

Minutes of online meeting held on 26th February 2022 3:30 to 5:00 pm

Following members attended the meeting

Dr. Rajeev Joshi
Dr. Ashish Khatod
Dr. Ashish mittal
Dr. Manish Nigam
Dr. Mukesh yadav
Dr. Devaraj Raichur
Dr. Shivkumar Kumbhar
Dr. Sangeeta Pikale
Dr. Chandrakant kulkarni
Dr. Srikanth Sudarshan
Dr. Suresh Vasistha
Dr. Sujeet Katiyar
Dr. Jayant Navarange
Dr. Chandra vikas rathore
Dr. Ranganath Sangle

Thank you Dr Khatod for writing names of participants. Apologies for missing one or two members who joined late and left in between. Not writing who said what and writing summary of discussions. Agenda for the meeting was Income and expenditure heads for the proposed organisation. All members participated actively and discussed threadbare points in order to avoid complications at a later date.

Source of income for the organisation (association / LLP)

1	Training program in medicolegal aspects to medical and legal professionals	This will be an ongoing source of income for the organisation. Quality of content must be maintained. Nodal officers should be identified to conduct the programs. List of topics covered in the program organised in collaboration with IMA and ILS Pune will be sent to the email group. Members can add / edit topics in reply to that email. Subsequently for each topic handout will be shared with group members and suggestions for changes can be given in reply to individual email of each topic. Accordingly program will be modified, and implemented by organization.
6	Assistance provided to the non members :	Medico Legal expertise to the clinical organisations and individual doctors. Doctors can bring any grievance to the association and the association will try and help the member with understanding that member will have to be involved as party to the litigation, in addition to association where possible and required e.g. PIL / Writ / Private Complaint etc.
a	Violence : FIR registration / Letter to SP / Private member case (from group)	In such cases local members will be helpful in filing FIR / writing letter to SP / filing private complaints with support of the organisation.
b	Medical negligence case : DRAFT reply to notice /	Indicative charges will be as Telephonic consultation Rs. 500

	rejoinder to plaint	DRAFT of reply to notice Rs. 5000 DRAFT of rejoinder to plaint Rs. 10000 To be modified from time to time by the organization.
5	Assistance provided to the members :	Members will get a 50% discount for all services provided by the organisation.
a	Violence : FIR registration / Letter to SP / Private member case (from group)	In such cases local members will be helpful in filing FIR / writing letter to SP / filing private complaints with support of the organisation.
b	Medical negligence case : DRAFT reply to notice / rejoinder to plaint	Indicative charges will be : Telephonic consultation Rs. 250 DRAFT of reply to notice Rs. 2500 DRAFT of rejoinder to plaint Rs. 5000 To be modified by organisation from time to time
2	Interest on corpus formed by membership fees (various types of members)	Associations can be given patron member / affiliate member status and one medicolegal expert from the association will be on the governing council of the organisation being formed. Membership fee will be proportional to the number of members represented by the association (Payable annually) Individual Membership Rs. 10000/= to be revised by in AGM depending on cost of living index / inflation Individual Members to Pay Rs. 2500/- every 5 years for renewal of their membership (subject to revision)
3	Annual membership fees from students / members who subscribe annually	Annual membership fees for students Rs. 1000/= to be discontinued once graduation / post graduation is over and students will become life members. *Collecting money annually can be arduous so students can pay Rs. 2500/- as admission fee and then membership fee when they complete education.
4	Project specific contributions / donations from interested people	For any issue related to any association of doctors e.g. FOGSI, which is not related to other associations, can file a case in court. Association will pay certain amount to organisation
5	Donations from interested people	AOP can get an 80G certificate and any company which wants to donate / give CSR funds to the organisation. Both will be benefited by such an arrangement. TISS maintains a list of organisations eligible for CSR funds and organisations can apply for getting funds from companies in such a manner (Corporate hospitals or chains thereof may be able to contribute in such a manner)
6	Advertisement for the publications of the association	Newsletter weekly: without mentioning names of doctors / patients what was done by the organisation will be reported for information of other members.
7	Subscription for the journal	Journal monthly / quarterly etc to be discussed. Medical colleges can pay Rs. 5000/- per annum and huge corpus can be generated. This will help to reduce membership fees and get funds for the organisation.
8.	Online consent mechanism : In collaboration with	Example : consent for LSCS for primigravida will be different from consent for LSCS for previous LSCS. In

	<p>various associations online services can be offered to the members / non members on per consent basis</p> <ol style="list-style-type: none"> Hospital Specific Doctor Specific Disease/diagnosis Specific Disease severity specific Anaesthesia Specific Procedure Type specific Procedure specific Comorbidity specific Co-morbidity control specific Patient specific General risks Consent for insurance. 	<p>addition there will be additional clauses for diabetes, hypertension etc risk factors if present in the patient.</p> <p>Consent will be sent 24 to 48 hours before planned surgery to the patient by email which can be electronically signed by the patient / relative</p> <p>(If required, the organisation will file an affidavit that the ABC patient had signed consent for PQR procedure at XYZ hospital on dd/mm/yyyy at hh/mm/ss using an online mechanism provided by the organisation. Cost of signing such an affidavit to be borne by the hospital.)</p> <p>Hospital pays per consent to the organisation. 25% revenue to be given to professional association of doctors which gives technical details for consent 25% revenue to be given to organisations for providing medico legal expertise for the consent. 50% revenue to be given to software companies which will be giving software as a service. Members of both associations get a 50% discount. Members of one association will get a 25% discount.</p> <p>Detailed concept documents for this initiative will be circulated on the email group and comments from members requested.</p>
8	Advertisement for website	Possible source of income from pharmaceutical and medical indemnity insurance companies.

Expenditure heads for the organisation (association / LLP)

1.	Office expenses :	
a	Rent	
b	Electricity	
c	Telephone	
d	Internet charges	
2.	Staff to be appointed	Part time in the beginning
a	Assistant / Accountant / Clerk	Additional as required
3.	Printing and Stationery	
4.	Services hired for filing the petitions	
a	Scanning	
b	Xerox	
c	Court clerks professional charges	
5.	Travel expenses	
a	for attending the hearing in High court	Road / Rail / Air travel
b	For interstate travel for hearing / association work	Air fare TA DA Stay etc
c	For attending the hearing in Supreme Court	Air fare, TA DA Stay etc

6.	Newspapers purchased by members who will send the news items related to medicolegal issues	To central office as and when story is published
7.	Payment made to the lawyer for litigation	We can enter into a contract with a lawyer's firm or individual lawyer as the case may be for various charges at the beginning of the case and get the schedule approved by the executive committee.
a	drafting of the petition / rejoinder	
b	appearance without any argument	
c	pleading	
8.	Auditors of the association	
9.	Company secretary in case of LLP / compliance	
10	Lawyers	
a	Formation of association	
b	Amendments in byelaws	
1	Software development charges	
a	Database creation for association membership	
b	Consent mechanism etc ongoing projects	Preferably as service

Conference : Separate income and expenditure account for conferences organised by organisation to be maintained and surplus amount to be added to the income of the conference.

Regarding 80G : If the aims and objectives contain development of scientific knowledge, arranging conferences and publication of journals the organisation can be said to be doing charitable work and 80G can be availed whether society, trust or section 8 company.

Next meeting : To be held on 12th March 3:30 pm to 5:00 pm or 13th March 10 am to 11:30 pm. Some have expressed inability to join on Saturday afternoon. In view of less attendance on Saturdays and more on Sunday some asked for meetings on Sunday. I will circulate a form for voting and depending on the response we shall fix the date by 7th March.

POST MEETING :

I attended a wonderful conference of MLAG on 27th Feb which had excellent presentations :

1. **Prof Arpita HC : Time to Have Standalone Medical Tribunal** : Need of establishing medical tribunals instead of getting scrutinised by various fora like consumer forum, NHRC, NCW, Health department officials of government etc.
2. **Mr. Udyan Mukherji** : Whether IPC should be modified or State Medicare Protection Act? Should there be a Central Act to Protect doctors or State Acts will be better.
3. **Dr. Geetendra Sharma** : Mylords cannot go wrong. How various courts have given contradictory views on same issue esp PCPNDT Act
4. **Dr. Naresh Bhat** : There is Role for medical associations in dealing with violence : (In this regard the approach we are taking was not discussed)
5. **Dr. Sangeeta Pikale** : Why we fail in getting conviction in cases of violence.

I suggest that if we can arrange one such talk in our online meetings it will be educational. Dr Jayant Navarange will be arranging a meeting with CA/CS for advice regarding formation. Please write to me if there are any mistakes. Errors and omissions may please be excused.