

Minutes of the Meeting

The 5th Meeting of the National Council for Clinical Establishments was held under the Chairmanship of Dr. Jagdish Prasad, DGHS on 18th July, 2014 at Nirman Bhawan, New Delhi.

The list of participants is annexed.

A copy of the draft report of Subcommittee on information and statistics, draft template for display of rates; draft application format for permanent registration and draft report of Subcommittee on Minimum Standards for 25 different specialities/super specialities along with the annexures were circulated to all the members of National Council and other participants through email in advance. A hardcopy of the same was also provided at the beginning of the meeting. Standard Treatment Guidelines (STG) for Ayurveda as received from Dept. of AYUSH was also circulated through email in advance.

After welcome and introduction of participants, the Chairman introduced the agenda. He informed that the primary purpose and significance of the Act is to prescribe minimum standards for different categories of Clinical Establishments. One of our main aims is prevention of over-charging. He further elaborated the significance of Clinical Establishments Act (CEA) with example of laying down standards for Diabetic clinic. Cost of treatment should be displayed providing transparency which is mandatory under the Act.

The minutes of last (4th) meeting of National Council were confirmed.

A presentation was made by Dr. Anil Kumar, on the Actions taken on the minutes of the last meeting. He informed the following:

- The report on survey of clinical establishments was uploaded on the website of CEA and the link was shared with the States/Union Territories for their information and feedback. No feedback has been received so far.
- Draft Formats for collection of information and statistics were developed by Sub committee (SC) under chairmanship of Dr. S.Y. Kothari, Special DG (meeting held on 27-5-2014) for
 - Out Patient Department (OPD)
 - Inpatient Facilities (IPD)
 - Laboratory

Further, Template of Display of Rate/charges by Clinical Establishments has also been developed by the same subcommittee

- As already informed to members, the draft minimum standards for following 21 categories of clinical establishments (out of 35 categories drafted by QCI) were uploaded on the website for public comments after incorporating the feedback received from members of National Council and members of subcommittee of minimum standards (Subcommittee meetings held on 30-1-2014 and 21-2-2014). The

List of 21 categories is as given under and they included only the categories which were approved by Subcommittee on categorization.

- (i) Clinic/Polyclinic Only Consultation
- (ii) Clinic/Polyclinic With Diagnostic Support
- (iii) Clinic/Polyclinic With Dispensary
- (iv) Clinic/Polyclinic With Observation
- (v) Allied Health Executive
- (vi) Allied Health Wellness Centre
- (vii) Behavioural Health Integrated Counselling
- (viii) Dental Centre
- (ix) Dental Hospital
- (x) Dietetics
- (xi) Hospital (Level 1)
- (xii) Hospital (Level 2)
- (xiii) Hospital (Level 3)
- (xiv) Lab
- (xv) Lab - Collection Centre
- (xvi) Mobile Clinic Only Consultation
- (xvii) Mobile Clinic With Procedure
- (xviii) Nephrology Dialysis Centre
- (xix) Physiotherapy Centre (Therapy to be given under prescription of a Medical Practitioner)
- (xx) Radiology, Imaging and Ultrasound
- (xxi) Stem Cell Laboratory

- States/UTs were informed about the Standard treatment guidelines for 20 medical domains by writing DO letters from level of DGHS. The implementation of Clinical Establishments Act has so far registered 5706 clinical facilities as online. Various areas of program and conflict issues raised were discussed.
- It was noted that specialty or super-specialty standards have not been included in the drafts received from QCI, although these were recommended by the Subcommittee on categorization. With the approval of Chairman of National Council, 27 groups of subject experts drawn from leading medical institutions of Delhi were formed and 3 to 4 meetings were held with all the experts jointly and also separately with each group of specialty/super specialty under the guidance/chairmanships of Dr. N.S. Dharmshaktu and Chairman of Sub committee (SC) on minimum standards Dr. Arun Agarwal to finalize the drafts as submitted to National Council. These drafts of Minimum standard will be applicable for the non teaching hospital only as teaching hospitals are regulated by MCI. These Drafts are prepared in form of simple check lists to make it easy for implementation.

The deliberation and decision taken are as under:

1. Dr. S.Y.Kothari pointed out that IMA was well represented in the meeting of Sub-Committee on information and statistics. Basic minimum data was included in the statistics formats to be collected from the clinical establishments. Dr. Kothari further said that members can go through the formats as circulated and give their inputs within next 1 to 2 weeks. The National Council members agreed. Dr. Mira Shiva

pointed out about unethical practices prevalent amongst medical practitioners like cut/commission practice which needs to be controlled and she further opined that the patients' rights need to be incorporated into the minimum standards. Dr Arun K Agarwal pointed out that we all oppose the cut/commission practice and Government should take steps to control this. Dr. N.S. Dharmshaktu pointed out that the ethical practices by medical practitioners are regulated by MCI and under CEA we have to regulate basically minimum standards, range of rates and provide Standard treatment Guidelines. Dr. Anil Kumar pointed out that the suggestions on patients' rights and responsibilities as received from Jan Swasthya Abhiyan were considered by the Sub Committee on Minimum standards. 60 to 70% of their suggestions were agreed to be included as separate annexure in the Minimum standards documents. Dr. Mira Shiva pointed out that patients' should have access to all hospital records related to him even after discharge. It was agreed and it was mentioned further that Patient is entitled to get the copy of the same from hospital or clinical establishment which would serve only as custodian of the patients' treatment records. Further, a legal heir of the patient may get the records of the patient on court orders or on submission of an affidavit that the records will not be misused.

2. Dr. Mira Shiva pointed out that patients should be having a right to second opinion and this should be included as one of the patient rights. The chairman replied that nobody prevents the patient from taking a second opinion and the patient is free to do this. Dr. Rai from IMA pointed out that now a days patient are quite educated and they themselves search internet and obtain all the required information. Dr. B.D. Athani (Special DG) emphasised that standardisation of the health care is an important step and will help in provision of proper health care.
3. It was considered mandatory to register and regulate the Khandani Dawa Khanas also. For finalising the standard of Stem cell laboratory, Department of Science and Technology and ICMR are to be consulted for deciding the regulating body for the same and also the guidelines available with countries like USA and South Korea be considered. It was emphasised that strict standards are needed for clinical establishments of stem cell therapy. Artificial Reproductive Techniques (ART) is being covered under Artificial Reproductive Techniques regulation bill being coordinated by ICMR. Standards for ART centres may be formulated by ICMR. Dr S.Y.Kothari mentioned that Palliative care is provided by qualified doctors, so to be included under clinical establishments. Occupational therapy is similar to physiotherapy and there is no need to include these separately for registration under CEA as they are not run by Medical Doctors. Rehabilitation is a recognised medical speciality so rehabilitation services are provided by a qualified medical specialist and this should be included under CEA. Para medical workers should not be included for registration under CEA as clarified under definition of Clinical Establishments in the Act.
4. The Consultant (CE), presented the process involved in preparation of 25 Draft Minimum Standards of various Specialities and Super specialities prepared by the Sub committee on minimum standards. This involved 3 Subcommittee meetings, 27

Subject expert meetings organised with DDG (NSD) and various internal meeting amongst subject experts of 27 Specialities. Dr Arun K Agarwal Chairperson of Sub Committee discussed various issues and objections that came up during these discussions. There was an issue raised regarding allowing MBBS doctors with short term training for carrying out anaesthesia, Caesarean section etc. PCPNDT allows MBBS doctors with training to report Ultrasound which should continue. IMA was of the view that those MBBS doctors who are providing such services for a number of years and have gained experience in the field may be allowed to do it. It was agreed that while it may not be reflected under Minimum Standards however, keeping in view the current shortage of specialists in the country this may be allowed on special case basis for which the concerning anaesthesia doctor will have to take prior approval from the state council under CEA. After receiving the comments within next two weeks from the members on the draft standards for specialty and super specialty, these may be uploaded on the website for four weeks for inviting public comments. It was decided to host all other draft documents as circulated for this meeting also on the website for inviting public comments for 4 weeks. As requested by IMA, the already available drafts of minimum standards for aforesaid 21 categories shall also hosted on website for inviting public comments.

5. Dr Arun K Agarwal apprised the members that minimum standards for remaining specialities and Super specialities, that have not been covered so far and may be formulated by the subcommittee. There was a request for standards on de-addiction centres. The Consultant CE informed that these had already been included.

It was opined that levels of hospitals as categorised by QCI is not practicable as provision of surgical facility in level two hospitals should not define the categorisation and the number of beds mentioned under level one is not practicable.

6. Following drafts of minimum standards as provided by QCI were not recommended
 - Organ Bank and Transplantation Centre: covered under THOA
 - Blood Bank and blood storage unit: regulated by NACO
 - Sub-centre, PHC and CHC
 - Milk Bank and Wellness Centres (WC)- WC Fitness, WC- Ayurveda, Gym, Skin and Cosmetic Care including parlour: not covered under recommended categorization
7. A view was taken that the finalization of the draft minimum standards should be done by the subcommittee on minimum standards, as specialty/super specialty wise standardization is already being done through the same subcommittee.
8. Cosmetology centres doing Laser therapies, Chemical peels and liposuction procedures using services of doctors should be covered for registration under CEA. Obesity centre and Wellness centre which are run by medical doctors shall also be registered under CEA.

9. No pharmacist can be allowed to practise as doctors. Dr. T.K. Ravi, PCI Representative informed that wherever there is a drug being prepared, procured, stocked, dispensed or sold; that has to be done by a qualified registered pharmacist. Appropriate licenses for Pharmacy should be obtained as per the "Drugs & Cosmetics Act".
10. The minimum qualification to sign and interpret the laboratory report shall be MBBS.
11. DGHS emphatically mentioned that it must be clearly understood that , the word "Stabilise" mentioned in the Act may be interpreted as providing "first aid care" given in such a way so that patient can be transported to other referral hospital without any harm and unnecessary delay. It should be amended accordingly.
12. IEC advocacy workshops: The NHSRC's representative Dr Prashant volunteered to organise advocacy workshops for creating awareness on Clinical Establishment Act from their own budget. It was advised that the workshop should involve IMA and organised in consultation with Clinical Establishment Cell of Dte GHS.
13. The Draft application format for permanent registration was shared with the participants and they were requested to send their inputs within next 2 weeks after which it will be uploaded on the website for public comments.
14. All the members desired that the implementation of the Clinical Establishments Act may be done by providing budget for implementing a national plan and inclusion of budget provision for CEA under state PIP of NRHM for each state providing dedicated manpower at national, state and district level.
15. It was agreed to upload the Standard Treatment Guideline of Ayurveda on the website of CEA. AYUSH representatives were requested to send a list of recognised degrees of AYUSH to the department of health at the earliest and also draft the remaining standard treatment guidelines.

The meeting ended with the Vote of Thanks.

ANNEXURE**LIST OF PARTICIPANTS**

5TH meeting of National Council for Clinical Establishments under the Chairmanship of Dr. Jagdish Prasad, DGHS, held on 18.7.2014 at 11.00 pm in the Resource Centre Room No-445A, Nirman Bhawan, New Delhi

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