



शरीरमात्रं रक्तु धर्मस्त्वयम्

ALL INDIA INSTITUTE OF MEDICAL SCIENCES

AGENDA

FOR THE 6TH MEETING OF THE

CENTRAL INSTITUTE BODY

TO BE HELD ON	:	08 th January, 2023 (Sunday)
TIME	:	09:00 A.M.
PLACE	:	AIIMS, Bhubaneswar, Odisha.

Through Special Messenger
By Speed Post

ALL INDIA INSTITUTE OF MEDICAL SCIENCES

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


Ansari Nagar, New Delhi-29

Dated: 02 JAN 2023

MEMORANDUM

Subject: **6th meeting of the Central Institute Body (CIB) scheduled to be held on Sunday the 8th January, 2023 at 09:00 A.M. in AIIMS, Bhubaneswar, Odisha.**

In continuation of this office memorandum of even number dated 28.12.2022 on the above mentioned subject, the Agenda for the Central Institute Body (CIB) meeting is enclosed.

 21/1/2023

(PROF. M. SRINIVAS)
DIRECTOR &
MEMBER SECRETARY

Encl. As above

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

ALL INDIA INSTITUTE OF MEDICAL SCIENCES

List of the Central Institute Body Members

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

Dr. (Smt.) Vijay Laxmi Saxena
Coordinator Bioinformatics
Infrastructure Facility Centre of DBT, (Govt. of India),
Head of Department of Zoology, Dayanand
Girls P.G. College, Kanpur, 7/182,
Swarup Nagar, Kanpur – 208002, U.P.

- | | |
|---|--------|
| 13. Dr. Kameshwar Prasad
Director
Rajendra Institute of Medical Sciences,
Bariatu, Ranchi-834009, Jharkhand | Member |
| 14. Dr. Prem Nair
Medical Director
Amrita Institute of Medical Sciences,
Elamakkara P.O., Kochi-682041, Kerala | Member |
| 15. Dr. S. Venkatesh
Principal Advisor
87, Doctor's Appartment,
4, Vasundhara Enclave,
Delhi-110096 | Member |
| 16. Shri Jaideep Kr. Mishra
Addl. Secretary and Financial Adviser
Govt. of India,
Ministry of Health & Family Welfare,
Nirman Bhawan, New Delhi – 110011 | Member |
| 17. Dr. V.K. Paul,
Member
NITI Aayog, New Delhi | Member |
| 18. Dr. Rajiv Bahl,
Secretary
DHR and DG, ICMR, New Delhi | Member |
| 19. Dr. Raman Gangakhedkar
Former Additional DG,
ICMR, New Delhi | Member |
| 20. Dr. Pratima Murthy,
Director and Vice Chancellor,
National Institute of Mental Health and Neuro
Sciences, Bengaluru, Karnataka-560027 | Member |
| 21. Dr. D.S. Rana,
Sir Ganga Ram Hospital,
New Delhi | Member |
| 22. (Prof.) Dr. Ajai Singh
Executive Director, AIIMS,
Saket Nagar, Bhopal, M.P.-462020 | Member |
| 23. Dr. CDS Katoch
Executive Director, AIIMS,
Basni Indl. Area, Phase-2, Jodhpur Rajasthan-342005 | Member |
| 24. Dr. Gopal Krushna Pal
Executive Director, AIIMS,
Phulwari Sharif, Patna, Bihar-801507 | Member |

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| 25. Dr. Nitin M. Nagarkar
Director, AIIMS,
Great Eastern Rd, AIIMS Campus, Tatibandh,
Raipur, Chhattisgarh-492099 | Member |
| 26. Prof. Meenu Singh
Executive Director, AIIMS,
Virbhadra Rd, Near Barrage,
Rishikesh, Uttrakhand-249203 | Member |
| 27. Dr. Ashutosh Biswas
Executive Director, AIIMS,
Sijua, Patrapada, Bhubaneswar-751019 | Member |
| 28. Dr. Mukesh Tripathi
Director, AIIMS, Manglagiri,
Temporary Campus, First Floor,
Govt. Siddhartha Medical College,
NH-16 Service Rd, Gunadala, Vijaywada- 520008, A.P. | Member |
| 29. Dr. Vibha Dutta
Director, AIIMS,
Plot No.2, Sector-20, MIHAN, Nagpur-441108 | Member |
| 30. Dr. Ramji Singh
Executive Director, AIIMS, Kalyani,
NH-34 Connector, Basantapur,
Saguna, Kalyani, West Bengal-741245 | Member |
| 31. Dr. Arvind Rajwanshi
Executive Director, AIIMS,
Dalmau Road, Munshiganj, Raibareilly, U.P-2704400 | Member |
| 32. Dr. Dinesh Kumar Singh
Executive Director, AIIMS
Bhatinda, Punjab-151001 | Member |
| 33. Dr. Vikas Bhatia
Executive Director, AIIMS,
Hyderabad, Metropolitan Region,
Bibinagar, Telangana-508126 | Member |
| 34. Dr. Saurabh Varshney
Executive Director, AIIMS
Anchayat Training Institute, Daburgram Jsidihi,
Deogarh, Jharkhand-814142 | Member |
| 35. Dr. Surekha Kishore
Executive Director,
Kunraghat, Gorakhpur-273008 | Member |
| 36. Dr. V. S. Negi
Executive Director, AIIMS,
Bilaspur-174001 | Member |
| 37. Dr. M. Hanumantha Rao,
Executive Director, AIIMS,
Tamilnadu, Madurai-625008 | Member |
| 38. Dr. Shakti Kumar Gupta
Executive Director, AIIMS,
Vijaypur, Distt. Samba, Jammu and Kashmir-184121 | Member |

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| 39. Col. CDS Katoch
Executive Director, AIIMS
Khanderi, Para Pipaliya,
Rajkot-360006 | Member |
| 40. Prof. Ashok Puranik
Executive Director
AIIMS, Silibharal, Changsari,
Guwahati-360006 | Member |
| 41. Vacant
Executive Director
AIIMS, Awantipora, Kashmir | Member |
| 42. Dr. Madhabananda Kar,
Executive Director,
AIIMS, Darbhanga | Member |
| 43. Shri Manohar Agnani
Additional Secretary, PMSSY, Nirman Bhawan, ND | Member |
| 44. Smt. Ankita Mishra Bundela
Joint Secretary,
Govt. of India
Ministry of Health & Family Welfare
Nirman Bhawan, New Delhi – 110011 | Member |
| 45. Prof. M. Srinivas
Director, AIIMS | Member Secretary |

AGENDA FOR THE 6TH MEETING OF THE CENTRAL INSTITUTE BODY (CIB) TO BE HELD ON 08.01.2023 AT 9:00 A.M. IN THE AIIMS, BHUBANESWAR, ODISHA

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NOTE FOR THE CENTRAL INSTITUTE BODY

ITEM NO. 1

**Confirmation of the minutes of 5th meeting of the
Central Institute Body of AIIMS held on 16th June, 2021
in Hon'ble HFM's Conference Hall in Nirman Bhawan,
New Delhi.**

NOTE FOR THE CENTRAL INSTITUTE BODY
AIIMS, NEW DELHI

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Item No.CIB-6/1

SUBJECT: CONFIRMATION OF THE MINUTES OF THE 5TH MEETING OF THE CENTRAL INSTITUTE BODY OF AIIMS HELD ON 16TH JUNE, 2021 IN HON'BLE HFM'S CONFERENCE HALL IN NIRMAN BHAWAN, NEW DELHI.

The 5th meeting of the Central Institute Body of new AIIMS was held on 16th June, 2021 at 03:30 P.M. in Conference Room (Third Floor), Nirman Bhawan, New Delhi under the Chairmanship of Hon'ble Union Minister of Health and Family Welfare. The list of members who attended the meeting physically are as follows:-

- | | |
|--|-----------|
| 1. Dr. Harsh Vardhan
Hon'ble Union Minister of Health & Family Welfare
Government of India,
Nirman Bhawan,
New Delhi - 110 011 | President |
| 2. Dr. V.K. Paul
Member,
NITI Aayog, New Delhi | Member |
| 3. Dr. Anil Jain
Member of Parliament (RS) | Member |
| 4. Shri Ramesh Bidhuri
Member of Parliament (LS) | Member |
| 5. Shri Manoj Kumar Tiwari
Member of Parliament (LS) | Member |
| 6. Shri Rajesh Bhushan
Secretary (H&FW)
Nirman Bhawan,
New Delhi - 110011 | Member |
| 7. Prof. P.C. Joshi
Vice Chancellor
University of Delhi,
Delhi - 110007 | Member |
| 8. Dr. D.S. Gangwar
Addl. Secretary & Financial Adviser,
H&FW, Nirman Bhawan, | Member |



9. Shri Nilambuj Sharan
Economic Advisor, FMSSY

Member

10. Prof. Randeep Guleria
Director,
AIIMS, New Delhi - 110029

Member Secretary

The list of members who attended the meeting virtually are as follows:-

1. Dr. Balram Bhargava, DG, ICMR	-	Member
2. Prof. B.N. Gangadhar	-	Member
3. Dr. (Smt.) Vijay Laxmi Saxena	-	Member
4. Dr. Mahesh B. Patel	-	Member
5. Dr. D.G. Mhaisekar	-	Member
6. Dr. N. Gopalkrishnan	-	Member
7. Dr. D.K. Verma	-	Member
8. Dr. Sarman Singh, Director AIIMS, Bhopal	-	Member
9. Dr. Sanjeev Misra Director, AIIMS Jodhpur	-	Member
10. Dr. P.K. Singh Director, AIIMS, Patna	-	Member
11. Dr. Nitin M. Nagarkar Director, AIIMS, Raipur	-	Member
12. Prof. Ravi Kant Director, AIIMS, Rishikesh	-	Member
13. Dr. Geetanjali Batmanabane Director, AIIMS, Bhubaneswar	-	Member
14. Dr. Mukesh Tripathi Director, AIIMS, Manglagiri	-	Member
15. Dr. Vibha Dutta Director, AIIMS, Nagpur	-	Member
16. Dr. Ramji Singh Director, AIIMS, Kalyani	-	Member
17. Dr. Arvind Rajwanshi Director, AIIMS, Raibareilly	-	Member
18. Dr. Dinesh Kumar Singh Director, AIIMS, Bathinda	-	Member
19. Dr. Vikas Bhatia Director, AIIMS, Bibinagar	-	Member
20. Dr. Saurabh Varshney Director, AIIMS, Deogarh	-	Member
21. Dr. Surekha Kishore Director, AIIMS, Gorakhpur	-	Member

22. Dr. V.S. Negi	-	Member
Director, AIIMS, Bilaspur		
23. Dr. M Hanumantha Rao	-	Member
Director, AIIMS, Madurai		
24. Dr. Shakti Kumar Gupta	-	Member
Director, AIIMS, Jammu		
25. Col. CDS Katoch	-	Member
Director, AIIMS, Rajkot		

Dr. Sunil Kumar, DGHS & Shri Amit Khare, Secretary, Department of Higher Education could not attend the meeting. The quorum for the meeting was fulfilled. Dr. Anita Saxena, Dean (Academic) & Dr. D.K. Sharma, Medical Superintendent (Main Hospital) attended the meeting as Special Invitees. Shri Vishal Chauhan, Deputy Director Administration and Shri Neeraj Kumar Sharma, Sr. Financial Advisor, AIIMS also attended the meeting.

The deliberations on the agenda items are as follows:-

ITEM NO. CIB- 5/1

CONFIRMATION OF THE MINUTES OF 4TH MEETING OF THE CENTRAL INSTITUTE BODY OF AIIMS HELD ON 27TH JULY, 2019 IN HON'BLE HFM'S CONFERENCE HALL IN NIRMANBHAWAN, NEW DELHI.

The minutes of the 4th meeting of Central Institute Body held on 27th July, 2019 were confirmed.

ITEM NO. CIB- 5/2

ACTION TAKEN REPORT ON THE MINUTES OF THE 4TH MEETING OF THE CENTRAL INSTITUTE BODY OF AIIMS HELD ON 27TH JULY, 2019 IN HON'BLE HFM'S CONFERENCE HALL IN NIRMANBHAWAN, NEW DELHI.

The Action Taken on the decision of 4th meeting of Central Insitute Body were noted along with following decision:

Item No. CIB-4/3: Review of Financial, Physical and Recruitment Progress.

Chairman desired that all delayed infrastructure projects be put on fast track mode and try to compensate delays due to the pandemic and complete them at the earliest. All AIIMS have to submit a monthly progress report of all Projects under execution for proper monitoring. Regarding the recruitment of the employee for these projects, CIB may consider recommendation given by Member, NITI Aayog Dr. V.K. Paul for hiring of retired & eligible military Doctors.

Item No. CIB-4/13: Revision of tuition fees for MBBS and Nursing Students.

Chairman expressed that this particular agenda has to be discussed and concluded at the earliest. He desired that the Committee of Directors of AIIMS must finalize the recommendations on this subject at the earliest and submit to the CIB for decision.

Item No. CIB-4/14: Fixing up uniform user-charges for patients in all new AIIMS.

Committee was informed that AIIMS Bhubaneswar is working of user charges. Once these are finalized, decision on the matter can be taken.

Item No. CIB-4/15: Proposal for introducing an All India Common Eligibility Examination for the purpose of recruitment of Nursing Officers in AIIMS and Central Government Hospitals.

MoHFW may take up this proposal with Central Govt. & firm up plan to have common eligibility exam for all AIIMS & Central Govt. Hospitals.

ITEM NO. CIB- 5/3

- i. REAGENT RENTAL MODEL FOR PATHOLOGICAL SERVICES ACROSS ALL THE AIIMS
 - ii. RECRUITMENT RULES FOR NEW AIIMS
 - iii. ENHANCEMENT OF REMUNERATION OF ASSISTANT PROFESSOR ON CONTRACT BASIS.
 - iv. STANDARD STAFFING PATTERN.
-
- i. The matter was deliberated in detail and it was decided that adopting a uniform model for pathological services across all AIIMS will pose challenges and hence respective Institutes may consider following different approaches for this item as per cost-benefit analysis, resources & location. Necessary approvals may be taken by the respective institutes.
 - ii. For the recruitment rules for new AIIMS, it was decided that while finalizing recruitment rules for non-faculty position, DOPT guidelines should be adhered to.
 - iii. On the issue of enhancement of remuneration of Assistant Professor on contract basis, it was decided that this can be done on the lines of the AIIMS, Delhi subject to the proposal, with financial implication, is examined by the Programme Division of the Ministry.
 - iv. The CIB Chairman and members agreed in principle the concept of standard staffing pattern as AIIMS are institute of eminence and these staff strength is important for AIIMS to function as centre of excellence. CIB decided that these numbers may be finally examined by Committee formed under DDA (AIIMS) Delhi and propose post in various phases. Subsequently the scheme of Standard staffing pattern is to be sent to Ministry of Health & Family Welfare for examination and finalization in consultation with DOE.




ITEM NO. CIB- 5/4

- i. APPROVAL FOR DOWNGRADING OF POST OF ADDITIONAL PROFESSOR TO ASSOCIATE PROFESSOR WITHIN THE DEPARTMENTS.
 - ii. APPROVAL FOR HIRING OF SENIOR RESIDENTS AGAINST VACANT FACULTY POSTS IN VARIOUS DEPARTMENTS.
 - iii. ABSORPTION OF PERSONNEL, WORKING ON DEPUTATION BASIS IN THE NEW AIIMS AS A ONE-TIME MEASURE.
 - iv. AGENDA FOR TECHNICAL RESIGNATION OF FACULTY AND EMPLOYEES OF AIIMS
-

- (i) This issue was discussed at length. It was agreed that Addl. Prof. & Assoc. Prof. post can be re-appropriated and can be filled at the level of Asstt. Prof. temporarily to meet requirements of the department in case these posts are not filled despite making efforts to fill these. Such re-appropriations for a fixed duration can be done by new AIIMS with the approval of their Institute Bodies.
- (ii) This issue was discussed in detail. It was decided that the proposal for re-appropriation post as resident posts is not good for these institutions & should not be resorted to. Hence, proposal was not agreed.
- (iii) It was decided that the matter may be referred to MoHFW, to be taken up with DOPT.
- (iv) It was decided that the matter may be referred to MoHFW, to be taken up with DOPT,

ITEM NO. CIB- 5/5

- i. PERMANENT DOWNGRADING OF THE UNFILLED SENIOR FACULTY POSTS TO THE LEVEL OF ASSISTANT PROFESSOR AT AIIMS, RAIPUR
 - ii. APPROVAL FOR EXEMPTION FROM GRANTING LIEN TO THE FACULTY MEMBERS OF AIIMS, RAIPUR APPOINTED ELSEWHERE.
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- i. This matter also decided in agenda item No. CIB-5/4 (i)
 - ii. It was decided that this matter may be referred to MoHFW to be taken up with DOPT.
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ITEM NO. CIB- 5/6

- i. ENHANCEMENT OF SALARY OF INTERNS.
- ii. STIPEND OR STUDENTS OF PHD, MPH AND BSC ALLIED HEALTH SCIENCES.
- iii. NURSING ALLOWANCE TO NURSING TUTORS & NURSING FACULTY.
- iv. SALARY OF CONTRACTUAL ASSISTANT PROFESSOR TO RS.1,42,506/- W.E.F. 09.12.2019 AT PAR WITH AIIMS, NEW DELHI & AIIMS, RAIPUR\
- v. ADOPTION OF FEES OF \$200 PER MONTH FOR SHORT/LONG TERM TRAINING OF FOREIGN NATIONALS AT PAR AIIMS, NEW DELHI.

i to iv. Chairman desired the instant proposal along with the financial implications to be referred to the Programme division of the Ministry for examination and further decision.

v. New AIIMS may send the proposal in this regard for concurrence.

ITEM NO. CIB- 5/7

ENHANCEMENT OF CONTRIBUTION OF THE INSTITUTE IN NPS FROM EXISTING 10% TO 14% OF BASIC PAY AND DEARNESS ALLOWANCE AS PER THE NOTIFICATION DATED 31.01.2019 ISSUED BY THE DEPARTMENT OF FINANCIAL SERVICES, MINISTRY OF FINANCE.

This is a policy matter to be decided upon by Ministry of Finance. This issue is already under the active consideration of MoHFW & DOE. No further action is required at the level of CIB.

ITEM NO. CIB- 5/8

FUNDS DISBURSAL MECHANISM FOR DPR MEDICAL EQUIPMENTS ON APPOINTMENT OF PROCUREMENT SUPPORT AGENCY (PSA) FOR PURCHASE OF MEDICAL EQUIPMENTS AT AIIMS, BIBINAGAR, HYDERABAD BY INSTITUTE BODY (IB) OF THE INSTITUTE.

A proposal in this regard may be sent to MoHFW for consideration.

ITEM NO. CIB- 5/9

- i. THE CIB VIDE ITS DECISION CIB-2/9 MADE IT MANDATORY TO FOLLOW RECRUITMENT RULES OF AIIMS, NEW DELHI FOR CORRESPONDING POSTS IN NEW AIIMS. IN ADDITION STANDARD STAFFING PATTERN FOR NEW AIIMS IS UNDER ACTIVE CONSIDERATION OF CIB.



ii. ESTABLISH DEPARTMENT OF HOSPITAL ADMINISTRATION IN NEW AIIMS.

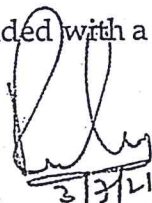
- iii. This matter also decided in agenda item No. CIB-5/3 (iv).
- iv. Chairman agreed with the proposal. Individual AIIMS may take up the proposal in their Academic Committee's & seek approvals for creation of the department as per laid down mechanism.

ITEM NO. CIB- 5/10

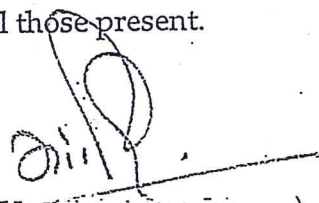
ROTATION OF HEADSHIP IN THE DEPARTMENTS/CENTRES AT AIIMS, NEW DELHI.

There were detailed deliberations on this issue. Some of the members shared their experience with the system of rotatory headship. The Chairman expressed that the proposal needs to be examined further for its advantage and disadvantage and smooth functioning of Departments in AIIMS, Delhi. Chairman, desired that a new committee may be constituted with people of eminence as members who do not have any conflict of interest in the matter. This committee should approach various Govt. Institution in medical field as well as other fields where this system has been adopted and seek feedback from these institutions. Based on these deliberations, this committee may be requested to give recommendation of applicability of this system for well established institutions like AIIMS, Delhi & PGI, Chandigarh. This committee may also give recommendation about applicability of this system for new AIIMS who are at different stages of development.

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



(PROF. RANDEEP GULERIA)
Member Secretary
CENTRAL INSTITUTE BODY
AIIMS, New Delhi.



(Hon'ble HFM & President
CENTRAL INSTITUTE BODY, AIIMS

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NOTE FOR THE CENTRAL INSTITUTE BODY

ITEM NO. 2

**Action Taken Report on the minutes of the 5th meeting
of the Central Institute Body of AIIMS held on 16th
June, 2021 in Hon'ble HFM's Conference Hall in
NirmanBhawan, New Delhi.**

NOTE FOR THE CENTRAL INSTITUTE BODY
AIIMS, NEW DELHI

Item No.CIB-6/2

SUBJECT: ACTION TAKEN ON THE MINUTES OF THE 5TH MEETING OF THE CENTRAL INSTITUTE OF BODY OF NEW AIIMS HELD ON 16TH JUNE, 2021 AT 3:30 P.M. UNDER THE CHAIRMANSHIP OF HON'BLE UNION MINISTER OF HEALTH AND FAMILY WELFARE, IN THE CONFERENCE ROOM (3RD FLOOR), MOHF&W, NIRMAN BHAWAN, NEW DELHI.

DECISION	ACTION TAKEN
<p align="center"><u>ITEM NO. CIB- 5/1</u></p> <p>CONFIRMATION OF THE MINUTES OF 4TH MEETING OF THE CENTRAL INSTITUTE BODY OF AIIMS HELD ON 27TH JULY, 2019 IN HON'BLE HFM'S CONFERENCE HALL IN NIRMANBHAWAN, NEW DELHI.</p> <hr/> <p>The minutes of the 4thmeeting of Central Institute Body held on 27th July, 2019 were confirmed.</p>	<p align="center">Noted</p>
<p align="center"><u>ITEM NO. CIB- 5/2</u></p> <p>ACTION TAKEN REPORT ON THE MINUTES OF THE 4TH MEETING OF THE CENTRAL INSTITUTE BODY OF AIIMS HELD ON 27TH JULY, 2019 IN HON'BLE HFM'S CONFERENCE HALL IN NIRMANBHAWAN, NEW DELHI.</p> <hr/> <p>The Action Taken on the decision of 4th meeting of Central Institute Body were noted along with following decision:</p> <p><u>Item No. CIB-4/3:Review of Financial, Physical and Recruitment Progress.</u></p> <p>Chairman desired that all delayed infrastructure projects be put on fast track mode and try to compensate delays due to the pandemic and</p>	<p>Reply from AIIMS, Bilaspur: The first phase of AIIMS, Bilaspur was dedicated to the nation by Hon'ble Prime</p>

complete them at the earliest. All AIIMS have to submit a monthly progress report of all Projects under execution for proper monitoring. Regarding the recruitment of the employee for these projects, CIB may consider recommendation given by member, NITI Aayog Dr. V.K. Paul for hiring of retired & eligible military Doctors.

Item No. CIB-4/13: Revision of tuition fees for MBBS and Nursing Students.

Chairman expressed that this particular agenda has to be discussed and concluded at the earliest. He desired that the Committee of Directors of AIIMS must finalize the recommendations on this subject at the earliest and submit to the CIB for decision.

Item No. CIB-4/14:

Fixing up uniform user-charges for patients in all new AIIMS.

Committee was informed that AIIMS Bhubaneswar is working of user charges. Once these are finalized, decision on the matter can be taken.

Item No. CIB-4/15:

Proposal for introducing an All India Common Eligibility Examination for the purpose of recruitment of Nursing Officers in AIIMS and Central Government Hospitals.

MoHFW may take up this proposal with Central Govt. & firm up plan to have common eligibility exam for all AIIMS & Central Govt. Hospitals.

Minister on 05.10.2022.

Separate agenda is put up.

Reply from AIIMS, Bilaspur:

The recruitment of Nursing Officers is being done through NORCET exam being conducted by AIIMS, New Delhi. Till now, two rounds of selection have been completed in the year 2020 and 2021.

ITEM NO. CIB- 5/3

- i. REAGENT RENTAL MODEL FOR PATHOLOGICAL SERVICES ACROSS ALL THE AIIMS
- ii. RECRUITMENT RULES FOR NEW AIIMS
- iii. ENHANCEMENT OF REMUNERATION OF ASSISTANT PROFESSOR ON CONTRACT BASIS.
- iv. STANDARD STAFFING PATTERN.

- i. The matter was deliberated in detail and it was decided that adopting a uniform model for pathological services across all AIIMS will pose challenges and hence respective Institutes may consider following different approaches for this item as per cost-benefit analysis, resources & location. Necessary approvals may be taken by the respective Institutes.

Reply from AIIMS, Bathinda:

AIIMS Bathinda would like to adopt Institute level approach for such procurements.

Reply from AIIMS, Raipur:

Institute has examined this proposal. As per recommendation of department of Pathology, Biochemistry and Microbiology, the reagent rental model for pathological services need not be required at present.

Reply from AIIMS, Kalyani:

Regent Rental model is being followed at present.

Reply from AIIMS, Nagpur:

The Institute has considered all the factors and presently running its own Pathological Laboratory in IPD for IPD patients. In OPD building, HLL is providing pathology test services required by OPD patients.

Reply from AIIMS, Patna:

Pathological services at AIIMS Patna are going on in a mixed model. Some services are

running with purchase of machine as well as reagents separately. Many services are running on "Reagent Rental Model" namely IHC, Urine analysis & Haematology Cell counter.

Reply from AIIMS, Bhopal:

AIIMS, Bhopal has considered the concept of provision of Lab. Serviced through "Reagent Rental Model of Pathological Services" and it is submitted that most of machines in the department of pathology, Biochemistry and Microbiology to conduct various laboratory tests are functional within the equipment life cycle and most of the machines were supplied by HLL/HITES at the time of establishment. The Notice of Award (NOA) with provision of reagent supply are existing for the maximum number of tests being performed. Moreover, most Laboratory machines are closed systems and it is very much possible to run through the rates contracts with Original Equipment Manufacturers (OEMs) Notice Inviting Quotations (NIQs). Currently the Institute has initiated the process of fresh rate contracts from the Principals/OEM through the distributors and the services are being run through purchases of essential reagents and consumables. Reagent rental model if adopted as of now will lead to duplication of the supply of reagent and

multiple new machines will need to be installed & interfaced with the existing HMIS Lab system leading to confusion.

Thus, for the existing functional machines the option of going through the rate contract renewal has been adopted and the Reagent Rental Model will only be considered on a later stage.

Reply from AIIMS, Bhubaneswar:

The said model has not yet been implemented in AIIMS, Bhubaneswar for pathological services. As per present practice, AIIMS, Bhubaneswar is used to procure all Pathological, Microbiology services through reagent rental basis. Our doctors and technical & para-medical staff are well versed with various Pathological and Microbiological tests procedures. All tests are being executed in a streamlined manner. Taking the disadvantage clauses of reagent rental model into account, a detailed examination needs to be undertaken over the said proposal for adoption of Reagent Rental Model for Pathological services in AIIMS, Bhubaneswar.

Reply from AIIMS, Bilaspur:

At present AIIMS, Bilaspur is managing its lab services through HIND Lab and for

- ii. For the recruitment rules for new AIIMS, it was decided that while finalizing recruitment rules for non-faculty position, DOPT guidelines should be adhered to.

initiating own pathological lab services, Institute will study different models being followed across peer Institute and after conducting cost benefit analysis appropriate model will be adopted after taking approval from the GB/IB of Institute.

Reply from AIIMS, Jodhpur:
Noted

Reply from AIIMS, Bathinda:
AIIMS Bathinda is following the Recruitment Rules vide CIB Item No.2/9

Reply from AIIMS, Raipur:
Noted

Reply from AIIMS, Madurai:
Point noted for compliance. The RR of AIIMS, New Delhi have been obtained and same have been advertised for the recruitment of faculty of AIIMS, Madurai.

Reply from AIIMS, Kalyani:
Followed at AIIMS, Kalyani.

Reply from AIIMS, Nagpur:
Presently, AIIMS, Nagpur has adopted AIIMS, New Delhi's Recruitment Rules (RR) for all the sanctioned posts. New RR for new AIIMS are under consideration with the Ministry. The same will be considered after approval from Ministry.

Reply from AIIMS, Patna:
Recruitment Rules being finalized at Ministry Level.

iii. On the issue of enhancement of remuneration of Assistant Professor on contract basis, it was decided that this can be done on the lines of the AIIMS, Delhi subject to the proposal, with financial implication, is examined by the Programme Division of the Ministry.

Reply from AIIMS, Bhopal:

CIB in its 4th meeting has approved the proposal for formation of a committee consisting of DDA Bhubaneswar, Raipur and Jodhpur under the chairmanship of DD(A) AIIMS, Delhi for amendment of RR of Non-Faculty posts. No action to be taken by AIIMS Bhopal.

Reply from AIIMS, Bhubaneswar:

At present no contractual Assistant Professor has been appointed in AIIMS Bhubaneswar. However, for future requirement point of view, a proposal with financial implication is to be forwarded to the Programme Division of the Ministry for examination and further decision as decided by the CIB under Agenda item No. CIB-5/3 & 5/6(iv) also.

Reply from AIIMS, Bilaspur:

No action was required to be taken by AIIMS, Bilaspur.

Reply from AIIMS, Jodhpur:

Noted

Reply from AIIMS, Bathinda:

AIIMS Bathinda has recruited the following Assistant Professors who are being paid Rs.1,42,506/- per month.

(a) Dr. Shivani Bansal in the Department of Dermatology w.e.f. 11th March, 2020.

(b) Dr. Jasmeen Kaur in the

Department of Pathology w.e.f.
21 March, 2020.

Reply from AIIMS, Raipur:

AIIMS Raipur has increased the salary of Assistant Professors working on contractual basis i.e. Rs.1,42,506/- per month as per the MoHFW Memorandum dated 09.12.2019 issued to AIIMS, New Delhi. This matter has been ratified by the SFC of AIIMS Raipur during 7th meeting held on 29.10.2020

Reply from AIIMS, Kalyani:

No Contractual Assistant Professor has been engaged at AIIMS, Kalyani at present.

Reply from AIIMS, Nagpur:

As of now, Basic + 20% NPA + 17% DA is considered for payment of contractual Assistant Professor and no problem has been faced in this regard.

Reply from AIIMS, Patna:

The consolidated remuneration for the post of Assistant Professor is Rs.1,42,506/- per month (consolidated).

Reply from AIIMS, Bhopal:

Action to be taken by Programme Division of the Ministry.

Reply from AIIMS, Jodhpur:

Salary of Assistant Professor on account basis is being paid @Rs.01,42,506 as per

<p>iv. The CIB Chairman and members agreed in principle the concept of standard staffing pattern as AIIMS are Institute of eminence and these staff strength is important for AIIMS to function as centre of excellence. CIB decided that these members may be finally examine by committee formed under DDA (AIIMS) Delhi propose post in various phases. Subsequently the scheme of Standing Staffing Pattern is to be sent to Ministry of Health and Family & Welfare for examination and finalization in consultation with DOE.</p>	<p>MoHFW letter No.V-16020/323/2018-INI-I, dated 09th December, 2019 and vide Advt. No. Admn/Faculty/01/2020-AIIMS.JDH, dated 01st August, 2020.</p> <p>The committee started deliberating on this issue. The recommendations will be forwarded to the Ministry.</p>
<p align="center"><u>ITEM NO. CIB- 5/4</u></p> <p>i. APPROVAL FOR DOWNGRADING OF POST OF ADDITIONAL PROFESSOR TO ASSOCIATE PROFESSOR WITHIN THE DEPARTMENTS.</p> <p>ii. APPROVAL FOR HIRING OF SENIOR RESIDENTS AGAINST VACANT FACULTY POSTS IN VARIOUS DEPARTMENTS.</p> <p>iii. ABSORPTION OF PERSONNEL, WORKING ON DEPUTATION BASIS IN THE NEW AIIMS AS A ONE-TIME MEASURE.</p> <p>iv. AGENDA FOR TECHNICAL RESIGNATION OF FACULTY AND EMPLOYEES OF AIIMS</p> <hr/> <p>(i) This issue was discussed at length. It was agreed that Addl. Prof. & Assoc. Prof. post can be re-appropriated and can be filled at the level of Asstt. Prof. temporarily to meet requirements of the department in case these posts are not filled despite making efforts to fill these. Such re-appropriations for a fixed</p>	<p>Reply from AIIMS, Bathinda: AIIMS Bathinda has downgraded two Additional Professors to Associate Professors for the department of Anaesthesiology for a period 02 years.</p>

duration can be done by new AIIMS with the approval of their Institute Bodies.

Reply from AIIMS, Raipur:
Noted

Reply from AIIMS, Kalyani:

AIIMS, Kalyani published 2 Nos of advertisement in 22.01.2019 and 03.12.2020. To redraw the reservation roster as per the direction of MoHFW, advertisement dated 03.12.2020 was cancelled and re-advertised on 18.06.2021. Thereafter, vide advertisement dated 24.06.2022, totalling of 89 vacant & backlog posts were again advertised.

If the post of Additional Professor and Assistant Professor could not be filled again, then the downgrading of post may be done in next advertisement.

Reply from AIIMS, Nagpur:

Agreed with the decision taken in the 5th CIB Meeting.

Reply from AIIMS, Patna:

Recruitment to vacant faculty positions (i.e. 172 seats) is in process. (Rolling Advertisement)

Reply from AIIMS, Bhopal:

AIIMS, Bhopal has already advertised all vacant posts of Additional Professors and Associate Professors. The Temporary re-appropriation of these posts will be considered in case these posts remain unfilled.

Reply from AIIMS, Bhubaneswar:

In compliance of the decision of the CIB under Agenda Item No. CIB-5/4 certain posts of Additional Professor in various departments are downgraded 45 number of posts on temporary basis and advertised in the position of Assistant Professor. Accordingly, an advertisement has been published for recruitment of Faculty posts in various discipline vide Notice No. AIIMS/BBSR/RECT/REG.F AC/2020/873/2780 dated 30.08.2021.

Reply from AIIMS, Bilaspur:

Institute has conducted two rounds of faculty selection till date but finding it difficult to recruit senior faculty due to non-availability of suitable candidates. After conducting one more round if situation does not improve, matter will be submitted to IB for consideration and downgrading of higher level posts for a fixed period in the departments where no faculty is available.

Reply from AIIMS, Jodhpur:

Down-grading of the posts of Additional/Associate Professor to the level of Assistant Professor has been carried out with the approval of Institute Body and Governing Body of the Institute. Further, downgrading of post of Additional Professor to Associate Professor within the

<p>(ii) This issue was discussed in detail. It was decided that the proposal for re-appropriation post as resident posts is not good for these institutions & should not be resorted to. Hence, proposal was not agreed.</p> <p>(iii) It was decided that the matter may be referred to MoHFW, to be taken up with DOPT.</p> <p>(iv) It was decided that the matter may be referred to MoHFW, to be taken up with DOPT.</p>	<p>Department is not required in the Institute. However, it is proposed that post of Professor may be downgraded to the post of Assistant Professor in such Department where one or more post of Professors are sanctioned to be filled up through Direct Recruitment basis. Furthermore, proposal for downgraded post in Department wise may be letter ratified from concerned Institute Body.</p>
<p style="text-align: center;"><u>ITEM NO. CIB- 5/5</u></p> <p>i. PERMANENT DOWNGRADING OF THE UNFILLED SENIOR FACULTY POSTS TO THE LEVEL OF ASSISTANT PROFESSOR AT AIIMS, RAIPUR</p> <p>ii. APPROVAL FOR EXEMPTION FROM GRANTING LIEN TO THE FACULTY MEMBERS OF AIIMS, RAIPUR APPOINTED ELSEWHERE.</p> <hr/> <p>i. This matter also decided in agenda item No.CIB-5/4(i)</p>	

- ii. It was decided that this matter may be referred to MoHFW to be taken up with DOPT.

ITEM NO. CIB- 5/6

- i. ENHANCEMENT OF SALARY OF INTERNS.
- ii. STIPEND OR STUDENTS OF PHD, MPH AND BSC ALLIED HEALTH SCIENCES.
- iii. NURSING ALLOWANCE TO NURSING TUTORS & NURSING FACULTY.
- iv. SALARY OF CONTRACTUAL ASSISTANT PROFESSOR TO RS.1,42,506/- W.E.F. 09.12.2019 AT PAR WITH AIIMS, NEW DELHI & AIIMS, RAIPUR\
- v. ADOPTION OF FEES OF \$200 PER MONTH FOR SHORT/LONG TERM TRAINING OF FOREIGN NATIONALS AT PAR AIIMS, NEW DELHI.

i to iv. Chairman desired the instant proposal along with the financial implications to be referred to the Programme division of the Ministry for examination and further decision.

Reply from AIIMS, Bathinda:

- (iv) AIIMS Bathinda has recruited the following Assistant Professor who are being paid Rs.1,42,506/- per month.
- (a) Dr. Shivani Bansal in the Department of Dermatology w.e.f. 11th March, 2020.
 - (b) Dr. Jasmeen Kaur in the Department of Pathology w.e.f. 21st March, 2020.

Reply from AIIMS, Raipur:

- i. In line with MoHFW Memorandum dated 17.03.2021, stipend paid to the interns has been enhanced to Rs.26,300/- per month.
- ii. At par with the approval of

SFC of AIIMS Raipur during its 7th meeting held on 29.10.2020, the stipend is being paid to the students of PDCC, DM/MCh, MD/MS/MDS, MPH and B.Sc. allied course.

- iii. In line with MoHFW Memorandum dated 31.08.2017, Nursing Allowance of Rs.7,200/- per month is being paid to the nursing personnel.
- iv. AIIMS Raipur has increased the salary of Assistant Professors working on contractual basis i.e. Rs.1,42,506/- per month as per the MoHFW Memorandum dated 09.12.2019 issued to AIIMS, New Delhi. This matter has been ratified by the SFC of AIIMS Raipur during 7th meeting held on 29.10.2020

Reply from AIIMS, Madurai:

CIB-5/6 point (iv): As of now 8 Nos. contractual faculty have been hired, the remuneration being paid is at par with AIIMS, New Delhi.

Reply from AIIMS, Nagpur:

CIB-5/6 (i): Salary of internship will pay as applicable. As on date 4th year is running of 1st Batch of MBBS, in AIIMS, Nagpur.

CIB-5/6 (ii): As discussed in 4th SFC of AIIMS, Nagpur, proposal for payment of

stipend to PhD candidate has been refer to Ministry.

CIB-5/6 (iii): Nursing allowance is being paid to Nursing Faculty. No Nursing Tutors recruited till date.

CIB-5/6 (iv): Agreed. The salary of contractual Assistant Professor is being paid Rs.1,42,506/- per month at AIIMS, Nagpur.

CIB-5/6 (v): Proposal will be taken up in Academic Committee meeting and their after, it will be sent for concurrence.

Reply from AIIMS, Patna:

CIB-5/6 (i): MBBS Internship stipend has been enhanced from Rs.23,500/- to 26,300/-. Internship stipend of BSc. Nursing students increased to Rs.13,150/- vide MOHFW letter No. A.11013/07/2019-N dated 06.07.2022

CIB-5/6 (ii): Admission to Ph.d is through Fellowship programmes (Through NET) and through grants of funding agencies like DST, DBT, ICMR etc. Payment/Salary fixed by these agencies applicable.

*- MPH & B.Sc. allied Health- No admission as yet.

CIB-5/6 (iii): Nursing allowance is applicable to nursing personnel of all categories at all levels. Vide

MoHFWNo.Z.28015/50/2017-N dated 31st August 2017. Rs. 7200/- is paid as nursing allowance to nursing tutors & nursing faculty.

CIB-5/6 (iv): The consolidated remuneration for the post of Assistant Professor is Rs.1,42,506/- per month (consolidated)

Reply from AIIMS, Bhopal:

CIB-5/6 (i): The interns are being paid the enhanced rate of stipend/salary as per the Ministry of Health Government of India OM Dated 9th of July, 2021. The Ministry's OM dated 09.07.2022 is issued after the date of meeting of the CIB held on 16.06.2021. The same has been ratified by the SFC of the AIIMS Bhopal with meeting held on 02.02.2022.

Any further enhancement of salary/stipend as per the Ministry's directions if any would be applicable to AIIMS Bhopal.

CIB-5/6 (ii): MPH and B.Sc. allied health sciences courses are not conducted at AIIMS Bhopal at present. However, the student of PhD programs are being paid consolidate salary/stipend as per instructions/sanctions of the funding agency which is project specific. Further, AIIMS Bhopal will follow the guidelines of the Ministry in this regard whenever issued.

CIB-5/6 (iii): 7200/- per month is being paid to the Nursing Faculty working in AIIMS Bhopal. The recruitment process of regular employees for the post of Nursing Tutor is under process.

CIB-5/6 (iv): Salary to Assistant Professor engaged on contractual basis is being paid salary @Rs. 1,42,506/- with effect from 01.02.2020 in accordance with order No.DIR/AIIMS/BPL/2020/206 dated 27.02.2020 as per direction of SFC held on 27.11.2020.

Reply from AIIMS, Jodhpur:

(i) Enhancement of Intern stipend from 23,500/- to 26,300/- w.e.f. 01st January, 2020 as per MoHFW O.M. No. S.11014/02/2018-ME-I dated 17th March, 2021.

(ii) Stipend Details:

- B.Sc. (H) Nursing:- 500/- per month as per MoHFW order No.Z-28016/67/2014-SSH dated 14th July, 2014 (Circular No.PMSSY-02-July-2014)
- Master of Public Health (MPH):- 25000/- from Covid times i.e. January, 2021 with the approval of Standing Finance Committee of the Institute in its 07th Meeting vide agenda

- v. New AIIMS may send the proposal in this regard for concurrence.

No. 07/13.

- Ph.D. candidates have their own funding.

- (iii) Nursing allowance is being paid to Nursing faculty & Nursing tutors.
- (iv) Salary of Assistant Professor on contract basis is being paid @Rs. 01,42,506 as per MoHFW letter No. V-16020/323/2018-INI-I, dated 09th December, 2019 and vide Advt. No. Admn/faculty/01/2020-AIIMS.JDH dated 01st August, 2020.

Reply from AIIMS, Bathinda:

AIIMS Bathinda would also like to conduct Short/Long term training for the Foreign Nationals at par AIIMS Delhi and would also like to adopt the fees of \$200 per month for such training in line with AIIMS Delhi.

Reply from AIIMS, Raipur:

AIIMS Raipur is following the guidelines as prescribed by AIIMS, New Delhi. No such training has been given to foreign nationals by the Institute, till date.

Reply from AIIMS, Kalyani:

Proposal for item No.CIB-5/6 (i to v) will be placed before next Standing Finance Committee.

Reply from AIIMS, Deoghar:

Fees of \$200 per month for

	<p>short/long term training of foreign nationals at per AIIMS, New Delhi - we principally agree to it but currently we are not in a position to impart such long/short term training of foreign nationals at AIIMS, Deoghar.</p> <p>Reply from AIIMS, Patna: CIB-5/6 (v): Will be accepted if any foreign nationals admitted in future at AIIMS, Patna.</p> <p>Reply from AIIMS, Bhopal: Proposal for fees of \$200 per month for short/long terms training of foreign nationals at par AIIMS, New Delhi is being initiated.</p> <p>Reply from AIIMS, Bilaspur: Proposal in this regard will be submitted to Ministry after examining the fee scheme of AIIMS, New Delhi.</p> <p>Reply from AIIMS, Jodhpur: At present Rs.5000/- per month for Indian nationals and \$200 per month for International students as per guidelines approved in the 06th Meeting of Academic Committee of the Institute vide Agenda No.AC 6.21</p>
<p align="center"><u>ITEM NO. CIB- 5/7</u></p> <p>ENHANCEMENT OF CONTRIBUTION OF THE INSTITUTE IN NPS FROM EXISTING 10% TO 14% OF BASIC PAY AND DEARNESS ALLOWANCE AS PER THE NOTIFICATION DATED 31.01.2019 ISSUED</p>	<p>AIIMS Bathinda is also paying the NPS contribution @14% we.f. 01.04.2019 vide Department of Expenditure, Ministry of Finance Letter</p>

BY THE DEPARTMENT OF FINANCIAL SERVICES, MINISTRY OF FINANCE.

This is a policy matter to be decided upon by Ministry of Finance. This issue is already under the active consideration of MoHFW & DOE. No further action is required at the level of CIB.

No.F.No.1(3)/EV/2020 dated 26th August, 2021.

Reply from AIIMS, Raipur:

Enhancement of contribution of the Institute w.r.t. NPS from existing 10% to 14% has been implemented in line with the Memorandum dated 26.08.2021 and same has been intimated to the SFC of AIIMS Raipur.

Reply from AIIMS, Kalyani:

Proposal has been implemented at AIIMS, Kalyani.

Reply from AIIMS, Bhopal:

NPS share is raised to 14% from 10% as per Department of Expenditure, MOF OM No.F.No. 1(3)/EV/2020 dated 26.08.2021 for Central Autonomous Bodies. No further action is required in this matter.

Reply from AIIMS, Bhubaneswar:

In accordance with the Department of Expenditure's OM No. 1(3)/EV/2020 dated 26th August, 2021 and subsequent letter from the MoHFW regarding hike of NPS-Employer's share contribution from 10 to 14%. Accordingly, the same benefit has been extended to all the regular employee working in AIIMS, Bhubaneswar.

Reply from AIIMS, Bilaspur:

The GOI has already approved the enhancement and same

	<p>has been implemented in AIIMS, Bilaspur, therefore, no further action is required.</p> <p>Reply from AIIMS, Jodhpur: Noted</p>
<p><u>ITEM NO. CIB- 5/8</u></p> <p>FUNDS DISBURSAL MECHANISM FOR DPR MEDICAL EQUIPMENTS ON APPOINTMENT OF PROCUREMENT SUPPORT AGENCY (PSA) FOR PURCHASE OF MEDICAL EQUIPMENTS AT AIIMS, BIBINAGAR, HYDERABAD BY INSTITUTE BODY (IB) OF THE INSTITUTE.</p> <hr/> <p>A proposal in this regard may be sent to MoHFW for consideration.</p>	
<p><u>ITEM NO. CIB- 5/9</u></p> <p>i. THE CIB VIDE ITS DECISION CIB-2/9 MADE IT MANDATORY TO FOLLOW RECRUITMENT RULES OF AIIMS, NEW DELHI FOR CORRESPONDING POSTS IN NEW AIIMS. IN ADDITION STANDARD STAFFING PATTERN FOR NEW AIIMS IS UNDER ACTIVE CONSIDERATION OF CIB.</p> <p>ii. ESTABLISH DEPARTMENT OF HOSPITAL ADMINISTRATION IN NEW AIIMS.</p> <hr/> <p>i. This matter also decided in agenda item No. CIB-5/3(iv).</p>	<p>Reply from AIIMS, Madurai: Point noted for compliance. The RR of AIIMS, New Delhi have been obtained and same have been advertised for the recruitment of faculty of AIIMS, Madurai.</p>

Reply from AIIMS, Nagpur:

AIIMS, Nagpur has adopted AIIMS, New Delhi's RR for the corresponding posts as advised by the Ministry vide its letter No.Z-28016/63/2019-PMSSY.IV dated 26th June, 2019 recruitment on various posts is being done in line with Standard Staffing Pattern (SSP) as approved in 2nd meeting of the CIB. However, difficulties are being faced in recruitment of certain posts. Hence, Ministry is requested to take necessary decision in this regard at the earliest.

Reply from AIIMS, Bhubaneswar:

At present AIIMS, Bhubaneswar is following RR of AIIMS, New Delhi

Reply from AIIMS, Bilaspur:

As per the decision of CIB, RRs of AIIMS, New Delhi are being followed in all the recruitments but there are posts like Executive Engineer (Civil), Executive Engineer (Electrical), Assistant Controller of Examination etc. where RRs of AIIMS, New Delhi do not entitle State Govt. Employees eligible for deputation. For these posts the Institute Body of AIIMS, Bilaspur has decided to follow RRs of first six AIIMS only where appointment is to be made on deputation basis till the finalization of own RRs. For other senior level posts, RRs of AIIMS, New Delhi provides only by promotion whereas in new

- ii. Chairman agreed with the proposal. Individual AIIMS may take up the proposal in their Academic Committee's & seek approvals for creation of the department as per laid down mechanism.

AIIMS it is not possible to fill any post by way of promotion due to either non availability of feeder cadre or non-eligibility if feeder cadre employees. This issue needs to be discussed at length because out of 1201 sanctioned posts there are approx 250 posts where RRs of AIIMS, New Delhi provides only promotion. These posts will remain vacant for a considerable time and will hamper working of the Institute.

Point noted for compliance.

Reply from AIIMS, Raipur:

For AIIMS Raipur, the MoHFW vide letter dated 06.08.2013 has created three (03) posts (Professor-01, Associate Professor-01 and Assistant Professor-01) for the department of Hospital Administration.

Reply from AIIMS, Madurai:

Point noted for compliance and would be taken up in the Academic Committee.

Reply from AIIMS, Kalyani:

Establishment of Department of Hospital Administration at AIIMS, Kalyani will be discussed in the next Academic Committee meeting.

Reply from AIIMS, Nagpur:

As per Standard Staffing Pattern (SSP), Hospital Administration department is already there for all new AIIMS,

PG Course in hospital Administration will be started shortly after taking of the matter in Academic Committee and sanction of JR Posts by the Ministry.

Reply from AIIMS, Patna:

Department of Hospital Administration is in existence at AIIMS, Patna. Dr. Sujit Kumar Sinha is working as Associate Professor in the said department.

Reply from AIIMS, Bhopal:

Department of Hospital Administration is in existence at AIIMS, Bhopal and two faculty members (Additional Professor and Associate Professor) have also been recruited in the Department.

Reply from AIIMS, Bhubaneswar:

AIIMS, Bhubaneswar has already established the Department of Hospital Administration.

Reply from AIIMS, Bilaspur:

The department of Hospital Administration has already been established at AIIMS Bilaspur with 02 Assistant Professors and 01 Professor. The post of Professor is vacant at present.

Reply from AIIMS, Jodhpur:

The department of Hospital Administration is already in place from 31st May, 2021 with one faculty member already

	working. MD Hospital Administration has also been approved and will be advertised in next session.
<p align="center"><u>ITEM NO. CIB- 5/10</u></p> <p>ROTATION OF HEADSHIP IN THE DEPARTMENTS/CENTRES AT AIIMS, NEW DELHI.</p> <hr/> <p>There were detailed deliberations on this issue. Some of the members shared their experience with the system of rotatory headship. The Chairman expressed that the proposal needs to be examined further for its advantage and disadvantage and smooth functioning of Departments in AIIMS, Delhi. Chairman, desired that a new committee may be constituted with people of eminence as members who do not have any conflict of interest in the matter. This committee should approach various Govt. Institution in medical field as well as other fields where this system has been adopted and seek feedback from these institutions. Based on these deliberations, this committee may be requested to give recommendation of applicability of this system for well established institutions like AIIMS, Delhi & PGI, Chandigarh. This committee may also give recommendation about applicability of this system for new AIIMS who are at different stages of development.</p>	<p>A committee has been constituted vide letter No.F.1-2/Rot/Head/2022-Acad-II dated 24.08.2022. The recommendations of the committee is awaited.</p>

NOTE FOR THE CENTRAL INSTITUTE BODY

ITEM NO. 3

**To consider the proposal for Uniform User Charges for
the new AIIMS.**

NOTE FOR THE CENTRAL INSTITUTE BODY
AIIMS, NEW DELHI

Item No.CIB-6/3

SUBJECT: PROPOSAL FOR FIXING UP UNIFORM USER CHARGES FOR PATIENTS IN ALL NEW AIIMS.

On 27th July 2019, fourth meeting of the Central Institute Body discussed the matter regarding fixing up of uniform user charges for patients in all new AIIMS and decided to constitute a committee under the chair of Director, AIIMS Delhi with members as Director of new AIIMS to deliberate on the proposal and directed to submit its report to the CIB for consideration. Minutes of the 4th CIB meeting is at **Annexure-I**.

Accordingly, the meetings were held on 15.09.2020, 01.03.2021 and 22.07.2022 under the Chairmanship of Director, AIIMS, New Delhi. The minutes of the meeting are enclosed as Annexure-II, III & IV.

In the last meeting, the committee decided that the total number of tests are very large in number, comparing costs of test for each test across all the AIIMS is going to be a very tedious exercise. Moreover, AIIMS, New Delhi vide order dated 19.05.2022 took decision regarding abolishing the user charges of all investigations/Laboratory charges currently costing up to Rs.300/- per procedure in AIIMS, New Delhi. Further the committee agreed that

- The rate of AIIMS, New Delhi may be treated as benchmark rate
- The rate of other AIIMS which are less than AIIMS New Delhi rate may continue with the rate but wherever it is high, the AIIMS concerned may examine the rate for reducing it to AIIMS, New Delhi rate or justify as to why it can't be reduced.
- The waiving of charges up to Rs.300/- as is done in AIIMS, New Delhi can be examined by each AIIMS for independent decisions with due approval of the appropriate authorities.
- If any AIIMS has outsourced the Investigations/laboratory services and following the CGHS Rates, then they may be allowed to continue with the existing system till the in-house capacity is established for managing the Investigations/Laboratory services of the Hospital.

The list of user charges for all investigations/laboratory charges fixed by AIIMS, New Delhi was circulated to all the Directors of new AIIMS and also uploaded in the AIIMS Delhi website.

Approval Sought:

As decided in the fourth CIB meeting, the above said recommendations of the committee is placed before CIB for kind consideration.

Minutes of 4th meeting of Central Institute Body of AIIMS held at 3:00 P.M. on 27th July, 2019.

1. The 4th meeting of Central Institute Body (CIB) of AIIMS was held at 3:00 P.M. on 27th July, 2019 in the Conference Hall (1st floor) of Nirman Bhawan, Ministry of Health and Family Welfare under the chairmanship of Dr Harsh Vardhan, Hon'ble Union Minister of Health & Family Welfare, Govt. of India. The following members of CIB were present:-

- | | | | |
|----|---|----|-----------|
| 1) | Shri Harsh Vardhan
Hon'ble Union Minister of Health & Family Welfare
Government of India, Nirman Bhawan,
New Delhi - 110011 | -- | President |
| 2) | Prof. Ram Gopal Yadav
Hon'ble Member of Parliament (Rajya Sabha) | -- | Member |
| 3) | Smt. Preeti Sudan
Secretary to the Govt. of India,
Ministry of Health & Family Welfare,
Nirman Bhawan, New Delhi - 110011 | -- | Member |
| 4) | Dr A K Saxena
DGHS, Nirman Bhawan, New Delhi | -- | Member |
| 5) | Dr D S Rana
Chairman, Board of Management
Sir Ganga Ram Hospital, New Delhi | -- | Member |
| 6) | Dr. D.G. Mhaisekar
Vice Chancellor, Maharashtra University of Health Sciences,
Dindori Road, Mhasrul
Nashik - 422 004. | -- | Member |
| 7) | Dr D K Verma
Professor, Department of Surgery
Indira Gandhi Medical College (IGMC)
Shimla, Himachal Pradesh | | |
| 8) | Prof. Sanjeev Misra
Director,
All India Institute Medical Sciences,
Basni Industrial Area,
Phase-2, Jodhpur, Rajasthan-342005 | -- | Member |

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- | | | | |
|-----|--|----|------------------|
| 9) | Prof. P.K. Singh
Director,
All India Institute Medical Sciences,
Phulwari Sharif, Patna, Bihar-801507 | -- | Member |
| 10) | Prof. Nitin M. Nagarkar
Director,
All India Institute Medical Sciences,
Great Eastern Rd, AIIMS Campus,
Tatibandh, Raipur, Chhattisgarh-492099 | -- | Member |
| 11) | Prof. Gitanjali Batmanabane
Director,
All India Institute Medical Sciences,
Sijua, Patrapada, Bhubaneswar-751019 | -- | Member |
| 12) | Maj General (Dr) Vibha Dutta
Director,
All India Institute Medical Sciences,
Nagpur | -- | Member |
| 13) | Dr Sarman Singh
Director, All India Institute of Medical Sciences
Bhopal | -- | Member |
| 14) | Dr Ravi Kant
Director, All India Institute of Medical Sciences
Rishikesh | -- | Member |
| 15) | Dr Mukesh Tripathi
Director, AIIMS
Manglagiri | -- | Member |
| 16) | Prof. Randeep Guleria
Director,
All India Institute of Medical Sciences
Ansari Nagar
New Delhi -110 029 | -- | Member-Secretary |

Following members could not attend the meeting:-

- | | | | |
|-----|---|----|---------------|
| 17) | Member of Parliament (Lok Sabha) | - | Not nominated |
| 18) | Member of Parliament (Lok Sabha) | - | Not nominated |
| 19) | Shri R. Subrahmanyam
Secretary, Deptt. of Higher Education,
Ministry of HRD | -- | Member |

- 20) Shri D S Gangwar -- Member
Additional Secretary and Finance Advisor
Ministry of Health & Family Welfare,
Nirman Bhawan, New Delhi - 110011
- 21) Dr M K Bhan -- Member
Former Secretary, Deptt. Of Biotechnology
M/ Science and Technology
- 22) Prof. Yogesh Kumar Tyagi -- Member
Vice Chancellor
University of Delhi
- 23) Dr. Mahesh B. Patel -- Member
F-001, Shilalekh Society
Opposite Police Stadium
Shahi Baug,
Ahmedabad-380004
- 24) Dr. (Smt.) Vijay Laxmi Saxena -- Member
Coordinator Bioinformatics Infrastructure Facility Centre of DBT
Government of India, Head of the Deptt. of Zoology
Dayanand Girls P.G. College
Kanpur - 208 002 (U.P.)
- 25) Dr. N. Gopal Krishnan -- Member
Professor (Nephrology)
Madras Medical College
Chennai
- 26) Director, -- Member
All India Institute Medical Sciences,
Kalyani, West Bengal
- 27) Dr Jagat Ram, -- Member
Director, AIIMS
Raebareli
2. Shri Arun Singhal, Additional Secretary and Shri Sunil Sharma, JS, attended the meeting as Special Invitees from MoHF&W. Dr. V.K. Bahl, Dean (Academic) AIIMS New Delhi and Dr. D.K. Sharma, Medical Superintendent AIIMS New Delhi were also present as special invitees during the meeting. Shri Subhasish Panda Dy. Director (Admn.), Shri Neeraj Kumar Sharma Sr. Financial Adviser, Dr. S Datta Gupta Dean (Exam), Dr Rajeev Kumar Associate Dean (Academic), Dr A Shariff

Professor-In-Charge Computer Facility and Dharendra Verma, Deputy Secretary of AIIMS Delhi were also present during the meeting.

3. At the outset, the President welcomed all the members and officers to the Central Institute Body meeting of AIIMS. Director AIIMS welcomed the President and all the other members present. With the permission of the President, agenda was presented for discussion by the Director, AIIMS as under:-

1. **Item No.CIB-4/1: Confirmation of 3rdCIB meeting held on 24.01.2019:**

The minutes of the 3rdmeeting of CIB held on 24th January, 2019 were confirmed.

2. **Item No.CIB-4/2: Action Taken Note on decisions taken in 3rdCIB meeting held on 24.01.2019:**

The action taken on the decisions of 3rd CIB meeting were noted along with the following directions:

- a. **Agenda 16** (Deployment of Common Hospital Management Information System): CIB observed that some of AIIMS have adopted HMIS from NIC while other AIIMS have adopted HMIS from C-DAC. Prof. Sharief, Professor-in-charge Computer Facility from AIIMS, New Delhi submitted that multiple HMIS systems can co-exist to suit the requirement of different Institutes, however all such system should be inter-operable. Prof. Sharief also informed that AIIMS Delhi is also in the process of implementing its own HMIS based on open source to meet its requirement as any customization in NIC system takes very long time. CIB decided that each AIIMS may decide at its own level the HMIS system of NIC/CDAC to be adopted by it, based on its requirement. MoH&FW will take up the issue with Ministry of Information Technology & Electronics to ensure inter-operability of the HMIS from NIC and C-DAC.

[Action: CIB Secretariat/MoH&FW, AIIMS]

- b. **Agenda 13** (Fixed date for convocation in each AIIMS): CIB decided that each AIIMS may decide a fixed date/month for annual convocation to ensure timely award of degree to its students.

[Action: AIIMS]

- c. **Agenda 14** (Transformation of Nursing College as Centre of Excellence): The CIB was informed that a committee has been proposed to be constituted by the Committee of Directors, AIIMS consisting of the Principal of Nursing College AIIMS, New Delhi, six new AIIMS, St. Johns Nursing College and Nursing College, CMC Vellore to work out a detailed plan for establishing Centres of Excellence. CIB directed that a six month supplementary course such as that offered by IGNOU should also be designed which will facilitate in creation of community workers who can work in wellness centres which are being established across the country under Ayushman Bharat.

[Action: CIB Secretariat/MoH&FW]

- d. **Agenda 16** (Reservation of EWS for admission in AIIMS): CIB directed that the reservation provision in different AIIMS must be implemented by the next academic session in all the courses.

[Action: AIIMS]

3. **Item No.CIB-4/3: Review of Financial, Physical and Recruitment Progress:**

The following was discussed:

- a. It was observed that many projects have been at the stage of 99% completion for a very long time and therefore all Directors must closely monitor such projects for their early completion. Some of the Directors submitted that the completion has stagnated due to delays in payment/closure of contract or disputes for which they are dependent on M/s. HSCC, the project consultant. The CIB directed that a review meeting with M/s HSCC may be held by the MoH&FW.

[Action: CIB Secretariat/MoH&FW]

- b. With regard to faculty strength, CIB observed that the faculty strength has not improved in most of the AIIMS despite multiple deliberations over the issue. Directors stated that there are challenges in recruitment of faculty in super-specialty departments. As recruitment of quality faculty may take time, sufficient time needs to be given to each AIIMS.

[Action: AIIMS]

- c. Director, AIIMS Delhi submitted that a proposal for revision of pay to contractual doctors has been submitted to the Ministry. Hon'ble President desired that the proposal may be processed expeditiously.

[Action: CIB Secretariat/MoH&FW]

- d. Director AIIMS Nagpur informed that there are super-specialist retired doctors in Indian Army who may be willing to join AIIMS and special provision may be made to attract such talented pool to AIIMS. It was clarified that Ministry has already approved scheme for engagement of retired faculty on contractual basis up to 70 years of age. The individual institutes may advertise the posts under which retired doctors of Indian Army may also be considered.

[Action: AIIMS]

- e. Additional Secretary informed that the model of Tata Memorial Hospital could be examined where charges for a proportion of the beds are kept higher (paid beds) and monies so generated are distributed amongst the faculty to incentivise them to join new AIIMS.

[Action: AIIMS]

- f. On the issue of recruitment of Director of any new AIIMS, CIB decided that the process for selection should be started in advance so that the Director/Executive Director of any new AIIMS is posted at least six months before the start of first academic session in the AIIMS.

[Action: CIB Secretariat/MoH&FW]



4. **Item No.CIB-4/4**(Life Cycle Cost & Wet lease in case of procurement of medical equipment): Director, AIIMS-ND informed the CIB that wet lease concept may not be adopted in the AIIMS since that would impact adversely on the learning of the students. He also informed that AIIMS-ND uses a life cycle cost process for procurement of closed systems as provided for in the GFR. The CIB approved the proposal that the life cycle cost should be worked out for procurement of equipment, especially in closed systems in all the AIIMS.

[Action: AIIMS]

5. **Item No.CIB-4/5: Measures to improve faculty strength in new AIIMS:**

After detailed deliberations, the following decisions were taken by CIB:

- a. Down-gradating of the posts of Additional/Associate Professor to the level of Assistant Professor may be carried out for a fixed period by the AIIMS with the approval of their respective Governing Body. The post of Professor may not be downgraded as it is essential to have Professor for conduct of Post Graduate course in the AIIMS.

[Action: AIIMS]

- b. With regard to the proposal of temporary diversion of posts from one Department to another Department, Additional Secretary informed that the proposal would disturb the proposed standard staffing pattern. It was decided that temporary diversion may be done on loan basis for faculty which may be filled up on "contractual appointment" while keeping in mind the HR provisions in the standard staffing pattern.

[Action: AIIMS]

- c. With regard to relaxation of essential teaching/research experience, it was decided that relaxation of one year for Scheduled Caste and Scheduled Tribes may be given as per Rules/Guidelines issued by DoP&T.

[Action: AIIMS]



- d. It was decided that Running advertisement with one-year validity may be adopted to expedite the recruitment of faculty after which fresh running or normal advertisement may be issued again depending upon faculty strength. In the one year Running Advertisement, short advertisement or web site notices may be issued several times as may be required, depending upon actual progress of recruitment, with clear mention of cut off dates for submission of application and eligibility, each time.

[Action: AIIMS]

- e. With regard to Centralised Recruitment body, Additional Secretary informed that such alternative provision has been made in the amended AIIMS Regulations which are under process for notification and same should be adopted by the new AIIMS along with the standalone recruitment exercises at each Institute level. The CIB approved the proposal.

[Action: CIB Secretariat/MoH&FW]

6. Item No.CIB-4/6: Amendment of Recruitment Rules for Non-Faculty Posts:

CIB approved the proposal of formation of the proposed committee consisting of DD(A), Bhubaneswar, Raipur and Jodhpur under the chairmanship of Deputy Director (Administration), Delhi. The committee will submit the report within a month. The proposal of amendment of Recruitment Rules would be temporarily applicable for 5 years.

[Action: CIB Secretariat/MoH&FW]

7. Item No.CIB-4/7:Sanction of HEFA loan for new works (other than DPR works) in six functional AIIMS:

CIB approved the proposal and decided that each new AIIMS may propose a loan up to Rs 500 Crore prioritizing their requirements. Proposal submitted by

AIIMS Raipur and Patna which are for less than Rs 400 Crore may also be considered as approved.

[Action: AIIMS]

8. **Item No.CIB-4/8: Re-appropriation and change of nomenclature of various non-faculty posts with the approved Recruitment Rules of new AIIMS:**

CIB did not agree with the proposal as it would disturb the standard staffing pattern across all AIIMS. It was informed by the Additional Secretary that such posts are provisioned under the proposed standard staffing pattern.

9. **Item No.CIB-4/9: Appointing, Disciplinary and Appellate Authority for various posts as per Schedule II of AIIMS Regulation 1999:**

CIB decided to maintain the status quo with regard to Group 'A' and 'C'. As far as Group 'B' is concerned, the proposal for making the Director as appointing and disciplinary authority for all penalties for all the AIIMS was approved with the President as the appellate authority. Since Group D no longer exists, the same was agreed to be deleted.

[Action: CIB Secretariat/MoH&FW]

10. **Item No.CIB-4/10: Interview/skill test for the selection to the Group B & C non-faculty posts being the technical posts:**

CIB decided that the OM date 29th Dec 2015 of DoPT may be followed in letter and spirit. The Computer based skill test may be adopted if required for some specific posts, with the approval of Institute's Governing Body.

[Action: AIIMS]

11. **Item No.CIB-4/11: Identification of posts suitable for persons with benchmark disabilities:**

CIB agreed that the proposed Committee of AIIMS Delhi may identify the posts while keeping in view provisions of the Rights of Persons with



Disabilities Act, 2016 and with consideration to patient safety and care and the same may be adopted for other AIIMS.

[Action: CIB Secretariat, AIIMS]

12. **Item No.CIB-4/12: Mandatory Senior Residency at Parent Institute for JR(Academics):**

CIB did not agree with the proposal, being legally not tenable.

13. **Item No.CIB-4/13: Revision of tuition fees for MBBS and Nursing Students:**

CIB decided that the Directors Committee chaired by Director, AIIMS Delhi may deliberate on the proposal and submit its report to the CIB for consideration.

[Action: CIB Secretariat]

14. **Item No.CIB-4/14: Fixing up uniform user-charges for patients in all new AIIMS:**

CIB decided that the Directors Committee chaired by Director, AIIMS Delhi may deliberate on the proposal and submit its report to the CIB for consideration.

[Action: CIB Secretariat]

15. **Item No.CIB-4/15: Proposal for introducing an All India Common Eligibility Examination for the purpose of recruitment of Nursing Officers in AIIMS and Central Government Hospitals:**

Hon'ble President desired that the proposal may be sent to MoH&FW for detailed examination.

[Action: CIB Secretariat, MoH&FW]

16. ~~Additional Item:~~ The CIB discussed on the issue of appropriateness and requirement of female nursing staff in a number of departments/specialised wards vis-à-vis patient comfort and care. Keeping this in view, it was decided that 80% of posts may be reserved for female nursing staff while the remaining 20% posts may be filled by male nursing staff.

[Action: CIB Secretariat, MoH&FW]

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

Annexure - II
Annexure

ALL INDIA INSTITUTE OF MEDICAL SCIENCES
Ansari Nagar, New Delhi.

Subject:- Minutes of Meeting of Directors of all AIIMS held on 15.09.2020 at 2:00 pm in the Dr. Ramalingaswamy board room, AIIMS, New Delhi to discuss the issue of uniform user-charges for patients in all new AIIMS raised in the 4th meeting of CIB.

The Central Institute Body (CIB) in its 4th meeting held on 27th July, vide agenda item No. CIB-4/14 "decided that the Director's Committee chaired by Director, AIIMS, New Delhi may deliberate on the proposal and submit its report to the CIB-4 consideration". Accordingly, a meeting was held on 15th September 2020 at 2:00 pm in Dr. Ramalingaswamy Board Room, AIIMS, New Delhi under the Chairmanship of Director, AIIMS, New Delhi with Directors of different AIIMS.

The following attended the meeting physically:

1. Prof. Randeep Guleria, Director, AIIMS, New Delhi
2. Mr. Subhasish Panda, Dy. Director Admin, AIIMS, New Delhi
3. Dr. D.K Sharma, Medical Superintendent, AIIMS, New Delhi
4. Mr. Neeraj Sharma, Senior Financial Advisor, AIIMS, New Delhi
5. Dr. Jayati Bahuguna, SR, Hospital Administration, AIIMS, New Delhi
6. Mr. GR Pillai, Admin Officer, Hospital & General, AIIMS, New Delhi

Directors of following AIIMS attended the meeting through video conferencing:

1. Dr. Sanjeev Mishra, Director Aiiims, Jodhpur
2. Dr. Gitanjali Batmanabane, Director, AIIMS, Bhubaneshwar
3. Dr. Nitin M Nagarkar, Director AIIMS, Raipur
4. Dr. Sarman Singh, Director, AIIMS, Bhopal
5. Dr. Gen Vibha Dutta, Director AIIMS, Nagpur
6. Dr. P K Singh, Director, AIIMS Patna
7. Dr. Ravi Kant, Director AIIMS, Rishikesh
8. Dr. Mukesh Tripathi, Director AIIMS, Mangalgiri

All the new AIIMS had been requested to submit their proposal to discuss the issue of fixing up of uniform patient charges in all New AIIMS in the meeting. Some of the AIIMS including AIIMS Patna, AIIMS Bhubaneswar, AIIMS Raipur and AIIMS Mangalgiri had sent their proposals which were presented before the committee members. The proposal sent by AIIMS Bhubaneshwar was further compared with the charges of AIIMS, New Delhi and presented for further discussion.

The meeting commenced with opening remarks by Director, AIIMS, New Delhi followed by a briefing by the Deputy Director (Administration) on the Agenda of the meeting. The following is the summary of the discussion held during the meeting:

1. **User charges for patients:** Director AIIMS, New Delhi suggested that user charges could be uniform across the AIIMS. He stressed upon the fact that the AIIMS are funded by the Government of India to provide the best of tertiary care services at affordable costs. Majority of patients availing of the services provided by the AIIMS belong to lower income groups and hence we should aim for as less out of pocket expenditure as possible for the patients. He also suggested striking a balance between revenue generation and levy of user charges from the patients.

Further, Dy. Director Admin, AIIMS New Delhi suggested doing a Cost Benefit Analysis before a rate is proposed in terms of the fact that revenue generated from patient care could be a very small component of the budgetary requirements of the Institutes.

2. **Differential charging to patients:** Director AIIMS, Raipur suggested considering implementation of differential charges. The poor patients who cannot pay could be charged lower while patients who can pay are charged more thus cross subsidizing the expenditure.

Director AIIMS, New Delhi informed that in Delhi, the Institute charges the patients in the General Wards nominally, while the charges are higher in the private wards.

3. **Non-identical financial resources per bed to all AIIMS** - Director, AIIMS, Rishikesh suggested calculation of per bed financial resource allocated to different AIIMS while considering implementation of uniform patient charges across all AIIMS in India. He thought that it may be left to the Governing Body of each institution to fix their own charges based on this. He further suggested that private ward rates should be made at par with CGHS rates.
4. **Cost allocation and Accounting:** Director AIIMS, Patna and Director AIIMS, Mangalagiri suggested application of fundamental principles for cost allocation and accounting for implementation of uniform patient charges.

Director AIIMS, New Delhi desired that the document prepared by AIIMS Bhubaneswar and inter-alia charges levied by AIIMS, New Delhi to be circulated among all the committee members for suggestions.

The meeting ended with a consensus that in the times of the Covid-19 pandemic no enhancement of user charges should be made. All suggestions received from the different AIIMS will be examined and discussed in the next meeting thereafter the matter will be placed before the CIB for its consideration.

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Annexure - II

ALL INDIA INSTITUTE OF MEDICAL SCIENCES
Ansari Nagar, New Delhi

Subject: Minutes of 2nd meeting of Directors of all AIIMS held on 01.03.2021 at 4:00 P.M. in the Committee Room of Director, AIIMS, New Delhi to discuss the issue of uniform user-charges for patients in all new AIIMS raised in the 4th meeting of CIB.

The 2nd meeting of the Committee of Director, AIIMS under the Chairmanship of Director, AIIMS, New Delhi to discuss the issue of uniform user-charges for patients in all new AIIMS was held through Video Conference on 1st March, 2021 at 4:00 P.M. in Committee Room of Director, AIIMS, New Delhi. The following were attended the meeting physically:-

1. Prof. Randeep Guleria, Director, AIIMS, New Delhi
2. Dr. R. Gopinath, Dy. Secretary, AIIMS, New Delhi
3. Mr. G.R. Pillai, Sr. Admn. Officer, General Section, AIIMS, New Delhi

Directors of following AIIMS were attended the meeting through Video Conferencing:

1. Dr. Sanjeev Misra, Director, AIIMS, Jodhpur
2. Dr. Gitanjali Batmanabane, Director, AIIMS, Bhubaneswar
3. Dr. Nitin M. Nagarkar, Director, AIIMS, Raipur
4. Dr. Gen. Vibha Dutta, Director, AIIMS, Nagpur
5. Dr. P.K. Singh, Director, AIIMS, Patna
6. Dr. Ravi Kant, Director, AIIMS, Rishikesh
7. Dr. Arvind Rajwanshi, Director, AIIMS, Raebareli

Directors of AIIMS, Bhopal, Mangalagiri and Kalyani did not attend the meeting.

At the outset, the Chairman welcomed all the members of the Committee who joined through video conferencing. The Chairman also informed to the members that the issue is pending as a Parliament assurance and the Ministry of Health & F.W. is asking frequently the status on the issue, so that the Parliament assurance could be fulfilled.

The Chairman explained to the members that the list of user charges prepared by the AIIMS, Bhubaneswar was updated with the user charges of AIIMS, New Delhi and circulated to all AIIMS for views/suggestions. Some of the AIIMS agreed upon the user charges as circulated and presumed that the same is acceptable to others those who have not responded. It has also be intimated to the Committee that a separate proposal has been received from the AIIMS, Jodhpur on the day of meeting i.e. 01.03.2021 and therefore, it could not be examined due to paucity of time.

Director, AIIMS, Patna stated that the user charges should be in such a way that we can recover the money spent for procedure from the patient. The Chairman informed that there is an existing system to charge higher rates from the Private ward patients rather than charging from every patient.

The Director(s) of some AIIMS have asked to provide the comparative list again. Accordingly, it was decided to circulate once again the list of user charges prepared by AIIMS, Bhubaneswar and updated by the AIIMS, New Delhi to all AIIMS along-with the document received from AIIMS, Jodhpur, with the request to give suggestions on the matter within two days, so that the recommendations of the Committee could sent to the Ministry for perusal, examination and to place before the next meeting of the Central Institute Body as an agenda item for ratification.

The meeting ended with vote of thanks to the Chair.

Handwritten signature and stamp at the top right corner, including the word "Amendment" and a Roman numeral "IV".

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ALL INDIA INSTITUTE OF MEDICAL SCIENCES
Ansari Nagar, New Delhi

Subject: Minutes of 3rd meeting of Directors of new AIIMS held on 22.07.2022 at 12:00 Noon to discuss the issue of uniform user-charges for patients in all new AIIMS as decided in the 4th meeting of CIB.

The 3rd meeting of the Committee of Directors of new AIIMS under the Chairmanship of Director, AIIMS, New Delhi to discuss the issue of uniform user-charges for patients in all new AIIMS was held through Video Conference on 22nd July, 2022 at 12:00 Noon in Committee Room of Director, AIIMS, New Delhi. The following attended the meeting physically:-

1. Prof. Randeep Guleria, Director, AIIMS, New Delhi
2. Mr. Rabindra Agarwal, Dy. Director (Admn.), AIIMS, New Delhi
3. Dr. R. Gopinath, Dy. Secretary, AIIMS, New Delhi
4. Mr. Rajesh Kumar, Admn. Officer (Officiating), General Section, AIIMS, New Delhi

Directors of following AIIMS attended the meeting through Video Conferencing:

1. Dr. Sanjeev Misra, Director, AIIMS, Jodhpur
2. Dr. Mukesh Tripathi, Director, AIIMS, Mangalagiri
3. Dr. Nitin M. Nagarkar, Director, AIIMS, Raipur and Bhopal
4. Dr. Gen. Vibha Dutta, Director, AIIMS, Nagpur
5. Dr. Ramji Singh, Director, AIIMS, Kalyani
6. Dr. Arvind Rajwanshi, Director, AIIMS, Rae Bareilly
7. Dr. G.K Pal, Director, AIIMS, Patna
8. Dr. Ashutosh Biswas, AIIMS, Bhubaneswar

On behalf of the Director AIIMS, Rishikesh, Dr. Sanjeev Mittal, Medical Superintendent, attended the meeting.

At the outset, the chairman welcomed all the members of the committee. During the meeting it was submitted that the AIIMS New Delhi has examined the feedback/comments received from other new AIIMS with respect to fixing up uniform user charges for patients in all new AIIMS.

Since total number of tests are very large in number, comparing costs of test for each test across all the AIIMS is going to be a very tedious exercise. All the members agreed to this.

The chairman informed that the AIIMS, New Delhi has abolished the user charges of all investigations/Laboratory charges currently costing upto Rs.300/- per procedure in AIIMS New Delhi vide order dated 19.05.2022.

After deliberations it was agreed that:

- The rate of AIIMS, New Delhi may be treated as benchmark rate
- The rate of other AIIMS which are less than AIIMS New Delhi rate may continue with the rate but wherever it is high, the AIIMS concerned may examine the rate for reducing it to AIIMS, New Delhi rate or justify as to why it can't be reduced.
- The waiving of charges up to Rs.300/- as is done in AIIMS New Delhi can be examined by each AIIMS for independent decisions with due approval of the appropriate authorities.
- If any AIIMS has outsourced the Investigations/laboratory services and following the CGHS Rates, then they may be allowed to continue with the existing system till the in-house capacity is established for managing the Investigations/laboratory services of the Hospital.

Chairman of the Committee directed to circulate the list of user charges for all investigations/laboratory charges fixed by AIIMS, New Delhi to all the Directors of new AIIMS for their further necessary action.

The meeting ended with vote of thanks to the Chair.

NOTE FOR THE CENTRAL INSTITUTE BODY

ITEM NO. 4

To consider the recommendations of Committee constituted by the Governing Body, AIIMS, Raipur to review the reforms for faculty selection by the Standing Selection Committee of the Institute.

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

Dr. Surjit Singh, Professor & HOD, Department of Paediatrics, PGIMER, Chandigarh and Member, Governing Body of AIIMS Raipur had prepared an agenda himself on the matter for consideration of "urgent review of and reforms in recruitment process for new faculty members at AIIMS Raipur" and during 5th Meeting of Governing Body, AIIMS Raipur held on 01.12.2020, with approval of Chairman, Governing Body, he made a presentation of the same. He emphasized that as it is a generic agenda and not only for AIIMS Raipur, greater objectivity is to be incorporated in the selection process.

The Governing Body, AIIMS Raipur went through the proposal and decided to constitute a Sub-Committee to review the proposal submitted by Dr. Surjit Singh and frame the regulations for reforms in the selection process of faculty members. According to decision of GB, a Sub-Committee comprising of following members was constituted:

1. Prof. Bharat Bhasker, Director, Indian Institute of Management (IIM), Raipur.
2. Dr A K Chandrakar, Vice Chancellor, Pt. Deendayal Upadhyay Memorial Health Sciences and AYUSH University of Chhattisgarh, Raipur.
3. Dr. Surjit Singh, Professor & HOD, Department of Paediatrics, PGIMER, Chandigarh
4. Prof. V. Ravi, Former Dean, NIMHANS, Bengaluru.
5. Prof. (Dr.) Surya Prakash Dhaneria, Dean (Academics), AIIMS Raipur.

During the 6th meeting of GB, AIIMS Raipur held on 26.03.2021, Dr. Surjit Singh presented a PPT regarding reforms for the procedure of faculty selections through the Standing Selection Committee. The GB, AIIMS Raipur pointed out that the procedures which were placed, need to be fine-tuned and the Committee constituted in this regard may discuss the matter further and

submit a final recommendation, which may be placed before the CIB for approval and its implementation.

In the 7th meeting of GB, AIIMS Raipur held on 04.09.2021, the final recommendations of the Committee (placed at Annexure-A) for reforms for faculty selection by the Standing Selection Committee of the Institute were placed vide agenda item No. 07/03. Following is the extract of the agenda item:-

"Joint Secretary (PMSSY) opined that before taking any decision on the matter, a wider consultation is required as this is a generic Agenda and applicable to similarly placed other AIIMS, so the matter may be placed before the CIB. Joint Secretary (PMSSY) expressed that there should be uniformity in all AIIMS. He also emphasized that if written exams are to be held then the Reservation Roster will change, so the matter may be placed before the CIB for a wider and detailed analysis. The Governing Body decided that AIIMS Raipur may place final recommendations of the Committee before the CIB".

Apropos to the decision of the Governing Body, AIIMS Raipur, the said agenda item is forwarded.

The CIB is requested to deliberate upon the agenda item.

Proceedings of the meetings of committee constituted to review the reforms in faculty selection

A committee was constituted on 22.12.2020 to review the reforms proposed by Prof. Surjit Singh, Chairman, Standing Academic Committee, AIIMS Raipur for faculty selection by Standing Selection Committee of the Institute. These reforms are essential as the present system (of selecting faculty based on a cursory interview that in most cases lasts no more than 5-7 minutes) is opaque and non-transparent.

Following are the members of the Committee:

1. Prof. Bharat Bhasker, Director, Indian Institute of Management, Raipur.
2. Dr. A.K. Chandrakar, Vice Chancellor, Pandit Deendayal Upadhyay Memorial Health Sciences and Ayush University of Chhattisgarh Raipur.
3. Prof. Surjit Singh, Professor & Head, Department of Paediatrics, PGIMER, Chandigarh
4. Dr. V. Ravi, Former Dean, NIMHANS Bengaluru.
5. Dr. S.P. Dhanerla, Dean (Academics) AIIMS Raipur.

On 24.12.2020, Dr. S.P. Dhanerla forwarded the proposal of Dr. Surjit Singh regarding reforms for faculty recruitment to all the members of committee for their perusal and consideration.

On 29.12.2020, as per the advice of Director, AIIMS Raipur Dr. Dhanerla has forwarded the Circular of Ministry of Health & Family Welfare regarding reconstitution of selection committee for filling up Faculty/Non-faculty/Resident/Contractual Posts in New AIIMS and Office Memorandum of DoPT regarding setting up of search committee/Search-cum Selection Committees to all the members of the committee.

On 10.01.2021, the inputs and opinion of Dr. A.K. Chandrakar on the proposal of Dr. Surjit Singh has been received and sent to the members of committee.

The first online meeting of committee was held on 24.02.2021 and its minutes were circulated to all the members on 18.03.2021.

The second online meeting of committee was held on 22.03.2021 and draft minutes of meeting were circulated to all the members on 22.03.2021.

This issue was also discussed in the 6th meeting of Governing Body of AIIMS Raipur held on 26.03.2021. A brief report about the discussion held in this meeting was sent to Dr. Surjit Singh on 09.04.2021 and Dr. Surjit Singh returned this note to Office of Dean on 13.04.2021 with his comments. The same document has been circulated to other members of the committee.

A draft proposal about the methodology of screening of candidate and selection of faculty members in AIIMS Raipur is submitted on 13.05.2021 to all the Hon'ble members of the committee for their valuable inputs, opinion and concurrence. The final draft of procedure for faculty recruitment is submitted for the approval and signature of all the Hon'ble members of committee.

Surjit Singh

Surjit Singh
28/5/2021
B. Bhasker

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PGIMER Chandigarh

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Annexure - (3)

Procedure for faculty recruitment (2)

Screening of applications for faculty recruitment is recommended to shortlist candidates for the interview. This is an essential prerequisite for quality recruitment as it would enable the Standing Selection Committee to conduct in-depth interviews. Such interviews are not possible in the present context wherein there is no cap on the number of candidates who get called for interview. Mere fulfilment of eligibility requirements should not be a criterion for being called for interview.

1. Shortlisting of candidates

Shortlisting of candidates may be done in a ratio of 1:5 (i.e. the number of candidates called for interview be no more than 5 times the number of seats). For instance, if there are 3 seats in a given subject/specialty only the top 15 candidates should be shortlisted for interview.

Shortlisting of candidates would be done on the basis of following score:

Criteria	Maximum score
Academic points	42.5
Publication points	45
Presentation and award points	17.5
Additional points	15
Theory examination of 2 hours (based on MCQs)#	50
Max total score	170

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Marks of individual candidates obtained after shortlisting would be kept in a sealed envelope by the recruitment cell of the institute.

These marks would not be communicated to members of Standing Selection Committee. Only the names of candidates (in alphabetical order) who get shortlisted for interview would be put up on institute website.

Note: Theory examination would be conducted only for entry level posts (e.g. Assistant Professor)

Shortlisting in the aforementioned format (including the theory examination) should be done even if the number of candidates who apply for a given post is less than 5.

Similarly, shortlisting would also be done for posts higher than entry level (e.g. Associate Professor / Additional Professor / Professor).

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2. Final selection (4)

Final scores would include marks obtained in the interview and graded recommendations of their previous referees. Based on performance in the interview, each member of selection committee will give marks individually in a sealed envelope and the average will be factored out of 20. Quorum for conducting meetings of Standing Selection Committee would be 5 members.

Candidates would be selected on the basis of their total score out of 200. This list would be compiled by the recruitment cell of the institute.

Scoring pattern

Criteria	Maximum score
Academic points	42.5
Publications points	45
Presentation and award points	17.5
Additional points	15
Theory examination of 2 hours (based on MCQs)	50
LOR Score	10
Interview	20
Max total score	200

As the theory examination is held only for posts at entry level i.e. Assistant Professor, the total scoring will be out of 200. For other posts like Professor, Additional Professor and Associate Professor, the theory examination will not be held, so total scoring will be out of 150.

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1. Methodology for calculation of Academic points in scoring pattern

Degree/course	Points	Remarks	Remarks
DM /MCh	30	Only scored if the basic requirement for faculty position is MD/MS	
Fellowship (2-years or more in duration)	15	Only relevant if the basic requirement for faculty position is MD/MS	If basic requirement is DM/MCH or equivalent and the candidate has an additional fellowship relevant to the speciality then he will only get a bonus score of 7.5
Doctorate of national board (DrNB) or DNB (SS)	25	Only relevant if the basic requirement for faculty position is MD/MS	
PhD	20	Only relevant if the basic requirement for faculty position is MD/MS	If basic requirement is DM/MCH and the candidate has an additional PhD relevant to the speciality then he will get only a bonus score of 7.5
Award for academic excellence in MBBS/MD/DM or DNB courses	2.5 for each award	Maximum score 10; Those with score >10 get 2.5 bonus points additionally	
Max score	40	+2.5(bonus if applicable)	42.5

Total score will not exceed a ceiling of 42.5

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2. Methodology of calculation of Publication score

A:

Only for PUBMED, EMBASE, or SCOPUS indexed publications

Type of publication	Multiplication factor	Contribution	Impact factor of the journal*
Original research (Includes clinical trials, Cohort studies, prospective observational studies, case control studies, diagnostic studies).	1	First author-1, Corresponding author-1, Second author-0.4, Co-author-	
Systematic review	0.75	0.25, First and corresponding-	
Retrospective case series	0.5	1.2	
Narrative review	0.5		
Case report/Image	0.2		
Commentary/Comment/Editorial	0.1		

*from Thompson Reuters (for journal with no impact factor provided a default value of 0.1 will be taken)

Ceiling score for any single publication is 10 (so even if the score may be higher, no publication will be scored more than 10)

Total ceiling score combined for all papers classified as case reports, narrative reviews and commentary categories is 20.

For publication score each publication is scored and then the total score calculated out of a ceiling score of 30 (If the score is above 30 then candidate will get 5 bonus points); maximum score-35

B:

Book Chapters: Only those chapters for books with a ISBN number will be included

Type of publication	Multiplication factor	Contribution
Book chapter		First author-0.75, Co-author-0.5

Bonus score of 1 is added for being editor or co-editor of a book and 0.5 score is added for a section editor

Maximum ceiling score for all book chapters- 10 (includes bonus points)

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3. Presentation and awards score

Presentation type (addition)	Type of research	Type of conference	Award
Oral-0.5	Original research:0.5	Regional: 0.15	Travel award: 0.4
Poster:0.15	Case series/retrospective: 0.25	National: 0.35	Award for presentation (First): 0.5
E-poster:0.15	Case report: 0.1	International: 0.5	Award for presentation (Second): 0.3

Calculation: (for each presentation): (Presentation Type + type of research + type of conference+ Award score) x contribution multiplication factor

Contribution Multiplication factor (total score from one conference presentation is multiplied by the following factors to calculate score)

Contribution	
Presenting author	1
Guide or corresponding author	0.8
Co-author	0.2

For presentation/award score each presentation is scored, and then the total score calculated.

Total ceiling score of 15 (Score above 15 will get 2: 5 bonus points);
maximum score attainable: 17.5

Ceiling score for posters is 5

Ceiling score for case reports is 5

Ceiling score for regional conferences is 5

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28/5/2021

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4. Additional points:

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Registered Patents - maximum 15 points

Contribution: First holder: 3 points, Co-holder: 1.5 points

Patenting authority: Indian Patent: 1.5 points, US patent- 3 points

Totals score is calculated for each patent and added. Ceiling score is 15.
(means that if total score is more than 15, it will be taken as 15)

5. LOR Score (Letter of Recommendation): maximum 10 points

Letter of recommendations from 3 HoDs/Professors under whom the candidate has worked. There is a separate format for non-clinical and clinical subjects which broadly incorporates knowledge and skill/clinical skills, teaching skills, communication skills, motivation, self organization, professionalism and maturity and team work. As per the format provided maximum score will be 140 and minimum 28.

There should be at least 2 LORs for scoring.

This score will be reduced to 10 for final scoring.

This recommendation for recruitment of faculty members in AIIMS Raipur is submitted for kind consideration.

Name of members of committee	Signature
Dr. Surjit Singh Professor & Head, Department of Paediatrics, PGIMER, Chandigarh	<i>Surjit Singh</i> 28/5/2021
Dr. A.K. Chandrakar Vice Chancellor, Pandit Deendayal Upadhyay Memorial Health Sciences and Ayush University of Chhattisgarh Raipur	<i>A.K. Chandrakar</i>
Dr. Bharat Bhasker Director, Indian Institute of Management, Raipur	
Dr. V. Ravi Former Dean, NIMHANS Bengaluru	<i>V. Ravi</i>
Dr. S. P. Dhanceria Dean (Academics), AIIMS Raipur	<i>S.P. Dhanceria</i> 3-06-2021

Surjit Singh
28/5/2021
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Supplementary Documents which will help for scoring

Hypothetical Score calculation for XYZ- for Academic points, publication score and presentation and awards score

Position: Assistant Professor, Pediatrics

A. Academic points

XYZ- has 2-year fellowship in Infectious diseases apart from MD

Score-15

B. Publication score

Author has total 9 publications

1. 2 Neonatal management and outcomes during the COVID-19 pandemic: an observation cohort study.
Salvatore CM, Han JY, XYZ, Tiwari P, Jin J, Brandler M, Cugemi C, Gordon L, Parow A, DiPace J, DeLaMora P. *Lancet Child Adolesc Health.* 2020 Oct;4(10):721-727. doi: 10.1016/S2352-4642(20)30235-2. Epub 2020 Jul 23. PMID: 32711687. Free PMC article.
2. Staphylococcus aureus small colony variants impair host immunity by activating host cell glycolysis and inducing necroptosis.
Wong Fok Lung T, Monk IR, XYZ, Mu A, Wang N, Riquelme SA, Pirès S, Nogueira LP, Dach F, Gabryszewski SJ, Howden BP, Prince A. *Nat Microbiol.* 2020 Jan;5(1):141-153. doi: 10.1038/s41564-019-0597-0. Epub 2019 Nov 4. PMID: 31686028.
3. COVID-19 Inflammatory Syndrome With Clinical Features Resembling Kawasaki Disease.
Spencer R, Closson RC, Gorelik M, Boneparth AD, Hough RE, XYZ, Krishnan U. *Pediatrics.* 2020 Sep;146(3):e20201845. doi: 10.1542/peds.2020-1845. PMID: 32843441.
4. Strains of Staphylococcus aureus that Colonize and Infect Skin Harbor Mutations in Metabolic Genes.
XYZ, Wong Fok Lung T, West E, Craft J, Narechania A, Smith H, O'Brien K, Moustafa AM, Lauren C, Planet PJ, Prince A. *iScience.* 2019 Sep 27;19:281-290. doi: 10.1016/j.isci.2019.07.037. Epub 2019 Jul 26. PMID: 31401351. Free PMC article.
5. Ruxolitinib Response in an Infant With Very-early-onset Inflammatory Bowel Disease and Gain-of-function STAT1 Mutation.
XYZ, Borlack R, Iuga A, Remotti HE, Soderquist CR, Okada S, Tsumura M, Casanova JL, Picoraro J, Pucl A, Kinberg S, Demirdag YJ. *Pediatr Gastroenterol Nutr.* 2020 Oct;71(4):e132-e133. doi: 10.1097/MPG.0000000000002854. PMID: 32732635. No abstract available.
6. PPE during a pandemic: The experience of obtaining PPE and lessons learned from a department of obstetrics and gynecology in New York city.
Lauer JK, XYZ, Saiman L, Advincula AA, Berkowitz RL. *Semin Perinatol.* 2020 Oct;44(6):151293. doi: 10.1016/j.semperi.2020.151293. Epub 2020 Jul 23. PMID: 32829956. Free PMC article.
7. Infection prevention and control for labor and delivery, well baby nurseries, and neonatal intensive care units.
Saiman L, XYZ, Dumitru D, Messina M, Johnson C, Zachariah P, Abreu W, Suslaw M, Keown MK, Hanft E, Liao G, Johnson D, Robinson K, Streltsova S, Valderrama N, Markan A, Rosado M, Krishnamurthy G, Sahni R, Penn AA, Sheen JJ, Zork N, Aubey J, Oxford-Horrey C, Goffman D. *Semin Perinatol.* 2020 Nov;44(7):151320. doi: 10.1016/j.semperi.2020.151320. Epub 2020 Oct 12. PMID: 33071033. Free PMC article.

8. Infectious Diseases Diagnoses of Children Admitted With Symptoms of Coronavirus Disease 2019 During an Outbreak in New York City.
XYZ, Schertz K, Abramson EL, DeLaMora P, Salvatore CM, Han JY. ClinPediatr (Phila). 2020 Dec;59(14):1293-1295. doi: 10.1177/0009922820944399. Epub 2020 Jul 27. PMID: 32713187 No abstract available.
9. Scalp Lesions in a Pediatric Patient with Hyper IgM Syndrome: Clinical and Histologic Mimicry of Cryptococcus neoformans Infection.
XYZ, Feich A, Schnell SA, Hammond J, Herrera C, Niedt G, Ratner AJ, Lauren CT. JPediatr. 2018 Jan;192:256-258. doi: 10.1016/j.jped.2017.08.065. Epub 2017 Sep 28. PMID: 28965734

Citation number	Publication type	Contribution	Impact factor*	Score
1	1	0.25	4.85	1.2125
2	1	0.25	11.78	2.945
3	0.5	0.25	5.417	0.677125
4	1	1	0.1	0.1
5	0.2	1	2.93	0.586
6	1	0.25	3.14	0.785
7	1	0.25	3.14	0.785
8	0.5	1	1.07	0.535
9	0.2	1	1.145	0.229
			Total	7.85

*not checked from Thompson Reuters

Author has 3 book chapters as co-author: score 0.5x3: 1.5

Total publication score is $7.85 + 1.50 = 9.35$

Presentation and awards score

XYZ has 7 conference abstract presentations. 6 as presenting author and 1 has co-author

P Type	Research	Venue-Ty	Award	Score	Contribution-multiplication factor	Total
0.5	0.5	0.15	0	1.15	1	1.15
0.5	0.5	0.35	0.4	1.75	1	1.75
0.15	0.15	0.15	0	.45	1	.45
0.15	0.15	.5	0	.8	1	.8
0.15	.15	0.35	0	.65	1	.65
0.15	0.25	0.5	0	.9	0.2	.36
0.5	0.15	0.5	0.4	1.55	1	1.55
						6.71

Patents nil: score zero

Total score for candidate XYZ: $15 + 9.35 + 6.71 = 31.06/120$,

Theory and interview marks will be added to this score.

Standard online recommendation

Answers to questions 1-6 are made available to the interview board.

Question 5 is scored out of 140 and scores of 3 LOR's are made available to the interview board. Blinded total score and sub-scores from 3 recommendations arranged by the candidate is provided to the board.

(Wide discrepancy in scores and disparity in rating of various attributes will be viewed with suspicion. Full scores on all attributes are also viewed with suspicion. Scores provided by persons of repute particularly from different institutes will be given more weightage.)

Your name:

Your designation/affiliation:

I certify that I am not closely or distantly related to the applicant. (Yes)

I certify that I have scored this recommendation confidentially and will not share my scores with anybody. (Yes)

Any conflict of interest in his/her selection. (Yes/No)

Declare conflict (If applicable)

1. For how long you have known the applicant..... years
2. In which capacity you have known the applicant.....
3. How large were the comparison groups of students/residents in which you can rank the applicant?(total number of residents you have trained or can think of while rating this applicant)
4. I rank the applicant as belonging to the top% of this comparison group.(give a number like top 5% or 10% or 25% as you think appropriate)
5. Please assess the applicants and give your rating on the 24 attributes given below.
(This rating is blinded from candidate and interviewers; max score is 120; please rate carefully and based on your best judgement; same score on each attribute is likely to be rejected)
6. Any further remarks about the suitability of the candidate for the post you wish to share with the interview board:
.....

Standard online recommendation

A For non-clinical subjects

Attribute		1 (below average),	2 (average)	3 (above average)	4 (outstanding)	5 (truly exceptional)
Knowledge and skills	Has foundational knowledge in his/her branch of science					
	Has skills required for his area of work					
	Has analytical skills to evaluate problems					
	Has skills to analyse problems, develop research questions, and offer solutions,					
Teaching skills	Has skills to engage students while teaching					
	Has skills to effectively communicate his ideas to students					
	Has clear plan and objectives in mind during interaction with students					
	Is positive and passionate about teaching					
Communication skills	Demonstrates clear and critical thinking					
	Speaks in a clear, organized, and logical manner					
	Writes with precision and style					

Standard online recommendation

	Listens well and responds appropriately					
Motivation	Maintains high standards of performance					
	Can overcome challenges and setbacks					
	Seek out opportunities to learn					
	Has a high level of energy?					
Self-organization	Organizes work and time effectively					
	Set realistic goals					
	Makes good decisions					
	Can work independently of others					
Professionalism and maturity	Maintains high ethical standards					
	Demonstrates honesty and sincerity					
	Is dependable					
	Regulates own emotions					

Standard online recommendation

	appropriately					
Teamwork	Shares ideas easily					
	Supports the efforts of others					
	Works well in group set					
	Behaves in an open and friendly manner					

Standard online recommendation

For clinical subjects

Attribute		1 (below average)	2 (average)	3 (above average)	4 (outstanding)	5 (truly exceptional)
Clinical skill	Has fundamental knowledge of his field					
	Has knowledge of procedural skills in his area of expertise (e.g. surgical skills)					
	Has skills that are critical in bedside patient evaluation and management					
	Has skills to communicate professionally with patients					
Teaching skills	Has skills to engage students while teaching					
	Has skills to effectively communicate his ideas to students					
	Has clear plan and objectives in mind during interaction with students					
	Is positive and passionate about teaching					
Communication skills	Demonstrates clear and critical thinking					
	Speaks in a clear, organized, and logical manner					
	Writes with precision and style					

Standard online recommendation

	Listens well and responds appropriately					
Motivation	Maintains high standards of performance					
	Can overcome challenges and setbacks					
	Seek out opportunities to learn					
	Has a high level of energy.					
Self-organization	Organizes work and time effectively					
	Set realistic goals					
	Makes good decisions					
	Can work independently of others					
Professionalism and maturity	Maintains high ethical standards					
	Demonstrates honesty and sincerity					
	Is dependable					

Standard online recommendation

	Regulates own emotions appropriately					
Teamwork	Shares ideas easily					
	Supports the efforts of others					
	Works well in group set					
	Behaves in an open and friendly manner					

Max score 28 X 5= 140, minimum 28

Dear Program Director: Deciphering Letters of Recommendation

Kris Saudek, MD
David Saudek, MD
Robert Treat, PhD

Peter Bartz, MD
Rachel Weigert, MD
Michael Weisgerber, MD, MS

ABSTRACT

Background: Letters of recommendation (LORs) are an important part of applications for residency and fellowship programs. Despite anecdotal use of a "code" in LORs, research on program director (PD) perceptions of the value of these documents is sparse.

Objective: We analyzed PD interpretations of LOR components and discriminated between perceived level of applicant recommendations.

Methods: We conducted a cross-sectional, descriptive study of pediatric residency and fellowship PDs. We developed a survey asking PDs to rate 33 aspects of LORs: 13 letter features, 10 applicant attributes, and 11 commonly used phrases using a 5-point Likert scale. The 11 phrases were grouped using principal component analysis. Mean scores of components were analyzed with repeated-measures analysis of variance; Median Likert Scores differences between groups were analyzed with Mann-Whitney U tests.

Results: Our survey had a 43% response rate (468 of 1079). "I give my highest recommendation" was rated the most positive phrase, while "showed improvement" was rated the most negative. Principal component analysis generated 3 groups of phrases with moderate to strong correlation with each other. The mean Likert score for each group from the PD rating was calculated. Positive phrases had a mean (SD) of 4.4 (0.4); neutral phrases 3.4 (0.5); and negative phrases 2.6 (0.6). There was a significant difference among all 3 pairs of mean scores (all $P < .001$).

Conclusions: Commonly used phrases in LORs were interpreted consistently by PDs and influenced their impressions of candidates. Key elements of LORs include distinct phrases depicting different degrees of endorsement.

Introduction

Letters of recommendation (LORs) are required for applications to residency and fellowship programs. The literature and the results of the 2016 National Resident Matching Program survey of program directors (PDs) indicated residency and fellowship PDs rated LORs as important when selecting applicants to interview and rank in their programs.¹⁻⁷ Concerns regarding the LOR as an accurate assessment of applicants were raised as long as 35 years ago,⁸ with studies showing grade inflation in LORs.⁹⁻¹¹ One study reported that less than 2% of candidates were rated using the lowest categories,⁹ while another demonstrated that 40% of candidates were rated in the top 10% on a global assessment.¹⁰

When faculty members write LORs, they walk the fine line between writing an honest letter supporting the applicant and diminishing the credibility of these letters by overselling an average candidate. Letters

often are drafted with latent information that requires PDs to decode their meaning.¹²⁻¹⁴ An article in a previous issue of the *Journal of Graduate Medical Education* "Viewpoint From a Program Director: They Can't All Walk on Water" characterizes the current state of applications to residency programs as one in which applicants all look the same on paper, yet suggests that faculty with experience can "read between the lines" of LORs.¹⁵ Given the notion of the use of "code" in LORs, novice letter writers may not know the code. To date, there is limited research describing this code.

The objectives of this study were to identify (1) the relative importance of selected LOR features (eg, length of letter, academic rank of letter writer); (2) the relative importance of selected applicant attributes (such as work ethic and professionalism); and (3) the perceptions invoked in pediatric residency and fellowship PDs by phrases commonly used in LORs (eg, "I give my highest recommendation" versus "I recommend"). We also identified areas of agreement or variation among residency and fellowship PDs to characterize the thought process of the reader of the LOR. One aim is to better guide writers to provide a more accurate description of the candidate.

DOI: <http://dx.doi.org/10.4300/JGME-D-17-00712.1>

Editor's Note: The online version of this article contains the final survey distributed to the Association of Pediatric Program Directors listserve.

Methods

We conducted a national cross-sectional survey of members of the Association of Pediatric Program Directors, which included 770 fellowship PDs, 198 residency PDs, and 111 associate PDs. We developed a survey instrument that asked respondents to rate the importance of LOR features, applicant abilities, and the magnitude of strength of commonly used LOR phrases.

Before we developed the survey, we reviewed the literature. While we did not find compendia of letter features, applicant attributes, or common phrases, we used the available concepts from the literature describing LORs.^{14,16-27} Six pediatrics residency and fellowship PDs and members of the intern and fellowship selection committees at 1 institution (each with 10 or more years of experience reviewing letters) created individual lists of specific letter features, applicant abilities, and commonly used phrases. We limited the number of features, abilities, and phrases to those that achieved consensus within the group. We presented the survey to the Association of Pediatric Program Directors Research and Scholarship Task Force, a national panel of experts, for review and further revisions. The final survey was approved by the Task Force in July 2016 and contained 13 letter features, 10 applicant abilities, and 11 phrases (provided as online supplemental material).

Respondents were asked to rate the lists of LOR features and applicant abilities on a 5-point Likert scale (1, not at all important, to 5, very important) and commonly used phrases on a 5-point Likert scale (1, very negative, to 5, very positive). The survey was sent electronically 3 times between July and August 2016. Items receiving a Likert scale rating of 4 or 5 were grouped together as *important/positive*, while items receiving a Likert scale rating of 1 or 2 were grouped together as *not important/negative*. For the open-ended question, "Are there other features you consider important in a well-regarded letter that we didn't include in the survey?" the study authors coded the responses into themes, aiming for consensus among the coders.

This study was approved by the Institutional Review Board of the Medical College of Wisconsin.

Mann-Whitney U tests were used to analyze the differences in letter features and abilities between residency and fellowship PDs. The 11 commonly used phrases were grouped using principal component analysis and Varimax rotation. Interrater reliability analysis was generated with Cronbach's alpha. The mean scores of the letter phrases were analyzed with repeated measures analysis of variance. Differences in ratings (of letter features and abilities) between

What was known and gap

Little is known on how program directors interpret commonly used phrases in letters of recommendation for residency and fellowship applicants.

What is new

A study of pediatrics and pediatrics subspecialty program directors found that phrases commonly used in letters influenced their perception of candidates.

Limitations

Low response rate, and a survey that lacked validity evidence may limit generalizability.

Bottom line

Common phrases and the overall quality of the letter writing influenced program directors' interpretation of positive and negative attributes of candidates.

residency and fellowship PDs were analyzed with the Bonferroni correction for multiple comparisons. Analysis was generated with SPSS version 24.0 (IBM Corp, Armonk, NY).

Results

The survey was sent to 1079 pediatrics PDs and achieved a response rate of 43% (468). Of those who responded, 123 (26%) indicated that they primarily reviewed fellowship applications; 203 (43%) reviewed residency applications, and 141 (30%) reviewed both. For the question, "How important are an applicant's letters of recommendation to you in shaping your overall impression of the quality of the applicant?" 399 respondents (85%) rated them as important, while 418 respondents (89%) indicated they would consider a weaker candidate more favorably with a well-crafted LOR, and 296 (63%) indicated they would consider a strong candidate less favorably if the LOR was poorly crafted.

Figure 1 displays the 13 letter features in rank order from highest to lowest rating of importance. Important differences emerged between residency and fellowship PDs, which are reported in Table 1. Highlighting an applicant's participation in research, advanced degrees held by the applicant, his or her involvement in program/hospital activities, the academic rank of the letter writer, and a long letter (4 paragraphs or more) were rated significantly more important by fellowship PDs than they were by residency PDs (all $P < .004$).

Table 2 reports the 10 applicant abilities and the percentage of residency and fellowship PDs who rated them important in response to the item, "Please rate how important the following abilities are to you in a letter of recommendation when describing an applicant." Leadership and inquisitiveness were rated significantly more important by fellowship PDs than they were by residency PDs (all $P < .005$).

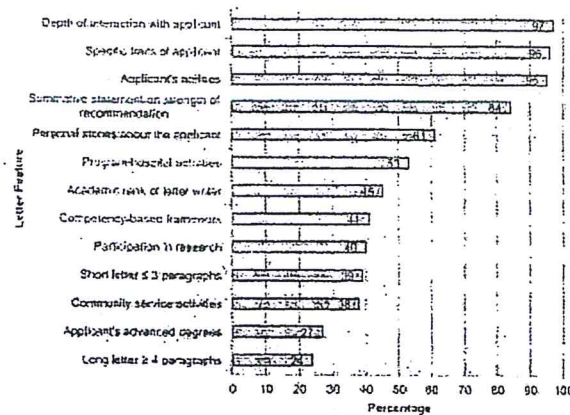


FIGURE 1
Percentage of Program Directors Rating Letter Feature Important

FIGURE 2 reports the 11 phrases and the percentage of PDs who rated them positive, neutral, or negative on the Likert scale ordered from most to least positive. The phrases "I give my highest recommendation," "would like the applicant to stay at our institution," and "exceeded expectations" were interpreted most positively by PDs. The phrases "overcame personal setbacks," "solid performance," and "I recommend" were rated more neutral by PDs and had a roughly equal number of respondents rate both positively and negatively. Lastly, the phrases "showed improvement" and "performed at expected level" were rated negatively by PDs.

TABLE 3 reports the results of the principal component analysis, which generated 3 independent groups of phrases with moderate to strong correlation with each other. The phrases "would like the applicant to stay at our institution," "will be an asset to any program," "exceeded expectations," and "I

give my highest recommendation" grouped together as positive phrases. If PDs rated 1 of the phrases in this group as positive on the Likert scale, they were likely to rate the other phrases in that group positive as well. This grouping of items was also observed for the neutral and negative groups of phrases. After these groups were identified, we calculated the mean Likert score for each group from the PD rating. The positive phrases had a mean (SD) of 4.4 (0.4), or a positive rating on the Likert scale. The neutral phrases had a mean of 3.4 (0.5) or a near-neutral rating on the Likert scale, and the negative phrases had a mean of 2.6 (0.6) or a more negative rating on the Likert scale. There was a statistically significant difference among the 3 pairs of mean scores (all $P < .001$). The interitem reliability was $\alpha = 0.75$. The interitem reliability of the positive letter phrases was $\alpha = 0.64$, neutral letter phrases was $\alpha = 0.70$, and negative letter phrases was $\alpha = 0.58$.

TABLE 3
Differences Between Residency and Fellowship Program Directors (PDs)

Feature	Specific Letter Features Rated Important by PDs		
	Residency PDs (N = 203)	Fellowship PDs (N = 123)	P Value
Participation in research	21 (42)	65 (80)	.001 ^a
Advanced degrees held by applicant (PhD, MPH, etc)	15 (31)	43 (53)	.001 ^a
Involvement in program/hospital activities	45 (92)	63 (78)	.001 ^a
Academic rank of letter writer	33 (68)	49 (60)	.001 ^a
Long, descriptive letter (≥ 4 paragraphs)	17 (35)	32 (39)	.001 ^a

^a Denotes statistically significant differences ($P < .004 = 0.050/13$) after Bonferroni correction.

Note: There was not a statistically significant difference for the following letter features: depth of interaction with applicant, specific traits of applicant, applicant's abilities, summative statement on strength of recommendation, personal stories about the applicant, competency-based framework, short letter (≤ 3 paragraphs), and community service activities.

ORIGINAL RESEARCH

TABLE 2
Residency and Fellowship Program Director (PD) Ratings
of Applicant Abilities

Applicant Ability	% Rated Important (n)		P Value
	Residency PDs (N = 203)	Fellowship PDs (N = 123)	
Work ethic	98 (198)	100 (123)	.031
Trustworthy	97 (196)	98 (121)	.15
Team player	96 (194)	99 (122)	.55
Professional	96 (194)	99 (122)	.79
Compassionate	93 (188)	99 (122)	.65
Mature	87 (176)	95 (117)	.015
Resilient	85 (172)	90 (111)	.32
Leadership	83 (168)	94 (116)	.001 ^a
Resourceful	82 (166)	90 (111)	.006
Inquisitive	80 (162)	88 (108)	.001 ^a

^a Denotes statistically significant differences ($P < .005 = .050/10$) after Bonferroni correction.

For the open-ended question "Are there other features you consider important in a well-regarded letter that we didn't include in the survey?" comments were submitted by 103 of 486 (21%) of the respondents. Themes identified by residency PDs

included writing a personal letter (23%, 15 of 66), indicating the tier of the applicant (15%, 10 of 66), commenting on the applicant's clinical reasoning abilities (12%, 8 of 66), commenting on the applicant's communication skills (11%, 7 of 66), the LOR writer's experience with learners (8%, 5 of 66), and the letter coming from a "reputable letter writer" (8%, 5 of 66). Themes identified for fellowship PDs included commenting on the applicant's motivation (16%, 6 of 37), indicating the tier of the applicant (14%, 5 of 37), and other abilities, such as receptive to feedback, adaptable (14%, 5 of 37), reputable letter writer (11%, 4 of 37), and commenting on the applicant's communication skills (8%, 3 of 37).

Discussion

In this national study of pediatrics residency and fellowship PD perceptions of LORs, we found that LORs shape PD impressions of candidates. The results may help identify what residency and fellowship PDs would like to see in LORs and suggest likely interpretations of commonly used phrases.

PDs consider the LOR important, and the quality of the letter influences readers' decisions about the applicant. Although an applicant's class rank,

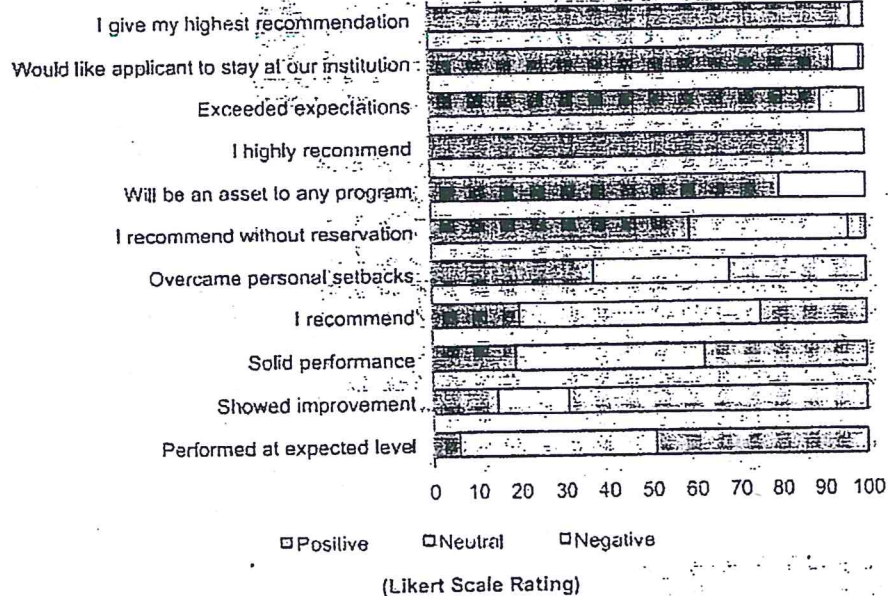


FIGURE 2
Percentage of Program Directors Rating Phrase Positive, Neutral, and Negative

TABLE 3
Principal Components Analysis of Letter Phrases

Letter Phrase	Positive	Neutral	Negative	Mean Likert Score (SD)
Would like applicant to stay at our institution	0.72	-0.07	0.08	4.4 (0.4)
Will be an asset to any program	0.67	0.21	0.02	
Exceeded expectations	0.67	0.14	0.23	
I give my highest recommendation	0.58	0.37	-0.28	3.4 (0.5)
I recommend	-0.02	0.77	0.22	
I recommend without reservation	0.34	0.73	0.08	
I highly recommend	0.51	0.61	-0.11	2.6 (0.6)
Solid performance	0.10	0.56	0.34	
Showed improvement	-0.05	0.16	0.80	
Overcame personal setbacks	0.21	-0.01	0.73	
Performed at expected level	-0.03	0.36	0.53	

clerkship performance, and board scores are available through the Electronic Residency Application Service, the majority of PDs indicated that an LOR could shift their impression of a candidate, both positively and negatively. In the survey, we used the terms "well-crafted" and "poorly crafted" to acknowledge that an LOR is more than just a collection of letter features, phrases, and descriptions of an applicant's abilities. It is this artful construction of the document that contributes to high-stakes program decisions about the applicant.

The literature contains advice for letter writers, such as specific language and formatting to use in LORs, reviewing the applicant's academic performance, and meeting with them to learn more about them before writing the letter.^{12,14,16-18,20,24,25} While there were similarities among the perceptions of residency and fellowship PDs regarding LOR features, we also found differences. Writers might take these into account when composing LORs for residency or fellowships.

The results of this study underscore the need for faculty development in letter writing. A survey of internal medicine clerkship directors reported about half had received some guidance on preparing an LOR, and the majority had developed their own letter-writing guidelines.¹⁹ It is important for letter writers to be aware of interpretations of LOR phrases identified in this study that influence readers' perceptions. For example, only a minority of PDs rated the phrase "showed improvement" as positive when faculty, PDs, and accrediting bodies expect all residents to improve over the course of their training.

Limitations to this study include that the results may not reflect all pediatrics PD perceptions, with a response rate under 50%, and may not generalize to other specialties. The survey had no validity evidence, and questions may have been interpreted by

respondents differently than intended. Further study is needed to understand whether LOR descriptions of candidates affect their ranking in the program. The responses to the open-ended question, "Are there other features you consider important in a well-regarded letter not included in this survey?" suggest that other attributes of LORs may be the focus of future surveys.

Conclusion

Pediatrics residency and fellowship PDs report that LORs influence their impressions of candidates both positively and negatively. Key elements of LORs include distinct phrases depicting different degrees of endorsement of a candidate. There were some key differences between LOR preferences among residency and fellowship PDs.

References

1. Morgenstern BZ, Zalneraitis E, Slavin S. Improving the letter of recommendation for pediatric residency applicants: an idea whose time has come? *J Pediatr.* 2003;143(2):143-144.
2. DeLisa JA, Jain SS, Campagnolo DL. Factors used by physical medicine and rehabilitation residency training directors to select their residents. *Am J Phys Med Rehabil.* 1994;73(3):152-156.
3. Ross CA, Leichter P. Criteria for selecting residents: a reassessment. *Can J Psychiatry.* 1984;29(8):681-686.
4. Crane JT, Ferraro CM. Selection criteria for emergency medicine residency applicants. *Acad Emerg Med.* 2000;7(1):54-60.
5. Wagoner NE, Gray GT. Report on a survey of program directors regarding selection factors in graduate medical education. *J Med Educ.* 1979;54(6):445-452.
6. National Resident Matching Program. Results and Data: 2016 main residency match. <http://www.nrmp.org>.

- org/wp-content/uploads/2016/04/Main-Match-Results-and-Data-2016.pdf. Accessed February 21, 2018.
7. National Resident Matching Program. Results of the 2016 NRMP Program Director Survey Specialties Matching Service. <http://www.nrmp.org/wp-content/uploads/2017/02/2016-PD-Survey-Report-SMS.pdf>. Accessed March 29, 2018.
 8. Friedman RB. Fantasy land. *N Engl J Med*. 1983;308(11):651-653.
 9. Grall KIL, Hiller KM, Steneking LR. Analysis of the evaluative components of the standard letter of recommendation (SLOR) in emergency medicine. *West J Emerg Med*. 2014;15(4):419-423.
 10. Hegarty CB, Lane DR, Love JN, et al. Council of Emergency Medicine Residency Directors standardized letter of recommendation writers' questionnaire. *J Grad Med Educ*. 2014;6(2):301-306.
 11. Love JN, Delorio NM, Ronan-Bentle S, et al. Characterization of the Council of Emergency Medicine Residency Directors' standardized letter of recommendation in 2011-2012. *Acad Emerg Med*. 2013;20(9):926-932.
 12. Larkin GL, Marco CA. Ethics seminars: beyond authorship requirements—ethical considerations in writing letters of recommendation. *Acad Emerg Med*. 2001;8(1):70-73.
 13. Plummer PA. The letter of recommendation. *J Clin Gastroenterol*. 1985;7(2):183-185.
 14. Wright SM, Ziegelstein RC. Writing more informative letters of reference. *J Gen Intern Med*. 2004;19(5, pt 2):585-593.
 15. Pucias L. Viewpoint from a program director: they can't all walk on water. *J Grad Med Educ*. 2016;8(3):314-316.
 16. Prager JD, Myers CM, Pensak ML. Improving the letter of recommendation. *Otolaryngol Head Neck Surg*. 2010;143(3):327-330.
 17. McBride AB, Lovejoy KB. Requesting and writing effective letters of recommendation: some guidelines for candidates and sponsors. *J Nurs Educ*. 1995;34(2):95-96.
 18. Kelley KW, Liles AM, Starr JA. Writing letters of recommendations: where should you start? *Am J Health Syst Pharm*. 2012;69(7):563-565.
 19. DeZee KJ, Thomas MR, Mintz M, et al. Letters of recommendation: rating, writing, and reading by clerkship directors of internal medicine. *Teach Learn Med*. 2009;21(2):153-158.
 20. Layde JB. Writing effective letters of recommendation. In: Roberts LW, ed. *The Academic Medicine Handbook: A Guide to Achievement and Fulfillment for Academic Faculty*. New York, NY: Springer; 2013:209-216.
 21. DeZee KJ, Magee CD, Rickards G, et al. What aspects of letters of recommendation predict performance in medical school? Findings from one institution. *Acad Med*. 2014;89(10):1408-1415.
 22. Beskind DL, Hiller KM, Stolz U, et al. Does the experience of the writer affect the evaluative components on the standardized letter of recommendation in emergency medicine? *J Emerg Med*. 2014;46(4):544-550.
 23. Holmes AV, Peltier CB, Hanson JL, et al. Writing medical student and resident performance evaluations: beyond "performed as expected." *Pediatr*. 2014;133(5):766-768.
 24. Roberts LW. Termuehlen G. (Honest) letters of recommendation. *Acad Psychiatry*. 2013;37(1):55-59.
 25. Fortune JB. The content and value of letters of recommendation in the resident candidate evaluative process. *Curr Surg*. 2002;59(1):79-83.
 26. Pangaro L. A new vocabulary and other innovations for improving descriptive in-training evaluations. *Acad Med*. 1999;74(11):1203-1207.
 27. Jaffe S. Painlessly write the painful truth. *Scientist*. 2002;16(4):44-45.
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- Funding: The authors report no external funding source for this study.
- Conflict of interest: The authors declare they have no competing interests.
- This work was presented at the Association of Pediatric Program Directors Annual Spring Meeting, Anaheim, California, April 5-8, 2017, and the Pediatric Academic Societies Annual Meeting, San Francisco, California, May 6-9, 2017.
- The authors would like to thank the Association of Pediatric Program Directors Research and Scholarship Task Force for reviewing and approving the survey for distribution and the members of the Association of Pediatric Program Directors who completed the survey.
- Corresponding author: Kris Saudek, MD, Children's Hospital of Wisconsin, 999 North 22nd Street, CCC Suite C410, Milwaukee, WI 53226, 414-266-6820, fax 414-266-5979, ksaudek@mcw.edu
- Received September 22, 2017; revisions received January 8, 2018, and January 23, 2018; accepted January 30, 2018.

NOTE FOR THE CENTRAL INSTITUTE BODY

ITEM NO. 5

**To consider the proposal for vigilance set up in all new
AIIMS.**

NOTE FOR THE CENTRAL INSTITUTE BODY
AIIMS, BHOPAL

Item No. CIB-6/5

SUBJECT: VIGILANCE SET-UP IN ALL NEW AIIMS.

Introduction:

The first AIIMS of the country came into being in 1956 and thereafter various AIIMS have been opened at the Government's initiate with pace of time to cater for the country's need. As the AIIMS grew multifold responsibilities of various functionaries also developed many fold. Although things are happening in current set up nicely however, because of subtle need of checks and balance certain other norms has to be adhered to.

Justification:

Since AIIMS is growing in multifaceted way, where there is average financial outlay is of 500 crore approx. yearly depending upon the developmental stage of any particular AIIMS besides there is always a need of dedicated human capital (Recruitment), challenges of employees turn over, purchase, tendering etc. where there is a possibility of deviation by individual at various levels from the norms as set by the regulation. Hence to instil measures of austerity, there is a requirement of posting of Chief Vigilance Officer as all AIIMS are functioning without any dedicated post of Chief Vigilance Officer.

Financial implication:

The appointment of Chief Vigilance Officer will attract the financial encumbrances in terms of appropriate pay level as deemed fit at the decision of Competent Authority.

Conclusion:

With a mandatory need of fair work at institutions like AIIMS, there is a urgent need of dedicated post of Chief Vigilance Officer to further strengthen and streamline the system.

NOTE FOR THE CENTRAL INSTITUTE BODY

ITEM NO. 6

**To consider the proposal for exchange programme of
Faculty/Residents and Students amongst various
AIIMS.**

NOTE FOR THE CENTRAL INSTITUTE BODY
AIIMS, BHOPAL

Item No. CIB-6/6

**SUBJECT: EXCHANGE PROGRAM OF FACULTY/ RESIDENTS AND
STUDENTS AMONGST VARIOUS AIIMS.**

Introduction:

The initial set up of AIIMS came into being in 1956 and thereafter it is growing by leaps and bounds. In due process of time particularly some AIIMS have excelled in one particular field and they have become Centre of Excellence while new set ups have to grow and create milestones.

Justification:

Exchange of Faculty or Residents and Students with other AIIMS will develop the horizons of excellence in term of dexterity, adroitness and collaboration learning. Moreover exchange of short durations will further enhance the skill and knowledge as well as developed a sense of camaraderie among the fraternity of Residents/Students of various AIIMS and it will be add on to the learning sphere. Exchange for short duration of about one or two months during their course among various new AIIMS & AIIMS Delhi shall provide an opportunity to the students of new AIIMS to have better hands on training and exposure of the best practices in different Institutes and sharing of knowledge with their peers in other Institutes. This shall be even more helpful in case of those new AIIMS that are relatively new and have recently started their UG/PG courses. The modalities of exchange program can be decided in CIB.

Financial Implication:

The financial implication for the exchange program will be borne from the dedicated budget of the concerned AIIMS.

Conclusion:

Exchange of Faculty/Residents will help aiding, enhancement of knowledge there and sense of belongingness of AIIMS fraternity.

NOTE FOR THE CENTRAL INSTITUTE BODY

ITEM NO. 7

**Diagnostic Services on Public Private Partnership (PPP)
model through Hind Lab Services of HLL Lifecare Ltd.
at AIIMS Bhopal**

NOTE FOR THE CENTRAL INSTITUTE BODY
AIIMS, BHOPAL

Item No. CIB-6/7

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

Introduction:

PPP model has been a successful venture in various countries, specially in Infra-sector however the same can be applied in medical sector also Diagnostic Services on Public Private Partnership (PPP) Model through Hind Lab Services of HLL Lifecare Ltd could be beneficial for patient care service at various AIIMS.

Justification:

During the 5th CIB (Centralised governing body for all AIIMS) meeting, the Agenda Item no. 5/ 3 (i) for "Implementation of the Reagent Rental Model (OPEX / PPP Model) of pathological services was in-principle approved. In this context, proposal for appointment of HLL as the service provider for the Pathological Lab Services (OPEX / PPP Model considered and approved in 5th CIB meeting) across all AIIMS for augmenting the patient services may considered on the lines of implementation of Amrit Pharmancy by HLL across all AIIMS. This would be helpful in terms of issuing a formal directive with the consensus of all the stakeholders. AIIMS Bhopal has already submitted the proposal on the same lines to PMSSY for necessary directions and is submitted for consideration in the 6th CIB.

The terms as proposed by HLL lifecare ltd. are as following:

- (a) All Comprehensive Maintenance of Existing Equipment & Installation of New at zero capital cost.
- (b) Availability of 24 x7 In- House services with better turnaround time.
- (c) Availability of all tests at one stop through single window solution.
- (d) Up gradation or Addition of the Equipment time to time without any additional charges.

- (e) Better tools for training of PG Students as Model approved under MCI/NMC Norms.
- (f) Complete Supply-chain and Vendor management of Reagents & Consumables for all Diagnostic Labs.
- (g) All Lab-services to be provided at the concerned department.
- (h) All demands for additional manpower which shall include Lab Technicians, Computer Operator, Lab Attendants, Phlebotomist, Quality Assurance and Control Manager, Radiography Attendants, Trainees and other administrative staff as per the requirement of the AIIMS to be deployed. This is in addition to the existing manpower available.
- (i) Training and Skill development and modernization workshops to all the existing staff of the Institute from time to time that acquaint them with the offered technology used in the laboratory services.
- (j) Installation of Laboratory Information System (LIS) and Radiology Information System (RIS) as per requirement with Bi-Directional Interfacing of the equipment.
- (k) Ensure 95% uptime in the offered services. In case of failure on account of breakdown, unavailability of spares, reagents, consumables etc. or any other reason, stand-by arrangements to secure uninterrupted investigation services would be arranged.
- (l) Provision of any ancillary equipment viz. Centrifuge, Incubator, Microscope, Barcode Reader, Micropipette, Syringe Cutter, Water Bath, Refrigerator, Air Conditioner, UPS Online / Sine wave and other relevant accessories according to the requirements of the lab.
- (m) HLL shall provide the required IT support by offering computer hardware and networking devices, for online reporting, patient alert, and Centralized Dashboard and Queue management system in the lab.
- (n) HLL shall support the Institute in adoption and implementation of NABL protocols in the first phase along with providing support in attaining NABL accreditation of the lab in the next phase.
- (o) All payments towards the Quality control and assurance program in the laboratory services; EQAS etc. as per the requirement of AIIMS shall be ensured.

- (p) In order to perform the above proposed services, HLL shall have rent free access to the existing utilities and amenities provided by AIIMS Bhopal viz. existing lab infrastructure, electricity, water, internet, biomedical waste management and housekeeping services.
- (q) All Comprehensive Maintenance of Existing Equipment & Installation.
- (r) HLL will charge Non – NABL CGHS rates for Tests till the Medical Lab of AIIMS Bhopal is pending NABL Accreditation. Post NABL accreditation, the charges shall be revised to CGHS NABL Delhi rates for the Tests in the CGHS List.
- (s) All the tests which are not in the list of tests under CGHS shall be charged at the market price. These tests would be performed in the Lab of AIIMS Bhopal or at HLL's own lab at other locations on in HLL's empanelled laboratories.
- (t) Payments shall be made by the Institute within 15 days of submission of monthly invoices on or before 7th of each month by HLL bases on the number of tests performed in a month.

Financial Implication:

25% rebate on Non NABL CGHS rate as well as 35% discount on CGHS rates on Radiology Services will be given by HLL on test basis. The entire expenditure will be borne out of GIA.

Advantages:

1. 24x7 uninterrupted services.
2. Maintenance of quality.
3. Cost-effective.
4. Open for newer advances.
5. Supporting student training and research.

Conclusion:

Based on proposal of HLL after consensus a decision could be taken by 6th CIB for PPP.



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Annexure - I

अखिल भारतीय आयुर्विज्ञान संस्थान

साकेत नगर, भोपाल - 462 020

All India Institute of Medical Sciences

Saket Nagar, Bhopal - 462 020

(An Autonomous Institute under MoHFW, Govt. of India)

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प्रो. (डॉ.) अजय सिंह

कार्यपालक निदेशक एवं सी.ई.ओ.

Prof. (Dr.) AJAI SINGH

MS, MCh, FAMS, MNMS, FICS, FSS, FPO

Professor, Paediatric Orthopedics

Executive Director & CEO

No. DIR/AIIMS-BPL/HLL_PPP_Model/2022/2057

Date: 20.12.2022

To,

Dr. Mansukh Mandaviya,
Hon'ble Union Minister,
Ministry of Health and Family Welfare,
Government of India,
Nirman Bhawan, New Delhi - 110011

Sub.: Diagnostic Services on Public Private Partnership (PPP) Model through Hind Lab Services of HLL Lifecare Ltd. at AIIMS Bhopal reg.-

Ref.: Letter of HLL Lifecare Ltd. vide no. HLL/CMO/HCS/AIIMS/Bhopal/2022-23 dated 08.12.2022 (ANNEXURE-1)

Hon'ble Sir,

Greetings from All India Institute of Medical Sciences, Bhopal.

With reference to the above subject, at the outset, I would like to inform your good self that AIIMS Bhopal is in receipt of a proposal from HLL Lifecare Ltd. for establishing Hind Lab Services in AIIMS Bhopal on PPP Model and utilising their diagnostic services.

The terms as proposed by HLL lifecare Ltd. and as per our consideration are following:

- All Comprehensive Maintenance of Existing Equipment & Installation of New at zero capital cost.
- Availability of 24 x7 In- House services with better turnaround time.
- Availability of all tests at one stop through single window solution.
- Up gradation or Addition of the Equipment time to time without any additional charges.
- Better tools for training of PG Students as Model approved under MCIN/MC Norms.
- Complete Supply-chain and Vendor management of Reagents & Consumables for all Diagnostic Labs.
- All Lab-services to be provided at the concerned department.
- All demands for additional manpower which shall include Lab Technicians, Computer Operator, Lab Attendants, Phlebotomist, Quality Assurance and Control Manager, Radiography Attendants, Trainees and other administrative staff as per the requirement of the AIIMS to be deployed. This will be in addition to the existing manpower available at AIIMS Bhopal. The status of existing manpower will not be changed without the approval of Competent Authority.
- Training and Skill development and modernization workshops to all the existing staff of the Institute from time to time that acquaint them with the offered technology used in the laboratory services in consultation with concerned HOD (in-house as well as outside).
- Installation of Laboratory Information System (LIS) and Radiology Information System (RIS) as per requirement with Bi-Directional Interfacing of the equipment that will be in line with institutional policy.

[Handwritten Signature]

- To ensure 95% uptime in the offered services. In case of failure on account of breakdown, unavailability of spares, reagents, consumables etc. or any other reason, stand-by arrangements to secure uninterrupted investigation services would be arranged by the Hind Lab with no extra cost.
- Provision of any ancillary equipment viz. Centrifuge, Incubator, Microscope, Barcode Reader, Micropipette, Syringe Cutter, Water Bath, Refrigerator, Air Conditioner, UPS Online / Sine wave and other relevant accessories according to the requirements of the lab.
- HLL shall provide the required IT support by offering computer hardware and networking devices, for online reporting, patient alert, and Centralized Dashboard and Queue management system in the lab.
- HLL shall support the Institute in adoption and implementation of NABL protocols in the first phase along with providing support in attaining NABL accreditation of the lab in the next phase.
- All payments towards the Quality control and assurance program in the laboratory services; EQAS etc as per the requirement of AIIMS shall be ensured.
- In order to perform the above proposed services, HLL shall have rent free access to the existing utilities and amenities provided by AIIMS Bhopal viz. existing lab infrastructure, electricity, water, internet, biomedical waste management and housekeeping services.
- All Comprehensive Maintenance of Existing Equipment & Installation.
- HLL will charge Non – NABL CGHS rates for Tests till the Medical Lab of AIIMS Bhopal is pending NABL Accreditation with discount as mentioned below. Post NABL accreditation, the charges shall be revised to CGHS NABL Delhi rates for the Tests in the CGHS List with mutual consultation.
- All the tests which are not in the list of tests under CGHS shall be charged at the market price with mutual consultation. These tests would be performed in the Lab of AIIMS Bhopal or at HLL's own lab at other locations on in HLL's empanelled laboratories.
- Payments shall be made by the Institute within 15 days of submission of monthly invoices on or before 7th of each month by HLL bases on the number of tests performed in a month.

Special Terms

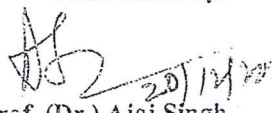
To discuss it further, the Institute convened three meetings under the Chairmanship of the undersigned (Minutes of all the three meetings are attached at annexure 2, 3 and 4) and decided that we agree in-principally with the proposal however modalities of rates are to be decided upon. The HLL Lifecare Ltd. has proposed the rates as 9% discount on the CGHS rates to the Institute and we are proposing 25% discount (on the non-NABH CGHS rates) for Lab services and 35% discount (on the CGHS rates) on Radiological Services.

The above proposal is being sent to the Ministry for necessary consideration & permission so that AIIMS Bhopal and Hind Lab (HLL Lifecare Ltd.) may start dialogue to finalise the MOU.

The above is for kind perusal and information of your good self, please.

Thanking you,

Yours Sincerely,


Prof. (Dr.) Ajai Singh
Executive Director & CEO
AIIMS Bhopal

Copy to:

1. The Hon'ble President, AIIMS Bhopal
2. The Secretary, MoHFW, GOI
3. The PS to Hon'ble Union Minister, MoHFW, GOI
4. The Deputy Director (Administration), AIIMS Bhopal
5. The Medical Superintendent, AIIMS Bhopal
6. The HODs of all Departments of Diagnostic services, AIIMS Bhopal
7. File



HLL Lifecare Limited
(A Government of India Enterprise)

एचएलएल लाइफ़केयर लिमिटेड
स्वास्थ्य परिवर्तन के लिए समाधान

HLL/CMO/HCS/AIIMS/Bhopal/2022-23

08th December 2022

The Executive Director,
All India Institute of Medical Sciences,
Bhopal, Madhya Pradesh,

Dear Sir/Madam,

Greetings from HLL Lifecare Ltd!

Sub: Proposal for Maintenance & Management of Medical Lab and Medical Imaging services: Reg

HLL Lifecare Limited is a Mini - Ratna (Government of India Enterprise) under the administrative control of Ministry of Health & Family Welfare. HLL is a multi-product, multi-location, diversified organization with a global presence and products exported to several countries. HLL has seven manufacturing units spread across India which produces male and female condoms, Contraceptive pills, Pharmaceuticals, IUCD, Medical devices & Medical consumables, Blood Collection bags, Sanitary Napkins and Rapid test kits etc. HLL executes several healthcare related projects in Public sector hospitals from upgradation of existing and establishment of new infrastructure in the State. HLL has executed various health care projects across India.

HINDLABS, the Diagnostic Division of HLL has both Pathological and Imaging labs spread across the country, performing and reporting all routine and advanced tests. HINDLABS offers Quality Diagnostic Services at very affordable rates to the citizens of the country thus reducing out of pocket expenses. HINDLABS currently works on PPP models across various States Government and Central Government Institutions. The flagship programme of NHM- the National Free Diagnostic Scheme (NFDS) Project is being successfully implemented by HINDLABS in the States of Maharashtra and Assam for Clinical Pathology and in UP for Medical Imaging. Presently HINDLABS has been nominated to provide diagnostic services in 5 AIIMS located at Mangalagiri, Nagpur, Bilaspur, Deoghar and Gorakhpur.



HLL Lifecare Limited
(A Government of India Enterprise)

एचएलएल लाइफ़केयर लिमिटेड
स्वास्थ्य विभागों के लिए समाधान

HLL/CMO/HCS/AIIMS/Bhopal/2022-23

08th December 2022

All India Institute of Medical Sciences Bhopal (AIIMS, Bhopal) is the premier Medical Research Institute and one of the best medical Institution in India offering UG, PG and doctorate programs. Through this proposal, HLL proposes to strengthen Medical lab and Medical Imaging Services within the premises of AIIMS, Bhopal. AIIMS, Bhopal continues to exercise all the controls over the lab wherein the **Day-to-Day Operation, Monitoring, Quality, Reporting and other Functions** shall be completely under the Department heads of AIIMS Bhopal. HLL here pitches in as a specialised agency for **Maintenance and Management (M&M) of lab at AIIMS Bhopal.**

The **Scope** under the proposed **Maintenance & Management Model** include the following:

- All Comprehensive Maintenance of Existing Equipment & Installation of New at zero capital cost.
- Availability of 24 x7 In- House services with better turnaround time.
- Availability of all tests at one stop through single window solution.
- Upgradation or Addition of the Equipment time to time without any additional charges.
- Better tools for training of PG Students as Model approved under MCI/NMC Norms.
- Complete Supply-chain and Vendor management of Reagents & Consumables for all Diagnostic Labs.
- All Lab-services to be provided at the concerned department.
- All demands for additional manpower which shall include Lab Technicians, Computer Operator, Lab Attendants, Phlebotomist, Quality Assurance and Control Manager, Radiography Attendants, Trainees and other administrative staff as per the requirement of the AIIMS to be deployed. This is in addition to the existing manpower available.
- Training and Skill development and modernization workshops to all the existing staff of the Institute from time to time that acquaint them with the offered technology used in the laboratory services.
- Installation of Laboratory Information System (LIS) and Radiology Information System (RIS) as per requirement with Bi-Directional Interfacing of the equipment.

2



HLL Lifecare Limited
(A Government of India Enterprise)

एचएलएल लाइफ़केयर लिमिटेड
स्वास्थ्य परियोजनाओं के लिए समाधानदाता

HLL/CMO/HCS/AIIMS/Bhopal/2022-23

08th December 2022

- Ensure 95% uptime in the offered services. In case of failure on account of breakdown, unavailability of spares, reagents, consumables etc. or any other reason, stand-by arrangements to secure uninterrupted investigation services would be arranged.
- Provision of any ancillary equipment viz. Centrifuge, Incubator, Microscope, Barcode Reader, Micropipette, Syringe Cutter, Water Bath, Refrigerator, Air Conditioner, UPS Online / Sine wave and other relevant accessories according to the requirements of the lab.
- HLL shall provide the required IT support by offering computer hardware and networking devices, for online reporting, patient alert, and Centralized Dashboard and Queue management system in the lab.
- HLL shall support the Institute in adoption and implementation of NABL protocols in the first phase along with providing support in attaining NABL accreditation of the lab in the next phase.
- All payments towards the Quality control and assurance program in the laboratory services; EQAS etc as per the requirement of AIIMS shall be ensured.
- In order to perform the above proposed services, HLL shall have rent free access to the existing utilities and amenities provided by AIIMS Bhopal viz. existing lab infrastructure, electricity, water, internet, biomedical waste management and housekeeping services.

HLL proposes that the path lab and imaging lab shall completely under and reporting to the Department Heads of AIIMS Bhopal. The commercial offer from HLL for the proposed service is as detailed below:

S. No.	Particulars of Offered Services	Offered Rates	Offered Discount (%)
1	Laboratory Investigation Services	Prevailing CGHS Delhi	9% (Nine Percent)
2	Imaging / Radiology Services	Non – NABL rates	



HLL Lifecare Limited
(A Government of India Enterprise)

एचएलएल लाइफ़केयर लिमिटेड
स्वास्थ्य संशोधन के लिए अग्रगण्य

HLL/CMO/HCS/AIIMS/Bhopal/2022-23

08th December 2022

Special Terms:

1. HLL will charge Non – NABL CGHS rates for Tests till the Medical Lab of AIIMS Bhopal is pending NABL Accreditation. Post NABL accreditation, the charges shall be revised to CGHS NABL Delhi rates for the Tests in the CGHS List.
2. All the tests which are not in the list of tests under CGHS shall be charged at the market price. These tests would be performed in the Lab of AIIMS Bhopal or at HLL's own lab at other locations or in HLL's empanelled laboratories.
3. Payments shall be made by the Institute within 15 days of submission of monthly invoices on or before 7th of each month by HLL based on the number of tests performed in a month.

The proposal is for a minimum contract period of 5 years which could be extended on mutual consent of both parties and on satisfactory performance by HLL. We anticipate a favourable consideration for this proposal for a mutually beneficial association in future.

We are looking forward to serve you better.

Thanking you with best regards,

AJIT. N
Vice President
Marketing

For HLL Lifecare Limited
Signature of Vice President
Date: 08/12/2022
Place: New Delhi



अखिल भारतीय आयुर्विज्ञान संस्थान, Bhopal

(स्वास्थ्य एवं परिवार कल्याण विभाग, भारत सरकार के अधीन राष्ट्रीय महत्व का संस्थान)
साकेत नगर, भोपाल-462 020, मध्य प्रदेश, दूरभाष : 0755-2982607/2985569

All India Institute of Medical Sciences, Bhopal

(An Institute of National Importance under the Ministry of Health & Family Welfare, Govt. of India)

Saket Nagar, Bhopal - 462020, Madhya Pradesh, Tel. : 0755-2982607/2985569

Email : info@aiimsbhopal.edu.in www.aiimsbhopal.edu.in

Minutes of the Meeting for Strengthening the Medical lab and Medical Imaging Services within the premises of AIIMS, Bhopal - Proposal by HLL Lifecare Ltd.

Date: 21.11.2022, Time: 03:45 PM

A meeting was held under the chairmanship of Prof. (Dr.) Ajai Singh, Executive Director & CEO, AIIMS Bhopal at 03:45 PM on 21.11.2022 in the Director's Board Room.

The following members were present in the meeting:

1. Col. (Dr.) Ajit Kumar, Deputy Director (Administration)
2. Dr. Mayank Dixit, Deputy Medical Superintendent & I/c MS
3. Shri M. Vinod Kumar, Finance & Chief Accounts Officer
4. Dr. Pankaj Goel, Professor and Head, Dept. of Dentistry
5. Dr. Amit Agrawal, Professor & Head, Dept. of Neurosurgery
6. Dr. Arneet Arora, Professor & Head, Dept. of FMT
7. Dr. Bertha AD Rathinam, Professor & Head, Dept. of Anatomy
8. Dr. Debasis Biswas, Professor & Head, Dept. of Micro-biology & Dean (Research)
9. Dr. Jagat Rakesh Kanwar, Professor & Head, Dept. of Biochemistry
10. Dr. Pradeep Saxena, Professor & Head, Dept. of General Surgery
11. Dr. Vaishali Walke, Professor, Dept. of Pathology/Lab Medicine
12. Dr. Santosh L Wakode, Professor, Dept. of Physiology
13. Dr. Rupinder Kaur Kanwar, Additional Professor, Dept. of TMC
14. Dr. Radha Sarawagi Gupta, Additional Professor, Dept of Radio-Diagnosis
15. Dr. Manal Md. Khan, Additional Professor, Dept. of Burns & Plastic Surgery
16. Dr. John A. Santoshi, Additional Professor, Dept of Orthopaedics
17. Dr. Rekha Singh, Additional Professor, Dept. of Endocrinology & Metabolism
18. Dr. Vishal Gupta, Additional Professor, Dept. of Surgical Gastroenterology
19. Dr. T. Karuna, Additional Professor, Dept. of Micro-biology
20. Dr. Pramod Kumar Sharma, Additional Professor, Dept. of Paediatric Surgery
21. Dr. E. Jayashankar, Additional Professor, Dept. of Pathology/Lab Medicine
22. Dr. Ashwani Tandon, Associate Dean (Acad.) & Additional Professor, Dept. of Pathology/Lab Medicine
23. Dr. Ashish Anantrao Jadhav, Additional Professor, Dept. of Biochemistry
24. Dr. Saikat Das, Associate Professor, Dept. of Radiotherapy
25. Dr. Mamta Verma, I/c Principal Nursing College
26. Dr. Aman Kumar, Associate Professor, Dept. of Radio-Diagnosis
27. Dr. Shashwati Nema, Associate Professor, Dept. of Micro-biology
28. Dr. Megha Katare Pandey, Associate Professor, Dept. of TMC
29. Dr. Murali M, Associate Professor, Dept. of TMC
30. Dr. Ashok Kumar, Associate Professor, Dept. of Biochemistry
31. Dr. Abhinav Chander Bhagat, Assistant Professor, Dept. of Radio-Diagnosis
32. Dr. Ankur Patel, Assistant Professor, Dept of Radio-Diagnosis
33. Dr. Anand Kumar Maurya, Assistant Professor, Dept. of Micro-biology
34. Dr. Priyanka V Kashyap, Assistant Professor, Dept of Neurology
35. Dr. Ayush Gupta, Assistant Professor, Dept. of Micro-biology
36. Dr. Syrpailyn Wankhar, Assistant Professor, Dept. of TMC

37. Dr. Neha Arya, Assistant Professor, Dept. of TMC
38. Dr. Chetan Khare, Assistant Professor, Dept. of Neonatology
39. Mr. Vishal Sawhney, Senior Manager, HLL Lifecare Ltd.
40. Mr. M. Ajit N., Vice President, Marketing, HLL Lifecare Ltd.
41. Mr. Joseph Savy K.J., Deputy Vice President, HLL Lifecare Ltd.

The meeting started with a welcome note to the chair and all the members of the meeting. The following points were discussed & subsequent decisions were made:

1. **The HIND Lab by HLL Lifecare Ltd.:** The HLL team presented HIND Lab for diagnostic services including Pathology, Biochemistry, Microbiology and Radiology prevailing at various medical institutes in India. Subsequent to the presentation, the deliberations were made on the HIND Lab proposal by the Institutional members.

The HLL team provided information for each section and communicated its strength for consumable supply chain maintenance, instrumentation facility, equipment maintenance (CMC/AMC) & manpower required and also promised to provide back-up equipment, up gradation and continuous supply chain (along with process of NABH).

[Action: The Deputy Director (Admin.)]

2. **Imaging & Diagnostics Services:** It was decided that the HLL will look into the CMC/AMC of the various equipment and the Institute will provide manpower such as technician and staff on existing level. Any other manpower if required, it will be provided by HIND Lab.

[Action: The Deputy Director (Admin.)/
The HOD, Dept. of Radio-diagnosis]

3. **Requirement and demand:** In case of any requirement of consumables, it was decided that the faculty will raise/initiate the demand. Only the logistics part will be in the hands of the HLL Lifecare Ltd. They will work on per test rate list basis.

[Action: The Deputy Director (Admin.)/
All HODs, AIIMS Bhopal]

4. **Research and other allied sector's Tests & Diagnostics:** Tests & Diagnostics for research will be incorporated in proposal and the same will be facilitated by the HLL Lifecare Ltd. Any new equipment will be provided by HIND Lab.

[Action: The Dean (Research)/
The Deputy Director (Admin.)/
All HODs, AIIMS Bhopal]

5. **X-Ray for the Dept. of Radiotherapy:** It was decided that the all logistics related to machinery, equipment, supply will be managed by the HLL Lifecare Ltd. and the manpower will be provided by the Institute for HIND Lab. It was also specified here that the final interview/decision in selecting the manpower will be made by AIIMS Bhopal. Any new equipment will be provided by HIND Lab.

[Action: The Deputy Director (Admin.)]

6. **Manpower Control:** The technician working in all the stations will work under the control of the concerned Head of the department and not under the HLL Lifecare Ltd.

[Action: The Deputy Director (Admin.)]

7. Research related logistics: It was apprised to the Chair that at present there are two types of Research prevailing at AIIMS Bhopal, the same are as follows:

- i. **Grant-in Research Projects:** It was decided that the HLL Lifecare Ltd. will not take the responsibility for it & cost will be paid by the Principal Investigator (PI) in these projects.
- ii. **Thesis of medical students such as MD/MS:** It was decided that the HLL will provide its services for the same and through the respective HODs. The AIIMS Bhopal will bear the cost of the same, however, its use should be well justified.

[Action: The Dean (Research)/The Deputy Director (Admin.)/All HODs, AIIMS Bhopal]

7. **Coordination with various departments with diagnostic facility:** The HLL team further communicated about the coordination of work with department having diagnostic facility. It was decided that the Faculty Members and Head of the respective Departments and the HLL Lifecare Ltd. will come in force with requisite coordination in between each other. It was also directed by the Chair that the consultants will have to specify the reasons whenever they prescribe a retest to any patient.

[Action: The Deputy Director (Admin.)/
All HODs, AIIMS Bhopal]

8. **The NABL accreditation and quality control:** It was apprised to the Chair and the Members of the Meeting that the HLL Lifecare Ltd. It was decided that the Institute may explore the possibilities of the same.

[Action: Dr. Ruchi Singh, Associate Professor, Dept. of Physiology]

9. **Rates and Tariff of the Diagnostics:** The HLL Lifecare Ltd. apprised the Chair and the Members of the Meeting that the Rates and Tariff of the facility will be in line of the CGHS Rates. After deliberations by the Executive Director & CEO and Faculty Members, AIIMS Bhopal it was decided that the Rates and Tariff needs negotiation as AIIMS Bhopal providing Workspace, Instrumentation Free Electricity, however, rates of these test performed by their new equipment, will be discussed further.

[Action: The Deputy Director (Admin.)/
The Sr. Purchase-cum-Stores Officer]


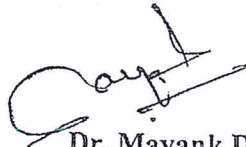
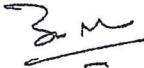


10. **Format of the Reports:** The reports will have only the branding of AIIMS Bhopal and no logo, save the one of AIIMS Bhopal, will be reflected on the final reports.

[Action: The Deputy Director (Admin.)/
The Sr. Purchase-cum-Stores Officer]

11. **Conclusions:** It was communicated to all the members of the meeting that a second meeting with a proposal in line with the above discussion will be held, as all the members of the meeting are coming to a common line of working arrangements. The meeting date will be notified by the Deputy Director (Admin.) after taking into account the final proposal of the HLL Lifecare Ltd. Subsequent to receiving the final proposal from the HLL Lifecare Ltd., the same will be forwarded to the Govt. for the necessary approvals.

[Action: The Deputy Director (Admin.)/
The Sr. Purchase-cum-Stores Officer]

The meeting ended with thanks to the Chair and the other members.

 Shri M. Vinod Kumar Finance & Chief Account Officer	 Dr. Mayank Dixit Deputy Medical Superintendent & I/c Medical Superintendent
<p><i>on leave and out of HQ.</i></p>  Prof. (Dr.) Rajesh Malik Dean (Academics)	 Col. (Dr.) Ajit Kumar Deputy Director (Administration)
 Prof. (Dr.) Ajar Singh Executive Director & CEO	



अखिल भारतीय आयुर्विज्ञान संस्थान, भोपाल, Annexure-3

(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन राष्ट्रीय महत्व का संस्थान)
साकेत नगर, भोपाल-462 020, मध्य प्रदेश, दूरभाष : 0755-2982607/2985569

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Saket Nagar, Bhopal - 462020, Madhya Pradesh, Tel. : 0755-2982607/2985569

Email : info@aiimsbhopal.edu.in www.aiimsbhopal.edu.in

Minutes of meeting (2nd) for Strengthening the Medical lab and Medical Imaging Services within the premises of AIIMS, Bhopal

Date: 14.12.2022, Time: 02:30 PM

A meeting was held under the chairmanship of Prof. (Dr.) Ajai Singh, Executive Director & CEO, AIIMS Bhopal at 02:30 PM on 14.12.2022 in the Director's Board Room on Strengthening the Medical lab and Medical Imaging Services within the premises of AIIMS, Bhopal.

The following members were present in the meeting:

1. Prof. Rajesh Malik, Dean (Academics)
2. Prof. Debasis Biswas, Dean (Research)
3. Prof. S. Balakrishnan, Dean (Student Welfare)
4. Col. (Dr.) Ajit Kumar, Deputy Director (Administration)
5. Prof. Manisha Shrivastava, Medical Superintendent
6. Dr. Lakshmi Prasad, Additional Medical Superintendent
7. Prof. Rajnish Joshi, Professor & Head, Dept. of General Medicine
8. Prof. Rajesh Pasricha, Professor & Head, Dept. of Radiotherapy
9. Prof. Vaishali Waindeskar, Professor & Head, Dept. of Anesthesiology
10. Prof. Vijendra Singh, Professor & Head, Dept. of Psychiatry
11. Prof. Rehan Ul Haq, Professor & Head, Dept. of Orthopaedics
12. Prof. Santosh Wakode, Professor & Head, Dept. of Physiology
13. Prof. Arun M. Kokane, Professor & Head, Dept. of CFM
14. Prof. Amit Agrawal, Professor & Head, Dept. of Neurosurgery
15. Prof. Neelkamal Kapoor, Professor & Head, Dept. of Pathology/Lab Medicine
16. Prof. Jagat R. Kanwar, HoD, Dept. of Biochemistry
17. Dr. Vishal Gupta, Additional Professor, Dept. of Surgical Gastroenterology
18. Dr. Pramod K. Sharma, Additional Professor, Dept. of Pediatrics Surgery
19. Dr. Suruchi Jain, Associate Professor, Dept. of Nuclear Medicine
20. Dr. Devashish Kaushal, Associate Professor, Dept. of Urology
21. Dr. Vinay Kumar, Associate Professor, Dept. of Surgical Oncology
22. Dr. Rahul Dubepuriya, Assistant Professor, Dept. of TEM
23. Dr. Abhishek Singhai, Assistant Professor, Dept. of General Medicine

The meeting started with welcome to the chair and the members and After deliberations on the proposal of HLL Lifecare Ltd. vide letter no- HLL/CMO/HCS/AIIMS/Bhopal/2022-23 dated 08-12-2022 the following decisions were made:

1. Proposal of the HLL Lifecare Ltd for Hind Lab: The chairperson and the members were apprised about the proposal of the HLL Lifecare Ltd. for the Hind Lab and its services in AIIMS, Bhopal. In principle it was accepted by all that it would be a good and pioneering step for any Institute of Medical Sciences to have such a facility while promoting the PPP model.

[Handwritten signatures and dates]
21/11/22

2. Modifications and suggestions for the proposal of Hind Lab from HLL Lifecare Ltd.: After several deliberations on the proposal, it was decided that a committee of the following members will review the proposal and put forth its recommendations with any suggestion or modification, if required, in the same.


S.No	Member
1	The Head of Dept. of Radiology
2	The Head of Dept. of Pathology
3	The Head of Dept. of Biochemistry
4	The Head of Dept. of Micro-biology
5	The Head of Dept. of Translational Medicine

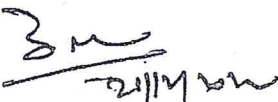
[Action: The above committee members]

After recommendation for the modifications and suggestions by the above committee the proposal will be forwarded to the Government of India for taking approval /consent of the Government for the PPP model and Hind lab services in AIIMS, Bhopal.

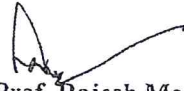
[Action: The Deputy Director (Admin.)]

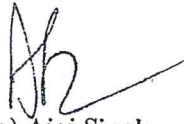
The meeting ended with thanks to the chairman and the other members.


Col. Dr. Ajit Kumar
Dy. Director (Admin.)


Prof. Debasis Biswas
Dean (Research)

ON LEAVE
Prof. S. Balakrishnan
Dean (Student Welfare)


Prof. Rajesh Malik
Dean (Academics)


Prof. (Dr.) Ajai Singh
Executive Director & CEO
AIIMS Bhopal

MoM (2nd) dated 14.12.2022 for strengthening the Medical Lab and Medical Imaging Services within the premises of AIIMS, Bhopal reg.-

Director's Secretariat <directoroffice@aiimsbhopal.edu.in>
To: "dean.studentwelfare" <dean.studentwelfare@aiimsbhopal.edu.in>
Cc: Director AIIMS Bhopal <director@aiimsbhopal.edu.in>


Wed, Dec 21, 2022 at 1:54 PM

Respected Sir,

With reference to the above cited subject, I am requesting you to provide your consent/approval for the attached Minutes of Meeting.

Thanking you,

**Director's Secretariat
AIIMS, Bhopal**

 MoM (2nd) dated 14.12.2022 for strengthening the Medical Lab and Medical Imaging Services within the premises of AIIMS, Bhopal reg.-.PDF
577K

Dean Student Welfare <dean.studentwelfare@aiimsbhopal.edu.in>
To: Director's Secretariat <directoroffice@aiimsbhopal.edu.in>

Wed, Dec 21, 2022 at 5:42 PM

Sir,
I concur with the minutes of the meeting.
Regards.
Bala



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अखिल भारतीय आयुर्विज्ञान संस्थान, भोपाल

Annexure 44

(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन राष्ट्रीय महत्व का संस्थान)
साकेत नगर, भोपाल-462 020, मध्य प्रदेश. दूरभाष : 0755-2982607/2985569

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Saket Nagar, Bhopal - 462020, Madhya Pradesh, Tel. : 0755-2982607/2985569

Email : info@aiimsbhopal.edu.in www.aiimsbhopal.edu.in

Minutes of Meeting

**3rd Meeting on Diagnostic Services on Public Private Partnership (PPP) Model
through Hind Lab Services of HLL Lifecare Ltd. at AIIMS Bhopal
(Time: 11:45 Date: 20.12.2022)**

A meeting was held under the Chairmanship of Prof. (Dr.) Ajai Singh, Executive Director and CEO, AIIMS Bhopal at 11:45 on 20.12.2022 at Director's Committee Room, Director's Wing, Sardar Vallabh Bhai Patel Bhawan, AIIMS Bhopal for deliberating on setting up Diagnostic Services on Public Private Partnership (PPP) Model through Hind Lab Services of HLL Lifecare Ltd. at AIIMS Bhopal.

The following officials were present in the meeting:

1. Col. (Dr.) Ajit Kumar, Deputy Director (Admin.), AIIMS Bhopal
2. Prof. Manisha Shrivastava, Medical Superintendent, AIIMS Bhopal
3. Prof. Rajesh Malik, Professor and Head, Dept. of Radio-diagnosis, AIIMS Bhopal
4. Prof. Jagat R. Kanwar, Professor and Head, Dept. of Biochemistry, AIIMS Bhopal
5. Prof. Neelkamal Kapoor, Professor and Head, Dept. of Pathology, AIIMS Bhopal
6. Dr. Rupinder Kaur Kanwar, Additional Professor and Head, Dept. of Translational Medicine, AIIMS Bhopal
7. Dr. Shashank Purwar, Additional Professor, Dept. of Microbiology, AIIMS Bhopal
8. Shri Shivank Tyagi, PPS (Offici.) to ED, Director's Secretariat, AIIMS Bhopal

The Meeting started with a welcome to the Chair and the Members of the Meeting:

1. Proposal of HLL Lifecare Ltd. for Hind Lab Services:

In continuation to the meeting on 21.11.2022 and 14.12.2022 with reference to the Diagnostic Services on Public Private Partnership (PPP) Model through Hind Lab Services of HLL Lifecare Ltd. at AIIMS Bhopal, it was decided that the Institute is in agreement for having the diagnostic services through Public-Private Partnership (PPP) Model however the modalities of MoU are to be finalised.

2. The Modifications and Modalities in the Proposal of HLL Lifecare Ltd.:

It was decided that the HLL Lifecare Ltd. will provide its diagnostic services to the Institute on 25% discount (on the non-NABH CGHS rates) for Lab services and 35% discount (on the CGHS rates) on Radiological Services. It was also decided that the word of AIIMS Bhopal will be final in the choice of the Equipment/Machine for the Diagnostics and providing the manpower will be the responsibility on part of HLL Lifecare Ltd. however in case the manpower is found to be incompetent, the issue will be addressed by the HLL Lifecare Ltd. as and when informed by AIIMS Bhopal.

3. The validity of Agreement/MoU:

It was decided that if any Agreement/MoU is made in between the AIIMS Bhopal and HLL Lifecare Ltd. for the Hind Lab Services at AIIMS Bhopal then its terms will be confirmed for not more than five year and can be modified/reviewed as and when required by any party after completion of the said one year.

4. Confirmation of the Administrative Ministry and GOI:

It was decided that on the above terms and any other as decided by the Competent Authority, the same proposal should be sent to the Administrative Ministry and GOI for its inprinciple consent/permission and suggestions in the same Agreement/MoU.

[Action: The PPS (Offci.) to ED]

The meeting ended with thanks to the Chair and the other members.



Shri Shivank Tyagi
JTO & PPS (Offci.) to ED



Dr. Shashank Purwar
Additional Professor
Dept. of Microbiology

(attended virtually).

Dr. Rupinder Kaur Kanwar
Additional Professor and Head
Dept. of Translational Medicine

CONSENTED via
E-MAIL

Prof. Neelkamal Kapoor
Professor and Head
Dept. of Pathology



Prof. Jagat R. Kanwar
Professor and Head
Dept. of Biochemistry



Prof. Rajesh Malik
Professor and Head
Dept. of Radio-diagnosis



Prof. Manisha Shrivastava
Medical Superintendent



Col. (Dr.) Ajit Kumar
Deputy Director (Admin.)



Prof. (Dr.) Ajai Singh
Executive Director & CEO

MoM (3rd) dated 20.12.2022 on Diagnosis Services on Public Private Partnership (PPP) Model through Hind Lab Services of HLL Lifecare Ltd. at AIIMS Bhopal reg.-

2 MB, 47 KB

Director's Secretariat <directoroffice@aiimsbhopal.edu.in>
To: Neelkamal Kapoor <neelkamal.patho@aiimsbhopal.edu.in>
Cc: Director AIIMS Bhopal <director@aiimsbhopal.edu.in>

Wed, Dec 21, 2022 at 1:38 PM

Respected Madam,

With reference to the above cited subject, I am requesting you to please provide your consent/approval for the attached Minutes of Meeting.

Thanking you,

**Director's Secretariat
AIIMS, Bhopal**

 **MoM (3rd) dated 20.12.2022 on Diagnosis Services on Public Private Partnership (PPP) Model through Hind Lab Services of HLL Lifecare Ltd. at AIIMS Bhopal reg.-.PDF**
693K

Head Pathology <head.patho@aiimsbhopal.edu.in>
To: Director's Secretariat <directoroffice@aiimsbhopal.edu.in>
Cc: Neelkamal Kapoor <neelkamal.patho@aiimsbhopal.edu.in>, Director AIIMS Bhopal <director@aiimsbhopal.edu.in>

Wed, Dec 21, 2022 at 3:01 PM

I concur with the attached MoM held on 20.12.2022 regarding working of diagnostic services through PPP model (Hindlabs).
Prof Neelkamal Kapoor

Dr. Neelkamal Kapoor

NOTE FOR THE CENTRAL INSTITUTE BODY

ITEM NO. 8

To consider the proposal for centralized selection of Group B & C sanctioned posts through computer based test exam for all new AIIMS.

NOTE FOR THE CENTRAL INSTITUTE BODY
AIIMS, DEOGARH

Item No. CIB-6/8

**SUBJECT: CENTRALIZED SELECTION OF GROUP B & C SANCTIONED POSTS
THROUGH COMPUTER BASED TEST EXAM FOR ALL NEW AIIMS.**

Introduction:

The conduction of CBT as skill test for selection to Group B and Group C Non-Faculty posts is needed in new AIIMS which don't have sufficient manpower and logistics to conduct the CBT of their own or have not done vendor/firm registration till now. Also, the sanctioned strength of non-faculty of new AIIMS is 970 posts for 750 bedded hospital functioning.

New AIIMS are struggling to ensure sufficient manpower (regular) to handle various sections/offices.

Posts are insufficient and should be increased. Letter of proposal was sent to MOHFW regarding Rationalization of posts in new AIIMS for 610, 750 and 960 bedded AIIMS Hospital vide meeting held on 10.12.2019 with DDA AIIMS Delhi which was approved by Director AIIMS Raipur is enclosed as **Annexure-I**

Justification:

Posts are lying vacant as new AIIMS do not have infrastructure / support system to conduct CBT for recruitments of their own.

Combined Computer Based Test (CBT) may be done for all new AIIMS like NORCET for Nursing Officers and then sent to respective AIIMS based on the option of candidates, which will ensure sufficient manpower in each of the new AIIMS .

Centralized recruitment (written +/- Skill test) for various posts will be-

- Faster
- Transparent
- Economical

The decision taken by CIB in the past regarding streamlining of recruitment process of non-faculty (tech.) by new AIIMS to attain speedier and better outcomes is enclosed as **Annexure-II**.

Approval sought:

- Approval is sought from CIB regarding increase in Group B and C posts as per enclosure **Annexure-I** Sanctioned posts as per previous CIB Meeting recommendation
- Approval is sought for conducting Centralized Skill Test/ Computer Based Test for Group B and Group C non faculty posts for all new AIIMS.

22. Item No.CIB-2/22: Streamlining the recruitment process of non-faculty (technical) by new AIIMS to attain speedier and better outcomes: CIB desired that in order to attain speedier outcomes in recruitment of non-faculty (technical) cadre, the different cadres may be bifurcated into groups by AIIMS Delhi within 15 days. Each of these groups then shall be assigned to different AIIMS who shall recruit such cadres centrally for all AIIMS. Such recruitment exercise should take place at regular intervals throughout the year.

6. Item No.CIB-3/6: Streamline the recruitment process on non-faculty (technical) by new AIIMS to attain speedier and better outcome:

CIB approved the proposal. However, any existing recruitment cycle already initiated by respective new AIIMS should be completed and all subsequent recruitments should be handled in accordance with the approved proposal.

10. Item No.CIB-4/10: Interview/skill test for the selection to the Group B & C non-faculty posts being the technical posts:

CIB decided that the OM date 29th Dec 2015 of DoPT may be followed in letter and spirit. The Computer based skill test may be adopted if required for some specific posts, with the approval of Institute's Governing Body.

[Action: AIIMS]



अखिल भारतीय आयुर्विज्ञान संस्थान, रायपुर (छत्तीसगढ़)
All India Institute of Medical Sciences, Raipur (Chhattisgarh)
 Tatibandh, GE Road,
 Raipur-492 099 (CG)
www.aiimsraipur.edu.in

No. AIIMS-RPR/DDA/RP/2019/

Raipur, Date: 26.12.2019

To

Shri S. M. Routray,
 Deputy Secretary (PMSSY),
 Ministry of Health and Family Welfare,
 Nirman Bhawan, New Delhi.

Sub: Amendment in the proposal of Rationalization of Posts in new AIIMS
 (Posts proposed for 610, 750 and 960 bedded AIIMS Hospital).

Ref: Meeting on 10.12.2019 with DDA, AIIMS New Delhi.

Dear Sir,

In pursuance to the meeting held on 10.12.2019 with DDA, AIIMS New Delhi regarding amendment in the proposal of Rationalization of Posts in new AIIMS and modification in the proposal of the posts for 610 and 750 bedded AIIMS Hospital.

Please find attached a list of proposed posts for 610, 750 and 960 bedded AIIMS Hospitals.

The list of proposed posts has been approved by Director AIIMS, Raipur.

Thanking you,

Yours faithfully,

Neeresh Sharma
 Deputy Director (Admin.)
 AIIMS Raipur

Copy to:

1. Director, AIIMS Raipur
2. PS to JS (PMSSY), MoHFW, New Delhi
3. DDA, AIIMS, NEW DELHI

Proposal of the Committee for Rationalization of Posts at new AIIMS				Posts proposed (Amended)		
Total = 5756 : for 960 bedded hospital				Total = 5622	Total = 4291	Total = 3838
Name of Post	Gr	Pay Scale as per 6th CPC	Total No. of post	960 beds (Hospital)	750 beds (Hospital)	610 beds (Hospital)
Administration						
Director	A	80000 (Fixed)+ NPA Maximum 85000/-	1	1	1	1
Medical Superintendent & Professor of Hospital Administration	A	37400-67000+GP 10500+NPA	1	1	1	1
Deputy Director (Administration)	A	37400-67000+GP 8700	1	1	1	1
Financial Advisor	A	37400-67000+GP 8700	1	1	1	1
Chief Administrative Officer	A	15600-39100+GP 7600	1	1	1	1
Senior Administrative Officer	A	15600-39100+GP 6600	1	1	1	1
Administrative Officer	A	15600-39100+GP 5400	4	3	3	3
Assistant Administrative Officer	B	9300-34800+GP 4600	6	6	6	6
Junior Administrative Officer	B	9300-34800+GP 4200	58	35	35	35
Senior Administrative Assistant	C	5200-20200+GP 2400	35	60	60	60
Junior Administrative Assistant	C	5200-20200+GP 1900	70	155	120	120
Faculty						
Professor	A	37400-67000+AGP 10500+NPA	50	50	42	42
Additional Professor	A	37400-67000+AGP 5500+NPA	41	41	42	42
Associate Professor	A	37400-67000+AGP 9000+NPA	79	79	60	60
Assistant Professor	A	15600-39100+AGP 8000+NPA	316	316	220	190

Proposal of the Committee for Rationalization of Posts at new AIIMS				Posts proposed (Amended)		
Total = 5756 : for 960 bedded hospital				Total = 5622	Total = 4291	Total = 3838
Name of Post	Gr	Pay Scale as per 6th CPC	Total No. of post	960 beds (Hospital)	750 beds (Hospital)	610 beds (Hospital)
Residency						
Senior Residents	A	15600-39100+GP 6600+NPA	600	600	450	400
Junior Residents	A	15600-39100+GP 5400+NPA	600	600	450	400
Tutors/Demonstrators	A	Rs.15600-39100 +GP Rs.5400 + NPA (NPA only for Medical Graduates)	70	70	50	40
Scientist Cadre						
Scientist E	A	37400-67000+GP 8700	1	1	1	1
Scientist D	A	15600-39100+GP 7600	4	4	4	3
Scientist C	A	15600-39100+GP 6600	15	15	12	10
Secretarial - Administration						
Principal Private Secretary	A	15600-39100+GP 6600	2	2	1	1
Private Secretary	B	9300-34800+GP 4600	10	10	7	5
Personal Assistant	B	9300-34800+GP 4200	13	13	10	8
Stenographer	C	5200-20200+GP 2400	34	34	25	20
Finance And Accounts						
Chief Accounts Officer	A	15600-39100+GP 7600	1	1	1	1
Senior Accounts Officer	A	15600-39100+GP 6600	1	1	1	1
Accounts Officer	A	15600-39100+GP 5400	5	5	3	3

Proposal of the Committee for Rationalization of Posts at new AIIMS				Posts proposed (Amended)		
Total = 5756 : for 960 bedded hospital				Total = 5622	Total = 4291	Total = 3838
Name of Post	Gr	Pay Scale as per 6th CPC	Total No. of post	960 beds (Hospital)	750 beds (Hospital)	610 beds (Hospital)
Assistant Accounts Officer	B	9300-34800+GP 4600	2	4	4	4
Junior Accounts Officer	B	9300-34800+GP 4200	6	6	5	5
Chief Cashier	B	9300-34800+GP 4600	1			
Cashier	C	5200-20200+GP 2400	13			
Academic Section						
Assistant Professor (Hospital Administration)	A	15600-39100+AGP 8000+NPA	6			
Registrar	A	15600-39100+GP Rs.7600 (+NPA for Med Graduates)	1	1	1	1
Assistant Controller Of Examination	A	15600-39100+GP 6800 (+NPA for Med Graduates)	2	1	1	1
Public Relations						
Public Relation Officer	A	15600-39100+GP 5400	1	1	1	1
Assistant Public Relation Officer	B	9300-34800+GP 4800	2			
Junior Public Relation Officer	B	9300-34800+GP 4200	2			
Nursing College						
Professor Cum Principal	A	37400-67000+GP 8700	1	1	1	1
Reader/Assoc. Professor	A	15600-39100+GP 7600	4	4	4	4
Lecturer in Nursing	A	15600-39100+GP 6600	7	15	10	10
Tutor/Clinical Instructor	A	15600-39100+GP 5400	33	15	15	15

Proposal of the Committee for Rationalization of Posts at new AIIMS				Posts proposed (Amended)		
Total = 5756 : for 960 bedded hospital				Total = 5622	Total = 4291	Total = 3838
Name of Post	Gr	Pay Scale as per 6th CPC	Total No. of post	960 beds (Hospital)	750 beds (Hospital)	610 beds (Hospital)
Nursing						
Chief Nursing Officer	A	15600-39100+GP 7600	1	1	1	1
Nursing Superintendent	A	15600-39100+GP 6600	3	3	2	2
Deputy Nursing Superintendent	A	15600-39100+GP 5400	16	16	7	5
Assistant Nursing Superintendent	A	15600-39100+GP 5400	113	113	55	40
Senior Nursing Officer	B	9300-34800+GP 4800	510	510	400	300
Public Health Nurse	B	9300-34800+GP 4800	1			
Nursing Officer	B	9300-34800+GP 4600	1825	1825	1400	1300
Hostel						
Warden (Hostel Wardens)	B	9300-34800+GP 4200	14	6	6	6
Junior Warden (House Keepers)	C	5200-20200+GP 1900	30	14	14	14
Stores & Procurement						
Chief Stores Officer	A	15600-39100+GP 7600	1			
Senior Stores Officer	A	15600-39100+GP 6600	1	1	1	1
Stores Officer	A	15600-39100+GP 5400	2	6	4	3
Assistant Stores Officer	B	9300-34800+GP 4800	6	8	6	5
Junior Stores Officer (Post renamed in place of Store Keeper)	B	9300-34800+GP 4200	27			

Proposal of the Committee for Rationalization of Posts at new AIIMS				Posts proposed (Amended)		
Total = 5766 : for 960 bedded hospital				Total = 5622	Total = 4291	Total = 3838
Name of Post	Gr	Pay Scale as per 6th CPC	Total No. of post	960 beds (Hospital)	750 beds (Hospital)	610 beds (Hospital)
Junior Stores Officer	B	9300-34800+GP 4600		10	8	6
Store Keeper	B	9300-34800+GP 4200		15	12	10
Store Keeper-Cum-Clerk	C	5200-20200+GP 1900	85			
Engineering Division						
Superintending Engineer	A	37400-67000+GP 6700	1	1	1	1
Executive Engineer (Civil)	A	15600-39100+GP 6600	1	2	1	1
Executive Engineer (Electrical)	A	15600-39100+GP 6600	1	1	1	1
Executive Engineer (A/C & R)	A	15600-39100+GP 6600	1	1	0	0
Assistant Engineer (A/C&R)	B	9300-34800+GP 4600	2	2	1	1
Junior Engineer (A/C&R)	B	9300-34800+GP 4200	4	4	3	2
Assistant Engineer (Civil)	B	9300-34800+GP 4600	5	4	3	3
Junior Engineer (Civil)	B	9300-34800+GP 4200	6	6	6	6
Assistant Engineer (Electrical)	B	9300-34800+GP 4600	2	2	1	1
Junior Engineer (Electrical)	B	9300-34800+GP 4200	4	4	4	4
Asst Engineer For Vigilance Cell (Civil)	B	9300-34800+GP 4600	1			
Executive Engineer (Bio Medical)	A	15600-39100+GP 5400	1			
Assistant Engineer (Bio Medical)	B	9300-34800+GP 4600	4			

Proposal of the Committee for Rationalization of Posts at new AIIMS				Posts proposed (Amended)		
Total = 5766 : for 960 bedded hospital				Total = 5622	Total = 4291	Total = 3838
Name of Post	Gr	Pay Scale as per 6th CPC	Total No. of post	960 beds (Hospital)	750 beds (Hospital)	610 beds (Hospital)
Junior Engineer (Bio Medical)	B	9300-34800+GP 4200	8			
Library						
Chief Librarian	A	37400-67000+GP 8700	1	1	1	1
Senior Library and Information Officer	A	15600-39100+GP 6600	1	1	1	1
Library and Information Officer	A	15600-39100+GP 5400	2	2	2	2
Assistant Library And Information Officer	B	9300-34800+GP 4600	3	3	3	3
Library and Information Assistant	B	9300-34800+GP 4200	6	6	6	6
Legal Cell						
Law Officer	A	15600-39100+GP 5400	1	1	1	1
Legal Assistant	B	9300-34800+GP 4600	1			
AYUSH					in case AYUSH is envisaged	in case AYUSH is envisaged
Professor (Kaya Chikitsa) (Internal Medicine)	A	37400-67000+AGP+10500+NPA	1	1	1	1
Additional Professor (Dravyagun) (Material Medicine & Pharmacology)	A	37400-67000+AGP+9500+NPA	1	1	1	1
Associate Professor (Kaya Chikitsa) (Internal Medicine)	A	37400-67000+AGP+9000+NPA	1	1	1	1
Associate Professor (PrasutiTantra-StriRoga) (Obst.&Gyn.)	A	37400-67000+AGP+9000+NPA	1	1		
Assistant Professor (Kaya Chikitsa) (Internal Medicine)	A	15600-39100+AGP 8000+NPA	1	1	1	1
Assistant Professor (PrasutiTantra-StriRoga) (Obst.&Gyn.)	A	15600-39100+AGP 8000+NPA	1	1		

Proposal of the Committee for Rationalization of Posts at new AIIMS				Posts proposed (Amended)		
Total = 5756 : for 960 bedded hospital				Total = 5622	Total = 4291	Total = 3838
Name of Post	Gr	Pay Scale as per 6th CPC	Total No. of post	960 beds (Hospital)	750 beds (Hospital)	610 beds (Hospital)
Senior Medical Officer (Ayurveda)	A	15600-39100+GP 6600+NPA (for Medical Posts Only)	1	1	1	1
Medical Officer	A	15600-39100+GP 5400+NPA (for Medical Posts Only)	5	5	5	5
Yoga Instructor	B	9300-34800+GP 4600	2	2	1	1
Hindi Section						
Rajbhasha Adhikari	A	15600-39100+GP 5400	1			
Hindi Officer	B	9300-34800+GP 4600	1	1	1	1
Senior Hindi Translator	B	9300-34800+GP 4200	3	3	2	1
Junior Hindi Translator	C	5200-20200+GP 2400	1	1	1	1
Medical Social Service (Welfare)						
Chief Medical Social Service Officer	A	15600-39100+GP 6600	1	1	1	1
Supervising Medical Social Service Officer	A	15600-39100+GP 5400	1	3	2	1
Medical Social Service Officer Grade I	B	9300-34800+GP 4600	15	12	10	8
Medical Social Service Officer Grade II	B	9300-34800+GP 4200	25	20	15	12
Pharmacy						
Chief Pharmacist	B	9300-34800+GP 4600	1	1	1	1
Pharmacist Gr. I	B	9300-34800+GP 4200	16	5	4	4
Pharmacist Gr. II	C	5200-20200+GP 2900	27	20	15	15

Proposal of the Committee for Rationalization of Posts at new AIIMS				Posts proposed (Amended)		
Total = 5756 : for 960 bedded hospital				Total = 5622	Total = 4291	Total = 3838
Name of Post	Gr	Pay Scale as per 6th CPC	Total No. of post	960 beds (Hospital)	750 beds (Hospital)	610 beds (Hospital)
Information Technology						
Senior Analyst (IT)	A	15600-39100+GP 7600	1	1	1	1
Senior Programmer	A	15600-39100+GP 6600	2	2	2	2
Programmer	B	9300-34800+GP 4600	6	6	4	3
Medical Physics						
Senior Medical Physicist	A	15600-39100+GP 6600	2	1	1	1
Medical Physicist	A	15600-39100+GP 5400	8	8	8	8
Perfusion						
Chief Perfusionist	A	15600-39100+GP 6600	1	1	1	1
Senior Perfusionist	A	15600-39100+GP 5400	2	2	2	2
Perfusionist	B	9300-34800+GP 4800	6	6	5	4
Physiotherapy						
Chief Physiotherapist	A	15600-39100+GP 5400	1	1	1	1
Senior Physiotherapist	B	9300-34800+GP 4800	4	4	3	2
Physiotherapist	B	9300-34800+GP 4200	16	16	12	10
Occupational Therapist	B	9300-34800+GP 4200	2	2	2	2
Medical Rehabilitation (Physiotherapist)	B	9300-34800+GP 4200	4			

Proposal of the Committee for Rationalization of Posts at new AIIMS				Posts proposed (Amended)		
Total = 5756 : for 960 bedded hospital				Total = 5622	Total = 4291	Total = 3838
Name of Post	Gr	Pay Scale as per 6th CPC	Total No. of post	960 beds (Hospital)	750 beds (Hospital)	610 beds (Hospital)
PMR						
Chief Technical Officer (Prosthetics And Orthotics)	A	15600-39100+GP 6600	1	1	1	1
Technical Officer (Prosthetics And Orthotics)	A	15600-39100+GP 5400	1	1	1	1
Vocational Counselor	B	9300-34800+GP 4600	2	2	2	2
Senior Technician (Prosthetics And Orthotics)	B	9300-34800+GP 4600	3	3	2	2
Social Psychologist	B	9300-34800+GP 4200	1			
Technician (Prosthetics and Orthotics)	B	9300-34800+GP 4200	6	6	4	4
Sanitation						
Senior Sanitation Officer	B	9300-34800+GP 4800	1	1	1	1
Sanitation Officer	B	9300-34800+GP 4600	2	2	2	2
Sanitary Inspector Grade I	B	9300-34800+GP 4200	18	18	14	12
Dietetics						
Chief Dietician	A	15600-39100+GP 6600	1	1	1	1
Senior Dietician	A	15600-39100+GP 5400	3	3	2	2
Dietician	B	9300-34800+GP 4600	12	4	3	3
Assistant Dietician	B	9300-34800+GP 4200		8	6	4
Security cum Fire						

Proposal of the Committee for Rationalization of Posts at new AIIMS				Posts proposed (Amended)		
Total = 5756 : for 960 bedded hospital				Total = 5622	Total = 4291	Total = 3838
Name of Post	Gr	Pay Scale as per 6th CPC	Total No. of post	960 beds (Hospital)	750 beds (Hospital)	610 beds (Hospital)
Deputy Chief Security Officer	A	15600-39100+GP 6600	1	1	0	0
Security Officer	A	15600-39100+GP 5400	1	1	1	1
Assistant Security Officer	B	9300-34800+GP 4200	6	6	5	4
Fire Officer	A	15600-39100+GP 5400	1	1	1	1
Assistant Fire Officer	B	9300-34800+GP 4200	4	4	3	3
Fire Technician	C	5200-20200+GP 2800	10	10	8	7
Medical Gas & Manifold Room						
Manager/ Supervisor Manifold	B	9300-34800+GP 4800	1			
Gas Officer	B	9300-34800+GP 4600	1	1	1	1
Manifold Technicians (Gas Steward)	C	5200-20200+GP 2800	8	8	8	8
CSSD						
Superintendent (CSSD)	A	15600-39100+GP 5400	1	1	1	1
Supervisor (CSSD)	B	9300-34800+GP 4800	2	2	2	2
Senior Technician (CSSD)	B	9300-34800+GP 4600	4	4	3	3
Technicians (CSSD)	B	9300-34800+GP 4200	20	20	16	14
Medical Records Section						
Chief Medical Record Officer	A	15600-39100+GP 5400	1	1	1	1

Proposal of the Committee for Rationalization of Posts at new AIIMS				Posts proposed (Amended)		
Total = 5756 : for 960 bedded hospital				Total = 5622	Total = 4291	Total = 3838
Name of Post	Gr	Pay Scale as per 6th CPC	Total No. of post	960 beds (Hospital)	750 beds (Hospital)	610 beds (Hospital)
Medical Record Officer	B	9300-34800+GP 4800	12	10	7	6
Junior Medical Record Officer	B	9300-34800+GP 4200	10	12	9	8
Medical Record Technician	C	5200-20200+GP 2400	24	24	18	15
Statistician						
Senior Statistician	A	15600-39100+GP 6600	1	1	1	1
Statistician	A	15600-39100+GP 5400	1	1	1	1
Junior Statistician	B	9300-34800+GP 4600	2	2	2	2
ENT						
Chief Audiologist & Speech Therapist	A	15600-39100+GP 6600	1	1		
Senior Audiologist / Speech Therapist	A	15600-39100+GP 5400	2	2	1	1
Audiologist & Speech Therapist	B	9300-34800+GP 4600	2	2	1	1
Jr. Audiologist/Speech Therapist	B	9300-34800+GP 4200	4	4	3	3
Blood Transfusion						
Blood Transfusion Officer	A	15600-39100+GP 6600	1	1	1	1
Asst. Blood Transfusion Officer	A	15600-39100+GP 5400		1	1	1
Dental						
Dental Hygienist/Technical Officer	B	9300-34800+GP 4200	3	1	1	1

Proposal of the Committee for Rationalization of Posts at new AIIMS				Posts proposed (Amended)		
Total = 5756 : for 960 bedded hospital				Total = 5622	Total = 4291	Total = 3838
Name of Post	Gr	Pay Scale as per 6th CPC	Total No. of post	960 beds (Hospital)	750 beds (Hospital)	610 beds (Hospital)
Dental Technician Hygiene	C	5200-20200+GP 2800		2	2	2
Dental Mechanic / Technical Officer	B	9300-34800+GP 4200	3	1	1	1
Dental Technician (Mechanic)	C	5200-20200+GP 2800		2	2	2
FMT						
Mortuary Attendant	C	5200-20200+GP 1800	4	4	4	4
Laundry						
Laundry Manager	B	9300-34800+GP 4200	1	1	1	1
Laundry Supervisor	C	5200-20200+GP 2400	4	2	2	2
Nephrology						
Transplant Coordinator	B	9300-34800+GP 4600	1	1	1	1
Nuclear Medicine						
Nuclear Medicine Technologist	C	9300-34800+GP 4600	2	2	2	2
OBG						
Clinical Embryologist	A	15600-39100+GP 6600	1	1	0	0
Embryologist	B	9300-34800+GP 4200	1	1	0	0
Operation Theatre/Anesthesia						
Sr. Technical Officer (OT)	A	15600-39100+GP 6600	2	2	1	1

Proposal of the Committee for Rationalization of Posts at new AIIMS				Posts proposed (Amended)		
Total = 5756 : for 960 bedded hospital				Total = 5622	Total = 4291	Total = 3838
Name of Post	Gr	Pay Scale as per 6th CPC	Total No. of post	960 beds (Hospital)	750 beds (Hospital)	610 beds (Hospital)
Technical Officer (OT)	A	15600-39100+GP 5400	5	7	5	4
Sr. Technician (OT)	B	9300-34800+GP 4600	25	26	21	17
Technician (OT)	B	9300-34800+GP 4200	80	90	70	60
Ophthalmology						
Chief Optometrist	A	15600-39100+GP 6600	1			
Superintending Optometrist	A	15600-39100+GP 5400 (Chief Optometrist)	1	1		
Senior Optometrist	B	9300-34800+GP 4600	2	2	1	1
Optometrist	B	9300-34800+GP 4200	6	6	4	4
Psychiatry						
Clinical Psychologist	A	15600-39100+GP 5400	2	4	2	2
Child Psychologist	A	15600-39100+GP 5400	2	4	2	2
Radiology Technicians						
Chief Technical Officer (Radiology)	A	15600-39100+GP 6600	1	1		
Technical Officer (Radiology)	A	15600-39100+GP 5400	2	2	1	1
Technician (Radiology) Grade I	B	9300-34800+GP 4600	15	15	11	8
Technician (Radiology) Grade II	B	9300-34800+GP 4200	35	35	26	22
Radiotherapy / Nuclear Medicine						

Proposal of the Committee for Rationalization of Posts at new AIIMS				Posts proposed (Amended)		
Total = 5756 : for 960 bedded hospital				Total = 5622	Total = 4291	Total = 3838
Name of Post	Gr	Pay Scale as per 6th CPC	Total No. of post	960 beds (Hospital)	750 beds (Hospital)	610 beds (Hospital)
Senior Technical Officer (Radiotherapy)	A	15600-39100+GP 6600		1		
Technical Officer (Radiotherapy)	A	15600-39100+GP 5400	1	2	1	1
Technician (Radiotherapy) Grade I	B	9300-34800+GP 4600	6	6	4	3
Dosimetrist	B	9300-34800+GP 4200	2			
Technician (Radiotherapy) Grade II	B	9300-34800+GP 4200	12	12	9	8
Speciality Technician (Dialysis, Respiratory, Cath. Lab. Neurology, And Others)						
Speciality Technical Officer	A	15600-39100+GP 5400	5	5	5	5
Sr. Speciality Technician Gr. I	B	9300-34800+GP 4600	10	10	10	10
Speciality Technician Gr. II	B	9300-34800+GP 4200	26	26	20	20
Hospital Support						
Multi tasking staff (MTS)		5200-20200+GP 1800		100	75	75
Maternity & Child Welfare Officer	B	9300-34800+GP 4600	1			
Psychiatric Social Worker	B	9300-34800+GP 4600	3			
Electro Cardiograph Technical Assistant	B	9300-34800+GP 4200	4			
PACS Administrator (Technical Officer Photography)	B	9300-34800+GP 4600	1			
Antenatal Medical Officer	A	15600-39100+GP 5400+NPA	1			
TB & Chest Diseases Health Assistant	B	9300-34800+GP 4200	2			

Proposal of the Committee for Rationalization of Posts at new AIIMS				Posts proposed (Amended)		
Total = 5756 : for 960 bedded hospital				Total = 5622	Total = 4291	Total = 3838
Name of Post	Gr	Pay Scale as per 6th CPC	Total No. of post	960 beds (Hospital)	750 beds (Hospital)	610 beds (Hospital)
Dissection Hall Attendants	C	5200-20200+GP 1900	8			
Hospital Attendant Grade III (Nursing Orderly)	C	5200-20200+GP 1800	106			
Veterinary Officer	B	15600-39100+GP 5400	1	1	1	1
Radio Pharmacist	B	9300-34800+GP 4200	1			
Technical /Technical Assistant (Endoscopic Surgery)	B	9300-34800+GP 4200	3			
Laboratory						
Senior Technical Officer	A	15600-39100+GP 6600		4	3	3
Technical Officer (Laboratory)	A	15600-39100+GP 5400	4	12	9	9
Technical Officer (Technical Supervisor)	B	9300-34800+GP 4600	12	41	31	25
Technical Assistant/Technician	B	9300-34800+GP 4200	162	162	122	100
Lab Attendants Grade II	C	5200-20200+GP 1900	41			
Transport						
Transport supervisor	B	9300-34800+GP 4600	1			
Driver (Ordinary Grade)	C	5200-20200+GP 1900	17			
Total			5756	5622	4291	3838

No of Beds	960	750	610
Broad Specialty	500	390	325
Super Specialty	300	215	180
ICU	50	75	50
T & E	50	30	30

Proposal of the Committee for Rationalization of Posts at new AIIMS				Posts proposed (Amended)		
Total = 5756 : for 960 bedded hospital				Total = 5622	Total = 4291	Total = 3838
Name of Post	Gr	Pay Scale as per 6th CPC	Total No. of post	960 beds (Hospital)	750 beds (Hospital)	610 beds (Hospital)
AYUSH				30	30	15
PMR				30	10	10

File No. Z-28016/69/2013-SSH
 Government of India
 Ministry of Health & Family Welfare
 (PMSSY Division)

Nirman Bhawan, Maulana Azad Road,
 New Delhi-110011
 Dated the 4th of April, 2013

To

1. Director, All India Institute of Medical Sciences, Rishikesh
2. Deputy Director (Admn), All India Institute of Medical Sciences, Rishikesh
3. Financial Advisor, All India Institute of Medical Sciences, Rishikesh

Subject: Filling up of sanctioned posts in All India Institute of Medical Sciences, Rishikesh, Constitution of Ad Hoc Committee for Selection, Constitution of Ad Hoc Committee on Finance and Methodologies for adoption etc.

3.0 The PMSSY Project Cell posts as detailed below are being administered by the Ministry and shall continue to be so.

PMSSY Project Cell Posts

S.No	Name of Post	Category	No. of Post	Scale of Pay
1.	Director	Group A	1	80000 (fixed) plus NPA Ceiling limit 85000
2.	Medical Superintendent	Group A	1	37400-67000 + GP Rs.10000
3.	Deputy Director (Admn)	Group A	1	37400-67000 + GP Rs.8700
4.	Financial Adviser	Group A	1	37400-67000 + GP Rs.8700

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 (Official Seal)

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By Speed Post/Fax

5.	Superintending Engineer	Group A	1	37400-67000 + GP Rs.8700
6.	Exec. Engineer (Civil)	Group A	1	15600-39100 + GP Rs.6600
7.	Exec. Engineer (Elect)	Group A	1	15600-39100 + GP Rs.6600
8.	Administrative Officer	Group A	1	15600-39100 + GP Rs.5400

	B. Nursing College and Hospital Services			
1	Professor-cum-Principal	1	A	Rs.37400-67400 + GP Rs.8700
2	Associate Professor (Reader)	2	A	Rs. 15600-39100 + GP Rs.7600
3	Lecturer in Nursing(Assistant Professor)	3	A	Rs.15600-39100 + GP Rs.6600
4	Nursing Superintendent	2	A	Rs.15600-39100 + GP Rs.6600
5	Tutor/Clinical Instructor	17	A	Rs.15600-39100 + GP Rs.5400
6	Dy.Nursing Superintendent	7	A	Rs.15600-39100 + GP Rs.5400
7	Staff Nurse Grade I (Sister Grade I- Nursing Sisters)	231	B	Rs.9300-34800+GP Rs.4800
8	PA to Principal(S)	1	B	Rs.9300-34800+GP Rs.4200
9	Assistant Administrative Officer	1	B	Rs.9300-34800+GP Rs.4600

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By Speed Post/Fax

10	Assistant(NS)	1	B	Rs.9300-34800+GP Rs.4200
11	Assistant. Nursing Superintendent.	51	A	Rs.15600-39100 + GP Rs.5400
12	Staff Nurse Grade II (Sister Grade II)	600	B	Rs 9300-34800+GP Rs.4600
13	Librarian Grade I	1	B	Rs 9300-34800+GP Rs.4600
14	Driver Grade II	1	C	Rs 5200-20200 +GP Rs.2400
15	Lower Division Clerks	1	C	Rs 5200-20200+GP Rs.1900
16	Hospital Attendant Grade III (Nursing Orderly)	40	C	Rs 5200-20200+GP Rs.1800
17	Data Entry Operator Grade A	1	C	Rs 5200-20200+GP Rs.2400
18	Cashier	1	C	Rs 5200-20200+GP Rs.2400
	Total (B)	962		
	Grand Total for One New AIIMS (A+B)	1145		

II. Nursing faculty position sanctioned at AIIMS Rishikesh

S. No.	Designation	Sanctioned no. of posts	Selected/ Filled	Vacant	Pay Scale and Grade Pay
1	Professor-cum- Principal	1	1	-	Rs.37400-67400 + GP Rs.8700
2	Associate Professor (Reader)	2	-	2	Rs.15600-39100 + GP Rs.7600
3	Lecturer in Nursing(Asst Professor)	3	1	2	Rs.15600-39100 + GP Rs.6600
5	Tutor/Clinical Instructor	17	-	17	Rs.15600-39100 + GP Rs.5400

III. Nursing non-faculty position sanctioned at AIIMS Rishikesh

S. No	Designation	Sanctioned no. of posts	Selected/ Filled	Vacant	Pay Scale and Grade Pay
1	Nursing Superintendent	2	-	2	Rs.15600-39100 + GP Rs.6600
2	Deputy Nursing Superintendent	7	-	7	Rs.15600-39100 + GP Rs.5400
3	Assistant Nursing Superintendent	51	-	51	Rs.15600-39100 + GP Rs.5400

(Annex to Letter No. Z-28016/69/2013-SSH dated April 4, 2013- Group-B Posts)

SI No	Designation	Number of Posts Sanctioned	Pay Band + Grade Pay
1	Staff Nurse Grade I (Sister Grade I- Nursing Sisters)	231	Rs.9300-34800+GP Rs.4800
2	PA to Principal(S)	1	Rs.9300-34800+GP Rs.4200
3	Assistant Administrative Officer	1	Rs.9300-34800+GP Rs.4600
4	Assistant(NS)	1	Rs.9300-34800+GP Rs.4200
5	Staff Nurse Grade II (Sister Grade II)	600	Rs.9300-34800+GP Rs.4600
6	Librarian Grade I	1	Rs.9300-34800+GP Rs.4600

(Annex to Letter No. Z-28016/69/2013-SSH dated April 4, 2013- Group-C Posts)

SI No	Designation	Number of Posts Sanctioned	Pay Band + Grade Pay
1	Driver Grade II	1	Rs.5200-20200 +GP Rs.2400
2	Lower Division Clerks	1	Rs.5200-20200+GP Rs.1900
3	Hospital Attendant Grade III (Nursing Orderly)	40	Rs.5200-20200 +GP Rs.1800
4	Data Entry Operator Grade A	1	Rs.5200-20200+GP Rs.3400
5	Cashier	1	Rs.5200-20200+GP Rs.2400

(Orn. Sd/-)
Deputy Secretary to the Government of India

File No. A.11013/01/2010-SSH
Government of India
Ministry of Health & Family Welfare
(PMSSY Division)

Nirman Bhawan, Maulana Azad Road,
New Delhi-110011
Dated the 6th of August, 2013

To

1. Director, All India Institute of Medical Sciences, Rishikesh
2. Deputy Director (Administration), All India Institute of Medical Sciences, Rishikesh
3. Financial Advisor, All India Institute of Medical Sciences, Rishikesh
4. Medical Superintendent, All India Institute of Medical Sciences, Rishikesh
5. Superintending Engineer, All India Institute of Medical Sciences, Rishikesh
6. Administrative Officer, All India Institute of Medical Sciences, Rishikesh

Subject: Filling up of additional 2936 sanctioned posts in the All India Institute of Medical Sciences, Rishikesh, through ad hoc Committees for Selection constituted, process to be followed etc.

1.2

The details of the posts of Senior Residents, Junior Residents and Tutors/Demonstrators

Sl. No.	Name of Department	Senior Resident	Junior Resident	Tutor/Demonstrator
1	Anatomy	2	20	10
2	Physiology	-	22	10
3	Biochemistry	-	16	10
4	Pathology/Lab Med	-	24	10
5	Microbiology	-	18	10
6	Pharmacology	-	14	10
7	Forensic Med/Toxicology	-	10	10
8	Community Med/Family	10	22	

9	Medicine			
10	Gen. Medicine	24	12	
11	Dermatology	2	1	
12	Psychiatry	2	1	
13	Paediatrics	12	6	
14	General Surgery	24	12	
15	Orthopaedics	12	6	
16	Ophthalmology	7	14	
17	Obstetrics & Gynaecology	12	6	
18	E.N.T.	4	2	
19	Radio Diagnosis	13	26	
20	Anaesthesiology	16	32	
21	Dentistry	1	2	
22	Transfusion Medicine & Blood bank	5	10	
23	Radio Therapy	4	8	
24	Physical Medicine & Rehabilitation	4	3	
25	Cardiology	7	2	
26	Neurology	7		
27	Gastroenterology	7		
28	Nephrology	7		
29	Medical Oncology / Haematology	14		
30	Pulmonary Medicine	8	12	
31	Endocrinology & Metabolism	7		
32	Cardiothoracic Surgery	14		
33	Neurosurgery	14		
34	Surgical	14		
35	Gastroenterology	14		
36	Urology	14		
37	Surgical Oncology	14		
38	Burns & Plastic Surgery	14		
39	Paediatric Surgery	14		
40	Neonatology	10		
41	Nuclear Medicine	8		
	Total	327	301	70

1.3 Department of AYUSH

S. No.	Name of Post	Scale of Pay & GP	Group	No. of Posts
1.	Senior Medical Officer	Rs.15600-39100 + GP 6600 + NPA	A	1
2.	Medical Officer	Rs.15600-39100 + GP 5400 + NPA	A	5
	Support Staff			
3	Yoga Instructor	Rs.9300-34800+ GP 4600	B	1
4	Pharmacist Grade II	Rs 5200-20200+ GP 2800	C	5
5	Store Keeper-cum-Clerk	Rs 5200-20200+ GP 1900	C	5
6	Lower Division Clerk	Rs 5200-20200+ GP 1900	C	1
				18

1.4 Nursing College

Sl. No	Designation of the Post	Scale of Pay & GP	Group	Number of Posts
1	Reader/Assoc. Professor	Rs.15600-39100 + GP 7600	A	2
2	Lecturer in Nursing	Rs.15600-39100 + GP 6600	A	4
3	Tutor/Clinical Instructor	Rs.15600-39100 + GP 5400	A	16
4	Warden	Rs.9300-34800+ GP 4200	B	1
5	Data Entry Operator Grade A	Rs 5200-20200+ GP 2400	C	1
6	Junior Warden (House Keeper)	Rs 5200-20200+ GP 1900	C	4
7	Lab Attendant Grade II	Rs 5200-20200+ GP 1900	C	1
8	Store Keeper-cum-Clerk	Rs 5200-20200+ GP 1900	C	1
				30



1.5 Hospital Services

Sl. No	Designation of the Post	Scale of Pay & GP	Group	Number of Posts
1	Chief Nursing Officer	Rs.15600-39100 + GP 7600	A	1
2	Nursing Superintendent	Rs.15600-39100 + GP 6600	A	1
3	Deputy Nursing Superintendent	Rs.15600-39100 + GP 5400	A	9
4	Assistant Nursing Superintendent	Rs.15600-39100 + GP 5400	A	62
5	Staff Nurse Grade I (Nursing Sisters)	Rs.9300-34800+ GP 4800	B	279
6	Staff Nurse Grade II (Sister Grade II)	Rs.9300-34800+ GP 4600	B	726
7	Private Secretary (S)	Rs.9300-34800+ GP 4600	B	1
8	Hospital Attendant Grade III (Nursing Orderly)	Rs.5200-20200+ GP 1800	C	60
				1139

1.6 Hospital Support

Sl. No	Designation of the Post	Scale of Pay & GP	Group	Number of Posts
1	Blood Transfusion Officer	Rs.15600-39100 + GP 6600 + NPA	A	1
2	Medical Physicist	Rs.15600-39100 + GP 5400	A	1
3	Child Psychologist	Rs.15600-39100 + GP 5400	A	1
4	Clinical Psychologist	Rs.15600-39100 + GP 5400	A	1
5	Technical Officer(Technical Supervisor)	Rs.9300-34800+ GP 4600	B	12
6	Antenatal Medical Officer	Rs.15600-39100 + GP 5400 + NPA	A	1
7	Maternity & Child Welfare Officer	Rs.9300-34800+ GP 4600	B	1
8	Psychiatric Social Worker	Rs.9300-34800+ GP 4200	B	3
9	Social Worker	Rs.5200-20200+ GP 2400	C	2
10	Medico-Social Worker	Rs.9300-34800+ GP 4600	B	3



11	Office Assistants(NS)	Rs.9300-34800+ GP 4200	B	10
12	Bio Medical Engineer	Rs.9300-34800+ GP 4600	B	1
13	PACS Administrator (Technical Officer Photography)	Rs.9300-34800+ GP 4600	B	1
14	Public Health Nurse	Rs.9300-34800+ GP 4800	B	1
15	Vocation Counselor	Rs.9300-34800+ GP 4600	B	1
16	Radiographic Technician Grade I	Rs.9300-34800+ GP 4200	B	15
17	Stenographer(S)	Rs 5200-20200+ GP 2400	B	11
18	Radio-therapy Technician Grade II	Rs.9300-34800+ GP 4200	B	2
19	Technical Assistant/Technician	Rs.9300-34800+ GP 4200	B	82
20	Physiotherapist	Rs.9300-34800+ GP 4200	B	2
21	Occupational Therapist	Rs.9300-34800+ GP 4200	B	2
22	Technical Assistant (ENT) Speech Therapist	Rs.9300-34800+ GP 4200	B	1
23	Prosthetic & Orthotic Technician	Rs.9300-34800+ GP 4200	B	1
24	TB & Chest Diseases Health Assistant	Rs.9300-34800+ GP 4200	B	2
25	Electro Cardiograph Technical Assistant	Rs.9300-34800+ GP 4200	B	1
26	Multi-Rehabilitation Worker(Physiotherapist)	Rs.9300-34800+ GP 4200	B	4
27	Audiometry Technician(ENT)	Rs.9300-34800+ GP 4200	B	1
28	Health Educator(Social Psychologist)	Rs.9300-34800+ GP 4200	B	1
29	Technical Officer (Dental)(Dental Technician)	Rs.9300-34800+ GP 4200	B	4
30	Technical Officer (Ophthal)(Refractionist)	Rs.9300-34800+ GP 4200	B	4
31	Store Keeper	Rs.9300-34800+ GP 4200	B	15
32	Store Keeper-cum-clerk	Rs 5200-20200+ GP 1900	C	6
33	Store Keeper- cum-clerk	Rs 5200-20200+ GP 1900	C	18
34	Pharmacist Grade II	Rs 5200-20200+	C	2

		GP 2800		
35	Lab Technician	Rs 5200-20200+ GP 2800	C	1
36	Stenographer	Rs 5200-20200+ GP 2400	C	16
37	Medical Record Technician (Record Clerk)	Rs 5200-20200+ GP 2400	C	18
38	Lower Division Clerk	Rs 5200-20200+ GP 1900	C	2
39	Lab Attendants Grade II	Rs 5200-20200+ GP 1900	C	40
40	Artist (Modellar)	Rs 5200-20200+ GP 2800	C	14
41	Dissection Hall Attendants	Rs 5200-20200+ GP 1900	C	8
42	Dark room Assistant Grade II	Rs 5200-20200+ GP 2400	C	5
				318

1.7 Administration & Academic Division:

Sl. No	Designation of the Post	Scale of Pay & GP	Group	Number of Posts
1	Deputy Medical Superintendent.	Rs.15600-39100 + GP 6600 + NPA	A	6
2	Assistant Controller of Examination	Rs.15600-39100 + GP 6600	A	1
3	Registrar	Rs.15600-39100 + GP 7600	A	1
4	Principal Secretary(S) Pvt.	Rs.15600-39100 + GP 6600	A	1
5	Private Secretary (S)	Rs.9300-34800+ GP 4600	B	3
6	Office Superintendent	Rs.9300-34800+ GP 4200	B	1
7	Personal Assistants (S)	Rs.9300-34800+ GP 4200	B	5
8	Office Assistants (NS)	Rs.9300-34800+ GP 4200	B	12
9	Jr. Reception Officer	Rs.9300-34800+ GP 4200	B	2
10	Programmer (Data Processing Asstt)	Rs.9300-34800+ GP 4600	B	2
11	Upper Division Clerks	Rs 5200-20200+ GP 2400	C	2
12	Lower Division Clerks	Rs 5200-20200+ GP 1900	C	3
				39

1.8 Hospital Management:

Sl. No	Designation of the Post	Scale of Pay & GP	Group	Number of Posts
1	Senior Analyst (System Analyst)	Rs.15600-39100 + GP 7600	A	1
2	Sr. Administrative Officer	Rs.15600-39100 + GP 6600	A	1
3	Public Relation Officer	Rs.15600-39100 + GP 6600	A	1
4	Law Officer	Rs.15600-39100 + GP 5400	A	1
5	Private Secretary (S)	Rs.9300-34800+ GP 4600	B	5
6	Senior Programmer (Analyst)	Rs.15600-39100 + GP 6600	B	1
7	Assistant Administrative Officers	Rs.9300-34800+ GP 4600	B	3
8	Office Assistants (NS)	Rs.9300-34800+ GP 4200	B	22
9	Legal Assistant	Rs.9300-34800+ GP 4600	B	1
10	Office Attendant Grade II	Rs 5200-20200+ GP 1800	C	14
				50

1.9 Finance & Accounts:

Sl. No	Designation of the Post	Scale of Pay & GP	Group	Number of Posts
1	Finance and Chief Accounts Officer (Sr. Accounts Officer)	Rs.15600-39100 + GP 6600	A	1
2	Accounts Officer	Rs.15600-39100 + GP 5400	A	5
3	Office Superintendents	Rs.9300-34800+ GP 4200	B	1
4	Private Secretary(S)	Rs.9300-34800+ GP 4600	B	1
5	Assistant Accounts Officer	Rs.9300-34800+ GP 4600	B	2
6	Junior Accounts Officer(Accountant)	Rs.9300-34800+ GP 4200	B	6
7	Chief Cashier	Rs.9300-34800+ GP 4600 (Spl Pay Rs.600)	B	1
8	Office Assistant (NS)	Rs.9300-34800+ GP 4200	B	8

9	Personal Assistant (S)	Rs.9300-34800+ GP 4200	B	1
10	Office Attendants Grade II	Rs 5200-20200+ GP 1800	C	14
11	Stenographers (S)	Rs 5200-20200+ GP 2400	C	3
12	Upper Division Clerks	Rs 5200-20200+ GP 2400	C	4
13	Cashier	Rs 5200-20200+ GP 2400	C	12
14	Lower Division Clerks	Rs 5200-20200+ GP 1900	C	20
				79

1.10 Hindi Cell:

Sl. No	Designation of the Post	Scale of Pay & GP	Group	Number of Posts
1	Sr. Hindi Officer	Rs.9300-34800+ GP 4600	B	1
2	Junior Hindi Translator	Rs.9300-34800+ GP 4200	B	3
3	Jr. Scale Steno (Hindi)	Rs 5200-20200+ GP 2400	B	1
				5

1.11 Hostels:

Sl. No	Designation of the Post	Scale of Pay & GP	Group	Number of Posts
1	(Hostel Wardens)Warden	Rs.9300-34800+ GP 4200	B	2
2	(Lady Hostel Wardens)Warden	Rs.9300-34800+ GP 4200	B	2
3	(House Keepers)Junior Warden	Rs 5200-20200+ GP 1900	C	6
				10

1.12 Central Procurement & Stores Department :

Sl. No	Designation of the Post	Scale of Pay & GP	Group	Number of Posts
1	Sr. Procurement & Stores Officer	Rs.15600-39100 + GP 6600	A	1
2	Stores Officers	Rs.15600-39100 + GP 5400	A	2
3	Assistant Stores Officers	Rs.9300-34800+ GP 4600	B	6



4	Store Keepers	Rs.9300-34800+ GP 4200	B	12
5	Pharmacist Grade I	Rs.9300-34800+ GP 4200	B	4
6	Personal Assistant (S)	Rs.9300-34800+ GP 4200	B	3
7	Store keeper-cum-clerks	Rs 5200-20200+ GP 1900	C	52
8	Office Attendants Grade II	Rs 5200-20200+ GP 1800	C	4
9	Store Attendants Grade II	Rs 5200-20200+ GP 1800	C	8
				92

1.13 Central Sterilization Services Department:

Sl. No	Designation of the Post	Scale of Pay & GP	Group	Number of Posts
1	CSSD Officer	Rs.15600-39100 + GP 6600	A	1
2	CSSD Supervisor	Rs.9300-34800+ GP 4600	B	1
3	CSSD Technicians	Rs.9300-34800+ GP 4200	B	6
4	Store-Keeper-cum-Clerks	Rs 5200-20200+ GP 1900	C	1
				9

1.14 Laundry:

Sl. No	Designation of the Post	Scale of Pay & GP	Group	Number of Posts
1	Laundry Manager	Rs.9300-34800+ GP 4200	B	1
2	Assistant Laundry Supervisor	Rs 5200-20200+ GP 2400	C	4
3	Tailor Grade III	Rs 5200-20200+ GP 1800	C	2
4	Store-Keeper-cum-Clerks	Rs 5200-20200+ GP 1900	C	2
				9

1.15 Sanitation:

Sl. No	Designation of the Post	Scale of Pay & GP	Group	Number of Posts
1	Sr. Sanitation Officer	Rs.9300-34800+ GP 4600	B	1
2	Sanitation Officers	Rs.9300-34800+ GP 4200	B	3

3	Sanitary Inspector Grade II	Rs 5200-20200+ GP 2800	C	18
4	Lower Division Clerk	Rs 5200-20200+ GP 1900	C	1
				23

1.16

Central Library:

Sl. No	Designation of the Post	Scale of Pay & GP	Group	Number of Posts
1	Chief Librarian	Rs.37400-67000 + GP 8700	A	1
2	Librarian Selection Grade	Rs.15600-39100 + GP 6600	A	1
3	Librarian Grade I (Documentalist)	Rs.9300-34800+ GP 4600	B	1
4	Librarian Grade III	Rs.9300-34800+ GP 4200	B	4
5	Library Attendant Grade II	Rs 5200-20200+ GP 2000	C	3
6	Lower Division Clerks	Rs 5200-20200+ GP 1900	C	1
				11

1.17

Central Medical Records Section:

Sl. No	Designation of the Post	Scale of Pay & GP	Group	Number of Posts
1	Chief Medical Record Officer	Rs.15600-39100 + GP 5400	A	1
3	Medical Record Officer	Rs.9300-34800+ GP 4200	B	8
4	Junior Medical Record Officer (Receptionists)	Rs 5200-20200+ GP 2800	C	10
5	Stenographer (S)	Rs 5200-20200+ GP 2400	C	1
6	Medical Record Technicians	Rs 5200-20200+ GP 2400	C	20
7	Coding Clerks	Rs 5200-20200+ GP 1900	C	1
				41

1.18

Transport:

Sl. No	Designation of the Post	Scale of Pay & GP	Group	Number of Posts
1	Transport Supervisor	Rs.9300-34800+ GP 4600	B	1
2	Driver (Ordinary Grade)	Rs 5200-20200+ GP 1900	C	16



3	Lower Division Clerk	Rs 5200-20200+ GP 1900	C	1
				18

1.19 Kitchen:

Sl. No	Designation of the Post	Scale of Pay & GP	Group	Number of Posts
1	Chief Dietician (& Nutrition Officer)	Rs.15600-39100 + GP 6600	A	1
2	Senior Dietician (Assistant Food Manager)	Rs.15600-39100 + GP 5400	A	3
3	Dietician	Rs.9300-34800+ GP 4600	B	12
4	Lower Division Clerk	Rs 5200-20200+ GP 1900	C	1
				17

1.20 Medical Social Service (Welfare) Unit:

Sl. No	Designation of the Post	Scale of Pay & GP	Group	Number of Posts
1	Chief Medical Social Service Officer	Rs.15600-39100 + GP 6600	A	1
2	Supervising Medical Social Service Officer	Rs.15600-39100 + GP 5400	A	1
3	Medical Social Service Officer Grade I	Rs.9300-34800+ GP 4600	B	15
4	Office Assistants (NS)	Rs.9300-34800+ GP 4200	B	1
5	Hospital Attendant Grade III(Stretcher bearers)	Rs 5200-20200+ GP 1800	C	6
				24

1.21 Engineering Department:

Sl. No	Designation of the Post	Scale of Pay & GP	Group	Number of Posts
1	Executive Engineer(A/C &R)	Rs.15600-39100 + GP 6600	A	1
2	Hospital Architect	Rs.15600-39100 + GP 6600	A	1
3	Assistant Engineer(A/C&R)	Rs.9300-34800+ GP 4600	B	2
4	Assistant Engineer(Civil)	Rs.9300-34800+ GP 4600	B	5
5	Asst Engineer for Vigilance Cell(Civil)	Rs.9300-34800+ GP 4600	B	1
6	Assistant Engineer(Elect)	Rs.9300-34800+ GP 4200	B	2



7	Junior Engineer(Civil)	Rs.9300-34800+ GP 4200	B	6
8	Junior Engineer(Electrical)	Rs.9300-34800+ GP 4200	B	4
9	Junior Engineer (A/C&R)	Rs.9300-34800+ GP 4200	B	4
10	Foreman(A/C&R)	Rs 5200-20200+ GP 2800	C	3
11	Electrician	Rs 5200-20200+ GP 2400	C	6
12	Senior Operator(E&M)	Rs 5200-20200+ GP 2400	C	7
13	Senior Plumber	Rs 5200-20200+ GP 2400	C	4
14	Senior Mechanics (A/C&R)	Rs 5200-20200+ GP 2400	C	6
15	Senior Mechanics(E&M)	Rs 5200-20200+ GP 2400	C	2
16	Mechanic (E&M)	Rs 5200-20200+ GP 1900	C	4
17	Wireman	Rs 5200-20200+ GP 1900	C	20
18	Plumber	Rs 5200-20200+ GP 1900	C	15
19	Lineman(Electrical)	Rs 5200-20200+ GP 1900	C	2
20	Operator(E&M)/Lift Operators	Rs 5200-20200+ GP 1900	C	12
21	Mechanic(A/C&R)	Rs 5200-20200+ GP 1900	C	6
22	Principle Private Secretary(S)	Rs.15600-39100+ GP 6600	A	1
23	Office Assistants(NS)	Rs.9300-34800+ GP 4200	B	4
24	Personal Assistant (S)	Rs.9300-34800+ GP 4200	B	3
25	Stenographers (S)	Rs 5200-20200+ GP 2400	C	3
26	Lower Division Clerks	Rs 5200-20200+ GP 1900	C	3
				127

1.22 Pharmacy:

Sl. No	Designation of the Post	Scale of Pay & GP	Group	Number of Posts
1	Chief Pharmacist	Rs.9300-34800+ GP 4600	B	1
2	Sr. Pharmacist	Rs.9300-34800+ GP 4200	B	3

3	Pharmacist Gr. I	Rs.9300-34800+ GP 4200	B	7
4	Pharmacist Gr. II	Rs 5200-20200+ GP 2800	C	20
5	Pharma Chemist/ Chemical Examiner	Rs 5200-20200+ GP 2800	C	1
6	Dispensing Attendants	Rs 5200-20200+ GP 2400	C	4
7	Lower Division Clerks	Rs 5200-20200+ GP 1900	C	2
				38

1.23 Medical Gas :

Sl. No	Designation of the Post	Scale of Pay & GP	Group	Number of Posts
1	Gas Officer	Rs.9300-34800+ GP 4800	B	1
2	Gas Steward(Gas Keeper)	Rs 5200-20200+ GP 2800	C	2
3	Gas Mechanic	Rs 5200-20200+ GP 2400	C	1
4	Pump Mechanic	Rs 5200-20200+ GP 2400	C	1
5	Lower Division Clerk	Rs 5200-20200+ GP 1900	C	1
				6

1.24 Manifold Rooms:

Sl. No	Designation of the Post	Scale of Pay & GP	Group	Number of Posts
1	Manager/Supervisor	Rs.9300-34800+ GP 4800	B	1
2	Manifold Technicians(Gas Steward)	Rs 5200-20200+ GP 2800	C	6
3	Lower Division Clerk	Rs 5200-20200+ GP 1900	C	1
4	Manifold Room Attendants	Rs 5200-20200+ GP 1900	C	1
				9

1.25 Security & Fire Control Services:

Sl. No	Designation of the Post	Scale of Pay & GP	Group	Number of Posts
1	Deputy Chief Security Officer	Rs.15600-39100 + GP 6600	A	1
2	Security Officer	Rs.15600-39100 + GP 5400	A	1

3	Assistant. Security Officer	Rs.9300-34800+ GP 4200	B	1
4	Security -cum-Fire Jamedar	Rs 5200-20200+ GP 2400	C	1
				4
Total Number of Posts		2936		



(Oma Nand)

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Date: 06 August 2013

NOTE FOR THE CENTRAL INSTITUTE BODY

ITEM NO. CIB-6/9

**To consider the proposal for Uniform/Central Policy
making for all AIIMS**

NOTE FOR THE CENTRAL INSTITUTE BODY

Item No.CIB-6/9

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

Agenda

- Uniform / Central Policy Making
- AIIMS may Trifurcate the Policies / Decisions

Vertical-(A)	Vertical-(B)	Vertical-(C)
Where guidelines / Policy are already issued by nodal Ministry like: Pay – Finance, Service Matter DoPT, etc.	Policies / Decisions which can be made centrally by CIB to implement uniformly across the all AIIMS	Decisions which are for local institute specific only, which are unlikely to replicate at other AIIMS, such decisions may be taken by GB of concern Institute.
Adopt it	List out the areas / subjects for CIB	GB is to decide

For the vertical-(B)

- 1) AIIMS may create Association to work on uniform policy framework.
- 2) List of Subjects / Areas may be listed out and updated time to time, for decision / policy making in the CIB.
- 3) All AIIMS's GB then approve such decision in their GB, as it is.
- 4) This practice is widely used in various similar dispensations like NIPERS, Indian Major Ports, etc.
- 5) To finalise Structure, Process, list of subjects / Areas etc., a group may be constituted by CIB first and the group may create a Draft and future road map for Central/Uniform/Common Decision/Policy making.
- 6) Decision is to be taken to form a working group for finalizing Subject / Area list for uniform Policies.

NOTE FOR THE CENTRAL INSTITUTE BODY

ITEM NO. CIB-6/10

**To consider the proposal to create AYUSH as separate
Academic Department**

NOTE FOR THE CENTRAL INSTITUTE BODYItem No.CIB-6/10

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

The new AIIMSs have established AYUSH departments. However, unlike other departments in these institutions, AYUSH departments are not Academic Departments. Their facilities are manned by non-academic Ayush medical staff. Under this system, these departments are not taking part in educational/research activities.

There is an urgent need to designate these establishments as academic departments so that integrative educational and research programs can be undertaken in addition to clinical services.

Accordingly, it is proposed that the AYUSH departments in all the new AIIMS be converted into academic Departments with following faculty structure: Professor (1), Additional Professor (1), Assistant Professors (2).

NOTE FOR THE CENTRAL INSTITUTE BODY

ITEM NO. CIB-6/11

**To consider the proposal to start a program in MD Family
Medicine**

SUBJECT: TO CONSIDER THE PROPOSAL TO START A PROGRAM IN MD FAMILY MEDICINE

Background

The National Health Policy 2017 calls for expansion of MD Family Medicine training in the country. The National Medical Commission Act 2019 aims to 'promote and facilitate postgraduate courses in family medicine'. Recently, the new IPHS norms have included posts for Family Medicine postgraduates in CHCs and District Hospitals, Sub-district Hospitals and CHCs. Clearly, Family Medicine training and practice is a high priority for the Nation.

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

Objectives

The broad objectives of MD Family Medicine course are to create a generation of Post Graduate students, who should be able to function as specialists in Family Medicine after qualifying the Final examination. These specialists will be able to provide primary and secondary health care services to the community and to all members of a family. They will serve as the first contact health care provider/family doctor.

Scope

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

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

Processes undertaken

NITI Aayog, through series of meetings¹, deliberated on designing a curriculum for MD in Family Medicine. All Directors/ related faculty members of all new AIIMS Institutions, PGIMER, Chandigarh and JIPMER participated in all these deliberations.

A committee was constituted under the Chairmanship of Prof V K Paul Hon'ble Member NITI Aayog², with a ToR to develop a curriculum for MD Family Medicine specialty training that aims to meet people's needs for family / general healthcare, is nationally-relevant and embraces the best

¹ With representatives from National Board of Examinations, National Medical Commission, Institutes running these programs in the country along with experts from Royal College of General Practice, UK and American Academy of Family Physicians (AAFP), USA

² Along with Dr Nitin M Nagarkar, Director, AIIMS Raipur and Dr Sanjeev Misra, Former Director, AIIMS Jodhpur as Co-chairs and directors of new AIIMS Institutions/ JIPMER/ PGIMER, Chandigarh as members

practices from the available national experience and that of other countries, amongst others³. The draft curriculum was discussed in-depth through series of meeting amongst all members of the Committee.

Proposed MD Family Medicine Program: Salient aspects

1. Family Medicine (FM) specialty is conceptualized to prepare postgraduates (PGs) who can efficiently manage primary/ selected secondary-level health problems of all family members (across all age groups and genders). The 3-year program (enclosure-1) has 303 competencies⁴ and ensures continued organic linkage with parent Division of Family Medicine, during clinical rotations.
2. The training program in each department/ rotation has distinct set of competencies with defined knowledge domains/ modes of its acquisition, validated tools for assessment, appropriately linked with related other specialities. Further, it is aligned with National Health Programs and best clinical practices/ latest evidences, to provide holistic PG education.
3. Allotment of families for regular follow-up/ home-based care, ensuring minimum 100 patient-encounters related to specific disease groups/ morbidity groups; planned electronic portfolio management system (EPMS) for real-time monitoring of activities of FM PGs are some of the additional highlights of this curriculum.
4. Selection of candidates for this program will be as per extant norms for other PG admissions⁵.

Implementation Mechanism and Plan

1. To begin with, the MD Family Medicine program will be run by an 'Inter-departmental Faculty of Family Medicine (IFFM)'. The IFFM will be composed of nearly equal number of faculty members drawn from five 'core' departments, namely, Community and Family Medicine (CFM), Pediatrics, Medicine, Obstetrics & Gynaecology and Surgery. While, contributing to the MD Family Medicine training program, these faculty members will continue to perform their other responsibilities in their respective departments. The Head of IFFM (Dean Academic or a Head of Department or a Senior Professor) will be nominated by the Head of the Institute.
2. The implementation of the program will be overseen by respective Academic Committees/ Governing Bodies/ Institute Bodies of the respective institutes. The Institutes may adopt local modifications to the program within the broad approved framework of the curriculum from time to time.

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

⁴ Number of competencies: Surgery & allied: 202 and Medicine & allied: 101. These are inclusive of maternal/new born health, emergency care, mental health, geriatrics, palliation, AYUSH components and medico-legal aspects. The curriculum has 12 months of dedicated postings in community health facilities (DH/CHC/PHC/UHTC) with continuous mentoring by the parent institute via telemedicine training modules.

⁵ Candidates need to qualify via Common Entrance Examination conducted by AIIMS New Delhi for AIIMs and other INIs (INI-CET) and meet the pre-requisite eligibility criteria mentioned in the prospectus.

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3. The tentative schedule of the roll-out plan of MD Family Medicine Program in new AIIMS Institutions is enclosed (Annexure-1).
 4. One faculty from each 'core' department will be designated as Primary co-ordinator for the program for that Department, who will be supported by clinical supervisors from all the departments participating in the program.
 5. It is intended that the MD Family Medicine programs be started without having to immediately create additional infrastructure and faculty positions, although this will be required in due course for sustaining and expanding the program.
 6. Till such a time that regular teaching and residents' posts are created, it is proposed to source faculty and Senior Residents from vacant posts in other departments to support the program. Likewise, the Junior Resident posts for MD Family Medicine PG seats will be adjusted from the existing pool of JRs. The outline of the proposed repurposing of posts by different AIIMS Institutions is as per Annexure-2.
 7. With maturation of the MD Family Medicine program over 3-6 years, the Inter-departmental Faculty of Family Medicine (IFFM) shall be replaced by full-fledged Department of Family Medicine with defined terms of reference and faculty/ staff structure. At that time, the Department of Community and Family Medicine (CFM) should be designated as Department of Community Medicine.
 8. However, for new AIIMS currently in evolution, it is proposed that two separate departments, namely, i. Department of Community Medicine and ii. Department of Family Medicine, be established instead of a single Department of Community and Family Medicine, as is the current norm.

Approvals sought from CIB

1. Approval of the 3-year MD Family Medicine Curriculum (Enclosed) for its implementation in the new AIIMS System.
 2. Approval of the Implementation Mechanism and Plan as above.
 3. Approval to start Departments of Family Medicine in all AIIMSs in a phased manner.
-

Starting MD Family Medicine Program in New AIIMS Institutions

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

Tentative roll-out schedule of the MD Family Medicine program in new AIIMS Institutions			
Planned commencement of MD Family Medicine Program [PG Seats] ¹	Number of Institutes	Name of the Institute	Number of PG seats per year
July 2023 [11 PG seats]	1	AIIMS, Raipur	5
	2	AIIMS, Bhopal	2
	3	AIIMS, Bhubaneswar	2
	4	AIIMS, Patna	2
January 2024 [+12 PG seats]		AIIMS, Patna	3
	5	AIIMS, Nagpur	2
	6	AIIMS, Deoghar	1
	7	AIIMS, Vijaypur, Jammu	2
	8	AIIMS, Bilaspur	4
July 2024 [+19 PG seats]	9	AIIMS, Bibinagar	2
	10	AIIMS, Mangalagiri	2
	11	AIIMS, Jodhpur	10*
	12	AIIMS Rishikesh	5
2026 [+3 PG seats]	13	AIIMS, Darbhanga	3
*2 seats will be sponsored seats			

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

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



MD FAMILY MEDICINE COURSE CURRICULUM

For AIIMS and INIs



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Introduction:

The National Health Policy 2017 calls for expansion of MD Family Medicine training in the country. The National Medical Commission Act 2019 aims to 'promote and facilitate postgraduate courses in family medicine'. Recently, the new IPHS norms have included posts for Family Medicine postgraduates in CHCs and District Hospitals, Sub-district Hospitals and CHCs. Therefore, Family Medicine training and practice is a high priority for the Nation.

The new AIIMSs are in a unique position to take this mandate forward because:

- a. It is their mandate to help the Nation '*attain self-sufficiency in Post graduate medical Education*'
- b. Have flexibility to devise new nationally-relevant curricula / courses beyond the NMC guidelines; and
- c. They have departments of Community and Family Medicine, Medicine, Pediatrics, Surgery and Obstetrics & Gynecology.

Other INI's, namely, PGIMER Chandigarh and JIPMER Puducherry may also be interested in starting such a course.

It is expected that a vibrant MD Family Medicine training program across India's premier AIIMSs/INIs will spur starting of such courses in medical colleges across the country. The medium-term goal is to have optimum access by people of India to family health / general practice specialty professional healthcare.

With this in mind, NITI Aayog, through series of meetings with representatives from National Board of Examinations, National Medical Commission, Institutes running these programs in country along with experts from Royal College of General Practice, UK brought all New AIIMS to deliberate on designing a curriculum for MD in Family Medicine.

Hon'ble member NITI Aayog, Prof V K Paul requested to constitute a Committee under Co-chair of Director AIIMS Raipur and AIIMS Jodhpur with the following Term of Reference (ToR):

1. Develop a curriculum for MD Family Medicine specialty training that aims to meet people's needs for family / general healthcare, is nationally-relevant and embraces the best practices from the available national experience and that of other countries; further ensuring that such a Curriculum covers the following (but not limited to):
 - a. The changing health epidemiology in the country with emerging needs to NCDs, mental health, care of the elderly, palliation and those with special needs - apart from Maternal, Child and Adolescent health and Communicable diseases;
 - b. The inevitable shift toward Home-based care and Tele-consultation.
2. Describes optimum residency immersion in relevant community and family / general practice settings apart from specialty departments relevant to attaining competencies that encompass holistic management of the individual covering health promotion and prevention apart from treatment and rehabilitation.
3. Outlines approaches and tools to ensure that the training is comprehensive, well- documented, well-supervised, and is of high quality.
4. Provides guidance on the thesis, attitudinal and communication skills, evidence- based practice and ethics etc
5. Describes formative and summative assessment for the Course.
6. Describes the roles and responsibilities of different departments in implementing the program, and the institutional mechanism(s) under respective Directors to orchestrate this path-breaking experiment in postgraduate medical education.
7. Outlines how the participating AIIMSS/INIs would together provide leadership in this endeavour, and promote cross learning and sharing.
8. Outline next steps and describes elements relevant to the program

With this background, five subcommittees were formed each having a Coordinator and Co-coordinator along with co-opted members from each institute. These committees had series of brainstorming sessions and multiple internal meetings followed by presentation to the Co-chairs.

Based on this, the following curriculum is being finalized for further presentation to NITI-Aayog.

Syllabus
MD
FAMILY MEDICINE

Preamble:

The Indian health care scenario is heterogeneous and very diverse with rural urban divide, ranging from excellent private tertiary care facilities to deplorably poor public health services at community level like CHC, PHC. There is a dire need of a system to provide affordable, accessible and effective health care service to all the citizens of the nation irrespective of vast regional, socio-economical differences. A well-trained family medicine practitioner with a specialist degree can bring some much-needed improvement in health delivery by offering integrated medical care at a lower cost at grass root level. The creation of health facilities should be based on a strong foundation of primary care and Family Medicine/ General Practice to fill the gap. The purpose of PG education is to create family Medicine specialists who would provide high quality health care with in the boundary of evidence-based medicine. The purpose of this document is to provide teachers and learners illustrative guidelines to achieve defined outcomes through learning and assessment. Various subject-expert specialists prepared this document after details deliberation.

Goals

The broad objectives of the course are to create a generation of the post graduate student, who should be able to function as specialist in Family Medicine after qualifying the final examination. These masses of specialist will be able to provide primary and secondary health care services to the community and to all members of a family. They will serve as the first contact health care provider/family doctor. The doctor thus would become a clinician, researcher, guide, and friend to the families at community level.

Objectives

- Promotion of health and prevention of diseases in the families under care.
- Effective medical management of common diseases in all age groups, in various clinical specialties within the limited resources.
- Identification of red flag signs and symptoms in any disease or health problem and their appropriate management or referral.

- To co-ordinate with other specialists, and providing follow up, domiciliary care, and palliative care.
- To aware and educate the family about the National Health programmes, and able to organize and implement community care programmes, focusing on promotion and maintenance of health of the family and the community in general.
- To provide care to disadvantaged groups in the community such as the elderly, mentally and physically handicapped persons.
- Application of behavioural sciences in a family to develop a healthy relationship among the members.
- Able to communicate effectively with patients, family, colleagues and other health care workers in the community.
- Management of a wide range of common medical emergencies in family practice, within the scope of evidence-based medicine.
- To develop a decisions capacity on appropriate and cost-effective use of investigations and interpretation of the results.
- To be a role model in attitude, behaviour with high standard of ethics and etiquette.
- To acquire competency in legal certification and documentation.
- To acquire competencies in medical records keeping and data management.
- To develop a managerial skill in resources management like staff, equipment.
- Able to learn stock maintaining, account keeping.
- Able to conduct research and submit the results as thesis.

SYLLABUS

The hallmark of family medicine is to provide *patient centric approach* rather than disease specific approach. The trained family medicine physician acts as personal physician who provide care to individual at all the times. During the entire training, focus should be on developing adequate knowledge and skill enabling him/her to make good clinical diagnosis, coordination with specialist consultation and cost-effective holistic care.

COURSE CONTENTS:

I: APPLIED BASIC SCIENCE (AS RELEVANT TO FAMILY MEDICINE)

Anatomy:

Gross applied anatomy of the musculoskeletal system, brain, heart, lungs, abdominal and pelvic organs. Relevant embryology.

Physiology:

Applied physiology of heart, lungs, endocrine, gastro-intestinal, genito-urinary, CNS and reproductive system, Yoga

Biochemistry:

Carbohydrate, lipid, protein, bone and mineral metabolism.

Pharmacology:

Therapeutic uses of drugs commonly used in clinical practice. Mode of action, adverse drug reaction, drug interactions, contraindications of drug

Microbiology, Pathology, Lab medicine

Review of clinical microbiology, pathology of common diseases relevant to Family Medicine

1. Knowledge of methods and preservatives for collection of specimens for various tests on blood and body fluids including CSF for routine as well as ancillary tests.
2. Methods of collection of urine, interpretation of urine examination, simple bedside tests of urine.

3. Blood sugar estimation: instructions to patients, types of samples, bedside POCT device use and interpretation of findings.
4. Interpretation of lab reports of- infectious diseases: ELISA, PCR, culture, other diagnostic tests, haematological diseases: CBC interpretation, haematology critical alerts, referring patients in suspected haematological malignancies
5. Interpretation of X-Ray and radiological findings.
6. Interpretation of routine and emergency lab estimations and critical value alerts and referral. Includes LFT, KFT, Cardiac markers, Blood gas and electrolyte imbalances.
7. Interpretation of various lab tests will be integrated with respective area of clinical department.
8. Knowledge of Biomedical waste protocols.
9. Knowledge of Hospital infection control protocols: management of needle stick injury, post-exposure prophylaxis, hand wash etc.
10. Knowledge of rational use of blood, transfusion of components, workup of transfusion reactions and hemovigilance
11. Knowledge of cancer screening procedures
12. Collection of samples using venepuncture, bone marrow, pleural and peritoneal tap, other body fluids, sputum, Pap smear, scrape smear FNAC, Core biopsy
13. HICC and BMW management as per protocol

II. GENERAL MEDICINE

The student should be able to develop the theoretical, clinical skill and competencies in order to deliver high standard of appropriate and affordable health care in a family Practice setting:

1. Infections:

- Approach to undifferentiated fever, fever of unknown origin (FUO).
- Tropical diseases and common infections- viral, bacterial, rickettsial, mycobacterial, protozoal diseases. Other common infection - varicella, herpes zoster, measles, mumps, dengue fever, chikungunya fever,

hepatitis, rabies, HIV/AIDS, COVID, enteric fever, tetanus, botulism, tuberculosis, leptospirosis, kalazar, malaria, filariasis, common fungal infections, skin infections.

- Newer emerging infections (Avian influenza, Nipha, Zika virus, Ebola)
- Hospital acquired infection and its prevention
- Sepsis

2. Cardiovascular diseases:

- Approach to chest pain, dyspnoea, palpitation, pedal edema, syncope
- Basic of interpretation ECG and ECHO.
- Hypertension, dyslipidaemia, coronary artery disease, cardiac failure, pulmonary edema, infective endocarditis, pericardial diseases, peripheral vascular diseases, common cardiac arrhythmias, valvular heart disease, ischemic heart disease, deep vein thrombosis, pulmonary embolism and common congenital heart diseases

3. Gastro-intestinal diseases:

- Approach to abdominal pain, jaundice, abdominal swelling and ascites, hematemesis, diarrhoea, constipation, vomiting, dysphasia.
- Interpretation of LFT, abdominal imaging and investigations in gastro-intestinal diseases
- Hepatitis, chronic liver disease and its complication, non-alcoholic fatty liver disease (NAFLD), cholecystitis, pancreatitis, peptic ulcer disease, gastrointestinal bleeding, inflammatory bowel disease, irritable bowel syndrome, acute and chronic diarrhoea, acute infectious diarrhoeal diseases, food poisoning, parasitology including amebiasis/ giardiasis/worm infestations.

4. Neurological diseases:

- Approach to headache, aphasia, memory loss, seizures, dizziness, vertigo, syncope, focal neurological deficit (weakness, sensory loss), gait disorder, delirium, coma.
- Migraine, transient loss of consciousness, cerebro-vascular accidents, hemiparesis, hemiplegia, paraplegia, quadriplegia, movement disorder, GBS, neuropathies, myasthenia gravis, meningitis, encephalitis, cerebral abscess, Brain tumour.

5. Metabolic and endocrine diseases:

- Common endocrine diseases related to pancreas, thyroid (thyroid function tests, hypothyroidism, hyperthyroidism), hypopituitarism, Cushing syndrome, adrenal insufficiency,
- Glucose tolerance test, diabetes mellitus and its complication, hypoglycemia.
- Metabolic syndrome, dyslipidaemia, obesity, osteoporosis, Vitamin D deficiency and undernutrition.

6. Haematological diseases:

- Approach to anaemia, thrombocytopenia, polycythaemia, lymphadenopathy.
- Anaemias- Iron deficiency, B12 and folic deficiency.
- Common disorders of RBC, WBC and platelets
- Coagulation disorder
- Haematological malignancy- leukaemia's, lymphomas
- Blood transfusion

7. Rheumatology and musculoskeletal diseases:

- Approach to joint pain, musculoskeletal pain, back pain
- Basic investigation and imaging in Rheumatology
- Basic of connective tissue disorder- Rheumatoid arthritis, SLE, Spondylarthritis, Systemic sclerosis, Vasculitis
- Inflammatory and degenerative arthritis, osteoporosis, soft tissue rheumatism

8. Common renal disorders:

- Approach to renal failure, haematuria, proteinuria,
- Acute and chronic renal failure, glomerular and tubular renal pathologies
- Urinary tract infections, pyelonephritis.
- Renal replacement therapy,
- Electrolyte and acid-base imbalance- Hyponatremia, hypernatremia, hypokalemia, hyperkalemia, hypocalcaemia, hypercalcemia, hypomagnesaemia,

9. Common respiratory diseases:

- Approach to chest pain, breathing difficulty, sleep problem, chronic cough
- Diagnostic methods in pulmonary medicine
- Principles of the pulmonary function tests, Interpretation of Chest X-ray, CT chest
- Bronchial asthma, chronic obstructive pulmonary disease (COPD), acute and chronic bronchitis, pneumonia, pleural effusion, pneumothorax, atelectasis, bronchiectasis, allergic disorders, occupational lung diseases, sleep apnoea.

10. Poisoning:

- Approach to a suspected poisoning, drug over dose.
- General emergency measures in poisoning, drug over dose.
- Poisoning caused by paracetamol, organo-phosphorous compounds, alcohol, kerosene, barbiturates, corrosives, insecticides, organophosphorus compounds, carbon monoxide, sedatives, phosphide, snakebite, scorpion sting, insect and animal bite, dog bite, heavy metals.

11. Geriatric Medicine:

- Common health problems and diseases in the old age & their management e.g., Vascular, musculoskeletal, oncological, psychological, neurological, hearing and vision problems
- Special attention to nutrition, falls in elderly, incontinence, constipation, delirium, dementia, aches and pains, pruritus
- Drug therapy in elderly
- Rehabilitation, management of terminally ill patients
- Communication skills in bereavement, problems of the family after death
- Caregiver support, care of elderly, social and psychological problems in elderly, elderly abuse.

12. Common cancers:

- Screening of cancers
- Carcinoma of unknown primary
- Common cancer- e.g., prostate, haematological, gastro-intestinal, lung
- Paraneoplastic syndrome
- Palliative care, Pain management in cancer

13. Miscellaneous:

- Approach to shock and altered sensorium
- Heat related disorder- heat stroke, hypothermia
- Medical disorder during pregnancy
- Hereditary and genetic disorder
- Menopause and women health
- Medical nutrition therapy and enteral feeding
- Organ donation, Organ transplant

III. COMMUNITY MEDICINE

- **Family:**

- Type, family life cycle, family component, family tree, family structure(genogram), extended genogram, family function assessment, family APGAR (to assess adult satisfaction with social support from the family), family dynamics, role of family in health and disease, and Problem families.
- Family oriented primary care, family in 3-stage assessment, family conference, pre-marital and marital counselling, and home-based care.
- Community support for the family e.g., wellness programs

- **Environment:**

- Air pollution indoor & outdoor, Safe Water, Sanitation, Waste disposal, Temperature, Noise. Diseases related to all these environmental factors like cholera, COPD, typhoid, deafness, heat stroke, etc.
- Socio-economic status, health insurance coverage e.g., Ayushman Bharat, occupation
- Diseases transmitted by pets, insects and rodents, cattle, etc

- **Epidemiology of Communicable diseases:**

Respiratory diseases including measles, chickenpox, tuberculosis, COVID-19. Gastrointestinal diseases including acute diarrhoeal disease, cholera, hepatitis A & E, salmonellosis, etc. Vector born disease -Dengue, Malaria, Filariasis, Japanese encephalitis, Chikungunya fever. Zoonotic diseases like rabies, etc Surface infection – STD, HIV, Rickettsial disease - Scrub typhus. Parasitic infestations like ascariasis, hookworm, taeniasis, etc.

- **Epidemiology of non-communicable disease:**
 - Diabetes Mellitus, Hypertension, CHD, Stroke, COPD, Asthma, Cancer, arthritis, nutritional disorders like anaemia & other micronutrient deficiency, malnutrition, obesity, etc Occupational disorders like silicosis, dermatitis, etc
 - Common mental disorders like depression, anxiety, substance abuse, etc
 - Palliative care, clinic and community based and Rehabilitation.
- Health Education, Behaviour change communication, Risk factors for NCDs, Adult immunization, Screening for NCDs
- **Palliative care:**

Pain management, management of associated symptoms, end of life care, legal, spiritual and social support, and bereavement care. Medical, psychological, social and vocational rehabilitation.
- **National Health Programmes:**

RMNCH+A, NVBDCP, NTEP, NLEP, NMHP, RBSK, etc.
- **Special groups:**
 - Antenatal, intranatal and postnatal care of mother and baby. High-risk pregnancies. Safe abortion. Family Planning.
 - New-born Care, Kangaroo mother care, Baby Friendly hospital initiative, Infant and young child feeding, Growth monitoring, childhood immunization, School Health Programme
 - Comprehensive geriatric assessment. Social measures for geriatric welfare.
- **Epidemiological methods & Biostatistics:**
 - Types of qualitative and quantitative research, study designs for aetiological and diagnostic studies, clinical trials, research ethics, scientific writing.
 - Sampling techniques, data presentation, analysis and interpretation.

- **Communications Skills:**

Types of communication, principles, role of communication in patient safety, effective communication between doctor-patient, colleagues, doctor-family of patients, with community. Use of tools to make communication effective.

- **Macronutrient and micronutrient deficiencies:**

Severe acute malnutrition, anaemia, vitamin A deficiency, etc Role of nutrition in chronic diseases. Balanced diet. Special diet for pregnancy, lactation, children elderly, chronic disease patients, etc

- **Medical Education:**

Teaching and learning methods, small and large group teaching, audio-visual aids, principles of adult learning, preparing lesson plans, formative and summative assessment.

- **Data management:**

Using and maintaining electronic health records to generate data from the practice, from the catchment areas; maintaining, analysing, interpreting and using data for further improvement of services and identifying outbreaks early using data management software.

- **Referral system:**

From community health workers (forward) and centres to Family physician and from Family Physician to other specialists or sub-specialists (backward). Use of technology and digital data for referral. Continuum of care from womb to tomb.

- **Practice establishment and management:**

Legal requirements, financial and accounts requirements, planning for and organizing a practice, clinical audit, financial audit, logistic and inventory management, human resource management, and conflict and change management.

IV. GENERAL SURGERY

1. Initial assessment, management, and appropriate referral of surgical emergencies that present to practice
2. Management of minor trauma and injuries
3. Lump in abdomen: differential diagnosis
4. Breast: Lump in breast: differential diagnosis; Mastalgia, infections
5. Acute abdomen
6. Peripheral Vascular Disease: symptomatology, diagnosis, investigation protocol.
7. Varicose Veins: symptomatology, diagnosis, investigation protocol, conservative treatment
8. Foreign bodies
9. Skin and subcutaneous tissue
10. G.I.T. bleeding
11. In-growing toenail
12. Ulcers
13. Groin swelling
14. Neck swelling
15. Anorectal diseases
16. Per rectal bleeding
17. Scrotal swelling
18. Types of wounds
19. Diabetic Foot
20. Burns
21. Shock
22. Phimosis, Paraphimosis, general genital disorders
23. Sinus and Fistula
24. Types of Sutures and Needles
25. Proctoscopy
26. Incision and drainage of abscess
27. Suturing
28. Appropriate dressing of wounds
29. Reduction of paraphimosis
30. Excision of superficial swellings

V. PEDIATRICS

New-borns

1. Screening of high-risk new-borns
 - Concept of New-born metabolic screen
 - Critical congenital heart defect screening (pulse oximetry)
 - Jaundice screen (bilirubin level, including using nomogram)
 - New-born physical exam, including weight, heart exam, hip exam, testicular exam, etc.
2. Neonatal resuscitation
3. New-born care
4. Common neonatal problem
 - i. Meconium-stained amniotic fluid, perinatal asphyxia
 - ii. Respiratory distress (including transient tachypnoea of new-born), cyanosis, apnoea
 - iii. Cardiac conditions: congenital heart disorders, murmurs, bradycardia
 - iv. Seizures
 - v. Hypoglycemia
 - vi. Developmental dysplasia of the hip
 - vii. Birth-related injuries
 - viii. Neonatal abstinence syndrome (in utero drug exposure)
 - ix. Hematologic problems: anaemia, polycythaemia
 - x. Jaundice: Rh factor and blood type incompatibility, breastfeeding jaundice, breastmilk jaundice, other causes
 - xi. Premature and post-date gestations
 - xii. Congenital and neonatal infections: sepsis, "TORCH" infections, Group B Strep, others
 - xiii. Maternal factors: infections (e.g., HIV, hepatitis); medical conditions (e.g., diabetes, hypertension), substance use/abuse (abstinence syndrome)
5. Breastfeeding and weaning-options and variations
6. Well baby clinic
7. Immunization
8. Normal development/Developmental delay
9. Social support/Cultural issues, Temperament, developmental crying and behaviour

Care of child

1. Growth monitoring and malnutrition (failure to thrive, obesity)
2. Vitamin deficiency diseases/caloric requirement and deficiency issues)
3. Common Pediatric illnesses (Infections, asthma, nephrotic syndrome)
4. Behavioural disorders, Mental retardation, learning disabilities, child abuse)
5. Sudden Infant death syndrome (SIDS)
6. Genetic disorders
7. National programs related to child health e.g., School health program, IMNCI
8. Injury prevention
9. Child abuse and neglect

Care of adolescent

1. Consultation and communication with adolescent and their preferences with respect to confidentiality from parents
2. Puberty and adolescence: male and female
3. Adolescent and the law
4. Substance abuse-diagnosis and management/Gadget addiction
5. Reproductive sexual health/contraception/menstrual Hygiene
6. Immunization in adolescents
7. Core conditions that may affect the health of an adolescent, such as family problems, poverty, depression, school failure, social pressures/media, obesity, eating disorders, violence, drug use, unintended pregnancy, STIs, and gender dysphoria, stress and behaviour problem

Pediatric Emergencies

1. Recognition of critical illness
2. Stridor/Status asthmaticus/Respiratory distress/Status epilepticus/DKA
3. Pediatric assessment Triangle
4. Shock-types and management
5. BLS/Airway management
6. Emergency management of trauma. Burns, envenomation. Poisoning
7. Brief resolved unexplained event

Follow up care

Providing a bridge of communication of follow up of chronic illnesses- lung diseases, cardiac, renal, hepatic, GI, Neurological and Genetic illnesses in consultation with sub-specialist using principles of telemedicine and inter sectoral communication

Screening and referral as appropriate for age for

1. Weight, length, and head circumference
2. Haemoglobin/haematocrit for anaemia
3. High-risk children
4. Hypertension
5. Sexual behaviour and sexually transmitted infections, including HIV
6. Physical, psychological, and sexual abuse
7. Other environmental health issues: actinic damage, media exposure, violence

Evaluate and manage common signs and symptoms that present in the context of acute medical care in the inpatient or outpatient setting

i. Categories of symptoms and conditions:

1. Brief resolved unexplained event (BRUE)
2. Constitutional symptoms
3. Fever of unknown origin a) < 30 days b) >30 days to 90 days c) >90 days
4. Fussiness, irritability, lethargy, and fatigue
5. Sleep disturbances

ii. Allergic disorders

iii. Cardiovascular: 1) Arrhythmias like PSVT 2) Recognition of Congenital heart defect 3) Emergency management of acute cardiac conditions 4) Kawasaki's disease

iv. Endocrine/Metabolic: 1) Diabetes mellitus: type 1, type 2, diabetic ketoacidosis 2) Suspecting and emergency management of Adrenal and pituitary disorders e.g., Congenital adrenal hyperplasia 5) Thyroid disease (hyperthyroidism, hypothyroidism) 6) Defining and referring for evaluation of

Precocious or delayed puberty 8) Bone, mineral disorders 9) Turner syndrome

- v. Gastrointestinal:** 1) Symptoms: abdominal pain, vomiting, constipation, diarrhoea (acute, chronic, encopresis), bloody stool, jaundice 2) Infectious: gastroenteritis, hepatitis 3) Suspecting Food intolerance/malabsorption: celiac disease, lactose intolerance 5) Surgical: appendicitis, cholecystitis, hernia, pyloric stenosis, Meckel's diverticulum
- vi. Hematologic** 1) Anaemias 2) Bleeding diatheses, including haemophilia 3) Thrombocytopenia 4) Acute care of Venous thromboembolism: deep vein thrombosis, pulmonary embolism 7) Lymphadenopathy
- vii. Rheumatologic:** Suspecting and initial evaluation of childhood onset rheumatological disorders like 1) Juvenile idiopathic arthritis 2) Juvenile lupus 4) Rheumatic fever 5) Vasculitis: Henoch-Schönlein purpura, Kawasaki's disease
- viii. Infectious diseases:** 1) Bacteraemia, sepsis 2) Community-acquired pneumonia 3) Tuberculosis 4) HIV 5) Late presentation of congenital infections: cytomegalovirus, syphilis 6) Vector-borne illnesses 7) Meningitis 9) Prophylaxis for patients with history of certain conditions: endocarditis, sickle cell, HIV, etc. 10) Local/regional differences in prevalence of infectious diseases, emerging infections, and antimicrobial resistance patterns
- ix. Neurologic:** Acute management of 1) Altered mental status/encephalopathy 3) Meningitis, encephalitis 4) Guillain-Barre syndrome 5) Seizure and evaluate for 7) Headache (migraine, tension) 8) Developmental delay
- x. Oncologic:** Suspecting and early referral for diagnosis of leukaemia and other paediatric malignancies and management of Tumor lysis syndrome
- xi. Renal/urologic:** 1) Acute management of pyelonephritis, glomerulonephritis, hemolytic-uremic syndrome, nephrolithiasis, nephrotic syndrome 2) Nocturnal enuresis and Reflux 3) Male reproductive issues: undescended testes, hydrocele, scrotal mass, scrotal pain, testicular torsion

xii. Respiratory: 1) Apnoea, obstructive sleep apnoea 2) Asthma 3) Bronchiolitis
4) Croup 5) Cystic fibrosis 6) Epiglottitis 7) Pertussis 8) Pneumonia 9)
Bacterial tracheitis 10) URI

xiii. Toxicology: 1) Suspecting Drugs of abuse 2) Heavy metal poisoning 3)
Management of common drugs which may result Overdose: acetaminophen,
diphenhydramine, nonsteroidal anti-inflammatory drugs (NSAIDs) etc. with
indications for referral

VI. OBSTETRICS AND GYNAECOLOGY

1. Anatomical, physiological and immunological changes of pregnancy
2. Knowledge and basic management of first trimester miscarriages
3. Normal Ante-natal care including iron and calcium supplements, immunisation during pregnancy, nutrition, weight gain
4. Common problems of antenatal period like hyperemesis gravidarum, urinary tract infections, backache,
5. Pharmacology of drugs used during pregnancy, labour, post-partum period in reference to their absorption, distribution, excretion, (hepatic) metabolism, transfer across the placenta, effect of the drugs (used) on labour, on fetus, their excretion through breast milk
6. Induction and augmentation of labour
7. Identification of high risk obstetric, medical or surgical factors, triage and timely referral
8. Normal labour-mechanism and management
9. Partographic monitoring of progress of labour, recognition of abnormal labour and its appropriate management.
10. Maternal & fetal monitoring in normal & abnormal labour and its appropriate management
11. Initial management and stabilisation of obstetric emergencies like severe preeclampsia, eclampsia, post-partum haemorrhage, hypovolemic shock
12. Neonatal resuscitation and the care on new born: Normal and high risk new born (including NICU care)
13. Normal and abnormal puerperium- sepsis, thrombophlebitis, mastitis, breast abscess, psychosis, deep vein thrombosis
14. Breast feeding practice, counselling and importance of breast feeding. Problems in breast feeding and their management.

15. Contraception
16. Perineal hygiene, cervical infections, vaginal infections, pelvic inflammatory disease and sexually transmitted diseases (STDs)
17. Physiology of menstruation and its abnormalities including puberty menorrhagia, abnormal uterine bleeding, post-coital bleeding, primary and secondary amenorrhoea
18. Control of hypothalamic pituitary ovarian axis, normal & abnormal sexual differentiation and disorders of puberty
19. Reproductive endocrinology- Evaluation of Primary/ Secondary Amenorrhea, management of hyperprolactinemia, Hirsutism, Chronic anovulation, Polycystic Ovarian Disease, thyroid and other endocrine dysfunctions.
20. Menopause and its common complications like hot flushes, osteoporosis, mood swings, post-menopausal bleeding and their basic work-up and management
21. Screening of gynaecological malignancies and screening protocols
22. Basic knowledge and interpretation of imaging techniques in gynaecology
23. Basic work-up of Infertility
24. Medicolegal issues related to women health
25. National health programmes pertaining to maternal population and adolescents' girls

VII. TRAUMA & EMERGENCY

1. Knowledge of the instruments, drugs, and facilities needed to set up a basic emergency care service in a general practice setting.
2. Initial assessment and management of patient with common emergencies including cardiovascular, respiratory, gastrointestinal, neurological, poly-trauma, burn, and snakebite, heat stroke etc.
3. Knowledge of Basic and Advanced life support; cardio-pulmonary resuscitation.
4. Skills for life-saving procedures in medical, obstetric, paediatric, including neonatal resuscitation, surgical and trauma emergencies.
5. Knowledge of management of acute abdomen, burns, ulcers, superficial soft tissue trauma, abscess, wound and ulcer management, electrolyte and fluid requirements, blood transfusion, suture methods and materials, universal precautions.

6. Identify co-morbid diseases and recognize the increased risk of acute events in patients with chronic diseases.
7. Recognize the modifying effect of chronic or co-morbid disease on the presentation of acute illness.
8. Knowledge about the prevention of emergencies.
9. Disaster management in relation to health and disease
10. Recognition, initial assessment, and management of surgical emergencies including acute abdomen, shock, sepsis, hemorrhage.
11. Initial assessment and management of Trauma patient including airway and breathing failure, hemorrhage, shock, severe head injury and burns
12. Initial management of medical emergencies including cardiovascular, respiratory, gastrointestinal, neurological, snake bite, heat stroke
13. Recognition and determination of death
14. Cardio-pulmonary resuscitation – adult and paediatric: basic life support and advanced cardiac life support
15. Use of defibrillator and AED
16. Emergency oro-tracheal intubation and Airway management
17. Bag-mask Ventilation
18. Heimlich Manoeuvre
19. Intravenous access; Intra-osseous access
20. Gastric lavage
21. Chest tube insertion
22. Splinting of fractured limb
23. Reduction of fractures and dislocations.
24. Immobilization of spine
25. Body cooling and warming techniques
26. Insertion of nasal pack
27. Removal of nasal/ aural foreign body
28. Handling of violent/ aggressive patients
29. Abdominal paracentesis
30. Interpretation of ECG, Radiograph of chest, abdomen, pelvis, spine and limbs.
31. Indication of Ultrasound abdomen, CT scan and MRI.
32. Disaster management in relation to disease and trauma.
33. Work effectively as part of a multi-disciplinary team in the management of emergencies.

34. Demonstrate confidence to make decisions and accept the outcomes of those decisions.
35. Develop skills to empathically break bad news to patient or their relatives.
36. Deal sensitively and in line with professional codes of practice with patients having serious diagnosis who refuse admission.

VIII. PSYCHIATRY

1. Basic Psychology:

Concept of normalcy, counselling techniques, Communication skills, Concept of stress and stress management, Personality and its implications, Relevant psychological theories (e.g. Motivation, Learning)

2. Concept and classification of Psychiatric disorders

Including Diagnostic requirements, Sign and symptoms of common psychiatric disorders, Psychiatric history taking and Mental status examination

3. Etiology of Psychiatric disorders

Biopsychosocial conceptualization of psychiatric etiology - role of life events, stress, genetics, biochemical factors, pharmacology, endocrinology, physiology, neuropathology and psychological factors.

4. Schizophrenia and other psychotic disorders.

Epidemiology, clinical features, diagnostic criteria, Overview of etiology, course, Pharmacological management, Overview of psychosocial management

5. Mood disorders

Epidemiology, clinical features, diagnostic criteria for depression and bipolar disorder, Overview of etiology, course, Pharmacological management of mood disorder, Overview of psychosocial management, Differential diagnosis of depression

6. Anxiety Disorders

Concept and types of anxiety disorders (Generalized anxiety disorder, phobias, panic disorder and OCD), Epidemiology, clinical features and diagnostic criteria, Overview of etiology, course, Pharmacological management of anxiety disorders, Behaviour therapies and overview of psychosocial management

7. Somatoform, psychosomatic, Dissociative and other stress related disorders

Concept, Etiology, Epidemiology, clinical features and diagnostic criteria, Management (including approach in emergency visits), Differential diagnosis from Neurological and other physical disorders

8. Substance use disorders (SUD)

Concepts (use, abuse, dependence) and diagnostic criteria of SUD, Epidemiology, etiology (Psychological and neurobiological basis), Clinical features (withdrawal, intoxication) of common SUD (Alcohol, Opium, Tobacco, cannabis, benzodiazepines), Management of withdrawal of common SUD, long term management of SUD (Including psychosocial management)

9. Psychiatric disorders of childhood and adolescence

Epidemiology, etiology and diagnostic criteria of childhood psychiatric disorders (ADHD, Autism, Intellectual disability, Learning disability), Clinical features, assessment and management

10. Psychiatric emergencies

Suicide and Deliberate self-harm (DSH)– etiology, assessment and management, Assessment of violent patient and steps in management, Assessment and management of severe side effects of Psychopharmacological agents.

11. Psychiatric morbidity in patients with chronic Medical Disorders

Prevalence and pattern of psychiatric morbidity among patients with chronic medical Disorder (including Delirium and Cognitive disorders)

IX. ENT

Disorders of the head and neck are common problems presenting in Outpatient department to primary care physicians. Familiarity with the diagnosis and management of these disorders is essential to the comprehensive practice of Family Medicine.

- Knowledge about the pathophysiology, diagnosis, and management of the most common disorders of the head and neck that present in primary care.
- Capable of performing common and necessary emergency ENT procedures.
- Identify conditions or complications necessitating ENT referral. Be capable of counselling and providing anticipatory guidance to the patient
- Develop an understanding of normal anatomy and physiology as it relates to the diagnosis and management of ENT patients

Develop an understanding of the following ENT diseases and disorders including but not limited to:

- Otitis media
- Indications for use of ventilation tubes
- Otitis externa
- Cerumen impaction (ceruminosis)
- Tinnitus
- Hearing loss
- Vertigo
- Facial Palsy
- Rhinitis, Sinusitis
- Epistaxis
 - a. Cautery
 - b. Packing
 - i. Anterior
 - ii. Posterior
- Pharyngitis
- Adeno-tonsillitis
- Indications for tonsillectomy/Adenoidectomy
- Oral premalignant conditions
- Early detection of head neck cancers
- New-born hearing screening
- Occupational hearing loss
- National programmes related to hearing
- Approach to any neck mass
- Upper airway obstruction
- Tracheostomy
- Foreign body removal

X. OPHTHALMOLOGY

Objectives

- Basic knowledge about common ophthalmic problems and knowing the solution to those. So that the patient need not search for an Ophthalmologist for their fundamental ocular issues.

- The severe and essential disease to be diagnosed and referred to the ophthalmologist early.
- Minimum one month posting in Ophthalmology will be adequate for the training.

Syllabus

1. Common Refractive error
2. Conjunctivitis -infective and allergic, Keratitis and Vitamin -A deficiency -
Diagnosis and Treatment
3. Diagnosis of Cataract
4. Diagnosis of Glaucoma
5. Screening of Diabetic Retinopathy and Hypertensive Retinopathy
6. Diagnosis of 2nd, 3rd, 4th, 5th, 6th, and 7th cranial nerve palsy and their importance
7. Childhood blindness
8. Ocular trauma and other non-traumatic ocular emergencies

XI. DERMATOLOGY

Diagnosis and management of

- Bacterial infections of skin: All pyodermas
- Leprosy
- Superficial fungal infections of skin- dermatophyte, candidiasis, pityriasis versicolor
- Viral infections- molluscum contagiosum, wart, varicella, herpes zoster, herpes simplex, viral exanthems, Hand- foot and mouth disease
- Infestations: Scabies, pediculosis
- Nutritional deficiencies with skin manifestations
- Sexually transmitted diseases
- Urticaria and angioedema
- Purpura, Fever with rash

XII. ORTHOPAEDICS

1. Demonstrate ability to take a comprehensive history for musculoskeletal complaints.
2. Demonstration of focused musculoskeletal exam.

3. Initial assessment, stabilisation, and referral with appropriate transport of patient with poly trauma
4. Initial assessment, stabilisation, application of splint, sling or slab and referral of fractures and dislocations
5. Know the indications for diagnostic imaging (plain radiographs, bone scans, CT, tomograms, MRI) and interpretation of these tests
6. Management of minor sprains, fracture of clavicle and Colle's fracture, if no indication for referral

XIII. ANAESTHESIA:

- Basic principles of local anaesthesia, regional anaesthesia, intravenous sedation, relaxants in anaesthesia, spinal anaesthesia, epidural anaesthesia, pre-anaesthetic health check-up.
 1. Local Anaesthesia
 2. Regional Anaesthesia, Nerve Blocks
 3. Endotracheal intubation

XIV. PAIN AND PALLIATIVE CARE:

- Common symptoms in terminally ill patients and its management
- Management of pain, opioid analgesics, Co-analgesics, hospice care
- End of life care
- Management of grief
- Breaking bad news

XV. PHYSICAL MEDICINE AND REHABILITATION:

- Basics of rehabilitation and basic physiotherapy advice
- Role of Family Physician in management of patients with disabilities
- Bladder care
- Team concept in rehabilitation
- Management of the bed ridden patient; Bed sores
- Community based rehabilitation.

XVI. FORENSIC MEDICINE AND TOXICOLOGY:

Indian Legal System and Medical Law and Ethics:

- Various I.P. Cs, Cr. P. Cs, and I.E.A along with various acts (MTP, POCSO, PCPNDT, CLAA, MHCA, etc.) and their amendments related to medical practices.
- Dying Declaration
- Types of Courts
- Types of Evidence
- Medical Certificates: Birth, MCCD, Sickness, Fitness, etc.
- Medico-legal cases and preparation of reports
- Procedure of Trial
- Conduct of doctor in the witness box
- NMC Code of Conduct
- Charka's Oath
- Medical Ethics and Etiquettes
- Rights of patients and Duties of Doctor, Doctor-Patient relationship.
- Medical Negligence
- Consent
- Medical Records

Clinical Forensic Medicine:

- Identification of living persons
- Medicolegal importance of age
- Dental examination and its medicolegal importance.
- Injury report and weapon examination and correlation, medicolegal aspects of the wound.
- Examination of a drunken patient and preparing Drunkenness certificate
- Medicolegal importance of body fluids, hairs, teeth
- Mass disaster

Medicolegal aspects of sex and sex-related offense including Infant deaths, Child abuse, and Domestic violence:

- Knowledge about male and female external genitalia, impotence, sterility, virginity, impotence, pregnancy, and its complications, delivery

- Infanticide, feticide, stillbirth, dead born, age of viability, and medicolegal importance including autopsy findings
- Domestic violence and Child abuse: identity, examine, evidence collection, assess and prepare reports pertaining to Domestic violence & Child abuse both physical and sexual, psychological aspects, POCSO, information to police and authorities
- Various Sexual offenses including natural, unnatural sexual offenses, and paraphilias
- Examination of sexual assault survivors, accused, active and passive agents of sodomy
- Abortion and methods including criminal abortion and duties of a doctor
- Duty of doctors in various cases of sexual crimes

Toxicology:

- General toxicology
 - Poison definitions and common household poisons
 - Diagnosis of poisoning
 - Duties of doctors in poisoning cases
 - General principle of management of poisoning
 - Antidotes
 - Medicolegal autopsy in poisoning cases
 - Preservation of specimens
- Classification, mechanism of action, properties, active principles, fatal dose and fatal period, clinical features, management, autopsy features, and medicolegal importance of
 - Corrosives- acids & alkalis, Inorganic irritants, Organic irritants, Agrochemicals, CNS depressants, Psychotropic drugs, Deliriants, Spinal poisons, Cardiac poisons, Asphyxiants, Food poisoning, Drug dependence, and abuse etc.
 - (general emergency measures, poisoning caused by paracetamol, organo-phosphorous compounds, alcohol, kerosene, barbiturates, corrosives, insecticides, carbon monoxide, heavy metals, sedatives, phosphide, snakebite, scorpion sting and Cerebra Odollum etc.)

Autopsy Examination:

- Objectives of Autopsy, types of autopsies, and rules of Autopsy
- Different types of incisions and methods of organ removal
- Death and its types
- Post-mortem changes
- Medico-legal interpretations of various injuries, differentiate between antemortem and post-mortem injuries, defence wounds, coup and contrecoup injuries,
- Autopsy in a road traffic accident, fall from height, railway accident, drowning, burns, hanging, toxicological cases, homicidal and suicidal deaths, etc.
- Autopsy findings in different cases- electrocution, lightning, torture deaths.

XVII. ORAL HEALTH (DENTISTRY)**Objectives:**

- Basic oral anatomy and oral health
- Common oral diseases
- Promotion of oral health and prevention strategies for oral diseases

Specific areas of Interest

1. The Interaction of Oral and General Health
2. Dental caries -Prevention and Care
3. Oral Cancer screening
4. Periodontal Disease
5. Pediatric Screening for congenital anomalies like cleft lip and palate, Pierre Robin Syndromes and others with micrognathia necessitating airway maintenance
6. Fluoride Risk Benefits and Promotion, Fluoride Varnish
7. Adolescent and Adult Oral Health Assessment
8. Urgent and Emergent Oral Health Issues
9. Pregnancy and Oral Health

Setting (classroom, simulation lab, clinics)

Simulation lab, presentations/tutorials, small group, community clinic outreach

Dental Caries

The caries process and identification of caries with oral screening exam
Impact of untreated caries (pain, abscess, cellulitis, airway, other systemic impacts)

How to prevent caries

- Role of diet, fluoride, calcium in caries
- Role of hygiene, tooth brushing and flossing
- Xerostomia and caries risk
- Maternal transmission of cariogenic bacteria
- Early childhood caries - Brushing in children, when to start, type and amount of tooth paste, infant night-time feedings, /Nursing bottle caries

Periodontal Disease

- Pathogenesis and presentation of periodontal disease
- Impact of periodontal disease (tooth loss, systemic sequelae and its correlation with systemic disorders like diabetes, cardiac diseases, pregnancy gingivitis, pubertal/adolescent periodontitis)
- How to prevent periodontal disease – Role of brushing, flossing
- Impact of systemic medications on gums
- Periodontal disease and adverse pregnancy outcomes
- Importance and options for management of tooth loss

Oral Cancer

- Risk factors and identification of oral malignancies
- Identification of early signs of oral malignancy/potentially malignant lesions
- Screening for oral malignancy on examination
- Assess risk factors for malignancy (smoking, tobacco/ alcohol use)
- Counsel patients about prevention strategies (prevention/ cessation of smoking, tobacco, and alcohol use)
- Oral cancer surgery - Follow up care/Post Surgery common issues and management
- Radiotherapy - Follow up care

Infections and Benign Pathologies

Cyst, tumours, salivary gland lesions: Basic presentation and management

Trauma related effects

- Fractures of jaws – basic clinical presentation and management
- Long term effects of trauma and prevention of long-term complications like TMJ ankylosis especially in paediatric age group after trauma

Malocclusion and Surgical deformities

- Milestones of occlusion development
- Identification of early signs of development of malocclusion/jaw deformities
- Assessment of abnormal oral habits like thumb sucking, mouth breathing, tongue thrusting

XVIII. PATHOLOGY:

1. Knowledge of tests of disease diagnosis and samples to be collected for diagnosis as per clinical syllabus
2. Methods and preservatives for collection of specimen for various tests on blood and body fluids including CSF for routine as well as ancillary tests like Flow cytometry, molecular diagnosis.
3. 2.Methods of collection of urine, simple bedside tests of urine , interpretation of urine examination,
4. 3.Interpretation of lab reports of
5. Histopathology and Cytology reports of
6. nonneoplastic diseases including infectious, autoimmune diseases, endocrine and genetic diseases
7. neoplastic: benign and malignant tumours
8. Haematological diseases: CBC interpretation, haematology critical alerts, diagnosis of anaemia, leukopenia, thrombocytopenia, bleeding disorders, referring patients in suspected haematological malignancies
9. Knowledge of modalities for diagnosis of cancer and cancer screening procedures
Interpretation of molecular test reports for various genetic disorders , cancers

XIX. MICROBIOLOGY

1. Knowledge of diagnostic methods for microbial diagnosis:
 - a. Gram staining, culture, KOH preparation ZN staining, CBNaT, PCR and other molecular techniques
 - b. Collection of specimens of microbiological investigations on blood, urine, throat swab, rectal swab, stool, pus (swabs), conjunctival swab, ear swab

- c. Methods of antimicrobial resistance and interpretation of antimicrobial susceptibility test results
- d. Interpretation of serological tests viz. Widal, tube agglutination RRP, Latex agglutination tests – ASO, CRP, RA), Immunochromatography/rapid test e.g. HCV, HAV, HEV, Dengue, Malaria antigen, HIV,
- 2. Knowledge of Biomedical waste protocols
- 3. Knowledge of Hospital infection control protocols: management of needle stick injury, Post exposure prophylaxis, hand wash etc.

XX. BLOOD BANKING:

Knowledge of rational use of blood, transfusion of components, workup of transfusion reactions and hemovigilance

XXI. BIOCHEMISTRY:

- 1. Interpretation of routine and emergency lab estimations and critical value alerts including LFT, KFT, Cardiac markers, Blood gas and electrolyte imbalances
- 2. Blood sugar estimation: instructions to patients, types of samples, bedside POCT device use and interpretation of findings.
- 3. Knowledge of diagnostic tests for diagnosis of various metabolic and endocrine diseases including neonatal screening

XXII. RADIODIAGNOSIS:

Knowledge of Indications for use of Radiological imaging like X ray, USG, CT scan, MRI, DSA in various clinical contexts

- a. Interpretation of images in trauma scenarios
- b. Use of Ultrasound imaging in emergency

LIST OF RECOMMENDED BOOKS AND JOURNALS:

Books (latest edition)

1. John Murtagh's Textbook of General Practice
2. Practice tips – John Murtagh
3. Oxford Hand book of General Practice
4. Textbook of Family Medicine- Ian. R. McWhinney, Thomas Freeman
5. Text book of Family Medicine: Robert. E. Rakel, David. P. Rakel
6. Clinical methods: Mac Leod
7. Swanson's Family Medicine Review
8. Hutchinson's clinical Methods
9. Park's Text book of Preventive and Social Medicine

Recommended Reference Books:

1. Harrison's Principles of Internal Medicine
2. Davidson's Principles and Practice of Medicine
3. Bailey and Love's Short practice of Surgery
4. Parsons Diseases of the eye
5. Dhingra: Diagnosis of Ear, Nose and Throat
6. Shaw's Text book of Gynaecology
7. D.C. Dutta's Textbook of Obstetrics
8. O. P. Ghai. Essential Paediatrics

Journals:

1. Journal of Family Medicine and Primary care
2. Australian Family Physician
3. Annals of Family Medicine
4. British journal of General Practice
5. American Family Physician
6. Australian prescriber
7. British Medical Journal
8. Journal of Indian Medical Association
9. Family Practice Management
10. Journal of Association of Physicians of India
11. The journal of postgraduate medicine

Competencies

MD

FAMILY MEDICINE

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Surgery

Sr. No.	Competency	Domain (Cognitive/ Psychomotor or/ Affective)	Level (Know/ Know how/ Show how/ Perform)	Teaching-learning Method	Assessment Method	Posting where it can be learnt	Alignment with other speciality, if needed
1.	Elicit appropriate clinical history related to common surgical ailments	Cognitive Affective	K, KH	Clinic	Viva-voce	Surgical ward, OPD, Emergency	
2.	Examine per abdomen	Cognitive Affective Psychomotor	S	Clinic	Viva-voce, Skill lab, Simulated patient	Surgical ward, OPD, Emergency	
3.	Examine respiratory system	Cognitive Affective Psychomotor	S	Clinic	Viva, Skill lab, Simulated patient	Surgical ward, OPD, Emergency, SICU	
4.	Institute preliminary treatment protocol for management of Upper GI Bleed	Cognitive Psychomotor Affective	KH, S	Lecture	Written, Viva-voce	Surgical ward, SICU, Emergency	
5.	Insert a nasogastric tube	Psychomotor	S	Group discussion, Skill lab	Skill lab	Surgical ward, SICU, Emergency	
6.	Perform Per-rectal examination	Psychomotor	S	Group discussion, Skill lab	Skill lab	Surgical ward, OPD, Emergency	
7.	Perform Proctoscopy	Psychomotor	S	Group discussion, Skill lab	Skill lab	Surgical ward, OPD, Emergency	

8.	Diagnose common anorectal diseases	Cognitive	KH	Lecture, Group discussion	Written, Viva	OPD, Emergency	
9.	Treat anal fissure, Haemorrhoids conservatively	Cognitive/Affective	K	Lecture, group discussion	Written, Viva	Surgical ward, OPD	
10.	Treat acute injuries	Cognitive Psychomotor	P	Lecture, Skill lab	DOPS, Viva	Emergency	
11.	Perform urinary catheterization	Psychomotor	P	Skill lab	Skill lab	Surgical ward, SICU, Emergency	
12.	Diagnose Phimosis	Cognitive, Psychomotor	KH	Lecture, Group discussion	Viva	Surgical ward, OPD, SICU, Casualty	
13.	Manage paraphimosis	Psychomotor	P	DOAP	DOPS	Surgical ward, Emergency	
14.	Perform Circumcision	Cognitive, Psychomotor	P	DOAP	DOPS	OT	
15.	Use common nerve blocks	Cognitive Psychomotor	P	Skill Lab, DOAP	DOPS	OT	Anaesthesia
16.	Diagnose Inguinal Hernia	Cognitive, Psychomotor	KH	Clinics	Viva	Surgical ward, OPD	
17.	Diagnose Hydrocoele	Psychomotor	KH	Clinics	Viva	Surgical ward, OPD	
18.	Differentiate between sinus. and fistula	Cognitive	K	Clinics	Written, Viva	OPD	
19.	Diagnose Pilonidal Sinus/Abscess	Cognitive, Psychomotor	KH	Lecture, Clinics	Viva	Surgical ward, OPD, Emergency	

20.	Advise on Investigations for common urinary complaints	Cognitive	K	Lecture	Written, Viva	Surgical ward, OPD, Emergency
21.	Initiate conservative management for urolithiasis	Cognitive	K	Lecture	Written, Viva	Surgical ward, OPD, Emergency
22.	Examine a breast lump	Psychomotor	S	Clinics, DOAP	OSCE	Surgical ward, OPD
23.	Advise Investigations for a breast lump	Cognitive	K	Lecture, Group discussion	Written, Viva	Surgical ward, OPD
24.	Counsel a patient with malignant breast lump	Affective	S	Role play	OSCE	Surgical ward, OPD
25.	Examine a neck swelling	Psychomotor	S	Clinics	OSCE	Surgical ward, OPD, Emergency
26.	Advise Investigations for a neck swelling	Cognitive	K	Lecture	Written	Surgical ward, OPD, Emergency
27.	Diagnose peripheral vascular disease	Cognitive	K	Lecture, Clinics	Written, Viva	Surgical ward, OPD, Emergency
28.	Palpate peripheral pulsations	Psychomotor	S	Clinics	OSCE, Simulated patient	Surgical ward, OPD, Emergency
29.	Examine a Ulcer	Cognitive	K	Clinics	OSCE	Surgical ward, OPD, Emergency
30.	Differentiate features of venous, arterial and other causes of ulcer	Cognitive	K	Lecture, Clinics	Written, Viva	Surgical ward, OPD

31.	Diagnose varicose veins	Psychomotor	S	Lecture, Clinics	Viva, Case scenario, photos	OPD	
32.	Advise conservative management of Varicose veins	Cognitive	K	Lecture	Written, Viva	Surgical ward, OPD	
34.	Counsel patient of PVD	Affective	S	Role Play	OSCE	Surgical ward, OPD	
35.	Clinically grade diabetic foot	Cognitive	KH	Lecture, Clinics	Viva	Surgical ward, OPD, Emergency	
36.	Counsel patient regarding foot care in Diabetic foot	Affective	S	Role Play	OSCE	Surgical ward, OPD	
37.	Diagnose and treat Ingrowing Toe Nail	Cognitive Affective Psychomotor	S	DOAP	Viva, DOPS	Surgical ward, OPD, OT	
38.	Perform surgical Debridement	Psychomotor	P	DOAP	DOPS	OT	
39.	Aware of criteria to define grievous injuries	Cognitive	K	Lecture, Group Discussion	Written, Viva	Emergency, OPD	
40.	Perform Suturing of a lacerated wound under local anaesthesia	Psychomotor	P	DOAP	Skill lab	OT	
41.	Perform Incision & Drainage of Superficial abscesses	Cognitive, Psychomotor	P	DOAP	DOPS	OT	
42.	Institute conservative management for Cellulitis	Psychomotor	S	Lecture	Written, Viva	Surgical ward, OPD, Emergency	
43.	Perform wound dressings	Affective Psychomotor	S	DOAP	Skill lab, DOPS	Surgical ward, OT, Emergency	

44.	Use appropriate bandaging techniques	Affective Psychomotor	S	DOAP	Skill lab, DOPS, Simulated patient	Surgical ward, OT, Emergency	
45.	Perform excision of small superficial tumours /cysts	Psychomotor	P	DOAP	DOPS	OT	
46.	Perform removal of superficial foreign bodies	Psychomotor	P	DOAP	DOPS	OT, Emergency, OPD	
47.	Perform Lymph node biopsy of superficial lymph node	Psychomotor	P	DOAP	DOPS	OT	
48.	Perform FNAC	Psychomotor	P	DOAP	DOPS	Surgical ward, OPD	
49.	Classify and assess burn injury	Cognitive	K	Lecture, Group discussion	Viva-voce	Surgical ward, OPD, Emergency	
50.	Discuss medicolegal aspects in burn injury	Cognitive	KH	Lecture, role play	Written, Viva	Surgical ward, OPD, Emergency	
51.	Communicate and counsel patients and their families on outcome and rehabilitation issues.	Affective	SH	Role Play	OSCE	Surgical ward, OT	
52.	Perform Dressing for burn wound	Psychomotor	P	DOAP	DOPS	Surgical ward, OT	
53.	Perform Venesection	Cognitive, Affective, Psychomotor	P	Skill lab	DOPS	OT	
54.	Perform Suprapubic Cystostomy	Cognitive, Affective, Psychomotor	P	Skill lab	DOPS	Surgical ward, OT	

55.	Perform bladder wash	Cognitive, Affective, Psychomotor	P	DOAP	DOPS	Surgical ward	
56.	Describe clinical features of shock and outline its appropriate treatment.	Cognitive	KH	Lecture, Small group discussion	Written / Viva	Surgical ward, SICU, Emergency	
57.	Institute resuscitation including fluid replacement and monitoring in a patient with shock.	Cognitive Psychomotor	SH, P	Lecture, Small group discussion ' Skill lab	Skill lab, Written, Viva	Surgical ward, SICU, Emergency	
58.	Describe aseptic techniques, sterilization, disinfection	Cognitive	KH	Lecture, Small group discussion	Written / Viva, DOPS	Surgical ward, SICU, OT	

Otorhinolaryngology

Sr. No.	Competency	Domain (Cognitive/ Psychomotor/ Affective)	Level (Know / Know how/S how/P perform)	Teaching-learning Method	Assessment Method	Posting where it can be learnt	Alignment with other speciality, if needed
1	Demonstrate the correct technique for syringing wax from the ear in a simulated environment and assist for actual patient	Psychomotor	Show	Simulated Patient Lab, assist procedure in ENT OPD	OSCE, DOPS	Clinical Posting	No
2	Identify, resuscitate and manage removal of foreign bodies in	Psychomotor	Show	Simulated Patient Lab	OSCE, DOPS		

	ear in a simulated environment/ assist procedure					Clinical Posting	No
3	Identify, resuscitate and manage removal of foreign bodies in nose in a simulated environment	Psychomotor	Show	Simulated Patient Lab	OSCE, DOPS	Clinical Posting	No
4	Perform anterior nasal packing in cases of epistaxis in a simulated environment	Psychomotor	Show	Simulated Patient Lab	OSCE	Clinical Posting	No
5	Identify the need for and perform cricothyroidotomy in a simulated environment	Psychomotor	Show	Simulated Patient Lab	OSCE	Clinical Posting	No
6	Demonstrate the correct technique for Tracheostomy in a simulated environment	Psychomotor	Show	Simulated Patient Lab	OSCE	Clinical Posting	No
7	Describe the Anatomy of ear, nose and throat	Cognitive	Know	Small group discussion,	Written/ Viva voce	ENT	No
8	Discuss the etiopathogenesis, clinical features and management of Acute Otitis Media (AOM) and Chronic Otitis Media.	Cognitive	Know	Small group discussion,	Written/ Viva voce	ENT	No
9	Describe the clinical features, choose the correct investigations and describe the principles of management of Otitis Media.	Cognitive	Know	Small group discussion,	Written/ Viva voce	ENT	No
10	Describe the clinical features, choose the correct investigations and describe the principles of management of Rhinitis	Cognitive	Know	Small group discussion	Written/ Viva voce	ENT	No

11	Describe the clinical features, choose the correct investigations and describe the principles of management of Acute & Chronic Sinusitis	Cognitive	Know	Small group discussion,	Written/ Viva voce	ENT	No
12	Describe the clinical features, choose the correct investigations and describe the principles of management of Upper Respiratory Tract Infections.	Cognitive	Know	Small group discussion,	Written/ Viva voce	ENT	No
13	Describe the clinical features, choose the correct investigations and describe the principles of management of Epistaxis	Cognitive	Know	Small group discussion,	Written/ Viva voce	ENT	No
14	Describe the clinical features, choose the correct investigations and describe the principles of management of Nasal Polyps	Cognitive	Know	Small group discussion,	Written/ Viva voce	ENT	No
15	Describe the clinical features, investigations and principles of management of Vertigo. Able to perform Hallpike test and Epley's manoeuvre	Cognitive and Psychomotor	Know	Small group discussion, Demonstration	Written/ Viva voce DOPS	ENT- OPD	No
16	Describe the clinical features, investigations and principles of management of Tinnitus	Cognitive	Know	Small group discussion,	Written/ Viva voce	ENT	No
17	Describe the clinical features, choose correct investigations and describe principle of management of hoarseness of voice	Cognitive	Know	Small group discussion,	Written/ Viva voce	ENT	No
18	Describe the clinical features, investigations and principles of management of Stridor	Cognitive	Know	Small group discussion,	Written/ Viva voce	ENT	No

19	Describe the clinical features, choose the correct investigations and describe the principles of management of Hearing loss	Cognitive	Know	Small group discussion,	Written/ Viva voce	ENT	No
20	describe the clinical features, choose the correct investigations and describe the principles of management of type of dysphagia	Cognitive	Know	Small group discussion,	Written/ Viva voce	ENT	No
21	Describe the clinical features, investigations and principles of management of Facial Nerve palsy	Cognitive	Know	Small group discussion,	Written/ Viva voce	ENT	No
22	Describe the clinical features, choose the correct investigations and describe the principles of management of Deviated Nasal Septum	Cognitive	Know	Small group discussion,	Written/ Viva voce	ENT	No

Orthopaedics

Sr. No.	Competency	Domain (Cognitive/ Psychomotor/ Affective)	Level (Know/ Know/ How/S how/P perform)	Teaching- learning Method	Assessment Method	Posting where it can be learnt	Alignment with other speciality, if needed
1	Able to take relevant history for musculoskeletal complaints	Cognitive	Knows How	Didactic lectures, Demonstration	Written/ Viva voce	Orthopaedics	
2	Able to perform a focused musculoskeletal examination.	Cognitive Psychomotor	Knows How Shows how	Didactic lectures, Demonstration Skill training	Written/ Viva voce	Orthopaedics	Integrated learning with PMR

						Skill assessment		
3	Able to perform an initial assessment, stabilization, and referral with appropriate transport of a patient with polytrauma.	Cognitive Psychomotor	Knows How Shows how	Didactic lectures, Demonstration, Skill training	Written / Viva voce Skill assessment, Simulated patient	Orthopaedics	General Surgery, Trauma and Emergency department	
4	Able to perform an initial assessment, and stabilization, application of splint, sling, slab, and referral of fractures and dislocations.	Cognitive Psychomotor	Knows How Shows how	Didactic lectures, Demonstration, Skill training	Written / Viva voce OSPE/Skill assessment	Orthopaedics	Trauma and Emergency department	
5	Able to prescribe and interpret investigations for common Orthopaedics diseases and extremity injuries. (Blood, x-ray, CT scan, MRI, etc)	Cognitive	Knows How Shows how	Didactic lectures, Demonstration	Written / Viva voce	Orthopaedics		
6	Able to manage minor sprains, fracture of the clavicle, and Colles' fracture, if no indication for referral.	Cognitive Psychomotor	Knows How Shows how	Didactic lectures, Demonstration, Skill training	Written test Viva voce OSPE/Skill assessment	Orthopaedics		
7	Able to provide health education for the prevention of musculoskeletal injuries and diseases.	Cognitive Affective	Knows How Shows how	Demonstration, Role plays	Written test Viva voce Skill assessment	Orthopaedics	Physical Medicine and Rehabilitation (Integrated learning)	

8	Able to diagnose and medically treat common bone and joint diseases like inflammatory, degenerative, arthritis, spondylosis.	Cognitive	Knows How	Didactic lectures, small group discussion	Written test Viva voce	Orthopaedics	Physical Medicine and Rehabilitation
9	Able to diagnose common congenital or acquired deformities of the skeletal system and proper referral to specialist wherever required.	Cognitive	Knows How	Didactic Lectures, Small group discussion	Written test Viva voce	Orthopaedics	Physical Medicine and Rehabilitation

Physical Medicine and Rehabilitation

Sr. No.	Competency	Domain (Cognitive/ Psychomotor/ Affective)	Level (Know /Know how/S how/P perform)	Teaching-learning Method	Assessment Method	Posting where it can be learnt	Alignment with other speciality, if needed
1	Define and describe disability, its cause, identification and prevention of disability	C	KH	Lecture	Written/ viva voce	Physical Medicine and rehabilitation	
2	Describe the impact of co-morbidities on the rehabilitation of patient with cerebrovascular accident	C	KH	Lecture/ small group discussion	Written/ viva voce	Physical Medicine and rehabilitation	General Medicine
3	Describe the common patterns, clinical features, investigations, diagnosis and outline treatment of common causes of musculoskeletal pain	C	KH	Lecture/ small group discussion	Written/ viva voce	Physical Medicine and rehabilitation	Orthopaedics/ General Medicine
4	Describe the clinical features, diagnostic work up and outline management of spinal cord injury	C	KH	Lecture/ small group discussion	Written/ viva voce	Physical Medicine and rehabilitation	Neurosurgery/ Orthopaedics

5	Describe the clinical features, evaluation, diagnosis and outline management of disability following traumatic brain injury	C	KH	Lecture/ small group discussion	Written/ viva voice	Physical Medicine and rehabilitation	Neurosurgery/ Orthopaedics
6	Describe rehabilitative aspects related to elderly: dementia, depression, incontinence immobility and nutritional needs	C	KH	Lecture/ small group discussion	Written/ viva voice	Physical Medicine and rehabilitation	General Medicine
7	Classify Pressure Sores, outline their preventive and curative aspects	C, P	KH/S	Lecture/ small group discussion	Written/ viva voice	Physical Medicine and rehabilitation	General surgery

Obstetrics and Gynecology

Sr. No.	Competency	Domain (Cognitive/ Psychomotor / Affective)	Level (Know/ Know how/Sh ow/Perf orm	Teaching- learning Method	Assessment Method	Posting where it can be learnt	Alignment with other speciality, if needed
1	Perform Per speculum examination	Psychomotor	S	Simulation/ Demonstration/ Perform under supervision	DOPS/ CEX	OPD/LR	
2	Perform Per vaginal examination	Psychomotor	S	Simulation/ Demonstration/ Perform under supervision	DOPS/ CEX	OPD/LR	
3	Manage vaginal discharge, STDs- their prevention and treatment	Cognitive/ Psychomotor	KH	Lecture/CBD/ Clinical posting	Written/ Viva-voce/ OSCE	OPD	
3	Awareness and knowledge of cervical cancer screening	Cognitive	K	Lecture/CBD	Written/ Viva-voce	OPD	Pathology

	Cervical screening-cervical smear, VILLI, VIA, cervical biopsy	Psychomotor	S	Simulation/ Demonstration/ Perform under supervision	DOPS/ CEX		
4	Perform IUCD insertion	Psychomotor	S	Simulation/ Demonstration/ Perform under supervision	DOPS/ CEX	OPD/LR	
5	Perform Endometrial aspiration and biopsy	Psychomotor	S	Simulation/ Demonstration/ Perform under supervision	DOPS/ CEX	OPD/OT	Pathology
6	Knowledge and management of adolescent health and menstrual health and its deviations	Cognitive	KH	Lecture/CBD/ Clinical posting	Written/ Viva-voce/ OSCE	OPD	Pediatrics
7	Approach to menopausal issues in primary care and warning signs of referral to higher centres	Cognitive	K	Lecture/CBD/ Clinical posting	Written/ Viva-voce/ OSCE	OPD	
8	Perform Suction Evacuation till 12 weeks of gestation	Psychomotor	S	Demonstration/ Perform under supervision	DOPS/ CEX	OT	
9	Antenatal care of low-risk pregnancy	Cognitive	KH	Lecture/CBD/ Clinical posting	Written/ Viva-voce/ OSCE	OPD/IPD	
11	Intra-natal and postnatal care of low-risk pregnancies	Cognitive	KH	Lecture/CBD/ Clinical posting	Written/ Viva-voce/ OSCE	OPD/IPD/ LR	Paediatrics
12	Pelvic assessment for adequacy	Psychomotor	S	Simulation/ Demonstration/ Perform under supervision	DOPS/ CEX	OPD/LR	

13	Initial assessment and stabilisation of patients with antepartum eclampsia	Cognitive/ Psychomotor	KH	Lecture/CBD/ Clinical posting	Written/ OSCE, miniCEX	LR	
14	Conduct vaginal delivery	Psychomotor	S	Simulation/ Demonstration/ Perform under supervision	OSCE/ DOPS	LR	
15	Manage PPH at a primary and secondary level and appropriate referral	Cognitive, psychomotor	KH, S	Lecture/CBD/ Clinical posting/ Assist under supervision	Written/ Viva-voce, mini CEX	LR/IPD	
16	Perform suturing of Episiotomy wound	Psychomotor	S	Simulation/ Demonstration/ Perform under supervision	DOPS	LR	
17	Manage retained placenta	Cognitive/ Psychomotor	KH	Lecture/CBD/ Clinical posting	Written/Vi va-voce/ OSCE	LR/OT	
18	Perform Repair of perineal laceration	Psychomotor	S	Simulation/ Demonstration/ Perform under supervision	DOPS	LR/OT	
19	Care of puerperium	Cognitive, Psychomotor	KH, S	Lecture/CBD/ Clinical posting/ perform under supervision	Written/ Viva-voce/ OSCE	IPD	Paediatrics
20	Shared antenatal and postnatal care of high-risk pregnancy	Cognitive, Affective and Psychomotor	KH, S	Lecture/CBD/ Clinical posting, perform under supervision	Written/ Viva-voce/ OSCE	OPD/IPD/ LR- CHC and DH posting	CMFM
21	Awareness and knowledge of family planning options	Cognitive	K	Lecture/CBD/ Clinical posting	Written/ Viva-voce	OPD	CMFM

22	Awareness and knowledge of national MTP/PCPNDT rules and emergency management of first trimester pregnancy losses	Cognitive	K	Lecture/CBD/ Clinical posting	Written/ Viva-voce	OPD	CMFM/ Forensic Medicine
23	Awareness of family welfare programmes	Cognitive	K	Lecture/Seminars/ Clinical posting	Written/ Viva-voce	OPD	CMFM
24	Awareness of National Health Programmes pertaining to adolescent and maternal health	Cognitive	K	Lecture/ Seminars/ Clinical posting	Written/ Viva-voce	OPD	CMFM

Trauma and Emergency

Sr. No.	Competency	Domain (Cognitive/ Psychomotor or Affective)	Level (Know/ Know how/ Show/ Perform)	Teaching-learning Method	Assessment Method	Posting where it can be learnt	Alignment with other speciality, if needed
1	Know the instruments, drugs, and facilities needed to set up a basic emergency care service in a general practice setting.	Cognitive	Know	Lecture; Demonstration; Group Discussion; Seminars	OSCE, Viva	Emergency and Trauma	
2	Know initial assessment and management of patients with common emergencies including cardiovascular, respiratory, gastrointestinal, neurological, poly-trauma, burn, snake bite, heat stroke etc.	Cognitive	Know	Lecture; Demonstration; Group Discussion; Seminars	Skill lab	Emergency and Trauma	Department of Medicine. Surgery
3	Knowledge of Basic and Advanced life support; cardio-pulmonary resuscitation	Cognitive	Know	Lecture; Demonstration; Group	Skill lab	Emergency and Trauma	

					Discussion; Seminars				
4	Identify co-morbid diseases and recognize the increased risk of acute events in patients with chronic diseases	Cognitive	Know		Lecture; Demonstration; Group Discussion; Seminars	Written, Viva Voce	Emergency and Trauma	Department of Medicine. Surgery	
5	Recognize the modifying effect of chronic or co-morbid disease on the presentation of acute illness.	Cognitive	Know		Lecture; Demonstration; Group Discussion; Seminars	Written, Viva Voce	Emergency and Trauma	Department of Medicine. Surgery	
6	Knowledge about the prevention of emergencies	Cognitive	Know		Lecture; Demonstration; Group Discussion; Seminars	Written, Viva Voce	Emergency and Trauma		
7	Recognition, initial assessment and management of surgical emergencies including acute abdomen, shock, sepsis, hemorrhage	Psycho- motor	Know/ Show		Lecture; Patient based Demonstration	Written, Skill lab	Emergency and Trauma	Department of Surgery	
8	Initial assessment and management of Trauma patient including airway and breathing failure, hemorrhage, shock, severe head injury and burns	Psycho- motor	Know/ Show		Lecture; Patient based Demonstration	Skill lab, OSCE, DOPS, Simulated patient	Emergency and Trauma		
9	Initial management of medical emergencies including cardiovascular, respiratory, gastrointestinal, neurological, snake bite, heat stroke	Psycho- motor	Know/ Show		Lecture; Patient based Demonstration	Skill lab, OSCE, DOPS, Simulated patient	Emergency and Trauma	Department of Medicine	

10	Recognition and determination of death	Psychomotor	Know/Show	Patient based Demonstration	Skill lab, Simulated patient	Emergency and Trauma	
11	Cardio-pulmonary resuscitation – adult and paediatric: basic life support and advanced cardiac life support	Psychomotor	Know/Show	Patient based Demonstration	Skill lab, DOPS, OSCE	Emergency and Trauma	
12	Use of defibrillator and AED	Psychomotor	Know/Show	Patient based Demonstration	Skill lab, OSCE, DOPS, Simulated patient	Emergency and Trauma	
13	Emergency oro-tracheal intubation and Airway management	Psychomotor	Know/Show	Patient based Demonstration	Skill lab, DOPS	Emergency and Trauma	
14	Bag mask Ventilation	Psychomotor	Know/Show	Patient based Demonstration	Skill lab, DOPS	Emergency and Trauma	
15	Heimlich Manoeuvre	Psychomotor	Know/Show	Patient based Demonstration	Skill lab, DOPS	Emergency and Trauma	125
16	Intravenous access; Intra-osseous access	Psychomotor	Know/Show	Patient based Demonstration	Skill lab, DOPS	Emergency and Trauma	
17	Gastric lavage	Psychomotor	Know/Show	Patient based Demonstration	Skill lab, DOPS	Emergency and Trauma	
18	Chest tube insertion	Psychomotor	Know/Show	Patient based Demonstration	Skill lab, DOPS, Simulation	Emergency and Trauma	
19	Splinting of a fractured limb	Psychomotor	Know/Show	Patient based Demonstration	Skill lab, DOPS, Simulation	Emergency and Trauma	

20	Reduction of fractures and dislocations	Psycho-motor	Know/Show	Patient based Demonstration	Skill lab, DOPS, Simulation	Emergency and Trauma	Department of Orthopaedics
21	Immobilization of spine	Psycho-motor	Know/Show	Patient based Demonstration	Skill lab, DOPS, Simulation	Emergency and Trauma	
22	Body cooling and warming techniques	Psycho-motor	Know/Show	Patient based Demonstration	Viva, Skill lab, DOPS	Emergency and Trauma	
23	Insertion of nasal pack	Psycho-motor	Know/Show	Patient based Demonstration	Skill lab, DOPS	Emergency and Trauma	
24	Removal of nasal/ aural foreign body	Psycho-motor	Know/Show	Patient based Demonstration	Skill lab, DOPS	Emergency and Trauma	Department of ENT
25	Handling of violent/ aggressive patients	Psycho-motor	Know/Show	Patient based Demonstration	Skill lab- Role play	Emergency and Trauma	
26	Use of local and regional anaesthesia	Psycho-motor	Know/Show	Patient based Demonstration	Skill lab- DOPS	Emergency and Trauma	186
27	Wound management, suturing and dressing	Psycho-motor	Know/Show	Patient based Demonstration	Skill lab- DOPS- Simulation	Emergency and Trauma	
28	Incision and drainage of abscess	Psycho-motor	Know/Show	Patient based Demonstration	DOPS	Emergency and Trauma	
29	Infection control	Cognitive, Psycho-motor	Know/Show	Patient based Demonstration	Written, Viva	Emergency and Trauma	
30	Abdominal paracentesis	Psycho-motor	Know/Show	Patient based Demonstration	DOPS	Emergency and Trauma	

31	Interpretation of ECG, Radiograph of chest, abdomen, pelvis, spine and limbs	Psychomotor	Know/Show	Patient based Demonstration	OSCE	Emergency and Trauma	
32	Indication of Ultrasound abdomen, CT scan and MRI	Psychomotor	Know/Show	Patient based Demonstration	Written, Viva	Emergency and Trauma	
33	Urinary bladder catheterization	Psychomotor	Know/Show	Patient based Demonstration	Skill lab-DOPS	Emergency and Trauma	
34	Supra-pubic catheterization	Psychomotor	Know/Show	Patient based Demonstration	Skill lab-DOPS	Emergency and Trauma	
35	Venesection	Psychomotor	Know/Show	Patient based Demonstration	Skill lab-DOPS - Simulation	Emergency and Trauma	
36	Disaster management in relation to disease and trauma	Psychomotor	Know/Show	Patient based Demonstration	Written, Viva, Role play, Simulated case scenario	Emergency and Trauma	187
37	Documentation in emergency and its medico-legal importance	Psychomotor	Know/Show	Patient based Demonstration	Written, Viva	Emergency and Trauma	
38	Work effectively as part of a multi-disciplinary team in the management of emergencies	Affective	Know how	Group discussion; Seminars	Skill lab-Role play	Emergency and Trauma	
39	Demonstrate confidence to make decisions and accept the outcomes of those decisions	Affective	Know how	Group discussion; Seminars, Role play	Skill lab-Simulated case scenario	Emergency and Trauma	
40	Develop excellent listening skills and communicate empathically with patients, relatives, and others in an emergency	Affective	Know how	Group discussion; Seminars, Role play	Skill lab, OSCE, Simulated patient	Emergency and Trauma	

41	Develop skills to empathically break bad news to patient or their relatives	Affective	Know how	Group discussion; Seminars, role play	Skill lab- OSCE, simulated patient	Emergency and Trauma	
42	Deal sensitively and in line with professional codes of practice with patients having serious diagnosis who refuse admission	Affective	Know how	Group discussion; Seminars, Role play	Skill lab- Simulated patient	Emergency and Trauma	
43	Appreciate the challenges of maintaining continuity of care after an acute illness by making suitable handover and follow up arrangements	Affective	Know how	Group discussion; Seminars, Role play	Skill lab- Simulated case scenario	Emergency and Trauma	188
44	Appreciate the needs of the care-takers involved at the time of the acutely ill person's presentation	Affective	Know how	Group discussion; Seminars, Role play	Skill lab- simulated case scenario	Emergency and Trauma	
45	Awareness of any management conflict that may exist between patients and their relatives and act in the best interest of the patient	Affective	Know how	Group discussion; Seminars, Role play	Skill lab- Simulation	Emergency and Trauma	

Dentistry

Sr. No.	Competency	Domain (Cognitive/ Psychomotor or/ Affective)	Level (Know/K now/ how/Sho w/Perfor m)	Teaching- learning Method	Assessment Method	Posting where it can be learnt	Alignment with other speciality, if needed
1	Caries Pathophysiology	Cognitive	K	Lecture /Tutorial	Written/ Viva	Institute	NR
2	Basic Oral examination- normal anatomy Identification of caries with oral screening exam	Psychomotor	KH	Demonstration of Oral examination outreach	DOPS	OPD/ Community Outreach clinic	NR
3	Impact of untreated caries (pain, abscess, cellulitis, airway, other systemic impacts)	Cognitive	K	Lecture /Tutorial	Written / Viva	Institute	NR
4	How to prevent caries - Role of diet, fluoride, calcium in caries, hygiene, tooth brushing and flossing,	Cognitive	K	Lecture /Tutorial	Written / Viva	OPD/Institute	NR
5	Prevention of early childhood caries: Brushing in children, when to start, type and amount of tooth paste, infant night time feedings, Nursing bottle caries	Cognitive	K	Lecture /Tutorial	Written / Viva	OPD/Institute	NR

6	Xerostomia drug related/radiotherapy induced or pathologic and caries risk	Cognitive	K	Lecture /Tutorial	Written / Viva	OPD/Institute	NR
7	Pathogenesis and presentation of periodontal disease	Cognitive	K	Lecture /Tutorial	Written / Viva	OPD/Institute	NR
8	Impact of periodontal disease (tooth loss, systemic sequelae and its correlation with systemic disorders like diabetes, cardiac diseases, pregnancy gingivitis, pubertal/adolescent periodontitis)	Cognitive	K	Lecture /Tutorial	Written / Viva	OPD/Institute	NR
9	How to prevent periodontal disease – Role of brushing, flossing	Psychomotor	K/SH	Demonstration	DOPS	OPD/ Tutorial	NR
10	Impact of medications on gums	Cognitive	K	Lecture /Tutorial	Written / Viva	OPD/Institute	NR
11	Periodontal disease and adverse pregnancy outcomes	Cognitive	K	Lecture /Tutorial	Written / Viva	OPD/Institute	NR
12	Risk factors assessment and early identification of oral malignancies	Cognitive	KH	Lecture /Tutorial	Written / Viva	OPD/ Community Outreach clinic	Surgical oncology
13	Identification of early signs of oral malignancy/potentially malignant lesions	Psychomotor	KH	Lecture /Tutorial	DOPS	OPD/ Community	NR

21	Long term effects and prevention of complications like TMJ ankylosis especially in pediatric age group after trauma	Cognitive	K	Lecture /Tutorial	Written / Viva	OPD/Institute	NR
22	Milestones of occlusion development in children and common developmental disorders	Cognitive	K	Lecture /Tutorial	Written / Viva	OPD/Institute	NR
23	Identification of early signs of development of malocclusion	Cognitive	K	Lecture /Tutorial	Written / Viva	OPD/Institute	NR
24	Effects of Habits like thumb sucking, mouth breathing, tongue thrusting	Cognitive	K	Lecture /Tutorial	Written / Viva	OPD/Institute	NR

Ophthalmology

Sr. No.	Competency	Domain (Cognitive/ Psychomotor or Affective)	Level (Know/ Know how/ Show/ Perform)	Teaching-learning Method	Assessment Method	Posting where it can be learnt	Alignment with other speciality, if needed
1	Performing the visual acuity assessment for distance vision, near vision, aided and unaided, colour vision	Psychomotor	Know How/ Show	Observation and demonstration	Checklist/ OSCE	Ophthalmology Department	
2.	Know to prescribe age appropriate refraction number for presbyopia for near vision	Cognitive /Psychomotor	Know	Demonstration and Practice	Case based assessment /OSCE	Ophthalmology Department	

3	Diagnosis and treatment of common allergic and infective conjunctivitis, keratitis, xerophthalmia	Cognitive/ Psychomotor	Know/ Show	Demonstration and Practice	Case based assessment /OSCE	Ophthalmology Department	
4.	Diagnosis of cataract and assessment of its grading	Cognitive/ Affective	Know	Observation and patient assessment	DOPS/ OSCE	Ophthalmology Department	
5.	a. Diagnosis of Glaucoma b. Assessment of intraocular pressure digitally	Cognitive/ Affective/ Psychomotor	Know how/ Show	Observation and assessment of patient	DOPS/ OSCE	Ophthalmology Department	
6.	a. Perform fundus examination using direct ophthalmoscopy b. Identify features of diabetic and hypertensive retinopathy, retinal detachment, macular dystrophies and degenerations	Cognitive/ Psychomotor	Know how/ Show	Observation and patient assessment /Lecture	DOPS/ OSCE	Ophthalmology Department	
7.	Diagnosis of Optic atrophy, 3 rd , 4 th , 5 th , 6 th and 7 th nerve palsy	Cognitive/ Psychomotor	Know/ Show How	Observation and patient assessment /Lecture	DOPS/OSCE	Ophthalmology Department	193
8	Diagnosis of congenital cataract, congenital glaucoma, retinoblastoma, corneal opacity	Cognitive/ Affective	Know/ Show	Observation and patient assessment /Lecture	DOPS/OSCE	Ophthalmology Department	
9	a. Assessment of severity ocular trauma b. Diagnosis of other ocular emergency like central retinal occlusion, retinal vein occlusion, retinal detachment, vitreous haemorrhage, optic neuritis, angle closure glaucoma attack, foreign body in eye	Cognitive/ Psychomotor	Know/ Show how	Observation and patient assessment /Lecture	DOPS/OSCE	Ophthalmology Department / Emergency area posting	

Anaesthesia

Sr. No.	Competency	Domain (Cognitive/ Psychomotor/ Affective)	Level (Know/ Know how/ Show/Perform)	Teaching- learning Method	Assessment Method	Posting where it can be learnt	Alignment with other specialty, if needed
1	Conduct pre-anaesthetic health check-up, provide local anaesthesia, regional anaesthesia	Cognitive/ Psychomotor	Know how/ Show and does	Lecture, Demonstration on using video, skill lab	OSCE/DOPS Skill Lab	Teaching hospital	
2	Perform Endotracheal intubation	Psychomotor	Know how/ Show and does	Lecture, Demonstration on using video, skill lab	OSCE/DOPS Skill Lab	Teaching hospital and emergency department	

Radiodiagnosis

Sr. No.	Competency	Domain (Cognitive/ Psychomotor/ Affective)	Level (Know/ Know how/ Show)	Teaching- learning Method	Assessment Method	Posting where it can be learnt	Alignment with other specialty, if needed
1	Advise regarding appropriate Radiological imaging like X ray, USG, CT scan and MRI in various clinical contexts, and be able to act on the reports furnished by the radiologist.	Cognitive	Know how	Lecture, Film reading sessions	MCQ, OSCE	Radio- diagnosis - Teaching hospital	

3	Provide basic ultrasound in emergency (FAST)	Psychomotor	Know how/Sho w and does	Lecture followed by Demonstration using video, skill lab	OSCE/ DOPS	Teaching hospital	Radiology and Emergency Medicine
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Pathology

Sr. No.	Competency	Domain (Cognitive/ Psychomotor/ Affective)	Level (Know/K now how/Sho w/Perfor m)	Teaching-learning Method	Assessment Method	Posting where it can be learnt	Alignment with other speciality, if needed
1	Explain procedure, collect, preserve, transport blood, body fluids and other samples as per protocols	Cognitive, affective, psychomotor	S	Role play Skill lab	Skill lab	CCL, Blood bank	195
2	Instruct patient for type of sample for urine collection and performance of simple bedside urine routine examination and result interpretation	Cognitive, affective, psychomotor	S	Demonstration	Skill lab	Pathology	
3	Instruct patient for Blood sugar estimation, demonstration of sugar estimation using point of care devices and interpretation of tests	Cognitive, affective, Psychomotor	S	Demonstration	Lab exercise	CCL	
4	Interpret lab reports and critical value alerts	Cognitive	KH	Demonstration	OSCE	CCL	
5	Perform Fine Needle aspiration cytology, collection of scrape smears	Cognitive, affective, psychomotor	P	DOAP	Skill lab	Pathology	

6	Comprehend segregation of Biomedical waste	Cognitive	S	Lecture demonstration	Written, Viva	HICC	
7	Implement Hospital infection Control protocols	Cognitive Psychomotor	P	Lecture demonstration	Written, Viva, Skill lab	HICC	

Transfusion Medicine

Sr. No.	Competency	Domain (Cognitive/ Psychomotor/ Affective)	Level (Know/ Know how/ Show/ Perform)	Teaching-learning Method	Assessment Method	Posting where it can be learnt	Alignment with other speciality, if needed
1	Understand the basics of Blood and Blood Component Transfusion including Indications	Cognitive	Know how	Lecture	MCQ	Department of Transfusion Medicine and Blood Bank	196
2	Administer Blood and Blood Components, including Home Transfusion scenario	Cognitive Psychomotor	Performs	Practical Demonstration	MCQ, Viva Skill lab		
3	Manage Acute Transfusion Reaction	Cognitive Psychomotor	Know how Performs	Lecture, DOAP	MCQ, Viva Skill lab		

Microbiology

Sr. No.	Competency	Domain (Cognitive/ Psychomotor or Affective)	Level (Know/ Know how/ Show/ Perform)	Teaching-learning Method	Assessment Method	Posting where it can be learnt	Alignment with other speciality, if needed
1	Perform collection of specimens for microbiological investigations: blood, urine, throat swab, rectal swab, stool, pus (swabs), conjunctival swab, ear swab	Cognitive Affective Psychomotor	Know how & Show	Lecture and Demonstration	Viva, DOPS	Clinical Microbiology laboratory	Medicine, Pediatrics, Surgery, ENT, Ophthalmology
2	Preparation, examination and interpretation of direct smears from clinical specimens	Cognitive Psychomotor	Know how & Show	Lecture and Demonstration	Viva, DOPS	Clinical Microbiology laboratory	197
3	Direct examination of specimens by KOH, Gram's stain	Cognitive Psychomotor	Know how & Show	Lecture and Demonstration	Viva, DOPS	Clinical Microbiology laboratory	-
4	Interpretation of serological tests	Cognitive	Know how & Show	Lecture and Demonstration	Viva, OSPE	Clinical Microbiology laboratory	-

5	Comprehend methods of antimicrobial resistance and Interpretation of Antimicrobial susceptibility test results	Cognitive	Know / know how	Lecture and Demonstration	Viva, OSPE	Clinical Microbiology laboratory	-
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General Medicine

Sr. No.	Competency	Domain (Cognitive/ Psychomotor/ Affective)	Level (Know/ Know how/ Show/ Perform)	Teaching-learning Method	Assessment Method	Posting where it can be learnt	Alignment with other speciality, if needed
1	Should be able to take comprehensive history related to common infectious and non-infectious disease seen in general population like acute febrile illness, tropical fever syndrome, community acquired pneumonia, Tuberculosis, acute gastroenteritis with/ without dehydration,	Cognitive and Affective domain	KH/ S	Bed side clinics, Demonstrations	Case presentations (OSLER), OSCE, miniCEX, OMP	Medicine OPD/ IPD in the institute or DH, CHC	198

	Diabetes, hypertension, CKD, arthritis and locally prevalent diseases both in the OPD and IPD setting.						
2	Should be able to perform relevant general and specific examination so as to make appropriate diagnosis in the above-mentioned situations	Cognitive and Psychomotor	KH/S	Bed side clinics, Demonstrations	Case presentations (OSLER), OSCE, miniCEX	Medicine OPD/ IPD in the institute or DH, CHC	199
3	Should be able to provide comprehensive medical care to in-patient and out patients with common infectious and non- infectious diseases like HT, CKD, DI, Hypothyroidism, Arthritis etc	Cognitive and Psychomotor domain	K/KH/ S	Didactic lectures/ bed side clinics/ Demonstrations	Modified Essay questions/Case presentations/ miniCEX/ OSCE	Institute OPD/ ward / District hospital	
4	Should know the principles of methodology of	Cognitive	K/ KH	Lecture / Seminar / Case	MCQ/ Essay questions/ Viva voce	Institute	Microbiology, Pathology,

	various biochemical, microbiological, immunological, histo-chemical and radiological procedures			based Discussion			Biochemistry and Radiology
5	Interpret investigations including lab investigations, Xray of chest, abdomen, limbs and spine; ECG and basic antenatal ultrasound; describe indications for CT and MRI and act on their reports.	Cognitive	K/ KH	Lecture/ Tutorial	OSCE/ Viva voce	Institute	Radiodiagnosis
6	Should be able to provide appropriate counselling, health care advice and treatment to patients of geriatric age group	Cognitive, affective domain	KH/ shows	Theory/ demo classes/ Bed side clinics	MCQ/ Essay questions/ Viva voce/ OSCE	Geriatric clinics of the Institute/ District hospital	

Integrated competencies

Sr. No.	Competency	Domain (Cognitive/ Psychomotor/ Affective)	Level (Know/ Know how/ Show/ Perform)	Teaching-learning Method	Assessment Method	Posting where it can be learnt	Alignment with other speciality, if needed
1	Health promotion: Should provide health education on smoking cessation, nutrition, alcohol use, physical fitness and stress management with incorporation of Yoga and other techniques	Affective domain	KH/S/Perform	Didactic lectures/ Role play/	OSCE,	District hospital OPD/ Institutional OPD / ward/ speciality clinic	Common to Psychiatry, Community medicine and Medicine and other specialties (AYUSH) Yoga
2	Should be able to manage electrolyte and fluid abnormalities and common emergencies like seizures, status asthmaticus, CCF, MI, stroke, Respiratory failure, AKI	Cognitive and Psychomotor	KH/S/Perform	Didactic lectures/ Structured Essay questions/ simulation	OSCE, Case presentation	Skill lab, IPD of the institute	Common for Medicine, Pediatrics, Trauma and emergency
3	Should be able to provide BLS and ACLS effectively	Psychomotor	KH/S/Perform	Demonstrations/ Tutorial/ Role play	MCQ/ Modified essay questions/ OSCE/	Skill lab of the institute/ Emergency department	Anesthesia / Medical Education unit
4	Should be able to perform common invasive procedures like nasogastric tube insertion, abdominal	Psychomotor	KH/S/Perform	Demonstrations/ Tutorial/ Role play	MCQ/ Modified essay questions/ OSCE/	Skill lab of the institute/ Emergency department	Common to Medicine, Pediatrics, Surgery, Trauma

	and thoracic paracentesis, intercostal tube drainage, Intravenous and intra osseous access, lumbar puncture, urinary catheterization						and emergency, Orthopedics and OBGY
5	Should demonstrate good communication skills during case presentation, seminar or journal club presentations	Affective	S	Case presentations/ seminars/ journal club	Viva voce, Clinical case, logbook	Parent department/ Medicine department	Common to all subjects
6	Interpretation of common diagnostic tests	Cognitive	K, KH	Lecture, Clinics	OSPE, Viva, MCQ	OPD/IPD/ Emergency of clinical departments	Clinical specialties Common to all specialties
7	Knowing the Research Methodology/ Collecting data for the research and compiling them/ Analysis of the collected research data and writing a research paper	Cognitive Psychomotor	K, KH, S	Lecture, Group discussion	Written, Viva	Department of Community Medicine /Pharmacology Family Medicine	Common for all subjects
8	Understanding of basic biostatistics and use of computational tools in research	Cognitive Psychomotor	K, KH, S	Lecture	Written, OSPE	Department of Community Medicine /Pharmacology / Family Medicine	Common to all subjects/

9	Demonstrates ability to communicate bad news and deal with conflict situations effectively	Psychomotor Affective	K, KH, S	Role play, Clinics	OSCE	Medical unit- Education communication skill labs in the Institute	Common to all subjects
10	Should be able to demonstrate three stage assessment as a part of consultation in family practice	Psychomotor and Affective skills	KH,S	Role play, Demonstrations, Simulated patients	Mini-CEX, OSCE	Family medicine, Medical Education unit- communication skills lab of the institute	Common to all subjects
11	Time management, stress management skills	Psychomotor and affective	KH, S	Lecture, role play, simulated case scenario, demonstrations	Log book, multisource feedback	Psychiatry, Yoga, Medical education unit	Common to all subjects

Pediatrics

Sr. No.	Competency	Domain (Cognitive/ Psychomotor / Affective)	Level (Know/ Know how/ Show/ Perform)	Teaching-learning Method	Assessment Method	Posting where it can be learnt	Alignment with other speciality, if needed
1	Ability to elicit pertinent history related to common childhood illness like- diarrhoea, respiratory tract infection, acute febrile illness, febrile seizures, development disorders, Malnutrition, anaemia, pain in	Cognitive and affective domain	Know / Show	Bed side clinics, OPD postings	OSLER, OSCE, viva voce	Pediatric OPD in the institute, Pediatric ward of a DH	

	abdomen, urinary tract infection, jaundice, childhood malignancies, hemoglobinopathies etc.							
2	Able to demonstrate through general and systemic examination relevant to a case of common childhood illness	Psychomotor domain and affective domain	Knows how and shows	Bed side clinics, OPD postings	OSLER/ OSCE	Pediatric OPD in the institute, Pediatric ward of a DH		
3	Demonstrate the ability to perform and interpretate anthropometry	Cognitive / Psychomotor	Knows how and shows	Demonstration, bed side clinics	OSCE/ DOPS	Bed side clinics, OPD postings, community health centers, field posting	Community medicine	
4	Demonstrate and provide triage, BLS and PALS	Cognitive/ Psychomotor	Knows how, shows and does	Lecture followed by Demonstration Role play	MCQ/ OSCE/ DOPS	Skill lab, emergency department, OPD		
5	Provide counselling about immunization and nutrition to children	Cognitive and affective domain	Knows and shows	Theory/ Clinical class	OSCE/ DOPS	OPD of District hospital, Immunization clinic	Community medicine	
6	Should be able to identify and manage common childhood emergencies like severe dehydration, status epilepticus, poisoning, status asthmaticus and injuries	Cognitive and psychomotor domain	Knows/ Knows how and shows how	Theory/ Demonstrations /	MCQ/OSCE / DOPS	Skill labs/ Pediatric Emergency Teaching hospitals	Forensic medicine Though common to Medicine it is differed practically	

7	Should be able to undertake detailed history in adolescent age group and identify common problems related to malnutrition, behaviour problems, drug abuse and high risk sexual behaviour, examination stress and family life education	Cognitive/ affective domain	Knows/ knows how/ shows	Theory / Role play/ Case presentations	MCQ/ Essay questions/ case presentation/ OSCE/ OSLER	OPD/ Adolescent clinics of teaching hospitals	Psychiatry
8	Performance of developmental surveillance, as well as administration and interpretation of developmental screening tests (e.g., Modified Checklist for Autism in Toddlers [M-CHAT], Childhood Autism Rating Scale [CARS])	Cognitive/ Affective domain	Knows how/ Shows	Clinical demonstration	OSCE	Pediatric Neurology clinics in Institute	Neurology and Psychology
9	Assess for safety in a variety of settings (including injuries, family violence, dating violence, sex trafficking, prostitution, gang involvement, access to guns or other	Affective	Knows how	Case discussion	WPBA, OSCE	Pediatrics and adolescent clinic - Institution	Psychiatry

	weapons, motor vehicle use) , cyber bullying , screen time, social media presence						
10	Suspect genetic disorders, make a basic pedigree and refer for appropriate management	Cognitive domain	Knows how	Case discussions	WPBA, SAQs	Pediatrics OPD, Genetics clinic-Institution	Genetics

Neonatology

Sr. No.	Competency	Domain (Cognitive/ Psychomotor / Affective)	Level (Know/ Know how/ Show/ Perform)	Teaching-learning Method	Assessment Method	Posting where it can be learnt	Alignment with other speciality, if needed
1	Assessment of a normal new-born- by taking detailed birth history and examination	Cognitive domain/ Psychomotor domain	Knows/ Knows how and shows	Theory lectures/ demonstration/ bed side clinics	MCQ/ short answer question/ Case presentation/ OSCE	Post-natal ward/ Immunization clinic	Obstetrics and Community Medicine
2	Should be able to provide routine care during uncomplicated delivery	Cognitive/ Psychomotor domain	Knows/ knows how and shows	Demonstration/ Theory	MCQ/ OSCE/ DOPS/ mini-CEX	Labour room/ Obstetric OT	Obstetrics
3	Should be able to anticipate complications and emergencies in the labour room including but not limited to premature delivery/ Meconium aspiration/	Cognitive/ Psychomotor and affective domain	Knows/ Knows how and shows	Theory/ Demonstration/ skill lab	MCQ/ structured essay questions/ OSCE/ mini- CEX, DOPS	Skill lab of medical college, Labour room of medical college/ District hospital and Operation theatre	Obstetrics/ Neonatology

	Birth asphyxia and provide appropriate intervention							
4	Should be able to identify jaundice in a newborn and differentiate between Physiological and pathological jaundice and manage appropriately	Cognitive and Psychomotor	Knows / Knows how/ Shows	Theory/ clinical class	Structured essay question and short case presentation, mini-CEX	PNC ward	Neonatology	
5	Should be able to identify neonatal sepsis early onset and late onset and take appropriate action (treat/ refer)	Cognitive and Psychomotor domain	Knows / Knows how/ Shows	Theory and clinical classes	Structured essay question and short case presentation	PNC ward/ NICU / SNCU	Neonatology/ Community medicine	
6	Co-ordination of patient care with speciality services	Affective	Show	Clinical posting	WBPA, mini-CEX, OSCE	Institute-	Pediatrics/ ENT/Ophthalmology/ Orthopedics/ PMR/ Ped Surgery	
7	Should be able to provide appropriate counselling on breast feeding, weaning and nutrition in newborns, infancy and older children as well	Psychomotor	Show	Clinical cases, Infant and young child feeding guidelines	OSCE, Case discussion, WPBA, mini-CEX	Pediatric OPD, wards and well baby clinics, CHC- DH	Dietetics	

Psychiatry

Sr. No.	Competency	Domain (Cognitive/ Psychomotor/ Affective)	Level (Know/ Know how/ Show/ Perform)	Teaching-learning Method	Assessment Method	Posting where it can be learnt	Alignment with other speciality, if needed
1	Able to identify normal behavioural variation from psychiatric disorders	Cognitive	Know	Lecture/ Case based Discussion & Observation	Case based Skill assessment / Faculty Observation	Psychiatry (OPD/ IPD)	None
2	Able to identify families with high risk for parent-child interaction problems, dysfunction, or psychiatric problems	Cognitive	Know	Lecture, simulated patient	Faculty Observation	Psychiatry & CMFM	CMFM
3	Understanding of Basic concepts of counselling and psychotherapies i. Able to do Counselling ii. Able to do Motivational interviewing iii. Able to use basic behavioural techniques	Cognitive Psychomotor	Know Show	Role play	Case based Skill assessment / Faculty Observation, OSCE	Psychiatry (OPD/ IPD)	None
4	Understanding of common Psychopharmacological agents (Indication, Dosage and Side-effects)	Cognitive	Know	Lecture / Seminar / Case based Discussion	Written/ Viva voce/ Case based Skill assessment / Faculty Observation	Psychiatry (OPD/ IPD)	None

5	Should be able to diagnose Depression and Anxiety disorders, somatic symptom disorder, psychotic disorder and bipolar disorder, OCD, Childhood and Neurodevelopmental Disorders (Like, Attention Deficit Hyperactivity Disorder (ADHD), Autism Spectrum Disorder, Intellectual Disability, Learning disorders etc.) And provide treatment to uncomplicated and less severe cases and refer appropriately	Cognitive Psychomotor Psychomotor Cognitive	Know/ Show/Show/ Know	Lecture / Seminar / Case based Discussion/ Role play, simulated patient, educational videos	Written/ Viva voce/ Case based Skill assessment / Faculty Observation/ mini- CEX, OSCE	Psychiatry (OPD/IPD)	None
6	Should be able to diagnose substance use disorders <ul style="list-style-type: none"> • Provide treatment to uncomplicated and less severe cases • Provide psychoeducation to patient and family • Refer appropriately when required 	Cognitive Psychomotor Psychomotor Cognitive	Know/Show/ Show/Show/ Know	Lecture / Seminar / Case based Discussion, Role play, simulated patient	Written/ Viva voce/ Case based Skill assessment	Psychiatry, General Medicine, (OPD/IPD) & Trauma and Emergency	General Medicine Trauma and Emergency
7	Should be able to manage common Psychiatric emergencies	Cognitive Psychomotor	Know Show	Lecture / Seminar / Case based	Written/ Viva voce/ Case based	Psychiatry (OPD/IPD) &	Trauma and Emergency

	<ul style="list-style-type: none"> • Able to assess suicidal risk • Provide emergency management to patient with suicide risk (Safety planning, supportive counselling and High-risk management) • Able to manage acute agitation • Able to identify and manage severe side-effects of Psychotropic drugs 	Psychomotor Cognitive	Show Know	Discussion, simulated patient	Skill assessment	Trauma and Emergency	
8	<p>Identification</p> <p>Psychiatric morbidity in patients with chronic Medical Disorders</p> <ul style="list-style-type: none"> • Able to identify delirium • Able to identify and minimise risk factors for delirium • Able to identify depression, anxiety and adjustment issues • Provide treatment to uncomplicated and less severe cases 	<p>Cognitive</p> <p>Cognitive</p> <p>Cognitive</p> <p>Cognitive</p> <p>Psychomotor</p>	<p>Know</p> <p>Know</p> <p>Know</p> <p>Know</p> <p>Show</p>	<p>Lecture / Seminar / Case based Discussion, simulated patient</p>	<p>Written/ Viva voce/ Case based Skill assessment</p>	<p>Psychiatry (OPD) & Other specialities (OPD/ IPD)</p> <p>All Specialities</p>	

Dermatology

Sr. No.	Competency	Domain (Cognitive/ Psychomotor / Affective)	Level (Know/ Know how/ Show/ Perform)	Teaching-learning Method	Assessment Method	Posting where it can be learnt	Alignment with other speciality, if needed
1	Should be able to identify and provide treatment for common skin problems like pyodermas, superficial fungal infections of skin, common viral infections like molluscum contagiosum, wart, varicella, herpes zoster, infestations like scabies, pediculosis, nutritional deficiencies, leprosy, sexually transmitted diseases, urticaria and angioedema, purpura, atopic eczema, etc in the community	Cognitive and Affective domain	Know how/ Show	Didactic lectures, Demonstration, Clinical cases	MCQ, Modified essay questions, OSCE, Viva voce, case presentation	Dermatology OPD of the institute	
2	Should be able to take skin scrapping for KOH mount, slit skin smear etc	Psychomotor	Shows/ Does	Demonstration	DOPS	Dermatology OPD of the institute	Microbiology, Pathology
3	Should be able to give intralesional injection for conditions like alopecia etc and do chemical cautery for molluscum, umbilical granuloma etc	Psychomotor	Shows/ Does	Demonstration	DOPS	Dermatology OPD of the institute	

Pain and Palliative care

Sr. No.	Competency	Domain (Cognitive/ Psychomotor/ Affective)	Level (Know/ Know how/ Show/ Perform)	Teaching-learning Method	Assessment Method	Posting where it can be learnt	Alignment with other speciality, if needed
1	Should be able to provide counselling and treatment to patients with suffering from illness causing chronic pain ex. sickle cell disease, Rheumatoid arthritis, Osteoarthritis, Malignancies etc	Psychomotor and affective domain	Knows how/ show / perform	Demonstration/ Role play	MCQ/ OSCE/ DOPS, mini-CEX, simulated patient	Institutes - Hematology oncology clinics, pain clinics	Hematology, Anaesthesia and Psychiatry
2	Should be able to provide symptomatic treatment in terminally ill patients and end of life care	Psychomotor/ Affective domain	Knows how/ show/ Perform	Didactic lectures/ Demonstrations/ Role play	MCQ/ Structured Essay questions/ OSCE/ DOPS	Institute- Hematology oncology wards, Medicine wards	Hematology, Anaesthesia and Medicine
3.	Should be able to communicate effectively with the patients relatives, including breaking of bad news	Affective domain	Knows how/ Shows/ Perform	Demonstration/ Role play	OSCE	Skill labs in the institutes,	Medical Education department

Community Medicine

Sr. No.	Competency	Domain (Cognitive/ Psychomotor / Affective)	Level (Know/ Know how/ Show/ Perform)	Teaching-learning Method	Assessment Method	Posting where it can be learnt	Alignment with other speciality, if needed
1	Should be able to approach the patient within the context of family and community environment in which they live for diagnosis and management of communicable and non-communicable disease (including mental illness and substance use) among all, especially the vulnerable groups (pregnant women, children, elderly, tribal, etc) using relevant methods and technology, including community-based palliative care and rehabilitation.	Cognitive Psychomotor Affective	K, KH, S	Clinic/Family assessment in community Longitudinal care for 5 families during the 3 years of training, maintain family record for each. Should include the social determinants of health	Case/Family Presentation/ OSCE	RHTC/ UHTC/ Clinic	OBG, Paeds, Psychiatry 213
2	Able to conduct the various point of care tests and interpret correctly to support appropriate treatment, including rational use of antimicrobials.	Cognitive Psychomotor	K, KH, S	Clinic/Lab	OSCE/ Viva	Public health Lab/ RHTC/ UHTC/ Clinic	Microbiology & Lab Med
3	Is knowledgeable about locally prevalent endemic diseases and their management with community perspective and	Cognitive	K, KH	Clinic/Community/Lecture	Viva/ Case presentation/ Written	RHTC/ UHTC	Gen med

	able to identify and report outbreaks at an early stage.								
4	Possess adequate knowledge about promotive and preventive methods for various communicable diseases including immunisation and health education and implement them among patients and families.	Cognitive Psychomotor	K, KH, S	Lecture/ Demonstration/ Clinic	OSCE, Written, Viva-voce	RHTC/U HTC/Clinic	Gen Med		
5	Possess adequate knowledge about National Health Programs, implement among their patients and coordinate with program activities including coordinating and advice regarding health insurance schemes.	Cognitive	K, KH	Clinic/Community/ Group Discussion	OSCE/Viva / Written	RHTC/U HTC/Clinic	214		
6	Able to counsel the reproductive age group population for adopting modern contraceptive methods.	Cognitive Psychomotor Affective	K, KH, S	Demonstration/ Lecture	OSCE/Viva / Written	RHTC/U HTC/Clinic	OBG		
7	Able to effectively communicate with patients, community, and colleagues and able to provide health education (BCC/SBCC) and counselling to the patient and families. Able to conduct home visits and exhibit empathy.	Cognitive /Affective	K, KH, S	Demonstration/ Workshop/ Lecture	OSCE/Viva	Clinic/ Academic presentations	MEU		
8	Possess adequate knowledge about requirements to start and sustain a family practice	Cognitive	K, KH	Demonstration/ Lecture/	Viva/Problem solving	RHTC/U HTC/Clinic	Private Practitioners		

	including applying principles of human resource and logistics management in their practice.			Lecture/Workshop	exercises/ Written	Academic presentations like seminars	
9	Able to effectively impart knowledge and transfer skills among undergraduate and post-graduate students.	Cognitive Psychomotor Affective	K, KH, S	Workshop/ Lecture/ Micro-teaching/Practicals/Beside	Micro-teaching/Viva/Beside Exam	Teaching posting	MEU
10	Able to collect, maintain, analyze and use data effectively from the clinic and catchment area.	Cognitive	K, KH	Lecture/Workshop	Viva/ Written	Academic presentations	
11	Able to use health technology effectively in the practice including teleconsultation.	Psychomotor Affective	KH, Shows	Workshops/ Telemedicine Clinics	On site examination	In practice settings	Depts using telemedicine
12	Able to build and use a strong forward and backward referral process for continuum of care for all chronic disease/condition patients coordinating effectively with specialists and health workers.	Cognitive Affective	K, KH	Lecture/ Clinic	Viva/ written	In practice settings	CHCs/Private practitioners
13	Able to provide leadership at the primary care and community level for formation of multidisciplinary health team, conflict management, Stewardship program (including but not limited to Antimicrobial stewardship) with accountability to public	Cognitive and Affective domain	KH/ Shows	Workshops, Role plays,	WPBA	In practice settings	

Pharmacology

Sr. No.	Competency	Domain (Cognitive/ Psychomotor / Affective)	Level (Know/ Know how/ Show/ Perform)	Teaching-learning Method	Assessment Method	Posting where it can be learnt	Alignments with other specialities, if needed
1	Writing prescriptions in proper format	Cognitive Psychomotor	K, KH, S	Lecture, Clinics	Written	Department of Pharmacology	
2	Therapeutic communication: Discussing orders and prescriptions and giving the necessary instructions to the patients	Cognitive Psychomotor Affective	K, KH, S	Clinics	OSPE, Workplace assessment	OPD/IPD/ Emergency of clinical departments	Clinical specialities
3	Using evidence-based medicine to improve patient care	Cognitive Psychomotor	K, KH	Lecture, Clinics	Written, Viva, Audit of charts - both IP and OP for all the competencies	OPD/IPD/ Emergency of clinical departments	Clinical specialities
4	Participating efficiently as a member of an inter-professional team	Cognitive Psychomotor Affective	K, KH, S	Role Play	Workplace assessment	OPD/IPD/ Emergency of clinical departments	Clinical specialities

5	Learning to use electronic medical material	Cognitive Psychomotor	K, KH	CAL Lab	OSPE	Department of Community Medicine /Pharmacology	
6	Learning prescribing policies, formularies and guidelines using available evidence.	Cognitive Psychomotor	K	Lecture, CAL Lab	Written, Viva	Department of Pharmacology	
7	Capable of planning, review of pharmacotherapy and suspected failure of drug therapy in conjunction with clinical colleagues	Cognitive Psychomotor Affective	K, KH, S	Clinics, Group Discussion	Written, Viva, Workplace assessment	OPD/IPD/ Emergency of clinical departments	Clinical specialities
8	Carry out calculation of drug doses based on various types of nomograms/ Carry out Calculation of the strength of an infusion based on the required rate of drug administration.	Cognitive Psychomotor	K, KH, S	Lecture, Clinics	Written, OSPE	Department of Pharmacology	

9	Use printed and electronic resources to identify and analyze unusual or uncertain ADR, and report ADR to appropriate authorities	Cognitive Psychomotor	K, KH, S	Clinics, Pharmacovigilance unit, Dept of Pharmacology	Written, OSPE	Department of Pharmacology	
10	Screen potential subjects for inclusion/exclusion criteria, and obtain valid informed consent prior to their recruitment in clinical research.	Cognitive Psychomotor Affective	K, KH, S	Lecture, Clinics	OSPE	Department of Community Medicine /Pharmacology	
11	Maintain records to the standard required by GCP	Cognitive Psychomotor	K, KH, S	Lecture	Workplace assessment	Department of Community Medicine /Pharmacology	

Forensic Medicine and Toxicology

Sr. No.	Competency	Domain (Cognitive/ Psychomotor/ Affective)	Level (Know/ Know how/ Show/ Perform)	Teaching-learning Method	Assessment Method	Posting where it can be learnt	Alignment with other speciality, if needed
1	Laws and Ethics: be well versed in	Cognitive	K, KH	Lecture	Viva, MCQ	Department	

	principles of bioethics, legal matters pertaining to health care, gender issues, various laws and acts and recent amendments							
2	Identifying the medicolegal cases and proceed accordingly	Cognitive Psychomotor Affective	K, KH, S	Lecture, Clinics	OSPE, Viva, MCQ	Department of FMT/ T&E (casualty)	Clinical specialties	
3	Physical Injury: Should be able to identify different types of injuries, mechanism of production and causative weapon along with its examination and correlation with the injury, manner of production, time since infliction of injury, primary treatment and	Cognitive Psychomotor Affective	K, KH, S	Lecture, Clinics	OSPE, Viva, MCQ Workplace assessment	Department of FMT/ T&E (casualty)	Clinical specialties	

	medico-legal documentation and evidence collection and police information,								
4	Sexual Assault: examine, assess and prepare reports pertaining to the sexual assault survivors and accused in alleged sexual offence cases, the emergency and medical treatment to be provided to the survivors	Cognitive Psychomotor Affective	K, KH, S	Clinics	OSPE, Viva, MCQ Workplace assessment	Department of FMT/ O&G/T&E (casualty)	Clinical specialities		
5	Child abuse: identity, examine, assess and prepare reports pertaining to child abuse both physical and sexual, psychological counselling, evidence collection,	Cognitive Psychomotor Affective	K, KH, S	Lecture, Clinics	OSPE, Viva, MCQ Workplace assessment	Department of FMT/ O&G/Paediatrics/ Psychiatry/T&E (casualty)	Clinical specialities		

	information to police and child helpline							
6	Pregnancy, criminal abortion and MTP (consent, identification and diagnosis, treatment, duty of doctor. Evidence collection and information to police)	Cognitive Psychomotor Affective	K, KH, S	Lecture, Clinics, Role Play	OSPE, Viva, MCQ Workplace assessment	Department of FMT/ O&G	Clinical specialities	
7	Toxicology cases: handle cases of common poisoning cases and bites and stings presenting in the community at primary care, their diagnosis, treatment and medicolegal duties associated with them, handling and preservation of lavage fluid and sending to	Cognitive Psychomotor Affective	K, KH, S	Lecture, Clinics	OSPE, Viva, MCQ Workplace assessment	Department of FMT /Community Medicine /Pharmacology/ Medicine/ T&E	Clinical specialities	

	SFSL, and medico-legal documentation and evidence collection and police information							
8	Drunkenness: examine, assess the medico-legal implications and prepare report by interpreting the clinical and laboratory findings pertaining to alleged drunken patient brought for examination	Cognitive Psychomotor Affective	K, KH, S	Lecture, Clinics	OSPE, Viva, MCQ Workplace assessment	Department of FMT/ Medicine/ T&E	Clinical specialities	
9	Age determination: examine, assess and prepare a report on age estimation required by certain authorities and employers.	Cognitive Psychomotor Affective	K, KH, S	Lecture, Clinics, Group Discussion	OSPE, Viva, MCQ Workplace assessment	OPD/Department of FMT	Clinical specialities	

10	MCCD (Medical Certification of Cause of Death) (to write MCCD in various cases)	Cognitive Psychomotor, Affective	K, KH	Group Discussion	OSPE, Workplace assessment	Department of FMT	
11	Conducting Autopsy in various Medico-Legal cases and preparing Post Mortem reports along with evidence collection and dignity to dead body	Cognitive Psychomotor, Affective	K, KH, S	Lecture, Demonstration	Workplace assessment, Written, Viva	Department of FMT	
12	Medical record-keeping and maintenance	Cognitive Affective	K, KH	Lecture	Viva, MCQ	Department of FMT	
13	Informed consent and informed refusal in cases of physical assault, drunkenness, sexual assault examination, evidence collection, age determination, pregnancy and termination	Affective Psychomotor	K, KH, S	Lecture, Group discussion	Written, Viva, OSPE	Department of FMT	
14	Patient Rights and Duties of	Affective Psychomotor	K, KH	Lecture	Written, Viva, MCQ	Department of FMT	

	doctors in various cases and identification of medical Negligence							
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Training
MD
FAMILY MEDICINE

Family Medicine (FM) specialty is conceptualized to prepare family physicians who can efficiently manage primary and secondary level medical health problems and primary level surgical health problems of all family members across age groups (from neonate to elderly) and genders (including obstetrics and gynecology). PGs will be trained to manage the cases at the primary and secondary levels of health care in **well-developed** as well as **resource-limited settings**. They should be able to identify the red flags, initiate appropriate treatment, decide when the patient requires next level of care and make an appropriate referral after stabilization. They should understand the principles of family medicine i.e. patient-centric, comprehensive and holistic care, continuity of care, and identifying and managing undifferentiated illnesses/diseases.

Training will focus on developing the skills and competencies of the Family Medicine (FM) practitioner in such a way that they are qualified to provide patient-centric, family-oriented holistic care in the community and can be employed in

1. Government health care system at PHCs/ CHCs/ District Hospital
2. Private health care establishments as family physicians
3. Educational institutions as faculty in the dept of Family Medicine
4. Self-owned family medicine practice (clinic) in urban and rural settings

Framework: following framework may be utilized for developing training components.

1. The Postgraduate student will undergo training at the parent institute under the **"Division of family medicine"** that is composed of named, equal number of faculties from the contributing departments of Community and Family Medicine, Pediatrics, Medicine, Obstetrics & Gynaecology and Surgery. One faculty from each department will be designated as Primary co-ordinator for the program. (May be those faculty with PGDFM be involved to fill the gap). This will be an additional responsibility for that faculty and their parent departments may like to adjust their original workload in the department as situation allows.
2. **Chief coordinator /Educational Supervisor (ES)/ Head** of this division shall be nominated by the institute. Individual institutes will have flexibility in deciding on rotatory headship (from the 5 core departments) or fixed headship till the program matures to have a separate FM head.
3. Division head will ensure **equal distribution of responsibilities and opportunities** among contributory departments (faculties) as thesis guide,

training, teaching, supervision of the trainees as well as faculty development programs to ultimately develop into a department.

4. Faculties of this division will be responsible for overall training of their primary FM PG student in liaison with the FM division and will act as **primary coordinator** for the training of all FM PGs in their parent departments and dept-allied specialties if any. The **Primary coordinators** of each dept. will be supported and assisted by the **Clinical supervisors** from the respective departments, who will supervise day to day learning and acquisition of the required competencies. They will be supervising the case discussions and stay in continued communication during the peripheral postings of the FM PGs. (This model is planned so that the FM PG will have designated clinical supervisor from each dept to interact with throughout the tenure of PG)
5. **Number of trainees** admitted in each calendar year for this course at each institute will be 4 (or 8) or in multiples of 4 and will be equally distributed over the 3 years among 5 core faculties contributing from each department for primary supervision and dissertation.
6. Posts of **5 senior residents** will be created for FM who will run clinical services under faculty supervision and supervise the bedside training for FM PGs. These SRs may be recruited from the MD Family Medicine stream or from the contributing core departments (one each). As the program matures over 5-8 years, SRs and Faculty (Full time) will be recruited from MD Family Medicine stream.
7. A **dedicated space** for office, training and skill learning shall be identified in each institute for this division where common teaching learning sessions may be conducted.
8. The existing health centers under the CMFM dept of the institute will be strengthened by creating suitable teaching environment, a **dedicated clinical area** for family medicine that will include an **OPD and 30 bedded IPD** unit. Residents of FM will be posted there as per rotation. During first 6 months of the beginning of the specialty there may be only 1 PG at a time but as new batches keep coming, there will be sufficient number of PGs (in addition to 5 SRs) to handle the clinical services. Non-academic residents or additional SRs may also be posted there to fill the gap.
9. As the program progresses the best practices may be incorporated to further strengthen the Family Medicine practice either for the underprivileged

population or by establishing 2 tier system, one for under privileged and another for Middle class families.

10. As the program matures, the division of Family Medicine shall be **upgraded to department** of Family Medicine with well documented terms of reference. Proposed time-line for this is 5-8 years.
11. 3-year training program will be planned in such a manner that each PG gets **initial orientation, core training** and **consolidation of training** in different departments. The field/ peripheral postings will follow the clinical postings in the institute. (Sandwich model will be followed where in the PG learns skills and competencies in the institute, applies/ practices them at the DH/ CHC/PHCs and again comes back to institute for consolidation). Major learning happens in the institute.
12. In addition to contributing department's classroom teaching and ward postings, there should be dedicated sessions of FM lectures, seminars and cases among all FM trainees and faculties. Such sessions should be developed as **integrated sessions**.
13. CFM posting slot should primarily focus on their exposure at department-run urban and rural health centres (equivalent to PHC and CHCs) and pre-identified state government's district hospitals.
14. During the peripheral postings emphasis should be on linking the clinical services with family/Home-based/ community-oriented care applying the principles of Family Medicine.
15. While the FM PGs are posted in DH/ CHC/PHC, the opportunity may be utilized for establishing and training in Telemedicine/ Teleconsultation services with the institute or Centres of Excellence (Hub and spoke model).
16. During the FM PGs postings at the institute, every department should ensure that the resident gets sufficient exposure in the department run Tele-medicine clinics and acquires appropriate skills and competencies related to Tele-medicine/ Tele-consultation. These should be documented in Log-book.
17. **List of skills and competencies** shall be identified from the indicative list prepared by the committee.
18. With each advancing year of residency the PG may be given higher graded responsibility based on WPBA
19. Each contributing department should re-order the list of competencies related to their subject following **priority principle** as mentioned below and indicate time (duration) required for learning each skill and competency.

20. **Priority for skills and competencies** will be decided based on the primary concept of making FM PGs competent for **primary and secondary level medical** and **primary level surgical** care for all age groups.
21. Skills and competencies **overlapping** among two or more departments will be identified for “integrated learning” and taught once during integrated sessions rather than repeating at different departmental postings.
22. Number of skills and competencies shall be limited based on matching with the overall training period and **cumulative time** needed for learning individual skill and competency.
23. There should be minimum 100 patient encounters related to specific disease groups/ morbidity groups like, non-communicable diseases, infectious diseases, musculoskeletal diseases, obstetrics, gynecology and geriatrics.
24. **Saturdays** will be dedicated for common FM presentations/interactions and integrated sessions, focusing on the core family medicine principles. The place initially will be at the Family Medicine division of the institute. Later at the established dept. of Family Medicine.
25. There will be 2 batches per year. At any given point of time one batch will be doing peripheral postings which will be in regular touch with family/ community providing patient centric/ home-based care.
26. Each FM Resident should be allotted minimum of 5 families each in the first and second year of residency (10 families in total – Depending on the local situations, more families may be allotted). First round of allotment of the families should be done in the initial three months of the residency. These families will be followed up during the 3 years providing family oriented, home based and continuity of care. Every week, one day will be dedicated for family follow-up so that resident will remain oriented and practice core Family Medicine principles.
27. At the end of residency of a particular PG resident, careful and supervised handing over of families should take place which ensures continuity of care. During weekly discussions, emphasis will be on Family Medicine core principles and its application. As the program advances, there will be more PGs who will be involved in establishing continuity of care for the patients and families. With such a model of interaction, it is assumed that the identity crisis will not happen with FM PGs and they retain the principles of FM
28. **Thesis** may be planned in consultation with the supervising named faculty preferably integrating with other contributory departments so that data may

be collected across age groups and specialties. Principles of institutional research and ethics committees will prevail.

29. Thesis data may be collected from departments, the peripheral health centers/ DH/ UHTC with a defined catchment area as needed for specific thesis/ dissertation. Thesis should be focused on Core Family Medicine principles.
30. Electronic portfolio management system (EPMS) for FM PGs. The proposed EPMS includes all the rotations, WPBAs and end of posting exams. This will enable the Primary coordinators and Clinical supervisors and others to keep tabs on the training and also be available easily at the end of the training for print out which can go into the log book. EPMS can be developed in consultation with technical institutes like IIT (as a short-term project for the trainees)
31. Center will give directives to State Medical Councils for registration of FM graduates in their respective states.
32. A Monitoring committee for Family Medicine training may be constituted by higher authorities at National level/ including all AIIMS.
33. Leave Rules and working hours will be as per the guidelines for post-graduation of individual AIIMS.

Flexibility and Autonomy to the individual institutes:

1. Designing/ modifying the rotation as per the need and feasibility of the individual institute
2. Administration/ Governance related to this program will be as per the rules and regulations / policy of the individual institutes including deciding on headship (rotatory/ fixed), creating of additional posts/ designation for smooth functioning of the program
3. In certain states, the DH/ CHC/PHC may function in the first half of the day. Depending on the feasibility, accessibility, availability of the infrastructure, the institute may decide on calling the FM PGs back to the institute (directed to specific clinical depts) during the second half of the day or plan for residential postings. Where the PG comes back to institute in the second half, case based /Clinical discussions may be held with the clinical supervisors
4. Certain elective postings or afternoon sessions should be considered for Yoga, communication skills lab, deaddiction program and innovation activities/labs.

Proposed Training Plan**Orientation:**

First 4 weeks may be kept for orientation that includes common foundation courses done for PGs of all specialties in these institutes (5-8 foundation programs such as communication, soft skills, HIS, BLS, first aid, immunization, occupational hazard, BMW, EBM, Yoga therapy etc may be identified devoting 2-4 days for each) and initial rotation for 2-4 days each in all 5 departments may be done to orient them to place and people with whom they are going to interact. This time may be utilized by the departments to make them aware of what is expected from trainees and list of specialty specific skills, competencies and log books.

Core Training

Departments	Duration	Total Duration
Orientation phase and foundation courses	7 days	7 days
Trauma and Emergency	2 months	2 months
Medicine & Allied Specialties General Medicine Psychiatry Dermatology	4 months 2 months 15 days	6 months 15 days
AYUSH	1 month	1 month
Surgery & Allied Specialties General Surgery Anesthesiology/Pain Clinic/ Palliative Med Orthopedics ENT Ophthalmology	2 months 15 days 15 days 15 days 15 days	4 months
OBG	4 months	4 months
Pediatrics	4 months	5 months
Neonatology	1 month	
FMT and Diagnostic services (Half a day each)	15 days	15 days
Dentistry	8 days	8 days
Electives	15 days	15 days
Peripheral/ Family Medicine Postings		12 months
District Hospital	3 months	
CHC	3 months	
PHC/ RHTC	3 months	
UHTC	3 months	
Total Duration		36 months

Departments	1 st Year	2 nd Year	3 rd Year	Total	Total Duration
Orientation phase and foundation courses	7 days	---	---	7 days	7 days
Trauma and Emergency	15 Days	1 month	15 days	2 months	2 months
Surgery & Allied Specialties					4 Months
General Surgery	1 month	---	1 month	2 months	
Anesthesiology/Pain Clinic/ Palliative Med	---	15 days	---	15 days	
Ophthalmology	---	15 days	---	15 days	
ENT	---	15 days	---	15 days	
Orthopedics	---	---	15 days	15 days	
Medicine & Allied Specialties					6 months 15 days
General Medicine#	2 months	1 month	1 month	4 months	
Psychiatry	1 month	1 month		2 months	
Dermatology			15 days	15 days	
AYUSH		1 month		1 month	1 month
OBG	1 month	1 month	2 months	4 months	4 months
Pediatrics	2 Months	1 month	1 months	4 months	5 months
Neonatology	1 month			1 month	
FMT and Diagnostic services (Half a day each)		15 days		15 days	15 days
Dentistry	8 days			8 days	8 days
**Electives			15 days	15 days	15 days
*Peripheral/ Family Medicine Postings					12 months
District Hospital		1 month	2 months	3 months	
CHC	1 month	1 month	1 month	3 months	
**PHC/ RHTC	1 month	1 month	1 month	3 months	
**UHTC	1 month	1 month	1 month	3 months	
	12 months	12 months	12 months	36 months	36 months

*CFM department will administratively control and provide clinical supervision during peripheral posting. Trainees should stay in connection with institutional clinical departments as well through teleconsultation following hub and spoke model.

**PHC/UHTC/ Electives, PMR, Pain and Palliative care, Transfusion medicine, Oncology, infectious disease, anti-rabies clinic, HIV clinic, immunization, or any other areas of competency can be planned or decided at the individual institutional level

Electives may include postings at other institute (exchange program)

During medicine postings, there should be sufficient exposure to other specialties like endocrinology, rheumatology, cardiology, neurology with Department of General Medicine as anchoring department. There should be exposure to geriatric clinics where ever it is established.

Organogram/Organizational structure:

Director				
Dean (Academic)				
Educational Supervisor (ES) / Head/ Chief coordinator of the FM division The ES will be the point of contact for the trainee to approach for any difficulties during the training and also who will be in touch with the various departments for rotations and ensure that the end of posting exams/ WPBA happens and is recorded.				
5 core departments				
CMFM	Medicine	Pediatrics	OBG	Surgery
Primary coordinator-1	Primary coordinator-1	Primary coordinator-1	Primary coordinator-1	Primary coordinator-1
Administrative responsibilities, overall coordination in the respective department /s. They report to Head/ ES/ Chief coordinator				
Clinical Supervisor/s	Clinical Supervisor/s (Each from Medicine and Allied specialties)	Clinical Supervisor/s	Clinical Supervisor/s	Clinical Supervisor/s (Each from Surgery and Allied specialties)
Clinical supervisors will be responsible for functioning, learning, acquisition of competencies by FM PGs. Case discussion/ training, staying in touch with them during peripheral postings (may be through tele medicine). Signing of competency checklist/ log book (verification- if done through EPMS). They report to Primary coordinator of the respective dept. (Number of clinical supervisors will be decided by individual institute/ depts, depending on the number of PGs per session) All the faculty under the clinical dept may be considered. As the program advances the strength of PGs in FM will increase, the number of FM PG per faculty for clinical supervision may be decided (flexibility may be allowed for individual institutes- as per the availability of faculty- without disturbing their routine work- as this will be additional responsibility for them)				
Eligibility criteria for Educational supervisors/ Primary coordinators/ clinical supervisors, roles and responsibility may be modified as per the feasibility of the institutes. (May be those faculty with PGDFM/FM diploma or certificate courses be involved). Operational guidelines for supervision be developed at the individual institutions.				

Annexures

1. List of basic, core and desired skills and competencies for each specialty in the order of priority.
2. List of basic, core and desired skills and competencies overlapping among 2 or more specialties for integrated learning at FM division.
3. Assessment and evaluation plan as provided by the assessment committee
4. Plan for formative assessment sessions: at least twice for each specialty during their posting in that area to identify and fill the gaps in their learning.

Assessment and Evaluation

MD

FAMILY MEDICINE

1. Characteristics of MD Family Medicine Program

- a. Different from other MD/MS programs
- b. Rotational clinical postings + Field postings
- c. Family-based practice
- d. Home-based care and Tele-consults
- e. Focus on preventive care
- f. Routine and basic acute care
- g. Address changing health epidemiology (NCDs, geriatric, palliative care)
- h. Transition to specialist care: When to refer
- i. Medico-legal aspects (Medical jurisprudence)
- j. Strong ethics and communication skills
- k. Roles and responsibilities of multiple participating departments need defining

2. Difference in assessment from other PG programs

- a. Conventional PG in Broad specialties focus
 - i. Summative more than Formative
 - ii. We are getting away from the process
- b. For a MD Family Medicine, Process is more important than the result
 - i. More emphasis on Formative than Summative
 - ii. Taking care of processes is important
 - iii. Result is a byproduct of the process
 - iv. If we prepare well, execute well, and are honest to program objectives
 - v. Then we will get the desired results
- c. Shortcomings
 - i. Since it is totally a new program from scratch, flexibility is key and it shall be a learning curve with willingness to make changes and improve based on feedback

3. Approach to Assessment

- a. Internal Assessment
 - i. Subject areas with participating departments
 - Medicine, Surgery, Pediatrics, Obstetrics & Gynaecology, CFM, Trauma/Emergency
 - ENT, Ophthalmology, Dental, Ortho, Psychiatry, Derma
 - Anesthesia, Geriatric, Yoga, PMR, Nutrition, Lifestyle

- Electives (2) - of 2-4 weeks each during second year (by training committee)
 - ii. Weighted distribution of marks between participating departments
 - iii. CPD based – Grading system
 - iv. E-learning modules – pertaining to cognitive domain only (by training committee). This shall help pace learning for students depending on individual learning/grasping capabilities.
- b. Formative vs Summative assessment
- i. Integration of both is a necessity with emphasis on formative assessment
 - ii. Examiners – multidisciplinary vs Family Medicine (FM)
 - Since it is a new program, initial 6-8 years can be multidisciplinary
 - If trained FM faculty is available after 6-8 years, examiners may be from FM alone
 - iii. Student Orientation
 - Eligibility for specialties - DM/MCh (clear direction required from the policymakers) to help students focus on learning and prepare well for formative assessment
 - This is also relevant for future career options (Career advancement committee)
 - iv. Preceptors & Evaluators
 - 4 pillars - CART system
 - **Competencies, Approach (Family-based), Referral, Talk (Communication)**
 - All evaluation in internal/external exams shall be based on these 4 pillars

a. Overall Pattern

Assessment	When	Type	Tools	RCGP
Internal Assessment (60% of total)	At end of each posting	Formative	As per respective departments	WPBA (Work place-based Assessment)
Final Professional Exam (40% of total)	At end of 3year course	Summative	Theory papers – 4	AKT (Applied Knowledge Test)
		Summative	Practical - case based	CSA (Clinical Skills Assessment)

* Guidance tools for WBPA given

* Evaluation by CART system of Competencies, Approach (Family-based), Referral, Talk (Communication) to be followed

* IA and Final professional examination may be scored 50% each (if the institute so decides locally)

b. Broad Framework of Assessment

- i. Take into account all domains of learning i.e. cognitive, psychomotor and affective and weightage assigned to these domains for assessment
- ii. Select appropriate tool for assessment (Miller's pyramid)
- iii. Besides individual Competencies, assessment should additionally cover Approach (Family-based), Referral, Talk (Communication) based on the CART system
- iv. Distinguish between individual competence (ability to do) and performance (actually doing)
- v. Work place-based Assessment (WPBA)
- vi. Contributing departments Internal Assessment (IA) to be collated with both WBPA and IA suite

c. Marking scheme for Internal Assessment

Internal Assessment	IA	Marks	WPBA	Dept Modules	Duration* (months)	Marks
	Portfolio	200	WPBA 1	Yoga/Nutrition/PMR	1	40
				Research Methodology /Ethics/Communication	1	40
				CFM	5	60
				Medicine	5	60
				Total	12	200
	Number of dept-wise cases (Log Book)	200	WPBA 2	Obs & Gynae	5	60
				Pediatrics	5	60
				Derma/Psychiatry /Geriatric	1	40
				Anesth/Electives	1	40
				Total	12	200
	Thesis/Community Research Project/Publications	200	WPBA 3	Surgery	3	60
				Trauma/Emergency/Ortho	3	60
				Medical Jurisprudence /Lab Posting	2	20
				ENT/Ophtha/Dental	3	30
				Field Posting	1	30
				Total	12	200
	Grand Total	600				600
	Factorized Grand Total (x 0.5)	300				300

* Departmental postings to be taken up by Training committee

* Duration of posting is representative only. The exact duration will be decided by training committee and shall also depend on available resource faculty at local institute level.

d. Workplace based assessment (WPBA)

- Imperative need for a Work Placed Based Assessment (WPBA)
- WPBA 1, 2, 3
- Each posting will be assessed separately
- Shall be based on competency-based curriculum of respective participating departments

- v. Conducted at the end of rotational posting in the respective department
- vi. Clinical/Education Supervisor report
- vii. Postings comprising of a total of 600 marks
- viii. Wide variety of validated tools to be used
- ix. Continuing Professional Development (CPD) with grading system

e. Tools for WPBA Formative Assessment

S. No	Tool	Examples
1.	Clinical Evaluation Exercise (miniCEX)	Consultation Observation Tool (COT) during GP rotations
2.	Care Assessment Tool (CAT)	Case review Referral review Prescribing review
3.	Case-based Discussion (CBD)	Structured oral interview
4.	Multi-source Feedback (MSF) tool - at PHC/CHC posting or 360 degree feedback	Colleagues' opinions of your clinical performance and professional behaviour
5.	Clinical examination and procedural skills (CEPS)	5 specific GMC-mandated intimate examinations: breast, rectal, prostate and male and female genital examinations
6.	Quality improvement project (QIP)	Short Research Project (Community-based)
7.	Clinical/Educational Supervisor's Review (CSR/ESR)	At end of posting

*WPBA during each posting

*GMC general medical council

f. CPD Grading system

S. No	Description	Example of CPD activities	Grade
1.	Portfolio	Clinical Practice Fitness (Data gathering skill, CEPS, Clinical management, Prescription review, Referral Review, Tele-Consult, Family Practice)	
		e-Learning modules	
		Communication Skills and Ethical approach	
2.	Log Book	Case Record Logs – No of cases departmental module wise	

3.	CSR / Thesis / Research Project / Publications	Original article in PubMed indexed journal Thesis / Research Project	
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* CPD grading to be done by each participating Department. It shall be a standalone grading sheet having grades of all departments.

* Grade corresponds to percentage scores [A 90-100, Grade B 70-89, Grade C 50-69, Ungraded <50]

* Only CPDs scores of Grade A, B and C shall be considered satisfactory and eligible for final exam

* Will have to be tailored based on each department (Training committee)

5. Final Practical Examination

They shall be held at the term end of 3 years.

a. Eligibility to appear in Final Professional Exam

a. As per institute policy

b. Examiners

i. As per institute policy

c. Final Theory Exam

Paper	Theory (3 hours each paper)	Marks
Paper 1	Applied Basic Sciences Family-based Care and Community health Care Conceptual framework of National Health Programs Research Methodology	100
Paper 2	Medicine and Allied Sciences (Including Pediatrics, Geriatrics, Dermatology, Psychiatry, Emergency Medicine)	100
Paper 3	Surgery and Allied Sciences (Including ENT, Ophtha, Obs & Gynae, Ortho, Trauma and Anaesthesia)	100
Paper 4	Recent advances as per family physician perspective Medical Jurisprudence Yoga, PMR, Nutrition, Lifestyle, Geriatric	100
Total		400
Factorized Total (x 0.5)		200

* Theory examination shall consist of four papers, each paper consisting of one structured long essay for 20 marks, and eight short essays carrying 10 marks each

d. Final Practical Exam

Professional Practical Examination	Day	Clinical Skills Assessment	Marks
	Day 1	Clinical case presentation	
		5 short cases – Medicine/Pediatrics, CFM, Surgery, O&G, Multi-Option	40x5=200
		Total	200
	Day 2	OSCE (Laboratory investigations and report interpretation, Bedside procedures) + Skill stations (5 marks each x 20)	100
		Grand viva – Broad coverage (Subject + Research Methodology + Medico-legal + Project/Thesis)	100
		Total	200
Grand Total			400
Factorized Grand Total (x 0.5)			200

* OSCE and viva should widely cover all topics in syllabus

* Evaluation by CART system of **Competencies, Approach** (Family-based), **Referral, Talk** (Communication) to be followed

* Short cases to focus on common community-based conditions with family approach

e. Overall Marking scheme

	Theory (3 hours each paper)	Marks	Practical (2 days)	Marks
Final Professional Examination	Paper I	100	Day 1	200
	Paper II	100		
	Paper III	100	Day 2	200
	Paper IV	100		
	Total	400 marks		400 marks
Factorized Total (x 0.5)		200 marks		200 marks
Internal Assessment				
	Portfolio	200	WPBA1	200
	Number of dept-wise cases (Log Book)	200	WPBA2	200
	Thesis / Community Research Project	200	WPBA3	200
	Total	600 marks		600 marks
Factorized Total (x 0.5)		300 marks		300 marks
Combined Marks		500		500
Grand Total		1000 marks		

Viva voce

Communication skills, (affective domain). The Oral examination shall be thorough and shall aim at assessing the candidate's knowledge and competence about the subject, investigative procedures, therapeutic technique and other aspects of the specialty.

Details of viva

Viva-voce:	
Instruments, ECG, X-ray, Biochemistry X ray and CT reading	
Drugs used in Emergency department Ventilator setting	100 marks
Skill station for breathing problems - Pneumothorax, Haemothorax	
Skill station for circulation problems - shock cardiac tamponade.	

Log Book – 200 marks

*Check Lists for Monitoring: Log Book, Seminar Assessment etc. to be formulated by the curriculum/competencies

Research and Career Advancement

MD

FAMILY MEDICINE

Research:

AIIMSs with their model of teaching & training of Family Medicine, along with Government & Health Policy representatives would generate evidence (Best Practices) which can influence the health care delivery in the country.

Objective:

The Family Medicine Research would be oriented towards the:

- Advancement of health care quality
- Improvement of health care delivery
- Beneficially influencing health care practices, health care policy, and patient experiences.

Mechanism:

There would be two broad research themes

1. Medical Education/ teaching & Training
2. Health Care practices, service delivery and patient care

1. **Medical Education/ teaching & Training:** Broad objective of improvisation of teaching, and training of Family Medicine with replicability
2. **Health Care practices, service delivery and patient care:** The practicing Family Medicine doctors in the field will generate best practices

Examples: (For reference only)

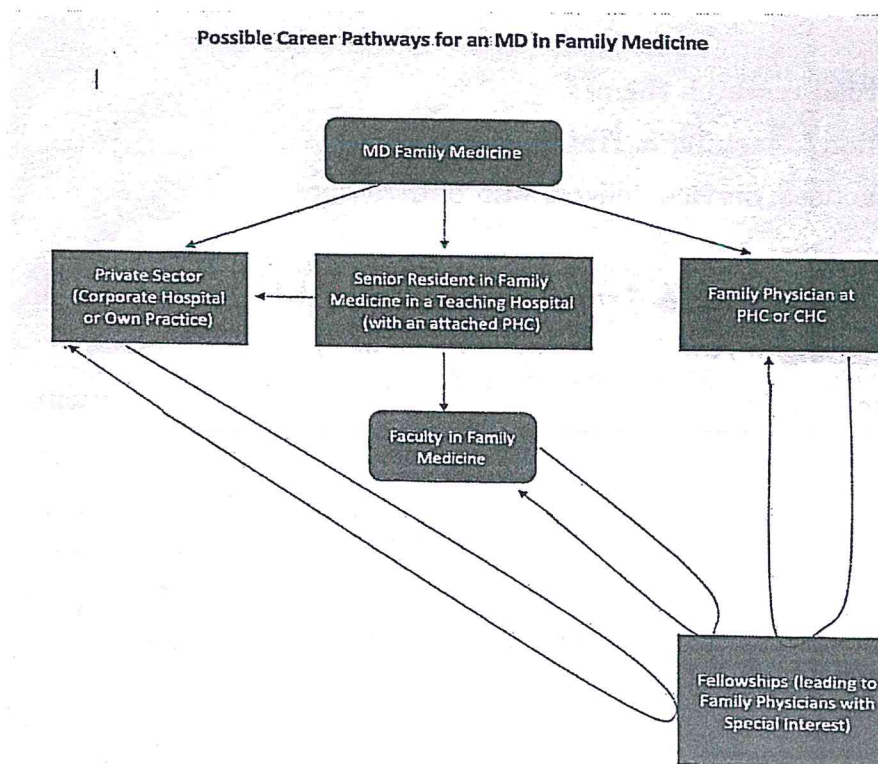
- Ambulatory care/ Emergency care/Operational research related to National Health Programs/ Health System & Policy/ Quality Assurance in Health Care/ Health Management/ Other issues of national importance
- *A primary care pragmatic cluster randomized trial of the use of home blood pressure monitoring on blood pressure levels in hypertensive patients with above target blood pressure¹*
- *The Kahnawake Schools Diabetes Prevention Project: intervention, evaluation, and baseline results of a diabetes primary prevention program with a Native community in Canada^{2,3}*

Funding/ Fellowships: Collaborative, through Intramural, Development partners and Government

Career Pathway:**Candidates for admission to MD (Family Medicine) – Two Categories**

1. **In service Candidates:** 50% seats for the Inservice candidates after an experience of 5 years at PHC/CHC/DH
2. **Fresh Graduates:** 50% seats for the fresh graduates qualifying INICET and opting as per their ranks.

(In case of non-availability of candidates in one category can be filled from the other category)

Career Options:**Advancement in career of Family Physician in Indian Public Healthcare System**

- a. Placement: MD (Family Medicine) joins as a Medical Officer (**Specialist cadre**) at Community Health Centre (CHC) and District Hospital (DH), with the inclusion in IPHS criteria.
- b. Preference in promotion as In charge of CHC/ DH as per Government rules & regulations (State wise regulations)
- c. Preference in promotion as Additional CMO/DHO/CMO/CMHO at District level

Advancement in career of Family Physician in Indian Private Healthcare System:

1. Independent Private Clinical Practice
2. Joins Corporate Hospitals/ Poly Clinics
3. Join as Occupational Medicine practitioners (MD FM with certificate course in Occupational Medicine) in Industries

Skill upgradation/ Enhancement Opportunities:

1. **Certificate Courses: Duration:** Six Months
2. **Fellowships Duration:** One Year

Some Areas: (Reference only)⁴

- a) Adolescent Medicine
- b) Geriatric Medicine
- c) Hospice and Palliative Medicine
- d) Pain Medicine
- e) Sleep Medicine
- f) Sports Medicine
- g) Occupational Medicine
- h) Travel Medicine

Reference:

1. www.fampra.oxfordjournals.org/content/27/2/135.full.pdf+html
2. www.neahr.ualberta.ca/en/Publications/ResearchPapers/~/_media/acadre/Documents/Publications/lega4e6b39ba20139-thekahnawakeschools.pdf.
3. <https://www.uclahealth.org/family-medicine/research-program>
4. <https://www.aafp.org/students-residents/medical-students/explore-career-in-family-medicine/training-requirements.html>

Chairperson

- Dr Vinod K Paul, Hon'ble Member (Health), NITI Aayog

Co-Chairpersons

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- Prof. (Dr) Sanjeev Misra, Director, AIIMS Jodhpur

Members

- Directors of AIIMS Bhopal, AIIMS Bhubneswar, AIIMS Nagpur, AIIMS Patna, AIIMS Rishikesh, AIIMS Bibinagar, AIIMS Bhatinda, AIIMS Deoghar, AIIMS Mangalagiri
- Dr Rakesh Agarwal, Director, JIPMER Puducherry
- Dr Vivek Lal, Director, PGIMER Chandigarh,

Special Invitee

- Dr Madan Gopal, Sr. Consultant, NITI Aayog
- Dr Bhanu Duggal Kapoor, Sr. Consultant, NITI Aayog
- Brig K Venkatnarayan, OSD, NITI Aayog

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- Dr Nitin Gaikwad, Registrar & Professor and Head, Department of Pharmacology AIIMS Raipur

External Expert

- Dr Sunil Abraham, Professor and Head, Department of Family Medicine, CMC Vellore

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13. Dr Santosh Kumar, Associate Professor, Department of Community Medicine, AIIMS Rishikesh
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15. Dr Siddharth P. Dubhashi, Professor and Head, Department of Surgery, AIIMS Nagpur
16. Dr Sonu Subba, Professor and Head, Department of Community and Family Medicine, AIIMS Bhubneswar

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