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Government of India
Ministry of Health and Family Welfare

Nirman Bhawan, New Delhi.
Dated: 5th January, 2016.

MINUTES OF MEETING

The minutes of 9th meeting of the National Council for Clinical Establishments held under the Chairmanship of Prof. (Dr) Jagdish Prasad, DGHS on 19 December 2016 at Nirman Bhawan, New Delhi are enclosed for information and necessary action.

Action Taken Report may please be sent in due course to Dr. Anil Kumar, Addl DDG (AK), Room No. 560 - A, Nirman Bhawan, New Delhi-110108 or to his email id viz. dr.anilkumar@nic.in


(K.L. Sharma)

Secretary, National Council for Clinical Establishments and
Joint Secretary to the Government of India

To

1. All members of National Council for Clinical Establishments and other participants as per the list annexed.
2. Chairman and Member Secretary, State council for Clinical Establishments of Arunachal Pradesh, Himachal Pradesh, Sikkim, Mizoram, Bihar, Jharkhand, Rajasthan, Uttar Pradesh, Uttarakhand and Assam and Union Territories of Puducherry, Chandigarh, Dadra and Nagar Haveli, Daman and Diu, Andaman and Nicobar, Lakshadweep.

Copy for information to-

- 1) Secretary-General, Quality Council of India
- 2) Secretary, Medical Council of India
- 3) Secretary, Dental Council of India
- 4) Registrar-cum-Secretary, Central Council for Indian Medicine
- 5) Secretary, Indian Nursing Council
- 6) Secretary, Central Council of Homoeopathy
- 7) PPS to DGHS
- 8) PPS to JS (KLS)

Minutes of the 9th meeting of National Council for Clinical Establishments held under the Chairmanship of DGHS on 19.12.2016 at 10.30 AM in Room No.445 A, Nirman Bhawan New Delhi.

The list of participants is annexed.

2. Prof Jagdish Prasad, DGHS and Chairman, National Council for Clinical Establishments welcomed the participants and stated that implementation of the Act has been slow even in States where it has been adopted. He expressed that even public sector institutions / hospitals are not complying with the provisions of the Act. He added that steps such as avoiding unnecessary investigations, providing rational treatment, appropriate referral, following anti-microbial resistance guidelines, etc are important. He further added that IMA and other professional associations have an important role to play.

3. Status of Action Taken on 8th meeting of National Council for Clinical Establishments:

It was noted that:-

(i). a meeting had been held with IMA under the Chairmanship of DGHS on 8-6-2016 to discuss issues raised by IMA.

(ii). letters have been issued to all States to start permanent registration, however due to State level issues, it has not been started as yet.

(iii). no comments have been received so far on the draft operational guidelines and the permanent registration module available on training website of the Act. The members and participants were, therefore, requested to send comments, still, if any within next one month, after which, guidelines may be finalized and released.

(iv). letters have been written to States/Union Territories where Clinical Establishments Act has been adopted to determine the standard procedure cost based on the template of costing and selecting the required procedures from the list of procedures already approved by the National Council for Clinical Establishments.

(v). no draft or proposal for Standard treatment guidelines for Dental clinical establishments has been received from Indian Dental Association (IDA). However IDA representative Dr. Kumar Rajan informed that guidelines for two common conditions i.e. Dental Caries and periodontitis have been included under the National Oral Health Programme. He was

requested that IDA may provide draft of the standard treatment guidelines for some of the common dental procedures in consultation with all stakeholders before 31.3.2017.

(vi). States were requested to provide details of bank accounts to which payments related to clinical establishments Act are to be made. The States which are providing online registration have provided the bank accounts so far. Payment gateway has been created and uploaded on the training website of the Act. Information from other States is awaited.

(vii). the State of Uttar Pradesh (UP) has notified State Rules; however it has not started implementation of the Act as yet.

After the action taken report, the minutes of the 8th meeting of the National Council were confirmed.

4. Status of implementation of the Act was informed as follows:

(i). currently, the Act is applicable in 10 States and 6 Union Territories. Online registration is being implemented in the States of Himachal Pradesh, Jharkhand and Rajasthan and Union Territories of Andaman & Nicobar Islands, Daman & Diu, Dadra and Nagar Haveli, Chandigarh, Puducherry (9514 as on 18-12-2016), while, offline registration is being done in Sikkim, Arunachal Pradesh, Mizoram & Lakshadweep. The Act has not been implemented yet and provisional registration not started in UP, Uttarakhand, Bihar and Assam. Advocacy cum training workshop was conducted in Assam for both the States of Assam and Mizoram on 21.11.2016. New Drafts of Standard Treatment Guidelines (STG) have been prepared for Snake Bite, Diabetic Foot, and Alcoholic dependence which are available in public domain for comments. Peer review is being done for other STGs being drafted related to Hypertension, Management of Jaundice in New-born, Feeding of Low Birth Weight new-born, Sinusitis, and Recurrent Spontaneous Abortions. Draft for Hospital Infection Prevention & Control (NCDC) has also been prepared.

(ii). Shri K L Sharma, Joint Secretary (R), urged all the members to go through the minimum standards placed on the website of the Clinical Establishments Act (CEA) and communicate the comments, if any, within 15 days. The list of procedures and costing template for calculating the standard procedure cost has been put up on the website. It was advised by the JS that the cost of the procedures should be displayed at every clinical establishment.

5. Status of Court Cases related to matters of the National Council for Clinical establishments:

(i). Addl. DDG (AK) brought to the notice of the members that as per the order of the High Court of Chennai, 'new type clinics' offering services like hair transplant, spas, beauty clinics, studios, etc should be regulated by the Government under a law. It was also brought to the notice that the State of Tamil Nadu is neither following the Clinical Establishments Act nor does it have its own State Act to register and regulate the clinical establishments in its State.

(ii). the case filed by Physiotherapists' Association in the High Court of Delhi was brought to the attention of the council; the contention of their association is being that physiotherapists may be permitted to do independent practice.

(iii). it was informed that MSc medical teachers association has filed a court case in high court of Karnataka objecting to minimum standard of Laboratory. IMA and MCI representatives stated that the laboratories are covered under the field of diagnostics which is a basic field of medicine. Such services can only be provided by medical allopathic doctors. It involves not only testing as per laid down protocols and procedures but also quality control of the laboratories and interpretation of the results. It was noted that the National Council has already approved minimum standard in this regard. After discussion, it was agreed that the matter needs to be examined afresh in its totality.

(iv). in the context of fake laboratories operating in Delhi, it was agreed that an advisory may be sent to the Government of Delhi.

(v). it was also clarified that wherever the CEA is not applicable, the Clinical Establishments should be mandatorily registered and regulated under the respective State Acts. In this regard, it was suggested that a letter may be sent to all such States for compliance.

6. Road Map for further work of National Council:

The following items were identified to be taken up.

- Notification of Categorization and Minimum Standards
- Digitalization of Application Formats and Statistics Formats
- Devising mechanism for receiving documents from Clinical Establishments with application for permanent registration

- Finalizing Operational Plan for implementation by the States
- Starting Permanent Registration
- Start collection of Statistics
- Identifying Gaps in Standard Treatment Guidelines (STG) and Minimum Standards and drafting the same from time to time

7. Presentations by representatives of the State councils:

State council representatives made presentations on the status of implementation of the Act and related issues. The status is summarised as under:

Arunachal Pradesh:

1. The Clinical Establishments Act has been operationalised; however, online registration could not be started as training has not been organised by the state.
2. 523 Clinical Establishments have been registered so far through offline mode.
3. Non-release of funds from Mission Director, NHM was cited as a reason for inability to conduct awareness and training programmes in the districts.

Puducherry:

1. 64 establishments have been registered out of 79 clinical establishments.
2. Out of 136 laboratories, 53 laboratories have been registered by Medical Laboratory Technicians.
3. It was informed by the State representative that all establishments in the State would be registered within a period of one month.

Uttarakhand:

1. Orders have been issued to constitute the State Council.
2. Funds were requested from the NHM to organise awareness and training programmes.

Sikkim:

1. 307 establishments have been registered.
2. Reportedly, online registration could not be started due to poor network connectivity in the State.

3. As regards registration of clinics run by doctors who are in the employment of Government and have opted out of Non-Practising Allowance (NPA), it was reiterated that it is an issue specific to the States where Government doctors are allowed to do private practice. It was agreed that, prima facie, if they are running an establishment, it would need to be registered.
4. The NIC representative was requested to initiate online registration process in the State and provide technical inputs at the earliest.

Mizoram:

1. At present, 362 clinical establishments have been registered in the district of Aizawl and 130 clinical establishments have been registered in the district of Lunglei.
2. The NHM division has not sanctioned funds for other six districts. The issue is to be taken up with NHM.

Chandigarh

1. Overall, 354 clinical establishments have been approved for registration.
2. Constitution of UT Council is to be done in the near future.

Jharkhand:

Total 3366 clinical establishments have been approved for registration till date and no other issue was highlighted.

8. After discussions and deliberations, following action decisions were taken:

1. The Standard Treatment Guidelines (STG) for common dental conditions would be developed by the Indian Dental Association and sent to Addl. DDG (AK) by 31.03.2017. National Council could reimburse some small expenditure incurred for conducting meetings of experts in case a request to that effect is made.
2. Representative of Indian Dental Association will be associated as special invitees in the meetings of the National Council.
3. It was agreed that the issue of laboratory professionals with regard to the minimum standards as approved by the national council

needs further examination especially in the context of the fact that the standards as evolved now could lead to denial of treatment in far flung areas. It was decided that a separate meeting to deal with the issues of allied health professions may be held with all concerned stakeholders under the chairmanship of Special DGHS. However, till then, the current approved minimum standards will continue to be applicable for medical diagnostic laboratories.

4. It has to be seen that the provisions of the CEA should not be in conflict with other Acts such as Rehabilitation Council of India Act, 1992, Indian Medical Council Act, 1956 etc.
5. Regarding the judgement of Chennai high court for regulation of new type establishments, it was recommended that hair transplant centres may be regulated under the CEA and others like beauty clinics, spas, studios, etc. can possibly not be regulated under the Clinical Establishments Act.
6. Regarding the issue of physiotherapists, it was noted that the main issue relates to recognition of physiotherapy as an independent system of medicine for practice which is not within the ambit of the National Council. The minimum standard for physiotherapy centre as already approved by the National Council would continue to be applicable.
7. Regarding fire safety guidelines, it was recommended that health being a State subject, the local laws may be followed meticulously.
8. An advisory may be sent to the Government of NCT of Delhi to take action to widen the scope of their existing Act (Delhi Nursing Homes Registration Act, 1953) for covering other categories of clinical establishments like laboratories, imaging centres, AYUSH clinical establishments, clinics, etc. pending applicability of Clinical Establishments Act or enactment of a new law by the Government of NCT, Delhi.
9. AYUSH representatives including homeopathy informed that the qualifications which are included in the first and second schedules

of the Indian Medicine Central Council Act, 1970 and Homoeopathy Central Council Act, 1973 may be considered as approved qualifications for grant of registration.

10. The State Government representatives highlighted the problems of funding from NHM and informed that many of them particularly Arunachal Pradesh, Sikkim, Uttarakhand have not received the budget as per their State annual Program Implementation Plan (PIP). They pointed out that without required budgetary support; they are facing difficulty in implementation of the Act. It was decided the matter may be taken up with NHM Division for expeditious release of required funds and the State Representatives may also take up the issue with the respective State Mission Director, NHM.
11. It was agreed that a national level meeting of State IMA representatives as proposed by Dr K K Agarwal may be organised by IMA to ascertain the issues related to private sector with the objective of facilitating implementation of the Clinical Establishments Act.
12. NIC was requested to resolve the problem as highlighted by representative from Puducherry regarding limited space available for entry of the name of clinical establishment in the online format of certificate for provisional/ permanent registration at the earliest.
13. All concerned States, wherever online registration has not been started as yet, were requested to take immediate steps for the same and the National Council Secretariat along with NIC (both Central and State level) shall facilitate or provide training in this regard. It was agreed by all such states that they will start online registration within next three months.
14. It was noted that Puducherry has not registered some clinical establishments for want of documents. As documents are not required for grant of provisional registration, Puducherry was requested not to refuse any provisional registration on this ground.

The Puducherry representative agreed that provisional registration of all establishments would be completed within next one month.

15. To facilitate implementation of the Act, it was recommended that empanelment of Clinical Establishments under any Government of India scheme may be allowed only to those registered under Clinical Establishments Act, e.g. empanelment under CGHS, RSBY, ESI, Railways Insurance Scheme, PM National Relief Fund, Rashtriya Arogya Nidhi and Public Private Partnership schemes under NHM. It may be made applicable in those States/UTs where the Act is applicable. The National Council Secretariat may pursue the matter with the respective divisions of the Ministry of Health and Family Welfare and a letter of request in this regard may also be sent to other Government of India Ministries wherever applicable.

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

Annexure

LIST OF MEMBERS OF NATIONAL COUNCIL FOR CLINICAL ESTABLISHMENTS AND OTHER PARTICIPANTS

9th Meeting of National Council for Clinical Establishments held under the chairmanship of Dr. Jagdish Prasad, DGHS on 19-12-2016 at Nirman Bhawan, New Delhi

S.No	Name with Designation	Address	Telephone No/fax No/ Mobile No.	E. mail
National Council Chairman, Secretary and Members who attended the meeting.				
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3.	Shri K L Sharma, Joint Secretary & Member Secretary National Council	MOHFW, Nirman Bhawan New Delhi	23062426	kl.sharma58@nic.in
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14.	Dr Meera Shiva, Rep.CERC, Consumer Enclave Research Centre	A-60, Hauz Khas, New Delhi	9810582028	mirashiva@gmail.com
15.	Shri Ashim Sanyal, COO & Secretary	Consumer Voice, New Delhi	9350998460	coo@consumervoice.org
Members of the National Council who did not attend the meeting.				
16.	Chief Secretary, Government of Andhra Pradesh.	Hyderabad		
17.	Chief secretary, Government of Maharashtra.	Mumbai		
18.	Dr. D.C. Katoch, Joint Advisor	Ministry of AYUSH, New Delhi		
19.	Principal, College of Pharmacy, Sri Rama Krishna Institute of Paramedical Sciences.	395 Sarojini Naidu Road, Coimbatore, Tamil Nadu- 641044		
20.	Advisor (Planning), North Eastern Council.	North Eastern Council, Shillong- 793003		
21.	Advisor (Health), North Eastern Council.	North Eastern Council, Shillong- 793003		
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State Council Members/ Representatives				
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