



Monograph: September 2012

THE ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AMENDMENT) BILL 2012

Bill no. 84 of 2012: Passed in the Lok Sabha on 30-Aug-2012 and Rajya Sabha on 4-Sep-2012

The background: need for such a bill

Bill Objectives

Bill summary and analysis

- Ordinance already in place
- Singular to plural
- Six new AIIMS
- Institute of national importance
- Power to make transitory provisions
- Financial implications

Conclusion

- No debate v/s Too late to discuss
- Entitlement by birth
- Financial & impact considerations

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For a very long time, the Central Government has been mulling over the idea to replicate certain academic institutions that have done India proud. In the field of Medical education. AIIMS is considered crème-de-la-crème, the equivalent of IITs or IIMs in the areas of medical education and research. Hence, there was a need to create more AIIMS. In fact, at the time the Bill was presented in the Lok Sabha, there were already six societies created (under the Societies Act, 1860) in 6 different States. However, since such Societies can not confer degrees and diplomas on students, it was essential to make amendment in the AIIMS Act, 1956 in order to grant powers to the newly created AIIMS to be able to confer degrees or diplomas to the students admitted. It was also urgent to present and pass the Bill as the admissions were already scheduled for September 2012. In summary, the need was to make the newly created AIIMS that were registered as Societies to be autonomous body corporate that could grant degrees or diplomas.

Eduvisors' Comment

We believe that the quality of medical education in India needs drastic improvement. To create more institutions of high quality is a crying need of the country. Hence, the idea of creating more institutions like AIIMS is relevant and timely, appears logical and is a step in the right direction. *(Even when the manner in which the capacity of high quality is increased needed a relook – more on this later in this monograph in Financial Implication section).*

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The objectives of the Bill were as follows:

1. Amendment of the All India Institute of Medical Sciences Act, 1956 to provide for establishment of 6 new AIIMS;
2. Change the status of the newly created AIIMS from Societies to autonomous body corporate so that they can grant degrees and diplomas;
3. Confer power on the central government to establish more than one AIIMS;
4. Declaring the 6 new AIIMS as institutes of national importance;
5. Finalizing matters related to structure and governance of the new AIIMS; and
6. Confer power on the central government to make transitory provisions for smooth transition.

Eduvisors' Comment

The objectives of the Bill were to ensure that AIIMS gets replicated in six States in a smooth manner. While the amendments in the AIIMS Act and change of new AIIMS from societies to autonomous body corporate was essential, declaring the newly established AIIMS as institutes of national importance was superfluous and could have been linked to performance. Also, the central government keeping governance completely with it is against the spirit of making the new AIIMS truly autonomous.

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As Parliament was not in session in July 2012 and immediate steps were required to be taken to commence the academic session at the aforesaid six All-India Institutes of Medical Sciences in September, 2012 and make necessary amendments to the All-India Institute of Medical Sciences Act, 1956, the President of India had already promulgated the All-India Institute of Medical Sciences (Amendment) Ordinance, 2012 on 16th July 2012 (using the article 123 of the constitution of India).

Eduvisors' Comment

Due to the existing All-India Institute of Medical Sciences (Amendment) Ordinance, 2012, it was practically assumed that whatever maybe the debate on the Bill tabled in the parliament, the Bill would get passed. At the same time, due to the ordinance in place, the concerned authorities were able to plan for admissions of students in September 2012.

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Most of the changes made in the Bill presented were related to making singular (the AIIMS, New Delhi) to plural (the initial AIIMS and the six new AIIMS).

Eduvisors Comment

The Bill could have been presented in a completely reworked manner rather than making singular to plural and making it complex. The government should have considered moving from older method of 'amendment' of the existing act to reworking to accommodate the new intent. In other words, as via the amended act, complete context has changed, why call it an amended act? Hence, complete reworking would have taken care of the issues of singular to plural and also would have taken care of providing exceptions to the initial AIIMS at various places.

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Via the Bill, six new AIIMS were aimed to be established in the following States and cities:

1. Patna (Bihar);
2. Bhopal (Madhya Pradesh);
3. Raipur (Chattisgarh);
4. Bhubaneshwar (Odisha);
5. Jodhpur (Rajasthan); and
6. Rishikesh (Uttarakhand).

Eduvisors' Comment

There was no rationale provided on selection of the aforementioned six states or cities. Also, the reason of having only six and not more or less was neither disclosed nor debated in the parliament. Considering the setting-up cost of each AIIMS is significant and upwards of Rs 800 crores, a in-depth analysis should have been done to corroborate the decision of selection of the states and cities (more on this in the financial implication section).

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The six AIIMS established via the bill were declared the institutes of national importance. Also, it was proposed in the bill that any further new institutes to be established via the bill shall also be institutes of national importance.

Eduvisors' Comment

The institutes of national importance need to follow certain guidelines and the decision of considering an institute to be an institute of national importance needs to be based on certain performance criteria. Merely anointing the newly created institutes with the Institute of National Importance 'tag' may do more harm than good. The government needs to come up with a framework that should provide or remove the tag of Institute of National Importance based on performance of the institute and not based on certain theoretical construct. Getting the tag of Institute of National Importance at the time of establishment reeks of Brahminical approach of the government promoting entitlement-mode not linked to performance. This should have been reviewed.

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The Bill also proposed for the Central Government to have powers to make transitory provisions by notification so as to specify such measures as it may consider necessary for the smooth and efficient functioning of the Institutes, other than the existing All-India Institute of Medical Sciences.

Eduvisors' Comment

We believe such provision is practical and useful, specially in the first one or two years of operations. However, the power to make transitory provisions should have been limited for a specified time frame after the institute is set-up. This was required to ensure that the power to make transitory provision is only temporal and that it does not affect long term functioning of the to-be-created institutes.

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An estimated cost of Rs 4,920 crores will be incurred for setting up six new All-India Institutes of Medical Sciences (Rs 820 crores for each of the six Institutes). The Bill does not involve any additional expenditure of recurring or non-recurring nature from the Consolidated Fund of India.

Eduvisors Comment

The details of the break-up of Rs 820 crore per institute are not provided. However, it would not be unreasonable to assume that large part of the amount would go in infrastructure of the institutes. It would have been prudent to use certain existing institutes and upgrade them to new AIIMS rather than spending huge amounts of money in building infrastructure. When the initial AIIMS was built in 1956, there were hardly any other medical institutions. However, in 2012, rather than spending significant proportion of money on infrastructure, utilization of precious resources should be on quality research and education. Hence, there was a strong case for upgrading certain existing medical colleges rather than building capacity in a costly manner.

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We believe that the Ministry of HRD should be the ministry to take the initiative forward. However, for historical reasons, there is an overlap between the Ministry of Health and Family Welfare and the Ministry of HRD on the area of Medical Education and the bill was drafted and presented by the former.

We draw the following conclusions from the content of the Bill as well as the approach taken in both the houses of the Parliament to pass it.

No debate v/s Too late to discuss

There was hardly any debate in the parliament. The bill was passed within minutes of being presented amid din and pandemonium. Apparently, the two major reasons were related with the Ordinance that was passed by the President of India in July 2012 and that the new admissions were to be started in September 2012, within a few days after the Bill being passed. Also, due to Coal related scam, both in Lok Sabha and Rajya Sabha, the Bill was hurriedly rushed and passed. We wonder whether no debate was due to extraneous political factors or due to the fact that it was too late to discuss.

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Entitlement by birth - Institute of national importance

This is the weakest part of the Bill. On the one hand, the government talks (also needed by the country) about earning via performance and merit-based entitlements and on the other, allocation of such serious order and providing tag of 'institute of national importance' are given even before the institute is created. Such framework and approach has inherent flaws that promote mediocrity and not excellence. Thus, the purpose of creating excellence in medical education and research has been defeated at the inception stage itself.

Financial and Impact considerations - Build v/s upgrade

The biggest concern about the Bill is related to the archaic approach that the government has taken - building from scratch. India does not have a dearth of medical colleges (as per the Medical Council of India, there are over 300 medical colleges other permitted colleges from where over 35,000 doctors graduate every year with about a total of 8.4 lakhs registered doctors). If we needed to replicate the success of AIIMS in a financially prudent manner with wide impact, then a better approach would have been to select certain existing medical colleges and get them in the fold of AIIMS or other nodal body responsible for upgrade of the college to provide highest quality of medical education and research. The upgrade engagement could be at various levels such as 'mentor' at initial level, 'adopt' at intermediate level and 'transform' at mature level. With such an approach, the government would have been able to upgrade more than 60 colleges as compared to creating 6 new AIIMS.



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Thank You

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