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**MINUTES OF THE 142<sup>ND</sup> ADJOURNED MEETING OF THE INSTITUTE BODY HELD AT 04.00 P.M. ON 08<sup>TH</sup> DECEMBER, 2009 IN THE MINISTRY OF HEALTH & FAMILY WELFARE, NIRMAN BHAWAN, NEW DELHI ALONG WITH TWO AGENDA ITEMS JOINTLY WITH GOVERNING BODY IN THE SAME MEETING.**

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The Following were present:

- 1) Shri Ghulam Nabi Azad,  
Hon'ble Union Minister for Health & Family Welfare,  
Nirman Bhawan,  
New Delhi – 110 011 -- Chairman
- 2) Dr. Jyoti Mirdha,  
Member of Parliament (Lok Sabha),  
875, Sector-17B,  
Gurgaon, Haryana -- Member
- 3) Ms. K. Sujatha Rao,  
Secretary to the Govt. of India,  
Ministry of Health & Family Welfare,  
Nirman Bhawan,  
New Delhi – 110 011 -- Member
- 4) Dr. R.K. Srivastava,  
Director General of Health Services,  
Government of India,  
Nirman Bhawan,  
New Delhi – 110 011 -- Member
- 5) Dr. S.S. Agarwal,  
Central Drug Research Institute,  
Chattar Manzil Palace,  
Post Box No.173,  
Lucknow – 226 001. -- Member
- 6) Dr. K.M. Shyamprasad,  
Chancellor, Martin Luther University,  
Central Ward, Shillong, Meghalaya-793001. -- Member
- 7) Dr. K.K. Talwar,  
Director,  
P.G.I.M.E.R.,  
Chandigarh. -- Member

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- 8) Dr. Kartar Singh,  
Professor & Head of the Deptt. of Gastroenterology,  
P.G.I.M.E.R.,  
Chandigarh. -- Member
  - 9) Dr. R. Surendran,  
Professor & Head,  
Department of Surgical Gastroenterology,  
Government Stanley Hospital,  
Chennai. -- Member
  - 10) Dr. R.C. Deka,  
Director,  
A.I.I.M.S.,  
New Delhi – 110 029 -- Member-Secretary
  - 11) Shri Naved Masood,  
Addl Secretary & Financial Adviser,  
Government of India,  
Mnistry of Health & Family Welfare,  
Nirman Bhawan,  
New Delhi – 110 011 -- Member
  - 12) Dr. Rani Kumar,  
Dean,  
A.I.I.M.S.,  
New Delhi-110 029 -- Special Invitee
  - 13) Dr. D.K. Sharma,  
Medical Superintendent,  
A.I.I.M.S.,  
New Delhi – 110 029 -- Special Invitee

Shri R.K. Dhawan, Member of Parliament (Rajya Sabha); Smt. Sushma Swaraj, Member of Parliament (Lok Sabha); Prof. Deepak Pental, Vice-Chancellor, Delhi University; Dr. Nilima Arun Kshirsagar, Seth G.S. Medical College & KEM Hospital, Mumbai and Dr. B.P. Chatterjee, West Bengal University of Technology, Salt Lake, Kolkata could not attend the meeting.

The President welcomed the members to the meeting of the Institute Body, convened to deliberate upon the Valiathan Committee Report and also to deliberate on the left over items from the Governing Body.

Opening the discussion, the President stated that it was under consideration to make AIIMS a 4,000 bed Hospital. He, however, felt that having another campus may be better. The Haryana Government has given over 100 acres to the Institute in District Jhajjar. He also emphasized that whatever facilities are available in AIIMS should be upgraded and improved. He suggested that instead of taking a final decision on the developmental work in the Institute, the Institute Body have an informal discussion. These issues could be then discussed with the Hon'ble Prime Minister and the Planning Commission and only thereafter a final decision be taken in the Institute Body formally.

With the permission of the Chair, there was a Power Point presentation on the Valiathan Committee recommendations and the Health Secretary intermittently briefed the members that the Valiathan Committee was constituted by the PMO in 2006 under the Chairpersonship of Prof. M.S. Valiathan and the Committee had made its recommendations to the PMO. She informed that there were 38 recommendations in the Valiathan Committee Report of which 31 recommendations do not require any structural amendment in the AIIMS Act for implementation while 7 recommendations require structural amendments in the AIIMS Act for implementation thereof. She also informed that out of 38 recommendations, 3 have been implemented, 5 recommendations have been partially implemented while 4 are awaiting the approval of the Governing Body/Institute Body. She further informed that 1 recommendation has been accepted and 15 others are under process. As such, she expressed a need to discuss these recommendations in the Institute Body.

The Health Secretary informed that there were 7 recommendations in the Valiathan Committee Report related to structural changes in the AIIMS Act and the same are being examined at the Ministry's level since there are very serious policy implications. She also informed that based on the discussions on the Valiathan Committee Report held with various authorities and the feasibility of implementation, the recommendations have been bifurcated into two segments, Part "A" were those not requiring structural changes in the AIIMS Act. Those requiring structural changes in the AIIMS Act, Rules and Regulations have been placed under Part "B".

Dr. Rani Kumar informed that more than 90% of the faculty of AIIMS are not aware about the Valiathan Committee or its recommendations. Dr. Shyam Prasad informed that the



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report is available with the Director and it is not a secret document. The Director informed that in view of the fact that the Valiathan Committee Report was not discussed in the Governing Body and the Institute Body meetings in detail, it was not made available to the faculty members during a recent faculty meeting. He, however, mentioned that after the discussion on the report in the Governing Body and the Institute Body, the report will now be made available to the faculty and others in the Institute.

The Health Secretary informed that the Governing Body and the Institute Body has already taken cognizance of the Valiathan Committee Report and it could be shared with the faculty members of the Institute.

### Part A-1

#### Recommendation No.2

*"The K.L. Wig Center should set up an Advisory Committee as suggested below to give a new direction to its activities.*

- *3 Professors of AIIMS representing pre, para and clinical disciplines and with active interest in medical education.*
- *A Public health specialist.*
- *A nominee of the UGC who is an expert on value addition.*
- *A nominee of ICMR representing bioethics.*
- *A nominee of NASSCOM, who is an expert in software development for education and training.*
- *A nominee of the D/o Space, who is an expert in telemedicine."*

#### Discussion:-

The Health Secretary informed that a multidisciplinary Committee has been constituted by the Institute for strengthening of K.L. Wig Centre and as such this recommendation should be considered as implemented.

The Director, however, pointed out that though the Committee has been constituted, it is yet to meet. Therefore, the recommendation is in the process of being implemented. The Director General of Health Services was of a similar view. He mentioned that constituting a committee does not amount to implementation of the recommendation. The centre should first be



operationalised for medical education technology curriculum development for undergraduates and postgraduates.

The Health Secretary informed that since a committee has been constituted and the functioning of the centre is a continuing process, the recommendation stands fully implemented.

Dr. Shyam Prasad opined that since the K.L. Wig Centre was supposed to be a centre for staff training and faculty development and faculty training, setting up of a committee does not fulfill the recommendation completely. The DGHS informed that the Committee has been constituted according to the recommendation and it is for the said committee to make the centre operational for the above purposes.

**Decision:-** The Institute Body decided to accept the recommendation for implementation.

**Recommendation No.18** *“For Assistant Professors/ Associate Professors who have innovative ideas for research and whose synopsis is recommended by the Research Council, seed money up to one lakh should be granted to undertake a study or do a pilot project.”*

**Discussion:-**

Dr. Rani Kumar informed that the issue of research incentive to the tune of Rs.10,000 / 25,000 was discussed in the faculty meeting and faculty members were divided on this issue. Some of them suggested that instead of individual authors, the existing Learning Resource Allowance could be increased so that all faculty members from Assistant Professor to Professor get the benefit.

The Director informed that Rs.50 lacs has been earmarked for institutional support to the Assistant Professors and Associate Professors so that they may learn research methodology. He also informed that there is a process in existence to screen the research proposals from clinical departments and basic science departments differently and accordingly budget was being granted to the extent of Rs.1 lac to the successful applicants. He was of the view that the research budget may be increased to provide more research funds from AIIMS budget to the younger faculty for taking more interest in research.



**Decision:-** The Institute Body accepted the concept of incentivizing research and felt that micro level modalities on the ways and means to do so could first be discussed in the Governing Body for a considered decision at a later date.

### **Part A-2**

#### **Recommendation No.5 & 6**

*“5: To set up and affiliate self-financing, non-profit body, viz. AIIMS International which would draw upon intellectual and professional strength of AIIMS for global partnership for training and medical education.*

*6: AIIMS International should establish collaboration with institutions for medical education and research; and teaching hospitals across the world to advance the cause of global partnership in health and education. The activities may involve consultancy by AIIMS faculty for specific projects; setting up new institutions for medical education or research in other countries.”*

#### **Discussion:-**

The DGHS expressed that the AIIMS should be converted into the AIIMS International and it should generate its own funds and the Institute should not depend on Government funds.

Dr. S.S. Agarwal was of the view that like IIMs and IITs, the AIIMS should launch a programme for external consultancy and in reference to that overall concept, AIIMS should equip itself on the concept of Harvard International which is a corporate body using its resources of medical faculty for guiding people, consultation etc. Similarly, the AIIMS International should be a self-supporting body to generate funds for its own funding. As part of service agreement, faculty exchange programme, patient care exchange programme etc. should be made and it should use its resources. With its existing Government support, AIIMS should make itself AIIMS international and offer its services and consultancy.

Dr. Jyoti Mirdha opined that before making AIIMS International, Primary Health Sector should be taken care of since patient care was the ultimate aim of the Institute.



The President opined that under the present circumstances it is not possible to make AIIMS as global or international Institution.

Dr. S.S. Agarwal was of the view that these recommendations should be taken as vision for future as the main aim is medical care and this is a huge challenge in the country.

**Decision:-** In view of above deliberations, the Institute Body decided to see the recommendations as a futuristic vision programme, but, at the same time, decided that the same could not be implemented at this juncture.

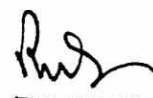
**Recommendation No.12** *“For Additional Professors /Professors who wish to serve in the private sector in India or abroad after 5 years of service, leave for 2 years should be considered favorably when they would not be entitled to receive pay or allowances or retention of quarters.”*

**Discussion:-**

The Director informed that the practice of sanctioning leave to the faculty to take up assignments abroad is already in vogue. Individual Faculty can avail it for one year after 5 years of regular service and for 2 years after 10 years of service. He, however, added that the faculty members are not permitted to accept assignments in India. He suggested that after 20 years of service they could be permitted to do private practice on V.R.S. which is in practice as of now and this is as per Government rules for other employees also.

The President suggested that instead of 1 year in five years of service, it could be 2 years in every 10 years of service.

While Dr. Shyamprasad suggested that there was a need to frame guidelines and taking up such assignments in India should be excluded, the Director informed that within India one can go to only Government organizations if appointed to a higher position on deputation with extraordinary leave from AIIMS and not to any Private organization/hospitals.



Shri Naved Masood suggested that the faculty members should be allowed to go on lien on higher posts from Addl. Professor to Professor or Professor to another higher position only.

The President suggested that the faculty members should be permitted to accept such posts in India only for Government to Government movement and not for taking up assignments in Private Sector organizations.

The Director informed that this is already under the guidelines and these will be strictly followed as discussed above.

**Decision:-** In view of above suggestions, the Institute Body accepted the recommendation and decided that the existing guidelines be strictly followed.

**Recommendation No.28** *“A position of Dean (Research) should be created to coordinate and promote research activities. It should be filled by a faculty member who has impeccable credentials such as Fellowship of one of the Science Academics, Bhatnagar prize etc.”*

**Discussion:-**

Dr. Shyam Prasad informed that the issue of having a Dean (Research) was discussed in the Academic Committee meetings and the creation of such a post was recommended. Dr. Rani Kumar informed that there is already a Professor-in-Charge, Research Section looking after the research activities being carried out in the Institute.

**Decision:-** The Institute Body accepted the recommendation and agreed for the creation of a post of Dean (Research). The proposal may be submitted to the Standing Finance Committee for further action.

**Recommendation No.29**

*“Two Research Councils should be set up to monitor the activities in clinical research and biomedical research with membership as suggested below:*

- (a) Research Council (Clinical) (18 members) of which 9 members who are Fellows of the National Academy of Medical Science (FAMS) in different medical disciplines.*



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*Research Council (Bio-medical) (18 members) of which 9 members are Fellows of the 3 Science Academics viz. Indian National Science Academy, Indian Institute of Sciences, National Academy of Sciences in different medical and biological sciences."*

**Discussion:-**

Dr. Shyam Prasad informed that the Academic Committee has already deliberated upon the issue of Research Councils and recommended that there should be three Research Councils to monitor research activities in Clinical Research, Biomedical Research and Community Based Research.

The DGHS suggested that external persons/experts could be incorporated within the various research councils. Dr. S.S. Agarwal was of the view that research review and individual projects should not be confused and suggested that these Research Advisory Councils should be on the lines of the Advisory Committee of CSIR. These committees will do in-depth reviews with assistance from external members and they will give the overall directions on research to the Institute. The Director informed that there are research review committees which meet every year and that is already in position and what we need is one or two Research Advisory Councils.

Dr. R. Surendran mentioned that this recommendation was based on the IIT pattern. He felt AIIMS should not be compared with IITs and IIMs because patient care is the primary aim of the Institute while education and research were part of it for medical education.

Health Secretary was of the view that many capable faculty members preferred to serve in AIIMS because of the opportunities available in the institute not only for the patient care, but also for carrying on research. She was of the view that if congenial atmosphere was not provided for conduct of quality research, many bright persons would not like to join the Institute.

The President suggested that the research should not be at the cost of patient care activities. The DGHS suggested that research should not be more than 20% of the AIIMS total workload.

**Decision:-** The Institute Body accepted the recommendations with the modification that there will be two research councils (a) Clinical and (b) Basic Science. The two councils should have membership primarily drawn from among experts from outside AIIMS. It was felt that the number of experts in each advisory council need not necessarily be as large as recommended by

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the Committee. It could be a convenient number as observed by Dr. Shyam Prasad. The Director also supported this and suggested that the Committees could comprise of about 9 (nine) members each. This was accordingly approved.

### Part A-3

#### Recommendation No.1

*“Through discussions among the faculty and other stakeholders, Institute should develop a Mission Statement which should be inspirational and, at the same time, indicative of its commitment to advance medical education, standards of hospital care and biomedical research for the well-being of the Indian people and progress of the Indian economy. The Mission Statement should receive the approval of the Institute Body and appear in the Official Reports and documents of the Institute and its website.”*

#### Discussion:-

The Director circulated the Draft Mission Statement of the Institute amongst the members of the Institute Body for their kind perusal (Annexure-I). This was prepared by the faculty under Director's supervision.

The President suggested that there should be 2-3 points in the Mission Statement and the same could be presented in a very attractive and practical manner. Dr. Shyam Prasad was of the view that the Mission Statement should not be in bullet form. Instead, it should be in a paragraph without leaving any important point.

The President suggested that there should be a drafting Committee of 2-3 people. Dr. Jyoti Mirdha was of the view that first the draft of Mission Statement should be developed in-house and that its drafting could then be made more crisp by involving some outside communication experts.

The DGHS suggested that concept of AIIMS International could be included in the Mission Statement.



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**Decision:-** The Institute Body agreed upon the concept of having a Mission Statement and decided to constitute a Drafting Committee consisting of the following members headed by the Director, AIIMS:-

- 1) Dr. K.K. Talwar
- 2) Dr. Shyam Prasad
- 3) Representatives of FAIMS
- 4) Representative of Ministry of HRD
- 5) Mr. Kiran Karnik (former CEO, NASSCOM)
- 6) Mr. B.K. Prasad, Jt. Secretary, M/o Health & F.W. – Convenor.

The Institute Body desired that the Committee should accomplish the task of Mission Statement within a month or so.

### **Part A-3**

**Recommendation No.17**      *“Headships of departments should be rotated every five years.”*

#### **Discussion:-**

The Health Secretary informed that the issue of rotation of headship has already been discussed in the last Institute Body meeting held on 26<sup>th</sup> November, 2009.

Dr. Shyam Prasad was of the view that introduction of rotating headship will solve many of the problems currently besetting AIIMS mainly on account of the same persons remaining departmental heads for long. He advocated tenure based rotating headship on the basis of the suggestion by the Sub-committee of the Academic Committee among the professors in different departments.

Dr. S.S. Agarwal pointed out while recommending introduction of this measure the Committee had not undertaken any analysis or assigned detailed reasons to support the recommendation. He was of the further view that as AIIMS is a trend-setter, implementation of this recommendation will have far reaching implications in other centres of Medical education. He expressed apprehension that rotating headship has the potential to create danger in departments of various Universities and Institutions. He apprehended that it would result in demotion for the existing head of the department to work under his junior professor. Under the system of rotating headship, the prestige of senior faculty would be in question. He wondered whether the rotating headship is in the interest of patients, students, doctors, faculty or is it for the disgruntled individuals. He also suggested that it may cause attrition of faculty.

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Dr. Shyam Prasad opined that headship is a position of leadership and carries more responsibility than held by other Professors. Appointment of Head may, therefore, be a competition based selection with merit based criteria, for a given tenure. The DGHS suggested that the post of Head of the Department should be a sanctioned post and the incumbent should pass through the Selection Committee.

The President pointed out that this issue was already deliberated upon in the Governing Body meeting and the consensus was for a Selection based tenure post. He also felt that tenure should be performance based as the Head should be acceptable to his departmental colleagues and his tenure should be extendable. Dr. K.K. Talwar suggested that the Head of the Department should be selected exclusively from amongst the Professors and not from Additional Professor or Associate Professor.

The President was of the view that it should be a selection based renewable, extendable post. He hoped that the new process would bring behavioural changes with improved conduct towards the patients and improvement in the overall research, etc. in a department. He pointed out that the advantage of an extendable tenure would be that the incumbent will have the motivation to excel. There should be a performance assessment method for this purpose.

While the DGHS was of the view that there should be some financial incentive for the Head of the Department, Dr. K.K. Talwar opposed the concept on the ground that the motivation for the head should not be money but the opportunity to provide a leadership role in his chosen discipline.

The Director pointed out that rotating headship is a demand from the FAIMS as there is a general feeling among the faculty that in view of the enhancement in retirement age, many teachers may be deprived of the opportunity to Head these Departments. He also added that the faculty was of the view that the opportunity to be considered for higher administrative responsibilities must be equally shared between the Professors. These were some of the reasons for their demand for the rotation of Headship in AIIMS.

Dr. Jyoti Mirdha was of the view that if the present recommendation is not to be implemented then an alternative system of headship could be evolved.

On a query from the President; Dr. Rani Kumar informed that there was no consensus among the faculty members on the issue of rotating headship. Dr. Jyoti Mirdha opined that selection based tenure headship would help in solving the problem.

The DGHS informed that rotating headship was invoked in 24 institutions/universities where the experience is not very satisfactory. He was of the opinion that it was only successful in CMC Vellore. While it has not been implemented in PGIMER, Chandigarh, JIPMER Pondicherry, SGPGIMS, Lucknow etc. He added that in the context of AIIMS, the problem was only with seven departments where the heads of the departments are the persons who are not holding the post of Professor but an upgraded post in the grade of a Professor.

The President suggested that there should be some mechanism to regulate functioning of the Head of the Department and majority of the people should be on board while devising the system so that it was acceptable to the faculty members. He suggested that the faculty members at the senior level should be given some options to express their opinion for a method to decide about the issue of Head of the Department.

Dr. Shyam Prasad informed that on this issue, a Sub-committee was constituted under the Chairmanship of Dr. K.K. Talwar and that Dr. Talwar should throw some light on the matters discussed in the sub-committee. Dr. Talwar explained that the concept of tenure and selection based headship was not discussed in the meetings of the Committee because it was a new concept suggested in the Institute Body meeting by the President only. He however, suggested that if somebody is doing well, he should be allowed to continue as Head of the Department, but there should be some objective criteria for deciding on the Head of the Department's post.

Dr. S.S. Agarwal suggested that there must be some greater accountability and responsibility on the part of the Head of the Department to ensure democratic functioning of the department. He also suggested that there should be an Academic Curriculum Committee in the department. Dr. Kartar Singh suggested that there should be a grievance redressal mechanism and regular departmental meetings which will ultimately eliminate the problems.

**Decision:-** The Institute Body accepted the recommendation in principle. It was, however, agreed that the process required much deeper consultation. The President desired that the



Director and Dean should have discussions with individual faculty members from the level of Associate Professor upwards to seek their opinions/views on the following:-

- 1) The existing system of Headship
- 2) Rotation by seniority for a fixed term of 3-5 years.
- 3) Fixed Tenure by selection method.

The President further desired that the above consultation should take place in the presence of a Joint Secretary of the Ministry.

**Recommendation No. 23** *“The expansion in the OPD should be coupled with the introduction of an MD course in family medicine, whose faculty and trainees will provide the core staff supported by other Deptts.”*

**Discussion:-**

Dr. Shyam Prasad informed that the recommendation to start MD course in Family Medicine was discussed in the Academic Committee meeting and the Academic Committee has recommended the proposal. On a query from Dr. Jyoti Mirdha, he clarified that Family Medicine is a combination of Obst. & Gynaecology; Paediatrics, Geriatrics etc. It is an advanced course after the MBBS degree. He also informed that as on date, there was no course of MD in Family Medicine being run in the country while this degree is awarded all over the world. He believed that once this course is run, it would take care of “Rural Health Care” in the country as it is just like a general practice without extra training.

**Decision:-** The recommendation was accordingly accepted. It will go through the due process including the approval of the Standing Finance Committee. It was, however, agreed that holders of MD (Family Medicine) would not be eligible for admission to Super-specialty courses.

**Recommendation No.26** *“The Emergency Deptt. already expanded, should be improved further with a view to introducing a Course in MD in Emergency Medicine, the trainees should have rotational postings in the Trauma Center which should, when opened, work in close collaboration with the Emergency Deptt. and the Satellite Trauma Centres in the National Capital Region. AIIMS should give support to the local authorities in terms of planning, consultancy*



and partnership for launching the Satellite Centres linked to the Trauma Center.”

**Discussion:-**

The DGHS suggested that duplication of services both in JPNA Trauma Centre as well as in Emergency Medicine should be avoided and these services should be separated from each other. He opined that Trauma should be supportive of and not a substitute of Casualty. Dr. S.S. Agarwal suggested that the specialists from Trauma Centre to Emergency Medicine/Casualty and vice-versa should be rotated frequently.

The Director informed that with the start of MD course in Emergency Medicine, both the Casualty and the Emergency Medicine would be converted into the Deptt. of Emergency Medicine. It will go through the due process including the approval of the Standing Finance Committee.

**Decision:-** With these deliberations, the recommendation was accepted.

**Part A-4**

**Recommendation No.13**

*“A small number – not exceeding ten- of supernumerary positions at Associate Professor/ Professor level should be created to be filled when there is need in a frontier area in any branch of science (i.e. Nanomedicine) and a brilliant individual who is available may be lost by too much delay in regular selection. The Research Council should recommend these individuals before the offer of appointment to the supernumerary post is made.”*

**Discussion & Decision:-**

The recommendation related to providing an opportunity to talented professionals to serve as faculty of the Institution for a limited period of time. The recommendation was accepted with the direction that a certain number of supernumerary posts may be kept aside for the purpose and the appointments on fixed tenure basis may be made by the Institute Body (within a reasonable limit on the number of such posts) on a case to case basis.



**Recommendation No.14**

*"At Additional Professor/ Professor level, if any individual with proven contributions to science wishes to switch to a purely research career that should be permitted."*

**Discussion:-**

The President informed that it should not be made mandatory for such individuals to switch over to research careers only, rather it should be optional. Director informed that at present all faculty members do research besides teaching and patient care.

**Decision:-** The recommendation was accordingly accepted.

**Recommendation No.21**

*"Recruitment to Class C & D level posts should be done through reputed professional agencies in the public/private sectors."*

**Discussion:-**

The Director informed that the Institute has already streamlined the selection process for all group "C" & "D" posts through Examination Section of the Institute and urged upon the members that, in view of this, this recommendation should not be accepted.

Dr. K.K. Talwar informed that under the existing process, 85% recruitments are under the mode of direct selection and are done by the Examination Section and only 15% recruitments are done under the mode of promotion (by convening DPC).

The DGHS desired to know whether these posts are useful and duties performed in a responsible manner or whether they could be outsourced. Dr. K.K. Talwar informed that only the Kitchen and the Security services are required to be outsourced, others need to go through either of the above selection modes.

On a query from the President; the Director informed that recruitment has been streamlined after 2006, the year when the Valiathan Committee report was submitted.

The President was of the view that the recruiting agencies are also over-burdened now-a-days and there was no guarantee that the personnel recruited by these agencies would





meet the demand and services of the Institute. He emphasized that the Institute should carry on the job of recruitment at their own level, as has been mentioned by the Director.

**Decision:-** It was decided that while the Institute Body agrees in principle with the concept, in view of the fact that the whole procedure of recruitment has been developed, modified and made transparent, the recommendation need not be acted upon. In view of its irrelevance, in the present context, it was rejected.

#### **Part A-5**

**Recommendation No.10** *“Consultancy for Indian industry should be encouraged among faculty either on individual basis or Deptt. Wise. Various formulae exist among IITs, CSIR laboratories etc. for the sharing of consultancy fees between the consultants and institutions, but few have been free from problems in actual operation. A formula, which seems fair but may not satisfy individuals is to credit the consultancy fee to a Department fund which could be used for specific purposes – payment of subscriptions, buying of books, hosting distinguished visitors, etc. and the consultants could authorize the expenditure from the Departmental fund. AIIMS should form a Committee to study the consultancy practice in other scientific organizations and evolve a scheme of its own.”*

#### **Discussion:-**

The Director informed that the matter of allowing the faculty to do consultancy work was discussed in detail in various fora, including with the faculty of the Institute. It was not suitably accepted by them and other committees.

Dr. S.S. Agarwal was of the view that perhaps the recommendation has not been considered in its right perspective since the faculty of AIIMS is capable to provide consultation to anybody.

The Director informed that the Institute faculty has been providing consultancy services to Government agencies only, but not to Private companies and industries.



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**Decision:-** The Institute Body accepted the recommendation to the extent that a Committee should be constituted for examining the recommendation and the report of the committee placed before the Institute Body for consideration and arriving at a decision.

### **Part A-6**

**Recommendation No.3**

*“AIIMS should become an active participant in the Public Health initiatives taken by the Government of India including public/private partnerships such as the Public Health initiative and the rural health mission. This would mean strengthening the Department of Community Medicine, which would be the nodal point for the Institute’s participation in the National Missions in Public Health.”*

**Discussion:-**

Dr. Shyam Prasad informed that there is already a Community Medicine department in the Institute and this issue is represented by them. However, there is little confusion between Public Health and Community Health while both subjects are different from each other. He was confident that the AIIMS has the capability of providing leadership in Public Health Programmes of the Government of India though there is no manpower in public health at the present moment.

The Health Secretary desired that in order to eliminate the confusion between the community health and the public health programmes, there should be a one day Workshop on these programmes.

**Decision:-** In view of above, the Institute Body decided to refer the matter to a group of Experts to define the scope, aim and objectives of Public Health in the country in the context of AIIMS’s role and functions.

**Recommendation No.4**

*“AIIMS should form a consortia with other research institutions and industry to develop and transfer for commercialization of a range of products and processes prioritized by the National Mission in Public Health.”*

The members were of the unanimous view that it could be a futuristic vision and the inventions of the Institute could go to the industry for commercialization.

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**Decision:-** The recommendation was accepted to the aforesaid extent.

**Recommendation No.7**

*“The qualifying service required to become eligible for time-bound promotion from Assistant Professor to Associate Professor should remain 4 years as the new appointees would be gaining valuable experience during this period and generally unwilling to leave; the eligibility period for promotion from Associate to Additional should be reduced to 3 years provided the candidate has published at least 3 papers in journals with an impact factor of not less than 2. This is a reasonable requirement for anyone who wishes to occupy a senior faculty position of Additional Professor.”*

**Discussion:-** The Health Secretary informed that the issue of accelerating the career progression for the faculty was discussed in the Cabinet meeting where it was decided to refer it to the Committee of Secretaries.

**Decision:-** Accordingly, the recommendation was accepted in principle.

**Recommendation No.8**

*“Age of retirement should be raised from 62 to 65 whenever the individual’s academic and research performance has been excellent and he/she continues to remain productive as determined by the Academic Committee/Research Council.”*

The Health Secretary informed that notification to this effect has already been sent for publication in the official Gazette and it is expected to be published shortly.

**Decision:-** Accordingly, the recommendation was accepted.

**Recommendation No.11**

*“For 5 years of completed service where a Professor has been academically and scientifically productive, he/she should be granted sabbatical leave for one year to be spent in any institution of learning in India or abroad when he/she would continue to receive full pay in AIIMS and permission to retain quarters.”*

**Discussion & Decision:-** The Institute Body agreed that the recommendation to allow faculty members to avail of leave to carry out activities like research, book writing and similar academic activities subject to the condition that during this leave the faculty member should not

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be allowed to be employed in any Institution. The Institute Body agreed with the suggestion of AS & FA Sh. Naved Masood that the terms & conditions for availing such special leave may be strictly on the lines of the system of "Leave for Academic Pursuits" already in operation in the Central Universities.

**Recommendation No.15** *"If a faculty member has excelled in research and has patents, which got licensed through the Institute, he/she should be given leave to join the industry as consultant/ partner on suitable terms and lien protected for a specified period."*

The President informed that such services are not applicable in India and it should be rejected.

**Decision:-** Accordingly, the recommendation was rejected.

**Recommendation No.16** *"In new areas where AIIMS lacks expertise, acknowledged experts from laboratories in the public/private sector/institutions of higher education should be permitted to join as Adjunct Faculty on contract basis."*

The President was of the view that since it is purely on contract basis, there is no harm in accepting such experts for a limited period. It will go through the due process including the approval of the Standing Finance Committee.

**Decision:-** Accordingly, the recommendation was accepted.

**Recommendation No.19** *"The Institute should create a Personnel Deptt. With a competent Personnel Officer (MBA) in charge who should report to the Director."*

**Decision:-** The recommendation was accepted by the Institute Body.

**Recommendation No.20** *"The Institute should offer a regular, structured programme for continuing education for all categories of technical staff including nurses, technicians, radiographers, dieticians, and physiotherapists on a yearly basis. From the existing senior staff and with the assistance of retired staff as consultants, a Committee should be set up to prepare the course content of short term*



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*training, (2-3 weeks), their updating every year and monitoring of progress. The Personnel Deptt. should be closely involved in the operations of these programmes. Certificate of attendance at these courses should be made mandatory for promotion."*

**Decision:-** The recommendation was accepted by the Institute Body.

**Recommendation No.22** *"The present OPD should be expanded to the adjacent land in the rear so that its capacity can be nearly doubled; this should be accompanied by corresponding expansion in laboratory and other support facilities."*

**Decision:-** The recommendation was accepted by the Institute Body.

**Recommendation No.24** *"As expansion of the OPD will provide no more than temporary reprieve Govt. should consider a scheme to expand the OPDs of the 4 Medical Colleges in Delhi simultaneously so that they would draw away 8000 patients a day and reduce the pressure on AIIMS."*

**Decision:-** The Institute Body agreed to the recommendation and decided that the final decision may be taken by the appropriate authority.

**Recommendation No.25** *"The expansion plans involving 12 super specialty blocks should be evaluated vis-à-vis the Mission of AIIMS and not only in terms of engineering feasibility. We would also urge that no project is launched without DPRs and before DPRs are approved by the GB and the Central Govt."*

**Discussion :-**

The Health Secretary was of the view that there should be a Development and Planning Committee with the faculty also as its members. The Director informed that a Planning and Development Committee has already been constituted.

**Decision:-** In view of this, the recommendation was accepted.



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**Recommendation No.27**      *"A construction group should be set up separately to supervise the construction part of all new projects."*

**Discussion :-**

The President desired that there should be some control from the Government in this regard and this should not be an In-house committee.

The Health Secretary expressed her concern over the fact that the Institute has already started constructing a lift outside the Private Ward Block without any consultation and approval of the appropriate body. She also expressed her anguish over the poor maintenance work and desired that the maintenance should be outsourced.

The President desired that the committee should be constituted by the Ministry. Dr. Jyoti Mirdha suggested that there should be some terms of reference of the committee with experts in the areas of hospital architecture, hospital management, Bureau of Energy Efficiency etc.

**Decision:-**      Accordingly the recommendation was accepted with the condition that the committee should be constituted by the Ministry of Health & Family Welfare including one or two nominees from the AIIMS also in the said committee.

**Recommendation No.30**      *"A new project Planning and Monitoring Committee should be set up for all major developmental projects of AIIMS. Its role and composition are given separately."*

**Discussion:-**

The President desired that there should be some external agency which should be identified with some experience in the relevant field.

Dr. Rani Kumar suggested that User departments should also be consulted in the Planning of the Projects at the Institute.

While the DGHS suggested that this task should be awarded to some professional agencies outside the Institute, Dr. Jyoti Mirdha suggested that the Ministry should constitute a Committee with members from various departments of the AIIMS.



**Decision:-** The Institute Body accepted the recommendation and decided to assign this task to the committee to be constituted by the Ministry of Health & Family Welfare under Recommendation No27.

**Recommendation No.31.** *“A reputed Institute of Management such as IIM/A may be asked to study the management practices at AIIMS and suggest a model for faster decision making, better control of operations, optimal use of financial and human resources, and for making it an effective organization.”*

**Discussion:-**

Shri Naved Masood suggested that the Ministry should take up the proposal to overhaul the management system of AIIMS with help from management institutes like the IIM, Ahmedabad and IIM, Bangalore and request them to send suitable project proposals for consideration of the competent authority.

Accordingly, the recommendation was accepted by the Institute Body.

**Decision:-** The recommendation was accepted by the Institute Body.

**PART “B”**

**Recommendation No.i to vii (Amendments in Act, Rules and Regulations)**

- i. *As the jurisdiction of the Ministry of Health and Family Welfare extends over numerous institutions all across India, including two institutions of National Importance (AIIMS and PGI) and several more AIIMS – type institutions on the anvil, it would no longer be practical or productive for the Minister of Health to preside over individual institutions. We would, therefore, recommend the adoption of the time-tested model of Ministry of HRD for IITs and suggest that the Minister of Health may preside over joint council of AIIMS, PGI and other AIIMS-type institutions, which should be created for this purpose.*
- ii. *The President of India should be the Visitor AIIMS, which would place the Government-Institute relationship on a time-tested and highly prestigious foundation.*

  
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- iii. *To enhance autonomy and give primacy to Science and Education in the stewardship of AIIMS, changes are necessary in the Act, Rules and Regulations.*
  - iv. *It is necessary to induct individuals with expertise in diverse fields such as management, cost accountancy, urban planning etc. in the Standing Committees, which need strengthening to make prudent use of resources. This requires an amendment to the Act, which is recommended separately.*
  - v. *The Standing Committees should be reconstituted with a view to making them more effective with carefully chosen experts to address sectoral needs. A new pattern of membership for the Standing Committees is suggested.*
  - vi. *The period of the service of the members other than ex-officio members should be limited to one term in the Institute Body and Standing Committee.*
  - vii. *The selection for the Director's post should be done by a Search-cum-Selection Committee headed by the President of the Institute and consisting of the DGHS, DG-ICMR, VC, Delhi University, 4-members of the Institute Body nominated under sub section (e) and (f) of Section 4. The Institute Body should appoint the Director on the basis of Committees' recommendation with the prior approval of the Visitor.*

**Discussion:-**

Dr. Shyam Prasad was of the view that the AIIMS is quite different from the other 6 AIIMS like Institutions and the stature of the AIIMS should be maintained.

The President informed that the other AIIMS like Institutions are not different from the AIIMS because those institutions would also be governed and funded by the Government of India and not by the State Governments.

The Health Secretary drew the attention of the members that it is clearly mentioned in the recommendations that the concept is on the lines of IITs and IIMs under the Ministry of HRD.

The President informed that on the establishment of these 6 AIIMS like Institutions, the Ministry is considering the te transfer of personnel from one institute to another among these 6 institutions.

As regards governance of these institutions, Dr. R. Surendran opined that IITs cannot be equated with the AIIMS and informed that although the JIPMER Pondicherry is an





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autonomous body under the Ministry of Health & Family Welfare, the Hon'ble Union Minister of Health & Family Welfare is not its President.

The President apprehended that if the multi-tier governing system is evolved as per Dr. Valiathan Committee's recommendations on the establishment of these 6 AIIMS like Institutions, then things would be more complicated and it may worsen the situation in terms of proper administration.

Shri Naved Masood suggested that if AIIMS or similar institutions have Presidents other than the Minister for Health & Family Welfare, then the distribution of powers & responsibilities between the President and the Director will need to be reviewed. In such a situation the Director should have more effective powers to disallow undue interference from President who may not be holding any other official position.

The President pointed out that functioning of the Ministry of HRD in terms of governing the IITs and IIMs cannot be compared with the functioning of Ministry of Health for governing these health institutions as it involves patient care.

The Institute Body was of the conscious view that keeping in view the far reaching implications of the recommendations from "i to vii" under this segment, these recommendations need to be gone through by a high powered committee which will see the implications and review the AIIMS Act and also suggest modifications.

**Decision:-** The Institute Body decided that a High Powered Committee be constituted by the Ministry of Health & Family Welfare to look into the recommendations i to vii accordingly.

**Any other Item with the permission of the Chair**

- 1) The Director raised the issue of unveiling of Dr. B.R. Ambedkar statue installed in front of Dr. BRA-IRCH and requested the members to resolve the issue.

The Institute Body decided to defer the item.

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2) The revised Master Plan on redevelopment of AIIMS as prepared by the HSCC was presented before the Institute Body by the representative of HSCC. It was informed to the members that the whole Master Plan has been divided into 3 segments viz (i) short-term; (ii) medium-term; and (iii) long-term plans.

On a query from the President, the representative of HSCC informed that the proposal under short-term plan for refurbishment of Raj Kumari Amrit Kaur OPD Block etc, would be accomplished within a period of five months with an estimated cost of Rs.10.00 crores. In view of this, the President desired that this should be approved.

Shri Naved Masood suggested that this proposal should be accepted in principle and the matter may be brought before the Standing Finance Committee which would go into details from the financial angle.

The President informed that in view of urgency, this job cannot await such a time consuming recourse and needs to be approved immediately.

With the assurance from the HSCC to accomplish the task within five months time with an estimated cost of Rs.10.00 crore, the proposal of refurbishment of Raj Kumari Amrit Kaur OPD Block etc, was approved by the Institute Body.

The President suggested that the flooring and lay out of the OPD block should be aesthetically designed. The Institute Body would visit the site in the first week of June, 2010 to inspect the renovated areas. He also informed the members that the Ministry has taken up the issue of getting the piece of land behind Trauma Centre with the Ministry of Urban Development so that the same could be handed over to AIIMS and the Safdarjung Hospital for further development.

Under the medium term plan, Dr. K.K. Talwar and the DGHS suggested that emergency services should remain with the main hospital campus as otherwise it would create problem for the patients with regard to transportation, resuscitation, etc. In view of these suggestions from the Hon'ble Members, the President desired the HSCC to take some necessary steps for the emergency services within the main campus and not to attach it with Trauma Centre. Director indicated that this was decided in the Masjid Moth area including the OPD area and Screening OPD.

Dr. Jyoti Mirdha suggested that some margin should be left for future development and the Master Plan should have some provision for bio-wash and energy efficiency.

On a query from the President, the representative of HSCC informed that the estimated cost of the service towers would be Rs.700.00 crores and it would add 1350 more beds to the existing bed strength of the Institute. The President opined that Rs.700.00 crores for 1350 beds in the service towers appears reasonable

- 3) The Director put forth the proposal of renovation of the Hospital old Private Ward, for consideration of the Institute Body. The members were of the view that the number of new private wards should not be reduced in view of dearth of the private wards in the Institute. Director assured that it will be looked into carefully.

It was accordingly decided to renovate the old Private Ward rooms.

At this stage, Dr. Jyoti Mirdha raised the issue of applicability of reservation roster in respect of vacant faculty posts. The Director informed that earlier the Institute Body decided to apply the 200 points post based reservation roster. Due to a court judgment in 2008 that while grouping different posts under 200 points post based roster, there has to be interchangeability among such posts and only then they could be grouped together. This has made the roster making a complex matter. The matter has been discussed in the Governing Body meeting also.

Mr. Naved Masood suggested that besides serving officers from DoPT, some retired officers' services may also be taken for preparing a proper Reservation Roster for AIIMS faculty.

After discussion, it was decided that the AIIMS Officers will make a proper post-based reservation roster for AIIMS faculty posts. They will take assistance from the Health Ministry and the DoPT for this purpose. The Ministry of Health may form a committee and accordingly make a Reservation Roster at an early date.

The President thanked all the Members. The Director also thanked all the Members for their active participation and kind cooperation during the deliberations on various agenda items.

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

The President is requested <sup>27</sup> to approve this minutes.  
The President, AIIMS  
Dr. (AIIMS)  
Raj  
Rameshwar  
(Members & Secretaries J.B. & Director.)