

Face Value ₹ 8/-



I.M.A.G.S.B. NEWS BULLETIN

GUJARAT MEDICAL JOURNAL
INDIAN MEDICAL ASSOCIATION, GUJARAT STATE BRANCH

Vol-19

MARCH-2024

Issue-03



VOTE INDIA

VOTE FOR
BETTER INDIA



VOTE FOR GUJARAT



APPEAL

Seeking your generous contribution for a
new IMA Headquarters Building

Infuse Gratitude in Each Brick:
Support

IMA Building Reconstruction
Every Contribution Counts!



SCAN TO DONATE

DR. BHARAT M. KAKADIA

President (Rajkot)

DR. MEHUL J. SHAH

Hon. State Secretary (Ahmedabad)

Imm. Past President **DR. MAHAVIRSINH JADEJA** (Bhavnagar)

Estd. On 2-3-1945

Office : A.M.A. House, 2nd Floor, Opp. H. K. College, Ashram Road, Ahmedabad-380 009.

Phone : (079) 2658 7370

E-mail : imagsb@gmail.com

Website : www.imagsb.com



98795 87370



I.M.A.G.S.B. NEWS BULLETIN

GUJARAT MEDICAL JOURNAL

INDIAN MEDICAL ASSOCIATION, GUJARAT STATE BRANCH

Estd. On 2-3-1945

Office : A.M.A. House, 2nd Floor, Opp. H. K. College, Ashram Road, Ahmedabad-380 009.

Phone : (079) 2658 7370 E-mail : imagsb@gmail.com Website : www.imagsb.com

OFFICE BEARERS

PRESIDENT

Dr. Bharat M. Kakadia Rajkot
(M) 98242 93010

HON. STATE SECRETARY

Dr. Mehul J. Shah Ahmedabad
(M) 98250 51162

IMM. PAST PRESIDENT

Dr. Mahavirsinh M. Jadeja Bhavnagar
(M) 98244 82080

HON. JOINT SECRETARY

Dr. Gargi M. Patel Ahmedabad

VICE PRESIDENTS

Dr. Dilip M. Gadhavi Ahmedabad Zone
Dr. Manilal P. Patel Central Zone
Dr. Bijal K. Kapadia South Zone
Dr. Nitin K. Garg Surat Zone
Dr. Nutanben S. Shah Vadodara Zone
Dr. Alpesh D. Chavda West Zone
Dr. Bhavesh A. Sachde Rajkot Zone

HON. ZONAL JT. SECRETARIES

Dr. Ashish A. Bhojak Ahmedabad Zone
Dr. Rajiv P. Paliwal Central Zone
Dr. Vanrajsinh A. Mahida South Zone
Dr. Vinesh B. Shah Surat Zone
Dr. Mehul J. Desai Vadodara Zone
Dr. Tushar J. Rojesara West Zone
Dr. Dipesh B. Bhalani Rajkot Zone

HON. TREASURER

Dr. Tushar B. Patel Ahmedabad

HON. ASST. SECRETARY

Dr. Bharat I. Patel Ahmedabad

GUJARAT MEDICAL JOURNAL

Editor

Dr. Kamlesh B. Saini Ahmedabad

SCIENTIFIC COMMITTEE

Hon. Secretary

Dr. Anil D. Patel Mehsana

SOCIAL SECURITY SCHEME

Hon. Secretary

Dr. Yogendra S. Modi Ahmedabad

COLLEGE OF G.P.

Director

Dr. Jashwantsinh P. Darbar Ahmedabad

PROFESSIONAL PROTECTION SCHEME

Chairman

Dr. Bipin M. Patel Ahmedabad

ACADEMY OF MEDICAL SPECIALITY

Chairman

Dr. Brijan H. Choksi Ahmedabad

HEALTH SCHEME

Chairman

Dr. Navneet K. Patel Ahmedabad

FAMILY WELFARE SCHEME

Hon. Secretary

Dr. Kirti M. Patel Ahmedabad

HOSPITAL BOARD OF INDIA

Chairman

Dr. Brijesh A. Patel Ahmedabad



STATE PRESIDENT'S MESSAGE



My Dear Colleagues,

As we navigate the ever evolving landscape of healthcare, I am compelled to address a matter of utmost importance: the unity of our profession. In times of uncertainty and challenges, it is imperative that we stand together as a cohesive force, united to serv our patients and advance in the field of medicine.

The bond that unites us as doctors transcends specialities, affiliations and personal differences. It is rooted in a shared commitment to healing, compassion and excellence in patient care. Now more than ever, we must reaffirm our solidarity and collective resolve to overcome obstacles and champion the cause of health and well-being.

In the face of external pressures and systemic challenges, our unity is our greatest strength. By fostering a spirit of collaboration, mutual respect and support within our ranks, we can amplify our impact, advocate for our profession and effect positive change in the healthcare landscape.

Let us embrace diversity of thought and experience, recognizing that each of us brings unique insights and perspectives to the table. Through open dialogue, constructive engagement and a willingness to listen and learn from one another, we can cultivate a culture of inclusivity and empowerment that enriches our collective efforts.

During last month two particular development need your attention.

First, IMA National body has decided to demolish old IMA headquarter and build a new state of the art building in the prime area of New Delhi under the guidance, support & encouragement of our beloved leader. Dr Ketan Desai & Dr. Anil Nayak let us all be a part of it by offering financial donation in our own individual capacity.

IMA national headquarter has started membership drive under the leadership of Dr. Anil Nayak the national Secretary general. I am proud to inform you all that we have so far enrolled 1600 plus new members. I congratulate Dr. Mehul Shah, IMA-GSB secretary for his untiring efforts.

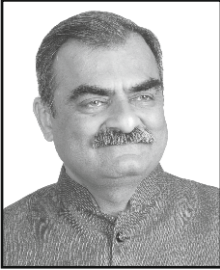
In closing, I urge each and every one of you to embrace the spirit of unity & solidarity that defines our noble.

JAI IMA, JAI JAI GARVI GUJARAT, JAI HIND.



IMA (સેન્ટ્રલ ગુજરાત ઝોન)

Dr. Bharat M. Kakadia
President, G.S.B., I.M.A.

**HON. STATE SECRETARY'S MESSAGE****Heartfelt Thanks to IMA Local Branches Doctors,**

Let's start with a round of applause for our incredible IMA local branches Doctors! Your boundless energy and participation in the recent **membership drive** have infused our organization with renewed energy. Together, we're not just expanding our network; we're building a Doctors community that's stronger, more connected, and ready to tackle any challenge that comes our way!

Join the Global Celebration, Get ready to mark your calendars because April 7th isn't just any ordinary day—it's **World Health Day!** Organized by the prestigious World Health Organization (WHO), this global celebration is our chance to shine a spotlight on health rights, equity & inclusivity. So, let's roll up our sleeves, raise awareness, and make a commitment to build a healthier, fairer world for everyone, from bustling cities to remote villages.

Power to the Ballot, As the buzz of election season fills the air, it's time to remind ourselves of the power we hold in our hands—the power to vote! Every vote cast is like a superhero cape, empowering us to shape the future of our democratic country. So, let's unleash our inner superheroes, head to the polls, and ensure our voices echo loud and clear for betterment of our future.

Redeveloping Dreams, IMA New Headquarters, Brace yourselves for a groundbreaking endeavor as we set our sights on the redevelopment of the new IMA Headquarters! Imagine a space where innovation meets inspiration, where collaboration flourishes, and where dreams of medical excellence take flight. But here's the twist: we need YOUR help to turn this vision into reality. So, let's dig deep, pledge our support, and together, let's build a headquarters that not only stands tall but also stands as a testament to our unwavering dedication to healthcare excellence.

If you have any collaboration ideas or events to share, don't hesitate to contact our office. Together, let's continue to innovate, inspire, and elevate healthcare in Gujarat and beyond

Dr. Mehul J. Shah

Hon. State Secy., G.S.B., I.M.A.



INDIAN MEDICAL ASSOCIATION (HQs.)

(Registered under the Societies Act XXI of 1860)
Mutually Affiliated with the British & Nepal Medical Associations
I.M.A. House, Indraprastha Marg, New Delhi-110 002



National President

Dr. R V Asokan

+91-9847061563

rvasokan@gmail.com

Imm. Past National President

Dr. Sharad Kr. Agarwal

+91-9717111942

shareshmadr@gmail.com

Honorary Secretary General

Dr. Anilkumar J. Nayak

+91-9825051333

draniljnayak@yahoo.co.in

Honorary Finance Secretary

Dr. Shitij Bali

+91-9910755660

shitij.bali@yahoo.com

IMA/HSG/206/856

26/02/2024

New Delhi

CHARTER OF DEMANDS

1. Maintain the purity of modern medicine. Every system of medicine has its profile and history. Integrative medicine is a threat to patient care and safety. It is a Health catastrophe in waiting. A cafeteria approach with the patients having the right to choose is the only acceptable solution.

IMA demands that the attempts to integrate various systems of medicine be stopped forthwith in the best interests of our people and the systems of medicine.

2. 23 State Hospital protection laws have not brought solace to doctors against violence. Deterrent Central Law incorporating the amendments of Epidemic Diseases Act 1897 including all forms of violence against doctors and the hospitals is the first step in the right direction.

IMA demands enactment of a strong Central Act against violence on doctors and hospitals.

Declare Hospitals and Health Care institutions as safe zones.

3. **Exempt small and medium hospitals upto 50 beds and clinics from The Clinical Establishments (Registration and Regulation) Act, 2010.**
4. **GST on Health is a taxation on illness. Taxing the sick for falling ill is illegitimate.**
 - a) Taxing the patient bed under GST is nothing but exploitation of the misery of the patient. This misery tax should be withdrawn forthwith.
 - b) Life saving equipments (ventilators, monitors, anaesthesia equipments) @12%
 - c) Batteries of all life saving equipments @ 28%
 - d) X-Ray machines, ultrasound machines and sugar testing strips @ 18%
 - e) Repair and maintenance of medical equipments @ 18-28 %
 - f) Drugs, oxygen and disposables @ 12%
 - g) Health insurance @ 18% GST.
 - h) GST on Associations is an assault on free speech and assembly.

Reduce the high GST tax burden on Healthcare products and insurance. Withdraw GST on membership and services of Associations.

5. There is no criminal intent in any treatment procedure. Criminal prosecution of doctors is self-defeating. Defensive medicine affects patient care and the cost.

Exempt the medical profession from criminal prosecution.

6. Renaming the patient as a consumer and the doctor as a provider has taken away the sanctity in Doctor-Patient relationship. Civil law and TORTS can handle litigations for compensation.

**Exempt doctors from CPA.**

In any case amend the current law capping the compensation and restricting the jurisdiction.

7. Onus of protection of the girl child in the womb lies with the Governments. The harassment meted out in the name of PC-PNDT Act should stop. Similarly, it is not clear why the identity and confidentiality of the patient is sacrosanct under the MTP Act and not under the POCSO Act. The collateral damage to the doctor for non-information is an injustice.

Re-envision PCPNDT and POCSO avoiding harassment of doctors.

8. Restrict Ayushman Bharat-PMJAY to strategic purchase from the private sector alone.

Remove all exclusions.

Provide a negotiated rate based on scientific costing sensitive to geographical and infrastructural factors.

9. Conducting a licensing exam for Indian medical students graduating from Indian medical colleges is an admission to failure of the system of our medical education. Moreover, it is not clear how an exam can judge basic licensing to practice as well as select meritorious candidates for post graduate studies simultaneously.

NExT for Indian MBBS graduates is an injustice and should be withdrawn.

10. **Increase the number of posts of Medical Officers across the country commensurate with the population.**

Employ MBBS graduates in sub centres and wellness centres.

Discontinue the practice of ad hoc and contract hiring of doctors in National Health Missions and central ministries

Dr. R V Asokan
National President

Dr. Anilkumar J Nayak
Honorary Secretary General



I.M.A. NATIONAL SOCIAL SECURITY SCHEME

IMPORTANT INFORMATION

**Dear Esteemed Members of the IMA NSSS
(IMA National Social Security Scheme),**

We are informing you that : General Body Meeting of IMA NSSS was conveyed on 19-12-2023, Tuesday, 5.00 pm by Video Conference by Zoom under the Chairmanship of Dr. Sharad Kumar Agarwal – National President of IMA HQ in presence of Dr. Anilkumar J. Nayak – Hon. Secretary General, IMA HQ, Dr. Jitendra B. Patel – Chairman – IMA NSSS, Dr. Yogendra S. Modi – Hon. Secretary IMA NSSS and office bearers and other members of the scheme.

One main agenda and important objective of the meeting is :

Tax Advisor of the Scheme has informed that due to recent changes in tax laws, the expenditure actually paid will be considered as application of Income only and provision of future liabilities henceforth will not be considered as application of Income, as result, scheme shall be liable to pay the tax, unless the remaining taxable income is spent out/ utilized by filing the form No. 9A/10 within due time.

Dr. Jitendra B. Patel, Chairman, IMA NSSS stated that though the scheme is for the members of the IMA only, the beneficiaries of the scheme are only the registered members of the scheme. Dr. Jitendra B. Patel, Chairman, IMA NSSS, stated that the scheme is independent entity registered with charity commissioner Ahmedabad, registered with the income tax department having separate PAN, TAN, and having only object of providing financial assistance to nominee of a member of this scheme in the event of his/her death.

Dr. Jitendra B. Patel, Chairman, IMA NSSS further stated that, provided the income of the trust remain same, fraternity Contribution payable to the nominee of the deceased member remain same, the collection of contribution of death Fraternity from the members be **reduced from Rs. 70/- to Rs. 55/- per death per member, the loss of Rs.15/- per death per member** bearded by the scheme, the surplus of income over expenditure will be reduced drastically, thereby benefiting the members and saving of Payment of Direct Tax.

Dr. Yogendra S. Modi – Hon. Secretary, stated to revise the collection of the DFC at lesser amount than that paid to the nominee of the deceased member, due to change in the direct tax laws, save income tax and pass on the benefit to the members.

So, DFC collection per death is Rs.55/- instead of Rs.100/-.

“RESOLVED that considering the financial stability and compliance of tax laws, the collection of DFC be reduced by avoiding collection of Corpus Fund and also reducing the collection of DFC amount than that paid to the nominee of deceased member for and from financial year 2024-2025 subject to revision by every year”.

DR. JITENDRA B. PATEL

**Chairman
IMA NSSS**

DR. YOGENDRA S. MODI

**Hon. Secretary
IMA NSSS**

DR. BIPIN M. PATEL

**Hon. Finance Secretary
IMA NSSS**

**SOCIAL SECURITY SCHEME; G.S.B. I.M.A.****IMPORTANT INFORMATION**

Dear Esteemed Members of the SSS GSB IMA

(Social Security Scheme GSB IMA),

We are informing you that an extraordinary General Body Meeting for Constitutional Amendments of the Social Security Scheme GSB IMA was convened on 24th February 2024 (Saturday) at 9:00 pm. The meeting took place at the Shri Jagmohan L. Parikh Hall, 1st Floor, Ahmedabad Medical Association House, Ashram Road, Ahmedabad under the Chairmanship of Dr. Bharat Kakadiya, President Gujarat State Branch IMA in presence of Dr. Mehul J. Shah, Hon. Secretary GSB IMA, Dr. Yogendra S. Modi, Secretary Social Security Scheme GSBIMA, office bearers of the scheme and members of the Scheme.

The primary objective of this meeting was to ensure Financial Stability and to promote the Social Security Scheme GSB IMA through proposed amendments in the constitution of Social Security Scheme GSB IMA (SSS GSB IMA)

Shared agenda of the meeting were already discussed in the State Working Committee of GSB IMA at Rajkot on 10/02/2024 on and Virtual Management Committee Meeting of SSS GSB IMA on 15/02/2024. All the agenda of the Extraordinary General Body Meeting on 24/02/2024 was shared to all the members of Social Security Scheme GSB-IMA by post.

During this Extraordinary GBM meeting, discussion took place in a very healthy atmosphere. Also few suggestions received through email and hard copies were discussed in the forum. And at the end of the meeting unanimous decisions were reached as per below with the approval of SSS scheme Members. These collective efforts reflect our commitment to enhancing the Social Security Scheme GSB IMA and promoting its sustain ability for the benefit of all the members of the Social Security Scheme GSB IMA.



The approved amendments as per below : **(Applicable from 24.02.2024)**

IV. Eligibility of the Members

Existing Rule	Approved Amendments from April 2024
<p>Any life member of Gujarat State Branch of IMA is eligible to become a member of this Social Security Scheme</p> <p>Provided that,</p> <p>(1) A member above the age of 40 years and below the age of 50 years having a continuous membership of Gujarat State Branch of IMA at least of 3 years on the day of joining the scheme.</p> <p>(2) A member below 30 years can enroll himself / herself in social security scheme if he/she is a life member of I.M.A Gujarat State Branch</p> <p>Note :</p> <p>(1) A member above the age of fifty years is not eligible to be come a member</p>	<p>Any life member of Gujarat State Branch of IMA is eligible to become a member of this Social Security Scheme</p> <p>Provided that,</p> <p>(1) A member above the age of 50 years and below the age of 60 years having a continuous membership of Gujarat State Branch of IMA atleast of 3 years on the day of joining the scheme.</p> <p>(2) A member below 50 years can enroll himself / herself in social security scheme If he / she is a life member of I.M.A Gujarat State Branch</p> <p>(3) The benefit of the above scheme can be availed only after three year of membership who became member of the scheme during 50 to 60 years of age</p> <p>Note:</p> <p>(1) A member above the age of sixty years is not eligible to become a member.</p> <p>(2) Admission fee to enroll the Membership of SSS GSB IMA for the age 51 to 55 years is Rs.10,000/- and Admission fee for the age 56 to 60 years is Rs.20,000/-</p>



VI. Member's Contribution

Existing Rule	Approved Amendments from April 2024
<p>(1) Every Member of this scheme shall pay Rs.1/- (Rupees One Only) every year as Annual Membership Subscription.</p>	<p>(1) Every active and retired Members* of this scheme shall have to pay Rs.1500/- (Rupees One Thousand Five Hundred Only) as Brotherhood Fraternity Contribution (BFC) yearly.</p> <p>* (Retired members before 24.02.2024 who will not pay Brotherhood Fraternity Contribution (BFC), his/her nominee will get deducted DFC amount after his/her death. (Deduction in amount will be Rs. BFC*X), X is the numbers of years of Brotherhood Fraternity Contribution (BFC), not paid by Member.</p> <p>(*Office is empowered to make the changes in taking the Brotherhood Fraternity Contribution(BFC) and the Death Fraternity Contribution (DFC) amount from Time to time if needed)</p>

DR. BHARAT KAKADIA

President
GSB IMA

DR. YOGENDRA S. MODI

Hon. Secretary
SSS GSB IMA

DR. MEHUL J. SHAH

Hon. State Secretary
GSB IMA

DR. DIVYESH N. PANCHAL

Hon. Treasurer
SSS GSB IMA

DR. ABHAY S. DIKSHIT

Hon. Jt. Secretary
SSS GSB IMA

**FAMILY WELFARE SCHEME; G.S.B. I.M.A.****IMPORTANT INFORMATION**

Dear Esteemed Members of the FWS GSB IMA

(Family Welfare Scheme GSB IMA),

We are informing you that an extraordinary General Body Meeting for Constitutional Amendments of the Family Welfare Scheme GSB IMA was convened on 24th February 2024 (Saturday) at 8:00 pm. The meeting took place at the Shri Jagmohan L. Parikh Hall, 1st Floor, Ahmedabad Medical Association House, Ashram Road, Ahmedabad under the Chairmanship of Dr. Bharat Kakadiya - President Gujarat State Branch IMA and in presence of Dr. Mehul J Shah - Hon. State Secretary GSB IMA, Dr. Kirti M. Patel - Secretary Family Welfare Scheme GSB IMA, Office Bearers of the scheme and members of the Scheme.

The primary objective of this meeting was to ensure Financial Stability and to promote the Family Welfare Scheme GSB IMA through proposed amendments in the constitution of Family Welfare Scheme GSB IMA (FWS GSB IMA)

Shared agenda of the meeting were already discussed in the State Working Committee of GSB IMA at Rajkot on 10/02/2024 and Virtual Management Committee Meeting of FWS GSB IMA on 15/02/2024. All the agenda of the Extraordinary General Body Meeting on 24/02/2024 was shared to all the members of Family Welfare Scheme GSB IMA by post.

During this Extraordinary GBM meeting, discussion took place in a very healthy atmosphere. Also few suggestions received from members were discussed in the forum. And at the end of the meeting unanimous decisions were reached as per below with the approval of FWS scheme Members. These collective efforts reflect our commitment to enhancing the Family Welfare Scheme GSB IMA and promoting its sustainability for the benefit of all the members of the Family Welfare Scheme GSB IMA.



The approved amendments as per below : **(Applicable from 24.02.2024)**

IV. Eligibility of the Members

Existing Rule	Approved Amendments from April 2024
<ol style="list-style-type: none"> 1. Any life member of Gujarat State Branch of I.M.A who is existing or retired member of Social Security Scheme GSB IMA (SSS GSB IMA) is eligible to become the member this scheme Family Welfare Scheme GSB IMA (FWS GSB IMA) 2. Any existing or retired member of Social Security Scheme GSB IMA (SSS GSB IMA) above the age of 50 years is eligible to become the member of this scheme Family Welfare Scheme GSB IMA (FWS GSB IMA) on or before 01/04/2017. (i.e. This scheme is open for them only up to 01/04/2017) 3. Member above the age of 50 years is not eligible to become a member after 01/04/2017. 	<ol style="list-style-type: none"> 1. Any life member of Gujarat State Branch of I.M.A is eligible to become the member of this scheme Family Welfare Scheme GSB IMA (FWS GSB IMA). 2. Any member of GSB IMA upto the age of 50 years is eligible to become the member of this scheme Family Welfare Scheme GSB IMA (FWS GSB IMA). Any member aged between 50 to 60 years having three (03) years of continuous life membership of Gujarat State Branch of IMA is eligible to become the member of this scheme Family Welfare Scheme GSB IMA (FWS GSB IMA) 3. Member above the age of 60 years is not eligible to become a member. 4. Admission fee to enroll the Membership of FWS GSB IMA for the age 51 to 55 years is Rs. 10,000/- and Admission fee for the age 56 to 60 years is Rs. 20,000/-



XIII. Member's Right :

Existing Rule	Approved Amendments from April 2024
Benefit of Fraternity Contribution of the scheme is liable only after completion of one year of membership of Family Welfare Scheme Gujarat State Branch IMA (FWS GSB IMA).	Benefit of Fraternity Contribution of the scheme for Members Upto age of 50 years , is eligible only after completion of one year of membership of Family Welfare Scheme Gujarat State Branch IMA (FWS GSB IMA). Benefit of Fraternity Contribution of the scheme for Members aged between 50 to 60 years is eligible after completion of three years of membership of Family Welfare Scheme Gujarat State Branch IMA (FWS GSB IMA)

DR. BHARAT KAKADIA
President
GSB IMA

DR. KIRTI M. PATEL
Hon. Secretary
FWS GSB IMA

DR. MEHUL J. SHAH
Hon. State Secretary
GSB IMA

DR. SHAILENDRA N. VORA
Hon. Treasurer
FWS GSB IMA

DR. JITENDRA N. PATEL
Hon. Jt. Secretary
FWS GSB IMA

* * * * *

Attention Advertisers

- * You are requested to send your matter for advertisement in I.M.A.G.S.B. New Bulletin before **15th of Every month.**
- * Your advertisement matter has to be **ready to print format or at least matter** has to be in printed form.
- * In case of hand written matter, publisher will not be responsible for any kind of printing error.



HEALTH SCHEME; G.S.B. I.M.A.

UNIQUE SCHEME

Be a Member



**SINGLE MEMBERSHIP
DUAL BENEFIT**

- ON SINGLE MEMBERSHIP, BOTH THE MEMBER AS WELL AS HIS/HER SPOUSE CAN GET BENEFIT IN THE SCHEME.
- MEMBER CAN GET BENEFITS FROM HEALTH SCHEME AS WELL AS FROM MEDICAL INSURANCE.

DISEASES COVERED

- HEART DISEASE *(BYPASS, ANGIOPLASTY, VALVULAR HEART, PACE MAKER IMPLANT.)
- KIDNEY DISEASE (HEMODIALYSIS, RENAL TRANSPLANT, RENAL ANGIOPLASTY)
- CANCER-SURGICAL, RADIOTHERAPY, CHEMOTHERAPY
- JOINT REPLACEMENT (TOTAL KNEE AND HIP JOINTS)
- BRAIN TUMOR



- CEREBRAL/BRAIN HEMORRHAGE
- ORGAN TRANSPLANT
(LIVER, LUNG, KIDNEY & HEART TRANSPLANT ONLY)

PHONE NO. 9313570725

**healthschemeimgsb@gmail.com | +079 26585430
(02:00 PM - 06:30 PM)**

DISCOUNTED FEES SCHEDULE

AGE GROUP	ADMISSION FEES (Rs.)	ANNUAL SUBSCRIPTION FEES (Rs.)	ANNUAL MEMBERSHIP FEES (Rs.)	TOTAL	GST 18%	ADVANCE F.A.C. (Rs.)	TOTAL (Rs.)
Below age of 35 Yrs	0	50	50	100	18	7500	7618
Between 35-45 Yrs	750	50	50	850	153	7500	8503
Between 46-55 Yrs	1250	50	50	1350	243	7500	9093



Proposal for- Hospital Protection Scheme (HPS)

Dear Members,

There has been a long standing discussion to initiate Hospital Protection Scheme on the lines of our successful Professional Protection Scheme. A meeting to discuss about Hospital Protection Scheme was held on 13 March 2024 at AMA house. The committee has formed a proposed draft points for the said scheme. We welcome necessary suggestions if any for the initiation of the scheme. Please communicate all suggestions/changes to Dr.Mehul Shah (Hon. Secy, GSB IMA). Detailed guidelines and proposed constitution will be formed on the basis of the suggestions received.

Thanking you.

Dr.

(President, G.S.B.,I.M.A.)

Dr.

Hon. State Secy, G.S.B.,I.M.A.)

Hospital Protection Scheme- Salient Features:

- The scheme shall be known as “**Hospital Protection Scheme, Gujarat State Branch I.M.A.**”.
- Scheme will function with following **aims and objectives**:
 - To provide comprehensive indemnity cover to the member hospitals from litigations for any act of alleged negligence or carelessness or deficiency of service in the part of member hospitals, doctors and the staff working in the hospitals by providing legal aid to the member hospitals.
 - To educate the member hospitals to prevent any litigant situation and to guide them, how to deal with it in the event of such a situation.
 - To represent appropriate authorities including legislative, executive as well as judiciary bodies or any other non-government



bodies, for any matters concerning healthcare professionals or institutes.

- **Eligibility-** Any Hospital including, Institution/Clinics/Dispensaries/ Diagnostic Centres located in Gujarat State which is duly registered with appropriate authority and owned atleast 50% (Fifty percent) by the member/members of the Professional Protection Scheme Gujarat State Branch of I.M.A with or without inpatient facilities is eligible to become the member of the scheme.
- Members subscription would be according to the bed strength which would include the bed in the observation ward, ICCU, Post-operative ward, Neonatal Ward, Day Care Wards etc.
- Proposed coverage per case and per year is suggested to be not more than Rs. 5 Crores with option for either one or two crores. Fees will be according to the coverage opted for.
- The scheme will protect individual hospital rendering services at the place mentioned in the application form. Hospitals having any branch elsewhere have to enrol separately. In case of shifting of hospital the scheme has to be informed prior or at the time of shifting and written acknowledgement must be taken from the scheme
- The scheme will be covering only the member hospital. The scheme will not give protection to the individual doctors of for their lapses even if a doctor heads such management. The member hospital must see that all the individual doctors working in the hospital are members of Professional Protection Scheme of Gujarat State Branch I.M.A.
- The Scheme will fight out Civil, Criminal or other cases in the Consumer Agencies or Judicial or non-judicial authorities or Quasi-judicial against the member hospital up to the level as decided by the scheme. Litigation arising out of professional activities alone will be covered by the Scheme.



COLLEGE OF GENERAL PRACTITIONERS; G.S.B. I.M.A.

Webinar-7 Tumor Marker

As you all know IMA CGP Gujarat is arranging webinar every month. On **25th January Thursday** between 4 pm to 5 pm, webinar on Tumor Marker was conducted.

It was started with blessings from IMA CGP Dean **Dr. Satyajit Borah sir**

It was very well attended and appreciated by audience. Our all webinars are uploaded on IMA CGP Gujarat YouTube channel. Till now it has been watched by 890 + doctors. if you have missed the webinar you can tune in our YouTube channel.

Topic: Tumor Marker - Prognostic & Therapeutic Approach*

Topic : Biochemical Tumor Marker*

Dr. Tejaswini Dhote,

Consultant Pathologist, Head, Biochemistry and Immunology,

Topic : Hematological Tumor Marker*

Dr. Ajit Yadav, Professional Consultant Hematopathologist

Topic : Molecular Tumor Marker*

Dr. Manan Patel, Consultant Geneticist.

Dr. Jashwant Sinh Darbar

Director College of GP
GSB IMA

Dr. Madhusudan Umarji

Coordinator
Surat

Dr. Vasant Patel

Secretary College of GP
GSB IMA

Be a Member

of

● **HEALTH SCHEME**

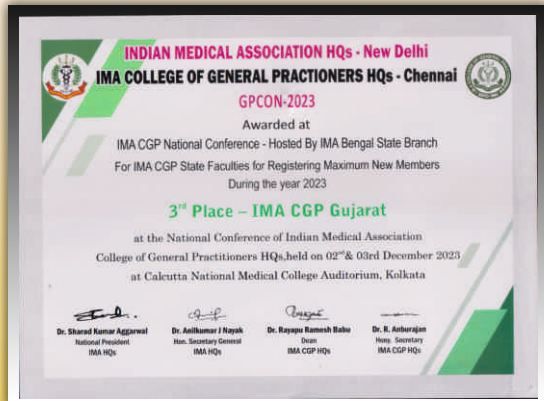
● **PROFESSIONAL PROTECTION SCHEME**

● **SOCIAL SECURITY SCHEME**

● **FAMILY WELFARE SCHEME**



Award at GPCON-2023 Best IMA CGP State Faculty, Gujarat State





World Glaucoma Week



Cricket Tournament IMA Kalol Branch





IMA Himatnagar Branch "Aao Gaon Chalen" Medical Camp



Membership Drive



* * * * *

International Women's Day Celebration IMA Deesa Branch





IMA Morbi Branch

Medical Camp



Blood Donaion Camp



Republic Day



Cricket Tournament



* * * * *

CME IMA Amreli Branch





CME IMA Mehsana Branch



* * * * *

Maha Shivratri Celebration IMA Mehsana Branch



* * * * *

CME IMA Bhavnagar Branch





IMA Vadodara Branch

CME



Cricket Tournament



* * * * *

CME IMA Jetpur Branch





INDIAN MEDICAL ASSOCIATION

GUJARAT STATE BRANCH

A.M.A. House, Opp. H.K. College, Ashram Road, Ahmedabad -380009

PHONE : (079) 265 87 370 Email: imagsb@gmail.com

Ref No. A-11/HFC/LM/2024-2025

Date: 18-3-2024

Dear Branch Secretary

I hope that this circular finds you in the best of health and spirit. In continuation of our circular **A-11/HFC/LM/2024-2025**, further tabulated information is given below for the revision of fees effective from **1/4/2024**. Local branch share to be collected extra as per individual branch decision/resolution.

If the Local Branch does not have GST number, then sent the following amount to IMA GSB.

Category	Total Fees	Branch Share	GST. Amt. (18%)	To be Sent to GSB IMA including Admission Fee
Single Life	12330-00	840-00	2219-00	13709-00
Couple Life	18201-00	1280-00	3276-00	20197-00

If the Local Branch has GST number, then sent the following amount to IMA GSB. Kindly send challan copy of GST paid to IMA GSB.

For Single Life Member - **Rs. 11490-00**

For Couple Life Member - **Rs. 16921-00**

Membership Fees by a Cheque / DD. drawn in favour of "**G.S.B. I.M.A.**".

The above increase of fee Rs. 50.00 in Life Member every year is computed as per the resolution passed in 41st State Council at Nadiad on 12/05/1989.

Yours Sincerely

Dr. Mehul J. Shah

Hon. State Secretary



HOSPITAL BOARD OF INDIA, IMA GUJARAT

The Hospital Board of India (HBI) is an organization that serves as a platform for hospitals and healthcare professionals across India to collaborate, share knowledge, and work towards improving healthcare standards in the country. The board typically consists of representatives from various healthcare institutions.

In the **month of February**, a crucial meeting was convened between the Hospital Board of India, Gujarat Chapter, and representatives of the Government of Gujarat. The primary agenda of this meeting was to address the pressing issue of pending payments faced by hospitals participating in the Pradhan Mantri Jan Arogya Yojana (PMJAY).

Meeting with Government Officials:

- **Participants:** Representatives from the Hospital Board of India, Gujarat Chapter, along with officials from the Government of Gujarat.
- **Agenda:** Discussing and resolving issues related to the delayed payments to hospitals under the PMJAY scheme.

Key Highlights:

- **Identification of Challenges:** During the meeting, the challenges faced by hospitals in Gujarat due to delayed payments under the PMJAY scheme were thoroughly discussed and analyzed. It was identified that delayed payments were adversely affecting the financial health and operational capabilities of hospitals, hampering their ability to provide quality healthcare services to beneficiaries.
- **Collaborative Approach:** Both parties engaged in constructive dialogue and exchanged ideas to devise effective solutions to expedite the payment process and streamline the reimbursement mechanism. The collaborative approach aimed to ensure timely disbursement of funds to hospitals, thereby enabling them to continue their participation in the PMJAY scheme without financial constraints.
- **Commitment to Action:** A commitment was made by the Government of Gujarat to expedite the processing and clearance of pending payments owed to hospitals under the PMJAY scheme. Concrete steps and timelines were discussed and agreed upon to ensure prompt resolution of payment-related issues and to alleviate the financial burden on hospitals.



Outcome and Next Steps:

- The outcome of the meeting was positive, with both parties reaffirming their commitment to addressing the concerns raised by hospitals regarding pending payments under the PMJAY scheme.

Follow-up actions, including regular monitoring and review mechanisms, were established to track the progress of payment clearance and to address any subsequent challenges that may arise. In the monthly report for the Hospital Board of India, Gujarat Chapter, the issue of rising incidents of violence and attacks on hospitals by relatives of patients must be addressed with utmost seriousness. Here's how you might include this in the report:

Security Concerns and Attacks on Hospitals:

- **Incident Overview:** The alarming increase in incidents of violence and attacks on hospitals by relatives of patients was brought to the forefront during discussions this month. Several instances were shared where hospital staff faced physical assaults and hospital properties were damaged, leading to disruptions in healthcare services.
- **Acknowledgment by Authorities:** The gravity of the situation was acknowledged by the Home Minister, highlighting the urgent need for stringent measures to ensure the safety and security of healthcare facilities and personnel across Gujarat.
- **Collaborative Efforts:** Emphasis was placed on collaborative efforts between law enforcement agencies, healthcare institutions, and community stakeholders to address this concerning trend. It was recognized that a multi-faceted approach involving preventive measures, effective communication strategies, and community engagement is essential to prevent such incidents in the future.
- **Commitment to Action:** The commitment was expressed by all parties involved to take proactive measures to address security concerns and create a safe environment for healthcare workers and patients alike. Strategies to enhance security protocols, improve staff training on conflict resolution and de-escalation techniques, and foster better communication between hospital management and patients' families were discussed.



CONGRATULATIONS

* **Dr. Dhiren Mehta Ahmedabad.**

Being Awarded as a best Dedication to IMA CGP Activities for Gujarat, GPCON-2023 at Bengal.

* * * * *

OBITUARY

We send our sympathy & condolence to the bereaved family

Dr. Vishal B. Vasava	11-12-2023	Bharuch
Dr. Jayeshkumar R. Pandya	19-12-2023	Vadodara
Dr. Manoj M. Shah	07-01-2024	Ahmedabad
Dr. Kantilal N. Shah	10-01-2024	Amreli
Dr. Leela B. Trivedi	19-01-2024	Ahmedabad
Dr. Kanubhai t. Shah	30-01-2024	Ahmedabad
Dr. Kumudchandra A. Fichadia	31-01-2024	Veraval

We pray almighty God that their souls rest in eternal peace.

* * * * *

BRANCH ACTIVITY

AMRELI

- 24-02-2024 CME on "GERD – Surgeon Perspective" Dr. Nikunj Patel.
"Life, live, leave, laugh" by Dr. Devang tank.
- 02-03-2024 "Key hole cardiac surgery – Myths & Facts" by Dr. Divyesh Rathod.
"Mechanical Thrombectomy for Acute Ischemic Stroke" by Dr. Sanjay Teelala.
"Sudden Cardiac Arrest and ICD therapy for preservation" by Dr. Vishal Poptani.

DEESA

- 08-03-2024 International Women's Day Appreciation & Felicitation of Nurses of Civil Hospital for their dedicated work.



GANDHIDHAM

- 2 to 15-02-24 Blood Donation camp. Total 268 blood units were collected.
 29-02-2024 Thalesemia Detection Camp. Total 134 samples were collected.

HIMATNAGAR

- 21-02-2024 Workshop on Balanced Posture -Roadmap To Pain Free Life by Dr. Jignesh Patel.
 03-03-2024 "Aao Gaon Chalen". benefitted Multi speciality Medical Camp organised at Civil Hospital, Shamlaji, Total 105 patients were benefitted.
 07-03-2024 CME on "Stroke / Intracranial Stenos is to Aneurysm-New Era of Endovascular Intervention" by Dr. Hiren F. Patel.
 14-03-2024 Workshop on National TB Elimination by WHO Consultant.

JETPUR

- 21-02-2024 CME on "Cardiology – routine procedure & beyond" by Dr. Mihir Tanna.
 28-02-2024 "Rheumatology in daily practice" by Dr. Falgun Dhoriyani

KALOL

- 11-02-2024 Walkathon organised by IMA Kalol Branch.

MEHSANA

- 21-02-2024 CME on "Therapeutic potential of mesenchymal stem cells in regenerative medicine" by Dr Anand Shrivastav.
 "Results of stem cells in various diseases" by Dr. Divyang Patel.
 "World Kidney Day" Awareness Program on Kidney Health & patient felicitation.

MORBI

- 4/1 - 7/1/24 } Free Blood Sugar Checkup camp.
 10 - 11/1/24 } Total 438 people were benefitted.
 21/1 - 4/2/24 }
 07-01-2024 Seminar on "Adolescence Health" at by Dr. Ramesh Boda and Dr. Bhavnaben Jani



- 7/1 - 20/1/24 } Blood donation camp. Total 100 bottles were collected.
11/2/24 }
- 21-01-2024 Free diagnostic camp for patients for joint pains and spine problems by Dr. Nitin Budhhdev. Total 40 people got benefit.
- 22-01-2024 Free OPD charges for all patients by various doctors.
- 03-02-2024 Free Hemoglobin checkup and health awareness programme for school girls by Dr. Jayesh Panara and Dr. Bhoomi Jakasaniya. Around 20 girls were benefited.
- 08-02-2024 Free diagnostic camp for Women and free distribution of sanitary pads by Dr. Hitesh Patel, Dr. Vijay Gadhiya and Dr. Bhavnaben Joshi. Total 50 females got benefited.
- 09-02-2024 CME on "SGPT-65: Case based discussion" by Dr. Pathik Parikh. Free hemoglobin checkup and health awareness programme for school girls by Dr. Jayesh Panara. Around 30 girls were benefited.
- 22-02-2024 "Approach to Head Injury in children and CT/MRI brain findings" by Dr. Ridham Khanderia.

PALITANA

- 21-02-2024 CME on "Nice informative lecture on Shifting Paradigm in Oncology a new horizon" by Dr. Murtuza I Laxmidhar
- 14-03-2024 CME on "Role of Neurosurgeon in second tier city" by Dr. Shrut Doshi.
"Approach to chest Pain" by Dr. Krishnakant Sharma.

VADODARA

- 10-02-2024 Inauguration Ceremony of Oncology CME Organized by Bankers Group of Hospitals.
- 19-02-2024 Hemato – Onco Update 1.0 by Sterling Hospital.

* * * * *

DISCLAIMER

Opinions in the various articles are those of the authors and do not reflect the views of Indian Medical Association, Gujarat State Branch. The appearance of advertisement is not a guarantee or endorsement of the product or the claims made for the product by the manufacturer.



NEWS CLIP

ઈન્ડિયન મેડિકલ એસો.ની સરકારને રજૂઆત ડૉક્ટરો પર હુમલો કરનારા સામે અત્યંત કડક પગલાં લેવામાં આવે

અમદાવાદ, મંગળવાર તાજેતરમાં રાષ્ટ્રીય ખાતેની એક હોસ્પિટલમાં દર્દીના સ્વજનો દ્વારા કરવામાં આવેલા હિંસક હુમલાને ઈન્ડિયન મેડિકલ એસોસિએશન દ્વારા વખોડવામાં આવ્યો છે. રાષ્ટ્રીયમાં દર્દીના મૃત્યુ બાદ સ્વજનોએ હોસ્પિટલમાં કરેલી તોડફોડની ઘટના IMA દ્વારા વખોડવામાં આવી રાષ્ટ્રીય ખાતેની હોસ્પિટલમાં તાજેતરમાં એક ગર્ભવતી મહિલા અને તેના નવજાત બાળકનું અવસાન થયું હતું. જેના પગલે મૃતકના સ્વજનોએ હોસ્પિટલ જેવા સાધનો દ્વારા હોસ્પિટલને નુકસાન પહોંચાડવા પ્રયાસ કર્યો હતો. આ ઉપરાંત મેડિકલ સ્ટાફને હોસ્પિટલમાં આગ લગાવાની પણ ધમકી આપી હતી. આ મામલે પોલીસ ફરિયાદ કરવામાં આવી છે. બીજી તરફ ઈન્ડિયન મેડિકલ એસોસિએશનની ગુજરાત પાંખે આ ઘટનાને વખોડતાં સરકારને પણ લખી હોસ્પિટલમાં તોડફોડ કરનારા ક્યુરવોરો સામે કડક પગલા લેવાની માગ કરી છે. ઈન્ડિયન મેડિકલ એસોસિએશનની ગુજરાત પાંખે એક યાદીમાં કહ્યું છે કે, 'આ રીતે હોસ્પિટલમાં હિંસક હુમલો કરનારા સામે તાકીદે પગલાં લેવામાં આવે તેવો સરકારને અમારો અનુરોધ છે. આ પ્રકારના કડક પગલા લેવાશે તો જ ડોક્ટરો મેડિકલ સ્ટાફ પર હિંસક હુમલો કરનારાને સંદેશો મળશે.



તેની આસપાસ 65કર ડીસા 9824969457

વિશ્વ મહિલા દિવસ "ઈન્ડિયન મેડિકલ એસોસિએશન ડીસા દ્વારા સિવિલ હોસ્પિટલ ના મહિલાકર્મીઓનું સન્માન કરાયું.



પાંખે લીધી અને દેહકે ઉપાકર્મો-ના પ્રતિનિધિ રૂપે સ્ટાફ-નર્સ

કોમલ જે હમજાનો નહીં તુ, શક્તિ કા નામ હી નારી છે. જગ કો જીવન દેને વાલી, તુ હી સર્વો શક્તિશાલી છે. ઈન્ડિયન મેડિકલ એસોસિએશન દ્વારા આઠ માર્ચના રોજ "આંતરરાષ્ટ્રીય વિશ્વ મહિલા દિવસ" નિમિત્તે અનોખી ઉજવણી કરવામાં આવી હતી. ડીસા ની સિવિલ હોસ્પિટલ ખાતે માં ૬૨૪ યજ્ઞગૃહી મહેલ આલમ અલમ ઉપાકર્મો-ના 7 સ્ટાફ નર્સ મહિલાઓને એવોર્ડ આપીને એમનું અભિવાદન કરવામાં આવ્યું. દેહકે ઉપાકર્મો-ને ઉત્કૃષ્ટ કાર્ય કરી રહ્યાં છે, જેનો IMA ડીસા એ નીતાબેન, ગૈતાબેન, જયશ્રીબેન, ગોપીબેન, કલ્પબાબેન, લીલાબેનને સન્માનિત થયાં હતાં અને મોનરો આપી તેમની સંવાદને વિસ્તારી હતી. આ પ્રસંગે આઈએએએ પ્રમુખ શ્રી ડી.પરશોભાઈ, સેક્રેટરી ડી.પરશોભાઈ, ડી.જી.અનંદપભાઈ, ડી.અમીત ડી.સી.બાબેન પટેલ, ડી.બિલાલબેન, ડી. હેતલબેન, ડી. મોહાબેન, ડી. લીનાબેન, ડી.નીતાબેન તથા સેલુકાબેન હાજર રહીને કાર્યક્રમ સમ્પન્ન બનાવ્યો હતો.

ક્લીનિકલ એસ્ટાબ્લીશ એક્ટના ખરડામાં સુધારો લાવવા ડોક્ટરોની રજૂઆત

વડોદરા, તા. 10 ઈન્ડિયન મેડિકલ એસોસિએશન દ્વારા વડોદરા સરકાર દ્વારા પસાર કરવામાં આવેલા ક્લિનિકલ એસ્ટાબ્લીશ એક્ટના ખરડામાં સુધારો લાવવા તેમજ માત્ર આમુખ્યાન કાર્ડના નાણાં ઓરિએન્ટેડ ઉપનોટિસ કંપની એ સિવિલ હોસ્પિટલ ના ક્લિનિકલ મહત્વ આપ્યા ન હોવાથી એકલે કે ગુજરાતની વિવિધ હોસ્પિટલ માં 400 જેટલી માત્ર નર્સની રકમ હજી સુધી આપી ન હોવાથી તાત્કાલિક તેની સુધારે પગલા લઈને હોસ્પિટલ એસોસિએશને પેલ આવામાં આવે તે માટે આરોગ્ય મંત્રીને આવેદનપત્ર આપીને રજૂઆત કરવામાં આવી હતી. ઈન્ડિયન મેડિકલ એસોસિએશનના ડોક્ટર પિતરાય શાહ દ્વારા જણાવ્યા અનુસાર, જેટલે સગ કરીએન સુરક્ષિત વિધાનસભામાં ક્લિનિકલ એસ્ટાબ્લીશ એક્ટના ખરડામાં આપ્યો હતો. આ કારણો નાના ક્લિનિક 50 જેટલા પરાવર્તુ હોસ્પિટલ તેમજ 100 થી વધુ જેટલા રાજ્યના હોસ્પિટલ પર લાગુ કરવામાં આવે તેથી ઈન્ડિયન મેડિકલ એસોસિએશન દ્વારા આ કાયદામાં ફેરફાર કરવા માટે વિવિધ રજૂઆત કરવામાં આવી હતી જેમાં તેમણે જણાવ્યું હતું કે અખી બોલણ થતા પગલા લેવાઈએ ના આ કાયદાથી વધારા આપવામાં આવે. કારણકે કાલકાલે એક વિદેશી પુરીલાઈસેન્સ સર્ટિફિકેટ જમા કરાવવું પણ જ જરૂરી છે.

દિવસ ભારતર અમદાવાદ 12-03-2024

આજે વિશ્વ જામર દિવસ, અઠવાડિયા સુધી સિનિયર સિટીઝન માટે કેમ્પ યોજાશે સ્ટીરોઈડના ડ્રોપ્સ ઝામર નોતરી શકે છે, 45 વર્ષ પછી આંખની તપાસ ખાસ જરૂરી દેશમાં 1.2 કરોડ લોકોને જામર, જ્યારે 12 લાખ લોકોએ જામરને કારણે દૃષ્ટિ ગુમાવી

આંખમાં વધારે પડતા માર્ઈનસ કે પ્લસ નંબર હોવા. ડ્રાયાબિટીસ, બ્લડપ્રેસર, ચાઈરોઈડ, સ્ટીરોઈડનો વધુ પડતો ઉપયોગ, પરિવારમાં જામરની હિસ્ટ્રી. આંખમાં કોઈ ઈજા કે ઓપરેશન કરાવ્યું હોય એવી પરિસ્થિતિમાં વ્યક્તિને જામર થવાની શક્યતા છે. 12 માને વિશ્વ જામર દિવસ નિમિત્તે ઈન્ડિયન મેડિકલ એસોસિએશન ગુજરાત, અમદાવાદ મેડિકલ એસોસિએશન, ગુલક્રોમા સોસાયટી ઓફ ઈન્ડિયા, અમદાવાદ ઓચલોલોજિકલ સોસાયટી અને એમ એન્ડ જે વેસ્ટર્ન રિજીયનલ ઈન્સ્ટિટ્યુટ ઓફ ઓચલોલોજીએ અમદાવાદમાં યોજાવા વિશ્વ જામર સપ્તાહ અંતર્ગત અમદાવાદ અને ગાંધીનગરમાં સિનિયર સિટિઝન માટે આંખની તપાસાર્થે વિવિધ સ્થળે કેમ્પ શરૂ કર્યો છે.

એલ. જી. હોસ્પિટલના ડી.આરોપ ભોજકે કહ્યું કે, જામર એ આંખનો ગંભીર રોગ હોવાથી તેને કારણે કાયમી અંધત્વ આવી શકે છે. જામરનાં કોઈ લક્ષણ હોતાં નથી, પરંતુ અમુક દર્દીમાં આંખ લાલ થવી, આંખમાંથી પાણી પડવું, આંખમાં દુખાવો થાય, માથું દુખવું, ચંચળતા નંબર વારંવાર બદલાયા, પ્રકાશની આજુબાજુ કુંડાળા દેખાય વગેરે જેવા ચિહ્નો જામરનાં છે. 45 વર્ષ પછી દરેક વ્યક્તિએ કોઈ પણ ઓચલોલોજિકલ પાસે તપાસ કરાવવી જોઈએ.

એસ એન્ડ જે ઈન્સ્ટિટ્યુટ ઝામર વિભાગના વડા ડી. પૂર્વી ભગતે જણાવ્યું હતું કે, જામરની પરિસ્થિતિમાં આંખમાં અસામાન્ય દબાણ પેદા થવાથી આંખ પાછળના ભાગમાં ચેતાતંતુનાં કોષ્ટ્ર સુકાતા જાય છે. દૃષ્ટિક્ષેત્ર સંકોચાવતું જાય છે. સમયસર નિદાન અને સારવાર દ્વારા જામરને અટકાવી શકાય છે. ભારતમાં આંખના 1.2 કરોડ લોકો જામરથી પીડાય છે અને 12 લાખ લોકોએ જામરના કારણે દૃષ્ટિ ગુમાવી છે.



Notification
Health and Family Welfare Department
Sachivalaya, Gandhinagar
Dated the 13th March 2024

Gujarat Clinical Establishments (Registration and Regulation) Act, 2021.

No.GHY-04-2024-GCA-102021-1314-A.- WHEREAS certain draft rules were published as required by sub-section (1) of section 45 of the Gujarat Clinical Establishments (Registration and Regulation) Act, 2021 (Guj.18 of 2021) in the Gujarat Government Gazette, dated the 19th December 2023, inviting objection or suggestion from all persons likely to be affected thereby within a period of thirty days from the date of publication of the said notification in the Official Gazette.

AND WHEREAS objections or suggestions received by the Principal Secretary to the Government of Gujarat, Health and Family Welfare Department, Sachivalaya, Gandhinagar in respect of the said draft notification have been considered by the Government.

NOW, THEREFORE, in exercise of the powers conferred by sub-section (1) of section 45 of the Gujarat Clinical Establishments (Registration and Regulation) Act, 2021 (Guj.18 of 2021) the Government of Gujarat hereby makes the following rules, namely:-

1. (1) These rules may be called the Gujarat Clinical Establishments (Registration and Regulation) (Amendment) Rules, 2024.
(2) They shall come into force from the date of their publication in the *Official Gazette*.
2. In the Gujarat Clinical Establishments (Registration and Regulation) Rules, 202 (hereinafter referred to as "the said rules"), in rule 2, in sub-rule (1), after clause (a) the following clauses shall be added, namely:-
" (b) "Annexure" means annexure appended to these rules;
(c) "Blood bank" means a blood bank as defined in the Drugs and Cosmetic Rules, 1954 from time to time;
(d) "Clinic" means a clinical establishment providing examination, consultation, prescription to outpatients including dispensing of medicines by a single or general practitioner or specialist doctor or super-specialist doctor. "Polyclinic" means a clinical establishment with more than one doctor or general practitioner or specialist doctor or super-specialist doctor. A few minor procedures like dressing and administering injections etc. may be provided in the clinic or polyclinic.
(e) "Consulting Room" means a place where consultation including examination of the patients and issue of prescription is done and medical advice is provided;



- (f) "Council" means the State Council for Clinical Establishments;
- (g) "Dental Clinic" means a clinic where treatment for dental ailments is offered with or without injection, minor operation, dressing etc.;
- (h) "Dental Hospital" means a place where patients are treated as inpatient and treatment is given for dental ailments;
- (i) "Hospital" means and includes a Nursing Home or Health Centre or Treatment Centre or any other place where facilities for admission as in-patients for treatment of illness with or without surgery or conduct of delivery etc., with or without out-patient facilities and diagnostic facilities like laboratory etc., in any recognised system of medicine;
- (j) "Laboratory" means a place where bio-medical or bio-chemical or clinical pathology or biopsy or bacteriological or genetic investigation or any diagnostic test or investigative services are carried out;
- (k) "Patient" means a person who reports himself or brought to any clinical establishment including newly born child for treatment or consultation or seeking any other services rendered by the such clinical establishment;
- (l) "Pharmacist" means a person registered under the Gujarat State Pharmacy Council or any other such Council or Board in Gujarat recognised by the Government;
- (m) "Qualified Nurse" means a person who possesses the required qualification from any of the Nursing Teaching Institutions, recognised by the Indian Nursing Council and enrolled with the Gujarat Nursing Council under the Indian Nursing Council Act, 1947 (Central Act XLVIII of 1947). In case of Ayurveda or Unani or Homeopathic Nurse, it shall mean a person who possesses the required qualification from any of the Nursing Teaching Institutions, recognised by the Government and enrolled with respective Council or Board in Gujarat recognised by the Government.
- (n) "Registered Medical Practitioner" means a person who possess any of the Government recognised medical qualification and who has been enrolled in the register of the respective Council viz., Medical, Dental, Siddha, Ayurveda, Unani or Homeopathic Councils in Gujarat or the Board of Indian Medicine or any such Council, Board or any other statutory body in Gujarat established or recognised by the Government of Gujarat or Government of India;"



3. In the said rules, after rule 8, the following rule shall be inserted, namely:-

“8A. Minimum facilities of clinical establishment: –

- (1) The floor space and other facilities, the minimum number of staff and their minimum qualification, minimum equipment and other conditions required for a clinical establishment, for providing different medical services including specialized services shall be in accordance with the norms and conditions specified in Annexure-9.
- (2) If, at any time clinical establishment violates the conditions of registration or any of the provisions of the Act or rules made thereunder, the District Authority or the State Council, as the case may be, may take appropriate action under the Act.”.

4. In the said rules, in rule 9, for sub-rule (6), the following sub-rule shall be substituted, namely:—

- “(6) In event of change of management or ownership, the clinical establishment shall inform in writing to the District Registering Authority regarding the change of management or ownership or RMP in-charge of Hospital within two months. The clinical establishment shall make an online application on the government portal in Annexure-1A for such changes along with payment of fees specified in Annexure 7.”

5. In the said rules, in rule 10, in sub-rule (1), after the words “necessary information filled”, the words “in Annexure-1A” shall be inserted.

6. In the said rules, in rule 12, after the words “provisional certificate”, the words “in Annexure-1A” shall be inserted.

7. In the said rules, after rule 10, following rule shall be added, namely:-

“10 A. Application for obtaining certificate of registration under rules 9 and 10 -

- (1) Every clinical establishment shall make an application under rule 9 and rule 10 as per Annexure-1A. If a clinical establishment is offering services in more than one recognised system of medicine, it shall make separate application for obtaining certificate for each system of medicine;

Provided that a laboratory or a diagnostic center which is a part of a clinical establishment shall not be required to get registered separately.

- (2) The clinical establishment shall be required to submit the documents specified in Annexure-1A along with the application for obtaining provisional certificate of registration and permanent certificate of registration.



(3) The amount collected by way of fees, fines and penalties by the Council and the Authority under section 35 and Section 36 shall be credited to such account as the State Government may, by order specified in this behalf.”

8. In the said rule, after rule 13, following rules shall be inserted, namely:-

“14. Duties of clinical establishment. - Every clinical establishment shall, -

- (a) display a copy of the Certificate of Registration of the clinical establishment in a prominent place of the premises open to public;
- (b) maintain records in electronic form showing the names, addresses and the qualifications of its employees and the equipment maintained by establishment and if any changes to it, report to the authority half yearly. However, Clinical establishments shall be permitted to maintain record in electronic or manual form for a transitional period of two years from the date of notification of this rules.
- (c) display of rates charged by Clinical Establishment. However while displaying rates chargeable for ICU rooms, different kinds of rooms for IPD, it shall not only display the room rent, but also average billing amount in respect of such rooms or ICU per day including cost of all medicines, doctor visit fees and all procedures charged on average per day to patients who stayed in such rooms over previous one year. Such display of rates shall be as per annexure-10.
- (d) maintain clinical records, preferably electronically-(i.e any paper, film, printout, slide, solution, medium which can be deciphered or used to indicate and diagnose the condition of the human body or a part of it or any material taken out of it and the course of treatment administered to or undergone by the person), of its activities relating to a patient. The patient shall be given case records containing name, age, gender and date of consultation, diagnosis (either provisional or final) and treatment advised including the laboratory and diagnostic results, and the investigation undertaken;
- (e) each record shall be kept open for inspection to the competent authority;
- (f) every clinical establishment shall facilitate to segregate and dispose the waste including biomedical waste as per the applicable norms or guidelines of the Government of India and Gujarat Pollution Control Board;
- (g) surrender of the Certificate of Registration, on ceasing to function as a clinical establishment.
- (h) It shall be the duty of every clinical establishment to provide a list of patients every month who are suffering from Tuberculosis or other notifiable diseases notified



under the Epidemic Disease Act, 1897 and getting diagnosed at the clinical establishment for the first time along with necessary details of communication address, contact number and other information to local Public Health Authority namely, Chief District Health Officer of a District or Municipal Health Officer of concerned urban local body in whatever way they are known.

- (i) It shall be the duty of every clinical establishment to follow directions related to public policy issued by the Government from time to time in respect of quality of care for specific categories of patients.

15. Maintenance of medical records. –(1) Every clinical establishment shall maintain records with particulars relating to the clinical observation, test, investigation, diagnostic opinion, advice and treatment given to the patient, who has visited the clinical establishment either as an in-patient or out-door patient in details to a broader extent as specified in Annexure-10. However, in respect of laboratory test or diagnostic investigation report, such records shall be maintained by concerned laboratory or diagnostic facility.

- (2) In case of unforeseen events, pandemic or any other disaster, the clinical establishment must provide information as required by the State Council or the District Registering Authority.
- (3) The record of OPD shall be maintained electronically for minimum period of two years, IPD record shall be maintained for minimum period of five years and in case of court-case/medico legal cases/consumer forum cases, the related record shall be maintained till the final disposal of the case.

16. Publication of list of clinical establishments–

- (1) The Authority/State Council shall display the list of clinical establishments registered in Gujarat and update the same on online platform every month in Form-A of Annexure-11.
- (2) The Authority shall display the list of the clinical establishments whose registration has expired and update the same on online platform in Form-B of Annexure-11.

17. Manner of inspection in case of a clinical establishment -

- (1) Entry and inspection or inquiry of the clinical establishment shall be done by the Authority or State Council or Health and Family Welfare Department or a team duly authorized by it subject to such general or special orders as may be made by the Authority or State Council or Health and Family Welfare Department.
- (2) The inspection team shall intimate in advance to the establishment about the visit.



- (3) The inspection team shall examine premises used or proposed to be used for the clinical establishment and inspect the equipments and other accessories and enquire into the professional qualifications of the technical staff employed and may make any such other enquires, as it consider necessary to verify the statements made in the application for registration or grant of license or to ascertain factual veracity as to the complaint regarding patient care. All persons connected with the running of the establishment shall be bound to provide full and correct information to the inspection team.
- (4) The inspection team shall submit a report in Annexure-12 within a week of the inspection to the authority and shall also forward a copy thereof to the State Council.

18. Disobedience of direction, obstruction and refusal of information.

- (1) In case of disobedience of direction, obstruction and refusal of information required by any person of authority empowered under the Act, District Registering Authority or Council, shall hold an inquiry after giving the concerned person a reasonable opportunity of being heard for the purpose of imposing penalty.
- (2) The person aggrieved by the decision of the Authority may prefer an appeal to the State Council within a period of three months from the date of receipt of such decision.
- (3) State Council or the person authorised by the State Council on receipt of such appeal, if he considers that, an interim order is necessary in the matter, he may pass such an order.
- (4) State Council or the person authorised by the State Council may pass such order as he deems fit after giving a reasonable opportunity of being heard.
- (5) The decision of the appellate authority shall be communicated to the person concerned within fifteen days from the date of passing of such order.
- (6) The decision of the appellate authority shall be final and binding.”

9. In the said rules, for Annexure 7, the following Annexure shall be substituted, namely:-

“Annexure –7

(See rules 9, 10 and 12)

Fees for Application of Registration/ Renewal of Different Clinical Establishment

Sr.	Establishment Type	Fees of application for provisional	Fees of application for permanent	Fees for appeal against District Authority
-----	--------------------	-------------------------------------	-----------------------------------	--



		registration(in Rs)	registration(in Rs)	Order(in Rs)
1	Clinic/consulting room/ Polyclinic	1000/-	2000/-	1000/-
2	Establishment up to 15 beds	2000/-	8000/-	2000/-
3	Establishment with 16 to 30 beds	5000/-	20000/-	5000/-
4	Establishment with 31 to 50 beds	10000/-	40000/-	10000/-
5	Establishment with 51 to 100 beds	15000/-	60000/-	15000/-
6	Establishment with more than 100 beds	50,000/-	200000/-	15000/-
7	Standalone Lab/ Other diagnostic unit	2,000/-	8000/-	2000/-

- For late Application the amount would be double of the provisional or permanent registration fee as the case may be.
- For change of ownership, management or name of establishment would be half the amount of provisional or permanent registration fee as the case may be.
- For renewal of permanent registration would be half the amount of the permanent registration fee.
- For obtaining the duplicate certificate the fee amount would be 10 percent of the amount of provisional or permanent registration fee as the case may be”.

10. In the said rules, after Annexure 1, the following Annexures shall be inserted, namely:-

**“Annexure – 1A
(See rule 9, 10A, 12)**

**Application Form for Permanent Registration/
Renewal of Registration / Change of Management or Ownership of Clinical
Establishment**

Establishment Details

- Name of the Clinical Establishment:** _____
 - Registration Number (provisional/ permanent provided by the Authority if available): _____
 - valid till: _____
- Type of clinical Establishment** (Consulting Room, Clinic, Poly clinic, Hospital, Dental Clinic, Clinical Laboratory, X-ray Centre and imaging Centre): _____
- Category of Clinical Establishment** (Allopathy, Ayurveda, Siddha, Homeopathy, Yoga, Naturopathy): _____
- Address:**

Village/Town: _____	Taluka: _____
District: _____	State: _____ Pin code: _____
Telephone No.(with STD code): _____	Mobile: _____
Email ID: _____	Website URL address (if any): _____
- Year of starting:** _____

**6. Ownership of Services.** (Fill/ Mark all whichever is applicable) -**Public Sector**

Central Government	State Government	Local Government (please specify)
Public Sector Undertaking	Railways	Employees State Insurance Corporation
Grant-in-Aid institutions	Autonomous organization	Society/Not for profit Companies

Any other (please specify): _____

Private Sector

Individual Proprietorship	Partnership firm (Including LLP)	Registered Company
Corporation (including a society) registered under a Central, Provincial or State Act (Please specify)		
Trust (including Charitable) registered under a Central, Provincial or State Act (please specify)		
Branch of a Foreign Service provider (please specify)		

Any other (please specify): _____

7. Name of the owner(s) of Clinical Establishment:

Name: _____ Address: _____
 Village/Town: _____ Taluka: _____
 District: _____ State: _____ Pincode: _____
 Telephone No. (with STD code): _____ Mobile No.: _____ Email ID: _____

8. Name, Designation and Qualification of person-in-charge of the clinical establishment (it could be same as owner)

Designation: _____ Qualification: _____
 Registration No (GMC/IMC): _____
 Address: _____
 Village/Town: _____ Taluka: _____
 District: _____ State: _____ Pin code: _____
 Telephone No.(with STD code): _____ Mobile: _____ Email ID: _____
 Any other (please specify): _____

9.Type of clinical establishment:(Please mark/ tick whichever is applicable)**Clinic**

Single Practitioner	Consulting Room	Polyclinic
Dental	Psychiatry	Any other please specify: _____

Hospital

General Practice Services	Maternity Home
Single speciality Services	Multi Speciality Services
Super speciality Services	ICU/ICCU



Emergency Causality	Drug de-addiction hospital
Psychiatry nursing home/ Hospital	Any other please specify: _____

10. Whether the clinical establishment-

(a) is attached with Laboratory (if so, please mark/tick whichever is applicable)

Pathology	Haematology	Histopathology
Cytology	Genetics	Samples Collection Centre
Biochemistry	Microbiology	Any other please specify

If answer to (a) above is yes, the following details may be furnished, namely:

- Tests that it proposes to carry out
- List of equipments available
- A list of technical staff (both technical and supervisory)
- List of personnel who are going to sign test reports.

(b) is attached with X-ray and Imaging Centre (if so, please tick whichever is applicable)

Portable X ray	Conventional X Ray	Digital X Ray
X Ray with computed Radiography system	Ultrasound	Ultra sound with Color Doppler
Mammography	Orthopentogram(OPG)	CT Scan
Magnetic Resonance Imaging (MRI)	Positron Emission Tomography (PET) Scan	Bone Densitometry
Uro-flowmetry	Any other (Please specify):	

(c) is attached with Blood Banks (if so, please tick whichever is applicable)

(A) Based on Location

Standalone	Hospital Based	Any other please specify: _____
------------	----------------	---------------------------------

(B) Based on Facilities (please specify):

- Blood bank having whole blood facility only
- Blood bank/having whole blood and component facility
- Blood bank having whole blood and/or component facility with any other additional facility

11. List of the equipments (only provide list of such equipments with unit cost more than ten thousand rupees):-

12. System of Medicine: Services offered (please tick whichever is applicable)

(a) Allopathic Speciality

Medical and Allied	Surgical and Allied	Obstetrics and Gynecology
--------------------	---------------------	---------------------------

Any other please specify: _____

(b) Ayurveda

Anusadh Chikitsa	Shalya Chikitsa	Shodhan Chikitsa	Rasayana
Pathya Vyavastha	Any other please specify: _____		

(c) Unani

Matab	Jarahat	Ilaj-bit-Tadbeer	Hifzan-e-Sehat
-------	---------	------------------	----------------

Any other please specify: _____

(d) Siddha

Maruthuvam	Sirappu Maruthuvam	Varmam Thokknam & Yoga
------------	--------------------	------------------------

Any other please specify: _____

(e) Homeopathy

General Homeopathy	Any other please specify:-
--------------------	----------------------------

(f) Naturopathy

External Therapies with natural modalities	Internal Therapies
--	--------------------

Any other please specify:- _____

(g) Yoga

-Ashtang Yoga

Any other please specify:- _____

13. Area of the establishment (in square metres)

(a) Total area: _____

(b) Constructed Area: _____

14. Out-Patient Department

Total number of Out Patient Department Clinics

Sr.No.	Speciality	Number of Rooms

13. In-Patient Department

(a) Total number of beds:

(b) Specialty-wise distribution of beds, please specify:

Sr.No.	Speciality	Number of beds

15. Biomedical Waste Management

(a) Method of treatment and/or disposal of bio-medical waste:

i. Through Common Facility

ii. Onsite Facility

iii. Any other (please specify)

(b) Whether authorization from Pollution Control Board obtained?

Yes

No

Applied for

16. Total number of Staff (as on date of application):

Number of permanent staff: _____

Number of temporary staff: _____



(A)

Category of Staff	Name	Qualification	Registration Number	Nature of Service Temporary/ Permanent
Doctors				
Nursing Staff				
Para-medical Staff				
Pharmacists				

(B) i. Number of Support Staff:

ii. Number of Administrative Staff:

iii. Others, Please specify

17. Clinical establishment shall upload following certificates as applicable:

- NOC or certificate as the case may be for Fire safety issued by competent authority
- Biomedical waste management certificate issued by GPCB
- Authorization from Atomic Energy Regulation Board (Radiology)
- Certificate under the Drug and Cosmetic Act, 1985
- Authorization under PC&PNDT Act, 1994
- Certificate of registration under Assisted Reproductive Technology (Regulation) Act, 2021
- Certificate of registration under Surrogacy (Regulation) Act, 2021
- License for blood bank or authorization for blood storage facility
- 5 to 10 photographs of clinical establishment taken from different angle.

18. Payment options for Registration Fees:

Payment option: Online Transaction

Online Transaction Id.:

Amount (in Rs.):

Date:

Details:

I / We hereby declare that the statement stated above are true and correct to the best of my/our knowledge and I/We shall abide by the Gujarat Clinical Establishments (Registration and Regulation) Act, 2021 and the Rules made thereunder.

I fully understand that in case any of the submitted documents are found to be false or if it is found that I have not fulfilled in accordance with any of the provisions of the Gujarat Clinical Establishments (Registration and Regulation) Act, 2021 and the Rules, the Competent Authority shall be at liberty to penalize me or cancel the registration as per the provisions of this Act.

Place:

Date:

Signature of the Authorized person of the clinical establishment

**Acknowledgment**

Received Application for Registration from.....

Signature of CDMO/CDHO/Superintendent/Authorised person

Name:

Date with Seal:

11. In the said rules, after Annexure 8, the following Annexures shall be added, namely:-

**“Annexure-9
(See rule 8A)**

A. Allopathy System

I. Consulting Room. -

- (1) **Infrastructure** - Consulting room shall have sufficient space with light and ventilation. Separate space for the patients waiting for consultation has to be provided.
- (2) **Staff** - The examination of the patient and prescription of the treatment shall be done only by a registered medical practitioner as required under the Indian Medical Council Act/ National Medical Commission Act as applicable.
- (3) **Equipment** – The equipments and hospital accessories shall be available in the consulting room according to concerned speciality.
- (4) **Prescription slip**- Doctor shall sign the prescription slip with date and registration number with concern council and ABHA if agreed to by patient.

II. Clinic. - In addition to the norms prescribed for a consulting room, the following norms are required to be fulfilled, namely: -

- (1) **Building** - Sufficient space shall be available for keeping the patient under observation in case of anaphylaxis or for giving intravenous drip or for observation etc.,
- (2) **Staff** - Minimum of a Registered Medical Practitioner (RMP) and a qualified paramedical staff.
- (3) **Equipments**– Clinic should have all necessary equipments as per service provided.
- (4) **Waste Disposal**- Facilities to segregate and dispose the waste including biomedical waste as per the Government of India and Gujarat Pollution Control Board norms.
- (5) **Dispensation of Medicine**- If the clinic is also engaged in dispensing of medicines to the patients, the same shall be done only by a qualified pharmacist or by the Registered Medical Practitioner (RMP) of the clinic or under his direct supervision.



(6) Laboratory in a Clinic- If the clinic is providing laboratory services, the laboratory work shall be supervised and approved by a qualified person specified in Annexure-9.

(7) X-ray/CT scan/MRI (radiograph)- If the clinic is having radiograph unit, the radiograph shall be taken by a radiologist or a competent doctor or by a competent person complying with regulatory requirement.

(8) Minor Surgeries- In case of minor surgeries or minor surgical procedures like cyst excision, Medical Termination of Pregnancy (MTP), Dilatation and Curettage (D&C) are under taken it is advisable to have a sterile room for the purpose and facilities available as given for minor Operation Theatre.

III. Polyclinic- (1) In addition to the norms prescribed for clinic and consulting room, separate cubicles/rooms/spaces shall be made available for each specialties, if they are being attended simultaneously.

(2) Reasonable space for waiting room and provision of safe drinking water and toilet shall be made available for the patients. Names of different Registered Medical Practitioner (RMP) attending shall be exhibited in the waiting room.

IV. Hospital –

(1) Infrastructure- In addition to the norms prescribed for Clinic, Consulting room and Polyclinic, the waiting room shall be made available for the patients/those accompanying them, which shall have sufficient space

(2) Ward or in-patient room clusters –

(a) Space-

- (i) Ward or in-patient room shall be spacious with good ventilation and light. Electric fan shall be provided to each room and one fan for at least two beds shall be provided for common rooms.
- (ii) Toilets may be common or separate, but shall be clean and provided with water.
- (iii) Cleaning arrangements shall be made to swab the clinical establishment atleast twice a day with antiseptic liquid.

(b) Staff-

- One Qualified RMP for every thirty beds
- One RMP shall be on call duty up to thirty beds during night and off duty hours.
- On duty RMP shall be available in the hospital physically for every thirty beds and above in general side round the clock.
- If the hospital is having less than thirty beds, but if an Intensive Care Unit (ICU) is functioning, one RMP per ten ICU beds shall be available on duty round the clock.

(ii) Nurses- Requisite number of qualified nurses for the bed capacity in accordance with the norms prescribed by Indian Nursing Council shall be provided.



The aforesaid human resource is the minimum requirement irrespective of the fact the availability of any number of trained personnel working in the hospital.

(iii) **Attendant-** Male and female attendants shall be engaged in sufficient number depending on the bed strength to assist the RMPs and nurses in their duties like dressings, enema and preparation of patients for surgery, delivery etc. but they shall not be given the task of giving injections or doing suturing etc. They shall work under the supervision of the nurse.

(iv) **Infection control audit.** - It shall be mandatory for hospitals with more than 30 beds to get infection control audit done through a third party agency once every 3 months. The audit report of infection control audit shall be displayed at a prominent place in the establishment.

(3) Other Services. -

(a) **Pharmacy.** - If a pharmacy is maintained in the hospital for dispensing medicines to the patients, it shall be done by a registered qualified pharmacist only and he should not prescribe any drugs.

(b) **Laboratory.** -

If the hospital is providing laboratory services, the laboratory work shall be supervise and approved by a qualified person specified in Annexure-9.

(c) **X-Ray (Radiograph).** - X-Ray department shall confirm to the norms prescribed in part-VIII of this Annexure.

(d) **Blood Bank.** - If a blood bank is maintained by a hospital, it shall confirm to the standards/requirements prescribed by the Government of India (i.e. Drugs and cosmetic Act 1940) from time to time.

(e) **Ambulance.** - It is desirable that, all Hospitals having more than fifty beds shall have an Ambulance with a driver available or alternatively they shall have tie up arrangement with another Hospital having Ambulance or some Ambulance service unit.

(f) **Catering and Canteen.** - If catering arrangements are available, the kitchen shall be clean and the cooks shall be periodically medically examined. FSSAI standards shall be followed as issued by time to time. Clean practices shall be maintained in the canteen and kitchen.

(g) **lounge facility for admitted patients' attendants:** every hospital with more than 50 beds shall provide a lounge where patients' attendants can quietly take meals or wait.

(g) **General facilities-**

(i) **Bio-medical waste disposal** – Bio-medical waste disposal shall be made as per the norms and Guidelines issued by Government of India or Gujarat Pollution Control Board from time to time. Proper segregation of the waste at the point is to be ensured.

(ii) **Record Keeping** –

All medical record should be maintained as per the code of medical ethics regulation 2002 published by National Medical commission and amended time to time.



(4) Mortuary room- A hospital having more than hundred beds shall have a mortuary room or room with freezer box facilities for the dead bodies.

(5) Water supply- Potable water supply shall be made available. Hot water supply also to be provided.

(6) Clothing and Linen- Bed sheets and other linen used for the patients shall be changed daily.

(7) Firefighting- Fire fighting system or equipments shall be installed as per government guidelines or fire NOC shall be obtained from competent authority, whichever applicable.

(8) Quality assurance- The names of the doctors working in the hospital and the facilities made available in the hospital shall be written and exhibited in the hospital at a prominent place or on hospital website. The Hospital shall strive to maintain quality in each of its services to be provided to the patients.

(9) Security- Due protective measures shall be under taken by the Hospital to ensure safety of the patients, visitors, staff and their properties.

(10) Hospital accessories- Sufficient number of wheel chairs, trolleys, stretchers etc. shall be made available in the hospital.

(11) Uninterrupted power supply - A generator or uninterrupted power system shall be provided to maintain essential services during power failure.

(12) Labour Room- If the Hospital is maintaining a labour room and is conducting deliveries it shall have the following norms, namely:-

(a) Building- There shall be a room for preparation of the patient for delivery, giving enema etc., with sufficient water supply. The labour room shall not be less than 120 square feet well ventilated with sufficient light. Space for keeping the newborn baby and for its resuscitation is essential.

(b) Staff- Delivery shall be conducted preferably by a qualified RMP. Otherwise Qualified Nurse, Auxiliary Nurse Midwife may do the same. Untrained persons shall not be entrusted with the Job. Even if a Nurse / Auxiliary Nurse Midwife conduct the delivery, a RMP shall be on call for any emergency or newborn resuscitation. If the labour ward is in a maternity hospital and deliveries are taking place regularly, a duty RMP shall be available round the clock. It is desirable to have a Pediatrician on call.

(c) Equipment- The following equipments and hospital accessories shall be made available, namely:-

- Labour Table with lithotomy stand
- Oxygen Cylinder with Vent mask
- P.V. Tray with equipment
- Vacuum extractor / Forceps delivery set
- Sterile cord clamp
- Suction apparatus
- Baby resuscitation set



-Baby Warmer (a light may also do)

-any other necessary equipment or as prescribed by the State Government time to time under this rules.

(d) Drugs(Drugs/injections indicated below or their generic or otherwise equivalents in salt contents) -

- Inj. Methyl ergometrine	-Inj.Magnesiumsulphate
- Inj. Oxytocin	-Absorbable suture material
- Inj.carboprost tromethamine	- Inj.Diazepam
- I.V. Fluids	- 2% Lignocaine
-Tab.Misoprostol200mcg	- Inj. Vitamin K
- Inj. Phenytoin sodium	- Inj. Tetanus Toxoid

And any other drugs as prescribed by the State Government time to time under this rules.

(e) Records. -

- (i) Birth Register
- (ii) Birth intimation slip
- (iii) Case sheets and notes to be recorded
- (iv) Register for babies and mothers to prevent child changing.

(13) Operation Theatre. -

(a) Minor Operation Theatre. - Where septic cases and minor surgeries like abscess, Incision and Drainage (I&D) and other septic cases etc. are carried out.

- (i) Space.** - Sufficient space - not less than 100 square feet with adequate lighting and ventilation.
- (ii) Staff.** - All surgeries in minor operation theatre shall be carried out by qualified doctor only. However dressings can be done by a Qualified Nurse or a Trained Nurse.

(iii) Equipments-

- Operation table.
- Sterilizer/ Auto clave
- Minor surgical equipments
- Regional Anaesthesia equipment
- Drugs as required
- Drugs for emergency
- anesthesia apparatus with Oxygen cylinder, Nitrous Oxide Cylinder
- Suction apparatus
- Baby resuscitation set
- any other necessary equipment or as prescribed by the State Government time to time under this rules.



(iv) **Records.** - Records of all surgeries done in minor operation theatre shall be entered in a register.

(b) Major Operation Theatre. -

(i) **Space.** - Shall have sufficient space with a minimum of 150 square feet is essential, well lit preferably air-conditioned. Other than the operating room, there shall be provision for patient waiting and a cot provided for post-operative recovery. Sufficient space shall be available for autoclave and sterilization and for scrubbing. Running water from the tap shall be available in the scrub room sufficient arrangements for fumigation of operation theatre. Swab for culture to be taken from operation theatre at least once a month.

(ii) **Staff** - A qualified nurse shall be the head of nursing staff in the Operation Theatre. Anaesthesia to be provided by a qualified Anaesthetist. Surgeries shall be performed by qualified doctors only.

(iii) Equipments –

- Operating table
- Anaesthesia apparatus with sufficient oxygen, nitrous oxide cylinders
- Multipara monitors
- Defibrillator
- Suction apparatus (preferably two)
- Autoclave
- Surgical equipments for surgery as per speciality
- Resuscitation equipment and drugs
- any other necessary equipment or as prescribed by the State Government time to time under this rules.

(iv) **Records.** - Record of all surgeries performed shall be recorded in a register with name, age, gender, address of patient and names of Surgeon, Anaesthetist and Staff Nurse who performed surgery. Biopsy reports-if any, shall also be entered.

(14) Intensive Care Unit. - An Intensive Care Unit must be maintained in all Nursing Homes or Hospitals having more than hundred beds. The following norms are to be maintained, namely:-

(a) **Space** - A well ventilated preferably air conditioned room with sufficient lighting is essential. For upto four ICU beds, a minimum space of 240 square feet and proportionately higher if the number of ICU beds is more. Sufficient space for keeping ventilators and monitors to be available. Space for duty RMP and nurse shall also be available. There shall be provision for attendants outside the Intensive Care Unit.

(b) **Staff** - One doctor for every ten beds for day time. If there are more than ten beds, one additional doctor for every additional ten beds. Similar provision shall be made for night time.



(c) **Nurse** - Requisite number of qualified nurses for the bed capacity in accordance with the norms prescribed by Indian Nursing Council shall be provided.

(d) **Equipments** -

- Intensive Care Unit beds
- Ventilators
- Multipara Monitors
- Defibrillator
- Suction apparatus
- Oxygen supply (either Cylinder or central supply)
- Resuscitation equipment and drugs
- All necessary drugs
- Uninterrupted power supply
- any other necessary equipment or as prescribed by the State Government time to time under this rules.

(e) **Records.** - A record of in-patients in Intensive Care Unit shall be available either in a manual register or electronically as to their illness, treatment offered, specialists visited - Out come etc.,

(15) **Medical Record Maintenance in a Hospital.** - The following records shall be maintained-as applicable, namely:-

- (i) Admission and Discharge Register.
- (ii) Case sheets
- (iii) Referrals
- (iv) Infectious and Communicable disease Register.
- (v) Immunisation particulars
- (vi) Family Welfare Services
- (vii) Medico Legal Records
- (viii) Maternal Death Record
- (ix) Infant Death record
- (x) 1 to 5 years Child Death records
- (xi) Birth and Death Register(with cause of death)
- (xii) Any other record as may be required by the Government under any other Act/rules-regulations of Government of India or Government of Gujarat.
- (xiii) All the records as mentioned above may be kept electronically and to be linked with the public health record keeping as determined by Govt. authorities from time to time.

V. Dental Clinic. -

(1) **Building.** - The consulting room if it accommodates the Dental Chair also shall be having sufficient space not less than 100 square feet. The room shall be well ventilated and shall have sufficient lighting arrangements. Space for keeping the Sterilizer and Trays to be provided. Sufficient space for patient waiting to be provided outside the consulting room.



(2) Staff. - Dental Surgery, Consultation and prescription shall be performed by a qualified Dental Surgeon only as per the Indian Dentist Act, 1948 (Central Act XVI of 1948). Injections and administration of local anesthesia may be done by the dental surgeon himself, besides an anesthetist. X-Ray shall be taken by a qualified Radiographer or by the Dentist.

(3) Equipments-

- (a) Dental Chair
- (b) Provision of water for surgery
- (c) Sterilizer
- (d) Bin for sterile cotton gauze etc.
- (e) Trays with instruments
- (f) Dental instruments
- (g) Dental X-Ray (desirable)
- (h) any other necessary equipments or as prescribed by State Government time to time under this rules.

(4) Records - A separate record shall be maintained as specified in the rules.

VI. Dental Hospitals - Out-patient department. - The outpatient department of a dental hospital shall conform to the norms prescribed to a Dental Clinic. In addition, sufficient waiting room shall be provided to the patients. Wards, Operation Theatre and other aspects shall be as per the norms prescribed to the nursing homes and hospitals.

VII. Clinical Laboratories- Clinical Laboratories includes clinical laboratories, pathological laboratories, radiological centres, genetic laboratories etc.

(1) Building—Sufficient space for sample collection, Processing, Report preparation etc. should be available. There shall be sufficient space for Microscopy and for Biochemical tests. The room shall be well ventilated with sufficient light. Space for keeping a hospital bed for the use of patient shall be available. If x-ray is also functioning, norms as for an X ray centre shall be followed. The laboratories shall ensure adequate space in relation to the following:-

- (a) Patient's reception
- (b) Sample collection
- (c) Isolation for Bio hazardous materials
- (d) Radioisotope related work as per the regulatory agency Atomic Energy Regulatory Board (AERB) requirement.
- (e) Lavatory for the patient's use

The Laboratories shall preferably follow standards prescribed by the National Accreditation Board for Testing and Calibration of Laboratories for the personnel qualification etc., quality assurance in Lab Service, Internal Quality and External Quality should be ensured.

(2) Staff. – The laboratory work shall be supervised and approved by a qualified person specified in Annexure-9

(3) Equipments -

Microscopes



Calorimeter
 Centrifuge
 Semi Auto Analyzer or Auto Analyzer
 Cell Counter
 Refrigerator
 Hot Air oven
 Bio safety cabinet
 Laminar air flow cabinet -Optional.

anyother necessary equipments or as prescribed by State Government time to time under this rules.

(4) Records. - A separate record shall be maintained as specified in the rules

The following minimum Records to be maintained: -

- (a) Daily Results Register
- (b) Internal Quality Control Register
- (c) Sample Collection Register
- (d) Participation in External Quality Assessment Schemes/ Programmes.

VIII. X-Ray (Radiograph) and Imaging Centres. - This Centre shall include all centres of Imaging Sciences namely, Ultra Sonography Scan Centres, Computed Tomography (C.T.) Scan Centres, Magnetic resonance imaging (MRI) Scan Centres, X-Rays (Radiograph) as well as and Treadmill Echocardiography etc.

- 1. Buildings.** - Sufficient space as the equipment in use demands. Sufficient space shall be provided for patient waiting and resuscitation of the patient in case of anaphylaxis occurring. X-ray and imaging centres shall fulfill the "*Atomic Energy Regulatory Board*" (AERB) norms.
- 2. Staff.** - All tests shall be carried out by qualified technical persons only as follows:-

X-Ray	Radiographer with Clinical Research Associate (CRA) Qualification or Diploma in Medical Radiology Imaging Technology or BSC in Imaging Technology Or Degree or Diploma Course approved by AERB or Certificate/Diploma/Degree course as approved by the State Government/University recognised by UGC.
Ultra Sonogram	by a qualified Doctor or by a Radiologist or Concerned Specialist as per the provisions of the Pre-Conception And Pre-Natal Diagnostic Techniques (Prohibition of Gender Selection) Act, 1994
Electro Cardiogram (ECG)	by an Electro Cardiogram (ECG) Technician trained in Electro Cardiogram (ECG) or by doctor
Electroencephalography (EEG)	Electroencephalography (EEG) Technician trained in Electroencephalography (EEG) or by doctor



Computed Tomography (CT) scan	By a Radiographer/ X-ray technician and report by a Radiologist or by the concerned specialist.
Treadmill	Concerned Technician. A doctor shall be present during the Test.
Echo Cardiograph	by a Qualified Doctor preferably a Cardiologist or by a Qualified Doctor (Post Graduate in field of Radiology, Medicine, Pediatric, Anesthesia, Emergency, Critical care, Clinical Cardiology with adequate experience preferably a Cardiologist (Super Specialist in field of Cardiology)
Contrast Studies	Radiologist or by the Concerned Specialist
Magnetic resonance imaging (MRI)	Radiologist or by the Concerned Specialist

Scan. – MRI/CT scan/PET scan/USG scan Ultra sonography scan reporting shall be performed by a Radiologist or by the Concerned Specialist.

2. **Equipments.** - Equipments according to the concerned speciality tests.
3. **Records.** - A separate record shall be maintained as specified in the rules.

Flooring Specialists for Hospitals-Operation Theatres, Critical Areas & Other Areas. Jeoflor-The Flooring Multispecialist & World Leader in Resilient Flooring Solutions.

USP

Antibacterial.
Antifungus.
Antistatic.
100% Recyclable
Best Abrasion Resistance-T Group.
Floorscore Certificate
LEED Complaint.
Revolutionary & Patented Evercare Treatment-
**Resistant to Betadine, Iodine, Blood etc. there by
Making it perfect for Healthcare Sector.**

- We also also do Designing, PMC of Hospitals.
- We also do Modular O.T.
- We have Special Window Blinds for Hospitals-Antibacterial & Antifungal. (Three Years Warranty)
- We are also dealing in Cubicle Curtains (Five Years Warranty).
- We are also Dealing in Hand Rails & Corner Guard (PVC).

Some of our Esteemed Clients

- (1) 1200 Bed Civil Hospital.
 - (2) Zyduz Cancer Hospital..
 - (3) U.N. Mehta Hospital.
 - (4) K.D. Hospital
 - (5) Aarpan New Born Care Centre
 - (6) Kiran Hospital.
 - (7) Shiv Hospital & Trauma.
 - (8) Parikh Hospital.
 - (9) Shruti Hospital.
 - (10) Gujarat Kidney Hospital
-any many more.

For Enquiries, Demo or any other Technical queries, please contact Mr Ronak Patel at +91-9879380141 or Email:-ronakpatel68@gmail.com • Website:- atozworks.in