Periodic review of each new AIIMS

2.3 Enhancing education – UG/PG Curriculum

3. ESTABLISHMENT OF CENTRES OF EXCELLENCE (CoEs) IN IDENTIFIED AREAS WITH ALIGNMENT TO GLOBAL STANDARDS IN EACH AIIMS

IMPLEMENTATION PLAN

3.1 Goals/Deliverables for Centres of Excellence:

- Reducing the burden of disease pertaining to the specialty in the state/region.
- Ensuring Precision Health for the Population & Personalised Medicine for patients.
- Destination Programs under one roof that draw national / global referrals.
- Patient and population oriented research spanning basic; translational; clinical; health services; outcomes; and quality of care research, collaborative research projects.
- Technology and innovation should be a driving force for developing new solutions – Innovations in education & communication, encompassing health care providers, care recipients and other stakeholders.
- Addition of new policies, programs at state/national/international level, Influencing national/global policies and decision making, clinical guidelines, public health policies.
- International recognitions e.g., Centres of excellence by WHO etc.
- Achievements of national and global standards.

3.2 Identification of prospective CoE by each AIIMS:

- Each AIIMS to identify at least 1 or 2 potential thrust areas that can be converted into “Centre of Excellence” with alignment to global standards by 2030.
- Some minimum eligibility conditions to become CoE viz.
 - (i) Institute should have minimum standing of 5 years (fully functional)
 - (ii) There should be a multidisciplinary team of experts with strong interdisciplinary collaboration.
 - (iii) Should have at least 5-6 faculty members with minimum 2 being Professors in that specialty.
 - (iv) The thrust area should be aligned with national needs keeping in mind the specific disease burden.

3.3 Selection of CoE

- Objective assessment by a central interdisciplinary external committee comprising of experts from premier INIs and research institutions of India including the current Committee of Eminent Experts. In addition subject experts can be invited.
- Selection will be based on:
 - (i) Regional and national priorities.

- (ii) Regional / national burden of disease
 (iii) Track record of the proposed multidisciplinary team/departments.

3.4 Assessment Parameters for selection of prospective CoE

S. No.	Assessment Parameters for selection of prospective CoE
1.	Date of inception of the institute
2.	Reasons to justify to be CoE (Strengths, Performance, regional/national priority area/disease burden)
3.	Faculty strength (Sanctioned/filled) (minimum 4-6 faculty with minimum 2 Professors)
4.	Core area of expertise of each faculty of the multidisciplinary team. The expertise of the faculty in the area of CoE should be documented by publications, patents and national/international leadership position
5.	Profile and academic achievements of each faculty member
6.	No. of existing PG (MD/MS)/ DM/ M.Ch./ Ph.D. students
7.	Number of existing support staff (especially technical)
8.	Infrastructure currently available – physical (space), machinery and equipment, digital infrastructure etc.
9.	Current Clinical workload (OPD/IPD/Surgeries/Interventions/ Procedures done)
10.	Vision of the CoE for next five years
11.	Requirements of CoE (space, machinery and equipments, manpower, etc.) with approximate budget requirements
12.	Recommendation of the Director/ED of AIIMS and GB/IB approval

3.5 Privileges/Funding to be provided to the CoE

- The CoE will be given an annual grant of at least Rs. 10 crores for 5 years (More may be given depending on budget projected by the institute). This will be over and above the regular departmental grant by the institute.

- The grant can be used for research, patents, starting new services, high end equipment, international collaboration (including travel), and training of faculty in national/international centres etc.
- CoE will be initially given for a period of 5 years. Depending on the overall performance assessment at the end of 5 years, a second term of 5 years will be granted.
- One very critical factor should be sustainability mechanism after 5 years. This can be achieved in 2 ways:
 - (i) Either the institute takes the CoE as a core function of the institute depending on its importance/popularity/performance over 5 years and supports it through core funding; and/or
 - (ii) Extramural funding from agencies such as ICMR/DHR/DBT/DST/industry partnership may be sought
- There should be provision for starting new CoEs with time and progress of Institute.

3.6 Parameters to Monitor Performance of CoEs:

- External review mechanism with national and international multidisciplinary team of experts (can be same committee that selected the CoE).
- Review of progress to be initially at 2.5 or 3 years (midterm review), to provide feedback/ course correction, including termination of funding if progress not satisfactory.
- Review again at 5 years for consideration of additional 5 years for support based on meritorious ranking and performance. Also about sustainability of mechanism.
- **Some assessment parameters for monitoring performance in terms of quality and impact will include:**

3.6.1 Parameters of quality

- (i) Patient care— especially new interventions, special clinics, advanced diagnostics and therapeutics, digital health, etc. introduced.
- (ii) Academics – New Academic Programmes aligning with health system needs; Innovative teaching-learning methods; academic exchange programs (faculty/student)
- (iii) Research –publications/ original articles in national and international peer reviewed journals and books published,, Peer review grant funding received (investigator initiated grants), Incubation centres opened, Research collaborations developed, MoUs signed,
- (iv) Innovations - any patents/innovations from the research, any products developed, Any startups and technology based innovations
- (v) Physical/Infrastructure developed,
- (vi) Workforce developed/capacity building/manpower trained.
- (vii) Accreditations/certifications/international recognition received – NABH, NABL, ISO, etc.
- (viii) Awards/Honors/fellowships received by faculty.
- (ix) Conferences/workshops/seminars/(Natl/Intl) organized.

3.6.2 Impact of CoE

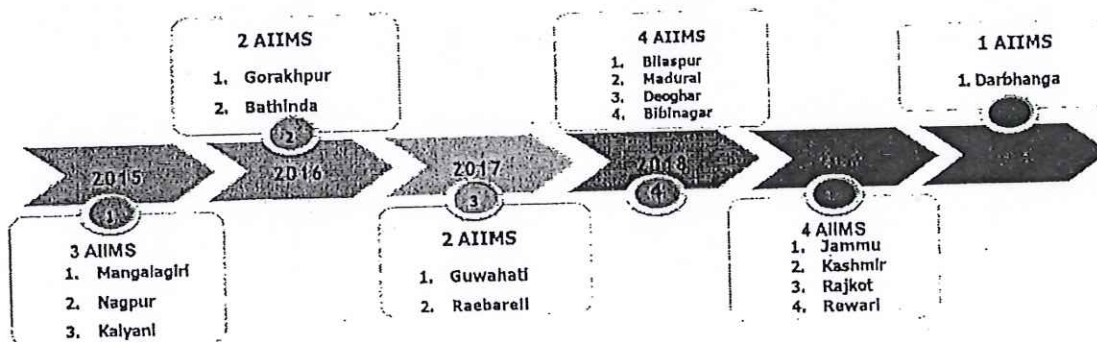
Overall impact that the CoE has made – its regional and international visibility & whether it has attracted partnership, collaboration, knowledge-transfer opportunities, national and global impact on teaching, clinical patient care and public health practices, policy guidelines national and international recognitions.

- (i) Patient care – improvements of outcomes, transfer of clinical skills to medical colleges in surrounding areas, national/global patient referrals. Pre - and post - change in disease outcomes such as reduction in mortality and morbidity, cost efficiency, provision of high end intervention not available before establishing CoE.
- (ii) Academics – national and global impact of medical educations
- (iii) Research – originality and significance of research output publications; reach and significance of impact, clinical impact of research on patient care nationally and globally, impact of research on public health practices, public health policies/guidelines developed
- (iv) Societal impact .

New AIIMS at Various Stages

First phase – 6 fully operational AIIMS (Bhopal, Bhubaneswar, Jodhpur, Patna, Raipur, Rishikesh)

- *Second phase – AIIMS started in 2015, 2016, 2017
- *Third phase – Remaining AIIMS
- *(Institute can start preparing with intention to establish CoE)*



4. PERIODIC REVIEW OF EACH NEW AIIMS - IMPLEMENTATION PLAN

The review process is in addition to annual progress report submitted by the Institution

4.1 Two Step Process

- Biennial (once in two years) internal review
- External peer review – once in 5 years
- Review process should be started as soon as the first batch of the UG students join the institution. Actually this early review is critical because will set the future tone and direction of the institution.

4.2 Internal review mechanism – Biennial (once in 2 years)

4.2.1 Committee constituted by the President of respective AIIMS

- 2 IB members nominated by President – 1 technical expert and 1 MP (will be co-chairs of the internal committee).
- 3 senior faculty members/Professors from the institute nominated by Director – to be changed for every cycle

4.2.2 Performance of the overall AIIMS and each department to be the basis of evaluation in terms of

- Services
- Education and training
- Research
- Centre of excellence
- Public health/Outreach activities

4.2.3 Assessment will be made based on following indicators (Details of indicators to be made by this committee – Different bench marks for mature and new AIIMS)

- Volume indicators
- Output indicators
- Outcome indicators
- Process indicators

4.2.4 The key focus of the internal review should be: (This is beyond the review of quantitative data provided by the Institute in its annual report.)

- (i) Assessment of institute performance in terms of its Societal impact/outreach activities/satisfying local and regional health needs.
- (ii) What are the unique strengths and weaknesses of the individual departments in terms of the manpower, infrastructure and output?

(iii) Barriers and bottlenecks that have prevented the department and the institution to achieve their best: administrative and governance issues; resource allocation; performance of the faculty to achieve institutional objectives: root cause analysis.

(iv) What are the facilitators

(v) What needs to be done to overcome the current challenges?

(vi) To achieve the 1-4, qualitative approach i.e., talking to faculty and members from different level of cadre and administration will be required.

- During review the expert team will visit randomly selected 10 to 12 departments physically for on site assessment. Remaining departments will be assessed based on reports provided.
- Assessment will be semi-objectivised/qualitative – because parameters may be different for each AIIMS depending upon stage of development.
- Qualitative grading may be done (excellent/very good/good/average/unsatisfactory)
- Recommendations to be given and then followed up with subsequent cycles

4.3 External periodic peer review of each AIIMS

- Review once in 5 years.
- This should be on the same lines as bi-annual internal review process
- External review should also assess to what extent the recommendations have been followed through and action taken
- Peer review mechanism by an interdisciplinary committee of experts / academicians from premier INIS and research institutions in India and abroad
 - Institute body under the leadership of President should appoint the Committee
 - The chair should be an eminent biomedical scientist / clinician scientist from India; one or more international experts; one bureaucrat, few clinicians / clinician scientists and biomedical scientists from other INIS including other AIIMS
- The report is to be submitted to IB and IB decides the roadmap for adoption of the recommendations of the committee
- All the indicators and parameters mentioned under CoE also applicable here as well with larger canvas.
- Ranking in the national and global lists of recognition.

5. ENHANCING EDUCATION – UG/PG CURRICULUM

- Each AIIMS should be given complete freedom to adopt and innovate the UG and PG curriculum as per the location and the needs of the context in which these AIIMS are functioning
- AIIMS coming up with unique and innovative teaching – learning approaches be complimented and awarded

- Shared with other AIIMS and NMC for wider adoption
- Another important dimension will be upgrading the skills of the faculty which should also be taken up with as much seriousness as UG and PG training.

5.1 Developing UG Curriculum

Flexible curriculum in all AIIMS – with some common templates

- Adopt new teaching – learning methodologies such as blended learning, flipped classroom and experiential learning.
- Curriculum should have scope for elective courses in Ayurveda, yoga, medical humanities and alternative medicines. (Integrative medicine), medical informatics, digital health.
- Curriculum should be inclusive of courses in moral values, ethics, attitude, compassion and communication skills. Social and behavioural sciences and economics to be added
- Adequate focus on mental health of students (wellness clinics in all AIIMS).
- Mentor – mentee programs in all AIIMS. (Faculty mentor)
- Undergraduate student research scheme – on competitive basis (with a faculty mentor).
- Financial support system to be made for students to publish/present their research work in national/international conferences.
- Students exchange programs – Students should have option to do internships/fellowships in the following institutions.
 - National premier research institutions in health sector.
 - Top NIRF Ranking institutions and INIs/IITs/NITs/IIMs.
- Skill lab training to be available in all AIIMS
- All AIIMS should have Centre of medical education.
- All AIIMS should have student faculty Assessment Centre.

5.2 PG curriculum

- PG curriculum should invariably focus on advancing learning and also promoting students as early-researcher.
- As part of the PG academic activities, there should be:
 - (i) Clinical Audit in each department regularly
 - (ii) Morbidity and mortality review meeting weekly in the department and also in the institute at least once in a month.
 - (iii) Clinical combined and grand round in the institute involving all departments.
 - (iv) Posting in the district hospitals mandatory for community service commitment
 - (v) Thesis should be mandatory
 - (vi) Presentation of papers in conferences of thesis/or any paper should be encouraged - financial support to attend conferences.
 - (vii) Publication of thesis papers/any paper to be encouraged.

- (viii) Research Methodology Course including biostatistics mandatory for PGs and credits to be assigned by passing an exam at the end of the course.
- (ix) Demand driven research as per country's needs – 100 priority topics to be identified with help of ICMR and NMC – to be provided to PG students for thesis/research.
- (x) Dual degree programs – MD/PhD programs

**3. OUTCOME-BASED COLLABORATIVE
RESEARCH AND USE OF ARTIFICIAL
INTELLIGENCE**

DR. T.S. RAVI KUMAR.

Collaborative Research & Artificial Intelligence

General Principles & Framework:

The AIIMS Act lays down the Functions of the Institute (in Section 14) with a view to promote the Objects specified in Section 13. In Section 14(b), it stipulates that every Institute "... provide facilities for research in the various branches of science..." and in Section 14(f)(v), "to establish and maintain rural and urban health organizations... for research into community health problems". In keeping with these Objectives and Functions, AIIMS Research should foster an ecosystem for a broad range of scientific enquiries aimed at developing generalizable knowledge that improves health, increases understanding of disease and is ethically justified by its social value. Each AIIMS should set an audacious goal.

The ICMR 2017 research guidelines documents outline the principles applicable for all biomedical, social, and behavioural science research conducted in India involving human participants, their biological materials, and data. Robustness of all stages in research must be emphasized, such as design, conduct and results reporting, enabled and facilitated by Scientific Review Committee/Research Advisory Committee/Institute Research Committee. The goal is to enhance knowledge about human condition, while maintaining sensitivity to Indian culture, social and natural environment. ICMR reiterates the four global ethical principles: Autonomy, Beneficence, Non-maleficence, and Justice while conducting biomedical and health research. Principle of essentiality of proposed research should be assessed by Institute Ethics Committee (EC/IEC) independent of the proposed research.

Salient documents pertaining to various types of health research include, but not limited to:

- (National ethical guidelines for biomedical and health research involving human participants, ICMR 2017: <https://ethics.ncdirindia.org/>)
- Registration of ethics committees reviewing biomedical and health research DHR: National Ethics Committee Registry for Biomedical and Health Research (NECRBHR): <https://naitik.gov.in/DHR>
- ICMR guidelines for extra mural research programme: <https://main.icmr.nic.in>)
- Clinical Trials Registry India (CTRI): <https://www.ctri.nic.in>
- ICMR Indian Clinical Trials and Education Network (INTENT) <https://intent.icmr.org.in>
- Central Drugs Standard Control Organisation (CDSCO) & Good Clinical Practice guidelines (GCP) of 2001/2005 and revision in Drugs and Cosmetics Act 2013
- National guidelines for Stem Cell Research 2017
- Guidelines on the regulation of scientific experiment in animals <https://cpcsea.nic.in/>

Basic & Essential Structure and Process for Research Ecosystem in each AIIMS

AIIMS are in various stages of development and hence a brief outline of initial steps for establishing a Research Wing is provided below. Perhaps the first cohort of six AIIMS started in 2013, and AIIMS Delhi may serve as research mentor for establishing the research platform for the rest of the institutes in the developmental phase, by providing faculty for research workshops, helping in various committees, extending collaborations, conducting research audits etc.

Dean/ Assoc Dean Research to be appointed in all AIIMS, with a broad mandate for research excellence, empowered across all departments and provision of administrative support. An Office of Grants & Contracts to be set up under Dean's control for broad purview of managing the research portfolio, coordinating various committee meetings, facilitating research proposals, budgeting, procurement, audit compliance etc. Several research committees are to be set up to be in compliance with the statutory requirements outlined in the websites referenced above:

1. An Institute Ethics Committee (IEC), a requirement as per ICMR 2017 National Ethical Guidelines involving human participants, with stipulated membership, purpose, and process.
2. A Scientific Review Committee (SRC)/ Institute Research Committee (IRC) with multi-disciplinary members across several departments, to serve Internal scientific scrutiny of all research proposals, facilitate research activities & ensure compliance, certification, accreditation etc.
3. In compliance with Public Funded Research Institution (PFRI) requirements for registration in Department of Scientific & Industrial Research (DSIR), a Research Advisory Committee (RAC) needs to be constituted with stipulated internal/external members.

A stratified streamlined process for evaluating research proposals from students, post-graduates'/ doctoral fellows' thesis, faculty grants etc. should be set up amongst above committees, with subcommittees as needed for efficiency.

Capacity building / Human Resources Development for health research will be facilitated by education/ training through regular workshops in research methodology, research design, ethics, data collection/ analytics, biostatistics, safety & monitoring, adverse events reporting, publications, etc. Source materials are available in various websites (some listed above) spanning research in human subjects, animal experimentation, drug/device studies, and various types of research including multi-center clinical trials. A year-round curriculum must be formalized, and visiting faculty from other institutes shall be invited for workshops. The INTENT platform of ICMR, while developed for multicenter clinical trials, is also an excellent educational tool for research.

Starting from an 'Idea' through hypothesis generation, background data gathering, research design leading to grant proposal requires Mentorship, an essential ingredient to foster research at various levels, starting from undergraduate students, to faculty. Various other modalities to nurture research such as recognitions, research day celebration, research emphasis in promotions, recruiting scientists, valuing peer reviewed grants, establishing collaborations and yardsticks to measure research output are listed later in this report. Annual review of research to be undertaken by an independent board. A Governance model to be developed with a central evaluation and monitoring board to evaluate research output on relative basis across all AIIMS.

The modalities for developing research programs & human resources for health research, with audacious plan for each AIIMS to develop individually, and for AIIMS Collaborative collectively are briefed below.

1. Thematic Research:

There is a need to integrate basic research and applied research which will lead to new products, new approaches & support Centers of Excellence (CoEs). Research should focus both on National Priority areas for collaborative research to be carried out by all AIIMS, and thrust areas of research for local issues by each AIIMS. Research should generate globally acceptable real-world evidence, carried out in a milieu promoting discoveries, fostering new ideas of all types, and facilitating mentorship at all levels. Starting with student research projects to junior/mid-level faculty, senior faculty shall lead longitudinal research themes and establish an "Ecosystem of Enquiry" imparting 'Intellectual Freedom'. The Research should be societal outcome based and have translational value (Indian solution for Indian problems).

Thematic Interdisciplinary Research examples to drive world-class COEs for consideration:

- Infection, Inflammation & Immunity
- Genes, Environment & Behavior
- Biotechnology, Bioinformatics and Nano Technology
- Injuries – Trauma, Violence & other Un-intentional/ Intentional Injuries.
- Women & Child Health
- Transplantation, Stem Cells & Regenerative Medicine
- Artificial Intelligence, Machine Learning, Deep Learning, Large Language Models, GPT & other healthcare assistive technologies

Each thematic research requires a Critical Mass: 3 or more departments/lead investigators for each with 10-15yr time horizon. Collaborations to be set up with other eminent institutions & Industry, with the mandate to develop new paradigms, breakthrough discoveries and start-ups.

II. Centre for Advanced Research

A Central Advanced Research Facility (CARF) should be established in every AIIMS as a separate block. This CARF building may be planned based on Thematic Research with core facilities co-located along with each area of research. Two alternative proposals with structural models (Model A and Model B) are provided for CARF building plan outlay, equipment, and budget. The total proposed area to be built in stages, is 63,000 sq ft, in 6 floors. In Model A, Thematic Research Labs in 3 floors, and shared core facilities in 3 other floors; In Model B, Thematic Research Labs with respective core facilities in each of 6 floors. Research Project related procurement to be expedited, observing GFR. User fees and institution overhead costs budgeted in funded grants will defray expenses for shared core facilities.

Centralised high end equipment system with biomedical equipment support services to be made available across all AIIMS for reducing duplication and improving efficiency/ economies of scale. High end equipment to be linked with central research lab in a Hub & Spoke model with Central/ Regional Offices. Clinical Research Organization (CRO) to be set up in each CARF as a department/ division of biostatistics with robust staffing, and a central facility to provide clinical research education, clinical trial design & support, data safety/ monitoring, biostatistics. A Bio-banking system to be setup with central hub support. Managing 'Big Data' with data archiving, data mining and analytics to be a function of CARF; facilitated by technical collaborations with institutes such as IIT/IISER.

III. Network & Collaborations

Inter-AIIMS collaboration should be developed for all healthcare domains to foster innovations, Clinical Trials, Research Studies of various categories along with Centralised Data archiving and analytics facility. Developing Incubator/ Start-up division to be considered in collaboration with IITs/ other INIs/ Industry. Faculty/ Student Exchange Programs & Visiting Professorships should be encouraged.

Collaborative research must be done with good Universities both outside and within India; including IITs, IIMs, CSIR, etc., and partnering with Central and State Govt hospitals for larger ambit of Health & Wellness. Joint global grant applications and award of joint degrees – Masters, PhD, MD PhD to be fostered. Collaboration with AYUSH is important for Integrative research/Joint PhD programs. Not limiting to only academic institutions, AIIMS shall extend partnerships and collaborations with global organizations such as WHO and renowned NGOs.

Three AIIMS Collaborative Initiatives are proposed: 1. Clinical Trials Network 2. Longitudinal Population Cohorts; and 3. Care Continuum Program

1. To implement AIIMS Clinical Trials Network/ Consortium, it is suggested to adapt INTENT platform of ICMR. INTENT is set up for scientifically sound and culturally appropriate solutions to diseases and health issues of National and Regional importance. Using a single platform, this mechanism will enable a range of RCTs, while harmonizing trials in diverse Indian communities and is at the forefront of capacity building of health researchers across the country.

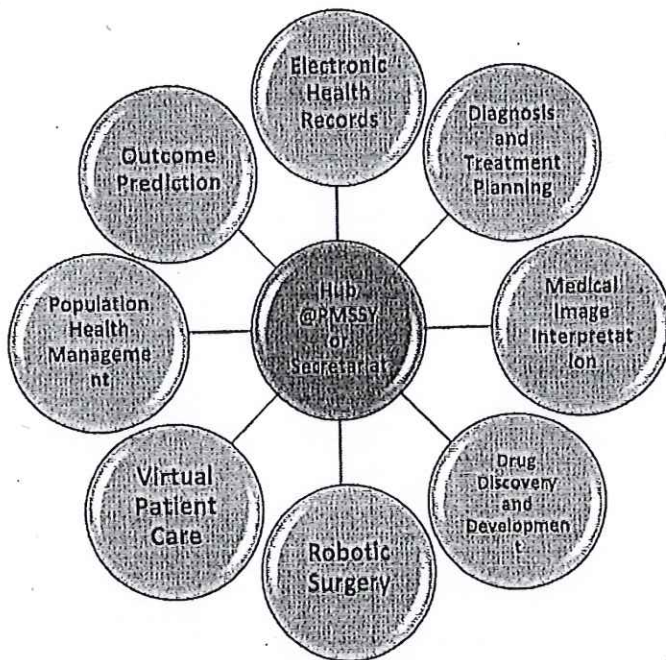
2. Each AIIMS will start to establish 10,000-member population cohort consisting of about 2300 families that reside around the Institute geographical area, & tracked longitudinally. This is to be coordinated through CFM department, with each medical student being responsible for 5 families. The initial enrolment is achievable in 2-3 years; tracking to continue longitudinally over decades. The goal would be to expand the cohort size, to cover the Mandal/Tehsil/Taluk around each AIIMS during 5-10 years; the average estimated size of Mandal population is about 90,000. Taken together, AIIMS Longitudinal Population Cohort will be about 20 lakhs. This will be a globally unmatched heterogeneous

population cohort for periodic cross sectional and longitudinal analysis for epidemiological transitions, and other initiatives such as outbreaks. This is an investment for multi-decade research

3. Care-continuum Model for Digital Health of Govt of India: about 10 lakh patients' data in digital form is generated every month under AB.PMJAY scheme which can be leveraged for health services / outcomes / 'sweet spot' research, and generate real-world evidence (Implementation Science).

Tribal Health should be one of the Major Research Priorities of local need for each AIIMS.

IV. Artificial Intelligence (AI)



AI is a fast-moving field encompassing Machine learning, Deep learning, Virtual reality, Augmented Reality, Large Language Model, Generative Pretrained Transformer (GPT) & other emerging technologies.

AI helps in improving health systems' efficiency & effectiveness with overarching goals of Personalised Medicine for the patient & Precision Health for the population.

Example for implementation: A Hub & Spoke Model of AI in Healthcare as a Virtual Centre of Excellence across all AIIMS is outlined here. Each AIIMS may choose one or more areas to pursue with IIT, IIM, IISER or other technology partners. The Hub composition may be

decided by MoHFW. IIT-Madras, a global leader in AI & Data Science has sent a proposal to participate in the collaboration hub. While the potential for AI to augment healthcare is huge, concern for harm and abuse is also high. Hence, the AI research also involves optimizing its use and developing policies in regulating AI and other health assistive technologies.

AI is affecting all aspects of the healthcare ecosystem. While the impact in medical imaging has received a lot of attention, AI can have a tremendous impact in all stages of healthcare, starting from primary care (triaging, preliminary diagnosis, follow-up care, etc.) to tertiary specialist care (imaging/diagnosis, detecting drug interactions/combinations, long term prognosis, etc.). AI is revolutionizing associated science as well, including more powerful drug design approaches, making personalized drugs a reality in the near future. Further, AI will impact healthcare services as well – patient interaction, wellness management, insurance, etc.

While much investment and progress is being made in the Western world in this area, we are still in a position of receiving the products. Drug development or test standardization that is done predominantly on a Western population might not be equally effective in an Indian setting. Similarly, AI models developed on Western data might not be effective for the Indian context. Variations in presentations, equipment quality, and appropriate price points have unique Indian challenges. Hence it is imperative that we quickly initiate high-quality research in these areas.

V. Human Resource Development (HRD) For Health Research

HRD is mandatory for Capacity Building for research in each AIIMS towards pre-eminence, developing health research workforce for 21st century. Each AIIMS should conduct regular workshops in Research Methodology, Grantsmanship, Ethics, Biostatistics & various types of Clinical Trials, coordinated by Research Wing under Dean Research. Mentorship should be robust, and may involve both internal as well as external mentors targeted to programmatic and researchers' needs. The MOUs should include capacity building in research at various levels, including visiting Professorships, joint PhD, MD PhD, and Masters programs. Various funding sources to be tapped for stipends, salary support, bridge grants, research scientist support, developing a cadre of Research Scientists, Clinician Scientists & Endowed Professors/Chairs. In order to optimise outcomes in clinical/ translational research, a "triumvirate" team of Human Resources is to be attempted for each major research endeavour. The three in triumvirate shall consist of Basic Scientist(s), Clinical investigator(s) & Clinician(s), all working together.

Intramural grants & extramural funding for HRD to be sought as described below. Additional funding for various HRD to be sought from Government sources (ICMR, DST/ DBT, MHRD, MoHFW, etc) and non-Government agencies (NGOs/ Philanthropy/ CSR).

Revising Sneh Bhargava Committee APS norms towards research emphasis may be considered.

VI. Funding Various sources of funding to support AIIMS research for global eminence are described below. The funding should encompass infrastructure, research program support, HRD for health research, Network and collaboration, and recurring expenditure.

Each AIIMS to seek competitive funding through AIIMS ICMR Extra Mural Research Programme. Also, an annual competitive merit-based research grant of Rs.20 Crore for 5-10 high impact projects to be considered across all AIIMS.

Each AIIMS	Fund Requirement	Purpose/ Scope	Generation/ Sources
One Time	Rs100 Crore each year for 4 years	<ul style="list-style-type: none"> To build Centre of Advanced Research Facility Initial funding for various thematic and network programmes To fund bridge grants 	<ul style="list-style-type: none"> From Government of India, linked to progress in development & performance as per metrics in CARF "Consortium Mode" ICMR - DHR Funding for Data archiving/ Analytics
	₹ 8 crore	<ul style="list-style-type: none"> ₹ 5 crore for high end shared/ major equipment Individual research project equipment Minor civil remodels 	<ul style="list-style-type: none"> ICMR-DHR MRU Grant DHR MRHRU Grant Funding available up to 2025, and support beyond 2025 for funded Institutes
Recurring	Variable	<ul style="list-style-type: none"> Intramural Research Funding for all junior faculty 	<ul style="list-style-type: none"> Ministry – SFC mode Various Start-up Grants/ Philanthropy/ CSR/ Other donations
	₹ 1.5 crore	<ul style="list-style-type: none"> MRU Grant of ₹ 1 Crore for civil/ annual needs MRHRU Grant of ₹ 50 Lakhs for staffing and consumables 	<ul style="list-style-type: none"> Ministry on proposal merit basis through ICMR
	Variable	<ul style="list-style-type: none"> Individual Projects Pilot Projects High Impact projects Other Peer reviewed projects 	<ul style="list-style-type: none"> Various Govt & other Grantor agencies Fund raising for ear-marked purpose through CSR, etc

Recurring	Variable	<ul style="list-style-type: none"> • Workshops, Seminars, conferences • Salaries 	<ul style="list-style-type: none"> • ICMR HRD, ICMR extramural • DST/ DBT/ Other Govt Funding • Global agencies/ NGOs
	Variable	<ul style="list-style-type: none"> • Institutional research expenditure • Core services • Core shared services • Consumables 	<ul style="list-style-type: none"> • Overhead (indirect Charges) <ul style="list-style-type: none"> • Government sponsored (3-5%) • All others (15%) • User Fee for shared resources • CSR/ Other funding sources

ICMR-DHR has HRD and Extramural funding stream, with no specific limit to fund Research Fellowships/ Scientists, Start-up grants and meritorious recruitments of overseas scientists.

VII. Action at Institute level

Creating a robust Research Ecosystem through establishing Research Wing under Dean Research, supported by scientific & ethics committees, and administrative structure. Capacity Building/Mentorship at all levels - Training of Faculty in Research, Undergraduate Student Research Scheme, Awards / Recognition/ Incentive to Researchers, Increasing Posts of Scientists/ Non-Medical Scientists. Institute Website to be designed with explicit domain for Research Wing in home page with portfolio & navigation.

Developing Centers of Advanced Research: including Patent / Innovation/ Business development Cell, Biostatistics Department, Research Procurement & Fund Management cell

Identification of thrust areas for collaborative research, MoUs with IITs, INIs, State and other Central Universities, Registration of Institute in various National & International agencies, Collaboration with AYUSH. Integration of Basic research and applied research. Research quality Audit- (Internal / External) including publications

Celebration of Research Day: "Anusandhan" for each AIIMS at periodic intervals and "Manthan" annually/ semi-annually wherein researchers of all AIIMS may submit their research work

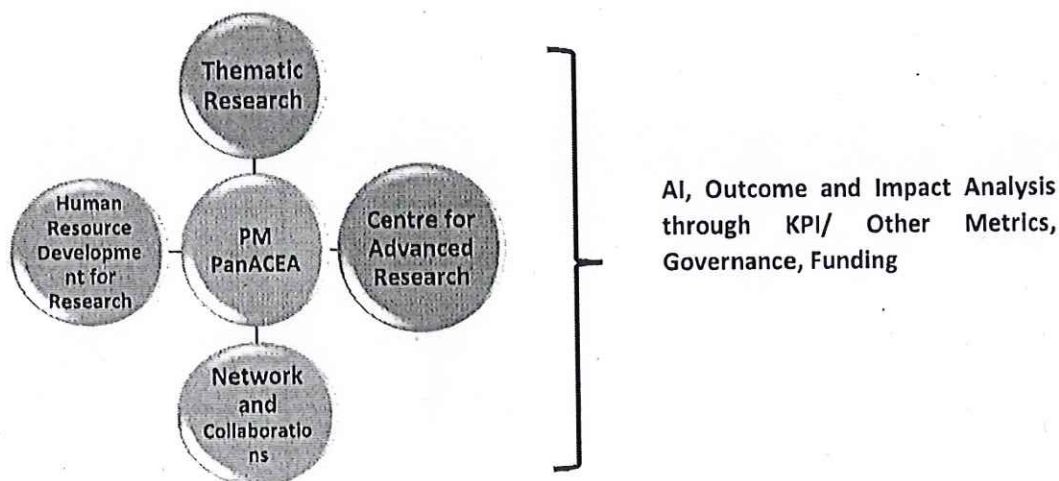
VIII. Outcome & Impact Analysis – Key Performance Indicators & Other Metrics

- Quality of research publications in PubMed indexed journals with emphasis on original articles, first author & communicating author papers, Collaborative research papers, Various citation indices
- Grantsmanship: Peer reviewed grants funding with emphasis on Investigator initiated grants / Program project grants as PI/Co-PI /Co-I with significant role; Funding agency (National /International); Multi-institutional collaborative projects
- Clinical trials: stratified weightage, highest for RCT and new paradigms
- Patents filed/issued: Innovations in technique, technology, teaching-learning methods
- Fund raising through CSR/ other philanthropy for endowments, research chairs and fellowships
- Conferences/ Workshops/ Seminars (National / International) organized and papers presented
- Awards and Honors received (National / International).
- Membership of Editorial Boards, Chairperson/ Member of national and international committees'/task forces, Fellowships of various academies (national and international).
- Promotions should be given with weightage on performance under research.
- Research Collaborations, Partnerships and MoUs - result oriented with defined timelines and deliverables, collaborations at several levels: project mode or mission mode
- Yardsticks (ROI) to be defined for Overall Impact on Public Health /Patient Outcomes in Region

IX. Nutshell- AIIMS Research Implementation

- **Research Oriented Ecosystem** should be promoted across the institute to ensure quality of research outcome and enhance collaboration, to attain global preeminence and an “ecosystem of enquiry.”
- Research focus to be based on **Thematic & Longitudinal research** (>10-15yr horizon) based on both National Priorities and Local Health issues including Tribal Health
- **Central Advanced Research Facility (CARF)** should be established in every AIIMS as a separate block with MoHFW Funds to explore all categories of research. Ongoing research to be funded through a variety of streams: grants, contracts, philanthropy, CSR etc. for a self-sustaining research enterprise in the long term.
- A **Pan-AIIMS Collaborative platform** to be set up for Longitudinal Population Cohorts, Clinical Trials Network, Care-Continuum Digital Health & Artificial Intelligence. Basic research and applied research to be integrated, including AYUSH, with major thrust to support Centers of Excellence in each AIIMS.
- **Capacity Building /HRD** for Health Research in 21st Century to be prioritized across full spectrum of health professionals – workshops, mentorships, exchange programs, etc.
- **Funding** - Various Govt & Non-Govt Opportunities: Leverage ICMR DHR to establish Multidisciplinary Research Units (MRU), Model Rural Health Research Units (MRHRU) and HRD Fund Mechanism/ Extramural grant types; Schemes from other ministries - DST/ DBT, MHRD/ MoE, MoEF, etc. Global NGOs (eg. WHO, UNICEF, WB), other Grantor agencies (eg. NIH) & foundations/ CSR mechanisms.
- In Order to encompass the whole initiative across all AIIMS, the term **PM-PanACEA** is proposed shown below to portray the national collaboration across all AIIMS to achieve global excellence and self-sufficiency

PM PanACEA - Pradhan Mantri Pan-AIIMS Collaborative for Excellence & Atmanirbhar



**4. COMMITTEE ON MANAGEMENT AND
GOVERNANCE PARADIGMS & MANAGING
HUMAN RESOURCES**

DR. PRAMOD GARG.

1. Centralized Faculty recruitment process

A policy of Centralized Faculty recruitment is *not recommended* for the following reasons:

- 1) There is a separate selection committee for each AIIMS according to the AIIMS act. Every institute is mandated to make its faculty team to cater to the specific needs of that particular institute. The Institute Act might have to be changed for this purpose if a centralized policy is to be implemented. One possible way could be to club and advertise all the posts of one speciality from different AIIMS in a central adv. Then the selection committees of all the AIIMS whose posts have been advertised will hold interviews together and select candidates in order of merit and offer them posts in different AIIMS. However, this is impractical for major reasons: (i) how could all the selection committees sit together for selection, (ii) each AIIMS will like to take the top candidate and it will be difficult to rank different AIIMS and candidates, (iii) if the candidates will be allotted institutes based on their choice, most candidates will like to opt for older AIIMS e.g. AIIMS Delhi. On the other hand, if a central selection committee is constituted, Institute act will need to be changed and also the autonomy of an individual Institute will suffer.
- 2) One of the arguments for a centralized selection process could be that a candidate will not have to appear before multiple selection committees. However, new AIIMS will suffer in the centralized recruitment process because the candidates will prefer AIIMS which are fully functional and more prestigious, and are unlikely to join the alternate AIIMS that they are offered.
- 3) Specific requirement of individual AIIMS to establish various facilities should be kept in mind while selecting faculty. For example, a urology surgeon who has been trained in renal transplant may be required for one AIIMS but not in others. The advertisement should specify desirable expertise in that area. Therefore, a centralized recruitment with general specifications will not serve the purpose and the faculty selection must be done by each AIIMS separately.
- 4) If the candidate is interviewed at the institute where he/she is going to work, he/she will have a first-hand experience of the institute, its local environment, facilities and an opportunity to interact with peers. Hence, he/she is more likely to accept the post and join rather than if the interviews are held at a central location.
- 5) It is important for the director and leadership of an institution to fully assess the skill set and the chances of retention of the candidate and then make an informed choice about his/her suitability for the post and the institute.

- 6) If there is any litigation even by one candidate against one institute/post for one specific provision, it will stall the entire process of recruitment of all AIIMS.
- 7) There is likely to be a significant delay and time lapse due to a much higher number of posts of various institutions to be filled through the central process.
- 8) The committee recommends that a suitable mechanism should be evolved to attract and recruit as faculty persons of Indian origin (PIOs) having specialized skill set that is not available in the country/in a particular AIIMS.

The recommendation of 6th CIB in this regard should also be considered as follows:

To examine the proposed method of selection of Faculty/Non-Faculty, as suggested by the Committee of AIIMS, Raipur and determine possibility of instituting Central Recruitment System for Faculty/Non-Faculty for all AIIMS and submit a report at the earliest. The recommendations of the committee on Management and Governance paradigm and Managing Human Resources may also be taken into consideration by the aforesaid Committee.

Measures to expedite the recruitment process:

- 1) There are problems with the mentor institutes outside of AIIMS family due to their limited resource and time constraints which result in considerable delay in the recruitment process. The first six AIIMS should handhold the new AIIMS during the process of faculty recruitment.
- 2) The advertisement for faculty recruitment should be a rolling one.
- 3) The frequency of recruitment should be at least 2 times a year. However, the quality of faculty to be recruited should not be compromised.

Career advancement/ Retention strategies/ Skill Gap Analysis/Training:

- 1) The Institute will evaluate key competencies of individuals and identify their training and development needs and reduce the gap by upskilling/training
- 2) Requisite avenues for training within India and abroad should be provided (up to 3-6 months) for acquiring specific skill sets. The institute should provide financial support for such training.
- 3) Faculty should have adequate freedom, support, and protected time to pursue research in their area of interest
- 4) Sabbatical leave should be provided to the faculty
- 5) State of the art skill labs for competency- based training (Training of the trainers)
- 6) Faculty should be sent for administrative training/ Procurement/HR management

- 7) Qualifications/RR/Age to be relaxed for the administrative posts like Medical Superintendent / Deans for new Institutes

2. Option of transfer of Faculty to another Institute as per the choice of the faculty

This policy of transfer of a faculty to another AIIMS is *not recommended* for the following reasons:

- 1) Each AIIMS institute is autonomous and a separate entity. A faculty is well aware about a particular institute with respect to its functioning, reputation, terrain, location and future prospects even before applying. Therefore, transfer of faculty to another institute is neither needed nor desirable.
- 2) There will be no commitment as well as a sense of belonging and loyalty of the faculty towards the Institute if transfer is allowed.
- 3) AIIMS which are new or located at difficult terrains will suffer as faculty would want to shift to other fully functional AIIMS.
- 4) There should be equal opportunity for the candidates who are from state medical colleges/other institutions to be employed at AIIMS. If transfer is allowed, such candidates will be deprived of an equal opportunity of working in AIIMS institutions.
- 5) The incumbent faculty may lose opportunity of promotion and will be demotivated if faculty is transferred from another institution.
- 6) A certain continuity is required for long-term patient care. Therefore, patient care will suffer immensely if transfer is allowed.
- 7) Transfers will also affect inter se seniority and inter-personal relationship/harmony which is essential for smooth running of any department/ institute.
- 8) Transfer may be taken as a tool to harass the faculty by transferring them to another Institute and may be used as a pressure tactic.
- 9) Other eminent institutes such as IITs and IIMs also do not allow transfer between different Institutes.
- 10) Research projects which require long-term commitment will also suffer.
- 11) Faculty Exchange has been recommended by the CIB. It was emphasized that such faculty posting to one to another AIIMS should be clearly specified. It should only be for a short period of time as a temporary posting/deputation and for a specific purpose. An undertaking should be taken by the head of the department that department's functioning

- will not suffer and both the institute director and HoD should agree on such temporary posting of a faculty.
- 12) If a faculty who is newly recruited to one AIIMS wants to apply to another AIIMS, he/she may be barred in line with DoPT guidelines and recruitment rules. However, legal issues in this regard should be kept in mind.
 - 13) Each AIIMS should establish Chairs and Visiting Professorship for experts from outside India for teaching/training/research.

The following recommendations are reiterated which were mentioned in the earlier report of the committee on Management and Governance Paradigm and Managing Human Resources.

A) Downgrading of posts: In what circumstances and modalities to do so?

- 1) As per 4TH CIB agenda No. CIB 4/5 dated 27.07.2019 and 5th CIB meeting agenda No. CIB-4/4(i) on 16.06.2021: Downgrading of the posts of Additional/Associate Professor to the level of Assistant Professor may be carried out for a fixed period with the approval of Governing Body. However, it should be noted that once a post is downgraded and a faculty joins then it will remain at that level till the incumbent remains in job. The post of Professor may not be downgraded as it is essential to have professors for conduct of postgraduate courses in AIIMS.
- 2) Diversion of posts from other departments where the posts can be spared to another department should be allowed depending on the need of the department and to meet the institute's commitment to patient care. At present, there is uneven distribution of faculty posts across some departments in many institutions. This leads to unoccupied posts in one department and non-availability of posts in another department. The CIB in its 4th meeting held on 27-7-2019 suggested such diversion on a 'loan basis' and the post to be filled on contractual basis. In some cases, posts in higher category e.g. associate/additional professors may be required to run the department well. The problem is that such posts are unlikely to be filled on contractual basis in the higher category. Therefore, the committee recommends that diversion should be allowed after careful deliberation by an internal committee and concurrence of the director, and after due approval of the institute's academic committee and GB. The post given to another department can be filled on a regular basis following the due selection process. After a

suitable post is sanctioned to the department which has taken the post on loan, that post will be returned to the parent department.

B) Strength/Distribution of faculty posts at different levels as per the requirement of the Institute

As per standard staffing pattern, the number of faculty differ significantly between the 960 bed and 750 bed hospitals:

S No.	Facility	750 Bed AIIMS	960 Bed AIIMS
1.	Departments	41	45
2.	Faculty	245	486
3.	SR	260	600
4.	JR	260	600

- 1) Although there is only 20% decrease in the number of beds from 960 to 750 but the faculty strength has been reduced by almost 50%. Therefore, the faculty strength should be increased proportionately.
- 2) In a 750 counted bed hospital, the actual bed strength is more than 900 because of emergency and day care beds.
- 3) These institutes being tertiary care centres, approximately one each in a state, will have similar patient load and clinical and teaching requirements despite somewhat lower number of beds. Therefore, the number of faculty posts and departments should be similar across institutes.
- 4) The number of students (MBBS, MD/MS, DM/M.Ch.) are also the same in all the AIIMS i.e. 125/year. Therefore, the number of faculty posts should be similar and not decided only on the basis of number of beds.
- 5) The JR and SR posts should be enhanced significantly in new AIIMS to make the hospitals fully functional. In older fully functional AIIMS, there are 421 JRs and 377 SRs. Similar number of posts should be created for other new AIIMS.
- 6) To implement 10% EWS reservation, the number of posts needs to be increased to keep proportionate representation constant.

II. **Non- Faculty Posts:** The following points were discussed related to non-faculty posts:

- 1) Recruitment process: Centralized or not, if yes modalities thereof
- 2) Amendments/ reforms in hiring of non-faculty personnel
- 3) Career advancement and Promotion Avenues for non- faculty positions
- 4) Retention strategies
- 5) Skill Gap Analysis/Training
- 6) Standard Staffing Pattern for non- faculty posts at different levels as per the requirement of the Institutes

A) **Policy of Centralized Recruitment Process is recommended for Group B & C non- Faculty posts for the following reasons:**

- 1) Centralized Recruitment Process for non-Faculty posts (Group B & C) should be adopted in line with NORCET i.e. one recruitment process for each category of posts across all AIIMS. This is mainly because the selection is based on a theory examination and is not interview based.
- 2) The existing practice of centralized recruitment of Nursing Officers by AIIMS, New Delhi through NORCET has been a success. The implementation of CIB decision to carry out recruitment of specified categories of non-faculty posts by older six AIIMS for all new AIIMS should help to speed up the process of filling up vacant non-faculty posts.
- 3) It is suggested that posts in a single cadre pertaining to all AIIMS may be advertised together and a particular AIIMS may be asked to conduct the recruitment of a particular post. The task of conducting Recruitment Examination may be assigned to 6 new AIIMS viz Bhopal, Bhubaneswar, Jodhpur, Patna, Rishikesh and Raipur as they have now sufficient manpower and some experience for conducting the same.
- 4) However, to follow the centralized recruitment process, there should be uniform Recruitment Rules for all posts across all AIIMS under Standard Staffing Pattern.
- 5) For developing an efficient and smooth recruitment process, a committee of members from different AIIMS may be formed.
- 6) The selection should be examination based to be objective prescribing measurable parameters.
- 7) The recruitment processes should be conducted periodically to meet the requirements.
- 8) A computer based theoretical examination should be conducted for recruitment of all Group 'B' & 'C' posts.

- 9) To get suitable candidates for specialized jobs such as ICU nurses, OT nurses, dialysis technicians, endoscopy technicians etc., recruitment notices must indicate specific training and work experience in the eligibility criteria.
- 10) In case of generic posts such as technicians, training in specialized areas should be imparted to the selected candidates for optimum period e.g. 3-6 months depending on the complexity and nature of the job.

B) Amendment/Reforms in Recruitment Rules for Hiring of Non-Faculty Positions:

- 1) The non-faculty posts should be filled in all new AIIMS through direct recruitment, promotion, and deputation and the RR should reflect the same.
- 2) The Recruitment Rules should also include a provision for permanent absorption as per the GOI regulations to retain existing experienced personnel on deputation.

C) Career advancement/Promotion Avenues / Retention strategies for non-faculty posts

- 1) Various administrative and other non-faculty technical posts either do not have adequate promotional avenues or have disparity in promotions when compared to other national level institutions, leading to dissatisfaction among them. Therefore, an attractive career path for various non-faculty posts needs to be defined/developed in order to retain the existing employees at various levels.
- 2) The persons working at a particular level should be given the opportunity of promotion to a higher rank/post/designation through an APS/DPC even if a post at a higher level is not available/sanctioned.
- 3) Cadre rationalization and cadre restructuring by cadre review should be done periodically in order to overcome stagnation in career and to have better promotion avenue and to retain existing employees.

D) Standard Staffing Pattern for Non-faculty posts:

- 1) Standard Staffing Patterns for new AIIMS is a necessity: The existing number of sanctioned non-faculty posts in many areas in new AIIMS is not adequate to meet their requirement and many essential posts have not yet been created to offer specialized services and meet increasing load of hospital services.

- 2) Therefore, the approval of the proposed Standard Staffing Patters for new AIIMS needs utmost importance. Further, the sanctioned strength may also be periodically reviewed after a period of 5 years in view of expansion of new AIIMS.
- 3) Current sanctioned strength for various administrative Cadre also needs to be reviewed
- 4) Similarly various cadres of specialized Technicians like Dialysis Technician/Cardiac Cath Lab Technician/GI Endoscopy technicians/Perfusionists/ phlebotomist needs to be created and the existing cadre strength of various Technician cadre like MLT Technician/OT Technician/Radiology Technician/Radiographer/Physiotherapist/Occupational Therapist/Optomtrist Medical Physicist/ Radiotherapy Technologist/ECG Technician needs to be reviewed and revised. In addition to the posts approved by the CIB in its 2nd meeting, the following new posts of specialized technicians are suggested which are essential for effective and specialized hospital services:

S. No.	Name of Post	Pay as per 6th CPC	No. of Posts (750 beds)	No. of Posts (960 beds)
1	Technicians (Blood bank)	GP 4200	12	12
2	CTVS Technicians	GP 4200	06	08
3	Cardiology Cath Lab Technicians	GP 4200	06	08
4	Dialysis Technicians	GP 4200	12	15
5	ICU Technicians	GP 4200	60	80
6	Gastroenterology Endoscopy Theatre	GP 4200	12	15
7	Technicians for neuro-electrophysiology	GP 4200	12	15
8	Electronic Medical Record technicians/software engineers	GP 4200	12	15
9	Phlebotomist	GP 2800	96	120
	Total		228	288

E) Skill Gap Analysis/Training:

- 1) At present, no such institutional mechanism exists in new AIIMS for training and development of non-faculty personnel to enhance productivities and capacities building.
- 2) Higher Training: Non-faculty personnel should be provided adequate opportunities for further in-service training because medical science is an ever evolving field with newer and complex technologies being introduced for patient care and research which require specialized skill sets.
- 3) Further, the senior and middle level officers may require some leadership/management training to enhance their skills on various management matters besides Hospital administration.
- 4) Regular HRD intervention is required to align the critical human resources with the objective of the Institute besides upgrading their skill on leadership and management. A tailor-made training program with the help of IIMs/ASC may be developed for enhancing management and administrative skills.
- 5) The Institute should evaluate key competencies of individuals and identify their training and development needs and provide opportunities for upskilling/training.
- 6) Requisite avenues for training should be provided for 3-6 months for acquiring specific skill sets.
- 7) State-of-the-art infrastructure including housing complex, central schools, creche, and activity centres should be provided for all Staff inside/near the campus.
- 8) Monetary and non-monetary incentives should be given to staff for exemplary work to build/develop the Institute.

III. **Research at AIIMS:** The issues which were discussed and deliberated upon are as follows:

- 1) Scientific cadre management
- 2) Promotion of research

A) Scientific cadre management:

- 1) A scientific cadre is very important for any medical science institution engaged in research. While clinical research can be carried out without dedicated research scientists, the impact of such research may not be substantial and far reaching. A dedicated pool of talented scientists is a must for high quality basic science research which will also bridge the gap between basic and clinical research. A few positions of scientists will not be enough for AIIMS institutions. The committee discussed in detail incorporation of a scientist cadre in all AIIMS institutions.
- 2) **Recommendations:** It was suggested to have both MD or PhD degree holders as scientists. The number of posts in the scientist cadre may be 25% of the strength of faculty. The posts should be at the level B, level C, level D and level E with promotional opportunity to go up to scientist G. These posts could also be designated as assistant professor (research), associate professor (research), additional professor (research) and professor (research). Promotional avenues for career progression are very important for the scientists who should also be given adequate academic, financial, and administrative support for impactful research. The recruitment rules may be aligned with those of AIIMS, New Delhi and ICMR. The specialized areas that scientists may be recruited to facilitate research may include but not limited to genomics, proteomics, metabolomics, systems biology, medicinal chemistry, immunology, bioinformatics, big data analysis, research methodology, clinical trials etc. These scientists should have promotion avenues similar to faculty.

B) Promotion of research in AIIMS institutions:

One of the 3 mandates for all AIIMS is research. A vibrant research ecosystem should be created and promoted in all AIIMS institutions. The following measures are suggested to promote research and to make it more impactful and translational:

- 1) It was suggested to have a separate dedicated fund for research for the faculty members. The current funding is Rs. 5 lacs per annum for 2 years and Rs. 10 lacs per annum for collaborative research between 2 departments for 2 years. This should be periodically evaluated and enhanced. Financial support should also be provided for PhDs and postgraduate students. A sum of Rs. 2 lacs per annum for PhD thesis may be given in case of non-availability of extra-mural funding as a stop-gap arrangement so that ongoing PhD research work should not suffer. Similarly, a total Rs. 1 lac for postgraduate thesis is also suggested.
- 2) A Clinical trial network (CTN) comprising of all AIIMS should be established so that investigator initiated or sponsored multi-centric clinical trials can be done in an optimum time frame and in a cost-effective manner at multiple centres to have impactful outcomes. Such a CTN could become a major national asset in the near future. Each Institution should establish a clinical trial unit which can be linked to the clinical trial unit of other institutions.
- 3) It was suggested to promote research through collaborations (MOUs) with different national and international institutions.
- 4) It was also suggested to have periodic training programs for faculty and students in various aspects of research such as research methodology, good clinical practice, ethics, biostatistics, and regulatory issues.
- 5) Research opportunities should also be provided to non-Faculty Staff such as nurses and technicians for their greater participation and stake in research activities.

- 6) Each AIIMS should have sanctioned posts of postdoctoral fellows (PDFs). At present, most PhDs are forced to go abroad because of unavailability of PDF seats resulting in brain drain of highly qualified personnel. It is suggested that PDF seats should be created with a tenure of 3 years similar to Senior Residents. Total PDF seats should be at least one third of total PhD seats in the Institution. The emoluments and research support for PDFs should be at par with what ICMR provides.

IV. Introduction of New Courses, Fee structure, Admission policy, scholarship guidelines

A) New Courses:

It was proposed that to promote new courses through 'College of Allied Health Sciences' in each AIIMS. It was also proposed to open new courses in following areas:

- i. MD-PhD integrated 5-year course: Such a course would be extremely important for promoting translational research by bringing together the strengths of clinical science and basic sciences. Those with MD-PhD should be provided career opportunity and be eligible for an assistant professor after the 5-year course without the need for a further 3-year experience.
- ii. Master in Public Health
- iii. Transplant Medicine
- iv. Bio-informatics and big data analysis
- v. Sports Medicine
- vi. AI and Robotics
- vii. Biomedical engineering
- viii. Molecular biology
- ix. It was further discussed and also proposed to introduce new inter-disciplinary courses in association with management/technical institution like IIMs/IITs.

B) Tuition Fee for MBBS students:

This matter has been discussed by another committee.

Student Welfare Fund: The student fee even after increase will be a mere fraction of the total expenditure at each institute and therefore is unlikely to offset any major

expenditure head. The committee feels that the increase in tuition fee may be utilized for student welfare and career enhancement. There is no separate fund for such activities. A "Student welfare Fund" may be created and may be utilized for the following:

- i. Research support for students
- ii. Attending medical conferences
- iii. Attending academic courses and workshop
- iv. Counselling
- v. Sports and Cultural activities

C) **Scholarships:** The Committee further recommends that Scholarships should be awarded to meritorious and needy students on merit cum means basis.

D) As far as **Admission policy** is concerned, The Committee states that it is already being decided by NMC and not under its purview.

**5. COMMITTEE ON REAPING ECONOMIES OF
SCALE IN PROCUREMENT**

DR. Y.K. GUPTA.

Reaping Economies of Scale in Procurement

Two-Day Chintan Shivir – “AIIMS – Past, Present and Future” was held on 1st and 2nd September 2022 in the National Institute of Health and Family Welfare (NIHFW), New Delhi. The Ministry of Health and Family Welfare (MoHFW) constituted six committees. One of the committees was “Committee for Reaping Economies of Scale in Procurement”. The members of the committee were Prof. Y.K.Gupta (Chairperson), Prof. Meenu Singh, ED, AIIMS Rishikesh, Prof. Ramji Singh, ED, AIIMS Kalyani, Prof. Ajai Singh, ED, AIIMS Bhopal, Sh. Kumar Abhay, FA, PGIMER, Ms Arundhati, HLL and Lt Col. AR Mukherjee, DDA , AIIMS Rishikesh. This committee met at several occasions, deliberated in detail and made recommendations. The recommendations were presented in the Central Institute Body in AIIMS, Bhubaneshwar. Ministry of Health dated 10th March 2023 constituted committee to deliberate and make final consolidated recommendations for implementation along with other committees.

Economies of Scale in context of AIIMS

Economies of Scale are cost savings that an institute can reap as a result of efficient procurement system. Generally, cost savings are achieved because of high volume of items and thereby increasing the power of negotiations. There are 26 AIIMS and presently there is lot of variations in procurement system of low-cost items as well as high value equipments. This invariably results in lesser bargain with the vendor, increasing the dependency on local purchase (which often cost more), uncertainty and interrupted supply, etc. A pooled assessment of demand of all the AIIMS and the strategic, transparent procurement system will help in reaping the economies of scale in procurement.

The committee made the following recommendations:

- **Preparing the list of common items for all AIIMS.**

Most of the consumable and non-consumable items of varying costs are procured by almost all AIIMS. These can be classified as

- a. **Low-value and high-volume** items such as gloves, bandages, syringes, needles, aprons, bedsheets, etc.
- b. **High-value with few numbers** in each institute. These items, when pooled, reflects the total requirement of all AIIMS with high cumulative numbers.
- c. It is important that as a first step, the list of items of 'a' and 'b' can be prepared. Four or five AIIMS can jointly prepare this list. The following should be the members of this committee:
 - Medical Superintendent (MS)
 - Deputy Director Administration
 - Stores Officer
 - 4 or 5 Heads/Senior Faculty of different Departments
 - Representative from Central Procurement Agency (CPA)

- **Procurement through Central Procurement system.**

It is strongly recommended that items of 'a' and 'b' above should be procured through CPA. This will require preparatory exercise. An "*illustration of gloves*" is given below:

- In all AIIMS, the Stores Officer/Authorized Person will collect and collate monthly or three-monthly requirements of different type of gloves from each department. The CPA will collect and collate such requirements from all AIIMS. The CPA will thus have a large volume of consolidated requirement. This agency will float tender and finalize the vendor. The CPA will forward the decided rate, agreed terms and conditions to different institutions for placing the orders. The orders can be staggered as per the requirement of different AIIMS. This process is expected to reduce the cost significantly, reducing the local purchase at relatively high cost. The specification and the quality control can also be better regulated.
- A list of high-cost equipment such as single unit costing above fifty lacs (approximate cost, excluding GST) be also prepared by each institute. The CPA can pool the requirement of such equipment from each AIIMS. The

increased number of high-cost equipment (because of pooling) will significantly reduce the purchase cost due to better negotiations. The specifications of such equipment will be largely common but there must be flexibility allowed for different institutions depending on their specific requirement. Examples in this category could be machines in radiology and cardiology, etc.

- Preparing the list of items/equipment's where the unit cost is not very high but number of units are more resulting into high cumulative purchase value. The committee suggest fifty lacs (approximate cost, excluding GST). Examples are ultrasound machine, ECG machine etc. Such list can also be prepared for pooled requirement for all AIIMS by CPA.

- **Framing common minimum specifications**

- The committee emphasizes that the technology is fast changing and evolving. The specifications of yesterday may become obsolete in today's context. The specifications should be such that the instruments can be upgraded and modernized in future too. The committee felt that there is a strong need of training of faculty members in making the specifications. This training should be made mandatory. This will avoid the frequent representations and court cases by vendors often alleging tailor-made specifications.
- The specifications of different items should be made involving subject experts (faculty) of at least 3 or 4 AIIMS and with representative of CPA.
- The specifications of the equipment will be framed to ensure non-restrictiveness to encourage maximum participation without compromising with functional requirements.
- Compliance to a twenty percent minimum Make-in-India Clause. It is important that as far as possible, this "Make-in-India" clause be complied with. However, all involved in procurement system should familiarize themselves with the exemption list.

- **Flexibility in framing common specifications**

The specifications will have the provision of flexibility of accessories for individual AIIMS with appropriate justification (the justification needs to be

vetted by a committee of, departmental experts, experts from allied disciplines, finance and stores and approved by Director of the respective AIIMS). Periodic workshops should be conducted for faculty for writing specification. The CPA will negotiate and finalise the terms and conditions of warranty/guarantee and AMC/CMC. In general, for smooth and uninterrupted functioning of equipment of which repair/part replacement by local agency is not available/unreliable, the AMC/CMC period is recommended to be five years as recommended.

- **Role and Responsibilities of CPA**

CPA will float tender as per specifications framed by the experts. The tender would be for the numbers which are pooled from different AIIMS. CPA will follow all procurement processes such as doing all necessary checks and securing the concerned documents. The CPA will do negotiation keeping in mind the *Reaping Economies of Scale in Procurement*. The CPA will also issue Supply Order for equipments on behalf of concerned AIIMS ensuring that the CPA supplies the equipment within the scheduled time. CPA will also handle customs, airport release, delivery at AIIMS, getting inspection done by respective AIIMS team and making payment, The CPA will be responsible for any litigation/representation in connection with any process of procurement of the equipment. The cost of any litigation will be borne by them.

- **Maintenance of Drug Supply Across AIIMS**

To maintain adequate supply at individual AIIMS level, the following procedures should be adopted:

- i. Estimation of yearly demand item wise, based on previous year's consumption.
- ii. The estimate of quarterly demand, item wise.
- iii. Prepare the pooled estimate of (i) and (ii).
- iv. It is suggested that 10% may be added to meet the variability for placing order for (i) and (ii) (already in practice in some institutes).
- v. The subsequent quarter the requirement will be based on the availability of stock.

- b) The medicine items may be categorised as fast moving and slow moving.
Fast moving: The consumption and requirement assessment may be done on monthly basis.
- c) All the pharmacy stores must be digitalised preferably using the same platform. Some AIIMS have already digitalised.
- d) The digital platform should have the provision of flashing the alarm when (i) three month's expiry is left (ii) limited quantity is left, and other important information.
- e) Each institute must have Drugs and Therapeutic Committee (DTC) which will also oversee the quality.
- f) Preparing individual AIIMS formulary based on (National List of Essential Medicines, NLEM) and modifying as per local needs.
 - i. Prescribing by doctors beyond the formulary should be avoided and procurement by AIIMS will be done only after proper justification.
 - ii. This formulary should be updated every two years and be available on the website.
- g) Procurement by Individual Institutes: Due credence to be given to
 - i. Jan Aushadhi.
 - ii. Amrit Pharmacy.
 - iii. Medical Store Organisation (MSO).
 - iv. Any other PSUs.
 - v. Only for emergency medicines Local Purchase can be done, Rate contracts for fast moving medicines.

Reaping economies of scale in procurement will go a long way in saving government exchequer by reducing the cost, time and effort of individual institutes and be a game changer in the long run. The CPA has to ensure timely delivery of equipment to institute for their smooth and effective functioning. The CPA needs to be a facilitator and the Specifications Committee should provide the specifications to the CPA so that there is no lag and one doesn't act as an impediment to the other.

**6. COMMITTEE ON ENHANCING PATIENT
SATISFACTION & USE OF ICT AS ENABLER
TERMS OF REFERENCE**

DR. N.K. ARORA

ENHANCING PATIENT SATISFACTION:

Summary Implementation Plan

Critical Touch Points for Patients & Their Attendants

1. Before patients visit the hospital
2. At the time of visiting/attending the hospital:
 - a. Attending OPDs
 - b. Attending Emergency
3. Admission to IPD
4. During hospital stay
5. At the time of discharge & subsequent follow-up
6. General difficulties and strategies to improve them

1. Before Patients Visit the Hospital

To have a robust system of log-in to Website by many individual at a time.

- 1.1 The system should be regularly checked by the I.T. professionals for its efficient operability.
- 1.2 The updating availability of the faculty members / doctors & facilities should be performed regularly on the website. Institute social media and print media should update about the newer services
- 1.3 The registration system should have a stronger software system for easy registration for many people/patient at a time.
- 1.4 Website to be responsive and interactive. The patient should be able to talk through a helpline number and try for an earlier appointment. A helpline number must be available to be manned by adequate number of persons for appointment and investigation related queries. There could be an option for an online premium (Tatkal) appointment.
- 1.5 Information about various government health schemes and necessity to bring Aadhar Card / ABHA Card / PM-JAY / RBSK
- 1.6 Prehospital online registration should be free of cost
- 1.7 Waiting time status for planned surgeries should be available

2. At the Time of Visiting the Hospital (In the Registration Counter)

- 2.1 To have a detailed information system that includes Signage (English/Hindi/local vernacular) and colour coded pathways for reaching various OPDs, laboratories, in-patient and departments in the Hospital.
- 2.2 Separate counters for pre-registered patients
- 2.3 For walk-in patients, there should be a queue up to a certain time e.g. 6-9 am with fixed number of appointments for the day for each OPD. This facility should be prominently displayed.
- 2.4 Well demarcated counters for PM-JAY beneficiaries
- 2.5 To ensure adequate number of OPD registration / billing counters to prevent over-crowding

- 2.6 To have adequate and prominently located 'May I help You' counters & Volunteers to guide
- 2.7 Sitting arrangement / chairs for the attendants and the patients
- 2.8 Patient Friendly waiting area, Clean Toilets, Safe & Clean Drinking water
- 2.9 Availability of Transport team to bring patients viz. Stretchers, Wheelchairs.
- 2.10 Adequate and accessible parking space for the vehicles coming to hospital; availability of local e-vehicles for to and fro ferrying of the patients and attendants to OPD and service area

3. At the Time of Visiting the Hospital (In the OPD)

- 3.1 Doctors and Consultation Bays should be adequate to handle the patient load
- 3.2 Decentralized OPD System with Local Token System; staggered appointment system to reduce individual waiting time
- 3.3 Strong HIS: Investigation reports to be auto-generated from labs for doctors review
- 3.4 Adequate technicians should be available to attend the investigations load; The investigations to be done can either be done the same day in the same OPD if fasting is not required or the patients should be given an appointment; For imaging tests such as x-ray, Ultrasound, CT, there should be a designated area in the OPD for giving appointments.
- 3.5 Should have more pharmacy counters for drug dispensing
- 3.6 Patient Care Coordinators – in every OPD to help and support patient at various levels
- 3.7 For patients who are given appointments for procedures on a day care basis, detailed written instructions should be provided
- 3.8 Patient Friendly waiting area, Clean Toilets, Safe & Clean Drinking water

4. At the Time of Visiting the Hospital (In the Trauma & Emergency)

- 4.1 Every AIIMS should have a separate departments of emergency medicine and trauma care. Both these departments can be housed in one dedicated block or in separate blocks with several floors, adequate beds, ICUs and OTS. There should be dedicated faculty available in this Block /s 24/7 including residents and all levels of staff.
- 4.2 Establish modern patient triaging system with associated services e.g., ICU, surgery, trauma, cardiac and neurologic emergency services, radiologic and laboratory
- 4.3 To have a flexible and dynamic number of post-graduates and residents in Trauma & Emergency for minimal time delay of reviewing every patient;
- 4.4 Adequately trained technicians and doctors should be available for speciality and super-speciality management
- 4.5 There should be a faculty member, hospital administration resident and patient coordinators be present at all times. The patient is received with care, respect and empathy at the entrance of the emergency
- 4.6 The communications with the patients' relations should be timely and adequate to regularly update the condition and prognosis of the patient. In case bed is not available, mechanism for alternate arrangement to be made with a partner hospital in the city
- 4.7 e-ICU – at each AIIMS for emergency transfer for ICU
- 4.8 To have free registration, all investigations & medicines for emergency patients

5. Admission in the Hospital (In-Patient Department)

- 5.1 Prompt attention by the Doctor after admission (within 30-45 minutes)
- 5.2 Regular consultant's rounds along with SR and JR doctors and nurses in the ward
- 5.3 Inculcate the habit of talking with (and not to) the patient: The resident doctor must talk with each patient/relative every day and the consultant must do so at least once in a week. These conversations should be recorded in the case file.
- 5.4 Investigations be well planned to reduce frequent shifting of patients
- 5.5 Clean wards, toilets, availability of clean drinking water and nutritious food served hygienically
- 5.6 Day&Night Shelters: for at cheaper rate or free accommodation
- 5.7 Availability of Govt. Schemes such as Ayushman Bharat & PM-JAY, other public and private insurance schemes etc. and should be communicated and explained to the relatives of the patients.
- 5.8 Patient Care Managers (social science/psychology) (Go-to person) – to help and support patient at various levels: including distribution of Patient's Information Brochures; explanation about patient prognosis, investigations, treatment plan, expenditure, social counselling
- 5.9 Patients Feedback Kiosk in every ward/floor – before discharge
- 5.10 Amrit Pharmacy & Jan Aushadhi Kendra: adequate counters with rate contracts
- 5.11 In-house Pharmacy – for bed side dispensing of Medicines, consumables and theatre items (Attendants need not to run around or go outside)
- 5.12 OT Dossier System – consumables delivered inside the OT from pharmacy and store

6. At the Time of Discharge from the Hospital

- 6.1 Training for each batch of new Doctors & Nurses appointed to the wards/department about the discharge procedure and the communication with the patient and the family members/care providers before the discharge
- 6.2 Follow up instructions including the tele-follow up component
- 6.3 Tele-follow up: process of setting up appointments to be explained;
- 6.4 Next appointment is to be fixed before discharge
- 6.5 Institutionalize referral / transfer system of the patient to another institution when required
- 6.6 Patient's Feedback and Regular Audits of patient satisfaction indices

General Difficulties & Strategies to Improve

- Expanding parking facility: provision of vehicles for commuting the patients/attendants within campus
- "May I Help You" counters in key areas of hospital. Engaging volunteers/NGOs
- Display
 - Bed availability of the hour and waiting time for private wards
 - Waiting time for planned surgeries
 - Referral system in case non-availability of beds
- Implementing digital payment system/smart payment system.
- Food
 - Improvement in the quality and variety of dietary services for patients
 - Cafeteria: A cafeteria/food court with reasonable pricing be open from 6.00 am to 11 pm.

- Regular soft skills and communication training for all levels of healthcare professionals and ancillary staff
- Adequate waiting space for patients and attendants; clean, hygienic and functional toilets and availability of drinking water

Summary Comments & Recommendations

- The Committee accepted recommendation presented above
- Patients coming to AIIMS require **higher technical skill level** when seeking care at any touch point
 1. OPDs; Emergency; In-patient
 - Faculty & Senior Residents to be available at all times
 2. Ratio of senior residents versus junior residents at different locations
 - General speciality: 1 SR for 3 JR
 - Super speciality: 2-3 SR/DM-MCh student for 1 JR;
 - Emergency services: 2-3 SR for 1 JR
- Important to establishment of Screening OPD in every AIIMS
- Patients who cannot/need not be followed/admitted/operated at AIIMS – mechanisms for referral and linkages with nearby tertiary care centres – particularly from emergency rooms – Linked with multiple options – 3-4 nearby hospitals – some kind of dashboard to be available
- Linking the AIIMS patients to medical school/hospitals near their homes for emergency care & consultation of follow up patients

Matrices of Patient Satisfaction

1. Wait Time:
2. OPD; Investigations; hospital admission & surgery; emergency room;
3. Waiting List for OTs for different surgeries and procedures
4. Bed occupancy and turnover rate in various wards
5. Duration of hospital stay
6. Medication errors rate & Patient safety
7. Expenditure of treatment and of hospital stay
8. Feedbacks received on attitude and dealings of doctors, hospital staff and nurses
9. Patients not entertained at AIIMS
 - Who could not be managed
 - Who need not be managed
 - Referral system in place
10. Grievances received and effective redressal of grievances

Timeline & Financial Implication

- All recommendations to be implemented IMMEDIATELY
 1. Are basic expectations from a health service provider
 2. These are mostly procedural and have minimal financial implications
- IT based services have financial implications
 1. Wherever patient satisfaction is required – has to be achieved in short term

ICT (Information & Communication Technologies) As ENABLER for e-Governance of AIIMS

WHO defines e-health as the cost effective and secure use of information and communication technologies (ICT) in support of health and health related fields including health care services, health surveillance, health literature, health education, knowledge, research, genomics and Artificial Intelligence.

ICT will impact quality, efficiency and client experience of clinical services, performance of HR and overall governance of an AIIMS. It is an enabler in healthcare in a wide spectrum of domains including those in administrative and clinical. It directly and indirectly influences processes and outcomes in patient care delivery.

The committee proposes that all AIIMS should have following key parameters in the proposed ICT based solution as enabler

1. Parameters to be Included in ICT
 - a) Continuous Longitudinal Digital Health Record.
 - b) Registration of Doctors under NDHM.
 - c) Use of Electronic Prescription
2. Clinical Decision Support System (CDSS) for patient care.
3. Set up Illiterate / Elderly / Specially-abled / Child – friendly ICTs: Screen Reader; visibility enhancements; hearing enhancements; and interactive facility
4. Medical Curriculum to Include Medical Information as a subject module
5. Setting up of a National Medical College Network (NMCN)

Important Considerations for Implementation of ICT

The Ayushman Bharat Digital Mission (ABDM) aims to develop the backbone necessary to support the integrated digital health infrastructure of the country. It will bridge the existing gap amongst different stakeholders of healthcare ecosystem through digital highways. The **scan & share functionality** provided by National Health Authority (NHA) for ABHA ID holders allows for faster OPD registration & queuing by use of ABHA ID. Therefore the following are non-negotiables:

- a) Ayushman Bharat Digital Mission (ABDM) aligned
- b) Interoperability has to be an essential component
- c) Data Privacy & Security should be ensured
- d) Focus should be on
 - i. User-friendly aspects
 - ii. Patient Safety
 - iii. Patient Experience and
 - iv. Cost Effectiveness

Integrated Medical University Information System (IMUIS)

The Committee unanimously agreed that AIIMS will adopt IMUIS proposed by AIIMS New Delhi. IMUIS shall follow the broad technology principles recommended under ABDM:

- The entire solution shall be developed by adopting India Enterprise Architecture Framework (Ind EA). All the design and development efforts will adopt the Agile Ind EA Framework notified by MeitY.
- All the building blocks and components shall conform to open standards, be interoperable and based on Open-Source Software products and open-source development.
- Federated Architecture will be adopted in all aspects.
- The solution shall be an Open API-based ecosystem
- The solution shall be security audited before deployment

- IMUIS framework/ecosystem should allow all AIIMS to customize it as per their local needs and should also allow innovation while maintaining the overall framework of interoperability, portability & security.

ICT AS ENABLER- e-Governance

In context of AIIMS, the three major target agents for e-Governance are:

- Patients
- Human Resources
- Enterprise

E-GOVERNANCE FOR PATIENTS

ICT impacts multiple facets in the healthcare provisioning including quality, efficiency and cost effectiveness. It is an enabler in healthcare in a wide spectrum of domains including those in administrative and clinical. It directly and indirectly influences processes and outcomes in patient care delivery and patient outcome.

e-Governance - a force multiplier for patient care and satisfaction

The areas where ICT benefits in the clinical dimensions of healthcare provisioning are as follows:

- a) Online Accessibility
- b) Improved Diagnostic Services
- c) Evidence Based, Quality and Ethical Medical Practices and Processes
- d) Electronic Health Record (EHR) of Patients –This aids in various forms in clinical dimensions of healthcare including
 - i. Retrieval of patients' medical history
 - ii. Avoidance of conducting unnecessary lab/radiological tests
 - iii. Appropriate access by patients and doctors of patients records beyond hospital boundaries
 - iv. Aids in tracking patients clinical progress
 - v. Improves patient compliance to medicines
 - vi. Vastly aids in research related activities
- e) Tele-screening of new patients coming to various OPD's of AIIMS and teleconsultation functionality for follow up can help in reducing the rush at AIIMS and can also help in enhancing patient experience

Components of e-Governance for Patients

1. Paperless check-in
 - a) ABHA ID
 - b) Scan & Share
 - c) ORS
 - d) Slot wise appointments
 - e) Kiosk based self-check-in
2. Portability of Health Record (PHR, Digilocker)
3. Tele-screening for new patients
4. Tele-consultation for follow-up
5. Digital Feedback for services (Mera-Aspataal)
6. Remote access to investigation reports
7. E-ICU, e-Casualty & Anaesthesia Charting Systems
8. Enterprise RIS, PACS & VNA (A centralized Enterprise-Radiology Information System (RIS) with Vendor Neutral Archive-Picture Archive and Communication System (VNA-PACS))

E-GOVERNANCE FOR HUMAN RESOURCES

Human resources are the most valued asset of AIIMS. An HRMS, or human resources management system, is a suite of software applications used to manage human resources and related processes throughout the employee lifecycle.

HRMS sub modules

- eHRMS – Digital Service book
- Employee self-service portal
- Bio Metric Attendance
- Payroll
- Increment
- Promotion
- Transfer and Posting
- Suspension
- Leave Management scope
- LTC
- Grievances
- ACR/APAR Management
- TA and DA
- Conference Management, etc.
- Paperless EHS prescription & Dispensing
- To be fully integrated with Payroll Management System and Finance Accounting System

E-GOVERNANCE FOR ENTERPRISE

It is very essential for all AIIMS to digitize their day to day functioning apart from patient care services. As AIIMS are academic & research institutes as well, it is very important to have modern digital academic and learning management systems and research management systems. Integrated enterprise will complete the digital ecosystem when core functions of the organization are also digitized.

1. **Academic Management System**
 - ✓ Student Management (on-boarding of students UG/PG, Assignments, Thesis, NOC)
 - ✓ Course management (Schedule and syllabus of courses, faculty assignment)
 - ✓ Learning management (Course content, learning resources, lecture recording)
 - ✓ Alumni management
2. **Student services (Hostel allotment, library access, transport services, ID cards) Research Management System**
 - ✓ Proposal Management
 - ✓ Research Management
 - ✓ Clinical Trial Management
 - ✓ Research Data Management
 - ✓ Research Facility Management
 - ✓ Intellectual Property Rights and Patent Application Management
3. **ERP System (Stores, Procurement, and other Modules)**
 - ✓ Stores
 - ✓ Procurement
 - ✓ Engineering Services Division with Project Management
 - ✓ Transport Services
 - ✓ Estate Management
 - ✓ Hostel Management
4. **Mobile Apps (Patient, Student, Employee, Vendor)**
5. **Advanced Analytics and Business Intelligence**
6. **Utility Applications**

- ✓ Consent Manager (For authorized sharing of information) – which is a pre- requisite for Personal Data Protection Bill
 - ✓ Data Anonymizer (For anonymizing medical records for clinical research) - which is a pre-requisite for Personal Data Protection Bill
 - ✓ e-Office & Document Management System (DMS – for digitization of paper records)
7. **Payroll Management**
 8. **Organization Management**
 9. **RTI Information Management System**
 10. **Court Case Management Information System**
 11. **Grievance Redressal Module**
 12. **Cyber Security System**
 - a) Checklist of Software
 - b) Alternate Network
 - c) Antivirus- with a centralized server for policies and update pushing, including Email Security, DNS Security Solutions, Endpoint Security, Data Centre Server Security, Web Application Security etc.
 - d) Virtual Private Network (VPN)
 - e) Active Directory
 - f) Next-Generation Firewall with IPS (Integrated Intrusion Prevention System)
 - g) Data Backup and Recovery
 - h) Mass Deployment Tool
 - i) SIEM- (Security Information Event Management)
 - j) Disaster Management

Proposed Milestones for shifting of AIIMS to E-governance

Implementation will have three steps

- Detailed Project Report & Preparation of FRS (functional requirement specifications) – 1 year
- Software development – Staggered development of different components – 1-1.5 year
- Deployment – in phases from second year onwards and complete in 3-3.5 years
- Implementation will have to be a Federated Architecture executed in Phases
 - Software
 - Hardware
 - Sustainability/nurturing/
 - Software will require regular updating
 - The software and hardware get outdated in 3-5 years and require disinvestment in line with the life of software and hardware and followed by updating
 - Centralized and on-site support system.
- Implementation to be Incremental and handholding by domain experts for a considerable time:
- Each AIIMS to have flexibility
- Training of stakeholders
 - This will have to be regularly done as new residents and users of the software enter the portals of AIIMS
- Costing for all the above has to be built upfront as the AIIMS move in to e-governance mode across the board
- Avoid over dependency over a single agency viz. CDAC /NIC for furtherance of future ICT development and there is no embargo/ restriction to exploit other competent private/public sector agencies/vendors

Summary & Non Negotiable / Critical Aspects

- (a) The Committee unanimously agreed that all AIIMS will adopt IMUIS proposed by AIIMS-New Delhi. IMUIS shall follow the broad technology principles recommended under ABDM. Need for a very robust, resilient, scalable, flexible, portable, safe/secure and interoperable but Unified

Common Spinal ICT System for all AIIMS over which various ICT services-based e-modules/applications obtained from varied sources of origin could be easily and smoothly integrated in a plug and play manner. MUIS framework/ecosystem should allow all AIIMS to customize it as per their local needs and should also allow innovation while maintaining the overall framework of interoperability, portability & security.

- (b) Adoption of a basic & uniform ICT framework across all AIIMS, comprising of: **Patient centric App/Module** covering all affiliated user-friendly e-Services; An efficient, localized need based and **responsive e-HRMS module**; and An **e- Enterprise module encompassing** all other sub modules related to e- Estate/Finance Mgt, e- Procurement, e- Pharmacy e- Research cell ,Common Dashboard, e- Transport etc., would enhance overall efficiency, productivity and establish transparency and accountability across the board functioning of AIIMS. E-governance will be force multiplier for clinical care, research and teaching ecosystem of the AIIMS.
- (c) There will also be need for a Micro Services based Enterprise Architecture that structures an application as a collection of services that are: Complex, Highly maintainable and testable; Loosely coupled; Independently deployable; Organized around business capabilities; and managed by a small team/group.
- (d) Avoid over dependency over a single agency viz. CDAC /NIC for furtherance of future ICT development and there is no embargo/ restriction to exploit other competent agencies/vendors viz. TCS / Infosys etc.
- (e) **Non-Negotiable issues/aspects**
- i. ABDM /ABHA ID compliance.
 - ii. Interoperability.
 - iii. Future Scalability & Flexibility.
 - iv. Portability
 - v. Responsiveness of the System.
 - vi. Managed Network.
 - vii. Data Security/Safety to be ensured.

The overall strategy should be to create a healthy Digital Hospital Eco system, which would be more outcome based, open/flexible/adaptable with real time integration capability and all this can be implemented in a contextual, phased and federated manner.

ICT AS ENABLER IN TELE MEDICINE

Telemedicine: An Enabler of Healthcare Access and Affordability:

Scope of telemedicine for AIIMS

Tele Services by all AIIMS, based on its overall mandate, will be for the following:

1. Doctor to Specialist Consultations with referral mechanism
2. Follow up of patients post their discharge from IPD and OPD including medicines, as per need
3. Tele – Evidence: Medico legal cases, Death Reviews
4. Tele – Mentoring/education; proctoring; radiology; psychotherapy; rehabilitation; pathology
5. Telemedicine services for primary care may be decided by the respective AIIMS depending upon their contexts and research needs
6. Complete Uniformity in formulation of operational protocols related to extension of Telemedicine services by all AIIMS.
7. Need to explore more platforms/agencies for implementation of Tele medicine services apart from e- Sanjeevani/ e- Shushrat from CDAC.

Telemedicine – requirements and challenges to be addressed

1. Telemedicine increases timely access to appropriate interventions including specialist opinion and access to services that may not otherwise be available. There is cost saving from patient, health system and societal perspective. Another important benefit of the telemedicine is for ensuring follow up of patients for both clinical and research reasons. Telemedicine based practice can prevent the transmission of infectious diseases reducing the risks to both health care workers and patients. It is equally important to clearly identify suitable patient population who can be provided teleconsultation.
2. It will be imperative to arrange for additional staff for telemedicine in each specialty with provision of place for locating telemedicine portal. Doctors involved in telemedicine should undergo basic training in telemedicine covering all aspects including recent guidelines, and become conversant to equipment and software used in telemedicine.
3. With telemedicine, the need for an ICT based medical ecosystem becomes even more critical for maintenance of records and documentation of prescription and the advice for the patient and the legal protection of both parties. Interoperability with other HMIS data systems, multi-level integration with ABDM & ABHA based consent to access EMRs are essential and for ensuring patient confidentiality, safety, and data security. Internet connectivity issues need proactive consideration at both ends as the patient might be located in remote areas with narrow bandwidth; hence need for robust IT specialist based back-end team along with reliable backbone connectivity for telemedicine with redundancies.
4. Incorporation of all legal / accreditation issues under the scope of NMC; Revision of the affiliated drug prescription policy through concerned agencies
5. Other requirements to provide telemedicine services: Awareness among patients about how to use teleconsultation medicine (Telemedicine portals and apps usage – addressing challenges for older & illiterate patients, individuals with disabilities & special abilities), provisions and directions to get laboratory investigations, E-prescriptions, process of linking with relevant health insurance schemes for necessary reimbursements, teleconsultation to remain – adjunct to in person follow up visit mandatory as decided by the treating physician, physician to decide about the appropriateness of teleconsultation for diverse clinical situations, linking with health and emergency care providers of the location of the patient, and making arrangements for patient friendly Telemedicine Portal Language.

AGENDA – II

**REFORMS FOR FACULTY SELECTION BY THE
STANDING SELECTION COMMITTEE.**

DR. V.K. PAUL, MEMBER, NITI AAYOG

**Strengthening the process of recruitment of faculty and non-faculty
in New AIIMS Institutions: Interim Report of the Committee****I. Background**

The Committee

In accordance with the decision taken in respect of agenda Item No. CIB 06/04 in the 6th Central Institute Body (CIB) meeting held under the Chairmanship of Hon'ble Health & Family Welfare Minister on 08.01.2023 at AIIMS Bhubaneswar, with a view to strengthen the process of recruitment of faculty and non-faculty in various AIIMS including examining the possibility of introducing Centralised Recruitment, and vide MoHFW Order F. No. Z-28016/27/2023-PMSSY-IV dated 28 February 2023 (Annexure 1); a Committee with the following composition was constituted:

1. Dr Vinod K Paul, Hon'ble Member, NITI Aayog – Chairman
2. Additional Secretary, PMSSY, MoHFW
3. Director, AIIMS, New Delhi

With the following terms of reference:

1. To examine the recommendations put forth by the Committee of AIIMS, Raipur as regards selection of Faculty/ Non-Faculty in various AIIMS.
2. To determine possibility of instituting Central Recruitment System for Faculty/Non-Faculty in all AIIMS.

[While deliberating on the above, the recommendations of the Committee on Management and Governance Paradigm and Managing Human Resources may also be considered by the Committee].

II. Recommendations of the Committee for recruitment of faculty and non-faculty positions in New AIIMS Institutions

The Committee met on three occasions¹ and held internal discussions and deliberations with the members of various Committees and all the Directors of New AIIMS Institutions. The following are the key synthesis of issues and recommendations

¹ On the following dates: 28th March 2023; 2nd May 2023 and 8th June 2023

The following recommendations pertain to recruitment of faculty and non-faculty positions only in the New AIIMS Institutions (These are not applicable to AIIMS, New Delhi; PGIMER Chandigarh or other INIs).

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1. Faculty Positions

1.1 Rationale

The overwhelming view that emerged from the deliberations was that the faculty selection should not be centralized, but should be conducted by individual institutes. The reasons given for these are as follows:

- i. Every AIIMS Institute is governed by AIIMS Act, which mandates selection of faculties by its own Standing Selection Committees.
- ii. Candidates selected by a centralized system would prefer the more mature AIIMS institutions rather than newer ones, and this could result in persistent vacancies in the new institutes.
- iii. It is important for the Director and leadership of an institution/ department to fully assess the candidates to meet their local requirements of expertise depending on the institution-specific evolution of the relevant departments.
- iv. As many new AIIMS are located in tier-II cities, the candidates need to visit the institutes to understand the ecosystem before joining. This is critical for their future retention and will only be possible by holding local selection and in-person interviews.
- v. In case of litigation even by one candidate against one institute/post, even for a specific provision, the entire process of recruitment for all the AIIMs could be stalled.
- vi. A centralized process of screening/ selection would likely result in significant delays due to high administrative burden on one central team.

1.2 Recommendations

- A. The Screening and Selection of faculty members should be conducted by the respective institutions, and not by a centralized process.
- B. Newer institutes that do not have a capacity to carry-out the screening of applications for faculty positions may consider to pair with another mature institute for this purpose.
- C. As far as possible, interviews for selection of faculties should be conducted in-person at respective institutes, as it provides an opportunity for the candidates to visit the institutes and understand the ecosystem before joining.
- D. The Committee recommends that individual Institutes should be able to specify desirable criteria to signify the specific needs of concerned department given its stage and status of development. The desirable criteria for a specific faculty post for an Institute should be approved by the respective Institute Body. The same may be then mentioned in the relevant advertisement of the post.

- E. The Waiting Lists of faculty selection of a given institute should be used for the purpose of that specific institute only, and not as a general list for all institutes.

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1.3 Criteria and process of selection of faculty members in New AIIMS Institutions

Even though individual AIIMS Institutions are empowered with Standing Selection Committees, the need for a structured format of criteria for selection was expressed by many Directors of New AIIMS Institutions.

In view of this, the Committee decided to constitute an Expert Group² for developing criteria and process of selection of faculty members for new AIIMS institutions with the following ToR (Annexure 2):

- i. Develop criteria for selection of faculty members of New AIIMS such that they are as objective as possible and encompass all domains related to research, education, clinical expertise and personal attributes, among others.
- ii. Advise on the planning and implementation of the faculty selection procedure, including screening, theory tests (if advisable), interviews and other step-wise processes.
- iii. While deliberating on the above, recommendations of the Committees of AIIMS Raipur; Director, AIIMS New Delhi, AIIMS, Jammu, and other such Committees at AIIMS New Delhi and PGIMER, Chandigarh may also be examined by the Committee, along with leveraging newer technologies such as the Blockchain technology.

- F. The Committee decided to constitute an Expert Group to lay down ToRs for developing criteria for selection of faculty members, to provide an overarching guidance to all the institutes (Annexure 2). The recommendations made by the Expert Group will be submitted to the Committee for examination and suitable adaptation.

2. Non-faculty Positions

Background

For the consideration of recruitment of non-faculty positions, these posts have been classified in following three groups:

Project Cell positions

- Recruitment to Project Cell posts such as DDA, FA etc.³ in the new AIIMS Institutions, are presently done on deputation or direct appointment. The recruitment for DDA

² Members; Prof Y K Gupta, Prof Pramod Garg, Prof Rakesh Aggarwal and Prof Sarabh Varshney

³ The Project Cell posts are: DDA, FA, Medical Superintendent, Superintendent Engineer, Executive Engineer (Civil), Executive Engineer (Electrical), and Administrative Officer.

and FA are presently carried out centrally by the Ministry, while for others, it is being conducted by individual institutes, as per guidelines issued from time to time.

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Group 'B' Positions that are large and common between institutions

- Certain Group 'B' positions such as Nursing Officers (1050 authorized posts per institute); Lab Technicians (162 authorized posts per institute), and OT Technicians (98 authorized posts per institute)⁴ have large numbers of authorization and are common between institutes. Though the actual vacancy status pertaining to non-faculty posts could vary from time to time, the probability of high vacancies for a given post would often relate to these three posts.
- With a successful template of NORCET (Nursing Officer Recruitment Common Eligibility Test) for the nursing officers' posts, already in place, a similar format could be utilized for recruiting OT/ Lab Technicians.

Other non-faculty posts

- The appointment of these posts should be done by respective individual institutions by considering the need to outsource certain posts, as deemed necessary.

II. Recommendations

A. Recruitment for DDA, FA and other Project Cell positions

- 1) In line with the current norms, recruitment for posts of DDA and FA will be done centrally by the Ministry.
- 2) For other Project Cell posts, recruitment will be done at institute as per specific requirements as per guidelines issued by the MoHFW from time to time.

B. Recruitment for Group 'B' posts that are large and common between institutions

- 1) Recruitment for Group 'B' posts that are large in number and common between institutions such as Nursing Officers, Lab Technicians and OT Technicians, it is recommended to conduct recruitment of these posts on a Regional Basis (of grouping of AIIMS institutions). This will help reduce attrition. The NORCET system can be the template for selection and recruitment of Lab Technicians and OT Technicians as well.
- 2) To address the issue of ensuring optimal skill sets among the newly recruited nurses, the following are suggested to refine NORCET System:
 - a. In the NORCET exam, 40% questions should be based on high-quality questions that assess intended skill sets, with optimal case-mix.
 - b. Envisage a basic foundation course for development of optimal skill sets for nurses after their recruitment.

⁴ Vide PMSSY-IV Memorandum Z-28016/63/2019-PMSSY-IV dated June 2019. The quoted figures pertain to AIIMS Institutes sanctioned 960 beds (these are AIIMSS located at Bhopal, Bhubaneswar, Jodhpur, Patna, Raipur, Rishikesh, Mangalagiri, Nagpur, Kalyani, Gorakhpur, Bathinda, Deoghar, Bibinagar and Raebareli). For AIIMSS sanctioned with 750 beds (that is AIIMSS located at Bilsapur, Vijaypur, Madurai, Rajkot, Guwahati and Darbhanga); the following are the respective sanctioned posts: Nursing Officers (822); Lab Technicians (122) and OT Technicians (74).

c. For solving the issue of language barriers, institutes may conduct classes for teaching local languages.

3) For recruitment of lab/OT technicians also, a NORCET-like system be instituted incorporating additional features as above (2).

C. Other non-faculty positions

1) Recruitment of other non-faculty posts (that are not covered in A and B) must be carried out by individual institutions, and by considering the need to outsource, as deemed fit.

III. Approvals sought from CIB

- CIB is requested to provide further guidance

Government of India
Ministry of Health & Family Welfare
(PMSSY-IV Section)

4th Floor, IRCS Building, New Delhi

Dated the 28th February, 2023

OFFICE ORDER

In accordance with the decision taken in respect of agenda Item No. CIB 06/04 in the 6th Central Institute Body (CIB) meeting held under the Chairmanship of Hon'ble HFM on 08.01.2023 at AIIMS Bhubaneswar, with a view to strengthen the process of recruitment of faculty and non-faculty in various AIIMS including examining the possibility of introducing Centralised Recruitment, the following Committee is constituted:

- i. Dr. V.K Paul, Member, NITI Aayog
- ii. Additional Secretary, PMSSY, MoHFW
- iii. Director, AIIMS, New Delhi

2. Terms of Reference of the Committee:

(i) To examine the recommendations put forth by the Committee of AIIMS, Raipur as regards selection of Faculty/ Non-Faculty in various AIIMS.

(ii) To determine possibility of instituting Central Recruitment System for Faculty/ Non-Faculty in all AIIMS.

While deliberating on the above, the recommendations of the Committee on Management and Governance Paradigm and Managing Human Resources may also be considered by the Committee.

3. The Committee is advised to submit its report within two months to Ministry of Health and Family Welfare.

4. This is issued with the approval of the Competent Authority.

AGENDA – III

**CREATION OF AYUSH AS SEPARATE ACADEMIC
DEPARTMENT IN NEW AIIMS**

SECRETARY

AYUSH

07th Central Institute Body Meeting of AIIMS**Agenda no. III: "Creation of Ayush as a separate Academic Department in new AIIMS"****1. Background****1.1. Central Institute Body (CIB) 06th meeting:**

The Central Institute Body of AIIMS, in its sixth meeting (held on 08.01.2023), considered the proposal (item no. CIB-6/10) to create Ayush as a separate academic department in AIIMS. The CIB granted in-principle approval and decided that the recruitment rules should be made in consultation with the Department of Ayush. **(Annexure I).**

- 1.2.** As the matter pertaining to frame RR for the creation of an academic department of Ayush in AIIMS was forwarded to the Hon'ble Member (Health), NITI Aayog. The NITI Aayog, in consultation with concerned Ministries and AIIMS, has framed and proposed the posts (faculty & non-faculty) and their RR for this department.

2. Process adopted:

NITI Aayog examined the guidelines of PMSSY, concept note of the Ministry of Ayush, existing RR for faculty/ non-faculty posts of AIIMS, Assessment Promotion Scheme (APS) of AIIMS, and also referred to RR of All India Institute of Ayurveda, New Delhi for reviewing the requirements of faculty, and non-faculty staff, beds, etc. To keep parity among Ayush and other departments of AIIMS, different cadre posts, essential and desirable qualifications, age limits, pay scale, and APS have been proposed in line with existing RR for faculty/ non-faculty posts of AIIMS. A draft was prepared in consultation with concerned Ministries and AIIMS. Thereafter, the Hon'ble Member (H), NITI Aayog, convened a group having representation of all the stakeholders, including M/o H&FW, M/o Ayush, and AIIMS, to seek comments, inputs, and make a consensus on this matter in a meeting held on 19.07.2023. The inputs received in the meeting from the group were considered to finalize the draft for the stream of Ayush to be integrated into respective AIIMS, proposed posts, and their RR.

3. Principles followed while drafting and proposing the posts and RR for the Department of Ayush:

- To begin with, individual AIIMS will have an academic department pertaining to one stream of Ayush, i.e., Ayurveda/ Unani/ Siddha/ Homoeopathy. Further, Yoga will be an integral part of all AIIMSs. The name of the department will be kept as Department of Ayush (stream name) to have a broader mandate of the department that is not limited only to integrative medicine.
- To keep parity among Ayush and other departments of AIIMS, different cadre posts, essential and desirable qualifications, age limits, pay scale, and APS will be proposed in line with existing RR for faculty/ non-faculty posts of AIIMS.
- A total of 05 faculty posts in each AIIMS, including 01 Professor, 01 Additional Professor, 01 Associate Professor, and 02 Assistant Professors, will be proposed initially and may increase in subsequent phases.
- Initially, a pool of specializations is to be considered for providing options needed for diversity and a competent pool. Respective AIIMS will have the flexibility to distribute specializations among 05 proposed faculty posts. Details are as follows:

Ayurveda	<ol style="list-style-type: none"> Medicine or Panchakarma: Kayachikitsa or Panchakarma (02 posts) Surgery or ENT & Eye: Shalya Tantra or Shalakaya (01 post) Obs. & Gyn. or Paediatrics - Prasuti & Stri Roga or Kaumarbhritya (01 post) Preventive Social Medicine: Swasthvritta (01 post)
Homoeopathy	<ol style="list-style-type: none"> Practice of Medicine(03 posts) Paediatrics(01 Post) Psychiatry(01 post)
Unani	<ol style="list-style-type: none"> Medicine: Moalajat (02 posts) Surgery: Ilmul Jarahat (01 post) Obs. & Gyn.: Qabalat wa Amraze Niswan Tibb (01 Post) Paediatrics: Amraze Atfal (01 post)
Siddha	<ol style="list-style-type: none"> Medicine: Pothu Maruthuvam (01 posts) External Therapy: Pura Maruthuvam- (01 Post) Varma Medicine: Varma Maruthuvam (01 post) Obs. & Gyn.: Sool and Magalir Maruthuvam (01 post) Paediatrics: Kuzhanthai Maruthuvam (01 post)

- e. The number of Posts for faculty and non-faculty staff will be proposed by considering 30 clinical beds for Ayush academic department and taking into consideration of existing sanctioned posts.
- f. The probation period for all regular posts will be applicable as per the existing norms of AIIMS.
- g. The Assessment Promotion Scheme (APS) will be applicable as per existing norms of AIIMS.

4. Proposed Posts (faculty & non-faculty) and their Recruitment Rules:

To keep parity among Ayush and other departments of AIIMS, different cadre posts, essential and desirable qualifications, age limits, pay scales, and APS have been proposed in line with existing RR for faculty/ non-faculty posts of AIIMS. The proposed faculty/ non-faculty posts and their RR details have been placed in **Annexure IIA (Ayurveda), IIB (Homoeopathy), IIC (Unani) & IID (Siddha)**. The RR has been proposed for all posts except posts to be outsourced.

5. Stream of Ayush to be integrated into individual AIIMS:

The stream of Ayush to be integrated into individual AIIMS has been proposed in consultation with M/o Ayush & M/o H&FW, along with AIIMS (**Annexure-III**).

6. Broad Guiding Principles for Ayush Academic Department:

- i. The mandate of this department will include teaching, research, and clinical services in line with the existing departments of AIIMS, specifically in the integrative model.
- ii. This department will add elements of Ayush practices in mainstream academic department of AIIMS.
- iii. The Ayush academic department will conduct outreach activities in coordination with respective Community Medicine Department, and in partnership with State/ District health authorities.
- iv. The Ayush department will initiate research in Integrative Medicine in partnership with other mainstream departments, as well as research in its own subjects.
- v. The department will also work toward having joint degree programmes like Family Medicine in Integrative Medicine.
- vi. Department to develop integrative standardized protocols for the management of diseases in close coordination with other departments of AIIMS.
- vii. The Ayush department to take/ develop initiatives and programmes under the leadership of the Institute or instructed by the Government.
- viii. This department will also educate or orient nursing, dietician, and allied sciences staff of AIIMS regarding Ayush practices .

7. Approval sought from CIB:

- i. Approval for the establishment of Ayush as a separate academic department in the new AIIMS as per agreed guidelines.**
- ii. In-principle approval of HR structure proposed for this department and direction for creation of relevant posts.**
- iii. To direct individual institutes (AIIMS) to submit road-maps within 03 months to establish separate Ayush academic departments.**

Extract from the proceeding of 06th meeting of CIB of AIIMS held on
08.01.2023:

IMMEDIATE

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES
(GENERAL SECTION)**

No.F. 5-1/2022-Genl.(CIB-6)

Dated: 26 APR 2023

EXTRACT FROM THE PROCEEDINGS OF 6TH MEETING OF THE CENTRAL INSTITUTE
BODY HELD ON 08.01.2023 AT 09:00 A.M. IN THE AIIMS, BHUBANESWAR, ODISHA.

ITEM No CIB-6/10

**TO CONSIDER THE PROPOSAL TO CREATE AYUSH AS SEPARATE
ACADEMIC DEPARTMENT.**

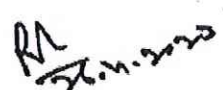
The CIB considered the proposal and granted in principle approval and decided that the Recruitment Rules should be made in consultation with the Department of Ayush.

ITEM No CIB-6/11

**TO CONSIDER THE PROPOSAL TO START A PROGRAM IN MD FAMILY
MEDICINE.**

The CIB decided that the proposal needs further deliberation. It was decided that Dr V.K. Paul will study various suggestion/ concerns raised during the meeting and present revised proposal in the next meeting of the CIB.

Further action to implement the decision of the CIB may kindly be initiated immediately under intimation to Addl. Director (Admn.) and the undersigned on or before 28.04.2023 positively.


(RAJESH KUMAR)
Administrative Officer

Distribution:

Dr. V.K. Paul, Member, NITI Aayog, New Delhi

Copy to:

PPS to Addl. Director (Admn.), AIIMS, New Delhi.



Proposed Posts (faculty and non-faculty posts) and their RR for Ayush (Ayurveda) Academic Department (30 bedded) in new and upcoming AIIMSs:

AYURVEDA STREAM:

Proposed Faculty Posts for Ayurveda Stream:

Faculty Posts (Ayurveda)		No. of posts
S.no	Name of the Post	960 Beds /760 Beds Hospital
1.	Professor	1
2.	Additional Professor	1
3.	Associate Professor	1
4.	Assistant Professor	2
5.	Senior Resident	04
	Total	9

Note: Senior Medical Officer already recruited in AIIMS, may be re-designated to SR subject to the fulfillment of the eligibility criteria. No fresh appointments will be done for this post in new & upcoming AIIMS, because AIIMS doesn't have this post in other academic departments.

Proposed RR for Faculty Posts of Ayurveda stream:

Name of the Post and Classification	Ayush (Ayurveda) Academic Department of AIIMS			
	Education qualification	Experience	Age Limit and Pay Scale	Mode of Recruitment
Professor (Group A) No. of Posts: 1	1. A Degree in Ayurveda stream recognized under schedule II of the IMCC Act 1970 (NCISM Act 2020). 2. A postgraduate qualification i.e. MD/MS recognized by CCIM (NCISM) under schedule-II of the IMCC Act 1970 (NCISM Act 2020) in the respective discipline/ subject as follows:	Fourteen years of teaching and/or research experience in a recognized institution in the subject of specialty after obtaining the qualifying degree of M.D. /M.S. in the respective discipline/ subject.	As per the existing norms of the AIIMS for the medical Professor post.	Direct Recruitment
Additional Professor (Group A) No. of Posts: 1	a) Kayachikitsa b) Panchakarma c) Shalya d) Shalakyas e) Prasuti evam Stri Roga f) Kaumarabhritya – Bala Roga g) Swasthavritta	Ten years of teaching and/or research experience in a recognized institution in the subject of specialty after obtaining the qualifying degree of M.D. /M.S. in the respective discipline/ subject.	As per the existing norms of the AIIMS for medical Additional Professor post.	Direct Recruitment
Associate Professor (Group A) No. of Posts: 1		Six years of teaching and/or research experience in a recognized institution in the subject of specialty	As per the existing norms of the AIIMS for medical Associate	Direct Recruitment

		after obtaining the qualifying degree of M.D. /M.S. in the respective discipline/ subject.	Professor post.	
Assistant Professor (Group A) No. of Posts: 2		Three years of teaching and/or research experience in a recognized institution in the subject of specialty after obtaining the qualifying degree of M.D. /M.S. in the respective discipline/ subject.	As per the existing norms of the AIIMS for medical Assistant Professor post.	Direct Recruitment
Senior Resident (Group "A") No. of Posts: 4		-	As per the existing norms of the AIIMS for SR post.	Direct Recruitment. Note: 01 Senior Medical Officer already sanctioned in AIIMS, may be re-designated to SR subject to the fulfillment of the eligibility criteria. No fresh appointments will be done for the post of SMO in new & upcoming AIIMS, because AIIMS doesn't have this post in other academic departments.

Proposed Non-Faculty Posts for Ayurveda Stream:

Non-Faculty Posts (Ayurveda)		
S.no	Name of the Post	No. of Posts (960 Beds/ 750 Beds Hospital)
1.	Medical Officer (Ayurveda)	5
2.	Staff Nurse Grade-II	6
3.	Sr. Pharmacist	1*
4.	Pharmacist Grade II	3
5.	Physiotherapist	2
6.	Yoga Instructor	2 (1 male + 1 female)
7.	Office/ Stores Attendants (Multi-Tasking)/ Store Keeper-cum-Clerk/ Lower Division Clerk	4
8.	Panchakarma Technician	4 (2 male + 2 female)- Outsourced
9.	Panchakarma Assistant	4 (2 male + 2 female)- Outsourced
10.	Kshara-sutra Technician	2 (1 male + 1 female)- Outsourced

11.	Hospital Attendant	12 (outsourced)
12.	Guard + Sanitation	Outsourced as per existing norms of AIIMS
	Total	45

*To be filled through promotion only.

Proposed RR for Non-Faculty Posts (Ayurveda):

Name of the Post and Classification	Ayush (Ayurveda) Academic Department		
	Essential qualification and Experience	Age Limit and Pay Scale	Mode of Recruitment
Medical Officer (Ayurveda) No. of Posts: 5 Classification: GROUP 'A'	As per the existing RR for Medical Officer (Ayush) of the AIIMS.	As per the existing RR of the AIIMS.	Direct Recruitment
Staff Nurse Grade-II Classification: GROUP 'B' No. of Posts: 6	Essential Qualification: (i) B.Sc. Nursing or B.Sc. Nursing (Ayurveda) from a recognised Institute/ University. OR B.Sc. (Post-certificate) or equivalent such as B.Sc. Nursing (Post-basic) (2-year course) from a recognized institute/university. (ii) Should be registered with the Indian Nursing Council/ State Nursing Council. Desirable: Ability to use computers - Hands-on experience in office applications, spreadsheets, and presentations.	As per the existing norms for Staff Nurse Grade-II post of the AIIMS.	Direct Recruitment
Sr. Pharmacist Classification: GROUP 'B' No. of Posts: 1	Promotion based post.	As per the existing norms for Sr. Pharmacist post of the AIIMS.	To be filled through promotion only as per the existing norms of AIIMS.
Pharmacist Grade- II Classification: GROUP 'C' No. of Posts: 3	Essential Qualification: 1. Diploma in Ayurvedic Pharmacy from a Government recognized University/Institution. Desirable: Experience in the manufacture/ storage/testing/dispensing of Ayurvedic medicine in a Government recognized hospital or industry.	As per the existing norms for Pharmacist Grade-II post of the AIIMS.	Direct Recruitment
Physiotherapist Classification: GROUP 'B' No. of Posts: 2	As per the existing RR of AIIMS.	As per the existing RR of AIIMS.	Direct Recruitment

Yoga Instructor Classification: GROUP 'B' No. of Posts: 2 (1 male + 1 female)	As per the existing RR of AIIMS.	As per the existing RR of AIIMS.	Direct Recruitment
Office/ Stores Attendants (Multi-Tasking)/ Store Keeper-cum-Clerk/ Lower Division Clerk Classification: GROUP 'C' No. of Posts: 4	As per the existing RR of AIIMS	As per the existing RR of AIIMS	Direct Recruitment

Proposed Posts (faculty and non-faculty posts) and their RR for Ayush (Homoeopathy) Academic Department (30 bedded) in new and upcoming AIIMSs:

HOMOEOPATHY STREAM:

Faculty Posts for Homoeopathy Stream:

Faculty Posts (Homoeopathy)		No. of posts
S.no	Name of the Post	960 Beds /760 Beds Hospital
1.	Professor	1
2.	Additional Professor	1
3.	Associate Professor	1
4.	Assistant Professor	2
5.	Senior Resident	04
	Total	9

Proposed RR for Faculty Posts of Homoeopathy stream:

Name of the Post and Classification	Ayush (Homoeopathy) Academic Department of AIIMS			
	Education qualification	Experience	Age Limit and Pay Scale	Mode of Recruitment
Professor (Group A) No. of Posts: 1	1. A Degree in Homoeopathy stream recognized under schedule II of the HCC Act 1973 (NCH Act 2020). 2. A postgraduate qualification i.e. MD recognized by CCH (NCH) under schedule-II of the HCC Act 1973 (NCH Act 2020) in the respective discipline/ subject as follows:	Fourteen years of teaching and/or research experience in a recognized institution in the subject of specialty after obtaining the qualifying degree of M.D. in the respective discipline/ subject.	As per the existing norms of the AIIMS for medical Professor post.	Direct Recruitment
Additional Professor (Group A) No. of Posts: 1	a. Practice of Medicine	Ten years of teaching and/or research experience in a recognized institution in the subject of specialty after obtaining the qualifying degree of M.D. in the respective discipline/ subject.	As per the existing norms of the AIIMS for medical Additional Professor post.	Direct Recruitment
Associate Professor (Group A) No. of Posts: 1	b. Paediatrics c. Psychiatry	Six years of teaching and/or research experience in a recognized institution in the subject of specialty after obtaining the qualifying degree of M.D. in the respective discipline/ subject.	As per the existing norms of the AIIMS for medical Associate Professor post.	Direct Recruitment

Assistant Professor (Group A) No. of Posts: 2		Three years of teaching and/or research experience in a recognized institution in the subject of specialty after obtaining the qualifying degree of M.D. in the respective discipline/ subject.	As per the existing norms of the AIIMS for medical Assistant Professor post.	Direct Recruitment
Senior Resident Classification: GROUP 'A' No. of Posts: 4		-	As per the existing norms of the AIIMS for SR post.	Direct Recruitment

Non-Faculty Posts for Homoeopathy Stream:

Non-Faculty Posts (Homoeopathy)		
S.no	Name of the Post	No. of Posts (960 Beds/ 750 Beds Hospital)
1.	Medical Officer (Homoeopathy)	5
2.	Staff Nurse Grade-II	6
3.	Sr. Pharmacist	1*
4.	Pharmacist Grade II	3
5.	Physiotherapist	2
6.	Yoga Instructor	2 (1 male + 1 female)
7.	Office/ Stores Attendants (Multi-Tasking)/ Store Keeper-cum-Clerk/ Lower Division Clerk	4
8.	Hospital Attendant	12 (outsourced)
9.	Guard + Sanitation	Outsourced as per existing norms of AIIMS
	Total	35

*To be filled through promotion only.

Non-Faculty Posts (Homoeopathy):

Post	Ayush (Homoeopathy) Academic Department		
	Essential qualification and Experience	Age Limit and Pay Scale	Mode of Recruitment
Medical Officer (Homoeopathy) Classification: GROUP 'A' No. of Posts: 5	As per the existing RR for Medical Officer (Ayush) of the AIIMS.	As per the existing RR of the AIIMS.	Direct Recruitment
Staff Nurse Grade-II Classification: GROUP 'B' No. of Posts: 6	As per the existing RR for Staff Nurse Grade-II post of the AIIMS.	As per the existing norms for Staff Nurse Grade-II post of the AIIMS.	Direct Recruitment

Sr. Pharmacist Classification: GROUP 'B' No. of Posts: 1	Promotion based post.	As per the existing norms for Sr. Pharmacist post of the AIIMS.	To be filled through promotion only as per the existing norms of AIIMS.
Pharmacist Grade- II Classification: GROUP 'C' No. of Posts: 3	Essential qualification: 1. Diploma in Homoeopathy Pharmacy of not less than two years from a Government Board/ institution. Desirable: Experience in manufacture/ storage/testing/dispensing of Homoeopathy medicine in a Government recognized hospital or industry.	As per the existing norms for Pharmacist Grade-II post of the AIIMS.	Direct Recruitment
Physiotherapist Classification: GROUP 'B' No. of Posts: 2	As per the existing RR of AIIMS.	As per the existing RR of AIIMS.	Direct Recruitment
Yoga Instructor Classification: GROUP 'B' No. of Posts: 2 (1 male + 1 female)	As per the existing RR of AIIMS.	As per the existing RR of AIIMS.	Direct Recruitment
Office/ Stores Attendants (Multi-Tasking)/ Store Keeper-cum-Clerk/ Lower Division Clerk Classification: GROUP 'C' No. of Posts: 4	As per the existing RR of AIIMS	As per the existing RR of AIIMS	Direct Recruitment

Proposed Posts (faculty and non-faculty posts) and their RR for Ayush (Unani) Academic Department (30 bedded) in new and upcoming AIIMSs:

Unani Stream:

Faculty Posts for Unani Stream:

Faculty Posts (Unani)		No. of posts
S.no	Name of the Post	960 Beds /760 Beds Hospital
1.	Professor	1
2.	Additional Professor	1
3.	Associate Professor	1
4.	Assistant Professor	2
5.	Senior Resident	04
	Total	9

RR for Faculty Posts of Unani stream:

Name of the Post and Classification	Ayush (Unani) Academic Department of AIIMS			
	Education qualification	Experience	Age Limit and Pay Scale	Mode of Recruitment
Professor (Group A) No. of Posts: 1	1. A Degree in Unani medicine recognized under schedule II of the IMCC Act 1970 (NCISM Act 2020). 2. A postgraduate qualification i.e. MD/MS recognized by CCIM (NCISM)	Fourteen years of teaching and/or research experience in a recognized institution in the subject of specialty after obtaining the qualifying degree of M.D. /M.S. in the respective discipline/subject.	As per the existing norms of the AIIMS for medical Professor post.	Direct Recruitment
Additional Professor (Group A) No. of Posts: 1	under schedule-II of the IMCC Act 1970 (NCISM Act 2020) in the respective discipline/ subject as follows: a. Moalajat b. Ilmu Jarahat c. Qabalat wa d. Amraze Niswan Tibb d. Amraze Atfal	Ten years of teaching and/or research experience in a recognized institution in the subject of specialty after obtaining the qualifying degree of M.D. /M.S. in the respective discipline/subject.	As per the existing norms of the AIIMS for medical Additional Professor post.	Direct Recruitment
Associate Professor (Group A) No. of Posts: 1	Amraze Niswan Tibb d. Amraze Atfal	Six years of teaching and/or research experience in a recognized institution in the subject of specialty after obtaining the	As per the existing norms of the AIIMS for medical Associate Professor post.	Direct Recruitment

		qualifying degree of M.D. /M.S. in the respective discipline/ subject.		
Assistant Professor (Group A) No. of Posts: 2		Three years of teaching and/or research experience in a recognized institution in the subject of specialty after obtaining the qualifying degree of M.D. /M.S. in the respective discipline/ subject.	As per the existing norms of the AIIMS for medical Assistant Professor post.	Direct Recruitment
Senior Resident (Group A) No. of Posts: 4		-	As per the existing norms of the AIIMS for SR post.	Direct Recruitment.

Non-Faculty Posts for Unani Stream:

Non-Faculty Posts (Unani)		
S.no	Name of the Post	No. of Posts (960 Beds/ 750 Beds Hospital)
1.	Medical Officer (Unani)	5
2.	Staff Nurse Grade II	6
3.	Sr. Pharmacist	1*
4.	Pharmacist Grade II	3
5.	Physiotherapist	2
6.	Yoga Instructor	2 (1 male + 1 female)
7.	Office/ Stores Attendants (Multi-Tasking)/ Store Keeper-cum-Clerk/ Lower Division Clerk	4
8.	Ilaj Bit Tadbeer (IBT) Technician	4 (outsourced)
9.	Ilaj Bit Tadbeer (IBT) Assistant	4 (outsourced)
10.	Hijamah Technician	2 (outsourced)
11.	Hospital Attendant	12 (outsourced)
12.	Guard + Sanitation	Outsourced as per existing norms of AIIMS
	Total	45

*To be filled through promotion only.

Post	Ayush (Unani) Academic Department		
	Essential qualification and Experience	Age Limit and Pay Scale	Mode of Recruitment
Medical Officer (Unani) Classification: GROUP 'A' No. of Posts: 5	As per the existing RR for Medical Officer (Ayush) of the AIIMS.	As per the existing RR of the AIIMS.	Direct Recruitment
Staff Nurse Grade-II Classification: GROUP 'B' No. of Posts: 6	As per the existing norms for Staff Nurse Grade-II post of the AIIMS.	As per the existing norms for Staff Nurse Grade-II post of the AIIMS.	Direct Recruitment
Sr. Pharmacist Classification: GROUP 'B' No. of Posts: 1	Promotion based post.	As per the existing norms for Sr. Pharmacist post of the AIIMS.	To be filled through promotion only as per the existing norms of AIIMS.
Pharmacist Grade- II Classification: GROUP 'C' No. of Posts: 3	Essential qualification: Diploma in Unani Pharmacy from a recognized University/Institution. Desirable: Experience in manufacture/ storage/testing /dispensing of Unani medicine in a reputed hospital or industry.	As per the existing norms for Pharmacist Grade-II post of the AIIMS.	Direct Recruitment
Physiotherapist Classification: GROUP 'B' No. of Posts: 2	As per the existing RR of AIIMS.	As per the existing RR of AIIMS.	Direct Recruitment
Yoga Instructor Classification: GROUP 'B' No. of Posts: 2 (1 male + 1 female)	As per the existing RR of AIIMS.	As per the existing RR of AIIMS.	Direct Recruitment
Office/ Stores Attendants (Multi-Tasking)/ Store Keeper-cum-Clerk/ Lower Division Clerk Classification: GROUP 'C' No. of Posts: 4	As per the existing RR of AIIMS	As per the existing RR of AIIMS	Direct Recruitment

Proposed Posts (faculty and non-faculty posts) and their RR for Ayush (Siddha) Academic Department (30 bedded) in new and upcoming AIIMSs:

SIDDHA STREAM:

Proposed Faculty Posts for Siddha Stream:

Faculty Posts (Siddha)		No. of posts
S.no	Name of the Post	960 Beds /760 Beds Hospital
1.	Professor	1
2.	Additional Professor	1
3.	Associate Professor	1
4.	Assistant Professor	2
5.	Senior Resident	04
	Total	9

Proposed RR for Faculty Posts of Siddha stream:

Name of the Post and Classification	Ayush (Siddha) Academic Department of AIIMS			
	Education qualification	Experience	Age Limit and Pay Scale, APS	Mode of Recruitment
Professor (Group A) No. of Posts: 1	1. A Degree in Siddha stream recognized under schedule II of the IMCC Act 1970 (NCISM Act 2020). 2. A postgraduate qualification i.e. MD/MS recognized by CCIM (NCISM) under schedule-II of the IMCC Act 1970 (NCISM Act 2020) in the respective discipline/ subject as follows:	Fourteen years of teaching and/or research experience in a recognized institution in the subject of specialty after obtaining the qualifying degree of M.D. /M.S. in the respective discipline/subject.	As per the existing norms of the AIIMS for medical Professor post.	Direct Recruitment
Additional Professor (Group A) No. of Posts: 1	a. Pothu Maruthuvam b. Pura Maruthuvam c. Varma Maruthuvam d. Sool and Magalir Maruthuvam e. Kuzhanthai Maruthuvam	Ten years of teaching and/or research experience in a recognized institution in the subject of specialty after obtaining the qualifying degree of M.D. /M.S. in the respective discipline/subject.	As per the existing norms of the AIIMS for medical Additional Professor post.	Direct Recruitment
Associate Professor (Group A) No. of Posts: 1		Six years of teaching and/or research experience in a recognized institution in the subject of specialty after	As per the existing norms of the AIIMS for medical Associate Professor post.	Direct Recruitment

		obtaining the qualifying degree of M.D. /M.S. in the respective discipline/ subject.		
Assistant Professor (Group A)		Three years of teaching and/or research experience in a recognized institution in the subject of specialty after obtaining the qualifying degree of M.D. /M.S. in the respective discipline/ subject.	As per the existing norms of the AIIMS for medical Assistant Professor post.	Direct Recruitment
No. of Posts: 2				
Senior Resident (Group A)		-	As per the existing norms of the AIIMS for SR post.	Direct Recruitment.
No. of Posts: 4				

Proposed Non-Faculty Posts for Siddha Stream:

Non-Faculty Posts (Siddha)		
S.no	Name of the Post	No. of Posts (960 Beds/ 750 Beds Hospital)
1.	Medical Officer (Siddha)	5
2.	Staff Nurse Grade-II	6
3.	Sr. Pharmacist	1*
4.	Pharmacist Grade II	3
5.	Physiotherapist	2
6.	Yoga Instructor	2 (1 male + 1 female)
7.	Office/ Stores Attendants (Multi-Tasking)/ Store Keeper-cum-Clerk/ Lower Division Clerk	4
8.	Thokkanam Technician	4 (2 male + 2 female)- Outsourced
9.	Thokkanam Assistant	4 (2 male + 2 female)- Outsourced
10.	Varmam Technician	2 (1 male + 1 female)- Outsourced
11.	Hospital Attendant	12 (outsourced)
12.	Guard + Sanitation	Outsourced as per existing norms of AIIMS
	Total	45

*To be filled through promotion only.

Proposed RR for Non-Faculty Posts (Siddha):

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Post	Ayush (Siddha) Academic Department		
	Essential qualification and Experience	Age Limit and Pay Scale	Mode of Recruitment
Medical Officer (Siddha) Classification: GROUP 'A' No. of Posts: 5	As per the existing RR for Medical Officer (Ayush) of the AIIMS.	As per the existing RR of the AIIMS.	Direct Recruitment
Staff Nurse Grade-II Classification: GROUP 'B' No. of Posts: 6	As per the existing norms for Staff Nurse Grade-II post of the AIIMS.	As per the existing norms for Staff Nurse Grade-II post of the AIIMS.	Direct Recruitment
Sr. Pharmacist Classification: GROUP 'B' No. of Posts: 1	Promotion based post.	As per the existing norms for Sr. Pharmacist post of the AIIMS.	To be filled through promotion only as per the existing norms of AIIMS.
Pharmacist Grade- II Classification: GROUP 'C' No. of Posts: 3	Essential: 1. Diploma in Siddha Pharmacy from a recognized University/Institution. OR 2. Diploma in Integrated Pharmacy from a recognized University/Institution. Desirable: Experience in the manufacture/ storage/testing/dispensing of Siddha medicine in a Government recognized hospital or industry.	As per the existing norms for Pharmacist Grade-II post of the AIIMS.	Direct Recruitment
Physiotherapist Classification: GROUP 'B' No. of Posts: 2	As per the existing RR of AIIMS.	As per the existing RR of AIIMS.	Direct Recruitment
Yoga Instructor Classification: GROUP 'B' No. of Posts: 2 (1 male + 1 female)	As per the existing RR of AIIMS.	As per the existing RR of AIIMS.	Direct Recruitment
Office/ Stores Attendants (Multi-Tasking)/ Store Keeper-cum-Clerk/ Lower Division Clerk	As per the existing RR of AIIMS	As per the existing RR of AIIMS	Direct Recruitment

Classification:
GROUP 'C'
No. of Posts: 4

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Stream Wise integration of Ayush in new and upcoming AIIMSs:

S.No.	New AIIMS	Name of the State	Location	Ayush System
1.	All India Institute of Medical Sciences	Assam	Guwahati	Ayurveda
2.	All India Institute of Medical Sciences	Bihar	Patna	Ayurveda
3.	All India Institute of Medical Sciences	Chattisgarh	Raipur	Ayurveda
4.	All India Institute of Medical Sciences	Gujarat	Rajkot	Ayurveda
5.	All India Institute of Medical Sciences	Haryana	Manethi	Ayurveda
6.	All India Institute of Medical Sciences	Himachal Pradesh	Bilaspur	Ayurveda
7.	All India Institute of Medical Sciences	Jammu & Kashmir	Vijaypur Jammu	Ayurveda
8.	All India Institute of Medical Sciences	Madhya Pradesh	Bhopal	Ayurveda
9.	All India Institute of Medical Sciences	Maharashtra	Nagpur	Ayurveda
10.	All India Institute of Medical Sciences	Rajasthan	Jodhapur	Ayurveda
11.	All India Institute of Medical Sciences	Uttar Pradesh	Gorakhpur	Ayurveda
12.	All India Institute of Medical Sciences	Uttar Pradesh	Raebareli	Ayurveda
13.	All India Institute of Medical Sciences	Uttarakhand	Rishikesh	Ayurveda
14.	All India Institute of Medical Sciences	Bihar	Darbhanga	Ayurveda
15.	All India Institute of Medical Sciences	Jharkhand	Deoghar	Ayurveda

16.	All India Institute of Medical Sciences	Odisha	Bhubaneswar	Ayurveda
17.	All India Institute of Medical Sciences	Andhra Pradesh	Mangalagiri	Homoeopathy
18.	All India Institute of Medical Sciences	Punjab	Bathinda	Homoeopathy
19.	All India Institute of Medical Sciences	West Bengal	Kalyani	Homoeopathy
20.	All India Institute of Medical Sciences	Tamil Nadu	Madurai	Siddha
21.	All India Institute of Medical Sciences	Jammu & Kashmir	Awantipora Kashmir	Unani
22.	All India Institute of Medical Sciences	Telangana	Bibinagar	Unani

AGENDA – IV(A)

**COMMON ALLOWANCES FOR ALL NEW AIIMS
SET -UP UNDER PMSSY**

Executive Summary:

This report presents the findings of Group – 1, a working committee formed under the decision of the 6th Central Institute Body (CIB) chaired by Hon'ble Health and Family Welfare on 08.01.2023 at AIIMS Bhubaneswar. The working group was tasked with formulating uniform/central policies for all AIIMS institutions. The committee held a video conference (VC) on 03rd April 2023 under the chairmanship of the additional secretary (PMSSY) to discuss the allocation of allowances and contributions. Subsequently, the group was split into two, with Group – 1 comprising the Executive Directors of AIIMS-Bhopal and AIIMS Deoghar. This report highlights the disparities observed in various allowances among the AIIMS institutions and provides recommendations to address these disparities.

Introduction:

In compliance with the decision made during the 6th CIB meeting, a working group was established to devise uniform policies for all AIIMS institutions. The committee was tasked to submit its report to the Ministry of Health and Family Welfare within two months. The working group held a VC on 03rd April 2023, during which Group – 1 was assigned to assess the grant of allowances and collaborate with the director of AIIMS-New Delhi to formulate appropriate recommendations. AIIMS Deoghar initiated the assigned work by gathering details of allowances and EHS contributions provided to various faculty and staff categories at all AIIMS institutions. A second VC was held on 24.05.2023, where disparities in allowances were identified based on the responses received from 13 out of 22 AIIMS institutions. Subsequently, a reminder was sent to all AIIMS institutions to submit the required information. An interim report was shared with Ms. V. HekaliZhimoni, IAS, Additional Secretary, MoHFW, Govt of India, outlining the major observations.

Methods:

Members of group 1:

- Additional Secretary, PMSSY - Chairperson
- Executive Director, AIIMS-Deoghar
- Executive Director, AIIMS-Bhopal
- JS (PMSSY), MOHFW – Special invitee

To carry out the recommended work, Group-1 collected data through a 'uniform format' distributed to all AIIMS institutions, seeking details of allowances and EHS contributions provided to different faculty and staff categories. Based on the responses received from 13 (mentioned below) out of 21 AIIMS institutions, a comparative chart was prepared, highlighting disparities in various allowances.

Subsequently a reminder to all the AIIMS was given via email on 25.05.2023 to submit the above said information latest by 29.05.2023. Three AIIMS responded (Patna, Kalyani and Rishikesh) which were included in the chart.

These observations as an interim report were shared to Chairperson - Additional Secretary, MoHFW, Govt of India on 30-05-2023.

List of AIIMS that responded initially :-

1. AIIMS Delhi
2. AIIMS Bhopal
3. AIIMS Bhatinda
4. AIIMS Bhubaneswar
5. AIIMS Bibinagar
6. AIIMS Jodhpur

7. AIIMS Rajkot
8. AIIMS Raipur
9. AIIMS Mangalagiri
10. AIIMS Jammu
11. AIIMS Deoghar
12. AIIMS Gorakhpur
13. AIIMS Nagpur
14. AIIMS Patna
15. AIIMS Kalyani
16. AIIMS Rishikesh

Findings and Observations:

The final chart had responses from 16 AIIMS and following AIIMS did not respond at all till the compilation of the final chart :

1. AIIMS Raebareli
2. AIIMS Guwahati
3. AIIMS Bilaspur
4. AIIMS Madurai

Following AIIMS were not considered as :-

**AIIMS Awantipura, AIIMS Rewari and AIIMS Darbhanga are under construction*

AIIMS Bengaluru is proposed

AIIMS Manipur is announced

After analyzing the responses, the following disparities were observed in the allowances provided by various AIIMS institutions and were presented in a meeting held at the office of the Joint Secretary (PMSSY), MoHFW, Govt of India, NirmanBhawan , New Delhi on 19.07.2023 and was attended by :-

1. Joint Secretary(PMSSY), MoHFW, Govt of India
2. Executive Director & CEO, AIIMS Deoghar
3. Executive Director & CEO, AIIMS Bhopal
4. Deputy Secretary(PMSSY), MoHFW, Govt of India

Disparities (based on information provided till 26.07.2023)

	Allowance	AIIMS	Disparity Observed	To be given
1	LRA (Nursing Faculty)	Gorakhpur	Not given	Rs 60,000 pa
		Rajkot	Rs. 1,50,000 pa	
		Jodhpur	Rs. 1,50,000 pa	
		Nagpur	Rs. 30,000 pa	
2	Academic allowance (N) Academic allowance (F)	Rishikesh	Rs. 1,50,000 pa	Rs 7,500 pm
		Rajkot	Rs. 22,500 pm (Faculty)/Tutor(7,500 pm)	
		Jodhpur	Rs. 22,500 pm (Faculty)/Tutor(7,500pm)	
		Nagpur	Rs. 22,500 pa	
3	Nursing allowance	Gorakhpur	Not given to Nursing faculty and group A non faculty (Nursing)	Rs 22,500 pm
4				
5	OT allowance	Raipur, Patna	Not given to Nursing faculty	Rs 7,500 pm Rs 540 pm (Nursing Officers posted in OT)
		Bhopal, Bhubaneshwar, Kalyani, Patna, Rishikesh, Deoghar, Gorakhpur	Not given to any employee	
6	HPCA	Bhatinda	Not given Group A & B	
7	Transport Allowance	Raipur	1800 + DA given to Group C	Rs. 900 + DA should be given)
		Kalyani	7200 + DA thereon per month given to Residents	Rs 3600 + DA should be given) for Kalyani City
8	Dress allowance	Bhopal, Bhatinda, Nagpur	Order on Abeyance/Not given	

	Allowance	AIIMS	Disparity Observed	To be given
9	Telephone reimbursement	Gorakhpur	Not paid- Nursing Faculty/ Gp A Non Faculty	Rs 1200 + Taxes (Level 10 & 11) Rs 2250 + Taxes (Level 12 & 13) {No. F.No.24(3)/E.Coorf/2018}
10	Conveyance allowance (Given- Delhi, Jodhpur, Bhubaneshwar, Patna, Kalyani)	Bhopal, Gorakhpur, Rajkot, Nagpur, Raipur, Jammu, Mangalagiri, Deoghar, Rishikesh	Not Given	As per the office memorandum issued on 19-07-2017 by Dept. of Expenditure, Ministry of finance, Govt. of India (F.No. 19039 /03 / 2017-E.IV) Updated in 2019 and
11	PG Book/Thesis allowance- JR(A)	Bhopal	Not paid	Rs 5,000 (after submission of Thesis)
		Kalyani		
	SR (A)	Gorakhpur	Not paid	
		Jodhpur		
		Kalyani		
12	Ph D Stipend	Bhopal	Information incomplete / Variations +	
		Gorakhpur		
13	Para medical courses Stipend & Internship		Information incomplete / Variations +	

❖ Other Issues:

EHS- Students (Group Insurance)

Contractual Staff- Allowances

Defence Personnel- Pension + Salary

ED Salary- Contractual

ED Contractual- Financial Powers

After the meeting , a reminder was sent to all the AIIMS regarding stipend of PhD and paramedical courses following which four of the AIIMS responded (Guwahati, Bilaspur, Rajkot and Raipur) providing the details of the stipend being given of PhD and paramedical courses which were incorporated into the master excel sheet (comparative chart). Also few of the AIIMS clarified the disparities (Jammu, Kalyani and Jodhpur). Raipur also responded but clarified regarding uniform/dress allowance only. All the responses were incorporated into the chart.

Recommendations:

Based on the findings, Group-1 recommends the following actions:

- Standardization of Allowances: Implement uniform rates for allowances across all AIIMS institutions to ensure parity and consistency.
- Regular Reviews: Conduct periodic reviews to adjust allowances as per changing requirements and economic conditions.
- Timely Data Submission: Emphasize timely submission of required information by all AIIMS institutions to facilitate accurate analyses and decision-making.
- Transparent Policy Framework: Develop a transparent policy framework for the allocation of allowances, ensuring clarity and equity.
- Addressing Disparities: Take necessary steps to rectify the identified disparities to create a fair and conducive work environment.
- A reminder to all the remaining AIIMS should be given asking the stipend details of PhD and paramedical courses and for remaining disparities.

Conclusion:

The preliminary report prepared by Group-1 highlights significant disparities in allowances among different AIIMS institutions. By addressing these disparities and implementing uniform policies, the working group can contribute to the equitable and efficient functioning of all AIIMS institutions. The final comprehensive report, which incorporates all updated responses, will be submitted to the Ministry of Health and Family Welfare within the specified timeline

AGENDA – IV(B)

**COMMON POLICY FOR UTILIZATION OF INTERNAL
REVENUES GENERATED BY AIIMS.**

Uniform/Central Policy Making for all AIIMS

Objective & Methodology

Objective

The objective is to lay down the guidelines for effective & judicious utilization of various internal receipt funds in the Institutes.

Methodology

- Online meetings and consultations were held with all AIIMS to find out the source of generation of funds.
- The documents prepared by AIIMS Bhubaneswar and International Institute for Population Sciences (IIPS), Bombay (Annexure) were consulted.
- Discussions were held with Institute's Finance Advisors of AIIMS under PMSSY.

Internal Generation

Hospital Receipts

- Patient Registration, Day-Care & Indoor Admission Fees, Bed Charges (General Ward) & Room Rent (Private Ward), OT Charges for procedures & surgeries, Pathological & Radiological investigations.
- Sale of drugs and implants from Central Pharmacy (AIIMS Patna Model) can be used to create **Institute Revolving Fund**
- Charges for Yellow fever vaccination, Plasma & Eye Bank, etc.
- Preservation charges of dead body & other minor receipts.
- Profits from JanAushadhi Kendra and Income from Ayushman Bharat fund.
- Mission Smile, RBSK & similar schemes.
- Saving from Ayushman Bharat funds

Receipts from Academic & Research Sources

- Admission fees from students, Examination fees from applicants for recruitments.
- Unspent balance of various workshops/ training programmes.
- Externships.
- Collaborations with external agencies to create new commercializable products, like rapid diagnostic tests etc.
- Start ups in the Institutes.

- Overhead charges from External Research Projects.
- Consultancy charges from faculty if they are providing any.
- Student (penalty) charges.
- Hiring of auditorium /other facilities for conclaves, conferences for various organizations.

Other Sources

- Sale of scrap material.
- Rental charges (shops, ATMs, parking, canteen etc.).
- Collection on account of shortfall in notice period of employees resigning.
- Electricity & water charges from various vendors and contractors (Engineering works).
- Interest earned from Internal receipts savings bank account & FDs.
- Income from Guest house receipts.

Utilization of Internal Receipt Funds

Method of Utilization

Utilization of Internal receipts proposed as under will be done once recommended by the DDA on requisition of concerned user and recommended by concerned HoD/Incharge/Nodal Officer/Committee, concurred by the Financial Advisor and approved by the Competent Authority (Executive Director) in accordance with the GFR rules.

Hospital Receipt Sources

- **Institute revolving fund** for use in emergencies for providing unavailable drugs and implants for non affording patients.
- **Rogi Kalyan Samiti to be created** for use of funds on patients not under any assurance scheme or destitute patients.
- For organization of Convocation/ Conferences/Students educational tours or recreational /sports activities.
- Ten percent (10%)/(TBD?) of Ayushman savings and total interest on these funds earned via fixed deposits can be used in patient welfare activities as above and to enhance patient satisfaction to fund Patient navigational activities (Sevaveers, KEVAT).
- Mobile applications creation can be done from these funds for patient navigation purposes and creating site maps.
- Organizing of camps for the community for patient care.

Receipts from Academic & Research Sources

- Used in Research and Development of the Institute [Biodesign programmes and Tinkering Lab].
- Conference Participation of JR/SR.
- Scholarships for deserving students.
- Intramural projects of faculty.
- Forging and facilitating research collaborations nationally and internationally.
- Publication and creation of Institute journal, news letter, video for health education.
- Book clubs for Students, Resident and Faculty.
- Art workshops & Hindi writers' workshops in the Institute.

Accounting & Auditing Mechanism

- A separate Savings Bank Account will be opened in a commercial bank for operation and management of Internal Receipt funds.
- The Competent Authority may decide sub allocation and utilization of funds received under 'Receipts from Hospital, Academic & Research Sources' and 'Other Sources' annually.
- Unutilized funds should preferably be placed in Fixed Deposits, so as to generate additional income to the Institute.
- Mechanism defined in AIIMS Act, 1956 for audit purpose & relevant applicable norms including Accounting and Auditing Guidance Note/ Standards/ Rules, duly approved by the Ministry of Finance, Govt of India including GFR 2017 and CAG Audits will be followed.

AGENDA – V

**PROPOSAL TO START A PROGRAMME IN MD
FAMILY MEDICINE**

DR. V.K. PAUL, MEMBER, NITI AAYOG

Central Institute Body Meeting

29 July 2023

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AGENDA NOTE

Proposal to start MD family medicine program In new AIIMS institutions

Background

The National Health Policy 2017 calls for expansion of MD Family Medicine training in the country. The National Medical Commission Act 2019 aims to 'promote and facilitate postgraduate courses in family medicine'. Besides, the need has also been highlighted by the National Medical Commission (NMC), High-level Group on Health Sector to the 15th Finance Commission and the Indian Medical Association (IMA).

The WHO recommends at least 0.7 family physicians per 1000 population¹. Many Nations have already well-formed cadre of Family Physicians² and distribution among some Asian countries is around 23 per lakh population. In India, it is around 0.36 per lakh population. With India poised to reach a doctor population ratio of 2 per 1000 by 2047; the envisaged required number of Family Physicians is around 8.4 lakhs.

Recently, the new IPHS norms have included posts for Family Medicine postgraduates in CHCs and District Hospitals, Sub-district Hospitals and CHCs. Clearly, Family Medicine training and practice is a high priority for the Nation.

The growth of Family Physician cadre through NMC system has been tardy³. The new AIIMSs are in a unique position to take this mandate forward because: a. it is their mandate to help the Nation 'attain self-sufficiency in post-graduate medical education'; b. have flexibility to devise new nationally-relevant curricula / courses beyond the NMC guidelines; and c. they have departments of Community and Family Medicine.

Objectives

The broad objectives of MD Family Medicine course are to augment the cadre of Family Physicians by creating a generation of Post Graduate students, who should be able to function as specialists in Family Medicine.

- These specialists will be able to provide primary and secondary health care services to the community and to all members of a family. They will serve as the first contact health care provider/family doctor.

Rolling-out of the Family Medicine program will enhance OPD services, outreach programs and care of patients, and will improve the overall services of the new AIIMS System.

The unique robust curriculum portrayed by this program is envisioned to act as a prototype template to spur similar MD Family Medicine programs in other Medical Colleges of India- a mandate already enshrined in the NMC Act.

¹ WHO Technical Series on Primary Health Care.

² The number of Family Physicians per lakh population among USA, UK, Italy, Germany, Australia, Thailand, Taiwan and China is: 31,81, 92, 97,149, 9,23 and 26. India has around 5000 qualified Family Physicians.

³ Presently, there are only 7 medical colleges offering in total 13 MD seats per year.

Processes undertaken

NITI Aayog, through series of meetings⁴, deliberated on designing a curriculum for MD in Family Medicine. All Directors/ related faculty members of all new AIIMS Institutions, PGIMER, Chandigarh and JIPMER participated in all these deliberations.

A committee was constituted under the Chairmanship of Prof V K Paul Hon'ble Member NITI Aayog⁵, with a ToR to develop a curriculum for MD Family Medicine specialty training that aims to meet people's needs for family / general healthcare, is nationally-relevant and embraces the best practices from the available national experience and that of other countries, amongst others⁶.

Following sub-committees represented by various faculties from AIIMs and INIs were constituted for developing the curriculum: 1. Syllabus, 2. Competencies, 3. Training, 4. Assessment/ evaluation and 5. Research/career advancement of MD Family Medicine specialty. The sub-committees held multiple standalone discussions by referring the available resources for drafting the curriculum. The draft curriculum was discussed in-depth through series of meeting amongst all members of the Committee.

Proposed MD Family Medicine Program: Salient aspects

Training Program

Overview

Family Medicine (FM) specialty is conceptualized to prepare postgraduates (PGs) who can efficiently manage primary/ selected secondary-level health problems of all family members (across all age groups and genders).

Clinical rotations

The training program has rotational posting in various departments with pre-defined competencies with respect to knowledge, skills and attitude, while linkage with parent Division of Family Medicine during clinical rotations. A minimum 100 patient-encounters related to specific disease groups/ morbidity groups has been defined.

Community-connect

A dedicated 12-months posting in community health facilities (DH/CHC/PHC/UHTC) with continuous mentoring by the parent institute via telemedicine training modules (Hub-and-spoke Model) is also engrained in the training schedule. The program also allots families to the PG residents for regular follow-up/ home-based care

Competencies

The 3-year program (enclosure-1) has 303 competencies⁷ and ensures continued organic linkage with parent Division of Family Medicine, during clinical rotations. These are inclusive of maternal/new born health, emergency care, mental health, geriatrics, palliation, AYUSH components and medico-legal aspects.

⁴ With representatives from National Board of Examinations, National Medical Commission, Institutes running these programs in the country along with experts from Royal College of General Practice, UK and American Academy of Family Physicians (AAFP), USA

⁵ Along with Dr Nitin M Nagarkar, Director, AIIMS Raipur and Dr Sanjeev Misra, Former Director, AIIMS Jodhpur as Co-chairs and directors of new AIIMS Institutions/ JIPMER/ PGIMER, Chandigarh as members

⁶ Following sub-committees represented by various faculties from AIIMs and INIs were constituted for developing the curriculum: 1. Syllabus, 2. Competencies, 3. Training, 4. Assessment/ evaluation and 5. Research/career advancement of MD Family Medicine specialty. The sub-committees held multiple standalone discussions by referring the available resources for drafting the curriculum.

⁷ Number of competencies: Surgery & allied: 202 and Medicine & allied: 101.

These are aligned with National Health Programs and best clinical practices/ latest evidences and have been suitably linked with appropriate valid assessment tools like MCQ, SAQ, OSCE/OSPE and DOPS

Assessment

Tools for assessing candidates for each competency has been defined, with more emphasis on formative, rather than summative assessments. This ensures maximum evaluations are carried out in workplaces. It is also planned to implement electronic portfolio management system (EPMS) for real-time monitoring of activities of FM PGs.

Selection of Candidates and their career pathways

Selection of candidates for this program will be as per extant norms for other PG admissions⁸. The course curriculum also has a chapter on the plausible career pathway options the Family Medicine Physicians can undertake after completion of their course.

Implementation Mechanism and Plan

1. To begin with, the MD Family Medicine program will be run by an 'Inter-departmental Faculty of Family Medicine (IFFM)' under the Dean (Academic). The IFFM will be composed of nearly equal number of faculty members drawn from five 'core' departments, namely, Community and Family Medicine (CFM), Pediatrics, Medicine, Obstetrics & Gynaecology and Surgery. While, contributing to the MD Family Medicine training program, these faculty members will continue to perform their other responsibilities in their respective departments. The Head of IFFM will be nominated by the Head of the Institute.
2. The implementation of the program will be overseen by respective Academic Committees/ Governing Bodies/ Institute Bodies of the respective institutes who will bring-in local modifications within the broad approved framework of the curriculum from time to time.
3. The tentative schedule of the roll-out plan of MD Family Medicine Program in new AIIMS Institutions is enclosed (Annexure-1). ✓
4. One faculty from each 'core' department will be designated as Primary co-ordinator for the program for that Department, who will be supported by clinical supervisors from all the rotatory departments.
5. Till such a time that regular teaching posts are created, it is proposed to re-purpose faculty, Senior Residents from other departments to support the program. Likewise, the Junior Resident posts for MD Family Medicine PG seats be adjusted from the existing pool.
6. The planned repurposing of Senior Residents and faculties by individual AIIMS Institutions for operationalizing the implementation of MD Family Medicine program is as per Annexure-2. The additional positions need to be created after maturation of the program.
7. It is intended that the MD Family Medicine programs be started without having to immediately create additional infrastructure and faculty positions, although this will be required in due course for sustaining and expanding the program.

⁸ Candidates need to qualify via Common Entrance Examination conducted by AIIMS New Delhi for AIIMs and other INIs (INI-CET) and meet the pre-requisite eligibility criteria mentioned in the prospectus.

8. With maturation of the MD Family Medicine program over 3-6 years, the Inter-departmental Faculty of Family Medicine (IFFM) shall be replaced by full-fledged Department of Family Medicine with defined terms of reference and faculty/ staff structure. At that time, the Department of Community and Family Medicine (CFM) should be designated as Department of Community Medicine.
9. However, for new AIIMS currently in evolution, it is proposed that two separate departments, namely, i. Department of Community Medicine and ii. Department of Family Medicine, be established instead of a single Department of Community and Family Medicine, as is the current norm.

Approvals sought from CIB

1. In-principle approval of the 3-year MD Family Medicine Curriculum (Enclosed) for its implementation in all the new AIIMS institutions.
 2. Approval to start MD Family Medicine courses in the first phase (ie, July 2023, January 2024 and July 2024 batches) in nine new AIIMS Institutions (34 seats) as per Annexure-1.
 3. Approval of the Implementation Mechanism and Plan as above.
 4. Approval to start Departments of Family Medicine in all the new AIIMS institutions in a phased manner.
-

Starting MD Family Medicine Program in New AIIMS Institutions

[Additional seats may be proposed by different AIIMS institutions at the time of actual announcement of batch intake. Additional inputs from some AIIMS may come before the CIB Meeting]

Tentative roll-out schedule of the MD Family Medicine program in new AIIMS Institutions		
Planned commencement of MD Family Medicine Program [PG Seats]	Name of the Institute	Number of PG seats per year
<i>July 2023</i> <i>[10 PG seats]</i>	AIIMS, Bhopal	1
	AIIMS, Patna	2
	AIIMS Gorakhpur	5
	AIIMS Bhubaneshwar	2
<i>January 2024</i> <i>[+13 PG seats]</i>	AIIMS Bhopal	1
	AIIMS, Jodhpur	5
	AIIMS, Gorakhpur	5
	AIIMS, Vijaypur, Jammu	2
<i>July 2024</i> <i>[+11 PG seats]</i>	AIIMS, Raipur	5
	AIIMS, Rishikesh	5
	AIIMS, Kalyani	1
Total	9 institutes	34 seats

Planned re-purposing of Senior Residents (SRs) and faculty members in respective new AIIMS Institutions for implementation of MD Family Medicine program*			
Sr. No.	Name of the Institute	Planned repurposing of key HR for initial roll-out of MD Family Medicine program* [Numbers/ details of re-purposing]	
		Senior Residents	Faculty Members
1	AIIMS, Raipur	5	5
2	AIIMS, Bhopal	5 (CFM - 2; PMR, Medical Gastroenterology, Endocrinology- One each)	4 (Prof & Assoc Prof: 1 each/ Asst prof: 2 posts will be re-purposed/ more positions of faculty members need to be created)
3	AIIMS, Bhubaneswar	6 (non-academic SRs to be admitted in Dept of Family Medicine)	6
4	AIIMS, Patna	6 (CFM - 2; One each from other major departments)	6 (2 post of Addl professors from CFM & Pediatrics; 3 Assoc Prof from General Medicine/ Orthopedics/ OBGY and 1 Asst Prof from General Surgery)
5	AIIMS, Vijaypur, Jammu	6 (CFM - 2; General Medicine, General Surgery, Pediatrics, OBGY - One each)	6 (CFM - 1 Assoc Prof and 1 Asst Prof; General Medicine, General Surgery, Pediatrics, OBGY - One Asst Professor each)
6	AIIMS, Jodhpur	6 (CFM - 2; General Medicine, General Surgery, Pediatrics, OBGY - One each)	5 (1 each from each department may be considered after the maturation of the program)
7	AIIMS, Rishikesh	6 (CFM, General Medicine, Surgery, OBGY, Pediatrics, Psychiatry-1 each)	5 (CFM-/ General Medicine- Professor/ /Additional Professor -1/ General surgery/ OBG & Paediatrics (1 Asst Prof each in each department)
8	AIIMS, Kalyani	1 From General Medicine/Gyn & Obs	1 Additional Professor from CMFM
9	AIIMS, Gorakhpur	7 (CFM-2, General Medicine, General Surgery, Paediatrics, OBGY, Psychiatry- 1 each)	8 (Professor-1, Additional Profess-1, Associate Professor-2 each from Family Medicine/ CFM/ Gen Medicine, Assistant Professor-4 one from each General Medicine, General Surgery, Paediatrics, OBGY)

*The planned re-purposing of Senior Residents and Faculty Members is for initial phase of implementation. Subsequently, with maturation of the MD Family Medicine program, the required additional positions for Senior Residents, faculty members and Junior Residents need to be created.

AGENDA – VI

**CONCEPT NOTE ON ALLIED HEALTH COURSES IN
ALL NEW AIIMS.**

DR. V.K. PAUL, MEMBER, NITI AAYOG

Central Institute Body Meeting
29 July 2023

AGENDA NOTE

Allied Health Courses in All New AIIMS

Background***National Commission for Allied and Healthcare Professions Act (NCAHP, 2021)***

The Government has enacted the National Commission for Allied and Healthcare Professions Act, 2021 which focuses on regulating 56 allied and healthcare professions, this includes professions (but are not limited to) Physiotherapy, Optometry, Medical Laboratory sciences, Radiation therapy, Operation theatre technology, Radiology and Imaging technology, Dialysis Therapy Technology, Health Information management, Life Sciences, among several others. These professional courses may range from Diploma to a Masters' degree.

Potential of AIIMS

The AIIMS institutions have the mandate for becoming world-class medical universities by excelling in the domains of medical education, training, research and patient care. Given its mandate and vision, AIIMSs should spearhead the augmentation of courses for enhancing the workforce of allied and healthcare professionals in established specialities.

With the development of highly specialized branches, AIIMSs should also venture to develop newer courses to meet the novel demands of newer expertise (such as for transplantation, advanced neurophysiology, neurosurgery / cardiac surgery OT technician, in-vitro fertilization etc).

Problem Statement

With the growth of medical colleges and sub-speciality courses, there is an ever-increasing demand for this critical workforce both among established specialities and in newer subjects.

Presently, many AIIMSs are running multiple courses for Allied and Healthcare Professionals but in a disparate manner under respective departments (annexure-1). There is no overarching institutional mechanism for this workforce akin to the College of Nursing for the Nursing Professionals.

With various AIIMS institutions in different trajectories of maturation, there is a need to identify specific newer allied healthcare courses that can be commenced in a given institute, such that there is no duplication within the AIIMSs ecosystem.

Objectives

The broad objectives of this proposal are to augment the allied and healthcare professional workforce and create specialized cadres of this workforce to meet the demands of newer specialities.

Proposal

It is proposed to start comprehensive training program in Allied and Health Care Professional education in all AIIMSs institutions. These may be started in the existing relevant departments or a School of allied health sciences may be created, with the aim of:

- a. Developing need-based allied and health care professional courses (undergraduate and postgraduate) on the basis of available expertise at the respective institutes.
- b. Realigning the nomenclature and training norms of the running allied and healthcare professional courses with the National Commission for Allied and Healthcare Professions (NCAHP) Act, 2021.
- c. Becoming the centres for research excellence for allied and healthcare programs in India and offering PhD programs.
- d. Envisioning holistic development of the cadre of Allied and Health Care Sciences by taking forward their issues related to training, planning and further development with relevant stakeholders in a holistic manner.

Suggested approach

A two-tiered approach is envisaged for the development of the Allied and Healthcare courses in the new AIIMS Institutions:

- **All new AIIMs should start selected Allied and Healthcare courses depending on the strength in the area and the available resources.** The first priority should be those allied health professions that are well established and in high demand to set high standards and to advance excellence.
- **The new AIIMS** should also conduct those Allied and Healthcare courses that are not easy to conduct in ordinary institutions and for which individual AIIMS may be in a **unique** position to implement (e.g. perfusionist, medical / cell geneticist, neuro-lab technologist, radiotherapy technologist etc.) because of the available expertise in the area.

It is noteworthy to state that having such courses also provides trainee workforce that helps improve care as a part of the team.

Implementation

Points for consideration

- a. **Identify departments/ divisions** in each AIIMS institution **that can mentor** allied health care courses on the basis of availability of needful expertise.
- b. **Enlist the UG and PG allied & health care courses** that can be started by **defining the following parameters:**
 - Program content and duration
 - Number of seats per course per batch
 - Number of teaching faculties with the required hierarchy and qualifications (creation of new faculty positions, if required)
 - For any course, a part of the training will be interdisciplinary and therefore rotations in other departments will be ensured
 - Methodology of training (such as proportion of the program that should be instructor-led, e-learning and hands-on training etc.)
 - Evaluation plan (assessment for entrance/ exit, mechanisms for ongoing evaluation etc.)
 - Provision for internship and other required resources including additional infrastructure (such as class rooms, hostels etc.) and equipment.
 - Program administration, monitoring and governance.
 - Program should be in consonance with the provisions of the NCAHP Act 2021

(It is important that similar courses are grouped together to ensure optimal utilisation of available resources.)

- c. Set a standardised plan and approach to roll-out of the programs.
- d. Create hub and spoke models for community exposure, pedagogy, partnerships for research in the field.

Institutional Committees for Allied & Healthcare Sciences

All the new AIIMSs will constitute a **Committee for Allied and Healthcare Education Programs**, under the Chair of the Director, co-chaired by the Dean with all Heads of concerned Departments as members, with the following ToRs:

The Committee will assess the need, capability and plan roll-out of Allied and Health Care Sciences Courses by:

- a. Starting selected Allied and Healthcare courses already enshrined in the NCAHP, 2021 (such as physiotherapists, perfusionists etc) depending on the availability of resources
- b. Augmenting the capacity of already running courses at the institute, with suitable alignment of nomenclature and course duration, as required as per NCAHP Act, 2021.
- c. Initiating New/Novel courses pertaining to domain expertise available in the respective institutes.
- d. Define roll-out of these courses, as delineated in the implementation plan with plausible road map and specific timelines.

III. Approvals sought from CIB

1. **CIB resolves that all new AIIMS should run Allied and Healthcare Professional courses based on the present note.**
 2. **An action plan on starting / adding such courses be submitted by each new AIIMS within 2 months' time. At the same time, specific proposals for such courses may also be initiated as per procedure.**
-

Allied and healthcare courses across various AIIMS*

Institute	Sl.No	Course Name	Duration
AIIMS, New Delhi (11)	1.	Bachelor of Optometry	(3+1) 4 years
	2.	Bachelor of Medical Radiology and Imaging Technology	(3+1) 4 years
	3.	BSc Operation Theatre Technology	(3+1) 4 years
	4.	MSc Anatomy	
	5.	MSc Biochemistry	
	6.	MSc Biophysics	
	7.	MSc Physiology	
	8.	MSc Biotechnology	
	9.	MSc Nuclear Medicine Technology	
	10.	MSc Reproductive Biology	
	11.	MSc Cardiovascular Imaging and Endovascular Technology	
AIIMS, Raipur (5)	12.	B.Sc. in Operation Theatre Technology	3 ½ years
	13.	B.Sc. in Medical Technology in Radiography	3 years
	14.	Bachelor in Audiology and Speech-Language Pathology	3 years + 1-year internship
	15.	B.Sc. in Medical Laboratory Technology	3 years
	16.	Advanced Diploma in Radiotherapy Technology	2 years + 1-year internship
AIIMS, Rishikesh (45)	17.	BSc in Radiation Biology	
	18.	BSc in Nuclear medicine	
	19.	BSc in PFT Technician	
	20.	BSc in Bronchoscopy technician	
	21.	BSc in Respiratory therapy	(3+1) 4 years
	22.	BSc in Orthopaedic Neurophysiology	
	23.	BSc in Medical Technology in Radiography	
	24.	BSc in Operation Theatre Technology	
	25.	BSc in Medical Laboratory Technology (MLT)	(3+1) 4 years
	26.	BSc in Operation Theatre & Anaesthesiology (OTAT)	
	27.	BSc in Medical Technology & Imaging Therapy (MTIT)	
	28.	B.Sc. Anaesthesia technology	
	29.	BMLT Course in Orthopaedic Operation Theatre & Trauma Surgery Operation Theatre	

Institute	Sl.No	Course Name	Duration
	30.	BSc in Radiotherapy Technology	(3+1) 4 years
	31.	Bachelor of Audiology, Speech, and Language Pathology	
	32.	Bachelor of Optometry	(3+1) 4 years
	33.	Bachelor of Physiotherapy	
	34.	Bachelor of Occupational Therapy	
	35.	BSc in Neuromonitoring Technology	(3+1) 4 years
	36.	BSc in Orthopaedic Technology	(3+1) 4 years
	37.	BSc in Urology Technology	(3+1) 4 years
	38.	BSc in Medical Radiology & Imaging Technology	(3+1) 4 years
	39.	BSc in Sleep Technology	(3+1) 4 years
	40.	BSc/ Diploma in CT Technician	
	41.	BSc/ Diploma in MRI Technician	
	42.	BSc/ Diploma in Dialysis Technician	
	43.	BSc/ Diploma in Perfusion Technology	
	44.	BSc/ Diploma in Electrophysiology in Neuroscience	
	45.	ECHO Technician Course	
	46.	OT Technician Course	
	47.	Pulmonary Medicine Technician Course - Bronchoscopy/PFT/Sleep Lab Technician	
	48.	Clinical Neurophysiology	
	49.	Pre-Hospital Trauma Technician Course	
	50.	Master of Physiotherapy	
	51.	MSc in Medical Physics	
	52.	MSc in Medical Anatomy	
	53.	MSc in Medical Biochemistry	3 years
	54.	MSc in Medical Biophysics	
	55.	MSc in Medical Physiology	3 years
	56.	MSc in Medical Perfusion Technology	2 years
	57.	MSc in Medical Nuclear Medicine	
	58.	MSc in Medical Technology and Cardiovascular Imaging and Endovascular Technologies	
	59.	MSc in Medical Operation Theatre Technology	
	60.	MSc in Medical M. Biotechnology	
	61.	MSc in Medical Clinical Nutrition & Public Health	

Institute	Sl.No	Course Name	Duration
AIIMS Bhubaneswar (4)	62.	Medical Laboratory Technology (MLT)	3 years
	63.	BSc in Operation Theatre and Anesthesiology Technology (OTAT)	3 years
	64.	BSc in Medical Technology in Radiography (MTR)	3 years
	65.	BSc in Medical Technology in Radiotherapy (MTRT)	3 years
AIIMS Nagpur (2)	66.	BSc Lab technology	3 years + 1 year internship
	67.	BSc Emergency Medicine Technician	
AIIMS Bilaspur (3)	68.	BSc Medical Technology Dialysis Therapy Technology (MDTT)	3 years +1-year internship
	69.	BSc Laboratory Technology (BMLT)	
	70.	BSc Medical Radiology and Imaging Technology (MRIT)	
AIIMS Jodhpur (5)	71.	BSc (Hon) Perfusion Technology	3 years + 6 months internship
	72.	BSc (Hon) Medical Laboratory Technology	
	73.	BSc (Hon) Radiotherapy Technology	
	74.	BSc (Hon) Radiology / Radiography and Medical Imaging Technology	3 years +1-year internship
	75.	BSc (Hon) Operation Theatre Technology	
AIIMS Bibinagar (2)	76.	BSc Medical Laboratory Technology (BMLT)	3 + ½ years
	77.	BSc in Medical Technology in Radiography	3 +1 years

*Information provided by HRH Cell, MoHFW

AGENDA-7

OTHER ITEMS

ITEM NO. – 7/7(a)

**CONFIRMATION OF THE MINUTES OF 6TH MEETING
OF THE CENTRAL INSTITUTE BODY OF AIIMS HELD
ON 8TH JANUARY, 2023 IN AIIMS, BHUBANESWAR,
ODISHA.**

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Through Special Messenger
By Speed Post

ALL INDIA INSTITUTE OF MEDICAL SCIENCES

No.F. 5-1/2022-Genl.(CIB-6)


Ansari Nagar, New Delhi-29

Dated: 15 FEB 2023

MEMORANDUM

Subject:- Minutes of the 6th meeting of the Central Institute Body held on 8th January, 2023 at 9:00 A.M. in the in the AIIMS, Bhubaneswar, Odisha.

The Final Minutes of 6th meeting of the Central Institute Body held on 8th January, 2023 at 9:00 A.M., in the AIIMS, Bhubaneswar, Odisha is being circulated to Chairman and all the Members of the Central Institute Body for information.

 15/2/2023

(PROF. M. SRINIVAS)
DIRECTOR &
MEMBER SECRETARY

Encl: As above.

The Chairman and all the
Members of the Central Institute Body.

MINUTES OF THE 6TH MEETING OF THE CENTRAL INSTITUTE BODY OF NEW AIIMS HELD ON 8TH JANUARY, 2023 UNDER THE CHAIRMANSHIP OF HON'BLE UNION MINISTER OF HEALTH & FAMILY WELFARE AT AIIMS, BHUBANESWAR.

The 6th meeting of the Central Institute Body of new AIIMS was held on 8th January, 2023 at AIIMS, Bhubaneswar under the Chairmanship of Hon'ble Union Minister of Health & Family Welfare. The list of members who attended the meeting is as follows: -

1. Dr. Mansukh Mandaviya
Chairman
Minister of Health & Family Welfare
Nirman Bhawan, New Delhi - 110011

2. Dr. Bharati Pravin Pawar

Minister of State for Health & Family Welfare
Invitee

Special

3. Dr. Anil Jain, M.P. (Rajya Sabha)
D-244, Anupam Garden,
Saiyad Ul Ajaib, New Delhi-68
Member

4. Shri Ramesh Bidhuri, M.P. (Lok Sabha)
Member
H. No. 179, Sunpath House,
Village Tughlakabad, New Delhi-110044

5. Shri Rajesh Bhushan
Member
Secretary (H&FW)
Ministry of Health & Family Welfare
Govt. of India,
Nirman Bhawan, New Delhi - 110011

6. Dr. Atul
Goel
Member
Director General of Health
Services
Govt. of India

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Nirman Bhawan, New Delhi - 110011

7. Dr. Kameshwar Prasad,
Member
Director,
Rajendra Institute of Medical Sciences,
Bariatu, Ranchi-834009, Jharkhand

8. Dr. Prem Nair,
Member
Medical Director,
Amrita Institute of Medical Sciences,
Elamakkara P.O., Kochi-682041, Kerala

9. Dr. S. Venkatesh,
Member
Principal Advisor,
87, Doctor's Appartment,
4, Vasundhara Enclave, Delhi-110096

10. Shri Jaideep Kr. Mishra
Member
Addl. Secretary and Financial Adviser
Ministry of Health & Family Welfare,
Govt. of India,
Nirman Bhawan, New Delhi - 110011

11. Dr. V.K. Paul,
Member
Member, NITI Aayog,
New Delhi

12. Dr. Rajiv Bahl,
Member
Secretary,
DHR and DG, ICMR, New Delhi

13. Dr. Raman Gangakhedkar,
Member
Former Additional DG,

14. Dr. Pratima Murthy,
Member
Director & Vice Chancellor,
National Institute of Mental Health and Neuro Sciences,
Bengaluru, Karnataka-560027
15. (Prof.) Dr. Ajai Singh,
Member
Executive Director, AIIMS,
Saket Nagar, Bhopal, M.P. 462020
16. Dr. CDS Katoch,
Member
Executive Director, AIIMS,
Bansi Indl. Area, Phase-2, Jodhpur,
Rajasthan-342005
17. Dr. Gopal Krushna Pal,
Member
Executive Director, AIIMS,
Phulwari Sharif, Patna, Bihar-801507
18. Dr. Nitin M. Nagarkar,
Member
Director, AIIMS
Great Eastern Rd., AIIMS Campus, Tatibandh,
Raipur, Chattisgarh-492099
19. Prof. Meenu Singh,
Member
Executive Director, AIIMS,
Virbhadra Rd., Near Barrage,
Rishikesh, Uttrakhand-249203
20. Dr. Ashutosh Biswas,
Member
Executive Director, AIIMS,
Sijua, Patrapada, Bhubaneswar-751019
21. Dr. Mukesh Tripathi,
Member

102 801 3

Director, AIIMS, Manglagiri,
Temporary Campus, First Floor,
Govt. Siddhartha Medical College,
NH-16 Services Rd, Gunadala, Vijaywada-520008, A.P.

22. Dr. Vibha Dutta,
Member
Director, AIIMS,
Plot No.2, Sector-20, MIHAN, Nagpur-441108
23. Dr. Ramji Singh,
Member
Executive Director, AIIMS,
NH-34 Connector, Basantapur,
Saguna, Kalyani, West Bengal-741245
24. Dr. Arvind Rajwanshi,
Member
Executive Director, AIIMS,
Dalmau Road, Munshiganj, Raebareli, U.P.-229405
25. Dr. Dinesh Kumar Singh,
Member
Executive Director, AIIMS,
Bhatinda, Punjab-151001
26. Dr. Vikash Bhatia,
Member
Executive Director, AIIMS,
Hyderabad, Metropolitan Region,
Bibinagar, Telangana-508126
27. Dr. Saurabh Varshney,
Member
Executive Director, AIIMS,
Anchayat Training Institute, DaburgramJsidi,
Deogarh, Jharkhand-814142
28. Dr. Surekha Kishore,
Member
Executive Director, AIIMS,
Kunraghat, Gorakhpur-273008

29. Dr. M. Hanumantha Rao,
Member
Executive Director, AIIMS,
Tamilnadu Madurai-625008

30. Dr. Shakti Kumar Gupta,
Member
Executive Director, AIIMS,
Vijaypur, Distt, Samba,
Jammu & Kashmir-184121

31. Dr. Ashok Puranik,
Member
Executive Director, AIIMS,
AIIMS, Silibharal, Changsari,
Guwahati-360006

32. Dr. Madhabananda Kar,
Member
Executive Director, AIIMS,
Darbhanga, Bihar

33. Smt. Ankita Mishra Bundela,
Member
Joint Secretary,
Govt. of India, MoHFW
Nirman Bhawan, New Delhi-110011

34. Prof. M. Srinivas,
Member-Secretary
Director, AIIMS,
New Delhi

35. Shri Manohar Agnani,
Special Invitee

36. Dr Sunil Malik

Special Invitee

37. Dr A K Bisoi

Special

Invitee
Prof CTVS AIIMS New

Delhi

38. Dr. Desh Deepak Verma
Special Invitee
39. Prof. N.K. Arora
Special Invitee
President, AIIMS, Deoghar
40. Dr. Pankaj Chaturvedi,
Special Invitee
Dy. Director, TMC, Mumbai
41. Dr. Chitra Sarkar,
Special Invitee
President, AIIMS, Kalyani & Guwahati
42. Dr. Pramod Garg,
Special Invitee
President, AIIMS, Awantipora

2. Shri Manoj Kumar Tiwari, M.P. (Lok Sabha), Dr. K. Vijay Raghvan, Former Principal Scientific Advisor, Shri K. Sanjay Murthy, Secretary, Department of Higher Education, Dr. Pranjal Modi, Vice Chancellor, Gujarat University of Transplantation Sciences, Prof. Yogesh Singh, Vice Chancellor, University of Delhi, Prof. Vijay Kumar Shukla, Rector & Vice Chancellor, Banaras Hindu University, Dr. Vijay Laxmi Saxena, Former General Secretary, ISCA, Dr. D.S. Rana, Sir Ganga Ram Hospital & Dr. V.S. Negi, Executive Director, AIIMS Bilaspur could not attend the meeting. The quorum for the meeting was fulfilled. All the DDA of AIIMS and MS, AIIMS, New Delhi also attended the meeting.

3. As a follow up of recommendations of the Chintan Shivir held on 1st & 2nd September, 2022 at NIHF, New Delhi, presentation by the following six committees were made:

- a. Committee on Sustainable Financial Model for AIIMS.
- b. Committee on Enhancing Patient Satisfaction & Use of ICT as an Enabler.
- c. Committee on Management and Governance paradigms & Managing Human Resources.
- d. Committee on Reaping Economies of scale in Procurement.
- e. Committee on Vision 2030.
- f. Committee on Outcome based Collaborative Research and use of Artificial Intelligence.

A copy each of the above presentation is placed at Annexure-I. The summary of deliberations held on the above subjects is placed at Annexure-II.

4. Hon'ble HFM emphasized the need to develop a roadmap for developing all the AIIMS as Centre of Excellence of global standard. Accordingly, he directed to form a committee of eminent experts to look into the recommendations made on the above subjects and submit its implementation plan in the next CIB meeting to be held in April, 2023. Experts from outside as appropriate may also be included.

5. The deliberations on the agenda items of 6th CIB are as follows:

ITEM NO. CIB-6/01

CONFIRMATION OF THE MINUTES OF 5TH MEETING OF THE CENTRAL INSTITUTE BODY OF AIIMS HELD ON 16TH JUNE, 2021.

The minutes of the 5th meeting of Central Institute Body held on 16th June, 2021 were confirmed.

ITEM NO. CIB-6/02

ACTION TAKEN. REPORT ON THE MINUTES OF THE 5TH MEETING OF THE CENTRAL INSTITUTE BODY OF AIIMS HELD ON 16TH JUNE, 2021.

The Action taken on the decisions of 5th meeting of Central Institute Body was noted.

ITEM No. CIB-6/03

TO CONSIDER THE PROPOSAL FOR UNIFORM USER CHARGES FOR THE NEW AIIMS.

The CIB considered and approved the recommendations of the committee chaired by Director, AIIMS, New Delhi regarding fixing a benchmark for determining user charges for the new AIIMS.

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ITEM No CIB-6/04

TO CONSIDER THE RECOMMENDATIONS OF COMMITTEE CONSTITUTED BY THE GOVERNING BODY, AIIMS, RAIPUR TO REVIEW THE REFORMS FOR FACULTY SELECTION BY THE STANDING SELECTION COMMITTEE OF THE INSTITUTE.

The CIB after deliberation decided to form a committee comprising of the following members

1. Dr. V.K. Paul, Member, NITI Aayog,
2. Additional Secretary PMSSY, MoHFW
3. Director, AIIMS, New Delhi

To examine the proposed method of selection of Faculty/Non-Faculty, as suggested by the Committee of AIIMS, Raipur and determine possibility of instituting Central Recruitment System for Faculty/Non-Faculty for all AIIMS and submit a report at the earliest. The recommendations of the committee on Management and Governance paradigm and Managing Human Resources may also be taken into consideration by the aforesaid Committee.

ITEM No CIB-6/05

TO CONSIDER THE PROPOSAL FOR VIGILANCE SET UP IN ALL NEW AIIMS.

The CIB considered and approved the proposal for further action by the PMSSY Division of the Ministry of H&FW.

ITEM No CIB-6/06

TO CONSIDER THE PROPOSAL FOR EXCHANGE PROGRAMME OF FACULTY/RESIDENTS AND STUDENTS AMONGST VARIOUS AIIMS.

The CIB considered and approved the proposal. It was agreed that such an exchange programme should be organized by newly established AIIMS and AIIMS, New Delhi.

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ITEM No CIB-6/07

DIAGNOSTIC SERVICES ON PUBLIC PRIVATE PARTNERSHIP (PPP) MODEL THROUGH HIND LAB SERVICES OF HLL LIFECARE LTD. AT AIIMS BHOPAL.

The CIB advised AIIMS Bhopal to try out the proposed model for one year after taking due approval from its competent authority. Based on the outcome, decision may be taken by the institute for extension on a yearly basis or its discontinuance as the case may be.

ITEM No CIB-6/08

TO CONSIDER THE PROPOSAL FOR CENTRALIZED SELECTION OF GROUP B & C SANCTIONED POSTS THROUGH COMPUTER BASIS TEST EXAM FOR ALL NEW AIIMS.

The CIB reiterated its decision taken with reference to agenda Item No CIB-6/04. The centralized recruitment cell once set up can be housed in one of newly established AIIMS on rotation basis.

ITEM No CIB-6/09

TO CONSIDER THE PROPOSAL FOR UNIFORM/CENTRAL POLICY MAKING FOR ALL AIIMS.

The CIB considered the proposal and decided that Ministry may set up a working group comprising of a few Director/Executive Directors of the New AIIMS, Director AIIMS, New Delhi and Additional Secretary, PMSSY, MoH&FW. The committee to submit report in two months to MoH&FW

ITEM No CIB-6/10

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TO CONSIDER THE PROPOSAL TO CREATE AYUSH AS SEPARATE ACADEMIC DEPARTMENT.

The CIB considered the proposal and granted in principle approval and decided that the Recruitment Rules should be made in consultation with the Department of Ayush.

ITEM No CIB-6/11

TO CONSIDER THE PROPOSAL TO START A PROGRAM IN MD FAMILY MEDICINE.

The CIB decided that the proposal needs further deliberation. It was decided that Dr V.K.Paul will study various suggestion/concerns raised during the meeting and present revised proposal in the next meeting of the CIB.

The meeting ended with a vote of thanks to the Chair and all those present.



(PROF. M. SRINIVAS)
Member Secretary,
Central Institute Body, AIIMS



(MANSUKH MANDAVIYA)
Hon'ble HFM & President
Central Institute Body, AIIMS

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Annex-I (150)

6th CIB Meeting and Follow-up of Chintan Shivir Recommendations

Session I

Sustainable Financial Model for AIIMS

COORDINATING TEAM

Dr. Rajendra Bádwe, Director, TMC, Mumbai, Dr. Pankaj Chaturvedi, Dr. Mukesh Tílpáthí

Dr. Basant Garg, Joint Secretary, National Health Authority, Sh. Neeraj Kumar Sharma FA AIIMS Delhi, Sh. Vijay Kumar Nayak DDA AIIMS Nagpur

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Background

- As per the present mandate, AIIMS are fully funded by Govt. of India to meet the expenditures.
- Annual Budgetary requirements of PMSSY for the 22 AIIMS will be approximately around 10,000 Crores during FY 2023-24 which will further rise in coming years. This is an area of concern.
- This revenue will be essential for enhanced patient and staff satisfaction.

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(99)

Revenue Trends

The revenue trends of some of the already established phase-I AIIMS are as under.

AIIMS	Total Expenditure 2021-22 (Rs. In Crore)	Receipts (Rs. In Crore)
Rajpur	520.51	40.12 (8%)
Jodhpur	871.92	42.27 (5%)
Rustikesh	586.56	35.61 (6%)

The revenue trends of new AIIMS of subsequent phases are as under.

AIIMS	Total Expenditure 2021-22 (Rs. In Crore)	Receipts (Rs. In Crore)
Nagpur	118.38	7.88 (7%)
Mangalagiri	48.63	1.95 (4%)
Raebareilly	24.02	0.36 (1%)

Nagpur – AB-PMJAY, IPD @ Rs35/day, OPD @ Rs 10/day and Diagnostic charges

Suggestive Steps

AIIMS core activities are classified into 3 areas-

1. Education
2. Research
3. Patient care

Steps to be taken to enhance revenue in these core areas are as follows-

The IIT Delhi fee structure model is as under-

Category	Tuition-Fee (Per semester)	Hostel seat rent + Amenity Charges (Per semester)	One time payment	Payable each semester	Refundable caution deposit	Medical Insurance + student distress-fund (Per Semester)	Total Fees payable at the time of admission
General, OBC and EWS (Family Income more than 5 lakh/yr)	Rs. 1,00,000/-	Rs. 8,000/-	Rs. 5,800/-	Rs. 3,850/-	Rs. 6000/-	Rs. 800/-	Rs. 1,24,450/-
General, OBC and EWS (Family Income between Rs. 1 lakh to 5 lakh/yr)	Rs. 33,333/-	Rs. 8,000/-	Rs. 5,800/-	Rs. 3,850/-	Rs. 6000/-	Rs. 800/-	Rs. 57,783/-
General, OBC and EWS (Family Income less than 1 lakh/Yr)	Nil	Rs. 8,000/-	Rs. 5,800/-	Rs. 3,850/-	Rs. 6000/-	Rs. 800/-	Rs. 24,450/-
SC, ST and PwD	Nil	Rs. 8,000/-	Rs. 5,800/-	Rs. 3,850/-	Rs. 6000/-	Rs. 800/-	Rs. 24,450/-

Estimated Annual UG Fee Collection of Nagpur with IIT Model

Category	Number of Students (525)	Total fees payable per year per student (Approx)	Estimated Fee Collection
General, OBC and EWS (Family income more than 5 lakh per annum)	300	Rs. 2,25,000/-	Rs. 6,75,00,000/-
General, OBC and EWS (Family income between Rs. 1 lakh to 5 lakh per annum)	60	Rs. 92,000/-	Rs. 55,20,000/-
General, OBC and EWS (Family income less than 1 lakh per annum)	25	Rs. 25,000/-	Rs. 6,25,000/-
SC, ST and PwD	140 (27.5%)	Rs. 25,000/-	Rs. 35,00,000/-
		Grand Total	Rs. 7.71 Crore

The committee proposes Annual Fees for the PGs and super specialty courses also.

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Estimated Annual PG Fee Collection of Nagpur

Category	Number of Students	Total fees payable per year per student (Approx)	Estimated Fee Collection
All Category	34	Rs 1,00,000/-	Rs 34,00,000/-

Estimated Annual BSc(Hons.) Nursing Course Fee Collection of Nagpur

Category	Number of Students (62)	Total fees payable per year per student (Approx)	Estimated Fee Collection
General, OBC and EWS (Family income more than 5 lakh per annum)	32	Rs 50,000/-	Rs. 16,00,000 /-
General, OBC and EWS (Family income between Rs. 1 lakh to 5 lakh per annum)	10	Rs 25,000 /-	Rs 2,50,000 /-
General, OBC and EWS (Family income less than 1 lakh per annum)	3	Rs. 10,000/-	Rs 30,000 /-
SC, ST and PwD	17 (27.5%)	Rs. 10,000/-	Rs 1,70,000 /-
		Grand Total	Rs 20,50,000/-

Committee Proposes Annual Fee for other BSc Paramedical courses also.
At present 20 Seat in AIIMS Nagpur.

S.P. 113

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Research and Consultancy

- Faculty of AIIMS are undertaking various research projects in the field of medical sciences.
- The institutes to have fund-raising committee to arrange the funds through CSR/Donations for various research projects.
- The institutes to also build and purchase the required resources and equipment through sponsored projects and have less dependency on Government funds for the same.
- Similar to IITs and IIMs, faculty to be encouraged to get the consultancy charges on the departmental kitty.
- The Service charges for conduct of the research in the AIIMS to be 15-20 percent of the project cost.

Patient care at AIIMS

- At present the treatment to BPL patients are totally free in AIIMS. Most should be considered for central or state insurance.
- APL patients are charged very small token amount for OPD/IPD treatments which are very old and not revised since long.
- There should be dynamic process of revision of charges based on inflation and other indices.
- Due diligence in utilization of high end investigations, expensive drugs, Implants etc. at the cost exchequer.
- To adopt TMC model, we would need a dedicated wing to look after the private patients.

01114

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Proposed revision for APL patients as under-

Charges	Present charges	Proposed charges
OPD-Registration charge	Rs. 10/-	Rs. 100/-

IPD-Hospitalization Charges (General Ward)

Sr. No	Charges	Present charges	Proposed charges
1	Admission charges	Rs. 25/-	Rs. 100/-
2	Hospitalization charges	Rs. 35/- per day	Rs. 200/- per day

IPD-Hospitalization Charges (Private Ward)

Sr. No	Charges	Present charges
1	Room rent for 'A' Class/Deluxe Rooms	Rs. 6000%/-
2	Room rent for 'B' Class/Ordinary Rooms	Rs. 3000%/-

* The room rent as above is inclusive of admission charges etc.

Estimated Hospital Income from APL patients at AIIMS Nagpur

Charges	No. of APL patients	Revised Charges	No. of days	Total
OPD Registration charge	1000	Rs. 100/-	300	Rs 3.00 Cr

IPD Hospitalization Charges (General Ward/ Special General Ward)

Charges	Revised Charges		Total charges
Admission charges	Rs. 100/-	25000 Admissions	Rs 0.25 Cr
Hospitalization charges	Rs. 200/- per day	300 patients x 365	Rs 2.20 Cr
Special General Ward	Rs 1000/- Per day	200 patients x 365 days	Rs 7.30 Cr

IPD Hospitalization Charges (Private Ward)

Sr. No	Charges	No. of Rooms	Present charges	Occupancy	Total
1	Deluxe Rooms	16	Rs. 6000%/-	365 days	Rs 3.50 Cr
2	Semi Deluxe Rooms (Twin-sharing)	20 x 2 Beds	Rs. 3000%/-	365 days	Rs 4.38 Cr

Grand Total – 20.63 Cr

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Total Revenue as per proposed revisions

Total Revenue Collection at AIIMS Nagpur following proposed revisions.

• Fee Collection UG Course	-	Rs 7.71 Cr
• Fee Collection PG Course	-	Rs 0.34 Cr
• Fee Collection BSc (Hons.) Nursing Course	-	Rs 0.20 Cr
• Hospital Registration/Admission/Bed charges	-	Rs 20.63 Cr
• Diagnostic/lab charges	-	Rs 5.00 Cr
• MJPJAY/AB-PMJAY	-	Rs 8.00 Cr
• Auditorium Charges	-	Rs 0.50 Cr

Grand Total – 42.38 Cr

Recommendations

Following issues/suggestions discussed during several round of internal discussions,

Sr. No	Issues under consideration/suggestions	Result of discussion
1	Academic Fee/ Hostel Fee etc. should be revised as proposed	Majority agreed
2	Special General Ward to be created and dedicated Pvt block to be created.	Majority agreed
3	Admin charges/Hospitalisation charges should be revised	Majority agreed
4	Incentivise Faculty/Non-faculty staff	Issue need more deliberation.
5	Implementation of CGHS package rate for PSU/Govt employees	Majority agreed
6	Majority of the BPL Patients should be covered under ABPMJAY/State government Health Insurance Schemes etc.	Majority agreed
7	Laboratory/diagnostic charges should be reviewed	Majority agreed
8	NRI students quota in UG/PG seats	Need more deliberation
9	Industry Generated Research : International funding Consultancy to Industry/private sectors	Majority agreed
10	Joint programs/courses in collaboration with IIT and IIM	Majority agreed
11	Medical tourism : Heal India concept	Majority agreed
12	Admin charges should be levied in research funded projects 10-20 %	Majority agreed

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Thank You

6th CIB Meeting and Follow-up of Chintan Shivir Recommendations



Ministry of Health & Family Welfare
Government of India

Session 2

Enhancing Patient Satisfaction
& Use of ICT as an Enabler

COORDINATING TEAM

Prof (Dr) N. K. Arora, Prof Shakti K. Gupta, Prof Col C. D. S. Katoch, Prof Gopal K Pal, Prof Ajal Singh
Prof M. Srinivas, Col. Puneet Arora

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चिंतन का सार

- Good Behaviour is the key to patient satisfaction.
- Care with respect, dignity, kindness, empathy, communication & touch.
- Spirit of accountability among highest officials at AIIMS.
- Periodic review of patient satisfaction indicators.

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Potential Dissatisfying Factors

1. Lack of proper communication between patients/their relatives and healthcare providers.
2. Lack of adequate soft skills.
3. Poor crowd management
4. Improper guidance/signage/ navigation assistance
5. Long waiting list (OPD, IPD, Diagnostics, Pharmacy, Surgeries etc.)
6. Undue longer hospital stay and more expenses
7. Laidback attitude towards desired patient / attendant care
8. Poorly organized parking services, inadequate day/night shelters
9. Lack of grievance redressal and feedback mechanisms to improve the quality.

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Dissatisfying Factors Categories

1. Before patients visit the Hospital
2. At the time of visiting the Hospital
 - a. Attending OPDs
 - b. Attending Emergency
3. Admission to IPD
4. During Hospital stay
5. At the time of Discharge & subsequent follow-up

Before Patients Visit The Hospital

Patient Satisfaction STRATEGIES

1. A user friendly public portal for information and registration.
2. A robust software system for easy registration for multiple people/patient at a time.
3. Regular updation about the Doctors & facilities.
4. Regular updation and maintenance of the system for ensuring efficiency.

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At The Time of Visiting The Hospital (Registration Counter)**Patient Satisfaction STRATEGIES**

1. Detailed information system that includes Signage (English/Hindi/local vernacular, floor markings and guide maps for reaching different Department OPDs in the Hospital.
2. 'May I help You' counters & Volunteers to guide people/patients.
3. Availability of Transport teams to bring patients viz. Stretchers, Wheelchairs.
4. More no. of OPD registration counters to prevent over-crowding.
5. More no. of Billing counters to prevent delay in OPD registration with digital payment system.
6. Adequate waiting area with chairs for the attendants of the patients.

At The Time of Visiting The Hospital (In the OPD)**Patient Satisfaction STRATEGIES**

1. Sufficient no. of Doctors (more resident doctors) for catering the requirement of the patients.
2. Sufficient no. of technicians along with automated investigation reports.
3. Adequate pharmacy counters for dispensing of drugs.

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At The Time of Visiting The Hospital (In Trauma & Emergency)**Patient Satisfaction STRATEGIES**

1. Free registration, investigations & medicines for all emergency patients.
2. Adequately trained technicians and Doctors (PG & residents) to be available for speciality and super-speciality management.
3. Effective communication with the patients relatives for regular update about the condition and prognosis of the patient.

At The Time of Visiting The Hospital (In-Patient Department)**Patient Satisfaction STRATEGIES**

1. Junior Doctors and Nurses to be available for regular visit and monitoring the patients.
2. Sufficient number of Day & Night Shelters at a nominal rate.
3. Non-acad. JRs to fill the gaps of PGs & SRs.
4. The availability of different Govt. Schemes (AB-PMJAY, etc.) to be communicated and explained to the relatives of the patients through special counters.
5. Investigations to be planned simultaneously to reduce frequent shifting of the patients (especially those who have less mobility).
6. Medicines to be available in the Hospital pharmacy or Amrit / Jan Aushadhi Kendra with increased no. of counters.

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At The Time of Discharge From The Hospital

Patient Satisfaction STRATEGIES

1. Regular training of new Doctors & Nurses about the discharge procedure and the communications to be given before the discharge.
2. Explain in detail about each advise given on the discharge slip to the patient and their relatives
3. Arrangements for referral to be made available by the hospital management

Additional Services

Patient Satisfaction STRATEGIES

1. Sufficient no. of 24 * 7 pharmacy i.e Jan Aushadi Kendra and Amrit in the hospital premises.
2. Timely delivery of quality customized diets to all patients as per their disease profile followed by counselling.
3. Induction training on communication & soft skills for all staff with regular follow-ups.
4. Digitalization/Automation: Queue management system, laundry services, bedpan washers.
5. Provision of battery operated vehicles for commuting the patients from Hospital Parking areas to the designated OPDs and In-Patient Care areas.
6. Expanding parking facility (Multistorey/Underground/Smart Parking).

Matrices of Patient's Satisfaction

1. Waiting List for OT for Various Departments
2. Bed occupancy and turnover rate in various wards
3. Number of Grievances received from Patient's and Public
4. Grievances received & effective redressal of the client feedback

To improve hospital services, comfort to the patient and attendants in the hospital and to optimize hospital stay at affordable cost

ICT as an enabler
e-Governance

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(86)

ICT & e-Governance

ICT will impact quality, efficiency and client experience of clinical services, performance of HR and overall governance of an AIIMS

e-Governance for PATIENTS

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Paperless check-in <ul style="list-style-type: none"> i. ABHA ID ii. Scan & Share iii. ORS iv. Slot wise appointments v. Kiosk based self check-In • Portability of Health Record (PHR, DigLocker) | <ul style="list-style-type: none"> • Tele-screening for new patients • Tele-consultation for follow-ups • Digital Feedback for services (Mera Aspataal) • Remote access to Investigation reports • eICU, eCasualty & Anaesthesia Charting Systems • Enterprise RIS, PACS & VNA |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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e-Governance for HUMAN RESOURCES

- eHRMS – Digital Service book
 - Bio-Metric Attendance
 - Payroll
 - Increment
 - Promotion
 - Transfer and Posting
 - Suspension
 - Leave Management scope
 - LTC
 - Grievances
 - ACR/APAR Management
 - TA and DA
 - Conference Management, etc
- Paperless EHS prescription & Dispensing

e-Governance for ENTERPRISE

- **Academic Management System** - Student Management, Course Management, Learning Management, Alumni Management, Student Services (Hostel Allotment, Library Access, Transport Services, ID Cards), etc.
- **Research Management System** - Proposal Management, Research Management, Clinical Trial Management, Research Data Management, Research Facility Management, IPR & Patent Management
- **ERP System** (Finance, Stores, Procurement)
- **Mobile Apps** (Patient, Student, Employee, Vendor)
- **e-Office & Document Management System**
- **Advanced Analytics and Business Intelligence**
- **Miscellaneous functions** like RTI management, Court Cases Management, Transport Management, Grievance Redressal, etc.

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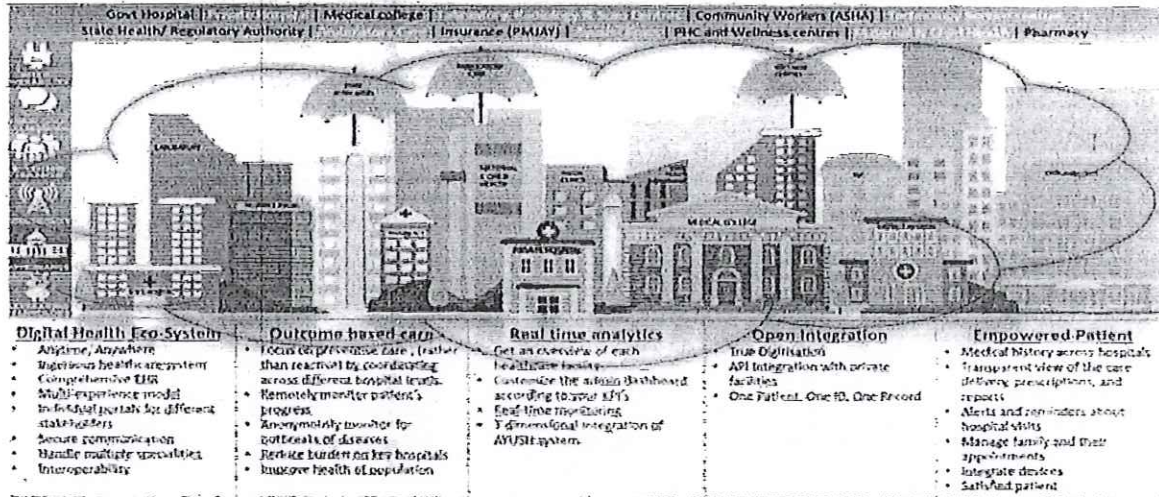
Other Recommendations

- Continuous Longitudinal Digital Health Record.
- Should incorporate and regularly updated with evidence based Clinical Decision Support System:
- All ICT solutions must be Illiterate / Elderly / Specially-abled / Child – friendly
- Use of Electronic Prescription.
- Registration of Doctors under NDHM.
- Medical Informatics to be incorporated as part of UG Curriculum
- All AIIMS become part of the National Medical College Network (NMCN)

Essentials for Implementation

- Federated Architecture.
- Implementation to be Incremental and handholding by experts for a considerable time.
- Maintenance aspects.
- Team of Domain experts to be identified & maintained.
- Training of stakeholders .
- Appropriate software selection: irrespective of its source – look beyond public sector vendors

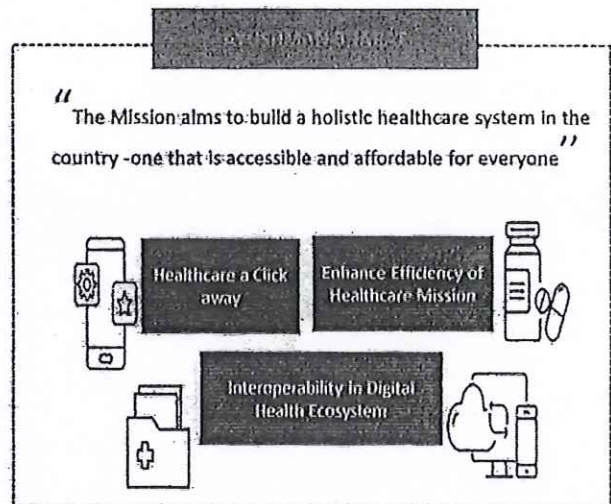
Seamless Integration of AIIMS ICT with National Healthcare Ecosystem

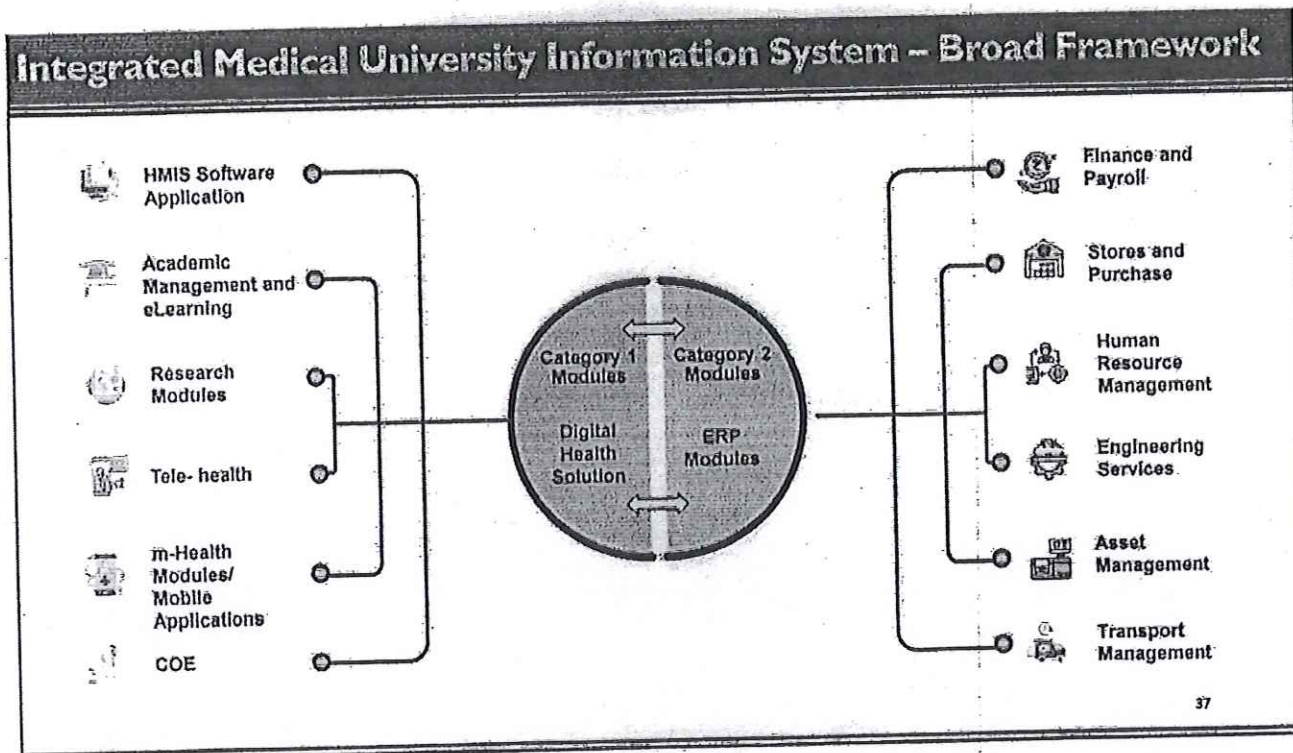


Integrated Medical University Information System (IMUIS)

Challenges & Lessons:

- AIIMS, New Delhi has over last three decades accumulated vast number of IT systems and applications.
- Several such solution working in silos or standalone manner.
- AIIMS New Delhi currently in the process of replacing its fragmented IT applications with a new age Integrated Medical University Information System (IMUIS)





Way forward (I)

- A high powered committee constituted
 - Comprised of national IT experts with and without medical background, Digital Health Mission and MOHFW
 - Recommendation to establish IMUIS at AIIMS New Delhi
 - Specification etc. finalized
- IUMIS so developed can be adopted by all AIIMS as well
 - The solution should allow modular framework to customize it as per the needs of any AIIMS
 - IUMIS should also allow innovation while maintaining the overall framework of interoperability, portability & security.

Way forward (II)

- E-Governance solutions should be adopted in all domains including patient care, academic management, research management, HR, ERP, etc.
- Non-negotiable components:ABDM, ABHA compatibility
- In the interim, all AIIMS continue to efficiently and optimally use different solutions currently available (e.g., that from NIC & CDAC)

Telemedicine & Telehealth for AIIMS

eSanjeevani OPD
STAY HOME OPD



स्वस्थ भारत

Tele Services by all AIIMS, based on its overall mandate, will be for the following:

- **Doctor to Specialist Consultations with referral mechanism**
- **Follow up of patients post their discharge from IPD and OPD including medicines, as per need**
- **Tele - Evidence:** Medico legal cases, Death Reviews
- **Tele - Mentoring**

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Non Negotiables

- Tele-health system to be ABDM compliant & in alignment with National Digital Health policy/guidelines.
- Ensuring the upkeep of Patient confidentiality, data safety, data sharing & security
- Incorporation of all Legal / Accreditation issues under the scope of NMC.
- Tele-Consultations to be in consonance of the Drug & Cosmetic Act. (New Drug Bill 2022 under process to include e-prescription).

Thank You

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6th CIB Meeting and Follow-up of Chintan Shivir Recommendations



Session 3 Managing Human Resources

COORDINATING TEAM

Dr. Pramod Garg, Dr. Vibha Dutta, Dr. Arvind Rajwanshi,
Dr. Vir Singh Negi, Dr. M. H. Rao, Sh. N. R. Bishnoi

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Major Issues

- Faculty Recruitment and other aspects
- Non- Faculty Posts
- Research Ecosystem in AIIMS
- Introduction of New Courses and Fee structure

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Faculty Recruitment and other aspects

a) Centralized Faculty recruitment process

- Not recommended for the following reasons:
- New AIIMS will suffer as the candidates will prefer fully functional and prestigious AIIMS
- Candidate will have a first-hand experience of the institute, its local environment, facilities and an opportunity to interact with peers
- Any single litigation will stall the entire process of recruitment of all AIIMS

Measures to expedite the recruitment process

- 'Quick hire' policy should be in place but only be as contractual
- Advertisement for faculty recruitment should be a rolling one
- Central advertisement was not considered to be useful or feasible
- 'Waiting list' of one institute can not be used by another
- Powers to be given to the Directors to add/ modify desirable criteria to attract top quality faculty
- RR should be aligned with emerging new super-specialization
- Vigilance officers to be appointed in each AIIMS

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Career advancement/ Retention strategies/ Skill Gap Analysis

- Identify training and development needs
- Requisite avenues for training within India and abroad should be provided (up to 3-6 months) in specialized areas
- A robust faculty exchange program (National and International)
- Faculty should have adequate freedom, support, and protected time to pursue research in their area of Interest

Measures for faculty career advancement

- Sabbatical leave
- State of the art skill labs
- Faculty should be sent for administrative training/ Procurement/HR management
- Qualifications/RR/Age to be relaxed for the administrative posts like Medical Superintendent / Deans for new Institutes (For MS, age upto 60 yrs)

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Option of transfer of Faculty to another Institute

Faculty transfer Not recommended for the following reasons:

- There will be no commitment as well as sense of loyalty of the faculty
- AIIMS which are new or located at difficult terrains will suffer
- Transfers will also affect inter se seniority and inter-personal relationship/harmony
- As a tool to harass the faculty
- Eminent institutes such as IITs and IIMs do not allow transfer
- In case of 'Technical Resignation' for joining in another institution, pay protection and recognition of past service should be done.

Downgrading of Faculty Posts

- Downgrading of the posts of Additional/Associate Professor to the level of Assistant Professor may be carried out the GB approval
- Diversion of posts from other departments where the posts can be spared to another department should be allowed depending on the need of the department and to meet the institute's commitment to patient care

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Strength/Distribution of faculty posts

Facility	750 Bed AIIMS	960 Bed AIIMS
Departments	41	45
Faculty	245	486
SR	260	600
JR	260	600

Strength/Distribution of faculty posts

- Institutes with similar patient load and clinical and teaching requirements
- The number of students (MBBS, MD/MS, DM/MCh) are also the similar
- Number of departments are likely to be similar across institutes
- The JR and SR posts should be enhanced significantly in new AIIMS
- To implement 10% EWS reservation, the number of posts needs to be increased

2. Non- Faculty Posts

Issues:

- Recruitment process: Centralized or not
- Career advancement and Promotion Avenues
- Skill Gap Analysis/Training
- Standard Staffing Pattern for non- faculty posts

Policy of Centralized Recruitment Process

a) Is RECOMMENDED for Group B & C non- Faculty

- In line with NORCET i.e. one recruitment process for each category of posts
- Selection is based on a theory examination and is not interview based
- In case of generic posts such as technicians: Training in specialized areas should be imparted for 3-6 months depending on the nature of the job

Amendment/Reforms in Recruitment Rules

For Hiring of Non-Faculty Positions:

- Non-faculty posts: through direct recruitment, promotion, and deputation and the RR should reflect the same
- They should be recruited on regular posts
- RR should also have a provision for permanent absorption

Career advancement/Promotion Avenues / Retention strategies

- The persons working at a particular level should be given the opportunity of promotion to a higher rank/post/designation through an APS/DPC even if a post at a higher level is not available/sanctioned
- Modified Assured Career Progression (MACP) Scheme

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Standard Staffing Pattern for Non- faculty posts

Standard Staffing Patterns for new AIIMS is a necessity

- Various cadres of specialized Technicians needs to be created and the existing cadre strength of various Technician cadre needs to be reviewed and revised

New Posts of Specialized Technicians

S. No.	Name of Post	Pay as per 6th CPC	No. of Posts (750 beds)	No. of Posts (960 beds)
1	Technicians (Blood bank)	GP 4200	12	12
2	CTVS Technicians	GP 4200	06	08
3	Cardiology Cath Lab Technicians	GP 4200	06	08
4	Dialysis Technicians	GP 4200	12	15
5	ICU Technicians	GP 4200	60	80
6	Endoscopy Theatre	GP 4200	12	15
7	Neuro-electrophysiology	GP 4200	12	15
8	Electronic Medical Record technicians/software engineers	GP 4200/higher	12	15
9	Phlebotomist	GP 4200	96	120
	Total		228	288

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Skill Gap Analysis/Training

• **Non-faculty personnel should be provided adequate opportunities for further in-service training**

- 1) The senior and middle level officers may require some leadership/management training
- 2) A tailor-made training program with the help of IIMs for 3-6 months

3. Research at AIIMS

Scientific cadre:

- A scientific cadre is a must in all AIIMS for specialized areas such as genomics, medicinal chemistry, immunology bioinformatics, big data analysis etc.
- The posts should start at the level of assistant professor (research) and should have similar promotional avenues up to the level of professors.
- The number of posts in the scientist cadre may be 25% of the strength of faculty
- Scientists should have either MD or PhD degree as requisite qualification
- The recruitment rules may be aligned with ICMR but may need to be modified

Promotion of research in AIIMS institutions

For a vibrant research ecosystem:

- Separate dedicated fund for research for the faculty members: Funding to be periodically increased
- A Clinical trial network (CTN) comprising of all AIIMS should be established so that multi-centric clinical trials can be done
- Each Institution should establish a clinical trial unit

Research at AIIMS

- A sum of Rs. 2 lacs per annum for PhD thesis may be given in case of non-availability of extra-mural funding as a stop-gap arrangement
- Each AIIMS should have sanctioned posts of postdoctoral fellows (PDFs) with a tenure of 3 years similar to Senior Residents
- Total PDF seats should be at least one third of total PhD seats in the Institution. The emoluments and research support for PDFs should be at par with ICMR

4. Introduction of new courses and Fee structure

New Courses:

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">❖ MD-PhD integrated 5-year course❖ Master in Public Health❖ Transplant Medicine❖ Bio-informatics and big data analysis❖ AI and Robotics | <ul style="list-style-type: none">❖ Bio-informatics and big data analysis❖ Sports Medicine❖ Biomedical engineering❖ Start a 'College of Allied Health Sciences' for 'Allied Health Professional' courses |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Tuition Fee structure

Recommendation:

- **Hostel and Examination fee may also be increased from the students**
- **The fee should be waived off in the case of EWS category students and may be subsidized for SC/ST students.**

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Student Welfare Fund

Student Welfare Fund to be utilized for:

- i. Research support for students
- ii. Attending medical conferences
- iii. Attending academic courses and workshop
- iv. Counselling
- v. Sports and Cultural activities

6th CIB Meeting and Follow-up of Chintan Shivr Recommendations

Vigilance Set-up in all AIIMS

Background

- With opening of new AIIMS, responsibility of various functionaries has grown multifold
- Responsibilities of system are not static
- Public Sector plays important role
- Unlike Pvt sector, in public sector system is bigger than individuals (Team Concept)
- To ensure check & balances, needs some other norms to be introduced
- Many unseen / unknown factors affecting process

Why Vigilance System is Required?

- If vigilance is effective then all sections like Finance, Personnel will work effectively
- Vigilance is like a bitter pill but essential for healthy organisation
- Objective of vigilance is to ensure: Maximum out of every process by avoiding harmful effects
- Vigilance is not something external
- **Preventive vigilance** is better than Punitive vigilance
 - review of rules
 - review of procedure
 - review of practices which may result into corruption

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Role of Vigilant Officer

Role of Vigilant Officer

Preventive

1. Issue necessary systemic measures by curbing corruption / malpractices
2. To identify sensitive spots
3. Regular surprise inspections
4. Surveillance on officers
5. Integrity of officers

Punitive

Conclusion

- To ensure fair work at AIIMS, urgent need of dedicated post of Chief Vigilance Officer & Unit
- Will strengthen & streamline the existing system

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Faculty / Student Exchange Program @ AIIMS

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What is Exchange Program?

- Exchange program of two educational institutions, united under MOU, exchanging facilities / services of selected faculties & students
- **Types of Exchange Programs:**
 1. Collaborative Research
 2. Teaching Exchange
 3. Clinical Observership Program

Similar Programs in India & Abroad

- **Erasmus Program:** European commission funded-European universities
- **International Federation of Medical Student Association (IFMSA):**
15000 exchanges / year across 130 countries
- **DST-DAAD Project:** Indo- German Joint Research Collaboration
- **DHR – HRD Fellowship**
- **DBT-TWAS** (The World Academy of Science, Italy)

Opportunities

- Exchange Programs shall creates opportunity for Students / Faculty & Nation as a whole:
 1. Participation to learn
 2. Team spirit
 3. Share problem & solutions: understanding
 4. To work on excellence
 5. Future leaders
 6. Collaborative research & empathy
 7. New friends / Networking

Eligibility For Program

Faculty:

- 1. Permanent
- 2. Through proper channel
- 3. No disruption of routine work
- 4. Through LRA / Self sponsored
- 5. Separate Funds
- 6. Affidavit : 02 yrs service
- 7. Duration / Numbers: as per mutual consent

Students:

- 1. Bonafied students
- 2. MBBS/Resident/Nursing
- 3. Cost will be bear by both institutions
- 4. Duration / Numbers: as per mutual consent

Conclusion

- Exchange of Faculty / Residents will help aiding, enhancement of knowledge & sense of belongingness of AIIMS faculty / students



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<h1>Thank You</h1>	

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6th CIB Meeting and Follow-up of Chintan Shivir Recommendations

	 Ministry of Health & Family Welfare Government of India
<h2>Session 4</h2> <h1>Reaping Economies of Scale in Procurement</h1>	
<p>COORDINATING TEAM</p> <p>Prof. Y.K. Gupta, Prof. Meenu Singh, Prof. Ramji Singh, Prof. Ajai Singh, Sh. Kumar Abhay, Ms. Arundhati, Lt. Col. AR Mukherjee</p>	

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Objectives

- 1) To frame common specifications for procurement of essential equipments for all AIIMS.
- 2) To adhere to the policy of Make in India while reaping economies of scale, by providing technical suggestions where ever required.
- 3) To specify criteria for procurement of essential equipments through
 - (a) Centralised Procurement Agency (CPA)
 - (b) Institute level procurement based on the cost of the equipment.
- 4) To ensure the continuous supply of essential medicines of assured quality. Creating an all AIIMS Medicine Grid and a Dashboard (AMGD).

To Prepare the List of Common Items for All AIIMS

To be procured through Centralised Procurement System

- Any equipment single unit costing above Rupees Fifty Lakhs (approx cost, excl GST), to start with. Can be modified based on actual experience.
- Where the unit cost is less, but No. of units are more resulting cumulative cost is more than above Rupees Fifty Lakhs (approx cost, excl GST).

Framing Common Minimum Specifications

Dynamic process

- The common specifications will be drawn by a group of subject experts from different AIIMS.
- While making this the list and specifications provided by CPA can be taken as zero draft for working by the experts.
- The experts asked to critically examine the list of specifications and make the following edits
- Specifications of base equipments will be framed to ensure non-restrictiveness to encourage maximum participation **without compromising with functional requirements.**
- **Attention to be given to 25% minimum Make in India clause**
- However familiarize with the exemption list

Framing Common Specifications

Flexibility

- The specifications will have the provision of flexibility of accessories for individual AIIMS with appropriate justification (the justification needs to be vetted by a committee of, departmental experts, experts from allied disciplines, finance and store and approved by Director of the respective AIIMS).
- Periodic workshops to be conducted for faculty for specification formulation
- The common procurement agency will negotiate and finalise the terms and conditions of warranty/guarantee and AMC/CMC.
- In general for smooth and uninterrupted functioning of equipment which repair/part replacement by local agency is not available/unreliable, the AMC/CMC period is recommended to be five years as recommended
- **Whole of life concept: Total operational cost of equipment for useful life normally 10 years including consumables etc**

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आज़ादी का
अमृत महोत्सव



Ministry of Health & Family Welfare
Government of India



Dr. Bharati Pravin Pawar
Hon'ble Union Minister of State,
for Health and Family Welfare
Government of India



Dr. Mansukh Mandaviya
Hon'ble Union Minister of
Health and Family Welfare
and Chemicals and Fertiliser
Government of India

6वीं केंद्रीय संस्थान निकाय की बैठक
एवं चिंतन शिविर की सिफारिशों पर अनुवर्ती कार्रवाई ।

6th Central Institute Body Meeting
and follow up of
Chintan Shivir Recommendations

8 January, 2023

अखिल भारतीय आयुर्विज्ञान संस्थान, (एम्स) भुवनेश्वर
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BHUBANESWAR



Ministry of Health & Family Welfare
Government of India

SUMMARY

6th CIB Meeting and Follow up of Chintan Shivar Recommendations

Dr Manohar Agnani

8th January 2023



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Ministry of Health & Family Welfare
Government of India

Session I Sustainable Financial Model for AIIMS

COORDINATING TEAM

Dr. Rajendra Badwe, Director, TMC, Mumbai, Dr. Pankaj Chaturvedi, Dr. Mukesh Tripathi

Dr. Basant Garg, Joint Secretary, National Health Authority, Sh. Neeraj Kumar Sharma FA AIIMS Delhi, Sh. Vijay Kumar Nayak DDA AIIMS Nagpur

- Concept of evening OPD- revenue + flexibility to patients
- UG/PG and paramedic seats should be sponsored/self financed
- Doorstep provision of medicine through pvt pharmacies/utilizing insurance
- AIIMS Delhi studies I MBBS student – 1.70 crore. More than 52% have gone abroad. More than 30% time spent on non-productive things by staff. Rational pricing required.
- Research related – should be self sustaining. Salaries of project staff – from international/non-gov projects must be generated. Differential pricing as it is coming from gov sources.
- Initial investment based on heal in india and heal by india – private ward to be established.
- Image/standing of AIIMS bcz of unbiased opinion. May get diluted due to money involvement for revenue generation. Atleast not from general ward.
- Specialized rates for patients from outside country. Beds may be earmarked.
- **HFM- can we outsource certain departments such as cardiac department. Sponsor from corporate sectors for various departments.**
- Define BPL and APL clearly, reg to be 50 or 25 rs for BPL not 100 rs.

Points for Action

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- Outsourcing or sponsorship of specific departments (ex: cardiac department) from private/corporate sector.
- Evening OPDs may be made functional.
- Provision of medicines at patient's doorstep through insurance mechanisms
- Salaries of project staff may be generated with support from international/Non-Government research projects.
- Initial investment based on 'Heal in India' and 'Heal by India', private wards to be established.
- Leverage Medical Tourism: Specialized rates may be charged from foreign patients. Beds may be earmarked for the same.



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Government of India

Session 2

Enhancing Patient Satisfaction & Use of ICT as an Enabler

COORDINATING TEAM

Prof (Dr.) N. K. Arora, Prof Shakti K. Gupta, Prof Col C. D. S. Katoch, Prof Gopal K Pal, Prof Ajai Singh
Prof M. Srinivas, Col. Puneet Arora

- New functional AIIMS – 20 MRI per day, tier 2 city – 45 MRI /day with the help of pvt sector. Investigation facility 18 hours/day and 365 days.
- Uniform method of accreditation for patient satisfaction.
- IT people required. Outsourced ppl attrition.
- Doctors/paramedics are a floating population. 6 monthly sensitization and training.
- Ranking of AIIMS for pt. satisfaction
- eSanjeevani superspeciality wellness centre to connect with DH
- ~~Robust HMIS to be developed through a pvt company~~
- Secy – HMIS can be through any company but should be ABDM compliant
- Each AIIMS to give a report regarding progress on administrative changes required. Monitoring mechanism by Secy sir.
- Med curriculum – incorporate
- 'Max work in single visit'
- Paul Sir- Human interface must be considered while introducing tech (ex availability of trolley etc.) – Med social work, Visibility of doctors and residents, accountability reg grievances on unit head, strong hosp administrative departments – courses reg this, teled to have grievance redressal and quality assurance ensuring accountability (ex audit)
- Minister - Suggestions and grievances- redressal done in each month/6 months -to be shared till MoHFW level, Communication reg special initiatives through tech (hoardings etc)
- MoS- queue M/M reg- tech ex digital banners etc (human interface not reqd) – May I Help You counters – to guide the patients, patients from other states- referral mechanism to be strengthened- such patients to be reviewed, limit reg no. of attendants to reduce crowd, open spaces (ex gardens) to have seating arrangement for attendants.



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Government of India

Session 3 Managing Human Resources

COORDINATING TEAM

Dr. Pramod Garg, Dr. Vibha Dutta, Dr. Arvind Rajwansi,
Dr. Vir Singh Negi, Dr. M. H. Rao, Sh. N.R. Bishnoi

- Maintaining faculty pool- robust system required for retention. Non-faculty -atleast 5 years –should not be shifted from one AIIMS to another.
- Culture change required reg research – should not be done for self glory. Should be MD and Phd (not just MD) or atleast 3 years predominantly research done after MD, Research technicians/nurses/assistants required. Quality grants to young scientists and with limited funds. MD-PhD programme – MDs should be motivated.
- SRs in clinical departments may be enrolled for PhD.
- Bond reg fixed tenure
- Non-faculty recruitment – skill test based NORCET examination/skill based training.
- Research being done for self/faculty promotion.
- Paul Sir- Clear message for it being for scientific advancement. Endorse research/science cadre (faculty level). Post-doctoral fellowships to be introduced. Biostatitians required. quality benchmarks regarding research even after being a faculty.
- DG-ICMR: Solution-based research to be institutionalized. 10-20% faculty to be recruited as research faculty to motivate MD-PhD.
- Intra-meural grant – investigator initiated research through utilization of revenue generated.



Ministry of Health & Family Welfare
Government of India

Session 4

Reaping Economies of Scale in Procurement

COORDINATING TEAM

Prof. Y.K. Gupta, Prof. Meenu Singh, Prof. Ramji Singh,
Prof. Ajai Singh, Sh. Kumar Abhay, Ms Arundhati, Lt Col. AR Mukherjee

- Opex model
- 24*7 lab functionality is a challenge esp in emergency care.
- CGHS model for investigations at private sector.
- 75%-25% model for payment of equipments
- Institute level audit (by external party) to review utilization of the equipments.
- Agency audit also – to review compliance to MoU
- Agnani sir – Prepare AIIMS technicians and build their capacity. Future- permanent staff to be recruited for lab. Client Moral hazard – tests not required will also be done if HLL/other PSUs involved.
- Hematological/Biochemical – outsourcing will be efficient with monitoring of quality, Pathological and Radiological testing- reporting should be from doctors because of technical expertise; hybrid model.
- HFM: Are we providing uniform services at all AIIMS? Establish innovative models at various AIIMS to find a solution. They may be discussed at the next meeting.

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Session 5 AIIMS Vision 2030

COORDINATING TEAM

Dr. Chitra Sarkar, Dr. Vivek Lal, Dr. Nitin M. Nagarkar, Dr. Ashutosh Biswas
Dr. Surekha Kishore, Dr. Madhabananda Kar, Sh. Anshuman Gupta

- Dept that becomes CoE should receive incentives (facilities/financial/HR etc.) in return as motivation.
- Criteria should include- No. of research impacted clinical care of patients- nationally and globally, same for medical education
- Student Faculty Assessment Centre
- Demonstrate international presence based on research/clinical innovation
- AIIMS, IIT and IIM-Jammu signed a MoU – launched a programme reg AIIMS will get annual INR 2.5 crore.
- Devise a model for UG and PG education based on country's need ? with emphasis on research. A committee may be formed for the same.
- Criteria to be established to assess the impact of research – programme, clinical practice and
- 100 priority topics to be identified – as per country's need – with the help of ICMR and NMC – should be provided to students for research. Will lead to new research. Demand-driven research.
- 360 degree external evaluation (national and international experts) of each AIIMS every 3 years. Institutionalize the mechanism.
- Paul Sir – Cler and measurable indicators to be used for CoE. Societal impact as an imp domain. New and mature AIIMS to have different benchmarks.
- MoS – Also look at the international parameters reg research, Good researches to be published in international journals – efforts to be made in this direction. Collaborative research to be promoted.



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Session 6

Outcome-based Collaborative Research

COORDINATING TEAM

Dr. T.S. Ravikumar, President, AIIMS, Mangalagiri, Dr. Rakesh Aggarwal, Director, JIPMER, Puducherry, Prof. (Dr.) Saurabh Varshney, Executive Director And CEO, AIIMS, Deoghar, Prof. (Dr.) Vikas Bhatia, Executive Director And CEO, AIIMS Bibinagar, Dr. D.K. Singh, ED, AIIMS Bathinda, Dr. Ashok Puranik, ED, AIIMS Guwahati, Sh. Amrendra Kumar, DDA, AIIMS Deoghar

- Research should be translational. Can focus on. Local issues of the area catered by specific AIIMS institution.
- External audit
- Larger ambit of health and wellness by inclusion of IIT, IIM, CSIR etc.
- Demand-driven
- Application of AI
- Research integrity must be focussed.
- Incentive for researcher may be provided esp to adjunct faculty. UGC scheme – may be encouraged for AIIMS.
- Research day
- Manthan – wherein researchers of all AIIMS may submit their research proposals.
- Applications for MRUs should be encouraged.
- Must focus to establish centres reg larger research areas such as cancer therapy etc.
- 70% grants being invested only in basic research. Must invest in applied research.
- DPT Scheme called Sahej – if funding being provided to a lab then they have to be open to one-third of the time to general population. Similar may be applied to AIIMS.
- Multicentric studies
- Need to have a governance model
- Paul Sir – catalytic way to convene collaborative research. Minimally dependent / maximally dependent on external funding researches may be there hence a convening structure is important.

Additional Discussion Points

Recruitment Process:

- Secy Sir- Efficiency in time and money – will be provisioned through centralized recruitment process.
- HFM- Relocation within different AIIMS must be a choice of the employee.
- Secy Sir- Appointment letters are issued through individual AIIMS and will hold legally to prevent blockage of recruitment process, in the event of any legal matter.
- A due mechanism must be put in place for centralized recruitment.
- HFM- Central recruitment and faculty selection criteria – to be deliberated by Paul sir and Secy Sir.

PPP:

- HFM – Each AIIMS must review their CAG report with the help of a financial auditor.
- HFM- PPP with Hind Lab may be done for 1 year and maybe continued if found effective.

AYUSH as a separate Department:

- Paul Sir – principle approval regarding the process of making AYUSH as a separate academic department may be deliberated in detail esp RR etc.
- Agnani Sir – Modalities of AYUSH as a separate department must be deliberated by forming a committee. This dept will also contribute towards holistic patient care as well as collaborative research.
- Dr Meenu – Centres of holistic health may be formed based on evidence based treatment modalities of integrated medicine
- HFM – Create database of trial of such treatment modalities.

Additional Discussion Points

V-216020/301/2022-IMI-I

108/136

Family Medicine:

Dr V.K Paul- appreciated the efforts and contribution of EDs of AIIMS reg formulation of the curriculum of FM. Considering a paradigm shift for societal benefit. FM has also been highlighted under NHP 2017. India specific curriculum has been formed. AYUSH has also been included. This will also create 42 seats. Will also be promoted under NMC Act with results of impact.



Ministry of Health & Family Welfare
Government of India

Agenda VIII

**Proposal to start MD Family Medicine Program
in new AIIMS institutions**

- MoS- curriculum-wise how different are MD Medicine and Family medicine so that it becomes an identity by itself?
- Dr Agnani- will it benefit the community at large by creating these specialists? Whether they will look at all the specialities? Uptake by States/UTs? How are they different from community medicine? NMC is promoting the Family adoption programme. Clarity is needed on such queries.
- Dr Vikas: Overlapping services with community medicine but also did clinical work additionally. Family Medicine clinics are running in Bhubaneswar successfully. Can be experimented by reducing the no. of seats in other specialities like community medicine and move towards implementation of this broader concept.
- Unnecessary practices can be stopped as referral is done specifically by these doctors and act as gatekeepers as the patient cannot visit a specialist without their referral. Family practitioners will also be able contribute towards catering the un/under-served.
- Will reinforce the concept of primary care esp. in rural areas.
- Dr Paul- This concept is imp to develop competency for catering to the need of primary health care. MD medicine is only adult medicine, it might overlap but is distinct in terms of broader treatment line. Personal care and individual level treatment will be provided holistically unlike community medicine. Should also practice in the open. Will be 1st line or 2nd point contact. Department will run NDMC.... Will be essentially out patient care, ambulatory care management. Will help correct the concept of fragmented care. Branding through AIIMS will play an important role.

- Secy Sir- good idea but the challenge would be – Britain gives incentive not salary- In India will they be posted in PHC? This has to be clear that these doctors will serve the community not the DH/AIIMS.
- HFM- Must review the concept after 3 months. Concerns to be shared with the Committee/Dr Paul.

Concluding Remarks

V-216020/301/2022-[NI-I]

112/136

- HFM- After the previous Chintan Shivir, some AIIMS have worked on the recommendations of it.
- Secy- recommendations of today's meeting will be implemented in a time-bound manner, as have the previous recommendations been implemented promptly. CIB will be held thrice a year, as guided by HFM sir.
- Dr Paul- do we need a physician for 1st line for treatment, Is an MBBS sufficient to cater the needs of the people as a primary care physician? Or do we need a competent, comprehensive primary care physician and can work on the model of Family Medicine.
- Ramesh Bidhuri- must focus on primary health
- MoS- Discussion were imp regarding the impact that they would have at the grassroot level. Can we do certain advertisements for generating awareness regarding ABHA ID. Must highlight the initiatives undertaken or schemes for community health. If we can monitor the implementation through feedback mechanism from the public.
- HFM- need to work on the identified 6 domains, as discussed in the chintan shivir. Need to develop a pathway for the future of AIIMS. A handbook of the vision and roadmap to be prepared for other institutes. Further brainstorming to be done by self and submit their inputs based on which a ppt may be submitted to the HFM.

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Thank You

ITEM NO. – 7/7(b)

**ACTION TAKEN REPORT ON THE MINUTES OF THE
6TH MEETING OF THE CENTRAL INSTITUTE BODY OF
AIIMS HELD ON 8TH JANUARY, 2023 IN AIIMS,
BHUBANESWAR, ODISHA.**

ALL INDIA INSTITUTE OF MEDICAL SCIENCES

ACTION TAKEN ON THE MINUTES OF THE 6TH MEETING OF THE CENTRAL INSTITUTE OF BODY OF NEW AIIMS HELD ON 8TH JANUARY, 2023 AT 09:00 A.M. UNDER THE CHAIRMANSHIP OF HON'BLE UNION MINISTER OF HEALTH AND FAMILY WELFARE, IN THE AIIMS, BHUBANESWAR, ODHISA.

DECISION	ACTION TAKEN
<p align="center"><u>ITEM NO. CIB-6/01</u></p> <p>CONFIRMATION OF THE MINUTES OF 5TH MEETING OF THE CENTRAL INSTITUTE BODY OF AIIMS HELD ON 16TH JUNE, 2021.</p> <hr/> <p>The minutes of the 5th meeting of Central Institute Body held on 16thJune, 2021 were confirmed.</p>	<p align="center">Noted</p>
<p align="center"><u>ITEM NO. CIB-6/02</u></p> <p>ACTION TAKEN REPORT ON THE MINUTES OF THE 5TH MEETING OF THE CENTRAL INSTITUTE BODY OF AIIMS HELD ON 16TH JUNE, 2021.</p> <hr/> <p>The Action taken on the decisions of 5thmeeting of Central InstituteBody was noted.</p>	<p align="center">Noted</p>
<p align="center"><u>ITEM No.CIB-6/03</u></p> <p>TO CONSIDER THE PROPOSAL FOR UNIFORM USER CHARGES FOR THE NEW AIIMS.</p> <hr/> <p>The CIB considered and approved the recommendations of the committee chaired by Director, AIIMS, New Delhi regarding fixing a benchmark for determining user charges for the new AIIMS.</p>	<p>The recommendation of the committee on the matter is being implemented in various new AIIMS subject to approval of the IB/GB/SFC.</p>

<p style="text-align: center;"><u>ITEM No CIB-6/04</u></p> <p>TO CONSIDER THE RECOMMENDATIONS OF COMMITTEE CONSTITUTED BY THE GOVERNING BODY, AIIMS, RAIPUR TO REVIEW THE REFORMS FOR FACULY SELECTION BY THE STANDING SELECTION COMMITTEE OF THE INSTITUTE.</p> <hr/> <p>The CIB after deliberation decided to form a committee comprising of the following members</p> <ol style="list-style-type: none"> 1. Dr. V.K. Paul, Member, NITI Aayog, 2. Additional Secretary PMSSY, MOHFW 3. Director, AIMS, New Delhi <p>To examine the proposed method of selection of Faculty/Non-Faculty, as suggested by the Committee of AIIMS, Raipur and determine possibility of instituting Central Recruitment System for Faculty/Non-Faculty for all AIIMS and submit a report at the earliest. The recommendations of the committee on Management and Governance paradigm and Managing Human Resources may also be taken into consideration by the aforesaid Committee.</p>	<p>MoHFW vide office order dated 28.02.2023 a committee has been constituted with the following composition:</p> <ol style="list-style-type: none"> i. Dr.V.K. Paul, Member, NITI Aayog ii. Additional Secretary, PMSSY, MoHFW iii. Director, AIIMS, New Delhi <p>The report of the Committee is awaited.</p>
<p style="text-align: center;"><u>ITEM No CIB-6/05</u></p> <p>TO CONSIDER THE PROPOSAL FOR VIGILANCE SET UP IN ALL NEW AIIMS.</p> <hr/> <p>The CIB considered and approved the proposal for further action by the PMSSY Division of the Ministry of H&FW.</p>	<p>Proposal for creation of Chief Vigilance Officer in New AIIMS and Six new AIIMS – Rishikesh, Patna, Bhopal, Bhubaneswar, Raipur and Jodhpur has been submitted to the Department of Expenditure on 05.04.2023. The file is with DoE.</p>

<p style="text-align: center;"><u>ITEM No CIB-6/06</u></p> <p>TO CONSIDER THE PROPOSAL FOR EXCHANGE PROGRAMME OF FACULTY/RESIDENTS AND STUDENTS AMONGST VARIOUS AIIMS.</p> <hr/> <p>The CIB considered and approved the proposal. It was agreed that such an exchange programme should be organized by newly established AIIMS and AIIMS, New Delhi.</p>	<p>AIIMS, New Delhi is agreed to conduct Short Term Observership up to six months and Long Term Observership up to 2 years. A copy of the prescribed format contained the guidelines of observership as approved by Standing Academic Committee and Governing Body has already been issued on 07.09.2021. The observership is arranged in consultation with the respective departments/discipline and time and period of observership is decided mutually by the department/discipline and candidate.</p>
<p style="text-align: center;"><u>ITEM NO CIB-6/07</u></p> <p>DIAGNOSTIC SERVICES ON PUBLIC PRIVATE PARTNERSHIP (PPP) MODEL THROUGH HIND LAB SERVICES OF HLL LIFECARE LID. AT AIIMS BHOPAL.</p> <hr/> <p>The CIB advised AIIMS Bhopal to try out the proposed model for one year after taking due approval from its competent authority. Based on the outcome, decision may be taken by the institute for extension on a yearly basis or its discontinuance as the case may be.</p>	<p>As per the directions of CIB, AIIMS, Bhopal has initiated action for execution of MoU with Hind Lab Services of HLL Lifecare Ltd for diagnostic and radiological services on Public Private Partnership (PPP) model at AIIMS, Bhopal. Gap Analysis has been done by Hind Lab and a tentative target for starting diagnostic and radiological services has been fixed at 15th March, 2023.</p>
<p style="text-align: center;"><u>ITEM No CIB-6/08</u></p> <p>TO CONSIDER THE PROPOSAL FOR CENTRALIZED SELECTION OF GROUP B & C SANCTIONED POSTS THROUGH COMPUTER BASIS TEST EXAM FOR ALL NEW AIIMS.</p> <hr/>	<p>MoHFW vide office order dated 28.02.2023 a committee has been constituted with the following composition:</p>

<p>The CIB reiterated its decision taken with reference to agenda Item No. CIB-6/04. The centralized recruitment cell once set up can be housed in one of newly established AIMS on rotation basis.</p>	<p>i. Dr.V.K. Paul, Member, NITI Aayog ii. Additional Secretary, PMSSY, MoHFW iii. Director, AIIMS, New Delhi</p> <p>The report of the Committee is awaited.</p>
<p style="text-align: center;"><u>ITEM No CIB-6/09</u></p> <p>TO CONSIDER THE PROPOSAL FOR UNIFORM/CENTRAL POLICY MAKING FOR ALL AIIMS.</p> <hr/> <p>The CIB considered the proposal and decided that Ministry may set up a working group comprising of a few Director/Executive Directors of the New AIIMS, Director AIIMS, New Delhi and Additional Secretary, PMSSY, MoH&FW. The committee to submit report in two months to MOH&FW.</p>	<p>A working group under the Chairpersonship of AS, MoHFW has been constituted vide office order dated 28.02.2023 to consider the proposal for uniform/central policy making for all AIIMS. The working Group has held two meetings so far. Report of the working group is awaited.</p>
<p style="text-align: center;"><u>ITEM No CIB-6/10</u></p> <p>TO CONSIDER THE PROPOSAL TO CREATE AYUSH AS SEPARATE ACADEMIC DEPARTMENT.</p> <hr/> <p>The CIB considered the proposal and granted in principle approval and decided that the Recruitment Rules should be made in consultation with the Department of Ayush.</p>	<p>MoHFW has written a letter dated 26.04.2023 was sent to Ministry of Ayush to give their inputs as to the faculty/non-faculty staff that may be necessary for new AIIMS to transform them into Department of Integrative Medicine. Reply has been received from M/o Ayush vide their letter dated 14.06.2023 requesting to provide some information. The information is being collected from six new AIIMS.</p>
<p style="text-align: center;"><u>ITEM No CIB-6/11</u></p> <p>TO CONSIDER THE PROPOSAL TO START A PROGRAM IN MD FAMILY MEDICINE.</p> <hr/> <p>The CIB decided that the proposal needs further deliberation. It was decided that Dr V.K. Paul will study various suggestion/ concerns raised during the meeting and present revised proposal in the next meeting of the CIB.</p>	<p>Revised proposal from Dr. V.K. Paul received and the same is placed as a separate agenda for CIB-07.</p>

ITEM NO. – 7/7(c-i)

**TO CONSIDER THE PROPOSAL FOR MAINTAINING
THE FACULTY PYRAMID FOR FUTURE IN NEW
AIIMS.**

AIIMS, DEOGHAR

Maintaining the Faculty Pyramid for future in New AIIMS

Introduction

AIIMS has a very simple academic hierarchy for the performance of its functions of Teaching, Research, and treatment. It consists of the following four levels of posts in their respective pay scales/grades: -

- Level 1-Assistant Professor,
- Level 2- Associate Professor,
- Level 3-Additional Professor, and
- Level 4- Professor.

There are two channels of appointments to various posts :

- a. Direct Recruitment, and
- b. APS (Assessment Promotion Scheme)

Direct Recruitmenteligibility:

Post	Required Experience
Assistant Professor	3years
Associate Professor	6years
Additional Professor	10years
Professor	14years

APS (Assessment Promotion Scheme) eligibility:

Post	Required Experience
Associate Professor	3 years as Assistant Professor
Additional Professor	3 years as Associate Professor
Professor	4 years as an Additional Professor

Age at Entry Level:

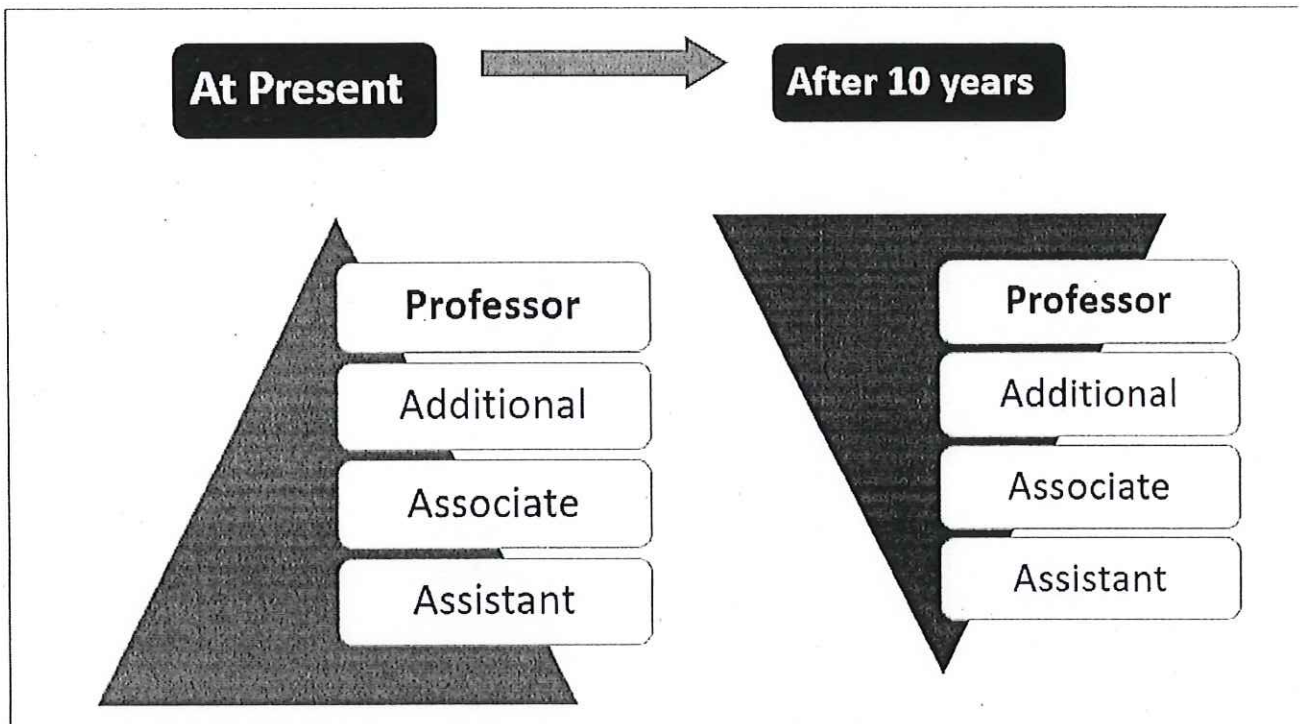
- Assistant Professor- 30-35 years
- Associate Professor- 35-40 years
- Additional Professor- 45-50 years
- Professor- 50-55 years

As recruitments are going on in all New AIIMS.

Now if we take the example of the Community & Family Medicine Department in AIIMS Deoghar which is fully saturated (all Sanction vacancies are filled) and in the future assuming that all faculty clear APS on time the faculty position will be as follows:

Posts in Community & Family Medicine Department	Current position	After 5 years	After 10 years	After 15 years	After 20 years	After 25 years	After 30 years
Assistant Professor	06	00	00	00	00	06	00
Associate Professor	01	06	00	00	00	01	06
Additional Professor	01	01	06	01	00	00	01
Professor	01	02	02*	08*	09*	02*	02*

*assuming after 10 years, existing Professor Direct joining will start retiring and replace with same post i.e. Professor



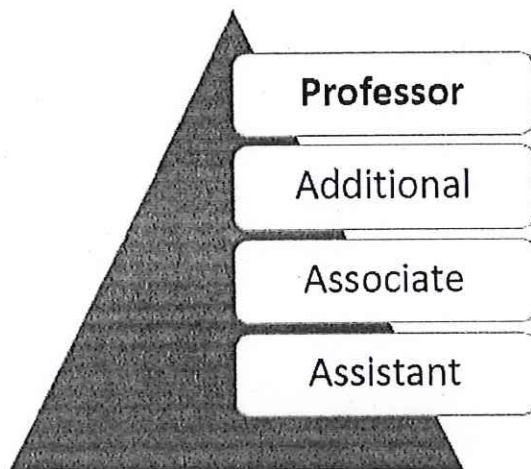
Result: Inverted Pyramid

With entry at Assistant Professor and promotion by APS

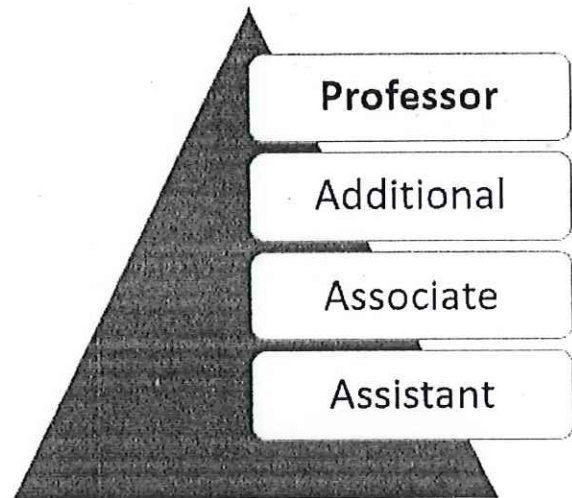
Post in Community & Family Medicine Department	Current position	After 5 years	After 10 years	After 15 years	After 20 years	After 25 years	After 30 years
Assistant Professor	06	00	01	01	01	02	04
Associate Professor	01	06	00	02	01	01	02
Additional Professor	01	01	00	00	00	01	01
Professor	01	02	08*	06	07*	5*	2*

*assuming after 10 years, existing Professor Direct joining or promoted will start retiring and replace with entry level joining i.e. Assistant professor

At Present



Pyramid will be maintained



Result: maintained Pyramid structure

Problem/Concern

As we have seen in the case of the Community & Family Medicine Department Scenario after 10 years, all faculty with the help of APS will be on Professor Rank.

Now we will face two concern

1. Faculty Hierarchy, as all will be in higher level difficulty in work distribution

2. Lack of new young faculty for new ideas/enthusiasm

Recommendation:

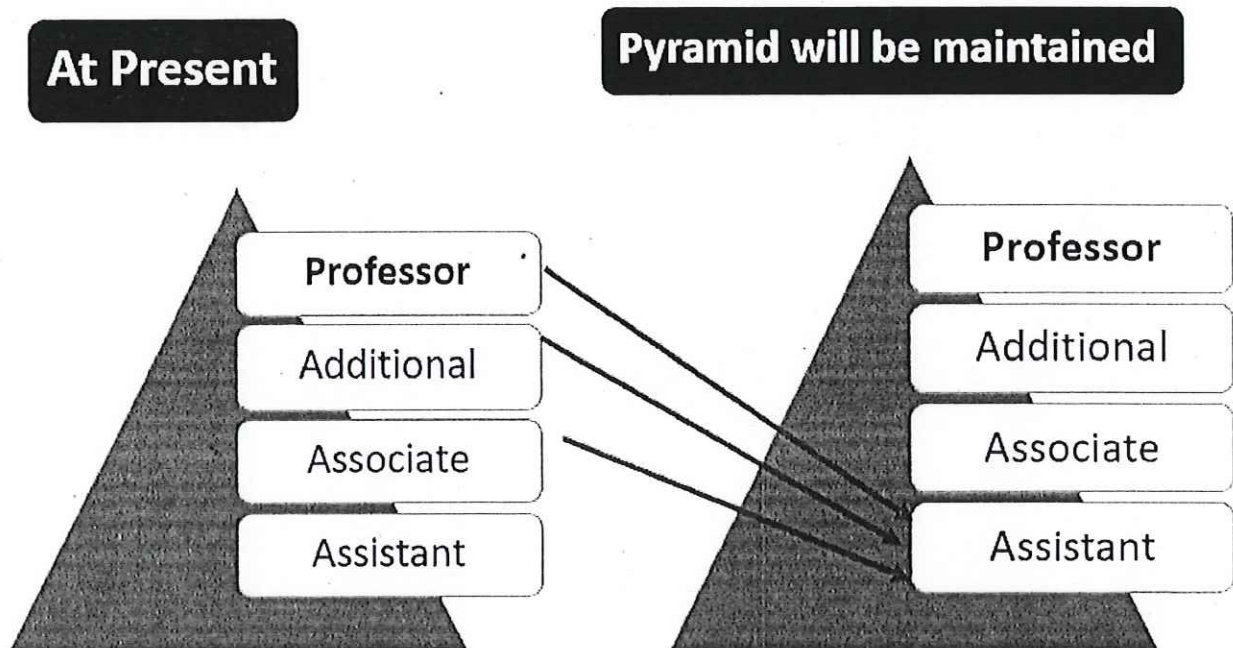
We as New AIIMS, need to start new departments, faculty training, research environment development, and patient care. Hence, we need all types of faculty ranks i.e. Professor, Additional Professor, Associate professor, and young Assistant Professor in given sanction strengths. That means we should continue with Direct and APS modes of promotion or filling of vacant seats.

Once the department sanctioned strength is filled with desirable experienced faculty in different positions and in future there is a vacancy due to retirement or premature leaving by faculty members the corresponding vacant seat may be filled from the lowest rank i.e. Assistant Professor to tackle the concern of faculty hierarchy and infusion of new talent to faculty pool.

Approval sought:

Once the department is fully functional and all the sanctioned faculty posts are filled by direct recruitment:

In future there is a vacancy due to retirement or premature leaving by regular faculty members the corresponding vacant seat may be filled from the lowest rank i.e. Assistant Professor to tackle the concern of faculty hierarchy and infusion of new talent to faculty pool.



ITEM NO. – 7/7(c-ii)

**TO CONSIDER THE PROPOSAL FOR APPROVAL FOR
DOWNGRADING OF PROFESSOR POSTS TO THE
LEVEL OF ASSISTANT PROFESSOR OF A
PARTICULAR AIIMS.**

AIIMS, JODHPUR



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All India Institute of Medical Sciences
Jodhpur

Agenda Items for 7th CIB to be held shortly.

Approval for downgrading of Professor posts to the level of Assistant Professor of a particular AIIMS.

The CIB in its earlier meetings has emphasized to take measures to improve faculty strength in new AIIMS. In spite of several selection processes conducted by newly established AIIMS, some posts are lying vacant due to different reasons. In this connection, downgrading of the post of Additional/Associate Professor to the post of Assistant Professor has already been carried out at AIIMS Jodhpur with duly approval of Institute Body and Governing Body of AIIMS Jodhpur in compliance of the decision taken by CIB in its 04th Meeting vide Agenda No.-4/5. Hence the Institute has been benefited from this practice and received a great response from eligible applicants. However, the CIB directed that the post of Professor may not be downgraded as it is essential to have professor for conduct of Post Graduate course in the AIIMS.

In this regard, it is stated that many posts at the level of professor still remain unfilled despite advertising these posts many times due to various reasons :-

- Due to lack of response from suitable candidates with requisite qualifications & experiences.
- Non-availability of the faculty at the level of Professors who fulfil AIIMS standards.
- Qualified faculty are less likely to work as per Government compensation structure.

In this connection, it is further stated that some of the Departments have been sanctioned two or more post of Professor to be filled through direct recruitment basis and furthermore, faculty has been promoted to the post of professor by Assessment Promotion Scheme (APS) from lower posts.

Keeping in view of the above facts, the huge shortage of faculty at the level of Professor in the AIIMS, there is an urgent need to further strengthening the faculty position in all new AIIMS that may prompt the young faculty to join the AIIMS.

In view of this, it is proposed that downgrading of unfilled vacant post at the level of Professor to the level of Assistant Professor in such departments where two or more posts of Professor are sanctioned and one Professor is working in the department either through direct recruitment basis or promoted by Assessment Promotion Scheme (APS) and being a common policy matter which concerns all AIIMS, it may be taken to the Central Institute Body for approval.



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All India Institute of Medical Sciences Jodhpur

Approval Sought:-

CIB may kindly deliberate and give their consent for downgrading of unfilled vacant post at the level of Professor to the level of Assistant Professor in such departments where two or more posts of Professor are sanctioned and one Professor is working in the department either through direct recruitment basis or promoted by Assessment Promotion Scheme (APS).

ITEM NO. – 7/7(d)

TO CONSIDER THE PROPOSAL FOR POLICY REGARDING PROVIDING FINANCIAL SUPPORT TO PG STUDENTS & PH.D SCHOLARS FOR PRESENTING THEIR RESEARCH WORK IN CONFERENCES, WORKSHOPS, PAPER PRESENTATIONS/POSTER PRESENTATION & QUIZ ETC.

4. Policy regarding providing financial support to PG Students & PhD Scholars for presenting their research work in conferences, workshops, paper presentations/ poster presentation & quiz etc.

Introduction :

Currently there is no mechanism for granting financial support to PG Students and PhD Scholars for presenting their research work at various conferences. The Dean's Committee (Research) proposed that financial support would be given to cover travel expenses and registration fees to the extent of Rs. 5000 per student. Such facility can be availed by a student only once during his/her tenure. It shall be allowed only for the work carried out within the institute.

The budget for this will be met from the AIIMS Bhopal Research Scheme Account.

Justification rationales:

- (a) Financial support will be provided to PG Students and PhD Scholars for presenting their research work at various conferences that shall help in developing Research capability among PG students and Phd scholars.
- (b) Financial support would be given to cover travel expenses and registration fees to the extent of Rs. 5000 per student.
- (c) Such facility can be availed by a student only once during his/her tenure.
- (d) It shall be allowed only for the work carried out within the institute.
- (e) Such funding will only be allowed for presenting research work in annual conferences organized by the National Professional bodies and for presenting in International conferences.
- (f) The budget for this will be met from the AIIMS Bhopal Research Scheme Account.

Financial Implication:

The Financial support would be given to cover travel expenses and registration fees to the extent of Rs. 5000 per student.

Conclusion:

May be considered for providing financial support to PG Students and PhD Scholars for presenting their research work at various conferences to the extent of Rs. 5000 per student.

Encl: As above (Annex-3)

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अखिल भारतीय आयुर्विज्ञान संस्थान, भोपाल

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BHOPAL

MINUTES

OF

6th MEETING OF THE GOVERNING BODY, AIIMS BHOPAL

HELD ON 16th DECEMBER, 2022 AT 11:00 AM

VENUE

BOARD ROOM, DIRECTOR'S WING

1ST FLOOR, ACADEMIC BLOCK, AIIMS BHOPAL

Agenda Item No. AC 3.9: Financial Assistance to the Resident Doctors for thesis writing.

The GB was informed that as per approval in SFC the Financial Assistance has been approved in SFC for 100 JRs & 110 SRs. Further Dean (A) informed that 3rd Academic committee in its meeting recommended for adoption of Circular of MoHFW regarding Financial Assistance @ Rs. 5000/- to the Resident Doctors for thesis writing. The amount placed before SFC was based on the number of JRs and SRs in the Institute at that time.

The GB appreciated and approved the decision of SFC granting financial assistance of Rs. 5000/- for each JR and SR. It was observed that at time of 3rd SFC, number of JR & SR was fixed at 100 & 110 respectively but presently the number of JRs and SRs have been increased, therefore it was approved that as per spirit of decision the same benefit was to be extended to all enrolled JRs & SRs. It was also decided that the same may be placed before next SFC for information.

Agenda Item No. AC 3.10: Raising the age limit from 33 to 37 for recruitment of Senior Residents at AIIMS, Bhopal.

The GB noted that the raising of age limit up to 45 years for SRs has already been implemented in AIIMS, Bhopal as per Govt. orders.

Agenda Item No. 3.11: Proposal to allow MBBS / BDS students to apply for Junior Resident (Non-academic) who have passed in last five years.

The GB noted that the same has already been implemented and is being followed. Further, the President, AIIMS Bhopal stated that since the matter is pertaining to Hospital Services & there is no specific order that bars MBBS/BDS Students who have passed in last 5 years to apply for JR (Non-Academic) therefore the decision of CIB may not be required for its implementation.

Agenda Item No. AC 3.12: Proposal to pay honorarium to subject expert / technical expert per day at AIIMS, Bhopal.

It was decided by the GB that any official that is from outside AIIMS Bhopal and attending as an expert in any panel/meeting should be given honorarium as per government norms.

Agenda Item No. AC 3.13: Proposal to pay honorarium to guest faculty for B.Sc Nursing per session at AIIMS, Bhopal.

The GB was informed that the proposal has been implemented.

Agenda Item No. AC 3.15: Proposal for monetary encouragement to students for paper presentations, poster presentation, quiz etc.

It was decided that the matter may be referred to CIB for decision.


Member Secretary

प्रो. (डॉ.) अजय सिंह / Prof. (Dr.) Ajai Singh
कार्यपालक निदेशक / Executive Director

एशियन भारतीय आयुर्विज्ञान संस्थान, भोपाल-462020
All India Institute of Medical Sciences, Bhopal-462020

PAGE 4 OF 13

(Approved by Email dated 28.01.23)

Chairman



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AIIMS Bhopal, Director <director@aiimsbhopal.edu.in>

ANNEX - P1

(DIR_50098) Draft Minutes of the 6th Meeting of the Governing Body (GB) of AIIMS Bhopal held on 16.12.2022 reg.,

2 messages

Director AIIMS Bhopal <director@aiimsbhopal.edu.in>

27 January 2023 at 14:03

To: President AIIMS Bhopal <president@aiimsbhopal.edu.in>, "Dr. YK Gupta" <yk.ykgupta@gmail.com>

Respected Sir,

With reference to the above subject please find the attached **draft Minutes of the 6th Meeting of Governing Body (GB), AIIMS Bhopal** for your kind perusal and approval, please.

(Kind Attention: Please refer Agenda No. GB-06/10 at Page No. 10).

Thanking you with regards,

प्रो. (डॉ.) अजय सिंह/ PROF. (DR.) AJAI SINGH

कार्यपालक निदेशक एवं सी.ई.ओ./ Executive Director and CEO

अखिल भारतीय आयुर्विज्ञान संस्थान / All India Institute of Medical Sciences

स्वास्थ्य एवं परिवार कल्याण मंत्रालय/ Ministry of Health & Family Welfare

भोपाल - 462020, मध्य-प्रदेश/ Bhopal - 462020, Madhya Pradesh

दूरभाष/ Phone: 0755-2672 317, 2672 329, 2672 111

2 attachments

 DIR_50098.pdf
858K

 Draft Minutes of 6th Meeting of GB AIIMS Bhopal.pdf
10840K

ykykgupta@gmail.com <yk.ykgupta@gmail.com>

28 January 2023 at 19:13

Reply-To: yk.ykgupta@gmail.com

To: Director AIIMS Bhopal <director@aiimsbhopal.edu.in>

Cc: President AIIMS Bhopal <president@aiimsbhopal.edu.in>

Minutes approved

yk gupta

President

On Fri, 27 Jan 2023 at 14:03, Director AIIMS Bhopal <director@aiimsbhopal.edu.in> wrote:

Respected Sir,

With reference to the above subject please find the attached **draft Minutes of the 6th Meeting of Governing Body (GB), AIIMS Bhopal** for your kind perusal and approval, please.

प्रो. (डॉ.) अजय सिंह/ Prof. (Dr.) Ajai Singh
कार्यपालक निदेशक एवं सी.ई.ओ./ Executive Director

अखिल भारतीय आयुर्विज्ञान संस्थान, भोपाल-462020
All India Institute of Medical Sciences, Bhopal-462020

and approval, please.

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(Kind Attention: Please refer Agenda No. GB-06/10 at Page No. 10).

Thanking you with regards,

प्रो. (डॉ.) अजय सिंह/ PROF. (DR.) AJAI SINGH

कार्यपालक निदेशक एवं सी.ई.ओ./ Executive Director and CEO
अखिल भारतीय आयुर्विज्ञान संस्थान / All India Institute of Medical Sciences

स्वास्थ्य एवं परिवार कल्याण मंत्रालय/ Ministry of Health & Family Welfare
भोपाल - 462020, मध्य-प्रदेश/ Bhopal - 462020, Madhya Pradesh

दूरभाष/ Phone: 0755-2672 317, 2672 329, 2672 111

ITEM NO. – 7/7(e)

**THE PROPOSAL FOR UNIFORM NOMENCLATURE/
DURATION/INTERNSHIP AND ELIGIBILITY CRITERIA
OF THE B.SC. PARAMEDICAL COURSE/M.SC.
COURSES OF OTHER AIIMS INSTITUTIONS UNDER
PMSSY.**

NOTE FOR CENTRAL INSTITUTE BODY MEETING

Proposal:- **Proposal for uniform nomenclature/duration/internship and eligibility criteria of the B.Sc Paramedical Course/M.Sc. courses of other AIIMS Institutions-regarding.**

INTRODUCTION:-

It is submitted that B.Sc. Paramedical Courses/Other Courses are conducted at AIIMS, New Delhi and Other AIIMS institutions under PMSSY to get technically qualified and skillful human resources.

ADMINISTRATIVE COMMENTS:-

Admission in these courses is made entirely on the basis of performance of candidates in the entrance examination conducted by AIIMS Delhi. The seats are filled strictly on merit on the basis of the marks secured by the candidates at entrance exams.

JUSTIFICATION:-

It is observed that there are ambiguities/variability in the course duration and eligibility criteria of the Paramedical courses/Other courses of AIIMS institutions under PMSSY.

The details information/comparative statement with regard to some ambiguities/variability in the course duration and eligibility criteria is highlighted below for kind consideration and perusal.

S. No	Courses	AIIMS	Total	Duration	Eligibility	Percentage
1	Bachelor of Optometry	Delhi	24	3+1	ENGLISH PHYSICS CHEMISTRY AND EITHER BIOLOGY OR MATH	50 % (45%)
	Bachelor of Optometry	Rishikesh	10	3+1	ENGLISH PHYSICS CHEMISTRY BIOLOGY	50 % (45%)
2	Bachelor of Medical Radiology and Imagine Technology	Delhi	11	3+1	ENGLISH PHYSICS CHEMISTRY	50 % (45%)

	(MRIT)				AND EITHER BIOLOGY OR MATH	
	B.Sc Medical Radiology & Imaging Technology (MRIT)	Bilaspur	5	3+1	ENGLISH PHYSICS CHEMISTRY BIOLOGY	50 % (45%)
	Medical Radiology & Imaging Technology	Rishikesh	10	3+1	12TH = DIPLOMA/PHYS ICS CHEMISTRY BIOLOGY	50 % (45%)
	B.Sc in Medical Technology in Radiography	Raipur	5	3	ENGLISH PHYSICS CHEMISTRY AND EITHER BIOLOGY OR MATH	50 % (45%)
	B.Sc in Medical Technology in Radiography	Bibinagar	5	3+1	-----	---
	Medical Technology in Radiography and Medical Imaging Technology	Bhubaneswa r	13	3	ENGLISH PHYSICS CHEMISTRY BIOLOGY	50 % (45%)
	B.Sc (Hons.) Radiology/Radiogra phy and Medical Imaging Technology	Jodhpur	4	3+1	ENGLISH PHYSICS CHEMISTRY BIOLOGY	50 % (45%)
3	B.Sc in Operation Theatre Technology	Delhi	10	3+1	ENGLISH PHYSICS CHEMISTRY BIOLOGY	50 % (45%)
	B.Sc (Hons.) Operation Theatre Technology	Jodhpur	5	3+1	ENGLISH PHYSICS CHEMISTRY BIOLOGY	50 % (45%)
	B.Sc in Operation Theatre Technology	Raipur	8	3+1/2	ENGLISH PHYSICS CHEMISTRY BIOLOGY	50 % (45%)
	Operation Theatre & Anaesthesiology (OTAT)	Bhubaneswa r	13	3	ENGLISH PHYSICS CHEMISTRY BIOLOGY	50 % (45%)

4	B.Sc Medical Laboratory Technology (MLT)	Bilaspur	10	3+1	ENGLISH PHYSICS CHEMISTRY BIOLOGY	50 % (45%)
	Medical Laboratory Technology (MLT)	Bhubaneswar	13	3	ENGLISH PHYSICS CHEMISTRY BIOLOGY	50 % (45%)
	B.Sc (Hons.) Medical Laboratory Technology	Jodhpur	10	3+1/2	ENGLISH PHYSICS CHEMISTRY BIOLOGY	50 % (45%)
	Medical Lab Technology	Rishikesh	24	3+1	ENGLISH PHYSICS CHEMISTRY BIOLOGY	50 % (45%)
	B.Sc in Medical Laboratory Technology	Bibinagar	10		-----	----
	B.Sc Lab Technology	Nagpur	10	3+1	PHYSICS CHEMISTRY BIOLOGY	50 % (45%)
	B.Sc in Medical Laboratory Technology	Raipur	8	3	ENGLISH PHYSICS CHEMISTRY BIOLOGY	50 % (45%)
5	Medical Technology in Radiotherapy	Bhubaneswar	7	3	ENGLISH PHYSICS CHEMISTRY BIOLOGY	50 % (45%)
	Radiotherapy Technology	Rishikesh	5	3+1	ENGLISH PHYSICS CHEMISTRY BIOLOGY	50 % (45%)
	B.Sc (Hons.) Radiotherapy Technology	Jodhpur	10	3+1/2	ENGLISH PHYSICS CHEMISTRY BIOLOGY	50 % (45%)
6	B.Sc (Hons.) Perfusion Technology	Jodhpur	4	3+1/2	ENGLISH PHYSICS CHEMISTRY BIOLOGY	50 % (45%)
7	B.Sc in Dental Operating Room Assistant (DORA)	Delhi	2	3+1/2	ENGLISH PHYSICS CHEMISTRY BIOLOGY	50 % (45%)
8	B.Sc in Dental	Delhi	2	3+1	ENGLISH	50 %

MSC COURSES						
	Hygiene (DH)					PHYSICS CHEMISTRY BIOLOGY (45%)
9	B.Sc Emergency Medicine Technician	Nagpur	10	3+1	PHYSICS CHEMISTRY BIOLOGY	50 % (45%)
10	B.Sc Orthopedic Technology	Rishikesh	2	3+1	ENGLISH PHYSICS CHEMISTRY BIOLOGY	50 % (45%)
11	Neuro Monitoring Technology	Rishikesh	2	3+1	ENGLISH PHYSICS CHEMISTRY BIOLOGY	50 % (45%)
12	Respiratory Therapy	Rishikesh	4	3+1	ENGLISH PHYSICS CHEMISTRY BIOLOGY	50 % (45%)
13	Sleep Technology	Rishikesh	2	3+1	ENGLISH PHYSICS CHEMISTRY BIOLOGY	50 % (45%)
14	Urology Technology	Rishikesh	2	3+1	ENGLISH PHYSICS CHEMISTRY BIOLOGY	50 % (45%)
15	B.Sc in Audiology and Speech Language Pathology (BASLP)	Raipur	4	3+1	PHYSICS CHEMISTRY AND ANY ONE OF BIOLOGY/ MATHEMATICS/ COMPUTER SCIENCE/ STATISTICS/ ELECTRONICS/ PSYCHOLOGY	50 % (45%)
16	B.Sc Medical Technology Dialysis Therapy Technology (MDTT)	Bilaspur	5	3+1	ENGLISH PHYSICS CHEMISTRY BIOLOGY	50 % (45%)
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S. NO	COURSES	AIIMS	TOTAL SEATS	DURATION	ELIGIBILITY	PERCENTAGE
					* MENTIONED BELOW	60%
	BIOCHEMISTRY	NAGPUR	2	3		60%
	PHARMACOLOGY		2	3		60%
	PHYSIOLOGY		2	3		60%

S. NO	COURSES	AIIMS	TOTAL SEATS	DURATION	ELIGIBILITY	PERCENTAGE
	BIOCHEMISTRY	DELHI	6	2		60%
	PHARMACOLOGY		6	2		60%
	PHYSIOLOGY		6	2		60%

ELIBILITY

MSc Biochemistry

The objective of the Masters Course in medical Biochemistry is to impart training in basic and advanced biochemistry, molecular biology, immunology and clinical biochemistry. The students also get an opportunity to carry out a research dissertation in any of the following areas : biochemistry and molecular biology of normal function and disease process including infectious diseases, tumour biology and cardiovascular diseases; neurochemistry; cell growth, differentiation and cell death; regulation of cellular function and gene expression; reproductive biology; molecular modeling; basic and applied immunology; recombinant DNA.

MSc Pharmacology

Masters degree in medical Pharmacology encompasses an intensive curricular activity which includes lectures/seminars on basic and advanced pharmacology and toxicology, experimental and clinical pharmacological research involving modern instruments and techniques. The broad research areas include: cardiovascular pharmacology, neuropharmacology, toxicology, ocular-pharmacology, drug delivery system, gastrointestinal pharmacology, pharmacokinetic studies, natural products, cancer chemotherapy, molecular pharmacology and other related areas. Students are required to undertake a thesis work under the supervision of a departmental faculty member and to participate in different curricular programmes assigned to them in the department. On successful completion, the degrees help the students in securing admission for higher studies both in India and abroad. It also provides them excellent job opportunities to secure a position in drug industry, academic institutions and drug regulating agencies.

In view of the above, it is submitted that AIIMS is an Institute of national importance established under the provisions of AIIMS Acts, 1956, this institute of empowered to award its own degrees/diploma etc.

The extract from relevant sections of AIIMS Act are reproduced as under:

Section 23: Recognition of medical qualification granted by the Institute Notwithstanding anything contained in the Indian Medical Council Act, 1933, the medical degree and diplomas granted by the Institute under this Act shall be recognized medical qualification for the purposes of that Act and shall be deemed to be included in the first scheduled to that Act.

Section 24: Grant of medical degrees, diploma etc. by the institute Notwithstanding anything contained in any other law for the time being force, the Institute shall have powers to grant medical degrees diplomas and other academic distinctions and titles under this Act.

PROPOSAL:-

All degrees awarded by AIIMS shall have similar course duration/structure/nomenclature. A mechanism needs to be established for uniformity in various courses conducted by AIIMS Delhi and AIIMS established under PMSSY.

APPROVAL SOUGHT:-

The proposal for uniform nomenclature/duration/internship and eligibility criteria of the B.Sc Paramedical Course/M.Sc courses of other AIIMS Institutions is submitted for Central Institute Body for their kind consideration and decision.
