REPORT ON

INDIAN MEDICAL SERVICES

PREPARED BY

NATIONAL WORKING GROUP

(Indian Medical Association, New Delhi)

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INDEX

CHAPTER NO.	CONTENTS	PAGE NO.
1.	PROLOGUE	01
2.	HISTORICAL PERSPECTIVE	04
3.	THE FOUNDATIONS OF THE SERVICE	10
4.	NEED	13
5.	POST INDEPENDENCE INITIATIVE	17
6.	MANDATE	28
7.	NOMENCLATURE	28
8.	SCOPE	29
9.	RELEVANCE	31
10.	STRUCTURE	33
11.	OPERATION	34
12.	ELIGIBILITY FOR ENTRY	34
13.	EPILOGUE	36

1. PROLOGUE -

The National President, Indian Medical Association (Headquarters), New Delhi constituted the present National Working Group to make appropriate recommendations in regard Indian Medical Services in the interest of generating necessary administrative cadre to effectively administer healthcare services including public health in a cogent, credible and a meaningful way, thereby sub serving the larger public interest in the National cause including catering to the actualization of the core concept of 'Welfare State' enshrined in the Constitution of India. The Communication to the required effect under the signature of Honorary Secretary General, IMA Headquarters New Delhi is dated 5th July, 2020. The composition of the National Working Group so constituted is as under :

1. **Dr. Vedprakash Mishra,** - **Chairman**
   National Head of the Academic
   Programme of Indian Programme
   UNESCO Chair in Bio-Ethics Haifa, Nagpur

2. **Dr. Vinay Aggarwal,** - **Member**
   Former National President,
   Indian Medical Association,
   New Delhi

3. **Dr. Shivkumar Utture** - **Member**
   Chairman Maharashtra Medical Council,
   Mumbai

4. **Dr. R. V. Asokan** **-Member Secretary**
   Honorary Secretary General,
   IMA Headquarters, New Delhi

As desired by Dr. Rajan Sharma, National President Indian Medical, New Delhi, the National Working Group (hitherto referred to as working group for the purposes of brevity) is required to take into account the earlier report of the Study Group constituted by the then President, Medical Council of India on the initiative of Indian Medical Association, Headquarters, New Delhi, under the Chairmanship of the then Chairman of the Academic Council of the Medical Council of India, Dr. Vedprakash Mishra with Dr. K. K. Aggarwal, the then National President Indian Medical Association, Dr. Vinay Aggarwal, Former National President of the Indian Medical Association and Dr. R. N. Tandon, the then Honorary Secretary General of Indian Medical Association, Headquarters, New Delhi as Members and all other cogent and relevant papers and documents available on the subject including official documents in the records of the Government of India, New Delhi.

The working group had its meetings on the virtual mode on 12th and 19th July, 2020, which were attended by Dr. Rajan Sharma, National President, Indian Medical Association, Dr. Vedprakash Mishra, Chairman of the Working Group, Dr. Vinay Aggarwal, Dr. Shivkumar Utture Members Dr. R. V. Asokan Member Secretary of the Working Group and Dr. S. Arulrhaj, Former National President Indian Medical Association and presently

President of Association of Physicians of India and Dr. Marthanda Pillai, Former National President, Indian Medical Association as Invitees. Upon critical and analytical deliberations thereat, the crystallized observations of the Working Group are catalogued herein below.

It is a matter of record that in terms of the initiative taken by the then National President Indian Medical Association a Study Group was constituted by the then President Medical Council of India under the Chairmanship of Dr. Vedprakash Mishra the then Chairman of the Academic Council of the Medical Council of India in regard to making analytical recommendations with respect to rejuvenation of 'Indian Medical Services', and the detailed report of the Study Group thereto came to be submitted on 7th September, 2017, which was approved and adopted by the Executive Committee of the Medical Council of India and also its General Body and the recommendations thereto came to be forwarded to the Ministry of Health and Family Welfare, Government of India in April, 2018.

The Study Group in its report brought out analytically the historical aspect of the Indian Medical Services in all its relevant details and depicted the same as under:

2. HISTORICAL PERSPECTIVE-

"The Indian Medical Service owes its origin to the East India Company formed by the Britishers. It was on December, 31st 1600, Queen Elizabeth granted a charter to the Association of Merchant Adventures of London to trade with the East, which gave birth to the East India Company. As a matter of fact the establishment of the company was a result of a huge struggle amongst the nation for the control of lucrative spice trade, in which to begin with the Venetians, then the Portuguese, the Spaniards, the Dutch, the French and finally the British came to be drawn into the treasure hunt.

For the said trade the First Fleet of the East India Company under the command of Captain James Lancaster, in December, 1600 sailed out. Each of the four ships in the fleet carried 'Surgeons' and a 'barber'. They came to be designated as 'Ship Surgeons'. This was also the voyage which resulted in experiment on lemon juice as a cure for scurvy.

With the establishment of trading posts around India, more surgeons and physicians found employment not only with Europeans but also in the service of wealthy natives. These men of medicine included Nicholas Manucci a Venetian borne in 1639 who served Dara Shikoh before studying medicine in Lahore where he served Shaha Alam from 1678 to 82. An Armenian named Sikandar Baigh served as Surgeon to Suleman Shikoh, son of Dara Shikoh and there are records of several Dutch and French physicians in courts across India.

Surgeons were also availed for diplomatic missions to various course and they were found to be very effective. Operationally speaking the Indian Medical Service (IMS) was a military medical service in British India, which also was attributed some civilian functions. It has served during the two world wars and remained in existence until the independence of India in 1947. Many of its officers who were born British an Indian served in civilian hospitals as well.

The East India Company in 1614 introduced a hierarchy in their establishment with the appointment of a Surgeon General. The first to be appointed to the said post was John Woodall. However, he was accused of financial embezzlement in respect of pay from apprentices as a result of which he was retrenched in 1642.

There are many anecdotes of which one of the important depiction is of Gabriel Boughton who is reported to have saved Shaha Jahan's Daughter Princes Jahanara from injuries due to burns. In reward he was given Duty Free Trading Rights and it is said that it was the very document which was availed by the East India Company to procure Rights for itself from the ruler in Surat.

Historically speaking the First sign of organization came into being with the establishment of the Bengal Medical Service on 20th October, 1763, with fixed grades, rules for promotion and services. On the similar lines Madras Medical Services and Bombay Medical Services came to be established in

1764. It was due to increased military actions that compelled the separation of 'Military Surgeons' from the 'Civil Surgeons'.

As a matter of rule each non native military regiment had a surgeon and as a result of which the strength of the medical service grew. A census record of 1854 reveals that the Bengal Medical Service had a strength of 382 while Madras Medical Service had 217 people and Bombay Medical Service had a strength of 181. The medical services of these three Presidencies were united into a single Indian Medical Service after 1857, which was in vogue till 1947.

The personnel under the medical services contributed to the foundation of other departments as well under the organization of the Govt. Dr. William O'Shaughnessy, while serving as Professor of Chemistry at Calcutta conducted the first experiment for the introduction of electric telegraph in India and was designated as Director General of Telegraphs in 1852. In 1861, Dr. James Rankin was appointed as Director General of Post Offices in India. Dr. John Royale represented the East India Company as a Reporter on their economic products as the great exhibition of 1851 and the first four appointments of Conservator of Forest were also filled by the Medical Officers under the medical services of the presidencies.

In 1858, when the Crown took over the Government of India, and in the context of several epoch making developments that were occurring in the art of medicine the Indian medical service entered upon a new phase of the history. The General Hospitals were built in the presidency towns and

several smaller hospitals and the dispensaries came to be established in the Districts. In 1835, a medical college was founded at Calcutta and another one at Madras. A decade later another medical college was instituted at Bombay. From 1853 onwards several medical schools were laid out which mandated the services of the medical officers working under the presidential medical services to be availed for teaching at the initiated medical schools till they had trained graduates to succeed them.

The Indian Medical Service always primarily remained a military service so as to provide medical officers for duty with the Indian Army in the time of War. During the 1914-1918 First World War the service was represented in France, Palestine, Asia Minor, Persia, China, East and West Africa. 92 Retired officers rejoined for duty and well over 1000 temporary commissions came to be granted. Likewise during the Second World War well over 1000 filled medical units were mobilized over and above, the hospital accommodation for 11000 officers and 1.50 lacs other ranks arranged for in India. In the course of all these members of the Indian Medical Service earned 'Victoria Cross' for five times. And one of the recipient of the same Dr. John Alexander Sinton was later conferred the fellowship of Royal Society in his researches for the problems of Malaria.

It is a matter of record that in the legislative council in Delhi in 1918 a motion was brought forward by an Indian Member of the council to disband the Indian medical services primarily on the ground that India was a poor country and could not afford to maintain such a service. The defense that was put forth by the then Surgeon General Dr. Edwards gives a significant

insight into the utility of the Indian Medical Service at that point of time. The text of the defence put across by him is as under :

"I need not dwell, on the fact that this resolution is tantamount to the abolition of the distinguished service to which I have the honour to belong, but before proceedings with my reply I wish to say few words concerning the work which has been done by this service in recent year and which is still being done, for I do not think that this council is fully aware of the extraordinary value of the Indian Medical Service not only to India but to the world at large. This service has worked out the life history of the malarial parasite, a discovery which has revolutionized our ideas concerning malaria and which, among other things, has enabled the Panama Canal to be successfully built. It has reduced the mortality of cholera by 2/3rd and Shorn amoebic dysentery of most of its terrors. It has worked out the method of transmission of bubonic plague, work which points the way to the ultimate eradication of that disease. Enlarge prostate, that terrible and fatal concomitant of old age, can now be overcome, thanks to the member of Indian Medical Service, while in the domain of eye surgery more specifically with regard to cataract and glaucoma the work of the service is recognized throughout the scientific world.

The resolution so moved did not succeed and the Indian Medical Service continued for nearly three decades thereafter with significant work and contribution in research and the unending problems of public health resulting in several achievements as a result of which it stands the scrutiny at the bar of history. Great names attached with it are Ronald Ross, Leonord

Rogers, Rickard Christopher's, Robert McCarrison, Henrry, Shrot and many others.

In the year 1943, the Government of India, decided for a review of the whole medical position and also to seek suggestions for future improvements. In fact it was aimed that evolving a model like that of National Health Service, however, the disease burden that was observed was too huge. It was stated in the report that in India that nearly 10 crore suffer every year from malaria. Each year 5 lacs death from tuberculosis and a further 25 lacs active cases required treatment, cholera, small pox and plague add to the said disease burden. The other diseases of topic namely leprosy, filarial, hookworm, guinea-worm saddle the country with innumerable chronic sufferers. To combat adequately, this magnitude of disease burden and many other problems involved and to provide a comprehensive health service for whole of the population would require a staff of 2.5 lacs doctors, 7.50 lacs nurses along with a great army of associate medical workers. The Indian Medical Service which served India, so well almost for last 300 years definitely had prepared a way for the same, but when power was transferred in 1947, the Indian Medical Services stood abolished.

3. THE FOUNDATION OF THE SERVICE-

The Bengal Medical Service was founded by orders passed dated 20th October, 1763, whereby the individual medical officers then serving in the Bengal Presidency were, with effect from 1st January, 1764 combined into a regular medical establishment with fixed grades and definite rules for promotion from grade to grade. The Madras and Bombay medical services appeared to have come into existence at about the same time as the Bengal Service.

A list of Bengal Medical Service in 1774, preserved in the Calcutta record office gives a strength of total 69 viz. 18 surgeons, including the Surgeon General and Surgeons Majors, 7 Subordinate Surgeons and 44 Assistant Surgeons.

A list compiled by Surgeon General Denial Campbell in 1777 comprises 64 names that include 22 Surgeons and 42 Assistant Surgeons. Another list compiled for the Governor General Warren Hastings in 1777 gives 27 Surgeons and 45 Assistant Surgeons totaling to 72. Of these, 11 surgeons and 13 Civil Assistant Surgeons are shown in the civil employment as against 15 surgeons and 32 Assistant Surgeons on Military Duty, while one man noted as dead is not shown under either head.

The First Maratha War occurred in 1780-81, the Second Mysore War in 1781, with Campaign against the Raja of Banaras was undertaken in the same year. Five battalions under Col. P.D. Pearse marched from Bengal to

Madras towards the end of 1780. Six battalions with artillery and cavalierly were detached to Bombay from 1778 to 1784. All these troops required extra medical officers, and vacancies caused in this campaigns required to be filled up. To indent on the court of Directors at home for more medical officers was of little use, as new men from home even if recruited in sufficient numbers could not arrive for more than a year after the requisition for their services was sent home. The Indian govt. accordingly appointed a large number of men, recruited locally to the Bengal medical service. They were obtained chiefly from two sources. Firstly the surgeons of the India men trading between England and India and secondly subalterns or free adventurous who had some medical training in some cases had practiced medicine at Home, before coming to India.

Rules regarding medical personnel in military employment holding collateral civil charges and vice versa were laid down in Bengal Gazette of 12th March, 1836. Practically the same rules continued to be in force till 1947, when the services were disbanded. No officer civil or military was at liberty to decline such collateral charges.

In the early settlement of the East India Company in India the question of rank was not of much importance. The President or Agent stood first next to the President came the members of his council. The governing body consisted of four members. The Agent, the Accountant, the Store Keeper, the Purser Marine, fifth rank was the Secretary. The surgeon was sixth after the Secretary, they came the Steward and after him the General Body of Merchants, Writers, and Apprentices. The writers as the name employees were the clerks. But from this small body of commercial servants has developed the finest Governing Body in the World, the Indian Civil Service.

As such, the chronology of events in a sequential manner brings out as to how the Indian Medical Service came to be created by the East India Company to begin with and then how it came to be structured in a definitive manner with stipulated rules and regulations in respect of 'Rank, Pay, Leave, Duties and Responsibilities' and other cogent official matters.

Taking into consideration the successes and effectivity that got accrued to the said service during a period spanning nearly three centuries, it can be safely deduced that it needs to be revived afresh by suitable incorporations therein in terms of the contemporary and long term perceived requirements".

4. NEED-

The health sector in our country when compared in terms of the performance of Space Technology and Information Technology Sector it makes a tragic story. For that matter even Agriculture has not done well. Even today there are many villages were health care workers are not available. Although Sir John Bhore laid down the health policy way back in 1946 whereby the pre-care system of health delivery was recommended and the same came to be implemented in independent India throughout its length and breadth. In his exhaustive report the committee made recommendations that MBBS will be the minimum practicing qualification to be registered by the statutory Regulatory Body created for the said purpose maintaining the register of such duly registered Registered Medical Practitioners entitled to practice modern medicine within the tenets of ethical jurisdiction in terms of what is now prescribed in the form of a Regulation, titled "Code of Medical Ethics" notified by the Medical Council of India. However, the principles incorporated in Sir Bhore Committee stand diluted over the years in an incremental manner. The Doctor Population ratio still remains at 1/1445 whereas WHO has recommended it to be as 1/1000 population. There is a huge and remarkable

skewed distribution of medical colleges in the country and also that of doctors and the Para medical staff. The fund allocation as such for health sector which ought to have been at least 5% of the GDP, it still eludes as a far cry and is as low as 1.2% of the GDP as of now. Adding to the said malady of impoverished public funding, the added tragedy is that even the allotted funds are not optimally utilized and moreover it does not end up in accruing planned and desired benefits to the targeted beneficiaries which ends up in defeating the entire public cause, which is envisaged.

Addressing the issues of health including public health in all their entirety turns out to be of prime importance. As such, without addressing the health needs of the population at large no developmental activity of any credence can take place and also shape as well. The COVID pandemic has exposed the vulnerability of the healthcare system in our country in regard to its effectively tackling capacity and the resultant socioeconomic crisis looms large in an hovering manner. It has also brought to fore the grave paucity of professionalism in health management right from the Sub-District Office level.

Yet another important dimension that is plaguing the management of healthcare delivery system in India is the palpable paucity inter-alia abysmal lack of professionalism in the health care administration, which has its own cascading effect ending up in impoverished decision making plagued by delays and latches and also hugely evident administrative and managerial infirmities. There is lack of professionalism in management among the clinician turned administrator as well. This chink in the armamentarium inter-alia armoury is totally revealed itself in all its manifestations and a near total aspects in the management of COVID-19 pandemic, which speaks volumes about this huge palpable gap specially in regard to a huge gap between managerial administration and clinical management by the respective set of experts with evident ignorance in the respective arena resulting in compromised tackling of the malady non-conducive to the public interest. Never before in the history such a situation came out to be so hugely visible as it is evident even to the naked eye. Perhaps this tragic anomaly on its own turns out to be a huge and sufficient indicator and also an eye opener for all the powers that be to realize that a separate administrative cadre is the core must for administering and managing the healthcare services including the public health in the country so as to meaningfully invoke a purposive, balanced, updated and a optimally functioning healthcare

delivery system capable of delivering the targeted services enriched by quality conforming to the trinity of the core principles of **"Accessibility, Availability and Affordability"** in unison.

It is a matter of perceived reality that we are not fully equipped to decipher and organized comprehensive nationwide healthcare in the context of intrinsic niceties incorporated in the health management system as a whole. This mandates a formal qualification inter-alia training in public health management including the required experience and orientation towards managing the health systems in the State and also at the District level thereat.

As such, this mandates towards an acute need for a drastic but holistic change in the health administration of the country as a whole, which can be hugely and substantially achieved by creating a specialized cadre of health administrators who would be holding the administrative responsibilities at various levels in the domain of health including public health and other cogent areas linked to the health sector as a whole.

5. POST INDEPENDENCE INITIATIVE-

The Study Group constituted by the then President Medical Council of India in the year 2017 amongst other things in their detailed report had also brought out in chronology the course and nature of events that are a matter of record in the annals of the Government of India in regard to creation of **'Indian Medical Service'** for the purposes of conforming to the desired need of urgent galvanization of healthcare system in the country. They have been catalogued as under :

S.No.	Year	Event
1	1954	ASHOK CHANDRA REPORT IN 1954 recommended the constitution of new All India Services in technical fields
2.	1953-55	Need for more All India Services was felt by the State Reorganization Commission : reflected in their report – 1953-55
3.	Aug-1961	Subsequent endorsement by the Chief Ministers Conference – August 1961
4.	Dec-1961	Requsite resolution under Article 312 (1) of the Constitution of India Passed by Rajya Sabha-December, 1961
5.	1963	Chief Secretaries 'Conference broad outlines of the proposed Indian Medical and Health service were discussed-1963
6.	June 1966	A draft memorandum and drafts of the rules of regulating and cadre management were drawn up and discussed by the sub-committee of Central Council of Health June – 1996
7.	Dec 1966	Draft Memorandum forwarded to the State Governments for comments – December 1966

8.	May 1968	The Government of India Decided to constitute the All India Medical and Health Service excluding the States of Tamil Nadu, Karnatka and Nagaland – May 1968
9.	Jan-1969	The recruitment rules – finalized – notification for format constitution of IM & HS w.e.f. February 1,1969 – January 1969
10.	April-1970	Discussion of the issue (IM & HS) in the Consultative Committee of Parliament of Ministry of Health
11.	July-1970	Consideration of the issue by the Executive Committee of the Central Council of Health
12.	Aug-1972	The Consultative Committee of Parliament discussed the issue in question. Hon'ble Minister of Health and Family Welfare informed the Hon'ble Committee of Govt. would proceed with the constitution of IM & HS
13.	5th Feb – 1976	The Eighty ninth report of the Estimates Committee of the Lok Sabha advised the Government of India to expedite and finalize the formation of All India Medical and Health Service
14.	May-1976	The matter came up again for discussion in the conference of Chief Secretaries; Consensus of the conference: to form the Indian Medical and Health Service.
15.	July,1976	The state governments were addressed to confirm their agreement to participate in the IM & HS
16.	25th Jan-1977	The Department of Personnel and Administrative reforms notified for formation of IM & HS and later cancelled it.
17.	March-1978	The Hon'ble Cabinet, Union of India, decided to constitute IM & HS
18.	Apr-1978	The State Governments were informed accordingly
19.	1986	The issue was re-examined in the Department of Personnel and Training

20.	1987	The Hon'ble Cabinet, Union of India, reconsidered the question of the IM & HS and decided to consult the State Governments and ascertain their views
21.	Sep-1990	High Power Committee "Tikku Committee" recommended the formation of 'Indian Medical Service'
22.	23rd Dec-1993	The Hon'ble Rajya Sabha discussed the issue and Smt. Margaret Alva, the Hon'ble Minister of State, Dept. of Personnel and Training assured the house to persuade the State Governments to accept the formation of IM & HS
23.	1996	Prof. Bajaj Committee by MOH & FW, GOI, recommended vide para E.10.1 CONSITUTION OF INDIAN MEDICAL AND HEALTH SERVICES: "The committee reinforces in the strongest terms the need to constitute Indian Medical and Health Services without any further delay"
24.	1997	The 5th Central Pay Commission vide its recommendation para 52-10 asks for constitution of Indian Medical AND HEALTH SERVICES: "ULTIMATE AIM"
25.	2014	Ministry of Health DGHS in looking into it again and as usual Ministry of Health from lowest desk level onwards trying again to scuttle the move of creation of "Indian Medical Service"
26.	2017	Ministry of Health once again wrote to all the State Health Services / Chief Secretaries for their opinion for IMS.

As the said Study Group had submitted its report to the then President of Medical Council of India on 7th September, 2017, the Working Group has ventured into decipher the subsequent developments on the said count as depicted from the records and it has come across a D.O. No.

A11018/01/2017-CHS dated 24th July, 2019 under the signature of Shri Sanjeeva Kumar Additional Secretary to the Ministry of Health and Family Welfare, Govt. Of India, Nirman Bhawan, New Delhi addressed to the Chief Secretaries of All States and Union Territories, which states as under:

"Kindly referred to D.O. letter of even No. Dated 09.06.2017 from the then Secretary, Ministry of Health and Family Welfare and subsequent reminder dated 05.10.2017 regarding creation of an All India Medical Service under the All India Service Act, 1951 like IAS, IPS etc.

Considering the fact that health is a State subject and the major requirement of health professionals is at the State level, view of all the State Government on the issue have been solicited vide above referred D.O. Letters. However, views / comments of most of the States are still awaited. Due to non-receipt of the requisite comments / views from your State / UT Govt. On the subject no further progress could be made in the matter.

The Doctors of Central Health Service i.e. an organized Group-A service under the Ministry of Health and Family Welfare, deals with monitoring of various programmes / schemes relating to health sector, but have never

worked in the State and as such, do not have an appropriate perspective of the problems being faced by the State Governments. Creation of the All India Medical Service may facilitate bridging this gap and improve technical leadership and management both at the Centre and State Levels.

I would therefore request you to look into the matter personally and arrange to expedite the forwarding of the requisite comments of your State / UT Government so as to enable this Ministry firm up its proposal."

The Working Group would like to place on record that "Tikoo Committee" in its report submitted to the Government of India in the year 1990 amongst other things while recommending an inevitable need of creation of 'Indian Medical Service' has also observed that Health services are different from other services, even from technical services as it consists of a basic level doctors, specialists and superspecialists. The services are well differentiated in teaching and non teaching services on the said count. As such, creation of Indian Medical Services will have to be different as against IAS and IPS for the very said reason.

It is also a matter of record that in terms of the communication from the Additional Secretary to the Ministry of Health and Family Welfare, Govt. Of India dated 24.07.2019 addressed to the Chief Secretaries of all the States /

Union Territories, the response has been very lukewarm to the extent that there are only six States which have responded to the same and two have opposed the said proposition on record.

As a matter of fact All India Services are carved out in terms of the governing provisions incorporated in the Parliamentary enactment titled 'All India Services Act, 1951' vide which the various All India Union Services have been carved out in terms of Indian Foreign Services, Indian Administrative Services, Indian Police Services, Indian Revenue Services, Indian Allied Services etc. Indian Medical Services, therefore, would be created in terms of a carving for itself out of the All India Service Act, 1951 prescribed and stipulated by the Parliament as a parliamentary enactment.

On this count it is necessary to take note of the material fact that the need for All India Services was brought out by the State Reorganization Commission in their report (1953-55). In continuation the Health Survey and Planning Committee (also known as Mudaliar Committee) had recommended the formation of a 'CENTRAL HEALTH CADRE ' in its report in 1961 and the said recommendation therein came to be endorsed at the Chief Ministers Conference held in August, 1961. In the month of December, of the year 1961 a required resolution under Article 312(1) of the

Constitution of India was adopted by the Rajyasabha and the broad outlines of the proposed Indian Medical and Health Services were discussed at a conference of Chief Secretaries of the States in the year 1963.

A draft Memorandum and Draft of the Rules of regulating and cadre management were drawn up and discussed by a Sub-Committee of the Central Council for Health in June, 1966 and same came to be forwarded to the State Government for their comments in December, 1966.

In terms of the response from the same in May, 1968 the Government of India decided to constitute All India Medical and Health Services excluding the State of Tamilnadu, Karnataka and Nagaland (May, 1968). The recruitment rules came to be finalized and the Notification for formally constitution of Indian Medical and Health Services w.e.f. 1st February, 1969 was processed.

The said matter was placed for discussion before the consultative committee of Parliament of Ministry of Health in 1970 and the Executive Committee of the Central Council of Health Govt. of India considered the same in July, 1970. In August, 1972 the Hon'ble Union Ministry of Health and Family Welfare informed the consultative committee of the Parliament of the Health

Ministry that the Government intends to proceed with the Constitution of Indian Medical and Health Services.

Kartar Singh Committee (1973) flagged all over again the said issue observing that "Doctors with no formal training to infectious disease control, surveillance system, data management, community health related problems and lacking in leadership and communication skills with no exposure to rural environments and their social dynamics, nor having been trained to manage a facility or draw up a budget estimates, were ill-equipped and misfits to work in public facilities. The inadequate knowledge of public health and management capabilities, calling for an All India Health Cadre to be established".

It is a matter of record that the 89th Report of the Estimates Committee of the Loksabha advised the Govt. of India to expedite and finalize the formation of All India Medical and Health Services. The matter once again came up for discussion in the conference of Chief Secretaries in May, 1976 resulting in a consensus in regard to formation of the Indian Medical and Health Services. The confirmation of the State Governments was sought for their agreement to participate in Indian Medical and Health Services in July, 1976. It is also a

matter of record that the Department of Personnel and Administrative Reforms notified the formation of Indian Medical and Health Services on 25th January, 1977 but cancelled the same and it was withdrawn.

In March, 1978 the Union Cabinet decided to constitute Indian Medical and Health Services and the State Govts. were informed accordingly in April, 1978 , but the things remained in limbo.

The concerned issue was re-examined and relooked by the Department of Personnel and Training Govt. of India in the year 1986 and once again the Govt. of India decided to consult the State Govt. on the said issue to ascertain their views. The High Power Committee known as 'Tikoo Committee' in their report submitted to the Govt. of India recommended the constitution of 'Indian Medical Service'. The matter was discussed in the Rajyasabha on 23rd December, 1993 Smt. Margret Alwa the then Hon'ble Minister of State, Department of Personnel and Training assured the House to persuade the State Governments to accept the formation of Indian Medical and Health Services.

It is pertinent to note that Prof. J. S. Bajaj Committee constituted by the Ministry of Health and family Welfare Govt. of India in their report (1996) vide para E 10.1 recommended constitution of 'Indian Medical and Health Services' stating that "the committee reinforces in the strongest terms the need to constitute Indian Medical and Health Services without any further delay. In continuation thereto the 5th Central Pay Commission vide its recommendation Para 52-10 expressed for constitution of 'Indian Medical and Health Services' with immediate effect. Since then the matter is pending in the very same stage till date of seeking opinion from the States and a consensus thereon eluding for various reasons primarily on the core context of the cardinal principle of 'Federalism'.

The need for creation of an All India Health Cadre as observed in Kartar Singh Committee Report (1973) came to be commented upon in the report pertaining to the Administrative Staff College (1995) which is a matter of record.

In continuation of the same in a report of National Commission of Macroeconomics and Health (2005), it was also commented upon emphasising the need for the creation of All India Health Cadre in the

interest of efficacy and effectivity of healthcare delivery system in the larger public good.

The Working Group would like to reiterate with all understanding at its disposal that in terms of the list of subjects included in the schedule appended to the Constitution of India 'health is included in the State list of subjects' and thus, in tune with the core ethos and spirit of 'Federalism' incorporated in the Constitution of India primarily health turns out to be within the ambit, authority and jurisdiction of State Govt. and Govt. of Union Territories. This constitutional analogy is understandable in regard to the hesitation and reluctance on part of the States towards formulation of such an All India Indian Medical Services as on the face of it the said proposition may compel a thought that authority and powers of the State in doing so would stand marginalize and would also amount to the same being not in tune with the core spirit of 'Federalism' incorporated in the Constitution of India. However, it is equally pertinent to note that 'Law and Order' is a State subject in the schedule appended to the Constitution of India but there is an All India Indian Police Service which is in vogue.

6. MANDATE-

The Govt. of India in terms of authority vested in it in terms of Article 312 of the Constitution of India read with 'All India Services Act, 1951' has the statutory mandate for the purposes of creation of the said All India Indian Medical Services.

7. NOMENCLATURE-

The nomenclature of the services should be 'Indian Medical Services', so as to be in tune with the very nomenclature that has a great grand legacy of well over three centuries of effective, meaningful and laudable services to the cause of public interest in the domain of effective and meaningful healthcare delivery system. In the teeth of the material fact that 'Right to Health' turns out to be a fundamental right accruable to every citizen of India independent of any differentiation or demarcation of any type in terms of guarantee emanating out of Article 21 of the Constitution of India and the legitimate fulfilment of the said guaranteed right without any breach of any type stands warranted as the most desired modality for actualization of the 'Welfare State' enshrined and contemplated in the Constitution of India as its core objective.

8. SCOPE-

The scope of the Indian Medical Services which would be a cadre under the umbrella rubric of Union Public Services in terms of their origin from All India Services Act, 1951 needs to be viewed in the context of material realities catalogued herein below:

1. Public health management means not only addressing Preventive and Promotive measures of health, but also organising of Primary, Secondary and Tertiary healthcare services as an integral part of crystallized healthcare delivery system. This, in turn, needs expertise in all key health systems components including human resources for health, community participation, health informatics, management approaches, suited technology for the health governance and management, financing of healthcare in the domain of health economics, demographics and above all it also needs a sound ingraining in epidemiology, as well as surveillance.

2. There is a myth that doctors as professionals are poor managers. However, the runaway success of doctors as leaders in private healthcare industry belies such a generalized and simplistic conclusion.

3. Doctors in Health Services are recruited and trained to play entirely different roles than what is required for health administrators and policy makers.

4. As of now it is vividly seen that there is a palpable technical gap between planning, and execution in as much as that the personnel in the administrative cadre may be a good administrator but necessarily may not understand the intricacies of the healthcare sector. Similarly, a doctor may be excellent in his clinical practice, but may not be as good as an administrator. This gap is bridgeable in terms of creation of a specialized breed of administrators that would cater to better management and administration of healthcare systems including the Public Health in the country as a whole.

5. The core scope of the Indian Medical Services therefore, would invariably be to create a specialized breed of administrators who would undertake better management of healthcare system including public health with ease, elegance and desired innovation in larger public interest as a part of cadre under All India Civil Services christened as 'Indian Medical Services'.

9. RELEVANCE-

The relevance of All India Services have been viewed and are continue to be viewed in the context of material fact that :

1. The All India Services continue to be one of the premier institution to uphold the unity of the country as a whole.
2. The members of the All India Services have lived up to the vision as envisaged by the framers of the Constitution of India.
3. The All India Services ensure integrity, cohesion, efficiency and coordination with administration of the country. The common recruitment and training ensures uniform standard of administration in the States and Union Territories as well.
4. The availability of experience gained in different parts of the country turns out to be an asset in itself.
5. An 'Espirit De Corps' inter-alia professional fellow feeling develops amongst fellow professional members.
6. The required and sought after staff support comes through permissible 'Lateral entry'
7. The effective leadership stands acquire through placements Right from Sub-Divisional/District, provincial, up to central level that would smoothen the core dispensation of healthcare delivery system.

8. The varied administrative experience blended with professional medical skills including in the domain of public health, would augur well for the incumbents to discharge their duties and responsibilities with precision and optimal perfection.

9. It would add to the qualitative improvement in medical and health services including public health in the country.

10. The National Health Programme Scheme and projects thereto would get better implemented yielding optimal public benefits.

11. The union Government and also the State Governments including those of Union Territories would get wide scope for selecting suitable Officers for manning the administrative posts.

12. The Union as well as the State Governments and those of Union Territories would stand to mutual benefit due to rich experiences gained by the personnel under the Indian Medical Services postings.

13. It would cater to National integration and provide a bull work against the forces of disruption parochialism and regionalism.

14. It would serve as a strong catalytic agent for realization of core guarantee of Right to Health to all the citizens guaranteed under Article 21 of the Constitution of India and also the universal goal health equitably and affordably.

10. STRUCTURE-

The structure of the Indian Medical Services would be in the form of a cadre specialized in character for the dispensation of healthcare services including those in the domain of public health excluding the domain of medical education in its entirety as All India Civil Services emanating out of All India Services Act, 1951 read with Article 312 (1) of the Constitution of India with service conditions thereto being such as would be prescribed by the Ministry of Personnel and Training in the Govt. of India from time to time in tune with those applicable to other cadres created under the very statutory provisions without prejudicing the right to create State services on the very count by the concerned State Govt. in tune with the spirit of Federalism embedded in the Constitution of India and also provision for the lateral entry thereto as applicable to other administrative cadres under the very rubric.

11. OPERATION-

The operation of the Indian Medical Services would be akin to and on par with those as applicable to Indian Administrative Services with reference to terms, service conditions, postings, modality of recruitment, allotment of cadre and other cogent correlates.

12. ELIGIBILITY FOR ENTRY-

The entry to the Indian Medical Services would be exclusively allocable to those who possesses minimum Graduate qualification in modern medicine (MBBS) from a recognized medical college and examining University thereto included in the governing schedule appended to the Indian Medical Council Act, 1956 now repealed by National Medical Commission Act, 2019, in view of the specialized nature of the services entrustable to the personnel under Indian Medical Services.

All other cogent matters that pertain to and are applicable to governance of Indian Medical Services as a specialized cadre under the ambit of All India Services Act, 1951 would be such as would be worked out and notified by the competent authorities from time to time in terms of the required and cogent statutory rules and regulations as 'subordinate legislation'.

The National Working Group records its gratitude and thankfulness to Dr. Rajan Sharma, National President, Indian Medical Association for entrusting the responsibility of drafting a report on a vital account of the relevance and consequence that would result in shaping the fate, facet and future of healthcare delivery system in the count in the poignant, focussed and a decisive manner in a larger public interest towards ushering in a new era much awaited, sought and being looked up to with huge degree of craze and patience of a very substantial period of time.

13. EPILOGUE-

The Working Group records its gratitude for the inputs provided by the learned invitees namely Dr. S. Arulrhaj, Former National President of Indian Medical Association and presently President of Association of Physicians of India and Dr. Marthanda Pillai, Former National President, Indian Medical Association. Thanks are also extended to Mrs. Meena Singh, for rendering required secretarial assistance to the Working Group from time to time.

The Working Group also records its appreciation to Shri Satish Tale, Personal Secretary to the Chairman of the National Working Group for rendering all the Secretarial Assistance to him for collaging all the relevant information and documentations thereto and thereby aiding to the crystallization of this report in the present format.

Report submitted to Dr. Rajan Sharma, Indian Medical Association, Headquarters, New Delhi for such action that may be deemed appropriate thereon.

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