

Committee Room, 3rd Floor,
Ministry of Health & Family Welfare,
Nirman Bhawan, New Delhi.

PLACE :

TIME : 12.00 Noon

TO BE HELD : 16TH JANUARY, 2012

INSTITUTE BODY

FOR THE 144TH MEETING OF

AGENDA

ALL INDIA INSTITUTE OF MEDICAL SCIENCES



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Through Special Messenger
By Speed Post

ALL INDIA INSTITUTE OF MEDICAL SCIENCES

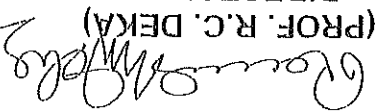
Ansari Nagar, New Delhi-29
Dated: 07 JAN 2012

MEMORANDUM

Subject:-

144th Meeting of the Institute Body scheduled to be held on Monday
the 16th January, 2012 at 12:00 Noon in the Committee Room, 3rd
Floor, Ministry of Health & Family Welfare, Nirman Bhawan,
New Delhi.

Further to this Office Memorandum of even number dated 28.12.2011 on the above mentioned subject, the Agenda for the Institute Body meeting is enclosed.


(PROF. R.C. DEKA)

DIRECTOR &
MEMBER SECRETARY

07/1/12

Encl. As above

The Chairman and all the
Members of the Institute Body.

विशेष संदेश बाहिक द्वारा
स्वीडि पोस्ट द्वारा

अखिल भारतीय आर्थिकज्ञान संस्थान

अंशुमती नगर, नई दिल्ली-29
दिनांक : 07-1-2012

फा.सं. 1-1/2011-सामान्य

ज्ञापन

विषय: संस्थान निकस की 144 वीं बैठक का आयोजन-सोमवार, दिनांक 16.01.2012 को दोपहर 12.00 बजे, समिति कक्ष, तृतीय तल, स्वच्छ एवं परिवार कल्याण भवन, दिल्ली।

उपर्युक्त विषयक दिनांक 28.12.2011 के समसंख्यक कार्यालय ज्ञापन के अनुसरण में शांसी निकस

की बैठक की कार्यवाही संलग्न है।

रवीश डेव

(प्र. आर.सी. डेव)

निदेशक एवं

संयोजक

6/1/12

संलग्नक: यथावधि।

अध्यक्ष एवं सभी सदस्यगण

संस्थान निकस।

ALL INDIA INSTITUTE OF MEDICAL SCIENCES

List of Institute Body Members

1. **Shri Ghulam Nabi Azad**
Union Minister for Health & Family Welfare
Nirman Bhawan, New Delhi-110011
President
2. **Smt. Sushma SwaraJ, M.P (Lok Sabha)**
8, Safdarjung Lane, New Delhi-110011
Member
3. **Shri Motilal Vora, MP. (RS)**
33, Lodhi Estate,
New Delhi-110011
Member
4. **Dr. Jyoti MirDha, MP (Lok Sabha)**
31, Meena Bagh,
New Delhi.
Member
5. **Ms. Vibha Puri Das**
Secretary to the Govt. of India
Department of Higher Education,
Ministry of Human Resource Development
Shastri Bhawan, New Delhi-110001
Member
6. **Dr. M.K. Bhan**
Secretary to the Govt. of India
Dept. Of Biotechnology, 7th Floor,
Ministry of Science and Technology,
CGO Complex, Lodhi Road, Block-II,
New Delhi-110003
Member
7. **Shri P. K. Pradhan**
Secretary (H&FW)
Govt. of India
Ministry of Health & Family Welfare
Nirman Bhawan, New Delhi-110011
Member
8. **Prof. Dinesh Singh**
Vice Chancellor
University of Delhi, Delhi-110007
(Ex-Officio)
Member
9. **Dr. Jagdish Prasad**
Director General of Health Services
Govt. of India
Nirman Bhawan, New Delhi-110011
(Ex-Officio)
Member
10. **Prof. K.K. Talwar**
President
National Academy of Medical Sciences,
Ansari Nagar, New Delhi
Member

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| 11. | Dr. R.A Badwe
Director
Tata Memorial Hospital,
Dr. E. Borges Road, Lower Parel,
Mumbai | Member |
| 12. | Dr. Ramakant Panda,
Vice Chairman
Asian Heart Institute,
Bandra East, Mumbai, Maharashtra | Member |
| 13. | Dr. S.P. Agarwal
Secretary General,
Indian Red Cross Society,
Rafi Marg, New Delhi | Member |
| 14. | Dr. Abdul Hamid Zargar,
Medical Director
Advance Centre for Diabetics and Endocrine Care,
National Highway, Gulshan Nagar, Nowgaon,
Srinagar-190015 | Member |
| 15. | Shri R.K. Jain
Addl. Secretary and Financial Adviser
Govt. of India
Ministry of Health & Family Welfare
Nirman Bhawan, New Delhi-110011 | Member |
| 16. | Prof. K.C. Pandey
Dept. of Zoology,
Lucknow University
Lucknow-226007 | Member |
| 17. | Prof. R. C. Deka
Director, AIIMS | Member Secretary |

AGENDA FOR THE 144TH MEETING OF THE INSTITUTE BODY TO BE HELD
ON 16TH JANUARY, 2012 AT 12:00 NOON IN THE COMMITTEE ROOM,
3RD FLOOR, MINISTRY OF HEALTH AND FAMILY WELFARE, NIRMAN
BHAWAN, NEW DELHI.

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Confirmation of the minutes of the 143rd meeting of the
Institute Body of AIIMS held on 11.05.2010 in the Ministry of
Health and Family Welfare, Nirman Bhawan, New Delhi!

ITEM NO. IB - 144/1

NOTE FOR THE INSTITUTE BODY

NOTE FOR THE INSTITUTE BODY

ITEM NO. IB/144-1

**CONFIRMATION OF THE MINUTES OF THE 143rd INSTITUTE
BODY MEETING HELD ON 11TH MAY, 2010 IN THE MINISTRY
OF HEALTH AND FAMILY WELFARE, NIRMAN BHAWAN,
NEW DELHI.**

The minutes of the 143rd Institute Body meeting held on
11th May, 2010 were circulated vide Memo No. 1-1/2010-
Genl. (IB-143) dated on 09 November, 2010 to the President
and all the members of the Institute Body for observation if
any, to be forwarded within two week.

No observation on the minutes has been received within
the stipulated time.

The said minutes are placed before the Institute Body for
confirmation.

MINUTES OF THE 143RD MEETING OF THE "INSTITUTE BODY" OF "ALL INDIA INSTITUTE OF MEDICAL SCIENCES" HELD AT 11:00 A.M. ON TUESDAY, THE 11TH MAY, 2010 IN THE MINISTRY OF HEALTH & FAMILY WELFARE, NIRMAN BHAWAN, NEW DELHI.

The Following were present:

- 1) Shri Ghulam Nabi Azad,
Hon'ble Union Minister for Health & Family Welfare,
Nirman Bhawan,
New Delhi-110011
-- President
- 2) Smt. Sushma Swaraj,
Member of Parliament (Lok Sabha),
8, Safdarjung Lane,
New Delhi-110011
-- Member
- 3) Shri R.K. Dhawan
Member of Parliament (Rajya Sabha)
141, Golf Links,
New Delhi-110003
-- Member
- 4) Dr. Jyoti Mirdha,
Member of Parliament (Lok Sabha),
875, Sector-17 B,
Gurgaon, Haryana
-- Member
- 5) Ms. K. Sujatha Rao,
Secretary to the Govt. of India,
Ministry of Health & Family Welfare,
Nirman Bhawan,
New Delhi-110011
-- Member
- 6) Dr. R.K. Srivastava,
Director General of Health Services,
Government of India,
Nirman Bhawan,
New Delhi-110011
-- Member
- 7) Shri Naved Masood,
Addl. Secretary & Financial Adviser,
Government of India,
Ministry of Health & Family Welfare,
Nirman Bhawan,
New Delhi-110011
-- Member

8)	Dr. K.K. Talwar, Director, P.G.I.M.E.R., Chandigarh.	Member
9)	Dr. S.P. Agarwal, Secretary General, Indian Red Cross Society, Rafi Marg, New Delhi	Member
10)	Dr. K.C. Pandey, Ex-Professor & Head, Deptt of Zoology, Lucknow University, Lucknow	Member
11)	Dr. R.A. Badwe, Director, Tata Memorial Hospital, Dr.E.Borges Road, Lower Parel, Mumbai	Member
12)	Dr. Ramakant Panda Vice Chairman, Asian Heart Institute, Bandra East, Mumbai	Member
13)	Dr. R.C. Deka, Director, A.I.I.M.S., New Delhi-110029	Member-Secretary
14)	Dr. Rani Kumar, Dean, A.I.I.M.S., New Delhi-110029	Special Invitee
15)	Shri Debashish Panda, Joint Secretary, Government of India, Ministry of Health & Family Welfare, Nirman Bhawan, New Delhi-110011	Special Invitee

16) Dr. D.K. Sharma,
Medical Superintendent,
A.I.M.S.,
New Delhi-110029

Special Invitee

Dr. Sharat Chauhan, Dy. Director (Admn.), AIIMS and Dr. Sandeep Lall, Sr. Financial Adviser, AIIMS also attended the meeting.

Dr. Deepak Pental, Vice Chancellor, Delhi University; Dr. M.K. Bhan, Secretary to the Govt. of India, Deptt. of Biotechnology; Ms. Vibha Puri Das, Secretary to the Govt. of India, Deptt. of Higher Education and Dr. Abdul Hamid Zargar, Director, Sher-I-Kashmir Institute of Medical Sciences, Srinagar could not attend the meeting.

- (i) WELCOME ADDRESS BY THE PRESIDENT, AIIMS.
- (ii) INTRODUCTION OF INSTITUTE BODY MEMBERS.
- (iii) BRIEF OUTLINE BY DIRECTOR, AIIMS.

At the outset the Hon'ble Union Minister for Health & Family Welfare in his capacity as the President welcomed the members to the first meeting of the newly constituted Institute Body. The President stated that this is a high powered Institute Body, which has amongst its members very eminent elected representatives of Parliament, namely Smt. Sushma Swaraj, former Union Health Minister and presently Leader of Opposition, Mr. R.K. Dhawan, former Union Minister and Dr. Jyoti Mirdha, Lok Sabha Member of Parliament who also represents the doctors fraternity being a doctor herself, the youth and women. He urged upon the eminent members to extend their cooperation as a lot needed to be done for the future development of the Institute, stating that without their cooperation, it would not be possible to move in isolation. He expressed his belief that despite the members being from different political parties; from different Institutes; from different regions of the country; their common focus and attention now is improving the functioning of the Institute. He pointed out that though there were a number of centers of excellence in the country, it is the collective duty of the Institute Body to see that the functioning, working and maintenance of services at this premier Institute are par excellence.

Subsequent to the welcome address by the President, all the members introduced themselves since it was the first meeting of the newly constituted Institute Body.

The Director then welcomed the distinguished members on his own behalf and on behalf of the ALLMS family as a whole to the first meeting of the newly constituted Institute Body. He stated that the highest policy making body of the Institute is headed by a dynamic President who has an excellent long term vision of the Institute and is fully supportive of the efforts being made to continuously improve in the meantime. He expressed confidence that under the able leadership of the Hon'ble President, the Institute would achieve new landmarks and stated that he looked forward to benefiting from the collective experience and wisdom of the distinguished members in shaping the destiny of the Institute. He pointed out that the Institute was established to be a centre of excellence in the field of medical education and elaborated the substantial progress made by the Institute in fulfilling the objectives of imparting post graduate and under allied fields. He summed up the facilities of the Institute and outlined the measures taken by the Institute in improving the patient care services in the recent past. He hoped that under the able guidance of the Hon'ble members, the Institute would be able to speedily accomplish the tasks that it has set before itself and reinforce its core values of nurturing the academic milieu of a world class university while adopting the highest standards of ethical practices and encouraging the best and compassionate clinical care practices.

The Director, with the permission of the Chair, requested the Dy. Director (Admn.) for a power point presentation highlighting the achievements of the Institute and the need for future development for the kind information of the Hon'ble members. The Dy. Director (Admn.) mentioned that since establishment, credibility of the Institute and trust of the people have seen a manifold increase in the OPD, diagnostic and operative loads. He elaborated the Institute's

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achievements in the areas of medical education, research and patient care activities. He put forth an account of credentials awarded during the past 54 years under the 50 odd departments. He informed that AllIMS is the only institution with an overwhelming service component among the institutions contributing to top 1% scientific papers based on impact factor, citation index, etc. He outlined the short term and long term steps being envisaged to further improve the research and development efforts at the Institute. As regards patient care activities, his presentation was focused on the patient work load and cost comparison between AllIMS and corporate sector hospitals.

Intervening during the presentation, Shri R.K. Dhawan stated that there is no need to compare the two. Smt. Sushma Swaraj agreed stating that AllIMS could not be compared to the elitist hospitals like Apollo, Max etc. Besides the fees that are charged there is a basic difference in the attitude toward the poor. She stated that AllIMS is the place where every citizen of the country, from the Prime Minister to the poorest is seen and treated and that should be a matter of pride for the Institute. Smt. Sushma Swaraj appreciated the untiring efforts of the staff and doctors of the Institute in rendering their services for health care of the people from all parts of the country with the available resources. She informed that while the private hospitals had been subjected to ire and criticism of the Parliament, the AllIMS had been admired repeatedly for its service of the public at large. Recognizing that there are infrastructure issues due to the ever increasing patient load, she stated that the solution lies in expediting the work on 6 AllIMS like institutions so that people could be given state of the art health care at their door step, especially in the states like Bihar, Orissa, Madhya Pradesh, Chattisgarh, etc. Recalling her term as the Union Health & Family Welfare Minister, she stated that the need to reduce congestion at AllIMS had long been felt. After a survey revealed that most poor patients came from the poorer states of Orissa, Bihar, Madhya Pradesh, Rajasthan etc. she had announced the setting up of 6 AllIMS like institutions in these states. Observing that so far not a single Institute had been commissioned, she highlighted the emergent need to

give priority to the completion of the project. She congratulated the Hon'ble Union Health Minister on taking the issue forward on assuming charge of the Health Ministry and pointed to the need to accelerate work on the projects. Dr. Jyoti Mirzha pointed out that the picture being presented also served a purpose since she has witnessed AIIMS being compared with private sector hospitals in Parliamentary Committee hearing a number of times. Director explained that the comparison was just to show load of work and the circumstances under which the Institute is catering to the needs of patients. Participating in the discussion, the Health Secretary said that through this comparison, the quantum of work being handled by the Institute with its limited resources was being depicted.

The Dy. Director (Admn.) further informed that at times, the patients being treated in corporate sector hospitals come to the Institute for a second opinion/confirmation. Supporting the contention of the Dy. Director (Admn.), the Health Secretary informed that it reflected the level of confidence people had in the Institute doctors and its processes.

Shri R.K. Dhawan raised the issue of exodus of doctors from the Institute and suggested that the decision to impose a ban on doctors taking up commercial employment within a periphery of 20 kms of the Institute after voluntary retirement from the service of the Institute could be implemented. On flouting of this ban, their pension and gratuity could be withheld. Shri R.K. Dhawan opined that in future a condition should be imposed at the time of appointment and/or promotion of the doctors prohibiting their commercial employment within a period of 20 years after taking voluntary retirement and/or with organisations within 20 kms radius or with whom they have dealt with while in the Institute. The President informed that such action would have legal implications since government servants had the right to seek voluntary retirement after rendering more than 20 years of service.

On the highlights of the expansion programme of the Institute, the President informed that such development would of course be subject to availability of funds. He informed that due to the recession, there could be a delay of 2-3 year in adequate allocation of plan funds for taking up expansion/infrastructure development of the Institute. For the planned expansion, necessitated due to the heavy patient load which seems to be continuously increasing and will be further exacerbated due to the upcoming Metro Station, a piece of land measuring around 300 acres has been handed over to AIIMS by the Haryana Government. He pointed out the advantages of having a green field project to take care of the planned development for the future requirements of the Institute as well as the patients, suggesting that in such a green-field Hospital there could be space for parks, *Saras/Dharamshala* for poor patients and well equipped guest houses/hotels for those who could afford to pay besides the teaching, patient care and R & D infrastructure. For all of these, if required, the Haryana Government could be requested to give more land.

Smt. Sushma Swaraj informed that the AIIMS has Rural Centres at Faridabad and Ballabhgarh which could be expanded to take care of the requirements of the populations of these areas and also people coming from other parts of the country due to the good road and rail connectivity of both these places. Jhajjar, not being so well connected, would be able to cater to a limited number of people and since there was plenty of land available near the existing rural centres, the Haryana Government could be approached to give more land for the planned expansion of facilities adjacent to these centres.

The Director informed that although land has been allotted to AIIMS to Jhajjar District, there was also a proposal for allotment of land at Ballabhgarh and Faridabad. The President suggested that the State Government may be requested for allotting as much land adjoining the centres as required and possible.

Dr. Jyoti Mirndha pointed out that in the last meeting of the Institute Body, the expansion plan of the Institute was discussed in which Floor Area Ratio (FAR) was shown to be 74% whereupon it was decided that HSCC would be asked to come up with a fresh plan utilizing 100% of the available FAR. She was surprised to know that the master plan for the existing and Masjid Moth campuses had been submitted to NDMC for their approval without the approval of the Institute Body. The Dy. Director (Adm.) clarified that actually the expansion plan was discussed at length by the Governing Body in their 141st and 142nd meetings and the same as well as the appointment of HSCC as consultants were approved and that these minutes were placed before Institute Body as Action Taken Note. The Health Secretary informed that the master plan, incorporating the suggestions of the Institute Body, was submitted to NDMC since the approvals would take time and development in terms of the oversight committee recommendations had to be taken up urgently, viz. the Facility Block, Pre-Clinical Teaching Block, Hostels, Surgery, Gynaecology and Paediatrics Blocks. The Director stated that while the internal requirements could be discussed and planned the master plan lay out and submission of drawings of these buildings have been submitted. The appointment of HSCC as consultant was discussed and it was clarified that HSCC had been appointed consultants for the Ansari Nagar and Masjid Moth Campus development in place of Central Public Works Department (CPWD) once it was approved by the Governing Body in its 141st meeting held on 13 August 2008. This was placed before the Governing Body as Action Taken Note in its 142nd meeting held on 23 January 2009 and finally before the 142nd Institute Body meeting held on 26 November and 8 December 2009. During discussion on the Masjid Moth plan in the said meeting, on a query from the President, the HSCC had clarified the estimated cost for the planned service towers which was held to be reasonable. Dr. Jyoti Mirndha suggested that while leaving some margin for future development, the maximum possible FAR should be utilized. While tendering for the works, it should be ensured that global tenders are invited for project execution

as per the latest standards and technology, including environment friendly construction (Bio-walls, energy efficient buildings etc.). The Dy. Director (Admn.) clarified that the maximum possible FAR had been proposed for the development of the Ansari Nagar and Masjid Moth Campuses, as suggested during the previous Institute Body meeting. In fact, in the submitted master plan, the proposed FAR for the Ansari Nagar Campus was 199.76% and for the Masjid Moth Campus it was 183.92% out of a maximum permissible 200%. The vacant land at Masjid Moth Campus has been utilized in full (maximum permissible ground coverage) due to which, despite the retention of the existing houses & hostels, 183.92% FAR has been achieved. The balance FAR is devoted to the need to maintain green areas for light and air, circulation space for traffic and the height restriction of 37 meters imposed by the Airports Authority of India. Concluding the discussion, the President decided that on receiving due approvals, the consultant be advised to make best possible use of the available resources and execute the project through global tenders.

After these deliberations, the Director with the permission of the chair took the agenda items for discussion as under:-

Item No. IB/2 CONFIRMATION OF MINUTES OF THE INSTITUTE BODY MEETING HELD ON 26TH NOVEMBER, 2009 AND 8TH DECEMBER, 2009 IN THE MINISTRY OF HEALTH & FAMILY WELFARE, NIRMAN BHAWAN, NEW DELHI.

The Director informed that these minutes were circulated amongst the members of the Institute Body for inviting objections, if any. No objection was received from any of the members.

Shri R.K. Dhawan drew attention of the President that despite the valuable views expressed by Smt. Sushma Swaraj under Item No. IB/2 on Action Taken Note of the IB meeting held on 18.08.2008 on the issue of re-designation of the post of Medical Superintendent to that of Medical Superintendent-cum-Professor of Hospital Administration; there was no item for discussion in the instant meeting. He also drew attention of the members that in page No. 96 of the Agenda there was

clear mention about the re-designation of both the incumbents of the post of Medical Superintendents from the date of their joining while as per the minutes recorded under the ATN on the minutes of the IB meeting held on 18.08.2009 the Director had said that in fact no decision had been taken in the matter. Shri R.K. Dhawan also produced a copy of the letter written to him by the then President, AllMS confirming the re-designation of Dr. D.K. Sharma as Medical Superintendent-cum-Professor of Hospital Administration. The Director clarified that the contents of the impugned letter signed by the then President are different from the contents of minutes of 142nd meeting of the Governing Body. Shri R.K. Dhawan said that it was the authenticity of the letter of the Minister and the recorded minutes that were questionable. He also drew attention of the Chair to the AllMS Act which defined the post of Medical Superintendent as a teaching post while it has been mentioned in the minutes that the impugned post was as an Administrative post. He laid emphasis that under such circumstances the minutes should not be approved and consideration thereof should be postponed. For re-consideration of the issue, he invoked the provisions contained under Sub-clause 11 of Regulation 4 of the AllMS Regulations, 1999 as under:-

"No subject disposed of by the Institute at a meeting shall be brought up again for consideration until after the expiry of one year except in a case where the President or Government certifies that the subject required further consideration in the interest of the Institute."

On a query from the President on the issue of re-designation; Dr. K.K. Talwar explained that in PGIMER the post was a combination of Medical Superintendent and Professor of Hospital Administration.

The members felt that this part of the minutes needed clarification and unanimously decided that the President may have this matter looked into for being clarified in the next meeting. With this reservation, the rest of the minutes were confirmed.

Decision:-

THE INSTITUTE BODY MEETING HELD ON 26TH NOVEMBER, 2009 AND 8TH DECEMBER, 2009 IN THE MINISTRY OF HEALTH & FAMILY WELFARE, NIRMAN BHAWAN, NEW DELHI.

The President desired that the new members of the Institute Body may be briefed about the Vallathan Committee Report. The Dy. Director (Admn.) in a brief outline on Vallathan Committee Report, said that the Committee under the Chairmanship of Dr. M.S. Vallathan, Ex-Director of Sri Chitra Thirunal Institute of Medical Sciences was constituted in the year 2006 to study the functioning of the Institute and suggest measures for its further improvement and development. He informed that there were 38 recommendations in total in the Report of which 7 recommendations related to the AllMS Act, Rules and the Regulation, requiring structural changes through amendments for their implementation while 31 recommendations did not require any structural changes in the AllMS, Act. The 31 recommendations that did not require any structural change could be further categorized into the segments of Research, Education & Training, Human Resource Development and Infrastructure. The 31 recommendations in these different segments were listed and it was summarized that after deliberation by the 142nd Institute Body meeting held on 8th December, 2009, 17 recommendations have been accepted and implemented, 10 are accepted in principle and are under process, 3 have been held to be long term & futuristic and 1 recommendation not accepted.

The members of the Institute Body desired that a hard copy as well as soft copy of the Vallathan Committee Report could be circulated for information. The Dy. Director (Admn.) informed that the whole report of the Vallathan Committee was available on the AllMS website and a hard copy could be provided to the interested members.

Shri R.K. Dhawan pointed out that during the 141st meeting of the Governing Body held on 13th August, 2008, it was decided that the members, both past and present, shall be entitled for VIP care in AllMS. He also pointed out that it would be a good idea to issue Identity Cards to such members for accessing the VIP room and

getting proper medical facilities. The President desired that identity cards should be issued to all members of the Institute Body including the Ex-Members.

Accordingly, the actions taken were noted.

Item No.1B/4 TO TAKE NOTE OF THE ACTIONS TAKEN ON THE MINUTES OF THE GOVERNING BODY MEETING HELD ON 23RD JANUARY, 2009 IN DR. V. RAMALINGASWAMI BOARD ROOM, AIIMS, NEW DELHI.

Dr. Jyoti Mirgha, referring to the earlier discussion, pointed out that the point regarding utilizing maximum possible FAR was not reflected in the minutes. She stated that the master plan should have come back to the Institute Body with the suggestions incorporated. The President informed that the whole exercise of submitting the master plan and receiving approvals was a lengthy process and by the time it culminated, the term of present Institute Body could be over. Therefore, the Master Plan incorporating the suggestions related to utilizing maximum possible FAR was submitted. Dr. Jyoti Mirgha then suggested that efforts should be made to find some good Planner and Developer rather than depending on HSCC. The Health Secretary was of the similar view and expressed dissatisfaction over the work being carried out by the HSCC in the AIIMS and suggested that some other option could be explored instead of availing the services of HSCC. She also suggested that there was a need to engage a professionally competent project consulting agency to prepare the DPR for the planned re-development of AIIMS. The Director informed that HSCC had already prepared submission drawings for the Ansari Nagar and Masjid Moth facilities being contemplated under the Oversight Committee development, viz. the Facility Block, Pre-clinical Teaching Block, Hostels, Surgery, Gynaecology and Paediatrics Blocks. While the internal detailing was to be done, the submissions and drawings have been submitted in view of the urgency to create the required infrastructure for the increased number of seats.

The President briefed the members about the whole gamut and said that the faculty members of AIIMS had been complaining that they were being treated unfairly vis-a-vis the faculty of IIMs and IITs in terms of promotional avenues and salary while their duties included patient care along with teaching and research. The issue was taken up with the Cabinet twice and, with persuasion, the Cabinet accepted the proposal of the Ministry of Health & Family Welfare in respect of AIIMS, PGIMER, NIMHANS, JIPMER and NEIGRIHMS, realizing that the quantum of work of faculty of these institutions was more and multifarious (viz teaching, research and patient care) than that of the faculty of IITs and IIMs. The President desired the Dy. Director (Admn.) to brief the members about the salient features of the new Assessment & Promotion Scheme vis-a-vis the existing scheme in a comparative manner. The Dy. Director (Admn.) briefed the members that in the earlier scheme, promotion from Asstt. Professor to Assoc. Professor was after completion of 4 years of service, which period has been reduced to 3 years of service now. Similarly, for promotion from

Item No. IB/6 TO CONSIDER THE PROPOSAL FOR ACCEPTANCE OF NEW SCHEME OF PROMOTION WITH REVISED GUIDELINES IN RESPECT OF FACULTY OF AIIMS AS CONVEYED BY THE GOVERNMENT OF INDIA, MINISTRY OF HEALTH & FAMILY WELFARE VIDE THEIR LETTER NO. V. 16020/57/2008-ME.I DATED 12.01.2010.

Body and other Standing Committees.
The Institute Body authorized its President to constitute the Governing

Decision:-

Item No. IB/5 TO CONSIDER THE CONSTITUTION OF THE GOVERNING BODY AND VARIOUS OTHER STANDING COMMITTEES OF THE AIIMS, NEW DELHI.

The President concluded the discussion by stating that considerable progress had been made in the matter and that best possible use of the available resources should be made by awarding the work through open tenders.

Decision:-

With the aforesaid deliberation, the actions taken were noted.

Assoc. Professor to Addl. Professor, the number of years of service required under the new scheme would be 3 years instead of 4 years under the old scheme. Again, for promotion from Addl. Professor to Professor, the required number of years of service under the old scheme was 7 years while under the new scheme it has been reduced to 4 years. Thus, instead of a total of 15 years of service required to reach the grade of Professor under the old APS scheme; 10 years of service would be required under the new scheme.

He also informed that not only this, the limit of 75% in respect of promotion from Assoc. Prof. to Addl. Professor has been removed whereby 100% of eligible persons could now be promoted and the ratio of 50% in respect of promotion from Addl. Professor to Professor has also been raised to 100%. Shri Naved Masood stated that while the revision of pay-scales in respect of faculty of these institutions was to be given effect to from 01.01.2006, the scheme of promotion would be applicable from the date of issue of the orders i.e. 12.01.2010. On a point of clarification from Smt. Sushma Swaraj, Shri Naved Masood reiterated that there was no ambiguity in the rule position which was equally applicable to all institutions without exception.

Smt. Sushma Swaraj then drew the attention of the Chair towards the representation of Shri Sharad Yadav in respect of the promotion of 164 faculty members of AllMS due from 01.07.2007 onwards and desired to know the impact of the new scheme on the overdue promotion of the faculty members. Shri Naved Masood explained that the new promotion scheme could only be made applicable prospectively from the date of notification, i.e. 12.01.2010 and such benefit would be available to all faculty members.

The Director informed that in 2003, 164 Asstt. Professor who were working on ad-hoc basis, were selected for regular appointment and the Governing Body/Institute Body took a decision to take into consideration the period of service rendered by these people on ad-hoc basis for promotion as Assoc. Professor without holding the APS interview. This issue was subsequently referred to a Sub-Committee

under the Chairpersonship of Dr. Karan Singh Yadav and is pending adjudication of Hon'ble Supreme Court/High Court of Delhi. The President and Institute Body was informed that there was wide spread stagnation due to promotions not being given since 2006 affecting the morale and impacting teaching and clinical services despite no stay order by any court in this regard. The Institute was free to take executive action subject to the final outcome of the case/orders of the court.

Participating in the discussion, Dr. S.P. Agarwal recalled that the selection procedure was adopted including examination of the service records as in a DPC and accordingly they were promoted as per the decision taken by the 130th meeting of the Institute Body held on 16 September, 2002.

Dr. K.K. Talwar also indicated that he was a part of that selection. Smt. Sushma Swaraj affirmed the position stated by Dr. S.P. Agarwal and Dr. K.K. Talwar stating that at that point of time she was the President of the Institute.

Coming to the new Assessment & Promotion Scheme, Dr. K.K. Talwar suggested that while making the new Assessment & Promotion Scheme in respect of faculty effective from 12.01.2010, recruitment rules in respect of direct recruitment could also be looked into afresh.

The Institute Body decided that a self contained note in the matter could be put up for consideration and orders of the President and further necessary action taken in view of the fact that there was no stay order by any court.

The Institute Body also decided that the new Assessment & Promotion Scheme could be revised keeping in view the rule position indicated by Shri Naved Masood, the implementation of such schemes in other institutes and the past practice at the Institute.

Decision:-

Item No. IB/7 TO CONSIDER THE PROPOSAL FOR RECRUITMENT FOR

VACANT FACULTY POSTS UNDER THE MODE OF 'DIRECT RECRUITMENT' WITH RESERVATION ROSTER THEREOF WHICH HAS BEEN DULY REVISED WITH HELP FROM 'DOPT'

Item No. IB/8A TO CONSIDER THE PROPOSAL FOR THE CONSTITUTION OF

INTERNAL COMMITTEES:-

a) AIIMS Steering Committee;

b) Internal Search-cum-Selection committee for selection of

faculty;

c) Internal Hospital Management Committee;

d) Internal Committee on Financial Matters; and

e) Internal Committee on Estates and Support Services.

Item No. IB/8B TO CONSIDER THE COLLEGIUM STYLE OF FUNCTIONING

Item No. IB/8C TO CONSIDER THE CREATION OF SEPARATE POSTS OF DEANS FOR ACADEMIC AFFAIRS, STUDENT AFFAIRS, EXAMINATIONS AND RESEARCH.

Dr. Jyoti Mircha raised the issue of late receipt of some of the agenda items. The President informed that since Item No. IB/7 needed more time for due examination and vetting by the Government and the supplementary items IB/8 were circulated late and therefore, these were withdrawn from consideration. The President stated that another meeting of the Institute Body would be held soon to consider these items as well as some others. He desired that the meetings of the Institute Body and other Statutory Bodies, viz. the Governing Body and the Standing Committees should be held regularly, preferably at quarterly intervals, to further improve the functioning of the Institute and scale new heights by attaining the long term development vision.

The meeting then came to an end with a vote of thanks to the Chair.

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Action Taken Note of the minutes of the 143rd meeting of the Institute Body of AIIMS held on 11.05.2010 in the Ministry of Health and Family Welfare, Nirman Bhawan, New Delhi.

ITEM NO. IB - 144/2

NOTE FOR THE INSTITUTE BODY

ACTION TAKEN ON THE MINUTES OF THE 143RD MEETING OF THE INSTITUTE BODY HELD AT 11:00 A.M. ON 11TH MAY, 2010 IN THE MINISTRY OF HEALTH AND FAMILY WELFARE, NIRMAN BHAWAN, NEW DELHI.

ACTION TAKEN	DECISION
	<p>Item No. IB/1</p> <p>(i) WELCOME ADDRESS BY THE PRESIDENT, AIIMS</p> <p>(ii) INTRODUCTION OF INSTITUTE BODY MEMBERS</p> <p>!!!BRIEF OUTLINE BY DIRECTOR, AIIMS</p> <p>At the outset the Hon'ble Union Minister for Health & Family Welfare in his capacity as the President welcomed the members to the first meeting of the newly constituted Institute Body. The President stated that this is a high powered Institute Body, which has amongst its members very eminent elected representatives of Parliament, namely Smt. Sushma Swaraj, former Union Health Minister and presently Leader of Opposition, Mr. R.K. Dhawan, former Union Minister and Dr. Jyoti Mircha, Lok Sabha Member of Parliament who also represents the doctors fraternity being a doctor herself, the youth and women. He urged upon the eminent members to extend their cooperation as a lot needed to be done for the future development of the Institute, stating that without their cooperation, it would not be possible to move in isolation. He expressed his belief that despite the members being from different political parties; from different Institutes; from different regions of the country; their common focus and attention now is improving the functioning of the Institute. He</p>

	<p>pointed out that though there were a number of centers of excellence in the country, it is the collective duty of the Institute Body to see that the functioning, working and maintenance of services at this premier Institute are par excellence.</p> <p>Subsequent to the welcome address by the President, all the members introduced themselves since it was the first meeting of the newly constituted Institute Body.</p> <p>The Director then welcomed the distinguished members on his own behalf and on behalf of the AIIMS family as a whole to the first meeting of the newly constituted Institute Body. He stated that the highest policy making body of the Institute is headed by a dynamic President who has an excellent long term vision of the Institute and is fully supportive of the efforts being made to continuously improve in the meantime. He expressed confidence that under the able leadership of the Hon'ble President, the Institute would achieve new landmarks and stated that he looked forward to benefiting from the collective experience and wisdom of the distinguished members in shaping the destiny of the Institute. He pointed out that the Institute was established to be a centre of excellence in the field of medical education and elaborated the substantial progress made by the Institute in fulfilling the objectives of imparting post graduate and under graduate medical education in clinical, para-clinical, nursing and other allied fields. He summed up the facilities of the Institute and outlined the measures taken by the Institute in improving the patient care services in the recent past. He hoped that</p>
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under the able guidance of the Hon'ble members, the Institute would be able to speedily accomplish the tasks that it has set before itself and reinforce its core values of nurturing the academic milieu of a world class university while adopting the highest standards of ethical practices and encouraging the best and compassionate clinical care practices.

The Director, with the permission of the Chair, requested the Dy. Director (Admn.) for a power point presentation highlighting the achievements of the Institute and the need for future development for the kind information of the Hon'ble members. The Dy. Director (Admn.) mentioned that since Institute and trust of the people have seen a manifold increase in the OPD, diagnostic and operative patient loads. He elaborated the Institute's achievements in the areas of medical education, research and patient care activities. He put forth an account of credentials awarded during the past 54 years under the 50 odd departments. He informed that AllMS is the only institution with an overwhelming service component among the institutions contributing to top 1% scientific papers based on impact factor, citation index, etc. He outlined the short term and long term steps being envisaged to further improve the research and development efforts at the Institute. As regards patient care activities, his presentation was focused on the patient work load and cost comparison between AllMS and corporate sector hospitals.

	<p>Intervening during the presentation, Shri R.K. Dhawan stated that there is no need to compare the two. Smt. Sushma Swaraj agreed stating that AllMS could not be compared to the elitist hospitals like Apollo, Max etc. Besides the fees that are charged there is a basic difference in the attitude toward the poor. She stated that AllMS is the place where every citizen of the country, from the Prime Minister to the poorest is seen and treated and that should be a matter of pride for the Institute. Smt. Sushma Swaraj appreciated the untiring efforts of the staff and doctors of the Institute in rendering their services for health care of the people from all parts of the country with the available resources. She informed that while the private hospitals had been subjected to ire and criticism of the Parliament, the AllMS had been admired repeatedly for its service of the public at large. Recognizing that there are infrastructure issues due to the ever increasing patient load, she stated that the solution lies in expediting the work on 6 AllMS like institutions so that people could be given state of the art health care at their door step, especially in the states like Bihar, Orissa, Madhya Pradesh, Chattisgarh, etc. Recalling her term as the Union Health & Family Welfare Minister, she stated that the need to reduce congestion at AllMS had long been felt. After a survey revealed that most poor patients came from the poorer states of Orissa, Bihar, Madhya Pradesh, Rajasthan etc. she had announced the setting up of 6 AllMS like institutions in these states. Observing that so far not a single Institute had been commissioned, she highlighted the emergent need to give priority to the completion of</p>
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the project. She congratulated the Hon'ble Union Health Minister on taking the issue forward on assuming charge of the Health Ministry and pointed to the need to accelerate work on the projects. Dr. Jyoti Mircha pointed out that the picture being presented also served a purpose since she has witnessed AllMS being compared with private sector hospitals in Parliamentary Committee hearing a number of times. Director explained that the comparison was just to show load of work and the circumstances under which the Institute is catering to the needs of patients. Participating in the discussion, the Health Secretary said that through this comparison, the quantum of work being handled by the Institute with its limited resources was being depicted.

The Dy. Director (Admn.) further informed that at times, the patients being treated in corporate sector hospitals come to the Institute for a second opinion/confirmation. Supporting the contention of the Dy. Director (Admn.), the Health Secretary informed that it reflected the level of confidence people had in the Institute doctors and its processes.

Shri R.K. Dhawan raised the issue of exodus of doctors from the Institute and suggested that the decision to impose a ban on doctors taking up commercial employment within a periphery of 20 kms of the Institute after voluntary retirement from the service of the Institute could be implemented. On flouting of this ban, their pension and gratuity could be withheld. Shri R.K. Dhawan opined that in future a condition should be imposed at the time of appointment and/or promotion of the doctors prohibiting

<p>The Master plan was corrected and modified as per requirements of NDMC bye laws and functional requirements submitted on 23.11.2010. Observations received from NDMC on 11.04.2011 and comments incorporated and resubmitted to NDMC on 26.04.2011. The salient features of the same are as below-</p> <p>Total covered area – 3.30 lac sq mts.</p> <p>Features-</p> <table border="1"> <tr> <td>Surgical Block</td> <td>16841 sq mts</td> </tr> <tr> <td>Speciality Block-I</td> <td>10,000 sq mts</td> </tr> <tr> <td>Speciality Block-II/Diagnostic Block</td> <td>10,000 sq mts</td> </tr> <tr> <td>Mother & Child Block</td> <td>31825 sq mts</td> </tr> <tr> <td>OPD Block</td> <td>41000 sq mts</td> </tr> <tr> <td>Emergency Block</td> <td>26194 sq mts</td> </tr> <tr> <td>Hostel Block</td> <td>31161 sq mts</td> </tr> <tr> <td>U.G Parking Block</td> <td>21742 sq mts, 450 cars/three levels</td> </tr> <tr> <td>General U.G. Parking (integrated parking below buildings)</td> <td>3600 cars (Approx.) - Three level.</td> </tr> </table> <p>Masjid Moth</p> <table border="1"> <tr> <td>Surgical Block</td> <td>16817 Sq. Mts.</td> </tr> <tr> <td>New Private Ward</td> <td>18495 Sq. Mts.</td> </tr> <tr> <td>Cafeteria</td> <td>2040 Sq. Mts.</td> </tr> <tr> <td>Dr. RPC OPD</td> <td>11106 Sq. Mts.</td> </tr> <tr> <td>Nurses College</td> <td>13723 Sq. Mts.</td> </tr> </table> <p>Ansari Nagar Campus</p>	Surgical Block	16841 sq mts	Speciality Block-I	10,000 sq mts	Speciality Block-II/Diagnostic Block	10,000 sq mts	Mother & Child Block	31825 sq mts	OPD Block	41000 sq mts	Emergency Block	26194 sq mts	Hostel Block	31161 sq mts	U.G Parking Block	21742 sq mts, 450 cars/three levels	General U.G. Parking (integrated parking below buildings)	3600 cars (Approx.) - Three level.	Surgical Block	16817 Sq. Mts.	New Private Ward	18495 Sq. Mts.	Cafeteria	2040 Sq. Mts.	Dr. RPC OPD	11106 Sq. Mts.	Nurses College	13723 Sq. Mts.	<p>On the highlights of the expansion programme of the Institute, the President informed that such development would of course be subject to availability of funds. He informed that due to the recession, there could be a delay of 2-3 year in adequate allocation of plan funds for taking up expansion/infrastructure development of the Institute. For the planned expansion, necessitated due to the heavy patient load which seems to be continuously increasing and will be further exacerbated due to the upcoming Metro Station, a piece of land measuring around 300 acres has been handed over to AIIMS by the Haryana Government. He pointed out the advantages of having a green field project to take care of the planned development for the future requirements of the Institute as well as the patients, suggesting that in such a green-field hospital there could be space for parks, Saras/Dharamshahai for poor patients and well equipped guest houses/hotels for those who could afford to pay besides the teaching, patient care and R & D infrastructure. For all of these, if required, the Haryana Government could be requested to give more land.</p>
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Smt. Sushma Swaraj
 Informing that the AllMS has Rural Centres at Faridabad and Ballabhgarh which could be expanded to take care of the requirements of the populations of these areas and also people coming from other parts of the country due to the good road and rail connectivity of both these places. Jhajjar, not being so well connected, would be able to cater to a limited number of people and since there was plenty of land available near the existing rural centres, the Haryana Government could be approached to give more land for the planned expansion of facilities adjacent to these centres.

The Director informed that although land has been allotted to AllMS to Jhajjar District, there was also a proposal for allotment of land at Ballabhgarh and Faridabad. The President suggested that the State Government may be requested for allotting as much land adjoining the centres as required and possible.

Dr. Jyoti Mirzha pointed out that in the last meeting of the Institute Body, the expansion plan of the Institute was discussed in which Floor Area Ratio (FAR) was shown to be 74% whereupon it was decided that HSCC would be asked to come up with a fresh plan utilizing 100% of the available FAR. She was surprised to know that the master plan for the existing and Masjid Moth campuses had been submitted to NDMC for their approval without the approval of the Institute Body. The Dy. Director (Admn.) clarified that actually the expansion plan was discussed at length by the Governing Body in their 141st and 142nd meetings and the same as well as the

Master Plan is as below-

In the meanwhile the progress of individual projects as taken up from the schemes in Progress of other works.

HSCC for awarding the work.

Works and approval conveyed to invited and finalised for Engineering Rs.8.62 for equipments. Tenders Rs.10.56 crore (Engineering Works). The project estimated cost is

- Paediatrics (e) General Surgery.
- (c) Obstetrics & Gynaecology (d) General Medicine (b) Orthopaedics proposed departments are (a) by the MOH on 13.12.2011. The Jhajjar Campus has been approved for setting up a makeshift OPD at a proposal for making a polyclinic campus.
- for the concept planning of the said of a reputed urban design consultant Global EOI floated for appointment as transition advisors.
- Hospital Services Consultancy Corporation who has been appointed on 03.09.2011.
- For Jhajjar Campus the 300 acres land has been taken over by AllMS. Construction of a boundary wall around the plot has been completed on 03.09.2011.
- Hospital Services Consultancy Corporation who has been appointed as transition advisors.
- Global EOI floated for appointment of a reputed urban design consultant for the concept planning of the said campus.
- A proposal for making a polyclinic for setting up a makeshift OPD at Jhajjar Campus has been approved by the MOH on 13.12.2011. The proposed departments are (a) General Medicine (b) Orthopaedics (c) Obstetrics & Gynaecology (d) Paediatrics (e) General Surgery.
- The project estimated cost is Rs.10.56 crore (Engineering Works). Tenders Rs.8.62 for equipments. Works and approval conveyed to HSCC for awarding the work.

Jhajjar Campus

For Jhajjar Campus the 300 acres land has been taken over by AllMS. Construction of a boundary wall around the plot has been completed on 03.09.2011.

Hospital Services Consultancy Corporation who has been appointed as transition advisors.

Global EOI floated for appointment of a reputed urban design consultant for the concept planning of the said campus.

A proposal for making a polyclinic for setting up a makeshift OPD at Jhajjar Campus has been approved by the MOH on 13.12.2011. The proposed departments are (a) General Medicine (b) Orthopaedics (c) Obstetrics & Gynaecology (d) Paediatrics (e) General Surgery.

The project estimated cost is Rs.10.56 crore (Engineering Works). Tenders Rs.8.62 for equipments. Works and approval conveyed to HSCC for awarding the work.

In the meanwhile the progress of individual projects as taken up from the schemes in Master Plan is as below-

FAR on Proposed	FAR 185 %	Proposed	28.02	Ground Coverage
Permissible	- 200%	Permissible	- 30%	
Permissible	- 30%	Permissible	- 200%	

<p>The status of various projects as comprised in approved scheme is as below:</p> <p>MOITY Committee Recommendation Implementation Schemes- Hostel at Masjid Moth Campus (Hostel)- Implementation Agency - Hospital Services Consultancy Corporation.</p> <ul style="list-style-type: none"> • 550 students capacity hostels in three blocks of 2 basement Ground + 9 floors each. • A two floor common dining block with two floor basements parking below is proposed. • Approval has been conveyed to HSCC to award the work to LI bidder M/s V3S Infratech Ltd. • Period of completion 21 months. <p>Construction of Augmentation Block for Teaching Resources (PC Teaching Block) Implementation Agency - Hospital Services Consultancy Corporation.</p> <ul style="list-style-type: none"> • Work has been awarded at on cost of Rs.50.85 crore • The facility consists of two basement and G +8 floors for lab etc. • The department are:- (a) Anatomy (b) Pathology (c) Physiology (d) Pharmacology (e) Biochemistry (f) Microbiology. • Work started on 19.09.2011 and time period of completion of project is 18 months. <p>Augmentation Block III for General Surgery (Surgery Block) Implementation Agency - Hospital Services Consultancy Corporation</p> <ul style="list-style-type: none"> • Estimated cost Rs.55.50 crore • Tenders already floated. Price bid has been opened and is under evaluation. • The facility consists of three basement and G + 8 floors for lab etc. 	<p>appointment of HSCC as consultants were approved and that these minutes were placed before Institute Body as Action Taken Note. The Health Secretary informed that the master plan, incorporating the suggestions of the Institute Body, was submitted to NDMC since the approvals would take time and development in terms of the oversight committee recommendations had to be taken up urgently, viz. the Faculty Block, Pre-Clinical Teaching Block, Hostels, Surgery, Gynaecology and Paediatrics Blocks. The Director stated that while the internal requirements could be discussed and planned the master plan lay out and submission drawings of these buildings have been submitted. The appointment of HSCC as consultant was discussed and it was clarified that HSCC had been appointed consultants for the Ansari Nagar and Masjid Moth Campus development in place of Central Public Works Department (CPWD) once it was approved by the Governing Body in its 14th meeting held on 13 August 2008. This was placed before the Governing Body as Action Taken Note in its 14th meeting held on 23 January 2009 and finally before the 14th Institute Body meeting held on 26 November and 8 December 2009. During discussion on the Masjid Moth plan in the said meeting, on a query from the President, the HSCC had clarified the estimated cost for the planned service towers which was held to be reasonable. Dr. Jyoti Mirzha suggested that while leaving some margin for future development, the maximum possible FAR should be utilized. While tendering for the works, it should be ensured that global tenders are invited for project</p>
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<p>Augmentation Block I of Paediatric & Gynaecology (Mother & Child)</p> <p>Implementation Agency - Hospital Services Consultancy Corporation</p> <ul style="list-style-type: none"> • The concept drawing has been finalised in consultation with user departments prepared by HSCC. • Plans are in process of submission to NDMC. • The facility consists of three basement and G + 8 floors. <p>Construction of Type A, B & C Type Flats at AIIMS</p> <p>Implementation Agency - Central Public Works Department.</p> <ul style="list-style-type: none"> • There is proposal to construct 352 houses at Ayurvigyan Nagar Campus. • MCD has now consented to consider the Master Plan approval in its next scheduled meeting likely to be held in this month. • The scheme shall be taken up by MCD once the Master Plan of Ayurvigyan Nagar is approved. <p>Projects (On-Going)</p> <p>Covering of Nallah Phase-II Implementation Agency-CPWD</p> <ul style="list-style-type: none"> • In Phase-I, 600 Mts. of Nallah flowing on the east side of Ansari Nagar Campus has already been covered. • The balance of the 620 mts. is in the process of being covered in Ph-II, with provision for surface parking of 350 car (Approx) and landscaping. • The work has been awarded for Rs.20.40 crores by CPWD, the project consultants in June 2011. The time period for completion of the project is 12 months. Work is in progress. 	<p>execution as per the latest standards and technology, including environment friendly construction (Bio-walls, energy efficient buildings etc.). The Dy. Director (Admn.) clarified that the maximum possible FAR had been proposed for the development of the Ansari Nagar and Masjid Moth Campuses, as suggested during the previous Institute Body meeting. In fact, in the submitted master plan, the proposed FAR for the Ansari Nagar Campus was 199.76% and for the Masjid Moth Campus it was 183.92% out of a maximum permissible 200%. The vacant land at Masjid Moth Campus has been utilized in full (maximum permissible ground coverage) due to which, despite the retention of the existing houses & hostels, 183.92% FAR has been achieved. The balance FAR is devoted to the need to maintain green areas for light and air, circulation space for traffic and the height restriction of 37 meters imposed by the Airports Authority of India. Concluding the discussion, the President decided that on receiving due approvals, the consultant be advised to make best possible use of the available resources and execute the project through global tenders.</p> <p>After these deliberations, the Director with the permission of the chair took the agenda items for discussion as under:-</p>
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<p>Connecting East and West Ansari Nagar Campus with Trauma Centre with a Motorable Subway Implementation Agency – DMRC.</p> <ul style="list-style-type: none"> • Work has been awarded by DMRC and time frame for construction is 12 months. • Awarded contract amount is Rs.50.00 crore Approx. Said facility would provide a dedicated interconnection between Trauma Centre 2 KM away and AIMS campus which would be 1 KM. • It would also connect the west Ansari Nagar Campus of AIMS is a residential Campus with more than 800 units and also exist three Dharanshala for the patient and their relatives. At present the crossover from the Main east Campus to the said campus is not patient friendly. • Work shall be started in month of January, 2012. <p>Under Ground Parking</p> <ul style="list-style-type: none"> • Said facility provides parking for 450 cars, with three level parking total area is 23130 Sq. mtr. • Work has been awarded on 07.10.2011, work started on 01.11.2011 and time frame for construction is 12 months. • Awarded contract amount is Rs.50.94 crore. <p>New Private ward Block:</p> <ul style="list-style-type: none"> • A proposal to construct new wards in place of existing private ward has been submitted to NDMC. • HSCC has been asked take-up the process of tendering. • The new block shall have 112 rooms private wards, in block which consist of three basement and G +8 	
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<p>stored building.</p> <ul style="list-style-type: none"> • Facility consist of Deptt. of Hospital Administration Ground and First floor and there would be a facilitation & Central admission facility and other value added services for the visiting patients. • 2nd to 6th floor are single rooms and 7th and 8th are VIP rooms. • Estimated project cost Rs.65.00 crores. <p>New OPD Block at Masjid Moth Campus.</p> <ul style="list-style-type: none"> • The detailed planning of the block is under way with user departments, number of meeting and presentation has been made by HSCC to finalise the Plan before the committee constituted for upcoming block. <p>Const. Of Multi Stored Animal House</p> <p>A multi-stored animal house has been proposed to replace the existing single stored animal house complex. Discussion with user department is underway.</p>	<p>Item No. JB/2 CONFIRMATION OF MINUTES OF THE INSTITUTE BODY MEETING HELD ON 26TH NOVEMBER, 2009 AND 8TH DECEMBER, 2009 IN THE MINISTRY OF HEALTH & FAMILY WELFARE, NIRMAN BHAWAN, NEW DELHI.</p> <p>The Director informed that these minutes were circulated amongst the members of the Institute Body for inviting objections, if any. No objection was received from any of the members.</p> <p>Shri R.K. Dhawan drew attention of the President that</p>
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despite the valuable views expressed by Smt. Sushma Swaraj under Item No. B/2 on Action Taken Note of the IB meeting held on 18.08.2008 on the issue of re-designation of the post of Medical Superintendent to that of Medical Superintendent-cum-Professor of Hospital Administration, there was no item for discussion in the instant meeting. He also drew attention of the members that in page No. 96 of the Agenda there was clear mention about the re-designation of both the incumbents of the post of Medical Superintendents from the date of their joining while as per the minutes recorded under the ATN on the minutes of the IB meeting held on 18.08.2009 the Director had said that in fact no decision had been taken in the matter. Shri R.K. Dhawan also produced a copy of the letter written to him by the then President, AllMS confirming the re-designation of Dr. D.K. Sharma as Medical Superintendent-cum-Professor of Hospital Administration. The Director clarified that the contents of the impugned letter signed by the then President are different from the contents of the minutes of 142nd meeting of the Governing Body. Shri R.K. Dhawan said that it was the authenticity of the letter of the Minister and the recorded minutes that were questionable. He also drew attention of the Chair to the AllMS Act which defined the post of Medical Superintendent as a teaching post while it has been mentioned in the minutes that the impugned post was as an Administrative post. He laid emphasis that under such circumstances the minutes should not be approved and consideration thereof should be postponed. For re-consideration of the issue, he

<p>The minutes as approved by the then President are a matter of record. Nothing further to report.</p>	<p>Item No.1B/3 TO TAKE NOTE OF THE ACTIONS TAKEN ON THE MINUTES OF THE INSTITUTE BODY MEETING HELD ON 26TH NOVEMBER, 2009 AND 8TH DECEMBER, 2009 IN THE MINISTRY OF HEALTH & FAMILY WELFARE, NIRMAN BHAWAN, NEW DELHI.</p> <p>The President desired that the new members of the Institute</p>
<p>invoked the provisions contained under Sub-clause 11 of Regulation 4 of the AllMS Regulations, 1999 as under:-</p> <p>"No subject disposed of by the Institute at a meeting shall be brought up again for consideration until after the expiry of one year except in a case where the President or Government certifies that the subject required further consideration in the interest of the Institute."</p> <p>On a query from the President on the issue of re-designation; Dr. K.K. Talwar explained that in PGIMER the post was a combination of Medical Superintendent and Professor of Hospital Administration.</p> <p>Decision:-</p> <p>The members felt that this part of the minutes needed clarification and unanimously decided that the President may have this matter looked into for being clarified in the next meeting. With this reservation, the rest of the minutes were confirmed.</p>	<p>The members felt that this part of the minutes needed clarification and unanimously decided that the President may have this matter looked into for being clarified in the next meeting. With this reservation, the rest of the minutes were confirmed.</p>

<p>It is informed that as far as 31 recommendations of Vallathan Committee Report are concerned information about the recommendations not requiring amendments to AIIMS Act, Rules and Regulations. (31 Recommendations)</p> <p>Accepted and Implemented : 16 Accepted-in-principle (Under Process): 10 Long Term-Futuristic : 03 Not Accepted : 02</p> <p>As far as 7 recommendations of Vallathan Committee Report requiring amendments to AIIMS Act, Rules and Regulations are concerned, <u>A High Powered Committee</u> has been set up by the Ministry of Health & Family Welfare to examine recommendations requiring amendments to AIIMS Act, Rules and Regulations (7 recommendations). The first meeting of the committee was held on April 5, 2010 and second meeting held on May, 25, 2010 and Third meeting held on October, 11, 2010. The Committee has submitted its report which is under examination of the Government.</p>	<p>Body may be briefed about the Vallathan Committee Report. The Dy. Director (Admn.) in a brief outline on Vallathan Committee Report, said that the Committee under the Chairmanship of Dr. M.S. Vallathan, Ex-Director of Sri Chitra Thirunal Institute of Medical Sciences was constituted in the year 2006 to study the functioning of the Institute and suggest measures for its further improvement and development. He informed that there were 38 recommendations in total in the Report of which 7 recommendations related to the AIIMS Act, Rules and the Regulation, requiring structural changes through amendments for their implementation while 31 recommendations did not require any structural changes in the AIIMS, Act. The 31 recommendations that did not require any structural change could be further categorized into the segments of Research, Education & Training, Human Resource Development and Infrastructure. The 31 recommendations in these different segments were listed and it was summarized that after deliberation by the 142nd Institute Body meeting held on 8th December, 2009, 17 recommendations have been accepted and implemented, 10 are accepted in principle and are under process, 3 have been held to be long term & futuristic and 1 recommendation not accepted.</p> <p>The members of the Institute Body desired that a hard copy as well as soft copy of the Vallathan Committee Report could be circulated for information. The Dy. Director (Admn.) informed that the whole report of the Vallathan Committee was available on the AIIMS website and a hard copy could be provided to the interested members.</p>
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<p>The Identity Card form were mailed to all the present and Ex-Institute Body members through general section and few forms were sent to the Institute Body Members by hand. Only 17 duly filled forms were received from the members. All the 17 Identity cards was made and handed over /dispatched to the Institute Body Members.</p>	<p>Shri R.K. Dhawan pointed out that during the 14th meeting of the Governing Body held on 13th August, 2008, it was decided that the members, both past and present, shall be entitled for VIP care in AIIMS. He also pointed out that it would be a good idea to issue Identity Cards to such members for accessing the VIP room and getting proper medical facilities. The President desired that Identity Cards should be issued to all members of the Institute Body including the Ex-Members.</p> <p>Accordingly, the actions taken were noted.</p>
	<p>Item No.1B/4 TO TAKE NOTE OF THE ACTIONS TAKEN ON THE MINUTES OF THE GOVERNING BODY MEETING HELD ON 23RD JANUARY, 2009 IN DR. V. RAMALINGASWAMI BOARD ROOM, AIIMS, NEW DELHI.</p> <p>----- Dr. Jyoti Mircha, referring to the earlier discussion, pointed out that the point regarding utilizing maximum possible FAR was not reflected in the minutes. She stated that the master plan should have come back to the Institute Body with the suggestions incorporated. The President informed that the whole exercise of submitting the master plan and receiving approvals was a lengthy process and by the time it culminated, the term of present Institute Body could be over. Therefore, the Master Plan incorporating the suggestions related to utilizing maximum possible FAR was submitted. Dr. Jyoti Mircha then suggested that efforts should be made to find some good Planner and Developer rather than depending on HSCC. The Health Secretary was of the similar</p>

	<p>Item No.1B/5 TO CONSIDER THE CONSTITUTION OF THE GOVERNING BODY AND VARIOUS OTHER STANDING COMMITTEES OF THE AIIMS, NEW DELHI.</p>
<p>The status of Master Plan given in ATR of Item No. 1.</p>	<p>view and expressed dissatisfaction over the work being carried out by the HSCC in the AIIMS and suggested that some other option could be explored instead of availing the services of HSCC. She also suggested that there was a need to engage a professionally competent project consulting agency to prepare the DPR for the planned re-development of AIIMS. The Director informed that HSCC had already prepared submission drawings for the Ansari Nagar and Masjid Mohl facilities being contemplated under the Oversight Committee development, viz. the Facility Block, Pre-clinical Teaching Block, Hostels, Surgery, Gynaecology and Paediatrics Blocks. While the internal detailing was to be done, the submissions and drawings have been submitted in view of the urgency to create the required infrastructure for the increased number of seats.</p> <p>Decision:-</p> <p>With the aforesaid deliberation, the actions taken were noted.</p> <p>The President concluded the discussion by stating that considerable progress had been made in the matter and that best possible use of the available resources should be made by awarding the work through open tenders.</p>

<p>Decision:-</p> <p>The Institute Body authorized its President to constitute the Governing Body and other Standing Committees.</p> <p>The Governing Body and other Standing Committees have constituted by the President.</p>	<p>Item No./B/6 TO CONSIDER THE PROPOSAL FOR ACCEPTANCE OF NEW SCHEME OF PROMOTION WITH REVISED GUIDELINES IN RESPECT OF FACULTY OF AIIMS AS CONVEYED BY THE GOVERNMENT OF INDIA, MINISTRY OF HEALTH & FAMILY WELFARE VIDE THEIR LETTER NO. V. 16020/57/2008- ME.1 DATED 12.01.2010.</p>
	<p>The President briefed the members about the whole gamut and said that the faculty members of AIIMS had been complaining that they were being treated unfairly vis-a-vis the faculty of IIMs and IITs in terms of promotional avenues and salary while their duties included patient care along with teaching and research. The issue was taken up with the Cabinet twice and, with persuasion, the Cabinet accepted the proposal of the Ministry of Health & Family Welfare in respect of AIIMS, PGIMER, NIMHANS, JIPMER and NEIGRIHMS, realizing that the quantum of work of faculty of these institutions was more and multifarious (viz teaching, research and patient care) than that of the faculty of IITs and IIMs. The President desired the Dy. Director (Admn.) to brief the members about the salient features of the new Assessment & Promotion Scheme in a vis-a-vis the existing scheme in a comparative manner. The Dy. Director (Admn.) briefed the members that in the earlier scheme, promotion from Assst. Professor to</p>

Assoc. Professor was after completion of 4 years of service, which period has been reduced to 3 years of service now. Similarly, for promotion from Assoc. Professor to Addl. Professor, the number of years of service required under the new scheme would be 3 years instead of 4 years under the old scheme. Again, for promotion from Addl. Professor to Professor, the required number of years of service under the old scheme was 7 years while under the new scheme it has been reduced to 4 years. Thus, instead of a total of 15 years of service required to reach the grade of Professor under the old APS scheme, 10 years of service would be required under the new scheme.

He also informed that not only this, the limit of 75% in respect of promotion from Assoc. Prof. to Addl. Professor has been removed whereby 100% of eligible persons could now be promoted and the ratio of 50% in respect of promotion from Addl. Professor to Professor has also been raised to 100%. Shri Naved Masood stated that while the revision of pay-scales in respect of faculty of these institutions was to be given effect to from 01.01.2006, the scheme of promotion would be applicable from the date of issue of the orders i.e. 12.01.2010. On a point of clarification from Smt. Sushma Swaraj, Shri Naved Masood reiterated that there was no ambiguity in the rule position which was equally applicable to all institutions without exception.

Smt. Sushma Swaraj then drew the attention of the Chair towards the representation of Shri Sharad Yadav in respect of the promotion of 164 faculty members of AIIMS due from 01.07.2007 onwards and desired to know the

impact of the new scheme on the overdupe promotion of the faculty members. Shri Naved Masood explained that the new promotion scheme could only be made applicable prospectively from the date of notification, i.e. 12.01.2010 and such benefit would be available to all faculty members.

The Director informed that in 2003, 164 Asstt. Professor who were working on ad-hoc basis, were selected for regular appointment and the Governing Body/Institute Body took a decision to take into consideration the period of service rendered by these people on ad-hoc basis for promotion as Assoc. Professor without holding the APS interview. This issue was subsequently referred to a Sub-committee under the Chairpersonship of Dr. Karan Singh Yadav and is pending adjudication of Hon'ble Supreme Court/High Court of Delhi. The President and Institute Body was informed that there was wide spread stagnation due to promotions not being given since 2006 affecting the morale and impacting teaching and clinical services despite no stay order by any court in this regard. The Institute was free to take executive action subject to the final outcome of the case/orders of the court.

Participating in the discussion, Dr. S.P. Agarwal recalled that the selection procedure was adopted including examination of the service records as in a DPC and accordingly they were promoted as per the decision taken by the 130th meeting of the Institute Body held on 16 September, 2002. Dr. K.K. Talwar also indicated that he was a part of that selection. Smt. Sushma Swaraj

	<p>Item No. IB/7 TO CONSIDER THE PROPOSAL FOR VACANT FACULTY POSTS UNDER THE MODE OF DIRECT RECRUITMENT WITH RESERVATION ROSTER THEREOF WHICH HAS BEEN DULY REVISED WITH HELP FROM DOPT.</p> <p>Item No. IB/8A TO CONSIDER THE PROPOSAL FOR THE CONSTITUTION OF INTERNAL COMMITTEES:-</p>
<p>Noted. Already implemented.</p>	<p>affirmed the position stated by Dr. S.P. Agarwal and Dr. K.K. Talwar stating that at that point of time she was the President of the Institute.</p> <p>Coming to the new Assessment & Promotion Scheme, Dr. K.K. Talwar suggested that while making the new Assessment & Promotion Scheme in respect of faculty effective from 12.01.2010, recruitment rules in respect of direct recruitment could also be looked into afresh.</p> <p>Decision:-</p> <p>The Institute Body decided that a self contained note in the matter could be put up for consideration and orders of the President and further necessary action taken in view of the fact that there was no stay order by any court.</p> <p>The Institute Body also decided that the new Assessment & Promotion Scheme could be revised keeping in view the rule position indicated by Shri Naved Masood, the implementation of such schemes in other institutes and the past practice at the Institute.</p>

<p>Since, the items were withdrawn, nothing to report.</p>	<p>a) AllMS Steering Committee; b) Internal Search-cum-Selection of committee for selection of faculty; c) Internal Hospital Management Committee; d) Internal Committee on Financial Matters; and e) Internal Committee on Estates and Support Services.</p> <p>Item No. JB/8B TO CONSIDER THE COLLEGIUM STYLE OF FUNCTIONING</p> <hr/> <p>Item No. JB/8C TO CONSIDER THE CREATION OF SEPARATE POSTS OF DEANS FOR ACADEMIC AFFAIRS, STUDENT AFFAIRS, EXAMINATIONS AND RESEARCH.</p> <p>Dr. Jyoti Mirzha raised the issue of late receipt of some of the agenda items. The President informed that since item No. IB/7 needed more time for due examination and vetting by the Government and the supplementary items IB/8 were circulated late and therefore, these were withdrawn from consideration. The President stated that another meeting of the Institute Body would be held soon to consider these items as well as some others. He desired that the meetings of the Institute Body and other Statutory Bodies, viz. the Governing Body and the Standing Committees should be held regularly, preferably at quarterly intervals, to further improve the functioning of the Institute and scale new heights by attaining the long term development vision.</p>
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To consider the minutes of the 143rd Governing Body meeting held on 26th November, 2009 in the Ministry of Health and Family Welfare, Nirman Bhawan, New Delhi.

ITEM NO. IB - 144/3

NOTE FOR THE INSTITUTE BODY

MINUTES OF THE 143RD MEETING OF THE GOVERNING BODY HELD AT 10.00 A.M. ON 26TH NOVEMBER, 2009 IN THE MINISTRY OF HEALTH & FAMILY WELFARE, NIRMAN BHAWAN, NEW DELHI.

The Following were present:

- 1) Shri Ghulam Nabi Azad,
Hon'ble Union Minister for Health & Family Welfare,
Nirman Bhawan,
New Delhi - 110 011
-- Chairman
- 2) Ms. K. Sujatha Rao,
Secretary to the Govt. of India,
Ministry of Health & Family Welfare,
Nirman Bhawan,
New Delhi - 110 011
-- Member
- 3) Dr. R.K. Sivastava,
Director General of Health Services,
Government of India,
Nirman Bhawan,
New Delhi - 110 011
-- Member
- 4) Prof. K.M. Shyama Prasad,
Chancellor, Martin Luther University,
Central Ward, Shillong, Meghalaya-793001.
-- Member
- 5) Dr. K.K. Talwar,
Director,
P.G.I.M.E.R.,
Chandigarh.
-- Member
- 6) Dr. Kartar Singh,
Professor & Head of the Dept. of Gastroenterology,
P.G.I.M.E.R.,
Chandigarh.
-- Member
- 7) Dr. R. Sundran,
Professor & Head,
Department of Surgical Gastroenterology,
Government Stanley Hospital,
Chennai.
-- Member
- 8) Dr. R.C. Deka,
Director,
A.I.I.M.S.,
New Delhi - 110 029
-- Member-Secretary
- 9) Shri Naved Masood,
Addl Secretary & Financial Adviser,
Government of India,
Ministry of Health & Family Welfare,
Nirman Bhawan,
New Delhi - 110 011
-- Member

The Chairman opined that the minutes should be amended to the extent suggested by the members. Minutes as amended were thereafter adopted.

The Health Secretary informed that the benefit of enhancement of retirement age was being done in accordance with the decision of the Cabinet and it was not done retrospectively.

Dr. Karlar Singh pointed out that it was decided in the Governing Body under Item No.GB/10 that the benefit of enhancement of the age of superannuation should not be extended to those who are on extension in service, this fact is, however, not mentioned in the minutes. He urged the same to be incorporated. He also informed that the benefits of enhancement of retirement age should be made applicable prospectively.

Item No.GB/1 CONFIRMATION OF THE MINUTES OF THE GOVERNING BODY MEETING HELD ON 23rd JANUARY, 2009 IN DR. RAMALINGASWAMY BOARD ROOM, AIIMS, NEW DELHI.

The Director, with the permission of the Chair, took up the agenda items for deliberation in the following order:-

At the very outset, the Hon'ble Union Minister for Health & Family Welfare in his capacity as Chairman, stated that although he had completed over 6 months as Union Minister for Health & Family Welfare, he could not hold the meeting of the Governing Body earlier because of the prevailing fire-fighting like situation to overcome the H1N1 outbreak in the country and also due to hectic Parliament Sessions, viz the Budget and Monsoon Session and the ongoing Winter Session. He assured for the future, that the Governing Body meeting would be held at least once in six months and even before as & when deemed necessary. He urged the members to extend their cooperation in this regard keeping in view the importance and prestige of the Institute in the country. He requested all to share their experiences and knowledge in contributing towards the progress and development of the Institute.

Chairperson welcomed all the members to the first meeting of the Governing Body being chaired by him and expressed pleasure in their attending the meeting.

Since the Hon'ble Union Minister for Health & Family Welfare was chairing the Governing Body meeting for the first time and some new members were inducted, all members were introduced in beginning.

Shri R.K. Dhanwan, Member of Parliament (Rajya Sabha) could not attend the meeting.

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| 10) Dr. Rami Kumar,
Dean,
AIIMS,
New Delhi-110 029 | -- | Special Invitee |
| 11) Shri B.K. Prasad,
Joint Secretary,
Government of India,
Ministry of Health & Family Welfare,
Nirman Bhawan,
New Delhi - 110 011 | -- | Special Invitee |
| 12) Dr. D.K. Sharma,
Medical Superintendent,
AIIMS,
New Delhi - 110 029 | -- | Special Invitee |

The minutes were amended to the extent that the benefits of enhancement of the age of retirement would not be extended to those who are on extension in service and then confirmed accordingly.

The Director raised the issue of re-designation of the post of Medical Superintendent to that of Medical Superintendent-cum-Professor of Hospital Administration saying that the post of Medical Superintendent and the post of Professor of Hospital Administration are two different entities. Dr. R. Surendran briefed the members that the incumbent of Medical Superintendent was Addl. Professor in Hospital Administration and was selected to the post of Medical Superintendent which was in the grade of a Professor. However, in the Governing Body meeting it was decided to re-designate the Medical Superintendent as Medical Superintendent-cum-Professor of Hospital Administration without going through the process of Selection Committee.

The Director informed that in AIMS there are 2 posts of Medical Superintendents and the grade of these posts was equivalent to that of a Professor. This item was never included as an Agenda Item. This item was raised by an Hon'ble Member under any other item. Since, the post of Medical Superintendent belongs to a different cadre than that of a Professor, the two could not be clubbed and merged unless the post of Professor was re-advertised and the incumbent selected to the post.

The Director also expressed his apprehension that if it was to be done as proposed earlier then there would be cascading effect on other Faculty Members in the grade of Professor, and also one in Computer Faculty etc., who are not in the sanctioned strength of Professors cadre but promoted to that grade of a Professor under Assessment Promotion Scheme (APS) and also In-situ Promotion Scheme. He submitted that those in the grade of a Professor also needed to be considered for such academic designation for facilitating inter-se seniority arrangement with the Professors.

Dr. R. Surendran informed that since the post of Medical Superintendent is an Administrative entity while the post of Professor is an Academic one, both cannot be clubbed together without going through the process of Selection and without going through the Standing Selection Committee. It would be like mere nomination and would tantamount to lateral entry to the post which is not desirable.

Dr. Shyam Prasad informed that we should not set up a wrong precedence and this re-designation should be done by the prescribed procedure i.e. Selection process.

The Health Secretary was of the view that since a decision has already been taken, it should be first found out whether the recording of the minutes reflected it correctly or not. The Hon'ble Chairman also desired to know the consensus on this issue at the time of decision making.

The Director informed that as per records, on the basis of the first meeting when Mr. R.K. Dhawan raised this issue, it was decided administratively to issue orders for re-designation of Dr. D.K. Sharma to be known as Medical Superintendent-cum-Professor of Hospital Administration. But on the representation of Dr. Shakti Kumar Gupta, the other incumbent of the post of Medical Superintendent (who is senior to Dr. D.K. Sharma), it was decided that Dr. Gupta be also re-designated. Subsequently on objections raised by Members such as - Dr. Shyam Prasad & Dr. R. Surendran, the relevant orders were withdrawn. He emphasized that this decision will have implications for those not holding the post of Professor substantively but, promoted to the

grade of Professor under Assessment Promotion Scheme. They needed also to be considered for such an academic designation and it may need creation of supernumerary posts of Professors. There were as many as 74 such Faculty in that grade.

Dr. R. Sureshwaran informed that majority of the people in that meeting were of the view that the re-designation was not in accordance with the recruitment rules and hence should not have been done in that way whereas the views of the minority of the members have been mentioned in the minutes which needed to be reviewed and amended correctly.

The Chairman opined that there should be transparency in decision making as otherwise it would be difficult to win the confidence of the people. He desired that since this may have cascading effect on 74 more people and it is also a different cadre post, *status quo* be restored, and re-designation of these posts (Medical Superintendent) not be done.

The Governing Body confirmed the minutes with the aforesaid modifications/amendment on the previous minutes after reviewing the matter and decision made as above.

Director, however, stated in his administrative note that M.S. & Addl. MS are listed in the AIMS Regulations (1999) as Teaching Faculty and therefore they can take part in teaching activities in Hospital Administration Department without changing their present designations.

ACTION TAKEN ON THE MINUTES OF THE GOVERNING BODY MEETING HELD ON 23RD JANUARY, 2009 IN DR. RAMALINGASWAMY BOARD ROOM, AIMS, NEW DELHI.

The Chairman opined that the members could play a very great role in suggesting the action and welcomed suggestion from the members, if any.

The Director apprised the members that an agreement has been entered into with HSCC with regard to re-development plan of AIMS and the detailed agenda items in this regard would come for discussion before the Governing Body as supplementary items.

About filling the vacant Faculty posts he informed that the selection process to various faculty posts after an advertisement was made, was kept in abeyance on the direction of the Ministry of Health & Family Welfare after a representation of the Faculty Association of AIMS was received by the Prime Minister's Office (PMO), which instructed to keep it in abeyance. The Chairman informed that the Ministry is seeking clarification on the issue from P.M.O., and expected that the issue would be resolved soon.

On the issue of seniority of Dr. Alok Thaker, the Director informed that the Governing Body ranked Dr. Alok Thaker senior to Dr. K.K. Handa after reviewing the matter. Dr. Handa took the matter to the Hon'ble CAT and found favour of the Hon'ble CAT. Dr. Alok Thaker challenged the decision of the Hon'ble CAT in the Hon'ble High Court of Delhi. In the meantime, Dr. K.K. Handa has resigned from the service of the Institute and left the Institute.

On the issue of Vallathan Committee Report, Dr. Shyamprasad informed that the Report was considered by the Academic Committee on three occasions to analyse the recommendations. The Academic Committee invited the faculty and staff in the Academic Committee meetings to make their representations.

The recommendations were divided into 4 sections viz achievements, leadership, public health, global opportunities, Governance & management and human resource development, infrastructure, research and amendment of the Act. He mentioned that the essential thrust was on public health, leadership, research and personal development of faculty and improving education technology. Developing the quality of teaching included technology and development of teaching infrastructure.

The Director informed that a similar type of exercise was done in the presence of the Hon'ble Union Minister for Health & Family Welfare and a decision was taken to refer these matters to the Academic Committee and also to the Governing Body and Institute Body at that time.

The members were of the unanimous opinion that all these issues should be integrated into one document. The Health Secretary informed that this matter has been referred back to the Academic Committee for reconsideration and she also suggested that in the matter of public health, the AIIMS should adopt a different approach. Dr. Shyamprasad suggested that Public Health should be looked into as Public Health which is different from Community Health while AIIMS has been catering to the needs of community health and not Public Health. He was of the view that there should be one more meeting of the Academic Committee to deliberate on Public Health and Community Health issues.

The Director informed that the recommendations and issues, including those earlier rejected, would be re-looked into by the Academic Committee and some of the areas of Public Health would also be discussed. He also informed that the Academic Committee would review and integrate the opinion of the Ministry of Health & Family Welfare.

Dr. Kartar Singh raised the issue of relationship between the JNA Trauma Centre and the parent Institute. He suggested that duplication of services being provided in both the areas should strictly be avoided and the Trauma Centre should strictly treat the cases of acute trauma patients whereas the follow-up treatment should be done in the parent Institute. He emphasized on re-defining the relationship between both Trauma Centre and the parent Institute.

The Director informed that there was a Sub-committee formed under the Chairmanship of Dr. Karan Singh Yadav to look into this aspect and the Committee has submitted its report which was placed at Page No.88 of the Agenda. He further informed that one of the recommendations of Dr. Karan Singh Yadav Committee was to rotate the faculty in the concerned disciplines such as Orthopedics, Neurosurgery, Anaesthesia etc. besides Surgery from parent departments to the Trauma Centre and vice-versa and the same was being done. He also informed that further steps were being taken to implement the report. The Health Secretary seconded the views expressed by Dr. Kartar Singh and suggested that duplication of services should be avoided.

In view of the aforesaid suggestion and opinion expressed by the members, the action taken were noted and the suggestions made by the Members were approved.

TO CONSIDER THE MINUTES OF THE ACADEMIC COMMITTEE MEETINGS HELD ON 18.02.2009, 26.03.2009 AND 27.04.2009 AT AIIMS, NEW DELHI.

Item No. GB/3

With the aforesaid suggestions, the draft Mission Statement of the Institute was approved in principle noting that further work on refining it was required.

The Chairman suggested that wherever the words "Providing" and "Promoting" have appeared in the "Mission Statement", such words could be replaced by "PROVIDING AND PROMOTING IN A SUSTAINED MANNER" to make the statement more comprehensive and objective.

The Chairman and the Health Secretary stated that the faculty and the Director had drafted the "Mission Statement" under consideration. The Chairman suggested that this draft would need further modification and consideration to reflect the purpose of the Institute.

Dr. Shyanprasad pointed out that the AIIMS was always being compared with the Harvard University, USA while it should set standards for the people of India as India is a different country from USA and AIIMS should be unique for India. The Chairman informed that in terms of competence and intellectual caliber, our doctors are comparable to any other in the world while in the matter of cleanliness, infrastructures etc. our country was behind international standards. He also informed that not only in medical education, but also in the matter of academic education, our country was on par.

The Director informed that there were 5 specific recommendations of the Vallathan Committee Report brought before the Governing Body for specific approval before further action is taken. The Director read out one draft mission statement before the Members of the Governing Body for a discussion.

Item No. GB/5(a) TO CONSIDER THE RECOMMENDATIONS OF VALLATHAN COMMITTEE REGARDING MISSION STATEMENT AT AIIMS, NEW DELHI.

The Governing Body decided to place the Report of the Vallathan Committee before the Institute Body.

The Chairman informed the members that if the Vallathan Committee Report is examined thoroughly, it would take a long time. Hence, it was decided to have a look at the 4 major points through a power-point presentation. He also suggested that the Report be placed before the Institute Body.

The Director informed that although actions were already initiated on the recommendations of the Vallathan Committee at the level of AIIMS as well as the Government's level, nevertheless formal approval was required from the Governing Body and Institute Body, these being the executive committee of the Institute, to accept the report for its implementation.

Item No. GB/4 TO CONSIDER THE ACCEPTANCE OF THE REPORT OF "VALLATHAN COMMITTEE" FOR IMPLEMENTATION AT THE AIIMS, NEW DELHI.

The Director informed that most of the recommendations of Vallathan Committee were considered in detail and approved by the Academic Committee and those involving financial implications would be placed before the Standing Finance Committee for their financial approval, before further action could be taken.

TO CONSIDER THE RECOMMENDATIONS OF VALATHAN COMMITTEE REGARDING ROTATING HEADSHIP OF THE DEPARTMENT AT AIMS, NEW DELHI.

The Director informed that the issue of Rotating Headship of a department was discussed in the Academic Committee meeting and it was also examined by a committee to look into its pros & cons and also feasibility of implementation at the Institute.

The Health Secretary was of the view that since rotating headship was a good idea it could be implemented at the Institute at least on experimental basis and if it does not prove to be conducive, existing practice could be reverted to.

Dr. K.K. Talwar informed that the positive and negative factors of the rotating headship as elaborated in the report of the Committee, should be looked into before a decision is arrived at. The Director informed that considering that it was a good idea and it was a part of the Valathan Committee recommendations, the issue was brought before the Governing Body for approval.

The DGHS Dr. R.K. Srivastav did not favour the proposed rotating headship. According to him the present system was better and wherever rotation of headship was in practice, such as in BHU, AMU they were facing difficulties. The DGHS also stated that rotating headship would lead the institute into a situation in which the incoming head would start finding fault with what the past head has done, leading to a big confusion.

The Health Secretary informed that rotating headship was in vogue abroad wherein even the junior ranked Professor was considered for headship for the management and functioning of the department, clarifying, however that the headship was seen to be purely an administrative matter. Decisions on budget needed to be transparent. The Head would also be selected by his peers on grounds of not seniority alone but also competence, academic standing and overall respect that he/she commands. Director, Dr. R.C. Deka supported this and urged that it be put in practice in AIMS.

Dr. R. Surendran informed that Christian Medical College, Vellore has a very good standard and the practice of rotating headship is in vogue there for years and even the junior most person is considered for headship. He suggested that good atmosphere should come to the AIMS and the rotating headship should be made on trial basis at least for 3 years as there is no harm in trying it. If it proves to be bad then the old practice of Headship could be reverted to.

Dr. Kartar Singh informed that he had been a member of the Sub-Committee to look into the rotating headship issue and there was no recommendation of the sub-committee to that extent. The committee took views of the faculty of PGI and the AIMS. His view was that this will ruin the Institute. He further submitted that there could be a Grievances Redressal Committee if there are any HODs causing problems. If a congenial working atmosphere is provided nobody would crave for headship and rotating headship would ultimately make the present heads unhappy. Also there was no condition under the Government for senior to work under his junior. He however, pointed out that while it could be good in the private sector, it cannot be done in the public sector as per Government Service Rules. In Punjab University, practice of rotating headship failed and this would lead to the exodus as the senior faculty

The Chairman said that in order to resolve the issue there should be a small group of people which may consider the points already suggested and incorporate them for the Headship. Besides, the seniority, publications, capacity, patient care, his/her behavior with the patients etc. should be taken

reverted to or a different method may also be tried. Dr. Shyamprasad opined that a change was required in the Institute as there is a demand for change as the people those who are not Head of the department are feeling stifled and humiliated that is why this recommendation was made in the Vallathan Committee. He emphasized that it could be tried on experimental basis and if not found successful, existing practice could be

restricted up to 62 (sixty two) years of age, which may be another option. as heads for the enhanced age of retirement and the age of Headship could be suggested that such Heads of the Department may not be allowed to continue the departments would continue up to the age of 65 years. The Chairman

The Director informed that earlier the age of retirement was 62 years, but with the enhancement of the age of retirement up to 65 years, the present Heads of

The Chairman was of the view that there should be a uniform policy in this regard and suggested that in order to overcome this situation there should be some parameters for headship viz. (i) Head of the department should be made through a selection process; (ii) the term of a head should be 3 years; (iii) he/she can be re-selected on completion of one term of headship (iv) his/her performance would be based on inter-personal relationship, his/her relationship with patients and public relations and such other related things.

AIMS. On a query from the Chairman, the Director informed that there were about 50 Heads of the Department and 19 sanctioned posts of Professors in the Institute. The Chairman opined that under this situation 69 Professors were being deprived of headship. Director further informed that there were 74 more Faculty in the grade of a Professor and about 7 of them are also HODs at

success. Dr. K.K. Talwar was of the view that before implementing the rotating Headship, both positive and negative factors should be taken into consideration. He was also of the view that it does not sound good for a department where more than one professor is available and the senior most professor hold Headship up to the age of 65 years depriving the other professors of this opportunity. Once this practice is done in AIMS, the other institutions would also follow suit. He submitted that although the BHU, Punjab University etc. have had a bad experience but in CMC Vellore it was a

all classes of people. Dr. Shyamprasad informed that rotating headship is successful in CMC Vellore and on this basis this practice should be made applicable in AIMS. He opined that although some people who are already Head may object, but ultimately it is a very good idea as it would yield better relationship between

favoured the present system. Dr. Rami Kumar also supported the views of Dr. Kartar Singh stating that she

would leave the Institute. He suggested that rather the problem should be solved and wherever the Heads are creating the problems for others, he should be changed and rotating headship should not be brought in practice in a generalized way. It would damage whatever name the Institute has made.

The Director submitted that the recommendations of the Selection Committee have already been approved by the President, AIMS and have been

TO APPROVE THE RECOMMENDATIONS OF THE STANDING SELECTION COMMITTEE MEETING HELD FROM 4TH TO 5TH APRIL, 2009 AT AIMS, NEW DELHI.

Item No. GB/6

With the aforesaid points suggested by the members, the item was approved. The Director informed that there is a Staff Council, a Dean's Committee and other Faculty committees in which the faculty of different levels are invited and they get ample opportunities to participate in decision making at the AIMS. These development projects could also be placed in these Committees before the matter comes to the Governing Body.

The DGHS suggested that the people from the general public should also be included in that meeting in order to have the opinion of general public towards the functioning of the Institute. The Health Secretary suggested that for the developmental aspects of the Institute, a committee should be constituted and the staff of the Institute should also be included in that committee as members so that these people could share their experiences and problems they might have experienced while working in the Institute.

TO CONSIDER THE RECOMMENDATIONS OF VALATHAN MONITORING COMMITTEE SHOULD BE SET UP FOR ALL MAJOR DEVELOPMENTAL PROJECTS OF AIMS ITS ROLE AND COMPOSITIONS ARE GIVEN SEPARATELY AT AIMS, NEW DELHI.

Item No. GB/5(e)

Approved for being placed before the SFC.

TO CONSIDER THE RECOMMENDATIONS OF VALATHAN COMMITTEE REGARDING START OF "MD COURSE IN EMERGENCY MEDICINE" AT THE AIMS, NEW DELHI.

Item No. GB/5(d)

The proposal was approved for implementation after placing it before the SFC. The Director informed the committee that this issue was discussed on several occasions and it has been already approved by the Academic Committee.

TO CONSIDER THE RECOMMENDATIONS OF VALATHAN COMMITTEE REGARDING "MD COURSE IN FAMILY MEDICINE" AT THE AIMS, NEW DELHI.

Item No. GB/5(c)

into consideration as parameters for a Head of the department. Such things may also improve the overall quality of the hospital and will help in elimination of deficiency of the hospital. If one is aspiring for the Headship, one should nurture all these qualities. This item needs to be accordingly placed before the Institute Body and for further discussions on the issue.

The AS&FA agreed with the views of Director to the extent that the Institute is empowered to create the posts of Professors and staff but he stated that the Institute has no power to grant pay & allowances applicable to the Central Government employees and informed that he has also pursued it with the Department of Expenditure vigorously a number of times but they declined to

The Director informed that under the AIMS Act, Rules and the Regulations that the rules and service conditions as are applicable to the Central Government employees and it would be followed mutatis-mutandis at AIMS. He also informed that this group of people are doing the same type of job as was being done by their counterparts in the Central Government (i.e. CSS). The Director further informed that under the AIMS Act, the Institute is empowered to create all posts without going through ACC approval except that of the Director of AIMS.

The Chairman informed that he was apprised that this item was rejected several time.

TO CONSIDER THE PROPOSAL FOR IMPLEMENTATION OF NON-FUNCTIONAL SCALE OF RS.8000-13500/- TO PRIVATE SECRETARIES AT AIMS ON THE PATTERN OF CENTRAL SECRETARIAT STENOGRAPHERS' SERVICE (CSSS), GOVERNMENT OF INDIA.

Item No.GB/10

Item: Approved.

TO CONSIDER THE PROPOSAL FOR RATIFICATION OF APPOINTMENT OF MRS. UPASANA MOHANTY W/O LATE DR. BIBEKANANDA MOHANTY TO THE POST OF MANAGER IN THE PAY-SCALE OF RS.5500-175-9000/- (PRE-REVISED) IN SURKHA VISHRAM SADAN ON COMPASSIONATE GROUNDS AT THE AIMS, NEW DELHI.

Item No.GB/9

The item was approved subject to verification of the donor MRI and clearance by the Ministry of External Affairs.

TO CONSIDER THE PROPOSAL FOR ACCEPTANCE OF DONATION OF RS.4.5 CRORES FROM N.R.I. FOR SETTING UP OF DHARAMSHALA IN JPN APEX TRAUMA CENTRE AT AIMS, NEW DELHI.

Item No.GB/8

It was accordingly approved.

The President, AIMS has already approved the item and action taken accordingly. It needs GBs approval.

TO APPROVE THE RECOMMENDATIONS OF THE COMMITTEE DULY CONSTITUTED FOR PLACEMENT OF PROFESSORS TO HIGHER PAY SCALES OF RS.22400-525-24500/- (PRE-REVISED) AT THE AIMS, NEW DELHI.

Item No.GB/7

implemented. Now only ex-post-facto approval of the Governing Body was required. The item was accordingly approved.

approve the proposal. He suggested that this issue should be brought before the Standing Finance Committee again for consideration.

In view of the aforesaid deliberation, the item was deferred.

TO CONSIDER THE PROPOSAL FOR GRANT OF VOLUNTARY RETIREMENT TO VARIOUS FACULTY MEMBERS AT THE AIIMS, NEW DELHI.

Item No. GB/1

Item: Approved.

The Director pointed out that Dr. Anand Kumar, Professor & Head of the Dept. of Reproductive Biology had sought voluntary retirement and the same was approved by the President, AIIMS, but before he was relieved he withdrew his resignation. The Director also pointed out that Dr. Anand Kumar was appointed in 2000 based on his qualification as MD in Physiology against the qualification of MD in Reproductive Biology or its equivalent as essential requirements. There was no degree being awarded in MD Reproductive Biology in India. For technical ground his appointment was quashed by the CAT with further direction to re-advertise the post.

The Chairman desired that an SLP may be filed against the decision of the Hon'ble CAT and the post may be re-advertised in the meantime with modified recruitment rules as MD in Physiology and other related Biomedical sciences as suggested by the Director.

TO CONSIDER THE REPRESENTATION OF DR. CHANDRASEKHAR, PROFESSOR & HEAD OF THE DEPARTMENT OF ANAESTHESIOLOGY TO FIX HER SENIORITY TO THE POST OF PROFESSOR W.E.F. 08.09.1995 I.E. FROM THE DATE OF HER APPOINTMENT AS PROFESSOR UNDER DIRECT RECRUITMENT AT THE AIIMS, NEW DELHI.

Item No. GB/12

The Director informed the genesis of the issue. The then Hon'ble Minister for Health & Family Welfare appointed Dr. Chandrasekhara (1995) invoking Section 25 of the AIIMS Act, 1956. He added that on her appointment, another person in the department went to the Court. The case was agitated up to the Supreme Court. Finally, the appointment of Dr. Chandrasekhara was quashed and the post was re-advertised. However, she was allowed to continue as Professor till the selected incumbent joined the post. Consequently to the fresh selection, Dr. Ravi Saksena was selected and on his joining Dr. Chandrasekhara was reverted to Addl. Professor. She was promoted to the grade of Professor under APS (in 2000) which was a different mode of promotion under APS and not selection to the post of a Professor. She has been requesting for restoration of her seniority from 1995.

The Health Secretary informed that according to the court judgment, she was holding the post of Professor between 1995 to 2000 only hence her request for restoration of her seniority from 1995 is not maintainable.

The item was rejected accordingly.

Item No. GB/13
TO CONSIDER THE REPORT FOR FINANCIAL AND ACCOUNTS MANAGEMENT IN AIIMS -- EX-POST-FACTO APPROVAL OF

The AS & FA informed that this issue was already considered in earlier Governing Body meeting and the issue has been settled, hence it does not require any ratification.

Item No. GB/14

TO CONSIDER THE PROPOSAL IN RESPECT OF THE INCUMBENT OF THE POST OF DY. DIRECTOR (ADMINISTRATION) TO WORK IN THE PAY-SCALE UP TO THE LEVEL OF JOINT SECRETARY TO THE GOVERNMENT OF INDIA, AT AIIMS.

The Director briefed the committee about the need to have the Dy. Director (Admn.) at the Institute at the level of Joint Secretary of the Ministry (Govt. of India). The Chairman noted the views of the Director stating that since the Director of the Institute is at the level of a Secretary, his deputy in the Institute's (administration) could be someone at a higher rank. This would perhaps also be helpful in dealing with the planned multi-faceted development of the Institute and various human resource issues.

The Director however submitted that only the grade of the post may be upgraded to that of a Joint Secretary while his/her designation may remain the same.

In view of the above deliberation, the proposal was approved for being placed before the Government for consideration.

Item No. GB/15

TO CONSIDER THE SUGGESTIONS/REQUESTS MADE BY THE FACULTY ASSOCIATION, ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI.

The Director submitted that there are ample opportunities for the Association to bring inputs and any such suggestions at Faculty meetings, Dean's Committee and the Staff Council. If one Association is given the opportunity to be invited to the Governing Body then other Unions and Associations will also request for such opportunities. He, however, requested the Governing Body to deliberate on this issue on its merit.

In view of the above facts brought forward by the Director, the Chairman stated that the item be deferred.

Item No. GB/16

TO CONSIDER THE PROPOSAL FOR REVISED MASTER PLAN OF AIIMS.

Item No. GB/17

TO CONSIDER THE PROPOSAL FOR REPERBISHMENT OF HOSPITAL

Item No. GB/18

TO CONSIDER THE PROPOSAL FOR ESTABLISHING AIIMS-II IN VILLAGE BADA, DISTT. JHAJJAR, HARYANA.

Due to paucity of time, Item No. GB/16, GB/17 and GB/18 could not be taken up for discussion and decided that all these could be jointly discussed in the Institute Body meeting itself.

TO CONSIDER THE PROPOSAL FOR INSTALLATION OF THE
STATUE OF DR. B.R. AMBEDKAR AT THE MAIN GATE OF DR.
B.R. AMBEDKAR, IRCH, AIMS.

Item No. GB/19

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The Director requested the Chairman to take up this item. The Health Secretary opined that such trivial nature issues should not be brought before the Governing Body.

The Chairman desired that first both groups of the people who are involved in the matter should resolve the issue amicably and only after that this would be discussed in the Governing Body. Till then, the consideration of the item was deferred.

The meeting ended with a vote of thanks to the Chair.

To consider the minutes of the 144th Governing Body Meeting held on 27th November, 2010 in the Ministry of Health and Family Welfare, Nirman Bhawan, New Delhi!

ITEM NO. IB-144/4

NOTE FOR THE INSTITUTE BODY

The 144th meeting of the Governing Body of AIIMS was held on 27th November 2010 with Sh. Ghulam Nabi Azad, Hon'ble Minister for Health & Family Welfare and President AIIMS in the chair. The following members attended the meeting:

- i. Smt. Sushma Swaraj, Member of Parliament, Lok Sabha & Leader of Opposition
- ii. Sh. Mott Lal Vohra, Member of Parliament, Rajya Sabha
- iii. Ms. K. Sujatha Rao, Secretary (H&FW)
- iv. Ms. Vibha Puri Das, Secretary (Higher Education)
- v. Dr. R.K. Srivastva, DGHS
- vi. Sh. Naved Masood, AS&FA, Ministry of Health & FW
- vii. Dr. R.A. Badwe, Director, Tata Memorial Hospital, Mumbai.
- viii. Prof. K.K. Talwar, Director, PGIMER, Chandigarh
- ix. Dr. S.P. Aggarwal, Secretary General, Indian Red Cross Society
- x. Prof. R. C. Deka, Director, AIIMS

Sh Debashish Panda, Joint Secretary MOHFW attended the meeting as a special invitee.

Dr. Rani Kumar, Dean AIIMS, Sh. Vineet Chawdhry Deputy Director (Admn) AIIMS, Dr. D.K. Sharma MS, Sh Sandeep Lal Sr. FA, AIIMS also attended the meeting.

The Hon'ble President, AIIMS welcomed all members of the Governing Body to its first meeting after its reconstitution in June, 2010. He drew attention to the presence, of Shri Mott Lal Vohra and Smt. Sushma Swaraj in the Governing Body, who had been Ministers of Health and Family Welfare under different Governments. Their presence represented two centuries of governance and was also symbolic of continuance of Governance despite change which he hoped would benefit the Institute. The President also drew attention to the fact that the meeting was the 144th meeting of the Governing Body which indicated active involvement of the

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Committee had been listed as a separate agenda under item No. GB-144/4. Health and Family Welfare, the consideration of the report of the High Powered not been received by the Institute. However, on the directions of the Ministry of Vallathay Committee's recommendations. The report of the Committee had so far Secretary (Health & Family Welfare) to examine the feasibility of implementing the Government had set up a High Powered Committee under the Chairpersonship of recommendations of the Vallathan Committee. He pointed out that the Central meeting of the Governing Body pertained to implementation of the Director, AIIMS informed the house that most of the decisions of the 143rd The Action Taken Report was perused by the Governing Body.

Item No. GB-144/2 - Action Taken Report

The minutes of the meeting were, therefore, confirmed.

The Director, AIIMS informed the Governing Body that the minutes of the 143rd meeting of the Governing Body had been circulated on 13th February, 2010. No comments/objections have been received from any other members.

Item No. GB-144/1 - Confirmation of the minutes of the Governing Body meeting held on 26th November, 2009 in the Ministry of Health & Family Welfare, Nirman Bhavan, New Delhi.

up as listed in the agenda. the Chair, the Director also made welcome remarks and then the items were taken now been posted as Deputy Director (Admn.) Thereafter, with the permission of Vineet Chawdhry who was the senior most Joint Secretary in the Ministry and has President, AIIMS, also introduced, to the members of the Governing Body, Shri Ministry of Health and Family Welfare, who was superannuating on 30.11.2010. his deep appreciation for the services rendered by Ms. K. Sujatha Rao, Secretary, Governing Body in the affairs of the Institute. The President also placed on record

As regards the preparation of the Mission Statement, it was explained that a Drafting Committee had been constituted under the Chairpersonship of the Director, AIIMS to examine the various drafts that have been received. A meeting of the Committee had been held in June, 2010. Thereafter, the Project Implementation and Monitoring Committee that had been set up as per the recommendations of the Vallathan Committee had separately recommended that the Institute should prepare a Vision Statement and the same was under preparation. Later on instructions were received from the Ministry of Health and Family Welfare for preparing a Result Framework Document for the Institute. Since all the three documents were intricately interconnected, it had been decided to finalize all the three documents for the consideration of the Governing Body. This would, however, take considerable time.

The Governing Body, thereafter, noted the ATR submitted by the Institute. Item No. GB-144/3-

A. To consider the minutes of the 195th meeting of the Standing Finance Committee held on 20.07.2010 and 196th Standing Finance Committee held on 24.08.2010 at Dr. Ramalingaswami Board Room, AIIMS, New Delhi!

B. To consider the minutes of the 197th meeting of the Standing Finance Committee held on 11.11.2010 at the Committee Room, 1st Floor, Nirman Bhawan, New Delhi.

Director, AIIMS informed the Governing Body that three meetings of the Standing Finance Committee had been held in July, August and November, 2010. The recommendations of the SFC primarily pertained to posts creation, purchase of equipment and administrative matters. The noteworthy recommendations of the SFC were listed out as follows:-

- (1) Creation of 64 faculty position, 160 posts of Senior Residents, 52 posts of Junior Residents and 550 posts of Sister Grade II. Separately the Government had also conveyed its approval for the creation of 2393 posts at various levels for implementing the recommendations of the Oversight Committee.
- (2) Revision in the allowances of faculty w.e.f. 1.7.2010 and antedating the admissibility of the Academic Allowance to 1.9.2008.

- (3) Approval of the 11th Five Year Plan outlay of a sum of Rs. 1461 crores.
- (4) Establishment of a National Cancer Institute in the vacant land selected behind the premises of the JPNA Trauma Centre. Government of India had agreed to allow additionally Rs. 150 crores (plan fund for the same).

- (5) Approval to take over vacant additional accommodation at the National Institute of Biological, Noida, and to offer to the Ministry of Health and Family Welfare that AIIMS would manage NIB on behalf of Ministry of Health and Family Welfare.

- (6) Renovation of 60 rooms in the old private building at an estimated cost of Rs. 12 crores for which these rooms would not be available for allotment for about 8 to 12 months. It was also informed that a mock room was being created to demonstrate the manner in which the renovation would be implemented.

- (7) Adoption of CGHS approved rates for private wards in AIIMS with the clear understanding that the revenue generated would be used to offset the treatment cost in general ward and to make treatment in general ward entirely free.

Intervening in the discussion on the recommendation pertaining to NIB, Dr.R.A. Badwe emphasised the need to juxtapose laboratory work with clinical

services to facilitate translational activities. Smt. Vibha Puri Das, Secretary (HRD) emphasised that the Institute needed to concentrate on research. Dr. R.K. Srivastava, DGHS was of the view that the NIB was an independent legal entity and should be maintained as such.

After considerable discussion, it was decided by the Governing Body that Ministry of Health and Family Welfare may be requested to allot the additional vacant space in NIB to AIIMS. As regards management of NIB, it was for the Ministry to take a final view. The Governing Body, however, approved the proposal in principle for further dialogue with the Ministry of Health and Family Welfare.

The Governing Body after considering the recommendations of the 195th, 196th and 197th meetings of the SFC ratified the same.

Item No. GB-144/4- To consider the report of the High Powered Committee.

Secretary(H&FW) informed the Governing Body that the report of the High Powered Committee on implementing the recommendations of the Vallathan Committee had been finalized. However, as the Committee had been set up by the Ministry of Health and Family Welfare, the report of the Committee was also required to be submitted first to Ministry of Health and Family Welfare. After the Report was accepted by the Ministry, it would have to be forwarded to the Institute for consideration by the Institute Body, which was the appropriate forum for considering such policy issues.

Item No. GB-144/5: To consider the proposal of the Report and recommendations if any from the Research Committee being chaired by Dr. Bhan.

The Governing Body was informed that the Report of the Research Committee

was yet to be received. Dr. M.K. Bhan, Secretary, Department of Bio-Technology,

who was chairperson of the Committee had intimated that he would need one more

meeting of the Committee for finalizing the recommendations. Moreover, as this

Committee too had been set up by the Government, the report would go in the first

instance to the Government. Members of the Governing Body, however, felt that

there needs to be a time frame within which the report of the Committee should be

made available.

It was accordingly agreed that the report should be made available to the

Institute within two months.

Item No. GB-144/6: To consider the proposal for mentoring of AllMS like institutions.

The Governing Body was informed about the directions received from the

Government for mentoring two proposed AllMS like institutions at Patna and

Bhubhaneshwar. As this activity could have financial implications for AllMS,

approval of the Governing Body was being sought. The Governing Body,

accordingly, approved the proposal.

Hon. President, AllMS also briefed the members about the progress made in

the construction of the six AllMS like institutions. Smt. Sushma Swaraj expressed

her concern over the delay in the establishment of these institutes. She suggested

that the construction of the building, procurement of equipment and recruitment of

faculty should be well coordinated and simultaneously executed for ensuring that these institutes can be operationalized as soon as the buildings are ready. Hon. President, AllMS affirmed that the same process was being followed. The posts of Director had already been advertised and reputed construction agencies like L&T had been engaged, so that there was no compromise with quality.

Item No. GB-144/7: To consider the proposal of information to the Board on reservation and new recruitment.

The Governing Body carefully perused the facts provided in the Memorandum of Item No. 144/7. The Governing Body noted the efforts made by the Institute in preparing the roster as per the guidelines issued by Government of India from time to time on the subject of reservation for Scheduled Casts, Scheduled Tribes and OBCs for jobs in Central Government. The Governing Body noted, in particular the process followed for grouping of various similarly placed posts and plotting of the reservation rosters. The Governing Body was also informed that the plotting of the reservation rosters for the posts of Assistant Professors had been completed. Of the total 132 vacant posts of Assistant Professors, Recruitment Rules had not been finalised for 25 posts. Therefore, recruitment was to be initiated for 107 posts of Assistant Professors. The category-wise break up for reservation was being done and it will be finalized shortly. The Governing Body was informed that advertisement for recruitment was proposed to be issued accordingly in due course of time. The other posts such as Associate, Additional and Professors will be considered in due course of time for which rosters were under preparation.

Smt. Sushma Swaraj appreciated the hard work put in by the Institute to resolve this contentious matter. She asked whether the reservation process would get undone if the grouping of posts got altered due to changes of minimum qualifications in the Recruitment Rules. It was clarified that the operation of such amendments and their impact on the roster would only be prospective.

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Shri Mott Lal Vohra wanted to know whether there was any stay by any court of law on this matter. It was clarified that the FAIIMS had gone to the court the issue of excluding AIIMS from the purview of reservation in the Institute. The matter was pending before the constitutional bench of the Supreme Court. By way of an interim order dated 11.2.2002, the Hon. Court had allowed the recruitment process to be carried on tentatively as per rules subject to the outcome of the litigation.

Dr. Badwe pointed out that while grouping various faculty posts, the requirement of different experience need to be reckoned with. It was clarified that grouping had been done on the basis of education qualifications and pay scales. DGHS wanted to know whether reservation would apply to super specialty posts also. Intervening in the discussion, Secretary(H&FW) suggested that there should be no reservation in recruitment for super specialty faculty posts. There were no reservations for admission to super-specialty courses. Consequently, it would be difficult to find reserved category candidates for super specialty faculty position. Governing Body members agreed that on this matter, it was for the Government to take a view and the position of the Institute on this subject had already been conveyed to the Government. The Director, however, clarified that it was a constitutional obligation/provision for Reservation in all Government jobs. The embargo was made by Supreme Court for admission to super specialty and not for jobs.

Finally the Governing Body approved the implementation of the reservation rosters and also gave the go ahead for initiation of the recruitment process for the

posts of Assistant Professors, and also for other faculty posts in a phase manner in

due course of time.

Item No. GB-144/8: To consider an appeal of Shri K.D. Sharma, Store Officer against the penalty of "Reduction to a lower stage in the time scale of pay for a period of one year without cumulative effect and not adversely affecting his pension" imposed on him under CCS (CCA) Rules, 1965.

The Governing Body considered the appeal of Shri K.D. Sharma, Store Officer

and decided to remand the appeal to the Director for further consideration.

Item No. GB-144/9: To consider appeal of Shri Dal Chand Verma, Ex-Office Superintendent against penalty of "Removal from Service" imposed on him in a proven case of misappropriation of funds under CCS (CCA) Rules, 1965.

Deferred.

Item No. GB-144/10: To consider an appeal of Shri Roshan Lal, Ex-Asst. Admn. Officer against the penalty imposed on him under Rule 9 of the CCS (Pension) Rules, 1972.

Deferred

Item No. GB-144/11: To consider an appeal of Dr. Sarman Singh Professor in the Department of Lab. Medicine, AllMS against the penalty of "Censure" imposed on him under CCS (CCA) Rules, 1965.

Deferred

Item No. GB-144/12: Confidential item

The Governing Body considered the proposal pertaining to the imposition of penalty on Shri Rajavelu Simon, Administrative Officer and proven charges of sexual harassment at the work place. After careful consideration of the facts available on record, the Governing Body decided that in view of the gravity of the misconduct on the part of Shri Rajavelu Simon, Administrative Officer, the penalty of dismissal from service which shall be a disqualification for future employment under the Government should be imposed on Shri Rajavelu Simon, Administrative Officer. In a similarly placed case of Dr. R.S. Tyagi of Computer Faculty, the decision was taken by circulation as he was about to retire from services.

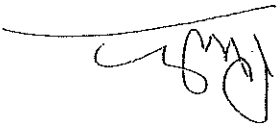
Item No. GB-144/13: To consider the observation made by the Hon'ble High

Court of Delhi on 06.02.2006 while disposing of the L.P.A. No. 360/2004

Noted. It was, however, observed that the High Powered Committee had also made certain recommendations for making the recruitment process more transparent and fair. As such the observations of the Hon. Court would be taken care of in the recommendations of the High Powered Committee itself.

Item No. GB-144/14: To consider the request of Dr. A.K. Hemal, Professor of Urology for grant of voluntary retirement from the service of the Institute w.e.f. 11.02.2010 (A.N.).

After initial discussion, the Governing Body observed that the request of Dr. A.K. Hemal for voluntary retirement had already been accepted by the President, AllMS. Therefore, the Governing Body ratified the acceptance of the voluntary retirement request of Dr. A.K. Hemal.



Item No. GB-144/15: To consider the case of misappropriation of funds in the Department of Transplant Immunology & Immunogenetics and closure Report filed by CBI in the court.

The Governing Body noted that the Central Vigilance Commission had decided not to pursue the matter of disciplinary proceedings against Dr. N.K. Mehra, HOD, Department of Transplant Immunology against whom the CBI has already allowed closure. Accordingly the case was approved for its closure.

Item No. GB-144/16: Any other item with the permission of the Chair.

(a) Approval of the 11th Five Year Plan allocations for AllMS - The Governing Body approved the recommendation of the Standing Finance Committee for fixing the 11th Plan outlay at Rs. 1461 crores.

(b) Amendments in Recruitment Rules for the faculty posts in super-

specialty departments - The Governing Body approved that Recruitment Rules in all super-specialty posts should be amended to provide for DM/MCH and/or MD/MS with 2 years training in the respective discipline as the minimum essential qualification. This had earlier also been approved by the Governing Body in the year 2000. The implementation of 6th Pay Commission's recommendations also require the above arrangement, as directed by Ministry of Health and Family Welfare vide letter No. V-16020/57/2008-ME.I dated 12.1.2010. The Governing Body also directed that henceforth no separate approval of Governing Body would be required and recruitment rules for all super-specialty posts created in the future also would have DM/MCH and/or MD/MS with 2 years training in the respective discipline as the minimum essential qualifications.

(c) Utilization of 300 acres land at Jhajar - The Governing Body was informed that AllMS had taken over 300 acres of land allotted by the Government of

conveyed that the construction at Jhajjar would be done by the Ministry itself. It was, however, felt by the Governing Body that AIIMS needed additional land

for expansion. It was, therefore, agreed that a separate entity would be created at Jhajjar by AIIMS. The existing AIIMS as well as the new Institute at

Jhajjar would have a common Governing body and Institute Body, but a separate Director. It was agreed that the proposal on these lines be sent to

Government for approval. AS&FA pointed out that to post an independent Director at Jhajjar, the Act may require the amendment. Ms. Vibha Puri Das

also supported the need for an alternative campus for AIIMS at Jhajjar.

(d) **Schedule of meetings of Governing Body** - It was agreed that the meeting of Governing Body may henceforth be held on quarterly basis. Therefore, the

next meeting of the Governing Body is expected to be due in February, 2011.

(e) **DM/MCH course in pulmonary medicines** - Mrs. Sushma Swaraj drew the attention of the President to the fact that the Academic Committee, the

Standing Finance Committee and the Governing Body had approved somewhere in 2003 that DM/MCH in pulmonary and critical care medicines should be started in the Institute. However, this decision had not been

implemented. Dr. Badwe supported the need for starting the course, but pointed out that this course these days be started under Anaesthesia instead

of Medicines. Director, AIIMS explained that the physical infrastructure such as separate beds and other functional machinery with required manpower

(faculty) as per AIIMS guidelines, for starting the course had not been created by the Department of Medicine, on account of which it had not been possible

to start the course. Further, the HOD (Medicine) wanted to continue as HOD

RMJ

22/12/10
Kamran Abbas

4

The meeting ended with a vote of thanks to all present.

take a meeting himself on this matter to resolve this issue.

After considerable discussions, the President, AIIMS decided that he would

Medicine so this matter will need a review.

meantime, AIIMS has also decided to start an M.D. course in Emergency

(Medicine) as well as HOD for the Department of Pulmonary Medicine. In the

To consider the minutes of the 14th Governing Body Meeting held on 1st March, 2011 in the Ministry of Health and Family Welfare, Nirman Bhawan, New Delhi

ITEM NO. IB-144/5

NOTE FOR THE INSTITUTE BODY

Minutes of the 145th meeting of the Governing Body of AIIMS held on 1st March, 2011 in the Ministry of Health and Family Welfare, Nirman Bhawan, New Delhi.

The 145th meeting of the Governing Body of AIIMS was held on 1st March, 2011. Shri Ghulam Nabi Azad, Hon'ble Minister for Health and Family Welfare and President, AIIMS chaired the meeting. The following members attended the meeting:-

1. Smt. Sushma Swaraj, Member of Parliament, Lok Sabha and Leader of Opposition.
2. Sh. Motti Lal Vohra, Member of Parliament, Rajya Sabha
3. Shri K. Chandramouli, Secretary, Ministry of Health and Family Welfare
4. Ms. Vibha Puri Das, Secretary (Higher Education)
5. Dr. R.K. Srivastava, DGHS
6. Shri Naved Masood, SS&FA, Ministry of Health and Family Welfare
7. Prof. K.K. Talwar, Director, PGIMER, Chandigarh
8. Dr. S.P. Aggarwal, Secretary General, Indian Red Cross Society
9. Prof. R.C. Deka, Director, AIIMS

Dr. R.A. Badwe, Director, Tata Memorial Hospital, Mumbai could not attend the meeting.

Shri Debasis Panda, Joint Secretary, Ministry of Health and Family Welfare

attended the meeting as a special invitee.

Dr. Rani Kumar, Dean, AIIMS, Shri Vineet Chawdhry, Deputy Director

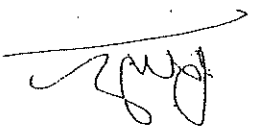
(Admn.), AIIMS, Dr. D.K. Sharma, MS, Shri Sandeep Lall, Sr. F.A., AIIMS also

attended the meeting.

The Hon'ble President, AIIMS welcomed all the members of the Governing

Body. He thanked Smt. Sushma Swaraj and Shri Motti Lal Vohra for attending the

meeting despite their pre-occupation with the ongoing session of Parliament. The



Item No. GB-145/1 - Confirmation of the minutes of the Governing Body meeting held on 27th November, 2010 in the Ministry of Health and Family Welfare, Nirman Bhawan, New Delhi.

President also welcomed Shri K. Chandramouli, Secretary, Ministry of Health and Family Welfare, who was attending the meeting of the Governing body for the first time after his appointment as Secretary, Ministry of Health and Family Welfare. The President observed that other Committees of the Institute, like the Academic Committee and Hospital Affairs Committee, also needed to meet frequently as was the case with the Governing Body. He directed that the vacancies at the Assistant Professor level should be advertised immediately for recruitment because the bulk of vacancies of faculty were at the level of Assistant Professors. The President asked Secretary, Ministry of Health and Family Welfare to expedite clearance of the Master Plan and new buildings by NDMC and the Department of Urban Development. He further directed that the land allotted to AIIMS at Haffar should be put to use at the earliest. He appreciated the fact that there was overall cordiality and peace in the Institute and that most of the reasonable demands of faculty and staff had been met. He informed the members that the report of the High Powered Committee on the implementation of the Vallathan Committee's recommendations had been sent to AIIMS by the Government. The report was being circulated to all members of the Institute Body, so that fruitful discussions on the recommendations could take place in the next meeting of the Institute Body.

Thereafter with the permission of the Chair, the Director also welcomed the members and then the items were taken up as listed in the agenda.

Item No. GB-144/3 - (1) Shri Moti Lal Vohra wanted to know the progress in the creation of 2393 posts. It was explained that the proposals had been sent to Ministry of Health and Family Welfare, who would obtain the concurrence of the Department of Expenditure for creation of these posts. The Governing Body recommended that this process should be expedited in the Ministry.

Item No. GB-144/2 - The report of the High Powered Committee on the implementation of the recommendations of the Varadhan Committee had been received from the Government. The President, AIMS had directed that the report should be circulated to all members of the Institute Body so that a fruitful discussion could take place in the next meeting of the Institute Body. The report had accordingly been circulated to all members of the Institute Body of AIMS.

Item No. GB-145/2 - Action Taken Note on the minutes of the Governing Body meeting held on 27th November, 2010 in the Ministry of the Health and Family Welfare, Nirman Bhawan, New Delhi.

The Action Taken Report was perused by the Governing Body. Deputy Director (Admn), AIMS drew the attention of the Committee to the following points:-

The Action Taken Report was perused by the Governing Body. Deputy Director (Admn), AIMS drew the attention of the Committee to the following points:-

The observations of Dr. R.K. Srivastava, DGHS and Dr. K.K. Talwar, Director, PGIMER, Chandigarh were considered. It was agreed that the observations were in the interest of uniformity of Recruitment Rules between the PGIMER, Chandigarh and AIMS. However, the minutes of the 144th meeting of the Governing Body as circulated were correct. Hence, the minutes of the 144th meeting of the Governing Body as circulated on 31.12.2010 were confirmed.

(2) The Governing Body noted that the BFC Memorandum for the National

Cancer Institute had been prepared and would now be considered by the Standing

Finance Committee.

Item No.GB-144/6 – Hon'ble President explained in detail the steps taken by the Ministry of Health and Family Welfare for timely completion of six AIMS like projects. He further announced that the academic session for all the institutes would be started in 2012. Smt. Sushma Swaraj appreciated the efforts being made under the stewardship of the Hon'ble Minister for Health and Family Welfare for expediting the commissioning of six AIMS like institutions.

Item No.GB-144/7 – It was explained that the preparation of rosters for different cadres was still under process. The President, AAIMS, however, reiterated his direction that the vacant posts of Assistant Professors should be advertised immediately.

Item No.GB-144/16 (b) – The Governing Body considered the suggestions made by Dr. R.K. Srivastava, DGHS and Shri K.K. Talwar, Director, PGIMER, Chandigarh and approved that the recruitment rules for all super-specialties posts would have DM/Mch and or MD/MIS with three years training in the respective discipline as the minimum essential qualification instead of two years training as had been approved by the Governing Body in the 14th meeting.

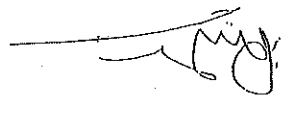
(c) The broad concept for utilizing the 300 acres of land at Jhajjar was considered. Dr. S.P. Aggarwal, Secretary General, Indian Red Cross Society stated that existing super-specialties centres should not be shifted to Jhajjar and only new

centres should be established there. Director, AIIMS, however, clarified that there was need to decongest the existing campus of AIIMS at Delhi, which would be possible only by relocating some of the super-specialty centres. The Hon'ble chairman suggested that a Group could be set up to identify the facilities could be shifted to Jhajjar. He also suggested that data should be collected to assess which specialties were under pressure both at AIIMS and Safdarjung and some of these could be shifted and expanded at Jhajjar. It was explained that the maximum stress in both these institutes was in OBG and Orthopaedic departments. Other suggestions such as establishment of a large scale dialysis centre, nursing college etc. were also made. Finally, it was agreed that a detailed proposal would be prepared and circulated. In the meanwhile, a temporary OPD would be established at Jhajjar in the shortest possible time.

(e) Smt. Sushma Swaraj expressed satisfaction with the decision taken to establish a separate Department of Pulmonary Medicines.

Item No. GB-145/B - To approve the recommendations of the Standing Selection Committee Meeting held from 17th to 20th November, 2010 and 16th to 18th December, 2010 in respect of faculty at the AIIMS, New Delhi and also to readjust the promotion (under APS) done in 2009 in accordance with the new Assessment Promotion Scheme of the Government.

The Governing Body approved the recommendations of the Standing Selection Committee for promotion of faculty under the APS Scheme who were found fit with the condition that the promotion orders would be issued after 9th March, 2011. Smt. Sushma Swaraj raised the issue of seniority of faculty would get disturbed if the revised APS was not implemented from 1.1.2006. Director, AIIMS clarified that

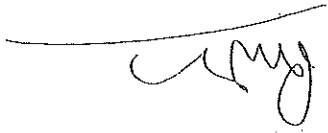


seniority was not affected under the APS. Director, PGI, Dr. K.K. Talwar also agreed to it. Shri Naved Masood, Special Secretary & RA, Ministry of Health and Family Welfare clarified that the revised APS could be implemented only from 31.12.2008-(as agreed by the Finance Ministry) because there had been structural changes like reduction in the minimum number of years of service required for promotion at various levels. Therefore, it would not be possible to implement the revised APS w.e.f. 1.1.2006. Shri Mott Lal Vohra asked for the result to be shown to the members of AIIMS. Director, AIIMS and Secretary (Health and Family Welfare) clarified that the results would be announced on the date that had been approved by the Governing Body for the issue of promotion orders i.e. 9.3.2011. Reference will be made in the promotion orders about the pending writ petition (civil) No. 7236/2003 (Delhi High Court).

Item No.GB-145/4 - To consider the AIIMS Regulations, 1999 - implementation of 178th Report of the Committee on Subordinate Legislation Rajya Sabha.

The Committee considered the 178th Report of the Committee on Subordinate Legislation, Rajya Sabha as well as the administrative comments of the Institute thereupon. The following amendments in AIIMS regulations were approved:-

- (i) Regulation 8(1) pertaining to frequency of the meetings of the Governing Body.
- (ii) Regulation 4(2)(b) pertaining to the circulation of the minutes of the meeting.
- (iii) Regulation 4(5) and Regulation 8(4) pertaining to the time period for calling extraordinary meetings.



Due to paucity of time, the discussion on the 178th Report of the Committee on Subordinate Legislation, Rajya Sabha remained inconclusive. The remaining recommendations would be considered in the next meeting of the Governing Body.

Item No. GB-145/5 - To consider the recommendations contained in Special report 208 of National Commission for Scheduled Castes (NCSC) on incidents of caste based discrimination and harassment and action to be taken at All India Institute of Medical Sciences (AIIMS), New Delhi.

Deputy Director (Admn.) clarified that a revised agenda item had been circulated in the meeting to replace the item originally circulated. The members were of the view that more time was required to consider the recommendations of the National Commission for Scheduled Castes on the incidents of caste based discrimination and harassment at AIIMS. Discussion on the Report and the action taken thereupon by the Institute would be considered in the next meeting of the Governing Body.

The meeting ended with a vote of thanks to all present.

17/3/11
Ramesh Chandra

[Signature]

To consider the report of the High Powered
Committee constituted for examining the
recommendations of the Valaitan Committee
requiring structural changes through amendments
in AIMIS Act, Rules and Regulation

ITEM NO. IB-144/6

NOTE FOR THE INSTITUTE BODY

NOTE FOR THE INSTITUTE BODY

Item No. IB-144/6

To consider the report of the High Powered Committee constituted for examining the recommendations of the Valaitthan Committee requiring structural changes through amendments in AllMS Act, Rules and Regulations.

Ministry of Health and Family Welfare had constituted a High Powered Committee on 19.2.2010 to examine and indicate administrative, financial implications of the recommendations made by the Valaitthan Committee that had been set up to study the functioning of AllMS and to make recommendations for further development of the Institute. The terms of reference of the Committee were as follows:-

(a) To examine and indicate the implication (administrative, financial and legal) of the following recommendations made by the Valaitthan Committee:-

- (i) As the jurisdiction of the Ministry of Health and Family Welfare extends over numerous institutions all across India, including two institutions of National importance (AllMS and PGI) and several more AllMS - type institutions on the anvil, it would no longer be practical or productive for the Minister of Health to preside over individual institutions. We would, therefore, recommend the adoption of the time-tested model of Ministry of HRD for IIT and suggest that the Minister of Health may preside over joint council of AllMS, PGI and other AllMS-type institutions, which should be created for this purpose.
- (ii) The President of India should be the Visitor AllMS, which would place the government-Institute relationship on a time-tested and highly prestigious foundation.
- (iii) To enhance autonomy and give primacy to Science and Education in the stewardship of AllMS, changes are necessary in the Act, Rules and Regulations.
- (iv) It is necessary to induct individuals with expertise to diverse fields such as management, cost accountancy, urban planning etc. in the Standing Committees, which need strengthening to

make prudent use of resources. This requires an amendment to the Act, which is recommended separately.

(v) The Standing Committees should be reconstituted with a view to making them more effective with carefully chosen experts to address sectoral needs. A new pattern of membership for the Standing Committees is suggested.

(vi) The period of the service of the members other than ex-officio members should be limited to one term in the Institute Body and Standing Committee.

(vii) The selection for the Director's post should be done by a Search-cum-Selection Committee headed by the President of the Institute and consisting of the DGHS, DG-ICMR, VC, Delhi University, 4-members of the Institute Body nominated under sub section (e) and (f) of Section 4. The Institute Body should appoint the Director on the basis of Committees' recommendation with the prior approval of the Visitor.

(b) To tender specific advice to the Central Government with regard to implementation of these recommendations.

The High Powered Committee submitted its report on 29.11.2010. The report of the Committee was listed for discussion in the 144th meeting of the Governing Body held on 27.11.2010, under directions from the Ministry of Health and Family Welfare. The Governing Body decided that the report needs to be considered by the Institute Body, which was the appropriate forum for such policy decisions. Moreover the report of the Committee was not available on the date on which the meeting of the Governing Body took place. Thereafter, Ministry of Health and Family Welfare forwarded the report to the Institute on 7.2.2011 to give administrative comments of the Institute on the report of the High Powered Committee. The report was circulated to all members of the Institute Body thereafter.

In its report, the High Powered Committee has made a large number of positive recommendations to strengthen the governance system of AIIMS, and to base it on strong academic, autonomous and democratic foundations. This has been sought to be achieved through path-breaking recommendations such as

- (1) Insulate the institute from external pressures by
- (a) Restructuring the Institute Body only as a broad policy making body with no interference in the day to day function of the Institute.
 - (b) Revamp the Governing Body
 - (i) HFM not to be Chairman of the Governing Body
 - (ii) Should consist of experts in relevant fields and professionals of standing.
 - (iii) President of India should be the Visitor to the Institute.

- (2) Encourage participative decision making in Academic, Hospital Affairs & Faculty Selection issues. These should be handled internally through faculty teams.

- (3) Decentralise powers by distributing administrative workload evenly by creating multiple positions of Deans.
- (4) Introduce collegium style of functioning in all departments/centres.

Detailed comments of the Institute on the recommendations of the High Powered Committee are at Annexure.

In summary, the following actionable points emerged from the recommendations of the High Powered Committee:-

- (1) The restructuring of the IB & GB needs amendments in the Act. As an interim measure additional members could be inducted as special invitees.

- (2) The functions of the IB as enumerated in Sec. 14 of the AIIMS Act be delegated to the GB.

- (3) HFM should rechoose himself from the position of Chairman, GB. By amending the regulations, a position of Vice Chair be created who be delegated powers of Chairman GB.

- (4) All Key Committees be recast with key role for the Director.
- (5) Executive Committee be created by executive order.
- (6) Multiple positions of deans be created.
- (7) Post of DD(A) be redesignated as Additional Director by an executive order.

- (8) The powers and functions of centre chiefs need to be revisited.
- (9) All Centres/departments to have collegiums.
- (10) Accountability of the Institute to Ministry of Health and Family Welfare through an MoU needs greater examination.

(11) Accreditation can be started after approval is received from Ministry of Health and Family Welfare.

Briefly stated, the restructuring of the IB and GB require amendments in the AIMS Act. More importantly it needs to be ensured that the members appointed to these bodies are willing to spare time to attend the meetings and add value to the decision-making processes.

All other recommendations of the HPC can be implemented by amending the Rules and Regulations or through an executive order as provided for as Interim Measures in the HPC report. Recommendations for restructuring the SFC and other standing/ad hoc committees, creation of multiple deans, collegiums in departments/centres can be implemented with the approval of the IB/GB.

The report of the High Powered Committee is placed before the Institute Body for its consideration.

The High Powered Committee (HPC) was constituted on 19.02.2010 by the Government India to examine the recommendations of the Valaichan Committee (2006) requiring structural changes through amendments in AllMS Act, Rules and Regulations under the chairpersonship of Secretary (Health & FW). In its Report submitted on 29.11.2010, the HPC has made a large number of positive recommendations to strengthen the governance system of AllIMS, and to base it on strong academic, autonomous and democratic foundations. This has been sought to be achieved through path-breaking recommendations such as

- (1) Insulate the institute from external pressures by
 - (a) Restructuring the Institute Body only as a broad policy making body with no interference in the day to day function of the Institute.
 - (b) Revamp the Governing Body
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 - (ii) Should consist of experts in relevant fields and professionals of standing.
 - (iii) President of India should be the Visitor to the Institute.
 - (2) Encourage participative decision making in Academic, Hospital Affairs & Faculty Selection issues. These should be handled internally through faculty teams.
 - (3) Decentralise powers by distributing administrative workload evenly by creating multiple positions of Deans.
 - (4) Introduce collegium style of functioning in all departments/centres.

All the recommendations made by the Committee have been commented upon in the succeeding paras. Briefly stated, the restructuring of the IB and GB require amendments in the AllMS Act. More importantly it needs to be ensured that the members appointed to these bodies are willing to spare time to attend the meetings and add value to the decision-making processes.

All other recommendations of the HPC can be implemented by amending the Rules and Regulations or through an executive order as provided for as Interim Measures in the HPC report. Recommendations for restructuring the SFC and other standing/ad hoc committees, creation of multiple deans, collegiums in departments/centres can be implemented with the approval of the IB/GB.

In so far as the Director of the Institute is concerned, while the HPC would like to see him "performing a leader's role" no major recommendation has been made other than some changes in the selection process. It cannot be lost sight of that the Director is the head of the

Institute and is defined as the CEO in the Act. However, the existing Act, Rules & Regulations do not elaborate on his/her role apart from the conventional concept of 'Head of Department' as understood in government parlance. The recommendations of the HPC are also silent on this lacuna. The Director provides the vision and stewardship to the Institute, upholds the core values for which the Institute stands, and is accountable to the Parliament and the Government. Although he is Member Secretary of the IB/GB and all standing and ad hoc committees of the Institute. Yet, he has no pre-eminent role in the governance mechanism except in the routine administrative matters because the statutory powers rest with the IB/GB and the standing committees. It would, therefore, be appropriate that while the Director remains accountable to the GB and IB, he should be the chairperson of all other Standing/Ad hoc committees. Otherwise he will continue in the same lame duck situation as at present. No doubt, administrative work needs to be decentralized in the Institute, but not by creating parallel centres of power. The leadership role of the Director has to be protected and reaffirmed.

Comments on each of the recommendations are as under:-

S.No.	High Powered Committee	Administrative Comments																																								
1.	<p>The Institute Body</p> <p>The Institute Body should be headed by the Minister of Health & Family Welfare and should comprise of Secretary (H&FW), 3 elected Members of Parliament (one from Rajya Sabha and 2 from Lok Sabha), Director General of Health Services, Secretary (HRD), Secretary (Biotechnology), Chairman of Board of Governors of Medical Council of India, President of the National Academy of Medical Sciences, President of the Indian National Science Academy, (New Delhi), President of the Indian Academy of Sciences, (Bangalore), President of the National Academy of Sciences (Allahabad), 2 representatives of civil society, two representatives of private sector/industry, Directors/Principals of 2 medical colleges/institutions, Scientific Advisor to the Prime Minister, a nominee of the Visitor, and Director, AIIMS as its Member Secretary.</p> <p>The Institute Body will play an important role in defining the vision and direction for the Institute regarding the functioning and overall development of the institute without getting involved in routine operational matters. The Institute Body should meet at least once a year. The Institute Body shall be responsible for following functions:</p> <ol style="list-style-type: none"> I. Set the vision priorities for the institute, and issue broad policy guidelines; II. Tender advice to the institute regarding overall development of the institute. III. Conduct Annual Performance Review of the Institute vis-à-vis objectives/targets set out in the performance related MoU. IV. Recommend proposals to amend the rules 	<p>The revamping of the IB & GB is inextricably interlinked because as per the provisions of the AIIMS Act, only members of the IB can be members of the GB. (Section 10(1) AIIMS Act.)</p> <p>Currently the IB has 17 members of whom three are ex-officio and three are MPs. Therefore, till such time as the Act is amended, flexibility is available for reconstituting only under Section 4(d)(e)&(f) of the AIIMS Act covering 11 members. Since members of the IB have a term of 5 years, it would be necessary to request the nominees to step down to facilitate reconstitution. As against 17 members at present, the HPC has proposed 22 members. Therefore, till such time the Act is amended, 6 persons would need to be inducted as special invitees:-</p> <table border="1"> <thead> <tr> <th data-bbox="901 1041 949 1444">S.NO.</th> <th data-bbox="901 1444 949 1646">Designation</th> <th data-bbox="901 1646 949 1848">Existing Provision</th> <th data-bbox="901 1848 949 2049">Short term Status quo</th> <th data-bbox="901 2049 949 2072">Amendment of Act</th> </tr> </thead> <tbody> <tr> <td data-bbox="821 1041 901 1444">1.</td> <td data-bbox="821 1444 901 1646">HFM u/s 4(e)(1)</td> <td data-bbox="821 1646 901 1848">Member as Central Govt. 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3.	DGHS	Ex-officio	-do-	Status quo																																						
4.	Secretary, HRD	Central govt. nominee u/s 4(d)	Request for stepping down. Nominate an eminent educationist instead.	Nominee of HRD who is an eminent academician.																																						
5.	Secretary, DBT u/s 4(e)3	Not a member	GOI nominee u/s 4(e)	Provide for ex-officio membership																																						
6.	Chairman, MCI	Not a member	Special invitee	-do-																																						
7.	President, NAMS	Not a member	Special invitee	Provide for ex-officio.																																						

<p>and regulations of the Institute and Policies, as required from time to time, for submission to the Central Government for action, and V: Provide the interface with the Parliament. The AllMS Act provides for an Institute Body, its President and a Governing Body (GB). The Act also provides that the President of the Institute Body should be the chairperson of the Governing Body. Though the Act is not explicit about who, the President should be, it has been the usual practice for the Minister for Health & FW to be the President of the Institute and the Chairperson of the GB. While at the initial stages of the development of AllMS such an arrangement may have been invaluable, over the years it is seen that prudence lies in not having the Health Minister being the President of an institute, no matter how important and eminent it be. This arrangement is also likely to become more complex with the emergence of more AllMS like Institutions. Therefore, the Committee recommends that, in line with the Council functioning for all the IITs, a similar overarching council for AllMS and other similar central institutions be constituted with the Minister of Health & Family Welfare as President of such a council and an eminent person in the field of science, technology, medicine or health administration appointed as President of the Institute and Chairperson of the GB.</p> <p>Action: An amendment to the Act for the composition and functions of the Institute Body. An Executive order to establish an overarching council to govern all AllMS like bodies of the Central Government.</p>				
8.	President, INSA	Not a member	Special Invitee	membership
9.	President, IASc	Not a member	Special Invitee	Provide for ex-officio
10.	President, NASc	Not a member	Special Invitee	Provide for ex-officio
11.	Rep. of Civil Society	Not a member	Special Invitee	Amend act
12.	Rep. of Civil Society	Not a member	Special Invitee	Amend Act
13.	Rep. of Pvt. Sector/Industry	Not a member	Special Invitee	Amend Act
14.	Rep. of Pvt. Sector/Industry	Not a member	Special Invitee	Amend Act
15.	Director/Principal Medical College	Member u/s 4(f)	Status quo	Amend Sec. 4(f) and Rule to restrict to two members instead of 4 at present.
16.	Director/Principal Medical College	Member u/s 4(f)	Status quo	-do-
17.	Scientific Advisor to PM	Not a member	Nomination u/s 4(e)	Ex-officio
18.	Director, AllMS	Ex-officio	Status quo	Status quo
19.	Secretary, Finance	Member u/s 4(d)	AS&FA Status quo	Ex-officio
20.	Vice Chancellor, Delhi University	Ex-officio	Status quo	Delete
21.	Nominee of Visitor	Not a member	Status quo	Status quo
22.	Member of Parliament	Status quo	Status quo	Status quo
23.	Member of Parliament			
24.	Member of Parliament.			

If it is not possible to persuade the nominees to step down, then all members proposed by the HPC should be inducted as special invitees till the AllMS Act is suitably

amended. Eventually Section 4 of the AllIMS Act would need to be amended as under:-

The institute shall consist of the following members namely:-

Minister of Health & Family Welfare – President – Ex officio

Secretary, Ministry of Health and Family Welfare – Ex officio

Secretary, Department of Bio Technology – Ex officio

DGHS – Ex officio #

President, MCI – Ex officio

President, NAMMS – Ex officio

President, INSA – Ex officio

President, LAOS – Ex officio

Two representatives of Civil society

Two representatives of Private Sector/Industry

Two Medical Faculty – Director, TMC & Director, CMC Vellore

Scientific Advisor to PM – Ex officio

Director AllIMS – Ex officio

Three MPs

**Might be desirable to substitute Secretary, Health Research as Member.*

Bulk of the members are in ex-officio capacity.

The AllIMS institute body could also be mandated with the responsibility of nurturing the upcoming 6 AllIMS like institutions till such time the overarching council is set up. The position of Member Secretary would be as is in the Council for IITs. Usually, it is a Joint Secretary of Ministry of Human Resource Development.

It would be necessary to prescribe the criteria for the selection of representatives of civil society and also for the selection of Directors/Principals of Medical Colleges. This is necessary to prevent henchmen of influential people from meandering into the IB. For the latter institutions, it might be desirable to specify CMC Vellore and TMC Mumbai in view of the eminence of these institutions. This would leave less room for discretion.

Attention also needs to be drawn to the recommendation made in the 34th Report of the Parliamentary Committee on the Welfare of SCs & STs that a provision should be made for nomination of SC & ST members to the GB and IB. While it is for the Govt. to take a position on this issue, it needs to be emphasized that caste alone cannot be the criteria for nomination to the GB/IB of the institute. Members are nominated on the basis of their professional specialization and eminence.

		<p>More important than the composition are the functions of the Institute Body. The functions of the Institute Body are defined in Section 14 of the AllIMS Act. By virtue of this provision virtually every matter goes to the IB. Since the HPC has envisioned that the Institute Body would provide the vision and leadership to the institute but not get involved in routine operational matters, it would be necessary for the IB to delegate all the functions under Section 14 of AllIMS Act to the Governing Body. The functions of the IB would then be as suggested by the HPC:-</p> <ol style="list-style-type: none"> (1) Set the vision and priorities for the Institute, and issue broad policy guidelines. (2) Tender advice to the institute regarding overall development of the Institute. (3) Conduct annual Performance Review of the Institute vis-à-vis objectives/targets set out in the performance related MoU. (4) Recommend proposal to amend the rules and regulations of the Institute and policies, as required from time to time, for submission to the Central Government for action (5) Track action on the recommendations of various committees of the Institute (6) Provide the interface with the Parliament. <p>The functions of the IB as enumerated in Sec. 14 of the AllIMS Act be delegated to the GB by passing of a resolution to that effect in the IB.</p>
2.	<p>Visitor</p> <p>The suggestion to have the President of India as Visitor of the Institute again is drawn from the experience of the IIM's and IIT's. Such a step is seen to help reduce the vulnerability of this institute to the external pressure that have so eroded its autonomy and functioning.</p> <p>Action: Amendment of Act.</p>	<p>The concept of the President being the 'Visitor' is fairly well established in the University system of education. This has not been in vogue in Medical Institutions under the Ministry of Health and Family Welfare. As recommended by the Vallathan Committee as well as the HPC, the President of India would be the visitor. Obviously, the visitor is represented by a nominee. The apprehension is that this would render the institute accountable to multiple authorities viz.</p> <ol style="list-style-type: none"> 1. Institute Body 2. Ministry of Health and Family Welfare 3. Visitor and nominee of the visitor

<p>3. The Governing Body (GB)</p> <p>A 17 member Governing Body (GB) should be the main executive/decision making body of the institute to be constituted by the Central Government. There shall be a Chairman of the Governing Body who will be a person of national eminence in the field of health/ other sciences. The GB should further comprise of the Director General of ICMR, three members representing medical faculties; one member each representing science & technology, management and public health; one eminent alumnus of the institute, one educationalist, one non-physician biomedical basic scientist, Additional Secretary & Financial Advisor of the Ministry and Joint Secretary concerned in the Ministry, 2 representatives of the faculty members of the institute nominated by peer preferences (for 2 years on rotation basis), Deputy Director (Admn.), ALLMS (to be re-designated as Additional Director (Admn.) and Director, ALLMS, as the Member Secretary. The Governing Body should meet at least four times a year (on quarterly basis).</p> <p>In addition to the existing powers and functions, the Governing Body shall appraise the Performance related MoU with the Central Government covering activities (clinical, research, teaching and others) of the institute, as well as the budget and grants to the institute.</p> <p>While the above mentioned suggestion would require an amendment to the Act which is time</p>																															
<p>The HPC has cited the experience of IIS and IIMS with this concept to support its recommendation. However, recently a panel headed by Shri NR Madhav Menon set up by the HRD Ministry has suggested that the office of the Visitor in central universities should be abolished. The committee has recommended that the powers of the visitor be transferred to the Chancellor. The powers of the visitor include appointing the vice-chancellor, certain members of the court, executive council, finance committee, selection committee.</p> <p>In view of the above, it is suggested that the position of Visitor may not be created in ALLMS.</p> <p>The HPC has recommended a 17 members GB for the institute. Section 10(1) of ALLMS Act stipulates that members of the GB will be drawn from amongst the members of the IB as per procedure prescribed in the regulations. Section 10(3) provides that the President of the IB shall be the chairman of the GB. The HPC, however, has recommended that the chairman of GB should be a person of national eminence in the field of health. Since this would not be possible without an amendment of the Act, it could be considered to create a position of Vice Chairperson as an interim arrangement to whom the powers of the President would be delegated.</p> <p>Regulation 5 currently prescribes the composition of the Governing Body of 11 members as under:-</p> <p>President of the Institute - Chairman DGHS - Member Rep. of Finance Ministry - Member Director, ALLMS - Member MP (one) - Member Six members of the IB - Members</p> <p>The HPC has recommended a 17 member GB. This is analysed as under:-</p> <table border="1" data-bbox="255 1030 534 2049"> <thead> <tr> <th>Designation</th> <th>Whether on GB</th> <th>Whether on IB</th> <th>Short term</th> <th>Long term</th> </tr> </thead> <tbody> <tr> <td>HFM</td> <td>Yes</td> <td>Yes</td> <td>Status quo</td> <td>Remove</td> </tr> <tr> <td>DG, ICMR</td> <td>No</td> <td>No</td> <td>Special invitee</td> <td>Amend Act</td> </tr> <tr> <td>Medical Faculty I</td> <td>Yes</td> <td>Yes</td> <td>Status quo</td> <td>Status quo</td> </tr> <tr> <td>Medical Faculty II</td> <td>Yes</td> <td>Yes</td> <td>Status quo</td> <td>Status quo</td> </tr> <tr> <td>Medical Faculty III</td> <td>Yes</td> <td>Yes</td> <td>Status quo</td> <td>Status quo</td> </tr> </tbody> </table>	Designation	Whether on GB	Whether on IB	Short term	Long term	HFM	Yes	Yes	Status quo	Remove	DG, ICMR	No	No	Special invitee	Amend Act	Medical Faculty I	Yes	Yes	Status quo	Status quo	Medical Faculty II	Yes	Yes	Status quo	Status quo	Medical Faculty III	Yes	Yes	Status quo	Status quo	
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consuming, it is recommended that as in the case of the Institute Body, Interim action may be taken to amend the Rules by executive action.
Action: Amendment of Act.

Educationist	Yes (Secy:HRD)	Yes	Secy:HRD is substituted	Amend Act
AS & FA	Yes	Yes	Status quo	Status quo
Rep. of Science & Technology	No	No	Special Invitee	Amend Act
Rep. of Management	No	No	Special Invitee	Amend Act
Rep. of Public Health	No	No	Special Invitee	Amend Act
Eminent Alumnus	No	No	Special Invitee	Amend Act
Non Physician biomedical basic scientist	No	No	Special Invitee	Amend Act
JS, MOHFW	No	No.	Special Invitee	Amend Act
Faculty Rep. I	No	No	Special Invitee	Amend Act
Faculty Rep. II	No	No	Special Invitee	Amend Act
DD(A)/ Dir. (A)	No	No	Special Invitee	Amend Act
Director	Yes	Yes	Status quo	Status quo

Following issues would need to be resolved:-

- (1) Secretary(H&FW) and DGHS are not to be members of the GB.
- (2) Secretary, DBT is proposed for IB and not for GB. Conversely DG ICMR is proposed for GB and not for IB. It might be prudent for DG ICMR to be on the IB as well.
- (3) Rep. of Management would be the Directors of IIM(A), IIM(B), IIM(C) by rotation for a two year term.
- (4) Rep. of Public health could be drawn from PHFI. Otherwise selection criteria would need to be spelt out.

Unlike the IB, the composition of the GB is in the regulations and hence amenable to easy amendment.

		<p>As proposed in the case of IB, proposed members who are not members of the IB should be inducted as special invitees till the Act gets amended. This would also enable to pilot test the changes recommended by the HPC.</p>
<p>4.</p>	<p>Other Committees</p> <p>For improving the internal governance of the Institute, it is recommended that the following Committees be constituted by the Governing Body:</p> <ol style="list-style-type: none"> i. Finance Committee ii. Academic Committee iii. Estate Committee iv. Faculty Selection Committee v. Faculty Development and Evaluation Committee vi. Hospital Affairs Committee <p>The proposed committees should have more internal representatives of ALLMS. One person (except) the Director, Deans and Additional Director (Admn.), ALLMS should not be members of more than two committees except for exceptional circumstances.</p> <p>The Governing Body shall have powers to constitute any other committees on the matters of strategic relevance and operative importance.</p> <p>Action: Amendment of Act.</p>	<p>(4) Other Committees</p> <p>The High Powered Committee has recommended a plethora of Committees in various paragraphs of the report viz.</p> <p>Para (4) Other Committees</p> <ol style="list-style-type: none"> (i) Finance Committee (ii) Academic Committee (iii) Estates Committee (iv) Faculty Selection Committee (v) FDES (vi) Hospital Affairs Committee <p>Para 6</p> <ol style="list-style-type: none"> (6) - Hospital Management Board (7) - Executive Committee (9) - Collegium for Departments. (10) - Centre Management Committee. <p>In this context, it is to be pointed out that there is already a surfeit of committees in this Institute. In May 2008, the President, ALLMS in pursuance of a decision taken by Governing Body in its meeting held on 20.12.2007 had approved as many as 27 committees over and above the Standing Committees. These still exist though in moribund state. Meetings are not convened regularly and the quality of agenda items leaves much to be desired. What is needed is a clear enunciation of the terms of reference of these committees and the weightage to be given to their recommendations. It also to be decided as to how these committees are to be serviced. Currently, this job is done for most committees by the administrative division under the supervision of the DD(A). Servicing so many committees by the same team creates problems of its own kind. Therefore, it would be necessary to allocate responsibilities for secretarial support to these Committees.</p> <p>Institute Body - Administration Governing Body- -do- SFC - Finance Division through DD(A). Academic Committee - Office of Dean Education (Academic Section) Estates Committee- ESD Faculty Selection Committee) Office of Dean Faculty Affairs</p> <p>Hospital Affairs Committee – Department of Hospital Admn.</p>

	<p style="text-align: right;">Executive Committee - DD(A)</p> <p>Reconstituting the 'Other Committees' would be a relatively simpler task. The power to create Standing committees is drawn from Section 10(6) would provides that Standing Committees would consist of exclusively of members of the institute. In the case of ad hoc committees, half of the members must be drawn from the IB. The HPC has also recommended that the post of DD(A) has now been upgraded to joint secretary level and therefore, needs to be redesignated as Additional Director. This can be done by a simple amendment in the Regulations.</p>
<p>4.1 Finance Committee</p> <p>There shall be a Finance Committee chaired by the Director and include Additional Secretary & Financial Advisor, Joint Secretary in the Ministry of Health & Family Welfare, two members of the faculty on the GB, one expert from the GB and AD (Admn.) as member secretary. Finance Committee shall meet at least once every month and more often as may be necessary.</p> <p>The following matters shall be referred to the Standing Finance Committee: annual accounts showing the receipts and expenditure of the Institute together with the audit report thereon;</p> <p>(a) budget estimates showing the estimated receipts and expenditure of the Institute;</p> <p>(b) all proposals for creation of new posts;</p> <p>(c) all matters having financial implications and beyond the delegated powers;</p> <p>(d) all matters relating to the invitation and acceptance of tenders.</p> <p>Action: Amendment of Act.</p>	<p>Finance Committee.</p> <p>The Standing Finance Committee is created by Rule 6. For the transitory phase, i.e. before the Act is amended, Rule 6 should be amended to delete the word 'Standing'. 4(c) The SFC would then be known as the Finance Committee. This would then enable the Institute to recast the SFC as recommended by the HPC.</p> <p>A similar exercise should be done for all other committees. These may be referred to as Transitory Committees and recast according to the recommendations of the HPC till the ALLMS Act is formally amended.</p>

<p>4.II Academic Committee</p> <p>There shall be an Academic Committee chaired by a member of the Governing Body who has excelled in the field of academics/research in medical/biomedical sciences. The Director shall be the member secretary with other members as follows: all Deans; 3 members of the AIIMS faculty nominated by peer preference with entire faculty as the collegiums; one nominee each of DBT, DHR, HRD (Higher Education); one eminent educationist, two eminent medical scientists/academics, one non-physician biomedical scientist and one member of civil society. In addition to the existing functions, the Academic Committee will also consider matters related to: a. Enabling world class research and innovation AIIMS, b. Mentoring the AIIMS-like institutions and other centres of excellence in health, c. Enhancing role and stature of AIIMS as leader in education and research nationally and globally. The Committee will meet at least once in two months.</p> <p>Action: Amendment of Act.</p>	<p>Academic Committee.</p> <p>As in the case of SFC, the Academic Committee should also be reconstituted as a Transitory Committee on the lines proposed by the HPC. The Dean (Education) should be the member Secretary of the Academic Committee and the Director should be the co-chair if not the chair.</p>
<p>4.III Estate Committee</p> <p>There shall be an Estate Committee chaired by a member of the Governing Body with Director as the Convener or Chairperson (*). Its members would include: 3 members of the AIIMS faculty nominated by peer preference with entire faculty as the collegiums, an eminent architect, an eminent civil engineer, an eminent urban planner, one member of the civil society and one nominee of New Delhi Municipal Council (NDMC)/ Municipal Corporation of Delhi (MCD). This committee would deal with</p>	<p>Estate Committee.</p> <p>Estate Committee is a standing committee at present. The implementation of the recommendation would require amendment to the Rules and Regulations. Interim measure could be taken on the lines suggested for the SFC.</p> <p>There is no need to include representatives of MCD and NDMC as this would create administrative difficulties. It may be noted that a Project Planning and Monitoring Committee as a policy setting body has been constituted as per the recommendations of the Vaitathan Committee with the following composition: Director (Chair), DGH, AS/FA, 2 heads of departments / centres, expert nominee IIM Lucknow (project management) and expert nominee (IIT Delhi for engineering aspects). However, this Committee was constituted in 2010 under the chairpersonship of Secretary health.</p>

<p>planning and development of the premises/buildings of AlllMS at all its campuses. Action: Amendment of Act.</p>	<p>U/keep, modification, use and expansion of the estate/buildings at AlllMS is a major issue that concerns everybody and excites reaction and skepticism because often the decisions are taken on ad hoc basis without a due consultative process with stakeholders, especially the faculty. It is suggested that an internal Estate and Engineering Committee be constituted under the Chairpersonship of Director with DD(A) as Member Secretary to deal with issues of estate, engineering and development. This Committee could comprise of: all centre chiefs, 4 heads of departments, medical superintendent, superintending engineer, and 4 other faculty members. It is also important that any major restructuring / modification should be undertaken after wider consultation with key stakeholders including discussion in the general faculty meeting.</p>
<p>4.IV Faculty Selection Committee For all selections a two step process is recommended in order to achieve two objectives: transparency and involvement of the faculty members at all stages so as to promote merit. Accordingly, a Faculty Selection Committee (FSC) for each Department for all fresh appointments of the faculty is recommended. These departmental committees (FSCs) would comprise of Dean (Faculty) as chair, one external expert of international repute in the relevant field, HOD/Head of Centre concerned (member secretary) and two faculty members of the department/centre concerned. The resume of candidates should be forwarded to HOD concerned. The Department would scrutinize and forward the shortlisted resumes to the FSC which would decide whether to call the candidates for interview. The second step would be for the FSC to furnish its recommendations to FDEC which would decide whether offer of appointment be extended to the candidate. Final decision regarding appointment would be taken by the Governing Body. Action: Amendment of Act.</p>	<p>Faculty Selection Committee The faculty is selected by a Selection Committee which is constituted like a Standing Committee with all members being members of the Institute (Body). The Act, Rules and Regulations, however, do not mention this Committee specifically. Rule 7 envisages inclusion of DGHS in all Selection Committees The fact that only members of the Institute Body are members of the Selection Committee gives the latter an aura of authority. The GB and the IB cannot disregard or overrule the recommendations of the Standing Committee. Despite this there has been a fair amount of criticism about the functioning of this Committee. All members of the IB are full time employees elsewhere. Often they find it difficult to sit through all the interviews, especially when the same Committee has to handle both direct recruitments and promotions. Consequently, interviews often are spread over months often resulting in delays and frustration. - The implementation of this recommendation would require requisite provision in the in the Rules. - The two-step selection process suggested by the HPC is complicated, but also introduces different procedure for fresh/direct versus promotion selections.. The former is proposed to be undertaken by Faculty Selection Committee, whereas the latter (promotion) is assigned to the Faculty Development and Evaluation Committee (FDEC). This is not desirable, as this would create two 'classes' of faculty which would create divisions in the ranks, and disturb institutional equanimity and harmony. The selections for direct recruitment as well as promotions should be conducted by the same Committee, and by essentially a similar process.</p>

	<ul style="list-style-type: none"> - As a practical way forward, it is proposed to have a Faculty Selection Committee comprising of the following members: <ul style="list-style-type: none"> o Chair: Director (ex-officio) o Co-chair: A members of the Governing Body with eminence in health sciences o Four academics of national/international eminence to be nominated by the Governing Body for a period of two years: viz. one basic biomedical scientist, two academics from medical / surgical fields, and one scientist from non-health field. o Dean Faculty Affairs (ex-officio) [Member Secretary] o Dean Education (ex-officio) o Dean Research (ex-officio) o Head of the Department concerned (ex-officio) o Two experts from the concerned field / specialty to be nominated by the Director from a panel to be submitted by the Head of the concerned Department - It will be ensured that the membership of the Selection Committee shall have at least one member each from amongst SC or ST, and minority communities. - The quorum of the Committee will require Chair or Co-chair, plus at least three of the 4 members nominated by the Governing Body. - Till such time that the Rule/Regulation is amended, the Faculty Selection Committee with the above composition be constituted as a Transitory Committee on the lines suggested for SFC. - Faculty selections whether fresh or for promotion will be carried out by the same Committee. <p>For fresh appointments, however, the CVs of the candidates will be evaluated by a committee of Professors of the respective department, and a confidential, structured assessment will be submitted to the Selection Committee as an input to for consideration</p>
<p>4.V Faculty Development and Evaluation Committee</p> <p>There shall be a Faculty Development and</p>	<p>Faculty Development and Evaluation Committee (FDDEC)</p>

<p>Evaluation Committee (FDEC) comprising of Director, Deans and six other faculty members (recognized for their professional contribution and credibility by their colleagues) of the rank of Professor through nomination by Faculty Members through peer preferences with entire faculty as the collegiums. Dean (Faculty) will be the Member Secretary. The FDEC will discharge following functions:</p> <ul style="list-style-type: none"> • Ensure that an annual plan is submitted by every faculty member to FDEC. The plan will consist of commitments towards teaching, research, publication and clinical services. FDEC will review the same at the beginning of the year and suggest changes, if needed to the concerned faculty member. • Review the achievement of each faculty member during the year. • Help young faculty members in preparing and implementing their development plan. • Assist and guide faculty members in their development. • Create a culture of recognizing research through internal highlights on intranet and through seminars. • Ensure that promotions are given high weight-age for quality research, innovation and publications. • Confirm faculty members after the probationary period. • Conduct selections for faculty promotions based on the assessment of contribution to research, education, service and other domains such as policy. (For this role the FDEC will involve 2 members of the Governing Body, and 2 external experts for each discipline). • Obtain approval for adjunct faculty. 	<p>HPC has recommended this committee with a dual mandate, namely, to provide mentorship to the faculty and to conduct selections for faculty promotions. In the foregoing section, justification for conducting selections for promotions by the Faculty Selection Committee chaired by Director has been provided. This leaves the task of this committee to be largely responsible for faculty development, a task being assigned to Dean Faculty Affairs. It should therefore be an advisory committee to the Dean Faculty Affairs on the lines of the present Dean's Committee that reports to Dean (Academic).</p> <p>FDEC would serve as a catalyst and facilitator for excellence by faculty development, mentorship and enablement.</p> <p>In view of the amended, low profile mandate of this Committee (analogous to Dean's Committee), following composition adapted from the HPC recommendation is proposed:</p> <ul style="list-style-type: none"> ○ Chair: Dean Faculty Affairs ○ Members: <ul style="list-style-type: none"> ○ Six faculty members (recognized for their professional contribution and credibility by their colleagues) of the rank of Professor, for two years, through nomination by Faculty Members through peer preferences with entire faculty as the collegium. (One of them will be chosen as member secretary for a year). It is desirable to have Principal Nursing College as a Special Invitee to this Committee. <p>While Regulations should be amended to formalize this Committee with the functions proposed by the HPC (excluding faculty selections for promotions), FDEC can be constituted and operationalized by Executive Order.</p>
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<ul style="list-style-type: none"> • Take decisions on other importance faculty matters. <p>Action: Amendment of Act.</p>	
<p>4. VI Hospital Affairs Committee</p> <p>There shall be a Hospital Affairs Committee chaired by the Hospital management Board Chairperson. This will comprise of the Chiefs of Centres, Medical Superintendent (Member Secretary), Chief Nursing Superintendent, Head Department of Laboratory Medicine and two members of civil society. It will co-opt faculty and officers as additional members as may be necessary. This Committee will address matters of: coordination among various departments, centres and the main hospital, and with administration to ensure seamless team work and efficiency; setting standards, ensuring world class quality, accreditation; enabling cutting-edge treatment programs (e.g. organ transplantation; air ambulance) requiring interdisciplinary and mission mode action; patient welfare, feedback and assistance; Employees Health Insurance; welfare of nurses and other clinical services staff; disaster response; clinical ethics and medical audit; and any other matter to ensure ALLIMS' role and stature as the nation's apex referral hospital. The Committee will meet at least once a month.</p> <p>Action: To be implemented by an executive order.</p>	<p>Hospital Affairs Committee (HAC)</p> <p>HAC has been constituted as a Standing Committee at present, although it is not listed so in the Act /Rules/Regulation.</p> <p>Most of the proposed functions are in the domain of the Hospital Management Board (vide infra).</p> <p>However, there is a need for an advisory policy-setting body that provides interphase with the civil society. HAC should perform that role meeting once in 6 months. Its composition should be the following:</p> <ul style="list-style-type: none"> • Chair: Director • Co-chairs: an eminent representative of the civil society and Chair HMB • Member Secretary: Head Department of Hospital Administration • Non-ALLIMS members: Up to 6 members of the civil society including media and NGOs; a senior nominee each of the government of NCR Delhi, MCD and NDMC • ALLIMS Members: All Deans, Centre Chiefs, DD(A), Medical Superintendent, 4 heads of clinical departments, one head of diagnostic/laboratory services, secretary ethics committee, SrFA, Nursing Superintendent, and incharge Medical Social Services department. <p>The mandate of the Committee is to advise ALLIMS on broad policy issues of the ALLIMS patient care services</p> <p>To be implemented by an executive order pending amendment to Regulations.</p>
<p>4. VI Other Issues Regarding Committees</p>	<p>Other Issues Regarding Committees</p> <p>The HPC has also recommended that the Governing Body could constitute any other committees on the matters of strategic relevance and operative importance. This is acceptable in principle. In addition, Director should have the power to constitute internal</p>

	<p>committees for participatory running of the Institute, providing advice for advancing vision/objects of the Institute, and for administrative facilitation/action.</p> <p>HPC is silent on some of the key committees, particularly the Staff Council, Dean's Committee. Although these committees have played an important role at AIIMS, the Act, Rules and Regulations do not refer to them.</p> <p>Staff Council (akin to Syndicate of the universities), in existence since early years of the Institute, has played a critical role in institutional governance in the past. A body chaired by the Director and serviced by the Academic Section, comprises all professors and a few other faculty members and students, Staff Council is technically the highest internal committee of the Institute that would meet once a month on a fixed day - providing a forum for participatory decision making, and serving as an advisory forum for statutory bodies of the Institute. In recent years, the role of the Staff Council has been diluted, and its meetings have become sparse and irregular. Besides, the size of the Staff Council rose incrementally as the number of professors increased. The present size (over 200) is no more conducive to meaningful discussion and cogent decision making. If the Staff Council is to retain its original role, consideration needs to be given to optimizing its size and composition to meet the present and emerging needs.</p> <p>Dean's Committee came into being much later and is a small group of nominated faculty members to advise the Dean (Academic) on academic matters. Often the recommendations are forwarded to the Staff Council.</p> <p>There is a need to specify the role, composition and terms of reference of these two and other committees of the Institute.</p> <p>There are a few generic concerns that need to be addressed</p> <ol style="list-style-type: none"> (1) The terms of reference of all these committees need to be formalized in the regulations. This can be done within three months, and while the process of codifying them in the Regulations is underway, the same can be put into practice by executive order in the interim. (2) Committees should not emerge as bottlenecks to hold back or delay decision making. (3) Regularity of meetings needs to be ensured. At the same time the Institute should not be perceived as being perpetually in meetings without doing actual work. (4) Decisions taken to be finally implemented and reported.
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5.	<p>Multiple Deans</p> <p>There shall be 4 positions of Deans viz. Education, Research and Extension, Student Welfare and Faculty Affairs. Deans shall be appointed by the Governing Body on merit from among the Heads of Departments and Heads of Centres. The Governing Body would select the candidates with a track record of excellence and a potential for the specific position. The Deans will have a fixed tenure of three years, during which period the vacancy in the position of Head of Department shall be filled temporarily by the senior most professor in the Department. On completion of tenure as Dean, the person so appointed shall revert to the substantive position of Head of Department. No persons shall be appointed as Dean for two consecutive terms. The Deans will be guided by key committees illustrated in the Table. They will be assisted by Professors Incharge/Sub Deans, as necessary.</p> <p>The functions of the Deans are shown in the Table: (Annexure A).</p> <p>Action: To implement by executive Order</p>	<p>This is an often debated recommendation. A proposal for creation of multiple positions of Deans had been mooted as early as June, 1979. A Sub Committee consisting of Dr. MMS Sidhu, Dr. Sushila Nayyar, Shri Rajeshwar Prasad, Dr. B. Sankaran and Dr. L.P. Aggarwal considered a proposal to create multiple positions of Deans but did not accept the proposal. The Valiathan committee recommended the position of Dean (Research) which has since been instituted. If additional positions are to be created then all these positions including the method of their selection and functions, duties and responsibilities and term of office as recommended by HPC should be stipulated in the form of regulations. In order for the Deans to play effective role in advancing the respective objects and functions of Institute, the suggestion that they should relinquish the posts of the headship of their respective departments for the period of deanship is welcome. On the same analogy, the Deans should not hold the post of centre chief(s) simultaneously. The functions of different Deans proposed in the edited Annex I of the HPC report (enclosed) are acceptable.</p> <p>The recommendation can be implemented by Executive Order pending amendment to the Regulations.</p>
6.	<p>Hospital Management Board</p> <p>There shall be a Chairman of the Hospital Management Board (HMB) who will be nominated by the Governing Body on merit from amongst the Heads of Departments of the main hospital. The Governing Body would select the candidate with a track record of excellence in clinical work, a potential for the position and the ability to devote time for the purpose. The Chairman of the HMB will</p>	<p>The Hospital Management Board was last reconstituted in 2008. It comprises of all HoDs, Chiefs of Centres, Deans, MS Main Hospital and RP Centre and Addl. Mss of other centres. DD(A), Sr. FA and SE are also the members. Presidents of FAIMS, RDA, Officers Association, Karamchari Union and Nurses Union are special invitees. As per the approved terms of reference, the Hospital Management Board is an advisory body for the management of ALLMS Hospital and other centres. It has to prepare hospital budget, expansion plans, starting of new services and steps for all over improvement in patient care. It reports to the Director and finally to the Hospital Affairs Committee. It is requested to meet three times in a year.</p> <ul style="list-style-type: none"> • NB:- Though the Hospital Management Board exists in the Institute, recently, it has

<p>have a fixe tenure of three years. No person shall be appointed as Chair HMB for two consecutive terms. The existing HMB will be revamped to convert into a vibrant body committed to ensuring the highest order of services at AllMS through new ideas and participatory decision making. HMB will meet at least once a month.</p> <p>Action: To implement by executive Order.</p>	<p>rarely met.</p> <ul style="list-style-type: none"> • The recommendation regarding Chairman HMB is accepted. • Hospital Management Board is an existing committee of the Institute. Its composition will be reviewed to make it an effective and vibrant body. • It would meet at least once a month, preferably on a fixed day. • HMB will be the key decision-making Body for patient care services at the Institute. Its functions would include: Coordination among various departments, centres and the main hospital, and with administration to ensure seamless team work and efficiency; setting standards, ensuring world class quality, accreditation, enabling cutting-edge treatment programs (e.g. organ transplantation, air ambulance) requiring interdisciplinary and mission mode action; patient welfare, feedback and assistance; Employees Health Insurance; welfare of nurses and other clinical services staff; disaster response; clinical ethics and medical audit; and any other matter to ensure AllMS' role and stature as the nation's apex referral hospital]. <p>The recommendation can be implemented by an executive order pending amendment of Regulations.</p>
<p>7.</p> <p>Executive Committee</p> <p>There shall be an Executive Committee (EC) of AllMS, a collegiums comprising of Director (Chairman), 4 Deans, Chairman of the HMB, and Additional Director (Admn) as member secretary. The EC will meet once a week on a fixed day to take decisions on academic, administrative, financial and other matters concerning the Institute. It will oversee the implementation of decisions/directions of the Governing Body and other committees, provide integration of academic, hospital and administrative arms and would serve as the crisis management group.</p> <p>Action: To implement by executive Order.</p>	<p>Executive Committee</p> <p>This can be set up by a executive order but eventually should be created through the regulations. The Committee would function as the Senior Officers Committee existing in certain departments/ministries. It should, therefore, meet once a week. The Committee would act as an apex collegium of the Institute. The terms of reference of the Executive Committee could include:-</p> <ul style="list-style-type: none"> - Approving the agenda for SFC/GP/IB/Academic Committee/Estae Committee etc. - Oversee implementation of decisions/directors of GB/IB and other committees. - Clearing house for all major issues - Approve the annual budget and annual plan for consideration by SFC/GB/IB. - Resolve disagreements between Departments/Centres. - Serve as a crisis management group. <p>This Committee is not intended to take away the powers of the Director. Rather, the Director would exercise his powers on consultation with the Executive Committee.</p> <p><i>The minutes of the meeting would be drawn up formally and circulated.</i></p> <p>This is a matter to be decided by Ministry of Health and Family Welfare in consonance</p>
<p>8.</p> <p>Selection of Director</p>	<p>This is a matter to be decided by Ministry of Health and Family Welfare in consonance</p>

<p>The committee recommends a stringent procedure for appointment of Director of the institute. The selection of Director of the Institute shall be made by the Visitor from a panel of at least three names to be recommended by a Search Committee to be constituted by the Visitor for the purpose. The Search Committee shall consist of three members, of whom two shall be nominated by the Governing Body, being independent persons of eminence with strong background in health sciences and not connected with the affairs of the Institute. The third member of the Search Committee shall be nominated by the Visitor, and shall also be a person of eminence who shall be the convener of the Search Committee. The Search Committee shall be free to devise its own procedures for making its recommendation.</p> <p>The Director should not be removed from office except for reasons of moral turpitude or insolvency or proven incapacity to perform or on conviction for criminal offences or any other reason to be established for the satisfaction of the Visitor through a Fact Finding Inquiry to be ordered by the Visitor and after giving a reasonable opportunity to be heard.</p> <p>Action: An amendment of the Act</p>	<p>with the policy for such appointments in similar institutes.</p> <p>It would however be desirable that the announcement of appointment to the post of Director should be made three months before the end of the term of the incumbent. The new appointee should work full time with the incumbent during the interim three months to ensure smooth transition and continuity.</p> <p>To be implemented by an Executive Order</p>
<p>9. Collegium Style of Functioning</p> <p>For better and more democratic functioning of Departments/Centres, the institute should adopt a collegiums style of functioning in all its departments/centres with regard to budget, financial, academic and research matters. HoD/Heads of Centres shall take decisions in such important matters after detailed discussions and in</p>	<p>This system is well entrenched in the IITs and therefore merits introduction in the institute. Each Department would have a collegiums of all professors in the department with each allocated responsibilities for administration, clinical, academic, research and budgetary functions. The responsibilities can be rotated every two years. The HoD would chair the collegiums which would meet once every fortnight.</p> <p>The departmental collegiums would be created by framing proper regulations.</p>

<p>full consultation with the faculty members and other stakeholders of the department concerned.</p> <p>Action: To Implement by executive Order.</p>	
<p>10. Centre Management Committee</p> <p>With a view to achieve excellence and also as a means of getting some autonomy in decision making so critical for patient care, several departments overtime established Centres with their own procurement systems and medical superintendents. Many a time these centres are not well harmonized or coordinated with the overall administration of the Institute and developed the same problems of non transparent and autocratic mode of functioning. To overcome such shortcomings at the centre level, it is recommended that a formal Centre Management Committee for each Centre under the Chairpersonship of the Chief of Centre be established. The Committee would have 2 senior-most faculty members of each department within the Centre. One member of the Committee will be the member secretary. The Committee will co-opt the other faculty, Asst/Addl/Medical Superintendent of the Centre, the Nursing Superintendent and other officials as required by the functional requirements. The position of the Chief of Centre will rotate among the heads of the departments of the Centre on a yearly basis. The members of the Management Committee will share responsibilities as a team and look after the assigned areas of work effectively and efficiently. The Centre Management Committees are primarily for the purpose of running the patient care services with highest standards. The departments within the centres will report to Deans/Director for academic/research matters directly.</p> <p>Action: Implement by an executive order giving</p>	<p>This recommendation is intended to democratize the management of centres. As per extant decisions of the Governing Body/Institute Body, the Centre Chief(s) enjoy the same powers as that of Director in matter of administration and procurement. However, the manner in which these centres have functioned over the years makes a review imperative. A large number of Grade D and Grade C ad-hoc appointments have been made without availability of posts and without following due processes. Procurement practices vary from centre to centre. Same type of equipment have been procured or put under different rates by different rates. Same instructions of Government are interpreted differently by different centres. For instance, while Director decided that laptops would not be provided by Institute to faculty, some centres have allowed the purchase of laptops. This unstructured decentralization has led to a lot of mismanaged litigation. Director AllMS is accountable for all legal action. Often the main administration is unaware of the pendency of legal proceedings as also the facts. It is also to be pointed out that the Director, AllMS is assisted by a Deputy Director (Admn.), which is now a JS level post and a Sr. FA from the Indian Audit & Accounts Service. As compared to this, Centre Chief(s) have to rely on as Assistant Administrative Officer and a part time Accounts Officer, who lack the experience and understanding of principles of management.</p> <p>Disputes over common facilities, e.g. Chief of Cardiac Centre approved extension of ORBO building, Chief of RP Centre stopped the work.</p> <p>In light of the above stated facts, it is necessary to redefine the position of centres and functions of the Centre Chief(s) –</p> <p>Patient care services should be coordinated by the Centre Chief through the Collegium and the MS/Addl. of the Centre.</p> <p>Engineering functions for maintenance to rest with the Chief, restructuring be centralized with the Director.</p> <p>Procurement functions need to be streamlined eg Drugs and consumables being procured by one Store Officer for the main hospital and all centres. Procurement of equipment being handled by another store officer.</p> <p>All contractual/daily/waged/adhoc appointments to be made only with the approval of the</p>

<p>reasonable time for the chiefs of Centre to rotate off.</p>	<p>Director. Centre Chief would have the powers to sanction casual leave and earned leave upto 30 days, all domestic trips/tours as per guidelines, exercise powers of Head of office for purposes of signing pension papers, preside over DPCs for centre specific posts (if any) and exercise powers of the Director specified in schedule 1&II except those that are specifically not delegated. It would indeed be worthwhile to examine whether these centres should be modeled on the lines of subsidiary entities of AIIMS having their own governance mechanisms. A beginning could be made with the RP Centre and the CN Centre</p>
<p>11. Establishment of Research Cadre The committee noted that the Government had constituted a High Level Committee under the Chairmanship of Dr. Bhan to submit proposals for revamping the research set up in AIIMS. In the meanwhile and pending the more comprehensive recommendations of this Committee, the review by the Governing Body of steps taken to implement the directions of the Supreme Court and recommendations of the Manju Sharma, it is strongly recommended that the research cadre of the institute be strengthened by giving the scientists an opportunity to excel and produce world class research in partnership with the faculty. Action: Implement</p>	<p>The report of the High Level Committee is still awaited. AIIMS is aware of the problems of the biomedical scientists and is taking steps to address them.</p>
<p>12. Accountability to Achieve the mandate of the Government and the vision of the Institute: Hitherto, Government has been providing budgetary support depending on the availability of money based on which the Institute would craft its own plans. Government never indicated or laid down any mandates such as for example, providing free care</p>	<p>The concept is commendable though the justification given for it is debatable. While AIIMS is an autonomous body, it is fully funded by the Government of India. Apart from its internal governance mechanisms approvals have to be obtained from Government of India for faculty post creation as well as creation of new infrastructure. Such approvals are often time consuming. Therefore, while there can be no objection to this recommendation, it would be necessary to provide the institute the required approvals expeditiously and also strengthen the financial</p>

<p>to the poor, charging of user fees, quality of care and patient comforts to be assured, levels of sanitation or disciplines to be ensured etc. So much so, that the Institute has never considered a simple fact such as the huge inconvenience faced by patients running at dead of night in search of medicines or consumables, or and more importantly the long waits that either resulted in patients being turned away for critical surgeries or investigations or given dates as far as four years hence.</p> <p>To overcome the above and for government to ensure that the Institute achieves certain given standards of care, further budgetary support should be extended to the institute upon signing a MoU with the Central Government that would clearly lay down the outcomes and expected achievements under patient care, research, teaching etc. The Annual budget plan as reviewed and approved by the Secretary of the Department should reflect the departmental plans and utilization of grants received from other bodies and own income of the Institute. The Director of the Institute and the Governing Body would be accountable to the Central Government for overall institute level performance. The implementation of the Annual Plan should be reviewed once in 6 months by the Secretary Health and all budgetary grants released only on performance and adherence to conditions laid down.</p> <p>Action: Implement immediately with effect from 2011-12 plan year.</p>	<p>management infrastructure of the institute.</p>
<p>13. Accreditation of Hospitals</p> <p>There needs to be screening of patients visiting the institute by Senior residents to avoid unnecessary</p>	<p><u>Screening of Patients</u></p> <p>The concept of a Screening OPD has been talked about for more than two decades. The concept has, however, never reached the implementation stage</p>

	<p>workload on the faculty so that they can devote their time to teaching and research. To cope with the increasing numbers and constrained space, AIIMS should explore new avenues such as accreditation of hospitals that would ensure that AIIMS certified health services are available to people nearer home saving them from travel and other logistic difficulties in visiting AIIMS. Alongside, other options such as establishing other campuses and entering into collaborative arrangements with other government institutes that may have the space but not the staff etc. This will definitely reduce patient load on AIIMS.</p> <p>Action: Implement</p>
<p>AIIMS has already initiated the appointments system for OPD in the Department of</p>	<p>Recently, an internal committee had been set up by Director, AIIMS. As per the assessment made by the Committee, the Screening OPD should have the infrastructure and manpower for handling a patient load of more than 10,000 patients per day. As this would have resulted in the creation of a parallel OPD, an expert group chaired by HoD Orthopaedics was asked to re-examine the proposal. As per the recommendations made by the Expert Group -</p> <p>Establishing appointment and referral system: Committee felt that to make existing system patient friendly and weed out unnecessary OPD visits, following system can be considered:-</p> <ul style="list-style-type: none"> (a) Use concept of maximum handling capacities in different department and then create system where 80% registration (of maximum handling capacity) are by prior appointments. Rest 20% registration will be kept for current appointment for walk in patients. (b) All walk in patients will be assessed by a senior resident and only those who need consultation at AIIMS and that too immediately will be registered on the same day. Rest of the patients will be advised to seek appointment for future date (out of 80% reserved for such cases). This will deter cases who do not need consultation at AIIMS and will also not exclude genuine patients those who are coming from far flung areas and need consultation at AIIMS. (c) Appointment system should be telephone and net based. There should be wide spread publicity of the system. (d) Appointment system should be for following:- <ul style="list-style-type: none"> (i) All speciality OPD. (ii) All super speciality OPD (iii) Individual consultants (iv) Special clinics (This will reduce burden on general speciality OPD's, who in some cases simply refer cases to super specialities, special clinics or individual consultants who have developed expertise in any specific area.) (e) Appointment and referral system should be implemented after pilot testing the concept. Before implementing such project, we may learn from experience of appointment systems by use by some of the department and telephone based appointment system in use, at Trauma Centre. (f) After piloting the system, objective feedback about benefits derived from the new system should be documented and then the system should be upscaled further.

	<p>Endocrinology. Results will be evaluated after a month.</p> <p>For enforcing the referral system countrywide, action would lie with Ministry of Health and Family Welfare to insist on country wide compliance with referral protocol.</p> <p>On the flip side insistence on referrals might create certain problems –</p> <p>(a) Unethical private operators might use this to make money.</p> <p>(b) Might delay treatment.</p> <p>Accreditation of hospitals</p> <p>This is a doable suggestion. AllIMS has already submitted a proposal to Ministry of Health and Family Welfare vide DO letter No. DDA/2010-11/42 dated 21st Dec. 2010 addressed to Mr. Keshav Desiraju Addl. Secretary for incorporating the requirement of accreditation with AllIMS as a milestone in all national health programmes that have capacity augmentation of tertiary institutions as a component viz. Cancer Control, Diabetics etc.</p> <p>Exploratory discussions have been held with the Quality Council of India. Go ahead from GOI is awaited.</p> <p>AllIMS hospital and its centres must also conform to national (NABH) and/or global standards. This will be accomplished in a systematic manner within the next 2 years. In addition, Institute's upcoming patient care services (viz. new surgical block, new OPD, new Mother Child block) will be fashioned along the above national/international standards from the very start. AllIMS will establish a Task Force (including experts / consultants from outside, if felt necessary) within 2 months to undertake this initiative. AllIMS would also establish an enabling mechanism, tentatively named as Standards and Accreditation Cell under the above Task Force for effective, time-bound and sustainable implementation.</p> <p>-AllIMS has already proposed to establish a multispecialty polyclinic at Jhajjar (Haryana). AllIMS will strengthen its facilities and outreach program of the Comprehensive Rural Health Services Program at Ballabgarh, and at Trilok Puri. It would explore establishing other off campus patient care hubs including establishing an apex research hospital at the</p> <p>· Translational Health Science and Technology Institute (DBT) at the upcoming d health sciences cluster near Faridabad. AllIMS would encourage individual departments to develop linkages and outreach programs with other hospitals / institutions in the government and</p>
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	<p>not-for-profit private sector.</p> <p>- AllIMS is committed to forging strong academic and patient care linkages with AllIMS-like institutions.</p>
<p>14. Interim Measures</p> <p>The committee also recommends that till the amendments in AllIMS Act, as recommended in this report, are incorporated, necessary changes may be carried out with respect to composition of various committees through executive orders to the extent possible as recommended by the committee.</p> <p>Action: Executive orders</p> <p>In the previous paragraphs, some of the major recommendations that the Committee felt ought to get priority attention have been detailed. Possible changes AllIMS Act, Rules and Regulations have been enlisted at Appendix III. The details of how to and other incidental recommendations are given in the IIM A report which the Committee recommends be read, discussed and adopted as found useful.</p> <p>Conclusion:</p> <p>The Committees strongly urges the Government to take serious note of the recommendations made herein to check the downward slide of the Institute. Timely action now will help restore the AllIMS which continues to be one of the nations' greatest assets, with a remarkably dedicated staff and a strong commitment to serve the poor. In an environment of increased commercialization bordering on greed, AllIMS stands as the only hope for the poor to get</p>	<p>The provision of Interim Measures has been exercised in the comments herein.</p> <p>Conclusion:</p> <ol style="list-style-type: none"> (1) The restructuring of the IB & GB needs amendments in the Act. As an interim measure additional members could be inducted as special invitees. (2) The functions of the IB as enumerated in Sec. 14 of the AllIMS Act be delegated to the GB. (3) HFV should reclude himself from the position of Chairman, GB. By amending the regulations, a position of Vice Chair be created who be delegated powers of Chairman GB. (4) All key Committees be recast with key role for the Director.

<p>access to the best care that the country can offer. This Institute is far too important to allow it to be lost.</p>	<ul style="list-style-type: none"> (5) Executive Committee be created by executive order. (6) Multiple positions of deans be created. (7) Post of DD(A) be redesignated as Additional Director. (8) The powers and functions of centre chiefs need to be revisited. (9) All Centres/departments to have collegiums. (10) Accountability of the Institute to Ministry of Health and Family Welfare through an MoU needs greater examination. (11) Accreditation can be started after approval is received from Ministry of Health and Family Welfare.
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Annexure A

Dean	Functions and Powers	Examples of key committees to be Chaired
Dean Education	<p>Overall responsibility for undergraduate, postgraduate programmes including:</p> <ul style="list-style-type: none"> - Curriculum - Postings/rotations - Internal assessment - New courses - Senior Residency Programme - Nursing College - Centre for Medical Education and Technology - Distance/tele-education - Library - Issuing degrees and holding convocations - Institutional archives - Selection of candidates for all courses (including PhD). - Entrance exams for All India PG etc - Final examinations of all courses (including PhD thesis evaluation and viva) - Staff Council affairs - Monthly faculty meetings 	<ul style="list-style-type: none"> - Curriculum Committees. - Committees for specific education programmes. - Dean's Committee for policy advice - Staff Council
Dean Research	<p>Overall responsibility for all extramural and intramural research and innovation programmes, including:</p> <ul style="list-style-type: none"> - Grant management/facilitation - PhD Programmes - Capacity development (training, workshops, protocol development activities) - Institutional research facilities - High end shared laboratories - Research resource centre - Clinical Research Organization - Animal House - Interdepartmental research groups - National/international collaborations 	<ul style="list-style-type: none"> - Two Research Advisory Councils as per the Valiathan Committee report with external members to provide vision and guidance (one each for Clinical and Public Health Research, and Discovery and Biomedical Research) - AIMS Research Committee with 7 faculty members (including 2 from basic sciences and 1 from public health), one scientist, one PhD student

	<ul style="list-style-type: none"> - Science/research cadre of AIIMS - AIIMS Research Foundations/Society - Innovation platforms - IPR affairs/patent facilitation - Research ethics - National and international collaboration 	
Dean Students' Welfare	<ul style="list-style-type: none"> - Hostel affairs - Students and residents' associations - AIIMSONIAN (Alumni) Affairs - Career development / placement of students - Curricular/co-curricular activities - Student counseling, welfare 	<ul style="list-style-type: none"> - Hostel committee(s) - Students' Gymkhana - Student Welfare Committee(s)
Dean Faculty Affairs	<p>Overall responsibility for faculty affairs, including:</p> <ul style="list-style-type: none"> - Faculty development in education/research/policy - Faculty administration - Performance/appraisal - Liason with retired faculty 	<ul style="list-style-type: none"> - Faculty Development and Evaluation Committee

NOTE FOR THE INSTITUTE BODY

ITEM NO. IB-144/7

To consider the report submitted by the Committee constituted under the Chairmanship of Dr. M.K. Bhan, Secretary, Department of Bio-technology for looking into the aspect of improvement of standards of research in the Institute of Medical Education under Department of Health and Family Welfare

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BACKGROUND

A number of autonomous institutions of medical education like All India Institute of Medical Sciences, Post Graduate Institute of Medical Education and Research and Jawaharlal Institute of Postgraduate Medical Education and Research, Puducherry under the administrative control of the Department of Health & Family Welfare, Ministry of Health & Family Welfare are involved in demonstrating high quality medical education and patient care and medical research. Keeping in view the need for further improvement in standards of research in these institutions of medical education, a Committee comprising of following members was constituted by the Ministry of Health & Family Welfare on 06.05.2010 to look into the aspect of improvement in standards of research activities in autonomous institutions of medical education under it:

1. Dr. M.K. Bhan, Secretary, Department of Biotechnology
- Chairman
2. Dr. Sneh Bhargava, Ex. Director, AIIMS
- Member
3. Dr. Indira Nath, Ex. HOD(Biotechnology), AIIMS
- Member
4. Dr. P.N. Tandon, Ex. HOD (Neurosurgery), AIIMS
- Member
5. Dr. Ranjit Roy Chaudhury, Ex. Chairman INCLEN Board of Trustees
- Member
6. Shri Debashish Panda, JS, MoH&FW
- Member

Secretary

Terms of Reference

The terms of reference of the Committee were as under:

- i. To study existing research policies in AIIMS, New Delhi, PGIMER, Chandigarh, JIPMER, Puducherry.
- ii. To assess the quantity and quality of research activities undertaken vis-à-vis overall national and international standards.
- iii. To examine the achievements and shortfall in the research being undertaken in these institutes.
- iv. To specifically examine the factors contributing to decline in the standard of research.
- v. To suggest/recommend revised research policy and ways and means to improve the research activities to match with the international standards.

- vi. To suggest the need for infrastructure and other facilities and their financial implications.
- vii. To also suggest manpower and institutional requirement to oversee the implementation of research policies from time to time.
- The Committee met thrice to discuss the existing research set up in various institutions and to deliberate on as to how to improve the existing set up to further improve the standards of research activities in these institutes. The committee also had interaction with the Directors, Faculty Members, Young Scientists of various institutes to understand the prevailing system and scope of improvement.

Recommendations

- The Committee made their observations on the following aspects of research and research governance at AIIMS and other institutions:
- Role of centrally funded institutions of medical education in enhancing research output and applications
 - Characteristics of institutions that sustain research excellence
 - Governance of research at premier medical institutions
 - Research Cadre
 - Medical Education and Research Education/Training

The Committee made several recommendations. The implications of these recommendations and the action plan for their implementation are tabulated below:

Implications & Plan of Action for Implementation	Recommendations
<p>• There can be a Standing Committee for Research without amendment of the AIMS Act. However, such a committee will comprise of only the Institute Body Members and scientists and experts would be special invitees.</p> <p>• Such a committee to dilute powers to current Academic Committee.</p> <p>• Alternately the Research Advisory Committee can be an ad-hoc committee with 50% of members from Institute Body and 50% scientists and experts. The committee would report to the Academic Committee. The Governing Body may approve formation of such a committee.</p> <p>• The position of Dean (Research) and Sub-Dean (Research) needs to be formalized through Academic Committee and Standing Finance Committee with proper definition of power and selection procedure. The Governing Body may approve formation of the positions of Dean (Research) and Sub-Dean (Research).</p> <p>• The model of Society/ Foundation for research is a new idea with no experience of such a model exists at AIMS. Thus there is a need for wider discussion among the Faculty in Staff Council before taken up for further action.</p> <p>• The guidelines for selection of Dean, Sub-Dean and non-IB members of the Research Advisory Committee need to be defined by the Academic Committee.</p>	<p>I. Model of Research Governance</p> <p>A. There are several potential research governance models that may be considered. A relatively easy to introduce model may have the following components.</p> <p>i. Standing (or Advisory) Committee for Research (extramural and intramural membership for merit and research policy based on research policy and strategies), purely based on research merit and research policy formulation, comprising of an external Chairman, Director of the Institute as Co-chair, Dean (Research) as Member Secretary with external and internal outstanding faculty/scientists as members.</p> <p>ii. Executive or Management Committee, essentially internally, chaired by Dean (Research) and supported by internal management panel or committee for major decisions.</p> <p>iii. Service units for activities identified above including the existing administrative cell for research.</p> <p>B. An alternate model is to establish a society or foundation for research. This model has advantages over the aforementioned model as it allows for a contract based carrier path to be developed without conflict with the faculty system and an opportunity to develop more efficient governance processes. It also makes it easier to forge sustainable alliances. Knowledge network are key to spontaneous emergence of interdisciplinary teams and facilitate inter-institutional and inter-departmental collaborative programmes. A core support from the institute ideally and also by research funding agencies would allow multiple, creative initiatives. However, the barriers, if any to create this model from legal, administrative angle need to be examined further. Examples of both systems exist in the country today and innovative research management models are under consideration in IITs, Management Schools, Universities and some Medical Schools as well.</p> <p>iv. A democratic Peer Review based system, displayed transparently to all stakeholders, must be put in place for selection of Dean (Research), Member of Research Standing (or Advisory) Committee and Research Management Committee.</p> <p>2. Central Platform Technology Facility</p> <p>A Central platform technology facility within a core biomedical research centre should be</p>

<p>established. The key component would include:</p> <ol style="list-style-type: none"> i. Centralized equipment facilities with multiple technology platforms, animal models and in vivo imaging facilities. The services should include assistance for use, short term training and collaboration based support. ii. Clinical research support services which should include data management services, medical writing, assay validation, project management, regulatory advice, organizing data safety monitoring boards, support for multi institutional human studies, bio banking, short term training for principal investigators, trial auditing and monitoring. iii. It would be ideal to provide, within the same infrastructure, clinical research labs for some of the existing clinical centres and departments with strong research interests as an integral part of the departments/centres. There is little scope for locating supporting labs within existing clinical departments or centres as they have little physical space. As clinical centres and department are essentially clinical faculty based, induction of new faculty in various disciplines would be required to make them interdisciplinary. <p>There are many clinical research facilities of this type in various medical centres globally and their experience could be helpful in planning.</p> <p>An initial allocation of 75 crores and at least 30 positions of lab scientists, clinical epidemiologists, statisticians, programmers, data managers and project managers would be required.</p>	<p>3. Population based Science Centres</p> <p>The apex medical institutions have a department or centre based structure linked to education in patient care. Biomedical and health research needs to be carried out in populations as much as in patients. Population science centres must be established in nationally important fields in an interdisciplinary manner.</p> <ol style="list-style-type: none"> i. Infectious disease ii. Chronic Diseases iii. Nutrition. <p>The platform technology facilities described above can be accessed by these centres. We should consider inviting DHR, DBT and CSIR to open their centres as one of the options. These centres would each cost about Rs. 60 crores each to establish during the XIIth Plan and scientist positions about 20 per centre. Such events could transform our research capability in the country.</p>
<p>A proposal to create a framework for central technology facilities is under consideration of the Academic Committee which can be used in future as the model for all new facilities to be created at AIMS for research and development.</p> <p>Any new proposal can invoke this framework and get approval from Standing Finance Committee for funding.</p> <p>AIMS is engaging in a large volume of clinical research which includes drug trials and research related to clinical interventions, data collection, observation of disease process and studies in disease pathogenesis. A need has been felt to create infrastructure for such clinical research in terms of space and manpower. The recommendations should be accepted and processed through Academic Committee, Standing Finance Committee to be materialized in the 12th Five Year Plan with or without funding from extramural funding agencies.</p>	<p>It is a good idea. The proposal should be processed through Academic Committee and SFC with scope for attracting resources from funding agencies of Government of India.</p> <ul style="list-style-type: none"> • A framework for such a centre should be processed and can be used in future for other such centre. • The priority areas for creating population based science centre should be identified by the Research Advisory Committee and processed through the Academic Committee and Finance Committee in consultation with the Staff Council.

<p>4. Protected Faculty time for research</p> <ol style="list-style-type: none"> i. The Scientists' cadre needs to be re-examined to define its role, size, how these scientists are placed & mentored, and assessment parameters. The cadre, if retained, should be largely direct recruitment based and with career path similar to DST, DBT and ICMR. The Manju Sharma Committee recommendations are quite appropriate for adoption. In their placement, clinical, interdepartmental and interdisciplinary centres and common use technology platforms should be given priority. ii. New norms for faculty size in departments and centres should be evolved which are suitable for research centric national medical institutions than for general medical schools based on hospital requirements. The increase in the faculty strength should be tied to a renewed commitment of departments and centres to upgrade their research and to have a more interdisciplinary faculty to accommodate patient care, education and research 	<p>5. Incentives for research performance</p> <p>Given the importance of patient care and education, it is easier, in practice, to reward an excellent research effort than reduce credit for lack of it. For non-service departments or where service demands are low, research effort and output must be, relatively, a more important element of assessment for promotion. Within the policy framework, the following incentives are worth consideration :-</p> <ol style="list-style-type: none"> (i) A certificate of research excellence: Outstanding researchers should be recognized by the institute body by awarding a certificate of research excellence at the time of the Annual Convocations. (ii) Units of Excellence: Individual investigators, who excel, as judged by an external peer review process in research, could be given a research award that provides about Rs. 15,000/- per month, Rs. 5,00 lakh per year research grant for consumables and conference travel and two Post doctoral fellows for 5 year period. (iii) Research Chairs: These can be used as a vehicle to attract research leaders to the institute for 3-5 years period. 15-20 research chairs could be established in each institute in partnership with research funding agencies on cost sharing basis. Some of these could also be reserved for intra mural investigators while retaining their substantive positions. (iv) Centres of Excellence (CoE): The institutional leadership should proactively engage with inter-
<ol style="list-style-type: none"> • Should be approved by the GB. • Needs serious consideration. • The functioning of each department needs to be reviewed with regard to relative work load in teaching, research and patient care. Depending on the weightage to research, the departments may have to suggest additional positions to support research with the commitment to upgrade research capability and achievements. The recommendation for additional faculty position created for protection of research time needs to be discussed in Academic Committee and Standing Finance Committee. 	<p>(i) A certificate of research excellence: Outstanding researchers should be recognized by the institute body by awarding a certificate of research excellence at the time of the Annual Convocations.</p> <p>(ii) Units of Excellence: Individual investigators, who excel, as judged by an external peer review process in research, could be given a research award that provides about Rs. 15,000/- per month, Rs. 5,00 lakh per year research grant for consumables and conference travel and two Post doctoral fellows for 5 year period.</p> <p>(iii) Research Chairs: These can be used as a vehicle to attract research leaders to the institute for 3-5 years period. 15-20 research chairs could be established in each institute in partnership with research funding agencies on cost sharing basis. Some of these could also be reserved for intra mural investigators while retaining their substantive positions.</p> <p>(iv) Centres of Excellence (CoE): The institutional leadership should proactively engage with inter-</p>

- Can be approved immediately. The procedure of recognition can be entrusted to the external members of Research Advisory Committee.
- Other three incentives for excellence in research are welcome but require internal consultation for implementation.
- All of them have financial implication thus need SFC examination
- A subcommittee of may examine the issues and recommend mechanism for implementation.

	<p>disciplinary groups that have performed exceptionally well to build strong nationally relevant disease-centred research programmes in mission mode, as centres of excellence. They need to receive separate flexible financial allocations and physical infrastructure. Such a programme could be developed on a cost sharing basis with national funding agencies. Some of the research chairs may be allocated to such mission mode programmes to bring in additional talent.</p> <p>The CoE selection should be based on:</p> <ol style="list-style-type: none"> i. Proven track record of the lead investigators ii. Disease burden of a disease induces coordination in India. At least 6-5 such mission programmes should be supported in the 12th Plan.
<p>Review and restructuring of the Ph. D programme should be accepted and the Academic Committee to look at the issue with the help of the Research Advisory Committee.</p> <ul style="list-style-type: none"> • The positions of post-doctoral fellowship may be created for duration of three years to five years. • The Academic Committee and Standing Finance Committee need to frame guidelines for these positions. <ul style="list-style-type: none"> • The matter was put on the agenda of Academic Committee and has been deliberated without a decision. • The Governing Body needs to take apposition in view of the recommendations of the present committee. 	<p>6 Ph. D. and Post Doctoral Programmes</p> <ol style="list-style-type: none"> i. The fellowship must, at least, equal the best payable in the country. ii. Hostel accommodation must be made available. iii. A core learning programme of about 6 months should be introduced as an essential requirement for PhD programme. iv. Conference support should be extended to research scholars. v. With regard to Post Doctoral Fellowship, major review is required as the current Post Doctoral Fellowship of CSIR, DST, DBT and ICMR are unattractive. The pool officer/ship, while useful, is also inadequate. A new Post Doctoral Fellowship, as a career development award (3 years extendable to 5 years) with emoluments, closer to entry level faculty with NPA needs to be instituted. Partnership with research agencies is feasible and desirable in this context. vi. Contractual faculty may be allowed, for not exceeding 5 years in duration, for those interdisciplinary mission programmes and specialized centres that are a part of the institutional medium and long term strategy to attract best talent and get them started.
<p>The matter needs to be examined as has been proposed by the present committee to initiate new research incentive courses by Research Advisory Committee, Staff Council and Academic Committee.</p>	<p>7 Linking Medical Education and Research Education/Training</p> <p>A Task Force should be constituted to give specific recommendations on implementable education and training programmes relevant to research. Among other ideas, MBS or MD-PhD programmes, Research intensive DM programmes, Masters in clinical and translational research, Masters by thesis from young faculty may be considered. A plan for building research capacity in young faculty would make our effort more coherent. With creation of six more AIIMS like institutions, even an inter-institutional research training academy may also be considered.</p>

a copy of the report of the committee of members submitted for the consideration of the Standing Body.

<ul style="list-style-type: none"> • To incentivize deep and sustained alliances over relevant department (basic-clinical; Clinical and paramedical others), programme support on 5 yearly basis should be provided for enabling and covering a research. This should be based on competition with external participations in peer review. These funds can be for electronic medical records; disease specific bio-banks and institute collaborative research which can be augmented with extramural competition grants. 	<p>8. Inter department programme/virtual centres</p>
<ul style="list-style-type: none"> • The matter needs to be examined by Research Advisory Committee, Staff Council and Academic Committee. • Extra-mural funding agencies may have to be involved. 	<p>9 Inter Institutional programme/virtual centres.</p> <p>A committee should be established with Director of AHMS and representatives of IIT, Delhi to prepare a proposal for a collaborative centre on Biomedical-Bioengineering research, integrating bio-design approach as a strategic element. The committee should submit an up-gradation proposal in 3 months time.</p> <p>This collaboration can achieve the status of the famous MIT-Harvard Medical School partnership. In future, similar other alliances can be built.</p>
<ul style="list-style-type: none"> • With rising intramural funding of research and establishment of multi-department and multi-user central facilities there is a need for budgetary allocation under "Plan" head. • The Research Advisory Committee may prepare the budget and present it to the Standing Finance Committee. 	<p>10 Budget for research activities</p> <p>During each plan and at each annual budget a specific allocation for research related activities must be provided.</p> <p>The budget should have the concurrence of the Research Advisory Committee before it is presented to the Governing Body.</p>

34037 - 24/11/11

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V-16020/29/2010-ME-I
Government of India
Ministry of Health & Family Welfare

Nirman Bhawan, New Delhi - 110 011
Dated the 14th November, 2011
19/11

The Administrative Officer (Coordination),
(Shri A.K. Nirm),
AllMS, Ansari Nagar,
New Delhi.

Subject: Draft report of the committee constituted under the
chairmanship of Dr. M.K. Bhan, Secretary, Department of
Biotechnology for looking into the aspect of improvement of
standards of research in the institutions of medical education
under the Department of Health & Family Welfare - reg.

Sir,

I am directed to refer to your letter no. 35-
30/2011/Ministry/Coordination cell/Estt. 1 dated 02.11.2011 on the subject
mentioned above and to say that the draft report of the Committee has
already been sent to AllMS vide this Ministry's letter of even no. dated
06.09.2011. However, another copy of the said report is enclosed herewith
for necessary action.

Yours faithfully,

(Pradeep Srivastava)
Section Officer

Encl.: as above

Handwritten notes:
The letter is for the
file - but no copy
24/11/2011

GENERAL SECTION/A.I.I.M.S.
REG. NO. 24037
24/11/11
DATED

MINISTRY OF HEALTH & FAMILY WELFARE
MEDICAL EDUCATION UNDER THE
AUTONOMOUS INSTITUTES OF
RESEARCH ACTIVITIES IN
IMPROVEMENT IN STANDARD OF
LOOK INTO THE ASPECT OF

TO

THE COMMITTEE CONSTITUTED

OF

DRAFT REPORT

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Recommendations	
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FOREWORD

The autonomous institutions of medical education under the Department of Health & Family Welfare, Ministry of Health & Family Welfare have established reputation of highest order in the field of education, patient care and medical research. Though the achievements of these institutions in various fields including the field of research have been given due recognition nationally as well as internationally, a need is felt to further improve the standards of research in these institutions in view of the changing needs and expectations in the field of medical research in the international arena.

Keeping in view the above, A committee was constituted to look into the aspect of improvement in standards of research activities in autonomous institutions of medical education under the Ministry of Health & Family Welfare.

The committee held 3 meetings and had interactions with various stakeholders including Directors, Faculty Members, Young Scientists, etc. of various institutes to seek their views on existing set up for research activities and scope of improvement.

I am thankful to individuals and officers of various institutes for giving their precious time for interacting with the committee and their valuable comments/views on various issues. I would like to acknowledge contributions made by the individuals concerned in the Ministry and heartfelt appreciation to Shri Debashish Panda, Joint Secretary and Member Secretary of this Committee for extending full cooperation and hard work put in for finalizing this report.

I feel highly privileged for having done an important exercise for betterment of premier institutions of medical education and hope that the observations and recommendations of the committee would help in improving/strengthening standards of medical research in these institutions.

(M.K. Bhan)
Secretary, Department of Biotechnology

Dated the _____
New Delhi

BACKGROUND

A number of autonomous institutions of medical education like All India Institute of Medical Sciences (AIIMS), New Delhi, Post Graduate Institute of Medical Education and Research, Chandigarh, Jawaharlal Institute of Postgraduate Medical Education and Research, Puducherry etc. have been set up by the Government of India under the administrative control of the Department of Health & Family Welfare, Ministry of Health & Family Welfare. All these institutions are not only involved in demonstrating high quality medical education and patient care but also medical research.

Keeping in view the need for further improvement in standards of research in these institutions of medical education, a Committee comprising of following members was constituted by the Ministry of Health & Family Welfare on 06.05.2010 to look into the aspect of improvement in standards of research activities in autonomous institutions of medical education under it:

1. Dr. M.K. Bhan, Secretary,
Department of Biotechnology -
 2. Dr. Sneh Bhargav, Ex. Director, AIIMS -
 3. Dr. Indra Nath, Ex. HOD(Bio-tech), AIIMS -
 4. Dr. P.N. Tandon, Ex. HOD (Neurosurgery), AIIMS -
- Chairman
Member
Member
Member

- 5. Dr. Ranjit Roy Chaudhury, Ex. Chairman INCLEN Board of Trustees
 - 6. Shri Debashish Panda, JS, MOH&FW
- Member Secretary

The order regarding constitution of the Committee is as follows:

Appendix:

The terms of reference of the Committee were as under:

- i. To study existing research policies in AIIMS, New Delhi, PGIMER, Chandigarh, JIPMER, Puducherry etc.
- ii. To assess the quantity and quality of research activities undertaken vis-à-vis overall national and international standards.
- iii. To examine the achievements and shortfall in the research being undertaken in these institutes.
- iv. To specifically examine the factors contributing to decline in the standard of research.
- v. To suggest/recommend revised research policy and ways and means to improve the research activities to match with the international standards.
- vi. To suggest the need for infrastructure and other facilities and their financial implications.
- vii. To also suggest manpower and institutional requirement to oversee the implementation of research policies from time to time.

The Committee met thrice to discuss the existing research set up in various institutions and to deliberate on as to how to improve the existing set up to further improve the standards of research activities in these institutes. The committee also had interaction with the Directors, Faculty Members, Young Scientists of various institutes to understand the prevailing system and scope of improvement.

OBSERVATIONS OF THE COMMITTEE

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Role of centrally funded institutions of medical education

Life sciences arena is undergoing an explosion of new knowledge in both biological science and in platform technologies. The increasing convergence of biological science with clinical, physical and chemical disciplines has raised possibilities of changing paradigm of medicine and public health thereby making incorporation of new advances into our medical and health care systems inescapable. Apart from basic sciences, the state of clinical and translational research will determine the contribution India can make, and more importantly, the relevance and affordability of the emerging regimes for our people. Medical Colleges and institutions have a role in all types of research but have a crucial role to play in clinical and translational research.

Clinical and translational research is both from 'bench to bedside' (T1) and thereafter, to population (T2). T1 requires individuals and teams with strengths in biology, bioengineering, chemical science, genomics, proteomics, immunology,

microbiology, pathology, pharmacology, quantitative medical research (Clinical epidemiology and bio-stats) and bioinformatics. T2 requires skills in epidemiology, social science, health economics, biostatistics, programme & policy research and health systems management. AAIMS, PGIMER and JIMPER have important responsibility, mandate and potential to become leaders in both T1 and T2.

Research output is critical for designing impact relevant investments in health sector for innovation in delivering available health relevant knowledge and technologies to people in a meaningful way.

Within the institutional network, vision for research in the coming decades should be on generating affordable healthcare solutions and creating innovative ways of diffusing these across the health care system and to bring innovation and effectiveness into the health system itself. It is important that centrally funded medical institutes provide leadership, produce research leaders and create a world class benchmark in research productivity.

Characteristics of institutions that sustain research excellence

Apex medical institutes have given the nation much to be proud of but in recent years, their research output has been stagnant. The research ecosystem is under stress and decisive measures are needed to strengthen it. Following are several commonly accepted attributes of institutional research excellence to gain insights for design of the future ecosystem:

- (i) Leadership with a practical research vision and strategy that is capable of responding to new opportunities and challenges.
- (ii) Recognition of the right of individual faculty and other scientists to nurture and use their creativity and innovativeness to the fullest.

- (iii) Protected faculty time for research.
- (iv) Reward for good research performance.
- (v) Participatory, Innovative Research Governance.
- (vi) Quality Ph. D, Post Doctoral and niche research programmes for bio medical health and other relevant researchers.
- (vii) Ability of individuals to participate in knowledge networks.
- (viii) Easy access to quality technology platforms, clinical and population research infrastructure.

Examination of prevailing system at these institutions shows that the current research governance is essentially administrative

The vision and mandate of the autonomous institutes of medical education under the Department of Health & Family Welfare, asks them to excel in advanced patient care, medical/interdisciplinary education and biomedical/health research. For sustained excellence it is important that the governance of these interconnected verticals be itself characterized by world class policies, strategies and processes.

Governance of Research at Premier medical institutions

- (ix) Brand value, to attract research interested faculty, scholars and students.
- (x) Hassle free research capability enhancement possibilities at all levels.
- (xi) Career paths that allow some to concentrate relatively more on research while pursuing patient care and/or teaching.
- (xii) Physical infrastructure and access to information.
- (xiii) Mentorship

and limited largely to ensuring that extramural grants by faculty and scientists are handled as per government rules, very modest intramural grants for faculty are dispensed and ethics review is carried out where relevant. The committee has noted that the Academic Committees at these institutes have little influence on research. The committee feels that the governance system of research needs to be modified and strengthened for more effective policy formulation, strategy development and services. The Governance role of an effective system should include the following:

- Vision and strategy development on 5 yearly basis and specific plans, biennially.

- Establishment and governance of centralized technology platforms (including animal models and in vivo imaging), clinical research and population research resource support systems.
- Research capacity and career development support for young faculty.

- IP and technology transfer/ management services.
- Research information access.

- Interdepartmental and inter institutional research and research training linkages.

- International collaboration.
- Academia- industry collaboration.
- Research training linked to medical education at various levels, and Ph. D. and Post-Doctoral programmes.
- Research oriented short term training.
- Administrative and Financial support for extramural and intramural projects.

- Resource mobilization through proactive partnerships with funding agencies.

Research Cadre

The increasing patient load on faculty over the years poses a great challenge to scaling up quality clinical research. There are however, spirited clinicians who continue to manage both well. In such cases, exposure to a senior academic mentor often serves as an inspiration. Nevertheless, modern clinical research of high class is a complex undertaking and quality time is critical. The committee has noted that none of the new centres in any of the medical institutions including one's under development, have given any role for research in their design and conceptualization. Many of these actively discourage Ph. D. Programmes.

In the past, the research cadre was mooted as a possible solution to augment faculty research output. However, the contribution of scientists has varied depending upon the senior mentors with whom they were placed and the emphasis on research in the departments. The cadre is unattractive as promotional avenue are sub optimal as compared to ICMR, DBT, DST and CSIR. The quality of input of scientists is mixed because there has been little direct recruitment. The cadre was essentially used to respond to legal directives for absorption of ad hoc project employees who had completed 15 years; many but not all of them have been productive. Finally, the best value of these scientists would be in clinical/para-clinical departments that have research leadership, in specialized interdepartmental centres, and in the proposed biomedical centre. In basic departments, optimizing faculty size rather than running parallel career paths may be a wiser course.

The other approach to redressing this issue is to expand faculty size, in general, and make faculty more interdisciplinary within departments and centres. A simple comparison of faculty size at Harvard Medical School and say, AIIMS, New Delhi, would bring out the glaring disparities.

Medical Education and Research Education/Training

Leadership in scientific disciplines is too thin, in general but the lacunae in biomedical and health research is even more striking. The human resource creation role of central medical institutions must have emphasis not only on doctors and para-medics, but also on biomedical and health researchers. How this can be achieved requires an in-depth analysis.

Recommendations of the Committee

Based on the deliberations, interaction with various stakeholders and inputs provided by them, the committee makes the following recommendations:

1. Model of Research Governance

There are several potential research governance models that may be considered. A relatively easy to introduce model may have the following components:

- i. Standing (or Advisory) Committee for Research (extramural and intramural membership for policy and strategies), purely based on research merit and research policy formulation, comprising of an external Chairman, Director of the institute as Co-chair, Dean (Research) as Member Secretary with external and internal outstanding faculty/scientists as members.
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- iii. Service units for activities identified above including the existing administrative cell for research.

An alternate model is to establish a society or foundation for research. This model has advantages over the aforementioned model as it allows for a contract based career path to be developed without conflict with the faculty system and an opportunity to develop more efficient governance processes. It also makes it easier to forge sustainable alliances. Knowledge network are key to spontaneous emergence of interdisciplinary teams and facilitate inter-institutional and inter-departmental collaborative programmes. A core support from the institute ideally and also by research-funding agencies would allow multiple, creative initiatives. However, the barriers, if any to create this model from legal, administrative angle need to be examined further. Examples of both systems exist in the country today and innovative research management models are under consideration in IITs, Management Schools, Universities and some Medical Schools as well.

iv. A democratic Peer Review based system, displayed transparently to all stakeholders, must be put in place for selection of Dean (Research), Member of Research Standing (or Advisory Committee and Research Management Committee, senior faculty with research educational need to contribute to laying down these processes.

2. Central Platform Technology Facility

A Central platform technology facility within a core biomedical research centre should be established. The key

component would include:

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management services, medical writing, assay validation, project management, regulatory advice, organizing data safety monitoring boards, support for multi institutional human studies, bio banking, short term training for principal investigators, trial auditing and monitoring.

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clinical research labs for some of the existing clinical centres and departments with strong research interests as an integral part of the departments/centres. There is little scope for locating supporting labs within existing clinical departments or centres as they have little physical space. As clinical centres

and department are essentially clinical faculty based, induction of new faculty in various disciplines would be required to make them interdisciplinary.

There are many clinical research facilities of this type in various medical centres globally and their experience could be helpful in planning.

An initial allocation of 75 cores and at least 30 positions of lab scientists, clinical epidemiologists, statisticians, programmers, data managers and project managers would be required.

3.

3. Population based Science Centres

The apex medical institutions have a department or centre based structure linked to education in patient care, biomedical and health research needs to be carried out in populations as much as in patients. Population science centres must be established in rationally important fields in an interdisciplinary manner

- (i) Infectious disease
- (ii) Chronic Diseases
- (iii) Nutrition.

The platform technology facilities described above can be accessed by this centres.

We should consider inviting DHR, DBT and CSIR to open their centres as one of the options. These centres would each cost about ₹ 60 crores each to establish during the XIII Plan and scientist positions about 20 per centre. Such events could transform our research capability in the country.

4. Protected Faculty time for research

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The CoE selection should be based on:

i. Proven track record of the lead investigators

- ii. Disease burden of a disease induces coordination in India. At least 6-5 such mission programmes should be supported in the 12th Plan.

6 Ph. D. and Post Doctoral Programmes

- i. The fellowship must, at least, equal the best payable in the country.
- ii. Hostel accommodation must be made available.
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vi. Contractual faculty may be allowed, for not exceeding 5 years in duration, for those interdisciplinary mission programmes and specialized centres that are a part of the institutional medium and long term strategy to attract best talent and get them started.

7. Linking Medical Education and Research Education/Training

A Task Force should be constituted to give specific recommendations on implementable education and training programmes relevant to research. Among other ideas, MBBS or MD-PhD programmes, Research intensive DM programmes, Masters in clinical and transitional research, Masters by thesis from young faculty may be considered. A plan for building research capacity in young faculty would make our effort more coherent. With creation of six more AllMS like institutions, even an inter-institutional research training academy may also be considered.

8. Inter department programme/virtual centres

To incentivize deep and sustained alliances over relevant department (basic-clinical; Clinical and paramedical others),

programme support on 5 yearly basis should be provided for enabling and covering a research. This should be based on competition with external participations in peer review. These funds can be for electronic medical records; disease specific bio-banks and institute collaborative research which can be augmented with extramural competition grants.

9 Inter Institutional programme/ virtual centres.

A committee should be established with Director of AIIMS and representatives of IIT, Delhi to prepare a proposal for a collaborative centre on Biomedical-Bioengineering research, integrating biodesign approach as a strategic element. The committee should submit an upgradation proposal in 3 months time.

This collaboration can achieve the status of the famous MIT-Harvard Medical School partnership. In future, similar other alliances can be built.

10 Budget for research activities

During each plan and at each annual budget a specific allocation for research related activities must be provided. The budget should have the concurrence of the Research Advisory Committee before it is presented to the Governing Body.

To consider the letter received from Government
about reservation of posts at AIIMS

ITEM NO. IB-144/8

NOTE FOR THE INSTITUTE BODY

NOTE FOR INSTITUTE BODY

Item No. IB/8

TO CONSIDER THE LETTER RECEIVED FROM GOVERNMENT ABOUT RESERVATION OF POSTS AT AIIMS.

I INTRODUCTION

1.1 A reference was received from the Govt. of India Ministry of Health & Family Welfare vide their letter No.V-1620/74/2008-ME1 dated 10 March, 2010 enclosing therewith PMO's U.O. No.520/31/C/65/2007-ES dated 18.01.2010 on the subject "Implementation of Reservation Policy for SCs/STs/OBCs in all categories of faculty posts in AIIMS reg". with a request that the Institute may indicate that the post which are Scientific and Technical which could be excluded from the purview of reservation under the extent of DOPTs instructions (Annexure-1).

2. ADMINISTRATIVE COMMENTS

2.1 The Institute replied to Govt. of India, Ministry of Health & Family Welfare vide its letter No. DDA/14/2010-2011 dated 19.10.2010 stating therein that as per the comments received from DOPT and Ministry of Health and Family Welfare is preparation of reservation roster for faculty posts up-to the level of Professor is under process. The Ministry was also informed that as per guidelines issued by Govt. of India from time to time, the posts those required for conducting research or organizing, guiding and directing research be defined as Scientific and Technical post. From this point of view, all Scientific, Technical and Faculty positions at AIIMS may come for exclusion of Scientific and Technical post from the purview of reservation. However, it was also pointed out that the reservation of posts for SCs/STs and now even OBCs is under implementation in the Institutions directly under the control of Ministry of Health and Family Welfare and also in P.G.I. Chandigarh and Central Health Services.

Contd. on pg.2

Ministry of Health and Family Welfare was also informed that because of no reservation for SCS/STS/OBCs for admission for DM/M.Ch. Courses only & not for jobs. It was also not possible to exclude these posts from the purview of reservation with in guidelines of DOPT, accordingly it has been done in the present Roster for jobs. The reply was concluded that the AIMS currently will accord priority to implementation reservation roster for all faculty posts to enable to start recruitment to the vacant posts in larger interest of patient care and efficient functioning of Institute and the matter of classifying posts as Scientific & Technical could however be placed before the Institute Body for their consideration in view on the matter (Annexure - II).

2.3 Accordingly, 115 faculty posts at the level of Assistant Professor/ Lecturer in Nursing have been advertised with due reservation and the selection process is underway. The other vacant posts at the level of Associate Professor/Additional Professor/Professor will be filled after finalization of reservation roster of these posts.

2.4 In view of the above, the matter is submitted for further directions of the Institute Body.

17 MAR 2010
 1177
 AIMS, NEW DELHI-110029

No. V-16020/74/2008-MEI
 Government of India
 Ministry of Health & Family Welfare

Nirman Bhawan, New Delhi
 Dated the 8th March, 2010

The Director,
 AAIMS,
 Ansari Nagar,
 New Delhi

Subject: Implementation of reservation policy for SCS/STS/OBCs in all categories of faculty posts in AAIMS - reg.

I am directed to enclose herewith a copy of PMO's U.O. No. 520/31/C/65/2007-ES-2 dated 18.01.2010 on the subject mentioned above and to request that the institute may indicate the posts which are scientific and technical which could be excluded from the purview of reservation under the extant DOP's instructions.

This may be given TOP PRIORITY.

Yours' faithfully,
 Ranabir Kumar

(K.K. Jhelli)
 Under Secretary to the Govt. of India
 Ph. 011-23061229

Encl.: as above

Copy for necessary action to:

The Deputy Director (Admn), AAIMS, Ansari Nagar, New Delhi.

10 MAR 2010
 DIRECTOR OFFICE, AAIMS, N.D.-29
 RECEIVED

19/3/10
 19/3/10

17/3/2010
 17/3/2010

17/3/10

Are faculty posts in AAIMS
 are teaching posts &
 are those posts
 the person of
 should be
 in AAIMS

IMMEDIATE

PRIME MINISTER'S OFFICE

South Block, New Delhi - 110 101

Subject: Implementation of the reservation policy for SCS/STS/OBCs in all categories of faculty posts in AAIMS

Reference is invited to Department of Health & Family Welfare's ID no. V.16020/74/2008-ME-1 dated Feb. 2010.

2. Reply has been sent earlier vide this office's ID note of the Department of Health & Family Welfare's ID note no. 16020/74/2008-ME-1 dated 30.10.2009.

Director (Armit Agrawal) vide G.N.O. on 28.10.10
Tel. 2301.2613

J.S. (ME)

Secretary, Department of Health & Family Welfare
PMO ID no. 520/31/C/65/07-ES.II
Dated: 4.3.2010

W. J. ...
5/3

D.S. (ME) 2/3/10
A. P. ...

S.D. (M.G.S.)
8/3/10

OFFICE OF S. (DP)
15 PMO
Date 8/3/10

Secretary (Health & F.W.)
Entry No. DMA-109
Date: 5/3/2010

Secret

PRIME MINISTER'S OFFICE

South Block, New Delhi - 110101

Subject: Implementation of the reservation Policy for SCs/STs/OBCs in all categories of Faculty Posts at AIIMS - reg.

Department of Health and Family Welfare may kindly refer to their I.D. no. V.16020/74/2008-ME-I dated 30th October, 2009 on the above noted subject.

2. The undersigned has been directed to convey that the Ministry of Health and Family Welfare may take a view as to which of the posts are scientific and technical to be excluded from the purview of reservation under the extant DOPT instructions.

3. This exercise may kindly be completed most expeditiously, so that action to fill vacant posts is taken up without delay.

(Amit Agrawal)
Director
Tel: 2301 2613

Secretary, Department of Health and Family Welfare

PMO U.O. No. 520/31/C/65/2007-ES.2

Dated 18.1.2010

The issue of extending reservation for SCs/STs/OBCs to the faculty posts in AllIMS has been under consideration for quite some time. The Reservation Roster was listed in the agenda for the meeting of the Institute Body held in May 2010. However, it was decided that before placing the matter in the Institute Body, views of the Department of Personnel and

I am directed to refer to your letter No. V.16020/74/2008-ME1 dated 10th March 2010 on the subject cited above and subsequent reminders thereupon. In this context your attention is invited to Sections 13&14 of the AllIMS Act 1958 that deal with the objectives & functions of the Institute. The entire staff of AllIMS within the ambit of these sections can be categorised into faculty and non-faculty. While the entire faculty comprises of medical doctors, non-faculty comprises of scientific, technical and administrative staff.

Sir,

Subject: Implementation of reservation policy for SCs/STs/OBCs in all Categories of faculty posts in AllIMS-reg.

(Atten: Shri Keshav Desiraju, Addl. Secretary)

The Secretary to Govt. of India,
Ministry of Health and Family Welfare,
Nirman Bhavan,
New Delhi.

To,

VINEET CHAUDHRY, IAS
DEPUTY DIRECTOR, ADMIN



Address :- "MEDINST"
TELEGRAM - "MEDINST"
Telephones : २६५८८५००, २६५८८५००, २६५८६६००
26588500, 26588700, 26589900

ALL INDIA INSTITUTE OF MEDICAL SCIENCES
अभारतीय आर्यभट्ट आर्यभट्ट आर्यभट्ट आर्यभट्ट
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ANSARI NAGAR, NEW DELHI - 110029 (INDIA)

संज्ञक सं./ Ref. No. :
दिनांक/ Dated :

DDA/14/2010-2011
Dated: 19.10.2010

Amr...-11

Training & Ministry of Health and Family Welfare on the proposed reservation roster for faculty posts should be obtained. The comments of both DOP&T & MOHFW have since been received and the preparation of reservation roster for faculty posts up to the level of Professor is under process. Upon finalisation the roster shall be placed before the Institute Body for consideration.

As regards exclusion of scientific and technical posts from the purview of reservation, the guidelines issued by GOI from time to time, define these posts as those required for conducting research or for organising, guiding and directing research. From this point of view virtually all scientific, technical and faculty positions in AIIMS could be classified as scientific and technical. However it needs to be pointed out that similar positions exist even in institutions directly under the control of Ministry of Health and Family Welfare. In all these institutions including the Central Health Services, reservation of posts for SCS/STs & now even OBCs is under implementation & also in PGI, Chandigarh. Another aspect that needs to be considered is that currently there is no reservation for SCS, STs & OBCs for admission to DM/MCh courses. Therefore, it becomes difficult to implement reservation for SCS, STs & OBCs while recruiting faculty for posts where the essential qualification is DM/MCh. However, it would not be possible to exclude these posts from the purview of reservation within the extant guidelines of DOP&T. Therefore, Govt. needs to take a view on how to exclude these posts from the purview of reservation.

In view of the above, AIIMS for the present will accord priority to finalising the reservation roster for faculty posts so that recruitment to the vacant posts can be started immediately in the larger interest of patient care and the efficient functioning of the Institute. The matter of classifying posts as scientific and technical could however be placed before the Institute Body for taking a view on the matter.

Yours faithfully,

2
22.11.10

(VINET CHAWDHRY)
DEPUTY DIRECTOR(ADMIN)

To consider the Special Report 2008 of National
Commission for Scheduled Castes (NCSC) on
incidents of caste based discrimination and
harassment and action to be taken at All India
Institute of Medical Sciences (AIIMS), New Delhi!

ITEM NO. IB-144/9

NOTE FOR THE INSTITUTE BODY

This matter was listed in the 145th meeting of the Governing Body held on 01/03/2011 as agenda item No. GB/145/5. However, consideration of the item was deferred as the Governing Body wanted more time to study the report. Meanwhile, Ministry of Health and Family Welfare asked for the comments of the Institute to be furnished early as the report along with the comments was required to be tabled in Parliament. Accordingly, the approval of the Governing Body to the administrative comments was sought by circulation vide memorandum F. No. 6-5/11/NCSC/SC-ST/Estt.1 dated 04/10/2011. However, approval could not be obtained. Hence the item is now placed before the Governing Body for its consideration.

The Commission has desired that the Governing Body of AIMS should accept the recommendations contained in special report 2008 of the National Commission for Scheduled Castes on incidents of Castes based discrimination and harassment at this Institute and action to be taken.

The Ministry of Health and Family Welfare has forwarded the extract from the special report 2008 of the National Commission for Scheduled Castes on incidents of Castes based discrimination and harassment at this Institute for action taken note.

INTRODUCTION

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TO CONSIDER THE SPECIAL REPORT 2008 OF NATIONAL COMMISSION FOR SCHEDULED CASTES (NCSC) ON INCIDENTS OF CASTE BASED DISCRIMINATION AND HARASSMENT AND ACTION TO BE TAKEN AT ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIMS), NEW DELHI.

Item No. GB/146/9

NOTE FOR THE GOVERNING BODY

141 F.No. 6-5/11/NCSC/SC-ST/ESTT-1

ADMINISTRATIVE COMMENTS

In this regards, it is submitted that total 10 recommendations of the special report 2008 have been received and the details of the action to be taken on these recommendations is furnished below:-

S. No.	Recommendations	Action to be Taken
4.1	<p>Disciplinary action be initiated against the office bearers of Faculty Association of AIIMS under the provisions of the CCS-CCA conduct rules for their role in instigating the students and doctors to prolong the anti-quota agitation. The Director, being the main actor of entire drama be prosecuted not only under the provision of CCS-CCA conduct rules but also under the provisions of SC/ST Prevention of Atrocities Act.</p>	<p>The Hon'ble High court of Delhi vide its orders dated 21/02/2011 in WP (C) No. 8832 of 2006, Scheduled Castes and Scheduled Tribes Medical Association (Regd.) Delhi Vs Union of India and others, has directed the President, AIIMS to set up a High Powered Committee to identify faculty, who were on strike. Thereafter, AIIMS would refer the cases to MCI/D/MC for appropriate action.</p> <p>It is, however, not the case that participation in a strike against reservation is tantamount to an atrocity on SC/ST students. Therefore, the recommendations that office bearers of FAIMS who were on strike should be prosecuted under the SC/ST Prevention of Atrocities Act may not be accepted.</p> <p>Dr. P. Venugopal has since retired.</p>
4.2	<p>Mechanism be developed within the Institute to prevent and correct cases of caste injustice. It is an absolute must that those who are found guilty by the Thorat Committee be prosecuted under the provisions of SC/ST Prevention of Atrocities Act. To convey any impression that the perpetrators of such crimes can be allowed to walk away scot free is to condone such acts.</p>	<p>The Thorat Committee has specifically named the then Director Dr. P. Venugopal, and the then Sr. Financial Advisor for proactively encouraging the strike. Prof. P Venugopal has since retired and is no longer in the service of the Institute.</p> <p>Similarly the then Sr. Financial Advisor was repatriated to his parent Department.</p> <p>Reference have also been made to the role of Dr. T. D. Dogra and the Medical Superintendent. However, these references are based on complaints made to the Committee and no specific finding has been</p>

<p>given by the Committee in respect of the above two officials.</p> <p>The following procedure is now followed for allotment of Hostel accommodation to students and residents:-</p> <p>(a) The Students are allotted accommodation immediately on their admission to the Institute. In fact the allotment is done by draw of lots on the day of their admission in the presence of all the students, their parents/relatives and Sr. Functionaries of the Institute.</p> <p>(b) The Hostel Section does not keep any record of the caste/category of the Students as there is no particular column seeking the applicant to state his/her caste/category in the Hostel application form.</p> <p>(c) The Students are not allowed to change the allotted room under normal circumstances. If any student requests for room change, the concerned warden of the Hostel is asked to comment on the reason for room change and verify the reason for like seepage, or any damage of the room. In these circumstances the necessary verification/opinion of J.E. /A.E. Civil/Electrical is also obtained. Subsequently the requests are considered by Suptd. of Hostels on merit.</p> <p>(d) The day to day affairs of the Hostels are looked after by Hostel Wardens</p>	<p>Concrete steps be taken by the administration to ensure that there is greater harmony among the students in the hostels. Hostel committees comprising of students of all categories be set up. These committees should meet at regular intervals and all contentious issues should be resolved amicably in time. Administration must take action against those who are indulging in any act of caste harassment under the provision of SC/ST prevention of atrocities Act. Case under the provisions of the Act should be registered against the students who filmed the derogatory video in the hostel. The Institute Governing Body should take action against the responsible officials for not taking action in the matter. Those officials who are entrusted with responsibility of hostel must be asked to explain their conduct. The officials who have tendency to ignore the incidents of caste oppression must be removed, and reprimanded. The hostel warden Dr. G.K. Rath should immediately be removed from the post.</p>	<p>4.3</p>
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<p>who report to Deputy Supdt. of respective Hostels. The Dy. Supdt. of Hostel comprise of faculty members of the Institute who help the Supdt. of Hostels in managing the Hostels affairs. Overall the Hostels affairs are looked after by Supdt. of Hostels who is one the Sr. Professors of the Institute. There is also a Hostel Advisory Committee which includes almost all the Higher Authorities of AIIMS as members for the welfare of the Hostellers.</p> <p>(e) The Students/Residents also have their own associations like Students Union (S.U), Society of for Young Scientists (S. Y.S.), Resident Doctors Association (R.D.A.), and Students Nurses Association (S.N.A). In all these bodies, there are students executives from each year as representatives. These bodies are formed by a democratic process of Election which are overseen by Sr. Faculty Members.</p> <p>(f) As regards the nomination/appointment as Supdt. of Hostels/Dy. Supdt. of Hostels, the appointments are made by the Director, AIIMS.</p> <p>Regarding the shooting of the derogatory films in the hostel, names of the students are not available with the Academic Section. Moreover, the students of that time have already completed their studies and left the Institute and whereabouts of the students are not available with AIIMS. Dr. G. K. Rath Professor and Head of Radiotherapy and Chief of Dr. B. R. Ambedkar Institute-Rotary Cancer Hospital, the then Hostel Superintendent himself expressed his inability to look after the work of additional assignment of Superintendent of Hostels on 05.12.07. Accordingly, the then Director accepted his verbal request and assigned the duties of Hostel Superintendent to Prof. H.H. Dash, Chief of Neurosciences.</p>	
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	<p>Earlier, floating reservation was applied to recruitment of faculty at AIMS. Post based reservation roster is now being applied to all faculty cadres in the Institute. 13 point roster has been applied to all cadres where number of posts is less than 14. Cadres have been more 14 posts have been covered by 120 point roster.</p> <p>For plotting these rosters, faculty have been plotted against the post held by them as on 02/07/1997, as per Govt. of India guidelines. In all cases where SC/ST/OBC candidates have been selected without any concession/relaxations, they have been shown as selected on their own merit.</p>	<p>The Institute has failed to implement reservation policy in the letter and spirit of the constitution, there is under representation of SC/ST/OBC in the faculty. In the last selection held in 2003, for 170 posts of Assistant Professors only 40% of the advertised 68 posts were filled up even though suitable candidates available. Since no relaxation and concessions were given in terms of qualifications and experiences, all those reserved category candidates who got selected should be considered to have made it on open merit. This practice of adjusting meritorious SC/ST/OBC candidates against reserved seats is patently illegal.</p>	<p>4.4.1</p>
<p>As already explained under 4:4.1, post based roster are now being effected to all cadres of faculty post. In so far as counting of adhoc service is concerned, the matter is subjudice. The Hon'ble High Court of Delhi vide its order dated 24/11/2010 in WP (C) 7236/2003, Dr. Sarman Singh Vs Union of India and others has allowed the Institute to consider promotion which would however be the subject to the final outcome of the case. This Institute has acted accordingly.</p> <p>It also needs to be emphasized that the decision to current ad hoc service of faculty was taken by the Institute Body. AIMS is an autonomous institution & its Institute Body is the appropriate authority for such decisions. Hence, no action is warranted against officials who implemented the decisions of the Institute Body.</p>	<p>AIMS administration is directed to make post based roster immediately. It has been established beyond doubt that the selections for the faculty posts made in the year 2003 were in gross violation of the rules and regulations for reservations and the principles of fair selections. The entire selection process should be annulled and re-conducted in conformity with government rules and regulations for providing reservations and a fair chance to all applicants irrespective of whether they have worked at AIMS or not. Counting the period of ad-hoc service in the seniority of the selected candidates instead of taking seniority from the date of regular appointment neither has justification in the government rules nor in law. Such a patently illegal action should be reversed forthwith. Likewise promotion of the ad-hoc Assistant Professors to the post of Associate Professor by counting ad-hoc service in seniority is illegal and has to be annulled. The GOI guidelines must be followed for providing due relaxation and concession for reserved category candidates. The disciplinary proceedings must be initiated against officials responsible for flouting reservation rules. All such officers who</p>	<p>4.4.2</p>	

	<p>are known to harbor antipathy towards SC/ST/OBC must be posted in non-sensitive area, where they could not influence the welfare measures.</p>	
<p>4.4.3</p>	<p>The Commission would like the AIIMS to follow the reservation policy in the selection of senior residents. The post based roster system must be made applicable for this purpose henceforth. The illegal selection must be quashed, and for that AIIMS should move the Supreme Court. Those responsible for masterminding the designing of this illegal method to deny justice to SC/ST/OBC must be taken to task by way of departmental disciplinary action. If a case is made out for criminal action under the provisions of SC/ST Prevention of Atrocities Act, it should be pursued.</p>	<p>Post based reservation roster has now been applied in the selection of Sr. Residents. The stay on such selections imposed by the Hon'ble CAT was vacated on 24/09/2010. Thereafter advertisement has been issued on 02/02/2011 for 167 positions of Sr. Residents/Sr. Demonstrators.</p>
<p>4.5.1</p>	<p>Cases be filed under the provisions of SC/ST Prevention of Atrocities Act, against all those who made malicious, frivolous and false complaints against Dr. Suman and also against all those officials (including HOD, and Director) who failed to discharge their Constitutional duty. In addition departmental inquiry must be instituted to investigate the role played by all those responsible in harassing Dr. Suman, and appropriate disciplinary action be taken against them. Not following consultant's order is a clear case of insubordination, the HOD and the administration are duty bound to take action on this. The head of the department of Radiotherapy Dr.G.K. Rath has shown himself as having a rabidly malicious attitude towards reserved category doctors and students on more than on occasion. He should be removed from the post of Chief of the Institute Rotary Cancer Hospital and the Head of the department of Radiotherapy and placed under suspension in order to facilitate a free and fair enquiry.</p>	<p>Complaints were received regarding improper treatment of a patient by three faculty members of the Department of Radiotherapy (including Dr. Suman Bhasker). A Committee under the Chairpersonship of Prof. Kiran Kucheria, the then Head, Department of Anatomy including a representative from Delhi Commission of Women was constituted by the then Director, AIIMS to look into the issue. The complaints written by some residents were also forwarded to the Committee. The Committee was, however, of the view that it was not competent enough as the issue was highly specialized field and recommended for a separate committee with RT Experts. The issue was subsequently examined by two Committees (i) under the Chairmanship of Prof. S.K. Srivastava, Head of Radiation Oncology, Tata Memorial Hospital, Parel, Mumbai & Prof. P.M. Shah, Head, Medical Oncology Cancer Research Institute (Regional Cancer Centre), Ahmedabad, Gujarat. However, in the meantime, the issue was also examined by a Committee constituted by then Director under the Chairmanship of Prof. S.C. Tiwari, Chairman, Hospital Management Board to</p>

<p>resolve the differences between Dr. Suman Bhasker and residents of the Department of Radiotherapy and based on the recommendations of the Committee, letters under the signature of Dr. G.K. Rath, Prof. & HOD of Radiotherapy and Chief, Dr. B.R. Ambedkar IRCH and Dr. P.K. Julka, Professor of Radiotherapy thereby warning the residents not repeat such instances in future, were issued.</p> <p>However, as per the directives issued by the Chairman, Hon'ble National Commission for Scheduled Castes in its meeting held on 07.12.2007, all the enquiry committees constituted against Dr. Suman Bhasker had been cancelled and the recommendations of Dr. P.M. Shah Committee had not been accepted by the Institute and hence infructuous and an intimation to this effect was communicated to the Hon'ble Commission vide this office letter dated the 4th April, 2008. A copy of the minutes of the meeting held on 07.12.2007 and this office letter dated 4th April, 2008 are enclosed for kind perusal. The Hon'ble National Commission for Scheduled Castes has also closed the case of Dr. Suman Bhasker vide its letter No. S-13(Health-11/07/SSW-II dated the 4th November, 2008.</p>	<p>The faculty with known caste prejudice be barred from being examiners. There should be neutral observers during the examination. If any faculty is found to indulge in the practice of caste discrimination, such people must be barred permanently from any responsibility that has a bearing on the welfare of SC/ST/OBC candidates/employees. The final decision making power for the Institute lies with the Governing Body. The then Director Dr. Venugopal and officials who acted at his behest, namely Dr. T.D. Dogra, Dr. K.K. Deepak and Dr. Sandeep Aggarwal should be prosecuted under the provisions of the CCS-CCA service rules for</p>	<p>4.5.2</p>
<p>Dr. P. Venugopal has since been superannuated from the services of the Institute on 02.07.2008, hence, no action can be initiated. Dr. T. D. Dogra, Dr. K. K. Deepak & Dr. Sandeep Agarwal are also no more in their positions. Moreover, they have merely complied with instructions of their superior authority.</p>	<p>The faculty with known caste prejudice be barred from being examiners. There should be neutral observers during the examination. If any faculty is found to indulge in the practice of caste discrimination, such people must be barred permanently from any responsibility that has a bearing on the welfare of SC/ST/OBC candidates/employees. The final decision making power for the Institute lies with the Governing Body. The then Director Dr. Venugopal and officials who acted at his behest, namely Dr. T.D. Dogra, Dr. K.K. Deepak and Dr. Sandeep Aggarwal should be prosecuted under the provisions of the CCS-CCA service rules for</p>	<p>4.5.2</p>

In view of the above, the recommendations along with action to be taken as proposed above on the Special Report 2008 of the National Commission of Scheduled Castes on incidents of caste based discrimination and harassment at All India Institute of Medical Sciences is placed before the Governing Body for consideration please.

APPROVAL SOUGHT

<p>The Governing Body may take a view on the recommendations of Commission in light of the comments given on each such recommendation.</p>	<p>The Commission desires that the Governing Body of AIIMS should accept the recommendations made in this report at the earliest. The Governing Body should issue executive orders to the AIIMS administration for implementing these recommendations. It is high time that not only the atrocities committed on the victims of the caste discriminatory policies of AIIMS administration are undone but through going measures be taken to insure that such atrocities are not committed in future. This cannot be done unless and until the Governing Body takes it upon itself to implement these measures.</p>	<p>4.6</p>
<p>The recommendations of the Dean (Acad.) regarding appointment of Dr. Sukbir Singh Badal to the post of Sr. Resident in the Department of Lab. Medicine was over ruled by the then the Director (Dr. P. Vengogopal). He has since been retired from the service of the Institute on 02/07/2008, therefore, Departmental action against Dr. P. Vengogopal is not possible.</p>	<p>If any faculty/official are found to be indulging in the practice of caste discrimination, such people must be barred permanently from any responsibility that has a bearing on the welfare of SC/ST/OBC candidates/employees. Departmental action be initiated against all those officials who disobeyed the legal and valid order of the Dean.</p>	<p>4.5.3</p>
<p></p>	<p>insubordination of the orders of the higher authority. They should also be prosecuted under the provisions of SC & ST Prevention of Atrocities Act for harassing Ajay and causing loss of one full academic year.</p>	<p></p>

NOTE FOR THE INSTITUTE BODY

ITEM NO. IB-144/10

To consider the report of the Sneh Bhargava
Committee set up by MOHEW for determining
work standards for faculty

NOTE FOR THE INSTITUTE BODY

Item No. IB/144/10

To consider the report of the Sneh Bhargava Committee set up by MOHFW for determining work standards for faculty.

Ministry of Health & Family Welfare constituted a Committee to finalise and recommend suitable work standards for faculty of Autonomous Institutions of Medical Education under the Department of Health & Family Welfare.

The following members were nominated on the Committee:-

1. Dr. Sneh Bhargava, Former Director, AIIMS
2. Dr. P.N. Tandon, Former HOD, Neurosurgery, CNC, AIIMS
3. Dr. Kusum Verma, Former Dean, AIIMS
4. Dr. B.N.S. Walla, Former Director, PGIMER, Chandigarh
5. Dr. I.C. Pathak, Former Director, PGIMER, Chandigarh
6. Sh. Vineet Chawdhry, Dy. Dir. (Admn.), AIIMS

Dr. B.N.S. Walla and Dr. I.C. Pathak did not participate in the deliberation of the Committee.

The Terms of Reference of this Committee were as follows:-

- (i). To finalise and recommend suitable work standards for faculty of autonomous Institutions Of Medical Education under the Department of Health & Family Welfare consequent upon grant of revised structure after implementation of recommendations of 6th Central Pay Commission.
- (ii). To recommend suitable changes/amendments to the Recruitment Rules.
- (iii). The Committee will have deliberations with the faculty of these Institutions on all the issues concerned and ensure their full participation.
- (iv). The Committee may co-opt other members as per need.

The Committee conducted its deliberations from January 2011 to August 2011. During the deliberations of the Committee, a 'Questionnaire' was developed about the components of the functions of faculty and their 'Questionnaire' was circulated to the faculty working in AIIMS, PGIMER, JIPMER, NIMHANS and NEIGRIHMS, through the Directors of the above mentioned

Institutes, to ascertain the views of the faculty and the institutions so that its analysis is duly reflected in the Report.

The Report of the Committee was also discussed in a meeting on 30th August 2011 with the Directors and a few Senior Faculty Members from the above mentioned Institutes. It has been observed by the Committee in its Report that prescription of standards must necessarily be preceded by adequate support systems in terms of Infrastructure, Human Resource and optimal use of Information Technology. It has been recommended by the Committee that enforcement of work standards must be preceded by creation of the necessary wherewithal for achieving such standards. This would require the following activities:-

- (i) Computerised patient care records and administrative procedures within one year.
- (ii) Standardise support staff requirements of all Departments and positioning them.
- (iii) Fill-up vacancies of sanctioned posts regularly (atleast on an annual basis) by timely selection processes.
- (iv) Provide support infrastructure as follows:
 - a) A centralised Research facility to be established with a cadre of research scholars / basic scientists and trained technicians, to maintain the facility and to generate interdisciplinary research, provide support to the medical scientists who require it – an environment of research needs to be created and sustained.
 - b) A state of the art animal house with veterinary, technical and engineering support to be available with a power back-up.
 - c) Institute training courses in Research Methodology for all faculty on a mandatory basis.
 - d) The Institutes should announce thrust areas of research, make funds available for multi-disciplinary and multi-institutional projects relevant to the country. Faculty members who have acquired expertise/competence in those areas shall be able to apply for such projects and be given credit for the same.
- (v) All administrative functionaries i.e. Directors, Deans/HOD/MS undergo managerial training in spheres of man management, policy planning, team building, educational technology, grievance handling, time management etc.
- (vi) A system of post doctoral fellowships and research scholarships may be instituted.
- (vii) All Institutes to set-up a Scientific Advisory Committee with external members, to review performance of all scientific activities on a regular basis. These Committees could be set up at Department level in larger Institutes.

The Report of the Committee has been submitted to Secretary, Ministry of Health & Family Welfare on 29th October 2011.

Summary of recommendations made in the Report is as follows:-

Time management

- The Departments have been grouped into 3 categories viz basic Sciences Department, Para Clinical Services and Health Care Providers/Clinical Department. Faculty time has been indicatively apportioned in 3 activities viz Teaching and Training, Research, Patient Care Services and Corporate Activities. (Time allocation may be interchanged within the same category by 10-20 %. The detail are at the page 7 of the Report)

1. Evaluation Of The Faculty

(page no. 10 of the Report)

2.1 Teaching and Training

(page no. 10-11 of the Report)

- a) Didactic lectures delivered
- b) Participation in Departmental, Institutional, programmes sponsored by National Association and other educational institution, educational exercises i.e. Continuing Medical Education, Grand rounds, Seminars, Workshops.
- c) Clinical teaching exercises
- d) Interdepartmental teaching
- e) Mentorship & guidance provided to students for thesis work.
- f) Visiting professorships
- g) Question Bank Formation
- h) Student Feed back
- i) Production of teaching Material/Book/Monographs/Technical Manuals
- j) Innovation in teaching methods introduced

2.2 Research

- Grants Attracted (page no. 11 of the Report)
- Publications (page no. 11 of the Report)
- Evaluation of papers published in indexed Journals (page no. 12 of the Report)
- (page no. 12-13 of the Report)

3. Patient Care Services

(page no. 13 of the Report)

- Patient load per faculty may be regulated

4. Corporate Activities

(page no. 14 of the Report)

- Participation of the faculty in activities promoting the objectives of the Institutes-National/International, Scientific, Educational and Health Care Institutions/Organisation and Industry.

5. Assessment Promotion Scheme (page no. 15-16 of the Report)

- Regular Meetings of Selection Committee
- Association of experts in Selection Committees
- Peer review of performance
- Revised format for APAR to be prescribed
- Presentation/interview of candidates
- Internal Screening
- Screening by the Selection Committee

6. Review of candidates found 'unfit' (page no. 16 of the Report)

- Removal of two year's ban for candidates found unfit under APS.
- Maximum opportunities for reconsideration under APS will be 2.
- Time table for APS to be prescribed.
- The restriction of maximum three opportunities for promotion under APS to continue. However, the two year ban on faculty found unfit to be removed.

7. Position of Senior Professor (page no. 18 of the Report)

- The promotion to the post of Sr. Professor may be made under APS, and not through DPC.

8. Level for direct recruitment (page no. 18 of the Report)

- Recruitment to Associate Professor (Level 2) and Adtl. Professor (Level 3) to an extent of 20 % be made through lateral entry.

9. Seniority Matters (page no. 18 of the Report)

- The effective date of promotion under APS would also be the date of determining the date of direct entrants.

10. Period of absence from Institute (page no. 19 of the Report)

- Seniority to be counted for faculty deputed on training/service with National/Multinational Agencies dealing with Health Services.
- Child Care leave not to qualify for consideration under APS.

11. 10-15 % of total sanctioned cadre strength to be created as Training Reserve/Leave Reserve at the level of Assistant Professor in each Department.

(page no. 19 of the Report)

12. Collegiums comprising of the HODs and 3 senior most faculty be setup in each Department for participative management.

(page no. 20 of the Report)

13. Cooling off

(page no. 20-21 of the Report)

- Period spent by faculty members on training/ seminars should not be more than 42 days in a year.
- HODs to ensure atleast 50% faculty is present in their Department at any given time.
- Calendar of activities which includes training/seminars to be prepared in advance every year. Nominations to these training/seminars may also be decided in advance.

14. Interaction with faculty

(page no. 21 of the Report)

- Regular meetings (atleast half yearly) of faculty within the Department recommended

15. Multiple Deans

(page no. 21 of the Report)

- More post at the level of Dean.
- Faculty exchange program amongst Central Autonomous Medical Institutions under Department of Health & Family Welfare.
- MoU with Universities for mutual exchange of faculty.
- Annual meeting of Directors and Deans of Central Autonomous Medical Institutions.

A)

Flexibility in Recruitment

(page no. 22 of the Report)

- Special relaxation for new super speciality/emerging disciplines.

B)

Dual Appointments

(page no. 22 of the Report)

- Adjunct appointments

The Report of the Committee is submitted for consideration of the Institute Body.

NOTE FOR THE INSTITUTE BODY

ITEM NO. IB-144/11

To consider the appointment of the Chairperson of
the Academic Committee of the Institute

Item No. IB-144/11

TO CONSIDER THE APPOINTMENT OF THE CHAIRPERSON OF THE ACADEMIC COMMITTEE

As per the AllMS Regulations, the Chairman and other members of each Standing Committee are to be nominated by the Institute Body. This provision is contained in Regulation 12.1. The Standing Committees were last reconstituted on 12.12.2011. Dr. R.K. Srivastava, who was the Chairperson of the Academic Committee has since superannuated w.e.f. 30.11.2011. Hence, there is need for appointment of another member as Chairperson of the Academic Committee. The Institute Body in its meeting held on 11.05.2010 vide item No. IB-143/5 had authorised its President to constitute the Governing Body and other Standing Committees. Under clause 4 of Regulation 12 of the AllMS Regulations, 1999, a casual vacancy in the Standing Committees may be filled by the President by nomination.

In view of the above, the matter of appointing Chairperson of Standing Academic Committee of AllMS is placed before the Institute Body for its consideration. A list of members of the Institute Body along with the composition of the Standing Academic Committee is annexed to this note.

List of Institute Body Members

1.	President	Shri Ghulam Nabi Azad Union Minister for Health & Family Welfare Nirman Bhawan, New Delhi-110011
2.	Member	Smt. Sushma Swaraj, M.P. (Lok Sabha) 8, Safdarjung Lane, New Delhi-110011
3.	Member	Shri Motilal Vora, MP. (RS) 33, Lodhi Estate, New Delhi-110011
4.	Member	Dr. Jyoti Mirzha, MP (Lok Sabha) 31, Meena Bagh, New Delhi.
	Member	Dr. Jyoti Mirzha, MP (Lok Sabha) 875, Sector-17B, Gurgaon, Haryana-122001
5.	Member (Ex-Officio)	Prof. Dinesh Singh Vice Chancellor University of Delhi, Delhi-110007
6.	Member	Shri P. K. Pradhan Secretary (H&FW) Govt. of India Ministry of Health & Family Welfare Nirman Bhawan, New Delhi-110011
7.	Member (Ex-Officio)	Dr. Jagdish Prasad Director General of Health Services Govt. of India Nirman Bhawan, New Delhi-110011
8.	Member	Dr. M.K. Bhan Secretary to the Govt. of India Deptt. Of Biotechnology, 7 th Floor, CGO Complex, Lodhi Road, Block-II, New Delhi-110003
9.	Member	Dr. S.P. Agarwal Secretary General, Indian Red Cross Society, Rafi Marg, New Delhi

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| 10. | Prof. K.C. Pandey
Dept. of Zoology,
Lucknow University,
Lucknow-226007 | Member |
| 11. | Ms. Vibha Puri Das
Secretary to the Govt. of India
Department of Higher Education,
Ministry of Human Resource Development
Shasti Bhawan, New Delhi-110001 | Member |
| 12. | Prof. K.K. Talwar
President
National Academy of Medical Sciences,
Ansari Nagar, New Delhi | Member |
| 13. | Dr. R.A. Badwe
Director
Tata Memorial Hospital,
Dr. E. Borges Road, Lower Parel,
Mumbai | Member |
| 14. | Dr. Rammakant Panda,
Vice Chairman
Asian Heart Institute,
Bandra East, Mumbai, Maharashtra | Member |
| 15. | Dr. Abdul Hamid Zargar,
Medical Director
Advance Centre for Diabetics and Endocrinology Care,
National Highway, Gulshan Nagar, Nowgaon,
Srinagar-190015 | Member |
| 16. | Shri R.K. Jain
Addl. Secretary and Financial Adviser
Govt. of India
Ministry of Health & Family Welfare
Nirman Bhawan, New Delhi-110011 | Member |
| 17. | Prof. R. C. Deka
Director, AIIMS | Member Secretary |

ALL INDIA INSTITUTE OF MEDICAL SCIENCES

List of the newly reconstituted Standing Academic Committee Members 2010.

1.	Vacant Vice Dr R.K. Srivastava Director General of Health Services Govt. of India Nirman Bhawan, New Delhi-110011	Chairman
2.	Dr. Jyoti Mirzha, MP (Lok Sabha) 31, Meena Bagh, New Delhi.	Member
3.	Dr. Jyoti Mirzha, MP (Lok Sabha) 875, Sector 17 B, Gurgaon, Haryana - 122001	Member
4.	Dr. M.K. Bhan Secretary to the Govt. of India, Dept. of Biotechnology, 7 th Floor, CGO Complex, Lodhi Road, Block-II, New Delhi-110003	Member
5.	Mrs. Vibha Puri Das Secretary to the Govt. of India Department of Higher Education, Ministry of Human Resource Development Shastri Bhawan, New Delhi-110001	Member
6.	Dr. Ramakant Panda, Vice Chairman Asian Heart Institute, Bandra East, Mumbai, Maharashtra	Member
7.	Prof. K.C. Pandey Dept. of Zoology, Lucknow University Lucknow-226007	Member
8.	Dr. Abdul Hamid Zargar, Medical Director Advance Centre for Diabetics and Endocrine Care, National Highway, Gulshan Nagar, Nowgaoon, Srinagar-190015	Member
9.	Prof. R. C. Deka Director, AIIMS	Member Secretary