

**Task Group on Health and Medical Education**  
**Proceedings of the 2nd Meeting**

The meeting was held under the Chairmanship of Prof. K. K. Talwar, in the Committee Room of Punjab Governance Reforms Commission from 11 AM to 2 PM on 9th September, 2012.

Following members were present at the meeting:

- 1) Ms. Vini Mahajan, IAS, Principal Secretary to Government of Punjab, Department of Health & Family Welfare, Punjab and Member Secretary Task Group on Health & Medical Education.
- 2) Ms. Anjali Bhawra, IAS, Secretary to Government of Punjab, Department of Medical Education and Research.
- 3) Dr. V. K. Paul, Prof & Head, Department of Pediatrics, AIIMS, New Delhi
- 4) Dr. J. P. Singh, Director, Health Services, Punjab
- 5) Dr. A. S. Thind, Director, Medical Education and Research, Punjab
- 6) Dr. P. S. Sandhu, Dean (College Development), Baba Farid Medical University of Health Sciences, Faridkot
- 7) Dr. Rajesh Kumar, Prof. & Head, School of Public Health, PGIMER, Chandigarh
- 8) Dr. Meenu Singh, Professor, Department of Pediatrics, PGIMER, Chandigarh
- 9) Dr. Sanjay Gupta, Professor and Head, Department of Community Medicine, GGS Medical College, Faridkot
- 10) Dr. Ravi Gupta, Professor, Department of Orthopedics, Government Medical College & Hospital, Chandigarh
- 11) Dr. Deepak Bhasin, Professor, Department of Gastroenterology, PGIMER, Chandigarh
- 12) Dr. Ajit Avasthi, Professor, Department of Psychiatry, PGIMER, Chandigarh
- 13) Dr. Gajender K. Dewan, Deputy Medical Superintendent, Government Multi-Specialty Hospital, Chandigarh
- 14) Dr. S. S. Shergill, Principal, Government Medical College, Amritsar
- 15) Dr. K. D. Singh, Principal, Government Medical College, Patiala
- 16) Dr. Vimal Sikri, Principal, Government Dental College, Amritsar
- 17) Dr. Vipin Bharti, Principal, Government Dental College, Patiala
- 18) Sh. Harpal Singh, Senior Research Officer, PGRC Chandigarh
- 19) Sh. Jasbir Singh, Director, PGRC Chandigarh
- 20) Dr. Navpreet, Consultant, PGRC Chandigarh
- 21) Ms Suparna-Saraswati Puri, Consultant, PGRC Chandigarh
- 22) Sh. Jaspal Singh Kapil, Research Officer, PGRC Chandigarh

1. Ms. Vini Mahajan welcomed Prof. K.K. Talwar and the members. Prof. Talwar informed that in the 1<sup>st</sup> Task group meeting Dr. Rajesh Kumar and his team had been given the task of conducting a survey of health services. He invited Dr. Rajesh Kumar to make presentation on this issue.
2. Health Facility Review of Fatehgarh Sahib & Mansa Districts

Dr. Rajesh Kumar informed that several govt. agencies are involved in the delivery of health care in Punjab such as Directorate of Health Services; Punjab Health System Corporation; Directorate of Medical Education; National Rural Health Mission; Department of Rural Development & Panchayat; and Employees State Insurance Corporation.

He stated that health status of Punjab is relatively better compared to other states. According to SRS, birth rate is 16.2 per 1000 population and infant mortality rate is 30 per 1000 live births. Health Management Information System indicates that 78% of deliveries are conducted in health institutions (Govt. 38% and Private 40%). National Sample Survey (2004) revealed that Govt. sector provides only 16% of outpatient care and 30% of the inpatient services. Among those who seek medical care in Govt. sector, median out-of-pocket expenditure is Rs. 270/- per OPD consultation and Rs. 7700/- per hospitalization.

The health facility survey in a sample of 25 health facilities in two districts of Punjab (Fatehgarh Sahib District and Mansa District) Govt. health services are functioning at satisfactory level. On an average day, a doctor attends to 47 patients in the out-patient department, surgeon performs seven surgeries, gynecologist conducts one caesarean section, staff nurse is involved in conducting one delivery, a lab technician carries out 119 lab tests and a radiographer performs 35 X-rays. Bed occupancy rate is about 72%.

Ambulance services and health management information system is relatively good in Punjab. The status of buildings and equipments is also satisfactory. However, supply of drugs and lab reagents is irregular and inadequate. Fund flow is also irregular, Human resources, both medical and para-medical, are inadequate as per the state norms and as well as according to the Indian Public Health Standard Norms. Supervision of staff is inappropriate. Overall, the capacity of health system is generally low.

Ms. Vini Mahajan informed the group that huge opportunity has been created in the state's policy to augment healthcare delivery. The issues related to ASHA workers,

and functioning of SNCU are being attended to on priority basis. She mentioned that essential drug list has been prepared and a system for free drug distribution in public institutions is being planned. The free drug supply situation would be improved in three to four months time. However, we need to work out a system for improvement of supervision and governance. She also informed that State has initiated a new recruitment policy for medical officers (Specialists) in which monthly walk-in interview and campus placement will be used to overcome the shortage of specialist doctors.

Prof. Talwar opined that short term as well as long term measures need to be defined; districts having high IMR & MMR and social strata that are affected most should be listed for priority action; and the reasons for high IMR & MMR should also be investigated. To tackle health system problems comprehensively, representatives of rural development department should be invited in the next meeting.

Dr. VK Paul offered to assist in preparing a plan with special reference to IMR & MMR. He further stated that considering the level of high GDP in Punjab, IMR & MMR figures should have been lower than the current level. He was confident that success in lowering IMR could be achieved within the available resources in the state. Dr. Paul also stressed the need to have a district wise gap analysis done.

Dr. Meenu Singh observed that countries like Nepal and Bangladesh have reduced their IMR despite being poor countries. In Punjab real issue is to improve accessibility to services. Being a small and flat terrain state, linking people to institutions should not be difficult. Dr. Deepak Bhasin suggested that data on specialty-wise number of doctors available in Punjab should be collected.

Dr. Ajit Awasthy states that the health facility survey has provided quantitative assessment of the health services; it may be supplemented with qualitative information to have better insight.

#### 4. Discussion on Medical Colleges

Prof. Talwar informed that a report was submitted by the Consultative Group to formulating a plan for up-gradation of Govt. Medical College, Rajindra Hospital, Patiala. This Group after visiting the College and having interacted with the Faculty and Students had observed that many faculty positions were lying vacant in various departments and thus affecting their functioning. There was also an acute shortage of Senior Residents. The practice to recruit Senior Residents from the PCMS cadre had created its own set of difficulties that has adversely affected the patient care as well as

the academics. The Group also observed shortage of nurses and facilities, including equipment. A need was felt to create some critical super specialities like neurosurgery etc. Library facilities were found to be woefully inadequate.

The lack of proper teaching programmes and desired level of commitment of faculty towards teaching was also discussed. There was a suggestion to increase the working hours of the faculty and to encourage evening clinical care and teaching rounds. Prof. Talwar emphasized the need for demonstrators in pre-clinical departments

It was pointed out that PCMS cadre candidates after completing their post graduation are required to join back the parent department even if they desire to continue with medical education. PSHFW and SMRE agreed to look into it. It was also suggested that suitable efforts should be made on priority basis to train specialists in those departments where there is acute shortage in medical colleges. Dr. Paul suggested that medical colleges should prepare a vision document.

Prof. Talwar suggested that Dr. Deepak Bhasin, Dr. Ajit Avasthi and Dr. Ravi Gupta should visit Govt. Medical College, Amritsar and Dr. S.K. Jindal and Dr. Meenu Singh should visit Govt. Medical College, Patiala for taking stock of the condition in these medical colleges in terms of the personnel and facilities etc. He also recommended that these colleges should have respective Academic Committees and Hospital Committees. Prof. Talwar suggested the name of Dr. Avasthi as Chairman of Academic Committee for Medical College, Amritsar and the names of Dr. Bhasin and Dr. Ravi Gupta as Members.

5. Ms Mahajan drew everybody's attention to another important point of the meeting: Clinical Establishment Act. She shared government's position and felt that the Act is unadoptable in its present form. Feedback on this issue was invited through email from the members so that this issue can be discussed in the next task group meeting.

The meeting concluded with thanks to all present.