

Z.28015/91/2011-H/MH II /Vol II
Government of India
Directorate General of Health Services
National Council Secretariat

Nirman Bhawan, New Delhi

Dated: 5th June 2024

Minutes of Meeting

Subject: Minutes of 14th Meeting of National Council held under the chairmanship of Dr. Atul Goel, Director General of Health Services, on 10th May 2024

The undersigned is directed to forward herewith the Minutes of the 14th Meeting of National Council on above subject held under the chairmanship of Dr. Atul Goel, Director General of Health Services, on 10th May 2024, Friday 1:00 PM – 6:00 PM at 445-A, Resource Center, Nirman Bhawan, New Delhi.

This issues with the approval of competent authority.



Dr Umesh Suranagi
Associate Professor
DteGHS

Encl. As above

Copy To,
All the Participants

Copy for information to

1. PSO to DGHS, Dte. GHS
2. PPS to Addl. DG (JP), Dte. GHS
3. PS to JS(ERS), MOHFW, Nirman Bhawan, New Delhi



Minutes of 14th Meeting of National Council for Clinical Establishments (NCCE)

**Venue: 445-A, Resource Center, Nirman Bhawan,
New Delhi**

Date & Time: 10th May 2024, Friday 1:00 PM – 6:00PM

**National Council Secretariat
Directorate General of Health Services
Ministry of Health & Family Welfare**

Minutes of 14th Meeting of National Council for Clinical Establishments (NCCE) held on 10th May 2024, Friday 1:00 PM – 6:00 PM at 445-A, Resource Center, Nirman Bhawan, New Delhi

Minutes of 14th Meeting of National Council for Clinical Establishments (NCCE) held under the chairmanship of Dr. Atul Goel, Director General of Health Services (DGHS), on 10th May 2024, Friday 1:00 PM – 6:00 PM at 445-A, Resource Center, Nirman Bhawan, New Delhi

The list of participants is at Annexure-I. The Agenda of the meeting is at Annexure- II

Dr Jitendra Prasad, Addl DG welcomed the Chairman and the attendees to the 14th Meeting of the National Council for Clinical Establishments (NCCE). He briefly outlined the purpose of the Clinical Establishments Act, 2010 and its significance in setting minimum standards for clinical facilities. He mentioned the agenda of the meeting, including discussing implementation and refinement of the legislation. He encouraged open dialogue, constructive collaboration, and expressed confidence in achieving fruitful outcomes from the discussions.

After welcome and introduction of participants, DGHS highlighted the importance of 14th meeting of National Council for Clinical Establishment emphasizing its pivotal role in addressing key issues related to the Clinical Establishments Act, 2010 and its implementation. The members of National Council, State Council and other participants were invited to actively engage and share their perspectives on the agenda items.

The DGHS emphasized that if a National Council member is unable to attend the National Council meeting and wishes to nominate a proxy, he/she must provide written notification for nomination of other officer / person in behalf of the National Council member in advance to the Clinical Establishments division, otherwise, the official / person would not be allowed to participate in the meeting to maintain the decorum of the National Council.

(Attention: National Council Members)

The DGHS further highlighted that the National Commission for Allied Health Professionals (NCAHP) is engaged in various Allied Health Professionals which is also a part of healthcare system, Representatives of the said commission may become an official member of the National Council for Clinical Establishments. It was suggested that they can be a part of the council so this can facilitate the allied health professionals towards the compliance to the Clinical Establishment Act, 2010 rules and regulations in their practice. Accordingly, the CE Act may be amended w.r.t. National Council composition. The members agreed for the suggestion to incorporate NCAHP representative in NCCE.

Agenda Point I:

• **Updates on implementation of Clinical Establishment (Registration and Regulation) Act, 2010 in year 2023-24.**

1. The details of the CEAct, 2010 is at **Annexure III**.
2. Currently, the CEAct is adopted and implemented by 15 States/UTs namely Jharkhand, Uttarakhand, Himachal Pradesh, Haryana, Arunachal Pradesh, Sikkim, Rajasthan, Mizoram, Uttar Pradesh, Assam, Puducherry, Dadra & Nagar Haveli and Daman & Diu, Andaman & Nicobar, Chandigarh and Jammu & Kashmir.
3. The training at Telangana, Ladakh and Lakshadweep is proposed to implement CEAct in the States/UTs during the year 2024-25.
4. As on April 2024, 46321 Clinical Establishments have been provisionally registered through on-line mode forming the part of digital National register.
5. The State/UT wise status of Clinical Establishments of all recognized system of medicine is at **Annexure IV**.

• **Ongoing Court cases: Challenges and proposed action**

A total of 24 running cases pertaining to the Clinical Establishments Act, 2010, are pending in various courts of India, including the Hon'ble Supreme Court. The details of major cases are as follows:

1. WP(C)-648/2020; WP(C)-289/2021; WP(C)-214/2024 **Determination of range of rates** under Rule 9(ii) of the Clinical Establishments (Central Government) Rules, 2012, and operationalizing of the provisions of CEA.

Recommendations:

- i. It was recommended to form an expert committee for the determination of rates under Rule 9(ii) of the CE(CG) Rules, 2012. The committee will comprise representatives from various stakeholders, ensuring a comprehensive and inclusive approach to rate determination.

(Action: National Council Secretariat)

- ii. The Representatives from Consumer Voice, Dental Council of India, Indian Medical Association, Nat Health, Ministry of AYUSH, AHPI, NHS and one representative from each States/UTs irrespective of whether the CEAct is adopted or not. It was also highlighted that the same person should be attending the meetings every time.

(Action: National Council members)

iii. It was advised to share the costing template prepared by clinical establishment division with all the members of the National council for their review.

(Action: National Council Secretariat)

2. WP(Cr)-152/2022- Protection of Doctors against violence.

Recommendations:

i. It was suggested that instead of using violence against Doctors, should use the term "violence against healthcare workers".

ii. The 2019 Bill titled "The Healthcare Service Personnel and Clinical Establishments (Prohibition of Violence and damage to Property) Bill, 2019" will be reconsidered for approval.

iii. The Chair proposed that organizations like the Indian Medical Association (IMA) and Consumer Voice should work upon improving transparency in communication within hospitals, particularly between relatives and service providers. As miscommunications lead to agitations in the relatives related to health care services provided in the hospitals.

(Action: Indian Medical Association IMA, Consumer India)

3. WP(C)-7588/2016- Allowing the physiotherapists to own and run the clinical establishments in their own name.

Recommendation:

i. It was decided to include/allow the physiotherapists to run the clinics per the amendment proposed in the CE Act 2010 under Section 2(c)(e).

(Action: National Council Secretariat)

4. CWP-2194/2023; WP(C)-2386/2020- Seeking authorized signatories in the Medical Diagnostic Laboratories.

Recommendation:

i. The Chair directed the Indian Medical Association (IMA) to provide documentation illustrating any existing regulations or guidelines prohibiting doctors from including the phrase "not for medico-legal purpose" in their reports.

(Action: Indian Medical Association)

- ii. The reports generated by automatic analyzer and standardized by a technician doesn't require a signature from a doctor. Technicians may sign reports; however, these reports should be counter-signed by a supervising doctor wherever necessary. Technicians who sign reports should bear legal liability for the content of the reports.
- iii. For reports that require a supervising doctor's signature, the supervising doctor must be physically present in the lab to sign the reports.
- iv. So, considering all the factors there is need to explore the possibility the of medical lab technologists requesting authority for authentication of reports in Basic Composite lab category of CEA and an amendment in NCAHP act may also be needed for similar purpose. It is imperative to consider the Abeyance of Signatory Authority of Basic Composite laboratories in Clinical Establishments (Central Government) Rules, 2020. This would serve as an interim measure until the necessary amendments can be made to the CEA act.

(Action: National Council Secretariat)

5. WP(C)-10548/2020- **Regulation of online health service aggregators.**

Recommendation:

- i. Draft the minimum standards for sample collection and transport mechanism to address the various issues including display detailed information about their services, including the laboratory where tests are conducted and the person responsible and others related to online healthcare aggregators and to be presented in the next National Council meeting. Further, the committee may also consider the BIS standards for sample transport and collection centers.

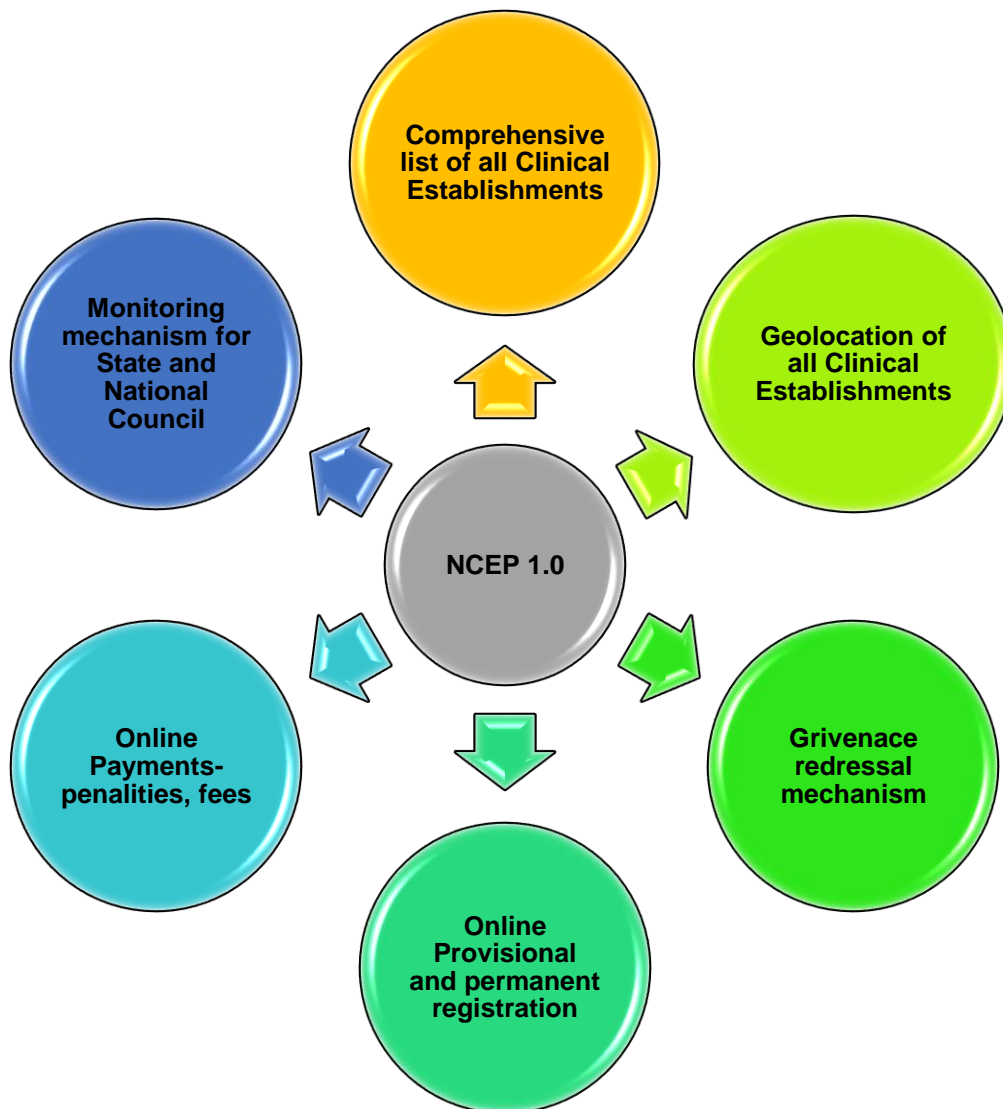
(Action: National Council Secretariat)

- **National Clinical Establishment Portal (NCEP) 1.0**

Rationale: Currently, in the existing website there is no mechanism allowing citizens to access or authenticate any registered clinical establishment authorized by the government. Additionally, it solely provides provisional registration and lacks provisions for permanent registration. There lacks a structured mechanism for the public to register grievances if they encounter challenges while availing healthcare services, such as medical treatment, insurance-related matters, or administrative issues. Moreover, payments for fees and penalties are conducted offline, lacking transparency.

Further, there is no monitoring platform provided for the State and National councils. The current website does not have a mechanism for adding service-related data. Furthermore, there is no penalty option available for the violation of rules and regulations outlined in the Act.

Keeping in mind the above mentioned issues a new portal has been developed



Structure of National Clinical Establishment portal NCEP 1.0

The new website is ready and expected to be launched in a week's time. The hands on training on National Clinical Establishments Portal will be provided to the States/UTs wherever Act is applicable.

Agenda Point- II

Action taken on 13th National Council meeting recommendations

Agenda	Recommendations	Action Taken
Agenda I. Minimum standards for allopathic clinical establishments	Gazette notification of approved minimum standards.	The approved Minimum standards will be notified after release of code of conduct.
Agenda II. Sub-committees for drafting minimum standards	Constitution of the Sub-committees and drafting the minimum standards of various other types of clinical establishments.	The sub- committees have been constituted and are currently in progress at various stages of drafting the minimum standards. The details were discussed at Agenda III
Agenda III: Development and Launch of National CE website and web-portal	To develop and launch user-friendly and robust platform that facilitates both permanent and provisional registration processes under CEAct	CE website and portal is ready to launch in a week's time.
Agenda IV: Representation regarding Hair Transplant Centers	To draft the Minimum standards for Hair Transplant Centers	The Expert committee has been notified and Minimum standards has been drafted. The same was presented at Agenda III .
Agenda V: Budget issues in States/UTs for implementation of CEAct	To address the issues pertaining to Budget proposal for implementation of the CEAct.	DO letter G-20020/01/SAS-II/NCS/MS was issued to all States/UTs where ever Act is applicable to propose the budget for activities under Clinical Establishments Act at serial no 189 and 193 which is for Human Resources management and program Management Unit (PMU) respectively.
Agenda VI: Representation regarding Physiotherapy Issue	Due to discrepancy in the guidelines of the independent practice of the physiotherapist in CEAct and NCAHP act, the amendment was proposed for CE act.	The Expert committee has recommended the amendment w.r.t. the case for physiotherapist. The same was presented in Agenda no IV

Agenda Point - III Minimum Standards

Category A: It was apprised to the National Council that 13 Minimum Standards are in process of Gazette notification and it is expected to be notified after the release of the code of conduct.

The list of 13 minimum standards is as follows:

1. Clinic/Polyclinic Only Consultation
2. Clinic/Polyclinic with Diagnostic support
3. Clinic/Polyclinic with dispensary
4. Clinic/Polyclinic with Observation
5. Hospital (Level 1)
6. Hospital (Level 2)
7. Hospital (Level 3)
8. Mobile Clinic Only Consultation
9. Mobile Clinic with Procedure
10. Mobile Dental Van
11. Collection centres
12. Dietetics
13. Physiotherapy Centre

Recommendations:

- i. The DGHS directed that minimum standards should be notified, which are already approved by the National Council.
- ii. The council agreed that minimum standards are kind of dynamic document and the same should be reviewed once in every 5 years.

(Action: National Council Secretariat)

Category B: The minimum standards for AYUSH and Allopathy Clinical Establishments were presented for the approval of the National Council.

I. The minimum standards of AYUSH health facilities are as follows:

1. Clinic or Polyclinic (Only Consultation) of AYUSH
2. Dispensary of AYUSH
3. Therapy Centre/Day care Centre of AYUSH
4. Hospital up to 10 beds of AYUSH
5. Hospital with 11-30 beds
6. Hospital with 31-50 beds
7. Hospital with 51-100 beds
8. Hospital with more than 100 beds

The above mentioned minimum standards were reviewed by the National Council and after deliberations and discussions following points were raised.

- i. To mention in the draft regarding- display of services provided along with the rates for transparency.
- ii. It was directed to add the phrase "dispensing of medicine of the concerned system of medicine" for better understanding.
- iii. The provisions for services in case of emergency situations should be included.
- iv. Mention in the draft "one trained staff as per requirement of treatment of services provided".
- v. Eliminate duplicate entries from the document.
- vi. Given the uniformity of BMW rules across allopathy and AYUSH, remove the phrase "as applicable to various departments of Ayurveda / Unani / Siddha / Sowa-Rigpa / Homeopathy/ Yoga & Naturopathy clinical establishments."
- vii. The Registration column in clinics and hospitals shall be updated to include the phrase "every patient visiting shall be registered preferably by ABHA."
- viii. The space requirements should be expressed in square feet (sq.ft) to ensure uniformity and standardization.
- ix. Replacing "medical practitioner" with "registered medical practitioner".
- x. In Human resources under pharmacist option mention AYUSH pharmacist as qualified pharmacist separate for each system of medicine.
- xi. Additionally, it was directed to include the statement "It is desirable for all health professionals and non-health professionals to have undergone training in Basic Life Support."

Recommendations: it was recommended that the final draft of the minimum standards of AYUSH should be submitted in a week's time after incorporating the modifications and points mentioned by the Council so that the necessary process may be initiated for Gazette notification.

(Action: Ministry of AYUSH)

II. The minimum standards of Allopathic Clinical Establishments are as follows:

1. Cosmetology
2. Point of care Testing (POCT)
3. Hair Transplant Centres
4. Prosthetics and Orthotics clinical establishment

The aforementioned minimum standards were reviewed by the National Council. After deliberations and discussions, the following points were raised:

- i. The list of essential drugs need revision as per National List of Essential Medicines (NLEM) for all the minimum standards.
- ii. In emergency list of equipments it was suggested to add oxygen concentrator in all the documents.
- iii. For the minimum standards for Hair Transplant centers, skill development ministry can be contacted for the one-year comprehensive training in trichology and hair transplantation surgery for dermatologists and other doctors who have no experience in hair transplantation during their PG course.
- iv. In the minimum standards for cosmetology clinic, it was decided to remove the line stating, "However, the cosmetological issues are not infectious and do not pose an epidemiological risk," from the minimum standards.
- v. The minimum standards for prosthetics and orthosis clinical establishments will be redrafted in consultation with the NCAHP department.
- vi. The minimum standards for Point of Care Testing (POCT) should be revised to be more simplified. POCT techniques and results must be certified by the CDSCO where required, tested by ICMR, and certified by the hospital's clinical establishment committee. Any POCT licensed for use in the country by the regulator and tested for efficacy should be included.

Recommendations:

- i. For the list of emergency drugs and equipments, it was recommended to form a committee of Emergency physicians and update the list accordingly.

(Action: National Council Secretariat)

Category C: It was apprised to the council that following Minimum standards are in process of drafting and once drafted will be presented to National council for approval:

1. Ophthalmology day care centre
2. Wellness centres
3. Trauma and Emergency Management
4. Human Milk Bank

5. General Day care centre
6. Stem Cell Therapy Centre
7. Sample Collection and sample transport mechanism
8. Mortuary

Category D: Following Minimum standards were presented for discussion in National council

1. ICTC Integrated Counseling and Testing Centres
2. Dental lab
3. Executive Health Check-up centre

After deliberations and discussions, the following points were raised:

- i. The current minimum standards of ICTC were established in accordance with the Operational Guidelines for Integrated Counseling and Testing Centres from July 2007. However, the National AIDS Control Organization (NACO) is in the process of formulating updated guidelines for ICTC. Accordingly, the minimum standards will be revised in alignment with NACO's latest recommendations.
- ii. It is suggested by the experts that the document of minimum standards of dental Lab needs modification as per the latest requirement and development.
- iii. Since, there is no clinical establishments for executive health check-up independently as it is a multidisciplinary approach with in the major hospitals, therefore, the council suggested that minimum standard for executive health check-up not to be notified to avoid mushrooming of such type of facilities. However, essential list of health checkups for different age groups may be defined.

(Action: National Council Secretariat)

Category E: The National council apprised that following minimum standards may be drafted and presented in the national council meeting.

- i. Minimum standards for the disposal of unused/expired drugs for all the clinical establishments ensuring each clinical establishment has a designated area accessible to the public as well for drug disposal.

(Action: National Council Secretariat)

Agenda point - IV Issues and Challenges in implementation of CE Act

1. Uniform implementation of the Act across the country

It was mentioned during the meeting that the Act has not been adopted by 15 States. The Act comes into effect in the State upon its adoption. However, it is observed that, despite numerous communications, the state has yet to adopt the Act. Also, a DO letter was issued on 19th march 2024, from the Secretary of Health and Family Welfare to the Additional Chief Secretary of the States where the Act has not been adopted.

Recommendations:

Organize a national workshop to cover various aspects of implementing the CEAct, including Q&A sessions to address the queries and concerns of the States/UTs. Invite all states to participate in order to raise awareness about the Act and facilitate its adoption across the country.

(Action: National Council Secretariat)

2. Defining Time Limit for Grievance Resolution by DRA

It was apprised that while there is a provision of registering a grievance by the user on the National portal for clinical establishments, there is no defined time limit for addressing and resolving the issue.

Recommendations:

It was recommended to define a time limit of 4 weeks for grievance resolution by DRA to ensure timely response and resolution.

3. Defining mechanism for Addition/Deletion of Categories other than to surrender the certificate

It was mentioned that there is no mechanism for the addition or deletion of categories or locations in the CEAct, apart from surrendering the certificate and reapplying.

Recommendation:

Amendment may be done in the Act for a mechanism defining adding or deleting categories or locations, possibly with additional fees/charges, to streamline the process.

4. Proposed Amendments in the Clinical Establishments Act, 2010

Based on the brainstorming and challenges of CE Act, there were total of 16 places in the Act where amendments were proposed. The details of the same may be seen at **Annexure-V**.

Recommendations:

The Ministry of AYUSH has recommended adding Sowa Rigpa as a recognized system of medicine in section 2(h) of the Act and adding members from the AYUSH also in the District Registering Authority under Section 10.

5. Logo for Clinical Establishment Act

The National Council apprised that a logo may be designed for National council secretariat. The same may be depicted in the permanent registration certificate issued to all the registered clinical establishments.

(Action: National Council Secretariat)

6. Any Hindi / Sanskrit name for National Clinical Establishments Portal (NCEP)

National council also suggested to come up with a Hindi / Sanskrit name for National Clinical Establishments Portal (NCEP) 1.0.

(Action: National Council Secretariat)

Agenda Point - V Way Forward

1. Promotion of Awareness on Clinical Establishments Act (CEAct)

It was highlighted that there is a need to raise awareness about the Clinical Establishments Act and to define a comprehensive strategy to inform and educate various stakeholders about the key provisions, regulations, and significance of the act.

Recommendations:

Organize a national workshop to cover various aspects of implementing the CEAct, including Q&A sessions to address the queries and concerns of the States/UTs. Invite all states to participate in order to raise awareness about the Act and facilitate its adoption across the country.

(Action: National Council Secretariat)

2. Revision of Operational Guidelines

It was mentioned that there is a need to update the operational guidelines of Clinical Establishment division.

Recommendation: An expert committee may be constituted to update the operational guidelines of Clinical Establishment division.

(Action: National Council Secretariat)

3. Standard Treatment Guidelines:

It was mentioned that the existing standard treatment guidelines within the Clinical Establishments Act are outdated and require update.

Recommendation: Indian Council of Medical Research (ICMR) has developed Standard Treatment Workflows (STWs) for various diseases managed by the Hospitals/physicians. So far, ICMR has prepared 124 Standard Treatment Workflows in 23 specialties. These are available on ICMR website. The same may also be linked at National Clinical Establishments Portal.

The council suggested to draft/modify these standard treatment guidelines as per Clinical establishments available in India like single clinic, polyclinic, primary, secondary, tertiary health care centers, District hospital settings etc. across various specialties.

(Action: National Council Secretariat)

4. Patient Charter Rights in Clinical Establishments

The patient charter enumerates the rights and responsibilities of the patient. The Act mandates display of patient charter rights in the establishment. It was recommended that patient charter rights need to be reviewed by experts before gazette notification.

5. Expansion of National Council Secretariat

The National Council apprised that the NCS oversees the operations of the Clinical Establishment Act division and is responsible for a range of key functions aimed at advancing healthcare standards and regulation nationwide.

Given the evolving landscape of healthcare regulation and the increasing demand for quality healthcare services, there is a pressing need to expand the Secretariat's capacity and resources. This expansion may involve increasing staffing levels, enhancing technical expertise, to achieve the objectives of the Clinical Establishment Act on a national scale.

The current organogram (Technical wing) was presented to the National Council along with the proposed organogram for the expansion of the NCS.

Recommendations:

The organogram was presented to the National Council. The National council suggested expansion of National Council Secretariat is necessary. The detailed discussion is required in this regard.

Annexure I

List of Participants				
The 14th meeting of National Council for Clinical Establishment under the Chairmanship of Dr. Atul Goel, DGHS on 10/05/2024, 1:00 P.M- 6:00 PM in the Resource Centre, Room No. 445-A Wing, Fourth Floor, Nirman Bhawan, NewDelhi				
S.no	Name	Designation	Organization/ state/ut	E-mail id
1.	Dr Atul Goel	DGHS	DGHS	dghs@nic.in
2.	Dr. Jitendra Prasad	Addl. DG	DGHS	jitendra.prasad@cghs.nic.in
3.	Dr. Pinakin N. Trivedi	President of Board of Ethics and Registration for Homoeopathy	Ministry of Ayush, Gol	chair-nch@gov.in
4.	Dr. Asha Sharma	Former Vice President	INC	asha3547@yahoo.co.in
5.	Dr. M.R. Rathod	Addl. Director	DPH Telangana	ram2rathod@yahoo.com
6.	Dr. Rakesh Sharma	President (NCISM)	NCISM	
7.	Dr. A. Raghu	DDG (Ayush)	DGHS	a.raghu@nic.in
8.	Dr. V K Monga	Chairman	IMA	HSG@ima-india.org
9.	Dr. S.R. Chinta	Joint Advisor	M/o Ayush	sr.chinta@nic.in
10.	Sh. Anil Jauhri	Ex-CEO, NABCB	Consumer Group	jauhrianil@gmail.com
11.	Dr. Sanjay Kumar Sharma	Deputy Director Health Services	Jammu	sanjay1200@gmail.com
12.	Sh. Vinay Gupta	Deputy Secretary	Dental Council of India	gupt_vin@yahoo.co.in
13.	Sh. Anil Mittal	Registrar-cum-Secretary	Pharmacy Council of India	pai.anilmittal@gmail.com
14.	Mrs. Pratima Tiwari	Deputy Secretary	Pharmacy Council of India	pai.pratimatiwari@gmail.com
15.	Dr. Mohammad Mazahir Alam	Member, Board of Ethics & Registration	NCISM	mazahiralam532@gmail.com
16.	Dr. Suryakiran P. Wagh	Part Time Member	NCISM	suryakiran_wagh@rediffmail.com
17.	Dr. S.K katharia	Member	Dental Council of India	katharia_sk@yahoo.com
18.	Dr. Rupesh V. Patil	Research Officer	DGHS	rupesh.vp@gov.in
19.	Dr. Ramavtar Sharma	Research Officer	DGHS	ramavtar.shm@ccras.nic.in

20.	Sh. Zuver Ahmed Khan	Deputy Secretary	M/o HFW	zuver.khan65@gov.in
21.	Dr. Shailesh Arlekar	CMO (Daman)	Dadar & Nagar Haveli and Diu and Daman	cmodaman1@gmail.com
22.	Dr. B.A. Khan	Asstt. Director Health Services	kashmir	dhs-kashmir2020@gmail.com
23.	Dr. Ruth Lalmuanpuui	State Nodal Officer (CEA)	Mizoram	ruthlmp69@gmail.com
24.	Dr. Shipra Pandey	Joint Director Medical Care and Nodal Officer (CEA)	Uttar Pradesh	director.medical.care.up@gmail.com
25.	Dr. Umesh Suranagi	Associate Professor	DGHS	ud.suranagi@lhmc-hosp.gov.in
26.	Dr. Sunny Swarnkar	DADG	DGHS	drsunny.mohfw@gmail.com
27.	Dr. Bhawna Gupta	Consultant CE	DGHS	ncsdrbhawna@gmail.com
28.	Sh. Akshat Aggarwal	Legal consultant	DGHS	ncs.akshat@gmail.com
29.	Mrs. Anuradha	Statistical assistant	DGHS	ncscea.anu@gmail.com

Online participants

S.no	Name	Designation	Organization/ state/ut	E-mail id
30.	Dr. Ganesh Samadder	Deputy Director (Medical)	Andaman	deputydirectormedicaldhs@gmail.com
31.	Dr. Rajni Chaudhary	Co-ordinator	Chandigarh	ceachandigarh@gmail.com
32.	Dr. Dampak Mindo	State Co-ordinator	Arunachal Pradesh	noceaap@gmail.com
33.	Dr. Nirmal Singh Sidhu	SNO	Haryana	nirmalsidhu.dhs@hry.gov.in
34.	Dr. Mahesh Jaswal	Officer on Special duty and Nodal Officer	Himachal Pradesh	maheshjaswal@gmail.com
35.	Sh. Vinit Bansod	Deputy Director	Bureau of Indian Standards	-
36.	Ms. Gayatri	Joint Director	NABL	-
37.	Ms. Deepti Mohan	Joint Director	NABH	
38.	Dr. Anil Kumar	Deputy Director	Jharkhand	
39.	Dr. S.K. Sahi	Director in Chief	Jharkhand	
40.	Dr. Kareng Rongpipi	SNO	Assam	
41.	Dr. Ashok Dhoble	Secretary General	Indian Dental Association	
42.	Dr. Tehmeena jamil	CMO	Kashmir	

43.	Dr. S. Chitra Devi	State Co-ordinator	Puducherry	cea2010puducherry@gmail.com
44.	Dr. T. Targain	Joint Director	Sikkim	thotuptargain789@gmail.com
45.	Mrs. Shalaka Kujur	Joint Director (AHS Division)	MoHFW	
46.	Director in Chief	Administration Health	Bihar	



Ministry of Health and Family Welfare
Government of India



14th Meeting of National Council for Clinical Establishments (NCCE)

445-A, Resource Center, Nirman Bhawan, Delhi 10th
May 2024, (01:00 PM - 5:00 PM)

Agenda

Particular	Time	Facilitator
Lunch (01:00 pm- 02:00 pm)		
Welcome Address	02:00 pm – 02:05 pm	Dr Jitendra Prasad, Addl Director General, Dte.GHS
Opening Remarks	02:05 pm – 02:10 pm	Dr Atul Goel, Director General of Health Services MoHFW
Agenda Point I : National Presentation : Updates on CE Act, 2010 implementation including legal aspect & National Clinical Establishment portal & website	02:10 pm – 02:30 pm	Dr Sunny Swarnkar, DADG,CE Division Mr Akshat Aggarwal, LegalConsultant
Agenda Point II : Action taken on 13th National Council meeting action points	02:30 pm- 02:45 pm	Dr Umesh Suranagi, Associate Professor,DteGHS
Agenda Point III : Update on minimum standards under CEAct	02 :45 pm – 03 :45 pm	Dr Bhawna Gupta, Consultant CE division Dr Rupesh, AYUSH
Agenda Point IV : Issues and Challenges in implementation of CEAct	03:45 pm – 04:15 pm	Dr Umesh Suranagi, Associate Professor,DteGHS
Agenda Point V: Way Forward <ul style="list-style-type: none"> ● IEC activities (CEAct) ● Standard Treatment Guidelines ● Operational Guidelines ● Patient Charter Rights ● Expansion of National Council Secretariat 	04 :15pm – 04 :30 pm	Dr Sunny Swarnkar, DADG,CE Division
Concluding Remarks	04 :30 pm – 04 :40 pm	Dr Jitendra Prasad, Addl Director General, Dte.GHS
Vote of Thanks	04 :40 pm-04 :45pm	Dr Bhawna Gupta, Consultant CE division

Clinical establishments act (CEA), 2010

1. Background

The Clinical Establishment (Registration and Regulation) Act, 2010 is enacted by Government of India for Registration and Regulation of the clinical establishments of both therapeutic and diagnostic types belonging to all recognized systems of medicine from both Government and Private sector (except those of Armed Forces) with a view to prescribe minimum standards of facilities and services as may be provided by them.

2. Benefits of the Act

- The Act mandates a Comprehensive Digital Registry of clinical facilities (both government and private), which will aid in policy formation, better surveillance, response, and management of outbreaks and public health emergencies, and collaboration with private providers.
- The Act ensures uniform standards of health care across the country. Compliance to the minimum standards and standard treatment guidelines will improve the quality of health care and will boost the patient confidence in health system
- There is multi-stakeholder participation in institutional systems (National and State Councils, District Registration Authority), and decisions are made by consensus.
- The Act also provides for better management of Emergency medical conditions
- This Act also provides a State Council for Clinical Establishments under Chairmanship of State Secretary (Health and Family welfare) to implement at State level and registering authority at District level under the chairmanship of District Collector/District Magistrate which is empowered to take actions including imposing penalties in respect of violation of provisions of the Act.

3. National Council for Clinical Establishments (NCCE)

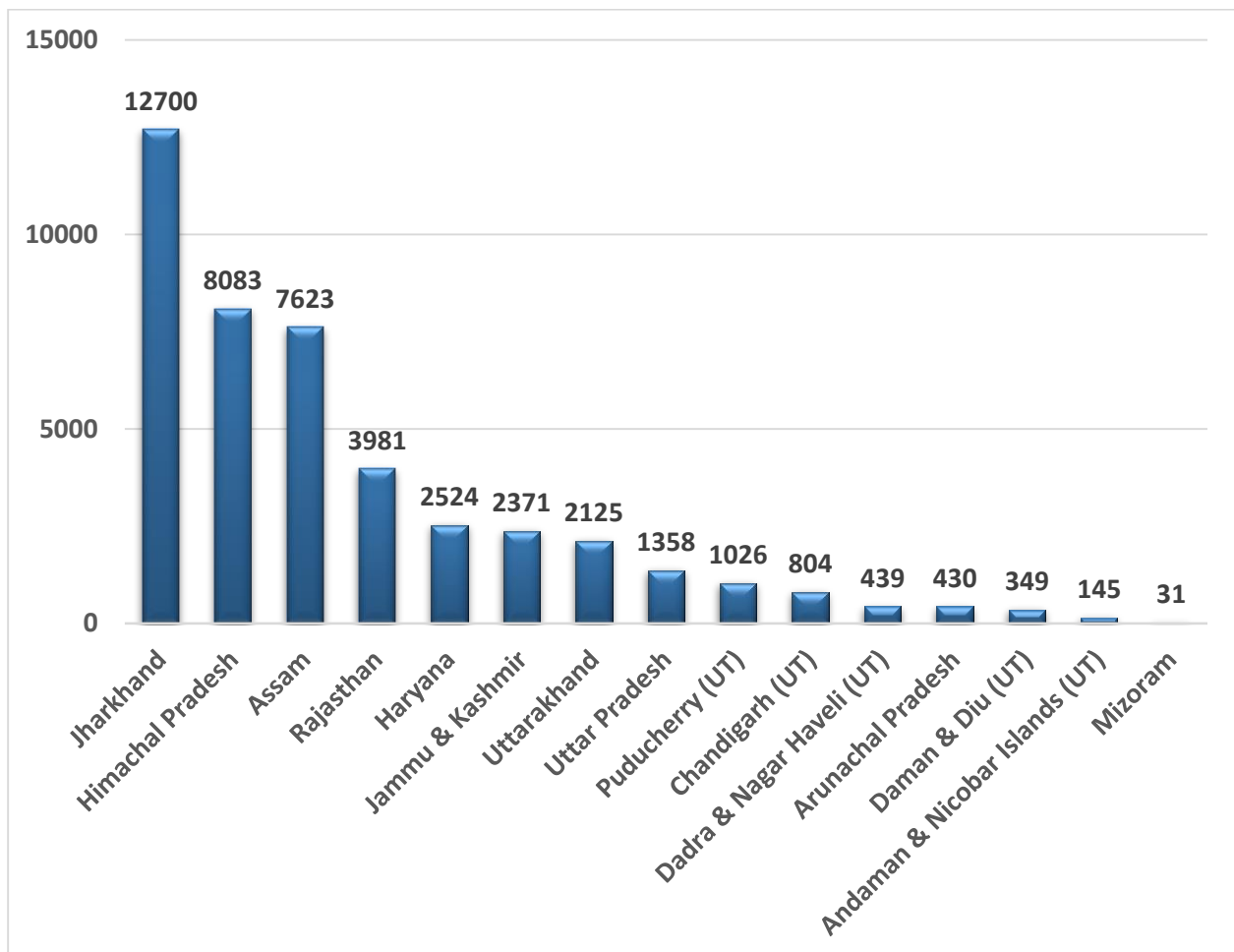
NCCE is a statutory body under CEA, which is the Apex body for this Act under the Chairmanship of Director General of Health Service, Ministry of Health and Family Welfare. The Central Government appoints the members of National Council which consists of 20 members. The National council compiles and publishes a National Register of clinical establishments within two years from the date of the commencement of this Act. The council develops and periodically review

the minimum standards for ensuring uniform and proper healthcare by the clinical establishments. It also gathers the statistics from the registered clinical establishments.

4. Applicability of the act

Currently, the CE Act is adopted and implemented by 15 States/UTs namely Jharkhand, Uttarakhand, Himachal Pradesh, Haryana, Arunachal Pradesh, Sikkim, Rajasthan, Mizoram, Uttar Pradesh, Assam, Puducherry, Dadra & Nagar Haveli and Daman & Diu, Chandigarh and Jammu & Kashmir. Four States/UTs- Bihar, Telangana, Ladakh and Lakshadweep have adopted the act but not implemented it yet.

Graphical representation of the registrations across the country under CE Act



Annexure IV

State/UT-wise status of Clinical Establishments of all recognized system of Medicine

Sl. No.	State	Allopathy	Ayurveda	Unani	Siddha	Homoeopathy	Yoga	Naturopathy	Sowa Rigpa	Total
1.	Andaman & Nicobar Islands	119	21	1	1	31	2	2	0	143
2.	Arunachal Pradesh	397	33	1	1	55	13	4	3	422
3.	Assam	7206	912	56	25	319	153	60	2	7530
4.	Chandigarh	734	105	3	1	40	14	6	2	804
5.	Dadra & Nagar Haveli Daman & Diu	586	134	9	0	166	23	5	0	785
6.	Haryana	2489	137	13	9	99	58	28	2	2526
7.	Himachal Pradesh	5669	2896	143	27	248	95	87	25	8019
8.	Jammu & Kashmir	2215	133	82	8	47	17	15	3	2331
9.	Jharkhand	11991	715	108	10	501	136	96	3	12643
10.	Mizoram	31	0	0	0	9	0	0	0	34
11.	Puducherry	957	45	0	44	39	7	6	0	1022
12.	Rajasthan	3755	289	43	23	216	105	69	11	3931
13.	Uttar Pradesh	1311	151	35	15	63	68	46	9	1330
14.	Uttarakhand	1627	364	48	2	143	91	157	1	2109
	Total	39087	5935	542	166	1976	782	581	61	43629**

* The difference in total is due to a Clinical Establishment may have multisystem of medicine (Allopathy, Ayurveda, Unani, Siddha, Homeopathy, Yoga, Naturopathy Sowa-Rigpa) operational.

** The total number only includes online registrations.

Besides 2332 clinical establishments have also registered in offline mode.

Proposed Amendments in
CLINICAL ESTABLISHMENTS (REGISTRATION AND REGULATION) ACT, 2010

S.No.	CURRENT PROVISION	PROPOSED AMENDMENT	Decision by National council
1.	Section 2(c)-(e): "a single doctor"	Section 2(c)-(e): "a single doctor <u>or any other professional defined under the National Commission for Allied Health Professionals Act, 2021</u> "	Approved till NCAHP brings its own rules and valid for the ones who has approached us.
2.	Section 3(7): "The National Council shall meet at least once in three months."	Section 3(7): "The National Council shall meet at least once in <u>six</u> months."	Rejected
3.	Section 5: Functions of National Council.	Insert sub-section (g) as under: " <u>hear appeals against the orders of the State Council</u> "	The Council recommended States to create an appellate authority where a clinical establishment can appeal against the order of the State Council.
4.	Section 8: (heading) "State Council of clinical establishments"	Section 8: "State Council <u>for</u> Clinical Establishments"	Approved
5.	Section 13(1): "Clinical establishment of different systems shall be classified into such categories, as may be prescribed by the Central Government, from time to time."	Section 13(1): "Clinical establishment of different systems shall be classified into such categories, as may be prescribed by the Central Government." Repeal the term 'from time to time'	Approved
6.	Section 13(2) proviso: "Provided that in prescribing the standards for clinical establishments, the Central Government shall have regard to the local conditions."	Section 13(2) proviso: "Provided that the standards for different categories of clinical establishments shall be prescribed by the Central Government, in consultation with the State Governments, having regard to the local factors and conditions."	Approved
7.	Section 14(1): "For the purposes of registration of the clinical establishment under section 10, an application in the prescribed proforma along with the prescribed fee shall be made to the authority."	Section 14(1): "For the purposes of registration of the clinical establishment under section 10, an application in the proforma, as prescribed by the Central Government, along with appropriate fee, as prescribed by the respective State Government, shall be made to the authority."	Approved Mention "online application"
8.	Section 15: "The authority shall, within a period of ten days from the date of receipt of such application, grant to the applicant a certificate of provisional registration in such form and containing such particulars and such information, as may be prescribed."	Section 15: "The authority shall, within a period of ten <u>working</u> days from the date of receipt of such application, grant to the applicant a certificate of provisional registration in such form and containing such particulars and such information, as may be prescribed." Insert the term ' <u>working</u> '.	Approved
9.	Section 19: "In case the certificate is lost, destroyed, mutilated or damaged, the authority shall issue a duplicate certificate on the request of the clinical establishment and on the payment of such fees as may be prescribed."	Repeal	Approved

10.	Section 24: “Application for permanent registration by a clinical establishment shall be made to the authority in such form and be accompanied by such fees, as may be prescribed.”	Section 24: “Application for permanent registration by a clinical establishment shall be made to the authority in such form, as may be prescribed by the Central Government, and be accompanied by such fees, as may be prescribed by the respective State Government.”	Approved
11.	Section 32: Cancellation of registration	Section 32: Insert Sub-Section (4) as under: “The authority shall, as and when the order made under sub-section (2) comes to effect, cause to be published within such time and in such manner, as may be prescribed, names of clinical establishments whose registration has hence cancelled.”	It was recommended that an alert should be generated on cancellation of the registration and it should be reflected to the clinical establishments portal, NCCE portal and to the general public also.
12.	Section 36: Appeal	Section 36: Insert sub-section (3) as under: “Any person, aggrieved by an order of the State Council, in any appeal under sub-section (1), may in such manner and within such period as may be prescribed, prefer an appeal to the National Council, in such form and accompanied by such fee as may be prescribed.” Insert sub-section (4) as under: “The DRA, aggrieved by an order of the State Council, in any appeal under sub-section (1), may in such manner and within such period as may be prescribed, prefer an appeal to the National Council, in such form and accompanied by such fee as may be prescribed.”	Rejected.
13.	Section 38(2): “Every State Government shall supply in digital format to the Central Government, a copy of the State Register of clinical establishments and shall inform the Central Government all additions to and other amendments in such register made, for a particular month by the 15th day of the following month.”	Section 38(2): “Every State Government shall <u>quarterly</u> supply in digital format to the Central Government, a copy of the State Register of clinical establishments and shall inform the Central Government all additions to and other amendments in such register made, for a particular month.”	Approved
14.	Section 44(1): “Where a person committing contravention of any of the provisions of this Act or of any rule made thereunder is a company, every person who, at the time the contravention was committed, was in charge of, and was responsible to the company for the conduct of the business of the company, as well as the company, shall be deemed to be guilty of the contravention and shall be liable to fine”	Section 44(1): “Where a person committing contravention of any of the provisions of this Act or of any rule made thereunder is a company, every person who, at the time the contravention was committed, was in charge of, and was responsible to the company for the conduct of the business of the company, as well as the company, shall be deemed to be guilty of the contravention and shall be liable to fine <u>which may extend to One Lakh rupees, for any second offence with fine which may extend to five lakh rupees and for any subsequent offence with fine which may extend to twenty lakh rupees</u> ”	It was recommended that the States may send their written opinion in this regard.

15.	Section 44(2): "Notwithstanding anything contained in sub-section (1), where a contravention of any of the provisions of this Act or of any rule made thereunder has been committed by a company and it is proved that the contravention has taken place with the consent or connivance of, or is attributable to any neglect on the part of, any director, manager, secretary or other officer of the company, such director, manager, secretary or other officer shall also be deemed to be guilty of that contravention and shall be liable to fine."	Section 44(2): "Notwithstanding anything contained in sub-section (1), where a contravention of any of the provisions of this Act or of any rule made thereunder has been committed by a company and it is proved that the contravention has taken place with the consent or connivance of, or is attributable to any neglect on the part of, any director, manager, secretary or other officer of the company, such director, manager, secretary or other officer shall also be deemed to be guilty of that contravention and shall be liable to fine <u>which may extend to ten thousand rupees, for any second offence with fine which may extend to fifty thousand rupees and for any subsequent offence with fine which may extend to five lakh rupees.</u> "	It was recommended that the States may send their written opinion in this regard.
16.	Section 48: "Every clinical establishment shall, within such time or within such extended time, as may be prescribed in that behalf, furnish to the authority or the State Council or the National Council such returns or the statistics and other information in such manner, as may be prescribed by the State Government, from time to time."	Section 48: "Every clinical establishment shall, within such time or within such extended time, as may be prescribed in that behalf, furnish to the authority or the State Council or the National Council such returns or the statistics and other information in such manner, as may be prescribed by the State Government, on quarterly basis."	Approved
17.	Section: 20 (3) In the event of change of category, or location, or on ceasing to function as a clinical establishment, the certificate of registration in respect of such clinical establishment shall be surrendered to the authority and the clinical establishment shall apply afresh for grant of certificate of registration.	Define mechanism to add the details in the event of change of category, or location rather than surrendering the certificate	
18.	Section 3. Establishment of National Council. — (2) The National Council shall consist of—	Add Representative from National Commission for Allied Health Professionals in the composition.	Approved
19.	Under Section 2 (i) "recognised system of medicine" means Allopathy, Yoga, Naturopathy, Ayurveda, Homoeopathy, Siddha and Unani System of medicines or any other system of medicine as may be recognised by the Central Government;	"recognised system of medicine" means Allopathy, Yoga, Naturopathy, Ayurveda, Homoeopathy, Siddha, Unani, Sowa-Rigpa System of medicines or any other system of medicine as may be recognised by the Central Government;	Approved

All the proposed amendment should be shared with the States for their opinion, so that we can be on the strong footing.