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**EMPLOYEES' STATE INSURANCE CORPORATION  
( ISO 9001-2000 Certified)  
PANCHDEEP BHAWAN, C.I.G. ROAD: NEW DELHI**

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**SUMMARY RECORD OF THE 3<sup>RD</sup> MEETING OF “SUB-COMMITTEE ON MEDICAL SERVICES AND MEDICAL EDUCATION” HELD ON 13.5.2014.**

The meeting was chaired by Smt. Gauri Kumar, Union Secretary, Ministry of Labour & Employment, Govt. of India.

The list of participants is annexed at **Annexure-A**.

Director General (DG), ESIC, welcomed the Chairperson and the members of the committee. The Chairperson briefed all the members about the issues finalised by the Committee in the 2<sup>nd</sup> meeting. She suggested that the committee may discuss the report, chapter-wise and finalize its recommendations. The members agreed with the suggestion.

**The chapter-wise suggestions/recommendations of the Committee are as under:**

**1. PRIMARY HEALTH CARE**

**A. IMP**

- Operational manual for guidance of IMPs should be finalized within the next 3 months i.e by 31.8.2014
- The Report should clearly recommend that the 1<sup>st</sup> priority would be for construction of dispensary on Land to be provided by the States. The construction costs would be borne by ESIC. IMPs are to be engaged if dispensary cannot be set up by the State Govt./ESIC.
- IMPs are to be employed as a temporary measure in the areas where either the norms do not permit opening of a dispensary or the dispensary building was not available in implemented areas or areas to be notified.
- Mobile No. of IPs attached to IMP to be seeded in a time bound manner- the time frame needs to be clearly brought out in the final recommendations

- Provision to be made for providing to IMPs periodically the Live list of IPs along with their mobile nos.
- Eligibility of beneficiaries to be verified on ESIC website through IP Portal- access would have to be provided to IMPs also.
- **SMS based response through call centres needs to be developed.**
- Objective Criteria for appointment of IMP needs to be developed- under what circumstances will an IMP be appointed should come out clearly in the operational manual as well as in the final recommendations.
- IMP is required to maintain basic record of beneficiaries treated by maintaining case records and stock register of specified medicines. The formats of the basic records to be maintained by the IMP should be prescribed in the operational guidelines/ manual.
- If the IMP is continuing for more than 3 years, then the Local Committee will review the entire system in the area and make its recommendations for further action to the higher level Institutional body being set up for interaction with State Government.
- IMP should be required to submit monthly statement through email to SMC & DIMS, in r/o treated beneficiaries. He should also be required to send a stock statement of medicine.

#### **B. Local Committee**

- The constitution and terms of reference for the local committee should be clearly defined in the operational manual/guidelines.
- Local Committee shall monitor IMPs through surprise inspection of IMPs to be conducted regularly to check whether records are being maintained properly and whether medicines are being dispensed in accordance with the prescribed norms/instructions.
- A template of the check list for the guidance of the Local Committees for their inspections to be prepared.
- Local Committee shall annually review performance of the IMPs and the report of the same shall be submitted to State Executive Committee.

- The communication channels for sending recommendations of Local Committee to State Executive Committee, which in turn shall be required to communicate the report to National Committee, should be clearly brought out in the guidelines/manual.

### **C. Dispensaries**

- IMO I/C of ESIS Dispensary: reimbursement of medical bills could be up to Rs.1000/- per case subject to a maximum of Rs.10000/- per month.
- Identify clearly persons /agencies (State/ Central Government), who will take responsibility for survey, estimation, tendering and overseeing execution of the construction and repair of dispensaries and associated infrastructure, lay down clearly how this responsibility will be enforced, and the timelines within which the task is required to be completed.
- Specifically the timelines for drawing up a survey schedule, time for actual survey, preparing the estimates and hiring the execution agency also needs to be brought out in the final recommendations.

### **D. Executive Committee**

- There should be two members each of Employers' and Employees' representative in the Committee.
- This Committee shall also be tasked with addressing the recruitment issues related to ESIS Hospitals and Dispensaries.
- The mandate of the Committee should also include monitoring the timely survey of all the ESIC building and getting proposals for repair, reviewing of rented premises of ESIS dispensaries.
- Monitoring of the functioning of IMPs through periodic review of the reports of the Local Committees as well as independent inspections carried out by this Committee or its members. .

- **There should be a 24x7 telephone line for Grievances redressal along with robust on-line monitoring system of public grievances.**
- The Corporation should prepare detailed operations manual/guidelines for the guidance of the members of this Committee, including reporting formats for monitoring of grievances concerning ESIS, automatic reminders to Executive Committee Chairman if meetings are not held.
- Returns/proposals to be sent to respective National level Committees for further action **should be formulated along with the Operation Manual.** The proposed national level committees are as under:
  - i. National level Committee of Construction
  - ii. National level Committee of Grievances
  - iii. National level Committee of Training
  - iv. National level Committee of IT
  - v. **The working group constituted for review of MoU between ESIC and State Governments shall also function as National level Committee for resolving all issues between ESIC & State Governments.**

Recommendations of National Committees should be placed before the Standing Committee, which is a Permanent Advisory Committee.

**E. MoU with States:**

- MoU needs to be revised to make both the parties accountable for providing required services.
- The Committee constituted earlier for this purpose under the Chairmanship of DG ESIC should finalise its recommendations, and the same should also be incorporated in the operating manuals/ guidelines being prepared.

**F. Increase in coverage of the target population to provide benefits including medical care services to more beneficiaries**

- **ESIC may undertake pan-India survey to identify Notifiable areas / establishments in a time bound manner.**

- **Notification by State Governments and provision of medical care services may be facilitated as a follow up action, through Institutional mechanism, in a given time frame.**

## **2. SECONDARY MEDICAL CARE**

1. Operational Manual to be prepared for each Stakeholder i.e. IPs, States, Doctors.
2. Flyers for IPs (in English, Hindi, Local language) to be placed in all ESIC/ESIS hospitals and dispensaries having information regarding their rights.
3. Procedure for referral from dispensary should be included in these operational Manuals.
4. Institutional mechanism to be developed for interaction with States through ESIC and State level committees.
5. Need for documentation of mentoring practises for reference should be an integral part of the recommendations.
6. **Draft Operational Manuals prepared should be uploaded on the ESIC website for a period of two weeks for review and comments by stakeholders, before finalization.**
7. Annual recruitment Calendar: The Committee recommended that each authority (MS, SMC, RD) would send vacancy position to HQ office, once in a year on a decided month every year, and if required hiring of professional recruitment agencies can be explored by the Corporation.
8. A separate Cadre of Hospital Administrator (doctors) and revenue officers needs to be created.
9. The mechanism for redressal of staff grievances needs to be brought out in the report.

### **Hospitals**

- The Committee desired a Cost benefit analysis (financial and Social) to be done for tie up hospital vis-a-vis own hospital.  
**(Action: FC)**

- **Norms:** The Committee approved the revised norms and recommended that for establishing a hospital-IP population would be taken in a radius of 50 kms and there should not be any other hospital within the radius of 100 kms.  
[Norms for establishing hospital in North East regions are different and need not be changed]
- The Committee also felt that the norms for referral for secondary treatment from the primary health level also need to be mentioned separately in the report.
- Protocols for local purchase of medicines should also be clearly defined.

### **3. AYUSH**

- Any dispensary having OPD daily attendance of 200 and above should also be considered for opening of AYUSH unit.
- Herbal Park shall be part of Centres of Excellence and should be established in all ESI Hospitals.

### **4. INFRASTRUCTURE**

- **Norms and guidelines for creating new infrastructure (Dispensaries & Hospitals) on basis of IP population (with due weightage for geographical spread, scattered IPs etc.) to be evolved with special focus on States where present infrastructure is inadequate.**

### **5. VALIDATION OF QUALITY OF SERVICES**

**The Committee recommended that**

- **There may be fixing of Service Benchmarks and Timelines for better service to IPs with necessary arrangements for its monitoring**
- **Third party agency may validate quality of medical care services in dispensaries and hospitals as per established benchmarks, from time to time.**

## **SUPER SPECIALTY TREATMENT**

- The Committee recommended that the authority of approval for the employers' code for newly registered employer should be vested with the ESIC Regional Director rather than the employer himself, subject of course to legal vetting.
- The Committee noted that the limit of 10 days for registration is being violated. The accountability for registration of the employees within the specified time should be on Employers.
- **Committee constituted by DG, ESIC for preparation of operational manuals on various functional areas to empower stakeholders and facilitate better administration of ESI Scheme shall also examine and give recommendations on the following issues**
  - **Ceiling on expenditure on medical treatment to IPs / beneficiaries**
  - **Percentage of expenditure on medical care to be committed for promotive & preventive services; and primary care services.**

## **6. MEDICAL EDUCATION**

The Committee considered the issues and recommended as under:

- **Six 'Centres of Excellence' based on number of IPs and existing available infrastructure** were approved to be developed for providing specialist/SST services. The locations are as under:
  - a. Delhi- Basaidarapur.
  - b. Tamil Nadu- K.K Nagar
  - c. Maharashtra- Andheri
  - d. Karnataka- Rajajinagar
  - e. Andhra Pradesh- Sanathnagar
  - f. West Bengal- Joka

To support 'Centres of Excellence' for secondary medical care or SST, PG teaching programme may be taken up, based on projections of requirement. **However the PG program in ESIC may**

**only be expanded after provision of reservation of PG seats for ESI doctors has been satisfactorily addressed.**

**• The Committee noted and recommended that no new medical colleges may be opened for the following reasons:**

- a. Sec 59 B of the ESIC Act provides that the Corporation may establish medical colleges, nursing colleges and training institutes for its para-medical staff and other employees with a view to improve the quality of services provided under the ESI scheme.
- b. However, no projections of requirement of doctors were made while approving the medical colleges. ESIC doctors (MBBS) under bond would be available only from 2020 onwards and the current requirement would have to be met from outside ESIC system. Graduate (MBBS) doctors are readily available in the market.
- c. Similarly, all new ESI hospitals approved so far would get commissioned before 2020. Thus, requirement of doctors for new hospitals approved so far would also have to be met from outside ESIC medical education system.
- d. Availability of doctors (GDMOs) graduating out of ESIC Medical Colleges under construction and their expected willingness to serve under Bond will be greater than the combined recurring requirement of doctors because of resignation/superannuation, growth etc., in the ESI system.
- e. That there was no system of bond enforcement and without an effective enforcement of bonds, the availability of doctors to the Corporation would not be assured.
- f. Setting up of Medical Colleges is not linked to provision of 'in-house' Super-specialty services at the outset, and will not impact super-specialty treatment expenditure.
- g. Setting up and running of Medical Colleges is a cost intensive proposition in r/o capital cost, recurring cost, loss of revenue etc.



- h. Based on current projections, the surplus funds of the corporation are likely to be negative by 2016-17.
  - i. The Committee recommended that apart from the existing 13 medical colleges under construction, no new medical college should be taken up.
  - j. CAG (Performance Audit) has commented adversely where IP numbers are inadequate and Medical Colleges have been constructed / started.
  - k. The Committee emphasized the need to document and record the present experiences at starting medical colleges so that the mistakes do not recur.
- **The ESIC residency scheme was discussed in detail.**
  - The Committee advised the Corporation to take up the matter with the Health Ministry for doing away with All India and State quota seats in PG programmes in a concerted manner.
  - Recognising the difficulty in enforcing bonds, the Committee unanimously recommended option (a) ( in the agenda notes) as the fee structure for MBBS courses in ESIC Medical Colleges (based on upfront payment of tuition fee equal to the average cost of education per student divided into 9 half-year payments). The fee amount would have to be paid by all students uniformly, i.e. AIQ, State Quota and ESIC management Quota. The Institution should facilitate the process of education loan with suitable tie-ups. This would do away with the requirement of Bond and its attendant issues of enforceability.
  - The fee structure for PG courses in ESIC Medical Colleges was approved to be based on option (b) in the agenda notes with subsidy from ESIC / Central Government with fee structure and Bond amount equivalent to 50% each, of the cost of education. The student will have to furnish Bond to serve the ESIC for 5 years. Bond amount should be 50% of the cost of education, which the candidate will have to pay in event of not opting to serve ESIC.

Issues of enforceability of Bond would have to be dealt with by the Corporation in consultation with its legal Advisors.

- After detailed discussion, the Committee approved ESIC residency scheme as proposed in the 'White Paper on Medical Education' with revision in 'mode of selection' as brought out in the agenda notes for the meeting and subject to the condition that the Corporation will ensure that the scheme is strictly in conformity with the above decisions on 'bonds' and charging of fees.
- The Corporation may take all steps to enforce Bond already taken from students already undergoing UG/PG courses in ESIC Medical Educational Institutions. The Sub-committee noted, with concern, that the amount of Rs. 7.5 lacs under the present Bond had not been fixed by the Corporation but had been determined at the level of DG, ESIC. The Committee also disagreed with the practise of exempting some people from the condition of Bond and desired that no exceptions should be made and all should be required to submit the Bond.
- The Committee accepted the proposal to define 'Insured Person' in the approved 'Admission policy & Procedure' for the purpose of availing benefit of ESIC Management Quota for his / her wards, as under:

"The 'Insured Person' shall be an 'employee' as defined in the ESI Act; and he/she should have been in continuous insurable employment for a period of five years as on 1<sup>st</sup> January of the year of admission and should have paid at least 78 days of contribution in eight [08] out of nine [09] complete contribution periods, during this five year period."

Other parameters of the approved 'Admission policy & Procedure' would remain same.
- In the Section on 'Strategic Issues,' the Committee desired that some norms need to be developed for reimbursing the administrative costs of State Level ESI Corporations.

- The Committee also agreed in principle with the proposal to provide some incentives to teaching faculty joining ESIC Medical Colleges from Other Government Institutions to facilitate the early commissioning of Medical Colleges. However the Corporation will provide greater clarity on the proposal before it is incorporated in the Report of the Committee.
- The Corporation was also advised by the Committee members to initiate action on the decisions taken in the previous meetings of the Committee

In conclusion, Secretary stressed the need for:

- i. Specifying time lines for all activities so as to have clear road map for each decision/recommendation.
- ii. Creation of an institutional mechanism at the National level for effective response to coordinate with the States.
- iii. Operational manual regarding primary and secondary health care services to be prepared in a time bound manner.
- iv. Need for highlighting the financial issues/ implications of the recommendations
- v. The final report must include all the recommendations made by the Committee in its meetings from time to time, **including those taken in the meetings with Army personnel; Deans / MS of ESI-PGIMSRs and suggestions received from State Governments and field offices etc.**

The Committee authorised DG ESIC to take all necessary actions to implement the decisions/recommendations of the Committee, including any minor modifications thereof. All important orders issued in this regard, including operational manuals, may be submitted to the Corporation at its next meeting.

**The meeting ended with vote of thanks to the chair**

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## **Annexure-A**

### **List of the members who attended the meeting is as under:-**

1- Smt. Gauri Kumar	Secretary (L&E), GOI and Chairperson
2- Principal Secretary T.N	Member
3- Shri Bharat Mehta	Member
4- Shri Micheal Dias	Member
5- Shri Ajit Shripad Kulkarni	Member
6- Shri Badish Jindal	Member
7- Smt. Amarjeet Kaur	Member
8- Shri C.P.Singh	Member
9- Shri A.K. Agarwal,	Director General
10- Shri Anil Kumar Khachi	Joint Secretary(L&E)
11- Shri S.K.G. Rahate	Financial Commissioner
12- Dr. S.R. Chauhan,	Medical Commissioner & Member Secretary

### **List of the officers from ESIC who attended the meeting is as under:-**

13- Shri Jose Cherian	Insurance Commissioner P & A
14- Dr. S.F. Hans	DMC (RC)
15- Dr. R.K. Kataria,	DMC-I
16- Dr. S.K. Raju,	DMC (MS)
17- Dr. Vivek Handa	DMC (ME-II)
18- Dr. A. Panda	DMC(IT)
19- Shri Uday Singh	JD (ME)
20- Shri Akshay Kala	JD(MA)
21- Shri K.G. Suresh	JD(Finance)
22- Shri Neeraj Sharma	DD Med IV