

# **The Indian Medical Council (Professional Conduct, Etiquette And Ethics) Regulations, 2002**

UNION OF INDIA

India

## **The Indian Medical Council (Professional Conduct, Etiquette And Ethics) Regulations, 2002**

### **Rule**

### **THE-INDIAN-MEDICAL-COUNCIL-PROFESSIONAL-CONDUCT-ETIQUE of 2002**

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The Indian Medical Council (Professional Conduct, Etiquette And Ethics) Regulations, 2002 Published vide Notification No. MCI 211(2) 2001-Regn., dated 11.3.2002, published in the Gazette of India, Part 3, Section 4, dated 6.4.2002. Last Updated 19th March, 2019 [15/728] In exercise of the powers conferred under section 20-A read with section 33(m) of the Indian Medical Council Act, 1956 (102 of 1956), the Medical Council of India, with the previous approval of the Central Government, hereby makes the following regulations relating to the Professional Conduct, Etiquette and Ethics for registered medical practitioners, namely:--

#### **1.**

-Short title and commencement.-(1) These regulations may be called the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002.(2) They shall come into force on the date of their publication in the Official Gazette.

### **Chapter I**

#### **1. CODE OF MEDICAL ETHICS**

A. Declaration .-Each applicant, at the time of making an application for registration under the provisions of the Act, shall be provided a copy of the declaration and shall submit a duly signed declaration as provided in Appendix 1. The applicant shall also certify that he/she had read and agreed to abide by the same. B. Duties and responsibilities of the physician in general.-1.1 Character

of physician.-(Doctors with qualification of MBBS or MBBS with post-graduate degree/diploma or with equivalent qualification in any medical discipline ).1.1.1A physician shall uphold the dignity and honour of his profession.1.1.2The prime object of the medical profession is to render service to humanity; reward or financial gain is a subordinate consideration. Whosoever chooses his profession, assumes the obligation to conduct himself in accordance with its ideals. A physician should be an upright man, instructed in the art of healings. He shall keep himself pure in character and be diligent in caring for the sick; he should be modest, sober, patient, prompt in discharging his duty without anxiety; conducting himself with propriety in his profession and in all the actions of his life.1.1.3No person other than a doctor having qualification recognised by Medical Council of India and registered with Medical Council of India/State Medical Council(s) is allowed to practice modern system of medicine or surgery. A person obtaining qualification in any other system of Medicine is not allowed to practice. Modern System of Medicine in any form.

## 1.

## 2. Maintaining good medical practice.

- 1.2.1 The principal objective of the medical profession is to render service to humanity with full respect for the dignity of profession and man. Physicians should merit the confidence of patients entrusted to their care, rendering to each a full measure of service and devotion. Physicians should try continuously to improve medical knowledge and skills and should make available to their patients and colleagues the benefits of their professional attainments. The physician should practice methods of healing founded on scientific basis and should not associate professionally with anyone who violates this principle. The honoured ideals of the medical profession imply that the responsibilities of the physician extend not only to individuals but also to society.1.2.2Membership in Medical Society .-For the advancement of his profession, a physician should affiliate with associations and societies of allopathic medical professions and involve activity in the functioning of such bodies.1.2.3A physician should participate in professional meetings as part of Continuing Medical Education programmes, for at least 30 hours every five years, organised by reputed professional academic bodies or any other authorised organisations. The compliance of this requirement shall be informed regularly to Medical Council of India or the State Medical Councils, as the case may be.1.3Maintenance of medical records.- 1.3.1 Every physician shall maintain the medical records pertaining to his/her indoor patients for a period of 3 years from the date of commencement of the treatment in a standard proforma laid down by the Medical Council of India and attached as Appendix 3.1.3.2If any request is made for medical records either by the patients/ authorised attendant or legal authorities involved, the same may be duly acknowledged and documents shall be issued within the period of 72 hours.1.3.3A registered medical practitioner shall maintain a register of medical certificates giving full details of certificates issued. When issuing a medical certificate he/she shall always enter the identification marks of the patient and keep a copy of the certificate. He/she shall not omit to record the signature and/or thumb-mark, address and at least one identification mark of the patient on the medical certificates or report. The medical certificate shall be prepared as in Appendix 2.1.3.4Efforts shall be made to computerize medical records for quick retrieval.1.4Display of registration numbers.- 1.4.1 Every physician shall display the registration number accorded to him by the State Medical Council/Medical Council of India in

his clinic and in all his prescriptions, certificates, money receipts given to his patients.1.4.2Physicians shall display as suffix to their names only recognised medical degrees or such certificates/diplomas and memberships/honours which confer professional knowledge or recognizes any exemplary qualification/achievements.1.5Use of generic names of drugs.- Every physician should, as far as possible, prescribe drugs with generic names and he/she shall ensure that there is a rational prescription and use of drugs.1.6Highest quality assurance in patient care.- Every physician should aid in safeguarding the profession against admission to it of those who are deficient in moral character or education. Physician shall not employ in connection with his professional practice any attendant who is neither registered nor enlisted under the medical rules in force and shall not permit such persons to attend, treat or perform operations upon patients wherever professional discretion or skill is required.1.7Exposure of unethical conduct.- A physician should expose, without fear or favour, incompetent or corrupt, dishonest or unethical conduct on the part of members of the profession.1.8Payment of professional services.- The physician engaged in the practice of medicine shall give priority to the interests of patients. The personal financial interests of a physician should not conflict with the medical interests of patients. A physician should announce his fees before rendering service and not after the operation or treatment is under way. Remuneration received for such services should be in the form and amount specifically announced to the patient at the time the service is rendered. It is unethical to enter into a contract of "no cure no payment". Physician rendering service on behalf of the state shall refrain from anticipating or accepting any consideration.1.9Evasion of legal restrictions.- The physician shall observe the laws of the country in regulating the practice of medicine and shall also not assist others to evade such laws. He should be co-operative in observance and enforcement of sanitary laws and regulations in the interest of public health. A physician should observe the provisions of the State Acts like Drugs and Cosmetics Act, 1940; Pharmacy Act, 1948; Narcotic Drugs and Psychotropic Substances Act, 1985; Medical Termination of Pregnancy Act, 1971; Transplantation of Human Organs Act, 1994; Mental Health Act, 1987; Environmental Protection Act, 1986; Pre-natal Sex Determination Test Act, 1994; Drugs and Magic Remedies (Objectionable Advertisement) Act, 1954; Persons with Disabilities (Equal Opportunities and Full Participation) Act, 1995 and Bio-Medical Waste (Management and Handling) Rules, 1998 and such other Acts, rules, regulations made by the Central/State Governments or Local Administrative Bodies or any other relevant Act relating to the protection and promotion of public health.

## **Chapter 2**

### **2. DUTIES OF PHYSICIANS TO THEIR PATIENTS**

#### **2.**

##### **1. Obligations to the Sick.**

- 2.1.1 Though a physician is not bound to treat each and every person asking his services, he should not only be ever ready to respond to the calls of the sick and the injured, but should be mindful of the high character of his mission and the responsibility he discharges in the course of his professional duties. In his treatment, he should never forget that the health and the lives of those

entrusted to his care depend on his skill and attention. A physician should endeavour to add to the comfort of the sick by making his visits at the hour indicated to the patients. A physician advising a patient to seek service of another physician is acceptable, however, in case of emergency a physician must treat the patient. No physician shall arbitrarily refuse treatment to a patient. However, for good reason, when a patient is suffering from an ailment which is not within the range of experience of the treating physician, the physician may refuse treatment and refer the patient to another physician.

**2.1.2 Medical practitioner having any incapacity detrimental to the patient or which can affect his performance vis-a-vis the patient is not permitted to practice his profession.**

**2.2 Patience, delicacy and secrecy.-** Patience and delicacy should characterize the physician. Confidences concerning individual or domestic life entrusted by patients to a physician and defects in the disposition or character of patients observed during medical attendance should never be revealed unless their revelation is required by the laws of the State. Sometimes, however, a physician must determine whether his duty to society requires him to employ knowledge, obtained through confidence as a physician, to protect a healthy person against a communicable disease to which he is about to be exposed. In such instance, the physician should act as he would wish another to act toward one of his own family in like circumstances.

**2.3 Prognosis.-** The physician should neither exaggerate nor minimize the gravity of a patient's condition. He should ensure himself that the patient, his relatives or his responsible friends have such knowledge of the patient's condition as will serve the best interests of the patient and the family.

**2.4 The patient must not be neglected.-** A physician is free to choose whom he will serve. He should, however, respond to any request for his assistance in an emergency. Once having undertaken a case, the physician should not neglect the patient, nor should he withdraw from the case without giving adequate notice to the patient and his family. Provisionally or fully registered medical practitioner shall not wilfully commit an act of negligence that may deprive his patient or patients from necessary medical care.

**2.5 Engagement for an obstetric case.-** When a physician who has been engaged to attend an obstetric case is absent and another is sent for the delivery accomplished, the acting physician is entitled to his professional fees, but should secure the patient's consent to resign on the arrival of the physician engaged.

## **Chapter 3**

### **3. DUTIES OF PHYSICIAN IN CONSULTATION**

#### **3.**

##### **1. Unnecessary consultations should be avoided.**

- **3.1.1** However, in case of serious illness and in doubtful or difficult conditions, the physician should request consultation, but under any circumstances such consultation should be justifiable and in the interest of the patient only and not for any other consideration.

**3.1.2 Consulting pathologists/radiologists or asking for any other diagnostic Lab investigation should be done judiciously and not in a routine manner.**

**3.2 Consultation for patient's benefit .-** In every consultation, the benefit to the patient is of foremost importance. All physicians engaged in the case should be frank with the patient and his attendants.

**3.3 Punctuality in consultation.-** Utmost punctuality should be observed by a physician in making themselves available for consultations.

**3.4 Statement to patient**

after consultation.- 3.4.1 All statements to the patient or his representatives should take place in the presence of the consulting physicians, except as otherwise agreed. The disclosure of the opinion to the patient or his relatives or friends shall rest with the medical attendant.3.4.2Differences of opinion should not be divulged unnecessarily but when there is irreconcilable difference of opinion the circumstances should be frankly and impartially explained to the patient or his relatives or friends. It would be opened to them to seek further advice as they so desire.3.5Treatment after consultation.- No decision should restrain the attending physician from making such subsequent variations in the treatment if any unexpected change occurs, but at the next consultation, reasons for the variations should be discussed/explained. The same privilege, with its obligations, belongs to the consultant when sent for in an emergency during the absence of attending physician. The attending physician may prescribe medicine at any item for the patient, whereas the consultant may prescribe only in case of emergency or as an expert when called for.3.6Patients referred to specialists.- When a patient is referred to a specialist by the attending physician, a case summary of the patient should be given to the specialist, who should communicate his opinion in writing to the attending physician.3.7Fees and other charges.- 3.7.1 A physician shall clearly display his fees and other charges on the board of his chamber and/or the hospitals he is visiting. Prescription should also make clear if the physician himself dispensed any medicine.3.7.2A physician shall write his name and designation in full along with registration particulars in his prescription letter head.Note .-In Government hospital where the patient-load is heavy, the name of the prescribing doctor must be written below his/her signature.

## **Chapter 4**

### **4. RESPONSIBILITIES OF PHYSICIANS TO EACH OTHER**

#### **4.**

##### **1. Dependence of physicians on each other.**

- A physician should consider it as a pleasure and privilege to render gratuitous service to all physicians and their immediate family dependants.4.2Conduct in consultation.- In consultations, no insincerity, rivalry or envy should be indulged in. All due respect should be observed towards the physician in-charge of the case and no statement or remark be made, which would impair the confidence reposed in him. For this purpose no discussion should be carried on in the presence of the patient or his representatives.4.3Consultant not to take charge of the case.- When a physician has been called for consultation, the consultant should normally not take charge of the case, especially on the solicitation of the patient or friends. The consultant shall not criticise the referring physician. He/she shall discuss the diagnosis treatment plan with the referring physician.4.4Appointment of substitute.- Whenever a physician requests another physician to attend his patients during his temporary absence from his practice, professional courtesy requires the acceptance of such appointment only when he has the capacity to discharge the additional responsibility along with his/her other duties. The physician acting under such an appointment should give the utmost consideration to the interests and reputation of the absent physician and all such patients should be restored to the care of the latter upon his/her return.4.5Visiting another

physician's case.- When it becomes the duty of a physician occupying an official position to see and report upon an illness or injury, he should communicate to the physician in attendance so as to give him an option of being present. The medical officer/physician occupying an officer position should avoid remarks upon the diagnosis or the treatment that has been adopted.

## **Chapter 5**

### **5. DUTIES OF PHYSICIAN TO THE PUBLIC AND TO THE PARAMEDICAL PROFESSION**

#### **5.**

##### **1. Physicians as citizens.**

- Physicians, as good citizens, possessed of special training should disseminate advice on public health issues. They should play their part in enforcing the laws of the community and in sustaining the institutions that advance the interests of humanity. They should particularly co-operate with the authorities in the administration of sanitary/public health laws and regulations.5.2Public and Community Health.- Physicians, especially those engaged in public health work, should enlighten the public concerning quarantine regulations and measures for the prevention of epidemic and communicable diseases. At all times the physician should notify the constituted public health authorities of every case of communicable disease under his care, in accordance with the laws, rules and regulations of the health authorities. When an epidemic occurs a physician should not abandon his duty for fear of contracting the disease himself.5.3Pharmacists/Nurses.- Physicians should recognise and promote the practice of different paramedical services such as, pharmacy and nursing as professions and should seek their co-operation wherever required.

## **Chapter 6**

### **6. UNETHICAL ACTS**

A physician shall not aid or abet or commit any of the following acts which shall be construed as unethical.

#### **6.**

##### **1. Advertising.**

- 6.1.1 Soliciting of patients directly or indirectly, by a physician, by a group of physicians or by institutions or organisations is unethical. A physician shall not make use of him/her (or his/her name) as subject of any form or manner of advertising or publicity through any mode either alone or in conjunction with others which is of such a character as to invite attention to him or to his professional position, skill, qualification, achievements, attainments, specialities, appointments,

associations, affiliations or honours and/or of such character as would ordinarily result in his self-aggrandisement. A physician shall not give to any person, whether for compensation or otherwise, any approval, recommendation, endorsement, certificate, report or statement with respect of any drug, medicine, nostrum remedy, surgical, or therapeutic article, apparatus or appliance or any commercial product or article with respect of any property, quality or use thereof or any test, demonstration or trial thereof, for use in connection with his name, signature, or photograph in any form or manner of advertising through any mode nor shall he coast of cases, operations, cures or remedies or permit the publication of report thereof through any mode. A medical practitioner is however permitted to make a formal announcement in press regarding the following:--(1)On starting practice.(2)On change of type of practice.(3)On changing address.(4)On temporary absence from duty.(5)On resumption of another practice.(6)On succeeding to another practice.(7)Public declaration of charges.6.1.2.Printing of self-photograph, or any such material of publicity in the letter head or on sign board of the consulting room or any such clinical establishment shall be regarded as acts of self-advertisement and unethical conduct on the part of the physician. However, printing of sketches, diagrams, picture of human system shall not be treated as unethical.6.2Patent and copyrights.- A physician may patent surgical instruments, appliances and medicine or copyright applications, methods and procedures. However, it shall be unethical if the benefits of such patents or copyrights are not made available in situations where the interest of large population is involved.6.3Running an open shop (Dispensing of drugs and appliances by physicians).- A physician should not run an open shop for sale of medicine for dispensing prescriptions prescribed by doctors other than himself or for sale of medical or surgical appliances. It is not unethical for a physician to prescribe or supply drugs, remedies or appliances as long as there is no exploitation of the patient. Drugs prescribed by a physician or brought from the market for a patient should explicitly state the proprietary formulae as well as generic name of the drug.6.4Rebates and commission.- 6.4.1 A physician shall not give, solicit, or receive nor shall he offer to give solicit or receive, any gift, gratuity, commission or bonus in consideration of or return for the referring, recommending or procuring of any patient for medical, surgical or other treatment. A physician shall not directly or indirectly, participate in or be a party to act of division, transference, assignment, subordination, rebating, splitting or refunding of any fee for medical, surgical or other treatment.6.4.2Provisions of para 6.4.1 shall apply with equal force to the referring, recommending or procuring by a physician or any person, specimen or material for diagnostic purposes or other study/work. Nothing in this section, however, shall prohibit payment of salaries by a qualified physician to other duly qualified person rendering medical care under his supervision.6.5Secret remedies.- The prescribing or dispensing by a physician of secret remedial agents of which he does not know the composition, or the manufacture or promotion of their use is unethical and as such prohibited. All the drugs prescribed by a physician should always carry a proprietary formula and clear name.6.6Human Rights.- The physician shall not aid or abet torture nor shall he be a party to either infliction of mental or physical trauma or concealment of torture inflicted by some other person or agency in clear violation of human rights.6.7Euthanasia.- Practicing euthanasia shall constitute unethical conduct. However on specific occasion, the question of withdrawing supporting devices to sustain cardiopulmonary function even after brain death, shall be decided only by a team of doctors and not merely by the treating physician alone. A team of doctors shall declare withdrawal of support system. Such team shall consist of the doctor in charge of the patient, Chief Medical Officer/Medical Officer in charge of the hospital and a doctor

nominated by the in-charge of the hospital from the hospital staff or in accordance with the provisions of the Transplantation of Human Organ Act, 1994.

## Chapter 7

### 7. MISCONDUCT

The following acts of commission or omission on the part of a physician shall constitute professional misconduct rendering him/her liable for disciplinary action.

#### 7.

##### 1. Violation of the regulations.

- If he/she commits any violation of these regulations.7.2If he/she does not maintain the medical records of his/her indoor patients for a period of three years as per regulation 1.3 and refuses to provide the same within 72 hours when the patient or his/her authorised representative makes a request for it as per the regulation 1.3.2.7.3If he/she does not display the registration number accorded to him/her by the State Medical Council or the Medical Council of India in his clinic, prescriptions and certificates, etc., issued by him or violates the provisions of regulation 1.4.2.7.4Adultery or improper conduct.- Abuse of professional position by committing adultery or improper conduct with a patient or by maintaining an improper association with a patient will render a physician liable for disciplinary action as provided under the Indian Medical Council Act, 1956 or the concerned State Medical Council Act.7.5Conviction by Court of law.- Conviction by a Court of law for offences involving moral turpitude/criminal acts.7.6Sex determination tests.- On no account sex determination test shall be undertaken with the intent to terminate the life of a female foetus developing in her mother's womb, unless there are other absolute indications for termination of pregnancy as specified in the Medical Termination of Pregnancy Act, 1971. Any act of termination of pregnancy of normal female foetus amounting to female foeticide shall be regarded as professional misconduct on the part of the physician leading to penal erasure besides rendering him liable to criminal proceedings as per the provisions of this Act.7.7Signing professional certificates, reports and other documents .--Registered medical practitioners are in certain cases bound by law to give, or may from time to time be called upon or requested to give certificates, notification, reports and other documents of similar character signed by them in their professional capacity for subsequent use in the Courts or for administrative purposes, etc. Such documents, among others, include the ones given at Appendix 4. Any registered practitioner who is shown to have signed or given under his name and authority any such certificate, notification, report or document of a similar character which is untrue, misleading or improper, is liable to have his name deleted from the register.7.8A registered medical practitioner shall not contravene the provisions of the Drugs and Cosmetics Act and regulations made thereunder, accordingly,--(a)prescribing steroids/psychotropic drugs when there is no absolute medical indication;(b)selling Schedule 'H' & 'L' drugs and poisons to the public except to his patient,in contravention of the above provisions shall constitute gross professional misconduct on the part of the physician.7.9Performing or enabling unqualified person to perform an abortion or any illegal operation for which there is no



medical, surgical or psychological indication.7.10A registered medical practitioner shall not issue certificates of efficiency in modern medicine to unqualified or non-medical person. Note .-The foregoing does not restrict the proper training and instruction of bona fide students, midwives, dispensers, surgical attendants, or skilled mechanical and technical assistants and therapy assistants under the personal supervision of physicians.7.11A physician should not contribute to the lay press articles and give interviews regarding diseases and treatments which may have the effect of advertising himself or soliciting practices; but is open to write to the lay press under his own name on matters of public health, hygienic living or to deliver public lectures, give talks on the radio/TV/internet chat for the same purpose and send announcement of the same to lay press.7.12An institution run by a physician for a particular purpose such as a maternity home, nursing home, private hospital, rehabilitation centre or any type of training institution, etc., may be advertised in the lay press, but such advertisements should not contain anything more than the name of the institution, type of patients admitted, type of training and other facilities offered and the fees.7.13It is improper for a physician to use an unusually large signboard and write on it anything other than his name, qualifications obtained from a University or a statutory body, titles and name of his speciality, registration number including the name of the State Medical Council under which registered. The same should be the contents of his prescription papers. It is improper to affix a signboard on a chemist's shop or in places where he does not reside or work.7.14The registered medical practitioner shall not disclose the secrets of a patient that have been learnt in the exercise of his/her profession except--(i)in a Court of law under orders of the Presiding Judge;(ii)in circumstances where there is a serious and identified risk to a specific person and/or community; and(iii)notifiable diseases. In case of communicable/notifiable diseases, concerned public health authorities should be informed immediately.7.15The registered medical practitioner shall not refuse on religious grounds alone to give assistance in or conduct of sterility, birth control, circumcision and medical termination of pregnancy when there is medical indication, unless the medical practitioner feels himself/herself incompetent to do so.7.16Before performing an operation the physician should obtain in writing the consent from the husband or wife, parent or guardian in the case of minor or the patient himself as the case may be. In an operation which may result in sterility the consent of both husband and wife is needed.7.17A registered medical practitioner shall not publish photographs or case reports of his/her patients without their permission, in any medical or other journal in a manner by which their identity could be made out. If the identity is not to be disclosed the consent is not needed.7.18In the case of running of a nursing home by a physician and employing assistants to help him/her, the ultimate responsibility rests on the physician.7.19A physician shall not use touts or agents for procuring patients.7.20A physician shall not claim to be specialist unless he has a special qualification in that branch.7.21No act of invitro fertilisation or artificial insemination shall be undertaken without the informed consent of the female patient and her spouse as well as the donor. Such consent shall be obtained in writing only after the patient is provided, at her own level of comprehension, with sufficient information about the purpose, methods, risks, inconveniences, disappointments of the procedure and possible risks and hazards.7.22Research.- Clinical drug trials or other research involving patients or volunteers as per the guidelines of ICMR can be undertaken, provided ethical considerations are borne in mind. Violation of existing ICMR guidelines in this regard shall constitute misconduct. Consent taken from the patient for trial of drug or therapy which is not as per the guidelines shall also be construed as misconduct.

**7. [23 Submission of false/wrong declaration form by Medical faculty. [Added by Notification No. MCI-211(2)/2018(Ethics)/184422, dated 1.3.2019 (w.e.f. 6.4.2002).]**

- Submission of false/wrong information by a Medical Faculty in the Declaration Form submitted at the time of assessment by Council; shall be treated as misconduct both by the medical faculty and the Dean/Head of Department counter signing the declaration Form.][\* \* \*] [ Regns. 7.24 omitted by Notification No. MCI 211(2) 2002-Regn. (w.e.f. 22.2.2003).]

## **Chapter 8**

### **8. PUNISHMENT AND DISCIPLINARY ACTION**

#### **8.**

##### **1.**

It must be clearly understood that the instances of offences and of professional misconduct which are given above do not constitute and are not intended to constitute a complete list of the infamous acts which calls for disciplinary action, and that by issuing this notice the Medical Council of India and or State Medical Councils are in no way precluded from considering and dealing with any other form of professional misconduct on the part of a registered practitioner. Circumstances may and do arise from time to time in relation to which there may occur questions of professional misconduct which do not come within any of these categories. Every care should be taken that the code is not violated in letter or spirit. In such instances as in all others, the Medical Council of India and/or State Medical Councils have to consider and decide upon the facts brought before the Medical Council of India and/or State Medical Councils.8.2It is made clear that any complaint with regard to professional misconduct can be brought before the appropriate Medical Council for Disciplinary action. Upon receipt of any complaint of professional misconduct, the appropriate Medical Council would hold an enquiry and give opportunity to the registered medical practitioner to be heard in person or by pleader. If the medical practitioner is found to be guilty of committing professional misconduct, the appropriate Medical Council may award such punishment as deemed necessary or may direct the removal altogether or for a specified period, from the register of the name of the delinquent registered practitioner. Deletion from the Register shall be widely publicized in local press as well as in the publications of different Medical Associations/Societies/Bodies.8.3In case the punishment of removal from the register is for a limited period, the appropriate Council may also direct that the name so removed shall be restored in the register after the expiry of the period for which the name was ordered to be removed.8.4Decision on complaint against delinquent physician shall be taken within a time limit of 6 months.8.5During the pendency of the complaint the appropriate Council may restrain the physician from performing the procedure or practice which is under scrutiny.8.6Professional incompetence shall be judged by peer group as per guidelines prescribed by Medical Council of India.

**8. [7 [ Inserted by Notification No. MCI 211(2)/2004-(Ethical), dated 4.3.2004. ]**

Where either on a request or otherwise the Medical Council of India is informed that any complaint against a delinquent physician has not been decided by a State Medical Council within a period of six months from the date of receipt of complaint by it and further the MCI has reason to believe that there is no justified reason for not deciding the complaint within the said prescribed period, the Medical Council of India may--(i) Impress upon the concerned State Medical Council to conclude and decide the complaint within a time bound schedule;(ii) May decide to withdraw the said complaint pending with the concerned State Medical Council straightaway or after the expiry of the period which had been stipulated by the MCI in accordance with para. (i) above, to itself and refer the same to the Ethical Committee of the Council for its expeditious disposal in a period of not more than six months from the receipt of the complaint in the office of the Medical Council of

India.8.8Any person aggrieved by the decision of the State Medical Council on any complaint against a delinquent physician, shall have the right to file an appeal to the MCI within a period of 60 days from the date of receipt of the order passed by the said Medical Council:Provided that the MCI may, if it is satisfied that the appellant was prevented by sufficient cause from presenting the appeal within the aforesaid period of 60 days, allow it to be presented within a further period of 60 days.]APPENDIX 1A. DECLARATIONAt the time of registration, each applicant shall be given a copy of the following declaration by the Registrar concerned and the applicant shall read and agree to abide by the same :-(1)I solemnly pledge myself to consecrate my life to service of

humanity.(2)Even under threat, I will not use my medical knowledge contrary to the laws of the Humanity.(3)I will maintain the utmost respect for human life from the time of conception.(4)I will not permit considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient.(5)I will practice my profession with conscience and dignity.(6)The health of my patient will be my first consideration.(7)I will respect the secrets which are confined in me.(8)I will give to my teachers the respect and gratitude which is their due.(9)I will maintain by all means in my power, the honour and noble traditions of medical profession.(10)I will treat my colleagues with all respect and dignity.(11)I shall abide by the code of medical ethics as enunciated in the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations,

2002.Signature .....Name

.....Place.....Address.....Date.....

2Form Of The Certificate Recommended For Leave Or Extension Or Communication Of Leave And For FitnessSignature of patientOr thumb impression.....To be filled in by the applicant in the presence of the Government Medical Attendant, or Medical Practitioner.Identification Marks :-

**1.**

.....

**2.**

.....I, Dr..... after careful examination of the case certify hereby that  
..... whose signature is given above is suffering from ..... and I consider that a

period of absence from duty of ..... With effect from ..... is absolutely necessary for the restoration of his

health. Place..... Date..... Signature

of Medical attendant Date Registration No..... (Medical Council of India/State Medical

Council..... State) Note.- The nature and probable duration of the illness should also be specified.

This certificate must be accompanied by a brief resume of the case giving the nature of the illness, its symptoms, causes and duration.

APPENDIX 3 Format For Medical Record (See regulation 1.3) Name

of the patient : Age : Sex : Address : Occupation : Date of 1st visit : Clinical note (summary) of the case

: Prov: Diagnosis : Investigations advised with reports : Diagnosis after investigation : Advice : Follow

up : Date Observations : Signature of full..... Name of Treating

Physician

APPENDIX 4 List Of Certificates, Reports, Notifications Etc. Issued By Doctors For The

Purpose Of Various Acts/ Administrative Requirements (a) Under the Acts relating to birth, death or

disposal of the dead. (b) Under the Acts relating to Lunacy and Mental Deficiency and under the

Mental Illness Act and the rules made thereunder. (c) Under the Vaccination Acts and the regulations

made thereunder. (d) Under the Factory Acts and the regulations made thereunder. (e) Under the

Education Acts. (f) Under the Public Health Acts and the orders made thereunder. (g) Under the

Workmen's Compensation Act and Persons with Disability Act. (h) Under the Acts and orders

relating to the notification of infectious diseases. (i) Under the Employee State Insurance Act. (j) In

connection with sick benefit insurance and friendly societies. (k) Under the Merchant Shipping

Act. (l) For procuring/ issuing of passports. (m) For excusing attendance in courts of Justice, in public

services, in public offices or in ordinary employment. (n) In connection with Civil and Military

matters. (o) In connection with matters under the control of Department of Pensions. (p) In

connection with quarantine rules. (q) For procuring driving licence.