



**PROF.DR.S.ARULRAJ,MD.,FRCP(G)**  
**Acute Medicine Physician**  
**Chairman**



**Commonwealth Medical Association Trust, UK**

Founder Chairman CHPA,UK  
Past President CMA, UK  
Past National President IMA, India  
DR. B C Roy National Awardee  
drarulraj.cma.uk@gmail.com  
www.healthy-india.net

**Sundaram Arulraj Hospitals**

145/5-B, Jaeyaraj Road,  
Tuticorin 628 002  
Tamilnadu – India  
Mobile: + 919994580001  
drarulraj@gmail.com  
www.drarulraj.com

Tuticorin  
20.04.2016

To  
Shri Narendra Modiji,  
Honourable Prime Minister,  
Government of India,  
NewDelhi,  
India.

Sub: Restructuring MCI

Respected Sir,

Health of the Nation is Growth. Your vision of a Developed India can be realised only with a Healthy India.

**Today's Health of India is not encouraging. Why?**

Primary care is not reaching to people which is a must for 100% of Population.  
No Curriculum & Department of Primary Care in UG & PG Medical Education.  
Emergency care is scattered. No Department of Emergency Medicine.  
Tertiary care has developed well which is needed only for 20% of Population.  
Health Promotion & Preventive Health are in Primitive stage.  
Number of Health workforce is poor; only 50% as per WHO data.

Health care offered by Doctor is not matching the expectation of Public. Hence unwanted calamities erupt.

**Medical Education is not suiting to today's Health needs of the Citizen.**

**Why?**

Medical Council of India is not able to perform and fulfill the Health needs of the Citizen. The recent Parliamentary committee last month report & letter by former Health Secretaries of MOH & Veteran Health care experts of India reiterates the same.

.....1



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**Where is the deficiency?**

**The commitments of MCI & its working are at fault**

As you know MCI functions well with nominated members of Union Government, State Government, Representations from medical universities and elected members.

MCI was dissolved in 2010 on corruption charges. Since the number of Medical Colleges have increased today, you have increased the representation. Same way the number of Medical Graduates have increased largely and their representation needs also to be increased atleast by 1 per 10000 Registered members in IMR. Now it is one per State whatever the number may be.

Always MCI runs with Nominated members for some reason or other. The elected members are in minority & negligible. The major issue with MCI is that the country knows its “lack of transparency”, is due to above discrepancy. The nominated members of state and universities are “Nominees” of MCI but Elected members are “Regulators”.

When the highest regulatory of medical education in India today is being run by its “Nominees” transparency cannot be anticipated you know well sir.

The checks and balances are Elected members who can bring transparency Nominees can never execute transparent Governance; It is a fact, Sir. A transparent MCI is the need of the Hour so that “History” does not repeat.

Hence, I request you sir to increase Elected Members in the system of “Regulators” to see a transparent and autonomous MCI serving its purpose of scaling up Quality medical education in India.

In addition to checks and balances, National medical associations like Indian Medical Association, Senior Teachers and Practicing Physicians of the Nation can also be included in the membership, to be as watchdogs.

.....2



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**How to improve Quality of Medical Education in India**

**Improving the Quality of Medical Education in India**

- Teachers' capacity building in vital.
- Teaching pattern to be changed to Modular type, which is Global today. This proposal is pending with MCI for many years.
- Focus on Family Medicine in UG curriculum.
- Today, Doctors are oriented to Tertiary care in their in UG training and do not have a feel of Rural practice and hence they are concentrating in town and Tertiary care centers which make them resistant.
- Department of Family Medicine to be introduced in all medical colleges both public and private and offer training in Rural area with Faculties.
- One year of rural training is a must to motivate them to prefer rural areas. Then courses like Bsc community. Health may not be thought of.
- Thanks to Prof Ashok Gupta and other members of BOG having approved MD Family Medicine but without Department of Family Medicine how PG courses can be offered?
- Emergency Medicine has to be given thrust
- Through public choose any system of medicine for cool ailments, But only prefer Allopathic system of Medicine for Acute care. Hence, a Department of Emergency Medicine is a must for UG.
- Existing Casualty can be converted into ER.
- These two positioning will improve the quality of medical care in India and restore the charisma of MBBS.
  - Online/ Distant Learning course in certain specialties with monthly contact classes at Medical colleges or DNB accredited Hospitals will make more PG seats. Ex: Family Medicine, Emergency Medicine, Geriatric Medicine, Diabetes, Pediatrics etc.
  - Application of information & communication technology to teaching will enhance the image of Medical Education- e-learning and mHealth.

.....3



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**Increasing the number of Doctors:**

Now the norms of Medical Colleges have been relaxed still more Government Medical Colleges must come up to match the Doctor Patient Ratio.

**To Promote Rural Health Care: Rural Medical Schools:**

District level Hospitals can be upgraded to undergraduate Medical Schools (MBBS only) with infrastructure & Faculty to educate 50 students in a year. These students must be selected from the local district & admitted with a Bond to work in Home Village for 5 years. Then they are free to practice or undertake PG. Curriculum, Syllabus & Teaching all same. Even ICT and skill labs can be employed in Teaching.

**Improving the standards of Medical Education:**

Curriculum & Syllabus must be revolutionised Modular Teaching as done in Developed Nations must be introduced. Students enter clinical side on entry itself. This will improve the Patient handling & Treatment skills so that they are confident to handle & treat patients when they come out with MBBS Degree which is not a reality Today.

**Orienting to Primary Health Care:**

Primary Care is needed for 100% humans from Birth to Death. But no Teaching of Primary Care in Medical Colleges; No Curriculum; No Syllabus; No Department; No Clinical Postings. How then such Doctors will handle Rural masses.

Department of Family Medicine / Primary Care is a must with Curriculum & Training. Indian Medical Primary Care Register must be introduced as done in nearby Nations.

**Strengthening Emergency Medical Care:**

Emergency Medical care is lifesaving. Precious lives on the Roads or in Hospital can only be saved if the Doctors are trained effectively in Emergency Medicine. But in todays Medical College no Department of Emergency Medicine & Training.

Current Casualties can be redesigned to Emergency Medicine Department (ER).

**Redefining the Standards of Health care:**

Doctor is a lifelong student. Hence Compulsory Reregistration once in 5 year is mandatory. A Bill is pending in Parliament for one decade. Reregistration will upscale the Knowledge & Skills of Practicing Doctors & Medical care they offer will meet the expectations of Public.

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**Distant Learning Education in Post Graduation:**

Online learning is the order of today worldwide but not happening in India. Since the MCI does not approve it for vindictive reasons.

When MCI was under BOG deep consideration was given in the Academic Council & certain specialities like Family Medicine, Emergency Medicine, Geriatric Medicine, Diabetes, Paediatrics, etc were considered for PG on Distant learning mode. Absolute need now.

This will again enhance the quality of Medical Care.

**ICT in Medical Education & Health Care:**

With shortage of Anatomy & Physiology labs, skill labs are coming up Globally. They must be approved & encouraged in Modern Medical Schools in India.

ICT Based Teaching to be encouraged. This will combat shortfall of expert Teachers too.

**On Health Care Delivery too ICT has to be implemented.**

**Digital Health to be promoted in Digital India**

**Corruptions & Compromises in the Apex Medical Body in India**

The parliamentary standing committee on health and family welfare that had examined the functioning of the MCI had in a report tabled in Parliament last month said the MCI had "repeatedly failed on its mandates over the decades".

"The people of India will not be well-served by letting the modus-operandi of MCI continue unaltered to the detriment of medical education and decay of the health system," the committee had noted, and called for a radical restructuring of its organisation and make-up.

This has ruined the quality of Medical Education & Health Care in Our Nation.

Hence restructuring / recasting MCI is the need of the Hour.

**How to restructure MCI?**

- Elected members (Regulators) must be more than the Nominated members. One member per 10,000 Registered Modern Medical Practitioners.
- Include Health Care Experts, Activists Nationwide & National Medical Association.
- Have an Overarching Observatory Council with Nominees, Medical experts Nationwide and National Medical Association and create Performing, Quality, Autonomous & Transparent MCI free of Corruptions & Compromises.

.....5



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**Conclusion:**

MCI must be a Performing Autonomous Transparent Body free of corruption & compromise.

Implement the recommendation of the Parliamentary Committee on Health.

Must be effectively supervised & constituted within and outside.

Its constitution must change. Recasting. More Regulators.

Its vision must change.

Medical Education must be made relevant to today's Practice.

Overarching Observatory body of Medical Council with above members may be considered.

Respected Sir,

May I request your kindness to look into the sequential reports on MCI functioning & address the issue on an urgent basis as Medical Education & Health of Our Nation are Key for Development. Confident of your early Intervention

Thanking you Sir,

Regards & Respects,

Your Sincerely,

**Prof.Dr.S.Arulrhaj,MD,FRCP(Glasg)**

Chief Physician & Intensivist  
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[www.healthy-india.net](http://www.healthy-india.net)

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Health Professions Alliance, UK  
Past President, Commonwealth Medical  
Association, UK

Past National President, IMA, New Delhi  
Vice President, Association  
of Physicians of India, Mumbai

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Wisdom



Smart Working



Achievement