

NATIONAL INTEGRATED MEDICAL ASSOCIATION

CENTRAL COUNCIL 2017 - 2019

(All India Organisation of the Graduates of integrated Medicine)

(Registered Under Societies Registration Act, of 1860 Reg. No. MUM / 282 / 71 - GBBSD, Public Trust No. F-2469 Mumbai)



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SECRETARY : Dr. Umashankar Pandey B-21/106, Kamaccha, Varanasi (U.P.)
GENERAL Cell : 09415228720, Email : drpandey94215228720@gmail.com

TREASURER : Dr. Ashutosh Kulkarni 9/132 Kela Plot, Jatharpeth, Akola - 444 005 (M.S.)
Ph. (0724) 2491908, 09422860289, Email - kulkarni.ashutosh@ymail.com

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Ref. No. **NIMA/SGCC/40/2017-19**

Date: **13.09.17**

To,
Hon'ble Prime Minister
Govt. of India
New Delhi, India

PROPOSER:- NATIONAL INTEGRATED MEDICAL ASSOCIATION (NIMA)

SUB:- Demands of Indian Systems of Medicine (ISM) doctors.

Respected Sir,

NATIONAL INTEGRATED MEDICAL ASSOCIATION (NIMA) is 70 years old, strongest and largest countrywide registered organisation of Integrated Doctors (graduates and post graduates of conjoint studies in ISM and Allopathy) having more than 1000 branches spread all over the country. NIMA is fighting for the protection of legitimate rights of ISM doctors since decades. Besides, members of NIMA are serving in healthcare system through private, semi-government and government agencies by providing timely economic treatment to all classes of population and places throughout the country including rural, hilly, tribal and urban slums area, where services of MBBS doctors never reach at all. Apart from private practises, ISM doctors who are serving —

NRHM - National Rural Health Mission,

RBSK — **Rashtriya Bal Suraksha Karyakram**, 108 ambulance service, Health wellness Center (HWC) etc. It proved that, like in Maharashtra, because of emergency 108 ambulance services, doctors of ISM saved many lives of accidental injured patients, pregnant women, new-born babies and other acute emergencies. Besides, ISM doctors are actively participating in various National and States Health Programs like Pulse Polio, DOTS, Vaccination, Malaria, Leprosy and Family programs etc.

It is pertinent to note that most of the members of ISM are working as family physicians in rural and remote areas and catering the medical service economically to poor and down trodden masses since pre-independence period by sanctity of law.

On the contrary in spite of compulsion from Government MBBS doctors are very much reluctant to work in rural and remote areas as was observed in Loksabha debates while framing IMCC Act 1970. The situation till date has not at all changed yet.

As mentioned by Hon'ble Supreme Court in Minakshi Gutam's case, WHO has earmarked ideal ratio of "Doctor per number of persons of population" as 1 : 400.

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In India, actually this ratio is 1: 1700, implying scarcity of doctors. But here only MBBS/ Allopath Doctors are taken into consideration. If ISM doctors are accommodated/considered, then same ratio will become 1 : 700, which is nearer to WHO's earmarked ideal ratio.

Considering the shortfall of doctors at Primary Health Centres in some states like Maharashtra State, the State Government has thrown open the posts of medical officers to BAMS doctors. They are working efficiently at Sub-Centres, Primary Health Centres, Rural Hospitals, and Cottage Hospitals etc. and are also implementing various National and State Health Programs.

The doctors of Indian Systems of Medicine have completed and currently doing the graduation and post-graduation as per the syllabus and curriculum framed by CCIM which is gazetted. The syllabus covers the subjects of Indian Systems of Medicine supplemented by the subjects of Modern Medicine like Pharmacology, Medicine, Surgery, Gynaecology and Ophthalmology etc.. Their training and teaching is carried out according to the syllabi. The internship program is completed in PHCs, Rural Hospitals, Civil Hospitals along with hospitals attached to Colleges which include both Ayurved and Allopathy treatment facilities.

According to the provisions of Sec 2 (1) (e) and Sec 17 (3) (b) of IMCC Act 1970 – Rights of person and various notifications issued time to time by Central Council of Indian Medicine, it is crystal clear that, "The institutionally qualified practitioners of Ayurved, Siddha, Unani-Tibb are eligible to practice their respective system with Modern Scientific System of Medicine."

As this Right is given to respective States, many State Governments have made necessary provisions to enable ISM Doctors to use Modern Scientific Medicine which is known as Allopathic system of Medicine.

Hon'ble Supreme Court in various cases like in Dr Mukhtiarchand and others Vs State of Punjab and others and Dr Subhasis Bakshi Vs State of West Bengal case, and various Hon'ble High Courts upheld these provisions.

Recently since 2014, various state legislatures conferring Statutory Rights to practise Modern Scientific System of Medicine by doctors of ISM was challenged by IMA in various Hon'ble High Courts like Mumbai, Hariyana and Utter Pradesh. All three Hon'ble High Courts have not passed any order against ISM. The reason given is, syllabus and training imparted to ISM doctors and State's Right to legislate and need of these doctors in rendering healthcare services in rural and urban areas. IMA had preferred a Special Leave Petition against order of Hon'ble Bombay High Court WP (C) No 7846 of 2014 in Hon'ble Supreme Court, but Hon'ble Supreme Court dismissed the petition. This indicates that judiciary

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has upheld the efforts made by the states to include ISM doctors in healthcare system for its effective implementation of health policies.

After perusal of the proposed bill to replace IMCC Act 1970 and as there is no express provision regarding the Rights of ISM to practise respective system with modern scientific medicine which is known as allopathic system of medicine, NIMA strongly feels that the said proposed bill will jeopardise the effectiveness of the entire medical fraternity of the country.

So, in the light of abovementioned facts, we the doctors of ISM and representative of more than 7 lakhs ISM doctors all over the country through NIMA request you to kindly take note of the following demands:-

1. Integrated System of Medicine should be declared as National system of Medicine.

2. Regarding proposed NCISM Bill 2017:

We welcome the contents of bill with respect to the functioning of council NEET, NAAC, establishment of boards for different systems, college standard, quality education and research.

But we **differ** with respect to:-

- A. Inclusion of Yoga and Naturopathy.
- B. Nomination of members by non-democratic way (Members not elected by and through ISM fraternity).
- C. Definition of Indian Systems of Medicine - Under section 2 (a).
- D. Rights of ISM - Under Section 40.
- E. No mention of the word like Integration/Integrated Course / Integrated Schedule
- F. Sec 18: National Licentiate Examination for ISM;
- G. Sec 37 (2) (ii)- Professional misconduct - No provision of Imprisonment.

After examining proposed bill at great length, the NIMA Central Council feels that there are serious issues. We strongly recommend the following **suggestion**:-

- A. We are a democratic country. In spite of this we do not find any involvement of elected representatives from ISM fraternity. We strongly recommend for the same.
- B. Sec 2 (a) We suggest the Definition of Indian Systems of Medicine as follows:
"Indian Medicine known as Ashtang Ayurved, Siddha, Unani supplemented with modern medicine and modern advances as specified by the syllabus and curriculum".
- C. Please retain Sec 17 (3) b of IMCC Act 1970 which reads as follows:

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Sec 17. Rights of persons possessing qualifications included in Second, Third and Fourth Schedules to be enrolled.

(1)

(2)

(3) Nothing contained in sub-section (2) shall affect-

(a)

(b) the privileges (including the right to practise any system of medicine) conferred by or under any law relating to registration of practitioners of Indian Medicine for the time being in force in any state on a practitioner of Indian Medicine enrolled on a State Register of Indian Medicine.

(c)

(d)

(4)

Our Indian Constitution is a federal Constitution according to which subjects are distributed into three lists: Union List, State List and Concurrent List, of which the subject health is under State list. So to ensure federal structure of constitution, Please retain this right of state.

D. Same is mentioned in 12th Planning Commission's report 2012-17, which reads as follows:

1.6.9: Medical Education should be made relevant to the needs of the country.

1.6.12: Titling Integration of AYUSH in Teaching Research and Practise. It says AYUSH Doctors should be suitably trained and used.

8.4,1: Right of patient to rational treatment of good quality and reasonable cost to be protected.

10: There are 7.87 Lakhs RMPs from AYUSH

10.2: Says AYUSH has substantial role in the National Health System.

10.8.3: Strongly recommends enabling the prescriptions of essential allopathic medicines by AYUSH practitioners.

The planning commission under section 7.9 has gone to the extent of permitting non-qualified practitioners into the health system after suitable training. Such remarks of planning commission highlight drastic scarcity of doctors in the health care system of the nation. And here we, the ISM doctors are duly trained and qualified in both the systems of medicine (ISM and Modern Scientific Medicine) and already serving the nation. Hence this Right of ISM Doctors

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should be protected in the best interest of people at large and prevent irreparable loss towards healthcare system of nation.

E. This bill is silent on the existence of a class of Integrated Practitioners (holding integrated degrees), which is recognised and mentioned by Hon'ble Supreme Court in Dr. Mukhtiyarchand's case.

F. As Yoga and Naturopathy are not independent recognised systems of medicine like Ayurveda, Unani-Tibb, Siddha and Sowa-Rigpa therefore yoga and naturopathy cannot be equated and included in the definition of Indian Systems of medicine.

It is humbly suggested that, Yoga and Naturopathy definition does not match with Indian Systems of Medicine because no medicines are to be used /allowed in yoga and naturopathy practice. (It is not a separate stream but only part and parcel of Ayurveda medical practice.) We recommend to establish separate Commission for yoga and naturopathy.

G. Sec 18 : National Licentiate Examination for ISM:

Sec 18 (1) : We do not agree with proposed NLEIM for granting licence to practise and enrolment in register.

Sec 18 (2): We welcome this NLEIM for admission in PG courses.

H. Sec 37 (2) (ii) Regulation of Professional Conduct: We could not find any schedule in this draft bill. Hence we reserve our Right to opine.

I. Sec 40 (4) : Penal Provision of imprisonment for the contravention of any provision of subsection 3 on section 40 shall be included.

J. In this scenario we strongly feel that there will be a gross violation of fundamental rights under Article 21 i.e. Right to LIFE and Right to HEALTH of people at large in general and gross violation of FUNDAMENTAL Right of ISM practitioners mentioned under Article 19(1)(g) of The Constitution of India regarding freedom of profession in particular. This will render provisions of bill unconstitutional.

K. NIMA-For the reasons mentioned above - the proposed bill will seriously affect the functioning of the ISM fraternity and healthcare system of the whole country. Hence NIMA opposes the bill up to the extent mentioned above.

3. Regarding retention of IMCC Act 1970:

We kindly request you, either make abovementioned necessary suitable changes in proposed NCISM Bill 2017 or retain the present IMCC Act 1970.

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4. Protection of legitimate right of ISM Doctors - regarding eligibility to practise their respective System of Medicine along with Modern Scientific System of Medicine commonly known as Allopathy.

5. Reduction of G.S.T. on Ayurvedic & Unani Drugs - Govt. has announced 18% G.S.T. on Ayurvedic & Unani Drugs which will make these drugs very costly and beyond the reach of common people. Hence we demand to reduce G.S.T. from 18% to 5% or NIL.

6. Regarding Under-graduate students:

Internship stipend should be equivalent to MBBS interns.

7. Regarding Post-graduate students:

A. Stipend/Payment of Housman/Registrar/Junior—Senior Resident should be equivalent to their MBBS counterparts.

B. **PG courses and diploma courses** like Anaesthesiology, Radiology, Orthopaedics and Ophthalmology etc. were successfully run by various Universities are closed down by Government. They should be restarted.

8. Central Act Amendment:

A. We demand the Amendments in various Central Acts like MTP Act, PCPNDT Act, Drugs & Cosmetics Act 1940 & Rules 1945, Human Organ Transplantation Act, so that the ISM Doctors will be eligible to practise under these concerned Acts.

B. We also demand the suitable amendment in **Clinical Establishment Act**. The harsh and unreasonable provisions in this act will make it difficult as well as impossible to a doctor to run his clinic or hospital efficiently.

C. In present scenario the doctors, paramedical staff, clinics and hospitals are being targeted by some unsocial elements for no reason. So there is a dire need of stringent penal provision of law in order to protect medical fraternity. So we demand to make a law for the same.

D. Health Insurance policy and reimbursement of medical expenses: As the bills arising out of treatment of ISM as well as Allopathic medicine given by ISM Doctors is not reimbursed in totality. So kindly make provision so that the poor needy patients will not be deprived of this benefit.

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E. Professional Indemnity Policy:

As the Professional Indemnity Policies for ISM Doctors do not cover the claim arising out of the Allopathic part of treatment. So we demand to make the suitable amendments so as to cover use of Allopathy in their practise for Professional Indemnity claim.

9. Regarding ISM doctors in Government Services:

A. Many ISM doctors like their MBBS counterparts are working in government services and are being appointed in various PHCs, Cottage Hospitals, HWC, RBSK and are deprived of proper pay scale. Government should treat both ISM and MBBS graduates and post graduates equally with res

Experience and seniority should be the criteria for the basis of promotion and the upper posts.

B. **DACP (DYNAMIC ACTION CAREIER PLAN)** this central Government plan be applied to all States Health Departments, so that there will be uniformity in pay scale.

C. We demand to create job opportunities for ISM doctors in Indian Administrative Services, Indian Military Services, Indian Railways and all other Public Sector Units.

D. We also demand the employment of ISM doctors in State Government Health Services in those states where the services of ISM Doctors are not utilised.

10. Regarding Colleges and Institutions:

A. Minimum Standards & Regulation dated 7th November 2016 (MSR 2016):

The present form of MSR which is diluted is to be upgraded at par with MBBS medical colleges so as to maintain good quality education and standard of colleges and hospitals attached therewith.

B. The salary of teaching faculties of private ayurvedic colleges should be according to existing norms of UGC.

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11. Budget:

In upcoming budget ample financial provision should be made for ISM fraternity.

As such a huge number of ISM Doctors - MORE THAN SEVEN LAKHS IN NUMBER who are legally qualified and competent. Such huge number of skilled manpower can be utilised by the Government for the medical services to achieve the goal of WHO ratio and HEALTH FOR ALL.

So, We kindly request you to go through the above mentioned opinion and suggestions and do the needful.

Thanking you,

Yours sincerely,

Dr. Vinayak Tembhurnikar
Hon. President

Dr. U. S. Pandey
Hon. Secretary General

Dr. Ashutosh Kulkarni
Hon. Treasurer

Dr. A.P. Singh
Chairman
Agitation Committee

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