

Report of the Committee to provide the hand holding support to College of Physicians and Surgeons, Mumbai

(Ref. Ministry Of Health and Family Welfare Letter No.
V.11025/14/2015-MEP dated 17th January, 2018)

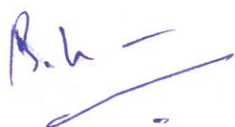
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Introduction

1.1 Introduction of The College of Physicians and Surgeons (CPS), Mumbai:

CPS was established in 1912 as an examination body and derives power to grant degrees Under the Indian Medical Degrees Act, 1916, wherein under the Section 3, it has been clearly stated that the following are allowed to confer the Medical Degrees in India:

- a) Every University established by law.
- b) State Medical Faculty of Bengal.
- c) **The College of Physicians & Surgeons of Mumbai.**
- d) Board of Examiners, Medical College Madras.

After implementation of Indian Medical Council (IMC) Act, 1956, the CPS and its courses were included in the First and Third Schedule of the IMC Act, 1956; as recognized medical qualifications.

The Governing Body of the CPS known as CPS Council consists of 24 members. As per the Bye-laws of the CPS, the fellow by examination elects the members of governing body. Every year 03 members retire by rotation and the election of these members takes place under the supervision of Hon'ble Charity Commissioner of Mumbai. The eligibility criteria to contest the election are FCPS (Fellowship of College of Physician and Surgeons, Mumbai) with 15 years of professional standing. Two-third of the members has to have a CPS approved teaching experience that means at any given time at least 16 members out of 24 are from teachers category. The Executive Council, President, Vice-Presidents, Controller of Examinations and Registrar are elected from amongst the elected 24 members. There are eight different main committees:

- i) Inspection and Affiliation Committee
- ii) Examination Committee
- iii) Academic and Syllabus Committee
- iv) Executive Committee
- v) Enrollment and Scrutiny Committee
- vi) Building maintenance Committee
- vii) Lecture Committee
- viii) Legal Committee

Apart from these committees, CPS has Board of Studies, the members of which are elite and experienced teachers from Corporation Medical colleges of Mumbai,

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government medical colleges of Maharashtra and teachers from affiliated institutions as honorary members.

The sub-committees are formed as per the need of time by CPS council from time to time.

As on today there is no separate representation of government member in the governing body.

In view of CPS, Mumbai established as an "Examining Body" in year 1912, the recognition to the courses conducted by CPS was granted under Section 11(2) of IMC Act, 1956. These courses and institutions have not been included under Section 10 (A).

1.2 Gazette Notifications regarding CPS Diploma Courses:

As per the Gazette Notification No. S.O. 3402 (E) dated 17th October, 2017 issued by the Ministry of Health and Family Welfare (MoHFW) after consultation with Medical Council of India (MCI), 39 Diploma courses of CPS were included in the First Schedule of the IMC Act, 1956 with the following conditions (**Annexure 1**):

- i) All the admissions should be through NEET PG and centralized counselling and as per Government policy from time to time.
- ii) The CPS qualifications shall not be treated as a recognized medical qualification for the purpose of teaching.
- iii) Further, any postgraduate degree course to be run by the CPS shall be with the prior approval of the Ministry subject to fulfillment of stipulations prescribed on the lines of Minimum Standard Requirement Regulations of MCI.

Subsequently, As per the Gazette Notification No. S.O. 631 (E) dated 22nd January, 2018 notified by the MoHFW after consultation with MCI, 36 Diploma courses of CPS were deleted from the First Schedule of the IMC Act, 1956 and only 03 Diploma Courses namely, Diploma in Child Health (DCH), Diploma in Gynecology and Obstetrics (DGO) and Diploma in Pathology and Bacteriology (DPB) exist in the First Schedule of the IMC Act, 1956 subject to the following conditions (**Annexure 2**):

- i) All the admissions should be through NEET PG and centralized counselling and as per Government policy time to time.
- ii) The CPS qualifications shall not be treated as a recognized medical qualification for the purpose of teaching.

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1.3 Constitution of a committee by MoHFW to provide hand holding support to CPS:

MOHFW, Government of India vide Order No. V.11025/ 14/ 2015 MEP dated 17th January 2018, constituted a committee to provide hand holding support to CPS, Mumbai (**Annexure 3**). Following is the composition of committee:

Dr. B. D. Athani (Principal Consultant, MCC)	-	Chairman
Dr. Ved Prakash Mishra (Representative of MCI, nominated by President, MCI)	-	Member
Sh. Rashmi Kant Dave (Representative of National Board of Examination, nominated by President, NBE)	-	Member
Dr. Girish K Maindakar (President, CPS, Mumbai, Representative of CPS, Mumbai)	-	Member
Sh. Devesh Deval (Director, Medical Education, MoHFW)	-	Member
Dr. B. Srinivas (Assistant Director General, Medical Education, DGHS, MoHFW)	-	Member Secretary

The Terms of References (TORs) for the committee are as follows:

- i) To examine the Minimum Standard Requirements (MSRs) fixed by CPS, Mumbai for the accreditation of participating institutions.
- ii) To study the mechanism adopted by CPS, Mumbai for inspection/certification of the institute.
- iii) To study the possibilities for expanding CPS courses over the years.
- iv) To study the mechanism to monitor the standard of CPS courses being run at the accredited institutions and mode of final examination.
- v) To study the nomenclature and curricula of the Diploma courses of the CPS, Mumbai
- vi) Any other matters related to promotion of CPS courses in India.

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1.4 Meetings conducted by the committee:

In this context, a total of seven meetings were held at Ministry of Health and Family Welfare, Nirman Bhawan under the chairmanship of Dr. B. D. Athani, Chairman on 14.05.2018, 06.07.2018, 27.08.2018, 26.09.2018, 05.11.2018, 15.11.2018, and 28.11.2018 to examine as mandated. In all the meetings, above TORs were examined. Minutes of meeting are annexed as **Annexure 4**.

- MCI representative Dr. V. P. Mishra submitted two representations addressed to Secretary (Health) and to the Chairman and apprised of the points of contention vide letter no MCI-23 (1) 2018-Med/133255 dated 27.08.2018 (**Annexure 5**).
- High Court interim order dated 13th July 2018 and its affidavit filed by MoHFW are enclosed as **Annexure 6 and Annexure 7**.
- NBE has separately communicated to Ministry that they would not be participate in the proceeding of meetings in avoidance of conflict of interest. To which Ministry has requested NBE for participation vide letter no. V.11025/14/2015-MEP dated 6th September, 2018.

2. Action Points taken up by the committee with respect to Term Of Reference (TORs)

2.1 To examine the Minimum Standard Requirements (MSRs) fixed by CPS, Mumbai for the accreditation of participating institutions:

The committee examined in detail the MSRs submitted by the CPS and the committee observed that MSRs are defined for all the 39 Diploma courses run by CPS, Mumbai and nomenclature of some of these courses are on par with the diploma courses offered by MCI. MSRs of all the 39 Diploma Courses run by CPS are available on the website of CPS (<https://www.cpsmumbai.org/affiliation>). Out of 39 CPS Diploma Courses, 03 courses namely Diploma in Gynaecology and Obstetrics (DGO), Diploma in Child Health (DCH) and Diploma in Pathology and Bacteriology (DPB) are already notified by MoHFW. MSRs are annexed as **Annexure 8**.

2.2 To study the mechanism adopted by CPS, Mumbai for inspection/certification of the institute:

Following mechanisms are adopted by CPS, Mumbai for inspection/certification of the institute:



2.2.1 *Categorization of institutes/ hospitals for obtaining affiliation for CPS Diploma Courses*

Affiliation is accorded to Public Hospitals regulated by Charitable Trust duly registered as a Public trust with Charity Commissioner or Institution/Hospital run by Government /Municipality or corporate bodies and open to all communities. Such hospitals shall be running effectively for at least three years prior to the application for affiliation. Such hospitals/institutions have been divided into following categories:

Category I: Government and Municipal Medical Colleges established prior to 1964.

Category II: As similar to category-I, but established after 1964.

Category III: Unaided Private Medical Colleges permitted / recognized by MCI.

Category IV: Hospitals established and run by state, central or UT government / local authorities such as corporation etc.

Category V: Hospitals / institutions established and run by charitable trusts/ corporate bodies.

2.2.2 *Requirements from the institution/hospital to run CPS Diploma Courses*

2.2.2.1 Single Speciality

- a) A hospital having more than 60 beds, devoted to that speciality, can apply for single specialty in clinical subject.
- b) The hospital should have at least 60 beds located in one campus necessarily consisting of minimum two units of 30 beds each (except for Skin, ENT, Ophthalmology & Psychiatry), out of these 10% beds must be free beds.
- c) It should have sufficient paying beds so as to (financially) sustain the hospital expenses and the same must be reflected in the audited statement of accounts duly approved by appropriate authority / Charity Commissioner annually.
- d) Institutions should have adequate infrastructural facilities, clinical material, and teaching staff as per MSRs for that specialty.



- e) Each unit should have one unit head (main faculty) and one assistant faculty. The eligibility for main, assistant and visiting faculty is as follows:

Main Faculty: Main faculty should have 10 years of professional experience after completion of MS / MD / DNB, out of which he / she should have at least 5 year experience as Assistant Professor / Lecturer or above from recognized medical college / CPS institute.

Assistant Faculty: Assistant faculty should have 5 years of professional experience after completion of MS / MD / DNB, out of which he / she should have at least 2 year teaching experience from recognized medical college / CPS institute.

Visiting Faculty (Honorary): Visiting faculty should be MS / MD / DNB.

2.2.2.2 Multi Speciality

- f) A multispecialty institution should have 150 or more beds, minimum 10% of these should be free beds. Such institution applying for more than one speciality in clinical subjects should have minimum one unit of 30 beds in each speciality for which the institution wishes to apply.
- g) In a multi-specialty institute, all the departments must be located in one campus.
- h) These beds should be dedicated to post graduate courses run by CPS only. The institution should give an undertaking that these beds shall not be used for teaching purpose for any other post graduate course affiliated to any examining body.
- i) A multi-specialty institution/hospital having less than 150 beds but more than 60 beds can apply only for single clinical specialty if it has minimum 60 designated beds in that specialty divided in two units; each unit consisting of 30 beds, out of these minimum 10% must be free beds.
- j) Institutions should have adequate infrastructural facilities, clinical material and teaching staff as per the MSRs for that specialty.
- k) Each unit of all the department should have one unit head (main faculty) and one assistant faculty. The eligibility for unit head and assistant faculty is as per the criteria defined earlier.

2.2.2.3 Para Clinical

- l) Institution applying for para-clinical subjects like Pathology, Radiology, Transfusion Medicine and Anesthesia should apply through existing CPS affiliated Institute/Hospital recognized in at least one clinical subject, abiding by all the rules and regulations for affiliation laid down by CPS.

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- m) Anesthesia affiliation should be available only if a surgical subject is recognized by CPS and other surgical specialties are available at the institution concerned.
- n) Even though bed strength is not the criteria for these subjects, the MSRs for the speciality along with teaching staff as per CPS criteria, adequacy of work load, services to patients are mandatory, which shall be assessed before granting affiliation.
- o) The affiliation to such Para-clinical subjects will automatically get cancelled in case the clinical subject of the recommended affiliated institution is cancelled.
- p) A notarized Memorandum of Understanding (MoU) mentioning detail of the terms and conditions will be required between the centre for Para-clinical subject and affiliated institution.

2.2.2.4 General requirements to be fulfilled by Institute/Hospital before affiliation

- q) A hospital must have adequate outpatient services and well-equipped para-clinical departments like Pathology, Microbiology, Biochemistry, Radiology and other investigative facilities. These facilities may be made available by permanent agreement with a facility in the close proximity.
- r) Visiting specialists of respective disciplines should be available for consultation (MoU with these faculties and facilities required).
- s) An updated Library with standard text books, recent national and international journal, reading hall & seminar hall should be available in the premises or in close proximity (within 100 meters). Facility for e-library should be provided.
- t) A functioning and well maintained Medical Record Department [MRD] should also be available.
- u) There should be periodic clinical meetings such as departmental/ Inter-departmental/Inter-hospital and Inter Institutional within the city. Record of such meetings must be maintained and made available on demand at the time of inspections or any other time as deemed fit by CPS.
- v) Must have a lecture hall with audio visual facilities in the same premises or in close proximity (within 100 meters).
- w) Facilities should be available for CMEs, seminars, clinics, lectures, etc. in the department/unit. Teaching rounds twice a week for the resident PG students is mandatory. They should maintain a separate register which should be made available to CPS inspectors at the time of inspection or any time on demand by CPS.
- x) Academic department – The institution should have an academic cell, headed by one of the postgraduate faculty. The cell should consist of main faculty,

assistant faculty and one administrative assistant. The cell is responsible for all teaching and research activities of all PG Students. A person from academic cell should be nominated as liaison between CPS office and the institution. He/ She shall be responsible for flow of information, such needed during admission process, enrolment, examinations etc. The person should be available all the time for smooth functioning of teaching and administrative activities.

- y) For the purpose of teaching, the institution should form units in clinical departments. Each unit should have at least one main faculty and one assistant faculty. The entire unit faculty should actively participate in teaching and clinical work. In surgical disciplines, such work should be duly maintained in the operation register. Faculty will be required to undertake active surgical work and it should be documented and shown at the time of inspection or whenever demanded by CPS.
- z) CPS enrolled candidates working in the affiliated institutions should undergo sufficient training (clinical, surgical & academic) which should be documented in the Log Book provided by CPS, duly signed by the unit and institutional head.

2.2.3 *Accreditation process adopted by CPS*

By enlarge, process of accreditation is that the institute proposed to be affiliated has to submit the completed application along with all required documents and DD by 31st December of each year. Demand Draft of Rs. 2, 00,000/-per subject (for private institutions) and Rs. 51,000/- per subject (Government / local body hospitals)is to be submitted along with the application form. The institute is considered as “CPS affiliated institution” only after the report is approved by the CPS college council and the charges are accepted by the CPS. Until then the enrolment of candidate from that institute is not permitted.

Accreditation process adopted by the CPS for Diploma Courses is as follows:

- Applicant institution is inspected by expert assessors / inspectors.
- The assessors are medical faculties / experts in the field of medical education in the respective subject.
- The assessment carried out by inspectors/assessors verifies the infrastructure, equipment, instruments, teaching faculty, clinical material as specified in the MSRs.
- Assessment report prepared is submitted to the executive committee / CPS council.
- If institute fulfills the MSRs then Council grants affiliation to the institute.
- In case minor deficiencies are observed by the council, then institute is asked to rectify the deficiency and submit compliance report.

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- If deficiencies are major and non-correctable, in such cases Council rejects the affiliation.
- Affiliation is valid only for a maximum period of five years, after which the institute is again inspected for the fulfillment of MSRs.

2.2.4 *Inspection of the institute/hospital for affiliation*

Procedure adopted during the inspection carried out by the assessors/ inspectors is as follow:-.

- a) If the application is complete and prima facie CPS council was satisfied about the academic capability of the institution, the inspection is carried out by inspectors/assessors from panel of experts. The inspector is accompanied by a convener who is a member of the council.
- b) Inspectors assess the infrastructure, clinical material, teaching facilities and overall academic capability.
- c) It is mandatory for each and every teacher to be present at the time of inspection with all the original certificates of qualification, registration and experience for verification.
- d) Absence of the teacher at the time of the inspection will be allowed only if the teacher has gone to attend the conference to present the paper. The proof of acceptance of the paper and invitation to attend will be mandatory. In case the necessary documents sought are not available during inspection, the institution may not be affiliated without 2nd inspection unless they produce/submit the required documents within a week's time after inspection.

Sample/format of Inspection Report of an institution which applied for affiliation of courses is enclosed (**Annexure 9**).

Detailed information of Rules for Affiliation of Institutions / Hospitals and Departments followed by CPS is enclosed for reference (**Annexure 10**).

2.3 **To study the possibilities for expanding CPS courses over the years:**

MoHFW had initially recognized 39 Diploma courses of the CPS as per the Gazette Notification No. S.O. 3402 (E) dated 17th October, 2017, of which 36 courses were deleted as per the Gazette Notification No. S.O. 631 (E) dated 22nd January, 2018 after consultation with MCI. Therefore, at present only 03 Diploma Courses namely, Diploma in Child Health (DCH), Diploma in Gynecology and Obstetrics (DGO) and Diploma in Pathology and Bacteriology (DPB) by CPS have been notified by MoHFW.

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2.3.1 *List of CPS accredited medical institutions providing 3 notified courses*

Below is the list of CPS accredited medical institutions including Govt. Medical Colleges, Corporation Medical Institutions and Medical Colleges under Deemed Universities across the various states:

Table 1: State wise list of aided and unaided institutions providing 3 notified courses

State	Aided			Unaided		
	DGO	DCH	DPB	DGO	DCH	DPB
Maharashtra	21	17	7	46	41	7
Chhattisgarh	3	3	1	-	-	-
Gujarat	4	5	3	1	-	-
Karnataka	6	6	-	4	4	-
Madhya Pradesh	4	3	-	-	-	-
Odisha	17	14	2	-	-	-
West Tripura	1	1	1	-	-	-
West Bengal	-	-	-	1	2	-
Total	56	49	14	52	47	7

2.3.2 *Possibility for expansion of CPS Diploma Courses*

India has 70,412 UG seats and only 33,180 PG seats including clinical, para-clinical and non-clinical subjects as per MCI website in 2018. Every developed country has more PG seats than the UG seats so as to make specialists available at all healthcare setup across the country. However, in India the availability of specialists even in broad specialities viz. general medicine, paediatrics, general surgery etc. is not available for providing quality services in Community Healthcare Centres (CHCs) and District Hospitals thereby affecting the effective implementation of national health programmes. As a result the targets for achievement of indicators of health could not be reached. It is of necessity that PG seats should be atleast equal to the UG seats as is observed in other countries to prepare well trained doctors to be inducted especially in Community Healthcare Centres (CHCs) and District Hospitals deprived of such services, with ultimate goal of achieving the target as envisaged in healthcare policies.

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India needs at least 40,000 PG seats made available urgently to address the crisis in delivering health care in rural India more so at a time when MoHFW is about to roll out National Health Protection Scheme. The PG medical education facilities requires to be expanded so that CHCs and District Hospitals are adequately staffed with the requisite medical specialists so as to reduce the maternal mortality, infant mortality, address all the surgical emergencies such as accidents, other surgical emergencies, and provide facilities to diagnose acute and chronic illnesses with all the imaging modalities. Only then will the quality of healthcare in India will improve.

Every graduating doctor should have an access to at least an intermediate level of postgraduate training (e.g. Diploma in Anaesthesia, Radiology, and Gynaecology etc. which is recognized by the MCI) which will allow him to perform as a medical specialist. Doctors with diplomas can transform rural health care and these diploma courses should be given as part of a career progression for young doctor and not a dead end. Incentive for young graduates to take up the diploma training by giving priority in MD / MS / DNB selection would draw many into this stream. They would also be entitled to get a year of exemption during MD /MS courses which is a norm today according to MCI guidelines.

2.4 To study the mechanism to monitor the standard of CPS courses being run at the accredited institutions and mode of final examination:

Following mechanism was adopted to monitor the standard of CPS courses:

2.4.1 Admission process followed by CPS

Admissions in CPS affiliated Diploma Courses are strictly based on the merit of candidate obtained in NEET- NATIONAL ELIGIBILITY –CUM- ENTRANCE TEST as per Gazette Notification No. S.O. 631 (E) dated 22nd January, 2018. Starting of academic session is from 1st August of the year which is in similar to that of MCI.

CPS has requested MoHFW to take the admission process under DGHS as it is difficult to control the admission in each State of the country.

2.4.2 Training methodology followed by CPS:

The following training methodology is followed by the CPS:

- Bed-side clinics and regular lectures at the affiliated institution.
- Journal Clubs, Seminars, Book reviews, Grand Rounds, Case discussions at the affiliated institutes.

- Maintenance of log book by students, specifying details of the work done, procedures observed, assisted, performed.
- Lecture Series at CPS by elite faculties from various reputed medical colleges.
- Compulsory Lecture program of two weeks each held twice a year at CPS House.
- Online webinars / lectures series.
- Concurrent evaluation of students.
- Mandatory paper presentations and poster presentations by students at regional/ state / national conferences.
- E-learning.

2.4.3 Quality assurance in teaching-learning process:

Methods adopted for Quality assurance by CPS, Mumbai in teaching and learning processes are as follows:

1. Maintenance of Lecture Attendance Card ((Performa of Lecture Attendance Card is enclosed as **Annexure 11**)
2. Maintaining Residents LOG BOOK by students (**Annexure 12**)
3. Monitoring of Standard of CPS courses: An overall monitoring of the student will be done through software based Electronic Paperless Device (EPD) from 1st August 2018. CPS at the time of enrolment will provide a device to the candidate for the entire course namely Electronic Paper Device which is a Note 9.7 inch E reader with Note Writing. The EPD has the following features:
 - Customized for every student whose name, enrollment number, subject, institution shall appear once he logs in.
 - Syllabus of the enrolled subject can be downloaded from the course subject planner once the student logs into the App.
 - All the licensed copies of e-books for the subject can be downloaded from the course planner free of cost.
 - EPD shows the statistic of all the study material made available to the student e.g.
 - Whether the student has gone through the assignment
 - How much time student has studied a particular subject/book
 - Weak topics of the students on basis of assessment
 - Centralized uploading and online access ensures that you can learn whenever and wherever you want to.

- EPD is health friendly for continuous study patterns.
- E note facility for writing on device to make notes is provided
- Assessment modules to help the Personalized Learning Gap of the students
- Access to all the information about the upcoming events and important notifications.
- Regular schedule can be checked using the device
- Submission of case study can be done using the device
- Can work as log book.

2.4.4 Examination for Diploma Courses:

Assessment of training is conducted through a standard system of examination and examination is conducted by the elite medical teachers working in medical colleges.

2.4.5 Exit examination for Diploma Courses

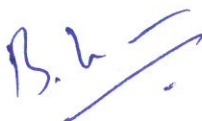
The student must clear exit examination conducted by CPS for successful award of Diploma, which includes 03 papers of theory (100 marks each) and practical (total 300 marks). Minimum passing percentage is 50 % (in each of the exam).

Exit examination theory papers are set by three sets of examiners who are approved as examiner by the University of Health Sciences of the State. The answer sheet is bar coded and the assessment is by CAP (Central Assessment Program). Amongst the examiners 50 percent are from the affiliated institutions (internal examiner approved by CPS council) and remaining 50 percent are not related to CPS but approved by any University of Health Sciences of any State as a Post Graduate examiner.

Practical examinations are conducted at any government medical college at the capital of that particular state.

2.5 To study the nomenclature and curricula of the Diploma courses of CPS, Mumbai:

The committee went in detail through the nomenclature and curricula of the Diploma Courses which were being run by the CPS before the Gazette Notification No. S.O. 631 (E) dated 22nd January, 2018. It was observed that the nomenclature of the some of the courses is different from that of the MCI.




2.6 Any other matters related to promotion of CPS courses in India:

2.6.1 *Scope of expanding CPS Diploma Courses*

- 1) All multi-specialty hospitals with 150+ beds and single specialty hospitals with 60+ beds can start diploma courses in broad specialties like Gynecology, Pediatrics, Anesthesia, Radiology and Orthopedics. Also, well equipped, busy and NABH accredited hospitals managed by private sector can also conduct diploma courses under CPS.
- 2) Priority can be on >150 bed hospitals in tier two cities with experienced teachers, not having DNB courses, to start diploma courses, since students graduating from small cities are more likely to settle locally.
- 3) Entrance would be entirely by NEET, fees be fixed by the government based on the guidelines of fees for DNB courses after discussing with providers of service addressing the financial viability of conducting diploma courses.
- 4) MCI to review for consideration of approval of Diploma courses so that fresh and in-service medical graduates will readily come forward for enrolment and admission to such courses. As is the case in most of the states, the in-service doctors with basic qualification are being nominated to undergo this course so that their services are immediately available in health department.
- 5) CPS will conduct the examination at the end of two years and offer the diploma degree which is recognized by the MCI so that the doctor with diploma can practice across the country.

2.6.2 *Benefits of CPS Diploma courses*

- 1) Affordable low cost, intermediate level PG Medical Specialists who can handle all major causes of mortality and morbidity in rural and peripheral areas.
- 2) It will provide an avenue for in-service medical officers for pursuing PG course which will enhance their skill.
- 3) It will augment the academics as well as services to the patients in districts hospitals.
- 4) No economic burden to Government.
- 5) District hospitals can be upgraded to teaching institution.
- 6) Strengthening the health care system at peripheral level.
- 7) Improving the health indicators like IMR, MMR, child mortality, % deliveries by trained specialist etc.

3. Conclusions and Recommendations:

1. The committee is of opinion that the CPS has established their own standards for affiliations of the diploma courses and there are set procedures for affiliation of all five categories of institutions after inspection of the institute/hospital by the expert assessors. There are well defined fee structures for all diploma courses and teaching methodology adopted are adequate which is innovative in nature. Curriculum of each of the diploma course is well defined and comparable with that of curriculum of MCI. To become eligible for exit examination, students have to submit the log book indicating explicitly their performance. Degrees to the successful candidates are provided during the convocation twice in a year.
2. The Governing Body of the CPS known as CPS Council consists of 24 members. As on today there are no representatives of government organization eg. MCI, UGC, NBE, DGHS etc. in the governing body. However, CPS is willing to incorporate government members as additional members in the Governing Body by making the relevant amendments to its bye-laws.
3. As of now, 39 diploma courses are conducted and imparted by the 150 aided and 144 un-aided institutes. However, as per the Gazette Notification No. S.O. 631 (E) dated 22nd January, 2018, 36 Diploma courses of CPS were deleted by MoHFW from the First Schedule of the IMC Act, 1956 and only 03 Diploma Courses namely, Diploma in Child Health (DCH), Diploma in Gynecology and Obstetrics (DGO) and Diploma in Pathology and Bacteriology (DPB) exist in the First Schedule of the IMC Act, 1956.
4. It is recommended that all the admissions should be through NEET PG and centralized counseling and as per Government policy from time to time as already defined in the No. S.O. 631 (E) dated 22nd January, 2018 notified by MoHFW.
5. It is recommended to include additional 14 Diploma Courses (as shown in Table 2) in the First Schedule of IMC Act, 1956 in consultation with MCI. Out of these 14, 10 are the diploma courses which are offered both by MCI and CPS but nomenclature of 08 out of 10 courses is different from that of MCI. However, 4 courses recommended by the committee do not exist in MCI. It was agreed by the CPS representative to change the nomenclature if need be the MSRs and course curriculum. MSRs and Syllabus for all these 10 PG Diploma courses exist with CPS as these were earlier being run by the CPS. The Committee is of the opinion that these courses will be extremely useful to address the most common health problems of the population in CHCs and district Hospitals. Tabulated below is the nomenclature of the diploma courses offered by CPS and MCI and the remarks thereof. Accordingly, a technical expert committee was formed and a meeting was held with the technical expert panel for the expert comments on the MSRs/syllabus for Diploma Courses followed by CPS, Mumbai. Necessary suggestions/comments were provided by the technical expert group and the

same was sent to the CPS for incorporation in their MSR/ curriculum/ syllabus.

6. As per the inputs/comments provided by the technical expert members, CPS representatives provided the final amended version of the MSRs (**placed in file CPS/REP03**). However, CPS President informed the CPS Committee that suggested comments were incorporated in the syllabus/ MSRs, but as far as requirement of faculty is concerned it would not be possible for CPS to follow the MCI norm as main objective of the recommendation and recognition of courses is to fill the gap of basic/required specialist at PHC/CHC level. Furthermore, diploma awarded by CPS, Mumbai doesn't eligible the aspirant/candidate for the purpose of medical teaching faculty. Hence, it was not feasible from CPS side to incorporate the faculty norms suggested by the technical members and same was agreed upon by the constituted committee members.

Table 2: Diploma Courses of CPS recommended by the Committee to be notified by MCI and MoHFW.

S. No.	Nomenclature of Diploma Course offered by CPS, Mumbai	Nomenclature of Course as per MCI	Remarks
1	Diploma in Ophthalmic Medicine and Surgery (DOMS)	Diploma in Ophthalmology (DOMS)	Course exist in MCI with same nomenclature i.e. DOMS. Full form to be changed from 'Diploma in Ophthalmic Medicine and Surgery' to 'Diploma in Ophthalmology'
2	Diploma in Dermatology and Venereology (DDV)	Diploma in Dermatology, Venereology and Leprosy (DDVL)	Course exist in MCI with different nomenclature.
3	Diploma in Anaesthesia (DA)	Diploma in Anaesthesia (DA)	Course exist in MCI with same nomenclature.
4	Diploma in Orthopaedics (DORTHO)	Diploma in Orthopaedics (DORT)	Course exist in MCI with the same nomenclature. Abbreviation/code may be changed from 'DORTHO' to 'DORT'.
5	Diploma in Psychological Medicine (DPM)	Diploma in Psychological Medicine (DPSY)	Course exist in MCI with different nomenclature

6	Diploma in Medical Radiology and Electrology (DMRE)	Diploma in Medical Radio-Diagnosis (DMRD)/Diploma in Medical Radiology Electrology (DMRE)	Course exist in MCI with different nomenclature/ Two separate courses exist in MCI which have been combined in CPS Diploma.
7	Diploma in Tuberculosis Diseases (TDD)	Diploma in Tuberculosis and Chest Diseases (DTCD)	Course exist in MCI with different nomenclature.
8	Diploma in Public Health (DPH)	Diploma in Public Health (DPH)	Course exist in MCI with same nomenclature.
9	Diploma in Transfusion Medicine (DTM)	Diploma in Immuno-Haematology and Blood Transfusion	Course exist in MCI with different nomenclature.
10	Diploma in Tropical Medicine & Health (DTMH)	Diploma in Tropical Medicine & Hygiene (DTMH)	Course exist in MCI with different nomenclature.
11	Diploma in General Medicine (DGM)	-	Course does not exist in MCI
12	Diploma in General Surgery (DGS)	-	Course does not exist in MCI
13	Diploma in Paediatric Intensive Care (DPICU)	-	Course does not exist in MCI
14	Diploma in Emergency Medicine (DEME)	-	Course does not exist in MCI

7. Reasons for recommendation of recognition of additional 14 CPS diploma courses by MoHFW is provided as follows:

- i) **Diploma in Ophthalmology (DOMS):** Routine eye ailments including cataract, conjunctivitis, and refraction error set can be managed at CHC and PHC level with the availability of qualified doctors. This will enhance the National Blindness Control Programme.
- ii) **Diploma in Dermatology, Venereology and Leprosy (DDVL):** Many skin problems are chronic problems, some of them are contagious also and even for sexually transmitted infections also rural population don't like to visit the tertiary care hospitals. Moreover, eradication of leprosy is an important health goal. Availability of these specialists at primary level will facilitate an early diagnosis and treatment, thereby preventing spread of infection to others.
- iii) **Diploma in Anesthesia (DA):** Anesthetists are required at all levels for performing surgeries and there is lack of anesthetists at district hospitals for performing even minor surgeries.

- iv) **Diploma in Orthopaedics (DORT):** Muscular skeletal infections are often untreated /maltreated or unorthodoxically treated resulting in disability. In other words, the treatable conditions go untreated because of non-availability of Orthopedicians.
- v) **Diploma in Psychological Medicine (DPM):** Due to change in life style and stressful environments there is increase in psychological problems and availability of these specialists will lead patients for seeking early treatment.
- vi) **Diploma in Medical Radio-Diagnosis (DMRD):** Radiological investigations are must nowadays for finalizing the diagnosis in each and every specialty leading to correct management of the illness and these facilities are lacking at peripheral level.
- vii) **Diploma in Tuberculosis and Chest Diseases (DTCD):** To meet the target of eradicating tuberculosis by 2025&TB-free India campaign and to tackle ever increasing problem of many chronic chest diseases, more number of specialists are required at grass root level.
- viii) **Diploma in Public Health (DPH):** Public health specialists are the need of hour and meeting the acute shortage of these specialists will help in managing health education programs, other national programmes. This will help individuals, families and their communities to maximize and maintain healthy lifestyles and achieve the targets of National Programmes.
- ix) **Diploma in Immuno-Haematology and Blood Transfusion:** This diploma will help in developing the skills and understanding of blood transfusion which are being used for various medical conditions to replace lost components of blood to prevent the loss of life.
- x) **Diploma in Tropical Medicine & Hygiene (DTMH):** Many tropical diseases such as malaria, Kala-azar and filariasis etc. which are more prevalent in tropical states. Early detection and management of these diseases will lead to prevention of severe complications due to these illnesses.
- xi) **Diploma in General Medicine (DGM):** In view of very high incidence and prevalence of non-communicable diseases viz. diabetes, hypertension, arthritis, chronic obstructive pulmonary diseases and the prevalent infectious diseases such as gastrointestinal infections and respiratory infections etc. availability of well qualified doctors will enable for early detection and interventions for cure and retarding the progress of these diseases.
- xii) **Diploma in General Surgery (DGS):** To deal with hernia, hydrocele, infections, arising out of uncontrolled diabetes, emergency surgeries such as appendectomy, cholecystectomy etc. and other elective surgeries for gastrointestinal tract and thyroid etc., availability of more general surgeons is required.

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- xiii) **Diploma in Pediatric Intensive Care (DPICU):** Availability of these Specialists at CHCs and district level hospitals will help in minimizing the Infant Mortality Rate (IMR) etc.
- xiv) **Diploma in Emergency Medicine (DEME):** These specialists will be able to provide immediate and efficient care with various pre-hospital skills to all critical and emergency cases such as accident cases, poisoning, resuscitation in cardiac cases etc. at CHC and PHC level.
8. The committee made the observation that although CPS is in existence since 1912 and its Governing Body has eight committees. However, none of the member of the Governing Body is from the government organization which is quite unlike NBE. Moreover, grant of the affiliation does not involve central or state government at any stage like issuing of LOP in case of MD/MS courses, indicating that it is solely managed by the CPS.
9. In order to differentiate the diplomas awarded by the CPS and MCI, the nomenclature of the diploma courses offered by the CPS should be distinctly different as is for the courses offered by the NBE. */MCI*
10. It is necessary to draw the schedule of admission incorporating CPS courses for making choice to the candidates intending to pursue these diploma courses in all rounds of counseling including mop up round.
11. Ministry may constitute a standing committee for monitoring the overall functioning of the CPS.
12. Committee is of opinion that to avoid conflict in Diploma awarded by MCI, NBE and CPS, there may be notation of CPS as suffix and pass out candidates strictly adhered to use the same at the time of mentioning the qualification.

