GOVERNMENT OF INDIA
Ministry of Health and Family Welfare

Conclave on Community and Family Medicine in Institutes of National Importance with special Emphasis on new AIIMS

18th & 19th December, 2013

Organized by:

NIHFW,
AIIMS Bhopal, AIIMS Bhubaneswar, AIIMS Jodhpur,
AIIMS Patna, AIIMS Raipur and AIIMS Rishikesh

National Institute of Health and Family Welfare,
Baba Gangnath Marg, Munirka, New Delhi – 110067

CONTENTS

BACKGROUND

National Institute of Health & Family Welfarewith support from Ministry of Health & Family Welfare and AIIMS Rishikesh organized a Conclave on Community and Family Medicine (CFM) for Institutions of National Importance (INIs) with special emphasis on new AIIMS on 18th and 19th Dec 2013 at NIHFW, New Delhi.

The objective of the conclave was to bring uniformity in setting up the Departments of Community and Family Medicine in each new AIIMS. The Conclave focused on six aspects:

A. Setting up of Rural Health Training Centre (RHTC) taking block as a whole. It involves conduct of baseline survey for the entire block.

B. Entering into Memorandum of Understanding (MoU) with the State Government by new AIIMS for the RHTC.

C. Curriculum development, teaching methodology, teaching aids/materials and evaluation for CFM.

D. Faculty development including focus areas of research.

E. Collaboration with other institutions in India and abroad for setting up of School of Public Health at each new AIIMS.

F. Setting up of Urban Health Training Centre (UHTC) including MoUs with urban local bodies.

The Conclave was attended by the Directors of the five new AIIMS (Director AIIMS Jodhpur could not attend), members of the faculty of Community and Family Medicine in all new AIIMS, representatives of the Department of Community Medicine/ Preventive & Social Medicine of AIIMS, New Delhi; PGIMER, Chandigarh; JIPMER, Puducherry; experts from MGIMS,Sevagram,Wardha and NIHFW, New Delhi.

PROCEEDINGS

Day 1: 18th December, 2013

Welcome Address

The Conclave started with a warm welcome by **Prof. Jayanta K Das, Director,** National Institute of Health and Family Welfare (NIHFW), New Delhi. He then invited **Mr. Sundeep K. Nayak, Joint Secretary,** Pradhan Mantri Swasthya Surakhsha Yojana (PMSSY), Ministry of Health and Family Welfare (MoHFW), Government of India(GoI) to address the audience.

Plenary Session: Articulation byGroups on Focus Areas

Plenary session was co-chaired by **Prof. Raj Kumar, Director, AIIMS** Rishikesh and Prof. Jayanta K.Das, Director, NIHFW. This was followed by a round of introduction of all the participants. Thereafter, Prof. Das reiterated the evolutionary landmarks of public health in India and the significance of addition of family medicine with Community Medicine. He also mentioned expectations from the six new AIIMS. He then stated the objectives and focus of the conclave and the way forward with an action plan for the same.

After this address, brief presentations were made on the 6 focus areas by respective Directors of AIIMS or their representatives.

- ✓ **Group A** headed by Prof. Nitin M. Nagarkar, Director, AIIMS, Raipur, presented a brief on the RHTC and the baseline health survey.
- ✓ **Group B** headed by Prof. Sandeep Kumar, Director, AIIMS, Bhopal and MoU prepared by the group was circulated to the participants
- ✓ **Group C** headed by Prof. G.K. Singh, Director, AIIMS, Patna, presented on the CFM curriculum development, teaching methodology, teaching aids/materials and evaluation.
- ✓ **Group D** headed by Prof. Sanjeev Misra (could not attend due to unavoidable circumstances), Director, AIIMS, Jodhpur, presented on faculty development and focus areas of research
- ✓ **Group E** headed by Prof. A.K. Mahapatra, Director, AIIMS, Bhubaneshwar, presented on collaboration with institutions in India and abroad
- ✓ **Group F** headed by Dr. Raj Kumar, Director, AIIMS, Rishikesh, presented on setting up of UHTC and MoU with urban local bodies

Before breaking for tea, it was expressed that these presentations have set a tone for detailed group work to be carried out in the afternoon session. Accordingly, the participants were divided into six groups as it was worked out earlier under the chairmanship of one of the Directors of new AIIMS.

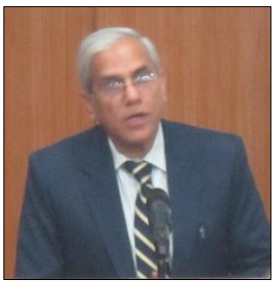
Inaugural Session

The Conclave was **inaugurated by Shri Keshav Desiraju, Secretary, Health and Family Welfare, GoI** in presence of **Prof. M.C. Misra, Director, AIIMS, New Delhi**; Mr. Sundeep K.Nayak, JS, PMSSY; Prof. Raj Kumar, Director, AIIMS Rishikesh and Prof. Jayanta K.Das, Director, NIHFW.

The inaugural programme was also attended by **HE Mr Francois Richier,** Ambassador of France to India; **HE Mr Harald Sandberg**, Ambassador of Sweden to India. **Dr. Loveleen Johri**, Sr. Health and Policy Advisor and Chief FSN Officer, US Department of Health and Human Services – South Asia Office and **Dr. Amy DuBois**, Health Attaché and Regional Representative for South Asia, US Department of Health and Human Services – South Asia Office in the US Embassy, New Delhi also attended. Country head and representatives from Futures group also attended the Conclave.

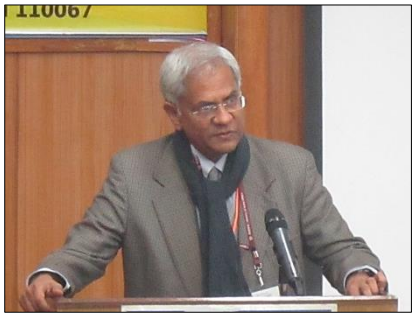
Prof. Jayanta K. Das welcomed all the dignitaries on the dais, participants and invited guests, Directors and faculty of other INIs, Ambassadors of France and Sweden, representatives from the US Government and partner agencies.

Mr. Sundeep K. Nayak, Joint Secretary, PMSSY briefed the audience on the objectives of the conclave along with the six focus areas.



Following this, **Prof. (Dr.) M.C. Misra**, Director AIIMS, New Delhi expressed his satisfaction over spearheading the idea behind the conclave under the leadership of the Secretary, MoHFW. He said that the conclave was being held at a very opportune moment wherein

India was burdened with emerging non-communicable diseases and the concept of general practitioners needed to be brought back. He said that the CFM can provide comprehensive care and timely referral, if required; and reiterated that it was important now to focus on the concept of family physicians and bringing the department of CFM in the forefront in this regard.



Shri Keshav Desiraju, Secretary, Health and Family Welfare, GoI and Chief Guest for the occasion, delivered the key note address. He expressed his immense pleasure for being present at the occasion as it represented a very aspiring attempt by the Central Government to strengthen both the medical education as well as the practice of health care. He complimented all the Directors of the new AIIMS for their immense hard work towards successfully carrying out the work at the new AIIMS. He emphasized that more efforts should now be laid on the curriculum design and teaching activities besides physical infrastructure. He also expressed hope that each AIIMS would develop its own path, structure and the academic content for both under-graduates and post-graduates. He said that earlier there was a very strong role of family practice, the importance of which has declined over a period of time. It is to be re-introduced at a large scale so as to take care of the need of the community, he stressed. He underscored the need to focus on and re-orient the MBBS students, by setting up benchmarks and standards in this field, and about the enormous possibilities represented by the Family Medicine in the whole gamut of healthcare. He also stressed on starting a two year MPH course in six new AIIMS, wherein there would be a need of faculty from different domains. He also brought to limelight the initiation of the Government to a 3-year under-graduate programme of Bachelor in Rural Medicine & Surgery so as to generate more and more public health professionals. Such professionals could then be employed at the level of Sub-centres performing a range of public health activities. He emphasized on publishing books on CFM. He stressed that the most important objective of focusing on public health and family medicine was to bring the patient back into focus. All this would also enable us to achieve Universal Health Coverage.

Dr. Ms. Bhupinder Kaur, IAS, CEO, Futures Group endorsed the viewpoint of the Health Secretary that research needed to be driven back in focus which generally was donor-partner-driven. She said that research at community level should be driven by community needs and stated that RHTCs and UHTCs were a step in the right direction and expressed her willingness/co-operation in conducting the baseline survey for the same.

Dr. Loveleen Johri from US embassy also supported the initiatives being proposed and taken for community health in this country. She proposed to be a part of the activities being put forth during this Conclave through partnership and collaboration, particularly for training of paramedics, nursing and other public health workers.

H.E. Mr. François Richier, Ambassador of France to India addressed the gathering saying that medical cooperation and CFM were important from the French perspective too. He informed that around 46 per cent of the doctors in France are in Family Medicine and added that India and France have identical challenges in health care sector on this account. Very optimistically, he suggested a number of options for collaboration in various domains viz. interventional actions in community health, exchange programmes for family physicians & general practitioners, setting up of dialogue on disease prevention, and partnerships through medical fairs & study tours. He proposed for collaborative public health initiatives through engagement in joint research projects, trainings/observership programmes and other pertinent activities. It is also mentioned that HE the Ambassador wrote to Secretary HFW pledging their commitment after the conclave.

H.E. Mr. Harald Sandberg, Ambassador of Sweden to India also addressed the gathering on this occasion. He conveyed his greetings and congratulations for setting up the new AIIMS in this country. He reiterated his country's continued support for collaborative actions in areas of mutual interest. In context of this Conclave, he proposed collaborations for setting up Schools of Public Health in the new AIIMS.

The inaugural session ended with the vote of thanks by **Prof. Raj Kumar,** Director, AIIMS, Rishikesh.

Post Lunch Session

Focus Group Discussions on six focus areas in six different groups

In the post lunch session, the groups deliberated on the respective focus areas post-lunch and came out with recommendations and plan of action which were presented next day.

Day 2: 19th December, 2013

Visit to CRHSP, Ballabgarh

Day started with a visit made to Comprehensive Rural Health Services Project (CRHSP), Ballabgarh of AIIMS, New Delhi. The senior residents presented details on the functioning of their rural field practice area and Health Management Information System. A discussion followed the presentations during which the participants clarified their doubts. This was followed by a visit to various areas of this facility including OPD, Ward, Laboratory, hostels, Branch Library, Research Project Room and ICTC.

Participants spent whole forenoon session there and after lunch, the groups reassembled and further amended their presentations.

Plenary Session

Presentation of Recommendations

Plenary session was co-chaired by Prof. Raj Kumar, Director, AIIMS, Rishikesh and Prof. Jayanta K. Das, Director, NIHFW along with Mr. Sundeep K Nayak, Joint Secretary, GoI. The groups presented their recommendations in order of the objectives.

The detailed reports of the focus groups are annexed (Annex: A to F).

Group A: Setting up of Rural Health Training Centre taking Block as a Whole

Recommendations related to this aspect are summarized as below:

I) Establishment of Rural Health Training Centre (RHTC)

RHTC may be called as **Centre for Rural Health AIIMS (CRHA)**, which will be under the total administrative control of the respective Director, AIIMS. The day-to-day control will be by the Head of the Department of CFM. Each AIIMS will have one CRHA and at-least one PHC.

II) Infrastructure

It is suggested to construct a Health Centre building, Residential quarters & training complex etc. on a land which might be allotted by state Government. A total area of one hectare (approximately) has been calculated (along with break-up details of various components) for this purpose.

III) Training Block

This will have two training halls (with seating capacity of 50 each) fully equipped with audio-visual aids and tele-video conferencing facilities, board room with capacity of 30 and computers for various training and research activities. It will also have one simulation center, bioinformatics center, digital library and community lab for 50 students.

IV) Residential facilities

This should have 30 units for post-graduate and senior residents, 30 units for interns, 30 units for nurses, 30 units for Group B & C employees, and 60 units for under-graduate students including foreign students. This should also have four units for faculty and a guest house with 10 rooms.

V) Services / Functions of CRHA

1. The CRHA will provide teaching and training experience to under-graduate and post-graduate students, nurses, interns etc. through field and clinic based activities.
2. It will provide comprehensive medical and health care services through clinic and domiciliary care. The CRHA will also provide technical support in disaster management.
3. It will promote community-based research on priority health issues.

VI) Treatment Algorithm

Development of treatment protocols for purpose of teaching and standardizing care.

VII) Manpower

Centre will have faculty at all levels for teaching and training in addition to other manpower as per IPHS standards. The Centre will be managed by faculty of the Department of CFM trained in Family Medicine. It has been estimated that the Centre will require a work force of approximately 143 regular employees; the services for house-keeping and security guards will have to be outsourced.

VIII) Equipment

Health centre equipment (including OT) to be specified

IX) Referral System

Develop an effective referral mechanism.

X) Future expansion

1. CRHA to serve as center of excellence in community and family medicine to develop strong national and international collaborations to promote research, teaching and training.
2. The Centre may also serve as nodal center for carrying out Public health training of various cadres of health workforce.

XI) Budget (approximately) for CRHA

A total cost of ₹ 33 crore has been estimated which includes a construction-related cost of ₹20 crore, equipment and furniture related cost of ₹12 crore, the costs related to remuneration of human resource and a cost of ₹1 crore for vehicles (one 55-seater bus, two ambulances and three 7-seater vehicles).

XII) Baseline Health Survey

This is to be carried out in the field practice area in the block identified by AIIMS. It is suggested to:

1. Develop a system that will be used for surveillance in future (DSS: demographic surveillance site)
2. Use of personal digital assistant (PDA) for data collection and geographic information system (GIS) for resource mapping etc.
3. Develop HMIS as an extension of baseline health survey.
4. Introduce qualitative component in this survey.

Draft tender document prepared by AIIMS Raipur in consultation with other new AIIMS was discussed and approved. The aim of the document is to identify the survey agency

Actionable points from the house after the presentation:

- Each new AIIMS to adopt tender document and float open tender for engaging the services of an agency to carry out base line survey in the RHTC block identified by the State Government under MoU between the new AIIMS and the State Government. It is to be approved within the budget of new AIIMS by SFC and other relevant bodies.
- Complete block to be taken up under MoU with State Government.

Group B: Entering into Memorandum of Understanding with State Government by new AIIMS for the RHTC

Brief overview:

Group B discussed in detail the framework of MoU. Consensus was reached after deliberation on pros and cons.

Recommendations related to prepare a draft MOU are summarized as follows:

LegalDocument:

Before any work is started, formal MoU has to be entered between new AIIMS and State Government. MoU is to be placed before SFC and IB for approval by each new AIIMS.

Draft MoU approved in the Conclave and recommended is at **Annex B**.

Terms of agreement:

A detailed discussion was held on this matter and a consensus was that ten years may be the time period for which the MoU should be valid, and, automatically extended for further periods of five years each time unless terminated by either side with a notice period of six months in writing and subject to approval of competent authority that is Institute Body.

Area of Land of RHTC:

It would be desirable to have land area of 3-5 Acres depending on availability.

Hostel facility:

A detailed discussion was held on the hostel facility and a consensus was reached that hostel should have unisex building with each floor having two bedroom flats for MO I/C and married residents and two bedded rooms / four bedded rooms with attached toilets.

NRHM FUNDS:

NRHM (now NHM) funds should be leveraged under the relevant PIP of the state for service delivery at RHTCs by new AIIMS.

Location OF RHTC:

Location has to be mutually agreed between new AIIMS and State Government and also identified in the MoU. To start with only single location covering full Block should be taken up. Minimum requirements should be:

- It should have reasonable rural and tribal population in the Block and accessible.
- Link upwith CHC is considered, however, in those institutes where CHC is very far away an alternative facility can be considered.

Number of PHC's to be undertaken in a Block:

There is a need to create new posts for RHTC.

Draft of MoU:

The draft of MoU was discussed and changes were made according to the suggestions. It was discussed that the areas of dispute are primarily on administrative control and the estate issues. Therefore the MoU would focus on these areas primarily.

Actionable points from the house after the presentation:

- MoU should be focusing on establishing the RHTC.
- Ownership of the land must be given to Union government of India before the construction of the building is started.
- There is a need to build RHTC by AIIMS (keeping in mind to prevent the duplication of health facilities in an area) instead of using a government building on lease. There is a need to sign a MoU for collaborating with the State Government.

Group C: Curriculum Development of Community and Family Medicine for AIIMS

Recommendations related to curriculum development are summarized as follows (Details are at annexure C).

Training in Community & Family Medicine would be undertaken in 3rd, 4th, 6th, 7th, 8th and 9th semesters(final examination).

Medical graduates will acquire core competencies forcommunity physician, leader, manager, communicator, researcher, health advocate, professional etc. These competencies will be achieved through skills in history taking & clinical examination, diagnostic procedures, therapeutic procedures, general aspects of practical procedures etc. as shown in **annexure C.**

Foundation course in 1st semester will cover medical ethics**,** effective use of computer in medicine**,** interpersonal communication and first aid, integration with other departments along with visit to CHC. It was proposed in the core group that in first semester 15 days visit to village can be considered to orient the fresh students for village problems and community and family medicine. Totaltime allotted for foundation course will be 15 hours.

Topics to be covered in theory as well as for practical examination for medical graduates were discussed and agreed upon by the faculty members **(Annexure C).** Proposed methodology for teaching the various components of syllabus was discussed in conclave. Total 490 hours were proposed for teaching of Community and Family Medicine to undergraduate students.

Teaching methods used for under graduate students would be didactic lectures, demonstrations, group exercises, museum study, field visits, and visits to public health institutes, use of electronic media,case presentations, seminar, integrated teaching, observation, role plays, PLA/PRA techniques, projects and use of public health laboratory.

For evaluation exams will be conducted at the end of 4th semester, 6th semester, 8th semester and 9th semester. Final exam will be of 300 marks (Theory and Practical 150 marks each). Internal assessment and final examination would be in the ratio of 50:50.

Actionable points from the house after the presentation:

- Internal assessment should be reduced to 30 percent for the evaluation purpose.
- Internal assessment should be finalized in concurrence with faculty of other subject also.
- More focus should be given to communication skills.
- Level of skill and competency should be defined in the curriculum like able to do or must know or nice to know.

Group D: Faculty Development including Focus Areas of Research

Recommendations related to each of these components are as below:

I) For strengthening necessary clinical skills, the faculty needs to be suitably trained in the following:

1. Service delivery
2. Management & communication skills
3. Medical education including research methodology
4. Training in Public Health

- Identification of focus areas for developing Centers of Excellence and building the necessary competencies in the faculty.
- Various modules available at Ministry of Health & Family Welfare for training of Medical Officers will be utilized for the training.
- A textbook on Community and Family Medicine is planned to be published. This book will be uploaded on the website of MoHFW. For disseminating the research conducted at the INIs, it is recommended that a Scientific Journal by the name of "Indian Journal of Community & Family Medicine" may be attempted.

Focus areas of research:

The research should address:

- Epidemiology
- Health System Research
- Operational Research
- Clinical Trials

Actionable points from the house after the presentation:

- A separate module should be developed for inter-personal relations.
- All the faculty members will attend a course on teacher's training at NTTC, JIPMER Puducherry in the 1st quarter of 2014.

Group E: Collaboration with other institutions in India and abroad in the context of setting up of School of Public Health at each new AIIMS

Recommendations have been summarized as below:

Terms of Reference were sub divided into two parts:

Part A: Collaboration with other institutions In India and abroad

Components of collaboration: the possible areas for institutional collaboration:

1) **Teaching & training:**

Collaboration needs to be established between INIs and International institutes, state level institutes or professional bodies.

a) **International level collaboration**:

- Faculty from INIs can be deputed to globally renowned public health institutes. Similarly, expert faculty from international institutions may be invited.
- France, US and Sweden have already expressed their interest in collaboration with new AIIMS in public health arena by participating in Conclave. Other countries such as Cuba, Sri Lanka, Thailand, Singapore, China, Japan, Canada, Australia, UK etc. could be considered.
- Exposing post-graduate students to internationally renowned institutes for training and research.
- Distance learning with National & International renowned institutes
- Fellowship programmes, short courses or refresher courses.

b) **National Collaboration:**

- Exchange of knowledge and expertise between various AIIMS and national institutes

c) **Local/ Regional level collaboration:**

- Strengthening State level institutes in training and research and collaborating with other health services.

2. **Research**:

   a) **International collaboration:** Multi-centric studies, arranging funds, technical support and mentoring.

   b) **National collaboration:**
   Publishing a **medical journal**, organizing seminars, workshops, symposia and identifying focus areas of research

   c) **Regional/ Local collaboration:** Monitoring and evaluation of the programs and conducting joint research activities.

3. **Service delivery**
   a) **International collaboration:** Sharing of good practices and experiences.
   b) **National collaboration**: Regular health surveys to assess the changing health scenarios and impact of public health interventions.
   c) **Regional/Local collaboration:** Providing consultation, advocacy, policy formulations, and evaluation of different state level programs.
   d) **Collaboration with professional bodies:** Providing nationwide network.

4. **Role of Development partners:**
   The development partners will help the INIs in the area of bringing new technology, global experiences and expertise.

Part B: Setting up of School of Public Health at each new AIIMS / INIs

1. Schools of Public Health with multi-specialty and multi-disciplinary (broad based) focus, be headed by a Chief. As a part of Mentoring program, inputs from National & International Public Health Institutes to be incorporated and study visit by AIIMS representatives may be made to the same institutes.
2. Collaboration with other institutes should focus on exchange in direction of :
   - Technology transfer
   - Capacity building
   - Skill transfer
3. National Advisory Committee could be constituted to mentor and advice functionality of School of Public Health from time to time.

Actionable points from the house after the presentation:

- While collaborating with other countries and organizations, specific needs of the respective AIIMS should be kept in mind
- New AIIMS may take up already approved JIPMER model of School of Public Health and adapt it to their situation. Currently the draft proposal of establishing the school of Public health at AIIMS Raipur is already under submission.

Group F: Guidelines for the establishment of Urban Health Training Centers and MoU with urban local bodies

Recommendations related to these components are summarized below.

1. **<u>The establishment of Urban Health Training Centers</u>**

- **Expected skills and competency of undergraduates** throughcompetency in diagnosis and management of ailments at primary level in urban community, understand the medico-social problems of patients attending OPD at UHTC, familiarity with the basic factors which are essential for the implementation of the National Health Programmes etc.

- Urban Health Training Centre Administrative Guidelines Criteria for choosing urban health training centre. Existing & functional health facility, urban settlements/ slums/ semi urban/ underserved areas. Provision of standard medical practices including biomedical waste management, transport facility, user charges as per state guidelines.

- **UHTC activities** such as comprehensive health care teaching and training and research.

- **Patient care**: OPD services including MCH care special clinics, basic laboratory services; medical care linked with national programmes, health education and referral services etc.

- Teaching and training in relation to comprehensive health care family health advisory services family health recordsetc.

- **Research at the UHTC** A baseline survey will be conducted on the population covered, urban health registries, social and health issues, epidemiological trend.

- Manpower: Centre will have faculty for teaching & training and other para medical and support staff as per norms.

2. Memorandum of Understanding

- State Government will provide already **existing & functioning urban health** centre to AIIMS for a minimum period of 5 years.
- HOD C&FM, AIIMS will be the administrator for executing all the administrative functions of UHC
- **Repair, additions and alterations to the building** if any during this period will be carried out by the AIIMS authorities.
- All the human resource as per the existing norms for the Urban Health Centre.
- **Rent Free "government building**" The charges of water and electricity would be borne by AIIMS.
- National Health Programmes would be implemented by the state government.
- Any **punitive action/award** to staff can be carried out by combined committee including DG, Health and Family welfare and nominee of Director, DDA,HOD C&FM.
- **Jurisdiction** any disputes, claim arising out of this agreement are subject to arbitration and jurisdiction of courts.

Actionable points from the house after the presentation:

- UHTC should have its own administrative control.
- Any punitive action and administrative control should go hand in hand.

Valedictory Session

The valedictory session was held in the evening and was chaired by **Mr. C.K. Mishra, Additional Secretary**, MoHFW, Government of India. **Dr. Raj Kumar** gave a brief recap of the discussion held over the last two days and briefed the house about the future course of action. Additional Secretary in his remarks appreciated the work put in over these two days and complemented all the participants for coming out with the actionable points. He emphasized that the MOHFW was looking forward to quality output from the new AIIMS and similar efforts like this conclave would go a long way in getting there. This was followed by vote of thanks by Prof. Jayanta K. Das.

FINAL RECOMMENDATIONS

1. Each AIIMS should initially establish a Rural Health Training Centre in the name of **Centre for Rural Health AIIMS (CRHA)** and an **Urban Health Training Centre (UHTC)** each by adopting one of the functioning centres by utilizing the same infrastructure for this purpose and later on establish its own set up as per its specific requirements. Detailed plan for infrastructure, equipment and human resource has been worked out during the conclave but it still needs to be finalized for further action. Also, costing related to the same needs to be more clearly defined.

2. These centers will be under the total administrative control of the respective Director, AIIMS. The day-to-day control will be by the Head of the Department of CFM. Each AIIMS will have at-least one PHC under this CRHA.

3. To start with the infrastructures one of the running centers each to be adopted for this purpose and later onto establish its own set up along with residential quarters, training complex etc. Detailed draft plan for infrastructure, equipment and human resource that has been worked out during the conclave needs to be finalized for further action. Also, costing related to the same needs to be more clearly defined.

4. Broad format of MoU between AIIMS and respective State Govt. for CRHA and UHTC needs to be laid down in relation to duration, legality and land. To start with the time period for the MoU should be valid for ten years and automatically extended for further period of five years each time, unless terminated by either side with a notice period of six months in writing and subject to approval of competent authority that is Institute Body.

5. Curriculum Development: There is a need for designing a detailed Curriculum and the broad guidelines, which should clearly specify the norms, hours of teaching, methods of teaching and methods of evaluation/assessment of the students. The component of Family Medicine should be clearly defined and linked with the envisaged competencies.

6. Necessary actions to be taken for Faculty Development. Faculty need to be suitably trained for strengthening their skills on service delivery, Management & communication skills, Medical education including research methodology, Training in Public Health etc. On regular basis, Teacher's training at National Teacher Training Centre (NTTC), JIPMER Puducherry for further enhancement of skills is recommended.

7. Efforts to be made to Identify focus areas to develop Centers of Excellence. A separate module needs to be developed for inter-personal relations.

8. Process should be initiated for starting a scientific Journal for disseminating the research conducted at the INIs.

9. A textbook on Community and Family Medicine should be published.

10. National and International level collaborations need to be established. Agencies and development partners need to be identified by each AIIMS for collaborations in the areas of research, teaching and training.

11. Greater emphasis should be laid on establishment of School of Public Health by the six new AIIMS for which JIPMER model may be followed.

12. Efforts already made or ongoing in the area of Family Medicine in the country should be studied and examined in detail.

ANNEXURES

Annexure: A

Recommendations of Task Force on Setting up of Rural Health Training Centre taking Block as a Whole

Focus Group on "Setting up of Rural Health Training Centre taking Block as a Whole"

The setting up of RHTC taking Block as a whole will aim at establishing a model RHTC to promote community-based teaching and training to medical, nursing and paramedical students and other personnel of health team; integrate comprehensive secondary and primary level healthcare with the tertiary health care; promote partnerships with the community in all aspects of health care; and promote community-based research. For deliberating on this topic, the following group was constituted:

Focus Group members:

1. Dr. Nitin M. Nagarkar, AIIMS, Raipur *(Chairperson)*
2. Dr. B.S. Garg, MGIMS, Sewagram, Wardha
3. Dr. Gautam Roy, JIPMER, Puducherry
4. Dr. Abhiruchi Galhotra, AIIMS, Raipur
5. Dr. Sanjay Pandey, AIIMS, Patna
6. Dr. AnjanGiri, AIIMS, Raipur
7. Dr. Preetam Mahajan, AIIMS, Bhubaneshwar
8. Dr. AbhijitPakhrae, AIIMS, Bhopal
9. Dr. Rahul Shrivastav, AIIMS, New Delhi
10. Dr. Amit Kumar Gupta, NIHFW, New Delhi.

The overall goal of this task would be to establish a model RHTC. The conclave provided an opportunity for experts from AIIMS and other INIs to discuss at length various components of establishing a model RHTC.

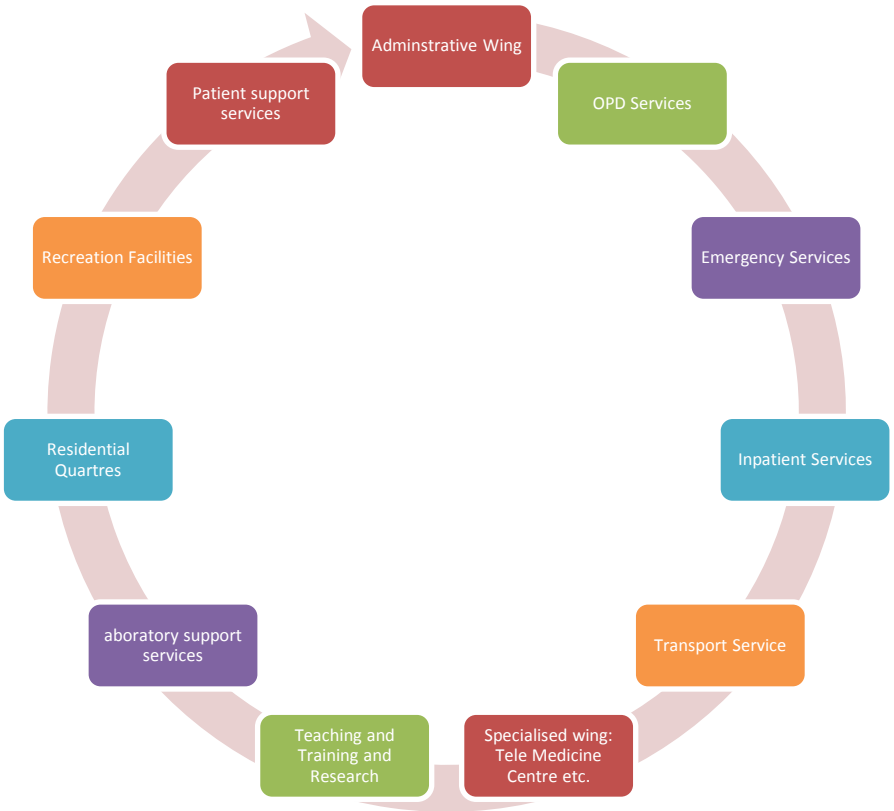
Recommendations related to each of these components are summarized below:

I) Establishment of Rural Health Training Centre (RHTC)

RHTC may be called as **Centre for Rural Health AIIMS (CRHA).** It is envisaged that this CRHA will be under the total administrative control of the Director. The day-to-day control will be with the Head of the Department of CFM. Each AIIMS will have one CRHA and at-least one PHC.

II) Infrastructure

It is suggested to construct a Health Centre building, Residential quarters & training complex etc. on a land which might be allotted by state Government. Detailed proposal is to be submitted within 4 weeks by the group.



Components	Desirable area (approximate)
Inpatient services (includes 30 beds to start with and 30 more during future expansion)	5100 sq.mt build-up area. (At the rate of 80 to 85 sq.mt per bed)
Labour room (includes 10 post-partum beds)	850 sq.mt
OT room (includes 10 post op beds)	850 sq.mt
Hospital Service building	500 sq.mt
Emergency services	200 sq.mt
OPD services	400 sq.mt
Administrative wing	1000 sq.mt
Specialized wings	60 sq.mt
Diagnostic & Public health Laboratory	500 sq.mt
Training block	200 sq.mt
Residential quarters	34000 sq.mt
Recreation wing	200 sq.mt
Patient facilities	250 sq.mts
Parking	500 sq.mts
Landscaping	500 sq.mts
Future expansion	2000 sq.mts
Total area	10,000 Sq.mts (1 Hectare) (considering vertical expansion upto two floors for some of the components)

III) Training Block

This will have two training halls with seating capacity of 50 each fully equipped with Audio visual Aids and tele-video conferencing facilities, board room with capacity of 30 and computers for various training and research activities.

It will also have one simulation center, bioinformatics center, Digital Library and Community lab for 50 students.

IV) Residential facilities

This should have 30 units for post-graduate and senior residents, 30 units for interns, 30 units for nurses, 30 units for Group B & C employees, and 60 units for under-graduate students including foreign students. Four units for faculty and a guest house with 10 rooms.

V) Services / Functions of CRHA

4. The CRHA will provide teaching, training experiences to under-graduate/post-graduate students, nurses, interns etc. through field and clinic based activities.
5. It will provide comprehensive medical and health care services through clinic and domiciliary care. The CRHA will also provide technical support in disaster management.
6. It will promote community based research on priority health issues.

VI) Treatment Algorithm

Development of treatment protocols for purpose of teaching and standardizing care.

VII) Manpower

This centre will have faculty at all levels for teaching and training in addition to other manpower as per IPHS standard. The Centre will be managed by faculty of the Department of Community & Family Medicine, trained in Family Medicine.

Manpower category	Number
Professor in charge	1
Additional professor	1
Associate Professor	1
Assistant Professor	4
Senior Resident (includes clinical & diagnostic departments)	12
Public Health Nurse #	1
Physiotherapist	1

Manpower category	Number
Dental Surgeon	1
General Duty Medical Officer	10 (4 lady doctors)
Medical Officer - AYUSH	1
Nurse in-charge	1
Staff Nurse	24
Pharmacist	2
Pharmacist – AYUSH	1
Lab. Technician	3
ECG technician	1
Health Educator	2
X ray technician	1
Nutritionist/ Dietician	1
Environmentalist/ GIS technician	1
Entomologist	1
Ophthalmic Assistant	1
Dental Assistant	1
OT Technician	4
Blood storage Technician	1
CSSD Technician	2
Multi Rehabilitation/ Community Based Rehabilitation worker	1
Counselor	1
Audiometry Technician	1
Sanitary Inspector	1
Medico social worker	2
Administrative officer	1
Accountant	1
Registration Clerk	1
MRD officer	1
Audio visual Technician	1
Artist	1

Manpower category	Number
Statistical Assistant/ data entry operator	2
Administrative Assistant	1
Store officer	1
Dresser (certified by Red cross/ St Johns Ambulance	2
Ward boys/ Nursing orderly/	10
lab attendant	5
OT attendant	5
Driver *	6
Plumber cum mason	1
Electrician	1
Gardener	1
Cook	6
Laundry	4
Housekeeping (outsource)	As required
Security guard (outsource)	As required
Librarian	2
Caretaker for hostels	4
Total	**143**

VIII) Equipment

a) Health centre equipment (including OT) will be specified in the main document (to be submitted within 4 weeks)

b) Robust Geographic Information system (GIS) tailored towards the specific needs of CRHA to be implemented.

c) Develop a health management Information System (HMIS) to support training and teaching, research and evidence based health care interventions.

IX) Referral System

Develop an effective referral mechanism.

X) Future expansion

1. CRHA to serve as center of excellence in community and family medicine.
2. To develop strong national and international collaborations to promote research, service and teaching/training.
3. The Centre may also serve as nodal center for carrying out Public health training of various cadres of health workforce.

XI) Budget (approximately) for CRHA

1.	Construction related cost	:	Rs. 20 crores
2.	Equipment and furniture	:	Rs. 12 crores
3.	Salary related cost	:	As required
4.	Bus (one-55 seater), Ambulances (two), 7-seater vehicles (three)	:	Rs. 1 crore
	Total estimated cost	**:**	**33 crores**

XII) Baseline Health Survey

To be carried out in family practice area in the block identified by AIIMS.

1. Develop a system that will be used for surveillance in future (DSS: demographic surveillance site)
2. Use PDA for data collection and GIS for resource mapping etc.
3. Develop HMIS as an extension of baseline health survey.
4. Introduce qualitative component in this survey.

Develop a tender document for identifying the survey agency.

Annexure: B

Memorandum of Understanding (MoU)
to establish Rural Health Training Centre
between
Government of .....and AIIMS .....

This agreement is made on this (Date in words) of (Month), 2014 between the All India Institute of Medical Sciences,……, through ……(name), Director AIIMS ....., duly authorized by competent authority, (hereinafter called the AIIMS……..which shall include its legal representatives and assignees) on the one part and the …….. of ……(hereinafter called the State Government which shall include its legal representatives and assignees) on the other part.

- Whereas the Government of ……and the AIIMS ..... have agreed to cooperate for a period of ten years and automatically extended for further period of five years each time, unless terminated by either side with a notice period of six months in writing and subject to approval of competent authority that is Institute Body, in provision of rural secondary and primary healthcare through establishment of a "Rural Health Training Centre (RHTC)" at…… catering to the full Block of …….. as catchment area, in ……..district.

The RHTC has the following objectives

1. **Conduct teaching and training** of medical, paramedical students and health professionals of AIIMS …….., other colleges and state health services
2. Provide **comprehensive secondary and primary level healthcare** to the community
3. **Conduct community-based research** and generate evidence to inform health policy and practices in accordance with the mandate of the Institute.
4. Establish a model rural health centre that may be replicable in achieving the above objectives.

This agreement witnesses the following:

In pursuance of the said agreement, the Government of .....through its Chief Secretary and AIIMS ..... through its Director AIIMS agree to:

1. The State Government shall allow the use of existing CHC/PHC and other affiliated ancillary building(s), staff quarters if available, for use of authorized AIIMS staff under the supervision of head of the department of Community and Family Medicine of AIIMS..... at ..... for the period of validity of this MoU.
2. The State Government shall provide a state-owned, clear from all encumbrances, a piece of land measuring 5-10 acres in close vicinity of the existing CHC/PHC to AIIMS ..... This land would be allotted to AIIIMS …. Through Ministry of Health & Family Welfare Govt of India, free of cost.
3. The state government willingly allows the AIIMS ..... through its funds obtained from the Ministry of Health and Family Welfare, GoI to construct a suitable building(s) that will serve to develop a suitable rural health care centre conferring to the Indian Public Health Standards. AIIMS would also be allowed to create a residential facility for undergraduate & postgraduate medical and paramedical students as well as residential quarters for faculty members and staff within the same premises..... There shall also be facilities for training and recreation. The AIIMS officials shall fully abide by the statutory regulations related to land use and building construction of Government of .....
4. The ownership of the existing building(s), fixtures and furbishing would that be of the Government of .....The ownership of all the movable assets and furnishings will that be of the AIIMS .....
5. The administrative control of this building and the allotted plot of land will be that of AIIMS..... who will be responsible to deploy the necessary human resources for the upkeep and safety of the estate.
6. The AIIMS.... will erect, integrate and pay for the services like water supply, sewage treatment, electricity, internet and other IT provisions.
7. The existing CHC/PHC will continue to enjoy complete patronage of the State Government. All the existing medical, paramedical and other staff of the CHC/PHC shall be under the administrative control of Director AIIMS..... or her/his nominee.
8. The existing CHC/PHC will continue to carry on its usual business of clinics and outreach as per the mandate of the State Government. The AIIMS officials shall deploy paramedical staff, resident doctors, MOs and faculty of the department of Community and Family Medicine and other departments to participate in

healthcare provision at CHC/PHC. This activity will be carried out in complete agreement between the local officials. Any dispute in carrying out the above normal and routine work will be resolved amicably between the faculty and the CMO of the district or AIIMS director and the Director, Health Services.

9. The RHTC may take several months to be created. Therefore, in the interim period the CHC/PHC shall play a greater role to accommodate the AIIMS staff and facilitate the first phase teaching and training of medical / nursing students in consultation with the local officials, locally available facilities etc.
10. The routine supplies and funds normally allocated to the CHC/PHC and its sub-centres by the State Government should continue to remain the same for next 12 years up until this MoU is superseded by another MoU.
11. The State Government in its normal course shall intimate about the transfers and postings of its medical and paramedical staff posted at CHC/PHC to the head of the department of Community and Family Medicine AIIMS ..... Similarly the HoD CFM shall always inform about the manpower deployed at the CHC/PHC or RHTC to CMO of the district.

Thus

The responsibilities of the State Government will be

1. To allow the use of a mutually agreed CHC/PHC for the purposes and objectives described above for AIIMS .....
2. To provide a piece of land on lease to AIIMS ..... in close vicinity of the said above CHC/PHC.
3. To allow construction of an above described rural health centre on this land the cost of which would be borne by AIIMS .....
4. To facilitate teaching, training and research in partnership with AIIMS .....
5. To provide the transport of its staff, patients, supplies, equipment and any other materials regularly / usually required at the CHC/PHC

The responsibilities of AIIMS .....will be

1. To maintain the equipments and other infrastructure available at the CHC/PHC
2. To work in complete understanding of the sensitivity of the local population.
3. To follow the land laws and the building regulations in the construction and the upkeep of the RHTC

4. To regularly pay all the dues for the services (water, electricity, IT etc) hired for the building (s) constructed by AIIMS .....
5. To provide the transport of its staff and students, patients, supplies, equipment and any other materials needed at centre
6. AIIMS ..... shall have sole rights on the intellectual property, patents and authorship of the research conducted at the CHC/PHC or RHTC on the subjects and the material obtained locally or even through the state resources. The state Government however, shall be duly acknowledged and should be the direct beneficiary of such findings.

The details of this project shall be planned jointly by the appropriate representative of the AIIMS..... and the Government of ……(State). The annual meetings (at least once a year) will be held between the Director, AIIMS ..... and Director, Health Services, ..., or their representatives to study the progress of the project and remove any difficulty in its implementation. The convener will be the senior representatives of AIIMS .....from the department of Community & Family Medicine. In the annual meeting the Annual Report will be reviewed and necessary modifications in the implementation of the project made on the basis of the past experience.

The term of this agreement may be extended beyond 10 years and automatically extended for further period of five years each time, unless terminated by either side with a notice period of six months in writing and subject to approval of competent authority that is Institute Body.

All disputes and differences between the parties hereto concerning any clause or matter herein contained or the contravention of any provision thereof or the rights and liabilities of the parties hereto and hereunder otherwise touching this deed or the subject matter hereof shall be referred to the sole arbitration of the Health Secretary to Government of India, acting as such at the time of references. It will be no objection to such appointment that the arbitrator appointed is a Government servant, or that he has to deal with the matters, to which this deed relates or that in the course of his duties as such Government servant, he has expressed his views on

all or any of the matters in dispute or difference. The award of the arbitrator shall be final and binding on the parties hereto.

In witness whereof the parties to this deed have signed on the dates respectively mentioned under their signatures.

Director

All India Institute of Medical Sciences

.....

Under Secretary

Government of .....

Under Secretary to Chief Secretary

Government of .....

Annexure: C

Recommendations of Task force on Curriculum Development of Community Medicine and Family Medicine

GROUP LEADER

- Prof. G. K. Singh, Director, AIIMS- Patna

MEMBERS –

- Dr Surekha Kishore, AIIMS, Rishikesh
- Dr PankajaRaghav, AIIMS, Jodhpur
- Dr ManishaRuikar, AIIMS, Raipur
- Dr Neeraj Agarwal, AIIMS, Patna
- Dr Sonu H Subba, AIIMS, Bhubaneshwar
- Dr ArunKonkane, AIIMS, Bhopal
- Dr Bari, AIIMS, New Delhi
- Dr. Sonali Sarkar, JIPMER
- Dr Sanjay Gupta (NIHFW, New Delhi)
- Dr. Pawan Kumar (NIHFW, New Delhi)

Goal

To ensure that the medical graduate has acquired competencies needed to solve health problems of the community with emphasis on health promotion, disease prevention, and cost-effective interventions and follow-up i.e. “To prepare the student as a *Community Physician* at the completion of course”.

Specific Objectives:

1. Able to think epidemiologically, diagnose totally, treat comprehensively and be able to function as community physician at different levels of health care delivery in public and private sector.
2. Able to apply the skills to recognize and manage common health problems including their physical, emotional and social aspects at the individual, family and community levels and deal with public health emergencies.
3. Able to perform as an effective leader and manager of health team
4. Able to improve health related behavior of the community as a health advocate
5. Participate or conduct actively epidemiological studies/research
6. Participate actively in health care service for special groups

7. Participate actively in investigation of epidemics of various diseases and other public health emergencies
8. Participate actively in implementation of National Health Programmes
9. Inculcate values like compassion, empathy, rational and ethical practice

MODIFICATIONS SUGGESTED

Training in Community & Family Medicine is undertaken in the following semesters:

- 3 semester
- 4 semester
- 6 semester
- 7 semester
- 8 semester
- 9 semester final examination

Core competencies of medical graduates:

- Community physician
- Leader
- Manager
- Communicator
- Researcher
- Health advocate
- Professional

These competencies will be achieved through skills specified under each heading in the document subsequently.

Foundation course (1st semester):(15 hours)

- Medical ethics
- Effective use of computer in medicine
- Interpersonal communication and
- First aid- Integration with other departments.
- Visit to CHC

Semester	Topics to be covered in theory	
3	Health & Disease Health Education &Communication Skills Sociology & Psychology	Nutrition Environment
4	Demography Biostatistics Epidemiology Screening	Family Medicine 1 - Introduction to & characteristics of FM - Periodic Health Review
6	MCH Communicable Diseases	Family Medicine 2 -Symptoms & diagnosis in FM - Referrals in FM -Emergencies in Family Practice
7	Non Communicable Diseases Occupational Health Planning & Management	Family Medicine 3 -Doctor-patient relationship -Continuity of care/Substance abuse/Family Violence -Ethics in Family Practice
8	Health Care of the Community Health Delivery System International Health	Family Medicine 4 -Palliative Care -Practice management and audit
9	Integrated Seminars and Exams	

Semester	Topics to be covered & considered for practical	Topics to be covered & considered for practical
3	Health & Disease - M/FV Sociology - FV/FS Communication - RP Environment FV/FS	Nutrition – ODA/DS Psychology - FV/RP
4	Health Education & Communication Skills RP/Demos, Demography	Epidemiology & Screening - W/GE , Biostatistics Family Medicine 1 -- FV
6	MCH—FV/CS/MS	Communicable Diseases – CS/MRP/S Family Medicine 2 - FV
7	Non Communicable Diseases – RP/FVCS Occupational Health - FV Planning & Management- -GE	Family Medicine 3 – FV/FS
8	Health Care of the Community – FV Health Care Delivery System - FV International Health --	Family Medicine 4 -- FV &Fam Study & RP
9	Exams	
Methodology	FV-fieldvisits,M-museum,FS-family study/D-Demo/RP-Role Plays,S-Seminar, CS-Case Studies/S-Seminar	DS-Dietary Survey,ODA-Own Dietary Survey,W-Workshop, GE-Group Exercise

Teaching hours: 490 hours

Semester	Hours (LGT)	Hours (SGT)	Hours (Clinical Posting)	Hours (Total)
3rd	20 (1 hour per week)	40 (2 hours per week)		60
4th	20 (1 hour per week)	40 (2 hours per week- FHAS)	60 (5 days a week, 3 hours per day for 4 week- UHTC)	120
5th	0	0		0
6th	20 (1 hour per week)	0	0	20
7th	0	0	6 weeks residential postings at RHTC in batches of four (25 students each)	210 (5 days a week, 7 hours per day for 6 week)
8th	40 (2 hours per week)	0	0	40
9th	40 (2 hours per week)	0	0	40

Teaching Methodology

Didactic lectures	Case presentations
Demonstrations	Seminars
Group exercises	Integrated teaching
Museum study	Observations
Field visits	Role play
Visit to public health institutes	PLA/PRA techniques
Use of electronic media	Projects
	Public health lab

Evaluation

Exams-At the end of 4th semester

At the end of 6th semester

At the end of 8th semester

At the end of 9th semester

Total of 300

Final exam (300 each in theory & practical)

Determining / Ranking the skills required by Medical graduate:						
Core competencies	**S. No.**	**Skills**	**Must be able to do**	**Should be able to do**	**Nice to be able to do**	**Not Required**
Community physician	**History taking & Clinical Examination**					
	1	History taking				
	2	Performing a full physical examination				
	3	Performing a full mental-state examination				
	4	Pre-operative assessment of patients				
	5	Making clinical decisions based on the evidence gathered				
	6	Assessing a patient's problems				
	7	Forming plans to investigate and manage a patient's problems				
	Diagnostic procedures					
	8	Interpreting the results of commonly used investigations				
	9	Carrying out basic respiratory function tests				

	10	Measuring body temperature				
	11	Measuring blood Pressure				
	12	Measuring pulse rate				
	13	Trans-cutaneous monitoring of oxygen saturation				
	14	Venepuncture				
	15	Managing blood samples correctly				
	16	Taking blood cultures				
	17	Measuring blood glucose				
	18	Managing an electrocardiograph monitor				
	19	Performing and interpreting a 12-lead electrocardiograph (ECG)				
	20	Basic respiratory function tests				
	21	Urinalysis				
	22	Advising patients on how to collect a mid-stream sample of urine				
	23	Taking nose, throat, skin swab				
	24	Nutritional assessment				
	25	Pregnancy Testing				
	Therapeutic procedures					
	26	Administering oxygen				
	27	Administering a nebuliser correctly				
	28	Establishing peripheral intravenous access and setting up an infusion; use of infusion				
	29	Making up drugs for parenteral administration				
	30	Dosage and administration of insulin				
	31	Subcutaneous and Intramuscular injections				
	32	Blood transfusion				
	33	Catheterisation				

	34	Instructing patients in the use of devices for inhaled medication				
	35	Use of local anaesthetics				
	36	Skin suturing				
	37	Wound care and basic wound dressing				
	38	Correct techniques for 'moving and handling', including patients				
	General aspects of practical procedures					
	39	Giving information to patient about procedure, obtaining informed consent and ensuring appropriate after care				
	40	Hand washing (including surgical 'scrubbing up')				
	41	Use of personal protective equipment (gloves, gowns, masks)				
	42	Infection control in relation to procedures				
	43	Safe disposal of clinical waste, needles and other 'sharps'				
	44	Dealing with emergency care situations				
	45	Writing safe prescriptions for different types of drugs				
	46	Calculating drug dosages				
	47	Filling MCCD (Medical Certification of Cause of Death)				

	48	Recognising and managing the acutely ill patients				
Communicator	1	Counseling				
	2	Interview skills				
	3	Communicating clearly, sensitively and effectively with patients and relatives				
	4	Communicating effectively with colleagues from a variety of health and social care professions				
	5	Communicating with patients who have mental illness				
	6	Communicating with individuals who cannot speak English, including working with interpreters				
	7	Breaking bad news to patients and/or relatives				
	8	Dealing with difficult and violent patients				
Collaborator/ Epidemiologist	1	Epidemiological Skills				
	2	Identifying appropriate situations in which to seek help from a senior colleague				
	3	Asserting and expressing views clearly to colleagues				
	4	Respecting the roles and expertise of other health				

		and social care professionals				
	5	Able to work effectively with colleagues with different lifestyles, backgrounds or religions				
	6	Disaster management skills				
	7	Skills about comprehensive care at individual, family and community levels				
	8	Proficiency in national health programmes				
	9	Outbreak investigation ability				
Manager/ leader/ administrator	1	Problem solving skills				
	2	Health Planning				
	3	Working as part of a team with other healthcare professions				
	4	Demonstrating effective leadership skills				
	5	Decision making skills				
	6	Managing time effectively				
	7	Prioritising tasks effectively				
	8	Responsibility: Ability to be accountable for the outcomes of personal and professional actions				
	9	Effective use of Time and Resources				

Health Advocate/ Health educator/ teacher	1	Knowledge to address common causes of morbidity & mortality				
	2	Applying the principles of promoting health and preventing disease				
	3	Applying the principles of holistic care				
	4	Primary care provider				
	5	MCH care				
	6	Health education				
	7	Expertise in environmental health				
	8	Expertise in occupational health				
	9	Entomology skills				
	10	Biomedical Waste management skills				
Scholar/ Researcher/ Statistician	1	Applying core medical and scientific knowledge to individual patients, populations and health systems.				
	2	Applying knowledge of patient lifestyle, background or religion that may influence diagnosis and management of the patient				
	3	Integrating scientific principles into clinical practice				
	4	Gaining knowledge of legal and ethical issues (e.g. Acts related to				

		Health)				
	5	Applying knowledge of alternative and complementary therapies and how these may affect other treatments				
	6	Identifying own learning needs				
	7	Describing the aetiology, pathology, clinical features, natural history and prognosis of common and important illness.				
	8	Ability to access medical and scientific literature				
	9	Ability to critically appraise medical and scientific literature.				
	10	Applying evidence from the medical and scientific literature				
	11	Applying knowledge of common scientific methods to formulate relevant research questions and select applicable study designs.				
	12	Applying knowledge of social and psychological factors on patients' health and care				
	13	Able to demonstrate a commitment to excellence				
	14	Able to maintain and				

		enhance professional activities through ongoing learning				
	15	Able to critically evaluate information and its sources, and applying it appropriately to practice decisions				
	16	Data Management Skills				
	17	IT Skills				
Professionalism	1	Able to projects professional image				
	2	Being honest with patients, colleagues and supervisors				
	3	Demonstrating awareness of the policies and procedures to be followed in the event of problems in clinical practice				
	4	Critical Thinking				
	5	Contribute to the creation, dissemination, application, and translation of new medical knowledge and practices				
	6	Commitment to Learning: Welcomes and/or seeks new learning opportunities				
	7	Demonstrate a commitment to their patients, profession, and				

		society through ethical practice				
	8	Using knowledge of legal and ethical issues in practice				
	9	Employing a patient centred approach				
	10	Taking action if colleagues' health and performance puts patients at risk				
	11	Managing own health in order to protect patients and colleagues				
	12	Using knowledge of how errors can happen in practice and applying the principles of managing risks				
	13	Completing a learning portfolio of evidence to document your progress				
	14	Demonstrates respect, and continuous regard for all classmates, faculty/staff, patients, families, and other healthcare providers				
	15	Demonstrate a commitment to sustainable practice (follow up)				
	16	Commitment to professional competence				
	17	Commitment to honesty				

		with patients				
	18	Commitment to patient confidentiality				
	19	Commitment to maintaining appropriate relations with patients				
	20	Commitment to improving quality of care				
	21	Commitment to improving access to care				
	22	Commitment to a just distribution of finite resources				
	23	Commitment to scientific knowledge				
	24	Commitment to maintaining trust by managing conflicts of interest				
	25	Commitment to professional responsibilities				

Annexure: D

Recommendations of Task Force onFaculty Development Including Focus Areas of Research

Task force on Faculty Development including Focus areas of Research

The Faculty Development will aim at augmenting the knowledge and skills in these Institutions by providing faculty members with enough opportunities for their capacity building. For deliberating on this topic following groups were constituted:

Group members:

Task Force Group members:

1. Dr. Vikas Bhatia ,AIIMS Bhubaneswar
2. Dr. Surya Bali, AIIMS Bhopal
3. Dr. Pankaj Bhardwaj, AIIMS Jodhpur

Focus Group members:

1 Dr. Rajesh Kumar, PGI Chandigarh

2 Dr. Gitanjali Batmanabane, JIPMER Pondicherry

3 Dr. Madhulekha Bhattacharya, NIHFW New Delhi

4 Dr. Anjali Pal, AIIMS Raipur

5 Dr. Alok Ranjan,AIIMS Patna

6 Dr. Hema Gogia, NIHFW, New Delhi

The overall goal of the faculty development would be to train the faculty members for their various roles, for improving their knowledge and skills in the areas of teaching, research and management. The conclave provided an opportunity for experts from AIIMS and other INIs to discuss at length various components of faculty development.

Recommendations related to each of these components are summarized as below.

XIII) For strengthening necessary clinical skills, the faculty needs to be suitably trained in the following-:

1. Service Delivery

1.1 Reproductive Health:

- Normal delivery, Post-delivery care
- Controlled cord traction, manual removal of placenta,
- Active management of third stage of labour
- Identification and treatment of RTI/ STI
- MTP
- APH, PPH, Pre-Eclampsia, Eclampsia and other OBS/GYN complications and management
- Anemia
- Essential/ Emergency Obstetric Care with blood transfusion services

1.2 Family Planning:

- Female Sterilization
- Male Sterilization
- IUD insertion and removal
- Management of complications and appropriate level referral

1.3 Child and Adolescent Health:

- Newborn Resuscitation
- Birth Asphyxia, Neonatal Sepsis, Low Birth Weight (LBW)
- Artificial feeding for LBW/ preterm babies
- Management of neonatal jaundice
- Managing Hypothermia
- Sick New Born Care
- Immunization
- Nutritional Rehabilitation and management of severe malnutrition
- Childhood diseases
- ARI: Severe Pneumonia,
- IV rehydration treatment for diarrhoea
- Management of newborns/ children with danger signs

- Management of measles/ referral of complicated cases after proper pre-referral treatment,

1.4 Adolescent Health

1.5 National Programmes on Disease Control, with a special focus on Vector Borne Diseases, Tuberculosis and Leprosy

1.6 Infection prevention & Control

1.7 Management of local endemic diseases/ surveillance/ reporting

1.8 Disability support & Rehabilitation

1.9 Fractures, wounds, minor procedures

1.10 Imaging services including Radiology, Ultrasonography & Digital X Ray

1.11 Blood Bank and its managerial skills

1.12 Common ENT and Eye problems

1.13 Physiotherapy, Accidents/ major injuries, trauma

1.14 General surgeries eg: Hydrocele, Hernia

1.15 Geriatric care

1.16 Mental Health

- Common Mental Disorders, mood/ bipolar disorders
- Child and Adolescent psychiatric disorders
- Depression
- Counselling for managing suicidal tendencies
- Mental disorders not requiring hospitalization
- De-Addiction, Substance abuse

1.17 Screening and early detection of Cancer

1.18 Anesthesia for common surgical problems

1.19 Disaster Management

1.20 Management of common medical & surgical emergencies

1.21 Others like Poisoning, Animal Bite, Burns, Heat Stroke etc

2. Management & Communication Skills:

2.1 Human resource management

2.2 Organizational Behavior

2.3 Inventory/Logistics Management

2.4 Hospital Administration & legislation

2.5 Finance Management

2.6 Operational Management

2.7 Professionalism & Ethics

2.8 Communication Skills

3. Medical Education including Research Methodology:

Every faculty needs to be trained in the latest trends of medical education, curriculum development, pedagogy, assessment and research methodology including scientific writing.

4. **Training in Public Health: M**ost of the faculty has expertise in field of Public Health, as a result of their Post Graduate training. Faculty can be trained in their specific areas of interest such as Occupational Health, Environmental Health, Nutrition etc
5. It is recommended that each AIIMS will identify focus areas for developing Centers of Excellence and build the necessary competencies in the faculty.
6. It is recommended that various modules available at Ministry of Health & Family Welfare for training of Medical Officers will be utilized for the training.
7. A text book of Family Medicine will be published. It has been decided that faculty members of various INIs will contribute together for this. This book will be uploaded on the web site of MoHFW. Prof Vikas Bhatia from AIIMS Bhubaneswar was entrusted with this responsibility.
8. For disseminating the research conducted at the INIs, it is recommended that a Medical Scientific Journal by the name of “Indian Journal of Community & Family Medicine” will be published. Prof Vikas Bhatia from AIIMS Bhubaneswar will initiate the process.

II) <u>Focus areas of research:</u>

The Research should address:

- Epidemiology
- Health System Research
- Operational Research
- Clinical Trials.

The following broad areas were identified as important opportunities for research:

1. Nutrition
2. Disease burden Research
3. Demography & Vital statistics
4. Biostatistics
5. Health Economics
6. Health Insurance
7. Occupational Health
8. Environmental Health
9. Health Policy Research
10. Quality of care
11. Health Technology Assessment (eg: Life cycle cost of the equipment)
12. Program Management research
13. Gender Equity related Research
14. Women's Health Related Research

Annexure: E

Recommendations of Task Force on Collaboration with other institutions in India and abroad in the context of setting up of School of Public Health at each new AIIMS

Group members:

The committee comprised of members as listed below:

- Dr. A.K. Mahapatra (Director, AIIMS Bhubaneswar)
- Dr. N.K. Sethi (NIHFW, New Delhi)
- Dr. Vijayshil Gautam (AIIMS Patna)
- Dr. C.M. Singh (AIIMS Patna)
- Dr. NeetiRustagi (AIIMS Jodhpur)
- Dr. Yashika Negi (NIHFW, New Delhi)

The TORs were sub divided to 2 parts:

Part A: Collaboration with other institutions in India and abroad

Part B: Setting up of Schools of Public Health at each new AIIMS/Institute of National Importance (INI)

Part A: Goals of collaboration for new AIIMS and other Institutions:

i) Shaping the future direction of the health system by collaborating around policy, training, and research.

ii) To address the issues like service delivery and resource development for health.

Components of collaboration:

Followings are the possible areas for institutional collaboration:

1) Teaching & training

There is great deficiency in expert manpower in health related field and a large regional imbalance exists within the country. Institutional collaboration will be beneficial for sharing the knowledge and ideas and improving the skills in the field of

teaching and training in health sector. Collaboration needs to be established between INIs and International institutes, State level institutes or professional bodies.

a) **International level collaboration:** In the area of teaching and training international collaboration can be done in the following ways:
   - Faculty from INIs can be deputed to globally renowned public health institutes for learning teaching purposes and undergoing training programs and advance courses for variable length of time.
   - Expert faculty from such international institutions can be extended invitation to share their ideas and strengthen the working arrangements.
   - Post graduate students can also be exposed to internationally renowned institutes for training and research.
   - **Distance learning** is also possible with National & International renowned institutes
   - Fellowship programmes, short courses or refresher courses in public health will also be of great support in meeting the goals.

b) **National Collaboration:**

National collaboration can be done in the following way:
   - Exchange of knowledge and expertise between various AIIMS and national institutes
   - Maintaining uniformity regarding teaching and training

c) **Local/ Regional level collaboration:**

Collaboration can be done in the following ways:
   - Department of Community Medicine & Family Medicine of INI can strengthen various State level institutes in training and research.
   - Collaboration with health services at local and regional level will help in improving the health situation and also help medical students in understanding the public health issues.

2. Research

a) **International collaboration:** International agencies/organization can be useful in doing multi-centric studies, arranging funds, technical support and mentoring. To develop competency or research skills among the faculty international bodies can play a very important role.

b) **National collaboration:** New AIIMS in collaboration with other national level institutes can conduct multi-centric research activities. Collaboration with national institutes such as Indian Council of Medical Research (ICMR), University Grant Commission (UGC) and Department of Biotechnology (DBT)etc can promote research through financial and technical support.

New AIIMS with other INIs can jointly publish a **medical journal** to facilitate rapid spread of knowledge. It will improve the overall research atmosphere in the country. In collaboration INIs can organize seminar, workshop, and symposium to improve and share the knowledge and encourage young public health professionals. Departments of Community & Family Medicine in each INI should identify focus area of research and elevate themselves to centers of excellence in those areas.

c) **Regional/ Local collaboration:** Collaborative relation between states and INIs will help in improved monitoring and evaluation of the programs. Joint research activities can be undertaken to bring evidence based interventions to improve health indicators of the region INIs can conduct research activities with the state health directorates to improve the health scenario of the state. Each INI should **identify 2- 3 priority/ focus area of great public health significance** in the state/ region and conduct research or other health related activity to improve the health scenario.

3. Service delivery

a) **International collaboration:** Sharing of good practices, experiences with various international organizations can help in adopting better ways to implement programs and improve service delivery.

b) **National collaboration**: Good practices of different INIs can be shared to reduce regional imbalance of service delivery. Regular health surveys on mutually agreeable indicators of adopted field practice areas will help assess the changing health scenarios and impact of public health interventions in improving health situations of the area. This can serve as role model to respective states for improving the health situation on larger scale.

c) **Regional/ Local collaboration:** RHTC& UHTC in all the INIs have to function in collaboration with State health services. New AIIMS can participate in providing consultation, advocacy, and policy formulations, and evaluation of different state level programs. INIs can extend their specialist care services to the community through state level health facility. INIs can adopt certain areas for outreach activities also. In collaboration with existing health services, INIs can initiate innovative pilot programmes also.

d) **Collaboration with professional bodies:**

Collaboration with different national and international professional organization like as Indian Association of Preventive and Social Medicine (IAPSM), Indian Public Health Association (IPHA), Indian Academy of Pediatrics (IAP) and NGOs will provide nationwide network and it can be extended even beyond.

4. Role of Development partners:

International organizations such as World Health Organization (WHO), United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA), Joint United Nations Programmes on HIV/AIDS (UNAIDS), The United States Agency for International Development (USAID), United States Centers for Disease Control and Prevention (CDC), Co-operative for Assistance and Relief Everywhere (CARE), SIDA, JHPIEGO, Futures, DFID, ICRW, Help Age and many national level NGOs need to be working with INIs. These development partners will help the INIs in the area of bringing new technology, global experiences and expertise.

Part B: Setting up of Schools of Public Health at each new AIIMS / INIs

The group deliberated that this particular aspect should consider:

1. Each 6 new AIIMS and other INI (if deemed necessary) should have Schools of Public Health with multi-specialty and multi-disciplinary (broad based) focus; this includes but is not limited to: Faculty of Community Medicine & Family Medicine, other specialties involved in Clinical Epidemiology, Nutrition,

Bio- statistics, Community Nursing, Environment, Health Administration, Trauma & Emergency Medicine, etc.

2. School of Public Health should be headed by Chief appointed as per Institute rules and guidelines (prevailing at AIIMS New Delhi).
3. Inputs from National and International Public Health Institute need to be incorporated as part of Mentoring program and study visit by AIIMS representatives need to be made to study various existing models and select the best suited model. The list of few such institutes is annexed.
4. Collaboration with other institutes should focus on exchange in direction of :
   - Technology transfer
   - Capacity building
   - Skill transfer
5. The infrastructure of School of Public Health needs to be established separately as per inputs of consultants for building, logistics, finance etc.
6. National Advisory Committee could be constituted with people of various competencies to mentor and advice functionality of School of Public Health from time to time. The representatives of committee should preferably have some proportion of state specific nominees to focus on region specific important areas of public health.

School of public health should be established in collaboration with renowned international institutes to impart high quality training in public health and family medicine and improve overall public health scenario in the country.

LIST OF SOME OF THE INSTITUTIONS AND ORGANIZATIONS WORKING IN PUBLIC HEALTH (Can be extended)

Name of the Institute	E-mail	Contacts info	Some of the Focus areas
National Institutes			
CCM,AIIMS Delhi		AIIMS, Ansari Nagar, New Delhi Contact 01126588500	Many specialized courses, training programmes& research activities, medical education
Dept. of CM & FM, AIIMS, Bhopal	admin@aiimsbhopal.edu.in	AIIMS Bhopal, Saket Nagar, Bhopal-462024	-do-
Dept. of CM & FM, AIIMS, Bhubaneswar	info@aiimsbhubaneswar.edu.in	Sijua, Patrapada Bhubaneswar-751019	-do-
Dept. of CM & FM,AIIMS Raipur	admin@aiimsraipur.edu.in	AIIMS, Raipur Tatibandh, G E Road, Raipur-492099 Chhttisgarh, India	-do-
Dept. of CM & FM, AIIMS, Jodhpur	aoadmin@aiimsjodhpur.edu.in	AIIMS, Jodhpur Basani, Jodhpur, Rajasthan	-do-
Dept. of CM & FM, AIIMS, Patna	admin@aiimspatna.org	Phulwari Sharif, Bihar-8015505	-do-
Dept. of CM & FM, AIIMS, Rishikesh	rakeshkumar.aoaiims@gmail.com	AIIMS, Rishikesh Virbhadra Road, Rishikesh, Uttarakhand	-do-
PGI, Chandigarh	pgimer-chd@nic.in	PGIMER, Sector-12, Chandigarh-160012 Contact no.	-do-

JIPMER, Puducherry	director@jipmer.edu.in	JIPMER, Dhanvantri Nagar, Gorimedu, Puducherry-605006 Contact 0413227280 Fax: 2272066	-do-
National Centre for Disease Control	dirnicd@nic.in, dirnicd@gmail.com	Director, National Centre for Disease Control, Directorate General of Health Services 22,Sham Nath Marg,New-delhi-110054,+91-11-23913148,23946893	Outbreakinvestigation, Surveillance and control of communicable disease, applied research.
National Institute of Health & Family Welfare	info.nihfw@nic.in	Baba Gangnath Marg, Munirka, New Delhi 110067,+91-11-26165959,+91-11-2616-441	Training activities on health and hospital management, Health communication and health system research.
National Institute of Epidemiology, Chennai	directorne@dataone.in	NIE(ICMR) second main road, Tamil Nadu Housing Board, Aypakkam,Near Ambattur,Chennai-600077,044 26820517/26821600	Epidemiology, Biostatistics, Social and behavioral science
International Institute of Population Science, Mumbai	director@iips.net,fram@iips.net	Govandi Station Road,Mumbai-400088,Station Rd,DeonarVillage, Govandi,Mumbai,Maharastra.+91-22-25563254/55,+91-	Training program and course on population science

		22-25562062	
All India Institute of Hygiene & Public Health	nn_das@hotmail.com, aiihph@cal.vsnl.net.in	All India institute of hygiene & public health 110,chittaranjan avenue,Kolkata-700073,west Bengal,india.+91-33-2241-3954.FAX-+91-33-2241-2888	Maternal and Child health, Occupational health and Environmental sanitation.
Central Bureau of Health Intelligence	dircbhi@nic.in	Directorate General Health Sciences, Ministry Of health and Family welfare Government of India, 401 & 404 A Wing, Nirman Bhavan, Maulana Azad Road New Delhi-110108,011-2306-3175/2695/1529	Review the progress of MDG in India, Operational research for efficient health information system.
National Jalma Institute for Leprosy & other Mycobacterial Diseases (NJILOMD)	kirankantoch@rediffmail.com	Dr M. Miyazaki Marg. Po Box 101 Tajganj, Agra 282001 Utter Pradesh, India Ph-0562-2331755 , Fax-0562-2331751	Research in Leprosy, TB and HIV
National institute of Occupational Health	nioh@nioh.org	Meghani Nagar, Ahmedabad Pin-380016,Gujrat INDIA Ph-079-22686110,Fax-079-22686351	Conduct research on occupational and environmental health.
National Centre for Disease Informatics and Research		Nirman Bhawan-ICMR Complex(II Floor), PoojanahaliRoad,off NH-7,Adjacent to Trumpet flyover of BIAL, Kannamangalapost	Plan, facilitate, develop and support national programs.

		, Bengaluru 562110	
Bhopal Memorial Hospital & Research Centre		Raisen pass Bye road,Karond,Bhopal,Pin-462038,Madhya Pradesh	
National Institute for Research In Environmental Health	nireh@icmr.org.in	Kamla Nehru Hospital Building,Gandhi medical college Campus,Bhopal462001,Madhya Pradesh.Ph-0755-2533106	Research on Environmental science
National Institute for Research in Tuberculosis	icmrtrc@vsnl.compblic mr@sancharnet.in	No.1 SathiyamoorthyRoad,Chetput, Chennai-600031 Tamil Nadu .Ph-044-28369500.Fax-044-28362528	Research & training programme on Tuberculosis
National Institute of Malaria Research	director@mrcindia.org	NIMR, sector-8,Dwarka New Delhi-110077,Ph-011-25307103,Fax-011-25037177	Research & training on Malaria
National Institute of Pathology		Safdarjung Hospital Campus, post Box No.4909, New Delhi-110029,India.ph-011-26198402,Fax-011-26198401	Research on pathogenesis of different diseases
National Institute of Medical Statistics	arvindpandey@icmr.org.in	NIMS, post box no.4911,Ansari Nagar,NewDelhi-110029.Ph-011-26588900 Fax-011-26589635	Training courses on Biostatistics
National Institute of Nutrition	nin@ap.nic.in	NIN, Jamai-Osmania (p.o), Tarnaka,Hyderabad	Survey, research and training

		,Andhra Pradesh. Pin-500007,ph-040-27018083.Fax-040-27019074	courses on Nutrition
National Institute of Cholera and Enteric Diseases	chakrabartis@icmr.org.in	P-33, C.I.T Road, Scheme –XM, Beliaghata, Kolkota- 700010 Contact no. 033-2363373 Fax- 033-23632398	Research activity on enteric Disease
Centre for Research in Medical Entomology	crmeicmr@icmr.org.in	4- Sorojini street, Chinnachokkikulam , Madurai-625002 Contact no. 0452-2502565 Fax- 0452-2530660	Entomology related research and training
National Institute for Research in Reproductive Health	dir@nirrh.res.in	Jahangir Merwanji street, Parel, Mumbai- 400012 Contact no. 022-2419002 Fax: 022-24139412	Reproductive health
National Institute of Virology	director@niv.co.in	NIV-20 A, DrAmbedkar Road, Pune-411001 Contact no. 020-26127301 Fax- 020-26122669	Virology related training and research activities

Indian council of Medical Research (ICMR)	headquater@icmr.org.in	ICMR, P.O-4911 Ansari nagar, New Delhi-110029	Technical and financial support for research activities
Department of Biotechnology (DBT)	Webmanager.dbt@nic.in	Department of Biotechnology, 6th-8th Floor, Block-2CGO complex, Lodhi Road, New Delhi-1100003	Funding & technical support for research activity
Council of Scientific & Industrial Research (CSIR)	dgcsir@csir.res.in	Council of Scientific and Industrial research, AnusandhanBhavan, 2 Rafi marg, New Delhi-110001	Scientific research activities
Department of Science & Technology (DST)	dstinfo@nic.in	Department of Science & Technology, Technology Bhavan, New Mehrauli Road, New Delhi- 110016	Supporting scientific research, financial support
International Public Health Institutes			
Johns Hopkins Bloomberg School of Hygiene and Public Health	admiss@jhsph.edu	615 North Wolfe street Baltimore, MD-21205 Contact no. 410-955-3543	Environmental health science, Health policy and management, International Health, Mental health
Cambridge Institute of Public Health		Forvie site Robinson way Cambridge CB20SR Contact no. 01223330300 Fax 012-233-30349	Ageing and neuroscience, Genetic epidemiology, Cardio vascular epidemiology
Oxford University	enquiry@medsci.ox.ac.uk	Medical sciences office, John redcliffe hospital,	Challenges in global health, Vaccine,

		Hedington, Oxford, OX39DU Contact no. 01865221689 Fax 01865750750	Environmental health, Health policy and public health.
Harvard School of Public Health			Environmental health, Biostatistics, Genetics and complex diseases.
National Public Health Institute of Finland	firstname.lastname@thl.fi	Box-30, FI-00271, Helsinky, Finland Contact no. 358295246000	Research on several bacterial vaccines, Cardio vascular diseases and Environmental health.
Boston School of Public Health	socbeh@bu.edu	715 Albany Street, Talbot Building Boston, MA-02118 Contact no. 617-638-4640 Fax: 617-638-5299	Bio-ethics, Community based epidemiological studies, Cardiovascular diseases.
Professional Bodies & International organizations			
Indian Association of Preventive & Social Medicine (IAPSM)	drcpmishra@gmail.com	Prof. CP Mishra, Dept. Of Community Medicine, BHU, Varanasi-221005	Promote research in specialty of PSM, Co-operation in teaching, training and research in dept. of PSM in different college.

Indian Public Health Association (IPHA)	office@iphaonline.org	110, Chitaranjan avenue, Kolkata-700073	Protect and promote health of India
Indian Academy of Pediatrics (IAP)	centraloffice@iapindia.org	IAP, Kailas Darshan, Kennedy bridge, Mumbai Maharashtra	Promote education and training, knowledge attitude and skill of the members.
International Epidemiological Association (IEA)	Vinods51@hotmail.com	Dr VK Srivastava Regional Councilor, IEA/SEA Contact: 522-289-0809	promote the role of epidemiology for public health action and advocate for its application for national program development and management,
Help Age	haedoffice@helpageindia.org	C-14 Qutab Institutional Area, New Delhi- 110016. Contact: 01141688955-56	Care of the elderly
World health Organization (WHO)		Avenue Appia 20 1211, Geneva-27, Switzerland Contact 41227912111	Leadership on global health matters setting norms and standards
United Nations Children's Fund (UNICEF)	newdelhi@unicef.org	73 Lodhi estate, New Delhi-110003	Works for child survival & development, child protection
United Nations Population Fund (UNFPA)	India.office@unfpa.org	55 Lodhi Estate, New Delhi 110003, India Contact: 11-46532333	Reproductive health , human rights, Adolescent and youth
Joint United Nations Programmes on HIV/ AIDS (UNAIDS)			Strategic information and technical support to guide efforts against AIDS
Co-operative for	Careindia.org	E-46/12, Okhla	Maternal and

Assistance and Relief Everywhere (CARE)		Industrial Area Phase II, New Delhi-110020 Contact: 011-49101100	child health , HIV/AIDS, Tuberculosis
United States Center For Disease Control and Prevention (CDC)	CDC-INFO	CDC, 1600 Clifton Rd. Atlanta, GA 30333, USA, 800-CDC-INFO(800-232-4636)	Control and prevention of diseases
The United States Agency for International Development (USAID)		Contact: 202 712-4810, Fax: 202-216-3524	Global health, water and sanitation, demography related activities
PATH Foundation	Path(at)pathfoundation.org	Atlanta, Georgia 30324 Fax: 404.875.3242	Public health activities
World Vision	child@wvi.org	16,VOC Main road, Kodambakkam Chennai-600024	Child health, education & protection

Annexure: F

Recommendations of Task Force on establishment of the Urban Health Training Centers&MoU

Group Leader:

Prof. (Dr.) Rajkumar, Director AIIMS, Rishikesh

Technical advisor- Dr. J K Das, Director, NIHFW

Team Members:

Dr. Anil K. Goswami, AIIMS, New Delhi

Dr. VartikaSaxena, AIIMS, Rishikesh

Dr. GouriPadhy, AIIMS, Raipur

Dr. SwayampragyanParida, AIIMS Bhubaneswar

Dr. RenuShahrawat, (NIHFW, New Delhi)

Dr. TilottamaNischal, (NIHFW, New Delhi)

The TORs were sub divided to 2 parts:

Part A: The establishment of Urban Health Training centers

Part B: Memorandum of Understanding

Part A: Guideline to the establishment of Urban Health Training centers

- **Expected Skills and competency of undergraduates** throughCompetence in diagnosis and management of ailments at primary level in urban community. Understand the medico-social problems of patients attending OPD at UHTC. Appreciate the cultural, economic and environmental factors affecting health. Familiarity with the basic factors which are essential for the implementation of the National Health Programmes. Expected skills as leader, manager, care provider, decision maker and communicator.

- **Urban Health Training Centre** Administrative Guidelines Criteria for choosing Urban health training centre: Existing & functional health facility, Urban settlements/ slums/ semi urban/ underserved areas, 10-15 km distance/30 min reach, Population Coverage: 10,000 – 15,000and Administrative control – HOD CFM.Provision of standard medical practices including biomedical waste management, Transport Facility, User Charges as per state guidelines, Reporting and Record Maintenance , Collaboration and Co-ordination
- **UHTC Activities**Comprehensive health care Teaching and training 50 days/ 6 weeks 4th& 5th semester, Research. Baseline survey will be conducted on the population covered
- **Patient care**

  -OPD services: 10 am – 1 pm

  -MCH care

  -Special clinics: Geriatric/ Adolescent/ Mental health

  -Basic laboratory services

  -Medicine

  -Services linked with National Programmes

  -Health Education

  -Referral Services
- **Teaching and Training** in terms of Comprehensive Health care , Family Health Advisory services **,** Family Health records**,** Observance of various health-related days and weeks, Training of paramedical health workers & staff
- **Research** to done in Urban health registries ,Social and health issues ,Epidemiological trend (urban pattern of diseases)and Operational researches
- **Manpower**

S. No.	Manpower category	Number
1.	Medical officer of Health-cum-Lecturer/ Assistant Professor*	1
2.	Medical Officer *	1
3.	Medical Social Workers	2
4.	Public Health Nurse	1
5.	Health Inspectors	2
6.	Health Educator	1
7.	Technical Assistant/Lab Technicians	2
8.	Peon	1
9.	Driver ambulance + Driver for Bus	2
10.	Record Clerk cum Data entry operator	1
11.	SafaiKarmchari	2
12.	Pharmacist	1
13.	Multipurpose Health worker male and female	1+1/3000-5000 pop.
14.	Link Worker/USHA**	Number will be as per the state guidelines

Part B: Memorandum of Understanding

Between All India Institute of Medical Sciences and Department of Medial Health and Family Welfare,(name of the state) At and Dated.

- State Government will provide already existing & functioning urban health centre to AIIMS for a minimum period of 10 years. In such cases where suitable health facility is not existing/available **Rent free "government building**, hereinafter referred to as "Building", will be provided for a minimum period of 10 years.
- Where rent free government building is not available, rent will be decided **by bilateral dialogues** within standard government norms.
- **HOD C&FM, AIIMS** will be the administrator for executing all the administrative functions of UHC through his/her nominee -Faculty In-charge UHTC , AIIMS
- Name of the centre will be "**Urban Health Training Centre, AIIMS**

- **Responsibilities of State Government: existing Urban Health center**Will be responsible for provision of electricity and water supply and it's periodic maintenance for the center.Repair, additions and alterations to the building if any during this period will be carried out by the AIIMS authorities at their own expenses after the consent of the State Government representative. Will continue to provide for medicines, vaccines, equipments and other logistics as per the existing norms for Urban health center under National urban Health Mission. AIIMS will ensure regularity and adequacy of supplies.

  Will continue to provide all **the manpower** as per the existing norms for the Urban Health centre. However the **extra manpower** for teaching and training of students will be provided by AIIMS.Will maintain the security and upkeep of the building which includes maintenance and repair.
- **Rent Free "government building"**Distance of the Building from AIIMS should be less than 15 kms, so that teaching and training of the students is feasible.
- The building should be located in the area which is well connected by Road and should have water supply and electricity supply. Repair, additions and alterations to the building if any during this period will be carried out by the AIIMS authorities at their own expenses after the consent of the State Government representative.**The charges of water and electricity** would be borne **by AIIMS**, from the day of acquisition of building.
- Medicines, equipments, Manpower, vehicles and other logistics would be provided by AIIMS, The equipments and medicines, vaccines etc. required for the delivery of National Health Programmes would be provided by the State Government. Ownership of the building concerned will be that of State Govt. and AIIMS will be entitled only to the use of the same.
- **Duration of MOU**is extended**.** This MoU, unless extended by mutual consent of both the parties, shall expire in TEN years after the effective date specified in the opening paragraph. However, the MoU shall be extended for further periods of five years from time to time automatically unless terminated by either side with a notice period of six months in writing and subject to approval of competent authority that is Institute Body.

- **Coordinators**Both the parties will constitute a committee of their **nominee** to work out the operative details and coordination for the successful implementation of this MOU.

5. **Extension/Termination/ amendment of MoU**- MoU is automatically extended for further period of five years each time, unless terminated by either side with a notice period of six months in writing and subject to approval of competent authority that is Institute Body.

- **Intellectual property Rights**- The intellectual property rights (IPR) that arise as a result of joint research and collaborative activity under the agreement will be worked out on a case to case basis and will be consistent with officially laid down IPR policies of the two institute.
- Any **punitive action/award** to staff can be carried out by combined committee including DG, health and Family welfare nominee of Director, DDA,HODs of C&FM.The decision taken by the committee will be **final and binding** on both the parties.
- **Jurisdiction** Any disputes, claim arising out of this agreement are subject to arbitration and jurisdiction of courts. All disputes and differences between the parties shall be referred to the sole arbitration of the Union Health Secretary to Government of India.