Chapter VIII

Adequacy and effectiveness of the regulatory mechanisms

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Delhi Medical Council (DMC) has not conducted any surprise inspection to identify Quacks and also failed to register FIRs against persons who were found practicing medicine unauthorisedly. DMC also did not take prompt action on complaints of misconduct/medical negligence by medical practitioners. Nursing Council did not conduct inspection of health institutions and failed to verify the credentials of nurses working in health facilities at regular intervals and Pharmacy Council also did not conduct inspection of pharmacies.

The Department could not ensure National Accreditation Board of Laboratories (NABL) certificate for its Drug Testing Laboratory (DTL) as well as for various laboratories functioning in hospitals to ensure accuracy and reliability of test results. It also could not ensure National Accreditation Board for Hospitals & Healthcare Providers (NABH) accreditations to its hospitals.

Drugs Controller of Delhi which regulates manufacture of drugs & cosmetics and sale of drugs in Delhi has only one Drug Testing Laboratory (DTL) with a restricted capacity. There was delay in furnishing test reports by DTL due to which the department was not in a position to promptly prevent inferior quality drugs from being consumed. DTL was lacking in modern equipment, space and manpower. There were huge shortfalls in mandatory inspections of drug selling and manufacturing units as also Blood Banks by the Drug Controller Department. The Government could not upgrade DTL in spite of a detailed plan for upgradation and availability of funds. Thus, the Government could not ensure availability of safe, effective and quality drugs to the general public.

DGHS was ill-equipped to plan, implement and monitor Bio Medical Waste (BMW) Rules in Delhi and further failed to impart training to all health care workers every year as envisaged under BMW Rules.

Thus, various organs of GNCTD, which constitute the overall regulatory framework of health care sector, were not carrying out their mandated duties for ensuring that health care facilities/professionals adhere to the prescribed standards of service.

8.1 Introduction

Regulation is an important function in healthcare sector. Regulations are necessary to standardize and supervise healthcare, ensuring that healthcare bodies and facilities comply with public health policies and that they provide safe care to all patients and visitors to the healthcare system.

Regulatory agencies thus monitor individual and corporate healthcare practitioners and facilities, inform the government about changes in the way the healthcare industry operates, ensure higher safety standards, and attempt to improve healthcare quality and compliance with local, state, and federal guidelines.

8.2 Implementation of norms and regulations by Regulatory bodies

8.2.1 Delhi Medical Council

Delhi Medical Council (DMC) is a statutory body constituted in September 1998 through Delhi Medical Council Act, 1997 by the Government of NCT of Delhi. Delhi Medical Council is vested with powers, duties and functions of regulating the practice of modern scientific system of medicine in NCT of Delhi. All medical practitioners are required to renew their registration every five years. 56,742 out of total 1,34,958 Registered Medical Practitioners (RMPs), constituting 42 *per cent*, had not renewed their registration as of May 2022.

8.2.1.1 Action against Quacks

As per Section 26 of the Act, any person who falsely claims to be registered with the DMC, on conviction, shall be punished with a fine up to rupees five thousand. Further, Section 27 of the Act envisages that any person practicing modern medicine without getting registered, shall be punishable with rigorous imprisonment up to three years or fine up to rupees twenty thousand or both.

Complaints against quacks received in DMC Office are forwarded to Chief District Medical Officer (CDMO) to carry out inspection and send the reports to DMC. Disciplinary Committee, DMC requests police authority concerned to register FIRs against persons found practicing modern medicine without having proper authorization.

Test check of records revealed that no survey/inspection was carried out by the CDMOs concerned in 14 complaints[1] out of 928 received between February 2017 and January 2022 even after delays of 126 to 2289 days.

Audit noted that during 2016-2022 (up to September 2022), police had registered FIRs against 40 persons (12 *per cent*) out of 335 persons who were practicing medicine without required qualifications. DMC did not actively pursue cases where action was not initiated by the police.

Further, Anti-Quack Response Team (AQRT) of DMC had not conducted any surprise raid/inspection to prevent practice of modern scientific system of medicine by unauthorized persons.

Such inaction allows the quacks to operate with impunity as the envisaged deterrence is non-existent.

[1] Case IDs – 48317, 2144, 42265, 44319, 48356, 43256, 44222, 55178, 302428, 302414, 302426, 302420, 302588 and 302584

DMC stated (November 2022) that complaints could not be disposed of timely due to delay in inspection/ survey by the CDMOs concerned against unqualified medical practitioners/ quacks. DMC further stated that police is requested to register FIRs against such persons who are practicing medicine without holding required qualification but in spite of repeated requests police failed to register the FIRs.

Reply is not acceptable as it is the overall responsibility of the DMC to prevent unqualified persons from practicing medicine in Delhi.

8.2.1.2 Laxity in disposal of complaints (misconduct/medical negligence) made against Medical Practitioners

Under section 21 of the Act, DMC was to setup a Disciplinary Committee of six members chosen from members of council to conduct enquiry of misconduct/ medical negligence of registered medical practitioners against whom complaints are made. DMC may enquire into complaints against medical practitioners either suo-moto or on the basis of any complaint through the Disciplinary Committee. As per instructions of Medical Council of India (MCI), all complaints received against registered medical practitioners related to unethical practice shall be resolved within six months from date of receipt of such complaints by all state medical councils.

During the years 2016-17 to 2020-21, DMC received 1451 complaints out of which 49 complaints, 42 complaints and 120 complaints were still pending even after delays of 181-360 days, 361-660 days and above 660 days respectively whereas 26 complaints, 689 complaints and 118 complaints were disposed of after delay of 181-360 days, 361-660 days and above 660 days respectively.

DMC stated (November 2022) that complaints against doctors could not be disposed of timely or are still pending due to delay in constitution of the council amid COVID pandemic.

The reply is not acceptable as most of the complaints pertain to pre COVID period when Council was in existence.

8.2.2 Delhi Nursing Council

Delhi Nursing Council Act, 1997 (DNC Act) along with Delhi Nursing Rules was notified in June 2001. Section 3 of DNC Act stipulates constitution of Delhi Nursing Council with members to be notified by the State Governments. Further, as per Section 4 (1), the term of office of a member (other than ex officio member) shall be three years from the date of nomination or until a successor has been duly nominated, whichever is earlier. GNCTD was required to notify the election for members of the council. The Delhi Nursing Council (DNC) was to maintain the data base of available practicing nurses in the state and to serve as an agency to develop nursing staffing norms, recruitment policy and other nursing related policies.

Delhi Nursing Council's main responsibilities were:

- To conduct election of council members
- To provide registration to nurses and renew their registration every five years
- To provide registration to newly setup nursing institutions
- To conduct periodical inspection of nursing institutions
- To verify credentials of nurses working in health Institutions in Delhi

It was observed in audit that although DNC was initially constituted in June 2001, it was not reconstituted regularly by holding elections and notifying fresh members after three years. As a result DNC was not constituted from June 2004 to January 2006, January 2009 to August 2013, August 2016 to July 2017 and from July 2020 to May 2022. Thus, in 21 years after the Act came into effect, DNC was not in existence for more than eight years to carry out the functions mandated by the DNC Act.

DNC replied (November 2022) that elections for members of the Council were conducted in 2020 but declared null and void by GNCTD due to some irregularities in the election process and fresh elections have been initiated.

Thus DNC, which was to develop nursing staffing norms, recruitment policy and other nursing related policies was almost dysfunctional which may have resulted in other deficiencies as given below:

- As per Section 19 of DNC Act, the registrar was to print and publish the names of registered nurses, midwives, auxiliary nurse midwives/ female health workers and female health assistants/ health supervisors every year but DNC had not published the above list since its establishment in May 2002.

  DNC stated (November 2022) that there was no online facility for general public/nurses/employers of nurses to apply for registration and verification of registration. The process of online registration/renewal/verification etc. will be started once the vendor for it is selected through GeM portal.

- Section 17 the of DNC Act stipulates that only persons registered under the Act shall practice as a nurse. Further, as per Section 26 (1), any person who acts in contravention to this shall, on conviction, be punished with fine up to two thousand rupees for first offence, five thousand rupees for second offence, and ten thousand rupees for subsequent offence. The nursing institutions/organizations/homes are required to send the list of nurses working in their establishment to DNC every year for verification of their credentials.

  Audit observed that out of 1229 nursing homes/hospitals/institutions employing nurses for providing health care services to public, 48 to 1044

institutions sent the list of nurses for verification during the years 2016 to 2022 and 780 upto September 2022.

DNC stated in November 2022 that it has issued circulars from time to time, for registration and renewal of license of nurses to practice in Delhi. DNC received verification of registration certificates from various institutions and the same were verified by it. Though the situation improved in the years 2021-22 and 2022-23 (up to September) but it remained laggard during the period 2016-21.

- Guidelines issued under Sections 22 (1) & (3) of DNC Act also envisage inspection of the institutes to assess its suitability with regard to physical infrastructure, clinical facility and teaching faculty in order to give permission to start the programme and thereafter, every year till the first batch completes the programme. Permission is to be given year by year till the first batch passes out and thereafter every three years to ensure that the institution is functioning as per the prescribed standards.

  Audit noted that there were 37 nursing training institutions functioning in Delhi out of which 20 institutes were inspected with delays of seven to 41 months **(Annexure VI)**. Out of the six new institutes affiliated with DNC during the audit period, prescribed number of annual inspections of four institutes was not carried out.

The regulatory mechanism to ensure quality nursing services was hampered during the period DNC did not exist. Due to lack of periodic monitoring of healthcare institutions employing nurses, it could not be ensured if only qualified persons were employed. Further, due to shortfall in inspections of nursing training institutions by DNC, assurance could not be derived on the functioning of these institutions.

DNC stated in its reply (November 2022) that due to COVID pandemic, inspections were put on hold as institutions were working online. The reply is not acceptable as most of the inspections pertained to pre-COVID period.

Recommendation 8.1: The Government may ensure (i) timely constitution of DNCs (ii) only registered nurses are employed by health care institutions; and (iii) all institutes imparting training to nurses are inspected regularly to ensure adherence to quality standards.

8.2.3 Delhi Pharmacy Council

The Delhi Pharmacy Council (DPC), constituted in the year 1959 under the Pharmacy Act, 1948, registers pharmacists and regulates pharmacy services in Delhi. Pharmacy Practice Regulations (PPR) were notified by GoI in January 2015 for regulating and enhancing the status and practice of pharmacy profession in the country. It seeks to lay down a uniform code of pharmacy ethics, responsibilities of pharmacists towards patients, job requirements of a pharmacist, role of a community pharmacist, etc. Section 29 of the Pharmacy

Act requires the State Government to maintain a register of pharmacists in Delhi. All the pharmacists are to renew their registration every year for which the required fee is to be paid.

Audit noted the following:

- DPC was not functional since July 2018 as it had failed to hold elections for the council. DPC replied (December 2022) that election was held in November 2021
- Even after seven years of notification by GoI in 2015, Pharmacy Practice Regulations were not notified by GNCTD. DPC replied (December 2022) that the said regulations can only be implemented after re-notification in Delhi Gazette which is still pending with the GNCTD.
- DPC had not maintained updated data of pharmacists. DPC replied (December 2022) that after initiation of online process, updated data of pharmacists will be maintained.

Recommendation 8.2: The Government may notify PPR without further delay and also ensure that an updated register of pharmacists is maintained by DPC.

8.2.4 Drugs Controller of Delhi

The Drugs Control Department (DCD) is headed by Drugs Controller of Delhi. It regulates manufacture of drugs and cosmetics and sale of drugs in Delhi. It is also responsible for enforcement of Drugs and Cosmetics Act 1940, and Drugs and Cosmetics Rules 1945.

Drug Policy of NCT of Delhi was framed in 1994 to ensure availability of safe and effective drugs, good quality control and assurance system. It provided for strengthening of Drug Inspectorate Units and Quality Control Laboratory for withdrawal from circulation of products found to be of sub-standard quality. Rules 51 and 52 of Drugs and Cosmetics Rules, 1945 stipulates all premises licensed for manufacture and sale of drugs, cosmetics and homeopathic medicines have to be inspected not less than once a year.

Besides, Blood banks were required to be inspected annually by a team of Drug Inspectors (DI) of Central Drugs Standard Control Organization (CDSCO) and State Licensing Authority.

Audit noted the following deficiencies during 2016 -17 to 2022-23 (Up to September 2022):

- There was overall shortage of 52 *per cent* staff in different cadres including 63 *per cent* shortage in key staff of Drug Inspector.

  Drug Control department stated (December 2022) that steps are being taken to fill 26 vacant posts of Drug Inspector from UPSC. UPSC has already published advertisement on 08 October 2022 for the same.

- The overall shortage of inspection of drug selling units and drug manufacturing units was more than 85 *per cent* and 61 *per cent* respectively.

  DCD accepted (August 2022) that there was severe shortage of staff and steps have been taken for filling up of vacant posts of Drugs Inspectors.

- Only 169 inspections out of required 448 inspections of 74 to 78 Blood banks was conducted by the team.

  DCD accepted (August 2022) the shortfall in inspections and attributed this to shortage of staff. It also stated that efforts are being made to increase the number of inspections of Blood banks.

Such shortage in technical staff in carrying out the mandated work of DCD of collecting, testing and analyzing drug samples severely compromised the ability of DCD in performing these functions.

Recommendation 8.3: The Government may provide adequate manpower to DCD for effectively discharging its mandated functions.

8.2.4.1 Drug Testing Laboratory

The Drug Testing Laboratory (DTL), DCD started functioning from 2002 and conducts testing of drugs and cosmetic products for quality control. The testing capacity of Lab was 2950 samples (2020-21). Further, DTL is notified for testing only non-biological products and biological products are sent to Regional Drugs Testing Laboratory (RDTL) Chandigarh. Gap Analysis Report[2] (November 2018) had recommended upgradation and capacity enhancement of the existing laboratory (5000 samples per annum) and development of new microbiological drug testing laboratory. It also recommended 60 technical staff for enhancing the testing capacity.

Audit findings in respect of DTL are as under:

- NABL provides government, industry associations and industry in general with a scheme of Conformity Assessment Body's Accreditation which involves third-party assessment of the technical competence of testing including medical and calibration laboratories, proficiency testing providers and reference material producers. Audit noted that DTL was not accredited by NABL as of August 2022.

Government stated (December 2022) that it has already started documentation work required as per ISO-17025 (accreditation standard) and that the laboratory will be NABL accredited after its upgradation. The fact remains that DTL was yet to be accredited by NABL though it was established in 2001.

[2] GAP analysis report submitted by the Committee constituted in association with Director of Regional Drugs Testing Laboratory, CDSCO, Government of India, Chandigarh

- DTL had not established microbiological drugs testing laboratory nor it had increased the capacity of existing lab up to 5000 tests per annum.

  The Government stated (December 2022) that as per the request made by it to The Central Government, an emergency arrangement for testing of such samples of drugs has been made and accordingly only a limited sample was sent to RDTL Chandigarh. Regarding targeted capacity for testing of 5000 samples per annum it was stated that it can be achieved only after completion of both the phases of upgradation as per Gap Analysis Report.

- Against the sanctioned strength in 16 technical posts, only 9 staff were available (September 2022).

The Department informed (December 2022) that the process for filling up of vacant posts has been initiated.

Recommendation 8.4: The Government may take immediate action to upgrade and enhance the capacity of DTL to strengthen the drug testing regime.

8.2.4.2 Sample testing by the Drugs Control Department

i. Further, Expert Committee[3] had *inter alia* recommended (November 2003), that States should plan to take more samples to check the quality of drugs manufactured and sold in the market. It was observed that the samples were being collected mainly to keep surveillance on the quality of drugs moving in the market and on receipt of specific complaints about the quality of a particular drug.

[3] Expert Committee constituted by Ministry of Health and Family Welfare, GoI, to examine all the aspects regarding the regulatory infrastructure and extent and problem of spurious/substandard drugs in the country.

Table 8.1: Details of samples tested

Period	Number of Licenced Firms			No. of samples tested						No. of samples failed					
	Sales Establishments	Manufacturing Establishments	Total (2+3)	At DTL, GNCTD(% of sample tested with respect to total no. of licenced firms)		At RDTL, Chandigarh(% of sample tested with respect to total no. of licenced firms)		Total (5+6)		At DTL, GNCTD (% of sample failed with respect to no. of total sample tested)		At RDTL, Chandigarh(% of sample failed with respect to no. of total sample tested)		Total	
				Sales Establishments	Manufacturing Establishments	Sales Establishments	Manufacturing Establishments	Sales Establishments	Manufacturing Establishments	Sales Establishments	Manufacturing Establishments	Sales Establishments	Manufacturing Establishments	Sales Establishments	Manufa-cturing Establishments
2016-17	24474	851	25325	Data not available as records are not available after fire incident occurred on 05.07.2019 at DGHS. New Sample Register has been maintained w.e.f. July 2019.											
2017-18	26053	911	26964												
2018-19	28113	914	29027												
2019-20	30464	921	31385	433 (1.42)	13 (1.41)	28 (0.09)	3 (0.32)	461 (1.51)	16 (1.74)	13 (3.00)	2 (15.38)	6 (21.43)	3 (100.0)	19 (4.12)	5 (31.25)
2020-21	33454	691	34145	460 (1.37)	14 (2.03)	59 (0.18)	12 (1.74)	519 (1.55)	26 (3.76)	23 (5.00)	3 (21.43)	8 (13.56)	9 (75.0)	31 (5.97)	12 (46.15)
2021-22	32947	827	33774	595 (1.80)	2 (0.0)	82 (0.25)	4 (0.73	677 (2.05)	6 (0.73)	6 (1.09)	0 (0.0)	16 (19.51)	3 (50.0)	22 (3.25)	3 (50.0)
2022-23 (Till Sept 2022)	36363	861	37197	253 (0.69)	19 (2.21)	0 (0.0)	0 (0.0)	253 (0.68)	19 (0.05)	1 (0.39)	1 (5.26)	0 (0.0)	0 (0.0)	1 (0.53)	1 (0.05)

Source: Information provided by DTL

ii. It can be seen from **Table 8.1** that in comparison to the total number of licensed firms (sales and manufacturing establishments), the number of samples tested at DTL was 0.73 to 1.76 *per cent* and at Regional Drug Testing Laboratory (RDTL), Chandigarh, ranged upto 0.25 *per cent* during 2019-20 to 2022-23 (till Sept 2022).

iii. In respect of samples collected from manufacturing establishments and sent for testing at DTL, failure rate ranged from 15.38 *per cent* (2019-20) to 21.43 *per cent* (2020-21) whereas the failure rate of samples collected from sales establishments ranged up to five *per cent* during 2019-20 to 2021-22. The samples sent for testing of biological products at RDTL, Chandigarh were miniscule compared to the number of units/ establishments dealing with biological products. The failure rate of biological samples tested at RDTL, Chandigarh for the period 2019-20 to 2021-22 was up to 21.43 *per cent* for sales establishments and between 50 *per cent* and 100 *per cent* for manufacturing establishments. During 2022-23 (upto 30 September 2022) no sample was sent for testing to RDTL Chandigarh. It is pertinent to mention that biological products include vaccines, blood and its components, etc. which tend to be heat sensitive and susceptible to microbial contamination. A small amount of contamination can destroy a whole batch and cause serious health problems if consumed.

Government stated (December 2023) that the Drugs and Cosmetics Act and Rules framed thereunder do not necessitate drawing of samples of drugs from

each and every licensee unit. Moreover, the Department is working with meager strength of Inspectorate staff against the recommended strength. It further stated that they have taken steps for filling up of vacant posts of Drugs Inspectors from UPSC. Regarding sending of limited samples to RDTL, Chandigarh, it was stated that samples of biological products were taken for test and analysis only on complaint basis.

The reply has to be viewed in the light of the recommendations of the expert committee stating *inter alia* that States should plan to take more samples to check the quality of drugs manufactured and sold in the market.

As regard to complaint based practise of testing biological products, this may not be an optimal measure to ensure the quality of biological products available in the market.

Recommendation 8.5: The Government may take immediate action for ensuring lifting and testing of adequate number of samples from all units that are manufacturing/dispensing medicines including biological samples as per National Blood policy.

8.2.4.3 Lack of compliance to National Blood Policy

Objective 3.1 of the National Blood Policy (NBP) stipulates setting up of Vigilance Cell under DCD to ensure minimum standards for testing, processing and storage of blood and its components. Audit noted that Vigilance Cell was not set up by DCD (September 2021). Thus the objective for ensuring minimum standards for testing, processing and storage of blood and its components could not be achieved.

DCD stated (August 2022) that after filling up the vacant posts of Inspectors, a dedicated Vigilance Cell for Blood banks will be set up.

Similarly, objective 8.4 of NBP prescribes creation of a separate Blood Cell with trained officers/inspectors for proper inspection of Blood banks and enforcement of conditions mentioned in the license. Audit noted that DCD, NCT of Delhi had not created separate Blood Cell (September 2021).

DCD stated (August 2022) that after filling up the vacant posts of Inspectors, a separate Blood Cell for Blood banks will be set up.

8.2.4.4 Huge pendency of test reports of samples

As per Sub-rule (1) of Rule 45 of the Drugs and Cosmetics Rules 1945, the government Analyst shall cause to be analyzed or tested such samples of drugs and cosmetics as may be sent to him by Inspector or other persons under the provisions of Chapter IV of the Act and shall furnish the reports of the results of test or analysis in accordance with these rules within a period of sixty[4] days of the receipt of the sample. Audit noted that during the years 2019-20 to

[4] Inserted by GSR 103 (E), dated 2nd February 2017

2021-22, test results of 1,463 samples were received in DCD after the prescribed time period (60 days).

Delay in testing of samples increases the probability of sub-standard drugs getting distributed and consumed by unsuspecting general public with potential harm to the persons consuming the same.

DCD stated (August 2022) that due to renovation of infrastructure in Delhi Testing Laboratory, testing was delayed along with non-availability of protocol/method of analysis, working standards, chemicals required for the tests and non-functioning of instruments required for analysis. As on date, there is no untested pending sample received in DTL, Delhi.

Recommendation 8.6: Government may ensure that reports of tests or analysis of samples are furnished by DTL promptly so that immediate action can be taken to prevent consumption of sub-standard drugs by general public.

8.2.5 Accreditation status of test checked hospitals

National Accreditation Board for Hospitals & Healthcare Providers (NABH) is a constituent board of Quality Council of India, set up to establish and operate accreditation programme for healthcare organisations. In the selected hospitals, neither LNH nor RGSSH was accredited by NABH.

NABL provides for third-party assessment of quality and technical competence of testing and calibration laboratories.

None of the four labs of LNH/MAMC were accredited by NABL. In case of RGSSH two out of three labs were not accredited. In the absence of proper accreditation of Clinical Establishments (CEs), running of CEs in Delhi without ensuring minimum standards of health care facilities and services cannot be ruled out.

Government replied (December 2023) that process for NABL accreditation of Bio-chemistry lab has been initiated.

Recommendation 8.7: The Government may strive to ensure NABH/NABL accreditation of hospitals and laboratories.

8.2.6 Bio Medical Waste Management

The Bio-Medical Waste (Management & Handling) Rules, 1998 were notified by GoI in 1998 which was amended and superseded by the Bio-Medical Waste Management Rules, 2016 (BMW Rules). These Rules *inter alia* lay down the procedures for collection, handling, transportation, disposal and monitoring of BMW with clear roles for waste generators and Common Bio Medical Waste Treatment Facility (CBMWTF). The Delhi Pollution Control Committee (DPCC) has been designated as prescribed authority to implement these rules in the National Capital Territory of Delhi.

In order to implement the BMW Management Rules, a Bio-medical Waste Management Cell (BMW Cell) was formed in 2001 in the Directorate General of Health Services for promoting, facilitation and monitoring the Biomedical Waste (Management & Handling) Rules 1998 in the health care facilities in Delhi.

In order to successfully implement BMW Rules, it was imperative for DGHS to maintain a detailed database of number and category of occupiers/health care providers operating in Delhi. As per Section 4 (g) of BMW Rules, all health care workers and others, involved in handling of BMW were to be provided training at the time of induction and thereafter at least once every year by the respective organisations. Rule 3C of BMW Rules stipulate that hospitals generating BMW should obtain authorization from DPCC and also send an annual report of quantity of BMW generated and disposed to DPCC.

Audit noted that

- DGHS/BMW Cell did not maintain details of health care facilities available in Delhi to plan, implement and monitor its activities relating to management of BMW. Department stated (December 2022) that inventorisation of occupiers and data on bio medical waste generation, treatment & disposal is done by DPCC as per the list of prescribed authorities and the corresponding duties under schedule-III of BMW Rules, 2016. Audit is of the view that in order to create coordination between various agencies for successful implementation of BMW Rules it is imperative for DGHS/BMW cell to maintain a detailed database of number and category of occupiers/health care providers operating in Delhi. Moreover, the Health Secretary is the chairman and DGHS is one of the members of the Advisory Committee formed for overseeing implementation of BMW Rules in Delhi.
- All deviations from the prescribed procedure for management of BMW by CBMWTFs were to be reported by every CDMO to Delhi Pollution Control Committee (DPCC) and DGHS twice a month. DGHS did not maintain records relating to receipt of any such report nor did it develop a monitoring mechanism for compliance to BMW rules. Department (December 2022) accepted the facts.
- As per the Outcome Budget of GNCTD, Annual Reports of DGHS and reply furnished by the Government (February 2023), number of healthcare workers under DGHS who were provided BMW management training during 2016-17 to 2021-22 ranged between 24.91 *per cent* and 78.05 *per cent*. For 2020-21, Department stated (December 2022) that training was organized through online mode due to Covid-19 pandemic.

Government stated (December 2023) that every district has constituted an independent District Level Monitoring Committee under the chairmanship of District Magistrate to oversee the implementation of BMW rules.

Reply is not acceptable as DGHS/BMW cell is overall responsible for implementation of BMW rules.

Recommendation 8.8: DGHS should evolve a mechanism for monitoring the daily functioning of CBMWTFs. DGHS should also ensure regular training to all its BMW workers.

8.2.7 Medical and Death Audit Committee(s) not constituted

As per IPHS, review of mortality that occurs in the hospital shall be done on fortnightly basis. As per the Standard Operating Procedure (SOP) issued by the DSHM, each hospital has to constitute an Internal Medical and Death Audit Committee. The committee was set up in LNH (July 2020), RGSSH and JSSH (May 2020) and CNBC (January 2022) for examining Covid deaths only. Even in Covid death cases, 707 deaths (March to June 2020) in LNH and 42 deaths (March to May 2020) in RGSSH were not subjected to such audit, thereby depriving hospitals the feedback for making informed decisions in clinical care.

Government did not offer any comment in its reply dated 13 December 2023.