wrong way. When it is said 'potential created', they want what has actually been done. 'Potential created', Dr. Bhai Mahavir thinks—means, what has been done. I think, there is a wrong use of the word. \*[ think, this is enough. W<sub>e</sub> will go on to next question. Question No. 262.

DR. BHAT MAHAVIR; Sir, I will not take more time. The wording of the question is 'whether it is a fact that 'he Prime Minister, in her address to the nation on 14th January, •1982, has said that the target of providing irrigation facilities to five million hectares of land has been fulfilled' and the answer is 'additional potential created during the first two years of the Sixth Plan...' I do not know whether it is a small mistake, or, only some wrong wording has been used, or, if there is a difference between the standing of the two Houses so that they are to be doled out two different answers like this.

SHRI PILOO MODY: You can prepare another judgement on it.

MR. CHAIRMAN : I wish I could. Then, I will, probably, ba able to deflate you.

SHRI PILOO MODY; You will have to commit a crime before you do that.

श्री राम भगत पासवानः हमेशा हम लोग ग्रापकी तरफ देखते हैं लेकिन इधर ग्राप देखते नहीं हैं ।

श्रो समापति : सारी तरफ देखता हूं। ग्राधा घंटा निकाल दिया।

्त्रो राग भात पासवान हिम कोने मिं] बैठे हैं, इतलिए त्रापका इतःन इधर जाता नहीं है। 1

◆262. [The questioner (Shri Harkishan Singh Surjeet) was absent. For answer vide col... infra]

## Medical college teachers

\*263. SHRI BHAGATRAM MAN-HAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Medical College Teachers and medical service Doctors in the S'ates are allowed private practice in any form;

(b) if so, what are the names oi the States and Union Territories where such facilities are allowed and the *modus operandi* of the same; and

(c) what are the State<sub>s</sub> and Unioi Territories in which facility of 'Pa: Clinics' is in vogue for limited pri vate practice for Doctors and wha are the details in this regard?

THE DEPUTY MINISTER IN TH MINISTRY OF HEALTH AND FA MILY WELFARE (MISS KUMUT BEN M. JOSHI): (a) Teachers i the medical colleges and goverr ment doctors in s°me States are.a lowed private practice.

(b) As per available informatic there is no ban on private practi in Bihar, Karnataka, Madhya Pr desh, Tripura, Meghalaya and Po dicheriry (except the Jawaharlal Pos graduate Institute of Medical Ec cation and Research, an institute under the Central Government). Th< is a partial ban on private practi by government doctors in Keri Tamil Nadu, Maharashtra, Andl" Pradesh, West Bengal, Jammu Kashmir and Assam.

(c) The requisite information not available with the Governmenl India.

SHRI BHAGATRAM MANHAR: would like to know whether in light of the experience in the o States, the Government feel that limited private practice by mei college teachers and medical set doctors will supplement the me< facilities already available in the Union Territory of Delhi. Secondly, Sir, I would like to know whether there is any proposal for introducing the scheme of 'Pay-Clinics'. I would like to know whether any such scheme is under he examination of the Government. If not the reasons therefor?

SHRI B. SHANKARANAND; It has been the policy of the Government to ban private practice by Government doctors employed in 'he medical colleges and also in the hospitals. This is because if private practice is allowed 'o these docto's, 'he patient-care of the poor people suffers. This is the basic philosophy, why we wanted to ban it. The Medical Council of India has already written to all the medical colleges tha\* there should be the wholetime teachers in \*he medical colleges. In Government service, in the Central Government Health Service, we have totally banned private practice and we want that <sup>x</sup>his should be followed by the State Governments also. As a matter of fact, in the meetings of the Centra] Health Council, in 1978 and 1979, all the States have unanimously agreed that this should banned. But still, the S'ate be Governments are not implementing it. It is in the hands of the State Governments.

SHRI BHAGATRAM MANHAR: Is it not a fact that the Government has not been able to give suitable coverage to all the needy people of the country? If so, will the Government allow the medical college teachers, medical service teachers limited private practice to supplement its efforts to give medical coverage to all the people of the country?

MR .CHAIRMAN; This is the same thing. It is another dose of the same thing. They want you to allow private practice so that there will be a bigger area covered.

SHRI B. SHANKARANAND: Private practice will not cover a bigger area. Rather, the area covered will further shrink to only those who can pay for 'his. MR, CHAIRMAN: You must explain what private practice means, it  $i_s$  for those who can pay.

DR. M. M. S. SIDDHU: The Medical Council of India has recommended, firstly, that at least one whole-time unit, should be in each of the clinical subjects in each of the clinical departments. Unfortunately, most of the medical colleges which are otherwise owned are no: following it. Will the Minister take into considera. tion that the private medical colleges which are not sponsored by the State or local bodies or the universities also follow this rule? Secondly, Sir, the Medical Council of India had recommended a package deal of emoluments. What the Governments are doing now while banning the practice is, they to give less emoluments to the teachers, with the result that there is a cry all the <sup>x</sup>ime that the private practice be resumed.

Will the Government now impress upon the State Governments and the Central Government also take the cue that the package deal should be done with the result that there should be no private practice or any type of clinical practice which is detriment to teaching, research and medical relief to the people?

SHRI B. SHANKARANAND; Sir, the House is aware that these medical colleges, whether they are private *or* government, are affiliated to certain universities in their respective States and the universities are autonomous bodies. They do come under the direct control and management of the UGC. The State Governments have to initiate steps to see that proper emoluments are paid to the doctors.

So far as the MCI is concerned, the requirement of the Medical Council of India is that teaching staff of all departments of medical college shall be whole-time and non-practising. And the medical colleges are given recognition only after due inspection by the inspecting staff of th<sub>e</sub> MCI. When all the requirements are fulfilled the recognition is given to the college. Unless the State Govern-men s themselves lake up the responsibility of implementing all these things, we cannot do anything in the matter.

SHRI RAMAKRISHNA HEGDE:  $I_s$  there any coLeg<sub>e</sub> which has not been given recognition?

DR. M. M. S. SIDDHU; The Medical Council of India is insisting on it bu' the State Government medical colleges are not doing so, with the result that we are still forced to give recognition to the degree colleges, in spite of the fact that the^e conditions  $ar_e$  not being fulfilled. Is the Minister awar<sub>e</sub> of it?

SHRI B. SHANKARANAND: Perhaps the hon. Member knows-I do not say that he does not know—that these colleges are affiliated to certain universities and the degrees of the universities are listed in the schedule of the MCI Act itself. We cannot pin-point insti'utionwise that such and such medical college or degree of medical college can be recognised or cannot be recognised. So, as I told you, these are under the direct management of the State Governments. As far as the Central Government is concerned, we can only give directions, and as the House is aware, we have passed resolutions in 1978 and 1979 to ban this and the States are parties to such resolutions.

SHRI KRISHNA CHANDRA PANT: Sir, in spite of the resolutions and the directions ther<sub>e</sub> is no coordination apparently between the States and Centre. There is no uniform pattern. There are obvious variations and it is desirable that there 'should be a uniform pattern. So, will the Government set up some kind of evaluation body with the concurrence of the States so that, there is finality in this matter and a uniform pattern adopted by all the States? The second point is that some of the best doctors, as pointed out by Dr. Siddhu, may, for reasons of earning better money, prefer to stay outside the purview of the State's scheme or the hospitals or the medical colleges and the poor patients are deprived of their services. In that case, is the Government prepared to consider making them honorary physicians to these institution?, as was done in Delhi some years ago? Will that also be examined at all-India level?

SHRI PILOO MODY: It still continues in Bombay.

SHRI B. SHANKARANAND: Sir, the practice of having honorary physicians or surgeons has succeeded in some Sta'es, while in some others it has not brought in good results. It was existing in Karnataka<sub>i</sub> but they have discontinued it. In Bombay, in Maharashtra, to a certain extent, they are continuing it and to a certain extent they are doing good work.

SHRI PILOO MODY: Excellent work.

SHRI B. SHANKARANAND; I agree with you. But ther<sub>e</sub> cannot be any uniform pattern as far as private practice is concerned. Individual differences  $ar_e$  there.

MR. CHAIRMAN: It is a human factor.

SHRI B. SHANKARANAND: Yes, it is a human factor.

SHRI PILOO MODY: These must be cultural differences.

SHRI B. SHANKARANAND; Not cultural but agricultural differences.

SHRI KRISHNA CHANDRA PANT: It is a question of institutional arrangement on an administrative decision. We are not talking about individuals here. We are talking about Government's administrative responsibility. If the uniformity has to be there, it is not in terms of individuals but of institutions and the administrative structure. That  $i_s$  the quesion I asked.

SHRI B. SHANKARANAND; Sir, what the hon. Member has suggested is about the uniformity of the administrative structure of the medical colleges in each State, if I have understood him correctly.

MR. CHAIRMAN: Yes, that is right.

SHRI B. SHANKARANAND;  $I_t$  is for the States. Whether there should  $b_e$ administrative uniformity in the respective States is their concern. How can the Centre say: "You should have administrative uniformity".

SHRI KRISHNA CHANDRA PANT: Centre is also concerned.

SHRI B. SHANKARANAND: That is what  $w_e$  have suggested in the Central Council meeting.

SHRI KRISHNA CHANDRA PANT: Has any evaluation been done?

SHRI B. SHANKARANAND; They have agreed to do it. The only thing is that they have to do it.

SHRI GHULAM RASOOL MATTO: This evil has assumed alarming proportions in Kashmir in spite of the fact that Sheikh Abdullah's strong Government is there. He has not been successful in eradicating this evil of private practice. Ther<sub>e</sub> are two points which I would request, the hon. Minister to consider and, if possible, enforce. Number 1 is that the Central Government give<sub>s</sub> grants to medical colleges. Let the Central Government make it conditional that the grant to a medical college will be dependent upon its fulfilling the norms as set out by the IMC.

Number two is the recognition of the degree of the university. That is also by **the** Central Government

i only. If it is linked with this thing that the Central Government will not recognise a particular medical college degree unless these norms ar<sub>e</sub> fulfilled, I think the hands of the State Governments will be strengthened. Will the Minister consider these points?

SHRI B. SHANKARANAND: First of all,  $w_e$  do not  $giv_e$  any grant to any medical college.

MR. CHAIRMAN: He is wanting it to be done.

SHRI B. SHANKARANAND; We cannot do it because whether it ig a medical college, or an engineering college or an educational institution, it is affiliated to a certain university which is existing under an act, of the State concerned and they are directly under the administration of the University Grants Commission which is under the Education Ministry.

MR. CHAIRMAN: So you do not give.

SHRI B. SHANKARANAND: I do not give grants to educational institutions.

SHRI RAMAKRISHNA HEGDE: Is it not a fact that the All India Medical Council has not accorded recognition to many medical colleges started during the last few years and particularly in Karnataka State where four new medical colleges have been started and the classes are conducted in cow-sheds? Yes, in cow-sheds because there are no buildings, no facilities, no staff.

SHRI PILOO MODY; The cows are conducting classes.

SHRI RAMAKRISHNA HEGDE? They must be. Is it also not a fact— the Minister referred to the U.G.C. giving grants etc.—that the U.G.C. does not come into the picture so far as the medical colleges are concerned? SHRI B. SHANKARANAND: So far as grants are concerned, naturally it is the U.G.C. and not the Health Ministry. (*Interruptions*) I am telling you that question of giving grant to any medical college does not arise with the Health Ministry at all because we do not give grants to the medical colleges.

MR. CHAIRMAN: The rules relating to salaries are governed by the UGC rules.

SHRI B. SHANKARANAND: I did say that every State Government has its own administrative structure to fix the service conditions of the professors and teachers in their respective medical institutions. That is whan Mr. Pant asked—about uniformity— and I said there is no uniformity and it is for the States to consider it.

MR. CHAIRMAN: What about cow-shed?

SHRI RAMAKRISHNA HEGDE; How many medical colleges are here which have not been accorded recognition by the Medical Council?

SHRI B. SHANKARANAND: As far as cow-sheds are concerned, I am not aware of any such medical institution in the country.

SHRI RAMAKRISHNA HEGDE: How many medical colleges are there today in our country which have not been accorded recognition by the Me\* dical Council of India? That is the question.

SHRI B. SHANKARANAND: Sir, there are a few medical colleges which have not been recognised by the Medical Council.

SHRI KALYAN ROY: How many cow-sheds have been recognised?

SHRI B. SHANKARANAND: These' colleges are, Ramiah Medical College, Kempa Gowda Medical College, Am-

bedka<sub>r</sub> Medical College, Siddharth Medical College—all of Bangalore and the Medical College of Trichur in Kerala. These were opened without the permission of the MCI and the Government of India. Out of 106 medical colleges approved by the MCI, only one medical college is not recognised, that is, the Guru Govind Singh Medical College, Faridkot, Punjab.

DR. M. M. S. SIDDHU: No, Sir. The information is not correct. I would say, he may collect the information and give it. There are four medical colleges in Bihar and one medical college in West Bengal. There are five other than those which have not been inspected. Therefore, I would request the hon. Minister to correct his answer rather than bring out something else.

SHRI B. SHANKARANAND: Sir, I replied to a definite question asked by Mr Hegde a\$ to how many medi. cal colleges were opened without the approval of the MCI. But about the Bihar medical colleges h<sub>e</sub> is referring to, that is an entirely different thing. About the Bihar medical colleges, they are given—I do not know I am open to correction— year to year recognition. But they do not come under this.

SHRI RAMAKRISHNA HEGDE: It is ten years old. A decade has passed.

SHRI PILOO MODY: Is the Minister aware of the fact that in the entire system of medical education, tremendous confusion is taking place because the authority is not clearly defined-where the Medical Council does not recognise a college but the university goes out of it<sub>s</sub> way to recognise it and awards degrees, where the UGC says grants are to be given, they are given to the universities but the universities distribute them among the various colleges, where the Central Government sends a directive to the State that such and such should be so and so the State Governments

pay scant respect to that. And the hon. Minister's own State is the worst offender in Ms particular matter. The Chief Minister over there thinks that he is the supreme authority of all medical education to the point where even the capitation fee about which there was so much hue arid cry has now been deprived to the-educational institutions but is not deprived to the Sate Government. Today, instead of the educational ins-itutions collecting the capitation fee—and, maybe, doing (Something good with it the Chief Minister is collecting the capitation fee himself.

Therefore. Sir, I would like to know from the Minister, is he so helpless in the matter of medical education that there is no uniformity, no order, no discipline even within the own functions of his own party arid his own Government? That he should stand up here and say "I am helpleas, this is so and so's matter, this i9 so and so's matter, this is so and so's matter," that he does not even know the number of colleges that the Medical Council has derecognised because they have not provided adequate facilities?

This Guru Govind Singh Medical College about which he has just mentioned, this thing ha? been hanging fire for the last ten years. AH manner of promises were made to students—who graduated, degrees given—but they are not recognised anywhere in the world, not even in India. Is the Health Ministry not concerned about these things? 3 want to know what your attitude is towards these things?

SHRI B. SHANKARANAND: Sir, the Health Ministry is really concerned with the health of the nation including the health of Mr. Piloo Mody; We are concerned very much.

MR. CHAIRMAN: What i<sub>s</sub> wrong with Mr. Mody's health?

SHRI B. SHANKARANAND: The question is about the health of the nation. The question is about private practice. If they ask anything about private practice, banning it or maintaining it, I t'hink I have given enough answers. Otherwise, the<sub>v</sub>  $ar_e$  opening. ...

## MR. CHAIRMAN: The Pandora's box.

SHRI B. SHANKARANAND:...... expanding the horizon of the discussion to a great extent. This can be discussed. I am willing. But I will not plead, and I have never pleaded, helplessness. I have never said that. We have definite rules and regulations of the MCI, and they ar<sub>e</sub> appli-caWe to all the medical institutions in the country wi hout exception. And those medical institutions which fulfil the conditions are recognised and no other medical college. I do not say we are helpless.

SHRI RAMAKRISHNA HEGDE: The Chief Minister does not recognise the All-India Medical Council. That is the problem. (*Interruptions*)

SHRI B. SHANKARANAND: Sir, it is quite unfair to drag the Chief Minister into this discussion. He has nothing to do with the private practice.

MR. CHAIRMAN: The question is  $_{\#}(a)$ , and they go on from (b)  $t_0$  (c), "(d), (e), (\*), (g), (h). Last question.

SHRI SUKOMAL SEN: My question  $i_s$  whether the hon. Minister is aware  $o_r$  has information as to which States have decided or are thinking in terms of banning private practice of medical teachers and whether he has any information on the number of States in which 'pay.clinics' have been introduced! or whether the Union' Governent encourages 'pay-clinics' in hospitals.

SHRI B. SHANKARANAND: There is no question of encouraging anything. It is our policy  $t_0$  ban the private practice totally.

SHRI SUKOMAL SEN; He has not replied to the question.

MR. CHAIRMAN: Finished.

SHRI SUKOMAL SEN; The question is about permission of 'pay-cli-nicis' in the hospitals not about private practice.

SHRI B. SHANKARANAND: In Central Health Service there is no system <sub>0</sub>f 'pay-clmies'.

MR. CHAIRMAN: That was in the first answer.

## **Cadre Review of Central Health Ser-vices**

•264. SHRI AMARPROSAD CHA-KRABORTY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have recently approved the cadr $_{e}$  review proposals of the Central Health Service; and

(b) if so, what are the details in this regard?

THE DEPUTY MINISTER IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (MISS KUMUD-BEN M. JOSHI). (a) Yes, Sir.

(b) A statement is laid on the Table of the House.

## .. statement

The Cadr<sub>e</sub> Review of the Central Heallh Service has been taken up with a view to strengthening t<sup>r</sup>ne structural set-up of the Service, improving its functional aspects and also for bettering the career prospects of the members of the Service. The de(a) The Service is being restructured into four independent streams, *viz.*, General Duty and Administrative, Public Health, Non-Teaching Specialists and Teaching Specialises. There will be separate channels of promotion for all the above four streams of officers. They will, however, merge in a common seniority only at Supertime Grade I level for being considered for promotion to the posts of Director General of Health Services, Additional Director General and six common\* posts in that Grade.

(b) In order to provide more promotional avenues to the officers of the Service, 338 Junior Class I posts (Rs. 700—1300) are being upgraded to Senior Class I post<sub>s</sub> (Rs. 1100—1600). 86 Senior Clasg I post? are being upgraded to the Grade of Chief Medical Officer (Rs. 1500—2000) and 83 Specialist Grade II posts (Rs. 1100—1800) are being upgraded to Specialist Grade I (Rs. 1800—2250).

(c) A new Selection Grade of Rs. 2000–2250 (26 posts) has been agreed to for officers from the Grade of Chief Medical Officer.

(d) The departmental promotion quota for Specialist Grade IT (Rs. 1100—1800) to Specialist Grade I (Rs. 1800—2250) will increase from the existing 30 per cent to 75 per cent. Similarly, for the officers belonging to toe General Duty ca'egory, the departmental promotion quota will be 100 per cent instead of 20 per cent for promotion to posts in the Grade of Chief Medical Officer (Rs. 1500—2000).

(e) A new concept of floating re serve will be introduced in the ca tegory of Specialists and Supertime Grade I of the Service. This will open up promotional avenues of