

EDITORIAL**NEW MSR ...Riddles in Ayurveda.....**

On 7th Nov. 2016 CCIM published new gazette notification called as Amendment regulation 2016, a most discussed and most eagerly awaited document of the year from world of Ayurveda, elaborating Minimum Standards of Education in Indian Medicine in India having some riddles which are supposed to be solved by every teaching institute of Ayurveda across India, some of them are.....

1. Minimum requirements- The College and hospital shall maintain the web based computerized central registration system for maintaining the records of patients in Out-Patient Department and In-Patient Department.

This could leads to serious legal issues in future if some one has stolen and used data of the patients; which is serious offence and a violation of privacy of the patient, again CCIM itself is not clear about it because till date it is not specified for which website and in which format data is to be made available. It also means that anyone having IP address of computers installed in hospital can obtain data easily without any permission.

2. About nursing staff required, it is mentioned that there should be one nurse for every 10 beds that means for 60 bedded hospitals there must be 6 nurses appointed to prove it is a working hospital.

I think those who suggested these regulations are far away from working ASU hospitals, because hospitals has to maintain round the clock availability of nursing staff in the wards, that also means there will be only one nursing staff available at a time for whole hospital of 60 beds, this will also force working hospitals of ASU to maintain no. of patient admitted as minimum as possible.

3. Medical officer- there must be 7 medical officers appointed in the hospital from which 2 of them should be appointed for casualty section if there is any.

There is a age old system of appointing junior and senior resident doctors for every ward or department which is followed by each teaching hospital and these doctors are fresh passed out students among which junior resident is appointed for 6 months and senior resident is appointed for 1 year, but CCIM don't accept these doctors as a employee of the hospital as these post are temporary and for specific time, in new notification there is not a word about these posts as in every govt. and govt. aided hospitals have these posts. It also means that the age old good tradition is going to be discontinued by government hospitals as these posts are no more required in new MSR.

MEDICAL Superintendent- in new MSR, as in the earlier MSR, appointment of medical superintendent is made mandatory in every teaching hospital, Earlier there is a post named RMO which is already exists, was supposed to be the chief medical officer or hospital in charge, who should be treated as superintendent of hospital. But in new MSR there is no word about this post and CCIM is treated this post as a mere ordinary medical officer and hospitals are forced to appoint unnecessarily new Medical superintendent of the same qualifications, I think CCIM doesn't know about how difficult to create and fulfill new posts particularly in govt. and govt. aided hospitals.

4. Earlier changes in syllabus made by MSR 2012 are supposed to be a big failure among academicians in this sector across India and these issues are reflected by

decreasing %age of the results at university level all over India which is 6 to 53 %, these issues are discussed very well in various meetings and seminars or so called workshops taken by CCIM itself and certain changes are expected by most of the academicians, but CCIM introduced carry on method and reset examination pattern that means students can appear in next class even if he failed in previous professional examinations and can give same examination after few days i.e. called as reset examination and if passed in such examination will be treated as a regular student and there will be no extra attempt recorded on his mark sheets. This strategy could lead towards production of substandard future graduates of this system. I think late admissions, unavoidably reduced time of 1st professional year, increased scope of the syllabus are some of the reasons of reduced percentage of the results and change in examination pattern, session duration and more specific syllabus could be the best solutions for this issue. Yes, there are some good decisions also like reintroducing vivo vice in Department of Samhita and Siddhanta may be called as best decision ever taken by CCIM in new MSR, at least fundamental subjects of Ayurveda will get proper attention by the students.

5. OPD and IPD- Some changes are made in hospital administrative section also; one of them is provision allotment of combine ward to Dept. of Koumarbhritya and Prasutitantra. Over all meaning of this provision is, there will administrative suitability for both the wards as there is limited nursing staff, but it has some hidden meaning also, if both the wards are treated as single entity of the hospital, minimum bed occupancy or minimum no. of patients required for obtaining permission for admissions in the college from CCIM will be calculated combinely from the both the Departments and colleges where not a single labour was performed through out the year can also get the permission with the help of combinely calculated patients if there are sufficient pediatric patients, this can also promote substandard education in this field.
6. Teaching Staff- there is one good decision taken about teaching staff of the college that, if there are more teachers at higher posts; will also be taken in to consideration against no. of teachers at lower level. But unfortunately there is no provision made about time bound promotion of teachers as provisioned in 6th pay scale. Again there is not a word about specific workload of teaching staff according to post held, even after 50 years of establishment CCIM can not decide exact and specified workload of teachers recommended by themselves in Ayurvedic colleges, kindly note that every council and technical board and even UGC has specifically mentioned exact post wise workload of teaching staff but not the CCIM. Again there is a new provision made about experience also, i.e. those who are already done their Ph.D. before joining teaching profession can avail experience of 1 year as a teacher but UGC itself is considering it as a 2 year teaching experience, this could lead to distraction of students seeking admission to Ph.D.
7. At university level CCIM introduced new system about taking approval of teachers appointed by colleges affiliated, this method is already exists in Maharashtra and which is supposed to be the big hurdle for appointing teaching staff in affiliated colleges and these colleges have to wait for years to obtain permission for appointment procedures and getting approval from university, while these universities are thinking about abolishing these methods CCIM is made mandatory to all universities will also be a major hurdle in creating new jobs in this sector.
8. According to these MSR teachers having 10 years experience are supposed to be eligible for the post of professor which provision was already exists before MSR 2012 and reintroduced in current MSR, CCIM itself taken stand in various court cases that

in MSR 2012 there is no such provision, I really don't know what is the cause behind such decisions if CCIM itself is willing for making such provision, they took stand against this rule in various court cases regarding this issue. This causes nothing but the academic loss of teachers who were eligible for such posts during 2012 to 2016.

9. Experience of research in various research institute and councils will also be treated as teaching experience is also a new modification made about calculating teaching experience for higher posts. This will also leads to various court cases in future, because peoples who are working at comparatively lower posts than Associate professor and lecturer (suppose medical officer at CCRAS hospital) will also supposed to be eligible for the post of professor in colleges. I don't know how these people will perform in teaching field after 10 years of working in OPD level? Definitely this provision will compromise quality of education at post graduate level also.
10. As like previous MSR this notification also made unnecessary changes in nomenclature of post graduate degrees which will also leads towards difficulties for getting recognition of our degrees at international level as there is no uniform pattern, M.D. Yog is also introduced in new MSR which is also a unnecessary step taken by CCIM because there are already such course exists in conventional universities at graduate and post graduate level and which are duly recognized by state and central Government. Introducing such type of course cannot generate any job opportunity but only creates many discrepancies in this field

Overall impression of these MSR will be old Wine in new bottle only. Most appropriate syllabus according to time allotted for every professional, easy and improved examination methods and specific workload distribution, introduction of new specialties in post graduate studies, introduction of super specialty course in Ayurveda, just like DM ayu , OR M. Ch. Ayu , time bound inspection and permission strategy of ASU colleges, introduction of combine entrance exam for ASU courses at all India level, was the most expected decisions from CCIM, looking towards working style and will power of members in the CCIM house; I think we have to wait again for 60 years for such decisions. May Bhagwan Dhanvantari give capability to find appropriate answers for these riddles to all true workers in this field may this year give them a very happy and prosperous new year ahead. Long Live Ayurveda

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