

S U P R E M E C O U R T O F I N D I A
R E C O R D O F P R O C E E D I N G S

BEFORE THE REGISTRAR SH. RAJIV KALRA

Writ Petition(s) (Civil) No(s). 1444/2018

MEDICOS LEGAL ACTION GROUP TRUST (REGD.)

Petitioner(s)

VERSUS

UNION OF INDIA & ANR.

Respondent(s)

Date : 09-01-2020 This petition was called on for hearing today.

For Petitioner(s)

Ms. Mridula Ray Bharadwaj, AOR
Dr. Sumant Bhardwaj, Adv.
Mr. Rakesh Kailash Sharma, Adv.
Mr. Amol Chitravanshi, Adv.

For Respondent(s)

Mr. Gurmeet Singh Makker, AOR
Ms. Priyanka, Adv.
Mr. Gaurav Sharma, AORUPON hearing the counsel, the Court made the following
O R D E R

Four weeks' time as a last chance is granted to both the Respondents to file Counter Affidavit. After the expiry of four weeks, the matter be processed for listing before the Hon'ble Court, under the rules.

RAJIV KALRA
Registrar

ITEM NO.17

COURT NO.1

SECTION PIL-W

S U P R E M E C O U R T O F I N D I A
R E C O R D O F P R O C E E D I N G S

Writ Petition (Civil) No.1444/2018

MEDICOS LEGAL ACTION GROUP TRUST (REGD.) Petitioner(s)

VERSUS

UNION OF INDIA & ANR. Respondent(s)

Date : 08-03-2019 This petition was called on for hearing today.

CORAM :

HON'BLE THE CHIEF JUSTICE
HON'BLE MR. JUSTICE S. ABDUL NAZEER
HON'BLE MR. JUSTICE SANJIV KHANNA

For Petitioner(s) Dr. Sumant Bharadwaj, Adv.
Ms. Mridula Ray Bharadwaj, AOR
Mr. Y.R. Mishra, Adv.
Ms. Rinchen Wangmo, Adv.
Mr. Vedant Bharadwaj, Adv.
Mr. Amol Chitravanshi, Adv.

For Respondent(s)

UPON hearing the counsel the Court made the following
O R D E R

Issue notice, returnable within eight weeks.

(Chetan Kumar)
A.R.-cum-P.S.

(Anand Prakash)
Court Master

Signature Not Verified

Digitally signed by
CHETAN KUMAR
Date: 2019.03.09
13:16:36 IST
Reason: 

ITEM NO.29

COURT NO.2

SECTION PIL-W

S U P R E M E C O U R T O F I N D I A
R E C O R D O F P R O C E E D I N G S

Writ Petition(s)(Civil) No(s). 1444/2018

MEDICOS LEGAL ACTION GROUP TRUST (REGD.)

Petitioner(s)

VERSUS

UNION OF INDIA & ANR.

Respondent(s)

Date : 10-12-2018 This petition was called on for hearing today.

CORAM :

HON'BLE MR. JUSTICE MADAN B. LOKUR
HON'BLE MR. JUSTICE DEEPAK GUPTA

For Petitioner(s) Ms. Mridula Ray Bharadwaj, AOR(NP)

For Respondent(s)

UPON hearing the counsel the Court made the following
O R D E R

No one is present on behalf of the petitioner.

The writ petition is dismissed for non-prosecution.

(SANJAY KUMAR-I)
AR-CUM-PS

(KAILASH CHANDER)
ASSISTANT REGISTRAR

Signature Not Verified

Digitally signed by
DEEPAK GUPTA
Date: 2018.12.10
17:03:12 IST
Reason: —

I N D E X

RECORD OF PROCEEDINGS

Sl. No.	Date of record of Proceedings	Pages
1.	Courts order dated	
2.	Courts order dated	
3.	Courts order dated	
4.	Courts order dated	
5.	Courts order dated	
6.	Courts order dated	
7.	Courts order dated	
8.	Courts order dated	
9.	Courts order dated	
10.	Courts order dated	
11.	Courts order dated	
12.	Courts order dated	
13.	Courts order dated	
14.	Courts order dated	
15.	Courts order dated	
16.	Courts order dated	
17.	Courts order dated	

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A

PROFORMA FOR FIRST LISTING

SECTION _PIL

The case pertains to (Please tick/check the correct box):

- Central Act: (Title) NA
- Section: _ 32 Constitution of India
- Central Rule: (Title) _NA
- Rule No(s): NA
- State Act: (Title)- NA
- Section: _ NA
- State Rule: (Title) _ NA
- Rule No(s): _ NA
- Impugned Interim Order: (Date) _ NA
- Impugned Final Orders / Decree : NA
- High Court: NA
- Name Of Judges: NA
- Tribunal / Authority : NA

1. Nature of matter: Civil

2. (a) Petitioner/appellant : MEDICOS LEGAL ACTION GROUP TRUST (REGD.)

(b) e-mail ID: _ mlagindemnity@gmail.com

(c) Mobile Phone number: _ NA

3. (a) Respondent : Union of India & Anr.

(b) e-mail ID: _ NA

A 1

- (c) Mobile Phone number: _ NA

- 4 (a) Main category classification: 18 civil matter
(b) Sub classification: _1807 other
- 5. Not to be listed before: _ NA
- 6. Similar/Pending matter: _NA
- 7. Criminal Matters: NA
 - (a) Whether accused / convict has surrendered:
 - (b) FIR No. NA Date: _ NA
 - (c) Police Station: _ NA
 - (d) Sentence Awarded: _ NA
 - (e) Period of sentence undergone including period of Detention/Custody Undergone: _ NA
- 8 Land Acquisition Matters: NA
 - (a) Date of Section 4 notification: _ NA
 - (b) Date of Section 6 notification: _ NA
 - (c) Date of Section 17 notification: _ NA
- 9. Tax Matters: State the tax effect: _NA
- 10. Special Category (first petitioner/appellant only):NA
 - Senior citizen > 65 years SC/ST
 - Woman/Child Disabled
 - Legal Aid case In custody

- 11. Vehicle Number (in case of Motor Accident Claim matter): NA
- 12. Decided cases with citation W.P 348-352/1985

AOR for petitioner(s)

(Name) MRIDULA RAY BHARADWAJ
Registration No. 380

Date: 17.09.2018
bharadwajmridularay@gmail.com

B

SYNOPSIS

The petitioner is aggrieved of the Inaction and complete disregard shown by the centre, states and/or authorities thereunder in enforcing the Residency scheme issued by the Ministry of Health and Family Welfare, vide letter number S.110 14/3/91- ME dated 5th June 1992.

The said scheme was issued by the central government in pursuance to the directions of this Hon'ble court in W.P 348-353 of 1985.

The said scheme was aimed at attaining uniformity and practicality in the working hours of PG Doctors.

Lack of enforcement of the said scheme has resulted in deplorable conditions of the young minds who are otherwise meant to shape the future of medical advancement in the country. The petitioner has gathered information under various RTI's about the facilities and working hours of the PG Doctors in the country. The conclusions seem shocking where the working hours extent to inhuman levels and thus render it psychologically impossible to perform a task requiring intense mental focus and skill and stability of hand. Actions which are impossible to be performed by a professional deprived of sleep as shown by various psychologists.

Thus to safeguard the fundamental rights of the PG Doctors, the petitioner organization has filed the present writ petition of Mandamus to Command the states to enforce center's directions.

C

LIST OF DATES

- 1984 USA- New York; case of Libby Zion, sparks an international debate on reforms on duty condition of resident doctors.
- 25.09.1987 Hon'ble Supreme Court of India in W.P 348-352/1985; passes the following directions-
"A uniform practice has to be evolved so that the discipline would be introduced. We accordingly allow the present arrangement to continue for a period of five years I.e. upto 1992 inclusive. For admission beginning from 1993 there would be only one pattern. All Universities and institutions shall take timely steps to bring about such amendments as may be necessary to bring statutes, regulations, and rules obtaining in their respective institutions in accord with this direction before the end of 1991 so that there may be no scope for raising of any dispute in regard to the matter. The uniform pattern has to be implemented for 1993. It is proper that one uniform system is brought into vogue throughout the country"
- 05.06.1992 Ministry of health and family welfare,

D

Government of India sent consolidated instructions to all states and UT administration vide letter number S-11014 /3/91 ME(P) regarding implementation of Uniform Central Residency Scheme after the directives of the Supreme Court in its judgment dt. 25.9.87 in writ petition No. 348-352 of 1985, The instruction No.13 of this letter 'Hours of Work', it is mentioned that

“Continuous active duty for resident doctors will not normally exceed 12 hours per day. Subject to exigencies of work the resident doctors will be allowed one weekly holiday by rotation. The resident doctors will also require to be on call duty not exceeding 12 hours at a time. The junior Residents should ordinarily work for 48 hours per week and not more than 12 hours at a stretch subject to the condition that the working hours will be flexible as may be decided by the Medical Superintendents concerned keeping in view the workload and availability of doctors for clinical work.”

Present Day

As shown by the data tabulated in Annexure 3 of this petition, the scheme is virtually un-enforced leading to violation

E

of Fundamental rights of both resident
doctors as well as the patients put under
the care of such mentally drained PG
Residents.

Hence this Petition

IN THE SUPREME COURT OF INDIA

(CIVIL ORIGINAL JURISDICTION)

WRIT PETITION (CIVIL) No. _____ of 2018

UNDER ARTICLE 32 OF THE CONSTITUTION OF INDIA

In the matter of:

1. MEDICOS LEGAL ACTION
GROUP TRUST (REGD.)
Through its Convenor Dr.
Neeraj Nagpal, 1184, Sector
21-B, Chandigarh- 160022.
mlagindemnity@gmail.comPetitioner

VERSUS

1. Union of India; Through
Secretary, Ministry of health
and Family Welfare; Room
No. 348; 'A' Wing, Nirman
Bhavan, New Delhi-110011Respondent No. 1
2. Medical council of India;
Through Chairman, Pocket-
14, Sector - 8, Dwarka Phase
-1; New Delhi - 110077Respondent No. 2

To, THE HON'BLE CHIEF JUSTICE OF INDIA
AND HIS COMPANION JUDGES OF THE
HON'BLE SUPREME COURT OF INDIA

The humble petition of the Petitioner above named

MOST RESPECTFULLY SHOWETH:

1. That this is a Public Interest Litigation under Article 21 and 32 read with Article 14 and 12 of the Constitution of India to issue a writ of mandamus for the implementation of the Residency

scheme issued by the Ministry of Health and Family Welfare, vide letter number S.110 14/3/91- ME dated 5th June 1992 at all the National and State level medical institutions and to prepare work roster keeping in view psychological capabilities of the human mind of the resident doctors. The Notification is annexed herewith marked as **Annexure -P1 (37 - 54)**

2. The Petitioner is constrained to file this PIL, because he himself and his colleagues had been a resident doctor and had suffered a lot as such to such an extent extent that they founded "Medicos Legal Action Group", having its registered Office at 1184, Sector 21 B Chandigarhand is holding the post of Convenor to raise such issues before various foras.
3. The convenor of "Medicos Legal Action Group" had been Ex. President of IMA Chandigarh and Director of Hope Gastrointestinal Diagnostic Clinic, having mobile Number 09316517176 and 9814013735 and landline numbers as (0172)-4633735, (0172)- 2707935, (0172)- 2706024 and(0172)-5087794 and having email ids as mlagindemnity@gmail.com.
4. That Dr Neeraj Nagpal has been authorized by the Board of Trustees of the abovementioned group vide resolution dated 03.09.2018. copy A of the resolution and Authorization letter is attached alongwith the vakalatnama.
5. The petitioner is tax payer the A/c. No. of "Medicos Legal Action Group" is 499601010036479 IFSC code UBIN0549967 UnionBank Sector 35 C Chandigarh and its PAN Number AADTM4605N. Further the Petitioner also have the following Website; www.mlag.in and the face book link as <https://www.facebook.com/medicoslegalactiongroup>.

6. The cause of action arose in this case, when the petitioners' "Medicos Legal Action Group" came to know from several resident doctors and also from various news reports the plight of Resident Doctors losing their physical and mental health on account of endless working hours without any respite and this issue needs to be redressed to relieve the resident doctors from continual over-stressed inhuman working conditions as evident from various annexure.
7. The petitioner has not any personal interest and it has no element of any civil, criminal or revenue litigation and it has no legal nexus with the issues involved in the PIL. The petitioner has not moved any concerned authority for the relief sought by it, because similar issues had been raised before the concerned department and the concerned department could not resolve it in absence of any legal framework in this regard. The fact remains that the *Resident Doctors duty Hours* is an issue, which needs to be redressed on urgent basis to provide qualitative and not poor quality quantitative treatment to needy patients by medical professionals.
8. That Residency as an opportunity for advanced training in a medical or surgical specialty evolved in the late 19th century from brief and informal programs for extra training in a special area of interest in India. The Residency Program has been institutionalized in many government and private medical Institutions including many teaching hospitals.
9. The surgical residency is the period vital for practical patient care oriented training and to acquire and master specialized

procedural and surgical skills under the supervision this requires focused and concentrated effort on the part of resident doctors with physical and intellectual integrity and this object cannot be achieved without their being proper working hours.

10. The petitioner categorically states that there is no personal gain and personal interest, private motive or oblique reason in filing the instant PIL.

11. That the objectives of the residents training are:

- A. interaction with the patient which is under guidance of the faculty members,
- B. assuming the person's personal care and responsibility of individual patients,
- C. developing procedural and surgical skills and knowledge which will establish foundation for continuous growth in future surgical profession,
- D. graded and progressive responsibility, acquiring professional experience and surgical skills scale and exercising to do skills with great dexterity and dependence securing the provision of most effective and efficient and safest care for patient,
- E. active participation in the interdisciplinary clinical skills improvement and Patient Safety programs and didactic educational events,

12. That the Medical Council of India Postgraduate Medical Education Regulations, 2000 (Amended upto July, 2017) states, "the training of PG students shall involve learning experience 'derived from' or 'targeted to' the needs of the community. It

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shall, therefore, necessary to expose the students to community based activities.

The said Regulations further under the heading "Goals and General Objectives of Postgraduate Medical Education Programme to be Observed by Postgraduate Teaching Institution", states:-

Goal:

- A. The goal of postgraduate medical education shall be to produce competent specialists and/or Medical teachers.
- B. who shall recognize the health needs of the community, and carry out professional obligations ethically and in keeping with the objectives of the national health policy;
- C. who shall have mastered most of the competencies, pertaining to the specialty, that are required to be practiced at the secondary and tertiary levels of the health care delivery system;
- D. who shall be aware of the contemporary advance and developments in the discipline concerned;
- E. who shall have acquired a spirit of scientific inquiry and is oriented to the principles of research methodology and epidemiology; and
- F. who shall have acquired the basic skills in teaching of the medical and paramedical professionals.

13. General Objectives of Post-Graduate Training Expected from students at the end of Post-Graduate

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14. Training:- At the end of the postgraduate training in the discipline concerned the student shall be able to;
- A. Recognize the importance to the concerned specialty in the context of the health needs of the community and the national priorities in the health section.
 - B. Practice the specialty concerned ethically and in step with the principles of primary health care.
 - C. Demonstrate sufficient understanding of the basic sciences relevant to the concerned specialty.
 - D. Identify social, economic, environmental, biological and emotional determinants of health in a given case, and take them into account while planning therapeutic, rehabilitative, preventive and primitive measure/strategies.
 - E. Diagnose and manage majority of the conditions in the specialty concerned on the basis of clinical assessment, and appropriately selected and conducted investigations.
 - F. Plan and advise measures for the prevention and rehabilitation of patients suffering from disease and disability related to the specialty.
 - G. Demonstrate skills in documentation of individual case details as well as morbidity and mortality rate relevant to the assigned situation.
 - H. Demonstrate empathy and humane approach towards patients and their families and exhibit interpersonal behavior in accordance with the societal norms and expectations.
 - I. Play the assigned role in the implementation of national health programme, effectively and responsibly.

- J. Organize and supervise the chosen/assigned health care services demonstrating adequate managerial skills in the clinic/hospital or the field situation.
 - K. Develop skills as a self-directed learner, recognize continuing education needs; select and use appropriate learning resources.
 - L. Demonstrate competence in basic concepts of research methodology and epidemiology, and be able to critically analyze relevant published research literature.
 - M. Develop skills in using educational methods and techniques as applicable to the teaching of medical/nursing students, general physicians and paramedical health workers.
 - N. Function as an effective leader of a health team engaged in health care, research or training.
15. Over time, however, things have evolved to a level where Residents are now used as forced labour in medical institutions and are the first and second line care givers in most medical colleges and hospitals. That 80-90 % of the OPD, Emergency and IPD patients are handled exclusively by the resident doctors, never coming in contact with consultants during their interaction with the healthcare establishment. The supposed supervision is between themselves and there is rare contact with consultants during day to day patient care. These residents are forced to work as cannon fodder in emergencies across India and take the brunt of the patient dissatisfaction with the system. Training and learning is far distant to the actual patient care duties, which they have to perform for extended duty hours in

various departments like, Emergency, Operation Theater, ICU besides the regular work in inpatient ward, as well as OPD.

16. Even in premier institutes, which handle large number of emergencies, the role of a consultant if at is limited to one round of those serious enough to require their opinion. All emergency decision making is left to the residents, irrespective of the fact, whether they are equipped with appropriate skills and knowledge. On top of it they are expected to do regular duties during day, attend academic sessions, in addition to the emergency work assigned to them. This results in residents coming to work at 6 am, in morning, preparing patient reports and files for morning rounds, present the cases in morning rounds and carry orders given by the consultants, for each patient during morning rounds, followed by attending OPD where he invariably has to individually see more than 50 patients, admit those requiring hospitalization and thereafter attend to emergency duties till next morning. Again he has to present in next day's morning rounds and gets home in the evening about 36-37 hours after he first entered the hospital. There is no concept of compensatory off after night duty for resident doctors, even though the paramedical staff, like nurses and technicians, have fixed duty hours in the same institution.
17. That a sleep deprived professional, is inherently and psychologically at a disadvantage when it comes to performing skilled tasks of patient care, retention and learning because in a sleep deprived professional the motor skills, reasoning, analysing and feasibility at forming short term

memory and consequently storing and processing it to long term memory are all themselves impaired.

18. That world over, attempts have been made to restrict the working hours of residents and Hospitals. The case of Libby Zion, an 18 year old woman who died while under the care of residents in a hospital emergency department in New York City in 1984 was the original stimulus to resident duty hours reform.

19. The lead in this Reform journey was taken by Europe. The European Working Time Directive (E W T D) issued by the Council of Europe to protect the health and safety of all workers in the European Union became law in 1998. The United Kingdom version of EWTD is also known as the Working Time Regulations (WTR). The Directive reduces the working week to an average of 48 hours and there are further regulations relating to break periods and holiday allowance, such as:-

A. 11 hours rest a day and a right to a day off each week,

B. A right to a rest break if the working day is longer than six hours, and

C. 5.6 weeks paid leave each year (i.e. 41 days, unlike in India where residents get only 20 to 10 CL, depending on which State).

20. The EWTD has applied to consultants and career grade staff since October 1998 but initially junior doctors were exempt because there were concerns that the NHS would not be able to cope with loss of so many junior doctor hours in such a short

period of time. However, in August 2004, the EWTD or WTR was extended to cover junior doctors.

21. The working week for junior doctors has been reduced on a gradual basis reaching an average of 48 hours by 1 August 2009 (calculated over six months). They are entitled to choose to work additional hours if they wish, in which case, they will be compensated accordingly monetary as well as in terms of compensatory rest.
22. That the Honourable Supreme Court, in W. P. (C) 348-352/1985 directed that, "*A uniform practice has to be evolved so that the discipline would be introduced. We accordingly allow the present arrangement to continue for a period of five years i.e. upto 1992 inclusive. For admission beginning from 1993 there would be only one pattern. All Universities and institutions shall take timely steps to bring about such amendments as may be necessary to bring statutes, regulations, and rules obtaining in their respective institutions in accord with this direction before the end of 1991 so that there may be no scope for raising of any dispute in regard to the matter. The uniform pattern has to be implemented for 1993. It is proper that one uniform system is brought into vogue throughout the country.*"
23. That in this connection Ministry of Health & Family Welfare, Govt. of India has sent directive to all states & U.T. administrations vide letter No. S-11014 /3/91/ME (P) dated 05 June, 1992. The direction No. 13 of the same is reproduced herein below: "*Hours of Work: Continuous active duty for*

resident doctors will not normally exceed 12 hours per day. Subject to exigencies of work the resident doctors will also require to be on call duty not exceeding 12 hours at a time. The junior Residents should ordinarily work for 48 hours per week and not more than 12 hours at a stretch subject to the condition that the working hours will be flexible as may be decided by the Medical Superintendents concerned keeping in view the workload and availability of doctors for clinical work”.

24. That, unfortunately, till date many of the States in India have refused to implement the working hours in the residency scheme.
25. That the unregulated working schedule for PG Doctors has led to their working hours being over and above the optimal human working capacity across almost all PG training Centers.
26. That the petitioner, through its Convenor has, under the Right to Information Act, 2005, obtained the details as to the working schedule / roster of Post Graduate (PG) resident students at various Institutions across the north India, and has tabulated them State wise. It appears then there is no uniform working schedule among the medical institutions. Many of the institutions have not even mentioned the timings in the weekly roster, while few departments like surgery keep the Residents on call 24 hours, while other departments have cared to define only the emergency duty leaving the timings for rest discretionary. A tabulation of information as regards to some of the leading medical institution in in regard to their working

hours and the consequences thereof on the PG students to work related stress, their living conditions etc is included herewith marked as **Annexure P2** (55 - 255)

27. That the profession in discussion requires rapid and instant application of intellect and motor skill to perform and a person's life depends on such a performance.
28. That modern psychology has proven beyond doubt that both, motor skills and intellect/ judgment, are severely impaired when a human is deprived of sleep.
29. That a modern day doctor not only has to perform his duties as a doctor but also has to keep up with latest advancements in medical sciences by attending various seminars / workshops etc., and has to complete his PG course too.
30. That apart from the above, he also has to take care of regulatory compliances and has to perform the duty to explain the nitties and gritties of medical procedures to be performed on his patient, his consent, the alternatives, pros and cons etc to a largely uneducated population. That furthermore, he also must deal with considerable work stress, deplorable conditions for whatever rest he gets.
31. That even after all this, he must deal with the ever-increasing violence against doctors. It is said with great melancholy that a doctor is more anxious as to how to break the news of a patients condition to sometimes very aggressive relatives than thinking about how and what route of medical intervention to

take. Overworked, food and sleep deprived he is unlikely a candidate to show optimum empathy to emotionally charged patient's relatives in such times, and this at times, result in physical violence against them.

32. That somehow when a Doctor successfully deals with the above, he also has to perform the duties of a family man. That to give a realistic example, can a PG doctor be expected to perform at his best when he has been on work for 24+ hours continuous duty? Or can a PG doctor be expected to give a thoughtful and calm consideration to his patients ailments when, say 5 minutes before his *shift*, 200 patients are still standing in the queue?
33. That long working hours including night duties can lead to continuous physical, mental, and emotional stress as well as sleep deprivation eventually resulting in fatigue. This fatigue and Burnout can strikingly impair the Vigilance capability of judgement and impairment of hand and eye coordination. The above situations are not rare occurrences but are a part and parcel of daily life of any PG Doctor and this result in medical errors some of which may be catastrophic.
34. That all the above in a nutshell is impossible to be performed by a human in 24 hours, unless and until his professional life and its timings are strictly defined.
35. That consequently, the Petitioner through this Writ Petition humbly pray that working timings and shifts of PG Doctors be strictly defined, and since the definition is already released by

Govt of India in 1993 pursuant to the directions of this Hon'ble Court in W.P. 348-352/1985, the Petitioners seeks a Writ of Mandamus to command the States and territories of the Union and all medical institutions in them to adopt and frame rules following the same.

36. That the various issues faced by PG Doctors, due to ill defined or rather undefined working schedule followed by the state run institutes, are given herein below:

A.LACK OF PROPER SLEEP RESULTING IN IMPARIMENT OF MENTAL FACULTIES.

37. It is well reported in media as well as from PG Doctors time to time that they are made to work many a times 36-72 hours at a stretch in government run institutions.

38. In a study, the Harvard Work Hours, Health and Safety Group evaluated the performance of intern doctors working on more than 24 Hour schedule. An excerpt of the finding is produced below:

“During a total of 2203 patient-days involving 634 admissions, interns made 35.9 percent more serious medical errors during the traditional schedule than during the intervention schedule (136.0 vs. 100.1 per 1000 patient-days, $P < 0.001$), including 56.6 percent more non intercepted serious errors ($P < 0.001$). The total rate of serious errors on the critical care units was 22.0 percent higher during

the traditional schedule than during the intervention schedule.....”

39. A study conducted on Residents in Japan, found significant level of depression in residents working 100 or more hours per week, the study reports

“The mean duration of work per week was 79.4 h, with 97 residents (7.8%) working 100 h or more. At 3 months, clinically significant depressive symptoms were reported by 45.5% of residents working 100 or more hours per week, which proportion was significantly greater than that for respondents working less than 60 hours.”

40. That it is amply clear, that lack of sleep and fatigue will lead to significant amount of increase in medical errors (for which the doctor will ultimately be himself responsible). It is also evident that long working hours lead to depression.

41. That it is no surprise that Residents are committing suicide or are getting themselves admitted in psychiatry ward due to stress. This fact was also highlighted when a 24-year-old resident committed suicide due to “stress” at PGIMER the same was reported in Indian Express 05.03.2018.

B-----LACK OF MOTIVATION FOR PURSUIT OF FURTHER KNOWLEDGE

42. That Medical science is a dynamic field and the professional has to keep working on increasing his knowledge and arm

himself with the latest procedures. In fact it is a part of *Hippocratic oath* administered to medical professionals where in they swear to keep themselves up-to-date with the latest procedures and lines of treatment. However, a study titled

'The impact of shift patterns on junior doctors' perceptions of fatigue, training, work/life balance and the role of social support,

reports that

"Junior doctors also discussed the ways in which high workload and difficult work schedules impinged on their protected teaching time and opportunities for private study. They also noted that motivation to learn could suffer as a result of excessive fatigue, particularly during exams"

43. That it can be safely inferred that a PG doctor's Right to education as a part of right to life under article 21 is itself being infringed upon by the lack of concern shown towards their working conditions by respective authorities.

C-----RISE IN MEDICAL NEGLIGENCE CASES

44. A study by Ld. Supreme Court advocate Mahendra Kumar Bajpai, shows a 110 per cent rise in number of medical negligence cases in India every year. Furthermore, 90 per cent of all cases in medical negligence involve hospitals. That ultimately the concerned doctors are held responsible for the same. That it is highly unfair on part of the professional who is already overworked and as a result is operating at sub optimal mental alertness and hand eye co-ordination, to be made to

perform a procedure on which someone's life depends, furthermore, if things go south, which is physiologically bound to happen with sleep deprived professionals, the professional is also held responsible for the same.

45. That just to give a reference, sleep deprivation was a form of torture in medieval times.

46. That Furthermore, sleep deprivation has proven effects on hand – eye co-ordination, studies show that just after 17-19 hours of sleep deprivation, performance while driving deteriorates. The study titled,

“Moderate sleep deprivation produces impairments in cognitive and motor performance equivalent to legally prescribed levels of alcohol intoxication” by Williamson AM, Feyer AM.

states,

“After 17-19 hours without sleep, corresponding to 2230 and 0100, performance on some tests was equivalent or worse than that at a BAC of 0.05%. Response speeds were up to 50% slower for some tests and accuracy measures were significantly poorer than at this level of alcohol. After longer periods without sleep, performance reached levels equivalent to the maximum alcohol dose given to subjects (BAC of 0.1%)”.

47. That when a relatively simple task such as driving is affected when sleep deprived, one can gauge the effect on a medical professional, where keeping a close eye on patient's condition,

a tab of instruments and stability of hand is of outmost importance.

D-----WORK LIFE BALANCE

48. That needless to say, a medical professional is also a family man. The average age of a MBBS passout in India is 24 years, add to it 3 years of Post Graduation. The average age of a person holding a MS or MD however, is 31 years. It is a fact of life that age of a fresh PG student is also in the marriageable age as per current Indian societal norms prevailing.
49. That, the Ministry of Health and Family Welfare's Notification, dated 06.02.2018, bearing No. S. 11014/01/2017-ME-I, states that the maximum age of Senior Residents having a 3 year work experience to be 37. It states,
- “it has been decided that the upper age limit for appointment to the post of Senior Resident in Central Govt. Hospitals/ Institutions including Statutory/Autonomous bodies wholly financed by the Central Govt. shall be 37 years with immediate effect. The age limit is relaxable by 5 years for SC/ST candidates.”*
50. That as per CIA Fact book, the average age of mothers having their first child in India is 19.9 years, it may be noted that the figure is for rural India, and the age limit is definitely going to be higher for the urban class. For instance the average age of mothers having their first child in European countries is 30 years. Thus the parent of a PG resident, going by the above

statistics, can be safely assumed to be at least 50+ years (19.9 + 30).

51. Thus it can be safely inferred that a PG resident has tremendous family obligations on him having to take care of his ageing parents, managing his own marriage and this is bare minimum obligations, educational loan/ siblings education etc, can be safely added to the burden upon a PG doctors shoulders.

52. It is also a matter of fact that PG residents DO NOT get paid salaries but are paid *stipends*, which is pittance in some cases.

53. That If post graduate degree was not dangling at the end of the stick, no human could be made to work the way PG residents are made to work and that too for a pittance. Private colleges charge tuition fee in crores for the PG training, while they do not even pay the residents stipend on one excuse or another. Under the scenario enumerated above, the long working hours only make it impossible to fulfill his family obligation and thus are violative of his fundamental right to Life.

54. That the above are some of the problems faced by residents which bear a strong correlation to his work schedule.

55. That it is a part of the fundamental right to life for a person to lead a dignified life. When a PG resident is forced to work inhuman hours and is taking naps in stretchers, he is functioning just as a robot. A dignified life where he can take care of his family, indulge in recreation and even more basic

just get time for his studies is a far cry from the current scenario.

56. That when a sleep deprived person is forced to perform a task involving high degree of intellection and motor skills, it is psychologically natural that he will fail at it. This is not only unfair on part of doctors, but is negligence on part of State towards its citizens whose life depends on the professionals.
57. That a citizen pays taxes to get basic needs such as food, healthcare, policing etc. Is it fair on part of a tax payer that the State (who owns the government hospitals and furthermore is responsible for regulating the healthcare sector) has made such professionals who are performing at sub optimal levels due to sleep deprivation?
58. That The honourable Supreme Court in *Pashim Bengal Khet Mazdoor Samiti vs. State of West Bengal, 1996 SCC (4) 37*, has specified that it is the responsibility of the State to provide healthcare to the citizens and lack of financial resources cannot be a reason not to do so. It was held that since it is the joint obligation of the Centre as well as the States to provide medical services it is expected that the Union of India would render the necessary assistance to the improvement of the medical services in the country on these lines.
59. That keeping apart the above, the purpose of a *resident* is basically to learn from seniors, when the work hours itself is unregulated, it is but natural that friction will occur between them, because, ultimately the face which orders a resident is

that of a senior resident. With strained relation, what learning and teaching can be expected between them. Furthermore, it needs to be also given a thought that what would be observational and retention capacity of a sleep deprived brain?

60. That it is a well-known fact that doctor to patient ratio in our country is very poor, however, increasing the burden on the professional is not the solution, because productivity and workload are inversely correlated. Further-more in the profession, at question, activity translates into someone's life. A rather practical approach would be to increase the role played by ancillary staff to define the duty hours of PG residents by shift to have a roster prepared in such a way that there is appropriate sleep gap between shifts. It would be better to delegate menial clerical jobs, including that of a phlebotomist, to paramedical staff and release the resident doctors to do actual medical work. To rotate the shifts in such a way that day and night shifts are equally distributed between the residents. And lastly the same may be done under the framework of the guidelines issued by the central government vide letter number S 110 14 / 3 / 91-ME dated 5th June 1992.

61. That the medical profession is not a mechanical profession therefore in this scenario long work hours cannot correspond to increase in productivity rather human intellect follows a normal curve with respect to time hours therefore for any duty done beyond the point at which peak has been reached the productivity, consequently, performance and therefore, the quality of care, given to the patient decreases.

62. That in a newspaper report, *Indian Express*, ed. New Delhi dt. 26-03-2015, pg 3 *Express Newslines*: "Can't make doctors work over 12 hrs, hospitals told". At present resident doctors often forced to do back-to-back shifts, sometimes clocking up to 36 hours without a break.
63. "Doctors routinely work 36-hour shifts twice, sometimes even thrice a week. As a postgraduate student, we often clock upto 100-120 hours in the hospital. This is insane in a high-precision vocation like medicine because fatigue would inevitably take a toll on your clinical judgement, your ability to concentrate and in case of surgeons especially, mere physical ability. It is a violation that has gone too long," a senior doctor at Maulana Azad Medical College said, on condition of anonymity.
64. "While specifying shifts is certainly an improvement, a better way to do this would have been to lay down that like every other worker in the country, a doctor will not work more than 40 hours. They did not do that because the moment that is specified, there would be questions about the number of staff members in the hospital. There, the government may find itself in a spot even worse than in private. What this may essentially do for doctors is to force them to work without weekly off," another doctor at a Delhi government hospital said.
65. That a hierarchical organizational structure, staffing patterns, and fear of failure in examinations leads to overwork among residents going unreported. This can lead to poor academic performance and research work. Gaps in communication have serious implications on patient health. Undesirable practices

like LAMA (leave against medical advice) also result from overwork. Issues of pay and contracts including mandatory service need to be looked into carefully.

66. High cost of treatment in private facilities leads to an abnormally high patient load in few performing government facilities.
67. That the staffing pattern is also unique; while the senior doctors, nurses, and paramedical staff including the ward boys are permanent government employees, the medical resident is a temporary contract worker who has an annual contract subject to renewal every year leading to high amount of insecurity.
68. This sword of Damocles is the fear of displeasing anyone in the old scheme of things and thus almost guaranteeing their failure in examinations. The passing rates in DNB examinations are extremely low.
69. Also, there is an acute shortage of postgraduate (PG) medical seats in relation to undergraduate seats in the country. In developed countries like USA, the postgraduate seats are more than the undergraduate seats.
70. That due to acute shortage of seats in India the residents are not even in a position to leave the "precious" seat of the course if they are not in a position to carry out their duties. But, this trend has been gradually degrading to a new level. As per the RTI reports (supra), many resident doctors leave the residency

midway citing, to the authorities, very vague reasons. Therefore, it can be easily concluded that the residents are made to live and work in such apathetic conditions that they are left with no other option but to surrender their much coveted seat, which is too scarce to be surrendered.

71. That often, admissions to the said courses are expensive and/or coupled with contracts and bonds with penalty clauses and fines in tens of lakhs of rupees which are impossible to pay back. This unique situation leads to a very high level of stress among residents.
72. A typical work week of an anesthesia resident includes three duties and three regular days of work. A regular day of work includes OT duty, ICU/CCU/NICU/PICU duty, teaching seminars, thesis work, and running OPD services. While a duty day means 24 straight hours of emergency/casualty posting and OT service and responding to CPR calls. This "duty" day then blends into the next "regular" work day without a break. It is hard to conceive a human being function at his optimum on that particular day and afterwards without any sleep whatsoever. And, this sleep-deprived duty roster continues to operate for a full 3 years, i.e., the duration of residency.
73. That the overworked resident may not be any more interested in trying out new and experimental treatments. Even teaching and learning activities often take a backseat in view of work pressure. The thesis just becomes a formality which has to be completed somehow in the limited time. This is among the reasons of falling standards of medical research in the country.

74. Another newspaper article, *Indian Express* ed *Chandigarh*, dated March 5, 2018, "*Many doctors work for 24 hours straight with no off next day*". A 24-year old JR committed suicide at PGIMER on February 26, 2018. The doctor, who belonged to Tamil Nadu, had told his parents a day before that he was "under stress". Subsequently, President, Association of Resident Doctors (ARD), PGI, said that doctors remain under "stress due to long working hours and unprecedented patient rush at the institute".
75. That there is no doubt that there is stress among the doctors. It's the general work load that takes a toll on one's mental health. If a person is not in the right state of mind or tired, his physical well-being bears the brunt as well. It becomes a vicious circle, they all become trapped in.
76. One of the other cases of suicide by doctor, is of junior resident doctor of Anaesthesiology at PGIMER, RML Hospital, Delhi, who himself was being treated for depression. He was found dead in his flat on 19-09-2017. In his suicide / last note he had written, "..... I hate the life of a prisoner. I want to get out of the delusion."
77. That the truth of over-stretched working hours was corroborated by Dr. Jagat Ram, the Director of PGIMER Chandigarh, in newspaper article, "Why did 24-year-old PGIMER doctor commit suicide?" published in *Hindustan Times*, ed *Chandigarh*, dt. Mar 01, 2018. The Director said, "Each department has been told that work timings should not be more

than 12 hours. Emergency duties should also be posted in a way that the person is able to manage. I am not denying that doctors are not working for long hours, at times one doctor works continuously from one morning to another morning.”

78. There are numerous such news articles which have got published in the leading newspapers of the country, of which a few more mentions may be made:-

79. Indian Express ed New Delhi July 7, 2015: “Doctor’s 35-hr shift on 8 bananas, a toilet in nearby café”. The heading itself speaks volume about the ground reality of the State run hospitals.

80. Indian Express ed. New Delhi, Mar 26, 2017: “Maharashtra: Doctors resume work after Govt promises guards”.

81. Times of India, Chandigarh Times, April 29, 2017: “PGI’s environs turn docs into TB patients?” “Lack of Good Food and Water in Hospital to Blame.” When physicians become patients. The majority suffer from TB, while the rest are often diagnosed with depression and stomach ulcers. The PGIMER emergency which sees a daily footfall of around 600 patients is overcrowded and has no ventilation system. Resident doctors had demanded working hours be limited. It is currently 16-18 hours in the emergency and wards. Low immunity, improper ventilation and overcrowding makes one susceptible to TB

82. Amar ujala, Shimla, “Doctors have been made technician (translated from Hindi)”. In this report it was highlighted that

the doctors who work for 120 hours are now forced to fill forms and collect samples, which is the job of a data entry operator and sample collecting technician respectively.

83. The Tribune, ed Chandigarh, dt 10 March, 2018; "Medical students confront minister", *"Show him dilapidated building of college hostel; Rs. 10 lakh sanctioned"*. Postgraduate students of Government Medical College held a demonstration during the visit of Health and Medical Education Minister BrahmMohindra on the campus. The students asked the minister to pay a visit to the PG hostel to see for himself the pathetic condition of the building. Though the police used mild force to keep the students away, the minister met them and also visited the PG hostel with them. The minister said he was shocked to see the dilapidated hostel buildings. Students showed him washrooms, which had no doors. The canteen and rooms were also in deplorable condition. Windows were without grills and glass. "This is shameful for me, my government, college Principal and all others who are responsible for such poor infrastructure for doctors," the minister added.
84. That Information regarding working schedule of residents was, also, sought from the Presidents of various Resident Doctors' Associations (RDAs). However, only one or two replies could be received as the representation of the petitioner could not reach the addressee for want of office address etc. and was returned henceforth. The information received, online, from Dr. Ajay Jaryal, the President, RDA, IGMC, Shimla, in which he has stated that for duty hours he met the most senior functionaries, like Principal Secretary, Health Secretary, Chief

Minister etc and he has also fought a court case and contempt case, and which was decided in their RDA's favour. According to him, thereafter, the Principal of IGMC sent a letter to each and every department directing the Head of Departments (in short 'HoD') that no duty should be more than 24 hours, but, the HoDs have yet not followed it. It is surprising to know that even 24 hours duty is not enough for the HoDs. The HoDs, according to the President RDA, pressurized the resident doctors by threatening to fail them, spoil their career, not to teach how to operate etc., and managed to get in written, from residents, that they have no objection to perform 36 hours duty! The matter did not finish, but only escalated, these residents are now on 36 hours duty and have only 2 hours to sleep, which they have to manage on benches in the common room, occupied by both male and female doctors. The RDA IGMC is fighting for this cause too with the concerned functionaries.

85. An Office Order from the Principal, IGMC Shimla, No. HFW(MC)B(15)II/2003, dated 08 March 2018 was recently provided by the President RDA. In this order the duties of the Resident Doctors working in different clinical departments of that institution were assigned as follows:-

- i. An 80 hours weekly limit, average over 4 weeks, inclusive of all in-house call activities.
- ii. A 10 hours rest period between duty periods and after in house call.

- iii. A 24 hour limit on continuous duty, with up to 6 additional hours for continuity of case and education.

In a clear contravention of the guidelines of the central government and orders of Honourable Supreme Court, this medical college is asking the resident doctors to work for minimum 80 hours per week, providing a 10 hours rest and limiting a continuous duty to 24 hours which will be further stretched to another 30 hours. This is the minimum duty expected from the residents, as the ground reality is always different and which depends upon the work load and the whim of the senior doctors.

GROUNDS

That the petitioner is filing the instant PIL on the following

- A. Because the respondents have not implemented the Residency scheme issued by the Ministry of Health and Family Welfare, vide letter number S.110 14/3/91- ME dated 5th June 1992 at all the National and State level medical institutions by preparing the work roster keeping in view the psychological capabilities of the human mind of the resident doctors.
- B. Because there is no uniform Residency scheme across the centres and institutions offering PG courses for medical professionals.

- C. Because the Lack of uniformity between States and even between Institutions within the same state has resulted in incomplete arbitrariness in fixing the rosters.
- D. Because the arbitrariness has resulted in certain cases a complete conflict of interest where in the senior residents are themselves fixing the roster. This gives scope for vindictive behavior, unequal treatment, amongst postgraduate students and thereby, giving rise to scope of malafide decisions in an otherwise administrative action.
- E. Because the lack of a fixed schedule has resulted in residents often working in inhumane hours and in inhumane conditions where they sometimes lack even basic facilities such as toilets.
- E. Because inhumane working hours and conditions are a direct violation of the right to life with dignity of a medical professional.
- F. Because it is a well concurrence amongst psychologists based on studies that sleep deprivation can result in significant decrease in hand and eye coordination with the level of impairment being at the same level of a person intoxicated with alcohol.
- G. Because it is well documented in psychological studies that sleep deprivation is directly correlated with impairment in cognitive capabilities. Thus a professional working under such circumstances is impaired to perform any activity requiring high level of cognitive function such as medical procedure.

- H. Because it is the duty of the State to ensure that citizens' medical care is met at the hands of an able medical professional. Therefore it is the duty of the State to ensure that such regulations exist which prevent professional, who is not in a condition to perform medical intervention, from rendering services. On the contrary in the present scenario the State itself is giving tactical support to institutions, who force the sleep deprived professionals into rendering Medical Services, by not framing adequate regulations, and by not enforcing the same through the executive. Therefore, it is a failure of the State both on the legislative and the executive front.
- I. Because being forced to work beyond human capabilities is not only violative of the fundamental rights of the medical practitioners but also violative of the right to life to an innocent patient.
- J. Because even after a professional is unwillingly forced to work beyond working hours, and if things go south which is bound to happen, it is the medical professional himself who is held responsible. It is akin to a situation wherein the authorities (regulated by the State) are themselves forcing a person to commit a crime and then prosecuting him for the same.
- K. Because capable person also has a duty to take care of his family. Resident doctor is generally in the age group of mid to late thirties. It can be safely assumed that his / her parents/ Guardians/ dependents are at age of 50 plus and are most likely to be senior citizens. It is impossible that a person working day in day out and many a times without sleep would also be able to

take care of his family duties. It is also a fact that as per Indian societal norms, he would be of a marriageable age. It can be inferred that such a person would have tremendous family obligations, and in the absence of define working hours, defined leaves it would be impossible for him to take care of the above-mentioned duties.

L. The right to live with dignity includes a proper work life balance where a person can also indulge in recreational activities, fulfill the necessities of a personal life, lastly but not the least you have a dignified work schedule with proper facilities in accordance with Global standards.

86. That the petitioner has not filed any writ petition in the Supreme Court or any High Court for similar relief.

PRAYER

In view of the facts and circumstances stated above, it is prayed that this Honorable Court in the Public Interest may be pleased to:

(I) Issue a writ of mandamus for the implementation of the Residency scheme issued by the Ministry of Health and Family Welfare, vide letter number S.110 14/3/91- ME dated 5th June 1992 at all the National and the State level medical institutions and to prepare work roster keeping in view psychological capabilities of the human mind of the resident doctors; and

- (II) Issue any other appropriate writ, order or direction that this Honorable Court may deem fit and proper in the facts and circumstances of the case.

AND FOR THIS ACT OF KINDNESS THE PETITIONERS SHALL
EVER PRAY

Drawn By	Dr Sushil Kumar Gupta	Filed	Mridula Ray Bharadwaj
Drawn On	15.09.2018	By:	Advocate for the Petitioner
Filed on	17.09.2018		

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IN THE SUPREME COURT OF INDIA

CIVIL ORIGINAL JURISDICTION

WRIT PETITION CIVIL NO. OF 2018

IN THE MATTER OF :

MEDICOS LEGALPetitioner
ACTION GROUP TRUST
(REGD.)

Versus

UNION OF INDIA & ORSRespondents

AFFIDAVIT

I, Dr. Neeraj Nagpal aged 57 years Managing Trustee of Medicos Legal Action Group Trust (Regd.) having its registered office at 1184, Sector 21-B, Chandigarh-160022 do hereby solemnly affirm and state as under:

[1] That I am the Managing Trustee of Petitioner Medicos Legal Action Group Trust (Regd.) in the Writ Petition and well acquainted with the facts and circumstances of the present case and in that capacity, competent to swear the present affidavit in support of the present Writ Petition. The petitioner has no personal gain, private motive or oblique reason in filing this PIL.

[2] That the facts stated in the Petition in paragraphs 1 to 86 from page 1 to 35, synopsis and list of dates in pages from B to D are true and correct to my knowledge and belief. No part of it is false and nothing material has been kept concealed there from and the Annexures P.1 to P.2 appended along with present Writ Petition are true copies of their respective originals.

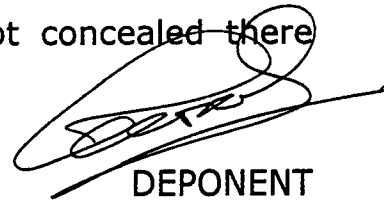


DEPONENT

VERIFICATION

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Verified at this 3 day of Nov, 2018 that the facts stated in the above affidavit are true to my knowledge and belief. No part of the same is false and nothing material has been kept concealed there from.



DEPONENT

[Dr. Neeraj Nagpal]

APPENDIX

CONSTITUTION OF INDIA

ARTICLE 32. Remedies for enforcement of rights conferred by this Part:

(1) The right to move the Supreme Court by appropriate proceedings for the enforcement of the rights conferred by this Part is guaranteed.

(2) The Supreme Court shall have power to issue directions or orders or writs, including writs in the nature of habeas corpus, mandamus, prohibition, quo warranto and certiorari, whichever may be appropriate, for the enforcement of any of the rights conferred by this Part.

(3) Without prejudice to the powers conferred on the Supreme Court by clause (1) and (2), Parliament may by law empower any other court to exercise within the local limits of its jurisdiction all or any of the powers exercisable by the Supreme Court under clause (2).

(4) The right guaranteed by this article shall not be suspended except as otherwise provided for by this Constitution.

True Copy

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Annexure P11

RESIDENCY SCHEME

No. S 11014/3/91-ME(?)

Government of India

Ministry of Health & Family Welfare

Nirman Bhavan, New Delhi

Dated, 5th June 1992

To,

1. The director
All India Institute of Medical Sciences
Ansari Nagar
Delhi
2. The director
Postgraduate Institute Of Medical Education and Research
Chandigarh
3. The Director General Armed Forces Medical Science
Ministry Of Defence
New Delhi
4. The registrar
Delhi University
Delhi
5. The registrar
Aligarh Muslim University
Aligarh Uttar Pradesh
6. The registrar
Banaras Hindu University

Varanasi, Uttar Pradesh

Subject: Selection Of Candidates For Postgraduate Medical And Dental Courses Regarding

Sir,

I am directed to say that the Residency scheme, obtaining in the central government hospitals was reviewed recently and a copy of the consolidated instruction on the subject is enclosed for information and necessary action.

2. It may be particularly noted that it has been considered desirable that the entire selection of junior residents(postgraduate students) should be through the all India entrance examination conducted by India Institute of Medical Science in pursuance of supreme court orders, on the basis of which at present 25% of seats in postgraduate courses are being filled up in each and every medical/ Dental College in the country. this would obviate the need for aspirants of Postgraduate courses to take different examinations conducted by different bodies.

3. it is therefore requested that the medical Institutions under the central government may kindly take up the matter with their appropriate/ competent authorities for coverage under the all India entrance examination conducted by All India Institute of Medical Sciences for admission to all postgraduate medical/ dental courses at an early date under intimation to this ministry.

4. The receipt of this letter may please be acknowledged.

Yours Faithfully

signed

(R Srinivasan)

Under Secretary to the Government of India

Copy to

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1 Ministry of human resources development

University education division

Shastri Bhawan New Delhi

2. secretary University Grants Commission

Bahadur Shah Zafar Marg, New Delhi

3. DGHS, ADE(ME)

4. ME/PG DESK

5. ME. UG Desk

For Necessary Action In Respect Of Central Government Medical
Institutions Under Their Control

signed

R Srinivasan

Under Secretary to the Government of India

Consolidated Instructions Regarding Residency Scheme And
Central Government Hospitals/ Institutions Including Statutory/
Autonomous Bodies Wholly Financed By The Central Government

1. Introduction Of The Residency Scheme

On the basis of the Recommendation of the Kartar Singh committee, the Government of India introduced the system of 6 year Residency scheme comprising of background resident doctors and senior resident doctors in place of the then existing scheme of house surgeons, postgraduate students and registrars in all Central institutions/ hospitals including statutory/ autonomous bodies wholly financed by the central government w.e.f 1.1.1974

vide letter number s 11014/ 27/ 74- ME(PG) dated 22.4.1974 copy of annexure I. The scheme will continue to be in operation with necessary modifications as indicated in paragraph following

2 a) Strength Of Resident Doctors

The strength of resident doctors junior and senior in a unit in each clinical and paraclinical department in all the teaching hospitals will be fixed in accordance with the need of each Teaching Hospital depending upon the bed strength, patient care and workload and facilities available and after taking into consideration the norms laid down by the Medical Council of India. In respect of the All India Institute of Medical Sciences New Delhi the postgraduate institute of medical education and research Chandigarh the strength of the various categories of resident doctors in different disciplines will be fixed by the two institutes with the approval of government taking into consideration the norms and special needs of their hospitals

b) the production of specialist by the various institutions should be according to the manpower requirement in different disciplines as may be projected from time to time

3. Selection of residents

A) junior residency

1) the selection of first year junior residents (the erstwhile houseman/ house surgeon) shall be made by a duly constituted Selection Committee subject to usual reservations for SC ST. The selection committee for selection of first year junior residents(and senior residents) in respect of Central government hospitals/ institutions directly under the control of directorate General of Health Services shall consist of the following namely

1)/ director/ principal/ medical superintendent of the hospital/ institution concerned

2) consultant/ director professor/ senior specialist/ professor/ specialist of the concerned speciality

3) professor/ associate professor/ assistant professor/ senior specialist/ specialist of the same speciality or any other speciality.

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4) an officer belonging to the SC/ ST may also be included as a member of the selection committee in accordance with government instructions on the subject.

In this connection a copy of the Ministries letter number s 11014/ 16/ 87-ME(P) dated 17.9.87 is attached as Annexure II

ii) The selection of junior residents who are postgraduate students shall be made in accordance with the rules of the university/ institution concerned for admission to the post graduate diploma or degree courses

iii) As per the directions of the supreme court in its judgement dated 25.9.87 in writ petition numbers 348- 352 of 1985, all the universities are required to amend the Rules And Regulations to introduce a continuous 3 year post graduate degree course and the continuous 2 year post graduate diploma course from the academic year 1993. accordingly, the period of junior Residency shall be either for 1 year in respect of house jobs for those not undergoing postgraduate courses or three year junior Residency in respect of postgraduate degree students.

iv) the junior residents will be on contract service and will be required to enter into separate contracts for one year in the case of housemanship and for two years or three years as the case may be in respect of post graduate courses.

b) Senior Residency

1) The minimum qualification for selection as senior resident in any speciality will be a post graduate degree or a diploma in a concern speciality if such candidates or not available in any particular speciality, others without postgraduate qualification may be considered for selection.

ii) the age limit for appointment to the position of senior residents shall be 33 years in case of postgraduates and 35 years in case of post doctoral degree holders with effect from 6.5.91 at annexure III. The age limit is relax able by 5 years for SC/ST candidates. The above age limit is relaxable upto 35 years(40 years for members of SC ST) of widows, divorced women and women judicially separated from the husband who are not married. (copy of ministry's letter dated 31 3 92 is at annexure VI, X, XI.

iii) The Selection Of Senior Residents will Be Done By The Same Selection Committee As For First Year Junior Residents Given In Para 3(A)(I) Above

iv) The tenure of senior residency will be 3 years. However the candidature of a person who is already working as senior resident in a central institution/ Hospital may be considered for appointment as senior resident in another Central institution/ if his application is received through the proper channel. in such cases the pay drawnn in the previous post will not be protected. The total period ,however should not exceed the maximum period of senior residency of 3 years

iv) the senior residents serving in institutions/ hospitals under the direct control of government will be treated as temporary government servants and governed by the central civil services(temporary services) rules 1965

4. Emoluments

a) Junior Residents

As per the agreement between the Junior Residents and Senior Residents with the Government on 01.07.7989, copy at Annexure - IV, the Junior Residents are entitled to the following emoluments- namely-

The first-year junior resident will get an emolument of Rs 2630 which is 94% of the pay plus NPA of General Duty Medical Officer of Central Health Services (i.e. Rs 2200+600). The same percentage will be kept if in future the pay or NPA of GDMOs is revised.

The second year and third year Junior Residents will draw the emoluments of Rs 2705/- and Rs 2780/- p.m. respectively.

b) Senior Residents

As per the agreement referred to above, the Senior Residents will get the emoluments of Rs.3150/-p.m. (which is calculated at 87.5% of Rs.3000/- which is the starting pay of a Junior Specialist in CHS plus Rs.600/- NPA available to CHS doctors drawing less than Rs.3000/- p.m.). However, if the basic pay of Specialists and the NPA of CHS doctors drawing less than Rs.3000/- is revised to any higher figure in future, the same proportion will be applied for fixing the emoluments of Senior Residents. The second year and third year Senior Residents will draw an increment of Rs.100 per months each.

c) These emoluments are effective from 01.01.86.

d) Allowances

i) Non- Practising Allowances

No separate Non-Practising Allowance is allowed to Junior Residents & Senior Residents but the elements of such allowances has been included in their monthly emoluments as indicated in para 4 above.

ii) Post-graduate Allowances

Junior Residents are not entitled to any Post- Graduate Allowance. In the case of Senior Residents, the Post- graduate allowances of Rs. 200/- for PG degree holders and a sum of Rs 100 for PG diploma holders have been included in the total emoluments of Senior Residents mentioned above. In case a Senior Residents does not possesses post-graduate diploma, a sum of Rs

100 and if he does not possess either post-graduate degree or diploma, a sum of Rs 200 will be deducted from his emoluments.

iii) Dearness allowance, CCA & HRA

Junior Residents and Senior Residents shall be entitled to these allowances as per Government orders on the subject on the basis of their monthly emoluments.

iv) Book Allowances

Book Allowance will be granted to the resident Doctors as per rates indicated below in one instalment at the beginning of each financial year in all cases where the period of residency is expected to be for one year or more.

- i) Junior Residents Rs 1000 per annum.
- ii) Senior Residents Rs 1500 per annum.

- a) The books/journals should be embossed at not less than three places by an officer appointed by the Head of the institution in which the resident doctor is working.
- b) The grant of book allowance will be effective from the 1st January, 1988. The expenditure on this account shall be met from within the budget head of the institution concerned.

Ministry of Health letter No. s.11014/25/89-ME(P) dated 17 December 1990, copy at Annexure-v.

v) Financial Assistance for Thesis.

Junior Residents shall be entitled to a subsidy of Rs 250 as lumpsum to meet expenditure on writing Thesis. Along with the application seeking such an assistance the residents doctors shall submit a certificate from the Dean of the medical college that the concerned resident had submitted the Thesis.

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(Ministry of Health letter No. s.11014/39/8U-ME(P) dated 10.8.81 copy at Annexure-VI.

6) Leave Travel Concession

Junior Residents are not entitled to the LTC as they are under contract Service and not Govt. servants. So far as Senior Residents are concerned they are not entitled to leave travel concession for anywhere in India once in four years, as they will not be completing four years of service sine their tenure is only for a period of three years or less. However, they are entitled to LTC for home town once in two years.

7) Leave entitlements

- a) Junior Residents shall be entitled to 30 days leave (all kind of leave included) during their first year and 36 days leave in a year during the second & third years.
- b) Senior Residents shall be entitled to all kinds of leave as are admissible for temporary Govt. employers. However, the Senoir Residents, whether they are working in the pre or para-clinical or clinical Departments, are not entitled to any vacation.

8. General provident Fund

- i) Junior Residents are not entitled to become members of the General Provident Fund Scheme.
- ii) As regards Senior Residents, as they are temporary Govt. servants they are eligible to subscribe contribution towards GP fund in accordance with Rule 4 of the GPF (Central Service) Rules, 1960.

9. Forwarding of applications

- a) The request of resident doctors for registration in the foreign assignment panel maintained by the Deptt. Of Personal should be examined in accordance with the

instructions contained in the Ministry of accordance with the instructions contained in the Ministry of Health & F.W.O.M. No. R. 35012/13/79-CHS IV dated 5.4.82 (Annexure VII) as amended by O.M. dated 12.10.87 (Annexure VIII) wherein specialities have been categorised as scarce in the country and the medical experts belonging thereto are not to be sponsored for assignment abroad. --- Medical officer possessing post-doctoral degree, post-graduate degree or post-graduate diploma in scarce categories at the time of applying for empanelment for foreign assignment shall be deemed to belong to scarce category. Each such case of resident doctors may be examined in the light of the aforesaid instructions and if the case does not fall under the scarce category, there may be no objection to his application being forwarded to the Deptt. of personal for registration.

- b) Applications of Junior/Senior Resident doctors shall not be forwarded to the foreign embassies for foreign organisations for employment abroad.
- c) There may be no objection to the "No objection certificate" being issued in favour of resident doctors for passport facilities to visit abroad as tourists.
- d) There is a ban on holding of the Educational in commissioner for Foreign Medical Graduates (ECFMG) examination in India. Requests of resident doctors for issue of no objection certificate for passport facilities to appear in the ECFMG examination abroad should not be acceded to.
- e) The cases of Junior/Senior Resident doctors in various Central Hospitals may be disposed of directly by the respective administrative sections in the DGHS and the Ministry of Health & Family Welfare in accordance with the aforesaid instructions and after necessary vigilance clearance. The cases not covered in the aforesaid instructions in consultation with the Ministry of Health and Family Welfare (ME-P) Desk.

10. conduction of break in service.

i) As the Junior Residents are not treated as Govt. servants but are governed by the terms of their agreement under the Residency scheme, the period of Junior Residency as a house surgeon or a post-graduate student, as qualifying service for the purpose of pension and retirement benefits.

ii) The case of Senior Residency, however, stands on a different footing. They are governed by the Central Civil Service (Temporary Service) Rules, 1965. The service Rules as applicable to Central Government servants also apply to the senior Residents. In view of this, the period of Senior Residency in respect of such of the Senior Residents as are subsequently absorbed in regular Govt. Service may, on their confirmation, be counted the appropriate authority after condoning the normal and unavoidable break/interruption in service if any between the Senior Residency and the subsequent regular recruitment to the Govt. service provided the break between Senior Residency and regular appointment does not exceed two years.

However, each such case should be considered separately on merits. This will not, however, apply in the case of Senior Residents absorbed in service in autonomous bodies.

11. Accommodation

Residents doctors will be provided with free furnished accommodation, free electricity and water within reasonable limits as may be fixed-by-the Government from time to time.

12. Duties and responsibilities.

Duties and responsibilities of the resident doctors will be as fixed by the Government from time to time. They will be required to perform such work as may be needed in the legitimate interest of patient care in the hospital.

13. Hours of work

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Continuous active duty for resident doctors will not normally exceed 12 hours per day. Subject to exigencies of work the resident doctors will be allowed one weekly holiday by rotation. The resident doctors will also be required to be on call duty not exceeding 12 hours at a time. The Junior Residents should ordinarily work for 48 hours per week and not more than 12 hours at a stretch subject to the condition that the working hours will be flexible as may be determined by the Medical Superintendents concerned keeping in view the workload and availability of doctors for clinical work.

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No. S. 11014/27/74-ME(PC)

Government of India
Ministry Health and Family Welfare
Department of Health.

New Delhi, dated 22nd April, 1974

To,

1. The Director General of Health Services,
New Delhi (with 20 spare copies)
2. The Director,
All India Institute of Medical Science,
New Delhi (With 5 spare copies)
3. The Director,
Post- Graduate Institute of Medical
Education and Research
Chandigarh (with 5 spare copies)
4. The Chief Secretary,
Delhi Administration,
Delhi, (with 5 spare copies)
5. The Chief Secretary,
Goa Administration,
Panaji (with 5 spare copies)

Subject:	Introduction of Residency Scheme in replacement of the system of House Surgeons, Post- Graduate Students and Registrars in Central Institutions/ Hospitals.
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Sir,

I am directed to say that the recommendations of the Kartar Singh Committee have been carefully considered by the Government of India, and the president is pleased to

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decide that the present system of House Surgeons, Post-Graduate students and Registrars in all Central Institutions/ Hospitals (including statutory/autonomous) bodies wholly financed by the Central Government, viz. the All India Institute of Medical Education and Research, Chandigarh) has been replaced by a six-year Residency Scheme comprising Junior Resident Doctors (present House Surgeons and post graduate Students) and Senior Resident Doctors (present Registrars) as given below:-

1. Strength of resident Doctors .

The Strength of Resident Doctors, Junior and Senior, in a Unit in each clinical and para-clinical Department in all the above teaching hospitals will be fixed in accordance with the head of each teaching hospital depending upon the beds strength, patient-care, work load and the facilities available, and taking into consideration the norms laid down by the Medical Council of India. In respect of the All India Institute of Medical Sciences, New Delhi and the Post-Graduate Institute of Medical Education & Research, Chandigarh, too, the strength of the various categories of Residents in different disciplines will be fixed by the two Institutes with the approval of the Government, taking into consideration the norms and special needs of their hospitals.

II. Selection of Residents

All further recruitment will be limited to the strength that may be fixed above. Selection of each category of Residents shall be made on the following basis: -

(e) Junior Residency

- (i) 1st year Junior Residents: The selection shall be made on merit by a duly constituted Selection Committee, subject to the usual reservation for Scheduled Castes and Scheduled Tribes, one or more such Committees shall be constituted by the Government of India, Ministry of Health and Family Welfare in case of institutions/hospitals under the direct

control of the Government. The statutory/autonomous institutions will be required to form similar Committees which shall include a representative of the Directorate General of the Health Services.

(ii) Second Year of Junior Residency : The selection for the second year of Junior Residency will be open not only to those who have completed the first year of the Junior Residency under this Scheme but to all those who fulfil the minimum requirement for admission to post-graduate courses of respective University/autonomous institution. The number of candidates to be selected by the concerned University/autonomous institution shall not exceed the numbers prescribed for each clinical and clinical and para-clinical discipline in each teaching hospital within the strength worked out in para 1 above. The concerned University will be requested to associate a representative of the DGHS at the time of selection so that the University/autonomous institution will be requested to reserve 25% of seats for post-graduate studies for doctors who have put in minimum of two years of service in rural areas.

(iii) Contracts: Junior residents will be on contract service and they will be required to enter into separate contract service and they will be required to enter into separate contract for the first year and the subsequent two years of Junior Resident

(b) Senior residency:

(i) The minimum qualification for selection as Senior Resident in any Speciality will be a post-graduate degree or a diploma in the concerned speciality. If such candidates are not available in any particular speciality, those without post graduate qualification may be considered for selection.

(ii) The tenure of Senior Residency will be three years. The Senior Residents serving in institutions/hospitals under the direct control of Government will be treated as temporary Government servants and governed by the Central Civil Services (Temporary Services) rules, 1965.

(iii) Emoluments

(a) Junior Residents:

The Junior Residents will be paid as under: -

(i) First Year: Rs. 500/- per month plus D.A. at 3% of the pay with effect from 1.1.1974. Further increases in Dearness Allowances will be allowed with effect from the same date and at the same rates as admissible to Central Government employees posted at those stations.

(ii) Second Year : Rs 550/- per month plus allowances as above.

(iii) Third Year: Rs 660/- per month plus allowances as above.

In respect of the institutions having three-year post-graduate courses, the period of Junior Residency will be four years till such time as these institutions adapt and change to a three-year Junior residency. The emoluments in the fourth year will be Rs. 600/- per month plus allowances, as mentioned above. Satisfactory discharge of duties and responsibilities, good conduct and maintenance of academic standard will be prerequisites for continuance in the third and fourth years of the Junior Residency.

(b) Senior Residents:

The Senior Residents will be temporary Government servants and their emoluments will be same as recommended by the Third Pay Commission for Registrars, namely, Rs 650-30-710 plus allowances. In addition, the Senior Residents possessing post-graduate degree will be paid a Post-Graduate allowance of Rs

100/- per month, and those possessing a post-graduate diploma Rs 50/- per month.

(IV) Accommodation

- (a) Resident doctors will be provided with free furnished accommodation, free electricity and water within reasonable limits as may be fixed by Government from time to time.
- (b) Government will subject to availability of funds endeavour to provide additional accommodation including married accommodation, so as to cover the maximum number of Resident doctors during the fifth Plan period.

V. Duties and Responsibilities

Duties and responsibilities of the Resident doctors will be fixed by Government from time to time. They will be required to perform such work as may be needed in the legitimate interest of patient-care in the hospital.

VI. Hours of work

Continuous active duty for Resident doctors will not normally exceed 12 hours. Subject to exigencies of work, the Resident Doctors will be allowed one weekly holiday by rotation. The Resident doctors will also be required to be on call duty not exceeding 12 hours at a time.

VII. Non- practising Allowances and higher starting salary, Salary to Senior Residents

The question regarding the grant of Non- Practising Allowances to Resident doctors (both Junior and Senior) and of a higher starting salary to Senior Resident is under consideration of the Government, and necessary orders in the matter will be issued separately in due course.

2. The existing Registrars will be re-designated as Senior Residents and allowed to complete the remaining part of their three-year

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tenure irrespective of whether they possess a post-graduate qualification or not.

The existing House-Surgeons and Post-Graduate students will be adjusted at suitable stages of the Residency Scheme and allowed to complete their original periods of tenure as Junior Residents. They will be required to execute a contract for the remaining period of their tenure in an appropriate manner.

3. Candidates selected for post-graduate diploma will be treated as second year Junior Residents and paid appropriate emoluments, the number of post graduate diploma courses to be allowed for each teaching institution/hospital will also be fixed in accordance with para 1(3). Candidates selected for such diploma courses will not have the benefit of continuing for the third year of the Junior Residency.
4. The aforesaid decisions will take effect from the 1st January, 1974.
5. The extra expenditure involved shall be met from within the sanctioned budget grant of the concerned institution/hospital.
6. This issues with the concurrences of the Ministry of Finance (Department of Expenditure) vide their D.O. No. 2185-II/74, dated the 22nd April, 1974.

Yours faithfully

Sd/-

(R.N. Saxena)

Under Secretary to the Government of India.

No.S. 11014/27/74-ME(PG)

True copy

Annexure/2
SS

Safdarjung Hospital, Delhi

Paediatric department has reported, "the roster for morning, evening and night duty of individual wards are made by the senior residents posted in respective ward themselves".

In many institutions the various departments do not even have provisions for compensatory leave, i.e., a leave in lieu of duty undertaken for more than defined hours, i.e., 12 or more hours of continuous duty.

PGIMS Rohtak (Haryana)

The hostel provides a 3 seater dormitory for Istyr residents, and when a final year resident is relieved then they may get a single room allotted as per availability. While a few departments in these institutions have, also, reported lack of toilet facilities in the duty rooms of residents.

ESIC Ludhiana

They have stated in its reply that no accommodation is provided to any Ist year resident doctor although they charge Rs. 2.50 lakhs p.a. as fee.

IGMC Shimla

It has also not been able to provide separate resting room for male and female resident doctors, who perform 36 hours of duty.

Jodhpur medical college

The Obstetrics & Gynaecology department has replied that the residents are given duty of 8 hours only. However, according to the roster there are only two duties, i.e., either day or night duty. Thus, if we go by the reply then two duties of 8 hours total to 16 hours, but, it

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does not say anything about the remaining 8 hours left of the 24 hours day. Also in the same reply under the query about the residents who left residency midway, the PIO has replied that 2 out of 10 residents who joined in 2016, left residency within days of joining.

The Medicine department of the same college has stated that 4 resident doctors contracted TB while in residency from the year 2011 to 2016, while 1 resident left immediately after joining and lost the bank guarantee as per rules.

The Ophtalmology department, of same medical college, has stated that 3 residents take care of the call duties every day, timings of which are not mentioned on the roster and rosters show that same resident has been posted for the entire month on call duty. The Principal office has stated that the residents were excommunicated due to violence from 09-12-2015 to 12-12-2015.

JLN Medical College Ajmer,

It is shocking that the authorities at Orthopaedic Department, have not mentioned anything under the query about resident who may have left midway with reasons. However, on exploring the information available online, it came to fore that a PG resident of Ortho, Dr. E K, was found dead in his room in 2012. The only son of his parents, police claimed he might have committed suicide as a used syringe was found in his room. The President of RDA, of that year, said that it could be possible that Dr. E K was undergoing stress as resident doctors had to work for long hours and without break. He said, "there were no leaves for several months, especially for new resident doctors. They did not even get time for their meals".

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Another senior demonstrator of anatomy department committed suicide by jumping before a train on 11 Feb' 2018.

Another two residents of this college, from surgery and radiodiagnosis departments, contracted TB, which is an infectious disease and is spread through the air when people who have active TB in their lungs cough, spit, speak or sneeze.

A resident from paediatrics in October 2016 had to do 11 hours of night duty for 7 consecutive nights, totaling 77 hours without any leave. A doctor from anaesthesiadeptt. was found to be swine flu positive. Around 8 residents left residency midway. The hostel section (UG and PG) states that it has total 88 single seated rooms, which provide accommodation to 250 PG students and n number of UG students (information sought pertained to PG residents). In ophthalmology, the residents are made to sloth for 24 hours call duty, on rotation basis (roster of Nov' 16).

The resident doctors of medicine department have to gain knowledge by providing their invaluable services to the OPD / IPD / Casualty / ICU/ isolation / geriatric of all the clinical departments, like cardiology, gastroenterology etc. They have a set duty of 12 hours, this may vary if there is absenteeism of fellow resident, but, it will never be reduced. They have satellite duties also. The PIO states that the duty never exceeds 10 to 12 hours, however, he / she admits that there is a provision for compensatory leave in another query.

GMC, Jhalawar

That the resident doctor of surgery form was scheduled for 24 hours duty for two consecutive days and had only a day before performing another 24 hours duty (dates: 08, 10 & 11 of Sep' 2016)

GMC Kota

The senior DM residents have been exempted from casualty posting. The office of Principal states that the departments follow the guidelines of MCI for the formation of work schedule, the office also stated that 6 resident doctors resigned and 1 resident doctor committed suicide between 2011 and 2016. The residents are made to cooperate by citing that there is heavy rush of patients, such note is usually appended with duty rosters. The residents are also coaxed into doing long duty shifts by stating on official circulars that disciplinary action will be taken against a person who remains absent on duty without information.

Uttar Pradesh BRD Medical College, Gorakhpur

It has number of residents who have resigned from almost all departments. They claim that the resident doctors have to work for 72 hours per week.

BHU Varanasi

Six resident doctors of general medicine are on 24 hours duty for one whole month on rotation. The endocrinology and metabolism department stated that no holidays are given to residents on any gazetted holiday or Sundays. The resident doctors in gynaecology are on emergency duty for consecutive days and nights. The psychiatry department states that in lieu of Sundays and gazetted holidays the residents are provided summer and winter vacation.

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Maharani Lakshmi Bai Medical College Jhansi (U.P.)

The medicine department states that the junior residents (hereinafter referred to as 'JR') are expected to do 12 hours duty and in case of emergency if duty extends beyond 12 hours, JR is given compulsory off (it is comforting to know that they are given compensatory off, but there remains ambiguity as to who decides that for how many more hours will the JR work, after 12 hours of duty and before completing the shift). On Sundays all JRs on call duty to report and if they want to avail holiday must inform to authorized person. According to them it is not a continuous duty if the JR is given a break after 6 hours but completes a shift of 12 hours or more. Again the question arises that if the compensatory off is for more than continuous 12 hours of duty then whether it is available when break was taken by the JR during the shift which lasted for more than 12 hours.

The JR of in gynaecology have been posted for consecutive night duties and in few instances only 1 JR has been assigned duty for the whole day and night shift. In the same department there was one case where a JR was infected with TB (koch'sAbd). That such departments like anaesthesia in which JRs are constantly working in various shifts, have not provided the duty rosters, and have further gone to the extent by stating that they do not require to give compensatory off as none of the shifts increases more than 8 hours. The department of surgery has mentioned the actual fact that the emergency duty, which is assigned to each JR, is of 24 hours with 1 hour lunch and dinner break and next day is compensatory off.

It is pertinent to state that the same medical college has different provisions applicable in different departments, for instance one department provides compensatory leave while the other does not.

Another Surgery JR committed suicide in 2015, and one other resigned. In Ophthalmology one JR committed suicide in Sep' 2016, she was assigned duty with following timings in Sep' 2016: Monday, Tuesday from 4 pm to 8 am (next day) and again on Wednesday from 8 am to 4 pm (by the end of that month she committed suicide). The hardships did not end here, as the rest of the batch had to now handle the duty roster and the increased work load.

The office of the Principal has admittedly stated that residents have to work for atleast 72 hours under provision. On another query they state that one resident left in 2011 for personal reasons.

One JR Surgery left due to 'over burden', one JR Surgery left due to personal reasons, one JR Ortho left due to personal reasons, one JR Opht committed suicide in 2015. Then in the year 2016, a JR Paed. left due to personal reasons and one JR from Anatomy also left for personal reasons.

LLRM MC, Meerut

The JR of orthopaedics work for 84 hours on average a week and that too without any official compensatory leave. And in Gynaecology department JRs are on duty for 24 hours emergency duty on rotation. An interesting incident but unfortunate on the part of resident doctor occurred in 2016, when out of total 3 JRs in ENT department 2 left mid-way and the entire workload (24 hours duty everyday), consequently, fell on the humble shoulders of the one JR, who decided not to quite, as per the records till 2016. Thereafter what happened with the JR is not known. Also in the ever busy department of ophthalmology the duty roster depicts that one female JR was assigned duty for Sunday all alone, apart from other days. Similarly, one same JR was on 30 days continuous emergency Surgery duty.

GMVM MC, Kanpur

In one of the replies the PIO of Medicine department stated, "if JR has to take care of a serious patient then that JR stays in the ward". In the same reply it says that no compensatory offs are given to any JR. Next it stated that 03 JRs left residency midway due to personal reasons. One same JR posted for ICU night duty for whole August 2016. This same PIO also mentioned that there were 02 cases of violence between resident doctors and patient and their attendants. Apart from this it was further submitted that the in 5 years there were 03 cases where JRs contracted tuberculosis (TB). And for 27 PG JRs this department has two duty rooms, it is obvious that all 27 JRs may not be on duty at the same time, however, the proportion still does not matches with the number of JRs. In the same medical college, the department of Ophtalmology submits that there is no provision of compensatory leave, that most of the times working hours extend over 08 hours depending on patients load on that day. Also that only 1 JR resigned due to personal reasons, that another JR III contracted TB in 2016 and that no toilet is attached with duty room. Similarly other departments have reported that there were cases of violence, and absence of toilets. The department of Anaesthesia has duty hours of 17 hours continuously from 4 pm to 9 am and on the top of it there is no provision known as compensatory leave or anything similar to that because there is no such written policy for providing leave after long working hours, as stated by PIO. In the same department 4 JRs left in 2014 and another 1 JR resigned in 2015.

Delhi University Medical College UCMS

It gave reply, where the PIO states that they follow the Residency Scheme, which was notified by the Govt. of India on 05 June 1992

(supra). It claims that the duty hours does not exceed 48 hours per week, however, the residents are allowed to take compensatory leave. This is ambiguous as compensatory leave will only be given, according to scheme, when duty hours exceed 12 continuous hours, also according to a Delhi Government Circular dated 16-03-2015 stated in reply.

They claim that when duties exceed 12 hours, such JR entitled to 24 hours compensatory leave. The reply to query for JR who left residency mid-way was as follows; Anatomy: 3 JRs left in 2011 and 1 in 2013. Community Med: 1 JR each in 2011, 2013, 2014, 2015 and 2016. Dermatology: 1 JR each in 2013 and 2017. Obs&Gynae: 1 JR each in 2015 and 2016. Surgery: "This information is not available in the Deptt. of Surgery". In the next reply to query about JR contracting any disease, the PIO states that there were 08 cases of TB reported during 2011-15 (05 in Medicine and 1 in Ophtalmology). Now in the department of Medicine, which provided duty roster, one Dr. Mohit was on night emergency duty on two consecutive dates (06 – 07 Nov' 2016), which is contrary to the Residency Scheme and the Delhi Govt. circular about compensatory leave and maximum working hours. In the same medical college in department of Obs. &Gynae, a notice was issued that "no changes in the SR (senior resident) roster will be entertained". Then 4 SRs were on leave, and 3 SRs had resigned till Sep' 2016 and 1 more resigned in Oct' 2016. Then again in the next month Nov' 2016 another 3 SRs resigned. Duty timings are 8 am to 8 pm and vice versa every day, without rotation.

AIIMS Delhi

The Appellate Authority passed an order denying giving information as nothing existed on their record stating "*Most of the information asked needs compilation and creation, not anything existing on record*"

that can be provided, except the information as to the total number of JRs and number of JRs who left, the information about few departments in AIIMS is as follows:-

Department	IN	2011 TO 2016
	20 16	
Anaesthesiology	13 JR s joi ne d, 4 JR s res ign ed	29 resigned
Community Med.	12 JR joi ne d, 7 JR s left	36 resigned
ENT	6 JR joi ne	9 resigned

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	d, 2 JR s left	
Forensic Med.	3 JRs joi ne d, 2 JR s left	11 resigned
Lab Med.	1 JR joi ne d, 1 JR left	16 resigned
Medicine	19 JR s joi ne d, 2 left	12 resigned
Neuro Surg	5 JRs	2 resigned

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	joi ne d	
Obs&Gynae	24 JR s joi ne d, 7 left	19 resigned
Ophtalmolo gy	27 JR s joi ne d , 8 left	88 resigned
Surgery	25 JR s joi ne d, 5 left	19 esigned

That in AIIMS each JR is on contract of three years. They get a stipend of Rs. 15600 + 5400 + NPA. They are penalized for discontinuation of residency, if a JR leaves within period of 1 year a penalty of Rs. 50,000/- will be charged and if leaves after 1 year then penalty of Rs. 1,00,000/- to be charged, this is apart from the security / bond, which gets forfeited, though not mentioned in the reply, but, which is the standard norm.

DBSA MCH Rohini

There were 5 reported cases of violence against resident doctors, which were followed by institutional FIRs. In VP Chest Institute DU, 3 JRs (MD Pul. Med.) out of 10 JRs resigned after depositing bond money of Rs. 5 lakhs only. And 1 JR (DM) resigned after paying bond of Rs. 3 lakhs only. Similarly, MAMC Delhi forfeits bond money of 5 lakhs rupees of whoever leaves their respective seats, in spite of this 7 Istyr JRs left their respective residencies.

GIPMER Delhi

The MCh residents in surgery department perform routine duty of 8 am to 6 pm, thereafter they usually over stay (no time period mentioned). One MCh SR of CTVS left the course midway in 2012. In the Lady Hardinge MC Delhi, the 217 number of residents left / resigned their residency seats, from 2011 to 2016.

The Medical Colleges of Punjab are providing 10 official leaves per year to all the resident doctors.

Medical College Amritsar

The authorities did not bother to reply, however, a written statement was received from the JRs of Gynaecology. In this statement they

allege that out of 9 JRs who joined in 2016 as many as 5 JRs have left till the year 2017 and the rest were contemplating to follow the suit. The JRs state that they are forced to work continuously for 60-90 hours at a stretch, and they usually perform for 120 hours per week. They say that the emergency and ward patients are handled by only JRs without presence of any supervisor / senior doctor. And due to the unusual work schedules many JRs have been forced to call it quits. The JRs have gone to the extent of accusing the college authorities of extracting money from them for all routine activities of ward, emergency, OT, hospital material etc.

GMC Patiala

The JRs are on 24 hrs duty for 7 days a week, because they are on 24 hrs emergency duty on every alternate day and on 24 hrs ward duty on the left over alternate days. The course fee is around Rs. 1.5 lakhs to 2 lakhs depending upon the year of course. The Accounts department states that a Istyr JR is given a stipend of Rs. 21000 and sometimes DA is also given. An internee gets a princely sum of Rs. 9000 pm for rendering the services.

However, in another reply under RTI Act received from the department of Pharmacology and Orthopaedics, it has been stated by the PIO that a JR is on duty for 24 hours when on Emergency, Ward or OT duty.

In the same reply they state that Sundays and gazetted holidays are working days for JRs. That after a JR performs a 24 hours duty there is no policy to grant compensatory leave.

The HoD also states that a JR receives a sum of Rs. 42000, but, this sum usually gets credited after long wait for months. In the same reply they have stated that there were various incidences of assault (violence) during emergency shifts, where verbal assaults being very

common and at times it translated into physical battery. This was common with medico-legal cases, however, nothing is on record. This reply concluded by stating that there were no toilets attached to the doctor's duty room.

GGSMC Faridkot

Medicine wing has also stated that there is 24 hours emergency duty handled by separate Units, however, it is pertinent to mention that according to the rosters the Unit I is on emergency duty for Sundays followed by Mondays for one whole month.

The PGIMER Chandigarh

It has also provided few replies, in which General Surgery wing admits that there is 24 hours duty assigned to each JR. In the same department 2 JRs resigned in 2016. A surgery JR Istyr has been assigned duties for 45 consecutive days (w.e.f. 01-07-2016 to 31-12-2016) in various departments. In Ophthalmology 1 SR is always on 24 hours emergency duty. And if god forbids the resident is unable to attend the academics on any particular day, he or she will be marked as present for only half day. And according to attendance sheets many residents have been taking long leaves, it may not be a coincidence or any pressing engagement of nearly 10 JRs for which they have to proceed on leave in same month. The duties that were to be performed by such leavers are going to be taken care of by the relievers as specified on the rosters. In the other rosters of other departments no timings are mentioned, thus, implying that the residents have to be on duty for such number of hours as desired by their seniors.

GMCH-32 Chandigarh

The reply under RTI Act, states that as the duty of ENT emergency is not heavy, hence, compensatory leave is not given. In this department 2 JRs joined in 2016 and 1 JR left. In the same reply one same JR is on emergency and OT duty for full one month. It was reported that one Pulmonary Med. JR suffered from TB in 2014 and is under treatment for the same (reply in Q4 of 2017), which means the JR is under treatment for the last three (3) years.

The department of Gen. Medicine has replied that 1 out of 3 JRs suffer from these deadly diseases.

IGMC Shimla (H.P.)

It takes bond of Rs. 10 lakhs and in the event of candidate's rescinding on the terms, the bond shall be forfeited and simultaneously the request for cancellation of their degree / diploma shall be made to the MCI.

SHKM GMC Nalhar, Haryana

Here 44 JRs resigned in 2016, they have 24 hours emergency duty to be performed by one JR on rotation.

GMC, Karnal

It states that they do not maintain records pertaining to the violence against resident doctors or any record pertaining to the cases where doctors may have contracted deadly diseases.

The ESIC hospitals charge a fee of Rs. 2.50 lakhs p.a. from resident doctors, this fee was Rs. 24,000 pa prior to 2016. In Kolkata 122 residents resigned from 2011 to 2016. In Chennai duty rooms are not attached with toilets where JRs have to perform 24 hours duty.

That to incorporate all the replies supplied by the various medical colleges would not be appropriate for the sake of brevity. The whole contention of the replies lies in the crux that the authorities of these medical colleges do not adhere to the directions of the Central Government, which had issued directions in the year 1992-93, following the orders of this Honourable Supreme Court.

It is pertinent to mention that replies from majority of the medical colleges were evasive or information was denied on one pretext or the other. The petitioner did make efforts to collect as much information as possible under the law. The complete State wise tabulation of the replies received from various institutions forms a part of this annexure.

7. Sundays/ Gazetted Holiday	8. Maximum non stop working hours	9. Teaching Prog	10. Left Midway/ suicide 2011-16 (Inquiry)	11. Monthly Roster	12. Salary/ Stipend	13. Fee/ Charges of Hospital	14. Violence
Weekly day off as per convenience of HOD/ Unit Head	MCI Norms	Encl	Nil	Casualty	Account	Admin	Admin
Availability of Staff on rotation basis	8 hrs. Compulsory Duty. 6 hrs compensatory leave after 12 hr duty.	Encl	Dr. Sandeep Sharma joined on 01-06-2016, due to family reason resigned on 05-06-2016. Dr. Pooran Sharma JO 10-05-16 and resigned on 16-05-16.	D.R. (timings not mentioned)	-	-	Nil
Weekly day off as per convenience of HOD/ Unit Head	12 hours in night. Next day (day off) is provided.	Encl	Dr. Gaurav Budania left immediately after joining (2014). Banker Cheque (No. 563468, dated 21.11.2014) and bank guarantee of Rs. 150000/- as per rules.	Emergency Duties: Evening 2 pm to 10 pm. Night 10 pm to 8 or 9 am. GH Duty allotted as per roster (timings not mentioned)	-	-	College Office/ Suptdt.

15. HIV, HBSAG, HCV in resident	16. Duty room attached with toilet	Remarks/Findings
Nil	Yes	
Nil	Yes, few attached others have common.	IInd yr & IIIrd yr are given 8 hrs duty, however according to the roster there is either day or night duty. Who performs rest (24-8+8) 8hrs duty?
Dr. Veeram Parmar (2011) TB. Dr. Akshay Singh (2012) TB. Dr. Nishant Kamble (2014) TB. Dr. Akanksha (2016) TB.	Suptdt.	

		Anaesthesiology; Only 16 PG admission per year	2014: 15. 2015: 16. 2016: 15. Total = 46	15	Avg working hours after teaching hour is 5 hrs daily. There are 2 to 3 emergency duties in a week. Night duty is followed by night off. Thus avg working hours are max 48 hrs/week.	Hostel Section	20 CL and weekly offs. All leaves were availed by residents in 2015-16
		Ophthalmology	Total 9 PG	3	8 hours/day, 2 days emergency duty of 12 hours. Night off after night duty.	-	Weekly day off. 15 CL per year.
		Surgery	Total 34 PG	11	36 hours/ week (8/ 9 am to 2/ 3 pm). 3 to 5 day and 3 to 5 night duties per month (avg.). No provision for compensatory leave. Compensatory off given next day after night duty [sic].	-	20 CL and weekly offs. Dr. H J availed 34 leaves.

Weekly day off. Leave on Gazetted Holiday other than Sundays given on rotation basis.	12 hours in night. Next day (day off) is provided.	1 hr theory class (8-9 am), practical during working hrs.	Dr. Kanchan Yadav (2014) resigned on 01-03-2015 F.N.	Not related to Anaesthesiology Deptt.	Principal	Principal	Nil
Weekly day off	Maximum non stop working hours is 8 hours	Encl	nil	Call Duty all day (weekly roster, timings not mentioned). Only 3 PGs for every 1st, 2nd and 3rd call.	-	-	nil
Weekly day off is permitted in lieu of working on Sunday and on rotation for GH.	Max. 12 hours on night duty (3 per month avg). Compensatory off given next day after night duty.	4 classes/ week from 8 to 9 am.	Dr. Subhash Kataria (JR -1) (2013) left in 2013 but rejoined in 2015.	AE & CC Duty divided into day and night duty, therefore each duty is of 12 hours.	-	-	Admin

Nil	Suptdt.	Duty roster not even applicable. In reply to Pt. 4, night duty is followed by night off. Whereas in reply Pt. 8, night 12 hrs is followed by next day off.
nil	yes	3 residents handle call duty. Timings of which have not been mentioned. Dr. M (JR-1) did consecutive duties in Oct 2016, like others.
nil	No toilet attached to duty room.	Surgey dept has to be on call 24 hrs, not 9 am to 2 pm. According to replies and roster, the duty is of 12 hours and not 6 hours as claimed in reply to pt. 4. Wherein they on one side claim no provision of compensatory however accept it in next line. Of the total 34 only 25 residents have been assigned duties.

	Principal		Total PG seats (2017) = 141	PG Admit (2016) = 101	According to rules	-	20 CL
	Paediatrics	29 MD and 6 CCS (certificate course for specialisation)	10	1st yr = 12 hrs. IInd and IIIrd yr Ward Duty = 6 hrs, Emergency Day = 7 hrs, Emergency Night = 12 hrs.	1st yr - 1 Room attach Bath. IInd & IIIrd yr - 1 BHK. HVAC individual. Mess at subsidized rate.	20 CL	

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Dept wise according to rules.	According to 278 E	dept	NO	dept	19000+ DA as stipend	College fee = 2950 pa and hostel fee = 4300 pa.	09-12-2015 to 12-12-2015 residents excommunicated due to violence
As per Govt rules	Max permissible working hrs is 12 hrs which is followed by 12 hrs compensatory leave.	dept	Dr. Rajesh Khandelwal joined in 2015 and left due to family reasons	timings not mentioned on rosters. But if emergency day duty is of 7 hrs and night is of 12 hrs, will the emergency not function for the rest 5 hrs.	Basic + DA = 43700/-	2400 pa	nil

dept	-	278 E relates to which rule unclear.
nil	yes	Stipend figure does not match with the figure provided by the principal's office. Roster timings

Rajasthan 2.	JLN, Almer	Ortho	5 MS	-	48 hours in a week.		As per application
		Surgery	-	-	Morning round + OPD/ OT = 7 hours. Evening ward rounds = 1 hour. Emergency on call as per roster.	-	20 CL

<p>1 weekly off</p>	<p>Normally 8 hours duty. Duty off is given whenever there is 12 hours duty.</p>	<p>-</p>	<p>-</p>	<p>emergency duty on call basis</p>	<p>-</p>	<p>-</p>	<p>-</p>
<p>On Sundays and GH, duties are done by concerned unit in OPD timings (2 hrs.) and emergency on call.</p>	<p>Max. working hrs = 7 hrs. If continuously working for 12 hours (emergency) compensatory off, as per rule.</p>	<p>a. Bedside clinics. B. Shortcases: OPD. C. Weekly journal & theory classes. D. 2 case presentation per week. F. 1 Clinicopathological , Mortality meeting per month</p>	<p>-</p>	<p>Roster not attached, despite stating it to be attached</p>	<p>-</p>	<p>-</p>	<p>-</p>

		<p>Roster not provided, but reply says that emergency duty is on call basis, it means they can be called anytime. A PG resident ortho, Dr. E Katoor, was found dead in his room in 2012. The only son of his parents, police claim he might have committed suicide as a used syringe was found in his room. The then President of Resident Doctor's Association, Dr, Anant Kotia, said that it could be possible that Katoor was undergoing stress as resident doctors had to work for long hours and without break. "There were no leaves for several months, especially for new resident doctors. They did not even get time for their meals. source https://timesofindia.indiatimes.com/city/jaipur/Doctor-found-dead-in-Ajmer-medical-college/articleshow/16761264.cms.</p>
Dr. Vinay Kumar Janu diagnosed with TB.	Yes	Resident on duty for morning and evening round and emergency on call.

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		Physiology	2 M.Sc. & 2 M.D.	-	8 am to 3 pm, similar to working hours of faculty	-	11 cl availed
		Skin	-	-	OPD = 6 hours. On call duty . Compensatory leave not applicable.	-	Dr. Rohitash 14 CL. Dr. Rajat 20 CL. Dr. Sanjay 14 CL.
		Paediatric	-	-	6 hours routinely with 12 hours emergency duty with weekly off in rotation.	-	Total Day off & CL (2015-16): On average 44 day offs. Apart from availing 20 CL
	Academic	20 depts.	250 total PGs	81 PGs in 2016	-	-	-
		Anaesthesia	17	6	6 hours routinely with 12 hours emergency duty with day off in rotation.	-	Avg 19 CL availed of 20 CL permitted.

Yes	-	2 rounds of 8 weeks teaching prog. Attend all UG practical and theory. Journal club.	-	-	-	-	-
No, only weekly off.	Max. non stop hours = 6 hours. Compensatory off after 12 hrs, not applicable.	"	-	Not applicable	-	-	-
Weekly offs on rotation basis so that dept work is not hampered.	12 hours and compensatory leave given.	Annexed. Timings are from 1 pm to 3 pm.	-	Night Duty Roster. Time 9 pm to 8 am (11 hrs). Oct 16, Dr. Monika 11 hrs for 7 days = 77 hrs night duty. Total 5 1st yr residents.	-	-	-
-	-	-	8 Residents in all, including 1 from physiology	-	-	-	-
No, only weekly off.	12 hours and compensatory leave given.	Annexed.	Dr. Hemlata left in 2014	not related	-	-	-

Nil	Not applicable	
Nil	Yes	<p>Non stop working for 6 hours but on call duty all day. There is no provision for compensatory off. Sunday and GH not off, but weekly 1 off.</p>
nil	yes	<p>Routine Duty 6 hrs + 11 hrs night rotation duty. Thus on average a resident works for (6 * 31 + 11 * 7) 263 hrs per month or avg 66 hrs/ week, as per duty rosters.</p>
-	-	<p>The PGs in Paed deptt according to deptt's reply are 14 (5+4+5), whereas reply of Academic states there are 18.</p>
nil	yes	<p>Sundays and GH working. Timings not mentioned. In news report dated 24-02-2018 a doctor from this department found Swine Flu positive (https://timesofindia.indiatimes.com/city/kolkata/boy-death-sparks-mob-fury-at-joka-esi/articleshow/60454573.cms).</p>

<p>Duties done in OPD timing and emergency on call</p>	<p>Max. non stop hours = 7 hours in ward + OPD. Compensatory off after 12 hrs as per rule.</p>	<p>a. Bedside clinics. B. Shortcases: OPD. C. Weekly journal & theory classes. D. 2 case presentation per week. F. 1 Clinicopathological , Mortality meeting per month</p>	<p>Dr. Yukti Baplawat left in 2016</p>	<p>not related</p>	<p>-</p>	<p>-</p>	<p>-</p>
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nil	yes	Emergency duties are divided among 8 PGs, out of which 1 PG left residency in 2016.
		Single seated room, common toilets. Total 250 PG of which 81 joined in 2016 share 88 rooms available.

	Accounts						
		Radiodiagnosis	4 PG and 2 Non PG Junior Resident.	4	-	-	All residents availed 20 CLS
		Pharmacology	3 PG residents	1	7 hrs working schedule. Non clinical deptt.	-	15 CL, 30 Paid, 10 Computed, and 2 Restricted holidays.

Weekly offs on rotation basis so that deptt work is not hampered. Sundays and GH duty from 9 am to 11 am.	Max. working hrs at stretch are 6 hours, however they are on calls for emergency.	annexed	-	not related	1. PG Res 1st yr = 19000 + DA. 2. PG (DM) 1st yr = 21700 + DA. 3. CAS PG (in service) 1st yr = Past pay proof (LPC) based	-	-
yes	not applicable	annexed	-	Not applicable	-	-	-

Dr. Madhuma suffered TB.	not related	TB diagnosed. All CLS availed, on call on emergency.
Nil	not related	

	Community Medicine	2	2	8 am to 3 pm, In which RHTC/ UHTC/ Imm. Clinic also practical of UG handled.	-	20 CL
Academic		-	-	-	-	-
	Pathology	18 PG. Nil Non-PG and DNB	6	Posted at college, blood bank and central lab.	-	As per rules
	Ophthalmology	12 PG	4	Morning 8 am to 2 pm, evening 5:30 pm to 7:30 pm. And ward patient care.	-	Dr. Mahendra (09 CL, 15 DO, 02 GH). Dr. Ridhima (08 CL, 01 GH, 09 DO). Dr. Rohini (07 CL, 179 ML, 93 LWP, 05 DO, 02 GH). Dr. Urwashi (08 CL, 10 DO, 04 GH)
	Microbiology	8 PG and 15 M.Sc.	2 PG	Morning 8 am to 2 pm. Compensatory off on GH given.	-	20 CL

As per rules	-	-	-	-	-	-	-	-	-
If working on Sundays and GH then given compensatory off	7 hours in college, if working for 12 hrs in blood bank then given compensatory off	Daily teaching prog.	-	-	Not applicable	-	-	-	Nil
If working on Sundays and GH then given compensatory off	Morning 6 hrs, evening 2 hrs and ward care.	Daily teaching prog.	-	-	Duty Roster: Nov '16: Four 1st yr residents are on 24 hrs call duty, on rotation basis.	-	-	-	-
Yes	12 hours and compensatory leave given.	annexed	-	-	not related	nil	-	-	-

-	-	2 PGs take care of the dept and its responsibilities towards community and UG students.
-	-	
nil	yes	Duty hours have not been mentioned in reply. However they agree to give 12 hrs duty.
nil	yes	Duty hours extend to 24 hours on emergency call duty day. Rest of the month routine duty of morning and evening and ward care. On average a 1st yr resident is made to do 176 routine work hrs (8 hrs for 22 days) and 192 emergency duty hrs (24 hrs for 8 days), totalling 368 hours per month or 92 hours per week. Dr. Ridhima was on leave without pay in Sep '16 due to maternity till 19-09-16, however she has been assigned emergency duty for full month with Dr. Mahendra (Unit II of IInd yr Residents).
-	not related	vague

<p>Weekly off on rotation. Duty on Sundays and GH is for half day, barring duties of casualty/ Isolation/ ICU.</p>	<p>12 hours and it never exceeds 12 hours a day.</p>	<p>Daily teaching prog.</p>	<p>-</p>	<p>Duty Roster of various depts, for eg. Dr. Poorva was on duty at Geriatric from 27-08 to 21-09- 2016. Before this at Gastro from 01-08 to 26-08-16. Then at Isolation ward from 10-07-16 to 22-07- 16 (8am to 8pm). At ICU from 01-06-16 to 13-06-16 (8 am to 8 pm), from 14-06- 16 to 26-06-16 (8 pm to 8 am). Before this at Cardio from 01-04 to 22-05-16. Earlier at Casualty from 01-01-16 to 21- 02-16. On satellite duty/ ICU etc, go along with these.</p>	<p>-</p>	<p>-</p>	<p>-</p>
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no information	yes	have to work in various departments at varying hours. For one half month residents work in morning shift and in the other half month they are made to work in the night shifts.
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		Hostel (PG)					a) Double seated room common size 18*12 foot. b) Common toilet. c) No HVAC and no electric charge. d) Mess at subsidised rate.	-
		Biochemistry (PG)	4 PG seats only		Posted at various places for clinical lab, teaching, and implementing Govt Welfare Schemes.			20 CL per year. All leaves availed by all 4 PG in 2015-16.
		Respiratory Medicine MD	3 PG residents	-	In morning, evening and night shifts on rotation. Provision for compensatory leave.			20 CL. (availed by 3 PGs in 4:16:5)
		Forensic Medicine & Toxicology	3 PG residents	no reply (however, the reply of Academic dept stated that only one PG joined in 2016)	8 hours duty per day.			20 CL

<p>Given day off as per rules.</p>	<p>7 hours per day.</p>	<p>Class, practical, seminar, Journal, micro-teaching etc.</p>	<p>-</p>	<p>Not applicable</p>	<p>-</p>	<p>-</p>	<p>-</p>
<p>Weekly off on rotation. Duty on Sundays and GH is for 2 hours.</p>	<p>10 to 12 hours per day and never exceeds this limit.</p>	<p>enclosed</p>	<p>-</p>	<p>Not related</p>	<p>-</p>	<p>-</p>	<p>-</p>
<p>Rotation basis</p>	<p>Except night duty, all residents work for 8 hours duty.</p>	<p>brief details</p>	<p>-</p>	<p>-</p>	<p>-</p>	<p>-</p>	<p>-</p>

nil	yes	Roster not provided.
no information	Yes	Evasive, if time limit never exceeds then why is the provision for compensatory leave kept. And there are only 3 PG enrolled per year and all the work load is handled by them only.
		Most evasive reply. It states that barring night duty the resident has to perform another 8 hour duty, probably in the morning or evening.

	Cashier						
		Obs & Gynae	10 PG and 6 Non PG (Junior)		12 hours emergency labour room duty and there is no compensatory leave.	ind, common, mess	20 CL
		Anatomy	According to reply of Academic Section, there is only one seat	According to reply of Academic Section, no PG joined in year 2016	working hours (8 am to 3 pm) 7 hours. No provision for compensatory leave.	-	20 CL
		Psychiatry	6 PG	2 (academic reply)	OPD 6 hours, Evening 2 hours. Weekly off		20 CL (availed 16 & 12 in 2015-16)
Rajasthan	SPMC, Bikaner	{{}}					
3.							

						PG: Adm Fee: 2100/-, Game and Union Fee: 175/-, Hostel fee: 3000 (elec and water) 400 (devp) 200 (utility) 200 (furniture); Caution + Library + Hostel deposit 1700.	
weekly off according to unit's free day.	No compensatory leave.	-	-	Labour room duty = 12 hrs morning and 12 hrs night. Ward duty, no timings mentioned on roster.	-	-	-
YES	Non-clinical	enl	-	Not applicable	-	-	-
Only 2 hours in morning. Day offs on rotational basis.	8 hours a day, if works for more than 12 hours then eligible for compensatory off.	encl	-	Not applicable	-	-	-

Nil	Yes	Non stop working for 12 hours on labour duty after that on call ward duty all day. There is no provision for compensatory off. Sunday and GH not off, but weekly 1 off.
Nil	No	Very few doctors. PS: There is a reported suicide by one doctor (senior demonstrator) in anatomy dept on 11 Feb 2018 (https://www.pinkcitypost.com/jln-medical-college-doctor-commits-suicide-jumping-front-train-ajmer/).
nil	No	Compensatory off only if more than 12 hrs, otherwise can be made to work for like 11 1/2 hours without leave. (max. hrs is 8).

<p>Rajasthan 4.</p>	<p>SMSMC, Jaipur</p>	<p>{{{}}}</p>					
<p>Rajasthan 5.</p>	<p>GMC, Jhalawar</p>	<p>1. Anatomy, 2. Phys, 3. Mi-Bio, 4. PSM, 5. Bio-Chem, 6. Gen Med, 7. Orth, 8. Paed, 9. Anae, 10. OBG.</p>	<p>-</p>	<p>-</p>	<p>"Hospital OPD hours emergency duties on specify day."</p>	<p>rooms have attached toilet. Geyser provided in girls hostel. Boys can make arrangements for which no electric charge except for AC. Mess with all equipments.</p>	<p>weekly off</p>
		<p>Physiology</p>	<p>4</p>	<p>1 (vacant 3)</p>			
		<p>Anatomy</p>	<p>4</p>	<p>1 (vacant 3)</p>			
		<p>Microbiology</p>	<p>3</p>	<p>1 (vacant 2)</p>			
		<p>Biochemistry</p>	<p>2</p>	<p>2</p>			
		<p>MD Gen Medicine</p>	<p>4</p>	<p>4</p>			
		<p>MD Anaesthesia</p>	<p>4</p>	<p>4</p>			

<p>As per working of departments and such off may not be necessarily on Sunday or GH.</p>	<p>No written policy.</p>	<p>-</p>	<p>Nil</p>	<p>-</p>	<p>19000+1 32% DA</p>	<p>3745/- pa</p>	<p>nil</p>
				<p>On Call Duty, thrice a week. Two shifts of call duty (12 hrs each).</p>			

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nil	Yes, in all women ward. Few in others.	There is no written policy for maximum allowed working hours. It is left to the whim of the seniors and on the requirement of patients and supply of doctors.
		Any change in call duty may be made with mutual consent & to be informed to HOD.

		MS O.B.G.	2	2	Gynaec Casualty: Routine Timing (Day timing)- 2pm to 8pm and (Night timing)- 8pm to 8am. However duty would be from 8pm to 9am on the day preceding leave.		
		MS Orthopaedics	2	2	OPD, Operation Theatre, Ward Round and call duty. (timings not mentioned)		
		Surgery					

					<p>Call Duty: Timings not mentioned. Provision for day off after Call duty. However, few doctors like Dr. Sonal were bereft of such provisions on few occasions. Gynae Casualty-cum-Floor Duty: 6 hrs day, 12 to 13 hrs of night duty and rest OPD.</p>			
					<p>A doctor is, alone, on OPD, Evening Round and 1st on call, for complete day.</p>			
					<p>Call duty for whole day by one resident doctor.</p>			

			<p>There are specific instructions that there will be no second on Call duty for Professor & Associate Prof., for they can take help of Juniors. The doctors are instructed to adjust their call duty, classes and other duties assigned to them before applying for leave.</p>
			<p>Dr. B.C. Mewara performed call duty for two consecutive days (24 x 2 = 48 hrs), and only a day before had performed another 24 hrs duty (dates: 08, 10, 11 of Sep' 2016). Repeated two consecutive duties in next month.</p>

		Paediatric			Timings not mentioned. Only description of 1st day, 11 th and day duty and Night duty apart from ICU Night duty.		
Rajasthan 6.	RNT, Udaipur					1st yr Resident given single room (8x10). Common toilet. Minimum electricity charges according to rules. Community mess, rates decided by residents.	1st year resident can avail 15 CLs. And from 11 th and 11 th rd year onwards may avail 25 CLs.
Rajasthan 7.	GMC, Kota	Academic			Clinical Dept: Summer: 8 am to 2 pm. Winter: 9 am to 3 pm.		Compensatory Leave is 20 / year.

	<p>Not mentioned: The roster shows that JRs are scheduled consecutively for two night duties.</p>			<p>1st Day Duty, lind Day Duty and Night Duty. There are very few lind day duties scheduled. On 25 till 28 Sep 2016, two residents were on night duties for two consecutive dates.</p>			
<p>GH and Sundays as per work schedule managed by HOD of Deptt. Timings 1st Shift: 11 am to 4 pm and lind Shift: 4 pm to 9pm.</p>	<p>"As such there is no documented defined policy available for working hours of residents from Govt. of Rajasthan."</p>			<p>Duties for OPD Day, GH and Night duty. Duty day: 2 pm to 9 pm. Night Duty from 9 pm to 8 am.</p>			<p>Nil</p>

		<p>Roster Note: Dr. Vivek was on extra 3 night duties in previous month and due to this no night duty has been scheduled for him in this month.</p>
Nil	Yes	<p>As per permission of Supdt., in re to HOD Neurology letter No. 31 dt 26-02-2015, Sr. Neurology (DM resident) are exempted from casualty posting.</p>

MCI guidelines	MCI GUIDELINES	--	<p>1. (2011, Anatomy) Dr Yogita Jain resigned. 2. (2013, Obs & Gy) Dr. Yamini Jamod resigned. 3. (2015, Paed) Dr. C.P. Saini committed suicide. 4. (2015, Opth) Dr. Sunita Sharma resigned. 5. (2016, Psy) Dr. Sanjeev Kapoor resigned. 6. (2016, Opth) Dr. Rashmi Bansal resigned. 7. (2016, Opht) Dr. Pooja Meena resigned.</p>	<p>Trauma and Emergency Duty (Nov 16): Day duty 3pm to 9pm. Night duty 9pm to 9am. Holiday 1st half 11am to 4pm, lind half 4pm to 9pm, Night 9pm to 9am.</p>	<p>1st yr: 19000+1 36% DA = 44840/-</p>	<p>1. Electric and wire charge: 3000 pa. 2. Dev & Maintnc ch: 400 pa. 3. Mess upkeep ch: 200 pa. Furn: 200 pa. Total 3800/-</p>	Nil
				<p>OPD duty, Evening day duty, OPD Nught duty, Indoor N duty, 1st on call, Illrd on call, NN Call, and TM duty.</p>			

	Psychiatry	4	4			Dr. Mayuresh 16 CL, Dr. Suresh 14 CL, Dr. Rajmal 16 CL, Dr. Mahipal 16 CL 2 CE(court evidence)
	Anaesthesia	11	11			Dr. Aditya 09 CL, Dr. Mayank 08 CL, Dr. Umesh 11 CL, Dr. Aprit 08 CL.
	Radiodiagnosis	4	4			
	Skin & V.D.	4	4			
	Pathology	5	5			
	Ophthalmology	3	3			
	Ortho	6	6			Dr. Rahul availed
	Biochemistry	3	1			
	Microbiology	5	3			
	E.N.T.	2	2			
	Anatomy	2	0			

				<p>Morning (11am to 2pm); Day (2pm to 8pm); Night (8pm to 8am). Labour room duty from 28-08-16 to 02-09-16 (6 days and night duties) same set of residents thus on average each resident worked for 72 hours consecutively for six days.</p>			
<p>Compulsory day off on Sundays and GH. If any resident is doing duty on Sundays and GH compulsory day off are given accordingly. In service candidates also go on court evidence and considered on duty on that day.</p>							

Uttar Pradesh No. 1	BRD MC, Gorakhpur	Respiratory Medicine	2017: 6: 2016: 3	6:03		Every year 15 medical leave. And weekly off after night duty.
		Obs & Gynae	10:06	10:06		
		Medicine	6:06	6:06		
		Ophthalmology	3:03	3:03		
		Orthopaedics	3:03	3:03		
		Paediatrics	9:03	9:03		
		Pathology	3:02	3:02		
		Physiology	0:01	0:01		
		SPM	0:02	0:02		
		Surgery	7:07	7:07		
		Pharmacology	0:01	0:01		
		Dermatology	3:03	3:03		
		Anatomy	0:00	0:00		
		DCH	3:03	3:03		
		DGO	5:05	5:05		
		D. Ortho	3:03	3:03		
		D. A	1:00	1:00		
No. of working hours 72 hours per week					CL 14; Med Leave 14; Earn Leave 31	

Uttar Pradesh No. 2	GMC, Kanauj	General Med	12	8	08 hours work Single room for each resident with attached toilet. No extra charges for electrical equipments. Canteen provides food.	14 CL				
		Paediatrics	6	4						
		TB & Res	3	2						
		Dermatology	3	2						
		Psychiatry	3	2						
		Gen Surgery	12	8						
		Orthopaedics	6	4						
		Oto-Rhino-Lar	3	2						
		Obs & Gynae	6	4						
		Anaesthesia	4	4						
		Dentistry	1	1						
		Physical Medicine & Rehab	1	0						
		Uttar Pradesh No. 3		BHU, Varanasi			Gen Med	16	16	Days of leaves availed: 24, 25, 23, 22, 21, 24, 25, 24, 23, 30, 22, 27, 32, 23, 28, 24 by respective resident docs.

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						Compensatory leave for working on Sundays and GH, in the ratio 1 : 3 to a maximum of 15 days in a year may be availed as per adjustments made by HOD concerned.
	Administration				not exceed 12 hours	
	Anaesthesia					CL (no. of days by each resident): 27, 28, 36, 31, 30, 36, 30, 28, 29, 37, 30, 31, 29, 34, 25
	Anatomy	4	1		8 am to 4 pm	CL (no. of days by each resident): 27.
	Biochemistry (non-clinical)					CL (no. of days by each resident): 9, 9, 25(female)
	Biophysics (non-clinical)					CL (no. of days by each resident): 12 (female)
	Community Medicine					CL (no. of days by each resident): 12, 24, 24, 24.
	Dermatology					CL (no. of days by each resident): 28, 30, 28, 28

1st yr 30 days. II and III yr 36 days leave. The SR are not entitled to any vacation.							
Yes	Only 8 hrs/day	UG teach, Micro, Seminar, tutorial.	1 Resident left in 2016	NA	68000/- approx	As per UGC & University norms	Nil

Nil	NA	1 resident joined who left midway.

	Endocrinology & Metabolism	6	1	Teaching and duty schedule as per residency scheme.	CL available: 1st yr 30 days, II and III yr 36 days.
	ENT				CL (no. of days by each resident): 45 (male), 30 (Anjali), 29 (Abhishek), 23 (sunita).
	Forensic Medicine & Toxicology				CL (no. of days by each resident): 26, 13, 03, 24.
	General Med				CL (no. of days by each resident): 25, 22, 26, 24, 23, 32, 21, 28, 27, 21, 24, 26, 24, 25, 30, 24.
	Gen Surgery				CL (no. of days by each resident): 10, 03, 08, 27, 17, 21, 14, 28, 27, 14, 16, 16, 26, 08, 13, 19.
	Microbiology				CL (no. of days by each resident): 22, 21, 20, 24.

	Nephrology	2	2				
	Neurosurgery	6	2	As per schedule. They avail Comp. Leave as per the leave rules of the university.		CL (no. of days by each resident): 23, 26.	
	Obs & Gynae	25	8	8 Hours duty per day.		CL (no. of days by each resident): 24, 17, 03, 17, 17, 00, 16, 05.	
	Ophthalmology					CL (no. of days by each resident): 16, 24, 20, 22, 26, 35.	
	Orthopaedics					CL (no. of days by each resident): 18, 36, 19, 19, 15, 19, 12, 09.	
	Paediatrics					CL (no. of days by each resident): 07, 19, 47 (Shalini), 02, 09, 13, 08, 19.	

Allowed for Sunday and GH off.	Max. Non-stop working hours: As per IMS, BHU rules.		NA			
			Nil	Posting schedule: No time mentioned. A month divided into 3 units. Each unit scheduled for a month for 2 residents. Then there is Emergency duty which is unit wise. That Unit C has emergency duty on Saturday as well as on Sunday (Sep 2016)		
			Nil			

		Pathology				CL (no. of days by each resident): 27, 19, 27, 34, 27, 15, 20.
		Psychiatry	12	4	Working hours: 8 am to 4 pm with 1 hr lunch break (1pm to 2pm). No compensatory leave.	CL (no. of days by each resident): 13, 25, 24.
		Radiodiagnosis				CL (no. of days by each resident): 30, 30, 34, 29, 27, 25.
		Radiotherapy				CL (no. of days by each resident): 38, 27, 43.
		Respiratory medicine				CL (no. of days by each resident): 16, 22, 21, 20.
		Assistant Registrar				

<p>In lieu of Sunday and GH, Junior residents are provided summer and winter vacation.</p>	<p>8am to 4pm, No compensatory leave.</p>		<p>Nil</p>			<p>PG Students Fee: M.D.: Rs. 133376 (may be 13376) (1st yr), Rs. 8678 (IInd yr), Rs. 8676 (IIIrd yr), Total= Rs. 30728.</p>	<p>Nil</p>
					<p>Total (with HRA)= Rs. 70976/-</p>		

Uttar Pradesh No. 4	MRA MC, Ambedkar Nagar	Only Non PG Residents Demonstrator in each deptt.	Total JR = 45, SR = 8	Joined in 2016: JR = 43, SR = 15 (Discrepancy in numbers)	Working Sch: 8 am to 4 pm. Emergency and Night Duty are according to roster.	ind, attach toi, mess	14 CL
		Orthopaedics	4 non PG JR	4 Non PG	Each JR perform 8 jours duty on rotational basis. On Sunday only one non PG JR on-call duty for 24 hours; and after that he gets off for 24 hours on next day.		14 ML and 14 CL
		Surgery	08 JR				
Uttar Pradesh No. 5	SN MC, Agra	--					
Uttar Pradesh No. 6	GMC, Jalaun, Orai	Non PG JR/ Demonstrator/ Tutor	66	66	42 hrs to 48 hrs per week	Not Applicable	CL - 14, RH - 02

On Sundays and GH, duties are as per roster. Faculty and Resident doing work from 8am to 12pm.	Sunday leave except emergency duty as per roster. After night duty, day off given to Resident generally working in 8 hr a day.	CME, Workshop, clinical teaching.	Nil	As per roster & MCI norms	pay band- 15600-39100 GP 5400	No fee of JR	Nil
Only one PG works and next day off	Max non stop working hours is 8 hours.	-	Nil	As per schedule with divided 8 hours for each resident.			
			During 2014-16: out of 8 JRs 5 JRs left...	Duty Roster (Oct' 16): JR Pawan on night duty on Sunday and again on Monday.			
YES	6, 6, 12 next day off	no	no	8 am to 2 pm; 2 pm to 8 pm; 8 pm to 8 am as per rotation.	pay band- 15600-39100 GP 5400	NA	Nil

As per reporting	Yes	
no	yes	No. of residents: Community medicine - 3, Obs & Gynae -4, psy - 2, ENT - 2, Orth - 4, Opht - 2, Anae - 4. These residents work on rotation for 6, 6, 12 hrs shifts.

<p>Uttar Pradesh No. 7</p>	<p>MLB MC, Jhansi</p>	<p>PG Married Hostel</p>				<p>Only married JR and SR. Room size 10 x 11 two rooms, kitchen, bath, verand. No separate HVAC or mess.</p>	
		<p>PG Girls Hostel</p>				<p>1st yr Resident given single room (8x10). Common toilet. Minimum electricity charges according to rules. Community mess.</p>	

<p>On Sundays all JRs are given leave after brief morning round, except for JRs of unit on Call duty. On G.H. hospital remains open, so all consultants & JRs are expected to do duties as usual day. If any JR wants to avail GH, they are permitted after informing.</p>	<p>No consultant & JR is permitted to do non stop duty of more than 6 hours at a stretch. They are entitled for compensatory off, if there duty of single day is more than 12 hours.</p>	<p>8:30 am to 9:30 am alternate days</p>	<p>Nil</p>	<p>Roster for Sep/ Oct/ up to 8 Nov 2016: (69 whole days): Each Monday: Dr. Ashutosh / Dr. Sushil (similarly for other days two other doctors). One Dr. Mohammad has been scheduled for full Saturdays and then on each 11nd and 14th Sunday.</p>	<p>-</p>	<p>-</p>	<p>-</p>
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Nil	Well equipped with attached toilets	Max. working hours permitted are 6 hours, however, compensatory off only if duty exceeds 12 hours.
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						<p>Leaves Availed: Dr. Vishakha CL-16, GH-02; Dr. Mamt CL-18, GH-05; Dr. Mani CL-10, EL-05, ML-11; Dr. Udai CL-17; Dr. Prabha CL-16, GH-01, ML-17 Absent 26-04-16 to 07-06-16 (43 days); Dr. Shashi CL-15, GH-04; Dr. Neet from 17-07-15 to 20-07-16 (370 days) ML.</p>
		Obs & Gynae	8	7	Two duties in a week & Sundays as per rotation	
		TB & Chest Disease	Only Non PG Demonstrators	3	OPD: 8 am to 2 pm. Indoor: 8 am to 2 pm, compulsory for all, after that on-call rotatory duty till next morning.	no resident

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Off on Sundays and GH as per rotation	8am to 4pm, and Emergency duties as per rotation. Day off after night duty in labour room.	Seminar 2/week, presentation 1/week, journal/docu 1/week.	nil	Duty Roster of JR I (Sep 2016): Duties divided into two shifts (12 hrs each): Dr. Prachi on night shift for two consecutive days (18 and 19 Sep' 16.). Similarly Dr. Heena performs consecutive night shifts twice in Oct and once in Nov' 16. The Duty Roster JR II there are days when only one JR II has been assigned duty.	na	na			
na	na	na	na	na	na	na			

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<p>One case of Tuberculosis (Koch's Abd)</p>		<p>There is separate duty roster for JR I and JR II. The shifts of JR I are of 12 hr each on all days, however shifts of JR II are divided into 3 shifts on Sundays. Thus, on days when only one JR II is assigned duty the burden and pressure are ought to increase on JR I.</p>
<p>Nil</p>		<p>On-call duty till next day on rotatory basis. The number of Demonstrators not mentioned, still per week even on rotation enormous amount of hours will have to be toiled by each demonstrator.</p>

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		Anaesthesia	4	4	Routine OT-8 hrs. Emergency OT-8 hrs by rotation (twice a week). Compensatory leave not required as per duty rotation.	-	Leaves availed: CL-14, GH-05, CL-09, GH-04; CL-11, GH-05; CL-07, GH-03, ML-123 (Maternity leave)
		Skin & Leprosy	3 (non PG)	3	Morning: 8 am to 2 pm OPD thereafter On call and ward duty.	-	-
		Director			9 am to 5 pm, Compensatory leave given.		Leaves availed: CL-13, EL-6; CL-11, EL-8.
		Forensic Medicine & Toxicology	2 (non PG)	2	9 am to 5 pm.		CL 14; Med Leave 15; Earn Leave 31. CL from HOD and ML and EL from Director

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<p>Each resident given off on Sundays except when they are on emergency duty.</p>	<p>Max. working hours: 8 hrs</p>	<p>Teaching: thrice/month. Seminar: twice/week. Disc/Journal: once a week. Demonstration: in routine OT under supervision of senior faculty.</p>	<p>No</p>	<p>NA</p>	<p>-</p>	<p>-</p>	<p>-</p>
<p>-</p>	<p>-</p>	<p>NA</p>	<p>No</p>	<p>-</p>	<p>-</p>	<p>-</p>	<p>-</p>
<p>As per norms</p>	<p>NA</p>	<p>Seminar 1/week, 1 journal. Apart from it each JR, on regular basis, go to rural health centres.</p>	<p>Dr. Nitesh joined PG prog, then onwards has been absent.</p>	<p>NA</p>	<p>-</p>	<p>-</p>	<p>-</p>
<p>Yes</p>	<p>NA</p>	<p>NA</p>	<p>Nil</p>	<p>NA</p>	<p>-</p>	<p>-</p>	<p>-</p>

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		Number of JR not mentioned, duty roster not provided. Working hours cannot be ascertained.
-	Yes toilet attached	On duty the whole day.
-	-	
-	-	

<p>No leave granted but working hours are less on Sunday and GH (how can they be less, when influx of patients remain the same)</p>	<p>24 hours on emergency duty days with next <u>morning</u> off</p>		<p>Dr. Pranav resigned on 09-11-2015. A response mentioning suicide committed by Dr. Kriti Jaiswal on 12 Sep 2015 has been struck.</p>	<p>Posting Schedule of JR III (from 1-06-2016 to 31-05-2017) one JR III posted for Unit 1, Unit 2, Burn Surgery, Neuro Surgery respectively each for 3 months. JR I & II for above duties for 4 months each and respectively.</p>			
<p>No leave granted but working hours are less on Sunday and GH.</p>	<p>24 hours on emergency duty days with next <u>morning</u> off</p>		<p>(Same reply as Surgery) Dr. Pranav Gautam, JR I joined on 09-06-15 and resigned on 09-11-2015.</p>	<p>Only arrangement of senior and junior residents on record. No timings entioned.</p>			

							CL 14, EI 30, ML 15 entitled.
		Paediatrics	11	10	Morning 8am to 2pm, evening 6pm to 8pm. Call duty 12 hours duty with 1 hr break. If extends 12 hrs then compensatory leave.		
		Psychiatry	3 (non PG)	3	8am to 4pm	Senior Boys Hostel	14 CL given by HoD, EL & ML given by Principal office.
		Radiology	7	7	Morning 8-4 and evening 7-10 daily, Weekly Sunday once in 6 weeks.		CL: 08, 12, 9 availed by 3 JR respectively

<p>On Sundays all JRs are given leave after brief morning round, except for JRs of unit on Call duty. On G.H. hospital remains open, so all consultants & JRs are expected to do duties as usual day. If any JR wants to avail GH, they are permitted after informing.</p>	<p>Max. non stop working hours is 6 hours at a stretch. If more than 12 hrs compensatory off.</p>		<p>NIL</p>				
<p>Yes</p>	<p>According to Rule</p>	<p>NA</p>	<p>Nil</p>	<p>NA</p>			
<p>Sunday off for all in rotation (one in week), National Holidays</p>	<p>8am to 4pm</p>	<p>seminar, case prst, journal</p>	<p>Nil</p>	<p>-</p>	<p>-</p>	<p>-</p>	<p>-</p>

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Nil	Yes	
Nil		
Nil	Yes	No. of JR not mentioned, from CL availed it is likely that there are 3 JR(1st yr). Sunday duty is rotated among these three.

					8 am to 2 pm OPD/ OT on respective days. Two JR and One Consultant are deputized on OPD (Thu, Sat), Emergency (Thu, Sat, 3rd Sun), OT (2nd & 4th Mon, Fri) duties. Respective emergency duties are done 12 hrs alternatively by each JR on particular day as per schedule.		Availed: Dr. S-4 CL, 14 ML, 7 EL; Dr. P-14 CL, 6 EL; Dr. R-10 CL, 25 EL. Permitted leaves 14 CL, 14 ML, 30 EL.
		ENT	3	3			
		Ophthalmology	3	3	OPD: 8am to 4pm. On Emergency Duty: 4pm to 8am next day. Compensatory leave: Morning of next day post emergency.		

<p>Sunday - OPD and OT duties are off, only on call emergency duty. On ten Gaz. Holidays only OT duty is off, OPD and EMG duty as per schedule.</p>	<p>8am to 2pm OPD/OT on respective days. 12hrs duty alternate between two residents of that Unit. In lieu of Emergency Duty, they are given off on their Non-OPD days.</p>	<p>seminar, case prst, journal</p>	<p>Nil</p>				<p>The information pertaining to violence is given to District Authorities and then they take action.</p>
	<p>Emergency Duty Roster (Sep, Oct 2016): Monday, Tuesday: 4pm to 8am (next day) by Dr. Amit, Dr. Preeti, Dr. Jyoti. AND AGAIN on Wednesday 8am to 4pm. (Dr. Preeti committed suicide by the end of Sep 2016).</p>	<p>All residents must attend seminar and case presentation.</p>					

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		<p>A JR finishes her / his Tuesday Emergency duty on Wednesday morning, which had began 4 pm the day before, however, goes straight for her /his next duty of Wednesday morning beginning at 8 am. The JR II committed suicide only in the ending of the month (attendance register Sep 2016). During Oct 2016 emergency duties were handled by the rest 8 (out of 9) JRS. However, in the Nov 2016, an SR was also put on emergency duty to fill the vacuum.</p>

		Principal			Residents to work for 72 hours under the provision. (resistance)		
Uttar Pradesh No. 8	GMC, Banda	O/o Principal	Non PG = 43		OPD, IPD Emergency working hours 8 hrs. Compensatory leave as per rule.	Individual, attached, HVAC, Mess	14 CL per yr
		Psychiatry					

		<p>Dr. Deepa Singh DGO (2011), left due to personal reasons. Dr. Sachin Ramesh Khande MS Surgery (2014), left due to OVER BURDEN. Dr. Ashish Nayak MS Surgery (2014) left due to personal reasons. Dr. Pranav Gautam MS Ortho (2015) left due family reasons. Dr. Preeti Mishra MS Ophth (2015) committed suicide. Dr. Divyanshi MD Paed (2016) left due to personal reasons. Dr. Utsav Singhal Anatomy (2016) left due to personal reasons.</p>	<p>Nil</p>	<p>Emergency duty 4pm to 8am.</p>	<p>PG Res: 59263 and Non PG Demonstrator 47450.</p>	<p>Adm fee 2000, Training fee 24000, Devl fee 2000, Misc chg 4000, Cautin fee 10000. Total 42000/- (1st year PG).</p>	<p>Nil</p>
<p>Yes, by rotation</p>	<p>8 Hours a day.</p>	<p>Medical</p>	<p>Nil</p>	<p>Emergency duty 4pm to 8am.</p>	<p>Pay band 15600-39100 GP 5400</p>	<p>500 per month as fixed electricity charges</p>	<p>Nil</p>
				<p>Only one UNIT I, which performs emergency duty. (two JRs only)</p>			

		Ortho					
		Skin					
		Obs & Gynae					
		Pathology					
Uttar Pradesh No. 9	LRM MC, Meerut	Medicine	24 JRS and 4 SRS	08 JRS	As per residents scheme	Warden office	14 CL per Yr

					emergency duty 4pm tp 8am, alternate b/w Unit I and II.			
					Only one UNIT I, which performs emergency duty. (two JRs only)			
					emergency duty 4pm tp 8am, alternate b/w Unit I and II.			
					Only one UNIT I, which performs emergency duty. (two JRs only)			
					Duty Scheduled for July, August, September & October: Dr. Irtaza (JR III) (Mondays) is on OPD Duty (8am to 2pm), Emergency Duty (8pm to 8am), MMWII (8am to 8pm), MIMWIII (8am to 8am) and IT/ICCU Night (8pm to 8am)			
Off on Sundays and GH as per duty roster & in compliance of Hospital norms	Working hours and Compensatory leaves as per College & Hospital norms.	seminars, case, Journal 8am to 9am, 4 days a week						

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				Non Clinical: 9 am to 4 pm. Para Clinical: 8 am to 4 pm. Clinical: 8 am to 4 pm. Call day and Emergency duty 24 hours as per directions of HoD.	D-flat to 2 JR. Food arranged by residents on their own	14 CL, 14 ML, 31 EL
	Bhawan Allot					
	Ortho	15 PG	6 PG joined	As per roster		only CL provided by HOD
	Obs & Gynae	23	08 JRS	24 hours emergency duty by rotation.		Dr Abdul 5 CL, Absent 3 month 20 days. On avg 12 CL and 15 EL availed.
	TB & Chest Disease	3 Non PG	3 Non PG	8am-2pm by 1 JR, 2pm to 8pm by 1 JR, and 8pm- 8am by 1 JR		
	Skin & V.D.	7	3	8 Hours duty per day. No compensatory leave after emergency on call duty		Abhishek 98 (EL+ML)

	<p>After 72 hours continuous work there is provision of leave, but, the JR must work as per Dept requirements and directions of HoD.</p>				<p>JRI pay: 61260 net</p>	<p>PG fee: 42000 (UR), 30000(Res)</p>	
<p>No compensatory leave for GH/ Sunday</p>	<p>Max. Non stop working hours in Ortho Deptt are 12 hours.</p>	<p>Taught 8am to 9am thrice a week.</p>	<p>nil</p>	<p>Sep 2016: Emergency Duty (8am - 8pm) each day for whole month Dr. Ajeet (JR1I) and Dr. Ifan (JR I), posted.</p>			
<p>Sunday off for all except those on duty. No GH</p>	<p>In their 24 hrs duty, they get breaks for lunch, dinner, night rest and bathing etc as necessary.</p>	<p>Teaching daily</p>	<p>none</p>	<p>On rotation</p>	<p>na</p>	<p>na</p>	<p>NO</p>
<p>One resident, by rotation, work on Sunday/GH</p>							
<p>Yes</p>	<p>48 hours per week, and 8 hours per day.</p>		<p>nil</p>				

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		<p>JR on 84 hours (per week) continuous duty with no compensatory leave. This continues for whole month thus a JR works for (12 hrs x 30 days) 360 continuous hours.</p>
No	Yes	

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	Psychiatry	2 SR and 3 Demonstrator	3	SR: Dr. Sourabh 8 pm to 8 am (every day). Dr. Shweta 8 am to 8 pm (every day). Demonstrator: 3 demonstrators on 8 hrs duty a day.	None	14 CL, 15 ML, 31 EL may be availed pa
	ENT	3 JR	2 JR and 1 JR left	As per residents scheme	hostel	As per rules
	Paediatrics	8 PG	8 JR	As per residents scheme	Warden office	14 CL
	Ophthalmology	5 PG, 2 Diploma	03 PG and 02 Diploma. 01 PG JR left	As per residents scheme	hostel	As per rules

As per duty roster	not applicable		Nil	Not Applicable	15600+5 400 GP+ DA	NA	NA
Same policy for residents as for consultant	OPD/OT 8 am to 4 pm. Evening round 6 pm to 8 pm (each JR). Weekly two emergency call day night duty. There is fully furnished resident doctor duty room in emergency deptt so that resident doctor on duty can take rest in between.	hand on training	Dr. Santosh and Dr. Abhishek left away residency.				
As per duty roster	As per College & Hospital norms			Sep 2016: 3 JRs on duty every day, on rotation on PICU NICU			
As per residency scheme	OPD/OT 8 am to 4 pm. Evening round 6 pm to 8 pm (each JR). JR available on emergency call day night duty.	hand on training	Dr. Pranav Singhal left away residency	Dr. Alka with others on Duty on Saturday and also alone on duty on Sunday			

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Nil	Yes	
		Max. working hours or duty roster ar not applicable. As only 2 SR, day divided into 12 hrs shift. Among 3 demonstrators day divided into three 8 hrs shift. No provision for hostel
		JR on 12 hrs routine duty every day and twice in week on 24 hrs emergency duty. Hours per week = 96 hrs (6 days a week). Interestingly as per record only 1 JR is available as two JRs have left residency. So, the entire duty roster followed by 1 JR!

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Uttar Pradesh No. 10	KGM, Lucknow	Surgery	8	7 JR	As per residents scheme	Hostel	As per rules
		PIO					14 CL, 14 ML, 31 EL
		Surgery	42 JR	13 JR joined	12 hours schedule and leaves given as per rules.		
		Obs & Gynae	11 MD & 9 DGO	11 MD & 9 DGO joined in 2016	Work hours vary from 8-12 hours per day. Compensatory leave is given in lieu of Sunday duty.	-	14 CL, 14 ML & 31 EL
		Cardiology	8 SR DM	1 SR resigned after two months, 7 SR working			

Same policy for residents as for consultant	OPD/ISU/OT 8 am to 4 pm with evening rounds 6 pm to 8pm. Weekly one emergency call day night duty. Fully furnished doctor room.	hand on training	Mr. Robin Kumar left.	Dr. Umang was on Emergency Night duty from 16 Aug to 15 Sep 2016.	-	-	-
Notice issued by HoD, directing SR, JR III and JR II to not make JR I do work for more than 12 hours.				On 24 hour duty once a week.		Nil	
By rotation, in lieu of this they get compensatory off.	Maximum duty 12 hours	-	Dr. Sakshi discontinued residency to take care of the baby.				nil
			one resigned		67594/-		

No	Yes	
		Contrary replies, one hand they say only one weekly emergency duty and the roster on the other hand depicts that 1 JR is given 30 days continuous emergency duty.
nil	Yes	

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		Plastic Surgery	4	4	8 am to 4 pm regular time; 6 pm to 8 pm evening duty; 8 pm to 8 am night duty.		
		Psychiatry	25	08 in 2017	8 hrs work. Emergency duty (4 pm to 8 am). There is no provision for compensatory leave.		
		Radiotherapy	06 JR pr yr	05 PG JR and 1 non PG JR	8 hrs work. Emergency duty (4 pm to 8 am). There is no provision for compensatory leave.		
Uttar Pradesh No. 11	GMVM MC, Kanpur	Pathology	06 MD	6	Pathology and Blood Bank	Individual, attached, Self expense, Mess	14 CL, 14 ML, 31 EL
		Radio-diagnosis	2	2	As per Govt. Rules		

<p>ily round and ward duty on Sundays. On Gaz Holiday the OPD and Ots are not closed hence the residents have to come.</p>	<p>One or two 24 hrs emergency duties a week, without any compensatory off.</p>		<p>Dr. Neeraj Upadhyay (2014 batch) left midway.</p>	-	<p>15600- 39100+p ay grade 5400.</p>	<p>1st yr 64200, IInd yr 37500, IIIrd yr 37500.</p>	<p>nil</p>
<p>Duties off on Sundays and GH</p>			<p>Left: 1. Dr. Kankambri Pandey- 2013. 2. Dr. Sharif Alam- 2016</p>	-			<p>nil</p>
			<p>nil</p>	<p>Dr. Avinash Badajena performed emergency duty in casualty from 19-09- 2016 to 18-10-2016.</p>			<p>nil</p>
<p>As per rules</p>	<p>Dept: 9 am to 4 pm and 24 hours blood bank duty (8 hrs shift).</p>		<p>nil</p>	-			<p>No</p>
<p>On emergency call only Sunday & GH</p>	<p>08 hours max</p>		<p>nil</p>	<p>NA</p>	<p>54000 pm</p>	<p>42000 pa`</p>	<p>No</p>

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nil	Yes	
nil	Yes	
nil	Yes	
No	NA	After dept duty blood bank duty.
No	Yes	

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	Medicine	27 PG	10	Each resident does 1 Emergency, 1 OPD, 1 Ward round and sometimes if have to take care of a serious patient then JR stays in the ward.	-	14 CL, 14 ML, 31 EL
	Ophthalmology	5 MS and 6 DOMS per year	5 MS and 5 DOMS and 1 resigned	OPD, OT Refraction, Specialty Clinic & Ward 8 hours per day. Emergency- JR of each yr, SR and Consultant on Call on their OPD days. No provision of Compensatory leave.	individual, attached, lights, fans, mess	14 CL, 30 EL, Medical leave as and when required. Leaves are sanctioned as per UP State residency government order.
	Surgery	40 MS	14 MS	1 Day Emergency, Every day OPD till 4 pm. Ward, OT and according to patients ward work. Evening round 7 pm to 9 pm. Sometimes JR stay in ward to take care of serious patient	-	14 CL, 14 EL, 31 ML

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<p>No</p>	<p>not applicable</p>	<p>Case, Journal, CME</p>	<p>03 JR left due to personal reasons</p>	<p>Duty roster in 3 shifts. Dialysis duty among JR II on rotation. Dr. Rajkumar on ICU Night duty for whole August 2016.</p>	<p>-</p>	<p>-</p>	<p>02 VIOLENCE CASES</p>
<p>Yes, except unit on Call duty</p>	<p>"Most of the times, working hours extend over 08 hours depending on patients load on that day"</p>	<p>Teaching, Case, Seminar, Journal, Basic with UG.</p>	<p>Only one resident resigned for personal reasons</p>		<p>-</p>	<p>-</p>	<p>N/A</p>
<p>No</p>	<p>not applicable</p>	<p>Presentation, Seminar, Advances, CME, Workshop.</p>	<p>No</p>		<p>-</p>	<p>-</p>	<p>01 Case of Violence</p>

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03 TB CASES	02 Duty rooms	Cases of violence, infection, JR leaving, odd working hours.
TB to JR III, Dr. Nisha Batla in 2016.	Toilets are not attached with duty room.	
0	No	JR stays in ward if required

		ENT	3	2	OPD, OT & Ward -- 8 hours per day. Emergency- JR of each yr, SR and Consultant on Call on their OPD days. No provision of Compensatory leave.	
		Anaesthesia	31 JR	06 MD, 01 DA, 01 PMS 04 (2017)	Routine: 9 am to 4 pm. Emergency: 4 pm to 9 am (2 duties / week). No Compensatory off.	Policy: 80% attendance mandatory.
Delhi No. 1	UCMS, DU			116 PG admitted in 2016		30 days for I yr and 36 days for II and III yr each.
		Vigilance				

<p>Yes, except unit on Call duty</p>	<p>"Most of the times, working hours extend over 08 hours depending on patients load on that day"</p>				<p>59513</p>	<p>NA</p>	<p>None</p>
<p>Only emergency team works on Sunday and on 15 holidays per year out of total mentioned Gazetted Holidays.</p>	<p>There is no such written policy fro non-stop working hours and compulsory leaves after working hours.</p>		<p>2013-14: 4 JRS resigned. 2014-15: 1 JR resigned.</p>	<p>NA</p>	<p>-</p>	<p>-</p>	<p>Nil</p>
			<p>23 PG students resigned during 2011-16</p>		<p>76435</p>	<p>15600 pa</p>	<p>No incident of violence</p>
			<p>No information</p>				

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None	No	3 JRs handle all the patients
Nil	Yes	
	Most of duty rooms are attached with toilets	

					Residency Scheme notified by GOI vide L. No. S-11014/3/91/ME(P) dated 05 June 1992. Routine working hours are 9 am to 4 pm. Residents are posted in all emergency areas and ward on rotation basis round the clock but total working hours does not exceed 48 hours per week per resident. Residents are allowed to take compensatory leave.		
	First Appeal						
		Medicine					
		Obs & Gynae	Senior resident		No changes in the SR roster will be entertained		

<p>Yes, as per residency scheme, the residents who are not posted in wards and emergency areas, are given off on Sunday and GH.</p>	<p>Yes, as per scheme and Delhi Govt. Circular dated 16/03/2015, max non-stop working hours are 12 hours in Dept. of Obs & Gynae, after which they are given compensatory off for 24 , hours.</p>		<p>Anatomy: 3 left in 2011 and 1 in 2013. Community Med: one each in 2011, 2013, 2014, 2015 and 2016. Dermat: 1 each in 2013 and 2017. Obs & Gynae: 1 each in 2015 and 2016. Surgery: This information is not available in the Dept of Surgery.</p>	<p>Emergency duty in two Day and Night shifts by 1 JR each. And in various Deptts.</p>			
			<p>3 SRs have resigned in till Sep 2016 and in Oct 2016 one more resigned. Again next month Nov 2016, another 3 SR resigned.</p>	<p>Duty roster Sep 2016: 12 hrs duty (8am to 8pm) every day. No rotation</p>			
<p>4 SRs are on leave</p>							

182

<p>08 cases of TB reported during 2011-15 (05 medicine and 1 Ophthalmology)</p>		
		<p>Dr. Mohit on night emergency duty on two consecutive dates (6 and 7 Nov 2016) CONTRARY TO RESIDENCY AND Delhi Circular.</p>

		Obs & Gynae	Junior Resident	3 (same) JRs 1st yr on Gynae Emergency Duty for whole one month (16 Aug to 15 Sep '16).		
		Ophthalmology	JR and SR Emergency Duty	12 hrs shift- (9 to 9) for both JR and SR. For night duty only 1 JR posted.		
		Paediatrics		PICU: May - June: Only 1 JR 1st yr (Swati)		
		Surgery		12 hrs shift- (9 to 9) EMG and WARD duty		
Delhi No. 2	AIIMS	Appellate Authority	Decision: "Most of the info asked needs compilation and creation, not anything existing on record that can be provided".			

185

In Nov 2016, EMG duty has been assigned to 'NEW SR',
however, the name is not mentioned on roster.

	SR	672 (SR non-acad) as on 23-03-2017.	344 SRs joined in 2016			
	Anaesthesiology		13 JR joined in 2016. 4 JRS left residency within 2-3 months			
	Anatomy		3 JR joined, 1 left			
	Biochemistry		6 JR joined, 5 left			
	Biophysics		13 JR joined, 13 left same yr			
	Community Med		12 JR joined, 7 left			
	Dermatology		6 JR joined, 0 left			
	Emergency Med		8 JR joined, 2 left			
	ENT		6 JR joined, 2 left			
	Forensic Med		3 JR joined, 2 left			
	Geriatric Med		7 JR joined, 2 left			
	Lab Med		1 JR joined, 1 left			
	Medicine		19 JR joined, 2 left			

	Medicine & Micro DM(I&D)		11 JR joined, 5 left			
	Neuro Surg		5 JR joined			
	Obs & Gynae		24 JR joined, 7 left			
	Ophthalmology		27 JR joined, 8 left			
	Orthopaedic		7 JR joined, 2 left			
	Paediatrics		9 JR joined, 4 left			
	Pathology		16 JR joined, 8 left			
	PMR		3 JR joined, 2 left			
	Psychiatry		12 JR joined, 4 left			
	Radiodiagnosis		14 JR joined, 1 left			
	Surgery		25 JR joined, 5 left			
		Each JR on contract of three years.				

Delhi No. 3	DBSA MCH, Rohini		Total JR - 149; Total SR - 187. DNB- 42	66 JR and 93 SR joined in 2016	As per residency scheme (48 hrs/week) and even in emergencies their duties do not exceed more than 12 at a stretch.		
Delhi No. 4	VPCI, DU	10 JRS					

<p>Yes (Off on Sunday & GH)</p>			<p>NIL</p>			<p>DNB fees 70,000/-</p>	<p>During 2015-16, there were 05 incidents of violence against residents by patients or their relatives. Institutional FIR has been lodged in all such cases by hospital administration</p>
<p>as per rules</p>	<p>-</p>	<p>-</p>	<p>3 JRS (MD Pul Med) resigned after depositing bond money of Rs. 5 lakhs only. And 1 JR (DM) resigned paying 3 lakhs.</p>	<p>-</p>	<p>A/c</p>	<p>DU website</p>	<p>No such info available</p>

"	Yes	
	Yes, at majority of places	

Delhi No. 5	MAMC	Girls Hostel				a. Individual single with balcony with kitchenette and water point. b. Common toilet. c. HRA deduct No extra elect chg. d. Mess at reasonable rate	
		PG Course	Total 151 PG degree seats. Total 23 PG diploma seats.				
		Anaesthesiology	10 seats	10 Joined, 1 resigned			
		Anatomy	5 seats	1 JK joined			
		Community Med	8 seats	8 joined			
		ENT	5 seats	5 joined, 2 resigned			
		Gen Med	17 seats	17 Joined, 1 resigned			
		Obs & GYnae	11 seats	11 joined			
		Ophthalmology	11 seats	11 joined, 1 resigned			
		Orthopaedic	7 seats	7 joined			
		Paediatrics	15 seats	15 joined			
		Pathology	5 seats	5 joined, 1 resigned			
		Surgery	16 seats	16 JK joined, 1 left			

Delhi No. 6	GIPMER	Radio, Psy, Gastro, Cardio, GI surgery, Neuro, CTVS, Path, Biochem, Blood Bank, Anaes, Microbio			10-12 hours/ day maximum. Compensatory leave is awarded as and when residents desire (RTI reply dt 22-08-17). However in reply dt 22-07-17, by another person, the JR is on Emergency Duty of 24 hours followed by 3 days off.		SR leaves: 8 CL, 30 EL, 20 ML.
		Neuro Surg	18	6			
		Cardio			48 hrs/week and weekly off		
		Gastro			JR Duty Roster (July 2017): there is a 24 hour shift, 9-5 (day), and OPD. A JR with initial AF is given in, one week, 24 hr shift twice, and, in same week, 9-5 day shift three times.		

		Surgery	9 MCh SRs, 4 Non MCh SRs and 1 JRs		Routine: 8 am to 6 pm. However, in view of patients care & academic training, MCh residents usually over stay.		
		CTVS	18 SR MCh and 5 JR	06 SR, 10 residents including 01 non MCh SR and 09 JR JR joined and left the deptt time to time.	As per Govt norms / DU Rules. Max permissible working 12 hours.		
		Anaesthesiology	23 SR and 02 JR (as on 03-07-2017)	18 SR (15 are ad-hoc) and 05 JR (all ad-hoc) joined in 2016			
		Pathology	1 seat for Primary and 1 seat for post primary DNB course. 13 posts of SR.	2 DNB, and 09 SR joined in 2016.	All residents work 9 am to 4 pm. By rotation, one resident is daily on Emergency Duty from 4 pm till 9 am next day. The day next to the emergency duty day is given as compensatory off.		

2006

-	same as reply to Pt. 4.	Morning class 8-9 am, Ward teaching, OPD clinics and surgical training in OT etc.	-	NA	-	-	-
Yes, by rotation	Duty Roster SR" Duties assigned among SR I, II, an III Ward duty for 1 month (for 3 years same roster is to be followed).		1 Mch SR left MCh course in midway in 2012.	Duty Roster JR (July 2017): Each single JR is assigned respective OPD or Ward -21 or Ward -30 duty for complete 15 days consecutively. No timings mentioned.			
If compensatory oof day falls on a Sunday or GH, no extra off is given.			Nil				nil

	Yes, doctor's duty room attached with toilet.	
	Yes	
nil	Yes	

		Paediatrics (LN Hospital)			The working hours is 48 hours / week. However, in case of exigencies and patient related emergencies the working hours may be extended.		
Delhi No. 7	RML Hospital	Academic	Total JR: 101	84 JR Joined	As per residency scheme	-	-
Delhi No. 8	Safdarjung	Academic	Total JR 219 (non PG)	Total joined JR 204	EOT Duty (9-9, two shifts), Ward Duty and OPD		
		Medicine					

		Surgery			Day and Night duty		
		Obs & Gynae			24 hours duty		
		Paediatrics			"The roster for morning, evening and night duty of individual wards are made by Senior Residents posted in respective ward themselves."		

		Ophthalmology			Weekdays: 8-8, two 12 hours shift. Sundays 9-9 two shifts, for JR. The SR is on duty for 24 hours.		
Delhi No. 9	Lardy Hardinge MC	Academic	Non PG JR = 47 (total)				Rules and regulations laid by DU. During the entire period of one year, the Non-PG JR will be entitled for eight days CL.
Punjab No. 1	GMC, Amritsar	Gynaecology (JR MD own statement)		9 JR joined, 5 have left in the year 2017.	Duty hours: Forced to work continuously for 60-90 hours at a stretch without sleep and without any break for meals. More than 120 hours/week.		
Punjab No. 2	GMC, Patiala	Gynaecology	29 PG	9 PG joined	Morning: 8 am to 2:30 pm (for all). Emergency Labour Duty: 12 hours/day. Evening 5 pm to 8 am (by rotation).		Official leaves: 10 per year.

207

As per departmental policy	Emergency and Ward patients handled by only JRs, without presence of any supervisor/ senior doctor.		No. of residents who left residency (2011-16) = 217	Only 1 SR each day assigned duty. SRs to mandatorily stay in ward (strict compliance) & can avail off next day only.	61300 + Allownacs	Forced to give money for all routine activities of ward, emergency, OT, hospital material etc.	nil
On rotation	3 Months in a year. After 7 nights 48 hours off. (it implies that JR works for 15hr x 7 nights equals to total 105 hours/week). And after 5 day duties 24 hours off.		"many have been forced to leave." -- Resident Assoc	None	47000/-		nil

208

Medicine	36 PG	12 PG JR joined	8 hr day duty. Night off after night duty (Night duty = 16 hours).	10 CL/yr
Surgery	54			
Anaesthesia	33			
Orthopaedic	5 PG			7 Days to eac JR in 2015-16, 10 CL and 10 Academic Leave permitted per year as policy.
Skin and VD	7 PG and 5 Non-PG	2		
ENT	27	7	OPD 8 am to 2:30 pm on alternate days, Ward duty after OPD. Emergency Duty - 24 hours on alternate days. OT - 8 am to 2:30 pm alternate days	
Forensic Med	SR 3, JR 2		8 am to 8 pm to 8 am On Call duty. Post mortem, Medico-Legal duties.	

209

<p>One Resident always on Day or Night duty for Sunday/GH, thereafter given off.</p>			<p>Nil</p>	<p>Seven Medicines Units. Each Unit has one emergency week and that duty is shared between residents of that unit.</p>		<p>nil</p>
<p>On rotation</p>			<p>Nil</p>	<p>Emergency duty assigned once a week.</p>		<p>nil</p>
<p>One resident each in morning, evening and night shift on Sunday/GH. Rest JRS are on off.</p>	<p>No policy regarding max non stop working hours and compensatory leave</p>		<p>nil</p>	<p>Not Applicable</p>		
<p>Yes, except those on emergency duty and ward duty.</p>	<p>Max hours: 8 am to 2:30 pm on OPD and OT days. After 2:30 pm on call Emergency Duty.</p>		<p>NA</p>			<p>nil</p>
	<p>24 hours (8 am to 8 am)</p>			<p>Duty Roster (May' 17): One resident on 24 hour duty twice a week.</p>		

210

No info (TB)	Yes, toilet attached.	
nil	Yes	
nil	Yes	
nil	NO	JR is on duty 24 hr x 7 per week. Emg duty on alt days, Ward duty on alt days. Therefore on 24 hr duty every day.

					<p>1st yr JR: 21000/- and sometim es DA also given. Internee : 9000/-</p>	<p>MD/MS (clinical): 1st yr = 1.25 lacs; IIInd yr = 1.5 lacs; IIIrd yr = 1.75 lacs. MD/MS (basic): 1st yr= 1 lac; IIInd yr= 1.1 lacs; IIIrd yr= 1.20 lacs. To be increased by 5 % every yr.</p>	<p>Various incidences of assault during Emergency shifts, verbal assaults being very common and at times even physical. Common with medico-legal cases {nothing on record}.</p>
<p>NO</p>	<p>24 hours and no policy for compensatory leave.</p>				<p>42000/- (usually credited after long wait of months) --- HOD</p>		

<p>The SR allowed one weekly holiday by rotation. The SR in Central Institutions/Hosp entitled to avail of GH and 2 Restricted holidays like other temporary Govt. employees. However, in view of the nature of duties to be performed by the SRs, they may be allowed to avail of extra days off in a year in lieu of the GH and Restricted Holiday by rotation.</p>		<p>JRs not attending academics will be marked 1/2 day.</p>		<p>JR Labour Emergency duty: (no timings) Monthly postings. Duties at Units, Postpartum, Antenatal, Infertility, Naraingarh, Neonatology, Gynae OPD.</p>			
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217

		Internal Medicine				Duties of Two Months each at EMI Hepat, CH Pulm Med, Psy, Cardio, Neuro, Derma IC, Paed, Medic OPD, IM I, IM II, GE I & II, Endo, Nephro			
		Academic	Total JR, as on Jan' 17: 805						
		Accounts							

219

Chandigarh No. 2	GMCH - 32	ENT	4	2 joined and 1 left	ENT OPD: 9 am to 1 pm. This period may be extended depending upon the number of patients attending the OPD. Residents attend Otolary, Rhinology and Head & Neck Clinics from 2 pm to 4 pm on Tue, Wed & Thurs. ENT OT: JR posted works from 8 am to 1 pm. This period may be extended depending upon number of cases posted for surgery.	9 am to 5 pm (Mon to Fri) with 1 hr lunch break and from 9 am to 1 pm on Saturday.	Leaves: 1st yr: 30 L; IInd yr 36 L; IIIrd yr 30 L.
		Radiodiagnosis					

<p>JR given off provided they are not on emergency duty</p>	<p>Compensatory Leave: The resident on emergency duty will stay in the Ward. The emergency duty of ENT is not heavy, hence, compensatory leave to the residents is not given regularly.</p>	<p>Journal on Mon & Fri</p>	<p>Dr. Pallavi left in 2016</p>	<p>Duty Roster (April 2017): Dr. Ravneet Verma is on emergency OPD and OT duty everyday. All days of the month, he has been assigned either OPD or OT duty.</p>	<p>Duty Roster: Ultra Sound, X-ray, Spl Investigation timings 8 am to 2 pm</p>		
<p>Sundays and GH offs</p>							

221

		Obs & Gynae					
					On Average 8 hours duty. No Compensatory leave.		

<p>Only residents posted in emergency area have a roster with no entitlement to leave.</p>	<p>In emergency area 8, 8, 12 hrs duty followed by 12 hrs off or otherwise 9 am to 5 pm duty.</p>	<p>45 mins class four times a week.</p>	<p>1 resident left in 2016 as he got MD Medicine in some other institute.</p>	<p>Duty Roster (Sep 2016): CLR night & day; SLR day & night. 3 JRs posted for each CLR duty and only 1 JR for each SLR duty. Similarly 1 JR assigned for each CLR OT, OPD and NGW.</p>			<p>nil</p>
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223

nil	Common toilets with ward sister	
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<p>By rotation</p>	<p>12 hours to 24 hours, Compensatory leave after working of 24 hours duty</p>		<p>No (as deptt restarted in 2016)</p>	<p>Interestingly only One JR in the whole Deptt has been assigned duty, may be because Deptt re-started in June 2016 . JR Nishata Bhardwaj on duty for all the months and everyday. However, there is a revised roster in which three JRS have allotted duties. On 27-09-2016, for instance, JR 'N' on 24 hours duty. 16-11-16 JR 'S' on duty from 8 am to 2 pm and again 8 pm to 8 am.</p>			<p>nil</p>
			<p>Dr. Kashish Datta left the residency due to her personal reasons in December 2015 and later she joined residency in Pulmonary Medicine.</p>	<p>Duty Roster (July' 16 to June' 17): Each JR 1 on duty: 3 months in Haem, 5 months in S. Path, Museum, 2 months in Cyt, 1 month in Blood Bank.</p>			

	Cardiology	3 SRS, 1 on regular basis and 2 are on ad-hoc	2 SRS in 2016	Schedule: Day 8 am to 8 pm and Night 8 pm to 8 am.				
	Anaesthesia	21	7	Dr. Rishu (JR 2) on night duty (Mar' 17) for 6 consecutive dates and with no Off in the whole month, as he is JR 1st yr (same for JR 1).				
	Academic		62 PG JRS joined					

		Deptt started in 2016					
Yes, except those on emergency duty	The Number of working hours are variable in respect of various areas in the Deptt (routine OTs, ICUs and Emergency OTs).		Dr. Tribhav joined as PG in 2013 and resigned on 11-02-14 for personal reasons.	Duty Roster (March 2017): JR Jasveer on duty on Fridays at Eye OT, ENT OT I and on Saturdays at ENT OT I and ENT OT II (similar duties on all days except Wed). The same JR is academic off reliever too.		1st yr PG JR: 22000/-; IInd yr 24500/-; IIIrd yr 27500/- + University dues as per norms of PU, Chd.	nil
			PG JRs from deptt ENT, Anaesth, Ortho, Obs & Gynae resigned from PG course due to upgradation in other institutions.		15600+G P 5400+DA		

228

-	Yes	
Dr. Divya Mehta, PGJR batch 2014, suffered from Abdominal TB during 1st yr		

		Pulmonary Medicine	14 JRS	4	Normal working hours are 8 per day. No provision of compensatory leave as they are on rotation duties and having their off days regularly as per roster.		
		Surgery	18 Nos. (one left) presently 17 Nos JR. 1 Non-PG JR, 12 Nos. of SRs.	6 PG JRS joined and 1 left on 16-03- 17. 04 Nos. of SRs joined.	Posted in OPD, Indoor, OT, Emergency duties by rotation.		30 CL

<p>As per roster</p>	<p>Maximum non-stop working hours is only depend upon the emergency situation in the hospital. They are given duty off. There is no provision of compensatory leave.</p>	-	<p>Nil</p>	-	-	-	<p>nil</p>
<p>As per roster (Sundays & GH)</p>	<p>12 hours a day. There is no policy for compulsory leave after 12 or more continuous hours of duty in Dept of Surgery.</p>	-	<p>NA (1 JR left after one yr of joining)</p>	<p>Duty Roster (May' 17): JRS MM+TM on 12 hrs Night Emergency Duty for 7 days consecutively. Daily Routine OT 2 JRS posted. Unit SR on duty will supervise the residents at all times and to be physically present in emergency area.</p>	-	-	-

231

Yes, one PG student of batch 2014 suffered from TB and is under treatment for the same.	Yes	
NO	-	

Yes, except those on emergency duty	-	As per PU and MCI curriculum	One PG surrendered seat as was selected in AIIMS.	Duty Roster (Sep' 16): SR 'SG' on OPD duty on 02 Sep and 03 Sep on Morning duty (similar duty for others). JR II (Nov' 16) no off: 3 JRs for Morning OPD but only 1 JR for Night OPD.	-	-	-
As per roster	-	No	NA	Duty Roster (Sep' 16): SR Shalini on 1st Call Emg Duty for complete two months.	-	-	-
	Avg number of working hours are 42 hrs in a week.				Non PG JR: 68409; PG JR: 48720		
Yes, except those who are on emergency duty			none	Duty Roster (Sep' 16): JR on 1st Call Emg Duty for whole day.			none

234

1 out of 3	Yes	
No	NA	
none	yes	

235

		Transfusion Medicine	5 PG JR and 1 non PG JR	3	working hours: 8 hours per day. No provision for compensatory leave for resident doctor.	-	Dr. Gurpreet Availed 36 out of 36 leaves (June 2016 to Mar 2017). Other JRs have availed on avg 16 CL.
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<p>Himachal Pradesh No. 1</p>	<p>IGMC, Shimla</p>		<p>Total seats: 101.</p>	<p>Admitted: 98</p>			
<p>Himachal Pradesh No. 2</p>	<p>RP GMC, Kangra</p>	<p>Paediatrics</p>	<p>6 JRS per year</p>	<p>5 JRS in 2016</p>	<p>Daily from 8 am to 4 pm. Emergency Duty twice a week. Night off after 24 hrs working hrs, if any.</p>	<p>-</p>	<p>30 CL</p>

					<p>PG JR: 35000/- JR non-PG: 36000/-</p>	<p>Bond: 10 lacs. In the event of the candidate's rescinding on the terms of the bond, the State Government shall have the right to forfeit the amount of bank guarantee. Simultaneously the request for cancellation of registration of their degree/diploma shall be made to the MCI. Fee: 31500, Hostel Fee: 21000. Security: 12500.</p>	
<p>Yes (Off on Sunday & GH)</p>	<p>Full day off next day given if they are on duty for 24 hrs.</p>		<p>NA</p>	<p>Emergency Duty Roster (Time 4 pm to 9:30 am): 15 days alternate day duty for all JR II.</p>	<p>-</p>	<p>-</p>	<p>-</p>

238

One student 2011 batch Dr. Krishna has pleural effusion (TB).	Yes	From 8 am till 9:30 am, next day, a JR is on duty.

	Student Section	Total 171	Admitted: 51			
	Anaesthesia	6 SRS, 27 JRS	9 JRS joined in 2016	Work: 8 am to 4 pm. Residents on emergency duty are posted for 24 hours. Provision for compensatory leave is there.	-	30 CL
	Pathology	3 JRS and 5 SRS	1 JR and 1 SR joined	Work: 9:30 am to 4 pm. The residents avail CPL within one month.	-	30 cl
	Medicine	7	7	Yes. All are on emergency duty once a week in addition to daily routine duties.	-	
	Orthopaedic					
	Obs & Gynae	16	3 JR joined	Yes. All are on emergency duty once a week in addition to daily routine duties.		30 CL

240

			8 JRS have resigned during 2011-2016		35000/-	Fee: 39000, Hostel: 26000.	
Yes, except when they are on emergency duties.	8 am to 4 pm. And 24 hrs emergency duty.	-	Nil	-	-	-	Nil
Yes, except when they are on emergency duties.	-	-	Two residents resigned (2011-2016)	-	-	-	Nil
Yes	NA		NA	24 hours Emergency Duty assigned to a single JR			
				2 SRs given emergency duty for alternate days. Casualty Duty: 3 JRS for complete month (1-31).			
Yes			NA	Duty Roster of SR (Sep' 16): SR Pankaj on duty (4, 11, 14, 16, 19, 22, 25, 27) alone. 24 hr duty. JR Sumeet (1, 4, 7, 10, 13, 16, 20, 22, 25, 28) alone.			

241

		ENT	06 JR, 02 SR.	02 JR joined.	Work: 8 am to 5 pm. Emergency duty for 24 hours from 9:30 am to 9:30 am.	-	Dr Amit availed 16 CL
Haryana No. 1	SHKMGMC, Nalhar	MS	Only MBBS		Work: 9 am to 4 pm. Emergency duty 24 hrs.	-	10 CL
		Obs & Gynae			Emergency Duty in labour room and Wards for 24 hrs followed by compensatory off for 48 hours.		SR Diya 25 CL
		Ophthalmology					
		Orthopaedic					

242

<p>No</p> <p>Yes, if on 24 hr emergency duty, then 24 hr compensatory off.</p>	<p>No policy exist</p>	<p>-</p>	<p>Dr Reena left in 2015.</p>	<p>NA</p>	<p>35000/-</p>	<p>Fee: 39000.</p>	<p>Nil</p>
			<p>44 JRs resigned in 2016</p>	<p>Medicine Emg: 1 JR on 24 hr duty, on rotation.</p>	<p>-</p>	<p>-</p>	<p>-</p>
			<p>Emergency Roster (Sep' 16): Dr Shikha on 1st Call on Sunday-1, Sunday-2, Wednesdays and Saturdays</p>	<p>Emg: 1 out of 4 JR on 24 hr duty, on rotation.</p>			
			<p>15 Non PG Residents left 2015-16</p>				

243

Nil	Yes	
Nil	Yes	
		<p>Shikha on 24 hr duty on Saturdays again on 24 hr duty on Sunday-1 and Sunday-2 (continuous 48 hrs shift)</p>

244

		Paed			The Emergency Resident doctors do 24 hrs duty for which 48 hrs off is given.		
		Chest & TB			6 hrs/day on regular basis and On-Call Emg Duty of 18 hrs every 4th day.	Leaves given as per appointment letter	
		ENT					
		Psychiatry					

<p>Yes, given off on Sundays and GH, except those on emg duty, who is given compensatory off next day.</p>	<p>on 27 and 28 October 2016 Dr. Shashikant on two 24 hrs duty (48 hrs)</p>	<p>24 left</p>	<p>Dr. Soma on OPD Duty on 01-09-2016 from 9 am to 1 pm. Then on evening-night duty from 1 pm to 9 am next day. Then on 02-09-2016 on Ward duty from 9 am to 1 pm (28 hrs)</p>				<p>Nil</p>
<p>Compensatory off for extra duty on public holiday</p>	<p>On Emg duty, resident remains present in his/her accommodation in campus & is contactable for emergencies</p>						
	<p>JRs are ordinarily not given compensatory leave as the work load is marginal.</p>						

<p>Haryana No. 2</p>	<p>KC GMC, Karnal</p>	<p>3 PG (FM, BC, O&G) on deputation</p>		<p>As per duty roster</p>	<p>As per PGIMS, Rohtak rules</p>
<p>Haryana No. 3</p>	<p>PGIMS, Rohtak</p>	<p>Academic</p>		<p>Schedule: Summer from 8 am to 2 pm and Winter from 9 am to 4 pm. The emergency duty is assigned by the HOD.</p>	
		<p>Obs & Gynae</p>		<p>Day 8 am to 8 pm. Night 8 pm to 8 am .</p>	

247

As per PGIMS, Rohtak rules	As per PGIMS, Rohtak rules	Nil		<p>Duty roster: After Eve-Night Duty JR given off next day. However, the same JR is assigned OPD and another OPD duty on two consecutive days (no shift timings, for complete 24 hrs for 1 OPD duty). Similarly Ward duties given for two continuous days.</p>	Nil	Nil	No records
			<p>During 2011-16: 17 Residents resigned and 2 expired.</p>	<p>Duty Roster: On 10-09-16 JR III Megha on night duty and on 11-09-16 Megha is on Day duty. Similar duty for other JR III.</p>			

No records	Yes		No		

248

		Medicine			JR I on Ward duty every alternate day. JR III on consecutive Casualty night duties.		
		Hostel				a) In sharing at time of admission in 3 seater dormitory, when the final yr PG has not been relieved and after that single room as per availability of rooms.	
		Paediatrics			Ward duty: Dr. Bhawana in Sep 2016 assigned duty for total 90 hrs per week.		

		Security Officer					
		Accounts					
		Ophthalmology			Day Duty 8 am to 9 pm and Night duty 9 pm to 8 am next day.		
ESIC	EMHA, Mumbai	Medicine	61 non PG JR				Monthly 2 leaves. CL and EL admissible to Resident 3rd Yr, it shall be 10 and 30 days respectively pa.
	ESIC, Ludhiana			39 JR I joined in 2016		Accommodation: No accommodation provided to 1st yr resident doctors.	

252

					60723/-		During 2015-16 only one incident of violence has been notified as per record available (Dr. Rashmi against Pt Rekha dt 31-08-15).
			SR who left midway: 1. Dr. Purvash, 2. Dr. Sushil, 3. Dr. Chetan, 4. Dr. Mahesh, 5. Dr. Jayesh.	Roster (Sep' 16): SR Rachna on Saturday OT duty then on Sunday Emergency duty and then on Monday Emergency duty			
Yes, given off on Sunday and GH					SR 1st yr 67700/-; JR 1st yr: 56600/-	PG: 2.50 lakhs pa (half yearly two installments)	nil

253

	ESIC, Kolkata	9 Depts (ENT, Casult, O&G, Anae, Sur, Paed, ICU, Disp, Chest	64	38	Morning/evening duty shift is 6 hours. <u>Night</u> shift is 12 hours. But the duty Roster (Obs & Gynae, Ortho) shows that night duty is of 14 hrs (6 pm to 8 am).	1 day/month
	ESIC, Chennai	GM, GS, Paed, O&G & Anaes			8 am to 4 pm and 24 hours duty on rotation	30 leaves allowed
		Orthopaedic				
		Paed				

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Residents given duty on Sundays and GH. If required, against which they are given compensatory off.	Max. non stop working hours iss 12 hours.		During 2011-17: 122 Residents resigned.		SR: 18750+G P 6600+NP A+DA+T A	PG residents are charged Rs. 2.5 lakhs annually and Rs. 5000 Annual Caution Money.	
		cme	Duty Roster (Gen Med) (Sep' 16): Fri 9 am to 4 pm then on Sat 4 pm to 9 am and again on Sun from 4 pm to 9 am.		1st yr PG for the students admitted upto 66263/-; 2016. Rs. and Non PG JR is 74138/-.	Tuition fee: 24,000 per year for the students admitted from 2017.	
			JR N Likhitha on 24 hr emg duty continuously from 03 and 04 Sep' 16 and again on 06 an 10 Sep'16				
			Sep 2016: Day Duty assiagned only on 06 days, on all the rest of the dates only night duty has been assigned				

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Sr. No.	Institute	1. PG/ Non-PG/ DNB,	2. No. of residents per Deptt.	3. Residents joined in 2016	4. Working Schedule	5. Accommodation	6. Leaves 2015/ Policy
Rajasthan 1.	DSMC, Jodhpur	Ortho	5	5	MCI Norms	Hostel Section	20 leaves
		Obst. & Gynae	9 CAS PG, 20 Residents	10 Residents	12 hrs. - 1st year Ward Posting, 8 hrs - 11nd yr resident Emergency Day/Night and 8 hrs - 111rd yr resident O.T. Day/Night	1st yr - 1 Room attach Bath. 11nd & 111rd yr - 1 BHK. HVAC individual. Mess at subsidized rate.	20 leaves and 180 Maternity Leave
		Medicine	PG Batch 2014: 13 Students. PG Batch 2015: 14. Pg Batch 2016: 14. Total = 41	14	Average 48 hours per week	Office	20 CL and weekly offs. All leaves were availed by residents in 2015-16

True
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