



INDIAN MEDICAL ASSOCIATION HOSPITAL BOARD OF INDIA



Brainstorming & Review Session
Clinical Establishment Act

CEA SUMMIT

Organized by
IMA-HBI (HQ)
Kind Cooperation
IMA-MS

Sunday 24th July 2016
Pune Maharashtra

Objections in the CEA Bill (2010)

1] Chapter 2, Section 7 of the Bill states that "The National Council shall follow a consultative process for determining Standards & Classification of clinical establishments in accordance with such process as may be prescribed."

IMA's Point of View-It seems that the Standards have been developed or are being developed blindly adopting the foreign conditions without considering the Ground Reality in India. With such stringent standards, most of the small Nursing Homes & Hospitals run by individual doctors will become extinct. These hospitals are providing very good services at a lower cost. With scarcity of such Hospitals, there will be a very bad long term impact. Rather than a crack-down of quackery, such rules will have a crack down on Small Nursing Homes. Hence the Standards cannot be imposed without considering the ground reality. Hence without IMA's opinion, the Standards cannot be imposed .

2] Chapter III, Section 12, subsection (1) Clause (i) states that "For registration and continuation, every Clinical Establishment shall fulfill the minimum standards of facilities and services as may be prescribed."

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there will be a very bad long term impact. Rather than a crack-down of quackery, such rules will have a crack down on Small Nursing Homes. Hence the Standards cannot be imposed without considering the ground reality. Hence without IMA's opinion, the Standards cannot be imposed.

3] Chapter III, Section 12, subsection (1) Clause (ii) states that "For registration and continuation, every Clinical Establishment shall fulfill the minimum requirement of the personnel as may be prescribed."

IMA's Point of View- There is a scarcity of trained personnel (including MBBS doctors as well as trained Nursing staff), especially in Non-metro cities. Without looking at the availability, it is a totally baseless move by the Government to fix the number of personnel. It will cause chaos. IMA demands to remove that clause.

4] Chapter III, Section 13, subsection (1) states that "Clinical Establishments should be classified into such categories as may be prescribed by the Central Government from time to time." & Chapter III, Section 13, subsection (1) states that "Different Standards may be prescribed for classification of different categories, referred to in subsection (1)."

IMA's Point of View- Single doctor clinical establishment (Husband & Wife should be taken as one unit/QAE own Account Entrepreneur) who are providing only consultation services, may be exempted from the purview of Clinical Establishment Act. Single doctors are already covered under the Medical Council of India Act and are regulated by the Medical Council of India or State Medical Council.

5] Chapter III, Section 12, subsection (1) Clause (iii) states that "For registration and continuation, every Clinical Establishment shall fulfill the provisions for maintenance of records and reporting as may be prescribed."

IMA's Point of View- There is a scarcity of trained personnel (including MBBS doctors as well as trained Nursing staff), especially in Non-metro cities. Without looking at the availability, it is a totally baseless move by the Government to fix the number of personnel. It will cause chaos. IMA demands to remove the

Staff/Personnel record details from the 'Records to be submitted' in the prescribed form.

6] Chapter 7, Section 47, subsection (1) states that "No suit, prosecution or other legal proceedings shall lie against any authority or any member of the National Council or State Council or any other officer authorized in this behalf in respect of anything, which is done in good faith done or intended to be done in pursuance of the provisions of this act or any rule made there under."

IMA's Point of View- This denies fundamental rights of the Doctors as citizens to get help from the court in case of harassment. This clause should be removed.

Objections in the Rules/Gazette(2012)

1]Section 8,subsection(1) states that "The district registering authority established by way of notification by the State Government under clause (c) of subsection (1) of section 10 of the Act shall consist of 3 other members who shall be nominated by District Collector or District Magistrate & they shall include the City Police Commissioner or Senior Superintendent of police or Superintendent of police or his nominee, as the case may be, a senior level officer of the local self Government at the district level, one representative from a professional medical association or body having presence preferably in the district or within the state as the case may be, for a tenure of 2 years."

IMA's Point of View- IMA has demanded that the District Appropriate Authority must be headed by a medical person. Also, there shouldn't be inclusion of Police Officers. In the FAQs on CEA, it has been mentioned that Police help is required if the particular Clinical Establishment does not cooperate with the district registering authority and refuses to give permission to the teams visiting his or her clinical establishment's premises. Obviously, if the clinical establishment doesn't cooperate with the district registering authority and refuses to give permission to the teams visiting his or her clinical establishment's premises, then a notice can be sent to such establishments. Such harsh measures like Police Officers entering and inspecting hospital premises can have adverse and deterrent effect on a small Doctor and/or his patients.

2]Section 9, subsection (1), clause (i) states that "Every clinical establishment shall display the rates charged for each type of service provided and facilities available, for the benefit of the patients at a conspicuous place in the local as well as in English language."

IMA's Point of View-The Government cannot just make compulsion on only one profession of the Private Sector. If a Clinical Establishment's fees are made to display, then why not of establishments of other Private Professionals, like Lawyers or Architects or Teachers or Software Professionals or Chartered Accountant? Only compelling one profession will entirely be a Dictator like approach hating & hammering that single profession.

3]Section 9, subsection (1), clause (ii) states that "The clinical establishments shall charge the rates for each type of procedures and services within the range of rates determined & issued by central Government from time to time in consultation with the state Governments."

IMA's Point of View-The Government can't fix the rates or range of rates for professionals. If Doctors' fees are fixed by the Government, then why not of other Private Professionals, like Lawyers or Architects or Teachers or Software Professionals or Chartered Accountant? If a Doctor has to go to these professionals for getting some of his work done, he has to pay fees as prescribed by them. If a Doctor has to pay other professionals' fees in an unregulated manner, why these professionals, when they seek medical help, would be subsidized from a Doctor's Fee? This will entirely be a Dictator like approach hating & hammering only one profession.

4]Section 9, subsection (1), clause (iii) states that "The clinical establishments shall ensure compliance of Standard Treatment Guidelines as may be determined & issued by the central Government or the state Government, as the case may be, from time to time."

IMA's Point of View-The Standard Treatment GUIDELINES should be exhaustive & cover each and every aspect before making a legal compulsion for the doctors to follow those. Just to give an example, in the "GUIDELINES FOR THE

MANAGEMENT OF CARDIOVASCULAR DISEASES IN INDIA" published on the website of CEA, the guidelines for treatment of ST Elevation MI has not been covered extensively.

For example-

1] The loading dose of Clopidogrel varies with the age. For Age ≤ 75 y: 300-mg loading dose, followed by 75 mg daily for at least 14 d is recommended & for Age >75 y: No loading dose, give 75 mg, followed by 75 mg daily for at least 14 d is recommended by ACC/AHA guidelines. 2] The same is the case with Enoxaparin. The doses have not been mentioned. 3] Names of Reteplase or alteplase have not even been mentioned.

This is just an example that these Guidelines fall short on "DETAILING" when it comes to compelling doctors to follow these.

IMA's Point of View -Do not make it compulsory to follow STGs unless those are Extensive, Comprehensive, Evidence based , Non-confusing & Self explanatory.

5]Section 9,subsection(1),clause (iv) states that "The clinical establishments shall maintain & provide Electronic Medical Records or Electronic Health Records of every patient as may be determined & issued by the central Government or the state Government ,as the case may be, from time to time."

IMA's Point of View-It is desirable [keep it optional] but not mandatory to maintain EMR or EHR as the technology & the know-how required for that may not be available to all.

Apart from it, IMA demands that allowing Medical Establishment which has entry level accreditation or above under NABH, need only registration under the Act and should automatically be registered under CEA without any other formalities.