PRIME MINISTER'S OFFICE

SOUTH BLOCK
NEW DELHI 110 011

Subject: Follow-up of Valiathan Committee Report on AIIMS

1. Please refer to the comments of the Ministry of Health on follow-up of the Valiathan Committee Report on AIIMS with reference to this item listed as a Thrust Area. Recommendations of the Valiathan Committee could be broken up into two segments : (copy enclosed)

a) those that could be followed up immediately; and

b) those that may have to await structural alterations through a new Act

2. It is suggested that activities listed in the first segment which shall not require structural alterations could be taken up for follow-up initially even as action for the second segment is considered separately.

3. Ministry of Health is also requested to suggest timelines for follow-up action.

[R. Gopalakrishnan]
Joint Secretary to PM
Tel.# 2301 5944

Secretary, Ministry of Health and Family Welfare [Shri Naresh Dayal]

PMO I.D. No. 520/31/c/52/06-ESII Vol-2 Dated: 9.4.2007

specific purposes – payment of subscriptions, buying of books, hosting distinguished visitors, etc and the consultants could authorize the expenditure from the Departmental fund. AIIMS should form a Committee to study the consultancy practice in other scientific organizations and evolve a scheme of its own.

11. ◻ For 5 years of completed service where a Professor has been academically and scientifically productive, he/she should be granted sabbatical leave for one year to be spent in any institution of learning in India or abroad when he/she would continue to receive full pay in AIIMS and permission to retain quarters.

12. ◻ For Additional Professors/Professors who wishes to serve in the private sector in India or abroad after 5 years of service, leave for 2 years should be considered favourably when they would not be entitled to receive pay or allowances or retention of quarters.

13. ◻ A small number – not exceeding ten – of supernumerary positions at Associate Professor/Professor level should be created to be filled when there is need in a frontier area in any branch of science (i.e. Nanomedicine) and a brilliant individual who is available may be lost by too much delay in regular selection. The Research Council should recommend these individuals before the offer of appointment to the supernumerary post is made.

14. ◻ At Additional Professor/Professor level, if an individual with proven contributions to science wishes to switch to a purely research career that should be permitted.

15. ◻ If a faculty member has excelled in research and has patents, which got licensed through the Institute, he/she should be given leave to join the industry as consultant/partner on suitable terms and lien protected for a specified period.

16. ◻ In new areas where AIIMS lacks expertise, acknowledged experts from laboratories in the public/private sector/ institutions of higher education should be permitted to join as Adjunct Faculty on contract basis.

17. ◻ Headships of departments should be rotated every five years.

18. ◻ For Assistant Professors/Associate Professors who have innovative ideas for research and whose synopsis is recommended by the

Research Council, seed money up to one lakh should be granted to undertake a study or do a pilot project.

19. ◻ The Institute should create a Personnel Deptt with a competent Personnel Officer (MBA) in charge who should report to the Director.

20. ◻ The Institute should offer a regular, structured programme for continuing education for all categories of technical staff including nurses, technicians, radiographers, dieticians, and physiotherapists on a yearly basis. From the existing senior staff and with the assistance of retired staff as consultants, a Committee should be set up to prepare the course content of short term training, (2-3 weeks), their updating every year and monitoring of progress. The Personnel Deptt should be closely involved in the operations of these programmes. Certificate of attendance at these courses should be made mandatory for promotion.

21. ◻ Recruitment to Class C and D level posts should be done through reputed professional agencies in the public/private sectors.

22. ◻ The present OPD should be expanded to the adjacent land in the rear so that the capacity can be nearly doubled; this should be accompanied by corresponding expansion in laboratory and other support facilities.

23. ◻ The expansion in the OPD should be coupled with the introduction of an MD Course in family medicine, whose faculty and trainees will provide the core staff supported by other Depts.

24. ◻ As expansion of the OPD will provide no more than temporary reprieve Govt should consider a scheme to expand the OPDs of the 4 Medical Colleges in Delhi simultaneously so that they would draw away 8000 patients a day and reduce the pressure on AIIMS.

25. ◻ The expansion plans involving 12 super speciality blocks should be evaluated vis-à-vis the Mission of AIIMS and not only in terms of engineering feasibility. We would also urge that no project is launched without DPRs and before DPRs are approved by the Governing Body and the Central Govt.

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FOLLOW UP ACTION OF VALIATHAN COMMITTEE REPORT ON AIIMS

(I) ACTION NOT REQUIRING STRUCTURAL ALTERATIONS

1. ▫ Through discussions among the faculty and other stakeholders, Institute should develop a Mission Statement which should be inspirational and, at the same time, indicative of its commitment to advance medical education, standards of hospital care and biomedical research for the well-being of the Indian people and progress of the Indian economy. The Mission Statement should receive the approval of the Institute Body and appear in the Official Reports and documents of the Institute and its website.

2. ▫ The K.L. Wig Center should set up an Advisory Committee as suggested below to give a new direction to its activities.

   - Three Professors of AIIMS representing pre, para and clinical disciplines and with active interest in medical education.
   - A Public health specialist
   - A nominee of the UGC who is an expert on value addition.
   - A nominee of ICMR representing bioethics.
   - A nominee of NASSCOM, who is an expert in software development for education and training.
   - A nominee of the D/o Space, who is an expert in telemedicine.

3. ▫ Strengthening the D/o Community Medicine, which would be the nodal point for the Institute's participation in the National Missions in Public Health.

4. ▫ AIIMS should form consortia with other research institutions and industry to develop and transfer for commercialization a range of products and processes prioritized by the National Missions in Public Health.

5. ◻ To set up and affiliate self-financing, non-profit body, viz. AIIMS International which would draw upon intellectual and professional strengths of AIIMS for global partnership for trainings medical education.

6. ◻ AIIMS International should establish collaboration with institutions for medical education and research; and teaching hospitals across the world to advance the cause of global partnership in health and education. The activities may involve consultancy by AIIMS faculty for specific projects; setting up new institutions for medical education or research in other countries;

7. ◻ The qualifying service required to become eligible for time-bound promotion from Assistant Professor to Associate Professor should remain 4 years as the new appointees would be gaining valuable experience during this period and generally unwilling to leave; the eligibility period for promotion from Associate to Additional should be reduced to 3 years provided the candidate has published atleast 3 papers in journals with an impact factor of not les than 2. This is a reasonable requirement for anyone who wishes to occupy a senior faculty position of Additional Professor.

8. ◻ Age of retirement should be raised from 62 to 65 whenever the individual's academic and research performance has been excellent and he/she continues to remain productive as determined by the Academic Committee/Research Council.

9. ◻ A research incentive of Rs.10,000/- may be given to authors for every paper they publish in Journals with an impact factor of not less than four. For professors who have papers or sessions to chair, international travel should be supported once a year; for Assistant/Associate/Additional Professors, international travel should be supported once in two years for the same purposes. The Director, AIIMS should be authorized to issue permission for these travels.

10. ◻ Consultancy for Indian industry should be encouraged among faculty either on individual basis or Deptt wise. Various formulae exist among IITs, CSIR laboratories etc for the sharing of consultancy fees between the consultants and institutions, but few have been free from problems in actual operation. A formula, which seems fair but may not satisfy individuals is to credit the consultancy ~~fee~~ to a Departmental fund which could be used for

26. ▫ The Emergency Deptt, already expanded, should be improved further with a view to introducing a Course in MD in Emergency Medicine, the trainees should have rotational postings in the Trauma Center which should, when opened, work in close collaboration with the Emergency Deptt and the Satellite Trauma Centres in the National Capital Region. AIIMS should give support to the local authorities in terms of planning, consultancy and partnership for launching the Satellite Centres linked to the Trauma Center.

27 ▫ A construction group should be set up separately to supervise the construction part of all new projects.

28 ▫ A position of Dean (Research) should be created to coordinate and promote research activities. It should be filled by a faculty member who has impeccable credentials such as Fellowship of one of the Science Academies, Bhatnagar prize etc.

29 ▫ Two Research Councils should be set up to monitor the activities in clinical research and biomedical research with membership as suggested below:

(a) Research Council (Clinical) (18 members) of which 9 members who are Fellows of the National Academy of Medical Science (FAMS) in different medical disciplines.

(b) Research Council (Bio-medical) (18 members) of which 9 members who are Fellows of the 3 Science Academies (INSA, IISc, NASc) in different medical and biological sciences.

30 ▫ A new Project Planning and Monitoring Committee should be set up for all major developmental projects of AIIMS. Its role and composition are given separately.

31. ▫ A reputed Institute of Management such as IIM/A may be asked to study the management practices at AIIMS and suggest a model for faster decision making, better control of operations, optimal use of financial and human resources, and for making it an effective organization.

(II) ACTION REQUIRNG STRUCTURAL ALTERATIONS

- As the jurisdiction of the MoH&FW extends over numerous institutions all across India including 2 institutions of national importance (AIIMS and PGI) and several more AIIMS-type institutions on the anvil, it would no longer be practical or productive for the Minister of Health to preside over individual institutions. We would therefore recommend the adoption of the time-tested model of MHRD for IITs and suggest that the Minister of Health may preside over Joint Council of AIIMS, PGI and other AIIMS-type institutions, which should be created for this purpose.

- The President of India should be the visitor AIIMS, which would place the Govt – Institute relationship on a time-tested and highly prestigious foundation.

- To enhance autonomy and give primacy to science and education in the stewardship of AIIMS, changes are necessary in the Act, Rules and Regulations.

- It is necessary to induct individuals with expertise in diverse fields such as management, cost accountancy, urban planning etc in the Standing Committees, which need strengthening to make prudent use of resources. This requires an amendment to the Act, which is recommended separately.

- The Standing Committees should be reconstituted with a view to making them more effective with carefully chosen experts to address sectoral needs. A new pattern of membership for the Standing Committees is suggested.

- The period of the service of the members other than the ex-officio members should be limited to one term in the Institute Body and Standing Committee.

- The selection for the Director's post should be done by a search-cum-selection committee headed by the President of the Institute and consisting of the DGHS, DG, ICMR, VC, Delhi University, 4-members of the Institute Body nominated under subsection (e) and (f) of Section 4. The Institute Body should appoint the Director on the basis of the Committee's recommendation with the prior approval of the visitor.

REPORT

OF

THE EXPERT COMMITTEE ON

ALL INDIA INSTITUTE OF MEDICAL SCIENCES

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TABLE 4

Departments
1. Anesthesiology
2. Anatomy
3. Biochemistry
4. Biomedical Engineering
5. Biophysics
6. Biostatistics
7. Biotechnology
8. Community Medicine
9. Dermatology and Venereology
10. Endocrinology and Metabolism
11. Forensic Medicine
12. Gastroenterology and Human nutrition
13. Gastrointestinal Surgery
14. Haematology
15. Hospital Administration
16. Laboratory Medicine
17. Medicine
18. Microbiology
19. Nephrology
20. Nuclear Magnetic Resonance
21. Nuclear Medicine
22. Obstetrics and Gynaecology
23. Orthopaedics
24. Otorhinolaryngology (ENT)
25. Paediatrics
26. Paedatric Surgery
27. Pathology
28. Pharmacology
29. Physical Medicine and Rehabilitation
30. Physiology
31. Radiodiagnosis
32. Reproductive Biology
33. Surgical Disciplines
34. Transplant immunology and Immunogenetics
35. Urology

Centres:	
Cardiology	7790
Cardiothoracic and Vascular Surgery	3269
Neurology	2514
Neuro surgery	4322
R. P. Centre	24313
BRAIRCH	2734

Table 3 highlights the pattern of hospital services at AIIMS, which differs from that of other teaching hospitals in India in so far as the beds for specialities and superspecialities far outnumber those for medicine, surgery and obstetrics which form the mainstream and the core of clinical training of medical undergraduates. The number of deliveries conducted in a year is less than 2500 which is small for a teaching hospital.

2. 5. Departments: There are 35 Departments which belong to pre-clinical, para-clinical and clinical disciplines as well as others such as biomedical engineering, biostatistics, biophysics, biotechnology and hospital administration. The faculty structure of Departments is based on Assistant Professorship at the entry level which rises to full Professorship through Associate and Additional Professorship through "assessment promotion". The number of these positions varies among the Departments whose contributions to the clinical, academic and research activities of AIIMS also vary greatly. The Departments are listed in Table 4.

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It is clear from Table 2 that the strikingly smaller number of patients from Punjab is because of the availability of equally good hospital services in PGI, Chandigarh for the population of Punjab. This has larger implications for remedying the problem of "over crowding" in AIIMS hospitals.

The distribution of patients in various Departments is indicative of the relative emphasis placed by AIIMS in patient services. A few selected examples are given in Table 3.

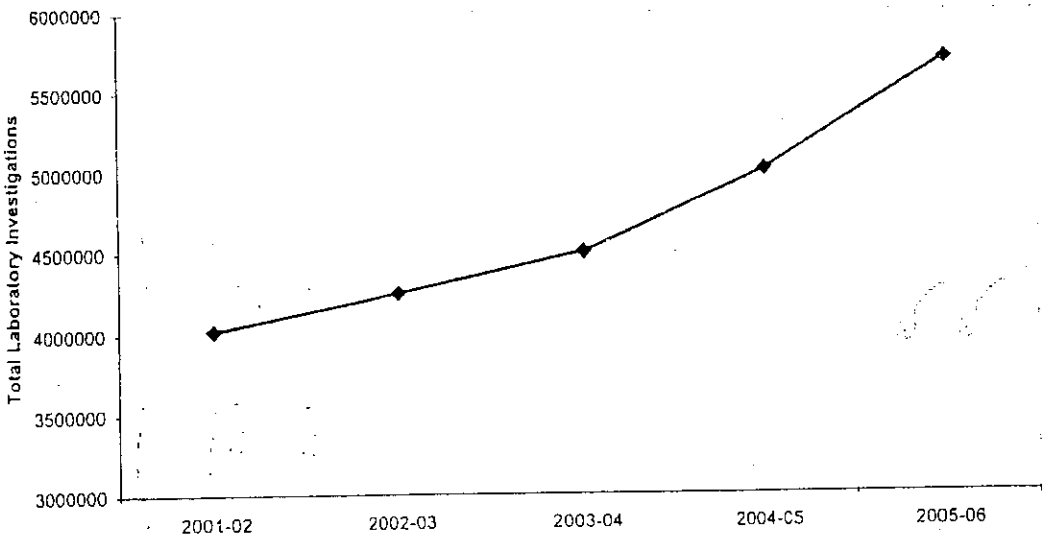
TABLE 3

Department-wise distribution of inpatients (2004 – 2005)

Departments	No. of Patients
Main Hospital:	
Dermatology	3738
Gastroenterology	1868
Gastrointestinal surgery	701
Hematology	5943
Medicine	3519
Neonatology	2337
Nephrology	3394
Obstetrics and Gynaecology (Deliveries 2300)*	9364*
Orthopaedics	4207
Otorhinolaryngology	4546
Surgery	6325
Urology	4909

FIGURE 8

Lab Investgations



Source: Medical Records Section

During 2004 - 2005, the AIIMS hospitals admitted over 80,000 patients; conducted over 2300 deliveries; and posted an average bed occupancy of 83% with average length of stay of 5.2 days and combined crude infection rate of 8.9%. The hospitals attract patients from Delhi, neighbouring regions and even from abroad as shown in Table 2.

TABLE 2

Geographical distribution of patients

States	No. of patients
Delhi	43271
Uttar Pradesh	12863
Haryana	9058
Punjab	689
Rajasthan	1548
Bihar	5840
Other States	6556
Other Countries	315

deliveries, surgical procedures and laboratory tests are given in Figures 2- 8 (Source, AIIMS administration).

FIGURE 2
OPD Attendance
(AIIMS Main Hospital)

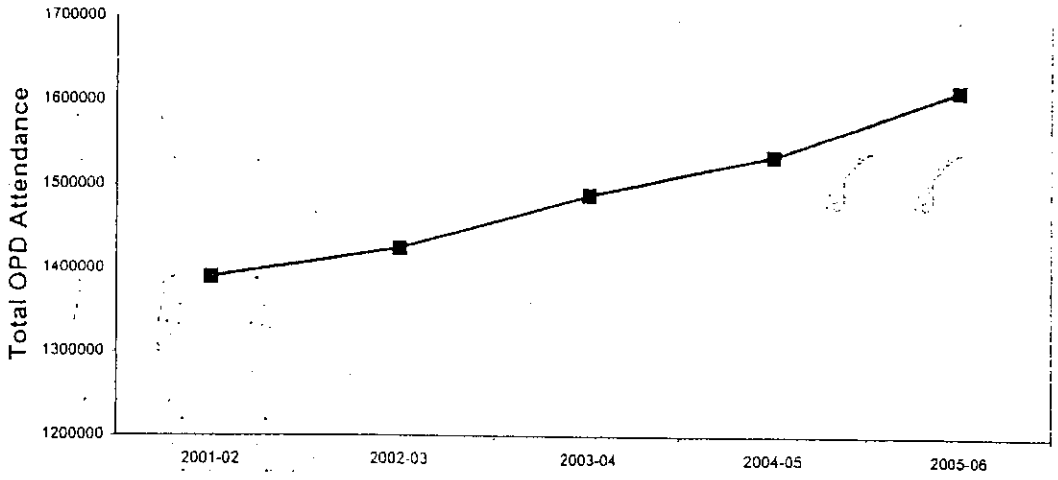


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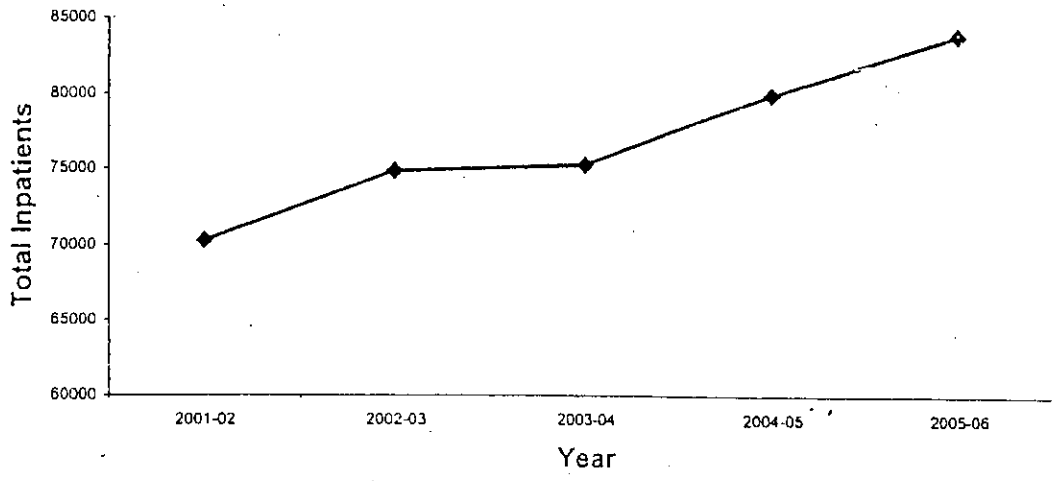
FIGURE 3
IP Admissions
(AIIMS Main Hospital & CN Center)



Source: Medical Records Section

2. 3. Examination Section: As an institution of national importance, AIIMS conducts examinations and awards degrees. Headed by a Dean, entrance examinations are conducted on all-India basis for all the UG and PG courses, and for professional examinations after admission, which numbered 36 in 2004 - 2005. The entrance examinations totaled 13, which attracted more than 100,000 candidates. It is noteworthy that for MD/MS entrance test (May 2004), over 4600 candidates failed to appear against 9000 who appeared; for MBBS (August 2004) over 38,000 failed to appear against 52000 who actually appeared. This may indicate a trend and the pull of opportunities for medical education elsewhere in India.

The Examination Section also conducted all-India PG entrance examination for admission to MD/MS/Diploma/MDS courses against 50% open merit quota in 186 centres all over India.

2. 4. Hospital Services: The combined bed strength of the main hospital and the centres is stated to be 1953 with the C N Centre and R P Centre accounting for 360 and 300 beds respectively. The growth in the number of beds continues and over 400 are expected to be added in 2006 - 2007 apart from the installation of 100 dental chairs. The statistics for outpatient attendance, inpatient admissions, admission of women and children,

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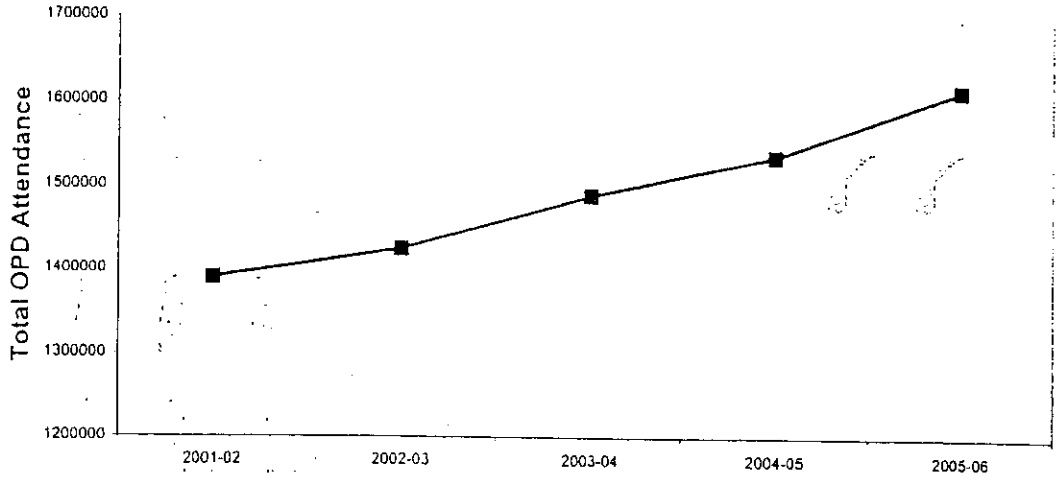

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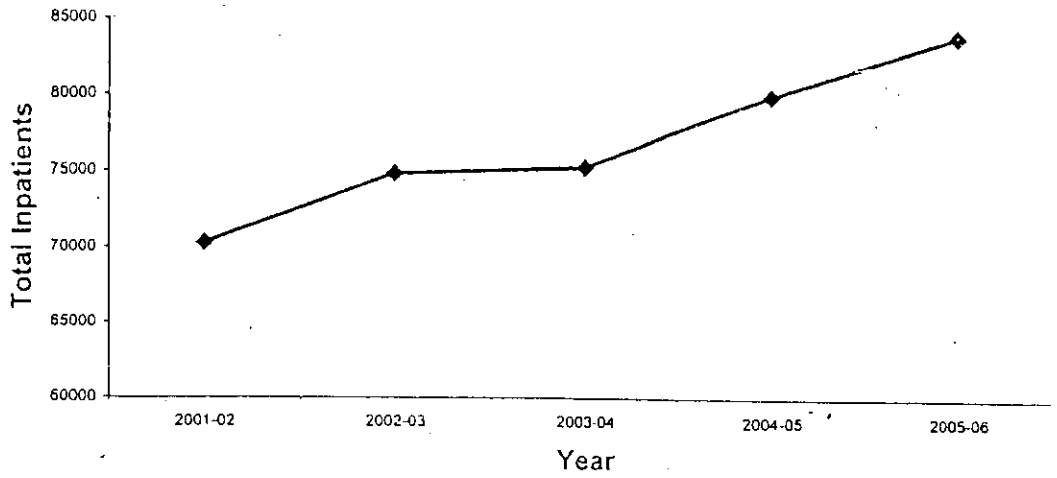

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The Parliamentary proceedings make it abundantly clear that AIIMS was conceptualized as a medical university of global standards which would, at the same time, breathe the "Guru-Sishya tradition", to quote Hon. Rajakumari Amrit Kaur.

Ayurveda, Unani and Homeopathy in the curriculum; the relationship of UPSC, MCI and Delhi University with the new Institute; delegated legislation which empowered the Executive to 'do everything" by Rules and serious concern over the degree of State control over the Institute. In her spirited reply, Hon. Rajkumari Amrit Kaur pleaded that "we should give as much autonomy as we can to this Institute which is going to be a pioneer venture. Let us have elasticity and let us have autonomy and let us not feel that for every little thing, for every little rule and regulation, they will have to come up here. After all, you are going to have an extremely good Governing body which will lay down the policies which will be followed by the Institute and the regulations must be left to the discretion of the Institute itself". She urged the setting up of a Chair for History of Medicine and added elsewhere "The future of the Institute will lie ultimately in the hands of the Director, the professors and other members of the teaching staff and students, and I believe it will be their devotion to duty, their desire to promote their work and the spirit of altruism that will actuate them to subordinate personal considerations, as I believe the noble profession of medicine should do, to the fulfillment of the objectives to be achieved that will eventually create and maintain the atmosphere which is necessary for an Institute like this". Many of the points made by the Honourable Members have a contemporary ring such as the concern for institutional autonomy and even the prospect of the graduates of AIIMS

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In view of the record of scientific work and the availability of competent staff, it would be desirable for AIIMS to establish a new Centre for Molecular Medicine, which has bright prospects for transforming the practice of medicine. The research activities of AIIMS should be regularly monitored by two Research Councils of experienced peers whose views will be valuable not only to the investigators but also to the Governing Body in assessing the quality of work.

Amendments to Act, Rules and Regulations: To bring about structural and functional reforms which would enable AIIMS to achieve unhindered progress, Amendments are necessary in the Act, Rules and Regulations of the Institute. These are suggested in the Report.

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There is a need to channelise the recruitment of C and D categories through reputed professional bodies in the public or private sector. Given the total staff of 7500, a Department of Personnel headed by an MBA (with specialisation personnel) also represents a need of the hour. The Department should be in charge of formulating a personnel policy covering optimum staff ratios, procedures for recruitment and promotion for class C and D staff, retraining programmes etc.

Research: AIIMS has established itself as a foremost centre for biomedical research in India. Its talented faculty, excellent laboratories, wealth of clinical experience and opportunities for productive collaboration with other national institutes and industry hold high promise for greater achievements not only in basic science but also in the development of products and processes for the domestic and international markets.

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health and humanities and, on the other, technologies such as tele-medicine and computer-assisted learning. AIIMS has an opportunity to create a novel platform where experts in medical education, public health, humanities and technology could interact and develop educational models which would command attention, and hopefully acceptance, at the national and international levels.

Hospital Services: The Main Hospital and smaller hospital units of the Specialized Centres account for over 1900 beds with an occupancy rate of 83%. The outpatient Department and Emergency Room are over crowded, and patients forced to wait for hours or move to other hospitals frequently. Even though AIIMS was conceived as a tertiary centre where patients would be referred from other hospitals, it has in practice, provided "walk-in" services from the beginning, and insistence on a referral policy would no longer seem possible in public interest. While the expansion of the outpatient Department and inpatient services would be possible to some extent, one should recognise the limits to growth and the impossibility of expanding AIIMS to meet the demand for hospital services from the people of the National Capital Region and the neighbouring States. The number of patients approaching AIIMS from the Punjab is conspicuously low because of the presence of PGI in Chandigarh, and therein lies the key to solving the problem of "overcrowding" of patients in AIIMS on a long term basis. This

EXECUTIVE SUMMARY

Since its establishment as an institution of national importance by an Act of Parliament in 1956, AIIMS has made great strides in medical education, hospital services and biomedical research. The decision of the Government to replicate the AIIMS model in opening a series of new institutions across the nation is an acknowledgement of the success story which AIIMS represents.

Medical Education: In contrast to other teaching institutions, the under graduate component of education at AIIMS is much smaller than its postgraduate counterpart, which has had a major influence in the growth of hospital services, composition of the faculty and the allocation of budgetary funds. Fifty years ago, India had a severe shortage of postgraduate teachers, and the principal objective of AIIMS was the training and supply of postgraduate teachers for the Medical Colleges in India. But the explosive growth in the number of medical colleges and postgraduate training programmes in the last few decades has altered the "demand-supply" situation dramatically and reduced the role of AIIMS for the supply of postgraduate medical teachers. Instead, AIIMS would now be obliged to develop new models in undergraduate and postgraduate medical education incorporating, on the one hand, themes relating to public

health and humanities and, on the other, technologies such as tele-medicine and computer-assisted learning. AIIMS has an opportunity to create a novel platform where experts in medical education, public health, humanities and technology could interact and develop educational models which would command attention, and hopefully acceptance, at the national and international levels.

Hospital Services: The Main Hospital and smaller hospital units of the Specialized Centres account for over 1900 beds with an occupancy rate of 83%. The outpatient Department and Emergency Room are over crowded, and patients forced to wait for hours or move to other hospitals frequently. Even though AIIMS was conceived as a tertiary centre where patients would be referred from other hospitals, it has in practice, provided "walk-in" services from the beginning, and insistence on a referral policy would no longer seem possible in public interest. While the expansion of the outpatient Department and inpatient services would be possible to some extent, one should recognise the limits to growth and the impossibility of expanding AIIMS to meet the demand for hospital services from the people of the National Capital Region and the neighbouring States. The number of patients approaching AIIMS from the Punjab is conspicuously low because of the presence of PGI in Chandigarh, and therein lies the key to solving the problem of "overcrowding" of patients in AIIMS on a long term basis. This

EXECUTIVE SUMMARY

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It was clear to us that the task assigned to the Committee was by no means easy because AIIMS is a large and high profile institution with wide-ranging activities in patient care, medical education and research and an impressive history of achievements for half a century. We were conscious that the task had to be completed within three months in view of the urgency for decision making on the functioning of the Institute at the Government level and the possibility that our recommendations might provide inputs for the preparation of the 11th Plan of the Institute.

The draft report was circulated among the members before a final meeting of the Committee was held on September 30 in Delhi. During the discussions it emerged that Sri Prasanna Hota, Secretary Health and Family Welfare and Dr. R.K. Srivastava, Director General of Health Services could not subscribe to several observations and recommendations of the draft report especially those relating to governance, autonomy and management of AIIMS and the proposed amendments to the Act, Rules and Regulations. While the suggestions made by Prof. Bhan could be incorporated in the draft report, the views of Sri Hota and Dr. Srivastava were too far apart for reconciliation with the draft report. The notes given by them are accordingly given as Annexures 7 and 8 of the Final Report. On the basis of my experience with the deliberations of the Committee over the past three months, I do not think that wiser conclusions or a consensus would emerge by extending the term or terms of reference of the Committee.

FOREWORD

The Government of India decided to constitute a Committee to study the functioning of AIIMS and make recommendations for the further development of the Institute on July 11, 2006. The office Memorandum on the constitution of the Committee with terms of reference is at Annexure 1.

At the first meeting of the Committee on July 18, it was decided to send a questionnaire (Annexure 2) based on the terms of reference to a large number of individuals who are widely acknowledged for their expertise in medical science, higher education including medical education, science and technology, humanities, management and industry (Annexure 3). The questionnaire was also put on the web site of the Ministry of Health. The Committee decided to meet with the Director, associations of faculty, students, nurses, officers and other groups of AIIMS; Heads of Speciality Centres; former Directors of the Institute; Principals of the Medical Colleges in Delhi and other individuals and groups who wished to be heard by the Committee. The meetings were held on the following dates:

21 July 2006	Delhi
5-9 August 2006	Delhi
22-23 August 2006	Delhi
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The groups and individuals who met the Committee are listed in Annexure 4. We are obliged to the individuals and groups who responded to our

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Report (2004 - 2005) is illustrative of the actual expenditure for 2003 - 2004, final estimates for 2004 - 2005, and budget estimates for 2005 - 2006.

TABLE 7

FIGURES OF ACTUAL EXPENDITUTRE FOR THE YEAR 2003-2004 AND 2004-2005 (UN AUDITED)
AND FINAL BUDGET ESTIMATES FOR 2004-2005 & BUDGET ESTIMATES FOR 2005-2006 IN RESPECT OF
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI

(Rs. In lakhs)

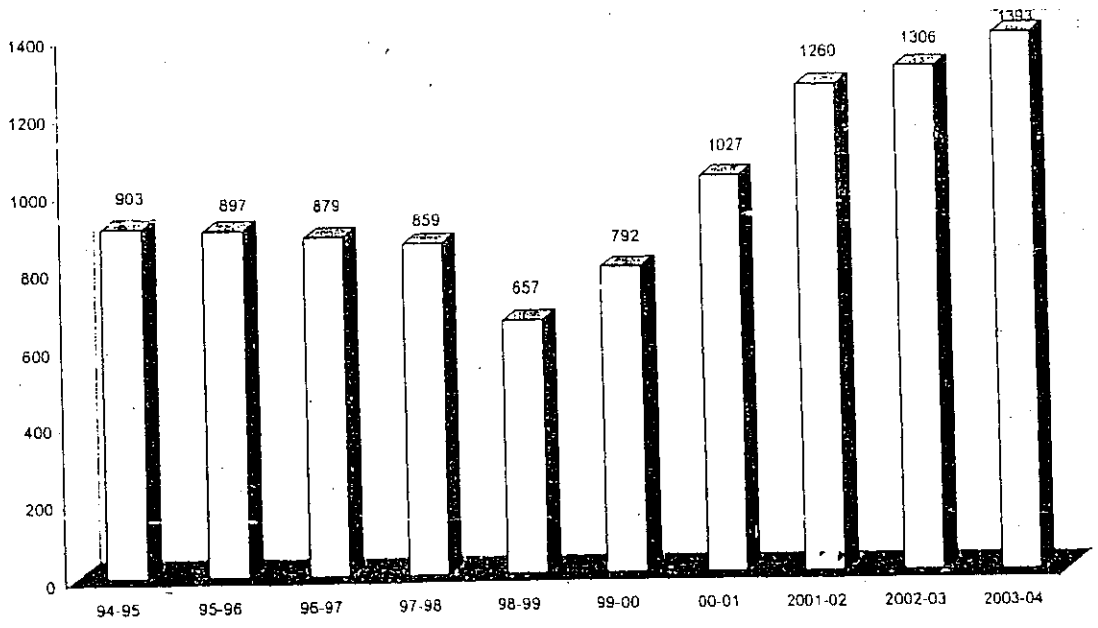
HEAD / SUB HEAD	ACTUAL EXPENDITURE				FINAL ESTIMATES		BUDGET ESTIMATES	
	2003-2004		2004-2005		2004-2005		2005-2006	
	PLAN	NON-PLAN	PLAN	NON-PLAN	NON	NON-PLAN	NON	NON-PLAN
1	2	3	4	5	6	7	8	9
A. (Main Instt.)								
Pay & Allow. Incl- LS & PC,- stipend etc.	-	9166.24	-	10205.47	-	10723	-	12000
Mach. & Equip.	1692.09	223.7	2407.68	237.84	2512	200	2357	225
Mat. & Supply.	2100	5984.93	-	8080.9	-	9165	-	9496
Maintenance of Bldg.	-	410.82	-	513.29	-	500	-	600
Pension & Others Pensionery benefits	-	1268.15	-	1568.76	-	1550	-	[illegible]
Recoverable advances	-	66.74	-	56.64	-	50	-	50
House Building Advs.	-	-	-	-	-	50	-	50
Instt. Research Grant	-	12	-	12	-	12	-	12
Books & Publications (M. & S.)	127.16	-	142.71	-	125	-	125	-
Conference / Symposia	-	50	-	50	-	50	-	50
Total (A)	3919.25	17182.58	2550.39	20744.9	2637	22300	2482	24135
CAPITAL BLDG.(B)	1058.46	-	1184.51	-	1455	-	7530	-
TOTAL A& B	4977.71	17182.58	3734.9	20744.9	4092	22300	10012	24135

During 2004 - 2005, AIIMS received research grants totaling over 30 crores from Government agencies, private firms and international organizations. The observations made by the Director General of Audit, Central Revenues have been noted by the Institute which has provided para-wise replies in the Annual Report for 2004 - 2005.

2.9 Research: AIIMS occupies a top position in medical research and the total number of published papers per year over a ten-year period are shown in Figure 9. As mentioned elsewhere, the research grants received by AIIMS during 2004 - 2005 had crossed Rs.30 crores and made it one of the largest recipients of support from ICMR, DST and DBT.

FIGURE 9

Research papers Published
(1994-2004)



In a scientometric analysis (1998), NISSAT placed AIIMS in the fourth position nationally, among 8 in the "High out put - High impact" group with only IISc, TIFR, and NCL ahead of it. The scale of research is evident from 377 projects which were ongoing with external support in 2004 - 2005. In a survey of papers on clinical subjects published from 99 Medical Colleges in India in 2004 (Medline), the total number was 1345, and AIIMS accounted for 24.5% and topped the list with an average impact factor of 2.11. In biomedical research, the same survey placed AIIMS in the eighth position with an average impact factor of 1.65 for publications.

3. Observations on matters arising from the Terms of Reference (TOR):

Since inception, AIIMS has enjoyed high levels of support from the Ministry of Health, which no other institutions under the Ministry could hope to claim. The support has been conspicuous by the liberal provision of funds and the creation of posts, which are the eternal problems of other institutions under the Ministry.

3.1 *Achievement of original objects (TOR : 1)*: The Bhore Committee which recommended the setting up of an All India Medical Institute and Hon. Rajkumari Amrit Kaur stated explicitly and repeatedly that the primary objective of the Institute would be the promotion of post-graduate education to ensure a supply of competent teachers for the Medical Colleges in India. The need then was acute because postgraduate courses were few in the Medical Colleges which totaled less than 40 in the mid - nineteen fifties, and Indian doctors were obliged to proceed in large numbers to the UK for obtaining post-graduate training and diplomas such as FRCS, MRCP, and MRCOG. When some Honorable Members insisted on excluding a Medical College from the AIIMS bill, Hon. Rajkumari Amrit Kaur argued that a Medical College with a modest intake of undergraduates was indispensable for the training of post-graduate teachers. It was in this spirit that the following objects of AIIMS were set forth in the Act:

a. To develop patterns of teaching in UG and PG medical education in all its branches so as to demonstrate a high standard of medical education to all medical colleges and other allied institutions in India.

b. To bring together in one place educational facilities of the highest order for the training of personnel in all important branches of health activity; and

c. To attain self-sufficiency in post-graduate medical education.

In the last fifty years, AIIMS has awarded MBBS degree to 2129 doctors and post-graduate degrees in medical sciences to 5761 specialists. While a few hundreds of the post-graduate alumni of AIIMS may have taken up faculty positions in the Medical Colleges and several have distinguished themselves as Professors and Directors exact figures are unavailable to estimate the percentage of alumni who joined the faculty of Indian Medical Colleges, who emigrated to take up jobs abroad and who joined the hospitals in the private sector. The membership of alumni organizations suggests that 50% of Aiimsonians live in Western countries, especially the U.S.

3.1.1 Training of Medical Teachers: The role of AIIMS in the supply of post-graduate teachers for the Medical Colleges in India calls for a reappraisal at the present time because the prospects for post-graduate medical education and training have changed vastly in the last fifty years. It could hardly have been foreseen way back in 1956 that there would be over 200 recognised Medical Colleges today - many in the private sector - with the demand for teachers running into thousands, and that over 1100 MD and 170 MS courses recognised by the Medical Council of India would be available for post-graduate training. This expansion in medical education at undergraduate and postgraduate level is almost entirely due to the initiatives taken by the State Governments and the private sector. Secondly, recruitment to faculty in the State Medical Colleges is largely, if not entirely, confined to "sons of the soil" and unless the AIIMS alumnus happens to belong to a given State he or she has little chance of being selected to a teaching post in a Medical College of that State. Thirdly, not-with-standing the dramatic growth in the number of Medical Colleges and post-graduate training programmes and the contributions of AIIMS to post-graduate training, Indian doctors continue to proceed in substantial numbers to the UK, USA, Canada, and Australia for post-graduate training. It would be no exaggeration to claim that the West-bound numbers would continue to rise in direct proportion to the liberalization of visa regimes of Western countries. The seemingly unstoppable flow of younger Indian

doctors to the West for post-graduate training even after fifty years of the advent of AIIMS is a sobering phenomenon which calls for reflection. The ready explanation for the migration that facilities for post-graduate training comparable to those of AIIMS are in short supply in India may not suffice because the alumni of AIIMS are themselves going abroad in large numbers for training. The basic and hard fact remains that Indian doctors seek to go abroad for post-graduate training not necessarily for higher compensation or better living conditions but mainly for learning new techniques, acquiring new skills, mastering new technologies and sharing the excitement of constant innovation which is the hall mark of medical science in the West. This has important lessons for us because the expansion of AIIMS or building of a network of AIIMS would not arrest the West-ward flow of Indian doctors as long as India's intellectual and technological output in medical sciences does not impact on the global practice of medicine. The present state would reverse when concepts, processes and products of Indian origin attain global currency in the same manner as Raman spectra are used all over the world in doing science. This aspect of post-graduate training should receive the serious attention of AIIMS in setting the goals for 2020.

3.1.2 <u>Training of doctors</u>: In organizing new patterns for medical education, we have it on the authority of the Medical Council that the

MBBS course of 1½ + 1½ + 1 years was developed by the AIIMS and adopted by the MCI for the Medical Colleges in India way back in 1964. Subsequently a Consortium for revamping medical education was formed in 1990 with AIIMS; CMC, Vellore; JIPMER (Pondichery) and Institute of Medical Sciences (BHU, Varanasi) in 1990 and expanded later to include 16 institutions in a Committee with Dr Kackar, Director of AIIMS as Chairman. In the initial stages, the Illinois University of Chicago was a member of the Committee which formed two Working Groups for the Southern and Northern zones which were headed by the CMC, Vellore and AIIMS. These groups carried out extensive studies between 1994 and 1997 and finalized the recommendations during a meeting held in the AIIMS. The document prepared by the Consortium covered a wide range of issues relating to departmental objectives, institutional objectives, course content, and portions for retention and rejection, acquisition of clinical skills and horizontal and vertical integration of subjects in teaching. These recommendations were adopted by MCI for guiding undergraduate teaching. Throughout this exercise in educational reforms over three decades, AIIMS played a leading role and became also instrumental in introducing community health service in rural and urban settings in a doctor's training. While this is creditable, we should also take note that none of the following innovations in medical education during the same period which had impact at the global level originated in India (Table 8).

TABLE 8

Innovations	Place of Development
Problem-based Learning (PBL)	Mc Master University, Canada. Case Western Reserve University, USA
Student-Assisted Teaching (SAT)	UK, USA
Computer-Assisted Learning (CAL)	University of Dundee, St. Barths Hospital, London, QMC and Westfield College, London, Queens University, Belfast.
Self-directed Learning and skills development (SDL)	QMC and Westfield College, London; University of Sheffield, Medical School, Nottingham, UK.
Narrative-based Medicine	Michigan State University, USA, Imperial College, School of Medicine, London.
Medical Humanities	University of Newcastle, Royal free, UCL, Guys Medical School, UK.
Objective structured practical (OSPE) and clinical examination (OSCE).	UK USA
Simulation research and training for clinical skills.	John Hopkins, USA

None would miss the qualitative difference between the Indian effort and that of Western institutions, which is significant. Indian endeavour was almost entirely concerned with curriculum changes and new courses while the West focused attention on the learning process itself and how technology could facilitate it.

After the development of educational models up to early nineteen eighties, experimentation and innovation apparently slowed down at the AIIMS even though the last two decades have witnessed several new trends and innovations in medical education abroad. The introduction of courses in medical ethics, humanities and medical art; electives for talented students who wish to spend a year to do research during UG studies; integrated MD/Ph.D programmes; integrated degree courses with Institutes of Management; courses in traditional medicine and many others are pursued vigorously by top universities abroad. The Johns Hopkins Medical School went to the extent of asking students who had obtained admission through a highly competitive test to spend a year in archaeology, art, social work in developing countries etc., under a mentor prior to joining the Medical School because Hopkins, according to Dean Ross, sought students with a liberal background! It does not appear that innovation and academic reform which drive medical education enjoyed high priority at the AIIMS. A Chair in the History of Medicine which Hon. Rajkumari Amrit Kaur

announced in the Parliament has yet to materialize or attract serious attention in the Institute after Dr. Keswani's initial effort. Given the historical importance of medical education in the genesis of AIIMS, it is important that the K.L. Wig Centre is reactivated as a vibrant unit for innovations and advancement in medical education. We would be recommending that this Centre sets up an Advisory Group of professionals whose membership should reflect two developments which are driving medical education today. These pertain firstly to course content and includes subjects such as ethics, history of medicine and value education; the second development relates to learning assisted by new technology such as telemedicine and computer-assisted learning. India has strengths in all these areas but lacks a platform where the experts in humanities and technology can regularly interact with medical educationists. If the K.L. Wig Centre could provide a forum for a sustained inter-disciplinary dialogue innovative approaches in the training of doctors would emerge and command universal attention. The Centre should at the very least become the 'think tank' for the Academic Committee of AIIMS.

The emphasis on a large post-graduate training programme with a co-existent Medical College of small size is unique to AIIMS and calls for constant vigilance on the standards of undergraduate training. A possible risk in such a combination is that bright students who gain admission to

MBBS through a tough entrance examination may lack exposure to "mainstream medicine" and could be lulled into the complacent belief that they would join the post-graduate courses in super specialities regardless of their academic performance. The Institute, in fact, followed a policy of reserving 33% of post-graduate seats for its own graduates with a further 50% reservation in the allocation of specialities, which virtually amounted to 100% reservation for institutional candidates, until it was struck down as unconstitutional in an appeal (2001) by the Supreme Court. The Supreme Court judgement quoted the statistics compiled by the Delhi High Court on post-graduate admissions which showed that several AIIMS graduates who got admission to post-graduate courses had secured marks as low as 14% - 22% in the entrance examination! What should concern our Committee is that a post-graduate selection policy which led to complacence and deterioration of standards among bright students was pursued for several years without drawing the critical attention of the Institute until it was turned down by the Delhi High Court. In spite of the best students and faculty, quality would always be on the verge of erosion unless constantly monitored and corrected by the academic authorities.

There is another aspect of doctor's training in AIIMS, which calls for the attention of the Institute. We have heard from senior medical teachers including Principals of Medical Colleges in Delhi that the undergraduate

students in AIIMS lack exposure to common health problems since many patients are referred from other hospitals: their experience in normal antenatal care and delivery is minimal; experience in public health at Ballabhgarh is inadequate because Ballabhgarh is semi-urbanized and catchment PHCs are unable to give the desired exposure; they become dependent on highly technical investigations and infrastructure, which are unavailable elsewhere and tempt them to go abroad; and the trend to go abroad will increase unless the undergraduate training especially is reoriented to the socio-cultural needs of people. These are issues which should receive the serious attention of the academic authorities of the Institute especially in view of the prospective increase in undergraduate admissions in AIIMS. A challenge would be to turn the "burden" of too many patients in the OPD into a better opportunity for the training of not only undergraduates, but also specialists in family medicine which is highly developed and popular abroad but poorly recognised in India.

3.1.3 <u>From self-sufficiency to global partnership</u>: The third object - self - sufficiency - in the AIIMS Act was adopted at a time when self-sufficiency dominated India's national policy in many sectors of the economy including education. Fifty years on, India is a signatory of the WTO and part of a global system which is steadily and inexorably moving towards harmonization of standards, joint accreditation, twinning programmes,

international consortia of universities and so on which cast doubt on self-sufficiency as a desirable or even achievable object. However progress does not necessarily mean abrogating the old objects and replacing them with the new. Often, especially in matters scientific, progress implies movement from one level of understanding or uncertainty to a higher level of understanding or uncertainty, and everyone recognises that the old was the inescapable pathway to the new. Similarly the original objects of AIIMS were admirable and served their purpose admirably for half a century. While leaving them undisturbed, the context of the twenty first century would call for the development of a Mission Statement by the AIIMS and a declaration of its goals and programmes for the first half of the century. While the Mission statement should be the permanent symbol of AIIMS and what it seeks in terms of learning, knowledge and service, the statement of goals and programmes should identify its role in human resource development that will enhance the Nation's strength to fight disease; in promoting scientific discoveries and innovations and their applications to improve public health; in strengthening cross-disciplinary studies and endeavour to advance economic growth; and in upholding high standards of scientific integrity, accountability to the people and responsibility to the society. The Mission Statement and the statement of goals and programmes should reflect the priorities of AIIMS, which should be education, research and service like those of the great medical

universities of the world. This prioritization is necessary lest the constant pressure for the expansion of hospital services should lead to the gradual transformation of AIIMS into a 'Medi Citie' conglomerate with education and research trailing behind.

3.2 *Leadership In Public Health (TOR 2)*

Fifty years ago, India's population was 360 million, life expectancy averaged 40 years and communicable diseases claimed thousands of lives. Taught in the Department of Social and Preventive Medicine, public health in those far off days represented hygiene; sanitation, nutrition; water supply and drainage; prevention of communicable diseases; rural postings of medical students; vaccination; anti-natal care and conduct of deliveries by mid-wives; and health care centered on PHCs and CHCs. This combination which worked imperfectly and non-uniformly in India could be regarded as the model of "old public health". Decades later, "new public health" has arrived to address the demands of a vastly changed socio-economic milieu in the country. It does include much from the past but comprehends a great deal more. The elements of "new public health" include health economics; epidemiology and biostatistics; disease surveillance and control; environmental health; sociology; holistic medicine; and health technology assessment. The study and practice of public health today depend on the resources of not only medicine but a whole range of disciplines including basic sciences, social sciences and technology. Above all, it would involve the active participation of people and the convergence of numerous vertical programmes of different Ministries at the village level. The Public Health Foundation of India and

the National Rural Health Mission are indicative of the revolutionary changes taking place in the movement for public health.

The emphasis on hospital-based services notwithstanding, AIIMS paid early attention to community-based health action through its Rural Health Programme at Ballabhgarh (Haryana). It has a sub-divisional hospital serving a population of 3 lakh people and out-reach health services in 28 villages through a network of PHCs. Thanks to the Ballabhgarh programme, most of the health indices set as goals by the Government of India for the end of 2000 AD have already been achieved in the rural community. The students of AIIMS are regularly posted for a short period as part of their training in Ballabhgarh where they obtain first-hand experience in health care in the rural community. While this programme is commendable and every Medical College in India operates a rural health mission, the hard fact remains that the Government finds it difficult to attract even a few doctors to serve the majority of our population who live in 600,000 villages. Public health training has the lowest rating in our present medical education and post-graduate seats in Social and Preventive Medicine including those at AIIMS are not the preferred choice of medical students.

AIIMS also contributed significantly to several national public health programmes of the Ministry of Health by providing technical inputs or leadership. These include notably the ICDS programme where AIIMS was the nodal centre for training activities at the national level; the national programme for the control of blindness through the RP Centre; control of endemic fluorosis; effective role in the National Aids Control Programme; prevention of iodine deficiency disorders; control of diarrheal diseases; and campaign against smoking. The AIIMS has thus played on important role in promoting public health education and programmes in India. The emerging scenario where "new public health" will dominate national policies would however call for the training of a large number of professionals whose background may be varied such as medicine, biology, statistics, agriculture, economics, nursing, dentistry etc., and who would be deployed in nationally coordinated schemes for disease surveillance and control, mother and child and other programmes. The training itself would involve faculty drawn from many disciplines other than medical sciences, notably sociology, economics and management. The deployment of the trained personnel would call for coordination with the activities envisaged under the Public Health Foundation and National Rural Health Mission which alone is reported to have an allocation of Rs.6713 crores for 2005 - 2006. We are therefore of the view that the educational and scientific expertise of AIIMS should be used to make it a key partner in the emerging

national programmes in public health being formulated by organizations such as Public Health Foundation and National Rural Health Mission. We would envisage a complementary role which would not dilute the strengths of AIIMS in specialist training, high-tech medical care and advanced research and would save it from the perils of ill-chosen expansion. It should be the endeavour of AIIMS to join with other reputed research institutions in India to develop the tools sought by the Public Health Organizations and transfer them to the users for application. These tools are numerous and varied and include instruments, disposable devices, DNA-based diagnostic kits, vaccines and many others. India continues to be heavily dependent on importing these products at high cost and cannot hope to utilize them in public health programmes unless they are developed and produced at affordable cost in the country in accord with the standards of ISO. If the Government or the new Public Health Organisations identify and prioritise a list of products, it should be the responsibility of R&D organizations in the public sector as well as Indian industry to form consortia to develop and deliver them on a contract basis. There is little coordination today among R&D groups who tend to plough their lonely furrows with public funds for years and get nowhere while the country goes on importing a whole range of products for the health sector. In our view, AIIMS is ideally placed to take the lead in forming a consortia of R&D laboratories and industry for the development and supply on a

contract basis of five or six (to start with) important products and processes which are prioritized by the Government and the Public Health Organisations. This would be a qualitatively new kind of institutional leadership which would represent a vote of confidence in ourselves and a stimulus for similar effort by other large scientific institutions and industry in India.

3.3 *Global Opportunities (TOR 3)*

Globalisation in learning dates back to ancient times in India. According to the Chinese pilgrim Hsüan Tsang who spent several years in India in the 7th century, Nalanda was supported by the revenues of an enormous estate of one hundred villages, the gifts of many mercantile patrons and Emperor Harsha himself. It provided free training to 10,000 students who were taught by a large number of teachers and waited upon by a plentiful staff of servants. There were several other smaller Buddhist monasteries all over India, and Jaina monasteries in the West and South, which served as Centres of learning and attracted students from East Asia and China. When they returned after many years' of study to their native countries, they not only carried manuscripts but were sometimes accompanied by their Indian teachers. Indian physicians were welcomed in the Arab world by the Caliphate who arranged for the Arabic translation of the Samhitas of Charaka and Susruta. When British rule was imposed on India after a thousand years, the exchange was reversed, with British teachers coming to India and Indian students going to Britain. This was especially true for science and medicine. After Independence, India's academic exchanges spread beyond Britain to USA, Canada and latterly to Australia. India therefore has a long tradition of globalization in learning. What has changed the context in the twenty first century is Indian adherence to the

General Agreement on Trade and Services (GATS) which includes education.

3.3.1 Implications of GATS for AIIMS: No one doubts anymore that we are moving towards a borderless world in higher education, which would witness free movement of people, programmes and providers across national borders, using both conventional and high-tech mechanisms. AIIMS has excellent human resources and infrastructure, and its facilities are better than those available in much of the developing world. Though its principal objective is to serve the interests of India, AIIMS should not overlook its international role and opportunities.

The four modes of supply envisaged under GATS are as follows:[1]

1. *Cross-border Supply*: This consists of the supply of services across national borders from the territory of one country into the territory of another. Distance education through print media and online studies through internet fall in this category.
2. *Consumption Abroad:* This involves the movement of the consumer to another country to get the required service. Students going abroad for studies is a traditional example.

3. *Commercial Presence:* This indicates the presence of a service provider in another (host) country. In education, this involves the setting up of programmes, courses or institutions by a member country in another country.

4. *Movement of Natural Persons:* This means the presence of an individual from one country in another to provide service. In education, it signifies the presence of a foreign teacher in a host country.

It would be obvious that even in the absence of GATS in relation to education, AIIMS has been active in three "modes" which figure in the Agreement (Modes 2, 3 and 4). Students from AIIMS have been going abroad for post-graduate training or research and in return, the Institute has admitted foreign students for degree courses and short term training in small numbers (Mode 2); AIIMS led the project for setting up a Medical College and teaching hospital in Nepal under the Indo-Nepal Agreement (Mode 3); AIIMS teachers have been going to foreign countries on teaching or research assignments in small numbers and hosting foreign faculty for academic work (Mode 4). In cross border supply, (clause 1) AIIMS has not offered training programmes globally on the internet or through the print media. All the four "modes" are being aggressively pursued by universities in the UK, USA and Australia. Indian students being attracted

abroad during 2004 for studies were estimated to be 130,000. A survey conducted during 2004[2], showed that 115 foreign providers were operating in India in that year when there were over 60 articulation arrangements that involved study partly in India and partly in foreign countries. Whenever India makes a commitment under education, the pace of internationalisation will quicken and not spare medical education. AIIMS will then be obliged to evolve strategies for meeting an unprecedented situation when reputed institutions from developed countries may decide to set up medical schools in India in association with Indian partners. We feel that AIIMS should seriously consider the implications of the unfolding scenario for its policies and faculty. The top educational institutions in India such as the IITs and IIMs are taking these issues seriously and already planning to set up branch campuses overseas.

3.3.2 AIIMS International: In our view, AIIMS should take advantage of the opportunities in the education sector within the GATS frame work without detriment to its mission and stated goals. The gains for AIIMS could be several: making AIIMS brand known internationally; promoting the good will of a large family of alumni abroad and obliging the Institute to bench mark against the top medical universities abroad. But the opportunities must be chosen after careful study of all the issues involved. For example, AIIMS would be in no position in the present campus to

receive large numbers of foreign students at the undergraduate or post-graduate level above the quota set apart already for the foreign nominees of the Government of India. On the other hand, it may be possible for AIIMS to use its considerable expertise in conducting Entrance Examinations in foreign markets: to depute faculty and receive guest faculty in larger numbers for teaching specified courses on a semester basis; and more importantly, to 'establish commercial presence" abroad which may sound offensive to Indian educational ethos, GATS notwithstanding!

Establishing campuses abroad should be seen against the fact that developing countries especially those with large numbers of people of Indian origin (PIO) are keen to set up schools for medicine and allied sciences which are essential for their socio-economic well being. They look to India for assistance as became abundantly clear during the Annual Conference (2002) of the Third World Academy of Sciences in New Delhi. Several country delegations volunteered to provide land and hospitals for setting up medical schools, pay reasonable fees for their students and even settle for the admission of a percentage of students from middle income countries who would pay higher fees to subsidise the cost of education for native students. What they could not provide were faculty, managerial expertise and large scale funding. In the emerging context of opportunities, AIIMS should examine the possibility of establishing branch campuses

from the academic, financial and managerial angles and develop a policy which would be forward looking and in line with the practice of reputed universities and medical schools in developed countries (Eg. Harvard Medical International). The branch campus concept is flexible in so far it could be established in a developing country; in association with a reputed university in a third country; or in a Special Economic Zone with international faculty and students.

It is obvious that the assessment of the economics, project management including marketing and personnel recruitment, preparation of detailed project report and negotiations with foreign Governments and educational partners would demand expertise of a high order in educational management at the AIIMS. A separate organisation patterned on the international affiliates of top Universities abroad, and bearing a label such as 'AIIMS International' could be appropriately structured and created as an affiliate of AIIMS to carry out techno-economic studies of overseas projects and take steps for implementation in consultation with the Institute. AIIMS International should be so conceived and planned that it would be self-financing and non-profit. The new initiative would enable AIIMS to extend its traditions of excellence in medical education, health care and medical research. It should seek to create partnerships with institutions of higher learning, Governments and NGOs across the world.

AIIMS International should draw upon the intellectual and professional resources of AIIMS and create international partnerships for mutual benefit and betterment of global health.

REFERENCES:

1. Bhalla V (2002) in Powar KB, Internationalisation of Higher Education, AIU, New Delhi. P. 85 - 94.
2. Powar, K.B. and Mukand, R. (2004), International Providers of Higher Education in India; Results of Second Survey, January-June 2004), Report of Project sponsored by NAAC. (This report is available with MHRD).

3.4 *Governance, Management and Autonomy (TOR 4):*

We have received a large number of responses and representations over the autonomy of AIIMS and the need to strengthen it. The TOR (4) has also explicitly asked for "enhancing and strengthening the autonomy of AIIMS in order to enable it to fulfill its stated objectives". The fact is that institutional autonomy of higher educational and research institutions is a matter of world-wide concern.

3. 4. 1 *State Control and Autonomy: a Commonwealth study:* On the relationship between the Government and higher educational institutions, the Commonwealth Higher Education Management Service (CHEMS) carried out a study to measure the degree of intensity of direct Government involvement in the affairs of Universities in the main decision making areas.[1] The replies to the questionnaire from 70 universities in the Commonwealth region were analysed using two variables - institutional autonomy and academic freedom. The study defined institutional autonomy as the 'freedom of the University to determine and achieve its goals and priorities' and academic freedom as 'a situation where staff may teach, research and publish without outside interference'. The results of the analysis were shown in scores for institutional autonomy (Fig.10) and scores for academic freedom (Fig. 11) for the Universities in each Commonwealth region.[2]

FIGURE10

Institutional Autonomy
State Control

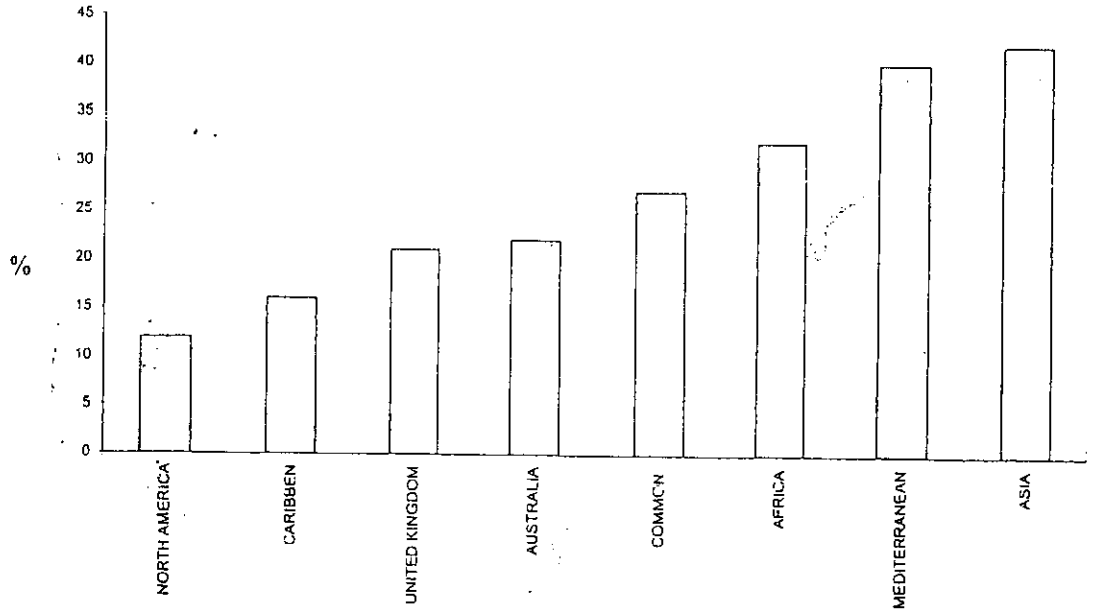


Fig.10 shows the Institutional Autonomy scores for all the universities in each Commonwealth region.

FIGURE 11

Academic Freedom
State control

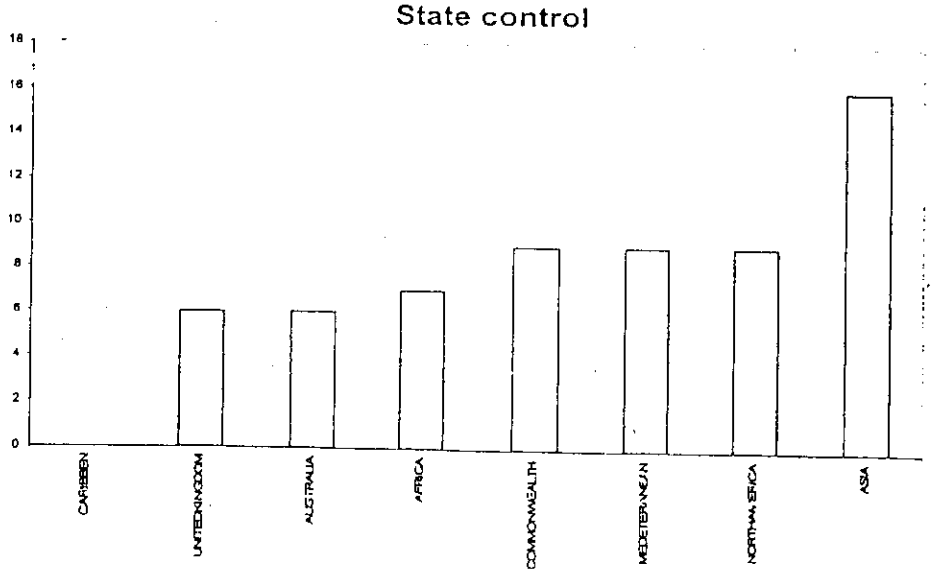


Fig. 11 presents the scores for Academic Freedom in each region as indicators of State Control.

Figures 10 and 11 indicate the highest level of State control on institutional autonomy and academic freedom in Asia among all the regions of the Commonwealth. Since Government grants sustain Universities and institutions of higher learning, few among them can object to the Governments' right to know how effectively the tax payers' money is used. Difficulties arise however over the extent and intensity of Government control, the methods employed and how these would erode institutional autonomy and academic freedom. The issue of institutional autonomy at AIIMS should be viewed in the context of the State control of Universities in the Asian region. Threat to academic freedom does not seem to have been an issue at AIIMS which imposes few restrictions on teaching or research activities.

REFERENCE:

1. Richardson G., and Fielden J. (1997). Measuring the Grip of State; the relationship between Government and Universities in selected Commenwealth Countries. CHEMS. UK. P 50-51

3. 4. 2 *Governance:* The AIIMS Act of 1956 provides for a 'body corporate" (the Institute Body), at the apex of its Governing structure with the following composition:

a) The Vice-Chancellor of the Delhi University (ex-officio)

b) DGHS, Government of India (ex-officio)

c) Director of the Institute (ex-officio)

d) Two representatives of the Central Government, to be nominated by the Government, one from the Ministry of Finance and one from the Ministry of Education.

e) Five persons of whom one shall be a non-medical scientist, representing the Indian Science Congress Association, to be nominated by the Central Government.

f) Four representatives of the medical faculties of Indian Universities to be nominated by the Central Government.

g) Three members of Parliament of whom two shall be elected from among themselves by the Members of the House of the People and one from among themselves by the members of the Council of States.

The President of the Institute is nominated by the Central Government from among the members, other than the Director, of the Institute. The Governing Body is the Executive Committee of the Institute Body of which

the President of the Institute is the ex-officio Chairman. The Standing Committees set up by the Institute for finance, academic matters, recruitment etc., shall consist of the members of the Institute body. The Director who is the Chief Executive Officer is appointed by the Institute Body subject to such Rules as may be made by the Central Government in this behalf. The Institute may appoint other officers and employees as may be necessary for the exercise of its functions and determine the designations and grades of such officers and employees subject to the Rules as may be made by the Central Government in this behalf. All the moneys credited to the Institute Fund shall be deposited in such banks and invested in such manner as approved by the Central Government. The accounts and annual statement of accounts including balance sheet must be maintained as prescribed by Government rules and the accounts audited by the Comptroller and Auditor General of India. The Institute is obliged to carry out such directions as may be issued from time to time by the Central Government for the efficient administration of the Act. The Central Government, after consultation with the Institute, may also make Rules to carry out the purposes of the Act. The Rules made by the Central Government in 1958 to govern the Institute cover a wide range of functions including the procedure for nomination of Institute body members, composition and functions of the Standing Finance Committee, creation of posts and appointments, preparation of budget and uses of Institute Fund,

and furnishing information and returns as required by the Government. The Institute has powers to make Regulations under Sub-section (1) of Section 29 of the Act with the previous approval of the Central Government. The Act, Rules and Regulations reflect the level and extensive scope of Government control over the Institute's activities.

After five decades, it is appropriate to take stock of the structure and function of the organization which was set up by a Parliamentary enactment. The passage of eventful decades marked by dramatic advances in medical science and technology and by equally important changes in medical education has brought to light several problems in the existing system of governance at AIIMS, which demand attention. The problems and remedial steps pertain mainly to the relationships between the Government on the one hand and the Institute Body and Governing Body on the other; and between the Institute Body and Governing Body on the one hand and the management of the Institute represented by the Director and Standing Committees on the other.

3.4.2.1 Government and the Institute: In setting up the Institute Body fifty years ago, Government nominated Hon. Rajkumari Amrit Kaur, Union Minister of Health as the President of the Institute and departed from the practice it had followed in regard to three Indian Institutes of Technology

which had been established earlier in the same decade as institutions of national importance with eminent scientists, technologists and industrialists as Presidents. AIIMS followed the original precedent ever since except for a short break in the nineteen seventies. The principal drawback of this practice is not only the political nature of the Presidentship but that it tends to obliterate the boundary between the Government and the Institute. Consequently when the Minister chairs the Governing Body which is the Executive Committee of AIIMS, Government would be handicapped in stipulating performance targets and output-based funding for the Institute because the Minister as Chairman of the Executive Committee is responsible for supplying the deliverables. If Government gives a mandate that 30% of Non-Plan expenditure should be generated by AIIMS in ten years as external cash flow (as CSIR has successfully done for the National Laboratories) and the Institute fails to meet the target, it would claim in all probability that the responsibility for the failure should be shared by the Governing Body of which the Minister is the Chairman. The practice of the Minister of Health being nominated as the President has even led to a precedent that all the 'members of various Committees and Governing Body resign' to enable the new President to reconstitute the Committee and Governing Body (Proceedings of the Institute Body 4.6.2003) as if they were political appointees!

The practice of the Government nominating the Minister of Health and Secretary (Health) as members of the Institute Body under Section 4 (e) and their consequent membership of the Governing Body drew the adverse attention of the Parliamentary Committee on Human Resources Development (Aug, 1945), Committee on sub-ordinate legislation of the Rajya Sabha [RS5(10) 99-Com 2004-2005] and the Public Accounts Committee (PAC 2004-2005). The PAC "desires that the question of autonomy of AIIMS may be carefully examined by appointing an external agency immediately which ought to ensure in the process the outstanding character of the Institute. Further the Committee stress that, if need be, the Act of 1956 may be suitably amended in the light of the study conducted by the aforesaid expert body. The Committee feels that these measures would go a long way in reviving the glory of this premier Institute and would help it in the achievement of its avowed objectives". The judgement of the Supreme Court (1996) in the Shankaranand Vs Common Cause, which held that the 'Central Government is empowered to nominate the minister as Chairman as was done earlier' at the AIIMS did settle a point of law; but the substantive issue is different and relates to the executive responsibility for the functioning of AIIMS. If the minister chairs the Executive Committee (Governing Body) the Director who is the Chief Executive Officer can hardly be held solely responsible for the executive functions of

the Institute; what is more, his accountability to the Ministry would also tend to be diluted. It is pertinent to note that institutions of national importance under Ministries other than Health (MHRD, Planning, Science and Technology) such as IITs, ISI, and Sree Chitra Tirunal Institute do not have Ministers chairing their Governing Body or Executive Committee. A structural reform in the formation of the Institute and Governing Bodies is therefore necessary to restore the boundary between the Government and the Institute. The Minister of Education chairing the meetings of the Joint Management Council of all the IITs is a good model which, to our knowledge, has worked satisfactorily. When more institutions of national importance are set up under the Ministry of Health (PGI, AIIMS, and JIPMER to follow shortly) the need for such a Joint Management Council to be chaired by the Union Minister of Health will clearly emerge. The organic linkage between Ministry of Health which provides funds to the Institute and AIIMS would be maintained by the nomination of a representative of the Ministry by the Central Government for the membership of the Institute Body. As the Ministry of Education has been historically a world apart from medical education and the representative of the Ministry of Education has played little role in the affairs of AIIMS over the years (ascertained during enquiries), it would be logical to replace the nomination of a representative of the Ministry of Education (MHRD) by that of the Ministry of Health by the Central Government in the

composition of the Institute Body (under Section 4 (d)). This would also obviate the doubtful practice of inducting the representative of the Ministry of Health through nomination under 4 (e) as done at present. We would be recommending an Amendment accordingly.

On the other hand, autonomy is not an end in itself. When institutions like IITs, AIIMS were set up, one of the primary objectives of making them autonomous was to secure freedom of action and flexibility of operation without being hampered in achieving their mandated objectives and performance targets in the shortest possible time by complicated rules and procedures that plague Government departments; especially, in the vital area of finance and personnel management. This much needed flexibility in governance and management invested in a "body corporate' enacted by Parliament was then considered an essential ingredient of policy in Science and Technology. Education, and Research. In this perspective, the presence or otherwise of the Minister of Health chairing the meetings of the Institute Body and Governing Body was not the only significant issue of autonomy or even the main issue. On the contrary, some might even consider it a useful stop to get appropriation of more funds from the Government and Parliament! For a proper appreciation of the autonomy issue one should ask whether the Institution did fully utilise the aforesaid freedom of action, flexibility of operation and opportunity provided by the Statute within the

overall policies, guidelines and Five Year Plans laid down by the Government from time to time? In the case of AIIMS, a clear affirmative answer is difficult. We have pointed out elsewhere in this Report instances of long delays; story of non-completion of prestigious development projects (as in Government Departments like CPWD!); inbreeding of faculty and absence of lateral intake; lack of a personnel policy etc. It is all too obvious that during the half century of its existence the Institute has not developed a management ethos and system of its own for fast-track internal decision-making as befitting the autonomy conferred on it by the present Act. This especially seems to be the case in Financial and Human Resource management, where a look at the Regulations and its Schedule would show that the system is almost entirely modeled on the archaic system of traditional Government Departments with its hierarchical controls/procedures. In fact, there are explicit references in the Regulations/Schedule to Government of India's Supplementary Rules, General Financial Rules etc., as the authoritative source to facilitate decisions. Given such a management ethos, it is not surprising if decision-making tends to be progressively governed by the consideration whether a prevailing Rule/procedure in Government would justify it rather than whether it is in the overall interest of the Institute; thus driving the organization to depend more on the Ministry for its decisions. One is tempted to say that the Institute let a good deal of autonomy be eroded in

this manner by sheer default. In such a situation, it is natural that, over the years, the Ministry should come to regard the Institute, its Governing Body, and the Director as mere instruments (as another Executive arm like DGHS) for carrying out decisions made at the level of the Hon. Minister as President and Chairman of the Institute and Governing Body. Also keeping in view that an annual budgetary appropriation of nearly Rs. 350 crores for AIIMS from public funds is the responsibility of the nodal ministry which is directly answerable to the Parliament and public, the impression was created that the affairs of Institute are directly managed by the Ministry of Health. This makes it difficult to fix responsibility for short falls, deficiencies, mismanagement; and lack of creativity, initiative and innovation; between the Government, Governing Body, and the Chief Executive and his team. We are recommending in this context that a reputed IIM, may be requested to carry out a study of the management practices at AIIMS and recommend a model for making the institution an effective organisation.

3.4.2.2 Composition of the Institute Body: A problem in the existing composition relates to the nomination of five persons barring one representative of the Indian Science Congress Association under sub section (e) of Section 4 of the Act. In addition to the nomination of the Minister for Health and Secretary (Health) under this sub section, the Government

nominates two other persons at their sole discretion. Under sub section (f) of Section 4 of the Act, four representatives of the medical faculties of Indian Universities have also been nominated by the Government at their discretion from the names proposed by the Vice-Chancellors of Universities. This cumbersome practice was continued in spite of the fact that medical faculties of Indian Universities are being largely replaced by Health Science Universities which do not find mention in the Act. The nominations under sub sections (e and f) at the entire discretion of the Government have long been controversial and have often deprived the Institute Body of outstanding members with a record of achievements in medical science, science, law and social sciences who could provide guidance and visionary inputs to the Institute as it aspires to become one among the top 100 medical schools in the world. To enhance the credibility and effectiveness of the nomination process under sub sections (e) and (f) of Section 4, we would be recommending for the Government to make nominations of seven scientists/medical scientists/ educationists from a distinguished panel of fourteen Fellows submitted by the three Science Academies of India (Indian National Science Academy, Delhi; Indian Academy of Sciences, Bangalore and National Academy of Sciences, Allahabad) which have an unbroken tradition of excellence for seventy years and whose Fellowship claims, apart from basic scientists, eminent medical scientists from Indian Universities and Health Science Universities

across the nation; and one social scientist of eminence from a panel of three names submitted by the Indian Council for Social Science Research. The nominee of the Indian Science Congress Association should be retained as provided in sub section 4(e). The nomination of the representative of the Ministry of Health under Section 4 (d) has already been referred to on P 52.

In the present composition of the Institute Body, the sole representative of the staff and especially of the faculty of the Institute is the Director. While this may have been adequate fifty years ago, the position is very different today with the faculty strength at nearly 500 and their growing concern on not being heard at the governance level. As a good part of the faculty are attached to the reputed Centres which are growing in number at AIIMS, we feel that provision should be made for two Heads/ Directors of these Centres to be members of the Institute Body for one full term by rotation. As the Centres vary greatly in size at the moment, it would be necessary for the Institute body to fix the criteria for a unit to be designated as a Centre (in terms of faculty strength, number of hospital beds etc). We also feel that the Director General, Armed Forces Medical Services should be a member of the Institute Body because India will unhappily face natural disasters and man-made calamities like bio-terrorism in the years ahead, and AIIMS will benefit greatly by closer links with the Armed Forces Medical Services which are the best organized, experienced and thoroughly reliable

organisation to manage relief operations during disasters. We would also recommend a nominee of CII/ NASSCOM/FICCI to be a member of the Institute Body because pharma, biotech and software industries are revolutionsing medicine and education, and AIIMS should have an organizational link with industry.

The President of the Institute is equivalent to the Chancellor of a University and he/she should be appointed from among the eminent members nominated under subsection (e) and (f) of Section 4 with the approval of the Visitor of AIIMS who should be the President of India. We would be making suitable recommendations for Amendments to bring about these changes.

3.4.2.3 Selection of the Director: An aspect of governance which calls for review is the selection of Director who is the Chief Executive Officer and the nodal person in the management of the Institute. Rule 7.2 of AIIMS stipulates that the "appointment to the post of Director shall be made by the Institute with the prior approval of the Government'. Even though Director's selection is said to be open for candidates from all over India, the appointees for the last many years have been exclusively internal candidates who joined the Institute as medical students and rose to the top levels of the academic ladder of the Institute. According to current practice,

a special Selection Committee is set up with the Minister of Health as Chairman and a total of nine official and non-official members nominated by the Government for membership. The appointment is made on the recommendations of the Committee by the Institute Body headed by the Minister of Health with the prior approval of the Government. As Director of AIIMS enjoys the status of the Vice-Chancellor of a University and heads a large organization with commitments to patient care, medical education and advanced research, we are of the view that the current selection procedure for the Director's post should be replaced by a less heavily official procedure. This would involve the setting up of a search-cum-selection committee headed by an eminent scientist/ educationist who is nominated under sub section 4 (e) and (f) of Section 4 and who holds the position of the President of the Institute; and the members should be DGHS; DG, ICMR; VC, Delhi University; and four members of the Institute body nominated under sub section 4 (e) and (f) of Section 4. The Committee's recommendation should be forwarded by the President of the Institute to the Minister of Health for submission to the Visitor for his prior approval, on receipt of which the Institute shall make the appointment. The acceptance of resignation or the termination of appointment of the Director shall also be done with the prior approval of the Visitor. The Director-designate should undergo a specially structured course of say, 3 months in one of the IIMs in institutional management and undertake to

devote at least 70% of time on the management and administration of AIIMS which deserves no less.

3.4.2.4 Functioning of the Institute Body and Governing Body: To appreciate the mode of functioning of the two bodies of governance, it would be instructive to look at the kind of issues discussed during their meetings. Accordingly we obtained the Agenda of a representative sample of meetings held in recent years:

Meetings of the Institute Body

131st	4.6.2003
132nd	23.6.2003 (extraordinary)
133rd	6.11.2003
134th	13.3.2003
135th	8.4.2005

During these meetings, the Institute Body apparently considered the minutes of the meetings of the Governing Body and discussed the following major items:

- Master Plan to be prepared by HUDCO for the Development of AIIMS.
- Augmentation of Emergency Services.
- Special Selection Committee for Director's selection.

- Executive order of the Government requiring the Institute to obtain prior approval of Ministry of Finance to create Professor's posts.

However, these issues were greatly outnumbered by items relating to recruitment/promotions/disciplinary and administrative matters relating to staff and many others which had little to do with policy or what could be the directive principles for the governance of AIIMS.

The Agenda of the meetings of the Governing Body on the following dates were available for review:

Governing Body Meetings

132nd	17.4.2003
133rd	4.6.2003
134th	6.11.2003
135th	5.7.2005

The major issues in the Agenda were a Master Plan prepared by HUDCO; Augmentation of Emergency Services; Selection to faculty posts and related litigation; Proposal for establishing a Centre for Dental Education; Executive order of the Government requiring the prior approval of the Ministry of Finance and ACC to create Professor's posts: Transfer of the conduct of PG medical entrance examinations to the NBE; and the Approvals of the Minutes of the Standing Committees. These items were

outweighed by many others which related to the creation of posts, voluntary retirement, promotions, disciplinary proceedings, litigation etc. What were missing in the Agenda are detailed project reports (DPR) of Plan projects; progress report on the projects; innovations in educational programmes and research; national and international networking; reconciliation of national needs with the demands of the scientific community for academic freedom; ways to diversify income and setting up reserve funds to lessen the total dependence on the Government for funding; a personnel policy for AIIMS which has over 7500 employees; and the inadequacy of inputs from the Standing Committees. Issues such as self audit, sustainability of growth, linkage with other national institutions etc were never discussed. On the other hand, a Report on "Additional Super-speciality Facilities" proposed at AIIMS in the July, 2005 meeting listed the following specialities with 2000 beds (Table 9)

TABLE 9

Child Health Care
Mother Health Care and Reproductive Biology
Gastroenterology
Nephrology
Urology
Chest diseases
Geriatrics
Molecular Biology
Endocrinology and Metabolic Disorders
School of Public Health
Advanced Diagnostic Facility

It is not known whether this Report was discussed thoroughly or questions raised on the viability of so large scheme which could change the character of AIIMS from a medical university into a vast hospital complex with 4000 beds. In publicly funded educational institutions such as AIIMS, major plan projects are expected to be discussed threadbare at the levels of the faculty and Standing Committees before they are put up to the Governing Body: on clearance by the Governing Body, it should receive 'in principle' approval from the Government, followed by the preparation of DPR which should again be approved by the Governing Body and the Government. All these procedures for large projects require planning and time, but they are practicable provided the grass roots discussion among the faculty starts at least six months ahead of the financial year, and the projects had found a place in the Five Year Plan document of the Institute. Tedious as they are, the procedures are inescapable to ensure assured funding and the orderly execution of projects. This practice is apparently not followed in AIIMS and ad hoc procedures are adopted for the approval and management of major projects. The case histories of the Dr. B.R. Ambedkar Institute of Rotary Cancer Hospital (BRAIRCH) and Trauma Centre (Annex. 5 and 6), for example, highlight the fact that the Governing Body of AIIMS does not figure in the long narration of labyrinthine events, and its role in the conceptualization, planning and monitoring of the two major projects is unclear if not marginal. Thanks to the lack of clarity in the authority for

decision making and non-observance of well-established procedures, the two projects - still incomplete - have faced enormous delays and cost escalation (BRAIRCH 1992-2006; 20 to 100 crores, Trauma Centre 1984-2006; 16 to 138 crores). There are many other examples of ad hocism such as EFC approving the BRAIRCH project without considering the staff requirement (EFC, Jan 2005), and Institute authorities approaching the Ministry directly for the approval of Plan projects and the Ministry advising the Institute to obtain the prior approval of the Governing Body (GB item 10, 17.4.2003). It is doubtful whether the projects listed in Table 8 have gone through the steps mentioned above but they could get started in part or in full, in the existing set up, without a DPR and its advance approval by the Governing Body.

The present pattern of governance which is marked by state control and the blurring of boundary between the Government and the Institute has had side-effects which are far from healthy. Instances have been brought to our notice when legislators and influential persons in the Government contact senior faculty members for health problems, and the faculty members in turn, take advantage of their "contact" to influence their own selections and promotions. Other instances mentioned by former Directors include Ministers sending lists of "those to be selected"; appointing faculty members to official bodies bypassing the Director; directly sanctioning or

obtaining projects for faculty members who spring a surprise on the Director by asking for space, staff etc. These and other examples would suggest a disturbing ambivalence in the attitude of a variable percentage of faculty to institutional autonomy. On the one hand, proximity to the Ministry is preferred and is even vaunted thanks to the gain of influence and prestige; and on the other, the Ministry's intervention in the Institute's administration is resented. In a healthy system of Governance, it is necessary that the roles of the Government and the Institute are clearly defined and the principles of governance so upheld that the Government, while providing support, prescribes specific goals in pursuance of nation's well-being and development, and the Institute, in possession of autonomy and academic freedom, delivers on the goals. Similarly, the spirit of the Parliamentary debate of 1956 strongly suggests that the Hon. Members of Parliament were elected to the Institute Body to ensure that the functioning of the Institute was never divorced from national well-being as expressed through health and education. As guardians of public interest, their exalted role was visualised as guidance and support from the legislative wing of the Government and not active participation in Institute's administration.

3.4.3 *Management:* The dividing line between governance and management is not rigid but the domains are reasonably distinct. While governance brings about organisational coherence, lays down policies, and

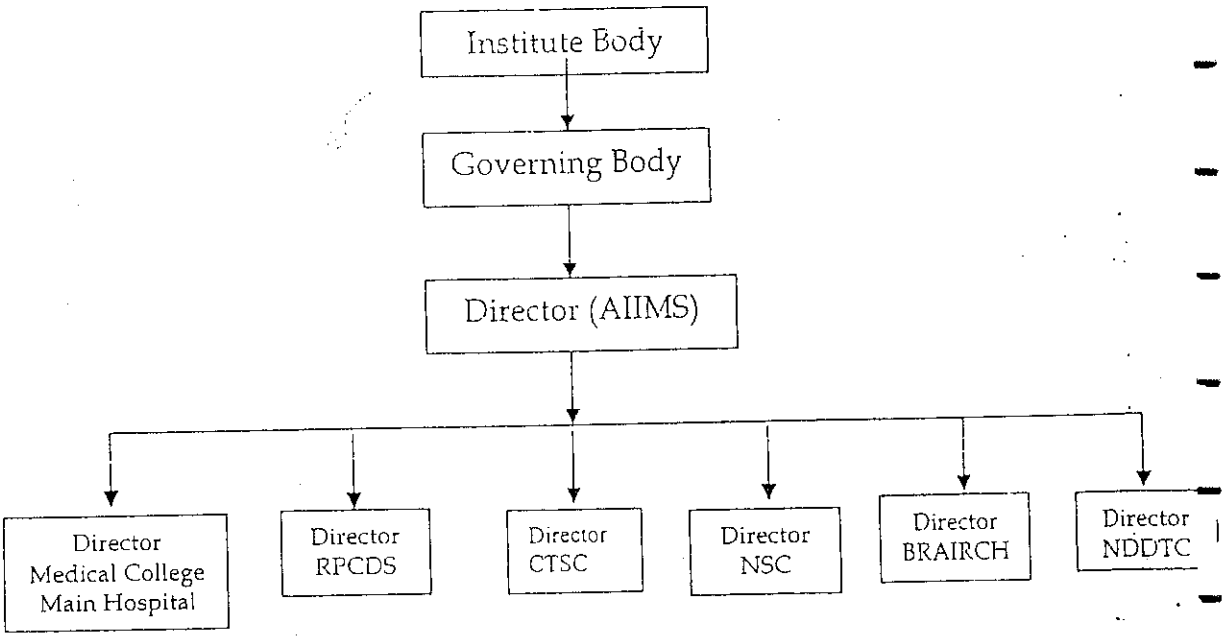
sets forth strategic directions for growth, management enables the expected outcomes to be accomplished through proper prioritization and effective utilization of resources. If the primary responsibility for the governance of AIIMS belongs to the Institute Body and Governing Body, the burden of management falls on the Director who is the Chief Executive Officer, and the Standing Committees of the Institute which deal with Finance, Academic Affairs, Selection of Faculty, Hospital Affairs and Estate. The Director's functions are listed in Schedule 1 of the Regulations of the Institute, which covers 80 items under "nature of powers". A review of the list reveals that the 'powers" relate to routine administrative matters such as sanctioning TA and advances, maintenance of buildings and grant of various kinds of leave etc. The Schedule is silent on the Chief Executive's role in providing strategic leadership, promotion of excellence and innovation, management except where Governing Body has imposed limitations, setting up of quality assurance procedures and other functions which would make the institution a truly effective organization. As the Chief Executive Officer, the Director is the ex-officio Member Secretary of the Institute Body, Governing Body and all the Standing Committees.

3.4.3.1 *Growth of Speciality Centres:* Management of the AIIMS poses a complex challenge because the extraordinary growth of the institution over 50 years notwithstanding, the administrative framework has remained

more or less unchanged. Apart from the addition of buildings and hospital beds, increase in student intake and growth in research activities, a significant development which changed the image of AIIMS has been the advent of Centres which were listed (Table 5) under "AIIMS today". The bed strength in the Centres is shown in Table 6, which ranges from 48 in the National Drug Dependence Treatment Centre to 1044 in the Main Hospital. Judging from the rise in demand and the Institute's policy of promoting more Centres for Dental Education, Trauma and others there is no doubt that Centres represent an important area of growth for AIIMS in the next 20 years. Each Centre is planned and structured to be a self-contained unit which would not be obliged to depend on the Main Hospital for supportive services. Each speciality Centre would thus have its own departments of anaesthesia, pathology, radiology, nuclear medicine, lab services, etc. The delegation of some degree of authority to these Centres was discussed by the Governing Body more than once but inconclusively. We are of the view that the objects of these Centres in terms of patient care, teaching and research would be better served by the delegation of greater authority to them as a part of an institutional reorganization. This would bring about a measure of decentralization which is much needed in today's organizational set up to streamline administration and enhance the morale of faculty. Moreover the Director as the sole member to represent the faculty in the Institute Body and Governing Body is no longer a satisfactory

arrangement thanks to the large size (approx. 500) and variety of the faculty and the growth of Centres. A model suggested for reorganization is shown in Figure 9.

FIGURE 9



Obviously the Centres cannot be equated at present because they vary greatly in size, and the Institute would in due course have to fix the threshold (in terms of beds, faculty strength etc.,) above which a unit would qualify as a Centre with a Director or Head at the top. But the principle of delegating authority to each Centre under a Director is valid and will become increasingly important as more centres such as Trauma Centre join the family and the feeling, already palpable, grows among the large and varied faculty that their voice is not being heard in the governance of the Institute. We feel that Directors of the Centres should be represented in the

Institute Body, Governing Body and Standing Committees by rotation. It would be a prudent move to regard the Medical College and Main Hospital also as a Centre so that medical education especially at the undergraduate level receives greater attention. All these Centres should have administrative and financial autonomy under the overall supervision of the Director, AIIMS. The degree of autonomy of the Centres should be fixed by the Governing Body after an Expert Committee studies and reports on the issue. The model suggested is based on the successful experience of NIH which has a number of prestigious Institutes which enjoy considerable autonomy and authority under the Director, NIH. The reorganization would free the Centres from several existing limitations which delay project implementation for many years and create administrative bottle necks and delays.

3.4.3.2 *Standing Committees:* The Standing Committees are a link between the domains of governance and institutional management. The Committees are the following:

Academic Committee

Finance Committee

Hospital Affairs Committee

Estate Committee

Selection Committee

According to the Act, the members of the Committees must be drawn from the membership of the Institute Body and the Director is the Member Secretary of all Committees. As constituted at the present time, the Committees have limitations because they are forbidden from having members with the broad range of expertise which AIIMS needs for its management. The contribution of the Committees to the management has therefore been variable, if not modest.

Academic Committee, as noted earlier, could not detect and arrest the declining performance of bright MBBS students, which came to the notice of the Delhi High Court. After the leading role played by AIIMS with sister institutions in reforming the medical curriculum in the nineties, the Committee does not seem to have discussed the stream of innovations in medical education from abroad, the absence of innovative experiments in the AIIMS, and the reasons thereof. Given India's strength in software engineering, there is no reason why AIIMS could not have pioneered efforts to develop computer assisted learning, virtual reality practice etc. by collaborating with the engineering scientists. We were told of instances where a sound proposal for starting a new programme for MD in Emergency Medicine was turned down without giving reasons: of staff members with MD/PhD with externally funded projects and several

papers in high impact journals to their credit being disallowed from taking PhD students etc.

The proceedings of the Finance Committee give the impression that it reports to the Government and not to the Governing Body, and the number of issues referred to the Government between 2000 and 2005 for decisions amounted to 43 which are still pending. The record of meetings does not indicate that the Committee looks into financial issues raised by the Statement of Accounts such as, the percentage of Non-Plan grant spent on salaries and staff benefits (67% in 2004 - 2005); rationale for patient accounts for angiography, gamma knife etc., where 50-100% cost is recovered from patients while other patients are spared; the impossibility of comparing expenditure for teaching, research and patient care with the result that the unit cost of patient care, and that of UG/PG education per year cannot be computed: and the pros and cons of switching to a Fund Based Accounting System which is being adopted increasingly. The Committee does not seem to discuss the important issue of diversifying income; setting up a Reserve Fund or Corpus Fund by attracting donations and retaining a percentage of gross receipts every year. These are issues which need to be examined by competent professionals who are familiar with the economics of higher education and hospital services.

Unfortunately such persons are excluded by the existing Rule from the membership of the Committee.

It is not clear how often the Hospital Affairs Committee meets and whether they had played any role in the initiatives taken by the Institute for decongesting the OPD, expanding the Emergency Services, creating a new mortuary etc. But the fact that not a single laboratory in the Institute enjoys the certification of NABL, and that the laboratories, operating rooms, wards, OPD, Administrative offices, MRD etc., have not been networked by computers even in 2006 should alert one to the passive role of this Committee. We were surprised to learn that Medical Audit is not regularly carried out as it should be in every hospital especially a teaching hospital.

The hospitals of AIIMS serve a large population from Delhi and beyond and are constantly under pressure for investigations, admissions and specialized treatment. It is clear that these services will face added demands for the use of trauma, mass casualities, disaster management etc. in the years ahead. Given these realities, it is essential that AIIMS has a mechanism for coordination of services with the four Medical Colleges in the National capital region who have their own large teaching hospitals and many shared areas of interests with AIIMS. At the present time, no direct linkage exists between AIIMS and the Medical Colleges for consultations on

a regular basis and this defect calls for correction as early as possible. From the meager information available, the Estate Committee meets seldom and hardly figures in any of the Reports we have studied on the major projects initiated by the Institute.

We have received a large number of complaints regarding the functioning of the Selection Committee, which call into serious question its fairness and transparency. We are told that the external experts who are invited to conduct the interview are asked to leave after giving their assessment of candidates, and the final recommendations are written in their absence and without their participation. Some faculty members have even told us that they would prefer the selections for AIIMS faculty to be conducted by UPSC! There are disturbing questions about the competence of some of the members who conduct interviews for selecting scientists in frontier areas and physicians with advanced specialization. The appropriateness of MPs taking part in the selection of faculty members needs reappraisal as such a practice is unheard of in any institution of national importance or of higher education in India. The distinguished Parliamentarians who debated the AIIMS Bill in 1956 would be nonplussed by the role played by their successors in the Institute's administration including the selection of faculty today!

On the basis of experience, an overhaul of the present structure of the Standing Committees is obviously overdue to make them effective instruments for the management of the Institute. It is essential that the Act is amended to permit the entry of professional experts in various fields such as finance, management etc. who are not members of the Institute Body into the membership of Committees. We are accordingly recommending a more effective pattern for the membership of the Standing Committees.

The history of the building of Centres and the planning for new Centres at the AIIMS show a number of weaknesses which have been mentioned earlier. As no clear guidelines exist, decision making is currently distributed among various bodies including the Government; different procedures are adopted for different projects; and projects are often undertaken without getting the detailed project report approved and on the basis of 'approval in principle'. This has cost AIIMS heavily in terms of cost over - runs and massive delays, not to speak of the feeling of general frustration. As the present Standing Committees undergo structural reform and rejuvenation, the time has come to set up a new Committee - 'Project Planning and Monitoring Committee' - which should keep all developmental projects under its watchful eye. It should be chaired by the Director, AIIMS and include 5-6 competent professionals including

nominees of IIM/L and IIT/D. A nascent idea for a development project should be discussed among the faculty initially from the point of view of its relevance to the Institute's Mission and Goals, and in what manner it would impact on the working of the Institute; if the idea survives the discussions, it should pass through the Academic, Estate and Finance Committees (and the Research Advisory Council when it comes into existence), when the idea would take the shape of a proposal. At this stage, it should receive the attention of the Project Planning and Monitoring Committee who should study the project thoroughly from a professional point of view. These steps would take 4-6 months and should not be rushed so that the project proposal which goes to the Governing Body from the PPMC is a professional document. If the Governing Body clears the project, it should be submitted to the Government for 'in principle' approval, following which a DRR should be made and approved by the Governing Body and Government before construction begins at the beginning of the following financial year. The PPMC should be in overall charge of project implementation and its reports should be invariably considered by the Governing Body twice a year. In the absence of a clear-cut procedure and rigid adherence to it, developmental projects and expansion plans with estimates of 1300 crores will be attended by excruciating delays, huge cost-over runs and even scandals.

3.5 *Human Resources*:

The staff in position at various levels in AIIMS is as follows:

Faculty	496
Sr. Demonstrators, Sr. Residents	450
Jr. Residents	432

Non-teaching

Group A	184
Group B	575
Group C	3954
Group D	1598
Total	7689

3.5.1 *Faculty*: The selection and promotion of faculty are the responsibility of the Standing Selection Committee of the Institute. More than two decades ago, selection at every level was based on open competition but subsequently the scheme of 'Assessment Promotion' (APS) was introduced on the basis of the Dhar Committee report. As often happens in the Indian

context, the 'assessment' became progressively weakened over the years and promotion has become more or less automatic of late.

Under APS, the initial recruitment to the faculty takes place at the level of Assistant Professor: Assistant Professors are promoted 100% after four years to the level of Associate Professor; after four years, 75% of Associate Professors are promoted to Additional Professor; and, after seven more years, 50% Additional Professors are promoted to Professors level. All the promotions under APS are non-vacancy linked and the assessments are made by the Standing Selection Committee. The pay scales and perks (conveyance allowance, learning research allowance, NPA, clinical research allowance, newspaper allowance, telephone facility as per rules) for the faculty are better than those of CHS offices. Out of a sanctioned strength of 542 at AIIMS, 495 are currently in position; 27 have retired voluntarily or resigned; 8 are on foreign assignment and the yearly attrition is 5.5% against the rate of 9.5 at the PGI, Chandigarh. As the economy grows and attractive employment opportunities multiply in the private and public sector (corporate hospitals, new AIIMS etc.) it is inevitable that a percentage of competent personnel would leave publicly funded institutions for better positions elsewhere. Attrition of staff does not spare even the best among private industry because Infosys has a reported annual loss rate of 10% for skilled engineers. The attrition rate of faculty at AIIMS is therefore not

alarming but represents a trend to be monitored carefully. The pattern of staff movement at AIIMS is similar to that in PGI, Chandigarh: there are plenty of applicants at the entry level of Assistant Professor and loss at that level is minimal because young doctors are keen to gain experience at that stage; the loss becomes noticeable among Additional Professors/ Professors because they would have reached the top level of the academic ladder and acquired enough experience and prestige to be sought by employers with attractive offers. As long as a personnel policy ensures that competent persons at the Associate Professor's level are available and can be inducted quickly into higher positions from within or equally good candidates can be recruited laterally from outside without procedural delays, the loss of senior staff need not and should not become a crisis. This should receive the constant attention of a vigilant administration. In a larger sense, the migration of senior faculty to other institutions in India could also be viewed as an important contribution of AIIMS to national development. Indeed the Personnel Department of AIIMS - which needs to be set up urgently - should monitor not only the loss or impending loss of faculty but also that of skilled professionals such as nurses and technicians. Recruitment to fill vacancies must take place quickly and waitlists updated every six months when the staff migration in certain categories like nurses rises above 10%. At present the mechanism for recruitment is too slow and

cumbersome to fill a large number of vacancies among nurses even though the number of applicants goes into thousands!

The resignation of senior faculty members would be a matter of major concern if it was forced by dissatisfaction with the Institute's administration. Every resignation should therefore be probed carefully and corrective steps taken as required. On the other hand, if senior faculty members leave because of difference of opinion on policy (eg. private practice), that should be taken as a challenge by the Institute and replacements found without delay. When the Tata Memorial Hospital, Mumbai stopped senior faculty from treating private patients in other hospitals in Mumbai (while permitting intramural practice), several senior doctors resigned and a crisis seemed imminent less than four years ago. However, TMH had readied highly competent faculty at the Associate Professor level who were not necessarily famous but quite capable of taking on the responsibility with the result that a follow up a year later showed that the number of major procedures, results of treatment, and hospital revenues had actually improved! There is no reason why a similar strategy should not work in AIIMS provided personnel management at faculty level is given constant attention.

A weakness in the present system of faculty recruitment and promotions is inbreeding which is a cause for concern. A bright student who joins AIIMS for MBBS is virtually assured of postgraduate admission and once he joins the faculty as an Assistant Professor - had he been an ad hoc appointee the selection is near-certain - his progression to Professorship is a matter of time. Lateral entry of candidates is possible in theory at the level of Assistant Professor and Professor but both, in practice, are difficult to accomplish. This is a far cry from the practice of the best Universities and Medical Schools abroad with which we tend to compare AIIMS because they discourage inbreeding as a matter of policy. Experience everywhere has shown that inbreeding which feeds on itself is the surest road to the loss of creativity and decline of institutions. This should receive the serious attention of the Selection Committee and authorities of AIIMS. It would be in the long term interest of the Institute to introduce open selection at the level of Associate and Additional Professor for 25% of vacancies while leaving the non-vacancy linked APS scheme alone.

3.5.2 *Non faculty employees*: The recruitment and promotion at C and D levels are done by in-house Committees from among candidates sponsored by Employment Exchanges. The complaints we have received on the functioning of the Standing Selection Committee are dwarfed by the general dissatisfaction on the method of recruitment of non-teaching staff,

which is said to be heavily weighted in favour of the kith and kin of the existing staff. While we have no way to verify this or other allegations which are even more serious, we are of the view that the recruitment of non-teaching staff should no longer to be done in the present manner and that it should be entrusted to a reputable agency such as the Staff Selection Commission of DOPT for class C employees and equally reputed agencies for recruitment in the public or private sector for class D employees. This would necessarily involve prior planning and advance preparation and transmission of the list of vacancies for the prospective year to the recruitment agency. All these matters and those relating to promotion, retaining, service conditions etc. of the non-teaching staff should be handled by a Personnel Officer with MBA and his staff.

3.5.3 *Personnel Policy*: The large size (over 7500), great variety in qualifications and responsibilities, differing career prospects and market profile of the staff notwithstanding, AIIMS does not have a personnel policy. This has created a number of problems including corruption and examples of class IV staff being promoted as technical staff and carrying out laboratory tests! A policy should indicate, among other things, the acceptable ratios of faculty to non teaching staff, and of Group A to D of non-teaching staff. The Punnaiya Committee had done an exercise along these lines some years ago for the Central Universities and suggested ratios

for the teaching: non-teaching staff which they noted had become skewed and unsustainable in the University system. The model of Central Universities would not of course be applicable to AIIMS because of its hospitals which demand round the - clock service by a variety of trained staff. Nevertheless ratios need to be worked out on scientific lines as the major element in making a personnel policy. The development of a policy and its implementation would demand a professionally qualified Personnel Officer - a post which does not currently exist in AIIMS. Apart from fixing ratios, the policy should cover the method of recruitment, promotion, service conditions etc. of staff and above all, seek to align the staff profile to the developmental goals of the Institute.

3.6 *Infrastructure (TOR 6):*

AIIMS Main or East campus is located at Ansari Nagar and Masjid Moth; a smaller West campus across the main road is residential with Type B and Type D quarters. The East campus is the crowded location of the main hospital, specialized centers, administrative offices, hostels, staff quarters and various support facilities. The Masjid Moth area of over 30 acres was cleared of slums not long ago and sanction obtained more recently to bridge a nullah which separates it from the East campus. This has made adjacent land available to AIIMS for expansion plans. The Institute has a residential campus in Ayur Vigyan Nagar a kilometer away which has free land available for additional construction. The Trauma Center is located in another plot of land beyond the Safdarjung Hospital. The Institute is in the process of re-possessing land leased out to the National Board of Examinations nearby. AIIMS is therefore in the fortunate position of having enough land for growth and development in its Main campus and nearby locations.

3.6.1 Major Development plans: We cannot claim to have studied the relative merits of the development plans of AIIMS for 2025 (Plan 1) or another Master Plan prepared for 2015 (Plan 2). The plans were apparently made in consultation with town planning and municipal authorities. The

main difference between Plans 1 and Plan 2, as we understand, is the following:

Plan 1 - Residential units will be constructed on the Masjid Moth area which is vacant: staff quarters in the Main campus will be demolished and staff relocated. The area vacated will be the used to house a series of 12 multi-storeyed hospital blocks for specialties. This would involve demolition of residential buildings on a crowded campus with considerable inconvenience to patients and public; and shifting of staff when the new quarters are ready in the Masjid Moth area.

Approximate cost: 1300crores

Plan 2 - The new multi-storeyed blocks for specialties will be constructed on the Masjid Moth area; the present housing on the main campus will be left undisturbed. This plan is said to be simpler to execute. The disadvantage is that the main hospital will not be contiguous to the super speciality blocks even though access would be free because the nullah which separates the main campus from the Masjid Moth land is being bridged.

Approximate cost : 700 crores

We would refrain from expressing opinions on either Plan based on inadequate understanding and would only express the hope that the collective wisdom of the Institute authorities, Government, Planners and Architects would show the way to an appropriate choice. We would however urge the authorities to examine the development plans not only from the point of view of land, buildings, power, water, parking space and traffic movement (all under great pressure on the AIIMS campus), but also from other angles which are no less important. Some of the questions which call for careful consideration are the following:

- How would the additional of 12 new speciality blocks affect the practice of 'mainstream' medicine and surgery in the main hospital which is the bedrock for the training of doctors for MBBS?
- The new blocks will add 2000 additional beds and double the present capacity to 4000 hospital beds. The challenge to hospital administration and management would then become formidable. Even today, the main hospital of AIIMS is not computerized; records, lab reports etc. are hand-carried from place to place like they were fifty years ago. How would AIIMS manage the new addition with a total of 4000 beds distributed in 15-20 semi - independent units?

- Each Speciality Centre is conceived as a self-contained unit with its own laboratories, sub-specialities, other facilities and trained personnel including nursing staff. As the Centres multiply, costly equipment and facilities too would multiply, each with little knowledge of what is available elsewhere on the campus: the claims of staff like nurses, technologists, radiographers in each Centre would clash with those in the main hospital (already evident) and lead to personnel problems. How would these questions be addressed?
- When AIIMS has 4000 hospital beds and a vast clinical service what would be its impact on research in frontier areas of medicine? Would it not be marginalized? Would its central role as a medical university be seriously eroded by the massive expansion of the hospitals?

3.6.2.1 *Rebuilding Infrastructure and academic opportunities:* While considering the present infrastructure, we would urge that the out patient department which is greatly overcrowded is expanded by extension to the land in the rear of the present OPD which is immediately available. While 10% of those attending the OPD are currently admitted, the rest are treated and discharged, and they represent exactly those who used to be treated by general practitioners who are in danger of becoming extinct thanks to the

fascination for specialisation. The US went through the specialisation era in the nineteen sixties to eighties only to rediscover the importance of "family medicine" in the nineties, which is a popular speciality among young American doctors. We would recommend that the expanded OPD in AIIMS should be made the base for an MD Programme in family medicine so that 'the patient load' which is currently looked upon as a burden becomes an asset overnight with the advent of a new academic department - unique in India - with its own faculty, postgraduate trainees and a philosophy that places care above research, which would be of great benefit to the patients. The trainees could be posted to the rural hospitals run by Dr Bang, Dr Antia and others for three months to give them a taste of rural medicine and sensitise them to the needs of village India.

It should however be pointed out that the problem of overcrowding and misery of patients in the OPD of AIIMS is of long standing and cannot be solved solely by unending expansion. While expansion should be undertaken to the extent feasible, a more effective approach would be the simultaneous expansion of the OPDs of the four Medical College Hospitals in National Capital Region so that they could receive 8000 additional patients per day. On the basis of discussions with the Principals, we believe that a one-time grant to them for this purpose would be welcomed, and they would be in a position to undertake the expansion. Similar

considerations apply to the Trauma Centre which is expected to open in a few months. If it is to escape relentless overcrowding, satellite trauma centres as planned should begin operations simultaneously.

We are also of the opinion that the present Emergency Department which has been expanded should be further improved to offer an M.D. programme in Emergency Medicine which has already trained faculty available. Much in demand abroad, Emergency Medicine has hardly developed in India and AIIMS has an opportunity to take an initiative in this field. If the improved Emergency Medicine Department is coupled with an MD Programme, it would become galvanised by the entry of young doctors for training.

Before leaving the subject of infrastructure it is necessary to point out that a "construction group" should be created out of the amorphous "Engineering and Maintenance Department", who would be responsible throughout for the construction part of specific projects.

3.7 Research (TOR 7)

3.7.1 Research output; and management of research: AIIMS has established its place as one of the foremost centres for scientific research in India. In a survey done in 1994, by the National Information System for Science and Technology (NISSAT) of DSIR and referred to earlier, AIIMS was ranked fourth at the national level in the 'high out put - high impact' segment: no other medical institution figured in the top eight and the institutions ahead of AIIMS in the segment were IISc, Bangalore; TIFR, Mumbai; and NCL, Pune. In a study based on publications (Medline), AIIMS was rated No.1 in clinical medicine with an impact factor of 2.1, while PGI, Chandigarh followed as No.2 with an impact factor of 1.98. In biomedical research, AIIMS occupied No.8 position with 1.65 impact factor while the scores for PGI, Chandigarh were No.15 and 0.96. Ranking of institutions (also scientists) on the basis of published papers has been a subject of much controversy not only regarding AIIMS but also of scientific institutions in general. Even after making allowances for criticism, the scientific output of AIIMS in terms of publications is highly creditable. The performance of various Departments and Centres is however far from uniform. In 2004-05, for example, the number of publications varied from single digit figures for eight Departments to above 30 for ten Departments: one Department alone accounted for 120 publications. The numbers for Specialist Centres varied from 4 to 101. Out of a faculty of 500, the number

of Principal Investigators who obtained external grants - big and small - was 150. Not all research could be classified as high in quality, and a senior professor and researcher who is retired confided to us that "most of the research done currently is replication of what is done elsewhere or even at AIIMS some years earlier".

A different yard stick for measuring research is its translation into applications in health care. Here again, as noted earlier, AIIMS has several claims to success. Iodine deficiency in Sub-Himalayan zone and iodisation of salt, infant nutrition and ICDS, study of fluoride levels and fluorosis control, cardiovascular epidemiology and anti-smoking measures are well known examples. The fact however remains that several contributions which could have resulted in successful transfer of technology have not graduated to commercialization thanks to the absence of efficient mechanisms for validation and translation procedures for products and processes. Lest we over-rate achievements, it should be borne in mind that 90% instrumentation for health care; of biotech products, of high-end health care products; and above all, new initiatives in molecular medicine etc. are imported even 50 years after independence. Even for a Rural Health Mission in India in 2006, we are obliged to depend on foreign expertise and assistance. When major successes are there – there have been some such as Hepatitis B vaccine – which have captured the Indian and global market,

the drive for R&D and much of the R&D itself came from the private sector. It is important to note in this context that AIIMS spends probably less than Rs.20 lakhs on research (not easy to compute from the Statement of Accounts!) from its annual budget and the entire expenditure on research is funded by external grants. While research is prized at AIIMS, several scientists with Ph.D. or M.D./Ph.D. who do solely biomedical research are not promoted beyond level IV and not permitted to take Ph.D. students even when they have obtained external grants and have several papers to their credit in high impact journals. They are clubbed with dietitians and others for cadre purposes! The Supreme Court had decided several years ago that a Research cadre should be established to safeguard the interests of such a group of scientists but despite the favourable reports of two internal Committees (Indira Nath, Manju Sharma) and decisions of the Finance Committee, Institute Body and Governing Body more than five years ago, a Research cadre is yet to materialize at AIIMS.

3.7.2 Research Councils: A major flaw in the management of scientific research at AIIMS is the absence of a Research Council of peers to monitor the progress of research at regular intervals, and whose recommendations would be sought and respected by the Governing Body. The National Laboratories of the CSIR including major laboratories such as NCL have Research Councils which are headed by top scientists and have a

membership of 15-20 experts to cover the different scientific interests of a Laboratory. The Research Councils meet twice a year, where each group makes a presentation of the work done; work proposed to be taken up; papers published; external grants obtained etc. and holds a vigorous exchange of views with the members of the Council whose advice on the objectives; methodology and progress of projects is welcomed by investigators, and which would make a difference to the practice and quality of research. In the absence of a Research Council, the investigators are deprived of peer review which is indispensable to doing good science, and the Institute authorities are also denied access to impartial and competent advice on the quality and significance of ongoing research and, on occasion, whether to continue with mediocre projects. A review of extramurally funded projects between 1998-2004 conducted by an ad hoc Committee of AIIMS with external experts is an example of how peer reviews should not be conducted because their observations and recommendations were so general and uncritical as to be of little value to decision makers. The wide range of subjects covered by the researchers at AIIMS broadly fall into two domains - Clinical and Biomedical - which do have inevitable overlaps. There is an immediate need to set up two Research Councils to review the large number of projects in both these domains at regular intervals, and their Reports to be considered by the Academic Committee and the Governing Body every year. It is also highly

desirable to elicit the views of the Councils in matters relating to the release of intramural research grants; ideas for setting up Centres with high content of science and technology (Eg. molecular medicine, stem cell); claims of senior faculty members to migrate to a research cadre; creation of Research Chairs; Institute - Industry collaboration for setting up targeted research; and so on. It is highly desirable that AIIMS creates a new position of Dean (Research) who should be a member and Secretary of both Research Councils and who should have research credentials to his/ her credit such as election to the Fellowship of one of the three Science Academies, Bhatnagar prize etc. The terms of reference of the two Research Councils should be on the lines of those of similar bodies of the National Laboratories of CSIR, and should be approved by the Governing Body.

3.7.3 Collaboration with Industry: Pharma, Biotech and healthcare industries in general are among the fastest growing sectors of the Indian economy. They are investing significantly in R&D after India became a member of WTO thanks to the realization that unless India has intellectual property of her own she could hardly hope to trade an equal terms with developed nations of the WTO. Industry has forged R&D links of various kinds with IISc, IITs and National Laboratories with due regard to confidentiality, IPR and terms of transfer of technology. AIIMS should work out similar contractual relationships with industry for the

development of high end products for health care, which should be prioritised by the Government and which should also succeed in the global market. The Research Councils could play an important role in advancing the AIIMS-Industry linkage in R&D projects. The service rules should be liberalized to enable faculty members to serve in the R&D labs of industry, and permission given to R&D scientists of industry to work in the laboratories of AIIMS as adjunct faculty on the basis of MOUs. Under mutually agreed conditions, industry should be permitted to organise new laboratories in the AIIMS for specific projects. For industrial collaboration to succeed, the watch words should be flexibility, adherence to MOU and deadlines, a forward - looking attitude and good faith. Long delay such as six months for the Institutional Ethics Committee to consider a project would be clearly out of place in the context of AIIMS - Industry joint projects. As clinical trials are growing rapidly and are poised for unprecedented expansion in India, AIIMS should give serious thought to setting up a new facility for translational research as per USFDA guidelines, which would be welcomed by industry. The new facility should draw upon the intellectual resources of the faculty of AIIMS with expertise in clinical research and controlled trials, and provide a dedicated high throughput laboratory accessible to industry on user charge basis. If the response from industry is strong and sustained, the clinical research facility would have a strong claim to graduate into a new Centre in due course.

3.7.4 Centre for Molecular Medicine: Biomedical research at the molecular level is currently being carried out in some departments as evident from their publications in scientific journals. We have also referred to a group of biomedical scientists who are productive but share a feeling of rootlessness. Given the global trends which highlight the revolutionary changes brought about in the diagnosis, treatment and prevention of diseases by a molecular approach, and its younger cousin nano-medicine, AIIMS should no longer delay the setting up of a new Centre for Molecular Medicine after carefully following the preparatory steps mentioned earlier for creating new Centres. As many Centres exist abroad and a Department of Molecular Medicine has already been opened in a Central University in India, the molecular initiative of AIIMS would by no means be a pioneering effort. However the background of ongoing work at the molecular level in some departments, availability of a group of qualified scientists, the benefits of centralizing costly equipment, and bright prospects for industrial collaboration are factors which argue strongly for the AIIMS initiative in molecular medicine. The scientific possibilities of molecular medicine are so exciting for bio-imaging and detection, drug discovery and delivery and other technologies in the fight against disease that this initiative is an idea whose time has come at the AIIMS. The Centre should undertake research at the molecular level on the pathogenesis, diagnosis, therapy and prevention of diseases which account for high mortality and morbidity and

provide an interface between medicine, biology, physical and chemical sciences and engineering. It should take active part in the training of candidates for Ph.D. and MD/ Ph.D. programmes and provide Adjunct Professorships for scientists and technologists from industrial research laboratories and IITs. The progress of the Centre should be monitored by the Research Council and success measured not only in terms of reputed publications but also by the products and processes developed by the Centre making their successful entry in the domestic and global markets. The success of the Centre would ultimately depend on its highly trained and qualified staff who should be a mixture of external candidates and those from within the Institute who should be selected after careful screening. A promising source for new recruits is the large number of young Indians abroad who have won laurels for their contributions to molecular and nano-medicine. The Centre for Molecular Medicine should enjoy the same status as that of the R.P. Centre, CTC etc. in the organizational structure of AIIMS and become a symbol and repository of the firm commitment of the Institute to research.

3.8 Amendments (TOR 8):

A review of the functioning of the Institute has made it clear that Amendments are necessary in the Act, Rules and Regulations after fifty years of the original enactment. The suggested Amendments seek to make the President of India the Visitor of AIIMS and his approval mandatory for the appointment of the President and Director of the Institute; to select the President of the Institute from the eminent non-official members of the Institute Body; to reconstitute the Governing Body; to enable experts who are not members of the Institute Body to join the Standing Committees; to reconstitute the Standing Committees and set up a new Standing Committee for Projects.

We have suggested the Amendments in detail under Recommendations.

3.9 Summing up:

Fifty years is a long period in human life but no more than a moment in the life of institutions. As AIIMS crosses this milestone it has won special acclaim not because of its hospitals as there are others which are equally good; nor because of research because others have done better; it is the combination of education, hospital services and research of high standards that marks out AIIMS for uniqueness. However even at a young age, AIIMS has shown features which are so characteristics of the metabolic syndrome of South Asia, which call for corrective measures. These measures are well known and revolve around the central theme of self discipline and control of life style to get the better of obesity and its baneful effects. Translated to AIIMS, this would mean two things - unfading and undiluted focus on its fundamental role as a medical university, and equally importantly, sustainability in all its plans for growth. The temptations and pressures - there are many - to take on other roles and to take the road of unsustainable growth must be resisted lest the Institute should meet with the fate of the familiar patient with metabolic syndrome who refuses to change his life style.

While we celebrate the achievements of the Institute in terms of hospital statistics, undergraduate and postgraduate education and research publications, one should also be mindful of another image which is widely

shared in India. In responding to our questionnaire, a distinguished social scientist wrote " Seated in Delhi, AIIMS reflects the vast cultural gap between India and Bharat..... AIIMS has 6000 outpatients each day and is a large OPD from which a few specialist problems can be culled to serve the needs of the speciality departments. Public health has been a lowly department of such a 'scientific institution' producing specialists for export or for 5-star hospitals and expensive urban nursing homes than serve at the rural PHCs and even CHCs". The difficult challenge for AIIMS in the years ahead would therefore be to go beyond Ballabhgarh and rural posting for reorienting the training of a doctor and family physician and to make sure that research not only enjoys a high impact factor but also provides a stream of products and processes for Bharat. This would have implications - pleasant and unpleasant - on the governance and management of the Institute which should be regarded as the necessary prescription for the self-regeneration of the institute.

So much has been said and written on autonomy and so many adverse comparisons drawn between AIIMS and prestigious universities in the US that a casual observer would believe that all would be set right if autonomy were not restricted. This is an over-simplification of a complex situation where problems constantly snap at the heels of both governance and management at the Institute and the lines of separation between the

Government on the one hand and governance and management of the Institute on the other have never been well defined. The degree of autonomy would vary from sector to sector and from country to country to such an extent that comparisons can be quite misleading. A University such as Harvard or Johns Hopkins with massive endowment funds enjoys full autonomy because they not only do not need but, on occasion, even refuse government funds; on the other hand, State Universities in the US with substantial dependence on government grants have less autonomy, even though the State control is always limited to policy such as say, equal opportunity legislation. Even though State Universities are partly dependent on government for support, they are left severely alone in all academic matters including faculty selection, purchases, international relations and even the management of funds. Totally dependent on Government funds and the dependence increasing year after year, AIIMS would be obliged to develop its own model of autonomy on the lines of the State Universities in the US which represent a successful operation of institutional autonomy in publicly funded institutions. In working out a new model, it may find support from the Government provided the Institute has a clear strategy for reducing the dependence on Government grants significantly over a 10 year period by diversifying sources of income; by making growth plans sustainable; and by professionalizing the management of the institution with no room for ad hocism. These are by

no means over-ambitious suggestions because the National Laboratories of the CSIR which were totally dependent on government grants for decades could change over to a new regime where 30% external cash flow became mandatory for laboratories which switched over in less than 10 years without tears. The success of a major change of policy depends ultimately on the unity of objectives of the players, and for AIIMS, fortunately, all the stake holders - the Institute, Government and the public - share the wish for its evolution as one of the top medical universities in the world.

4. *Recommendations*:

The recommendations which follow were anticipated in the previous Section on Observations (3). They are listed below according to the terms of reference (TOR).

Terms Of Reference 1

i. Through discussions among the faculty and other stake holders, the Institute should develop a Mission Statement which should be inspirational and, at the same time, indicative of its commitment to advance medical education, standards of hospital care and biomedical research for the well being of the Indian people and progress of the Indian economy. The Mission Statement should receive the approval of the Institute Body and appear in the Official Reports and documents of the Institute and its web site.

ii. The K.L. Wig Centre should set up an Advisory Committee as suggested below to give a new direction to its activities.

- Three Professors of AIIMS representing pre, para and clinical disciplines and with active interest in medical education.
- A public health specialist.
- A nominee of the UGC who is an expert on value education.
- A nominee of ICMR representing bioethics.

- A nominee of NASSCOM, who is an expert in software development for education and training.
- A nominee of the Department of Space, who is an expert in telemedicine.

The Committee's reports should be considered by the Academic Committee and Governing Body for revising and constantly improving the educational activities of the Institute.

Terms Of Reference 2

3. • AIIMS should become an active participant in the Public Health Initiatives taken by the Government of India including Public-Private Partnerships such as the Public Health Initiative and the Rural Health Mission. This would mean strengthening the Department of Community Medicine which would be the nodal point for the Institute's participation in the National Missions in Public Health.

- AIIMS should form consortia with other research institutions and industry to develop and transfer for commercialization a range of products and processes prioritized by the National Missions in Public Health.

Terms Of Reference 3

- To take advantage of the opportunities arising from globalization, AIIMS should set up an affiliate, self-financing and non-profit organization 'AIIMS International' which should draw upon the intellectual and professional strengths of AIIMS for its global mission.
- AIIMS International should establish collaboration with institutions for medical education and research; and teaching hospitals across the world to advance the cause of global partnership in health and education. The activities may involve consultancy by AIIMS faculty for specific projects; setting up new institutions for medical education or research in other countries; conduct of entrance examinations in other countries etc.
- AIIMS should take active steps in involving the Association of AIIMSONIANS abroad in the activities of AIIMS International.

Terms Of Reference 4

- The President of India should be the Visitor of AIIMS, which would place the Government - Institute relationship on a time-tested and highly prestigious foundation.
- As the jurisdiction of the Ministry of Health extends over numerous institutions all across India including two institutions of national

importance (AIIMS and PGI) and several more AIIMS-type institutions on the anvil, it would no longer be practical or productive for the Minister of Health to preside over individual institutions. We would therefore recommend the adoption of the time-tested model of MHRD for IITs and suggest that the Minister of Health may preside over a Joint Council of AIIMS, PGI and other AIIMS-type institutions, which should be created for this purpose.

- To enhance autonomy and give primacy to science and education in the stewardship of AIIMS, changes are necessary in the Act, Rules and Regulations. These are recommended separately.
- It is necessary to induct individuals with expertise in diverse fields such as management, cost accountancy, urban planning etc. in the Standing Committees which need strengthening to make prudent use of resources. This requires an Amendment to the Act, which is recommended separately.
- The selection for the Director's post should be done by a search-cum selection committee headed by the President of the Institute and consisting of the DGHS; DG, ICMR; VC, Delhi University; four members of the Institute Body nominated under subsection (e) and (f) of Section 4. The Institute Body should appoint the Director on the basis of the Committee's recommendation with the prior approval of the Visitor.

- The Standing Committees should be reconstituted with a view to making them more effective with carefully chosen experts to address sectoral needs. A new pattern of membership for the Standing Committees is suggested separately.
- A new Project Planning and Monitoring Committee should be set up for all major developmental projects of AIIMS. Its role and composition are given separately.
- The period of the service of the members other than the ex-officio members should be limited to one term in the Institute Body and Standing Committees.
- A reputed Institute of management such as IIM/A may be asked to study the management practices at AIIMS and suggest a model for faster decision making, better control of operations, optimal use of financial and human resources, and for making it an effective organization.

(Terms Of Reference 5)

To retain the faculty staff in AIIMS in the face of new opportunities elsewhere, the Javed Choudhury Committee recommended several measures as incentives, and we would endorse the following among them wholly or in partial modification:

- The qualifying service required to become eligible for time-bound promotion from Assistant Professor to Associate Professor should remain four years as the new appointees would be gaining valuable experience during this period and generally unwilling to leave; the eligibility period for promotion from Associate to Additional should be reduced to 3 years provided the candidate has published at least 3 papers in journals with an impact factor of not less than 2. This is a reasonable requirement for anyone who wishes to occupy a senior faculty position of Additional Professor.
- Age of retirement should be raised from 62 to 65 whenever the individual's academic and research performance has been excellent and he/she continues to remain productive as determined by the Academic Committee/ Research Council.
- A research incentive of Rs.10,000/- may be given to authors for every paper they publish in Journals with an impact factor of not less than 4.
- Consultancy for Indian industry should be encouraged among faculty either on individual basis or Department-wise. Various formulae exist among IITs, CSIR laboratories etc. for the sharing of consultancy fees between the consultants and institutions, but few have been free from problems in actual operation. A formula which seems fair but may not satisfy individuals is to credit the consultancy

fee to a Departmental fund which could be used for specific purposes - payment of subscriptions, buying of books, hosting distinguished visitors, etc. and the consultants could authorize the expenditure from the Departmental fund. AIIMS should form a Committee to study the consultancy practice in other scientific organizations and evolve a scheme of its own.

- For Professors who have papers to present or sessions to chair, international travel should be supported once a year; for Assistant/ Associate/ Additional Professors, international travel should be supported once in two years for the same purposes. The Director, AIIMS should be authorized to issue permission for these travels.
- For faculty members full satisfaction in respect of housing should be given within three years of joining service.
- For outstanding Professors who win international recognition on the basic of publications in top scientific journals and who are recommended by the Research Council of AIIMS, 5-6 Dircctor-grade Professorships may be created.
- For five years of completed service where a Professor has been academically and scientifically productive, he/ she should be granted sabbatical leave for one year to be spent in any institution of learning in India or abroad when he/ she would continue to receive full pay in AIIMS and permission to retain quarters.

- For Additional Professors/ Professors who wish to serve in the private sector in India or abroad after five years of service, leave for two years should be considered favourably when they would not be entitled to receive pay or allowances or retention of quarters.
- A small number - not exceeding ten - of supernumerary positions at Associate Professor/ Professor level should be created to be filled when there is need in a frontier area in any branch of science (eg. Nanomedicine) and a brilliant individual who is available may be lost by too much delay in regular selection. These individuals should be recommended by the Research Council before the offer of appointment to the supernumerary post is made.
- At Additional Professor/ Professor level, if an individual with proven contributions to science wishes to switch to a purely research career that should be permitted.
- If a faculty member has excelled in research and has patents which got licensed through the Institute, he/ she should be given leave to join the industry as consultant/ partner on suitable terms and lien protected for a specified period.
- In new areas where AIIMS lacks expertise, acknowledged experts from laboratories in the public/ private sector/ institutions of higher education should be permitted to join as Adjunct Faculty on contract basis.

- Headships of departments should be rotated every five years.
- For Assistant Professors/ Associate Professors who have innovative ideas for research and whose synopsis is recommended by the Research Council, 'seed money' up to one lakh should be granted to undertake a study or do a pilot project.

General

- The Institute should create a Personnel Department with a competent Personnel Officer (MBA) incharge who should report to the Director.
- The Institute should offer a regular, structured programme for continuing education for all categories of technical staff including nurses, technicians, radiographers, dieticians, physiotherapists on a yearly basis. From the existing senior staff and with the assistance of retired staff as consultants, a Committee should be set up to prepare the course content of short term training, (2-3 weeks), their updating every year and monitoring of progress. The Personnel Department should be closely involved in the operations of these programmes. Certificate of attendance at these courses should be made mandatory for promotion.

Terms Of Reference 6

- The present OPD should be expanded to the adjacent land in the rear so that the capacity can be nearly doubled; this should be accompanied by corresponding expansion in laboratory and other support facilities.
- The expansion in the OPD should be coupled with the introduction of an MD course in family medicine, whose faculty and trainees will provide the core staff supported by other Departments.
- As expansion of the OPD will provide no more than temporary reprieve Government should consider a scheme to expand the OPDs of the four Medical Colleges in Delhi simultaneously so that they would draw away 8000 patients a day and reduce the pressure on AIIMS.
- The expansion plans involving 12 super-speciality blocks should be evaluated vis-à-vis the Mission of AIIMS and not only in terms of engineering feasibility. We would also urge that no project is launched without DPRs and before DPRs are approved by the Governing Body and the Central Government.
- The Emergency Department, already expanded, should be improved further with a view to introducing a course in MD in Emergency Medicine: the trainees should have rotational postings in the Trauma Centre which should, when opened, work in close collaboration with

the Emergency Department and the Satellite Trauma Centres in the National Capital Region. AIIMS should give support to the local authorities in terms of planning, consultancy and partnership for launching the Satellite Centres linked to the Trauma Centre.

- A construction group should be set up separately to supervise the construction part of all new projects.

Terms Of Reference 7

- A position of Dean (Research) should be created to coordinate and promote research activities. It should be filled by a faculty member who has impeccable credentials such as Fellowship of one of the Science Academies, Bhatnagar prize etc.
- Two Research Councils should be set up to monitor the activities in clinical research and biomedical research with membership as suggested below:

Research Council (Clinical) (18 members):

1-9 Nine members who are Fellows of the National Academy of Medical Sciences (FAMS) in different medical disciplines.

10-12 Three members who are Fellows of any of the three Science Academies (INSA, IASc, NASc) in medical and biological sciences.

13-14 Two nominees of ICMR representing bio-ethics and medical research.

15 A renowned public health scientist.

16, 17 Two representatives of industry representing pharma and biotech industries.

18 Dean (Research) AIIMS Member Secretary.

(The Chairman to be appointed from among the members by the President of the Institute on the advice of the Academic Committee from among the members).

Research Council (Biomedical) (18 members):

1-9 Nine members who are Fellows of the three Science Academies (INSA, IISc, NASc) in different medical and biological sciences.

10-12 Three members who are Fellows of the National Academy of Medical Sciences who have research publications to their credit.

13-15 Three nominees of ICMR, DBT and DST.

16 A nominee of Indian National Academy of Engineering representing biomedical engineering.

17 A scientist nominee from the R&D labs of Pharma Research industry.

18 Dean (Research) AIIMS, Member Secretary.

(Chairman to be appointed from among the members by the President of the Institute on the advice of the Academic Committee)

- The Councils should review all ongoing research, quality of publications, generation of external grants, plans for starting or expanding research facilities etc. and make recommendations to the Governing Body every year.
- A new facility for translational research as per USFDA guidelines should be set up to promote clinical research and controlled trials which are of great interest to industry.
- A new Centre for Molecular Medicine should be set up in view of its great potential for transforming the diagnosis and treatment of diseases, drug development etc. The staff should consist of highly talented young scientists from outside the Institute as well as internal candidates whose competence is evident from publications.

Terms Of Reference 8

In the light of the observations made in the earlier section, there exists a strong case for amending the Act, Rules and Regulations of AIIMS as indicated below:

Present	Proposed
2. Definitions:	
(g) Nil	(g) "Visitor" means the President of India.
(h) Nil	(h) "Fellows" referred to in Section 4 (e) mean the elected Fellows of the Science Academies named in said section.
3(3) Nil	There shall be a Visitor of the Institute and the President of India shall be the Visitor.
4. (d) Two representatives of the Central Government, to be nominated by the Government, one from the Ministry of Finance and one from the Ministry of Education.	(d) Two representatives of the Central Government, to be nominated by the Government, one from the Ministry of Finance and one from the Ministry of Health.
(e) Five persons of whom one shall be a non - medical scientist representing the Indian Science Congress Association, to be nominated by the Central Government.	(e) Seven persons to be nominated by the Central Government from a panel of names of at least Fourteen Fellows half of whom shall be from the medical faculties of Indian Universities and Health Science Universities, suggested by the Indian

	National Science Academy, New Delhi, Indian Academy of Sciences, Bangalore and National Academy of Sciences, Allahabad.
(f) Four representatives of the medical faculties of Indian Universities to be nominated by the Central Government	(f) One social scientist from a panel of at least three social scientists suggested by the Indian Council for Social Science Research and one non-medical scientist representing the Indian Science Congress Association to be nominated by the Central Government.
(h) Nil	(h) Director General of Armed Forces Medical Services ex-officio.
(i) Nil	(i) Two Heads / Directors of the Specialist Centres of All India Institute of Medical Sciences to be nominated by the President of the Institute.
(j) Nil	(j) An Industrialist with interest in Education/Sciences to be nominated by the Central Government in consultation with CII; NASSCOM or FICCI".

7. (1) There shall be a President of the Institute who shall be nominated by the Central Government from among the members other than the Director of the Institute.	7. (1) There shall be a President of the Institute who shall be nominated by the Central Government from among the non official members of the Institute under Section 4 (e) and (f), with the approval of the Visitor.
10(b)A standing committee shall consist exclusively of members of the Institute, but an ad hoc committee may include persons who are not members of the Institute but the number of such persons shall not exceed one half of its total membership.	(b) A standing committee need not consist exclusively of members of the Institute, but the number of persons who are not members of the Institute shall not exceed one third of the total membership: ad hoc committees may include persons who are not members of the Institute but the numbers of such persons shall not exceed one half of its total membership.

RULES

Present	Proposed
2. Definitions (f) Nil	(f) 'Visitor' means the President of India.

3. Nominations of representatives of Medical Faculties.	Delete
7(3) Appointment to the post of Director shall be made by the Institute with the prior approval of the Govt.	(3) Appointment to the post of Director shall be made by the Institute with the prior approval of the Visitor.

REGULATIONS

Present	Proposed
(n) Nil.	'Visitor' means the President of India.
5. Constitution of the Governing Body	
(a) President of the Institute (Chairman)	(a) President of the Institute (Chairman)
(b) DGHS	(b) DGHS
(c) Representative of the Ministry of Finance.	(c) Representative of the Ministry of Finance.
(d) Director, AIIMS	(d) Director, AIIMS
e) One member elected by the members of	(e) One Head/Director of the Centres for

the Institute from among the three members of Parliament elected to the Institute.	Specialities of AIIMS as may be nominated by the President of the Institute.
(f) Six members elected by the members of the Institute from among themselves.	(f) Six members representing medical sciences, non-medical sciences and social sciences to be elected by the members of the Institute from among themselves.

NOTE

1. Only the substance of changes required in the Act; Rules and Regulations is indicated above. The appropriate legal wordings may be worked out during the drafting of the amending Bill.

2. While giving effect to the statutory changes proposed above, some consequential verbal deletions/additions in the Act/Rules might be required, eg. the specific reference to cause (f) of Sec. 4 in Sec. 28 (2) (a) may not be necessary. Likewise, the exclusion under Rule 5(2) should cover the Heads/Directors of the specialist centres. These may also be taken care of at the drafting stage.

3. We have considered the possibility that the procedural changes proposed in the composition of the Institute Body [Sec 4 (e) and (f)]

could be effected by amending the Rules only; however, since the procedural part of the change significantly affects the structure of the Institute Body, it is advisable to bring it under the Statute. Moreover, the three premier Science Academies of India mentioned in the proposed change are prestigious bodies of scientists comparable to the Royal Society or AAS in their respective countries. Their role in providing a panel of scientists including medical faculty members to facilitate nomination by Government should enhance the prestige and all India character of AIIMS.

4. For the purpose of Sec 4 (e) paneling, the Universities and Health Science Universities should also cover Deemed Universities, other medical schools/institutions where education and research are undertaken irrespective of private and public sector.

STANDING COMMITTEES

We would like to suggest for the Institute's consideration the following pattern of membership of the Standing Committees after the Amendments to the Act, Rules, and Regulations are adopted:

Standing Finance Committee:

1. Vice-Chancellor; Delhi University - Chairman
2. DGHS
3. Member of Institute Body representing Ministry of Finance
4. One member of Institute Body nominated under subsections (e) or (f)
5. Head/ Director of a Centre for Specialities of AIIMS.
6. A Chartered Accountant nominated by the Institute of Chartered Accountants of India.,
7. Director (AIIMS), Member Secretary.

Standing Academic Committee:

1. A medical scientist/ educationist from among the members of the Institute Body nominated under subsection (e) of Section 4 - Chairman

2, 3, 4. Three members of the Institute Body nominated under subsection (e) of Section 4 representing medical science and sciences.

5, 6. Two Heads/Directors of Centres of Specialities of AIIMS

7. Director AIIMS (Member-Secretary)

Standing Selection Committee:

1. A scientist/ medical educationist from Institute Body members nominated under subsection (e) and (f) of Section 4 - Chairman.

2. DGHS

3, 4, 5. Three members of the Institute Body nominated under subsection (e) and (f) of Section 4.

6. Head /Director of one of the Centres for Specialities of AIIMS.

7. Director AIIMS (Member-Secretary).

Standing Hospital Affairs Committee:

1 DG, AFMS - Chairman

2. Two medical members of Institute Body nominated under subsection (e) of Section 4.

4, 5. Two Heads/ Directors of Centres for Specialitites of AIIMS.

6. Director of Health Services (Delhi administration)

7. Director AIIMS (Member- Secretary)

Standing Estate Committee:

1. Director AIIMS - Chairman

2, 3. Heads / Directors of centres for Specialitites of AIIMS.

4. A member of Institute Body nominated under 4 (e) of Section 4.

5. Expert nominee of DDA (Local Govt. Liason)

6. Expert nominee of IIT /D (Civil engineering)

7. Expert nominee of VC, Delhi School of Planning and Architecture (Campus planning).

Project planning and Monitoring committee (Proposed):

1. Director, AIIMS - Chairman

2. Representative of the Ministry of Finance in the Institute Body.

3. DGHS

4, 5. Two Heads/ Directors of Centres for Specialities of AIIMS.

6. Expert nominee of IIM/ Lucknow (Project management)

7. Expert nominee of IIT/ D (Engineering aspects of projects)

Sub: Constitution of an Expert Committee to study the functioning of the AIIMS

It has been decided to constitute a Committee under the Chairmanship of Dr. M.S. Valiathan, Ex-Director, Sri Chitra Tirunal Institute of Medical Sciences and Research, Thiruvananthapuran and Ex-Vice Chancellor, MAHE, with Secretary (H&FW), Dr. M.K. Bhan, Secretary, Department of Biotechnology and Director General of Health Services as members to study the functioning of AIIMS and to make recommendations for further development of the Institute.

The terms of reference are as follows:

1. To examine the extent to which the purpose and objectives for which AIIMS has been established, have been achieved.
2. To make recommendations for developing AIIMS from an institution of national importance into a Centre of Excellence and a leader in the area of public health for the entire country.
3. To make recommendations to empower and position AIIMS to make full use of emerging global opportunities.

4. To make recommendations for enhancing and strengthening the autonomy of AIIMS in order to enable it to fulfill its stated objectives.
5. To make recommendations on the efficient utilization of manpower resources with respect to attracting the best talent, retention of faculty, provision of better opportunities for utilizing the talent available and optimization of scientific/technical/non-technical manpower.
6. To examine the issues of critical infrastructural gaps and to suggest ways and means of bridging such gaps.
7. To recommend measures to deepen and expand the existing research base in the Institute.
8. To suggest any structural changes and amendments to the Act, Rules and Regulations that may be necessary to achieve the above objectives.
9. The Committee will devise its own methodology to conduct proceedings. It will also be at liberty to invite suggestions/ opinions from eminent personalities and experts in the relevant fields and also consult all sections of AIIMS employees.
10. Secretary, Health and Family Welfare will be the Convenor of the Committee.
11. The Committee shall submit its report within three months.

12. The Committee shall be serviced by the Ministry of Health & Family Welfare. T.A./D.A. for the Chairman of the Committee will be as admissible to the Secretary to Government of India and will be met by the Ministry of Health and Family Welfare.

Annexure 2

Questionnaire from Health and Family Welfare Ministry

on

Functioning of AIIMS

1. When All India Institute of Medical Sciences (AIIMS) was established by an Act of Parliament, as an Institute of national importance five decades ago it was visualized as a model of excellence in medical education, research and patient care which would impart its excellence to the medical colleges in India. Has this has been realized in i) full measure or ii) in part or iii) inadequately. If i) or ii) could you suggest the possible reasons.

2. Since the inception of AIIMS, the epidemiological scenario in India has undergone a change and various new diseases have emerged. In this situation what role would you envisage for AIIMS in the area of public health?

   a) In the context of strategy development for various National programmes.

   b) Development of public health manpower

   c) Development of standards & protocols

3. The UGC and other authorities have been discussing "export of education" in the last few years. This has become a major issue after India joined the WTO and became a signatory of GATS. Do you see opportunities for AIIMS from the ongoing globalization in education as a donor or recipient? Could you suggest the prospective line of action?

4. The autonomy of AIIMS has been a matter of concern over the years, especially at the present time. What steps would you recommend to strengthen the autonomy of AIIMS?

5. AIIMS is equipped in human resources at the level of faculty, technicians, nurses and other staff. However, attracting the retaining talent has become increasingly difficult due to the rapid increase in employment opportunities abroad and in the private sector. What measures would you suggest to attract and retain talent, especially faculty, at the AIIMS?

6.

7. AIIMS is a crowded campus with constant demand for expansion of services. This gets translated into pressure for additional land, academic, hospital, hostel and other utilities etc. Do you have any suggestions for expanding the infrastructure facilities commensurate with the objectives of the AIIMS.

8. AIIMS has been a leader in medical research. But medical research sponsored by science departments, private sector and global interventions has changed the climate for medical research in the 21st century in India. Do you think that medical research programmes of AIIMS should now be re-assessed in the new context? Do you have suggestions on how to strengthen the research programmes at AIIMS?

Annexure 3

List of Members to whom Questionnaire was addressed

Prof. C.N.R. Rao

Dr. R. Chidambaram

Dr. R. Narasimha

Dr. Bikash Sinha

Prof. Ashok Jhunjhunwala

Prof. Sanjay G. Dhande

Prof. Goverdhan Mehta

Prof. R. Balaram

Dr. S.E. Hasnain

Prof. M.M. Sharma

Shri Satish K. Kaura

Dr. (Mrs.) Swati A. Piramal

Dr. T. Ramasami

Dr. Baldev Raj

Dr. K. Vijayaraghavan

Prof. T.V. Ramakrishnan

Dr. V. Sumantran

Dr. P. Rama Rao

Shri Kiran Karnik

Dr. E.A. Siddiq, FNA

Dr. R.A. Mashelkar

Dr. Anil Kakodkar

Dr. Harsh K. Gupta

Dr. N.K. Ganguly

Dr. Mangala Rai

Shri G. Madhavan Nair

Shri M. Natarajan

Prof. Surendra Prasad

Prof. S.K. Dube

Dr. M.S. Ananth

Dr. Ashok Misra

Prof. Gautam Barua

Prof. S.C. Saxena

Dr. Prakash G. Apte

Prof. Shekar Chaudhuri

Prof. Bakul Dholakia

Dr. Devi Singh

Dr. Krishna Kumar

Prof. K.K. Talwar

Dr. K. Mohandas

Dr.A.R.N. Setalvad

Dr.G.K. Sharma

Dr.M. Rajalakshmi

Dr. Arun K. Agarwal

Prof. O.P. Tandon

Prof. Punjab Singh

Dr. Amit Mitra

Mr. T.K. Sinharay

Prof. Sukhadeo Thorat

Shri S.K. Sahni

Dr. M.S. Sinha

Mr. Sam Pitroda

Mr. Ranjit Roy Chowdhury

Dr. Sambasiva Rao

Dr. P.S. Prabhakaran

Prof. C.V. Bhirmanandham

Dr. Mridula A. Phadke

Dr. Ravinder Singh

Dr. Hari Gautam

Dr. P.K. Dave

Prof. Deepak Nayar

Dr. Karan Singh Yadav

Prof. A. Rajasekaran

Dr. S.S. Agarwal

Prof. B.P. Chatterjee

Sh. Sudeep Banerjee

Prof. Kartar Singh

Prof. P. Surendran

Dr. Nilima Arun Kshirsagar

Shri Raghubir Singh

Annexure 4

List of the various meetings held by the Expert Committee

18.07.2006	Members, Expert Committee meeting
21.07.2006	Faculty Association (FAIMS)
	Residents Doctors Association
	Research Scientists' Association
	Students' Association
	Resident Doctors from Trauma Centre
	Faculty of Surgery Department
05.08.2006	Nurses Association
05.08.2007	Officers Association
	Karmachari Union
	Dr. P.K. Dave, Former Director, AIIMS and President NAMS
	Prof. S.K. Kacker, Former Director, AIIMS
	Dr. Sneh Bhargava, Former Director, AIIMS
	Dr. P.N.Tandon, Former President, INSA
	Dr. R.S. Tyagi, DD & Head, Computer Facility
	OT Association
	Medicos Forum for Equality

06.08.2006	Dr. K.V.S.K. Rao, Director JIPMER
	Dr. D. Nagaraja, Director, NIMHANS
	Prof. K.K. Talwar, Director, PGIMER
	Dean of MAMC
	Dr. G.K. Sharma, Principal, LHMC
	Prof. O.P. Tandon, Principal, UCMS
07.08.2006	Dr. P. Venugopal, Director, AIIMS
	Shri Debashish Panda, Dy. Director (Admn)
	Prof. R.C. Deka, Dean, AIIMS
	Prof. V. Kochupillai, Chief, IRCH
	Prof. M.C. Misra, Chief, Trauma Centre
	Prof. S. Ghose, Chief, R.P. Centre
	Prof. H.H. Das, Neuro-Sciences Centre
	Prof. Shakti Gupta, MS, Dr.R.P. Centre
	Prof. D.K. Sharma, MS, AIIMS
	Prof. P.C. Chaubhey, HOD, Hospital Admn.
23.08.2006	Shri Baijendra Kumar, Former Dy. Director, AIIMS

Dr. BRAIRCH Expansion Project - Milestones & Delays

July-Nov 1992: Project submitted to Ministry of Health and Family Welfare to expand IRCH from 2 storied, 35 bedded hospital to 8 storied 150 bedded hospital with inclusion of one floor each for bone marrow transplantation, operation theatres, private ward and expansion of facilities for general wards, ICU and laboratories etc.

Feb 1993: EFC memo for IRCH expansion approved for 20.00 crores. Of this, Rs.7.45.crores for construction, remaining for equipments including accelerator.

Feb 1994: Letter from HSCC to DD (A) AIIMS regarding submission of 1st stage drawing to NDMC: and requesting DD (A) for incorporating the same in AIIMS Master Plan.

May 1994: Letter from SE AIIMS to HSCC informing regarding Rejection of plans by NDMC along with request for clarifications/amendments.

March 1995: Letter from Chief, Dr.BRAIRCH to HSCC, requesting follow up of building plans with NDMC authorities.

July 1995: Letter from Secretary Delhi Urban Art Commission (DUAC) to HSCC approving the plans.

Jan 1996: Letter from Chief Architect, NDMC to EE (Civil) AIIMS giving clearance of Building plans subject to deposition of Rs.12600- Building Tax and NOC from Director tax, NDMC.

Feb 1996: Letter from EE (Civil) AIIMS to Chief Architect, NDMC enclosing *cheque* for Rs.12600/- for building tax.

Nov 1996: Letter from Chief IRCH to Director AIIMS requesting for urgent starting of construction work along with financial utilization certificate.

Dec 1996: Letter from SE AIIMS to Estate Manager AIIMS to follow up property tax of other buildings at AIIMS- with Director (Tax), NDMC.

May 1997: Constituting of Project Committee for IRCH expansion after approval of 130th Estate committee meeting.

July 1997: Letter from Chief Dr. BRAIRCH to Sec. MOH F&W enclosing a copy of the revised draft EFC memo for Dr. BRAIRCH Expansion plan, with copy to FA AIIMS.

Oct. 1997: Minutes of the meeting of first Project Implementation Committee; details of delay discussed. Letter from HSCC to EE (Civil) AIIMS regarding resubmission of plan submission fee (PSF) and Demand Draft for Rs.12600/- along with NOC from Director (tax) NDMC.

Dec. 1997: Letter from HSCC to EE (Civil) AIIMS regarding the proposal for cutting five trees, permission from Lt. Governor of Delhi, letter from Chief to Dean-AIIMS requesting to instruct the engineering section of needful. Negotiation meeting held between AIIMS authorities and HSCC.

Dec 1998: Work finally awarded to HSCC -31.12.98 Construction cost of the project =Rs.14.91 crores. Remaining; for equipment. Completion time=21 months.

Sept 1999: Letter received from Min. of Health and Family Welfare to revise the EFC. Cost of project to be less than 50 crores.

Oct 1999: Meeting at AIIMS- Chaired by Director AIIMS in the presence of the JS (FA) and JS (MOHFW) .HSCC explained that cost of project could go up to Rs.18.57 crores in view of additional works related to air conditioning and remodeling of existing ground floor and 1st floor:

Jan 2000: Revised EFC memo submitted on 19.01.2000 letter no. F-12/ Budget/IRCH/ 99-00 for an amount of Rs.49.53 crores (Rs.21.60) for construction of building.

Oct 2000: Clarifications sought by Min. Of Health 23.10.2000.

Response to the queries submitted on 20.11.2000 vide our letter F.No12-19/ IRCH/Plan.

Aug 2002: Above EFC submitted and revised on and off from July 97- still not cleared.

In the mean time, further escalation in the cost of the construction of Project due to addition of extra basement, underground water storage tank exclusively for Dr.BRAIRCH and thermostat controls for AC, provisions of dedicated electrical substation and furniture

and fixtures- making it a total of 32.25 crores (construction cost). Hence- EFC further revised and submitted on 12.8.2002. Queries raised vide letter no. DO No. V-26011/1/99-R dated 11.09.2002 from Min. of Health- duly responded vide a letter dated 26.9.2002.

Sept 2002: Discussion held with the team comprising of Shri Patwardhan Scretary Health, Sh. Rakesh Behari JS FA and Mr. Rajesh Bhushan - Director, along with Dr. BRAICH Project review committee.

During discussion, it was pointed out that in view of delays and escalating costs, it could be prudent to submit EFC separately in 2 parts one, for building, electrical substation, furniture and fixtures at 32.25 crores and second for machinery and equipment and staff for 40.1crore. Hence 1st part of EFC submitted in Sept. 2002

Jan.2003: Additional queries raised vide letter No. 13-4/2002. Fin. I dated 27.1.2003 and F.No.V.26011/1/99-R dated 27.1.2003 - duly responded.

April 2003: Letter received from Min. of Health and Family Welfare stating that the EFC for Dr. BRAICH should be a part of consolidated "plan" requirements of AIIMS and in "principle approval" may be obtained.

Above EFC not approved. Verbal discussion held, indicating that EFC in 2 parts-not desirable.

Feb. 2004: EFC revised once again submitted. Queries again raised by MOHFW, responded back.

Feb. 2005: Final revised EFC (less than 100 crores) submitted to MOHFW.

May 2005: EFC meeting held under chairmanship of Secretary Health, Revised cost estimates (RCE) approved.

Jan.2006: Letter from MOHFW conveying the approval of Ministry of Finance for RCE at Rs.98.41 crores. Proposal for creation of posts to be Dept. of Expenditure for approval.

April 2006: Letter from MOHFW stating that proposal has been sent to Dept. of Expenditure for approval, can initiate recruitment. No formal appointment till sanction from Dept. of Expenditure, Min of Finance.

May 2006: Meeting with JS, (Personnel), Dept. of Expenditure, and discussion regarding posts sent for approval. Requested for early sanction.

June 2006: Letter from MOHFW stating that proposal for posts has been approved.

July 2006: Discussion with DD (A) & Director regarding advertisement of posts, and recruitment to be started.

Current status:

- Three floors viz ground, first and second are fully functional.
- Third floor has private wards which are not operational, due to lack of staff.
- Fourth floor has labs, half is functioning sub optimally due to lack of staff, and other half is vacant.
- Fifth, sixth and seventh floor are not functional due to lack of staff. Equipments have been procured, and are being installed.

Annexure 6

STATUS REPORT ON TRAUMA CENTER

1. In 1984 setting up of a Centralized Accidental Trauma Center in Delhi was proposed. This was approved by the expenditure Finance Committee for an outlay of Rs.16.65 crores.

2. In 1993, Rs.1.99 crores were spent by the Hospital services Consultancy Corporation India (HSCC) Limited. This included consultancy charges, cost of land, bared wire fencing, brick fencing soil testing etc.

3. In 1988, on the Recommendation of Lt. Governor Delhi, the project was handed over to the Delhi administration, which formed the Centralized Accidental Trauma services (CATS).

4. In 1991, in a meeting between the Union Health minister and the Lt. Governor of Delhi it was decided that the Trauma center be made apart of a multi- disciplinary hospital like AIIMS.

5. In 1992, the scheme was transferred back to the Central government. Land measuring about 14.3 acres in Raj Nagar on the Ring Road was handover to AIIMS

6. In 1995, approvals were received from the Delhi Urban Arts Commission, Delhi Fire services and NDMC.

7. In March 2001 EFC for the project at an estimated cost of Rs.54.14 crores was prepared. This included Rs.35.16 crores for construction and consultancy, Rs.10.18 crores for Machinery and equipment and Rs.8.80 crores for manpower.

8. HSCC was appointed project consultant in October, 2001

9. In January 2002, construction of the Trauma center started. As per the schedule, construction should have been completed by April, 2003.

10. In May 2002, it was decided to construct additional two floors (6^{th} & 7^{th}) and basement and first floor on the O.Ts. in the first phase of construction. HSCC projected an additional requirement of Rs.4.05 crores for the revised work. But the revised EFC memo could not be processed.

11. On July 7, 2003, Dr. P. Venugopal, Director AIIMS reviewed the Trauma Center Project. He desired the senior F.A, Chief Trauma Center and S.E to assess the ground situation on the site itself.

12. On July 11, 2003 the Senior F.A. along with Chief Trauma Center, S.E. and representatives of HSCC reviewed the progress on the project at the site. It was found that further construction activity could not be continued till AIIMS provided more money to the HSCC as the originally approved Rs.35.16 crores had nearly exhausted. The Senior F.A. requested the chief Trauma Center and HSCC to submit the revised EFC proposal by July 18, 2003.

13. On July 15, 2003, Director AIIMS reviewed the project. He requested the Chief Trauma Center to urgently prepare a comprehensive proposal on the proposed administrative and functional linkage between AIIMS and Trauma Center and to form a multi- disciplinary team of experts as project review team.

14. On July 23, 2003 the Secretary Health and Family Welfare reviewed the progress of work on Trauma Center. On the basis of estimates provided by the HSCC, it was noted that due to change in scope of work the funds requirements for construction of Trauma Center had increased by Rs.15

crores approximately. It was decided that further release of funds beyond the approved amount would be made only after the competent authority approved the revised EFC proposal. Director AIIMS was requested to immediately form a Project Management Committee and a Technical Committee. These committees were formed on July 30, 2003.

15. On September 1st, 2003 Steering committee on Trauma Center was constituted.

16. Till August 2003, AIIMS made a payment of Rs.34.73 crores to HSCC for construction. Ever since then the work has come to a stand-still as money for completing the project over and above Rs.35.16 crores is not available.

17. On August 16, 2003 the first meeting of Project implementation Committee was held.

18. On August 17, 2003 the Secretary Health and Family Welfare inspected dthe site of Trauma Center.

19. On August 19, 2003 the first meeting of Technical committee was held. The same day Sh. Anurag Goyal, Additional Secretary and F.A. called on Director AIIMS and discussed the issue of Trauma Center at length.

20. Senior F.A. AIIMS briefed Sh. Anurag Goyal, Additional Secretary and F.A. on August 20, 2003. The Additional secretary desired that AIIMS should firm up its complete requirements of funds relating to construction, machinery and equipment and manpower. He desired a revised EFC proposal to be submitted urgently.

21. On August 22, 2003 Additional secretary and F.A. visited AIIMS and the Trauma Center.

22. On August 21, 2003 HSCC submitted the revised estimate for completion of the whole project. They submitted an estimate of Rs.26.80 crores over and above Rs.35.16 crores already approved for construction.

23. On August 30, 2003 a revised EFC proposal was prepared by Chief Trauma Center in consultation with various departments. However the estimates were found to be too high.

24. On September 1, 2003 Hon'ble Health & Family Welfare Minister took a meeting on Trauma Center. She directed the HSCC to provide a realistic estimates and AIIMS to prepare an action plan for completion of project.

25. On September 4, 2003 a meeting co- chaired by Dr. P. Venugopal, Director AIIMS and Sh. Anurag Goyal, Additional Secretary and F.A. was held in AIIMS to review the action plan to make the Trauma Center fully functional. It was decided that HSCC should submit a plan of construction. The M.D. HSCC said that Rs.9 crores required to complete the construction work and service up to 4th floor of the Trauma Center. Meanwhile, AIIMS was requested to firm up its requirement of manpower and machinery and equipment.

26. Meeting of the Steering Committee was held on 10.09.03 in the AIIMS, regarding manpower & equipment requirement for commissioning of Trauma Center. It was decided that the Trauma Center will be part and parcel of AIIMS only. The number of ICU beds was increased from 16to 36 in view of critical nature of the Trauma Patients.

27. Meeting of the steering Committee was held on 23.09.03 in AIIMS to finalize manpower & equipment requirement for commissioning of Trauma Center. The running cost of the Trauma Center will be appx. 15 crores per annum @ Rs.2000 per bed per day which does not include cost of implants for orthopedics surgery. If we provide implants also, it will cost additional Rs.2 crores per annum. It was also recommended that some of the sport services viz. hospital house keeping services, hospital security services

laundry, paging, telephone exchange, lift operation, land escaping may be outsourced.

28. After detailed discussion, the Steering Committee submitted its report relating to manpower and machinery & equipment on October 1, 2003. This includes fund requirements of Rs.10.99 crores for manpower (for one year) and Rs.47.05 crores for machinery & equipment. The steering Committee suggested that an additional amount of Rs.15 crores per annum (approximately) would be required for running the Trauma Center. However, the estimate for construction elements as yet to be submitted by the HSCC.

29. On October 23, 2003 the Senior F.A. discussed the issue with Sh. Ganesh Pandey, General Manager HSCC. Sh. Pandey desired another 15 days to submit the detailed estimate. Meanwhile, he suggested that if Rs.7 crores were released to the HSCC by the last week of December 2003 the ground, first and second floor work of Trauma Center would be completed in all respects by March 2000.

30. In the meeting held on 31.10.03 in AIIMS Sr. F.A. handed over the details of Manpower & machinery & equipment as recommended by the Steering

Committee to the representative of the HSCC for incorporation in the revised EFC memo.

31. The meeting of the Steering Committee was held on 10.11.03 in committee room near Director's office where it was decided that the tender process for procurement of various equipment and other items may be initiated so that the orders can be placed before end of the financial year 2003-04. The Steering Committee members also suggested to call meeting of the Technical specification committee of various departments for approval of the specification for various equipment/ other items required for JPNATC.

32. In December 2003 the revised EFC amounting to Rs.132.82 crores was submitted to the Ministry. The split up was- Engineering Component- Rs.52.81crore, Manpower Rs.32.96crore, and Medical Equipment - Rs.36.87crore.

33. Meeting of the Steering Committee was held on 23.01.04 regarding initiating tender process for procurement of equipment and recruitment of manpower.

34. Meeting of the Steering Committee was held on 29.01.04 regarding approval of floor plans for Trauma Center.

35. A meeting of the Project Implementation Committee for JPNATC was held on 10.03.04 under the Chairmanship of Director, AIIMS regarding monitoring of progress of Trauma Center HSCC was asked to submit revised layout plans after incorporating changes as suggested by the members of the Steering Committee.

36. Meeting of the Steering Committee were held on 19.03.04 and 25.03.04 in AIIMS regarding approval of floor plan as per the suggestion of the Committee members.

37. Meeting of the project Implementation Committee was held on 14.05.04 for monitoring the process of construction of Trauma Center.

38. A Serial of meetings of the Technical specification Committee for various equipments were held on 25th and 26th May 2004, 20.07.04, 23.07.04, 24.07.04, 27.07.04, 28.07.04, 30.07.04 which are attended by various members of the committee from AIIMS and representatives from Ministry of Health.

39. In July 2004 the ministry imposed a fine of Rs.50 lakh on HSCC for their wrong estimation of the work which was the reason for time overrun and cost overrun.

40. The Ministry of H & FW vide letter dated 2nd July 2004 gave permission to re appropriate Rs.6.25crore from other heads of the original sanctioned EFC, to the Engineering / construction head. This was done to enable HSCC to close the contract with M/S Ahluwalia Constructions, to avoid accumulating claims. Same was released to HSCC in two installments of Rs.1.0crore & 5.25crore respectively in July / August 2004.

41. Meeting of the Steering committee held on 02.09.04 regarding status of funds and scope of work to be undertaken by HSCC after releasing additional funds. Various issues discussed include increasing the bed strength to 300 by putting extra beds, weekly monitoring of the progress on every Monday on 2.p.m, construction of Manifold room, finishing of OTs, procurements of DG sets , Air conditioning works, Mechanical The gadgets, water connection sewer connection and electric connection from NDMC. The other points discussed were clearance from central ground water board, approval & revalidation of plans, removal of Heaps of surplus earth, re- appropriation of additional funds, building of 33 KV sub- station.

42. Ministry of H &FW further vide letter dated 8th September 2004 allowed re-appropriation to the tune of Rs.11.40crore for taking up the balance Engineering works as had been projected in the revised EFC Memo (Total

for construction work Rs.35.16crore as per original EFC+6.25crore re-appropriated amt. +11.40 further re- appropriation allowed = Rs.52.81crore as per projected construction cost in Revised EFC.

43. A meeting of the Expenditure Finance Committee under the Chairmanship of secretary (Expenditure) was held on 27th September 2004, wherein it was deliberated that the annual recurring cost of Rs.15.0crore for two years is to be added to the submitted proposal and hence final revised EFC amount was worked out as Rs.132.82crore + Rs.30.0crore = Rs.152.82crore. The proposal was finalized to be sent to CCEA accordingly.

Sl. NO.	Description of sub-head	Original EFC Amount (in crores)	Revised EFC Amount (in crores)	Increase (In crores)
1	Construction	35.16	52.81	17.65
2	Machinery & Equipment	10.18	47.05	36.87
3	Manpower	8.80	32.82	24.16
	Total	54.14	132.82	7.68

GRAND TOTAL: Rs.132.82+ recurring cost of manpower for two years=152.crore

However the same was reviewed in terms of outsourcing and the final result was-

S. NO	Head	Original	Approved by EFC	Revised due to Outsourcing	Remarks
1	Construction	35.16	52.81	52.81	
2	Machinery & equipment	10.18	47.05	47.05	
3	Manpower	8.80	22.96	13.26	One & half years @ 8.84 crore /yr
4	Recurring	--	30.00	25.41	One & half years @ 16.94 crore (Rs.15 cr+1.94cr for outsourcing)/ yr
5	Total	54.14	152.82	138.53	

The approval was communicated by the Ministry vide letter dated 24.05.05. Also for the escalation 3% Contingencies was allowed.

44. Meeting of the Project Steering Committee were held on 08.11.04, 22.11.04, 11.12.04, regarding ongoing progress of the construction of Trauma Center.

45. Meeting of the Technical Specification Committee were held on 30.11.04 and 10.01.05 regarding purchase of Anaesthesia & Neurosurgery equipment.

46. Meeting of the Project Steering Committee were held on 17.01.05, 31.01.05 & 14.02.05 for monitoring the progress of ongoing works pertaining to construction of Trauma Center. The HSCC was asked to submit report on lighting illumination level of the Casualty area, note regarding Explaining the reasons for the likely off shoot of the target date; electrical wiring and layout of the OTs and the ICUs, fire detectors/ sensors in the hospital building as per national building code , grills & diffusers of air conditioning. The other points discussed were regarding the joint testing and commissioning of the equipment by the contractor, to make the ring road gate functional with a provision of separate wide In & Out gates.

47. Meetings were further held on 7.03.05, 14.03.05, 21.03.05 & 5.04.05 for considering the recommendations of HSCC for award of the balance four works. The final status of the finalized tenders is as below-

Description of package	Value of L-I Quoted price (in Rs.)	Higher/ Lower than justified cost.	Status of L-I after negotiation (In Rs.)	Present status w.r.t market rates
External and internal civil works including internal and external electrification works	6,73,72,306/-	5.0% higher	6,71,36,149/-	4.48 % higher than justification
Supply installation, Testing & commissioning of Lifts and associated works	1,97,85,000/-	2.54 % lower	1,97,85,000/-	2.54 % lower than justification
Supply installation, Testing & commissioning of HVAC system & Associated works	1,97,98,069/-	1.29 % lower	1,97,98,069/-	1.29 % lower than justification
Design, supply, Installation, Testing & Commissioning of Sewage Treatment plant and Associated works	61,75,000/-	0.74 % higher	Rs.60,51,500 /- Extended operation & Maintenance for additional six months which originally was for one year (Impact 1.50lakh)	1.76 % lower than justification

The above total financial repercussion comes Rs11.28crore, which when added to consultancy and NDMC liability etc comes to Rs.2.0crore above the prorata balance component of Rs.11.40crore as available after re appropriation and as projected in the revised EFC. The Sr. F.A. discussed the matter in the Ministry on 23.03.05, wherein the Secretary decided to incorporate suitable loading of 3.0% on the total revised EFC cost in the revised EFC to meet the additional expenditure and directed that no curtailment of the scope of work be done. The final approval /concurrence of the AIIMS award of the work was communicated to HSCC in last week of April 2005.

48. The meeting of the project Steering Committee was held on 16.05.05 to review the progress of the work. On the June a review meeting was chaired by the Director, AIIMS, in which it was desired to reschedule the Engineering works of the project so as to be completed by 30th September 2005 with provision for two more months for the commissioning of the said center.

49. A meeting of the Steering Committee was again held on 8.07.05

50. Regular meetings are being held. However till the work of equipment installation is completed the site preparation work cannot be started.

51. A meeting was held on the project Implementation Committee on 19.12.05 in which Smt. Bhavani Thyagarajan Jt. Secretary Shri S.D.Jha Director Finance Dr. Vinayak M. Prasad Director (VMP) Ministry of Health & F. Welfare were also present .Decision on retendering of equipment was taken.

52. In January 2006, the Secretary, Ministry of H&FW took a site round of the Trauma Center and assessed the situation. HSCC was directed to ensure completion of balance essential works within three months.

53. The tendering for the equipment have been done and are in the process of award.

54 Regular review meetings under the chairman HMB and the New Chief Prof. Mishra are being conducted (24.05.06, 17.07.06, 22.07.06)

55. For the appropriation of the EFC components a proposal for Rs.2.05crore is underway for completion of essential balance work of the engineering components.

56. PRESENT STATUS OF CONSTRUCTION WORK

- The building work is complete
- 18 Lifts are functional
- Sewage treatment plan has been made functional
- Air- conditioning of major facilities are complete
- All electrical and fire fighting works are complete
- Sewer and water connections from Delhi Jal Board have been obtained
- 11 KV sub- station for the building ready
- Diesel generating sets 3000 KV functional
- 33 KV Sub- Station is complete.
- For the balance work the re- appropriation of Rs.2.05crore is to be made.
- Approval from DFS/NDNC to be received.

Works to be done in OT & allied areas after manifold works are yet to be taken up.

Annexure 7

Dated the 6th September, 2006

Dear Dr. Valiathan,

I have gone through the draft of the proposed Report of the Committee. The executive summary is generally in order.

1. Paragraph on Medical Education is all right. However, we need to point out that All India Institute of Medical Sciences (AIIMS) has not expanded its under graduate seats over so many years and it remains at the same level of 50, leading to a very narrow base. In my opinion, this capacity should be expanded to 100 immediately. This expansion will also help in meeting the recommendations of the Oversight Committee under the Chairmanship of Shri Veerappa Moily.

2. The Paragraph on Hospital Services has not said anything about the issues of efficiency in patient care which is badly needed. Computerization in this Institute after so many years is incomplete, record maintenance is poor; even simple things like signage etc. have to be improved substantially. The Institute has too much adhoc manpower, recruited without proper planning. This creates problems particularly in Group "C" and "D" category. The hospital is often a scene of unrest of the personnel of different categories. The nursing services are inadequate. The para-medical courses have not yet been organized. The CME of Nurses and paramedics have seldom been attended to. The Institute is too much dominated by a few super specialists.

3 The Paragraph on Global Role is in order.

4. The Paragraph on Governance Management autonomy needs careful and factual use of language. The act confers a statutory position for the Institute so that it can have autonomy in medical education, research and hospital care. Specifically it has autonomy from Regulatory Councils like MCI, DCI and such other Councils. In research issues AIIMS also need not seek any approval from ICMR etc. In fact AIIMS went ahead with application of stem cell technique on patients with allegations of inadequate preparation. Still, the Government did not interfere. However, all this cannot be stretched to mean that the AIIMS has to be made it so autonomous as to assign no role to Government of India and the Health Ministry under which AIIMS is one of the Institutions. There are several such Statutory Institutions in the Ministry

of Health. More AIIMS like Institutions are under implementation. We could create a mechanism whereby a Governance structure could be there where the Directors of these Institutes could have a mechanism like the IITs. However it should be very clear that this Institute is an instrument of the Health Ministry to achieve the Health Policies of the country and has to function under the over all supervision and guidance of the Parliamentary process of the country through the Health Ministry.

The issue of autonomy should be viewed from the present situation also. AIIMS Act was created in 1956 after a lengthy discussion in the Parliament it was envisaged that there will be a role for the Government in the governance of the Institution.

The reasons for the Government role in its management are for the following reasons:

1. The AIIMS act has created a role of the government in the management of AIIMS. The Act while preserving autonomy of the academic and intellectual functions of the AIIMS had clearly sought a role for the Government in the functioning of the AIIMS. In the absence of Government participation in the Institute Body, it will appear that the government has no say in its function.

2. The use of the term autonomy beyond its academic freedom is erroneous since AIIMS was intended to function as an extension of Governments activities in health care. Health care services provided for the people of Delhi and its surrounding regions is a service of the government. It is clear from the analysis of the budget and activities of institution that a larger portion of the budget and activities are for providing health care services. The institute is accountable to the Government as the entire expenditure is funded by the Government. The government, through the Minister is in turn accountable to the Parliament.

3. AIIMS as an academic institution cannot be compared, with IISC, IIMs, IITs etc. since these institutions are not required to provide any service on behalf of the institution. They are purely academic and research institutions.

4. Academic freedom required for creating academic excellence has been ensured by making the institution independent of MCI and giving it a status of a University to develop its own curriculum and award its own degrees and diplomas.

5. The question of autonomy or the lack of it is a recent controversy. For nearly 50 years of its existence there was a convenient relationship between government and faculty where the faculty used its proximity to political and government functionaries to enhance their own personal agendas at the expense of the larger institutional goals and objectives. The manner in which the appointment of the present Director was made flouting all norms and conventions and government rules is a clear example.

6. Interference by the Government is an allegation that cannot be substantiated since in reality government can interfere in the affairs of the AIIMS only when it invited to do so and in such a situation government is obliged to act.

7. The failure of AIIMS in its primary objective of producing well trained faculty for medical colleges at any time during its history and its almost negligible contribution in addressing the public health concerns and the disease burden of the country cannot be ignored or sidelined. This major failure needs to be highlighted. There has been no contribution of AIIMS health manpower development strategies for the country.

8. A truly autonomous highly academic institution without a role for the government should manage on its own resources. The AIIMS Act envisages a situation where there is a role for the Government and administration of AIIMS is accountable to the Government for health care delivery.

9. Political activism, which is growing in AIIMS is a dangerous trend. AIIMS unfortunately is in a position to hold government to ransom by suspending its services to the people at large. This power has been misused recently to question even constitutional provisions and parliamentary decisions. The administrations connivance in anti-governmental activities cannot be condoned or protected under the garb of autonomy.

10. Administrations failure to protect the reserved category of students from humiliation and ill treatment cannot be overlooked. If the allegations that are now public turn out to be true, there is a serious administrative failure and even constitutional violation. Under these circumstances no ideal situation can be created without a strong government action.

5. The Paragraph on Human Resource should address fully the adhoc manner of recruitment which has been the bane of the Institute. There are several litigations in the Court because of the poor personnel management of the Institute over a period of time. That there is groupism and outside-influence in recruitment and promotion, is known to many. All Group "C" and "D" recruitment of this Institute should be handed over to the Staff Selection Commission and for Group "A" and "B" the process should he handed over to UPSC. The use of political consideration is too evident in the recruitment and tenure of the present Director. In fact, the recruitment of the Director should also be through UPSC.

There should be a clear enunciation of the interface between the Government and the Institute over a period of time. The allegation of interference has become prominent in last two years and this has come about because of the lopsided personality of the present Director. He is a great doctor but a poor Administrator. Facts speak for themselves. We should tabulate the budget allocation of AIIMS for the last six years. This would clearly show that in last three years the budget has been substantially stepped up. We should also keep on record that many of the pending projects which are languishing because of poor management have been streamlined with the help of the Ministry. The Ministry has fought for the cause of the Institute with other segments of Government like Finance Ministry, Planning Commission, Urban Development Ministry and so on. It has succeeded in clearing all the pending projects. The Ministry has never interfered in any of the commercial decisions of the Institute, like the cost of projects or awards of contracts. Sometimes there have been complaints against officials of AIIMS for such activities, but the Ministry has chosen to respect the competence of the Institute and has generally ignored such complaints. The Institute has a poor record of financial management. Various Parliamentary Committees have commented on this. The accounts of the Institute are seldom prepared in time. These accounts are to be laid on the Table of the House. The concerned Parliamentary Committee has adversely commented upon the delay of the Institute and has pulled up Health Ministry for this. I enclose a list of budget and personnel which should be prominently discussed in the Report about the Ministry's assistance to the Institute.

I note with interest the suggestions in the detailed draft Report that both the Minister and Secretary would have no role in the governance of the Institute. So be it! These functionaries were kept

within the Institute Body to lend its strength. I am afraid that the suggestion about re-composition of the Statutory Finance Committee is without any basis. Under the Governmental rules, the powers of the SFC is derived from the Parliamentary delegation to the Finance Ministry and then to the respective Ministries. The Power of the SFC is only limited and delegated to Secretary. The Secretary always tries to help the Institute in the process. This power has not been delegated to any Institute or to the Institutional head as these are powers of Governmental processes. Even if there is a theoretical assumption that the Institute will deliberate over its own proposals by itself in its own SFC, the proposal still have to go to Parliament through a Government Department with proper approvals of all the Ministries concerned. It is likely to meet with little success without linkages.

AIIMS should be controlled through a detailed MOU mechanism as is being done for public sector undertakings but this MOU mechanism is to evolve over a period of time and there has to be clear performance accountability. So called autonomy sought for AIIMS should not be confused with the autonomy sought by the Director for himself. The Director is a public servant, a health bureaucrat and has to operate within the framework of Conduct Rules applicable to Government Servants. The Government has a vital stake in AIIMS like Institutes. In emergency it calls upon the AIIMS to provide medical services and expertise in the interest of the country. The blast in the city last year, the terrorist attack in Jammu & Kashmir and such other contingencies were occasions when the Ministry had to request AIIMS to stand by and help. The question of autonomy or lack of it never stood on the way.

With huge public money sanctioned to AIIMS, the accountability of the Government to Parliament cannot be ignored. This aspect has been recognized by the Apex Court when it held that the nomination of HFM and Secretary (Health) under Section 4 (e) of the Act as ex-officio and valid. It *inter-alia* held that it is in public interest; otherwise it would appear that the Government has no role in the matter.

Accordingly, it is inconceivable that Government would provide huge financial support from the public money and will not have any link in the activities of the institute. The proposed amendments do not reflect any role for the Ministry. The Institute Body will consist of Vice Chancellor of Delhi University/DGHS, representatives of Ministry of Finance, Ministry of Education, 7 specialists or non Medical Scientist, DG,, AFMS, and a representative from Industry. On the other hand, the report recognizes the principle of Minister and Government's involvement in policy formulation in IIT etc. The Minister of Education chairing the meeting of the Joint

Management Council of all the IIT's is a good model, which has worked satisfactorily. It also states that when more Institute of national importance are set up like JIPMER etc. under the Ministry of Health, the need for such a Joint Management Council to be chaired by the Union Minister for Health will emerge. If the principle of policy making body to be chaired by the Minister is acceptable as a good model, it is ironical to suggest that HFM heading the Institute Management may affect the functioning of the Institute, when number of other institute is established like JIPMER, 6 new AIIMS like Institutions, a model sanction to IIT where Joint Council to be chaired by HFM could be foreseen, mainly because of his preoccupation and not because of any concept of infringement in autonomy. Even in IIT/IIM, there is a representative of the Ministry in the management board of each of the Institute and therefore is not completely without any linkage with the Nodal Ministry. In any case, till such time the mechanism of Joint Council etc. is established through statute, the present set up, which has been functional for 5 decades, need to be continued to provide the necessary accountability.

The report identified number of shortcoming in the functioning of AIIMS, deterioration in the quality of bright students who join the Institute at UG level due to reservation of seats for Institute students, lack of proper administrative system/personnel policy, lack of core competence in conceptualization of the project/formulation of their projects, delay in implementation/non completion of number of important prestigious projects, inbreeding of faculty, absence of lateral entry etc. are few of them. In no way these shortcomings could be attributed to the presence or otherwise of HFM/Secretary in the management system of the Institute for which the CEO is responsible. The analysis does not support the complete dissociation of HFM/Secretary in the Governance.

Despite full autonomy AIIMS has not been actively involved in innovations in Medical Education in the recent time. The current methodology of teaching, curriculum etc. are claimed to have been outdated and cost extensive besides not addressing the need of our country. It has been noted in the recent past most of the Government colleges are not in a position to increase their PG seats, as per the present pattern of teaching, despite having quality clinical load, mainly due to shortage of teacher. In certain subjects, particularly, pre clinical/para clinical there is acute shortage of teacher and the students are not interested in pursing these subjects. Some of them are anatomy, physiology, biochemistry, forensic medicine etc. Alternative strategy for addressing the country's need have not been addressed. Problem based learning; integrated courses for super speciality etc. and other innovative methodology for development

quality manpower are few of the areas where AIIMS could have contributed with its academic autonomy. Through AIIMS has developed as a centre of excellence, it has not established linkages with other Government organizations to share their knowledge in country's development as a whole.

In the circumstances, financial/administrative autonomy without any checks of Governmental system, Rules and Regulations, particularly the entire funding is through budget, without any accountability is not feasible. Any Institution is required to work within the Rules and Regulations, subject itself to mandatory audit etc., more so when public fund is involved.

I request that the Committee should ask for time for one more month to submit its Report. Within this extra month, the Committee should interact with other levels of Government like Finance Ministry, Planning Commission etc. It should review the various allegations of shortcomings against the Institute to find structural remedies to such allegations. The Committee should also interact with PGIMER, Chandigarh to reflect upon why 'autonomy' is made as issue in AIIMS and not in PGIMER. The suggestion about autonomy without wider considerations of all the issues will otherwise be incomplete and not serve public interest. There is no particular merit or need in submitting the Report without fuller deliberations of the issues and the details involved.

With regards,

(PRASANNA HOTA)

COMMENTS ON THE DRAFT REPORT SUBMITTED BY THE EXPERT COMMITTEE ON ALL INDIA INSTITUTE OF MEDICAL SCIENCES

The draft Report submitted by the Expert Committee has brought into sharp focus issues pertaining to autonomy to the All India Institute of Medical Sciences. There are fairly clear recommendations for making the autonomous status of AIIMS meaningfully functional. However, practical implications of these recommendations cannot be glossed over and need to be understood carefully. I would, therefore, like to draw attention to certain areas of concern that I feel need to be given due weightage in the final report:-

- It should not be overlooked that AIIMS is not the only statutory institute under the Ministry of Health and Family Welfare. There is PGIMER, Chandigarh, NIMHANS, Bangalore, NEIGRIHMS, Shillong and ICMR at Delhi. There is a move to make JIPMER also a statutory Institute. The Ministry has several other Institutes which function smoothly over years even without being a statutory organization. The limited point sought to be made is that it would be a travesty to attribute all problems of AIIMS to its accountability to the Ministry of Health and Family Welfare alone.

- The report has focused on suggesting a mechanism for functional autonomy of the Institute. What perhaps has been overlooked is that functional and financial autonomy go hand in hand and financial dependence can negate any instrument of functional autonomy. Running an institute of the stature of AIIMS, requires huge financial resources. These resources presently flow from the Government substantially. Consequently there has to be accountability for the same. Therefore any reform in the management structure has to be necessarily linked to the capacity of the Institute to mobilize its own financial resources. Past experience is that AIIMS has been a reluctant mover to this direction. Therefore, clear options have to be spelt out to make the Institute financially self-sustaining. Otherwise, the relief proposed to be provided would only be symptomatic
- The present system of management of AIIMS as an statutory organization through the mechanism of an Institute body, Governing Body and the Director functions with considerable delegation of powers. This has withstood the test of time for about 5 decades. This model has also been replicated for other statutory institutions under the Ministry. The current crisis in AIIMS is an aberration that could take place perhaps only in an autonomous organization. Otherwise in the hierarchical structure of

Government Departments, such a stalemate is unheard of. The conflict, therefore, need not unnecessarily be seen as unhealthy as requiring severance of the umbilical cord between the Ministry and AIIMS. Even in the corporate sector, these conflicts takes place often on account of multi-member management structure. There is no guarantee that such conflicts would not takes place in the future, even after the management structure of AIIMS is revamped. The report needs to address this issue in greater detail and revamp of the management structure cannot be acceptable as the only solution to such conflicts. The structure of the Joint Management Council borrowed from the Ministry of Human Resource Development for IITs could be an acceptable model for interaction with the Ministry provided there were a large number of institutes as in the case of IITs having common concerns, functions and objectives. This mechanism may, therefore, have to be kept on hold till the six AIIMS like body becomes functional At that point of time, it would also be physically impossible for the Ministry to participate into various functions of these institutions. Till that time, the present management structure would have to be continued. Moreover, amendments to the AIIMS Act would be necessary, if certain functions are to be taken away from the Institute Body and the Governing Body and transferred to the Joint Management Council.

If this is not done, then the Joint Management Council will actually be a coordination mechanism only. The role of this Council needs to be brought out in clearer details.

- AIIMS is recognized as a health care provider of excellence not only for Delhi but also of the peripheral satellite towns. Its catchments area, therefore, to a large extent is Delhi and other by satellite towns. Therefore, the future growth of AIIMS has to be suggested in the light of the needs and the requirement of the population inhabiting the catchments area. It would be improper to confer a larger than life status on one institute alone. There are other institutes of excellence in India providing similar type of services as AIIMS in the country.
- Despite health being the State subject, all polices pertaining to health care are determined by Ministry of Health and Family Welfare The Ministry shapes policies as well as instruments to implement these policies. AIIMS is one such instrument and therefore the Ministry has a very important stake in the proper functioning of AIIMS. It is on account of this reason that annual financial allocations to the Institute have been increasing progressively. These enhancements represent the Ministry's interest and concern in the growth of the Institute. It would, therefore, be incorrect to put the Ministry and the Institute into adversarial position.

- The priority of the AIIMS need to be redefined in context with the present scenario of the health sector in the country. A clear road map for the next ten to fifteen years needs to be worked out. The priorities have to relatable to:

  (i) National/cross border public health issues.

  (ii) Creating synergies with other PG Institutes for generating required number of specialists and super specialists.

  (iii) R&D for capacity building in product development like diagnostic kits, vaccines, etc. for the National/International market, development of business model of specialty and super specialty care and its marketing in the different countries, taking global leadership role for stem cell research and organ transplantation and harvesting.

- The current opportunity should also be utilized for initiating systemic changes in the human resource policies of AIIMS. The present system of faculty appointment need to be thoroughly revamped in order to permit quality teachers induction in the AIIMS at all levels. The suggested selection committee is only a half way reform as it is still a local body to AIIMS. In my considered opinion recruitment of teaching faculty should be entrusted to UPSC. The Commission makes recruitments to all important services and positions under the Government. AIIMS should not be seen as reluctant to entrust this responsibility to UPSC.

- Perhaps the weakest area in the Institute is its administration and personnel management. Minor conflicts are allowed to snowball into crisis situation that impaired the day to day functions of the Institute. This area addresses things to be addressed more aggressively. The Institute needs a Cadre of Professional Managers. It also needs to shift to a system of Consultative Management, whereby various associations and representative bodies of staff and other personnel are able to interact with management and contribute to the overall development of the Institute.

It is requested that the draft report may need to be revised to incorporate the above concerns and to address them suitably.

(DR. R.K.SRIVASTAVA)

DGHS