

ALL INDIA INSTITUTE OF MEDICAL SCIENCES

No.F.5-1/2018-Acad.II

Ansari Nagar, New Delhi-110029

Dated the: 25.04.2018

MEMORANDUM

SUBJECT: Minutes of the Dean's Committee Meeting held on 04.04.2018 at 3.00 PM in Dean's Committee Room, AllMS, New Delhi.

A copy of the approved minutes of the Dean's Committee Meeting held on $4^{\rm th}$ April, 2018 at 3.00 PM in Dean's Committee Room, AlIMS, New Delhi is circulated/forwarded to all the members for their kind information.

Distribution:

- 1. PS to Director/Dean (Acad.)
- 2. All the members of the Dean's Committee

MINUTES OF THE DEAN'S COMMITTEE MEETING HELD ON 4. 4. 2018 AT 3. 00 PM. IN DEAN'S COMMITTEE ROOM, AIIMS, NEW DELHI.

The meeting of the Dean's Committee was held on 4. 4. 2018 at 3. 00 P.M. in Dean's Committee Room under the Chairmanship of Prof. Y. K. Gupta, Dean (Acad.). The following members attended the meeting:-

| 1. Dr. Chitra Sarkar, Dean (Research) | Member |
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| 2. Dr. S. Datta Gupta, Dean (Exam.) | Member |
| 3. Dr Kameshwar Prasad, Chief NSC | |
| 4. Dr. O.P. Kharbanda, Chief, CDER | Member |
| 5. Dr. R.K. Chadha, Chief, NDDTC & HOD, Psychiatr | y Member |
| 6. Dr. K.K. Deepak, HOD, Physiology | Member |
| 7. Dr. T.S. Roy, HOD, Anatomy | Member |
| 8. Dr. Shashi Kant, HOD, CCM | Member |
| 9. Dr. G.C. Khilnani, HOD, Pulmonary Medicine | Member |
| 10. Dr. S. Satpathy, HOD, Hospital Administration | Member |
| 11. Dr. A.K. Deorari, HOD, Paediatrics | Member |
| 12. Dr. Rajinder Prashad, Professor, Surgery | Member |
| 13. Dr.Naveet Wig, Professor, Medicine | Member |
| 14. Dr. Atul Sharma, Professor, Medical Oncology | Member |
| 15. Dr. Ambuj Roy, Professor, Cardiology | Member |
| 16. Dr. Pramod Garg, Associate Dean (Research) | Member |
| 17. Dr. A. K. Jaryal, Associate Dean (Exam) | Member |
| 18. Dr. Sanjeev Lalwani, Registrar | Member |
| | Iember-Secretary |

The following members could not attend the meeting:-

- 1. Dr. V. K. Behl, Chief, CT Centre
- 2. Dr. Rajesh Malhotra, Chief, JPNATC
- 3. Dr. Alka Kriplani, HOD, Obst. & Gynae
- 4. Dr. S. S. Kale, HOD, Neurosurgery

Details of the discussion and decision on the agenda items are as under:-

Item No. 1: To confirm the minutes of the Dean's Committee Meeting held on 8. 12. 2017 at 4.00 PM in Dr. Ramalingaswami Board Room, AIIMS, New Delhi.

Minutes were Approved

Item No. 2: Action taken on the minutes of the Dean's Committee Meeting held on 8. 12. 2017 at 4.00 P.M. in Dr. Ramalingaswami Board Room, AIIMS, New Delhi.

Item No. 3 To consider the proposal to formulate the guidelines for attending CME's, Workshop, Conferences, Symposium, Workshop etc. on Academic Leave/on Duty Leave in respect of Junior Resident (Acad.)

It was informed that Senior residents are given 7 academic leaves every year to attend CME/Workshop/Symposium/Conferences etc. but there are no guidelines for Junior Residents (Acad). It was also informed that Senior Residents are given earned leaves 30 per year hence total leaves are 90+21=111. Junior Residents (Acad) are given 30 leaves in first year and 36 leaves for each second and final year. It was decided that to create parity of total number of leaves for both SR and JR, a total of 09 days academic leaves should be given to Junior Residents(Academic) in a period of three years without any year-wise limit. The rules for granting academic leaves would remain the same as for senior residents.

Item No. 4 Reconsideration of leave rules related to Extra Ordinary Leave of Junior Residents (Academic)

A request was received from the RDA that all the leaves allowed to residents over the 3 years should be clubbed and a decision regarding postponement of examination or extension of tenure should be taken at the end of tenure, after considering all the leaves available to the resident.

It was informed that Junior Residents (Acad) are given 30 leaves in first year and 36 leaves each for second and final year. In the first year, leaves are given on pro rata basis of 2.5 leaves per month. Any candidate exceeding leaves beyond permissible leaves for that year can avail 30 days Extraordinary leave (with approval of Dean) in a total tenure of three years, with extension of tenure but without postponement of examination. In case Extraordinary leaves exceeds 30 days, then besides extension of tenure, there is postponement of examination as well. It was unanimously decided that status quo should be maintained.

Item No. 5 Matter regarding long leaves availed by Junior Residents (Acad.) /M Sc Students

It was submitted that Academic Resident doctors/MSc Students sometimes apply for long leaves without any justifiable reasons and there is no clarity in the rules on this issue. Dr R K Chadha said that there must be a justifiable reason for availing long leaves. Dr G C Khilnani and Dr S Sathpathy said that in case of serious medical illness cited by the candidate, the same should be certified by a duly constituted medical board.

It was decided that any leave beyond the permitted leaves or EOL beyond 30 days would be sanctioned only in exceptional circumstances on medical grounds, after examination of the applicant by a medical board constituted by the Dean. In case the candidate is on unauthorized leave, then first notice to rejoin should be sent to the student within 7 days. In case he/she does not join, another notice should be sent to candidate and his/her parents asking for explanation and to join within 7 days. In case after two notices, the candidate still does not join, then a final notice will be issued as last opportunity to join in another 7 days, failing which the registration will be cancelled.

Item No. 6 Proposal for grant of Special Book Prize to the Topper students of 3rd Professional MBBS

It was submitted that the President, Students Union has requested for institution of special book prize of Rs 20,000 to the individual student with highest scores in Pathology, Microbiology, Forensic Medicine and Pharmacology for purchase of books of third Professional. The proposal was discussed and it was informed that as approved by GB Meeting dated 13/4/2015, students with individual highest marks in Anatomy, Physiology and Biochemistry are given Rs 20,000 each to purchase books of Second Professional. In view of the same, the proposal was unanimously approved.

Item No. 7 Modifications SR's qualification for selection Department of Lab.

Medicine, JPNATC and requirement of minimum 3 resident with

MD pathology qualification for maintenance of services.

The proposal of Dr S Arulselvi to revise the essential qualification for SR in Laboratory Medicine, JPNATC was discussed. It was informed that the current strength of SR posts in Lab Medicine (TC) is 5. Further, 3 posts of SR-Microbiology (JPNATC) are also sanctioned which are rotated from the Department of Microbiology. It was also informed that 2 posts of Pathology are also sanctioned for JPNATC but currently, these are under the main department without any rotation to JPNATC. The current proposal of Dr S Arulselvi is to recruit minimum 3 residents with MD pathology qualification out of 5 posts sanctioned for SR in Laboratory Medicine, JPNATC.

It was discussed that since the recruitment rules for SR in Laboratory Medicine, JPNATC include MD qualification in any of 4 subjects, it is not possible to select only candidates with MD (Pathology) for these posts. Dr S Datta Gupta and Dr Ashok Jaryal said that it is difficult to conduct examination of each post under two separate heads. If there was a need for SR pathology in JPNATC, the SRs recruited against the 2 posts of SR-Pathology should be posted in JPNATC. DrRajender Parshad said there should be no rotation of such SRs with the main department and SRs recruited to posts in JPNATC should exclusively work in JPNATC. Dr AK Deorari said that due to lack of comprehensive training facility at JPNATC, SR Pathology should be rotated from the main department of Pathology. Dr G C Khilnani said that rotation should be mutually agreed upon by Chief JPNATC and HOD Pathology. Senior Residents should report to Chief JPNATC or person authorized by Chief, and 2 posts of SR pathology should be given back to JPNATC with proper rotation policy with main department of Pathology.

Dr AK Mukhopadhyay said that recruitment for all posts under Microbiology(JPNATC), Pathology(JPNATC)must be by the Department of Lab Medicine. It was discussed that since these posts were not of SR in Laboratory Medicine, JPNATC, their recruitment could not be done by the department of Lab Medicine.

In view of the above, the proposal of Dr S Arulselvi to recruit minimum 3 residents with MD pathology qualification out of 5 posts sanctioned for JPNATC was NOT APPROVED. However2 posts of SR-pathology of JPNATC may be given to JPNATC with rotation policy with main department.

Item No. 8

To consider the proposal for creation of additional 7 posts of Senior Resident (M.Ch) in the Department of Urology, AIIMS, New Delhi

The proposal for creation of additional 7 posts of Senior Resident (M.Ch) in the Department of Urology, AIIMS, New Delhi was discussed. It was observed that sufficient justification in form of clinical workload, infrastructure, OT Timings and faculty strength is placed for consideration. The proposal is within the guidelines of student faculty ratio as approved by the Governing Body. Accordingly, the proposal was unanimously approved.

Item No. 9 Proposal for renaming the Department of Cardiac Anesthesia to Department of Cardiac Anesthesia and Intensive Care and the DM Degree in Cardiac Anesthesia and Intensive Care.

The proposal for renaming the Department of Cardiac Anesthesia to Department of Cardiac Anesthesia and Intensive Care and the DM Degree in Cardiac Anesthesia and Intensive Care was discussed. It was discussed that there is DM Course in department of CTVS and 2 faculty intensivists are already posted in CTVS ICU. Further, the care in ICU is provided by CTVS Surgeons. Dr GC Khilnani said that only CTVS SRs are posted in ICU and no SR from Cardiac Anesthesia is posted. Dr S Datta Gupta raised the issue of internal assessment weather it will be done by cardiothoracic surgeon or by intensivist. DrNaveet Wig said that word 'critical care' should be added as proposed. Dr GC Khilnaniasked weather cardiac anesthesia department is providing intensive care in ICU. Dr AK Deorari said that critical care is mainly run be intensivist and critical interventions required in patient care will reduce mortality and adequate care of ventilator support, ECMO and nutrition can be taken care of by intensivist as it is all together completely different domain. Dr ShashiKant raised the issue of critical care in pulmonary medicine department. Dr G C Khilnani said that department of Pulmonary medicine has dedicated ICU and also providing training to residents and other medical professionals in ICU facilities in the department of Pulmonary medicine.

Dr S Chauhan was invited to the meeting on the approval of the chairman. He said that cardiac anesthetistare competent and are currently providing critical care services in cardiac CCU and CTVS as well. Globally, cardiac critical care is provided by cardiac anesthetists and one SR is always posted in ICU with surgeons and faculty member of cardiac anesthesia always remain on call. The nomenclature of department and degree as proposed are already in similar line to that of Srichitra Institute and PGIMER. Dr S Chauhan further said that adequate clinical material is available for training of residents. He further said that AIIMS New Delhi is not preferred by students due to lack of the word 'critical care' in DM Courses of cardiac Anesthesia. Dr GC Khilnani said that there will be an overlap in curriculum in view of DM course already approved in Cardiothoracic Intensive Care. Dr KK Deepak said that both CTVS and Cardiac Anesthesia department must sit together to come to a common ground since there is significant overlap. It was also pointed out that a previous such proposal had been 'not recommended' by the then head of CTVS and Chief CT Centre, Prof Balram Airan. Dr. Naveet Wig said that there should be no issue inapproving the proposal as many interventions like ECMO are done by cardiac anesthetist. Dr YK Gupta concluded that, in principle, the proposal is approved but it requires wider consultation with CTVS department before final approval.

Table Agenda: To reconsider the proposal to provide stipend to MSc Nursing students at AHMS New Delhi.

The proposal to provide stipend to MSc Nursing students at AIIMS New Delhi was discussed. It was informed that MOHFW has asked Director, AIIMS New Delhi to reconsider the proposal to provide stipend to MSc Nursing students at AIIMS New Delhi in line with that of other six AIIMS under PMSSY. It was informed that the proposal has earlier been

discussed in the Dean's Committee but the same was not approved. The previous discussion and decision of the Dean's Committee were reviewed and it was decided that the decision of the previous Dean's committee would stand.

Table Agenda: To consider the proposal of APAR for Senior Residents.

It was informed that a proposal has been submitted by Chief RPC to consider APAR system for senior residents. It was discussed that since SR is a temporary post, hence it shall not be appropriate to introduce this system of APAR. Accordingly, the proposal was not approved.

Table Agenda: Request of Ex M Sc Physiology Anil Kumar Yadav candidate to re declare the result without inclusion of internal assessment.

It was submitted that a request has been received from Mr Anil Kumar Yadav Ex MSC student requesting to re declare the result without inclusion of internal assessment. It was informed that with approval of academic committee/GB the system of internal assessment was introduced in all PG/Super-specialty Courses in all admissions w.e.f July 2015. Accordingly a circular to this effect was sent to all the departments. Candidate has not taken that seriously and performed poorly in internal assessment. Due to this his overall marks in final MSc Course went down. The matter was referred to HOD Physiology for comments. It was informed by the department that the candidates were not informed about the changes. However it was observed that two other candidates have appeared with Mr Anil Kumar Yadav and have performed well in internal assessment. In view of this it was decided that changes in results are not possible at this stage and accordingly the request was not acceded to.

Table Agenda: Pattern of Examination for MD/MS/DM/MCh

Dr S Datta Gupta and Dr Ashok K Jaryal informed that requests have been received from many departments to permit them to complete MD/MS/DM/MCh/MDS examination in one day particularly when only one or two candidates are appearing in examination. The current policy is to conduct examination for two days irrespective of number of candidates. It was also discussed that guidelines of MCI and National Board of examinations permits examination to be conducted only in one day if number of candidates are 3 and 6 respectively or less. Accordingly, it was approved that examination can be conducted for one day in case number of candidates are maximum 5 or less for MD/MS/MDS and 3 or less in cases of DM/MCh.

Table Agenda: Appointment of Examiners.

Dr S Dattagupta and Dr Ashok K Jaryal raised the issue of appointment of examiners for various courses in terms of their qualifications (MD/MS/MDS/DNB/DNB Teachers/Medical or nonmedical). It was discussed that this matter requires greater discussion and may be taken up in the nest Dean's Committee.