

Minutes of the 52nd School Board Meeting of School of Health Sciences

The 52nd School Board Meeting of SOHS was held on the 21st August, 2013 under the Chairmanship of Director, School of Health Sciences in the Conference Room of School of Humanities, F-Block, New Academic Complex, IGNOU at 11.00 a.m.

The Following Members were present:

1. Prof. T. K. Jena, Director, SOHS, IGNOU, New Delhi (Chairperson)
2. Dr. (Prof.) R.N. Salhan, Addl. DGHS, (Retd.), C-1/1233, Vasant Kunj, New Delhi
3. Dr. Sanjay Chaturvedi, Professor, Department of community Medicine, UCMS & GTB Hospital, New Delhi
4. Dr. K. Lalitha, Professor and Head Dept. of Nursing, NIMHANS, Houseer Road, Bangalore
5. Prof. Rafath Razia, Deputy Director Nursing, Govt. of A.P. Hyderabad
6. Dr. Nilima Srivastava, Associate Professor, SOGDS, IGNOU, New Delhi
7. Prof. P.K. Biswas, STRIDE, IGNOU, New Delhi
8. Dr. Suhas Shetogovekar, Associate Professor, SOSS, IGNOU, New Delhi
9. Prof. G. Mahesh, Assistant Professor, SOSW, IGNOU New Delhi
10. Prof. S.B. Arora, School of Health Sciences, IGNOU, New Delhi
11. Prof. Bimla Kapoor, School of Health Sciences, IGNOU, New Delhi
12. Prof. Pity Kaul, School of Health sciences, IGNOU, New Delhi
13. Dr. Ruchika Kuba, Associate Prof. School of Health Sciences, IGNOU, New Delhi
14. Dr. Biplab Jamatia, Assistant Prof. (Sr. Scale), School of Health Sciences, IGNOU, New Delhi
15. Mrs. Reeta Devi, Assistant Professor, School of Health Sciences, IGNOU, New Delhi
16. Ms. Neerja Sood, Assistant Professor (Convener), School of Health sciences, IGNOU, New Delhi (Convener)

The Following Member could not attend the meeting:

1. Dr. R.K. Srivastava, Former DGHS, Govt. of India, 251504, East End Apartments, Mayur Vihar Phase -1 Delhi.
2. Mrs. Laxmi, Assistant Prof. school of Health sciences, IGNOU, New Delhi

Chairperson welcomed all the School Board Members. Following agenda items were taken up for discussion.

52.1 Approval of Minutes of 51st School Board Meeting

- i) Prof. Pity Kaul had given 2 observations which were agreed to as follows

Item no. 51.3 Review the criteria for preparation of national merit list for admission to Post Basic B.Sc. Nursing programme.

The following line to be added after the 1st sentence of the 2nd paragraph: "She also mentioned that conduct of entrance test was included in the 1st Programme Guide of P.B. B.Sc. Nursing programme in 1994".

Item No. 51.11 The item 'Approval of course writers and course editors of CNIN and CMCHN programme' should be read as "approval of course writers and course editors for CNIN and CMCHN programme for revision".

The last line may be read as, "with the above observations, the list of course writers and editors was approved".

- ii) Prof. Nilima Srivastava pointed out that her name was appearing in the list of members present and also in the list of members absent. As she was not able to attend the 51st School Board Meeting, her name from the list of members present be deleted.
- iii) Prof. S B Arora mentioned that BSCHOT programme was repeated in 1st para, 4th line of the minutes which needs to be corrected.
- iv) Dr. T K Jena drew attention of the members to the 51.3 item and subsequent decision of the 26th Academic Council Standing Committee (ACSC) Meeting. The committee constituted to review the criteria for preparation of national merit list for admission to Post Basic B.Sc. Nursing programme had discussed the issues and decided the following:
- No weightage to experience should be given in the merit list.
 - The cut off should be decided during the moderation of result of entrance examination by the Moderation Committee.
 - It should be mentioned in the handbook and prospectus that the entrance examination is being conducted as a qualifying examination and preparation of merit rank.

Members deliberated on the decision of the committee vis-à-vis the decision of the 51st School Board on this matter. During deliberation, nursing experts clarified that passing GNM is the eligibility criteria for admission to Post Basic B.Sc. Nursing. So every in-service GNM has a right to do Post Basic B.Sc. Nursing programme to enhance his/her knowledge & skills. Therefore, entrance exam can't be considered as a qualifying exam rather a tool to prepare only the merit list maintaining uniformity. Moreover, in professional programmes, work experience adds

to the quality of service. Therefore, in fairness of justice, more experienced persons should be given some additional weightage as the entrance exam is testing only the knowledge component. This process will also give a comprehensive approach to the merit list.

After deliberations members suggested the following:

1. Cut off marks should not be applicable to OPENNET as the entrance examination is not a qualifying exam but for maintaining the uniformity in merit. In case IGNOU desires to mention a cut off mark, then a clause should be added that "in case of seats remaining vacant in any category, candidates securing marks below the cut off points will also be considered for admission before releasing the seats to general category or declaring seats as vacant in general category.
2. The additional weightage in entrance examination towards experience, proposed during the 51st School Board Meeting, could be modified as given below:

Years of experience (to be counted from the date of RNRM registration)	Additional weightage in entrance exam marks
> 5 to 10 years	3 marks
> 10 to 15 years	5 marks
> 15 years	8 marks

With the above observations and suggestions, the Minutes of the 51st School Board Meeting were approved.

52.2 Approvals related to the BMLT Programme

a. Approval of Phase -2 Form

Dr. T K Jena, Director School of Health Sciences, briefed the members about the broad structure and syllabus of the programme. He mentioned that the programme would be of 3 years duration with provision of 1 year internship. There are 21 courses that covers 4 subject areas i.e. hematology, pathology, microbiology and biochemistry; and also basic knowledge in English, Computer skills, Basic Human Sciences and Management. Government Medical Colleges will be preferred for Programme Study Centre (PSC) and District Hospitals as Skill Development Centre (SDC). He also emphasized on collaboration with MOHFW and CMAI for implementation of the programme.

Deliberations were done on lateral entry criteria, PSC & SDC criteria, Academic Counsellor Criteria, Strategy for practical training, time plan for package development, etc.

After deliberation, members suggested the following modification:

1. Lateral entry should be allowed only for candidate with 2 years of Diploma.
2. As District hospitals are usually having 200 beds, they could be taken as SDC.
3. Videos for theory and practical could be planned separately.
4. Persons having M.Sc. in MLT qualification or B.Sc. in MLT with 5 years of experience could be considered as academic counsellor.
5. The criteria for academic counsellor at SDC need more flexibility. If B.Sc. in MLT qualified person is not available, then diploma holder could be considered.
6. English and computer material available for other SOHS programmes could be adapted for the programme.

With the above observations, the Phase 2 form for BMLT programme was approved.

b. Approval of List of Course Writer and Editor and Core Group Members

Director SOHS presented a list of course writers and editors covering subject areas under BMLT programme. He also presented the list of names for the core group members. Members suggested to include names of experts from preventive and social medicine (PSM) background and the school faculty to take care of course writing & Editing of the related units.

With the above observations, the list of course writers / editors and the core group experts were approved by the members.

52.3 Approval of Criteria for Academic Counsellor, Paper Setter, Moderator and Evaluator for the existing Programmes of SOHS

Director SOHS informed the members that although for all the existing programmes of SOHS approval of names for Paper Setters, Moderators and Evaluators have been taken from time to time, criteria for above has not been approved by the School Board. Therefore, the criteria for Academic Counsellors, Paper Setters, Moderators and Evaluators is being presented for all the existing programmes of SOHS for approval.

Members approved the criteria for Academic Counsellors, Paper Setters, Moderators and Evaluators for all the existing programmes of SOHS as proposed.

52.4 Approval of Developing Short Term / Non-Credit Programmes with Modular Approach

Dr. Ruchika Kuba briefed the members that the School of Health Sciences was offering various certificate and diploma programmes for various categories of target groups working in the health sector. But the experts from various ministries and health universities who participated in the National Consultation Meeting held on 19th March 2013 had stressed the need for short term

programmes which could be very useful for training various target groups, specially for training in different National programmes of the Ministry. These could be developed in collaboration with Govt. Of India (GOI). Moreover, through formal dialogues and meetings with the ministry, it has been brought out that there is a demand for shorter duration of programmes.

The modalities of the various short term programmes could be as follows:

- Short term training of Government of India covering 2-3 days duration could be considered for this purpose.
- There would be a provision for hands on training wherever essential.
- Programmes may be offered either online or through self learning material.
- The Programmes also could be implemented in a Workshop mode
- Some of the programmes could be developed in a Project Mode
- Evaluation may or may not be essential for certification
- The package could be made of one or combination of different media (Multi-media, Audio, Video, Self Learning Material, Online etc.)
- There would be no lower limit for the duration of the Programme

These short duration programmes could be combined to offer various certificate/Diploma/PG Diploma programmes. This flexibility could increase the number of programmes and target groups. Dr. Jena also informed the members that Haryana Govt. is willing to sign an agreement / MOU with IGNOU to develop a separate non credit IMNCI package for their staff.

Members suggested to seek approval of the School Board on case to case basis. With these observations, members approved the concept of developing short term / non credit programmes in modular approach.

52.5 Approval of Monitoring Strategy for SOHS

Director SOHS informed the members that one of the recommendations of National Consultation Meeting organized by SOHS on 19th March 2013 was to have stringent monitoring system for all the programmes for maintaining quality. He informed the members that School of Health Sciences is offering programmes for Doctors, Nurses and Allied Health Professionals in which 50% or more duration of training is dedicated for skill development.

A 3-tier monitoring process as approved by planning division in 1996 in place for its 1st Medical programme i.e. PGDMCH launched in 1997. It includes District Level [Skill Development Centre (SDC) monitoring by Regional Consultant], state level [Regional Health Sciences Advisory Committee (RHSAC)] and National level (Programme Coordinator at Head quarters) monitoring. The

Regional Consultant at SDC level used to be a senior / retired medical person engaged as a part time Consultant with activity based responsibility.

Over time, the scenario has totally changed. School is offering about two dozens of programmes, the number of Regional Centers has increased three fold and the age of retirement at Medical Colleges has increased. Therefore, a holistic monitoring design is being proposed to cover all Programmes of SOHS taking into consideration the diversity in Programme delivery process. The proposed monitoring design involves monitoring at District level (SDC), Regional Centre level, State level (RHSAC) and at School level.

- Monitoring at District /SDC level will be done by a specially appointed person for the purpose and could be designated as Regional Consultant. It will be an implementation-related monitoring process. The job of the Regional consultant will be activity based.
- Monitoring at Regional Center level will aim at addressing the Programmes specific implementation issues
- Monitoring at State level will aims at addressing the State specific policy level issues.
- Monitoring at School Level will be done by Programme Co-ordinator. Each faculty will be given responsibility of few States on an annual basis. They will be responsible to co-ordinate with the Regional Directors of those states, liaise with the Regional Consultants and participate in the meeting of State level monitoring Committee.

Members in principle agreed to the proposal. During deliberation, they suggested to:

1. Add well designed performas mentioning the performance indicators to strengthen the monitoring.
2. Make provision to orient the Regional Consultant.

With above observations members approved the monitoring design for the SOHS programmes.

52.6 Approval for Certification of July 2012 and January 2013 batch of students enrolled in Certificate in Adolescent Health and Counselling (CAHC) Programme

Prof. Bimla Kapoor mentioned that the Certificate in Adolescent Health and Counselling was launched in July, 2012 with due approval from all the Statutory Bodies of University. Though the Programme had 2 theory courses of 6 credits

each, there was provision of only one assignment and one term-end examination combined for both the theory courses i.e. course code CNSAH-001 and CNSAH-002. Two batches enrolled in July, 2012 and January, 2013 have already completed their theory examinations appearing for only one term end exam paper and one assignment. However, SED indicated its inability to reflect the grade against two course codes separately when only one Exam was conducted combining the both. It is imperative, that as per IGNOU norm, there has to be separate assignments and separate term-end examination for each course.

Therefore, programme coordinator proposed to allot the marks obtained by these batch of students equally against both the courses (CNSAH 001 and CNSAH 002). For July 2013 session onwards, the students will have 2 separate assignments and Term End papers for these courses.

After deliberations, members approved the above proposal of allocating the same assignment and term end examination marks obtained by students to each of the two courses i.e. CNSAH 001 and CNSAH 002. It was also approved to have separate assignments and TEE papers for both the courses from July 2013 session.

52.7 Approval of Criteria for Allotment of PSC for Admission to PDCDM Programme

Post Doctoral Certificate in Dialysis Medicine (PDCDM) programme has been developed and launched by IGNOU in collaboration with the Ministry of Health and Family Welfare (MOHFW) in which 4-6 seats available per programme study centre. Dr. Ruchika Kuba proposed a strategy to be followed for allotment of programme study centres to students of PDCDM programme when more applications are received for any particular PSC. She proposed that:

- Allotment of centers will be made as per the order of preference mentioned by students.
- In case of tie:
 - Sponsored candidates will be given preference over non sponsored candidates.
 - Candidates sponsored by a state will be given preference in that state.
 - In case of unavailability of any of the choice given by the candidate, PSC in nearest available state will be allotted.

Members approved the criteria for allotment of PSC for admission to PDCDM programme.

52.8 Approval of Experts for Review Committee Meetings for the following Programmes:

52.8.1 PGDHHM

52.8.2 PGDDHM

52.8.3 BSCHOT

52.8.4 PGDMCH

52.8.5 PGDGM

Respective Programme Coordinators presented panels of experts for review committee meeting to be held for the revision of their programmes i.e. Post Graduate Diploma in Hospital and Health Management, Post Graduate Diploma in District Health Management, B.Sc. Optometry and Ophthalmic Technique, Post Graduate Diploma in Maternal and Child Health and Post Graduate Diploma in Geriatric Medicine. Dr. Ruchika Kuba also suggested that the experts of related specialty could also be invited out of the present list for advisory / expert committee meeting for short term / non credit programme.

Members approved the panel of experts presented for PGDHHM, PGDDHM, BSCHOT, PGDMCH and PGDGM Programme by the respective Programme Co-ordinators.

52.9 Approval of List of Paper Setter, Moderator and Evaluator for PGDHIVM and PDCDM Programmes

Programme Coordinators presented the list of Paper Setter, Moderator and Evaluator for PGDHIVM and PDCDM Programmes.

Members approved the names of Paper Setter, Moderator and Evaluator for PGDHIVM and PDCDM Programmes as proposed by the coordinators.

52.10 Any Other item with the permission of chair

a. Approval for Collaboration with MCI

Director SOHS informed the members that a proposal has been sent to MCI to form a committee to explore the possibility of using virtual classroom strategy for training UG Medical Students of India. However, as Dr. R K Srivastava, who is also presently the Chairman of MCI, could not attend the meeting, the discussion was being deferred.

The item was deferred with the above observation.

b. Approval for Attachment with Hospital

Director SOHS informed the members that the National Consultation Meeting held by the school on 19th March 2013 had recommended to attach a hospital with IGNOU. He mentioned that the basic approach to develop and launch an

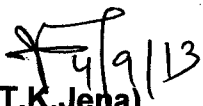
ODL Programme is through a course team which is led by a content/subject expert. But unfortunately, as no hospital is attached to IGNOU, it has failed to attract the medical people of clinical specialty as permanent faculty. As a result, it has become very difficult to design and develop programmes in core clinical specialty. Though formation of core expert team helps to minimize the constraints in the development process, the quality of implementation remains a concern. It has been felt time and again that faculty from core specialty like Anesthesia, Radiology, Medicine, Gynaecology, Paediatrics, Ophthalmology, Orthopedics etc., needs to be recruited either as Consultant or as permanent faculty. Therefore, the need of attaching a hospital to IGNOU is of paramount importance.

As it is not feasible to build a full fledged hospital dedicated to IGNOU, he proposed to attach a functioning hospital to IGNOU. In the given geographic location, Government Hospital like Safdarjung Hospital and Private Hospital like Sir Ganga Ram Hospital are the two feasible options. Informal discussion at the Ministry level and with Sir Ganga Ram Hospital administration reflects that attaching these hospitals are feasible options. It is proposed that IGNOU could recruit the clinical faculty who would attend the OPD and other services in respective hospitals and also Co-ordinate the development & implementation of programmes of their subject specialty at IGNOU. The functioning could be decided in mutual agreement between the respective institutions and IGNOU.

Members appreciated the proposal and endorsed about its need. However, during deliberations Dr. Salhan suggested that SOHS should work out all the financial, administrative and legal aspects. The issue of designation, facilities to faculty in the attached hospital, specific responsibilities of doctors in the hospital set up, etc. needs to be worked out in detail. He also mentioned that university should form a "IGNOU Cell" in these hospitals in the similar line as Central Government Health Services (CGHS) for taking care of all the administrative and other grievances related to IGNOU faculty. The cell should be headed by a senior faculty member of the school.

With the above observations members agreed for attachment of hospitals with IGNOU.

The meeting ended with vote of thanks to the Chair and the participants.


(T.K.Jena)

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