

solicit or receive, any gift, gratuity, commission or bonus in consideration of or return for the referring, recommending or procuring of any patient for medical, surgical or other treatment. This provision shall apply with equal force to the referring, recommending or procuring by a physician or any person, specimen or material for diagnostic purposes or other study/ work.

MCI and the appropriate State Medical Councils have been empowered to take disciplinary action under these regulations which may include removal altogether or for a specified period from the Medical Register the name of the delinquent registered practitioner.

(d) As per “The Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002”, in cases of professional misconduct, it is open to the MCI and/or State Medical Councils to consider and decide upon the facts of the case. The appropriate medical council would hold enquiry and give opportunity to the registered medical practitioner to be heard. If found guilty, it may award such punishment as deemed necessary or may direct the removal altogether or for a specified period, the name of the delinquent registered medical practitioner from the medical register. The complaints should be decided within a period of six months. MCI is an Appellate Authority in all cases of medical negligence and malpractice by medical professionals referred to it by all State Medical Councils.

#### **Renting out of space in CGHS dispensaries**

3674. SHRI T.K. RANGARAJAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that a substantive space in several CGHS dispensaries in Delhi has been allotted for private dental practice, if so, the details thereof of the allotments made with its terms/conditions;

(b) the revenue earning of the Ministry from these clinics and how much CGHS is paying annually to these clinics for the treatment of its beneficiaries; and

(c) whether the Ministry is contemplating opening a dedicated CGHS wing in Dr. RML Hospital on the lines of Safdarjung Hospital, if so, the detail hereof and the time-frame set in this regard?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. HARSH VARDHAN): (a) In 13 wellness centres under CGHS Delhi-NCR, space has been allotted to a private outsourced agency for 22 dental procedures on credit. Each centre has been allotted a closed space of 300 square feet area and licensed to the private agency.

CGHS Delhi has signed a MOA with the said private agency with detailed Terms and Conditions which include timings, Guidelines and list of procedures along with rates. The MOA is valid for 5 years with effect from 2010.

(b) Revenue earning of the Ministry is as under:

1. ₹ 1.25 crores total upfront premium for 13 outsourced dental clinics.
2. ₹ 5 Lakhs- Annual Authorization Fee, increased by 5%, annually, for 13 outsourced dental clinics.

Payment made by CGHS to the outsourced agency-

(₹ in crores)

2011-12	2012-13	2013-14	Current year
5.60	7.59	6.64	4.20

(c) There is no such proposal.

#### **Infant mortality in Karnataka**

3675. SHRI BASAWARAJ P ATIL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) the districts in Karnataka having highest infant mortality and the details thereof; and
- (b) the steps taken by Central and the State Government to overcome this severe problem?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. HARSH VARDHAN): (a) As per Sample Registration System (SRS) 2012 report of Registrar General of India the Infant Mortality Rate (IMR) in Karnataka is 32 per 1000 live births. SRS reports does not provide information district-wise.

However, as per the Health Management Information System (HMIS) 2013-14, district-wise reported infant deaths and mortality rate in the State of Karnataka is given in the Statement (*See* below).

(b) Under National Health Mission, the following interventions are being implemented by Central and State Government to reduce Infant mortality,

- (i) **Newborn Care Corner (NBCC):** Newborn care corners are established in labour rooms and Operation Theatres in all the 24x7 PHCs, CHCs, Taluk Hospitals and District hospitals. NBCCs are provided with Radiant warmer, resuscitation bag, suction apparatus for immediate care of the newborn baby. The staffs are trained in Navjaat Shishu Suraksha Karyakram (NSSK) to provide care to newborn including resuscitation of an asphyxiated baby. Functional NBCCs have been established in the labour rooms of 882 PHCs, 187 CHCs, 146 Taluk Hospital and 33 District Level Hospitals in 2013-14.