

Task Group on Health and Medical Education
Proceedings of the Meeting on 24.02.2013

The meeting of Task Group on 'Health and Medical education' was held under the Chairmanship of Prof. K. K. Talwar, in the Committee Room of Punjab Governance Reforms Commission from 10:30 AM to 1:45 PM on 24th February, 2013.

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. Mr. Husan Lal, MD Punjab Health Systems Corporation Punjab.
3. Mr. Raj Kamal Chaudhary, MD National Rural Health Mission Punjab.
4. Dr. Vinod K. Paul, Prof & Head, Department of Pediatrics, AIIMS, New Delhi
5. Dr. Rajesh Kumar, Prof & Head, School of Public Health, PGIMER, Chandigarh
6. Dr. Meenu Singh, Professor, Department of Pediatrics, PGIMER, Chandigarh
7. Dr. Deepak Bhasin, Professor, Department of Gastroenterology, PGIMER, Chandigarh
8. Dr. Ajit Avasthi, Professor, Department of Psychiatry, PGIMER, Chandigarh
9. Dr. Ravi Gupta, Professor, Department of Orthopedics, Government Medical College & Hospital, Chandigarh
10. Dr. Gajender K. Dewan, Dy. Medical Supdt. GMSH
11. Dr. Ashok Nayyar, Director, Health Services, Punjab
12. Dr. Karanjit Singh, Director, Health Services (Family Welfare)
13. Dr. Pyare Lal Garg, ED SHSRC Punjab
14. Dr. A. S. Thind, Director, Medical Education and Research, Punjab.
15. Dr. Gurinder Bir Singh, Assistant Director (Immunization & Training), O/o DHS Punjab.
16. Dr. Navpreet, Medical Officer, O/o DHS Punjab

1. Ms. Vini Mahajan welcomed Prof. K.K. Talwar and the members. She briefed the members about agendas of the meeting.

Agenda 1: Child Health in Punjab

2. Dr. Karanjeet Singh discussed about 'Child Health in Punjab'. He briefed about current status of child health and child health services in Punjab. He stated that Infant Mortality Rate in Punjab at present is 30 per 1000 live births. It is likely that Punjab will achieve the target IMR as per Millennium Development Goal 4. The target IMR for Punjab for MDG-4 is 20 per 1000 live births. He emphasized that early neonatal period (first 7 days of life) is very crucial for child survival. Birth asphyxia, low birth weight and neonatal infections are the leading causes of neonatal deaths. He discussed about Special Newborn Care Unit (SNCU) in Punjab. He shared the proposed strategies and activities which the state will carry out to improve the child health.
3. District Ferozpur, Patiala, Jalandhar and Gurdaspur presented the current situation and deficiencies regarding child health services in their respective districts. All the districts were facing problem of shortage of manpower in terms of pediatricians, staff nurses, and ward attendants as per the requirements for set up Special Newborn Care Unit.
4. M.B.B.S. doctors could be trained in child health for six months. These trained doctors could be posted at CHCs, so that pediatrician from CHCs shall be made available at District hospitals to provide proper quality care.
5. ANM/GNM nursing training programme could be initiated at each district hospital. This will help in meeting the required nursing staff at district hospital.
6. To meet the requirements of ward attendants and sweepers, this could be outsourced.
7. 'Total child health workforce' comprising pediatrician, nurses and field workers like ANMs, ASHAs should be formed.

8. Head of departments of Pediatrics from Govt. Medical College Amritsar, Patiala and Faridkot briefed about child health services in their respective institutions. GMC Amritsar had adequate infrastructure and manpower, and already requested for permission to start super specialization e.g. DM Neonatology. GMC Patiala & Faridkot had shortage of staff and inadequate infrastructure.
9. Different levels of health care i.e. Level 1 (primary care) at PHCs & CHCs, Level 2 (secondary care) within the district, not necessarily at district hospitals and Level 3 (tertiary level care) at Medical colleges could be figured out to provide health care services including child health.
10. PSHFW Punjab asked DHS Punjab to put order that pediatrician in public health institutions should not be posted for general emergency duty or asked to conduct autopsy (post mortem).
11. Pediatrician from other states willing to serve in Punjab could be allowed to join services irrespective of the condition that whether they have passed Punjabi at matric level or not. They can work here for two to three years and during that time, they can clear Punjabi.
12. Dr. Vinod K. Paul discussed about 'Punjab Child Health Strategy 2013'. He started with policy approaches. He stressed up on intensification of diarrhea and ARI prevention and control among children in the community. With increase in institutional deliveries, Emergency obstetric and neonatal care (EmONC) shall also be strengthened. Punjab Govt. shall consider inclusion of HiB vaccine in its immunization schedule as Pentavalent vaccine. Neonates and children among vulnerable urban population also need attention. State Govt. should start thinking about NCDs, chronic diseases, disabilities among children since these disease will come across more in future. Enabling action would require adequate infrastructure,

equipment and supplies, adequate number and skilled manpower at all levels of health institutions. Monitoring system needs to be streamlined. Linkages with other health programmes and other sectors also required attention.

13. Further course of action:

- a) Group on child health shall be formed with following members:
 - i. Dr. Vinod K Paul – Chairman
 - ii. Dr. Karanjit Singh – Convener
 - iii. Dr. Meenu Singh
 - iv. Dr. Rajesh Kumar
 - v. Head of Departments, Deptt. of Pediatrics from Govt. Medical Colleges Amritsar and Patiala.
 - vi. Other members as the group feel to include.
- b) The strategy to tackle human resources issue needs to be devised and Total child health workforce could be formed.
- c) Training of nurses may be done by National Institute of Nursing Education, PGIMER Chandigarh.
- d) Set up of Monitoring & Evaluation cell at district level may be considered.
- e) Districts can be allocated among three Government Medical Colleges in Punjab to link for pediatric services. The districts which are near to Chandigarh could be allocated to PGIMER Chandigarh.

Agenda 2. Punjab Clinical Establishment Bill

14. Dr. Rajesh Kumar briefed the members about draft of Punjab Clinical Establishment Bill. The proposed bill would be patient friendly and doctor friendly so that doctors don't feel threaten. The major departure from central act was that this would create more enabling environment for registration of doctors. The primary stage would be to encourage all the doctors for registration so as to know about number of facilities, type of services etc. in the State. There would be voluntary self declaration by clinical establishment on website under this proposed bill. There are no set standards specify in this proposed bill. It will be applicable on both private and public sector. He informed that IMA Punjab will discuss the draft in its State council meeting and then will give their views.

15. Dr. K. K. Talwar raised concern over mischievous complains which would be expected to rise against doctors. There should be some mechanism to check these types of complain.

16. Consider credible/ eminent people from concerned profession in the State or retired Principal of Govt. Medical Colleges as member of registration authority/State council.

17. Further course of action:

- a. Get feedback from IMA Punjab.
- b. Prepare rules and specify penalties for the Bill.

The meeting concluded with thanks to all present.