THE RECORD OF MEDICAL COUNCIL OF INDIA AGAINST FEMALE FOETICIDE

ASIAN CENTRE FOR HUMAN RIGHTS

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1. Executive summary

The problem of female foeticide or sex selection in India is acute in India.[1] The invention of technology i.e. ultrasonography for pre-natal sex determination in 1980s replaced intentional killing of infant girls with sex selective abortion of female foetuses.[2] Since 1990s various studies recognised female infanticide as a serious problem with reduction of women in comparison to men. The collusion of technology and traditions caused missing of millions girls through female infanticide.

Female foeticide is mostly committed with the participation of the medical professionals and the role of the Medical Council of India (MCI) and relevant State Medical Councils is critical for the effective implementation of the Preconception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 (PC&PNDT Act). As per Section 23(2) of the PC&PNDT Act, the Appropriate Authorities (AAs) are required to report the name of medical practitioner/s against whom charge under the Act has been framed to respective State Medical Council for taking necessary action including suspension of the registration if the charges are framed by the court and till the case is disposed of, and on conviction for removal of his name from the registrar of the Council for a period of five years for the first offence and permanently for the subsequent offence.

According to the National Crimes Record Bureau (NCRB), from 2002 to 2012, the trials of 218 cases were completed resulting in conviction in 55 cases and acquittal in 163 cases.[3] However, the MCI was not known to have taken any action against any medical professional. On 4 June 2011, India's

1. Ibid
2. United Nations Population Fund (UNFPA) Asia and Pacific Regional Office, Sex Imbalances at Birth: Current trends, consequences, and policy implications, 2012.
   https://www.unfpa.org/sites/default/files/pub-pdf/Sex%20Imbalances%20at%20Birth.%20PDF%20UNFPA%20APRO%20publication%202012.pdf
3. Crime in India reports from 2002 to 2012 of the National Crime Records Bureau

then Health Minister Ghulam Nabi Azad had stated: "*The Medical Council of India should take cognizance of practice of illegal sex selection, determination and sex selective abortion and ensure that guidelines for accreditation of training and experience for medical practitioners are put in place quickly. MCI should also make sure that registration of medical professionals found guilty of violation under the PC&PNDT Act is suspended or cancelled immediately in accordance with the provisions of the Act*".[4]

There are major problems in the implementation of the PC&PNDT Act especially by the medical professionals. Minister of State, Ministry of Health and Family Welfare, Smt. Anupriya Patel in Unstarred Question No. 1116 answered 21 July 2017 informed the Lok Sabha that as per Quarterly Progress Reports (QPRs) ending March 2017, 416 convictions were secured under the PC&PNDT Act but only 114 medical licenses were cancelled/suspended. This shows that corollary action for cancellation or suspension of medical licenses of 302 medical professionals had not taken place despite conviction by the courts. Further, as per the QPRs 1,762 machines were sealed and seized for violations of the PC&PNDT Act and 2,371 court cases were pending as in March 2017. It is expected in many of the 2,371 cases charges have been framed but corollary action for suspension of medical licenses had not taken place after framing of charges.[5]

As per 2011 Census, 10 States registered worst CSR. These included Haryana (834), Punjab (846), Jammu & Kashmir (862), Delhi (871), Chandigarh (880), Rajasthan (888), Uttarakhand (890), Gujarat (890), Maharashtra (894) and Uttar Pradesh (902). Chandigarh despite low CSR of 880 had one pending case and no conviction reported as in March 2017.

Among the 10 States with the worst CSR, with respect to taking actions against the medical professionals, Rajasthan registered the highest conviction

4. *See* http://pib.nic.in/newsite/erelease.aspx?relid=72517
5. Written Statement of Ms. Anupriya Patel, Minister of State, Health and Family Welfare in the Lok Sabha (Unstarred Question No.1116) answered on 21 July 2017

with 145, followed by Maharashtra (88), Haryana (69), Punjab (31), Tamil Nadu (18), Gujarat and Delhi (17 each), Uttar Pradesh (12), Bihar (6), Madhya Pradesh and Odisha (3 each), Telengana (2), and Assam, Chhattisgarh, Himachal Pradesh, Jammu & Kashmir and Uttarakhand (1 each).

In terms of cancellation of licenses, Maharashtra topped with 69 cases, followed by Rajasthan (21), Haryana (14), and Gujarat (5), Punjab (1) and Uttar Pradesh (1). The remaining four among top 10 States with the worst CSR i.e. Bihar, Delhi, Jammu and Kashmir and Uttarakhand did not report any cancellation of doctor's licenses.

The States/UTs which registered no conviction included Andhra Pradesh, Arunachal Pradesh, Goa, Jharkhand, Karnataka, Kerala, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim, Tripura, West Bengal, Andaman & Nicobar Island, Chandigarh, Dadra & Nagar Haveli, Daman & Diu, Lakswadeep, and Puducherry. Of these, some States have pending cases and some machines were sealed/seized.

At present, the requirement of the Section 23(2) of the PC&PNDT Act that the Appropriate Authorities (AAs) will report the name of medical practitioner against whom charge has been framed to respective State Medical Council for taking necessary action including suspension of the registration if the charges are framed by the court and till the case is disposed of and on conviction for removal of his name from the registrar of the Council for a period of five years for the first offence and permanently for the subsequent offence is caught in the bureaucratic red-tape. There is an urgent need for addressing this systemic flaw by amending the PC&PNDT Rules to require the AAs to inform the Central Supervisory Board within four weeks of framing of charges and/or conviction of medical professionals which shall follow up with the MCI or State Medical Councils to ensure compliance with the Act.

2. The state of female foeticide in India

2.1 Female foeticide

Female infanticide[6] was practiced by many patrilineal societies of every continent. The son preference over daughter had been rooted in various social norms of most patrilineal societies such as inheritance passing on to male offspring, male offspring providing economic support and security in old age and performing death rites. The policy of restricting the number of children a couple can have for population control in China only provided impetus for son preference while dowry[7] system in South Asia made daughters an unaffordable economic burden always contributed to son preference. The increased pressure on smaller families to fulfil their wish for a son has also been contributing to female foeticide.[8]

The invention of technology i.e. ultrasonography for pre-natal sex determination in 1980s replaced intentional killing of infant girls with sex selective abortion of female foetuses.[9] Since 1990s various studies recognised female infanticide as a serious problem with reduction of women in comparison to men.

The collusion of technology and traditions created monumental problem for the humanity with millions of missing girls through female infanticide. The United Nations in 2007 estimated that between 113 million and 200 million women are demographically "missing" across the globe[10] and the number has

6. Female infanticide legally speaking is the deliberate killing of newborn female children. UN agencies use the term "female infanticide" also to cover sex-selective abortion i.e. female sfoeticide and the same is applied in this report.
7. Dowry is an amount of property or money to be mandatorily paid by a bride to her husband and family on their marriage.
8. UNFPA Viet Nam, "When girls do not count as much as boys", 21 June 2010, https://vietnam.unfpa.org/public/pid/6392
9. United Nations Population Fund (UNFPA) Asia and Pacific Regional Office, Sex Imbalances at Birth: Current trends, consequences, and policy implications, 2012.
   https://www.unfpa.org/sites/default/files/pub-pdf/Sex%20Imbalances%20at%20Birth.%20PDF%20UNFPA%20APRO%20publication%202012.pdf
10. "International Women's Day 2007-Take action to end impunity for violence against women and girls", 8 March 2007. http://www.un.org/events/women/iwd/2007/factsfigures.shtml

increased with more than 117 million women "missing" in Asia alone due to sex selective abortions as per latest report of the UNFPA.[11] The Population Reference Bureau estimates that every year 1.5 million girls "are missing at birth".[12]

The biologically normal sex ratio at birth (SRB) varies from 102 to 106 males per 100 females.[13] But the SRB has increased sharply in favour of boys due to sex selective abortions of female foetus due to son preference in the family.

2.2 India's acute problem of female foeticide

The actual number of female foeticide in India is not known because of either incompetence or fudging of statistics. The Ministry of Statistics and Programme Implementation in its report, "*Children in India 2012 - A Statistical Appraisal*" of September 2012 stated that faster decline of sex ratio "led to missing of nearly 3 million girl children compared to 2 million missing boy children in 2011, compared to 2001."[14] This is based on the fact that children population of 0-6 years was 78.83 million in 2001 and it declined to 75.84 million in 2011.[15]

This assertion of the Ministry of Statistics and Programme Implementation, Government of India is patently false. The report of the Ministry of Statistics and Programme Implementation does not take into account that decadal growth of population from 1.028 billion in 2001 to 1.21 billion in 2011[16] which would have also resulted birth of more girls from 2001 to 2011 in actual terms. Further, census is conducted every 10 years and the CSR covering 0-6

11. UNFPA, "Gender-biased sex selection." http://www.unfpa.org/gender-biased-sex-selection accessed on 1 June 2016.
12. When Technology and Tradition Collide: From Gender Bias to Sex Selection, Kate Gilles and Charlotte Feldman-Jacobs, October 2012, Population Reference Bureau, available at http://www.prb.org/Publications/Reports/2012/sex-selection.aspx
13. Preventing gender-biased sex selection: an interagency statement OHCHR, UNFPA, UNICEF, UN Women and WHO. http://www.unfpa.org/sites/default/files/resource-pdf/Preventing_gender-biased_sex_selection.pdf
14. CHILDREN IN INDIA 2012 - A Statistical Appraisal, Ministry of statistics and Programme Implementation Government of Indi available at http://mospi.nic.in/mospi_new/upload/children_in_india_2012.pdf
15. Ibid
16. Census data of 2001 & 2011 available at: http://censusindia.gov.in/

years age group excludes those in 07-10 years age group and indeed does not reflect the actual number of missing girls during the decade.

According to the estimates of Asian Centre for Human Rights, during 1991 to 2011 a total of 25,49,3,480 girls went missing as a result of sex selective abortion as explained below.[17]

As per the 2011 census report, total child population in the age group of 0-6 years was 7,58,37,152 females against 8,29,52,135 males during 2001 to 2011.[18] Based on the World Health Organisation's (WHO) estimate of natural sex ratio of 105 males for every 100 females[19], for 8,29,52,135 males, there would have been around 7,90,02033 females in the age group of 0-6 years instead of 7,58,37,152 girls. This means the total number of missing girls were 3,16,4,881 i.e. 7,90,02033 females ideally to be born in the age group of 0-6 years minus 7,58,37,152 actually born in the age group of 0-6 years which is about 5,27,480 girls per age group. As the census is conducted every 10 years, it is indispensable to take into account those in the age group of 7-10 years to find out the exact number of missing girls in a decade. If a total of 3,16,4,881 girls in the age group of 0-6 years or 5,27,480 girls per age group went missing, another 21,09,920 girls in the age group of 7-10 years (5,27,480 girls per age group x 4 years) also went missing. This implies that a total of 52,74,801 girls altogether went missing during 2001 and 2011 from 0-10 years.

Similarly, as per 2001 census, there were a total of 78,820,411 females in 0-6 years age group against 84,999,203 males.[20] Based on the WHOs' estimate of

17. The claim of the Ministry of Statistics and Programme Implementation Government of India in its report, "*CHILDREN IN INDIA 2012 - A Statistical Appraisal"* of September 2012 that declining ratio of girl share of girls in 0-6 years faster than that of boys of 0-6 years "has led to missing of nearly 3 million girl children compared to 2 million missing boy children in 2011, compared to 2001" is highly flawed. It does not take into account increase of population from 2001 to 2011 in absolute term which had impact on population growth rate. Further, this is not the correct figures of the missing girls in India as census is conducted every 10 years and covering 0-6 years age group excludes those in 07-10 years age group. The report is available at http://mospi.nic.in/Mospi_New/upload/Children_in_India_2012.pdf
18. Census 2011, http://censusindia.gov.in/
19. Health situation and trend assessment: Sex Ratio, WHO http://www.searo.who.int/entity/health_situation_trends/data/chi/sex-ratio/en/
20. http://censusindia.gov.in/Census_Data_2001/India_at_glance/broad.aspx

natural sex ratio of 105 males for every 100 females[21], there would have been 8,09,51,622 girls in 2001 census instead of 78,820,411 girls. This means the total number of missing girls were 1,21,31,211 (8,09,51,622 -7,88,20,411) in the age group of 0-6 or average of 20,21,869 girls missing per age group during 1991 to 2001. Taking into account those in the age group of 7-10 years, another 80,87,476 (20,21,869 x 4) also went missing during 1991 to 2001. This implies that a total of 2,02,18,687 girls were missing altogether during 1991 and 2001 in the age group of 0-10 years.

Therefore, total number of girls missing as a result of sex selection during 1991 to 2011 was 25,49,3,480 or 1,27,4674 girls every year.

Against missing girls of over 1.2 million girls every year as a result of sex selective abortion, the NCRB recorded only 1,959 cases of foeticide from 1994 to 2014. These included 107 in 2014, 221 in 2013, 210 in 2012, 132 in 2011, 111 in 2010, 73 in 2009, 73 in 2008, 96 in 2007, 125 in 2006, 86 in 2005, 86 in 2004, 57 in 2003, 84 in 2002, 55 in 2001, 91 in 2000, 61 in 1999, 62 in 1998, 57 in 1997, 39 in 1996, 38 in 1995 and 45 in 1994.[22]

According to NCRB, 1,663 cases of foeticide were reported across India in the last 15 years from 2001 to 2015. These included 55 cases in 2001, 84 cases in 2002, 57 cases in 2003, 86 cases in 2004, 86 cases in 2005, 125 cases in 2006, 96 cases in 2007, 73 cases in 2008, 123 cases in 2009, 111 cases in 2010, 132 cases in 2011, 210 cases in 2012, 221 cases in 2013, 107 cases in 2014, and 97 cases in 2015. Among the States, Madhya Pradesh topped with 360 cases followed by Rajasthan (255), Punjab (239), Maharashtra (155), Chhattisgarh (135), Haryana (131), Uttar Pradesh (93), Delhi (69), Karnataka (60), Gujarat (52), Andhra Pradesh (30), Himachal Pradesh (25), Bihar and Jharkhand (10 each), Odisha (6), Kerala, West Bengal and Andaman and Nicobar Islands (5 each), Jammu and Kashmir and Sikkim

21. Health situation and trend assessment: Sex Ratio, WHO http://www.searo.who.int/entity/health_situation_trends/data/chi/sex-ratio/en/
22. NCRB, Crime in India reports from 2004 to 2013, available at: http://ncrb.gov.in/

(4 each), Assam (2), and Tamil Nadu, Uttarakhand, Chandigarh and Dadra and Nagar Haveli (1 each).[23]

Although, the NCRB has been collecting data on foeticide over the years, it started collecting data on female foeticide only from 2014. It recorded 39 cases of female foeticide in 2015 and 50 cases in 2014. The State/UT-wise data relating to female foeticide is given in the table below:[24]

In two years from 2014 to 2015, the NCRB recorded 59 cases of female foeticide across India. Madhya Pradesh topped in female foeticide with 23 cases, followed by Rajasthan (12), Maharashtra (10), Punjab and Uttar Pradesh (9 each), Telengana (8), Haryana (6), Chhattisgarh (5), Himachal Pradesh (3), Karnataka, Tamil Nadu, Uttarakhand and Delhi (1 each). As per Census 2011, three states with most adverse child sex ratios namely Punjab, Haryana and Jammu & Kashmir had reported 9, 6 and 0 cases respectively.

The 2011 census reflected a grim picture of the missing girls in India and the entire country is affected by declining low child sex ratio as the analysis of the CSR of age group of 0-6 years establishes.

First, as many as in 24 States/UTs, the CSR remains much below the normal or desirable range of 950 or more girls per 1000 boys. These States/UTs include Jammu & Kashmir (862), Himachal Pradesh (909), Punjab (846), Chandigarh (880), Uttarakhand (890), Haryana (834), NCT of Delhi (871), Rajasthan (888), Uttar Pradesh (902), Bihar (935), Nagaland (943), Manipur (936), Jharkhand (948), Odisha (941), Madhya Pradesh (918), Gujarat (890), Daman & Diu (904), Dadra & Nagar Haveli (926), Maharashtra (894), Andhra Pradesh (939), Karnataka (948), Goa (942), Lakshadweep, and Tamil Nadu (943).

Second, 21 States namely Jammu & Kashmir, Uttarakhand, Rajasthan, Uttar Pradesh, Bihar, Sikkim, Nagaland, Manipur, Tripura, Meghalaya, Assam, West

23. See NCRB's Crime in India report series from 2001 to 2015

24. Statement of J P Nadda, Minister of Health and Family Welfare, Government of India in the Lok Sabha on 11.12. 2015, http://164.100.47.192/Loksabha/Questions/QResult15.aspx?qref=26479&lsno=16

Bengal, Jharkhand, Odisha, Chhattisgarh, Madhya Pradesh, Daman & Diu, Dadra and Nagar Haveli, Maharashtra, Andhra Pradesh and Lakshadweep recorded declining trend of CSR in 2011 census.

Third, the CSR of 9 States/UTs have shown an increase but still far short of the desirable CSR of 950 or above in 2011 census. These include Himachal Pradesh (909), Punjab (846), Chandigarh (880), Haryana (834), NCT of Delhi (871), Gujarat (890), Karnataka (948), Goa (942) and Tamil Nadu (943). What is disturbing is the fact that CSR of some of the States/UTs are below 900.

Fourth, States/UTs with CSR more than desirable 950 are Arunachal Pradesh (972), Sikkim (957), Mizoram (970), Tripura (957), Meghalaya (970), Assam (962), West Bengal (956), Chhattisgarh (969), Kerala (964), Puducherry (967) and Andaman and Nicobar Islands (968) but five states from the Northeast namely Nagaland, Manipur, Tripura, Meghalaya and Assam had shown a decreasing trend.

Table 1: Child Sex Ratio in India (2001-2011)

S. No.	**State/UTs**	**Child Sex Ratio (0-6)**	
		2001	**2011**
	INDIA	927	919
1	JAMMU & KASHMIR	941	862
2	HIMACHAL PRADESH	896	909
3	PUNJAB	798	846
4	CHANDIGARH	845	880
5	UTTARAKHAND	908	890
6	HARYANA	819	834
7	NCT OF DELHI	868	871
8	RAJASTHAN	909	888

9	UTTAR PRADESH	916	902
10	BIHAR	942	935
11	SIKKIM	963	957
12	ARUNACHAL PRADESH	964	972
13	NAGALAND	964	943
14	MANIPUR	957	936
15	MIZORAM	964	970
16	TRIPURA	966	957
17	MEGHALAYA	973	970
18	ASSAM	965	962
19	WEST BENGAL	960	956
20	JHARKHAND	965	948
21	ODISHA	953	941
22	CHHATTISGARH	975	969
23	MADHYA PRADESH	932	918
24	GUJARAT	883	890
25	DAMAN & DIU	926	904
26	DADRA & NAGAR HAVELI	979	926
27	MAHARASHTRA	913	894
28	ANDHRA PRADESH	961	939
29	KARNATAKA	946	948
30	GOA	938	942
31	LAKSHADWEEP	959	911
32	KERALA	960	964
33	TAMIL NADU	942	943
34	PUDUCHERRY	967	967
35	A & N ISLANDS	957	968

Changes in CSR at the district level were more pronounced. Out of the total 640 districts in the country, 429 districts had witnessed decline in CSR. Of these, 26 districts recorded drastic decline (of 50 points or more), and 52 districts reported sharp decline (of 30-49 points). An overwhelming number of districts also experienced moderate (of 10-29 points) or marginal (less than 10 points) decline in CSR. As per Census 2011, the decline in CSR had spread from largely urban and prosperous areas to rural, remote and tribal pockets of the country.[25]

The 2011 census data further revealed that CSR fell far more sharply in villages than in urban areas during 2001-2011. Though the urban CSR was far worse than that in rural areas, the fall in CSR in rural areas was around four times more than that in urban areas. Between 2001 and 2011, rural India's CSR fell by 15 points as opposed to urban India's four-point decline.[26]

Table 2: Fact sheet on female foeticide and female infanticide in India

Number of missing girls due to sex selection during 1991-2011	25,49,3,480 i.e. 25.49 million
Number of missing girls due to sex selection per year	12,74,674 i.e. 12.74 million
Number of cases registered under the Preconception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 (PC&PNDT Act) from 1994-2014	2,021
Number of cases registered under the PC&PNDT Act per year	101
Number of conviction secured under the PC&PNDT Act from 1994-2014	206

25. "Missing...Mapping the Adverse Child Sex Ratio in India Census 2011" Office of the Registrar General and Census Commissioner, India http://www.censusindia.gov.in/2011census/missing.pdf

26. Sex test hits rural India, UNFPA, July 2011 available at http://www.unfpa.org/resources/sex-tests-hit-rural-india

Ratio of cases registered against missing girls	1 (one) case approximately per 12,614 missing girls due to sex selection
Number of conviction under the PC&PNDT Act	1 conviction per 123,755 missing girls due to sex selection or sex determination
Number of States/Union territories which had not registered a single case under the PC&PNDT Act since 1994	14[1]
Number of States/Union territories which had not secured as single conviction under the PC&PNDT Act since 1994	23[2]
Top 10 States with cases of infanticide (As per NCRB's Crime in India reports from 2001 to 2015)	i) Uttar Pradesh, ii) Madhya Pradesh, iii) Tamil Nadu, iv) Maharashtra, v) Chhattisgarh, vi) Karnataka, vii) Punjab, viii) Andhra Pradesh, ix) Haryana and x) Gujarat
Top 10 States with cases of foeticide (As per NCRB's Crime in India reports from 2001 to 2015)	i) Madhya Pradesh, ii) Rajasthan, iii) Punjab, iv) Maharashtra, v) Chhattisgarh, vi) Haryana, vii) Uttar Pradesh, viii) Delhi, ix) Karnataka and x) Gujarat
Top 10 states with skewed CSR as per 2011 census	i) Haryana, ii) Punjab, iii) Jammu & Kashmir, iv) NCT of Delhi, v) Chandigarh, vi) Rajasthan, vii) Gujarat, viii) Maharashtra, ix) Uttarakhand and x) Uttar Pradesh
Top 10 states with skewed SRB (Sample Registration System *Statistical Report-2013)*	Haryana, Punjab, Uttar Pradesh, Delhi, Rajasthan, Jammu & Kashmir, Maharashtra, Gujarat, Bihar and Jharkhand

3. Legal framework defining the crimes of the medical professionals

The Preconception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act of 1994 (PC&PNDT Act) defines the crimes of the medical professionals on sex selection.

Section 2 of the PC&PNDT Act defines the medical professionals in the following way:

> (f) "Gynaecologist" means a person who possesses a post- graduate qualification in gynaecology and obstetrics;
>
> (g) "Medical geneticist" includes a person who possesses a degree or diploma in genetic science in the fields of sex selection and pre-natal diagnostic techniques or has experience of not less than two years in such field after obtaining— (i) any one of the medical qualifications recognised under the Indian Medical Council Act, 1956 (102 of 1956); or (ii) a post-graduate degree in biological sciences;
>
> (h) "Pediatrician" means a person who possesses a post-graduate qualification in pediatrics;
>
> (m) "registered medical practitioner" means a medical practitioner who possesses any recognised medical qualification as defined in clause (h) of section 2 of the Indian Medical Council Act, 1956, (102 of 1956.) and whose name has been entered in a State Medical Register;
>
> (p) "sonologist or imaging specialist" means a person who possesses any one of the medical qualifications recognized under the Indian Medical Council Act, 1956 or who possesses a postgraduate qualification in ultrasonography or imaging techniques or radiology;

Section 3 of the PC&PNDT Act stipulates that "no medical geneticist, gynaecologist, paediatrician, registered medical practitioner or any other person shall conduct or cause to be conducted or aid in conducting by himself or through any other person, any pre-natal diagnostic techniques at a place other than a place registered under the Act".

Section 18 of the PC&PNDT Act deals with registration of genetic counselling centres, genetic laboratories or genetic clinics. It provides that

> "(1) No person shall open any Genetic Counselling Centre, Genetic Laboratory or Genetic Clinic, including clinic, laboratory or centre having ultrasound or imaging machine or scanner or any other technology capable of undertaking determination of sex of foetus and sex selection, or render services to any of them, after the commencement of the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Amendment Act, 2002 unless such centre, laboratory or clinic is duly registered under the Act. PNDT Act, 1994 & Amendments
>
> 2. Every application for registration under sub-section (1), shall be made to the Appropriate Authority in such form and in such manner and shall be accompanied by such fees as may be prescribed.
>
> 3. Every Genetic Counselling Centre, Genetic Laboratory or Genetic Clinic engaged, either partly or exclusively, in counselling or conducting pre-natal diagnostic techniques for any of the purposes mentioned in section 4, immediately before the commencement of this Act, shall apply for registration within sixty days from the date of such commencement.
>
> 4. Subject to the provisions of section 6, every Genetic Counselling Centre, Genetic Laboratory or Genetic Clinic engaged in counselling or conducting pre-natal diagnostic techniques shall cease to conduct any such counselling or technique on the expiry of six months from the date of commencement of this Act unless such Centre,

Laboratory or Clinic has applied for registration and is so registered separately or jointly or till such application is disposed of, whichever is earlier.

5. No Genetic Counselling Centre, Genetic Laboratory or Genetic Clinic shall be registered under this Act unless the Appropriate Authority is satisfied that such Centre, Laboratory or Clinic is in a position to provide such facilities, maintain such equipment and standards as may be prescribed.

Section 19 of the PC&PNDT Act deals with procedures for registration. It provides that

1. The Appropriate Authority shall, after holding an inquiry and after satisfying itself that the applicant has complied with all the requirements of this Act and the rules made thereunder and having regard to the advice of the Advisory Committee in this behalf, grant a certificate of registration in the prescribed form jointly or separately to the Genetic Counselling Centre, Genetic Laboratory or Genetic Clinic, as the case may be.

2. If, after the inquiry and after giving an opportunity of being heard to the applicant and having regard to the advice of the Advisory Committee, the Appropriate Authority is satisfied that the applicant has not complied with the requirements of this Act or the rules, it shall, for reasons to be recorded in writing, reject the application for registration.

3. Every certificate of registration shall be renewed in such manner and after such period and on payment of such fees as may be prescribed.

4. The certificate of registration shall be displayed by the registered Genetic Counselling Centre, Genetic Laboratory or Genetic Clinic in a conspicuous place at its place of business.

Section 20 of the PC&PNDT Act provides for procedures for cancellation or suspension of registration. It provides that:

> 1. The Appropriate Authority may suo moto, or on complaint, issue a notice to the Genetic Counselling Centre, Genetic Laboratory or Genetic Clinic to show cause why its registration should not be suspended or cancelled for the reasons mentioned in the notice.
>
> 2. If, after giving a reasonable opportunity of being heard to the Genetic Counselling Centre, Genetic Laboratory or Genetic Clinic and having regard to the advice of the Advisory Committee, the Appropriate Authority is satisfied that there has been a breach of the provisions of this Act or the rules, it may, without prejudice to any criminal action that it may take against such Centre, Laboratory or Clinic, suspend its registration for such period as it may think fit or cancel its registration, as the case may be.
>
> 3. Notwithstanding anything contained in sub-sections (1) and (2), if the Appropriate Authority is, of the opinion that it is necessary or expedient so to do in the public interest, it may, for reasons to be recorded in writing, suspend the registration of any Genetic Counselling Centre, Genetic Laboratory or Genetic Clinic without issuing any such notice referred to in sub-section (1).

Section 21 of the PC&PNDT Act deals with Appeal procedures. It provides that "The Genetic Counselling Centre, Genetic Laboratory or Genetic Clinic may, within thirty days from the date of receipt of the order of suspension or cancellation of registration passed by the Appropriate Authority under section 20, prefer an appeal against such order to— (i) the Central Government, where the appeal is against the order of the Central Appropriate Authority; and (ii) the State Government, where the appeal is against the order of the State Appropriate Authority, in the prescribed manner."

Section 22 of the PC&PNDT Act provides for prohibition of advertisement relating to pre-natal determination of sex and punishment for contravention.

It states,

> 1. No person, organization, Genetic Counselling Centre, Genetic Laboratory or Genetic Clinic, including clinic, laboratory or centre having ultrasound machine or imaging machine or scanner or any other technology capable of undertaking determination of sex of foetus or sex selection shall issue, publish, distribute, communicate or cause to be issued, published, distributed or communicated any advertisement, in any form, including internet, regarding facilities of pre-natal determination of sex or sex selection before conception available at such centre, laboratory, clinic or at any other place.
>
> 2. No person or organization including Genetic Counselling Centre, Genetic Laboratory or Genetic Clinic shall issue, publish, distribute, communicate or cause to be issued, published, distributed or communicated any advertisement in any manner regarding pre-natal determination or preconception selection of sex by any means whatsoever, scientific or otherwise.
>
> 3. Any person who contravenes the provisions of sub-section (1) or sub-section (2) shall be punishable with imprisonment for a term which may extend to three years and with fine which may extend to ten thousand rupees.
>
> Explanation.—For the purposes of this section, "advertisement" includes any notice, circular, label, wrapper or any other document including advertisement through internet or any other media in electronic or print form and also includes any visible representation made by means of any hoarding, wall-painting, signal, light, sound, smoke or gas.

Most critical aspects are offences and penalties. Section 23 of the PC&PNDT Act provides that

> (1) Any medical geneticist, gynaecologist, registered medical practitioner or any person who owns a Genetic Counselling Centre,

a Genetic Laboratory or a Genetic Clinic or is employed in such a Centre, Laboratory or Clinic and renders his professional or technical services to or at such a Centre, Laboratory or Clinic, whether on an honorary basis or otherwise, and who contravenes any of the provisions of this Act or rules made thereunder shall be punishable with Act, 1994 & Amendments imprisonment for a term which may extend to three years and with fine which may extend to ten thousand rupees and on any subsequent conviction, with imprisonment which may extend to five years and with fine which may extend to fifty thousand rupees.

2. The name of the registered medical practitioner shall be reported by the Appropriate Authority to the State Medical Council concerned for taking necessary action including suspension of the registration if the charges are framed by the court and till the case is disposed of and on conviction for removal of his name from the register of the Council for a period of five years for the first offence and permanently for the subsequent offence.

3. Any person who seeks the aid of a Genetic Counselling Centre, Genetic Laboratory, Genetic Clinic or ultrasound clinic or imaging clinic or of a medical geneticist, gynaecologist, sonologist or imaging specialist or registered medical practitioner or any other person for sex selection or for conducting pre- natal diagnostic techniques on any pregnant women for the purposes other than those specified in sub-section (2) of section 4, he shall, be punishable with imprisonment for a term which may extend to three years and with fine which may extend to fifty thousand rupees for the first offence and for any subsequent offence with imprisonment which may extend to five years and with fine which may extend to one lakh rupees.

4. For the removal of doubts, it is hereby provided, that the provisions of sub-section (3) shall not apply to the woman who was compelled to undergo such diagnostic techniques or such selection.

Further Section 25 of the PC&PNDT Act provides for penalty for contravention of the provisions of the Act or rules for which no specific punishment is provided. It states, "Whoever contravenes any of the provisions of this Act or any rules made thereunder, for which no penalty has been elsewhere provided in this Act, shall be punishable with imprisonment for a term which may extend to three months or with fine, which may extend to one thousand rupees or with both and in the case of continuing contravention with an additional fine which may extend to five hundred rupees for every day during which such contravention continues after conviction for the first such contravention".

4. Powers of the Medical Council of India

The Medical Council of India has wide powers. Under Section 20 of Indian Medical Council Act, 1956, it may prescribe standards of professional conduct and etiquette and a code of ethics for medical practitioners and adopt regulations professional misconduct.

Under Section 21 of the Indian Medical Council Act, 1956, it maintains Indian Medical Register of the qualified medical professionals which is mandatory for medical practice.

Most importantly, Section 24 of the Indian Medical Council Act, 1956 provides the power to remove medical professionals from registration. It provides

> (1) If the name of any person enrolled on a State Medical Register is removed therefrom in pursuance of any power conferred by or under any law relating to medical practitioners for the time being in force in any State, the Council shall direct the removal of the name of such person from the Indian Medical Register.
>
> (2) Where the name of any person has been removed from a State Medical Register on the ground of professional misconduct or any other ground except that he is not possessed of the requisite medical qualifications or where any application made by the said person for restoration of his name to the State Medical Register has been rejected, he may appeal in the prescribed manner and subject to such conditions including conditions as to the payment of a fee as may be laid down in rules made by the Central Government in this behalf, to the Central Government, whose decision, which shall be given after consulting the Council, shall be binding on the State

> Government and on the authorities concerned with the preparation of the State Medical Register."

Pursuant to the powers conferred under Section 20 of Indian Medical Council Act, 1956, the MCI adopted Code of Medical Ethics Regulations 2002. Section 7.6 of the Code of Medical Ethics Regulations 2002 as amended upto 8 October 2016 states as under:[27]

> "7.6 Sex Determination Tests: On no account sex determination test shall be undertaken with the intent to terminate the life of a female foetus developing in her mother's womb, unless there are other absolute indications for termination of pregnancy as specified in the Medical Termination of Pregnancy Act, 1971. Any act of termination of pregnancy of normal female foetus amounting to female foeticide shall be regarded as professional misconduct on the part of the physician leading to penal erasure besides rendering him liable to criminal proceedings as per the provisions of this Act."

However, the Medical Council of India (MCI) and the State Medical Councils failed to strictly enforce their Code of Ethics and to take strict action against guilty doctors.

On the contrary, there were instances when MCI or State medical councils were found to be showing leniency instead of strict action. In 2006, over 100 doctors in 22 districts in Rajasthan were found violating the law and suspended. But their suspensions were revoked by the Medical Council of India in 2007.[28]

27. See the Notification at http://www.mciindia.org/RulesandRegulations/CodeofMedicalEthicsRegulations2002.aspx

28. See 'Girls forced to drop out of Rajasthan govt. schools: study', The Hindu, 20 November 2014 http://www.thehindu.com/news/national/other-states/girls-forced-to-drop-out-of-rajasthan-govt-schools-study/article6615662.ece

5. Action taken by MCI and SMCs against female foeticide

As per Section 23(2) of the PC&PNDT Act, the Appropriate Authorities (AAs) are required to report name of medical practitioner against whom charge has been framed to State Medical Council for taking necessary action including suspension of the registration if the charges are framed by the court and till the case is disposed of and on conviction for removal of his name from the registrar of the Council for a period of five years for the first offence and permanently for the subsequent offence. Section 23 (2) of the PC&PNDT Act provides:

> *"(2) The name of the registered medical practitioner shall be reported by the Appropriate Authority to the State Medical Council concerned for taking necessary action including suspension of the registration if the charges are framed by the court and till the case is disposed of and on conviction for removal of his name from the register of the Council for a period of five years for the first offence and permanently for the subsequent offence."*

This suggests that the State Medical Councils play the most important role as the cases are reported to them by the AAs after framing of charges by courts or after conviction. The role of MCI is limited. Even if cases are reported to the MCI, the cases have to be referred to the State Medical Councils for necessary action.

5.1 Actions taken by the MCI

In 2012, the Central Supervisory Board set up under the PC&PNDT Act to tackle the issue of declining sex ratio, chaired by then Union Health Minister Ghulam Nabi Azad, had considered the matter of suspension/cancellation of medical licences of doctors convicted under the PC&PNDT Act and had directed the Medical Council of India to take immediate steps against

them. On 4 September 2012, the MCI wrote to the concerned State Medical Councils to ensure that the decision against these doctors was implemented.[29] It is clear that the MCI was reluctant to take action on its own.

The list of doctors who were convicted under the PC&PNDT Act and against whom the Central Supervisory Board had sought action by the MCI is given in the table below:[30]

Sl. No.	Name of Doctors	Punishment
1	Dr. Zarina Shethwala Shetwala Hospital, Opp. Gajia 'Khadki, Opp. Old Vegetable Market, Dholka, Ahmedabad, Gujarat	Fine of Rs.1000/-
2	Dr. Paresh N. Sheth Alka Appt. Mangal Park, Above SBI, Shah Alam Toll Naka, Ahmedabad, Gujarat	Fine of Rs.1000/-
3	Dr. Narendrakumar Vanmalidas Vaghela Preg-Care Hosp., I-304, 3rd Floor, "Suhas" Building, Muktanand Marg, Sardar Bridge Circle, Adajan, Dist. Surat, Gujarat	Fine of Rs.1000/-
4	Dr. Nishit R. Joshi Chirayu Hospital, Opp. Govindnagar, Dahod, Dist. Dahod, Gujarat	Fine of Rs.100/- & sentence till closing of the day court
5	Dr. Anil Sabhani M/s Dr. Anil Ultrasound, Opp. GH Palwal, Haryana	Two years imprisonment & fine of Rs. 5000
6	Dr. Satya Narain Dhanwa M/s S. Dhanwantri Clinic, Near Bajrang, Bhawan, Delhi Road, Rohtak, Haryana	One year imprisonment & fine of Rs.5000

29. Minutes of the meeting of the Ethics Committee of Medical Council of India held on 22 September 2012 (NO.MCI-211(2)/2012-Ethics/), https://old.mciindia.org/meetings/Ethics/2012/Minutes_22.09.2012.pdf (Accessed 19.09.2017)

30. Minutes of the meeting of the Ethics Committee of Medical Council of India held on 22 September 2012 (NO. MCI-211(2)/2012-Ethics/), https://old.mciindia.org/meetings/Ethics/2012/Minutes_22.09.2012.pdf (Accessed 19.09.2017)

7	Dr.M.P.Kamboj M/S Kamboj Ultrasound and Diagnostic Pvt. Ltd. Hisar, Haryana	Three years imprisonment & fine of Rs. 10000.Licenses cancelled for 5 Years
8	Dr.(Mrs.) Renu Kamboj M/S Kamboj Ultrasound and Diagnostic Pvt. Ltd. Hisar, Haryana	Three years imprisonment & fine of Rs. 10000.Licenses cancelled for 5 Years
9	Dr. R. S. Malik M/s Malik Ultrasound & X-ray clinic, Commercial Urban Estate-I, Hisar, Haryana	Two years imprisonment & fine of Rs. 5000 license cancelled for 5 years.
10	Dr. Sushil Pardhan M/s Pardhan Maternity & Nursing Home, Charkhi Dadri. (Bhiwani) Haryana	One year imprisonment and fine of Rs. 2000
11	Dr. Sarita Pardhan M/s Pardhan Maternity & Nursing Home, Charkhi Dadri. (Bhiwani), Haryana	One year imprisonment and fine of Rs. 2000
12	Dr. (Mrs.) Vijay Bhargava Bhargawa Hospital & Nursing Home, Near Punjabi Dharamsala, Circular Road, Rewari, Haryana	One year imprisonment and fine of Rs. 1000
13	Dr. Ashok Bhargava Bhargava Hospital & Nursing Home, Near Punjabi Dharamshala, Circular Road, Rewari, Haryana	One year imprisonment and fine of Rs. 1000
14	Dr. Rajesh Goyal M/s Parkash Mission Hospital, Jain Samadhi Road, Tohana, distt. Fatehabad, Haryana	One year imprisonment and fine of Rs. 1000
15	Dr. (Mrs.) Darshana Goyal M/s Parkash Mission Hospital, Jain Samadhi Road, Tohana, distt. Fatehabad, Haryana	One year imprisonment and fine of Rs. 1000
16	Dr. Satya Narayan Indora M/s City Ultrasound, Opp. Vijaya Bank Mohna Road, Ballabgarh, Haryana	One day imprisonment & fine of Rs. 10,000
17	Dr. J. S. Sodhi Col. Sodhi Hospital, Bisru Road, Punhana, Mewat, Haryana	Two years imprisonment & fine of Rs. 5000

18	Dr. Hardeep Singh M/s Hari Herbal, 7307/4, Mohalla Bansawala, Ambala City, Haryana	One year imprisonment & fine of Rs. 3000
19	Dr. Reshma Yadav Jansewa Hospital, Mahendergarh Road, Narnaul, Haryana	Three years imprisonment & fine of Rs. 3000
20	Dr. A. K. Singh Beula Nursing Home, D-51, New Colony,Pataudi, Pataudi, Haryana	19 days and fine of Rs. 1000
21	Dr. Manju Goel M/s. Sukh Ram Hospital, Bye pass Road, Palwal, Haryana	Six months imprisonment & fine of Rs. 5000
22	Dr. Subhash Goyal M/s Sukh Ram Hospital, Bye Pass Road, Palwal, Haryana	Six months imprisonment & fine of Rs. 5000
23	Dr. J.L.Mahajan Palam Vihar, Gurgaon, Haryana	3 years imprisonment & fine of Rs.1000
24	Dr. M.S. Talekar Sector-4, Urban Estate, Gurgaon, Haryana	3 years imprisonment & fine of Rs.1000
25	Dr. K. K. Saraswat Phase-IL New Palam Vihar, Gurgaon, Haryana	3 years imprisonment & fine of Rs.1000
26	Dr. D. B. Lal Sector-4, Urban Estate, Gurgaon, Haryana	3 years imprisonment & fine of Rs.1000
27	Dr. P. B. Lal Sector-4, Urban Estate, Gurgaon, Haryana	3 years imprisonment & fine of Rs.1000
28	Dr. Rajiv Bhatia L-18A, Radha Palace Gurgaon, Haryana	3 years imprisonment & fine of Rs.5000
29	Dr. Brij Sharma M/s. Karnal Ultrasound and X-ray, 70A, Jarnaily Colony, R/o 221, Sector-7, Urban Estate, Karnal, Haryana	Three years imprisonment & fine of Rs. 10000
30	Dr. Navin Thapar Faridabad, Haryana	License cancelled for 5 years

31	Dr. Nirrnal Jaiswal Madhya Pradesh	Fine of Rs.1000/ one month imprisonment. Cancellation of registration by State Medical Council (Acquitted by Upper Court)
32	Dr. S. M. Agrawal Madhya Pradesh	Fine of Rs.1000. Cancellation of registration by State Medical Council. (Acquitted by Upper Court)
33	Dr. Premlata Bansal District Indore, Madhya Pradesh	Fine of Rs.1000/- and one month imprisonment.
34	Dr. Manvinder Singh Gill Gill Diagnostic & Lithotripsy Centre, Indore, Madhya Pradesh	Fine of Rs. 1,000/- and imprisonment of one month.
35	Dr. Harish Chhabra Chhabra Diagnostic, Indore, Madhya Pradesh	Fine of Rs. 1,000/- and imprisonment of one month.
36	Dr. Chhaya Rajesh Tatel Mumbai Corporation, Maharashtra	R.I. for three years and fine of Rs. 10000/-
37	Dr. Shubhangi Suresh Adkar Mumbai Corporation, Maharashtra	R.I. for three years and fine of Rs. 10000/-
38	Dr. Prashant Gugrathi Shreegi Hospital, Parola, Dist. Jalgaon, Maharashtra	One year Imprisonment and fine of Rs. 5000/-
39	Dr. S. Anuradha Sant Sant Clinic Anjali Apt. 396/A, Shivajinagar, Pune 16, Maharashtra	Fine of Rs. 1000/-
40	Dr. R.V. Paranjape Paranjape X-Ray Clinic 200, Narayan Peth, Laxmi Rd, Pune – 30, Maharashtra	Fine of Rs. 1000/-
41	Dr.Ambekar N.C. Plot No.86 , Mayur Colony, Kothrud, Pune, Maharashtra	Fine of Rs. 1000/-

42	Dr.Shah Laxmikant Yashada Hospital, 420- Raviwar Peth, Maharashtra	Fine of Rs. 1000/-
43	Dr.Deshmukh Avinash P. Deshmukh. Hospital 1142. Shukrawar Peth, Maharashtra	Fine of Rs. 1000/-
44	Dr.Hardikar S.M. Hardikar Hospital, 1160/61. Shivaji Nagar, Maharashtra	Fine of Rs. 1000/-
45	Dr.Sheth M.H. Harjeevan Hospital, 986/A, Ahukarwar, Peth, Maharashtra	Fine of Rs. 1000/-
46	Dr.Agarwal Manoj Pritam Clinic Pandavnagar, Police Chowki, Opp. Wadarwadi, Pune 46, Maharashtra	Fine of Rs. 1000/-
47	Dr. Mrs. Kusum Tamahane Sanjavani Nurshing Home, S.No.224, Gadital, Hadapsar, Pune 28, Maharashtra	Fine of Rs. 1000/-
48	Dr.Mrs Anuradha Kelkar Anakul Sonography Bharat Kung, Soc. No. 2, Plot No 10, Erandwane, Pune -38, Maharashtra	Fine of Rs. 1000/-
49	Dr.Vilas Gaikwad Ushakiran Hospital Kamdhenu Estate, S.No.229/A-1. Hadapsar, Pune 28, Maharashtra	Fine of Rs. 1000/-
50	Dr.Sanjiv Vasant Kanitkar Kanitkar Hospital, 1098/18, Model Colony, Pune 16, Maharashtra	Fine of Rs. 1000/-
51	Dr.Kulkaini Arvind Om Hospital, Anjali Apartment Shivaji Nagar, Pune Wadarwadi, Pune 16, Maharashtra	Fine of Rs. 1000/-
52	Dr.P.K.Pawar Jivan Jyoti Hospital, Karad, Dist. Satara, Maharashtra	Convicted for three years Imprisonment and fine of Rs 90000/

53	Dr.Ambadas Kadam Sanjivani Hospital and Surgical Centre, Vaduj, Tal.Khatav Dist.Satara, Maharashtra	Convicted for Three years Imprisonment and fine of Rs.130000/-
54	Dr.Rajesh Tukaram Manvatkar Varangaon, Dist.Jalgaon, Maharashtra	Convicted for two years imprisonment and fine of Rs 10000/-
55	Dr. Hate, Taluka Mahad, Maharashtra	Released on their entering into a bond of Rs.15,000/-, they shall not repeat the offence and be good behavior.
56	Dr. Suryakant Nagappa, Kudtarkar, Mahad Nursing Home, Mahad Dist. Raigad, Maharashtra	Released on their entering into a Bond of Rs.15,000/-, they shall not repeat the offence and be good behavior.
57	Dr. M.B. Nagane Med. Officer, Radiologist, Maharashtra	Convicted for 3 years Imprisonment and fine of Rs. 7000/-
58	Dr. Mohan Hari Pharne Anusya Hospital, Islampur, Dist. Sangli, Maharashtra	Convicted for two years Rigorous Imprisonment and fine of Rs 70000/-
59	Dr.Shree Shinde Sangli, Maharashtra (2011)	Convicted for Two years Rigorous Imprisonment and fine of Rs 38000/-
60	Dr.Sampada Shinde Sangli, Maharashtra (2011)	Convicted for Two years Rigorous Imprisonment and fine of Rs 38000/-
61	Dr.V.B.Patil Solapur, Maharashtra (2011)	Convicted for three months, Rigorous Imprisonment and fine of Rs 1000/-
62	Dr. Smt. Yojana Vilas Rawal Sangli, Maharashtra (2011)	Convicted for 2 years Rigorous Imprisonment and fine of Rs-52000/-

63	Dr.Yogendra Shinde Sangli, Maharashtra (2011)	Convicted for 3 years Rigorous Imprisonment and fine of Rs. 21000/-
64	Dr. Pradip Gandhi, Akluj Solapur, Maharashtra (2011)	Convicted for one year Rigorous Imprisonment and fine of Rs 25000/-
65	Dr. Viththal A. Kavitake Solapur, Maharashtra (2011)	Convicted for one year Rigorous Imprisonment
66	Dr. Shivaji Madhavrao Eklare Sanjivan Hospital, Degloor, Dist-Nanded, Maharashtra	Convicted for Two years Rigorous Imprisonment and fine of Rs 2000/-
67	Dr.Shivaji Sadashiv Mane, Nidan Sonography Center, Jaisingpur Shirol, Dist. Kolhapur, Maharashtra	Convicted for Three years Rigorous Imprisonment and fine of Rs 60000/-
68	Dr.Gajanan Daulat Koli Kolhapur, Maharashtra (2012)	Convicted for Three years Rigorous Imprisonment.
69	Dr.M.T. Sanap Beed, Maharashtra (2012)	Convicted for 1 year Rigorous Imprisonment and fine of Rs-19000/-
70	Dr.Saiyyad T. Ahmed Beed, Maharashtra (2012)	Convicted for 1 year Rigorous Imprisonment and fine of Rs-17000/-
71	Dr.Arun Satpote Beed, Maharashtra (2012)	Convicted for 1 year Rigorous Imprisonment and fine of Rs. 6000/-
72	Dr. Dinkar Mule Osmanabad, Maharashtra (2012)	Convicted for one month Rigorous Imprisonment and fine of Rs 5000/-
73	Dr. Varsha Kasturkar Osmanabad, Maharashtra (2012)	Convicted for one month Rigorous Imprisonment and fine of Rs 5000/-

74	Dr. Aruna Gavde Osmanabad, Maharashtra (2012)	Convicted for one month Rigorous Imprisonment and fine of Rs 5000/-
75	Dr. Umakant Walwekar Valwekar Mat. Home, Solapur, Maharashtra (2012)	Convicted for one year Rigorous Imprisonment and fine of Rs 8000/-
76	Dr Dipak Tarlekar Sangli, Maharashtra (2012)	Convicted for one year Rigorous Imprisonment and three month fine of Rs 6000/-
77	Dr.Smt P.A. Umrekar Nanded, Maharashtra (2012)	Convicted for Two years Rigorous Imprisonment and fine of Rs 15000/-
78	Dr. Parveen Sidhiki Osmanabad, Maharashtra (2012)	Convicted for one month Rigorous Imprisonment and fine of Rs 10000/-
79	Dr. Chanchala Bodke Osmanabad, Maharashtra (2012)	Convicted for one month Rigorous Imprisonment and fine of Rs 10000/-
80	Prakash Bhandari Ahmad Nagar, Maharashtra (2012)	One year imprisonment and fine of Rs. 5000/-
81	Dr. Ramani Ranjan Tripathi Chief Medical Officer, Mahanadi Coal Field Central Hospital, At-Brajrajnagar, Dist-Jharsuguda, Odisha	3 years imprisonment & fine of Rs. 10000/-
82	Dr.S.D.Sharma People's Charitable Hospital Research & Training Centre Dist-Jharsuguda, Odisha	3 years imprisonment & fine of Rs. 10000/-
83	Dr.Purnachandra Pradhan Sai Ram Hospital, Odisha	3 years imprisonment & fine of Rs. 10000/-
84	Dr. Pushp Lata Mittal Maternity & Scan Centre, Barnala, Punjab	2 yrs R.I. and is also fined Rs. 5000/-

85	Dr. Laxmi Garg Garg Nursing Home, Rampura Phool (2) Champa Devi W/o Chand Bhan, Rampura, Bhatinda, Punjab	One year imprisonment and fine of Rs. 10,000/- (Doctor committed suicide)
86	Dr. Manvir Gupta Prithipal Singh Memorial Hospital, Kotkapura, Punjab	Convicted for 2 yrs. imprisonment and fine of Rs. 10,000/- for sex determination and 1 year sentence for not maintaining Form F with fine of Rs. 5000/-
87	Dr. Raminderjeet Kaur Prithipal Singh Memorial Hospital, Kotkapura, Punjab	2 years imprisonment & fine of Rs. 10,000/-
88	Dr. V. K. Dharni Ludhiana Clinic & Nursing Home, Khamano, Punjab	Fine of Rs 1000/-
89	Dr. Ishwar Dass Shalley Shalley Nursing Home, Sirhind, Punjab	2 years imprisonment and fine of Rs. 7000/-
90	Dr. Baldev Singh Dhillon Dhillon Scan Center, Dhariwal, Punjab	Fine of Rs. 1,000/-
91	Dr, Santokh Singh Guru Teg Bahadur Hospital, Jalandhar, Punjab	3 years imprisonment and fine of Rs. 9,000/-
92	Dr. A.S. Chhabra Field Gunj, Ludhiana, Punjab	10 years imprisonment
93	Dr. Ramandeep, Singh Indus Hospital, Phase 3B1, Mohali, Punjab	1 year imprisonment & fine of Rs. 1000/-
94	Dr. Neelam Kohli City Diagnostic Centre, Kharar, Mohali, Punjab	Fine of Rs.1000/-
95	Dr. Sewa Singh Mehrok Hospital, Gehri Mandi (Jandiala Guru), Amritsar, Punjab	5 years imprisonment

96	Dr. Pramod Kumar Gupta, Tilak Ram Hospital, Kotkapura, Punjab	Awarded 3 months rigorous imprisonment with fine of Rs. 1,000/- (Acquitted by Upper Court)
97	Dr. Harjit Singh Kang Bagha Hospital Pathankot road Jalandhar, Punjab	Awarded 2 yrs imprisonment & fine of Rs. 5,000/- (Acquitted by Upper Court)
98	Dr. P.S. Bhandari Bhandari Ultrasound Scan Centre, Malout, Punjab	Awarded 3 yrs imprisonment and fine of Rs. 1,000/- (Acquitted by Upper Court)
99	Dr. Rita Garg Punjab	3 months imprisonment and fine of Rs. 1000/- (Acquitted by Upper Court)
100	Dr. Vijay Khosla Punjab	3 months imprisonment. (Discharged by the Order of Court)

The MCI indeed has not updated its intervention since 2012.

5.2 Action taken by State Medical Councils

As per the quarterly progress report (QPR) ending September 2016 received from States/ UTs by the Union Ministry of Health and Family Welfare, a total of 2,352 court cases were filed by the Appropriate Authorities (AAs) for violating the provisions of the PC&PNDT Act. Of these, 386 convictions were under PC&PNDT Act and the medical licenses of 108 doctors were suspended by the various State Medical Councils following convictions.[31]

31. Written Statement of Ms. Anupriya Patel, Minister of State, Health and Family Welfare in the Lok Sabha on 16 December 2016 http://pib.nic.in/newsite/erelcontent.aspx?relid=155520

The QPR ending September 2016 shows that the highest suspension of medical licences following convictions was reported from Maharashtra with 68 out of 84 convictions, followed by Rajasthan with 21 out of 137 convictions, Haryana with 14 out of 66 convictions, Madhya Pradesh with 2 out of 2 convictions, Gujarat with 1 out of 15 convictions, Punjab with 1 out of 31 convictions, and Uttar Pradesh with 1 suspension out of 8 convictions. Some States/UTs which secured conviction namely Bihar (1), Himachal Pradesh (1), Jammu & Kashmir (1), Odisha (3), Tamil Nadu (18), Telengana (1), Uttarakhand (1), and Delhi (17) as in September 2016.[32]

However, the 108 suspension of licences of doctors did not include the suspension on framing of charges by the courts.

5.2.1. Rajasthan

The Minister of State, Ministry of Health and Family Welfare, Smt. Anupriya Patel in Unstarred Question No. 1116 answered 21 July 2017 in Lok Sabha stated that as per Quarterly Progress Reports (QPRs) ending March 2017, Rajasthan secured 145 convictions under the PC&PNDT Act. Of these, Rajasthan Medical Council (RMC) suspended medical licenses of 21 doctors following their convictions. While the QPR showed that 652 cases were pending in various courts of Rajasthan during the period.[33]

In the QPR ending September 2016, Rajasthan had secured convictions in 137 cases with licences of 21 doctors suspended.[34]

This indicates that convictions were secured only in eight cases in six months but no licenses were suspended in these convicted cases.

32. Written Statement of Ms. Anupriya Patel, Minister of State, Health and Family Welfare in the Lok Sabha on 16 December 2016 http://pib.nic.in/newsite/erelcontent.aspx?relid=155520
33. Written Statement of Ms. Anupriya Patel, Minister of State, Health and Family Welfare in the Lok Sabha (Unstarred Question No.1116) answered on 21 July 2017
34. Written Statement of Ms. Anupriya Patel, Minister of State, Health and Family Welfare in the Lok Sabha on 16 December 2016 http://pib.nic.in/newsite/erelcontent.aspx?relid=155520

By mid-April 2015, the figure of suspensions was still 21.[35]

This shows the RMC's lack of action to suspend/ cancel registration of doctors who were convicted. There is no official information as to in how many of these cases the RMC initiated action for suspension of licences following framing of charges in courts. It was also not known in how many of these cases the AAs reported to the RMC for action.

In July 2012, the RMC had suspended the registration of 12 doctors for violation of PC&PNDT Act. Of these, five doctors were involved in sex selection and they provided information about the sex of the foetus, while the rest violated other provisions of the Act. Eleven of the doctors were from Sri Ganganagar district and one is from Udaipur district.[36]

5.2.2. Haryana

The Minister of State, Ministry of Health and Family Welfare, Smt. Anupriya Patel in Unstarred Question No. 1116 answered 21 July 2017 in Lok Sabha stated that as per Quarterly Progress Reports (QPRs) ending March 2017, Haryana secured 69 convictions under the PC&PNDT Act. Of these, Haryana Medical Council (HMC) suspended medical licenses of only 14 doctors following their convictions. While the QPR showed that 208 cases were pending in various courts in the State during the period.[37]

On 23 December 2016, Health Minister of Haryana Anil Vij stated that 68 persons including 44 doctors were convicted and charges were framed by the court against 18 doctors under the PC&PNDT Act, of which HMC had suspended licences of 20 doctors including 14 licences after conviction by the court and six licences after charges were framed by the court.[38]

35. See S.K.Gupta vs Union of India & ors, Rajasthan High Court, Jaipur Bench, Judgment delivered on 15.04.2015 http://ecourts.gov.in/sites/default/files/SK%20Gupta%20Vs%20Union%20Of%20india.pdf
36. See 'Sex determination: 12 doctors suspended in Rajasthan', Rediff.com News, 17 July 2012, http://www.rediff.com/news/report/sex-determination-12-doctors-suspended-in-rajasthan/20120717.htm
37. Written Statement of Ms. Anupriya Patel, Minister of State, Health and Family Welfare in the Lok Sabha (Unstarred Question No.1116) answered on 21 July 2017
38. See 'Sex ratio improves in Haryana, highest in Sirsa: Vij' India Today, 23 December 2016, http://indiatoday.

The Minister's statement and QPR submitted by the State to the Central Government clearly did not tally.

The QPR ending September 2016 also showed suspensions of 14 licenses of doctors out of 66 convictions in the State.[39]

5.2.3. Delhi

The Minister of State, Ministry of Health and Family Welfare, Smt. Anupriya Patel in Unstarred Question No. 1116 answered 21 July 2017 in Lok Sabha stated that as per Quarterly Progress Reports (QPRs) ending March 2017, Delhi secured 17 convictions under the PC&PNDT Act, of which no license of doctors were suspended by Delhi Medical Council. While the QPR showed that 95 cases were pending in various courts in the State.[40]

There is no improvement in the last six months. As per QPR ending September 2016, the figure of convictions secured was still 17, while 93 cases were pending before various courts of Delhi[41], indicating only increase of two cases.

But RTI reply received from the Delhi Medical Council by ACHR stated that the DMC had taken action against three doctors for violating the provisions of the PC&PNDT Act. They were identified as Dr. Rajsingh (Complaint No. 1427), Dr. Krishan Gopal Garg (Complaint No. 1563) and Dr. A. S. Chauhan (Complaint No. 1781).[42] Out of the three doctors, licenses of Dr. Rajsingh and Dr Gopal Krishan Gopal Garg cancelled for five years each following their convictions by Court in Haryana.

intoday.in/story/sex-ratio-improves-in-haryana-highest-in-sirsa-vij/1/841814.html

39. Written Statement of Ms. Anupriya Patel, Minister of State, Health and Family Welfare in the Lok Sabha on 16 December 2016 http://pib.nic.in/newsite/erelcontent.aspx?relid=155520
40. Written Statement of Ms. Anupriya Patel, Minister of State, Health and Family Welfare in the Lok Sabha (Unstarred Question No.1116) answered on 21 July 2017
41. Written Statement of Ms. Anupriya Patel, Minister of State, Health and Family Welfare in the Lok Sabha on 16 December 2016 http://pib.nic.in/newsite/erelcontent.aspx?relid=155520
42. Information received under RTI Act from Dr. Girish Tyagi, Registrar cum Public Information Officer, Delhi Medical Council by ACHR vide letter No. DMC/F.3/RTI/1/2016/25301 dated 8 June 2016

The summary of these three cases are given below:

A. Dr. Rajsingh

On 21 October 2014, the Delhi Medical Council (DMC) removed the name of Dr. Rajsingh from State Medical Register of Delhi Medical Council for a period of five years. The complaint against Dr. Rajsingh was received from Chairman, State Appropriate Authority-cum-Director Genera Health Services, Haryana Panchkula. Dr. Raj Kumar Tewatia, Tewatia Ultrasound Center, Palwal, who is registered with the Delhi Medical Council with the name Dr. Rajsingh, s/o, Chandan Singh, under registration No. 31818 dated 29th September 2006 with the qualifications of Bachelor of Medicine and Bachelor of Surgery, B.N. Mandal University. He was convicted and sentenced to one year imprisonment on 4 September 2013 under PC&PNDT Act.[43]

B. Dr. Krishna Gopal Garg

In July 2015, the Delhi Medical Council (DMC) had cancelled the licence of a doctor identified as Dr. Krishan Gopal Garg for five years after he was convicted and sentenced for one year by a Haryana court on 24 May 2015. Dr Krishan Gopal Garg was found performing ultrasounds with consent forms in English. The patients had just given their thumb impression for consent on the forms, while the law mandates that consent should be informed. According to the DMC, Dr Krishan Gopal Garg was registered with the DMC but running a nursing home at Hodal in Palwal district of Haryana. This was the first time that a doctor registered with DMC was convicted under the PC&PNDT Act.[44]

C. Dr. A. S. Chauhan

In February 2016, the DMC suspended the license of Dr A.S. Chauhan, a radiologist who was caught performing sex-determination tests along with a

43. See order No. DMC/DC/F.14/Comp.1427/2/2014/ dated 21st October, 2014 of Delhi Medical Council
44. See 'Doctor convicted under PC PNDT Act, licence cancelled', The Indian Express, 10 July 2015, http://indianexpress.com/article/cities/delhi/doctor-convicted-under-pc-pndt-act-licence-cancelled/

tout at MGS, Super Speciality Hospital, Punjabi Bagh. The doctor was caught red handed in a decoy operation conducting sex determination. The doctor had been identified as a repeat offender.[45]

5.2.4. Gujarat

The Minister of State, Ministry of Health and Family Welfare, Smt. Anupriya Patel in Unstarred Question No. 1116 answered 21 July 2017 in Lok Sabha stated that as per Quarterly Progress Reports (QPRs) ending March 2017, Gujarat secured 17 convictions under the PC&PNDT Act, of which five licenses of doctors were suspended by Gujarat Medical Council. While the QPR showed no pendency of cases in courts.[46]

As of December 2015, a total of 349 court cases were filed across Gujarat under the PC&PNDT Act. Out of those, 187 cases were disposed of and of the disposed of cases; conviction was secured only in nine cases while 178 cases resulted in acquittal. Another 162 cases were pending in various courts.[47] The conviction increased to 15 convictions as in September 2016 as per QPR submitted to the Union Ministry of Health and Family Affairs. However, the Gujarat Medical Council suspended medical licence of only 1 doctor out of 15 convictions secured as in September 2016.[48]

Interestingly, the QPR ending September 2016 submitted to the Union Ministry of Health and Family Welfare also showed no pending/ongoing cases in the State.[49] It indicated that either the cases resulted in acquittal or the information submitted in the QPR was false/ erroneous.

45. See 'Delhi Medical Council rakes up sex-determination issue following several violations', Daily News and Analysis, 20 February 2016 http://www.dnaindia.com/locality/new-delhi/delhi-medical-council-rakes-sex-determination-issue-following-several-violations-85805

46. Written Statement of Ms. Anupriya Patel, Minister of State, Health and Family Welfare in the Lok Sabha (Unstarred Question No.1116) answered on 21 July 2017

47 . *Girls Count: Civil Society Report Card on PCPNDT, December 2015; Available at: http://www.girlscount.in/publications/Report%20Card%202015%20-%20final.pdf*

48. Written Statement of Ms. Anupriya Patel, Minister of State, Health and Family Welfare in the Lok Sabha on 16 December 2016 http://pib.nic.in/newsite/erelcontent.aspx?relid=155520

49. Written Statement of Ms. Anupriya Patel, Minister of State, Health and Family Welfare in the Lok Sabha on 16 December 2016 http://pib.nic.in/newsite/erelcontent.aspx?relid=155520

However, on the basis of media reports, the Gujarat Medical Council had on 30 April 2016 cancelled the registrations of five doctors for allegedly conducting prenatal sex determination test. The doctors were identified as Dr Kalpana Purohit and Dr Kirit Rajput, whose registrations were cancelled for five years each, Dr Raxit Patel and Dr Paresh Sheth, whose registration were cancelled for four weeks, and Dr Arvindkumar Sharma whose registration was cancelled till he is cleared of the charges against him under the PC&PNDT Act.[50] Out of these five doctors, Dr Paresh Sheth, whose registrations was cancelled for four weeks, was allegedly caught twice for violating the provisions of the PC&PNDT Act, first in 2009 and again on 2 April 2015. However, the authorities failed to frame charges against Dr. Sheth as on 30 April 2016 when the GMC passed its order.[51]

5.2.5. Maharashtra

The Minister of State, Ministry of Health and Family Welfare, Smt. Anupriya Patel in Unstarred Question No. 1116 answered 21 July 2017 in Lok Sabha stated that as per Quarterly Progress Reports (QPRs) ending March 2017**,** Maharashtra secured second highest convictions with 88 under the PC&PNDT Act. Of these, the state reported suspension of 69 doctors' licenses by Maharashtra Medical Council, the highest by any state. While the QPR showed that 572 cases were pending in various courts in the State.[52]

Maharashtra Medical Council (MMC) had suspended only one licenses following conviction despite four convictions were secured in the last six months. As per QPR ending September 2016, the number of suspensions of licenses was 68 and convictions were secured in 84 cases.[53]

50. See 'Gujarat Medical Council cancels registrations of five doctors for carrying out prenatal sex determination test', India Medical Times, 3 May 2016, http://www.indiamedicaltimes.com/2016/05/03/gujarat-medical-council-cancels-registrations-of-five-doctors-for-carrying-out-prenatal-sex-determination-test/
51. See '5 doctors lose registration', The Times of India, 1 May 2016, http://timesofindia.indiatimes.com/city/ahmedabad/5-doctors-lose-registration/articleshow/52060585.cms
52. Written Statement of Ms. Anupriya Patel, Minister of State, Health and Family Welfare in the Lok Sabha (Unstarred Question No.1116) answered on 21 July 2017
53. Written Statement of Ms. Anupriya Patel, Minister of State, Health and Family Welfare in the Lok Sabha on 16 December 2016 http://pib.nic.in/newsite/erelcontent.aspx?relid=155520

Earlier on 15 June 2016, the MMC on an RTI query informed ACHR that MMC had taken action against a total of 132 doctors in the State. The action includes suspension of licences of 60 doctors, removal of names from register of two doctors, 49 doctors were issued warning and 18 doctors were issued letter of advice including those who were acquitted by courts, while 1 doctor had expired.[54]

At the QPR ending September 2016, 567 cases were pending in the State[55], which increased to 572 as in March 2017, indicating that only five cases were filed in six months.

ACHR had documented some cases of suspension of medical licences of doctors by MMC as highlighted below:

- In December 2011, the Maharashtra Medical Council (MMC) suspended the registration of five doctors till the pendency of their cases for conducting illegal sex determination in violation of the provisions of the PC&PNDT Act. The doctors were identified as Madhav Trimbakrao Sanap, Sayyad Tarak Ahmad Sayyad, Bhausaheb Haribhau Katkar, Keertikumar Vasant Argade and Mohankumar Bandopant Nagane. The offence against Dr Sanap and Dr Sayyad was registered in 2005. Dr Katkar and Dr Nangane were booked in 2006 and Dr Argade in 2009.[56]
- In June 2012, the Maharashtra Medical Council (MMC) suspended the registrations of 13 doctors till the pendency of their cases for disclosing the sex of foetus. The suspended doctors include Dr Sudam and Dr Saraswati Munde.[57]

54. Information received under RTI Act from R. G. Janjal, Registrar/Public Information Officer, Maharashtra Medical Council by ACHR vide letter No. MMC/RTI/02777/2016/02210 dated 6 June 2016 15 June 2016
55. Written Statement of Ms. Anupriya Patel, Minister of State, Health and Family Welfare in the Lok Sabha on 16 December 2016 http://pib.nic.in/newsite/erelcontent.aspx?relid=155520
56. See '5 docs suspended over sex-determination tests', The Times of India, 20 December 2011, http://epaper.timesofindia.com/Repository/getFiles.asp?Style=OliveXLib:LowLevelEntityToPrint_TOINEW&Type=text/html&Locale=english-skin-custom&Path=TOIBG/2011/12/20&ID=Ar01000
57. See 'Registrations of 13 doctors suspended by medical council', Hindustan Times, 17 June 2012, http://www.hindustantimes.com/mumbai/registrations-of-13-doctors-suspended-by-medical-council/story-q6WbHHvAvj3zPi2Ig9wPRO.html

- In April 2013, the Maharashtra Medical Council suspended the registration of three doctors of JP Hospital in Andheri, Mumbai for five years for illegal sex determination. The doctors were identified as Dr Ivan Rocha, Dr Prabhudas Solanki and Dr Romineni Somaiah. Dr Rocha, a consultant at JP Hospital, was caught on camera revealing the sex of a foetus during a sting operation conducted in July 2011. While the two other doctors were owners of the hospital.[58] In September 2013, the Bombay High Court quashed the suspension order of Dr Prabhudas Solanki and Dr Romineni Somaiah after they approached the Court.[59]
- In May 2016, the MMC suspended the registration of Dr. Arun Patil and Dr. Shobhana Patil till the pendency of their cases after filing of the chargesheet against them under the PC&PNDT Act by the Appropriate Authority. The complaint against the two doctors was received on the Public Health department website www.amchimulgi.gov.in in 2012. On 3 September 2016, the first class judicial Magistrate of Pimpalgaon Baswant court in Nashik sentenced Dr Arun Daulat Patil and his wife Dr Shobhana Arun Patil to three year imprisonment and fine of Rs 5,000.[60]

5.2.6. Punjab

The Minister of State, Ministry of Health and Family Welfare, Smt. Anupriya Patel in Unstarred Question No. 1116 answered 21 July 2017 in Lok Sabha stated that as per Quarterly Progress Reports (QPRs) ending March 2017, Punjab reported 31 convictions under the PC&PNDT Act. Of these, only

58. See '3 Mumbai doctors suspended for 5 years for illegal sex determination', Hindustan Times, 1 May 2013, http://www.hindustantimes.com/mumbai/3-mumbai-doctors-suspended-for-5-years-for-illegal-sex-determination/story-Wa1AL1xFTYcKO9yDfOi3OO.html

59. See 'HC quashes suspension of two doctors accused of sex determination tests', The Times of India, 2 September 2013, http://timesofindia.indiatimes.com/city/mumbai/HC-quashes-suspension-of-two-doctors-accused-of-sex-determination-tests/articleshow/22219029.cms

60. See 'Two doctors get three-year imprisonment', United News of India, 4 September 2016, http://www.uniindia.com/two-doctors-get-three-year-imprisonment/other/news/612740.html & 'Sex determination lands doc couple in jail for three years', The Times of India, 4 September 2016, http://timesofindia.indiatimes.com/city/nashik/Sex-determination-lands-doc-couple-in-jail-for-three-years/articleshow/54001412.cms

one medical license was suspended, while 135 cases were pending in various courts of the State.[61]

The QPR ending September 2016 also showed 31 convictions and one suspension of medical license by Punjab Medical Council in the State, whereas 193 cases were pending in various courts in the State during the given period.[62]

In other words, there was no progress except that the pendency has decreased by 58 cases. As no conviction was secured or licences suspended, it can be safely presumed that the AA lost the cases.

In an RTI reply dated 6 June 2016 to ACHR, the PMC provided information of only four doctors whose licenses were suspended. They were identified as Dr. Surinder Kumar Jain and Dr. Reena Jain of Surindra Ultra Sound Scan and Jain Nursing Home, Malerkotla; Dr. Pardeep Ohri of Satyam Untrasound Centre and Ohri Nursing Home, G.T. Road, Putlighar, Amritsar; and Dr. Ramandeep Singh, Sahib Nursing Home, Jaindiala Road, Tarn Taran.[63]

5.2.7. Uttar Pradesh

Uttar Pradesh reported 12 convictions under the PC&PNDT Act as per QPR ending March 2017. Of these, only one medical license was suspended, while 139 cases were pending in various courts of the State.[64]

There was no progress with respect to both conviction and suspension as the figure was same during QPR ending September 2016.

61. Written Statement of Ms. Anupriya Patel, Minister of State, Health and Family Welfare in the Lok Sabha (Unstarred Question No.1116) answered on 21 July 2017
62. Written Statement of Ms. Anupriya Patel, Minister of State, Health and Family Welfare in the Lok Sabha on 16 December 2016 http://pib.nic.in/newsite/erelcontent.aspx?relid=155520
63. Information received under RTI Act from Public Information Officer, Punjab Medical Council by ACHR vide letter No. PMC/2016/11893 dated 6 June 2016
64. Written Statement of Ms. Anupriya Patel, Minister of State, Health and Family Welfare in the Lok Sabha (Unstarred Question No.1116) answered on 21 July 2017

According to Joint Director, Family Welfare, the Government of Uttar Pradesh, a total of 190 cases were filed in various courts in Uttar Pradesh from 2002 to 2016 (as on 26 September). Out of the total 190 cases, 37 cases were disposed off and conviction was secured only in 12 cases namely 1 in Bijnaur, 1 in Muzaffarnagar, 1 in Kaushambi, 2 in Maharajganj, 1 in Siddharth Nagar, 2 in Bahraich, 1 in Moradabad, 1 in Barabanki, 1 in Farrukhabad and 1 in Deoria.[65]

The September QPR stated that the Uttar Pradesh Medical Council suspended licence of one doctor on conviction.[66]

In other words, there was no progress except that the pendency has decreased by 51 cases. As no conviction was secured or licences suspended, it can be safely presumed that the AA lost the cases.

5.2.8. Himachal Pradesh

There was also no progress in Himachal Pradesh. As per QPR ending March 2017, conviction was secured only in one case with no suspension and one pendency.[67]

The situation was same as per QPR ending September 2016.[68] On 16 December 2016, the Minister of State (Health and Family Welfare), Ms Anupriya Patel stated in the Lok Sabha that no licence of any doctor was suspended by the Himachal Pradesh State Medical Council on conviction as in September 2016.[69]

65. See 'Number of cases filed for violation of the PC&PNDT Act' http://www.pyaribitiya.in/Dynamic/NewsList.aspx
66. Written Statement of Ms. Anupriya Patel, Minister of State, Health and Family Welfare in the Lok Sabha on 16 December 2016 http://pib.nic.in/newsite/erelcontent.aspx?relid=155520
67. Written Statement of Ms. Anupriya Patel, Minister of State, Health and Family Welfare in the Lok Sabha (Unstarred Question No.1116) answered on 21 July 2017
68. Effective Implementation of PNDT Act, Press Information Bureau, Government of India (Ministry of Health and Family Welfare), 3 March 2015, http://pib.nic.in/newsite/PrintRelease.aspx?relid=116303
69. Written Statement of Ms. Anupriya Patel, Minister of State, Health and Family Welfare in the Lok Sabha on 16 December 2016 http://pib.nic.in/newsite/erelcontent.aspx?relid=155520

Earlier, the Registrar of Himachal Pradesh State Medical Council on 3 June 2016 in response to an RTI reply also informed ACHR that no licence/ registration of doctors were suspended/cancelled across the State since 1994.[70]

5.2.9. Uttarakhand

Uttarakhand reported one conviction as per its QPR ending March 2017 submitted to the Central Government but no license was suspended, while 51 cases were pending at various courts of the State.[71]

In its December 2016 QPR, the State Government of Uttarakhand stated that the AA had filed 14 court cases. The QPR also stated that 14 court cases were pending, while 10 cases were disposed of.[72]

The names of the doctors which cases were pending included i) Dr. Vinod Chauhan (2004), ii) Dr. A K Srivastava (2015), iii) Dr. Chitra Agrawal (2009), iv) Dr. Aparajita Rawal (2013), v) Dr. M C Sati (2013), vi) Dr. Pratap Singh Khokhar (2013), vii) Dr. A. K.Varma & Others (2015), viii) Dr. C. L. Kohli (2016), ix) Dr. Kasmir Singh (2016), x) Dr. Ashis Kumar (2016), xi) Uttarakhand sarkaar vs. Seeta Pithoragarth (2016), and xii) CMO Chamoli vs. Dr. Aashis Kumar (2016). While the disposed of cases included were i) Dr. J K Ahuja (2014), ii) Dr. V K Verma (2014), iii) Dr. Chandra Kant Joshi (2014), iv) Dr. Ratna Pandey (2015), v) Dr. Pramod Tyagi (2014), vi) D.S. Bangari (2013), vii) Dr. Chitra Agrawal (2013), viii) Dr. Aprajita Rawal (2013), ix) Dr. Madhu Khandori (2015), and x) Dr. Candrakanta Joshi (2015).[73]

70. Information received under RTI Act from Dr. Ramesh Azad, Registrar, Himachal Pradesh State Medical Council by ACHR vide letter No. HP(Medical-Council)2/07-694 dated 03 June 2016

71. Written Statement of Ms. Anupriya Patel, Minister of State, Health and Family Welfare in the Lok Sabha (Unstarred Question No.1116) answered on 21 July 2017

72. Quarterly Report for the quarter ended on 31st December 2016 on the implementation of the PCPNT Act as uploaded by the Uttarakhand Health and Family Welfare Society; Available at: http://www.ukhfws.org/details.php?pgID=sb_55

73. Quarterly Report for the quarter ended on 31st December 2016 on the implementation of the PCPNT Act as uploaded by the Uttarakhand Health and Family Welfare Society; Available at: http://www.ukhfws.org/details.php?pgID=sb_55

The latest information showed that the 37 more cases were filed in the court, which remained pending.

However, the lack of suspension indicates that the AA did not submit any report to the Uttarakhand Medical Council for action both on framing of charges in courts and on conviction secured in the one case.

ANNEX 1: MEDICAL COUNCIL OF INDIA ACT

THE INDIAN MEDICAL COUNCIL ACT, 1956

(102 of 1956)

30th December, 1956

(As amended by the Indian Medical Council (Amendment) Acts, 1964, 1993 , 2001 & 2016)

AN ACT TO PROVIDE FOR THE RECONSTITUTION OF THE MEDICAL COUNCIL OF INDIA AND THE MAINTENANCE OF A MEDICAL REGISTER FOR INDIA AND FOR MATTERS CONNECTED THEREWITH.

Be it enacted by Parliament in the seventh year of the Republic of India as follows:-

SHORT TITLE, EXTENT & COMMENCEMENT

1. (1) This Act may be called the Indian Medical Council Act, 1956.
   (2) It extends to the whole of India.
   (3) It shall come into force on such date as the Central Government may, by notification in the Official Gazette, appoint.

DEFINITIONS

2. In this Act, unless the context otherwise requires:-
   (a) "approved institution" means a hospital, health centre or other such institution recognised
   (b) by a university as an institution in which a person may undergo the training, if any, required by his course of study before the award of any medical qualification to him.
   (c) "council" means the Medical Council of India constituted under this Act.
   (d) ["deleted" by Indian Medical Council (Amendment) Act, 1964.]
   (e) "Indian Medical Register" means the medical register maintained by the Council.
   (f) "Medical Institution" means any institution, within or without India, which grants degrees, diplomas or licences in medicine.
   (g) "medicine" means modern scientific medicine in all its branches and includes surgery and obstetrics, but does not include veterinary medicine and surgery;
   (h) "Prescribed" means prescribed by regulations.
   (i) "recognised medical qualification" means any of the medical qualifications included in the Schedules.
   (j) "regulation" means a regulation made under section 33;
   (k) "State Medical Council" means a medical council constituted under any law for the time being in force in any State regulating the registration of practitioners of medicine.
   (l) "State Medical Register" means a register maintained under any law for the time being in force in any State regulating the registration of practitioners of medicine.
   (m) "University" means any University in India established by law and having a medical faculty.

CONSTITUTION & COMPOSTION OF THE COUNCIL

3. (1) The Central Government shall cause to be constituted a council consisting of the following members, namely:-
   (a) One member from each State other than a Union Territory to be nominated by the Central Government in consultation with the State Government concerned.
   (b) One member from each University to be elected from amongst the members of the medical faculty of the University by members of the Senate of the University or in case the University has no Senate, by members of the Court.
   (c) One member from each State in which a State Medical Register is maintained, to be elected from amongst themselves by persons enrolled on such register who possess the medical qualifications included in the First or the Second Schedule or in Part II of the Third Schedule.
   (d) Seven members to be elected from amongst themselves by persons enrolled on any of the State Medical Registers who possess the medical qualifications included in Part I of the Third Schedule.

(e) Eight members to be nominated by the Central Govt.

(2) The President and Vice-President of the Council shall be elected by the members of the Council from amongst themselves.

(3) No act done by the Council shall be questioned on the ground merely of the existence of any vacancy in, or any defect in the constitution of the Council.

MODE OF ELECTION

4 (1) (a) An election under clause (b), clause (c) or clause (d) of sub-section (1) of section 3 shall be conducted by the Central Government in accordance with such rules as may be made by it in this behalf, and any rules so made may provide that pending the preparation of the Indian Medical Register in accordance with provisions of this Act, the members referred to in clause (d) of sub-section (1) of section 3 may be nominated by the Central Government instead of being elected as provided therein.

(2) Where any dispute arises regarding any election to the Council, it shall be referred to the Central Government whose decision shall be final.

RESTRICTIONS ON NOMINATION AND MEMBERSHIP

5. (1) No person shall be eligible for nomination under clause (a) of sub-section (1) of section 3 unless he possesses any of the medical qualifications included in the First and Second Schedules, resides in the State concerned, and where a State Medical Register is maintained in that State, is enrolled on that Register.

(2) No person may at the same time serve as a member in more than one capacity.

INCORPORATION OF THE COUNCIL

6. The Council so constituted shall be a body corporate by the name of the Medical Council of India, having perpetual succession and a common seal, with power to acquire and hold property, both movable and immovable, and to contract and shall by the said name sue and be sued.

TERM OF OFFICE OF PRESIDENT, VICE-PRESIDENT AND MEMBERS

7. (1) The President or Vice-President of the Council shall hold office for a term not exceeding five years and not extending beyond the expiry of his term as member of the Council.

(2) Subject to the provisions of this section, a member shall hold office for a term of five years from the date of his nomination or election or until his successor shall have been duly nominated or elected, whichever is longer.

(3) An elected or nominated member shall be deemed to have vacated his seat if he is absent without excuse, sufficient in the opinion of the Council from three consecutive ordinary meetings of the Council, or in the case of a member elected under clause (b) of sub-section (1) of section 3, if he ceases to be a member of the medical faculty of the university concerned, or in the case of a member elected under clause (c) or clause (d) of that sub-section, if he ceases to be a person enrolled on the State Medical Register concerned.

(4) A casual vacancy in the Council shall be filled by nomination or election, as the case may be, and the person nominated or elected to fill the vacancy shall hold office only for the remainder of the term for which the member whose place he takes was nominated or elected.

(5) Members of the Council shall be eligible for re-nomination or re-election.

(6) Where the said term of five years is about to expire in respect of any member, a successor may be nominated or elected at any time within three months before the said term expires but he shall not assume office until the said term has expired.

MEETINGS OF THE COUNCIL

8. (1) The Council shall meet at least once in each year at such time and place as may be appointed by the Council.

(2) Unless otherwise provided by regulations fifteen members of the Council shall form a quorum, and all the acts of the Council shall be decided by a majority of the members present and voting.

OFFICERS, COMMITTEES AND SERVANTS OF THE COUNCIL

9. The Council Shall:-

(1) constitute from amongst its members an Executive Committee and such other committees for general or special purposes as the Council deems necessary to carry out the purposes of this Act.

(2) appoint a Registrar who shall act as Secretary and who may also, if deemed expedient, act as Treasurer.

(3) employ such other persons, as the Council deems necessary to carry out the purposes of this Act.

(4) require and take from the Registrar, or from any other employee, such security for the due performance of his duties as the Council deems necessary and

(5) With the previous sanction of the Central Government fix the remuneration and allowances to be paid to the President, Vice-President and members of the Council and determine the conditions of service of the employees of the Council.

THE EXECUTIVE COMMITTEE

10. (1) The Executive Committee, hereinafter referred to as the Committee shall consist of the President and Vice-President, who shall be members ex-officio and not less than seven and not more than ten other members who shall be elected by the Council from amongst its members.

(2) The President and Vice-President shall be the President and Vice-President respectively of the Committee.

(3) In addition to the powers and duties conferred and imposed upon it by this Act, the Committee shall exercise and discharge such powers and duties as the Council may confer or impose upon it by any regulations which may be made in this behalf.

PERMISSION FOR ESTABLISHMENT OF NEW MEDICAL COLLEGE, NEW COURSE OF STUDY ETC.

10.A (1) Notwithstanding anything contained in this Act or any other law for the time being in force:-

(a) no person shall establish a medical college

or

(b) no medical college shall:-

(i) open a new or higher course of study or training (including a postgraduate course of study or training) which would enable a student of such course or training to qualify himself for the award of any recognised medical qualification; or

(ii) increase its admission capacity in any course of study or training (including a postgraduate course of study or training), except with the previous permission of the Central Government obtained in accordance with the provisions of this section.

Explanation 1-. For the purposes of this section, "person" includes any University or a trust but does not include the Central Government.

Explanation 2.- For the purposes of this section "admission capacity" in relation to any course of study or training (including postgraduate course of study or training) in a medical college, means the maximum number of students that may be fixed by the Council from time to time for being admitted to such course or training.

(2) (a) Every person or medical college shall, for the purpose of obtaining permission under sub-section (1), submit to the Central Government a scheme in accordance with the provisions of clause (b) and the central Government shall refer the scheme to the Council for its recommendations.

(b) The Scheme referred to in clause (a) shall be in such form and contain such particulars and be preferred in such manner and be accompanied with such fee as may be prescribed.

(3) On receipt of a scheme by the Council under sub-section (2) the Council may obtain such other particulars as may be considered necessary by it from the person or the medical college concerned, and thereafter, it may -

(a) if the scheme is defective and does not contain any necessary particulars, give a reasonable opportunity to the person or college concerned for making a written representation and it shall be open to such person or medical college to rectify the defects, if any, specified by the Council.

(b) consider the scheme, having regard to the factors referred to in sub-section (7) and submit the scheme together with its recommendations thereon to the Central Government.

(4) The Central Govt. may after considering the scheme and the recommendations of the Council under sub-section (3) and after obtaining, where necessary, such other particulars as may be considered necessary by it from the person or college concerned, and having regard to the factors referred to in sub-section (7), either approve

(with such conditions, if any, as it may consider necessary) or disapprove the scheme, and any such approval shall be a permission under sub-section (1):

Provided that no scheme shall be disapproved by the Central Government except after giving the person or college concerned a reasonable opportunity of being heard;

Provided further that nothing in this sub section shall prevent any person or medical college whose scheme has not been approved by the Central Government to submit a fresh scheme and the provisions of this section shall apply to such scheme, as if such scheme has been submitted for the first time under sub-section (1).

(5) Where, within a period of one year from the date of submission of the scheme to the Central Government under sub-section (1), no order passed by the Central Government has been communicated to the person or college submitting the scheme, such scheme shall be deemed to have been approved by the Central Government in the form in which it had been submitted, and accordingly, the permission of the Central Government required under sub-section (1) shall also be deemed to have been granted.

(6) In computing the time-limit specified in sub-section (5), the time taken by the person or college concerned submitting the scheme, in furnishing any particulars called for by the Council, or by the Central Government, shall be excluded.

(7) The Council, while making its recommendations under clause (b) of sub-section (3) and the Central Government, while passing an order, either approving or disapproving the scheme under sub-section (4), shall have due regard to the following factors, namely:-

(a) whether the proposed medical college or the existing medical college seeking to open a new or higher course of study or training, would be in a position to offer the minimum standards of medical education as prescribed by the Council under section 19A or, as the case may be under section 20 in the case of postgraduate medical education.

(b) whether the person seeking to establish a medical college or the existing medical college seeking to open a new or higher course of study or training or to increase it admission capacity has adequate financial resources;

(c) whether necessary facilities in respect of staff, equipment, accommodation, training and other facilities to ensure proper functioning of the medical college or conducting the new course or study or training or accommodating the increased admission capacity, have been provided or would be provided within the time-limit specified in the scheme.

(d) whether adequate hospital facilities, having regard to the number or students likely to attend such medical college or course of study or training or as a result of the increased admission capacity, have been provided or would be provided within the time-limit specified in the scheme;

(e) whether any arrangement has been made or programme drawn to impart proper training to students likely to attend such medical college or course of study or training by persons having the recognised medical qualifications;

(f) the requirement of manpower in the field of practice of medicine; and

(g) any other factors as may be prescribed.

(8) Where the Central Government passes an order either approving or disapproving a scheme under this section, a copy of the order shall be communicated to the person or college concerned.

NON-RECOGNITION OF MEDICAL QUALIFICATIONS IN CERTAIN CASES.

10B (1) Where any medical college is established except with the previous permission of the Central Government in accordance with the provisions of section 10A, no medical qualification granted to any student of such medical college shall a recognised medical qualification for the purposes of this Act.

(2) Where any medical college opens a new or higher course of study or training (including a postgraduate course of study or training) except with the previous permission of the Central Government in accordance with the provisions of section 10A, no medical qualification granted to any student of such medical college on the basis of such study or training shall be a recognised medical qualification for the purposes of this Act.

(3) Where any medical college increases its admission capacity in any course of study or training except with the previous permission of the Central Government in accordance with the provisions of section 10A, no medical qualification granted to any student of such medical college on the basis of the increase in its admission capacity shall be a recognised medical qualification for the purposes of this Act.

Explanation - For the purposes of this section, the criteria for identifying a student who has been

granted a medical qualification on the basis of such increase in the admission capacity shall be such as may be prescribed.

TIME FOR SEEKING PERMISSION FOR CERTAIN EXISTING MEDICAL COLLEGS, ETC.

10C (1) If, after, the 1st day of June, 1992 and on and before the commencement of the Indian Medical Council (Amendment) Act, 1993 any person has established a medical college or any medical college has opened a new or higher course of study or training or increased the admission capacity, such person or medical college, as the case may be, shall seek, within a period of one year from the commencement of the Indian Medical Council (Amendment) Act, 1993 the permission of the Central Government in accordance with the provisions of section 10A.

(2) If any person or medical college, as the case may be fails to seek the permission under sub section (1) the provisions of section 10B shall apply, so far as may be as if, permission of the Central Government under section 10A has been refused;

The following Section 10D shall be inserted in terms of Gazette Notification dated 05.08.2016

10D. There shall be conducted a uniform entrance examination to all medical educational institutions at the undergraduate level and post-graduate level through such designated authority in Hindi, English and such other languages and in such manner as may be prescribed and the designated authority shall ensure the conduct of uniform entrance examination in the aforesaid manner:

Provided that notwithstanding any judgment or order of any court, the provisions of this section shall not apply, in relation to the uniform entrance examination at the undergraduate level for the academic year 2016-17 conducted in accordance with any regulations made under this Act, in respect of the State Government seats (whether in Government Medical College or in a private Medical College) where such State has not opted for such examination.".

RECOGNITION OF MEDICAL QUALIFICATION GRANTED BY UNIVERSITIES OR MEDICAL INSTITUTIONS IN INDIA.

11. (1) The medical qualifications granted by any university or medical Institution in India which are included in the first Schedule shall be recognised medical qualifications for the purposes of this Act.

(2) Any university or medical Institution in India which grants a medical qualification not included in the First Schedule may apply to the Central Govt., to have such qualification recognised, and the Central Government, after consulting the Council, may, by notification in the official Gazette, amend the First Schedule so as to include such qualification therein, and any such notification may also direct that an entry shall be made in the last column of the First Schedule against such medical qualification declaring that it shall be a recognised medical qualification only when granted after a specified date.

RECOGNITION OF MEDICAL QUALIFICATIONS GRANTED BY MEDICAL INSTITUTIONS IN COUNTRIES WITH WHICH THERE IS A SCHEME OF RECIPROCITY

12. (1) The medical qualifications granted by medical institutions outside India which are included in the Second Schedule shall be recognised medical qualifications for the purposes of this Act.

(2) The Council may enter into negotiations with the Authority in any country outside India which by the law of such country is entrusted with the maintenance of a register of medical practitioners, for the settling of a scheme of reciprocity for the recognition of medical qualifications and in pursuance of any such scheme, the Central Government may, by notification in the official Gazette, amend the Second Schedule so as to include therein the medical qualification which the Council has decided should be recognised and any such notification may also direct that an entry shall be made in the last column of the Second Schedule against such medical qualification declaring that it shall be a recognised medical qualification only when granted after a specified date.

(3) The Central Government, after consultation with the Council, may, by notification in the Official Gazette, amend the Second Schedule by directing that an entry be made therein in respect of any medical qualification declaring that it shall be recognised medical qualification only when granted before a specified date.

(4) Where the Council has refused to recommend any medical qualification which has been proposed for recognition by any Authority referred to in sub-section (2) and that Authority applies to the Central Government in this behalf, the Central Government, after considering such application and after obtaining from the council a report, if any, as to the reasons for any such refusal, may by notification in the Official Gazette, amend the Second Schedule so as to include such qualification therein and the provisions of sub-section (2) shall apply to such notification.

RECOGNITION OF MEDICAL QUALIFICATION GRANTED BY CERTAIN MEDICAL INSTITUTIONS WHOSE QUALIFICATIONS ARE NOT INCLUDED IN THE FIRST OR SECOND SCHEDULE

13. (1) The medical qualifications granted by medical institutions in India which are not included in the First Schedule and which are included in Part I of the Third Schedule shall also be recognised medical qualifications for the purposes of this Act.

(2) The medical qualifications granted to a citizen of India:-

(a) before the 15th day of August, 1947, by medical institutions in the territories now forming part of Pakistan, and,

(b) before the 1st day of April, 1937, by medical institutions in the territories now forming part of Burma, which are included in part 1 of the Third Schedule shall also be recognised medical qualifications for the purposes of this Act.

(3) The medical qualifications granted by medical institutions outside India, before such date as the Central Government may, by notification in the Official Gazette, specify which are included in Part IInd of the Third Schedule shall also be recognised medical qualifications for the purposes of this Act, but no person possessing any such qualification shall be entitled to enrolment on any State Medical Register unless he is a citizen of India and has undergone such practical training after obtaining that qualification as may be required by the rules or regulations in force in the country granting the qualification, or if he has not undergone any practical training in that country he has undergone such practical training as may be prescribed.

(4) The Central Government, after consulting the Council, may, by notification in the Official Gazette, amend Part II of the Third Schedule so as to include therein any qualification granted by a medical institution outside India, which is not included in the Second Schedule.

Provided that after the commencement of the Indian Medical Council (Amendment) Act, 2001, no such amendment shall be made in Part II of the Third Schedule to include any primary medical qualification granted by any medical institution outside India:

Provided further that nothing contained in the first proviso shall apply to inclusion in Part II of the Third Schedule any primary medical qualification granted by any medical institution outside India to any person whose name is entered in the Indian Medical Register.

Explanation- For the purposes of this sub-section, "primary medical qualification" means any minimum qualification sufficient for enrolment on any State Medical Register or for entering the name in the Indian Medical Register.

(4A) A person who is a citizen of India and obtains medical qualification granted by any medical institution in any country outside India recognised for enrolment as medical practitioner in that country after such date as may be specified by the Central Government under sub-section (3), shall not be entitled to be enrolled on any Medical Register maintained by a State Medical Council or to have his name entered in the Indian Medical Register unless he qualified the screening test in India prescribed for such purpose and such foreign medical qualification after such person qualifies that said screening test shall be deemed to be the recognised medical qualification for the purposes of this Act for that person.

(4B) A person who is a citizen of India shall not, after such date as may be specified by the Central Government under sub-section (3), be eligible to get admission to obtain medical qualification granted by any medical institution in any foreign country without obtaining an eligibility certificate issued to him by the Council and in case any such person obtains such qualification without obtaining such eligibility certificate, he shall not be eligible to appear in the screening test referred to in sub-section (4A):

Provided that an Indian citizen who has acquired the medical qualification from foreign medical institution or has obtained admission in foreign medical institution before the commencement of the Indian Medical Council (Amendment) Act, 2001 shall not be required to obtain eligibility certificate under this sub-section but, if he is qualified for admission to any medical course for recognised medical qualification in any

medical institution in India, he shall be required to qualify only the screening test prescribed for enrolment on any State Medical Register or for entering his name in the Indian Medical Register.

(4C) Nothing contained in sub-sections (4A) and (4B) shall apply to the medical qualifications referred to in section 14 for the purposes of that section.

(5) Any medical institution in India which is desirous of getting a medical qualification granted by it included in Part I of the Third Schedule may apply to the Central Government to have such qualification recognised and the Central Government, after consulting the Council, may by notification in the Official Gazette, amend Part I of the Third Schedule so as to include such qualification therein, and any such notification may also direct that an entry shall be made in the last column of Part-I of the Third Schedule against such medical qualification declaring that it shall be a recognised medical qualification only when granted after a specified date.

SPECIAL PROVISION IN CERTAIN CASES FOR RECOGNITION OF MEDICAL QUALIFICATIONS GRANTED BY MEDICAL INSTITUTIONS IN COUNTRIES WITH WHICH THERE IS NO SCHEME OF RECIPROCITY.

14. (1) The Central Government after consultation with the Council, may, by notification in the Official Gazette, direct that medical qualifications granted by medical institutions in any country out-side India in respect of which a scheme of reciprocity for the recognition of medical qualifications is not in force, shall be recognised medical qualification for the purposes of this Act or shall be so only when granted after a specified date:

Provided that medical practice by persons possessing such qualifications: -

(a) shall be permitted only if such persons are enrolled as medical practitioners in accordance with the law regulating the registration of medical practitioners for the time being in force in that country;

(b) shall be limited to the institution to which they are attached for the time being for the purposes of teaching, research or charitable work ; and

(c) shall be limited to the period specified in this behalf by the Central Government by general or special order.

(2) In respect of any such medical qualification the Central Government, after consultation with the Council may, by notification in the Official Gazette direct that it shall be a recognised medical qualification only when granted before a specified date.

RIGHT OF PERSONS POSSESSING QUALIFICATIONS IN THE SCHEDULES TO BE ENROLLED.

(15) (1) Subject to the other provisions contained in this Act, the medical qualifications included in the Schedules shall be sufficient qualification for enrolment on any State Medical Register.

(2) Save as provided in section 25, no person other than a medical practitioner enrolled on a State Medical Register:-

(a) shall hold office as physician or surgeon or any other office (by whatever designation called) in Government or in any institution maintained by a local or other authority;

(b) shall practice medicine in any State;

(c) shall be entitled to sign or authenticate a medical or fitness certificate or any other certificate required by any law to be signed or authenticated by a duly qualified medical practitioner:

(d) shall be entitled to give evidence at any inquest or in any court of law as an expert under section 45 of the Indian Evidence Act, 1872 on any matter relating to medicine.

(3) Any person who acts in contravention of any provision of sub-section (2) shall be punished with imprisonment for a term which may extend to one year or with fine which may extend to one thousand rupees, or with both;

POWER TO REQUIRE INFORMATION AS TO COURSES OF STUDY AND EXAMINATIONS

16. Every University or medical institution in India which grants a recognised medical qualification shall furnish such information as the Council may, from time to time, require as to the courses of study and examinations to be undergone in order to obtain such qualification, as to the ages at which such courses of study and examinations are required to be undergone and such qualification is conferred and generally as to the requisites for obtaining such qualification.

INSPECTION OF EXAMINATIONS

17. (1) The Committee shall appoint such number of medical inspectors as it may deem requisite to inspect any medical institution, college, hospital or other institution where medical education is given, or to attend any examination held by any University or medical institution for the propose of recommending to the Central Government recognition of medical qualifications granted by the University or medical institution.

(2) The medical inspectors shall not interfere with the conduct of any training or examination, but shall report to the committee on the adequacy of the standards of medical education including staff, equipment, accommodation, training facilities prescribed for giving medical education or on the sufficiency of every examination which they attend.

(3) The Committee shall forward a copy of any such report to the university or medical institution concerned and shall also forward a copy with the remarks of the University or institution thereon, to the Central Government.

VISITORS AT EXAMINATIONS

18. (1) The Council may appoint such number of visitors as it may deem requisite to inspect any medical institution, college, hospital or other institution where medical education is given, or to attend any examination held by any University or medical institution for the purpose of granting recognised medical qualifications.

(2) Any person, whether he is a member of the Council or not may be appointed as a visitor under this section but a person who is appointed as an inspector under section 17 for any inspection or examination shall not be appointed as a visitor for the same inspection or examination.

(3) The visitors shall not interfere with the conduct of any training or examination but shall report to the President of the Council on the adequacy of the standards of medical education including staff, equipment, accommodation, training and other facilities prescribed for giving medical education or on the sufficiency of every examination which they attend.

(4) The report of a visitor shall be treated as confidential unless in any particular case the President of the Council otherwise directs:

Provided that if the Central Government requires a copy of the report of a visitor, the Council shall furnish the same.

WITHDRAWAL OF RECOGNITION.

19. (1) When upon report by the Committee or the visitor it appear to the Council:-

(a) that the courses of study and examination to be undergone in, or the proficiency required from candidates at any examination held by any University or medical institution,

(b) that the staff, equipment accommodation, training and other facilities for instruction and training provided in such University or medical institution or in any college or other institution affiliated to that University, do not conform to the standards prescribed by the Council, the Council shall make a representation to that effect to the Central Government.

(2). After considering such representation, the Central Govt. may send it to the State Government of the State in which the University or medical Institution is situated and the State Government shall forward it alongwith such remarks as it may choose to make to the University or Medical Institution, with an intimation of the period within which the University or medical institution may submit its explanation to the State Government.

(3) On the receipt of the explanation or, where no explanation is submitted within the period fixed, then on the expiry of that period, the State Government shall make its recommendations to the Central Government

(4) The Central Government, after making such further inquiry, if any, as it may think fit, may by notification in the official Gazette, direct that an entry shall be made in the appropriate Schedule against the said medical qualification declaring that it shall be a recognised medical qualification, only when granted before a specified date or that the said medical qualification if granted to students of a specified college or institution affiliated to any university shall be a recognised medical qualification only when granted before a specified date or, as the case may be, that the said medical qualification shall be a recognised medical qualification in relation to a specified college or institution affiliated to any University only when granted after a specified date.

MINIMUM STANDARDS OF MEDICAL EDUCATION.

19.A (1) The Council may prescribe the minimum standards of medical education required for granting recognised medical qualifications (other than postgraduate medical qualifications) by universities or medical institutions in India.

(2) Copies of the draft regulations and of all subsequent amendments thereof shall be furnished by the Council to all State Governments and the Council shall before submitting the regulations or any amendment thereof, as the case may be, to the Central Government for sanction, take into consideration the comments of any State Government received within three months from the furnishing of the copies as aforesaid.

(3) The Committee shall from time to time report to the Council on the efficacy of the regulations and may recommend to the Council such amendments thereof as it may think fit.

POST-GRADUATE MEDICAL EDUCATION COMMITTEE FOR ASSISTING COUNCIL IN MATTERS RELATING TO POST-GRADUATE MEDICAL EDUCATION.

20. (1) The Council may prescribe standards of Postgraduate Medical Education for the guidance of Universities, and may advise Universities in the matter of securing uniform standards for Postgraduate Medical Education through out India, and for this purpose the Central Govt. may constitute from among the members of the Council a Postgraduate Medical Education Committee (hereinafter referred to as the Post-graduate Committee)

(2) The Postgraduate Committee shall consist of nine members all of whom shall be persons possessing postgraduate medical qualifications and experience of teaching or examining postgraduate students of medicine.

(3) Six of the members of the Postgraduate Committee shall be nominated by the Central Government and the remaining three members shall be elected by the Council from amongst its members.

(4) For the purpose of considering postgraduate studies in a subject, the Postgraduate Committee may co-opt, as and when necessary, one or more members qualified to assist it in that subject.

(5) The views and recommendations of the Postgraduate Committee on all matters shall be placed before the Council and if the Council does not agree with the views expressed or the recommendations made by the Postgraduate Committee on any matter, the Council shall forward them together with its observations to the Central Government for decision.

PROFESSIONAL CONDUCT

20.A (1) The Council may prescribe standards of professional conduct and etiquette and a code of ethics for medical practitioners.

(2) Regulations made by the Council under sub-section (1) may specify which violations thereof shall constitute infamous conduct in any professional respect, that is to say, professional misconduct, and such provisions shall have effect notwithstanding anything contained in any law for the time being in force.

INDIAN MEDICAL REGISTER

21 (1) The Council shall cause to be maintained in the prescribed manner a register of medical practitioners to be known as the Indian Medical Register, which shall contain the names of all persons who are for the time being enrolled on any State Medical Register and who possess any of the recognised medical qualifications.

(2) It shall be the duty of the Registrar of the Council to keep the Indian Medical Register in accordance with the provisions of this Act and of any orders made by the Council, and from time to time to revise the register and publish it in the Gazette of India and in such other manner as may be prescribed.

(3) Such register shall be deemed to be public document within the meaning of the Indian Evidence Act, 1872 and may be proved by a copy published in the Gazette of India.

SUPPLY OF COPIES OF THE STATE MEDICAL REGISTERS

22 Each State Medical Council shall supply to the Council six printed copies of the State Medical Register as soon as may be after the commencement of this Act and subsequently after the first day of April of each year, and each Registrar of a State Medical Council shall inform the Council without delay of all additions to and other amendments in the State Medical Register made from time to time.

REGISTRATION IN THE INDIAN MEDICAL REGISTER

23 The Registrar of the Council, may, on receipt of the report of registration of a person in a State Medical Register or on application made in the prescribed manner by any such person, enter his name in the Indian Medical Register:

Provided that the Registrar is satisfied that the person concerned possesses a recognised medical qualification.

REMOVAL OF NAMES FROM THE INDIAN MEDICAL REGISTER

24 (1) If the name of any person enrolled on a State Medical Register is removed therefrom in pursuance of any power conferred by or under any law relating to medical practitioners for the time being in force in any State, the Council shall direct the removal of the name of such person from the Indian Medical Register.

(2) Where the name of any person has been removed from a State Medical Register on the ground of professional misconduct or any other ground except that he is not possessed of the requisite medical qualifications or where any application made by the said person for restoration of his name to the State Medical Register has been rejected, he may appeal in the prescribed manner and subject to such conditions including conditions as to the payment of a fee as may be laid down in rules made by the Central Government in this behalf, to the Central Government, whose decision, which shall be given after consulting the Council, shall be binding on the State Government and on the authorities concerned with the preparation of the State Medical Register.

PROVISIONAL REGISTRATION

25 (1) A citizen of India possessing a medical qualification granted by a medical institution outside India included in part II of the Third Schedule, who is required to undergo practical training as prescribed under sub section (3) of Section 13, shall, on production of proper evidence that he has been selected for such practical training in an approved institution be entitled to be registered provisionally in a State Medical Register and shall be entitled to practise medicine in the approved institution for the purposes of such training and for no other purpose.

(2) A person who has passed the qualifying examination of any university or Medical Institution in India for the grant of a recognized medical qualification shall be entitled to be registered provisionally in a State Medical Register for the purpose of enabling him to be engaged in employment in a resident medical capacity in any approved institution, or in the Medical Service of the Armed Forces of the Union, and for no other purpose, on production of proper evidence that he has been selected for such employment.

(3) The names of all persons provisionally registered under sub-section (1) or sub-section (2) in the State Medical Register shall be entered therein separately from the names of other persons registered therein.

(4) A person registered provisionally as aforesaid who has completed practical training referred to in sub section (1) or who has been engaged for the prescribed period in employment in a resident medical capacity in any approved institution or in the Medical service of the Armed Forces of the Union, as the case may be, shall be entitled to registration in the State Medical Register under Section 15.

REGISTRATION OF ADDITIONAL QUALIFICATIONS

26 (1) If any person whose name is entered in the Indian Medical Register obtains any title, diploma or other qualification for proficiency in sanitary science, public health or medicine which is a recognized medical qualification, he shall, on application made in this behalf in the prescribed manner be entitled to have any entry stating such other title, diploma or other qualification made against his name in the Indian Medical Register either in substitution for or in addition to any entry previously made.

(2) The entries in respect of any such person in a State Medical Register shall be altered in accordance with the alterations made in the Indian Medical Register.

PRIVELEGES OF PERSONS WHO ARE ENROLLED ON THE INDIAN MEDICAL REGISTER

27. Subject to the conditions and restrictions laid down in this Act, regarding medical practice by persons possessing certain recognised medical qualifications, every person whose name is for the time being borne on the Indian Medical Register shall be entitled according to his qualifications to practice as a medical practitioner in any part of India and to recover in due course of law in respect of such practice any expenses, charges in respect of medicaments or other appliances, or any fees to which he may be entitled.

PERSONS ENROLLED ON THE INDIAN MEDICAL REGISTER TO NOTIFY CHANGE OF PLACE OF RESIDENCE OR PRACTICE

28 Every person registered in the Indian Medical Register shall notify any transfer of the place of his residence or practice to the Council and to the State Medical Council concerned, within thirty days of such transfer failing which his right to participate in the election of members to the Council or a State Medical Council shall be liable to be forfeited by order of the Central Government either permanently or for such period as may be specified therein.

INFORMATION TO BE FURNISHED BY THE COUNCIL AND PUBLICATION THEREOF

29. (1) The Council shall furnish such reports, copies of its minutes, abstracts of its accounts, and other information to the Central Government as that Government may require.

(2) The Central Government may publish in such manner as it may think fit, any report, copy, abstract or other information furnished to it under this section or under sections 17 and 18.

COMMISSION OF INQUIRY

30. (1) Whenever it is made to appear to the Central Government that the Council is not complying with any of the provisions of this Act, the Central Government may refer the particulars of the complaint to a Commission of Inquiry consisting of three persons two of whom shall be appointed by the Central Government, one being a Judge of a High Court and one by the Council, and such Commission shall proceed to inquire in a summary manner and to report to the Central Government as to the truth of the matters charged in the complaint, and in case of any charge of default or of improper action being found by the commission to have been established, the Commission shall recommend the remedies, if any, which are in its opinion necessary.

(2) The Central Government may require the Council to adopt the remedies so recommended within such time as, having regard to the report of the Commission, it may think fit, and if the Council fails to comply with any such requirement, the Central Government may amend the regulations of the Council, or make such provision or order or take such other steps as may seem necessary to give effect to the recommendations of the Commission.

(3) A Commission of inquiry shall have power to administer oaths, to enforce the attendance of witnesses and the production of documents, and shall have all such other necessary powers for the purpose of any inquiry conducted by it as are exercised by a Civil Court under the Code of Civil Procedure, 1908.

PROTECTION OF ACTION TAKEN IN GOOD FAITH

31 No suit, prosecution or other legal proceeding shall lie against the Government, the Council or a State Medical Council or any Committee thereof, or any Officer or servant of the Government or Councils aforesaid for anything which is in good faith done or intended to be done under this Act.

POWER TO MAKE RULES

32 (1) The Central Government may, by notification in the Official Gazette, make rules to carry out the purposes of this Act.

(2) All rules made under this section shall be laid for not less than thirty days before both Houses of Parliament as soon as possible after they are made, and shall be subject to such modifications as Parliament may make during the session in which they are so laid or the session immediately following.

POWER TO MAKE REGULATIONS

33 The Council may, with the previous sanction of the Central Government, make regulations generally to carry out the purposes of this Act, and without prejudice to the generality of this power, such regulations may provide for:-

(a) the management of the property of the Council and the maintenance and audit of its accounts;
(b) the summoning and holding of meetings of the Council, the times and places where such meetings are to be held, the conduct of business thereat and the number of members necessary to constitute a quorum;
(c) the resignation of members of the Council;
(d) the powers and duties of the President and Vice-President
(e) the mode of appointment of the Executive Committee and other Committees, the summoning and holding of meetings and the conduct of business of such Committees;
(f) the tenure office, and the powers and duties of the Registrar and other officers and servants of the Council;
(fa) the form of the scheme, the particulars to be given in such scheme, the manner in which the scheme is to be preferred and the fee payable with the scheme under clause (b) of sub-section (2) of section 10A;
(fb) any other factors under clause (g) of sub-section (7) of section 10A;
(fc) the criteria for identifying a student who has been granted a medical qualification referred to in the Explanation to sub-section (3) of section 10B;
(g) the particulars to be stated, and the proof of qualifications to be given in applications for registration under this Act;
(h) the fees to be paid on applications and appeals under this Act;
(i) the appointment, powers, duties and procedure of medical inspectors and visitors;
(j) the courses and period of study and of practical training to be undertaken, the subjects of examination and the standards of proficiency therein to be obtained, in Universities or medical institutions for grant of recognized medical qualifications;
(k) the standards of staff, equipment, accommodation, training and other facilities for medical education;

(l) the conduct of professional examination; qualifications of examiners and the conditions of admissions to such examinations;
(m) the standards of professional conduct and etiquette and code of ethics to be observed by medical practitioners; and
(m a) the modalities for conducting screening tests under sub-section (4A), and under the proviso to sub-section (4B), and for issuing eligibility certificate under sub-section (4B), of section 13,.

The following clause (m b) shall be inserted in terms of Gazette Notification dated 05.08.2016

(m b) the designated authority, other languages and the manner of conducting of uniform entrance examination to all medical educational institutions at the undergraduate level and post-graduate level;".

(n) any matter for which under this Act provision may be made by regulations.

REPEAL OF ACT 27 OF 1933

34 (1) The Indian Medical Council Act, 1933 is hereby repealed.

(2) Notwithstanding anything contained in this Act, until the Council is constituted in accordance with the provisions of this Act:-

(a) the Medical Council of India as constituted immediately before the commencement of this Act under the Indian Medical Council Act, 1933, with the addition of seven members nominated thereto by the Central Government from among persons enrolled on any of the State Medical Registers who possess the medical qualifications included in Part I of the 3rd Schedule to this Act (hereinafter referred to as the said Medical Council) shall be deemed to be the Council constituted under this Act and may exercise any of the powers conferred or perform any of the duties imposed on the Council; and any vacancy occurring in the said Medical Council may be filled up in such manner as Central Govt. may think fit; and

(b) the Executive Committee and other Committees of the said Medical Council as constituted immediately before the commencement of this Act, shall be deemed to be the Executive Committee and the Committees constituted under this Act.

ANNEX 2: CODE OF CONDUCT

रजिस्ट्री सं॰ डी॰ एल॰—(एन)04/0007/2003—16 REGISTERED NO. DL—(N)04/0007/2003—16

भारत का राजपत्र
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इस भाग में भिन्न पृष्ठ संख्या दी जाती है जिससे कि यह अलग संकलन के रूप में रखा जा सके।
Separate paging is given to this Part in order that it may be filed as a separate compilation.

MINISTRY OF LAW AND JUSTICE
(Legislative Department)

New Delhi, the 5th August, 2016/14 *Shravana*, 1938 (*Saka*)

The following Act of Parliament received the assent of the President on the 4th August, 2016, and is hereby published for general information:—

THE INDIAN MEDICAL COUNCIL (AMENDMENT) ACT, 2016

NO. 39 OF 2016

[4*th August*, 2016.]

An Act further to amend the Indian Medical Council Act, 1956.

BE it enacted by Parliament in the Sixty-seventh Year of the Republic of India as follows:—

Short title and commencement.

1. (*1*) This Act may be called the Indian Medical Council (Amendment) Act, 2016.

(*2*) It shall be deemed to have come into force on 24th May, 2016.

102 of 1956.

Insertion of new section 10D.

2. After section 10C of the Indian Medical Council Act, 1956 (hereinafter referred to as the principal Act), the following section shall be inserted, namely:—

Uniform entrance examination for undergraduate and post-graduate level.

"10D. There shall be conducted a uniform entrance examination to all medical educational institutions at the undergraduate level and post-graduate level through such designated authority in Hindi, English and such other languages and in such manner as may be prescribed and the designated authority shall ensure the conduct of uniform entrance examination in the aforesaid manner:

Provided that notwithstanding any judgment or order of any court, the provisions of this section shall not apply, in relation to the uniform entrance examination at the undergraduate level for the academic year 2016-17 conducted in accordance with any regulations made under this Act, in respect of the State Government seats (whether in Government Medical College or in a private Medical College) where such State has not opted for such examination.".

Amendment of section 33.

3. In section 33 of the principal Act, after clause (*ma*), the following clause shall be inserted, namely:—

"(*mb*) the designated authority, other languages and the manner of conducting of uniform entrance examination to all medical educational institutions at the undergraduate level and post-graduate level;".

Repeal and savings.

4. (*1*) The Indian Medical Council (Amendment) Ordinance, 2016 is hereby repealed. Ord. 4 of 2016.

(*2*) Notwithstanding such repeal, anything done or any action taken under the Indian Medical Council Act,1956 as amended by the said Ordinance, shall be deemed to have been done or taken under the corresponding provisions of the said Act, as amended by this Act. 102 of 1956.

DR. G. NARAYANA RAJU,
Secretary to the Govt. of India.

MANOJ KUMAR Digitally signed by MANOJ KUMAR Date: 2016.08.06 22:34:01 +05'30'

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INDIAN MEDICAL COUNCIL

(Professional Conduct, Etiquette and Ethics)

Regulations, 2002

(AMENDED UPTO 8th OCTOBER 2016)

MEDICAL COUNCIL OF INDIA
Pocket-14, Sector 8, Dwarka
New Delhi - 110077

Indian Medical Council

(Professional Conduct, Etiquette and Ethics) Regulations, 2002

(Published in Part III, Section 4 of the Gazette of India, dated 6th April, 2002)

MEDICAL COUNCIL OF INDIA

NOTIFICATION

New Delhi, dated 11th March, 2002

No. MCI-211(2)/2001/Registration. In exercise of the powers conferred under section 20A read with section 33(m) of the Indian Medical Council Act, 1956 (102 of 1956), the Medical Council of India, with the previous approval of the Central Government, hereby makes the following regulations relating to the Professional Conduct, Etiquette and Ethics for registered medical practitioners, namely:-

Short Title and Commencement: (1) These Regulations may be called the Indian Medical Council (Professional conduct, Etiquette and Ethics) Regulations, 2002. (2)They shall come into force on the date of their publication in the Official Gazette.

CHAPTER I

1. CODE OF MEDICAL ETHICS

A. Declaration: Each applicant, at the time of making an application for registration under the provisions of the Act, shall be provided a copy of the declaration and shall submit a duly signed Declaration as provided in Appendix 1. The applicant shall also certify that he/she had read and agreed to abide by the same.

B. Duties and responsibilities of the Physician in general:

1.1 Character of Physician (Doctors with qualification of MBBS or MBBS with post graduate degree/ diploma or with equivalent qualification in any medical discipline):

1.1.1 A physician shall uphold the dignity and honour of his profession.

1.1.2 The prime object of the medical profession is to render service to humanity; reward or financial gain is a subordinate consideration. Who- so-ever chooses his profession, assumes the obligation to conduct himself in accordance with its ideals. A physician should be an upright man, instructed in the art of healings. He shall keep himself pure in character and be diligent in caring for the sick; he should be modest, sober, patient, prompt in discharging his duty without anxiety; conducting himself with propriety in his profession and in all the actions of his life.

1.1.3 No person other than a doctor having qualification recognised by Medical Council of India and registered with Medical Council of India/State Medical Council (s) is allowed to practice Modern system of Medicine or Surgery. A person obtaining qualification in any other system of Medicine is not allowed to practice Modern system of Medicine in any form.

1.2 Maintaining good medical practice:

1.2.1 The Principal objective of the medical profession is to render service to humanity with full respect for the dignity of profession and man. Physicians should merit the confidence of patients entrusted to their care, rendering to each a full measure of service and devotion. Physicians should try continuously to improve medical knowledge and skills and should make available to their patients and colleagues the benefits of their professional attainments. The physician should practice methods of healing founded on scientific basis and should not associate professionally with anyone who violates this principle. The honoured ideals of the medical profession imply that the responsibilities of the physician extend not only to individuals but also to society.

1.2.2 Membership in Medical Society: For the advancement of his profession, a physician should affiliate with associations and societies of allopathic medical professions and involve actively in the functioning of such bodies.

1.2.3 A Physician should participate in professional meetings as part of Continuing Medical Education programmes, for at least 30 hours every five years, organized by reputed professional academic bodies or any other authorized organisations. The compliance of this requirement shall be informed regularly to Medical Council of India or the State Medical Councils as the case may be.

1.3 Maintenance of medical records:

1.3.1 Every physician shall maintain the medical records pertaining to his / her indoor patients for a period of 3 years from the date of commencement of the treatment in a standard proforma laid down by the Medical Council of India and attached as Appendix 3.

1.3.2. If any request is made for medical records either by the patients / authorised attendant or legal authorities involved, the same may be duly acknowledged and documents shall be issued within the period of 72 hours.

1.3.3 A Registered medical practitioner shall maintain a Register of Medical Certificates giving full details of certificates issued. When issuing a medical certificate he / she shall always enter the identification marks of the patient and keep a copy of the certificate. He / She shall not omit to record the signature and/or thumb mark, address and at least one identification mark of the patient on the medical certificates or report. The medical certificate shall be prepared as in Appendix 2.

1.3.4 Efforts shall be made to computerize medical records for quick retrieval.

1.4 Display of registration numbers:

1.4.1 Every physician shall display the registration number accorded to him by the State Medical Council / Medical Council of India in his clinic and in all his prescriptions, certificates, money receipts given to his patients.

1.4.2 Physicians shall display as suffix to their names only recognized medical degrees or such certificates/diplomas and memberships/honours which confer professional knowledge or recognizes any exemplary qualification/achievements.

1.5 Use of Generic names of drugs: Every physician should, as far as possible, prescribe drugs with generic names and he / she shall ensure that there is a rational prescription and use of drugs.

The above Clause – 1.5 is substituted in terms of Notification published in the Gazette of India on 08.10.2016 as under.

"Every physician should prescribe drugs with generic names legibly and preferably in capital letters and he/she shall ensure that there is a rational prescription and use of drugs"

1.6 Highest Quality Assurance in patient care: Every physician should aid in safeguarding the profession against admission to it of those who are deficient in moral character or education. Physician shall not employ in connection with his professional practice any attendant who is neither registered nor enlisted under the Medical Acts in force and shall not permit such persons to attend, treat or perform operations upon patients wherever professional discretion or skill is required.

1.7 Exposure of Unethical Conduct: A Physician should expose, without fear or favour, incompetent or corrupt, dishonest or unethical conduct on the part of members of the profession.

1.8 Payment of Professional Services: The physician, engaged in the practice of medicine shall give priority to the interests of patients. The personal financial interests of a physician should not conflict with the medical interests of patients. A physician should announce his fees before rendering service and not after the operation or treatment is under way. Remuneration received for such services should be in the form and amount specifically announced to the patient at the time the service is rendered. It is unethical to enter into a contract of "no cure no payment". Physician rendering service on behalf of the state shall refrain from anticipating or accepting any consideration.

1.9 Evasion of Legal Restrictions: The physician shall observe the laws of the country in regulating the practice of medicine and shall also not assist others to evade such laws. He should be cooperative in observance and enforcement of sanitary laws and regulations in the interest of public health. A physician should observe the provisions of the State Acts like Drugs and Cosmetics Act, 1940; Pharmacy Act, 1948; Narcotic Drugs and Psychotropic substances Act, 1985; Medical Termination of Pregnancy Act, 1971; Transplantation of Human Organ Act, 1994; Mental Health Act, 1987; Environmental Protection Act, 1986; Pre–natal Sex Determination Test Act, 1994; Drugs and Magic Remedies (Objectionable Advertisement) Act, 1954; Persons with Disabilities (Equal Opportunities and Full Participation) Act, 1995 and Bio-Medical Waste (Management and Handling) Rules, 1998 and such other Acts, Rules, Regulations made by the Central/State Governments or local Administrative Bodies or any other relevant Act relating to the protection and promotion of public health.

CHAPTER 2

2. DUTIES OF PHYSICIANS TO THEIR PATIENTS

2.1 Obligations to the Sick

2.1.1 Though a physician is not bound to treat each and every person asking his services, he should not only be ever ready to respond to the calls of the sick and the injured, but should be mindful of the high character of his mission and the responsibility he discharges in the course of his professional duties. In his treatment, he should never forget that the health and the lives of those entrusted to his care depend on his skill and attention. A physician should endeavour to add to the comfort of the sick by making his visits at the hour indicated to the patients. A physician advising a patient to seek service of another physician is acceptable, however, in case of emergency a physician must treat the patient. No physician shall arbitrarily refuse treatment to a patient. However for good reason, when a patient is suffering from an ailment which is not within the range of experience of the treating physician, the physician may refuse treatment and refer the patient to another physician.

2.1.2 Medical practitioner having any incapacity detrimental to the patient or which can affect his performance vis-à-vis the patient is not permitted to practice his profession

2.2 Patience, Delicacy and Secrecy : Patience and delicacy should characterize the physician. Confidences concerning individual or domestic life entrusted by patients to a physician and defects in the disposition or character of patients observed during medical attendance should never be revealed unless their revelation is required by the laws of the State. Sometimes, however, a physician must determine whether his duty to society requires him to employ knowledge, obtained through confidence as a physician, to protect a healthy person against a communicable disease to which he is about to be exposed. In such instance, the physician should act as he would wish another to act toward one of his own family in like circumstances.

2.3 Prognosis: The physician should neither exaggerate nor minimize the gravity of a patient's condition. He should ensure himself that the patient, his relatives or his responsible friends have such knowledge of the patient's condition as will serve the best interests of the patient and the family.

2.4 The Patient must not be neglected: A physician is free to choose whom he will serve. He should, however, respond to any request for his assistance in an emergency. Once having undertaken a case, the physician should not neglect the patient, nor should he withdraw from the case without giving adequate notice to the patient and his family. Provisionally or fully

registered medical practitioner shall not willfully commit an act of negligence that may deprive his patient or patients from necessary medical care.

2.5 Engagement for an Obstetric case: When a physician who has been engaged to attend an obstetric case is absent and another is sent for and delivery accomplished, the acting physician is entitled to his professional fees, but should secure the patient's consent to resign on the arrival of the physician engaged.

CHAPTER 3

3. DUTIES OF PHYSICIAN IN CONSULTATION

3.1 Unnecessary consultations should be avoided:

3.1.1 However in case of serious illness and in doubtful or difficult conditions, the physician should request consultation, but under any circumstances such consultation should be justifiable and in the interest of the patient only and not for any other consideration.

3.1.2 Consulting pathologists /radiologists or asking for any other diagnostic Lab investigation should be done judiciously and not in a routine manner.

3.2 Consultation for Patient's Benefit: In every consultation, the benefit to the patient is of foremost importance. All physicians engaged in the case should be frank with the patient and his attendants.

3.3 Punctuality in Consultation: Utmost punctuality should be observed by a physician in making themselves available for consultations.

3.4 Statement to Patient after Consultation:

3.4.1 All statements to the patient or his representatives should take place in the presence of the consulting physicians, except as otherwise agreed. The disclosure of the opinion to the patient or his relatives or friends shall rest with the medical attendant.

3.4.2 Differences of opinion should not be divulged unnecessarily but when there is irreconcilable difference of opinion the circumstances should be frankly and impartially explained to the patient or his relatives or friends. It would be opened to them to seek further advice as they so desire.

3.5 Treatment after Consultation: No decision should restrain the attending physician from making such subsequent variations in the treatment if any unexpected change occurs, but at the next consultation, reasons for the variations should be discussed/ explained. The same privilege, with its obligations, belongs to the consultant when sent for in an emergency during the absence of attending physician. The attending physician may prescribe medicine at any time for the patient, whereas the consultant may prescribe only in case of emergency or as an expert when called for.

3.6 Patients Referred to Specialists: When a patient is referred to a specialist by the attending physician, a case summary of the patient should be given to the specialist, who should communicate his opinion in writing to the attending physician.

3.7 Fees and other charges:

3.7.1 A physician shall clearly display his fees and other charges on the board of his chamber and/or the hospitals he is visiting. Prescription should also make clear if the Physician himself dispensed any medicine.

3.7.2 A physician shall write his name and designation in full along with registration particulars in his prescription letter head.

Note: In Government hospital where the patient–load is heavy, the name of the prescribing doctor must be written below his/her signature.

CHAPTER 4

4. RESPONSIBILITIES OF PHYSICIANS TO EACH OTHER

4.1 Dependence of Physicians on each other : A physician should consider it as a pleasure and privilege to render gratuitous service to all physicians and their immediate family dependants.

4.2 Conduct in consultation : In consultations, no insincerity, rivalry or envy should be indulged in. All due respect should be observed towards the physician in-charge of the case and no statement or remark be made, which would impair the confidence reposed in him. For this purpose no discussion should be carried on in the presence of the patient or his representatives.

4.3 Consultant not to take charge of the case: When a physician has been called for consultation, the Consultant should normally not take charge of the case, especially on the solicitation of the patient or friends. The Consultant shall not criticize the referring physician. He / she shall discuss the diagnosis treatment plan with the referring physician.

4.4 Appointment of Substitute: Whenever a physician requests another physician to attend his patients during his temporary absence from his practice, professional courtesy requires the acceptance of such appointment only when he has the capacity to discharge the additional responsibility along with his / her other duties. The physician acting under such an appointment should give the utmost consideration to the interests and reputation of the absent physician and all such patients should be restored to the care of the latter upon his/her return.

4.5 Visiting another Physician's Case: When it becomes the duty of a physician occupying an official position to see and report upon an illness or injury, he should communicate to the physician in attendance so as to give him an option of being present. The medical officer / physician occupying an official position should avoid remarks upon the diagnosis or the treatment that has been adopted.

CHAPTER 5

5 DUTIES OF PHYSICIAN TO THE PUBLIC AND TO THE PARAMEDICAL PROFESSION

5.1 Physicians as Citizens: Physicians, as good citizens, possessed of special training should disseminate advice on public health issues. They should play their part in enforcing the laws of the community and in sustaining the institutions that advance the interests of humanity. They should particularly co-operate with the authorities in the administration of sanitary/public health laws and regulations.

5.2 Public and Community Health: Physicians, especially those engaged in public health work, should enlighten the public concerning quarantine regulations and measures for the prevention of epidemic and communicable diseases. At all times the physician should notify the constituted public health authorities of every case of communicable disease under his care, in accordance with the laws, rules and regulations of the health authorities. When an epidemic occurs a physician should not abandon his duty for fear of contracting the disease himself.

5.3 Pharmacists / Nurses: Physicians should recognize and promote the practice of different paramedical services such as, pharmacy and nursing as professions and should seek their cooperation wherever required.

CHAPTER 6

6. UNETHICAL ACTS : A physician shall not aid or abet or commit any of the following acts which shall be construed as unethical -

6.1 Advertising:

6.1.1 Soliciting of patients directly or indirectly, by a physician, by a group of physicians or by institutions or organisations is unethical. A physician shall not make use of him / her (or his / her name) as subject of any form or manner of advertising or publicity through any mode either alone or in conjunction with others which is of such a character as to invite attention to him or to his professional position, skill, qualification, achievements, attainments, specialities, appointments, associations, affiliations or honours and/or of such character as would ordinarily result in his self aggrandizement. A physician shall not give to any person, whether for compensation or otherwise, any approval, recommendation, endorsement, certificate, report or statement with respect of any drug, medicine, nostrum remedy, surgical, or therapeutic article, apparatus or appliance or any commercial product or article with respect of any property, quality or use thereof or any test, demonstration or trial thereof, for use in connection with his name, signature, or photograph in any form or manner of advertising through any mode nor shall he boast of cases, operations, cures or remedies or permit the publication of report thereof through any mode. A medical practitioner is however permitted to make a formal announcement in press regarding the following:

(1) On starting practice.
(2) On change of type of practice.
(3) On changing address.
(4) On temporary absence from duty.
(5) On resumption of another practice.
(6) On succeeding to another practice.
(7) Public declaration of charges.

6.1.2 Printing of self photograph, or any such material of publicity in the letter head or on sign board of the consulting room or any such clinical establishment shall be regarded as acts of self advertisement and unethical conduct on the part of the physician. However, printing of sketches, diagrams, picture of human system shall not be treated as unethical.

6.2 Patent and Copy rights: A physician may patent surgical instruments, appliances and medicine or Copyright applications, methods and procedures. However, it shall be unethical if the benefits of such patents or copyrights are not made available in situations where the interest of large population is involved.

6.3 Running an open shop (Dispensing of Drugs and Appliances by Physicians): - A physician should not run an open shop for sale of medicine for dispensing prescriptions prescribed by doctors other than himself or for sale of medical or surgical appliances. It is not unethical for a physician to prescribe or supply drugs, remedies or appliances as long as there is no exploitation of the patient. Drugs prescribed by a physician or brought from the market for a patient should explicitly state the proprietary formulae as well as generic name of the drug.

6.4 Rebates and Commission:

6.4.1 A physician shall not give, solicit, or receive nor shall he offer to give 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. A physician shall not directly or indirectly, participate in or be a party to act of division, transference, assignment, subordination, rebating, splitting or refunding of any fee for medical, surgical or other treatment.

6.4.2 Provisions of para 6.4.1 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. Nothing in this section, however, shall prohibit payment of salaries by a qualified physician to other duly qualified person rendering medical care under his supervision.

6.5 Secret Remedies: The prescribing or dispensing by a physician of secret remedial agents of which he does not know the composition, or the manufacture or promotion of their use is unethical and as such prohibited. All the drugs prescribed by a physician should always carry a proprietary formula and clear name.

6.6 Human Rights: The physician shall not aid or abet torture nor shall he be a party to either infliction of mental or physical trauma or concealment of torture inflicted by some other person or agency in clear violation of human rights.

6.7 Euthanasia: Practicing euthanasia shall constitute unethical conduct. However on specific occasion, the question of withdrawing supporting devices to sustain cardio-pulmonary function even after brain death, shall be decided only by a team of doctors and not merely by the treating physician alone. A team of doctors shall declare withdrawal of support system. Such team shall consist of the doctor in charge of the patient, Chief Medical Officer / Medical Officer in charge of the hospital and a doctor nominated by the in-charge of the hospital from the hospital staff or in accordance with the provisions of the Transplantation of Human Organ Act, 1994.

The Clause No. 6.8, as under, is included in terms of Notification published on 14.12.2009 in Gazette of India .

"6.8 Code of conduct for doctors and professional association of doctors in their relationship with pharmaceutical and allied health sector industry.

6.8.1 In dealing with Pharmaceutical and allied health sector industry, a medical practitioner shall follow and adhere to the stipulations given below:-

a) Gifts: A medical practitioner shall not receive any gift from any pharmaceutical or allied health care industry and their sales people or representatives.

b) Travel facilities: A medical practitioner shall not accept any travel facility inside the country or outside, including rail, air, ship , cruise tickets, paid vacations etc. from any pharmaceutical or allied healthcare industry or their representatives for self and family members for vacation or for attending conferences, seminars, workshops, CME programme etc as a delegate.

c) Hospitality: A medical practitioner shall not accept individually any hospitality like hotel accommodation for self and family members under any pretext.

d) Cash or monetary grants: A medical practitioner shall not receive any cash or monetary grants from any pharmaceutical and allied healthcare industry for individual purpose in individual capacity under any pretext. Funding for medical research, study etc. can only be received through approved institutions by modalities laid down by law / rules / guidelines adopted by such approved institutions, in a transparent manner. It shall always be fully disclosed.

e) Medical Research: A medical practitioner may carry out, participate in, work in research projects funded by pharmaceutical and allied healthcare industries. A medical practitioner is obliged to know that the fulfillment of the following items (i) to (vii) will be an imperative for undertaking any research assignment / project funded by industry – for being proper and ethical. Thus, in accepting such a position a medical practitioner shall:-

(i) Ensure that the particular research proposal(s) has the due permission from the competent concerned authorities.

(ii) Ensure that such a research project(s) has the clearance of national/ state / institutional ethics committees / bodies.

(iii) Ensure that it fulfils all the legal requirements prescribed for medical research.

(iv) Ensure that the source and amount of funding is publicly disclosed at the beginning itself.

(v) Ensure that proper care and facilities are provided to human volunteers, if they are necessary for the research project(s).

(vi) Ensure that undue animal experimentations are not done and when these are necessary they are done in a scientific and a humane way.

(vii) Ensure that while accepting such an assignment a medical practitioner shall have the freedom to publish the results of the research in the greater interest of the society by inserting such a clause in the MoU or any other document / agreement for any such assignment.

f) Maintaining Professional Autonomy: In dealing with pharmaceutical and allied healthcare industry a medical practitioner shall always ensure that there shall never be any compromise either with his / her own professional autonomy and / or with the autonomy and freedom of the medical institution.

g) Affiliation: A medical practitioner may work for pharmaceutical and allied healthcare industries in advisory capacities, as consultants, as researchers, as treating doctors or in any other professional capacity. In doing so, a medical practitioner shall always:

(i) Ensure that his professional integrity and freedom are maintained.
(ii) Ensure that patients interest are not compromised in any way.
(iii) Ensure that such affiliations are within the law.
(iv) Ensure that such affiliations / employments are fully transparent and disclosed.

h) Endorsement: A medical practitioner shall not endorse any drug or product of the industry publically. Any study conducted on the efficacy or otherwise of such products shall be presented to and / or through appropriate scientific bodies or published in appropriate scientific journals in a proper way".

The title of Section 6.8 shall be further amended by deleting the words "*and professional association of doctors"* in terms of Notification published on 01.02.2016 in Gazette of India as under:-

"6.8 Code of conduct for doctors in their relationship with pharmaceutical and allied health sector industry"

The Section 6.8.1(b) shall be substituted in terms of Notification published on 01.02.2016 in Gazette of India, as under:-

(b) ***Travel Facilities*** *: A medical practitioner shall not accept any travel Facility inside the country or outside, including rail, road, air, ship, cruise tickets, paid vacation, etc. from any pharmaceutical or allied healthcare industry or their representatives for self and family members for vacation or for attending conferences, seminars, workshops, CME Programme, etc. as a delegate.*

(iii) Action to be taken by the Council for violation of Section 6.8, as amended vide notification dated 10/12/2009, shall be prescribed by further amending the Section 6.8.1 as under:-

SECTION	***ACTION***
6.8.1 *In dealing with Pharmaceutical and allied health sector industry, a medical practitioner shall follow and adhere to the stipulations given below:-*	
a) ***Gifts****: A medical practitioner shall not receive any gift from any pharmaceutical or allied health care industry and their sales people or representatives.*	***Gifts*** *more than Rs. 1,000/- upto Rs. 5,000/- : Censure* ***Gifts*** *more than Rs. 5,000/- upto Rs. 10,000/-: Removal from Indian Medical Register or State Medical Register for 3*

	(three) months. ***Gifts** more than Rs. 10,000/- to Rs. 50,000/- : Removal from Indian Medical Register or State Medical Register for 6(six) months.* ***Gifts** more than Rs. 50,000/- to Rs. 1,00,000/- : Removal from Indian Medical Register or State Medical Register for 1 (one) year.* ***Gifts** more than Rs. 1,00,000/-: Removal for a period of more than 1 (one) year from Indian Medical Register or State Medical Register.*
*b) **Travel facilities**: A medical practitioner shall not accept any travel facility inside the country or outside, including rail, road, air, ship, cruise tickets, paid vacations etc. from any pharmaceutical or allied healthcare industry or their representatives for self and family members for vacation or for attending conferences, seminars, workshops, CME programme etc. as a delegate.*	***Expenses for travel facilities** more than Rs. 1,000/- upto Rs. 5,000/-: Censure* ***Expenses for travel facilities** more than Rs. 5,000/- upto Rs. 10,000/-: Removal from Indian Medical Register or State Medical Register for 3 (three) months.* ***Expenses for travel facilities** more than Rs. 10,000/- to Rs. 50,000/-: Removal from Indian Medical Register or State medical Register for 6 (six) months.* ***Expenses for travel facilities** more than more than Rs. 50,000/- to Rs. 1,00,000/-: Removal from Indian Medical Register or State Medical Register for 1 (one) year.* ***Expenses for travel facilities** more than Rs. 1,00,000/-: Removal for a period of more than 1 (one) year from Indian Medical Register or State Medical Register.*
*c) **Hospitality**: A medical practitioner shall not accept individually any hospitality like hotel accommodation for self and family members under any pretext.*	***Expenses for Hospitality** more than Rs. 1,000/- upto Rs. 5,000/-: Censure* ***Expenses for Hospitality** more than Rs. 5,000/- upto Rs. 10,000/-: Removal from Indian Medical Register or State Medical Register for 3 (three) months.* ***Expenses for Hospitality** more than Rs. 10,000/- to Rs. 50,000/-: Removal from Indian Medical Register or State medical Register for 6 (six) months.* ***Expenses for Hospitality** more than more than Rs. 50,000/- to Rs. 1,00,000/: Removal from Indian Medical Register or State Medical Register for 1 (one) year.* ***Expenses for Hospitality** more than Rs. 1,00,000/-: Removal for a period of more*

	than 1 (one) year from Indian Medical Register or State Medical Register.
d) ***Cash or monetary grants***:- *A medical practitioner shall not receive any cash or monetary grants from any pharmaceutical and allied healthcare industry for individual purpose in individual capacity under any pretext. Funding for medical research, study etc. can only be received through approved institutions by modalities laid down by law / rules / guidelines adopted by such approved institutions, in a transparent manner. It shall always be fully disclosed.*	***Cash or monetary grants*** *more than Rs. 1,000/- upto Rs. 5,000/-: Censure* ***Cash or monetary grants*** *more than Rs. 5,000/- upto Rs. 10,000/-: Removal from Indian Medical Register or State Medical Register for 3 (three) months.* ***Cash or monetary grants*** *more than Rs. 10,000/- to Rs. 50,000/-: Removal from Indian Medical Register or State Medical Register for 6 (six) months.* ***Cash or monetary grants*** *more than more than Rs. 50,000/- to Rs. 1,00,000/-: Removal from Indian Medical Register or State Medical Register for 1 (one) year.* ***Cash or monetary grants*** *more than Rs. 1,00,000/-: Removal for a period of more than 1 (one) year from Indian Medical Register or State Medical Register.*
e) ***Medical Research***: *A medical practitioner may carry out, participate in, work in research projects funded by pharmaceutical and allied healthcare industries. A medical practitioner is obliged to know that the fulfillment of the following items (i) to (vii) will be an imperative for undertaking any research assignment/project funded by industry – for being proper and ethical. Thus, in accepting such a position a medical practitioner shall :-* *(i) Ensure that the particular research proposal(s) has the due permission from the competent concerned authorities.* *(ii) Ensure that such a research project(s) has the clearance of national/state/institutional ethics committees/bodies.* *(iii) Ensure that it fulfils all the legal requirements prescribed for medical research.* *(iv) Ensure that the source and amount of funding is publicly disclosed at the beginning itself.* *(v) Ensure that proper care and facilities are provided to human volunteers, if they are necessary for the research project(s).*	*First time censure, and thereafter removal of name from Indian Medical Register or State Medical Register for a period depending upon the violation of the clause.*

(vi) Ensure that undue animal experimentations are not done and when these are necessary they are done in a scientific and a humane way. *(vii) Ensure that while accepting such an assignment a medical practitioner shall have the freedom to publish the results of the research in the greater interest of the society by inserting such a clause in the MoU or any other documents/agreement for any such assignment.*	
*f) **Maintaining Professional Autonomy** :- In dealing with pharmaceutical and allied healthcare industry a medical practitioner shall always ensure that there shall never be any compromise either with his/her own professional autonomy and/or with the autonomy and freedom of the medical institution.*	*First time censure, and thereafter removal of name from Indian Medical Register or State Medical Register.*
*g) **Affiliation**:- A medical practitioner may work for pharmaceutical and allied healthcare industries in advisory capacities, as consultants, as researchers, as treating doctors or in any other professional capacity. In doing so, a medical practitioner shall always :-* *(i) Ensure that his professional integrity and freedom are maintained.* *(ii) Ensure that patients interest are not compromised in any way.* *(iii) Ensure that such affiliations are within the law.* *(iv) Ensure that such affiliations/ employments are fully transparent and disclosed.*	*First time censure, and thereafter removal of name from Indian Medical Register or State Medical Register for a period depending upon the violaton of the clause.*
*h) **Endorsement**:- A medical practitioner shall not endorse any drug or product of the industry publically. Any study conducted on the efficacy or otherwise of such products shall be presented to and/or through appropriate scientific bodies or published in appropriate scientific journals in a proper way.*	*First time censure, and thereafter removal of name from Indian Medical Register or State Medical Register.*

CHAPTER 7

7. MISCONDUCT : The following acts of commission or omission on the part of a physician shall constitute professional misconduct rendering him/her liable for disciplinary action

7.1 Violation of the Regulations: If he/she commits any violation of these Regulations.

7.2 If he/she does not maintain the medical records of his/her indoor patients for a period of three years as per regulation 1.3 and refuses to provide the same within 72 hours when the patient or his/her authorised representative makes a request for it as per the regulation 1.3.2.

7.3 If he/she does not display the registration number accorded to him/her by the State Medical Council or the Medical Council of India in his clinic, prescriptions and certificates etc. issued by him or violates the provisions of regulation 1.4.2.

7.4 Adultery or Improper Conduct: Abuse of professional position by committing adultery or improper conduct with a patient or by maintaining an improper association with a patient will render a Physician liable for disciplinary action as provided under the Indian Medical Council Act, 1956 or the concerned State Medical Council Act.

7.5 Conviction by Court of Law: Conviction by a Court of Law for offences involving moral turpitude / Criminal acts.

7.6 Sex Determination Tests: On no account sex determination test shall be undertaken with the intent to terminate the life of a female foetus developing in her mother's womb, unless there are other absolute indications for termination of pregnancy as specified in the Medical Termination of Pregnancy Act, 1971. Any act of termination of pregnancy of normal female foetus amounting to female foeticide shall be regarded as professional misconduct on the part of the physician leading to penal erasure besides rendering him liable to criminal proceedings as per the provisions of this Act.

7.7 Signing Professional Certificates, Reports and other Documents: Registered medical practitioners are in certain cases bound by law to give, or may from time to time be called upon or requested to give certificates, notification, reports and other documents of similar character signed by them in their professional capacity for subsequent use in the courts or for administrative purposes etc. Such documents, among others, include the ones given at Appendix –4. Any registered practitioner who is shown to have signed or given under his name and authority any such certificate, notification, report or document of a similar character which is untrue, misleading or improper, is liable to have his name deleted from the Register.

7.8 A registered medical practitioner shall not contravene the provisions of the Drugs and Cosmetics Act and regulations made there under. Accordingly,

a) Prescribing steroids/ psychotropic drugs when there is no absolute medical indication;
b) Selling Schedule 'H' & 'L' drugs and poisons to the public except to his patient;

in contravention of the above provisions shall constitute gross professional misconduct on the part of the physician.

7.9 Performing or enabling unqualified person to perform an abortion or any illegal operation for which there is no medical, surgical or psychological indication.

7.10 A registered medical practitioner shall not issue certificates of efficiency in modern medicine to unqualified or non-medical person.

(Note: The foregoing does not restrict the proper training and instruction of bonafide students, midwives, dispensers, surgical attendants, or skilled mechanical and technical assistants and therapy assistants under the personal supervision of physicians.)

7.11 A physician should not contribute to the lay press articles and give interviews regarding diseases and treatments which may have the effect of advertising himself or soliciting practices; but is open to write to the lay press under his own name on matters of public health, hygienic

living or to deliver public lectures, give talks on the radio/TV/internet chat for the same purpose and send announcement of the same to lay press.

7.12 An institution run by a physician for a particular purpose such as a maternity home, nursing home, private hospital, rehabilitation centre or any type of training institution etc. may be advertised in the lay press, but such advertisements should not contain anything more than the name of the institution, type of patients admitted, type of training and other facilities offered and the fees.

7.13 It is improper for a physician to use an unusually large sign board and write on it anything other than his name, qualifications obtained from a University or a statutory body, titles and name of his speciality, registration number including the name of the State Medical Council under which registered. The same should be the contents of his prescription papers. It is improper to affix a sign-board on a chemist's shop or in places where he does not reside or work.

7.14 The registered medical practitioner shall not disclose the secrets of a patient that have been learnt in the exercise of his / her profession except –

i) in a court of law under orders of the Presiding Judge;
ii) in circumstances where there is a serious and identified risk to a specific person and / or community; and
iii) notifiable diseases.

In case of communicable / notifiable diseases, concerned public health authorities should be informed immediately.

7.15 The registered medical practitioner shall not refuse on religious grounds alone to give assistance in or conduct of sterility, birth control, circumcision and medical termination of Pregnancy when there is medical indication, unless the medical practitioner feels himself/herself incompetent to do so.

7.16 Before performing an operation the physician should obtain in writing the consent from the husband or wife, parent or guardian in the case of minor, or the patient himself as the case may be. In an operation which may result in sterility the consent of both husband and wife is needed.

7.17 A registered medical practitioner shall not publish photographs or case reports of his / her patients without their permission, in any medical or other journal in a manner by which their identity could be made out. If the identity is not to be disclosed, the consent is not needed.

7.18 In the case of running of a nursing home by a physician and employing assistants to help him / her, the ultimate responsibility rests on the physician.

7.19 A Physician shall not use touts or agents for procuring patients.

7.20 A Physician shall not claim to be specialist unless he has a special qualification in that branch.

7.21 No act of invitro fertilization or artificial insemination shall be undertaken without the informed consent of the female patient and her spouse as well as the donor. Such consent shall be obtained in writing only after the patient is provided, at her own level of comprehension, with sufficient information about the purpose, methods, risks, inconveniences, disappointments of the procedure and possible risks and hazards.

7.22 Research: Clinical drug trials or other research involving patients or volunteers as per the guidelines of ICMR can be undertaken, provided ethical considerations are borne in mind. Violation of existing ICMR guidelines in this regard shall constitute misconduct. Consent taken from the patient for trial of drug or therapy which is not as per the guidelines shall also be construed as misconduct.

The following Clause No. 7.23 & 7.24 are deleted in terms of Notification published on 22.02.2003 in Gazette of India.

7.23 If a physician posted in rural area is found absent on more than two occasions during inspection by the Head of the District Health Authority or the Chairman, Zila Parishad, the same shall be construed as a misconduct if it is recommended to the Medical Council of India/State Medical Council by the State Government for action under these Regulations.

7.24 If a physician posted in a medical college/institution both as teaching faculty or otherwise shall remain in hospital/college during the assigned duty hours. If they are found absent on more than two occasions during this period, the same shall be construed as a misconduct if it is certified by the Principal/Medical Superintendent and forwarded through the State Government to Medical Council of India/State Medical Council for action under these Regulations.

CHAPTER 8

8. PUNISHMENT AND DISCIPLINARY ACTION

8.1 It must be clearly understood that the instances of offences and of Professional misconduct which are given above do not constitute and are not intended to constitute a complete list of the infamous acts which calls for disciplinary action, and that by issuing this notice the Medical Council of India and or State Medical Councils are in no way precluded from considering and dealing with any other form of professional misconduct on the part of a registered practitioner. Circumstances may and do arise from time to time in relation to which there may occur questions of professional misconduct which do not come within any of these categories. Every care should be taken that the code is not violated in letter or spirit. In such instances as in all others, the Medical Council of India and/or State Medical Councils have to consider and decide upon the facts brought before the Medical Council of India and/or State Medical Councils.

8.2 It is made clear that any complaint with regard to professional misconduct can be brought before the appropriate Medical Council for Disciplinary action. Upon receipt of any complaint of professional misconduct, the appropriate Medical Council would hold an enquiry and give opportunity to the registered medical practitioner to be heard in person or by pleader. If the medical practitioner is found to be guilty of committing professional misconduct, the appropriate Medical Council may award such punishment as deemed necessary or may direct the removal altogether or for a specified period, from the register of the name of the delinquent registered practitioner. Deletion from the Register shall be widely publicized in local press as well as in the publications of different Medical Associations/ Societies/Bodies.

8.3 In case the punishment of removal from the register is for a limited period, the appropriate Council may also direct that the name so removed shall be restored in the register after the expiry of the period for which the name was ordered to be removed.

8.4 Decision on complaint against delinquent physician shall be taken within a time limit of 6 months.

8.5 During the pendency of the complaint the appropriate Council may restrain the physician from performing the procedure or practice which is under scrutiny.

8.6 Professional incompetence shall be judged by peer group as per guidelines prescribed by Medical Council of India.

8.7 The following Clause No. 8.7 & 8.8 are included in terms of Notification published on 27.05.2004 in Gazette of India.

"8.7 Where either on a request or otherwise the Medical Council of India is informed that any complaint against a delinquent physician has not been decided by a State Medical Council within a period of six months from the date of receipt of complaint by it and further the MCI has reason to believe that there is no justified reason for not deciding the complaint within the said prescribed period, the Medical Council of India may-

(i) Impress upon the concerned State Medical council to conclude and decide the complaint within a time bound schedule;
(ii) May decide to withdraw the said complaint pending with the concerned State Medical Council straightaway or after the expiry of the period which had been stipulated by the

MCI in accordance with para(i) above, to itself and refer the same to the Ethical Committee of the Council for its expeditious disposal in a period of not more than six months from the receipt of the complaint in the office of the Medical Council of India."

"8.8 Any person aggrieved by the decision of the State Medical Council on any complaint against a delinquent physician, shall have the right to file an appeal to the MCI within a period of 60 days from the date of receipt of the order passed by the said Medical Council:

Provided that the MCI may, if it is satisfied that the appellant was prevented by sufficient cause from presenting the appeal within the aforesaid period of 60 days, allow it to be presented within a further period of 60 days.

APPENDIX - 1

A. DECLARATION

At the time of registration, each applicant shall be given a copy of the following declaration by the Registrar concerned and the applicant shall read and agree to abide by the same:

1) I solemnly pledge myself to consecrate my life to service of humanity.

2) Even under threat, I will not use my medical knowledge contrary to the laws of Humanity.

3) I will maintain the utmost respect for human life from the time of conception.

4) I will not permit considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient.

5) I will practice my profession with conscience and dignity.

6) The health of my patient will be my first consideration.

7) I will respect the secrets which are confined in me.

8) I will give to my teachers the respect and gratitude which is their due.

9) I will maintain by all means in my power, the honour and noble traditions of medical profession.

10) I will treat my colleagues with all respect and dignity.

11) I shall abide by the code of medical ethics as enunciated in the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations 2002.

I make these promises solemnly, freely and upon my honour.

Signature .....
Name .....
Place .....
Address.....
....
....
Date .....

APPENDIX – 2

1. FORM OF CERTIFICATE RECOMMENDED FOR LEAVE OR EXTENSION OR COMMUNICATION OF LEAVE AND FOR FITNESS

Signature of patient
or thumb impression _____

To be filled in by the applicant in the presence of the Government Medical Attendant, or Medical Practitioner.

Identification marks:-

1. _____

2. _____

I, Dr. _____ after careful examination of the case certify hereby that _____ whose signature is given above is suffering from _____ and I consider that a period of absence from duty of _____ with effect from _____ is absolutely necessary for the restoration of his health.

I, Dr. _____ after careful examination of the case certify hereby that _____ on restoration of health is now fit to join service.

Place _____ Signature of Medical attendant.

Date _____ Registration No. _____

(Medical Council of India / State Medical Council of ……..…. State)

Note:- The nature and probable duration of the illness should also be specified . This certificate must be accompanied by a brief resume of the case giving the nature of the illness, its symptoms, causes and duration.

APPENDIX-3

FORMAT FOR MEDICAL RECORD
(see regulation 3.1)

Name of the patient :

Age :

Sex :

Address :

Occupation :

Date of 1st visit :

Clinical note (summary) of the case :

Prov. : Diagnosis :

Investigations advised with reports :

Diagnosis after investigation :

Advice :

Follow up :

Date: Observations:

Signature in full …….

Name of Treating Physician

APPENDIX –4

LIST OF CERTIFICATES, REPORTS, NOTIFICATIONS ETC. ISSUED BY DOCTORS FOR THE PURPOSES OF VARIOUS ACTS / ADMINISTRATIVE REQUIREMENTS

a) Under the acts relating to birth, death or disposal of the dead.

b) Under the Acts relating to Lunacy and Mental Deficiency and under the Mental illness Act and the rules made thereunder.

c) Under the Vaccination Acts and the regulations made thereunder.

d) Under the Factory Acts and the regulations made thereunder.

e) Under the Education Acts.

f) Under the Public Health Acts and the orders made thereunder.

g) Under the Workmen's Compensation Act and Persons with Disability Act.

h) Under the Acts and orders relating to the notification of infectious diseases.

i) Under the Employee's State Insurance Act.

j) In connection with sick benefit insurance and friendly societies.

k) Under the Merchant Shipping Act.

l) For procuring / issuing of passports.

m) For excusing attendance in courts of Justice, in public services, in public offices or in ordinary employment.

n) In connection with Civil and Military matters.

o) In connection with matters under the control of Department of Pensions.

p) In connection with quarantine rules.

q) For procuring driving licence.

****

Foot Note: The Principal Regulations namely, "Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002" were published in Part – III, Section (4) of the Gazette of India on the 6th April, 2002, and amended vide MCI notifications dated 22/02/2003, 26/05/2004 & 14.12.2009.

ANENX 4: PRE-CONCEPTION AND PRE-NATAL DIAGNOSTIC TECHNIQUES (PROHIBITION OF SEX SELECTION) AMENDMENT RULES, 2014

रजिस्ट्री सं० डी० एल०-33004/99 REGD. NO. D. L.-33004/99

भारत का राजपत्र
The Gazette of India

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स्वास्थ्य एवं परिवार कल्याण मंत्रालय
(स्वास्थ्य एवं परिवार कल्याण विभाग)
अधिसूचना
नई दिल्ली, 9 जनवरी, 2014

सा.का.नि. 13(अ).—केन्द्रीय सरकार गर्भधारण पूर्व एवं प्रसवपूर्व निदान—तकनीक (लिंग चयन प्रतिषेध) अधिनियम, 1994 (1994 का 57) की धारा 32 द्वारा प्रदत्त शक्तियों का प्रयोग करते हुए, गर्भधारण पूर्व एवं प्रसवपूर्व निदान—तकनीक (लिंग चयन प्रतिषेध) नियम, 1996 का और संशोधन करने के लिए निम्नलिखित नियम बनाती है, अर्थात्:—

1. (1) इन नियमों का नाम गर्भधारण पूर्व एवं प्रसवपूर्व निदान—तकनीक (लिंग चयन प्रतिषेध) संशोधन नियम, 2014 है।

(2) ये राजपत्र में इनके प्रकाशन की तारीख से प्रवृत्त होंगे।

2. गर्भाधारण पूर्व और प्रसवपूर्व निदान—तकनीक (लिंग चयन प्रतिषेध) नियम, 1996 के नियम 3 के उपनियम (3) के खंड (1) के उप खंड (ख) के स्थान पर, निम्नलिखित रखा जाएगा, अर्थात् :

"(ख) सोनोलॉजिस्ट या इमेजिंग विषेषज्ञ या रजिष्ट्रीकृत चिकित्सा व्यवसायी जिनके पास स्नातकोत्तर डिग्री या डिप्लोमा हो या जिन्होनें गर्भधारण पूर्व और प्रसवपूर्व निदान—तकनीक (लिंग चयन प्रतिषेध) (छह मासिक प्रषिक्षण) नियम, 2014 में विहित रीति में, सम्यक रूप से छह मासिक प्रषिक्षण लिया हो ।

[फा. सं.एन—24026/60/2008—पीएनडीटी]

डॉ. राकेश कुमार, संयुक्त सचिव

टिप्पण : मूल अधिसूचना भारत के राजपत्र में सा.का.नि. 1(अ), तारीख 1 जनवरी, 1996 द्वारा प्रकाषित की गई थी और संषोधन अधिसूचना सं. सा.का.नि. 109(अ) तारीख 14 फरवरी, 2003 ; सा.का.नि. 426 (अ), तारीख 31 मई, 2011 ; सा.का.नि. 80 (अ), तारीख 7 फरवरी, 2012 ; (09.02.2012 से प्रभावी) सा.का.नि. 418 (अ) तारीख 4 जून, 2012 (05.06.2012 से प्रभावी) द्वारा संषोधित की गई थी ।

MINISTRY OF HEALTH AND FAMILY WELFARE
(Department of Health and Family Welfare)
NOTIFICATION
New Delhi, the 9th January, 2014

G.S.R. 13 (E).—In exercise of the powers conferred by section 32 of the Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 (57 of 1994), the Central Government hereby makes the following rules further to amend the Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Rules, 1996, namely :—

1. (1) These Rules may be called the Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Amendment Rules, 2014.

(2) They shall come into force on the date of their publication in the Official Gazette.

2. In the Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Rules, 1996, in rule 3, in sub-rule (3), in clause (1), for sub-clause (b), the following shall be substituted, namely:—

"(b) a sonologist or imaging specialist or registered medical practitioner having Post Graduate degree or diploma or six months training duly imparted in the manner prescribed in the "the Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) (Six Months Training) Rules, 2014; or".

[F No. N.24026/60/2008-PNDT]

Dr. RAKESH KUMAR, Jt. Secy.

Note: - The principal notification was published in the Gazette of India, vide G.S.R 1(E), dated the 1st January, 1996 and amended, vide notification No. G.S.R 109 (E), dated the 14th February, 2003; G.S.R 426 (E), dated the 31st May, 2011; G.S.R 80 (E), dated the 7th February, 2012(w.e.f. 09.02.2012); G.S.R 418 (E), dated the 4th June, 2012(w.e.f. 05.06.2012).

अधिसूचना

नई दिल्ली, 9 जनवरी, 2014

सा.का.नि. 14 (अ).—केन्द्रीय सरकार गर्भधारणपूर्व और प्रसवपूर्व निदान–तकनीक (लिंग चयन प्रतिषेध) अधिनियम, 1994 (1994 का 57), की धारा 32 उप–धारा (2) के खंड(i) द्वारा प्रदत्त शक्तियों का प्रयोग करते हुए निम्नलिखित नियम बनाती है, अर्थात्:–

1. ***संक्षिप्त नाम और प्रारंभ*** – (1) इन नियमों का संक्षिप्त नाम गर्भधारण पूर्व और प्रसवपूर्व निदान–तकनीक (लिंग चयन प्रतिषेध) (छह मासिक प्रषिक्षण) नियम, 2014 हैं ।

2. ये राजपत्र में इनके प्रकाशन की तारीख को प्रवृत्त होंगे ।

(2) ***परिभाषाएं :*** इन नियमों में जब तक संदर्भ अन्यथा अपेक्षित न हो,–

(क) "अधिनियम" से, गर्भधारण पूर्व एवं प्रसवपूर्व निदान–तकनीक (लिंग चयन प्रतिषेध) अधिनियम, 1994 (1994 का 57) अभिप्रेत है;

(ख) "मूल नियम" से, गर्भधारण पूर्व एवं प्रसवपूर्व निदान–तकनीक (लिंग चयन प्रतिषेध) नियमावली, 1996 अभिप्रेत है;

(ग) "छह मासिक प्रशिक्षण" से इन नियमों के अधीन दिया गया प्रशिक्षण अभिप्रेत है;

(घ) "पाठ्य विवरण" से, अनुसूची 1 में दिए गए पाठ्य विवरण अभिप्रेत है;

(ङ) "लॉग बुक और निर्धारण" से, अनुसूची 2 में यथाविनिर्दिष्ट लॉगबुक और निर्धारण अभिप्रेत है;

(च) उन षब्दों और पदों के, जो इसमें प्रयुक्त है; और इन नियमों में परिभाषित नही है किंतु यथास्थिति, अधिनियम या मूल नियमों में परिभाषित हैं, वही अर्थ होंगे जो उस अधिनियम या मूल नियम हैं।

3. ***अल्ट्रासोनोग्राफी में छह मासिक प्रशिक्षण का नामपद्धति*** – इन नियमों के अधीन दिए जाने वाले छह मासिक प्रशिक्षण को "उदरीय श्रोणि अल्ट्रासोनोग्राफी के मूलभूतः एम.बी.बी.एस. डॉक्टरों के लिए स्तर एक" के रूप में जाना जाएगा।

4. ***प्रशिक्षण की अवधि*** – प्रशिक्षण के किसी प्रमाणपत्र को प्राप्त करने के लिए प्रशिक्षण की अवधि 300 घंटे होगी।

5. ***छह मासिक प्रशिक्षण की पाठ्यक्रम के घटक*** – (1) प्रशिक्षण पाठ्यचर्या के निम्नलिखित मुख्य घटक होंगेः

(क) रजिस्ट्रीकृत चिकित्सा व्यवसायी को ज्ञान, वृतिक कौषल, रूख और नैदानिक सक्षमता के साथ सिद्धांत आधारित ज्ञान से सज्जित करने के लिए;

(ख) कौषल आधारित ज्ञान;

(ग) लॉग बुक और निर्धारण।

(2) उक्त छह मासिक प्रशिक्षण के लिए व्यापक पाठ्य विवरण अनुसूची 1 में यथाविनिर्दिष्ट है।

(3) लॉगबुक और निर्धारण से संबंधित ब्यौरे अनुसूची 2 में यथाविनिर्दिष्ट हैं।

6. ***प्रशिक्षण के लिए पात्रता*** – (1) कोई रजिस्ट्रीकृत चिकित्सा व्यवसायी उक्त छह मासिक प्रशिक्षण को करने के लिए पात्र होगा।

(2) ऐसे विद्यमान रजिस्ट्रीकृत चिकित्सा व्यवसायी जो एक वर्ष के अनुभव या छह मासिक प्रशिक्षण के आधार पर किसी जननिक क्लीनिक या अल्ट्रासाउंड क्लीनिक या इमेजिंग केन्द्र में अल्ट्रासाउंड की प्रकिया को संचालित कर रहे हैं उक्त प्रषिक्षण को करने से छूट प्राप्त होगी परंतु वे अनुसूची 2 में विनिर्दिष्ट सक्षमता आधारित निर्धारण अर्हित होने के लिये योग्य है और उक्त सक्षमता आधारित परीक्षा को पूर्ण करने में असफल होने की दषा में रजिस्ट्रीकरण के नवीकरण के प्रयोजन के लिए, उनसे इन नियमों के अधीन यथा उपबंधित छह मासिक प्रषिक्षण पूरा करना अपेक्षित होगा।

7. ***छह मासिक प्रशिक्षण और इसकी मान्यता के लिए संस्थानों का प्रत्यायन*** – (1) निम्नलिखित षिक्षण संस्थानों छह मासिक प्रशिक्षण देने के लिए प्रषिक्षण केन्द्रों के रूप में प्रत्याक्षित किए जाएंगे अर्थात् :–

(क) संसद के अधिनियमों के अंतर्गत स्थापित उत्कर्ष केंद्र;

(ख) प्रसूति–विज्ञान या स्त्री रोग विज्ञान और विकिरण–चिकित्सा विज्ञान में स्नातकोत्तर कार्यक्रम की प्रस्थापना करने वाले भारतीय आयुर्विज्ञान परिषद् द्वारा मान्यताप्राप्त संस्थान;

(ग) प्रसूति विज्ञान व स्त्री रोग विज्ञान और विकिरण–चिकित्सा विज्ञान में पूर्णकालिक आवासीय डीएनबी प्रोग्राम की प्रस्थापना करने वाले संस्थान।

(2) राज्य स्वास्थ्य चिकित्सा शिक्षा विभाग द्वारा इस प्रयोजन के लिए मान्यताप्राप्त संस्थानों के नाम राज्य–वार अधिसूचित किए जाएंगे।

परंतु छह मासिक प्रशिक्षण देने के लिए मान्यताप्राप्त शिक्षण संस्थान, षीर्ष नियंत्रक निकाय जैसे भारतीय आयुर्विज्ञान परिषद् या राष्ट्रीय परीक्षा बोर्ड के अनुसार संकाय सहित अवसंरचना, उपस्कर और जनशक्ति, मानकों का अनुरक्षण करेंगे।

8. ***छात्रों का चयन*** – (1) ऐसे प्रशिक्षण में प्रवेष के लिए रजिस्ट्रीकृत चिकित्सा व्यवसायी का चयन और भर्ती निम्नलिखित मापदंडों के आधार होगी :

(क) ऐसे प्रशिक्षण में प्रवेश के लिए भर्ती छात्र षिक्षक के 1:1 अनुपात में होगा और विकिरण चिकित्सा विभाग में प्रषिक्षण दिया जाएगा।

(ख) राज्य स्नातकोत्तर प्रवेश परीक्षा की योग्यता सूची के अनुसार चयन होगा।

(ग) सेवारत अभ्यर्थियों के लिए 20 प्रतिशत आरक्षण।

9. ***परिवर्तित मापदंडों को भविष्यलक्षी बनाया जाना*** –नए रजिस्ट्रीकरण की दषा में, ये नियम तत्काल प्रभाव से प्रवृत होंगे। तथापि, वे सभी रजिस्ट्रीकृत चिकित्सा व्यवसायी जो एक वर्ष के अनुभव या छह मासिक प्रषिक्षण के आधार पर आनुवंशिकी निदानषाला या अल्ट्रासाउंड निदानषाला अथवा इमेजिन्ग केंद्र में नियोजित हैं और अनुसूची 2 में यथाविनिर्दिष्ट सक्षमता आधारित परीक्षायें अर्हित करने में असफल रहते हैं; को आवेदन करना होगा और 01 जनवरी, 2017 तक या उससे पूर्व छह मासिक प्रषिक्षण उत्तीर्ण करना होगा।

10. ***प्रशिक्षण के लिए फीस संरचना*** – (1) छह मासिक प्रशिक्षण के संचालन के लिए प्रशिक्षण फीस 20,000 रुपये से अधिक नहीं होगी।

(2) ऐसे रजिस्ट्रीकृत चिकित्सा व्यवसायी जो किसी आनुवंशिक निदानषाला या अल्ट्रासाउंड निदानषाला अथवा ईमेजिंग केंद्र में अल्ट्रासोनोग्राफी संचालन के लिए पहले से ही रजिस्ट्रीकृत हैं और उनसे सक्षमता आधारित मूल्यांकन उत्तीर्ण करना अपेक्षित होगा, फीस 10,000 रुपये से अधिक नहीं होगी।

(3) सेवारत रजिस्ट्रीकृत चिकित्सा व्यवसायी के लिए फीस संरचना या अधित्यजन का संबंधित राज्य सरकारों द्वारा विनिष्चय किया जाएगा।

11. ***कर्मचारिवृंद संकाय*** – (1) रजिस्ट्रीकृत चिकित्सा व्यवसायी के लिए उक्त छह मासिक प्रशिक्षण का संचालन करने वाले संस्थान जो उक्त प्रशिक्षण कार्यक्रम के लिए क्रमषः नियन्त्रक निकायों से पूर्ण अवधि संकाय के रूप में मान्यताप्राप्त हो विकिरण–चिकित्सा विज्ञान या प्रसूति विज्ञान अथवा स्त्री रोग विज्ञान में स्नातकोत्तर षिक्षकों की नियुक्ति करेगा।

(2) डीन या क्रमषः षिक्षण संस्थानों के प्रमुख प्रषिक्षण कार्यक्रम को सम्पूर्ण मॉनीटर करने के लिए उत्तरदायी होंगे।

12. ***मानीटर करने की अपेक्षाएं***– छह मासिक प्रशिक्षण देने वाले प्रशिक्षण संस्थानों की मॉनीटरी संबंधित शीर्ष विनियामन नियन्त्रक निकायों के द्वारा अधिकथित विद्यमान सन्नियमों के अनुसार होगी।

13. ***सक्षमता आधारित मूल्यांकन*** – छह मासिक प्रशिक्षण के अंत में अंतिम सक्षमता आधारित मूल्यांकन अनूसूची 2 में विनिर्दिष्ट तंत्र के अनुसार किया जाएगा।

14. ***प्रशिक्षण प्रमाणपत्र की विधिमान्यता*** – किसी भी राज्य से प्राप्त प्रशिक्षण प्रमाणपत्र सभी राज्यों में अधिनियम के अधीन रजिस्ट्रीकरण के प्रयोजन के लिए लागू होगा।

अनुसूची–I

उदर श्रोणीय अल्ट्रासोनोग्राफी में मूलभूत सिद्धांत : *लेवल एक एमबीबीएस डॉक्टरों के लिए 6 महीने का पाठ्यक्रम*

अल्ट्रासोनोग्राफी का पाठ्य विवरण

यह प्रशिक्षण, व्यक्तियों को, एक समुचित और सुरक्षित तरीके से अल्ट्रासाउंड प्रतिरूपण का इस्तेमाल करने के लिए ज्ञान, व्यावसायिक कौशलों, मनोवृत्तियों और नैदानिक सक्षमताओं से लैस करेगा।

प्रशिक्षण के मोटे तौर पर निम्नलिखित दो घटक होंगेः

1. ज्ञान आधारित

सैद्धांतिक पाठ्यक्रम – अल्ट्रासाउंड के भौतिक–विज्ञान, अल्ट्रासाउंड मशीनों और जांचों, अल्ट्रासाउंड को इस्तेमाल करने के तरीके, प्रसव पूर्व निदान तकनीक अधिनियम, अल्ट्रासाउंड के विधियों, चिकित्सा–विधिक पहलुओं, प्रणाली विज्ञान, मरीज की तैयारियों, प्रथम, द्वितीय और तृतीय तिमाही में इस्तेमाल सहित संपूर्ण प्रासविक अल्ट्रासाउंड, आशंकित गर्भपात का निदान, एकटॉपिक गर्भावस्था, जीवमिति, असामान्यता स्कैनिंग, इंट्रा–यूटेराइन ग्रोथ रिटार्डेशन (आईयूजीआर), बीजाण्डासन मूल्यांकन, एमनियोटिक फ्लुइड मूल्यांकन, कलर डोपलर इस्तेमाल और 3डी एवं 4डी अल्ट्रासाउंड, महिला श्रोणी का मूल्यांकन करने और बांझपन का मूल्यांकन करने में संपूर्ण स्त्रीरोग–विज्ञान के इस्तेमालों पर व्याख्यान कवर करेगा।

2. कौशल आधारित

(1) दो आयामी प्रतिरूपण और तीन आयामी संरचना में स्पष्ट रूप से देखने की योग्यता।

(2) हाथ–आँख का समन्वय।

(3) पर्यवेक्षण आवश्यक है।

सारांश सूचीकरण

1. ज्ञान–आधारित : सिद्धांत का पाठ्यक्रम

उपरोक्त पाठ्य विवरण के सैद्धांतिक पाठ्यक्रम में दिए गए विषय कवर करने के अलावा, कम से कम निम्नलिखित शामिल होः

(क) अल्ट्रासाउंड जांच के सिद्धांत

(i) भौतिक–शास्त्र, शल्यकर्म और सुरक्षा

(ii) अल्ट्रासाउंड प्रणालियां और जांच

(iii) शल्यकर्म और नियंत्रण पैनल

(ख) अल्ट्रासाउंड स्कैनिंग करना

(i) सहमति

(ii) संरक्षिका

(iii) गोपनीयता

(iv) संक्रमण नियंत्रण

(v) जांच तकनीक : जांच क्रियाएं और प्रतिरूपण अभिमुखीकरण।

(ग) सामान्य श्रोणीय शरीर रचना—विज्ञान

(i) सामान्य गर्भाशय, अण्डाशय, एंडोमेट्रियम और श्रोणी की अल्ट्रासाउंड स्कैन दिखावट।

(ii) रजोधर्म चक्र के दौरान एंडोमेट्रियम और अण्डाशय संबंधी परिवर्तन।

(iii) श्रोणीय संरचनाओं के आयामों को मापने का तरीका।

(iv) एंडोमेट्रियम मोटाई का माप।

(घ) प्रारंभिक गर्भावस्था

(i) प्रारम्भिक गर्भावस्थाएं भ्रूण, बीजाण्डासन, अंग संचालन आयु, दोहरा गर्भावस्था में अल्ट्रासाउंड स्कैन दिखावट

(ii) प्रारम्भिक गर्भावस्थाएं के जटिलताओं का अभिज्ञान और निदान जिसके अंतर्गत निम्नलिखित होंगे :—

(क) अधिक—गर्भाषय गर्भावस्था

(ख) अधिक—गर्भाषय गर्भावस्था

(ग) गर्भपात

(घ) गर्भागमन को निरोध करने का प्रबंधन

(ङ) श्रोणीय रोग—विज्ञान की पहचान या अभिज्ञान

(i) अतिरज, अंतररजोधर्म रक्तस्राव, रजोधर्म के पश्चात रक्तस्राव के नियंत्रण में अल्ट्रासाउंड स्कैन का इस्तेमाल।

(ii) बहुकृमिकोषीय बीजाण्डासनों, गर्भाशयन के फाइब्रॉयड्स, ग्रंथ्याभ तारासंकुचन और ग्रंथ्याभमेटरियल पॉलिप्स में अल्ट्रासाउंड स्कैन दिखावटें।

(iii) अण्डाशयी कृमिकोष—कॉरपस ल्यूटेयम, साधारण और जटिल कृमिकोषों और पुंजों की अल्ट्रासाउंड दिखावटें।

(iv) जटिल अण्डाशयी पुंज या अणडशयी स्क्रीनिंग

(क) रजोनिवृत्त महिलाओं में एंडोमेट्रियल रोग—विज्ञान।

(ख) परिपक्वता बीजपोषक अर्बुद।

(ग) चिरकालिक श्रोणीय दर्द।

(घ) सहायताप्राप्त गर्भधारण के लिए बांझपन और फॉलिक्यूलर ट्रैकिंग में ट्यूबल प्राकट्य का मूल्यांकन

(ङ) भ्रंश, असंयम और गुदा संबंधी अवरोधिनी परिवर्तनों का मूल्यांकन।

(च) प्रजनक औषधि

(i) एंडोमेट्रियम पर गर्भनिरोधक हारमोनों और रजोधर्म का प्रभाव।

(ii) अंतःगर्भाशयी यंत्र या अंतः गर्भाशयी प्रणाली और इंपलानॉन पोजीषन के अभिज्ञान में अल्ट्रासाउंड स्कैन का इस्तेमाल।

टिप्पण: किसी सैद्धांतिक पाठ्यक्रम में उपस्थिति अनिवार्य है। सैद्धांतिक पाठ्यक्रम में किसी हैंड—ऑन घटक का शामिल होना आवश्यक नहीं है।

II. कौशल आधारित

(क) मूलभूत प्रतिरूपण कौशल

(i) मशीन का सेट–अप

(ii) स्कैन के लिए परामर्श

(iii) उदरपारीय बनाम योनिकपारीय मार्ग तय करना

(iv) जांच की पसंद।

(v) मरीज को अवस्थित करना।

(vi) अभिमुखीकरण।

(vii) सामान्य एंडोमेट्रियम की पहचान करना।

(viii) सामान्य मायोमेट्रियम की पहचान करना।

(ix) सामान्य अण्डाशयों की पहचान करना।

(x) ग्रीवा लंबाई मापना।

(xi) प्रतिरूप रिकार्ड करना।

(xii) नोट कीपिंग और प्रलेखन।

(ख) प्रारंभिक गर्भावस्था

(i) व्यहवार्यता की पुष्टि करना।

(ii) गर्भावस्था तारीख।

(iii) कॉरपस ल्यूटियम कृमिकोष का निदान करना।

(iv) बहुत गर्भावस्था का निदान करना।

(v) जरायु/युग्मता निर्धारित करना।

(vi) पश्चगमन बीजाण्डासन हिमेटोमा का पता लगाना।

(vii) एम्ब्रियोनिक गर्भावस्था का निदान करना।

(viii) असफल गर्भपात का निदान करना।

(ix) गर्भधारण के निदान अवधारित परिणाम।

(x) विफल गर्भावस्था के लिए परामर्श।

(xi) एकटॉपिक गर्भावस्था का निदान करना।

(ग) अतिरज

(i) उप–श्लेष्मल फाइब्रॉयड की पहचान करना

(ii) इंट्रमुरल फाइब्रॉयड की पहचान करना

(iii) सबसिरस और पेडंकुलेटेड फाइब्रॉयड की पहचान करना

(iv) एडेनोमायोसिस की पहचान करना

(घ) रजोनिवृत्ति के पश्चात और अंतर मासिक धर्म संबंधी रक्तस्राव

(i) एंडोमेट्रियल मोटाई मापना

(ii) एट्रोफिक एंडोमेट्रियम की पहचान करना

(iii) हाइपरप्लास्टिक एंडोमेट्रियम की पहचान करना

(iv) एंडोमेट्रियम पॉलिप्स की पहचान करना

(v) कार्यात्मक अंडाशय के ट्यूमरों की पहचान करना

(ङ) श्रोणीय पुंज

(i) गर्भाशय के रूप में पुंज की पहचान करना

(ii) यूनिलॉकुलर अण्डाशय पुंज की पहचान करना

(iii) जटिल अण्डाशय पुंज की पहचान करना

(iv) एसाइट्स की पहचान करना

(च) प्रजनन औषधि

(i) एंडोमेट्रियम में साइक्लिकल परिवर्तनों की पहचान करना

(ii) अण्डाशय में साइक्लिकल परिवर्तनों की पहचान करना

(iii) पॉलिसिस्टिक अण्डाशय की पहचान करना

(iv) गर्भाशय में अंतः—गर्भाशय उपकरण या अंतः—गर्भाशय प्रणाली की स्थिति का पता लगाना।

(छ) अतिरिक्त—श्रोणीय स्कैन्स

(i) इम्पलानॉन की सामान्य स्थिति की पहचान करना

(ii) गैर—पल्पेबल इम्पानॉन का पता लगाना

(ज) विषय—वस्तु — भाग एक

(i) इंस्ट्रूमेंटेशन और मूलभूत सिद्धांत

(ii) व्यावहारिक अनुप्रयोगों के लिए भौतिक विज्ञान

(iii) जांच की तकनीकें

(iv) उदरपारीय और यौनिक—पारीय स्कैन

1. **ज्ञान आधारित** — (1) अल्ट्रासाउंड जांच के सिद्धांत

(i) भौतिकशास्त्र

(ii) सुरक्षा

(iii) मशीन का सेटअप और प्रचालन

(iv) मरीज की देखभाल

(v) रिपोर्ट लेखन के सिद्धांत

(vi) सहमति

(2) अकाउस्टिक्स, ऐटेनुएशन, अंतर्लयन, परावर्तन, ध्वनि की गति से सुसंगत सिद्धांत;

(3) नाड़ी वाले और निरंतर तरंग अल्ट्रासाउंड बीमों का तंतुओं पर प्रभाव; जीवविज्ञान संबंधी प्रभाव; तापीय और गैर—तापीय, सुरक्षा;

(4) चिकित्सा उपकरणों के मूलभूत प्रचालन सिद्धांत

(5) ट्रांसड्यूसरों के प्रकार।

2. **कौशल संबंधी सेट** — (1) अल्ट्रासाउंड नियंत्रणों का इस्तेमालः

(i) सिगनल प्रोसेसिंग — ग्रे स्केल — टाइम गेन कंपनसेशन, अकाउस्टिक आउटपुट संबंध

(ii) आर्टेफैक्ट्स, व्याख्या और बचना — रिवरबेरेटेशन — साइड लॉब्स — एज संबंधी प्रभाव — पंजीकरण — शैडोइंग — वृद्धि

(iii) मापन प्रणालियां — लिनियर, परिधि, क्षेत्रफल और आयत — डोपलर अल्ट्रासाउंड — प्रवाह

(iv) प्रतिरूपण रिकार्डिंग, भंडारण और विश्लेषण

(v) एकाउस्टिक आउटपुट सूचना की व्याख्या और इसकी नैदानिक सुसंगतता

(vi) मरीज संबंधी सूचना और तैयारी संबंधी रिपोर्टिंग

(झ) विषय–वस्तु – भाग दो

(i) उदर, श्रोणि और फेटस का अल्ट्रासाउंड शरीररचना–विज्ञान

(ii) उदर–श्रोणि पर यथा अनुप्रयुक्त, संक्षेप में भ्रूण–विज्ञान या रोग शरीरक्रिया–विज्ञान

1. ज्ञान आधारित

(i) पूरे रजोधर्म चक्र में एंडोमेट्रियम, मायोमेट्रियम और अंडाशयों के सामान्य अल्ट्रासाउंड दिखावटों का ज्ञान

(ii) गर्भाशय, एंडोमेट्रियम मापने के लिए तकनीकों को समझना

(iii) अंडाशयों और ऐडनेक्सा की सामान्य अल्ट्रासाउंड दिखावटों का ज्ञान

(क) स्त्रीरोग–विज्ञान संबंधी असामान्यताएं : गर्भाशय

(i) फाइब्रॉयड्स और एडेनोमियोसिस की अल्ट्रासाउंड दिखावटों का ज्ञान

(ii) एंडोमेट्रियल रोग–विज्ञान का ज्ञान

(iii) अंतः–गर्भाशय गर्भनिरोधक यंत्र का अंतःस्थापन

(ख) स्त्रीरोग–विज्ञान संबंधी असामान्यताएं : अंडाशय घाव

(i) अंडाशय और पारा–अंडाशय घावों के विभेदक निदान का ज्ञान

(ii) सामान्य अंडाशय संबंधी दिखावटों जैसे पॉलिसिस्टिक अंडाशय के विशेष प्रकार के अल्ट्रासाउंड निष्कर्षों का ज्ञान

(iii) अंडाशय के कैंसर की अल्ट्रासाउंड संबंधी विशेषताओं और उन्नत रोग की विशेषताओं का ज्ञान

(ग) अतिरिक्त अंडाशय के घाव

(i) चिरकालिक श्रोणीय दर्द में अल्ट्रासाउंड संबंधी जांच करने के सिद्धांतों का ज्ञान

(ii) एंडोमेट्रियोसिस और श्रोणीय अभिवृद्धि की विशेष प्रकार की आकृति–विज्ञान संबंधी विशेषताओं का ज्ञान

(घ) उदर की अल्ट्रासोनोग्राफी संबंधी शरीररचना–विज्ञान

(i) ज्ञान–आधारित – सामान्य दिखावट

(ii) आमतौर पर पाई जाने वाली असामान्यताएं

(iii) बड़े पैमाने पर घावों की रिपोर्टिंग

(iv) माप – विशिष्ट स्थान और उचित तकनीकें

2. कौशल संबंधी सेट

(i) गर्भाशय, अंडाशयों, ऐडनेक्सा और डगलस के पाउच की जांच और निरंतर रूप से पता लगाने की योग्यता।

(ii) संयुक्त पिल और अन्य हारमोन संबंधी तैयारियों के प्रति एंडोमेट्रियल प्रत्युत्तरों और साइक्लिकल एंडोमेट्रियल परिवर्तनों का मूल्यांकन करने की योग्यता।

(iii) सही–सही एंडोमेट्रियल मोटाई मापने और गर्भाशय के आकार का मूल्यांकन करने की योग्यता।

(iv) मासिक धर्म चक्र के दौरान अंडाशय और ऐडनेक्सा में कार्यरत परिवर्तनों और अंडाशय के आयतन का मूल्यांकन करने की योग्यता : फॉलिक्यूलर दिखावटें, कोरपोरा लुटिया के आकृति—विज्ञान में भिन्नता, कार्यात्मक कृमिकोष, डगलस के पाउच में फ्लुइड।

(v) गर्भाशय के फाइब्रॉयडों का निदान करने, उनका आकार मापने और एंडोमेट्रियल कैविटी के साथ उनके संबंध का मूल्यांकन करने, नैदानिक संलक्षणों के साथ अल्ट्रासाउंड निष्कर्षों का सह—संबंध बैठाने की योग्यता।

(vi) फाइब्रॉयड्स और ऐडेनोमायोसिस का मूल्यांकन करने और जहां कहीं संभव हो, उनमें अंतर करने की योग्यता।

(vii) नैदानिक संदर्भ में एंडोमेट्रियल मोटाई के माप की व्याख्या करने की योग्यता।

(viii) स्थानीय और वैश्विक एंडोमेट्रियल मोटाई के बीच अंतर करने की योग्यता।

(ix) अंतःगर्भाशय, गर्भनिरोधक उपकरण और गर्भाशय के अंदर इसकी स्थिति की पहचान करने में योग्य होना।

(x) श्रोणीय घाव के मूल का सही—सही पता लगाने और नैदानिक संदर्भ में इसकी व्याख्या करने की दृष्टि से पल्पेशन के साथ संयुक्त अल्ट्रासाउंड जांच करने की योग्यता।

(xi) औसत व्यास और आयतन सहित ऐडनेक्सल घावों के आकार का मूल्यांकन करने की योग्यता।

(xii) एक प्रणालीबद्ध तरीके से ऐडनेक्सल घावों के मूल्यांकन करने की योग्यता। ऐडनेक्सल घावों की सोनोग्राफिक विशेषताओं का वर्णन करने के लिए मानकीकृत शब्दों और परिभाषाओं की जानकारी।

(xiii) केवल वस्तुनिष्ठ मूल्यांकन पर आधारित सामान्य कार्यात्मक और हेमोरजिक सिस्टों, पॉलिसिस्टिक अंडाशयों, डरमॉइड्स तथा एंडोमेट्रियोमास का निदान करने की योग्यता।

(xiv) असामान्य श्रोणीय फ्लुइड/एसाइट्स को पहचाानने की योग्यता।

(xv) श्रोणीय दर्द के विभेदक निदान में सुविधा प्रदान करने की दृष्टि से एक अच्छा नैदानिक इतिवृत्त लेने की योग्यता।

(xvi) योनिकपारीय अल्ट्रासाउंड स्कैन पर डगलस के पाउच सहित श्रोणीय अंगों की कोमलता और गतिशीलता का मूल्यांकन करने की योग्यता।

(xvii) अल्ट्रासाउंड स्कैन पर अंडाशय ऐडोमेट्रियोमास, हाइड्रोसलपिंग्स, श्रोणीय अति वृद्धियों के परिणाम और उदरीय सुडोसिस्ट की पहचान करने की योग्यता।

(क) (1) स्त्रीरोग—विज्ञान संबंधी अल्ट्रासाउंड

(i) सही—सही माप

(ii) स्वीकार किए गए सैजिटल प्लेन में एंडोमेट्रियम।

(iii) ऐडनेक्सल घावों का मूल्यांकन : सामान्य अंडाशयों, सामान्य फैलोपियन ट्यूब, सामान्य श्रोणीय फ्लुइड की सही—सही पहचान।

(iv) सामान्य और असामान्य ऐडनेक्सल संरचनाओं का सही—सही माप : माध्यमिक व्यास और आयतन।

(v) सामान्य एंडोमेट्रियल और मायोमेट्रियल असामान्यताओं की पहचान करना और मूल्यांकन करना।

(vi) अंडाशय संबंधी सामान्य असामान्यताओं की पहचान करना और मूल्यांकन करना।

(vii) जटिल अंडाशय पुंजों की पहचान करना और मूल्यांकन करना और समुचित ढंग से संदर्भित करना।

(viii) मरीजों को सामान्य परिणाम संसूचित करना।

(ix) मरीजों को समसुचित असामान्य परिणाम संसूचित करना।

(x) परिणामों की व्याख्या और लिखित सारांश प्रस्तुत करना।

(xi) संरचित लिखित रिपोर्ट जारी करना।

(xii) व्याख्या या समुचित अनुवर्तन की व्यवस्था करना।

(2) कौशल संबंधी सेट

(i) उदरीय संरचना की निरंतर पहचान करने और जांच करने की योग्यता

(ii) सामान्य की पहचान करना।

(iii) सामान्य रोगविज्ञान संबंधी घावों की पहचान करना।

(iv) आगे राय कब और कैसे प्राप्त करनी।

(ख) यकृत और तिल्ली या पित्तीय प्रणाली या पित्ताशय या अग्नाशय

मरीज की तैयारी और स्कैनिंग की तकनीकें

– सोनोग्रफिक शरीररचना–विज्ञान

(i) **यकृत** – यकृत रोग, वर्द्धित यकृत, ग्रेड्स समाप्त करना। तीव्र हेपाटाइटिस, सिरोसिस और पोर्टल हाइपरटेंशन, फोकल मास घाव – कृमिकोषीय घाव या ठोस घाव।

(ii) **तिल्ली** – स्पलिनोमेगाली या फोकल स्पलेनिक मास – सॉलिड मास, कृमिकोष, सबफ्रैनिक एब्सेस

(iii) **पित्ताशय** – कोलेलीथाइसिस या कैलकुलि या ऐटिपिकल कैलकुलस या पिटफाल्स से भरा हुआ पित्ताषय ।

(iv) **अग्नाशय** – सूजन वाला तीव्र पैनक्रियाटाइटिस (पैनक्रियाटिक और एक्स्ट्रापैनक्रियाटिक अभिव्यक्ति)

(क) सिडोसिस्ट या चिरकालिक पैनक्रियाटाइटिस या अर्बुद (ठोस या कृमिकोषीय दिखाई देने वाला)

(ग) प्रॉस्टेट

(i) सोनोग्राफिक शरीररचना–विज्ञान (प्रॉस्टेट, सेमिनल वेसिकल्स)

(ii) तकनीक (उदरपारीय एप्रोच)

(iii) केंद्रीय भाग या परिधीय भाग का पता लगाना या प्रॉस्टेट के आयतन के माप का पता लगाना।

(iv) रोग–विज्ञान

(क) सुसाध्य अति वृद्धि प्रॉस्टैटिस

(ख) प्रॉस्टैटिक ऐबसेस, प्रॉस्टेट का कैंसर

(घ) मूत्र मार्गीय प्रणाली

गुर्दे और मूत्रवाहिनी – स्कैनिंग तकनीक

(ङ) गुर्दे

(i) सोनोग्राफिक शरीररचना–विज्ञान

(ii) इकोजेनेसिटी, कॉर्टिकोमेडोलरी सीमांकन, रीनल साइनस, हाइपरट्रॉफाइड

(iii) बर्टिन का कॉलम

(iv) मूत्रवाहिनियों में जन्मजात असामान्यताएं (ऐजेनेसिस, एक्टोपिया, डुप्लेक्स, कलेक्टिंग सिस्टम और यूरेट्रोसेल)

(v) कैलकुलस का हाइड्रोनेफ्रोसिस या गुर्दे की पथरी या संक्रमण या अर्बुद या पथरी की नकल।

(vi) सोनोग्राफिक दिखावट या ऐंजयोलिकोमा का नेफ्रोकैल्सिनोसिस या पिएलोनैफ्रोटिस, यनिफ्रोसिस, रीनल और पेरिनेफ्रिक एब्सेस, चिरकालिक येलोनेफ्रिटिस या तपेदिक या रीनल सेल कार्सिनोमा, स्पेक्ट्रम।

(vii) सुसाध्य कृमिकोषीय घाव (सामान्य प्रान्तस्थ कृमिकोष, जटिल प्रान्तस्थ कृमिकोष, पारापेल्विक कृमिकोष)।

(viii) बहुत कृमिकोषीय गुर्दा रोग।

(च) मूत्राशय

(i) पित्ताशय की पथरी, पित्ताशय आयतन का माप

(ii) पित्ताशय वाल (मोटाई मापने की तकनीक)

(iii) पित्ताशय मास, कृमिकोषीयशोथ

(ञ) विषय—वस्तु — भाग तीन : सभी तिमाहियों में प्रसूतिविज्ञान स्कैनिंग के मूल सिद्धांत और व्याख्या — 3 मॉड्यूल्स

I. मॉड्यूल 1 — प्रारंभिक गर्भावस्था : प्रारंभिक गर्भावस्था की उदरपारीय अल्ट्रासाउंड जांच

मॉड्यूल के उद्देश्य:

(i) प्रशिक्षणार्थियों को आदर्श मशीन सेटअप और उदरपारीय जांच के इस्तेमाल की जानकारी होना (जांच अभिमुखीकरण सहित)

(ii) 8—12 सप्ताहों के बीच की परिपक्व अवधि के उदरपारीय स्कैनिंग का इस्तेमाल करके एक मूलभूत 'डेटिंग स्कैन' करने में सक्षमता प्राप्त करना।

(iii) इस संबंध में एक तीव्र जागरूकता को प्रोत्साहित करना कि प्रारंभिक गर्भावस्था में उदरपारीय मार्ग का इस्तेमाल करके कैसे देखा जा सकता है और कैसे नहीं देखा जा सकता।

(क) ज्ञानार्जन संबंधी परिणाम

उचित ढंग से निम्नलिखित कार्य करने में समर्थ होना:

(i) अंतःगर्भाशय गर्भावस्था की अल्ट्रासाउंड संबंधी पहचान।

(ii) हृदय संबंधी गतिविधि की अल्ट्रासाउंड संबंधी पहचान।

(iii) मूलभूत प्रथम तिमाही की जीवमिति

(iv) आवश्यकता के अनुसार रेफरल

(ख) ज्ञान आधारित

(i) सामान्य आरंभिक गर्भाशय की रूपात्मक विशेषताएं समझना।

(ii) पहली तिमाही में हृदयीय गतिविधि का शरीरक्रिया—विज्ञान समझना।

(iii) परिपक्वता कोश व्यास और क्राउन—रम्प लंबाई मापों के सिद्धांत समझना।

(iv) सामान्य अंतःगर्भाशयी परिपक्वता कोश और कृत्रिम कोश के बीच अंतरों के सिद्धंत समझना।

(v) ऐसी नैदानिक समस्याएं समझना जो हो सकती हैं अर्थात् खाली पित्ताशय, मोटी महिलाएं और बड़े गर्भाशय फाइब्रॉइड्स वाली महिलाएं।

(vi) यह जानना कि योनिकपारीय स्कैन के लिए कब संदर्भित किया जाना है ?

(ग) बहुलता का निदान समझना

(i) गर्भावस्था, जरायु और ऐमनियोनिसिटी।

(ii) गर्भपात का निदान करने के मापदंड समझना।

(iii) इकटॉपिक गर्भावस्था के अल्ट्रासाउंड निदान के सिद्धांत समझना।

(iv) अज्ञात स्थान की गर्भावस्था वाली महिलाओं का प्रबंधन समझना।

(v) चर्वण के संदेह वाले नैदानिक और अल्ट्रासाउंड निष्कर्षों का ज्ञान।

(घ) कौशल संबंधी सेट

(i) एक सामान्य स्थिति की विशेषताओं का पता लगाने की योग्यता।

(ii) परिपक्वता कोश और उसके अंतःगर्भाशय स्थान की पुष्टि करना।

(iii) परिपक्वता कोश का आकार और क्राउन–रम्प लंबाई मापने की योग्यता।

(iv) बी–मोड का इस्तेमाल करके प्रारंभिक हृदयीय गतिविध का पता लगाने की योग्यता।

(v) फीटल संख्या का पता लगाना।

(vi) आरंभिक भ्रूणीय मृत्यु का अल्ट्रासाउंड निदान।

(vii) संदिग्ध इकटॉपिक गर्भावस्था वाली किसी महिला का अल्ट्रासाउंड मूल्यांकन।

(viii) विश्वास के साथ बहुल गर्भावस्था का निदान स्थापित करने और जरायु तथा ऐमनियोनिसिटी का मूल्यांकन करने की योग्यता।

(ix) परिपक्वता कोश आकार और/या क्राउन–भ्रूणीय मृत्यु का निदान करने की योग्यता। अपूर्ण गर्भपात वाली महिलाओं में गर्भधारण अवधारित फलों की पहचान, मूल्यांकन करना और मापना।

(x) नैदानिक रूपात्मक और जीवरसायन संबंधी निष्कर्षों का सहसंबंध स्थापित करने की योग्यता।

(xi) एक क्रमबद्ध और प्रभावी तरीके से एडनेक्सा का मूल्यांकन करने और एक नैदानिक संदर्भ में निष्कर्षों की व्याख्या करने की योग्यता। कोरपोरा ल्यूक्टिया का स्थान और संख्या का पता लगाना।

(xii) नलाकार और गैर–नलाकार इकटॉपिक गर्भावस्था की पहचान करना और पीतक कोश या किसी भ्रूण की मौजूदगी की जांच करना। आलस के पाउच में फ्लुइड की मात्रा और गुणवत्ता का मूल्यांकन करना।

(xiii) निदान की पुष्टि और अन्य प्रबंधन के साथ सहायता प्राप्त करना।

(xiv) सक्षमता की सीमाओं का अभिज्ञान।

(xv) अपनी योग्यता की सीमाएं जानना और यह जानना कि आगे राय, मापने के सही–सही प्रलेखन के लिए कब संदर्भित करना है।

(xvi) लिखित सारांश प्रस्तुत करना और परिणामों की व्याख्या करना।

(xvii) मरीजों को सामान्य परिणाम संसूचित करना।

(xviii) मरीजों को असामान्य परिणाम संसूचित करना।

(xix) समुचित रेफरल, अनुवर्तन या हस्तक्षेप की व्यवस्था करना।

II. मॉड्यूल 2 – आधारभूत : भ्रूण आकार, द्रव और बीजाण्डासन का अल्ट्रासाउंड मूल्यांकन

(क) मॉड्यूल के उद्देश्यः

अवस्थिति, प्रस्तुतीकरण, बीजाण्डासन आकार और द्रव मूल्यांकन सहित दिन प्रतिदिन की प्रसूति संबंधी प्रैक्टिस में संभावित रूप से उपयोगी मूलभूत सक्षमताएं प्राप्त करना। मूलभूत जीवमिति तकनीकें पढ़ाई जाएंगी परंतु 'स्वतंत्र प्रैक्टिस' के स्तर की सक्षमता की आवश्यकता नहीं है।

(ख) ज्ञान आधारितः

1. जीवमिति

(i) विभिन्न अवस्थितियों और प्रस्तुतीकरणों की जागरूकता।

(ii) भ्रूणीय वृद्धि या शरीरक्रिया–विज्ञान।

(iii) रोग–विज्ञान

(क) अनुपात

(ख) अनुमानित भ्रूणीय भार

(ग) भ्रूण

(iv) भ्रूणीय जीवमिति या षरीर रचना विज्ञान संबंधी सीमा चिन्ह या संदर्भ चार्ट या व्याख्या (परिवर्तिला सहित)

(v) परिकलन और परिमाण

(क) अनुपात

(ख) आकलित भ्रूणीय भार

2. ऐमनियोटिक फ्लुइड

(i) ऐमनियोटिक फ्लुइड की मात्रा या शरीरक्रिया—विज्ञान या परिपक्वता या रोग—विज्ञान के साथ परिवर्तन।

(ii) अल्ट्रासाउंड माप।

(iii) व्यक्तिपरक बनाम विषयपरक।

(iv) मैक्स वर्टिकल पॉकेट या ऐमनियोटिक फ्लुइड इंडेक्स।

(v) संदर्भ चार्ट।

(vi) व्याख्या (परिवर्तिता सहित)।

(vii) ऑलिगोहाइड्रैमनिओस।

(viii) परिभाषा और एसोसिएशन्स।

(ix) पॉलिहाइड्रैमनिओस।

(x) परिभाषा और एसोसिएशन्स।

3. बीजाण्डासन

(i) स्थान का अल्ट्रासाउंड मूल्यांकन।

(ii) उदरपारीय और योनिकपारीय अल्ट्रासाउंड के लिए संकेत।

(iii) बीजाण्डासन प्राएविया।

(iv) वर्गीकरण

(v) प्रबंधन

(ग) कौशल संबंधी सेट

(i) द्वि—पार्श्विक व्यास, सिर की परिधि, उदरीय परिधि, ऊर्वस्थि लंबाई को सही—सही मापना।

(ii) चार्ट प्लांटिंग सहित मापों और अवलोकनों का सही—सही प्रलेखन।

(iii) द्रव मात्रा का मूल्यांकन।

(iv) अल्ट्रासाउंड का इस्तेमाल करके ऐमनियोटिक फ्लुइड इंडेक्स मात्रा और अधिकतम वर्टिकल गहनता का मूल्यांकन करने और उनकी व्याख्या करने में योग्य होना।

(v) ऐमनियोटिक फ्लुइड इंडेक्स को मापना।

(vi) द्रव मात्रा को मापना।

(vii) अधिकतम वर्टिकल पूल गहराई को मापना।

(viii) उदरपारीय मार्ग का इस्तेमाल करके बीजाण्डासन की स्थिति का मूल्यांकन करना।

(ix) समुचित अनुवर्तन या रेफरल की व्यवस्था करना।

(x) लिखित सामग्री प्रस्तुत करना और परिणामों की व्याख्या।

(xi) मरीजों को सामान्य परिणाम संसूचित करना।

(xii) अपनी सक्षमता की सीमाओं की जागरूकता बनाए रखना।

III. **<u>मॉड्यूल 3 – माध्यमिक</u> : सामान्य भ्रूणीय शरीररचना–विज्ञान का अल्ट्रासाउंड**

(क) मॉड्यूल के उद्देश्य:

इस मॉड्यूल का समग्र उद्देश्य यह सुनिश्चित करना है कि प्रशिक्षणार्थी भ्रूणीय शरीररचना–विज्ञान के संकेतों को समझे, सुरक्षित ढंग से और सक्षमतापूर्वक स्कैन करने और स्कैन के निष्कर्षों की रिपोर्टिंग करने में योग्य हों।

(ख) ***ज्ञानार्जन परिणाम***

प्रशिक्षणार्थी निम्नलिखित में योग्य होना चाहिए:

(i) उचित नैदानिक इतिवृत्त लेना।

(ii) मरीज की गोपनीयता, सांस्कृतिक और धार्मिक आवश्यकताओं के संबंध में समुचित वातावरण में अल्ट्रासाउंड जांच करना।

(iii) भ्रूणीय और इसके वातावरण की सामान्य रूपात्मक अल्ट्रासाउंड दिखावटों को समझना।

(iv) सामान्य भ्रूणीय शरीररचना–विज्ञान का निदान करना।

(v) सामान्य शरीररचना–विज्ञान संबंधी भिन्नताओं से परिचित होना।

(vi) उनकी सक्षमता की सीमाएं और जहां समुचित हो, सलाह प्राप्त करने की आवश्यकता को समझना।

(vii) मरीजों को परिणाम संसूचित करना।

(viii) एक संरचित रिपोर्ट लिखना।

(ix) यह सीखना कि जहां समुचित हो, मरीजों को कब रेफर करना है।

(ग) ज्ञान आधारित

(i) मानक भ्रूणीय मापन, द्वि–पार्श्विक व्यास, सिर की परिधि, उदरीय परिधि, उर्वस्थि लंबाई मापने के लिए शरीररचना–विज्ञान संबंधी सीमाचिह्न।

(ii) भ्रूणीय संरचना की सामान्य दिखावट का अभिज्ञान और भिन्न–भिन्न परिपक्वताओं पर भिन्न–भिन्न दिखावट का मूल्यांकन करना।

(iii) सामान्य असामान्यताओं की अभिज्ञान दर जानना।

(iv) ऐसे रूप में, जैसा वे समझते हैं, मरीजों को आवश्यक सूचना उपलब्ध करना।

(v) माता–पिता को दी गई सूचना और स्कैन निष्कर्ष अन्य स्वास्थ्य व्यवसायविदों को संसूचित करना।

(घ) कौशल संबंधी सेट

(i) गर्भाशय के अंदर भ्रूण की स्थिति का पता लगाना।

(ii) पता लगाने के उद्देश्य से परीक्षण करने में योग्य होना।

(iii) भ्रूणीय संरचना।

(iv) एक इष्टतम विषम स्कैन में वर्णन की गई विशेषताओं का स्थायी और व्यवस्थित ढंग से पता लगाने में योग्य होना। गुर्दे की श्रोणी के ट्रांससेरेबेलर व्यास, वेंट्रीकुलर आट्रियल व्यास और एंटेरो–पोस्टेरियर वय सहित, मानक भ्रूणीय माप, द्वि–पार्श्विक व्यास, सिर की परिधि, उदरीय परिधि, ऊर्वस्थि लंबाई लेने में योग्य होना।

(v) अंडाबीजासन के स्थान का पता लगाना।

(vi) सक्षमता की सीमाओं का अभिज्ञान।

(vii) यदि संरचनाएं स्पष्ट रूप से नहीं देखी गई हैं तो पुनः स्कैन के लिए मरीजों से समुचित ढंग से दोबारा बुलाना।

(viii) द्वि–पार्श्विक व्यास, सिर की परिधि, उदरीय परिधि, ऊर्वस्थि की लंबाई, तिरछा प्रमस्तिष्कीय व्यास और प्रमस्तिष्कीय निलयों का पार्श्विक आट्रियल व्यास का सही–सही माप लेना।

(ix) सिर और चेहरे की सामान्य शरीररचना की पुष्टि करना।

(x) रीढ़ की हड्डी की सामान्य शरीररचना की पुष्टि करना।

(xi) हृदय और वक्ष की सामान्य शरीररचना की पुष्टि करना।

(xii) उदर और सामान्य शरीररचना की पुष्टि करना।

(xiii) अंगों की सामान्य शरीरचना पुष्टि करना।

(xiv) असामान्यता स्कैन पूरा करना

(xv) सामान्य संरचनात्मक असामान्यताओं का अभिज्ञान।

(xvi) अण्डाबीजासन का पता लगाना और मूल्यांकन करना।

(xvii) द्रव की मात्रा का अनुमान लगाना।

(xviii) माता—पिता को सूचना उपलब्ध कराना।

(xix) सामान्य स्कैन निष्कर्ष।

(xx) अल्ट्रासाउंड की सीमाएं और विशेषताएं।

(xxi) इस तकनीक की सीमाओं से परिचित होना और यह जानना कि कब रेफर किया जाना है।

(xxii) माता—पिता के साथ, किसी असामान्यता की संभावना और आगे किसी राय की आवश्यकता के बारे में चर्चा करने में समर्थ होना।

(ट) विषय—वस्तु — भाग चार

1. गिरते शिशु लिंग अनुपात की समस्या और गर्भधारण पूर्व और प्रसवपूर्व निदान तकनीक (लिंग चयन प्रतिषेध) अधिनियम के उपबंधों का परिचय

1961 की जनगणना से शिशु लिंग अनुपात में निरंतर गिरावट, देश के लिए चिंता का मामला है। 1961 की जनगणना में 976 से आरंभ होकर, यह 2001 में गिरकर 927 हो गया। 2011 की जनगणना के अनुसार, शिशु लिंग अनुपात (0—6 वर्ष), 2001 की जनगणना में रिकार्ड किए गए प्रति हजार लड़कों में 927 लड़कियों की तुलना में और गिरकर 919 हो गया। शिशु लिंग अनुपात में 18 राज्यों और 3 संघ राज्य क्षेत्रों में गिरावट आई सिवाय हिमाचल प्रदेश (909), पंजाब (846), चंडीगढ़ (880), हरियाणा (834), मिजोरम (970), तमिलनाडु (943), कर्नाटक (948), दिल्ली (871), गोवा (942), केरल (964), गुजरात (890), अरूणाचल प्रदेश (972) और अंदमान और निकोबार द्वीपसमूह (968), जिनमें सीमांतक सुधार दर्शाया गया। बाकी 21 राज्यों/संघ राज्य क्षेत्रों ने गिरावट दर्शाई।

"गर्भाधारण पूर्व और प्रसवपूर्व निदान—तकनीक (लिंग चयन प्रतिषेध) अधिनियम"

"गर्भाधारण से पूर्व या उसके पष्चात् लिंग चयन के प्रतिषेध का और आनुवंषिकी अप्रसामान्यताओं या मेटाबोली विकारों या गुणसूत्री अप्रसामान्यताओं या कतिपय जन्मजात विकृतियों या लिंग—सहलग्न विकारों का पता लगाने के प्रयोजनों के लिए प्रसवपूर्व निदान—तकनीकों के विनियमन का तथा लिंग अवधारण के लिए ऐसी तकनीकों के, जिनके कारण स्त्री—लिंगी भ्रूणवध हो सकता हो, दुरूप्रयोग के निवारण का तथा उनसे संबंधित या उनके आनुषंगिक विषयों का उपबंध करने के लिए अधिनियम।"

2. गर्भधारणपूर्व और प्रसवपूर्व निदान तकनीक (लिंग चयन प्रतिषेध) अधिनियम, 1994 का कार्यान्वयन

प्रसवपूर्व निदान तकनीक (विनियमन और दुरूपयोग निवारण) अधिनियम का अधिनियमित 20 सितंबर, 1994 को किया गया था और यह अधिनियम पुनः 2003 में संशोधित किया गया था। गर्भाधारण से पूर्व या उसके पष्चात् लिंग चयन के प्रतिषेध का और आनुवंषिकी अप्रसामान्यताओं या मेटाबोली विकारों या गुणसूत्री अप्रसामान्यताओं या कतिपय जन्मजात विकृतियों या लिंग—सहलग्न विकारों का पता लगाने के प्रयोजनों के लिए प्रसवपूर्व निदान—तकनीकों के विनियमन का तथा लिंग अवधारण के लिए ऐसी तकनीकों के, जिनके कारण स्त्री—लिंगी भ्रूणवध हो सकता हो, दुरूप्रयोग के निवारण का तथा उनसे संबंधित या उनके आनुषंगिक विषयों का उपबंध करने के लिए अधिनियम।

इस अधिनियम का कार्यान्वयन, निम्नलिखित कार्यान्वयन निकायों के माध्यम से किया जाता हैः

(i) केंद्रीय पर्यवेक्षीय बोर्ड।

(ii) राज्य पर्यवेक्षीय बोर्ड और संघ राज्य क्षेत्र पर्यवेक्षीय बोर्ड।

(iii) पूरे राज्य या उसके किसी भाग या संघ राज्य क्षेत्र का समुचित प्राधिकरण।

(iv) राज्य सलाहकार समिति और संघ राज्य क्षेत्र की सलाहकार समिति।

(v) प्रत्येक समुचित प्राधिकरण से संबद्ध नामनिर्दिष्ट क्षेत्र (राज्य के भाग) के लिए सलाहकार समिति।

(vi) जिला और उप—जिला स्तरों पर समुचित प्राधिकारी ।

3. रजिस्ट्रीकरण :

जिले का समुचित प्राधिकारी, अल्ट्रासाउंड नैदानिक सुविधाओं के रजिस्ट्रीकरण के लिए जिम्मेवार है।

4. आवेदन शुल्कः

(1) आनुवंशिकी सलाह केंद्र, आनुवंशिकी प्रयोगशाला, आनुवंशिकी क्लीनिक, अल्ट्रासाउंड क्लीनिक या प्रतिरूपण केंद्र के लिए 25000.00 रुपए।

(2) किसी संस्थान, अस्पताल, नर्सिंग होम या आनुवंशिकी सलाह केंद्र की सेवाएं संयुक्त रूप से उपलब्ध कराने वाले किसी स्थान, आनुवंशिकी प्रयोगशाला, आनुवंशिकी क्लीनिक, अल्ट्रासाउंड क्लीनिक या प्रतिरूपण केंद्र या उनके संयोजन के लिए 35000.00 रुपए।

5. अल्ट्रासाउंड केंद्र पर आदेशात्मक प्रदर्शनः

(1) गर्भधारणपूर्व और प्रसवपूर्व निदान तकनीक (पीसी और पीएनडीटी) प्रमाणपत्रः गर्भधारणपूर्व और प्रसवपूर्व निदान तकनीक अधिनियम के अधीन रजिस्ट्रीकृत प्रत्येक क्लिनिक या सुविधा या अस्पताल आदि के लिए यह आवश्यक है कि वह उस केंद्र, प्रयोगशाला या क्लिनिक में किसी सुस्पष्ट स्थान पर रजिस्ट्रीकरण का प्रमाणपत्र प्रदर्शित करे।

(2) अंग्रेजी और स्थानीय भाषा में साइनेज, बोर्ड या बैनर, जिसमें यह दर्शाया गया हो कि संबंधित सुविधा पर भ्रूण का लिंग नहीं बताया जाता।

(3) प्रत्येक अल्ट्रासाउंड केंद्र में गर्भधारणपूर्व और प्रसवपूर्व निदान तकनीक अधिनियम की प्रति उपलब्ध होनी चाहिए।

6. रजिस्ट्रीकरण का नवीकरणः

(1) रजिस्ट्रीकरण का प्रत्येक प्रमाणपत्र 5 वर्ष की अवधि के लिए विधिमान्य होता है।

(2) रजिस्ट्रीकरण का नवीकरण, रजिस्ट्रीकरण के प्रमाणपत्र की समाप्ति की तारीख से 30 दिन पहले किया जाना चाहिए।

7. रिकार्ड का आज्ञापक रखरखाव : रजिस्टर, जिसमें क्रम में दर्शाए गए हों –

(1) प्रसवपूर्व नैदानिक प्रक्रिया या परीक्षण कराने वाली महिलाओं या पुरुषों के नाम और पते;

(2) उनके पतियों/पत्नियों या पिताओं के नाम;

(3) तारीख, जिसको उन्होंने उस परामर्श, प्रक्रिया या परीक्षण के लिए पिछली बार रिपोर्ट किया;

(4) प्रत्येक महीने की 5 तारीख से पहले नियमित रूप से सक्षम प्राधिकारी को एक मासिक रिपोर्ट प्रस्तुत की जानी चाहिए। सक्षम प्राधिकारी के हस्ताक्षर वाली उन मासिक रिपोर्टों की एक प्रति, जिसमें प्राप्ति की अभिस्वीकृति दी गई हो, सुरक्षित रखी जानी चाहिए।

8. सम्यक् रूप से भरे गए फार्मों पर निम्नलिखित का प्रतिरक्षणः

(i) फार्म एफ

(ii) डाक्टरों की रेफरल पर्चियां

(iii) सहमति के फार्म

(iv) सोनोग्राफिक प्लेटें या स्लाइडें

9. रिकार्ड भंडारण :

उपर्युक्त सभी रिकार्ड 2 वर्ष तक सुरक्षित रखे जाने चाहिए।

10. समुचित प्राधिकारी की शक्तियांः

(1) समुचित प्राधिकारी, तलाशी और जब्ती के लिए किसी क्लिनक या सुविधा में निर्बाध रूप से प्रवेश कर सकता है।

(2) सहमति फार्मों, रेफरल पर्चियों, फार्मों, सोनोग्राफिक प्लेटों या स्लाइडों और उपस्कर जैसे अल्ट्रासोनोग्राफी मशीनों सहित रजिस्टरों, रिकार्डों की जांच और निरीक्षण कर सकता है।

(3) तलाशी के दौरान उसी स्थान या भिन्न स्थान के कम से कम दो स्वतंत्र साक्षी की मौजूदगी सुनिश्चित करना।

11. गर्भधारणपूर्व और प्रसवपूर्व निदान तकनीक (लिंग चयन प्रतिषेध) अधिनियम और नियमों का अनुसरण करने के बारे में आगे क्या करें और क्या न करें, के संबंध में *स्वास्थ्य मंत्रालय, भारत सरकार* **द्वारा संशोधनों के साथ प्रकाशित गर्भधारणपूर्व और प्रसवपूर्व निदान–तकनीक अधिनियम और नियमों की पुस्तिका** www.pndt.gov.in पर ऑनलाइन उपलब्ध कराई गई है।

अनुसूची–2

लॉगबुक और मूल्यांकन

1. लॉगबुक

लॉगबुक, किए गए प्रशिक्षण क्रियाकलाप, ट्यूटोरियलों और स्व–निदेशित ज्ञानार्जन तथा प्राप्त की गई सक्षमताओं को रिकार्ड करती है। अंतरिम मूल्यांकनों के दौरान लॉगबुकों के रखरखाव और नियमित पुनरीक्षण, प्रधान प्रशिक्षक और प्रशिक्षणार्थियों को इस बात की अनुमति देती है कि वे प्रशिक्षण पाठ्यक्रम के दौरान प्रगति मॉनीटर करें और कमियों का पता लगाएं। प्रशिक्षक, उपस्थिति, कौशल और सक्षमता के संबंध में लॉगबुक के दस्तावेजों के समुचित भागों पर हस्ताक्षर करेगा। यह आज्ञात्मक है कि सभी सहभागी इस बात का महत्त्व समझें कि प्रशिक्षणार्थियों की प्रगति, उन मानकों के अनुरूप होनी चाहिए जो प्रशिक्षकों को संतुष्ट करें। प्रशिक्षण कार्यक्रम के अंत में प्रधान प्रशिक्षक को यह प्रमाणित करना होगा कि प्रशिक्षणार्थी द्वारा प्राप्त की गई सक्षमताएं और कौशल उसकी संतुष्टि के अनुसार है।

(1) प्रशिक्षण योजना स्तर 1 अभ्यास, सीधे पर्यवेक्षण के अधीन किया जाएगा :

इस आरंभिक मूल्यांकन पर, किसी प्रशिक्षण योजना पर, सक्षमता, कौशल और ज्ञानार्जन उद्देश्य सेट करने के लिए मनोवृत्तियों की सूची का इस्तेमाल करते हुए प्रधान प्रशिक्षक और प्रशिक्षणार्थियों के बीच सहमति होनी चाहिए (इसमें, प्रवेश मूल्यांकन के 6 महीने के भीतर भाग लिए जाने वाले सिद्धांत के पाठ्यक्रम का पता लगाना, यदि पहले नहीं किया, शामिल होना चाहिए)। यह आरंभिक ज्ञानार्जन उद्देश्य और इन्हें पूरा करने के लिए क्रियाकलाप योजना, प्रशिक्षणार्थी की अलग–अलग ज्ञानार्जन आवश्यकताओं के लिए बनाई जानी चाहिए। उत्तरवर्ती ज्ञानार्जन उद्देश्य, अंतरिम मूल्यांकनों पर निर्धारित किए जाने चाहिए, जब तक प्रशिक्षणार्थियों ने सभी सक्षमताएं, कौशल और सूचियों पर उपलब्ध मनोवृत्तियां प्राप्त न कर ली हों।

यह नियोजित ज्ञानार्जन प्राप्त करना प्रशिक्षणार्थी की जिम्मेवारी है। प्रधान प्रशिक्षक को इसमें मार्गदर्शन करना चाहिए परंतु उसे सभी प्रशिक्षण स्वयं आरंभ करने की आवश्यकता नहीं है।

सक्षमता की रिकार्डिंग के अतिरिक्त, लॉगबुक में प्रशिक्षणार्थी द्वारा देखे गए ग्राहकों के मूलभूत नैदानिक ब्योरे और अल्ट्रासाउंड प्रतिरूपणों की रिकार्डिंग के भाग भी होते हैं। अल्ट्रासाउंड प्रतिरूपण उच्च क्षमता के होने चाहिए और उनमें अल्ट्रासाउंड स्कैन के पहलू प्रदर्शित किए जाने चाहिए, जो नैदानिक मामले से संबंधित हों और प्रशिक्षणार्थी द्वारा इन्हें प्राप्त किया जाना चाहिए। प्रशिक्षणार्थी को, उन्हें लॉगबुक से संबद्ध करने से पहले प्रशिक्षक के साथ उचित प्रतिरूपणों की समीक्षा करनी चाहिए।

इस लॉगबुक का आशय, उन क्लीनिकों में अल्ट्रासाउंड प्रतिरूपण के अनुभव रिकार्ड करना है, जहां ग्राहकों को या तो अस्पताल में या सामुदायिक प्रतिष्ठान में स्त्रीरोग–विज्ञान संबंधी अवस्थाओं (आरंभिक गर्भावस्था क्लीनिकों, गर्भपात–पूर्व मूल्यांकन क्लीनिकों आदि) और उनकी उदरीय श्रोणी के प्रबंधन के भाग के रूप में अल्ट्रासाउंड प्रतिरूपण के लिए रेफर किया जाता है। इसमें :

(क) आवश्यक सक्षमताओं की एक सूची के रूप में पाठ्यक्रम का एक सारांश भी उपलब्ध कराया जाता है।

(ख) आपके और आपके प्रशिक्षकों के बीच सहमत ज्ञानार्जन उद्देश्यों के परिणाम रिकार्ड किए जाते हैं।

(ग) आपकी उपलब्धियों का एक रिकार्ड उपलब्ध कराया जाता है, जो आप अपेक्षित क्षेत्र में सक्षमता प्राप्त करते हैं।

(घ) आपकी सक्षमता का प्रमाणित मूल्यांकन रिकार्ड किया जाता है, जब आप प्रमाणपत्र के लिए आवेदन करते हैं।

(ङ) भावी प्रैक्टिस के लिए संदर्भ के रूप में काम में लाने के लिए रोचक मामलों का एक स्थायी रिकार्ड उपलब्ध कराया जाता है।

(2) स्तर–I के प्रशिक्षण के लिए स्कैनों की अधिकतम संख्या (कुल 200 मरीज)

प्रासविक स्कैन

व्यवहार्य गर्भावस्थाएं	10
गैर–व्यवहार्य गर्भावस्थाएं	10
सामान्य जीवमिति	10
वृद्धि संबंधी प्रतिबंध	10
असामान्य गर्भावस्था	10 (इकटॉपिक या मल्टीपल आदि)
स्त्रीरोग संबंधी	10
आईयूसीडीज	05
तंतुशोथ	10
अण्डाशयी कृमिकोष	10
स्त्रीरोग संबंधी विकृतियां	10

गैर–प्रासविक स्कैन

सामान्य उदरीय स्कैन	20
पित्त पथरी रोग	10
अतिरिक्त यकृति पैत्तिक वाहिका	05
यकृति ठोस पुंज	05
यकृति कृमिकोषीय घाव	05
अग्नाश्य	05
मूत्रीय	25
सामान्य स्कैन	10
हाइड्रोनेफ्रोसिस सहित गुर्दे के कृमिकोषीय घाव	05
गुरदों के ठोस घाव	05
मूत्रवाहिनी और पित्ताशय की पथरी	05
प्रोस्टेट	05

अवलोकन–

योनिकपारीय स्कैन	10
कलर डोपलर अध्ययन प्रासविक	10

2. आरंभिक मूल्यांकन

प्रधान प्रशिक्षक को, सक्षमता का अंतिम मूल्यांकन और प्रशिक्षणार्थियों की प्रगति की जांच करने के लिए कम से कम एक अंतरिम मूल्यांकन करना चाहिए। प्रधान प्रशिक्षक को यह प्रमाणित करना होता है कि प्रशिक्षणार्थी द्वारा प्राप्त की गई सक्षमताएं और कौशल उसकी संतुष्टि के अनुसार हैं।

प्रशिक्षण कार्यक्रम से बाहर निकलने की दृष्टि से अंतिम सक्षमता प्रमाणित करने हेतु संबद्ध राज्य के चिकित्सा शिक्षा विभाग के निदेषक द्वारा नामनिर्दिष्ट किया जाना स्वतंत्र परीक्षक की जिम्मेदारी है।

(1) मूल्यांकनकर्ताओं के लिए दिशानिर्देश

(क) मूल्यांकनकर्ता, अल्ट्रासोनोग्राफर, प्रसव–विज्ञानी या स्त्रीरोग–विज्ञान विशेषज्ञ या अल्ट्रासोनोग्राफी में अनुभवी डाक्टर हो सकते हैं।

(ख) मूल्यांकनकर्ता द्वारा मूल्यांकन किए जा रहे व्यक्ति को यह स्पष्ट किया जाएगा कि इस अभ्यास का उद्देश्य, तकनीकी सक्षमता का मूल्यांकन करना है।

(ग) प्रशिक्षणार्थी को, उसकी प्रायिक प्रैक्टिस के आधार पर प्रक्रिया करनी चाहिए। प्रशिक्षणार्थी और प्रशिक्षक को अलग–अलग फार्म भरने चाहिए और प्रशिक्षणार्थी के अवलोकन के पश्चात चर्चा की सूचना देने के लिए उनका इस्तेमाल करना चाहिए। मूल्यांकन का डिजाइन, तकनीकी कौशलों का मूल्यांकन करने के लिए तैयार किया जाता है। यह तकनीक चर्चा को समर्थ बनाती है और इस विषय पर चर्चा करने देगी कि प्रशिक्षणार्थी ने वैसे कार्य क्यों किया जैसेकि उसने किया।

(घ) यह योजनाबद्ध है कि प्रत्येक प्रशिक्षणार्थी का मूल्यांकन, दो भिन्न–भिन्न मूल्यांकनकर्ताओं द्वारा, जिनमें से एक स्वतंत्र परीक्षक होना चाहिए, अंतिम मूल्यांकन के रूप में, किसी प्रशिक्षण कार्यक्रम में कम से कम दो बार तकनीकी कौशलों के उद्देश्यपरक संरचित मूल्यांकन के जरिए किया जाना चाहिए।

(ङ) प्रशिक्षणार्थियों द्वारा, मूल्यांकन की जा रही प्रक्रिया में पहले ही सक्षमता (सीधा पर्यवेक्षण) प्राप्त कर लेनी चाहिए।

प्रत्येक प्रक्रिया के लिए निम्नलिखित पूरा किया गया होना चाहिएः

(क) मद–वार लिखा गया जांच सूची स्कोर

(ख) तकनीकी कौशल मूल्यांकन शीट का उद्देश्यपरक संरचित मूल्यांकन।

मरीजों से लिखित सहमति प्राप्त करना आवश्यक नहीं है परंतु यह कहना विवेकपूर्ण होगा कि प्रशिक्षणार्थी पूरे पर्यवेक्षण के साथ मूल्यांकन में भाग ले रहा है। मरीजों को यह छूट है कि वे मूल्यांकन की प्रक्रिया में भाग न लें।

फार्मों की 3 प्रतियां रखी जानी चाहिए।

(क) एक प्रशिक्षणार्थी के पोर्टफोलियो के लिए।

(ख) एक प्रधान परीक्षक के लिए।

(ग) एक सभी फार्मों के साथ संकाय सदस्य को वापस जाएगी, जब प्रमाणपत्र के लिए आवेदन किया जाता है।

(2) तकनीकी कौशलों का उद्देश्यपरक संरचित मूल्यांकन (ओएसएटीएस)

(क) मूलभूत कौशल कौशल	**स्तर 1**	**स्तर 2**	**जब सक्षमता प्राप्त कर ली जाए तब प्रशिक्षक हस्ताक्षर करे और तारीख डाले**
	पर्यवेक्षित	स्वतंत्र	
मशीन सेट—अप			
स्कैन के लिए परामर्श देना			
उदरपारीय बनाम योनिकपारीय मार्ग पर निर्णय लेना			
जांच का विकल्प			
मरीज की स्थिति निर्धारण करना			
अभिमुखीकरण			
सामान्य का अभिज्ञान			
एंड्रोमेट्रियम			
सामान्य का अभिज्ञान			
म्योमेट्रियम			
सामान्य अण्डाशयों का अभिज्ञान			
सर्वाइकल की लंबाई मापना			
प्रतिरूपण रिकार्ड करना			
नोट कीपिंग			

विशेष टिप्पणियाँ

(ख) प्रारंभिक गर्भावस्था कौशल	**स्तर 1**	**स्तर 2**	**जब सक्षमता प्राप्त कर ली जाए तब प्रशिक्षक हस्ताक्षर करे और तारीख डाले**
	पर्यवेक्षित	स्वतंत्र	
व्यवहार्यता की पुष्टि करें			

गर्भकाल की तारीख			
कोरपस लुटेयम कृमिकोष का निदान करना			
बहुल गर्भावस्था का निदान करना			
पश्चगमन बीजाण्डासन हेमाटोमा केंद्र का अभिज्ञान			
भ्रूणीय गर्भावस्था का निदान करना			
असफल गर्भपात का निदान करना			
गर्भधारण के अवधारित उत्पादों का निदान करना			
विफल गर्भावस्था के लिए परामर्श करना			
इकटॉपिक गर्भावस्था का निदान करना			

विशेष टिप्पणियाँ			
(ग) अतिरज कौशल	**स्तर 1**	**स्तर 2**	**जब सक्षमता प्राप्त कर ली जाए तब प्रशिक्षक हस्ताक्षर करे और तारीख डाले**
	पर्यवेक्षित	स्वतंत्र	
उपश्लेषमल तंतुशोथ का अभिज्ञान			
भीतरी तंतुशोथ का अभिज्ञान			
उपसीरमी और पेंडुनकुलेटड तंतुशोथ की पहचान करना			
एडेनोम्योसिस की पहचान करना			
विशेष टिप्पणियाँ			

(घ) रजोनिवृत्ति के पश्चात रजोधर्म के दौरान रक्तस्राव कौशल	**स्तर 1**	**स्तर 2**	**जब सक्षमता प्राप्त कर ली जाए तब प्रशिक्षक हस्ताक्षर करे और तारीख डाले**
	पर्यवेक्षित	स्वतंत्र	

एंडोमेट्रियल मोटाई मापें			
ऐट्रोफिक एंडोमेट्रियम का अभिज्ञान			
हाइपरप्लास्टि एंडोमेट्रियम का अभिज्ञान			
एंडोमेट्रियल पॉलिप्स का अभिज्ञान			
कार्यात्मक अण्डाशय ट्यूमर का अभिज्ञान			
विशेष टिप्पणियाँ			
(ङ) श्रोणीय पुंज कौशल	**स्तर 1**	**स्तर 2**	**जब सक्षमता प्राप्त कर ली जाए तब प्रशिक्षक हस्ताक्षर करे और तारीख डाले**
	पर्यवेक्षित	स्वतंत्र	
गर्भाशय के रूप में पुंज का अभिज्ञान			
यूनिलोक्यूलर अण्डाशय पूंज का अभिज्ञान			
जटिल अण्डाशय पुंज का अभिज्ञान			
एसाइट्स का अभिज्ञान			
विशेष टिप्पणियाँ			
(च) प्रजनन औषधि कौशल	**स्तर 1**	**स्तर 2**	**जब सक्षमता प्राप्त कर ली जाए तब प्रशिक्षक हस्ताक्षर करे और तारीख डाले**
	पर्यवेक्षित	स्वतंत्र	
एंडोमेट्रियम में चक्रीय परिवर्तनों का अभिज्ञान			
गर्भाशय में चक्रीय परिवर्तनों का अभिज्ञान			
पोलिसिस्टिक गर्भाषय का अभिज्ञान			
अंतःगर्भाशय या गर्भाशय में अंतरा गर्भाशय प्रणाली का पता लगाना			
अतिरिक्त श्रोणीय स्कैन			
इंप्लानॉन के सामान्य बीजाण्डासन का अभिज्ञान			

गैर–स्पृश्य इंप्लानॉन का पता लगाना			
विशेष टिप्पणियाँ			
(छ) सामान्य उदर कौशल	**स्तर 1**	**स्तर 2**	**जब सक्षमता प्राप्त कर ली जाए तब प्रशिक्षक हस्ताक्षर करे और तारीख डाले**
	पर्यवेक्षित	स्वतंत्र	
यकृत और तिल्ली या पित्तीय प्रणाली			
मरीज को तैयार करने और स्कैनिंग की तकनीकें – सोनोग्राफिक शरीररचना–विज्ञान			
यकृत रोग विसारित करना			
चर्बीला यकृत, ग्रेड			
तीन यकृतशोथ, सूत्रण रोग और पोर्टल उच्च रक्तचाप			
नाभीय पुंज घाव – कृमिकोषीय घाव या ठोस घाव			
तिल्ली – स्पलेनामेगली या नाभीय स्पलेनिक पुंज – ठोस पुंज, कृमिकोष सबफ्रेनिक फोड़ा			
विशेष टिप्पणियाँ			
(ज) सामान्य जांच कौशल	**स्तर 1**	**स्तर 2**	**जब सक्षमता प्राप्त कर ली जाए तब प्रशिक्षक हस्ताक्षर करे और तारीख डाले**
	पर्यवेक्षित	स्वतंत्र	
मूत्राशय प्रणाली			
गुरदे और मूत्राशय ---स्कैनिंग तकनीकें			
सोनोग्राफिक शरीर रचना–विज्ञान			
इकॉजेनिसिटी, कॉर्टिकोमेडुलरी डिमार्केशन, रीनल साइनस, हाइपरट्रॉफाइड			
बर्टिन का कॉलम			
मूत्रवाहिनी – जन्मजात असामान्यताएं (रजोनिवृत्ति,			

इकटॉपिया, डुपलेक्स संग्रहण प्रणाली और यूरेट्रोसेले)			
हाइड्रोनेफ्रेसिस या गुरदे की पथरी या संक्रमण या ट्यूमर्स या पथरी की अनुकृति			
नेक्रोकैल्सिनोसिस या प्येलोनेफ्रोटिस, प्योनेफ्रोसिस, रीनल और पेरीनेफ्रिक फोड़ा, चिरकालक प्येलोनेफ्रिटिस या तपेदिक या गुरदे की कोशिका का कर्कट रोग, सोनोग्राफिक दिखावट का प्रतिबिंब या एंजियोलिपोमा			
सुसाध्य कृमिकोषीय घाव (सामान्य कोरिकल कृमिकोश, जटिल कॉटिकल कृमिकोष, पारापेल्विक कृमिकोष)			
बृह—कृमिकोषीय गुरदा रोग			

विशेष टिप्पणियाँ			
(झ) सामान्य उदर कौशल	**स्तर 1**	**स्तर 2**	**जब सक्षमता प्राप्त कर ली जाए तब प्रशिक्षक हस्ताक्षर करे और तारीख डाले**
	पर्यवेक्षित	स्वतंत्र	
पित्त			
पित्त की पथरी, पित्त के आयतन का माप			
पित्त भित्ति (मोटाई मापने की तकनीक)			
पित्त संबंधी पुंज, कृमिकोषीय			
विशेष टिप्पणियाँ			
(ञ) सामान्य उदर कौशल	**स्तर 1**	**स्तर 2**	**जब सक्षमता प्राप्त कर ली जाए तब प्रशिक्षक हस्ताक्षर करे और तारीख डाले**
	पर्यवेक्षित	स्वतंत्र	
पित्त की थैली या अग्नाशय			
पित्ताशय – कोलेलिथियासिस			
पथरी से भरे पित्ताशय या एक विशेष प्रकार की पथरी का कुटावपात			

अग्नाशय–सूजन वाला तीव्र अग्नाश्यशोथ (अतिरिक्त अग्नाषयी अभिव्यक्ति)			
कृत्रिम कृमिकोष या चिरकालिक अग्नाशयशोथ या अर्बुद (ठोस और कृमिकोष दिखने वाले)			

विशेष टिप्पणियाँ

(ट) सामान्य उदर कौशल	**स्तर 1**	**स्तर 2**	**जब सक्षमता प्राप्त कर ली जाए तब प्रशिक्षक हस्ताक्षर करे और तारीख डाले**
	पर्यवेक्षित	स्वतंत्र	
प्रॉस्टैट			
सोनोग्राफिक शरीररचना–विज्ञान (प्रॉस्टैट, सेमिनल वेसिकल्स)			
तकनीक (उदरपारीय अप्रोच)			
सेंट्रल जोन और पेरिफेरल ज़ोन का पता लगाना या प्रोस्टैट के वॉल्यूम का मापन			
रोग–विज्ञान – सुसाध्य हाइपरट्रॉफी प्रॉस्टैटिस ग्रंथिशोथ प्रौस्टैट संबंधी श्लेषमल – प्रॉस्टैट का कैंसर			

विशेष टिप्पणियाँ

अंतिम परीक्षण के लिए मूल्यांकन हेतु दिशानिर्देश

उत्तीर्ण होने के न्यूनतम अंक – प्रयोगात्मक के लिए 60 और सिद्धांत के लिए 50

I. सिद्धांत संबंधी मूल्यांकन

(क) 100 अंक – दो घंटे

(ख) एक–एक अंक के 50 बहु–विकल्प प्रश्न – 50 अंक

(ग) पांच–पांच अंकों वाले 10 छोटे प्रश्न – 50 अंक

(घ) छोटे प्रश्नों के उत्तर लिखने हेतु अभ्यर्थी के लिए एक निश्चित स्थान होगा।

II. प्रयोगात्मक मूल्यांकन

(क) लॉगबुक के लिए 20 अंक

(ख) निदर्शनों के लिए 50 अंक

(ग) 30 अंकों के मौखिक प्रश्न

टिप्पण : डेमो के लिए परीक्षक निम्नलिखित दस में से कोई पांच चुन सकता है और 10—10 अंक आबंटित कर सकता है

चरण 1: तैयारी

1.1 उपकरण संबंधी तैयारी

1.2 मरीज संबंधी तैयारी

1.3 ऑपरेटर संबंधी तैयारी

1.4 उदर के निचले हिस्से का प्रकटन करना और जैल लगाना

1.5 ट्रांसड्यूसर चुनना

चरण 2: उन्नत और उच्च खतरे वाली गर्भावस्था के स्कैनिंग संलेख का प्रारंभण

2.1 मरीज की स्थिति

2.2 स्कैन प्लेन

2.3 उदरपारीय स्कैन प्लेन

इंडोवैजिनल स्कैन प्लेन

2.4 मानक दूसरी और तीसरी तिमाही के संलेख के प्रतिरूपण संबंधी शर्तें

1. फेटल लाई, जीवन, संख्या, प्रस्तुतीकरण और साइटस
2. मातृक गर्भाशय और ऐडनेक्से
3. ऐमनियोटिक फ्लुइड और बीजाण्डासन की स्थिति
4. फेटल जीवमिति
5. फेटल शरीर रचना—विज्ञान

चरण 3 : दूसरी और तीसरी तिमाही की नैत्यक अल्ट्रासाउंड जांच का पर्यावलोकन

चरण 4 : फेटस और/या माता की नैदानिक स्थिति से सुसंगत लक्षित स्कैन करें

4.1 बहुलता गर्भावस्था के लिए स्कैन

चरण 5 : अंतःगर्भाशय वृद्धि संबंधी प्रतिबंध के लिए स्कैन

5.1 फेटल जीवमिति, वृद्धि और भार

चरण 6 : ऐमनियोटिक फ्लुइड और झिल्लियों के लिए स्कैन

6.1 ऐमनियोटिक फ्लुइड की मात्रा का परिकलन करें।

चरण 7 : जीवाण्डासन और अम्बलिकल कॉर्ड संबंधी असामान्यताओं के लिए स्कैन

7.1 बीजाण्डासन

7.2 अम्बलिकल कॉर्ड

चरण 8 : फेटल जीव भौतिक संबंधी प्रोफाइल के लिए स्कैन

चरण 9 : मातृक रोग की फेटल जटिलताओं के लिए स्कैन

9.1 फेटल हाइड्रॉप्स

9.2 मातृक मधुमेह

9.3 मातृक हाइपरटेंशन और प्रि–एक्लंप्सिया

9.4 अन्य मातृक रोग

चरण 10 : सामान्य उदरीय स्कैन – मातृक जिगर / पित्ताशय / गुर्दों का मूल्यांकन करने के लिए निदर्शन करें

III. मौखिक परीक्षा – मामले की तीन स्थितियों पर 30 अंक

नैदानिक सोनोग्राफिक सह–संबंध

वीडियो क्लिप और मामला अध्ययन

IV. *मामला अध्ययन*

मामला संख्या	तारीख :

प्रारंभिक आंकड़े

अल्ट्रासोनोग्रफी के निष्कर्ष

प्रभाव

मुख्य ज्ञानार्जन

[फा.सं. एन.24026 / 60 / 2008–पीएनडीटी]

डॉ. राकेश कुमार, संयुक्त सचिव

MINISTRY OF HEALTH AND FAMILY WELFARE
(Department of Health and Family Welfare)

NOTIFICATION

New Delhi, the 9th of January, 2014

G.S.R. 14 (E).—In exercise of the powers conferred by clause (i) of sub-section (2) of Section 32 of the Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 (57 of 1994), the Central Government hereby makes the following rules, namely :—

1. ***Short title and commencement.-***(1) These Rules may be called the Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) (Six Months Training) Rules, 2014.

(2) They shall come into force on the date of their publication in the Official Gazette.

2. ***Definitions***:- In these rules, unless the context otherwise requires,-

(a) "Act" means the Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act,1994 (57 of 1994);

(b) "principle rules" means the Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Rules,1996;

(c) "Six months training" means the training imparted under these rules.

(d) "syllabus" means the syllabus given in Schedule I;

(e) "Log book and assessment" means the Log book and assessment as specified in Schedule II;

(f) words and expressions used herein and not defined in these rules but defined in the Act or in the principal rules, as the case may be, shall have the meanings, respectively, assigned to them in the Act or in the principle rules.

3. ***Nomenclature of the Six months training in ultrasonography.-*** The six months training imparted under these rules shall be known as "the Fundamentals in Abdomino- Pelvic Ultra sonography: Level one for M.B.B.S. Doctors".

4. **Period of the training**.- The period of training for obtaining a certificate of training shall be 300 clock hours.

5. **Components of the six months training curriculum.-** (1)The major components of the training curriculum shall be -

(a) theory based knowledge to equip registered medical practitioners with the knowledge, professional skills, attitudes and clinical competencies;

(b) skill Based knowledge;

(c) log book and Assessment.

(2) The comprehensive syllabus for the said six months training is as specified in Schedule I.

(3) The details related to log book and assessment are as specified in Schedule II.

6. Eligibility for training.-(1)Any registered medical practitioner shall be eligible for undertaking the said six months training.

(2) The existing registered medical practitioners, who are conducting ultrasound procedures in a Genetic Clinic or Ultrasound Clinic or Imaging Centre on the basis of one year experience or six month training are exempted from undertaking the said training provided they are able to qualify the competency based assessment specified in Schedule II and in case of failure to clear the said competency based exam, they shall be required to undertake the complete six months training, as provided under these rules, for the purpose of renewal of registrations.

7. Accreditation of institutions for six months training and its recognition.- (1) The following teaching institutions would be accredited as training centres to impart the six months training, namely:-

(a) Centres of Excellence established under the Acts of Parliament;

(b) Medical Council of India recognised institutions offering Post Graduate programmes in Obstetrics or Gynaecology and Radiology;

(c) Institutions offering full time residency DNB programme in Obstetrics or Gynaecology and Radiology.

(2) The names of the institutions recognised for this purpose shall be notified State wise by the State Health Medical Education Department.

Provided that the training institutes recognised for imparting the six months training shall maintain the standards of infrastructure, equipment and manpower including the faculty as per apex regulatory bodies like the Medical Council of India or the National Board of Examination.

8. ***Selection of students.—*** (1) The selection and intake of registered medical practitioners for admission to such trainings shall be on the basis of the following criteria:

a) Intake for admission to such trainings shall be in 1:1 student to teacher ratio and training to be incurred inthe Department of Radiology.
b) Selection shall be as per the merit list of the State post graduate entrance exam.
c) 20 % reservation for *in service* candidates.

9. ***Changed criteria to be made prospective.-*** These rules shall come into force with immediate effect in case of new registrations. However, all registered medical practitioners employed in a Genetic Clinic or Ultrasound Clinic or Imaging Centre on the basis of one year experience or six months training and failed to qualify the competency based exam as specified in Schedule II shall have to apply and clear six months training on or before1st January, 2017.

10. Fee structure for the training.— (1)*The training fee for conducting the six months training* shall not exceed Rs. 20,000/-

*(2)*For registered medical practitioners who are already registered for conducting ultra sonography in a Genetic Clinic or Ultrasound Clinic or Imaging Centre and require to clear a competency based evaluation, the fee shall not exceed Rs.10,000/-.
*(3)*Fee structure or waiver thereof for *in service* registered medical practitioners shall be decided by the respective State Governments.

11. Staff-Faculty.- (1) The institute conducting the said six months training for registered medical practitioners shall appoint the Post graduate teachers in Radiology or Obstetrics or Gynaecology recognised by the respective regulatory bodies as full time faculty for the said training programme.

(2)The Deans or Head of the respective teaching institutions shall be responsible for monitoring the training programme in entirety.

12. Monitoring requirements.- Monitoring of the training institutions imparting the six months training shall be as per the existing norms laid down by the respective apex regulatory bodies.

13. Competency based evaluation.- *The final* competency based evaluation at the end of the six months training shall be held as per the mechanism specified in Sched*ule II.*

14. Validity of the training certificate.- Certification of training obtained from any State shall be applicable for the purposes of registration under Act in all States.

Schedule- I

FUNDAMENTALS IN ABDOMINO PELVIC ULTRASONOGRAPHY: ***Level one 6 Months Course for M.B.B.S. Doctors***

Ultrasonography Syllabus

This training will equip individuals with the knowledge, professional skills, attitudes and clinical competencies to use ultrasound imaging in an appropriate and safe manner.

Training will have broadly two components:

1. Knowledge Based

The theoretical course – will cover lectures on Physics of ultrasound, ultrasound machines & probes, How to use ultrasound, Pre-natal Diagnostic Techniques Act, laws of ultrasound, Medicolegal aspects, Methodology, patient preparations, Complete Obstetric Ultrasound uses including use in first, second & third trimesters, Diagnosis of threatened abortion, ectopic pregnancy, biometery, anomaly scanning, Intra-uterine Growth Retardation (IUGR), Placental evaluation, Amniotic fluid evaluation, color doppler uses and 3D & 4D ultrasound. Complete Gynecological uses in evaluating female pelvis and evaluating infertility.

2. Skill Based

(1) Ability to visualise in two dimensional image and a three dimensional structure.
(2) Hand-Eye co-ordination.
(3) Supervision is essential.

Summary Listing

I. Knowledge based: Theory Course

The contents of the theoretical course should include at least the following, in addition to covering the subjects outlined in the syllabus above:

(A) Principles of Ultrasound Examination

(i) Physics, instrumentation and safety
(ii) Ultrasound systems and probes
(iii) Instrumentation and control panel

(B) Conduct of ultrasound scanning

(i) Consent
(ii) Chaperone
(iii) Confidentiality
(iv) Infection control
(v) Examination technique: probe movements and image orientation

(C) Normal pelvic anatomy

(i) The Ultrasound Scan appearances of the normal uterus, ovary, endometrium and pelvis
(ii) Endometrial and ovarian changes during menstrual cycles
(iii) How to take measurements of dimensions of pelvic structures
(iv) Measurement of endometrial thickness

(D) Early pregnancy

(i) The Ultrasound Scan appearances in early pregnancy - Embryo, Placenta, Gestational Age, Twin pregnancy
(ii) Recognition and diagnosis of complications of early pregnancy including

(a) extra-uterine pregnancy
(b) miscarriage
(c) retained products of conception.

(E) Identification or Recognition of pelvic pathology

(i) Use of Ultrasound Scan in managing menorrhagia, intermenstrual bleeding, postmenopausal bleeding
(ii) Ultrasound Scan appearances in polycystic ovaries, uterine fibroids, adenomyosis and endometrial polyps
(iii) Ultrasound Scan appearances of ovarian cysts – corpus luteum, simple and complex cysts and masses
(iv) Complex ovarian masses or ovarian screening

(a) Endometrial pathology in postmenopausal women
(b) Gestational trophoblastic neoplasia
(c) Chronic pelvic pain
(d) The assessment of tubal patency in infertility and follicular tracking for assisted conception
(e) The assessment of prolapse, incontinence, and anal sphincter damage

(F) Reproductive medicine

(i) Effect of contraceptive hormones and menopause on the endometrium
(ii) Use of Ultrasound Scan in identification of Intra-uterine Device or Intra-uterine System and Implanon position

Note.-Attendance at a theoretical course is mandatory. The theoretical course need not include any hands-on component.

II. Skills Based

(A) Basic Imaging Skills

(i) Machine set-up
(ii) Counselling for scan
(iii) Decide transabdominalvs.transvaginal route
(iv) Choice of probe
(v) Patient positioning
(vi) Orientation
(vii) Identify normal endometrium
(viii) Identify normal myometrium
(ix) Identify normal ovaries
(x) Measure cervical length
(xi) Recording images
(xii) Note keeping and documentation

(B) Early Pregnancy

(i) Confirm viability
(ii) Date pregnancy
(iii) Diagnose corpus luteum cyst
(iv) Diagnose multiple pregnancy
(v) Determine chorionicity/zygosity
(vi) Identifyretroplacental haematoma
(vii) Diagnose anembryonic pregnancy

(viii) Diagnose missed miscarriage
(ix) Diagnose retained products of conception
(x) Counselling for failed pregnancy
(xi) Diagnose ectopic pregnancy

(C) Menorrhagia
(i) Identify submucous fibroid
(ii) Identify intramural fibroid
(iii) Identify subserous and pedunculated fibroid
(iv) Identifyadenomyosis

(D) Postmenopausal and intermenstrual bleeding
(i) Measure endometrial thickness
(ii) Identify atrophic endometrium
(iii) Identify hyperplastic endometrium
(iv) Identify endometrial polyps
(v) Identify functional ovarian tumours

(E) Pelvic Mass
(i) Identify mass as uterine
(ii) Identify unilocular ovarian mass
(iii) Identify complex ovarian mass
(iv) Identify ascites

(F) Reproductive Medicine
(i) Identify cyclical changes in endometrium
(ii) Identify cyclical changes in ovary
(iii) Identify polycystic ovary
(iv) LocateIntra –uterine Device orIntra-uterine System position in uterus

(G) Extra-Pelvic Scans
(i) Identify normal placement of Implanon
(ii) Locate non-palpable Implanon

(H) Contents – Section One
(i) Instrumentations and basics
(ii) Physics for practical applications
(iii) Examination techniques
(iv) Trans-abdominaland Trans-vaginal Scan

1. **The knowledge base.-**(1) Principles of ultrasound examination :
(i) Physics
(ii) Safety
(iii) Machine set-up and operation
(iv) Patient care
(v) Principles of report writing
(vi) Consent

(2) The relevant principles of acoustics, attenuation, absorption, reflection, speed to sound;
(3) The effect on tissues of pulsed and continuous wave ultrasound beams :biological effects, thermal and non-thermal; safety
(4) Basic operating principles of medical instruments
(5) Types of transducers:

2. Skill sets.-(1) Use of ultrasound controls :

(i) Signal processing— gray scale — time gain compensation, acoustic output relationship

(ii) Artefacts, interpretation and avoidance — reverberation — side lobes — edge effects - registration — shadowing — enhancement;

(iii) Measuring systems — linear, circumference, area and volume — Doppler ultrasound—flow,

(iv) Imaging recording, storage and analysis;

(v) Interpretation of acoustic output information and its clinical relevance

(vi) Patient information and preparation reporting

(I) Contents – Section Two

(i) Ultrasound anatomy of the abdomen, pelvis and fetus

(ii) Embryology or pathophysiology in short as applied to abd-pelvis

1. The knowledge base

(i) Knowledge of normal ultrasound appearances of the endometrium, myometrium and ovaries throughout a menstrual cycle.

(ii) Understanding of techniques to measure the uterus, endometrium.

(iii) Knowledge of normal ultrasound appearances of the ovaries and adnexa.

(a) Gynaecological abnormalities: uterine

(i) Knowledge of the ultrasound appearances of fibroids and adenomyosis.

(ii) Knowledge of endometrial pathology

(iii) Intra-uterine Contraceptive Device localisation

(b) Gynaecological abnormalities: ovarian lesions

(i) Knowledge of the differential diagnosis of ovarian and para-ovarian lesions.

(ii) Knowledge of typical ultrasound findings of common ovarian appearances such as polycystic ovaries.

(iii) Knowledge of ultrasound features of ovarian cancer and the features of advanced disease

(c) Extraovarian lesions

(i) Knowledge of the principles of conducting ultrasound examination in chronic pelvic pain.

(ii) Knowledge of typical morphological features of endometriosis, and pelvic adhesions.

(d) Ultrasonography Anatomy of Abdomen

(i) Knowledge Base - Normal appearance

(ii) Abnormalities commonly found

(iii) Reporting of Mass lesions

(iv) Measurements - specific locations & Proper Techniques

2. Skill sets

(i) Ability to consistently identify and examine the uterus, ovaries, adnexa and pouch of Douglas.

(ii) Ability to assess cyclical endometrial changes and endometrial responses to the combined pill and other hormonal preparations.

(iii) Ability to assess the uterine size and to accurately measure endometrial thickness.

(iv) Ability to assess ovarian volume and functional changes in the ovaries and adnexa during menstrual cycle: follicular appearances, variation in the morphology of corpora lutea, functional cysts, fluid in pouch of Douglas.

(v) Ability to diagnose uterine fibroids, measure their size and assess their relation to the endometrial cavity. Correlate ultrasound findings to clinical symptoms.

(vi) Ability to assess fibroids and adenomyosis and differentiate where possible.

(vii) Ability to interpret the measurement of endometrial thickness in the clinical context.

(viii) Ability to differentiate between focal and global endometrial thickness.

(ix) To be able to identify Intra-uterine Contraceptive Device and its location within the uterus.
(x) Ability to perform ultrasound examination combined with palpation in order to accurately identify the origin of pelvic lesion and interpret this in the clinical context.
(xi) Ability to assess the size of adnexal lesions including mean diameter and volume.
(xii) Ability to approach the assessment of adnexal lesions in a systematic way. Familiarity with standardised terms and definitions to describe sonographic features of adnexal lesions
(xiii) Ability to diagnose simple functional and haemorrhagic cysts, polycystic ovaries, dermoids and endometriomas based on subjective assessment alone.
(xiv) Ability to recognise abnormal pelvic fluid/ascites
(xv) Ability to take a good clinical history in order to facilitate differential diagnosis of pelvic pain.
(xvi) Be able to assess tenderness and mobility of pelvic organs including the pouch of Douglas on transvaginal ultrasound scan.
(xvii) Ability to recognise ovarian endometriomas, hydrosalpinges, the consequences of pelvic adhesions and peritoneal pseudocysts on ultrasound scan.

(a) (1) Gynaecological ultrasound

(i) Accurate measurement of the
(ii) endometrium in the accepted sagittal plane
(iii) Assessment of the adnexal regions: accurate identification of the normal ovaries, normal fallopian tube, normal pelvic fluid
(iv) Accurate measurement of normal and abnormal adnexal structures: mean diameter and volume
(v) Recognise and evaluate common endometrial and myometrial abnormalities
(vi) Recognise and evaluate common ovarian abnormalities
(vii) Recognise and evaluate complex ovarian masses and refer on appropriately
(viii) Communicating normal results to patients
(ix) Communicating appropriate abnormal results to patients
(x) Producing written summary and interpretation of results
(xi) Issue structured written report
(xii) Arranging appropriate follow up or intervention

(2) Skill Set

(i) Ability to consistently identify and examine Abdominal structures
(ii) Identify Normal
(iii) Identify Common Pathological Lesions
(iv) How and When to seek further opinion

(b) Liver and Spleen or Biliary System or Gall Bladder or Pancreas

Patient preparartion and Scaning Techniques
—Sonographic Anatomy

(i) Liver -Diffuse liver disease, Fatty Liver, Grades. Acute hepatitis, cirrhosis and portal hypertension, Focal Mass lesions—Cystic Lesions or Solid Lesions
(ii) Spleen- Splenomegalyor Focal splenic mass – Solid mass, cysts, subphrenic abscess
(iii) Gall Bladder- Cholelithiasis or GB filled with calculi or Atypical calculus or Pitfalls
(iv) Pancreas-Inflammatory Acute pancreatitis (pancreatic and extrapancreatic manifestation
(a) Pseudocystor Chronic Pancreatitis or Neoplasms (solid andcystic looking)

(c) PROSTATE

(i) Sonographic anatomy (prostate, seminal vesicles)
(ii) Technique (transabdominal approach)
(iii) To identify central zone & peripheral zone or Measurement of prostate volume

(iv) Pathology

(a) Benign hypertrophy Prostatitis

(b) Prostatic abscess Cancer of prostate

(d) URINARY SYSTEM

Kidneys & ureters … scanning technique

(e) KIDNEYS

(i) Sonographic anatomy

(ii) Echogenicity, corticomedullary demarcation, renal sinus, Hypertrophied

(iii) Column of Bertin

(iv) URETERS Congenital anamolies(agenesis, ectopia, duplex collecting system &uretrocele)

(v) Hydronephrosisor Renal calculus or Infection orTumours or Mimics of calculus

(vi) Nephrocalcinosis or Pyelonephrotis, pyonephrosis, renal and perinephric abscess, chr. Pyelonephritis or Tuberculosis or Renal cell carcinoma, spectrum of sonographic appearance orAngiolipoma

(vii) Benign Cystic lesions (simplecorical cyst, complex cortical cyst, parapelvic cyst)

(viii) Polycystic kidney disease

(f) BLADDER

(i) Bladder calculus, bladder volume measurement.

(ii) Bladder wall (technique of thickness measurement)

(iii) Bladder mass, cystitis

(J) Contents – Section Three: Basics of obstetric scanning and interpretation in all trimesters – 3 Modules

I. <u>Module 1 Early pregnancy</u> :Trans-abdominal ultrasound examination of early pregnancy

The aims of the module:

(i) For trainees to become familiar with ideal machine set up and use of the transabdominal probe (including probe orientation)

(ii) To gain competence in undertaking a basic 'dating scan' using transabdominal scanning between 8-12 weeks gestation

(iii) To encourage an acute awareness of what can and cannot be seen using the transabdominal route in early pregnancy.

(a) ***Learning outcomes***

To be able to carry out appropriate:

(i) ultrasound identification of an intrauterine pregnancy

(ii) ultrasound identification of cardiac activity

(iii) basic first trimester biometry

(iv) referral as required

(b) The knowledge base

(i) Understand morphological features of normal early pregnancy

(ii) Understand physiology of cardiac activity in first trimester.

(iii) Understand principles of gestational sac diameter and crown-rump length measurements

(vi) Understand the principles of differences between normal intrauterine gestation sac and a pseudosac

(v) Understand diagnostic problems which may occur e.g. empty bladder, obese women and those with large uterine fibroids

(vi) Know when to refer for a Trans-vaginal scan

(c) ***Understand the diagnosis of multiple***

(i) pregnancy, chorionicity and amnionicity.
(ii) Understand criteria to diagnose miscarriage.
(iii) Understand the principles of ultrasound diagnosis of ectopic pregnancy.
(iv) Understand the management of women with Pregnancy of Unknown Location
(v) Knowledge of clinical and ultrasound findings suspicious of molar

(d) ***Skill sets***

(i) Ability to identify the features of a normal
(ii) gestational sac and confirm its intrauterine location.
(iii) Ability to measure gestational sac size and crown-rump length.
(iv) Ability to identify early cardiac activity using B-mode.
(v) Identify fetal number
(vi) Ultrasound diagnosis of early embryonic demise
(vii) Ultrasound assessment of a woman with suspected ectopic pregnancy
(viii) Ability to establish the diagnosis of multiple pregnancy with confidence and to assess chorionicity and amnionicity.
(ix) Ability to diagnose early embryonic demise based on assessment of gestational sac size and/or crown-rump length. Identify, assess and measure retained products of conception in women with incomplete miscarriages.
(x) Ability to correlate clinical, morphological and biochemical findings.
(xi) Ability to evaluate adnexa in a systematic and effective way and to interpret the findings in a clinical context. Identify the site and the number of
(xii) corporalutea. Identify tubal and non-tubal ectopic pregnancy and examine for the presence of a yolk sac or an embryo. Assess the amount and quality of fluid in the pouch of Douglas.
(xiii) Seek help with confirmation of diagnosis and further management
(xiv) Recognise limits of competency
(xv) Know limits of own ability and when to refer for further opinion Accurate documentation of measurements
(xvi) Producing written summary and interpretation of results
(xvii) Communicating normal results to parents
(xviii) Communicating abnormal results to parents
(xix) Arranging appropriate referral, follow up or intervention

II. **<u>Module 2- Basic</u> : Ultrasound assessment of fetal size, liquor and the placenta**

(a) ***The aims of the module:***

To gain basic competences that are potentially useful in day-to-day obstetric practice, including lie, presentation, placental site and liquor assessment. Basic biometry techniques will be taught but competence to the level of 'independent practice' is not required

(b) ***The knowledge base***

1. **Biometry**

(i) Awareness of the various lies and presentations
(ii) Fetal growth or Physiology
(iii) Pathology
  (A) Maternal
  (B) Placental
  (C) Fetal
(iv) Fetal biometry or Anatomical landmarks or Reference charts or Interpretation (including variability)
(v) Calculation and value of:
  (A) Ratios
  (B) Estimated fetal weight

2. Amniotic fluid

(i) Amniotic fluid volume or Physiology or Change with gestation or Pathology
(ii) Ultrasound measurement
(iii) Subjective vs objective
(iv) Max vertical pocket or Amniotic Fluid Index
(v) Reference charts
(vi) Interpretation (including variability)
(vii) Oligohydramnios
(viii) Definition and associations
(ix) Polyhydramnios
(x) Definition and associations

3. Placenta

(i) Ultrasound assessment of site
(ii) Indication for Transabdominal and transvaginal ultrasound
(iii) Placenta praevia
(iv) Classification
(v) Management

(c) Skill Sets

(i) Accurate measurement of Bi-parietal Diameter, Head Circumference , Abdominal Circumference ,Femure Length
(ii) Accurate documentation of measurements and observations, including chart plotting
(iii) Assessment of liquor volume
(iv) Be able to perform and interpret assessment of Amniotic Fluid Volume, maximum vertical pool depth and Amniotic Fluid Index using ultrasound
(v) Measurement of Amniotic Fluid Index
(vi) Assessment of liquor volume
(vii) Measurement of Maximal Vertical Pool Depth
(viii) Assessment of placental position using the trans-abdominal route
(ix) Arranging appropriate follow up or referral
(x) Producing written summary and interpretation of results
(xi) Communicating normal results to parents
(xii) Maintains awareness of limitations of own competence

III. <u>Module 3: Intermediate:</u> Ultrasound of normal fetal anatomy

(a) The aims of the module:

The overall aim of this module is to ensure that the trainee understands the indications for a fetal anatomy scan, is able to perform the scan safely and competently and to report the findings of the scan

(b) Learning outcomes

The trainee should be able to:

(i) take a proper clinical history.
(ii) carry out ultrasound examination in the appropriate environment with respect to the patients" privacy, cultural and religious needs.
(iii) understand the normal morphological ultrasound appearances of the fetus and its environment.
(iv) diagnose normal fetal anatomy
(v) be aware of the normal anatomical variants
(vi) understand the limits of their competence and the need to seek advice where appropriate.
(vii) Communicate the results to the parents
(viii) write a structured report
(ix) learn when to refer patients where appropriate.

(c) The knowledge base

(i) Know anatomical landmarks for performing standard fetal measurements Bi-parietal Diameter, Head Circumference, Abdominal Circumference,Femure Length

(ii) Recognise normal appearance of fetal structures and appreciate different appearance at different gestations

(iii) Know the detection rates of common anomalies

(iv) Provide parents with necessary information in a form they understand

(v) Communicate scan findings and information given to parents to other health professionals

(d) Skill sets

(i) Identify fetal position within uterus

(ii) Be able to move probe with purpose to identify

(iii) fetal structures

(iv) Be able to consistently and systematically identify the features described in an "optimal" anomaly scan Be able to perform standard fetal measurements Bi-parietal Diameter, Head Circumference, Abdominal Circumference,Femure Lengthincluding and also transcerebellar diameter, ventricular atrial diameter and Antero-posterior diameter of the renal pelvis

(v) Identify placental site

(vi) Recognise limits of competency

(vii) Recall patients appropriately for further scans if structures not seen clearly

(viii) Accurate measurements of Bi-parietal Diameter, Head Circumference, Abdominal Circumference, Femure Length, Transverse Cerebral Diameter and lateral atrial diameter of the cerebral ventricles

(ix) Confirm normal anatomy of head and face

(x) Confirm normal anatomy of spine

(xi) Confirm normal anatomy of heart and chest

(xii) Confirm normal anatomy of abdomen

(xiii) Confirm normal anatomy of limbs

(xiv) Perform full anomaly scan

(xv) Recognise common structural anomalies

(xvi) Locate and assess placenta

(xvii) Assess liquor volume

(xviii) Provide parents with information about:

(xix) Normal scan findings

(xx) Abilities and limitations of ultrasound

(xxi) To be aware of the limitations of this technique and know when to refer

(xxii) To be able to discuss with parents the possibility of an abnormality and the need for a further opinion

(K) Contents – Section Four

1. Introduction to the problem of declining child sex ratio and provisions of the Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act.

Continuous decline in child sex ratio since 1961 Census is a matter of concern for the country. Beginning from 976 in 1961 Census, it declined to 927 in 2001. As per Census 2011 the Child Sex Ratio (0-6 years) has dipped further to 919 against 927 girls per thousand boys recorded in 2001 Census. Child sex ratio has declined in 18 States and 3 UTs and except for the states of Himachal Pradesh (909), Punjab (846), Chandigarh (880), Haryana (834), Mizoram (970), Tamil Nadu (943), Karnataka (948), Delhi (871), Goa (942), Kerala (964), Gujarat (890), Arunachal Pradesh (972), and Andaman & Nicobar Islands (968) showing marginal improvement, rest of the 21 states/ UTs have shown decline.

"The Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act."

"An Act to provide for the prohibition of sex selection, before or after conception, and for regulation of pre-natal diagnostic techniques for the purposes of detecting abnormalities or metabolic disorders or chromosomal abnormalities or certain congenital malformations or sex-linked disorders and for the prevention of their misuse for sex determination leading to female foeticide and for matters connected therewith or incidental thereto."

2. Implementation of the Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994:

The Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act was enacted on September 20, 1994 and the Act was further amended in 2003. The Act provides for the prohibition of sex selection ,before or after conception, and for regulation of pre-natal diagnostic techniques for the purposes of detecting genetic abnormalities or metabolic disorders or chromosomal abnormalities or certain congenital malformations or sex linked disorders and for the prevention of their misuse for sex determination leading to female foeticide and for matters connected therewith or incidental thereto.

The Act is implemented through the following implementing bodies:

(i) Central Supervisory Board
(ii) State Supervisory Boards and Union Territory Supervisory Boards
(iii) Appropriate Authority for the whole or a part of the State or Union Territory
(iv) State Advisory Committee and Union Territory Advisory Committee
(v) Advisory Committees for designated areas (part of the State) attached to each Appropriate Authority.
(vi) Appropriate Authorities at the District and Sub-District levels

3. Registration:
Appropriate Authority of the district is responsible for registration of ultrasound diagnostic facilities.

4. Application fee:
(1) Rs.25000.00 for Genetic Counselling centre, Genetic laboratory, Genetic Clinic, Ultrasound Clinic or Imaging Centre.
(2) Rs.35000.00 for an institute, hospital, nursing home, or any place providing jointly the service of Genetic Counselling Centre, Genetic laboratory, Genetic Clinic, Ultrasound Clinic or Imaging Centre or any combination thereof.

5. Mandatory Displays at ultrasound center:
(1) Pre-conception and Pre-natal Diagnostic Techniques (PC and PNDT) Certificate: It is mandatory for every clinic or facility or hospital etc. registered under the Pre-conception and Pre-natal Diagnostic Techniques Act to display the certificate of registration at a conspicuous place at such Centre, Laboratory or Clinic.
(2) Signage, board or banner in English & local language indicating that foetal sex is not disclosed at the concerned facility.
(3) Copy of the Pre-conception and Pre-natal Diagnostic Techniques Act must be available in every ultrasound center

6. Renewal of registration

(1) Every certificate of registration is valid for a period of 5 years
(2) Renewal of registrationto be done 30 days before the date of expiry of the certificate of registration.

7. Mandatory maintenance of records:*Register showing in serial order:*

(1) Names and addresses of men or women subjected to *pre-natal diagnostic procedure or test*;
(2) Names of their spouses or fathers;

(3) Date on which they first reported for such counselling, procedure or test.

(4) A monthly report should be submitted to the Appropriate Authority regularly, before the 5th of every month. A copy of same monthly reports with the signature of the Appropriate Authority acknowledging receipt must be preserved.

8. Preservation of the following duly completed forms

(i) Form F
(ii) Referral Slips of Doctors
(iii) Forms of consent
(iv) Sonographic plates or slides

9. Record storage:

All above records should be preserved for 2 years.

10. Powers of Appropriate Authority :

(1) Appropriate Authority can enter freely into any clinic or facility for search and seizure.

(2) Examine and inspect of registers, records including consent forms, referral slips, Forms, sonographic plates or slides and equipment like ultrasonography machines.

(3) To ensure presence of at least two independent witnesses of the same locality or different locality during the search

11. For further Do's and Don'ts about following the Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act and rules a **Handbook of Pre-conception and Pre-natal Diagnostic Techniques Act and rules with Amendments** published by *Ministry of Health, Government of India* has made available online on www.pndt.nic.in

Schedule- II

LOGBOOK AND ASSESSMENT

1. The Logbook

The Logbook records the training activity, tutorials and self-directed learning undertaken and competencies achieved. Maintenance and regular review of the logbooks during interim assessments will allow the Principal Trainer and Trainee to monitor progress and identify deficiencies over the course of training. The Trainer will sign the appropriate sections of the Logbook documents with regard to attendance, skill and competence. It is imperative that all participants appreciate that the Trainee's progress has to meet standards that satisfy the Trainers. At the end of the training programme, the Principal Trainer has to certify that the competencies and skills attained by the Trainee are to his/her satisfaction.

(1) Training Plan Level 1 exercise to be performed under direct supervision:

At this initial assessment, a training plan should be agreed between the Principal Trainer and the Trainee, using the competency, skills and attitudes lists to set the learning objectives. (This should include, identifying a theory course to be attended within 6 months of induction assessment, if not already undertaken.) The initial learning objectives and the activity plan to meet these should be tailored to the individual learning needs of the Trainee. Subsequent learning objectives should be set at interim assessments until the Trainee has attained all the competencies, skills and attitudes on the lists.

It is the Trainee's responsibility to undertake this planned learning. The Principal Trainer should guide this, but need not undertake all training themselves.

In addition to the recording of competence, the logbook also contains sections for the recording of ultrasound images and basic clinical details of clients seen by the trainee. The ultrasound images should be of high quality and

demonstrate aspects of the ultrasound scan which are pertinent to the clinical case and should have been obtained by the trainee. The trainee should review suitable images with the Trainer, prior to attaching them to the logbook.

This logbook is intended to record experience of ultrasound imaging in clinics where clients are referred for ultrasound imaging as part of the management of their abdomino-pelvic and gynecological conditions (early pregnancy clinics, pre-abortion assessment clinics, etc) either in hospital or community setting.

It also:

(a) Provides a summary of the syllabus in the form of a list of necessary competencies.

(b) Records the outcomes of the learning objectives agreed between you and your Trainers.

(c) Provides a record of your achievements as you attain competence in the required areas.

(d) Records the certified assessment of your competence when applying for the Certificate.

(e) Provide a permanent record of interesting cases to act as a reference for future practice.

(2) Minimum Number of Scans for Level-I Training (Total 200 cases)

Obstetric Scans		
Viable Pregnancies	10	
Non Viable Pregnancies	10	
Normal Biometry	10	
Growth Restrictions	10	
Abnormal Pregnancy	10	(ectopic or multiple etc.)
Gynaec	10	
IUCD's	05	
Fibroids	10	
Ovarian Cysts	10	
Gynaec Disorders	10	
Non- Obstetric Scans		
Normal abdominal Scan	20	
Gall Stone Disease	10	
Extra hepatic Biliary Channel	05	
Hepatic Solid Masses	05	
Hepatic Cystic Lesions	05	
Pancreas	05	
Urinary	25	
Normal Scan	10	
Cystic lesions of Kidney including Hydronephrosis	05	
Solid lesions of Kidneys	05	
Ureteric and Bladder Stones	05	
Prostate	05	
Observations -		
Transvaginal Scan	10	
Color Doppler Studies Obstetric	10	

2. Assessment

As well as the initial assessment, the Principal Trainer must perform at least one interim assessment to check the Trainee's progress and the summative (final) assessment of competence. The Principal Trainer has to certify that the competencies and skills attained by the Trainee are to his/her satisfaction.

It is the responsibility of the independent examiner to be nominated by Director, Medical Education Department of the concerned State to certify final competence, in order to exit the training programme .

(1) Guidelines for Assessors

(a) Assessors may be Ultrasonographers, Obstreticians or Gynaecologists or doctors experienced in ultrasonography.
(b) Assessor should explain to the person being assessed, that the purpose of this exercise is to assess technical competence.
(c) The trainee should perform the procedure based on his/her usual practice. The trainee and trainer should fill in the forms separately and use them to inform discussion following observation of the trainee. The assessment is designed to assess technical skills. It enables discussion on technique and will allow discussion on why the trainee acted as she/he did.
(d) It is planned that each trainee should be assessed by Objective Structured Assessment of Technical Skills at least twice in a training programme; by different assessors, one of whom should be the Independent Examiner, as part of the summative assessment.
(e) Trainees must already have achieved competence (direct supervision), in the procedure being evaluated.

For each procedure, the following must be completed:
(a) Itemised Checklist Score
(b) Objective Structured Assessment of Technical Skills assessment sheet

It is not necessary to obtain written consent from patients, but it would be prudent to say that the Trainee is partaking in an assessment with full supervision. Patients may choose not to be part of the assessment process.
3 copies of the forms should be kept;
(a) One for the trainee's portfolio
(b) One for the Principal Trainer
(c) One to go back to the Faculty with all forms when the certificate is applied for.

(2) OBJECTIVE STRUCTURED ASSESSMENT OF TECHNICAL SKILLS (OSATS)

(A). BASIC SKILLS Skill	**Level 1**	**Level 2**	**Trainer to sign and date when competence achieved**
	Supervised	Independent	
Machine set-up			
Counselling for scan			
Decide transabdominal vs.			

(A). BASIC SKILLS **Skill**	**Level 1**	**Level 2**	**Trainer to sign and date when competence achieved**
Transvaginal route			
Choice of probe			
Patient positioning			
Orientation			
Identify normal			
endometrium			
Identify normal			
Myometrium			
Identify normal ovaries			
Measure cervical length			
Recording images			
Note keeping			

Special Remarks

(B). EARLY PREGNANCY **Skill**	**Level 1**	**Level 2**	**Trainer to sign and date when competence achieved**
	Supervised	Independent	
Confirm viability			
Date pregnancy			
Diagnose corpus luteum cyst			
Diagnose multiple pregnancy			
Identify retroplacental haematoma			
Diagnose anembryonic pregnancy			
Diagnose missed miscarriage			
Diagnose retained products of conception			
Counselling for failed pregnancy			

Diagnose ectopic pregnancy			

Special Remarks

(C). MENORRHAGIA Skill	**Level 1**	**Level 2**	**Trainer to sign and date when competence achieved**
	Supervised	Independent	
Identify submucous fibroid			
Identify intramural fibroid			
Identify subserous and pendunculated fibroid			
Identify adenomyosis			

Special Remarks

(D). POSTMENOPSA AND INTERMENSTRUAL BLEEDING Skill	**Level 1**	**Level 2**	**Trainer to sign and date when competence achieved**
	Supervised	Independent	
Measure endometrial thickness			
Identify atrophic endometrium			
Identify hyperplastic endometrium			
Identify endometrial polyps			
Identify functional ovarian tumours			

Special Remarks

(E). PELVIC MASS **Skill**	**Level 1**	**Level 2**	**Trainer to sign and date when competence achieved**
	Supervised	Independent	
Identify mass as uterine			
Identify unilocular ovarian mass			
Identify complex ovarian mass			
Identify ascites			

Special Remarks

(F). REPRODUCTIVE MEDICINE **Skill**	**Level 1**	**Level 2**	**Trainer to sign and date when competence achieved**
	Supervised	Independent	
Identify cyclical changes in endometrium			
Identify cyclical changes in ovary			
Identify polycystic ovary			
Locate Intra-uterine Device or Intra-uterine System position in uterus			
EXTRA PELVIC SCANS			
Identify normal placement of Implanon			
Locate non-palpable Implanon			

Special Remarks

(G). GENERAL ABDOMEN **Skill**	**Level 1**	**Level 2**	**Trainer to sign and date when competence achieved**
	Supervised	Independent	
LIVER AND SPLEEN or BILIARY			

SYSTEM			
Patient preparartion and Scaning Techniques-Sonographic Anatomy			
Diffuse liver disease			
Fatty Liver, Grades.			
Acute hepatitis, cirrhosis and portal hypertension			
Focal Mass lesions - Cystic Lesions or Solid Lesions			
Spleen - Splenomegaly or Focal splenic mass – Solid mass, cysts, subphrenic abscess			

Special Remarks

(H). GENERAL ABDOMEN Skill	**Level 1**	**Level 2**	**Trainer to sign and date when competence achieved**
	Supervised	Independent	
URINARY SYSTEM			
Kidneys & ureters … scanning technique			
Sonographic anatomy			
Echogenicity, corticomedullary demarcation, renal sinus, Hypertrophied			
Column of Bertin			

URETERS Congenital anamolies (agenesis, ectopia, duplex collecting system & uretrocele)			
Hydronephrosisor Renal calculus or Infection orTumoursor Mimics of calculus			
NephrocalcinosisorPyelonephrotis, pyonephrosis, renal &perinephric abscess, chr. Pyelonephritis or Tuberculosis or Renal cell carcinoma, spectrum of sonographic appearance or Angiolipoma			
Benign Cystic lesions (simple corical cyst, complex cortical cyst, parapelvic cyst)			
Polycystic kidney disease			

Special Remarks

(I). GENERAL ABDOMEN Skill	**Level 1**	**Level 2**	**Trainer to sign and date when competence achieved**
	Supervised	Independent	
BLADDER			
Bladder calculus, bladder volume measurement.			
Bladder wall (technique of thickness measurement)			
Bladder mass, cystitis			

Special Remarks

(J). GENERAL ABDOMEN Skill	Level 1	Level 2	Trainer to sign and date when competence achieved
	Supervised	Independent	
GALL BLADDER or PANCREAS			
Gall Bladder- Cholelithiasis			
GB filled with calculi or Atypical calculus or Pitfalls			
Pancreas - Inflammatory Acute pancreatitis pancreatic andextrapancreatic manifestation			
Pseudocystor Chronic Pancreatitis or Neoplasms (solid and cystic looking)			

Special Remarks

(K). GENERAL ABDOMEN Skill	Level 1	Level 2	Preceptor to sign and date when competence achieved
	Supervised	Independent	
PROSTATE			
Sonographic anatomy (prostate, seminal vesicles)			
Technique (transabdominal approach)			
To identify central zone and peripheral zone or Measurement of prostate volume			
Pathology - Benign hypertrophy Prostatitis Prostatic abscess - Cancer of prostate			

Special Remarks

GUIDELINES FOR ASSESSMENT FOR FINAL EXAMINATION

Minimum pass marks – For practicals 60 andTheory 50

I. THEORY ASSESMENT

(a) 100 marks – two hours

(b) 50 multiple choice questions of one mark each= 50 marks

(c) 10 short answers with five marks each = 50 marks

(d) Short Question will have a defined space for the candidate to fit answer

II. PRACTICAL ASSESMENT

(a) 20 marks for log book

(b) 50 marks for demonstrations

(c) 30 marks viva

Note: **The examiner can chose any FIVE of these TEN for demo and allot 10 marks each**

Step 1: Preparation

1.1 Equipment preparation
1.2 Patient preparation
1.3 Operator preparation
1.4 Expose the lower abdomen and apply the gel
1.5 Select the transducer

Step 2: Commence the growth and high-risk pregnancy scanning protocol

2.1 Patient position
2.2 Scan plane
2.2 Transabdominal scan plane
Endovaginal scan plane
2.3 Standard second and third trimester protocol image requirements
1. Fetal lie, life, number, presentation, and situs
2. Maternal uterus and adnexae
3. Amniotic fluid and placental location
4. Fetal biometry
5. Fetal anatomy

Step 3: Overview of second and third trimester routine ultrasound examination

Step 4: Perform targeted scan relevant to clinical condition of fetus and/or mother

4.1 Scan for multiple pregnancy

Step 5: Scan for intrauterine growth restriction

5.1 Fetal biometry, growth, and weight

Step 6: Scan for amniotic fluid and membranes

6.1 Calculate the amniotic fluid volume

Step 7: Scan for placenta and umbilical cord abnormalities

7.1 Placenta
7.2 Umbilical cord

Step 8: **Scan for fetal biophysical profile**

Step 9: **Scan for fetal complications of maternal disease**
9.1 Fetal hydrops
9.2 Maternal diabetes
9.3 Maternal hypertension and pre-eclampsia
9.4 Other maternal diseases

Step 10: **Demonstrate – to asses general abdominal scan – maternal liver/gall bladder/kidneys**

III. VIVA – 30 marks on three case situations

Clinicosonographic co-relation

video clip and case studies

IV. *CASE STUDY*

Case Number:	Date:

Preliminary data

Ultrasonography Findings

Impressions

Key Learnings

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All the reports and forthcoming publications under National Campaign for elimination of female foeticide in India are available at: http://www.stopfemaleinfanticide.org/

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