



Code of Professional Conduct

I. Preamble

From earliest times, the medical profession has been held in the highest esteem because of the unique covenant of honor and integrity that binds physicians to their patients, teachers, and communities. In beginning our journey as members of this profession, the students of the Narayana medical college shall recognize the need to embrace and actively support the timeless ethics and values associated with the medical community. Although the primary goal of medical education is to produce competent physicians, our mission as students is much greater. In the tradition of maintaining standards of ethical behavior in medicine, this document serves to affirm and uphold the values that we accept as central to our role as future physicians. In so doing, we recognize the unique privilege of our profession as well as the associated responsibilities.

The Code of Professional Conduct is concerned with our role in the lives of our patients, our colleagues, and our society at large. The development of a personal ethic began early in our lives, is refined during our medical school and postgraduate training, and will continue throughout our lives as medical professionals. With this document we affirm our personal commitment to honesty and integrity in our professional lives. In addition, we must uphold this commitment by encouraging honesty and integrity in our peers.

With these goals in mind, the Code of Professional Conduct is designed not to dictate behavior, but to establish a set of minimum expectations. It provides a framework for the medical student community to correct breaches of conduct in a non-punitive manner in order to promote the development of professional ethics. At the very least, the Code provides a reminder to all of us that we have entered a profession in which we have the power to affect the lives of many - a power that must be treasured, respected, and never abused.

II. Professional Conduct

Establishing and maintaining the highest concepts of honor and personal integrity during medical school are critical to our training as physicians. We are aware that honor and integrity are essential to the medical profession, and we will actively support these concepts. It is our responsibility to take definite measures to terminate unethical actions on the part of a colleague by first addressing concerns with our peers or, if necessary, by reporting such actions to the monitoring Committee. The following outlines the minimum standards of behaviour expected of medical students at the Narayana Medical College.

A. Respect For Patients

First among the medical student's professional duties is a responsibility to the patient. Utmost care must be taken to ensure respect and confidentiality for all patients whom the student encounters.

i. Safety and Modesty

Students should abide by the principle, "First, do no harm." Medical students should demonstrate respect for their patients through language and actions. In all patient encounters, medical students should use non-threatening, non-sexual, and non-judgmental language and behavior. Medical students should not hesitate to obtain a consultation when in doubt, when requested by the patient or family, and when otherwise appropriate. Relationships formed with the patients and their families should be non-sexual and appropriate. A patient's privacy and modesty should be maintained as much as possible during history taking, physical examinations, and any other contact. Students should consider the cultural sensitivities of their most conservative potential patients and present themselves in a manner that will earn their respect, ensure their trust and make them feel comfortable.

ii. Honesty

Honesty is essential in the medical student's relationship with a patient. It is important to be truthful with patients and not intentionally mislead or give false information. Medical students are encouraged to ask their supervising physicians for a consultation when they feel uncomfortable answering patient questions or when they do not have the information requested. While honesty is important, the medical student should avoid disclosing information to the patient that only the patient's physician should reveal.

iii. Confidentiality

Great care should be taken at all times to maintain the confidentiality of patient information. Medical and/or personal information about the patient should be shared only with health professionals directly involved in the patient's care. To avoid an accidental breach in confidentiality, medical

students should not discuss patient care in public areas, including, but not limited to, hospital elevators, cafeterias, lounges, and hallways. It is also important to safeguard medical records and notes.

B. Written Communication

It is crucial to maintain the integrity of medical records and documents. The written medical record is not only important in effective patient care and communication between health care providers, but it is also a legal document and available to the patient for review. As such, all written medical documents, including electronic correspondence, pertaining to patients and their care must be legible, truthful, complete, and accurate to the best of students' knowledge and ability. Patient records should not contain offensive or judgmental statements.

C. Verbal Communication

In the clinical setting, medical information about patients is often communicated verbally. Information that medical students communicate verbally to physicians, classmates, and other health care providers may influence patient care and the learning process. Verbal communication regarding a patient should be neither offensive nor judgmental. It is crucial to maintain the integrity of patients' medical information by reporting only accurate information, information about which the student has direct knowledge, and all pertinent information of which the student is aware, all to the best of the student's ability.

D. Respect For Faculty, Staff, Colleagues, And Hospital Personnel

Medical students should exhibit respect for faculty, staff, colleagues, and others, including, but not limited to, hospital personnel, guests, and members of the general public. This respect can be demonstrated by prompt execution of reasonable instructions and by deference to those with superior knowledge, experience, or capabilities. Students in disagreement with a

faculty member should express their views in a calm, respectful, and mature manner. In addition, students should maintain an even disposition, display a judicious use of others' time, and handle private information maturely. If able, students should attend all required classes or sessions. Students are expected to arrive at the scheduled time for all required courses, sessions, clinical rotations, and other mandatory academic obligations. In addition, students should avoid behavior that is disruptive to their classmates and to the learning environment.

E. Respect For Hospital Property

Medical students must abide by all hospital and institutional policies during their clinical experiences and training. Hospital property, including equipment and medications, are for patient care and will not be for the student's personal use. Students should show respect for the tools and equipment owned by the hospital by preventing damage or misuse.

F. Prevention Of Substance Abuse

The Professional Conduct Committee recognizes that the use of chemical substances and alcohol occur. Medical students should be careful of the dangers associated with the use of these substances. In situations where they may be viewed as representatives of the university, students should not allow their actions to reflect negatively upon the university or upon their profession. If the use of chemical substances or alcohol occurs in an unlawful, inappropriate or excessive manner, or if such use could potentially affect patient care or academic performance and responsibilities, intervention and rehabilitation will be required. Self-referral and peer-referral to the PCC are encouraged. Our goals are to recognize chemical dependency and assist impaired students to recovery by constructing a rehabilitation program with the assistance of a professional so that they can return to the safe practice of medicine.

III. Academic Standards

Since medical education consists of both scholarly and clinical experiences, it is important to consider the actions of future physicians in both realms. As students we are obligated to strive to develop medical knowledge and skills to the best of our ability, realizing that the health and lives of the persons committed to our charge will depend on that knowledge and skill. We should recognize the importance of all aspects of medical education that might enrich our knowledge of the human body and mind. The following are some specific, but not exhaustive, examples of expected conduct that uphold the principle and spirit of the Code.

A. Respect For Cadavers

The students understand and appreciate the sacrifice of the individuals who provided their bodies for the benefit of our learning. These donations will be treated with the greatest respect. Accordingly, there will be no unauthorized photography or guests in the laboratory, and no desecration of human remains.

B. Clinical Work

Recognizing the special trust between patient and physician, students have a responsibility to ensure accurate representation of patients' medical status, lab results, and medical records.

C. Examinations

- i. Because professors and proctors are expected to treat students respectfully, students must demonstrate honor and integrity during exams.
- ii. The students understand that examinations are solely to reflect each student's individual achievement.
- iii. Cheating or unauthorized collaboration during examinations is unethical.
- iv. The students understand that it is important to arrive before the scheduled examination time to minimize disruption.
- v. During exams, professors, proctors, and students have an obligation to maintain a non-disruptive atmosphere.

D. Classroom Behavior

Students will make every effort to arrive on time and to limit classroom disruption in order to maintain an environment conducive to learning.

E. Other Academic Work

- i. Medical students owe a debt of fealty to the scientists, doctors, and patients who have shared their knowledge and experience for our learning. Therefore, students have a responsibility not to misrepresent the work of others as their own.
- ii. During medical training, students will be provided with instructional material that will greatly aid their learning. They will make every effort to protect instructional material out of respect for their peers and the classmates who will follow.

F. Academic Records

It is unethical to falsify documents of any kind. Falsification of academic records devalues medical education.

IV. Social Behavior

The Narayana Medical College intends not only to provide its students with the knowledge they need to succeed as physicians, but also strives to develop the character of each student so as to graduate physicians who possess interpersonal qualities essential in the health care profession. It is thus imperative that the medical school community uphold the highest standards of integrity among its members, thereby fostering a safe and comfortable learning environment. Students, faculty, and staff should recognize the right of all individuals to be treated with respect without regard to race, age, gender, disability, national origin, position, religion, or sexual orientation. It is unethical for members of the school community to show disrespect for an individual, whether in behavior or in speech, because of such differences.

A. Harassment

Harassment creates a hostile or intimidating environment that interferes significantly with an individual's work or adversely affects an individual's living conditions. Such an atmosphere can be created by verbal, written, or physical conduct.

i. Sexual Harassment

Sexual harassment is defined as unwelcome acts of a sexual nature including sexual advances, requests for sexual favors, and/or other verbal or physical conduct, including written communications, of an intimidating, hostile or offensive nature, or action taken in retaliation for the reporting of such behavior. This applies to all faculty, staff, administrators, and students on the university grounds or at university-affiliated functions. Sexual harassment is prohibited by state and federal laws and university regulations.

ii. Physical Harassment

Physical harassment constitutes unwelcome physical contact or verbal threats, menacing or otherwise.

B. Respect For Diversity

In order to maintain a safe and comfortable learning environment, students will show respect for the diversity of their colleagues and will avoid disparaging remarks or actions in regard to a person's race, age, gender, disability, national origin, position, religion, or sexual orientation.

C. Respect For Laws, Policies, And Regulations

Students are expected to recognize that laws are established for the benefit of society as a whole. Specific rules, policies, and regulations have been

established for the benefit of the community of the Narayana Medical College. Laws, policies, and regulations at the university, local, state, and federal levels are not to be disregarded or violated. Students who feel that the policies, procedures, or regulations of the school require modification are encouraged to suggest improvements to the appropriate administrative, faculty, or student offices.

D. Social Media

Social media can play a valuable role in both the personal and professional lives of medical students. However, in using this ever-evolving technology, individuals are seen as representatives of the University at Narayana Medical College and the medical profession as a whole. Students must uphold the Code in both their online and physical actions.

Students must consider how they are representing themselves, the school, and the profession whether posting to official university or hospital social media pages or their own personal sites. When forwarding or re-posting content found elsewhere, students should use appropriate citations and have a responsibility not to misrepresent the work of others.

V. Enforcement

The goal of the Code is to set basic common ideals that are felt to best represent the beliefs of the medical school community. Any dispute that may arise regarding a breach of these ideals should be addressed in an informal forum between the dissenting parties before any report is made to the Professional Conduct Committee. If these measures fail, report to the PCC is warranted.

A. The Committee

The Professional Conduct Committee will consist of three voting representatives of each of the four classes who will be elected by their peers. Representatives will be elected during their first year and will serve for the duration of their medical education. In the event that a representative is unable or unwilling to continue to serve, elections will be held to fill their place with a new representative from their original class year. The Chairperson will be a representative from the second year class who has served at least one semester on the PCC, elected by the student representatives.

The Committee will also contain one voting faculty representative and one alternate for each Phase I and Phase II. A non-voting administrative representative will also participate in hearings. All faculty representatives will be appointed by the Senior Associate Dean for Student and Academic Affairs, in consultation with the Chair of the PCC.

B. Discussion And Mediation

Any student, faculty member, or administrator of the Narayana Medical College who feels a member of the medical school community has violated the Code is encouraged to first discuss the matter informally with the other party. The Professional Conduct Committee will provide a mediation session with an uninvolved third party if requested.

C. Filing A Report

If the issue cannot be satisfactorily resolved at an informal level, a signed report may be filed with any member of the PCC in a sealed envelope or by email to dean@narayanamedicalcollege.com. A report should include a description of the complaint with all pertinent documentation, channels already pursued to resolve the issue, and the results of previous actions. A report should be filed as soon as possible following the discovery of alleged misconduct so that all information pertinent to the report may be collected in

a timely fashion. All communication with the PCC will be kept strictly confidential.

D. Investigation

Upon receipt of a report of alleged misconduct, an investigating committee, composed of at least two (2) committee members will collect facts relevant to the investigation. Any members with actual or perceived conflict of interest, including members of the PCC of the same class years of the alleged offender and the complainant, will recuse themselves from any investigation or hearing pertaining to the case. During the investigative stage the accused student will be informed of the identity of the parties involved and the nature of the charges. All relevant information gathered will be compiled in writing and submitted to the larger committee, and to the accused, for their review prior to the hearing.

E. Rights

Before a meeting of the PCC may be called, the Code provides that any person accused of a violation will have the following rights:

- i. To be presented with a written summation of the report against him or her.
- ii. To be given reasonable notice of and reasonable time to prepare for a hearing before the Committee.
- iii. To know the identity of his/her accuser(s).
- iv. To be informed of the nature of the evidence to be used against him/her.
- v. To refuse to give any statement which he/she feels may incriminate him/her during the investigation or trial.
- vi. To have all information relating to the investigation and hearing kept confidential.
- vii. To receive a fair hearing.

F. Meeting Of The Committee

A hearing will commence following the conclusion of the investigative phase. A chairperson for the Committee will be selected when the meeting

commences and will be responsible for preparing the written report to the Student Progress Committee.

First, all written information regarding the alleged offense should be distributed and reviewed in advance. Next, the alleged offender and the complainant will be separately invited into the room and each will have the opportunity to present information on his/her own behalf. Both the complainant and accused may choose to be accompanied by a non-legal advocate. An advocate may provide information in support of an individual and may be asked questions by the Committee. Members of the Committee may ask questions of the involved individuals at any time.

After all of the relevant information has been presented, the panel will excuse the concerned parties and will make its decision in determining the question of responsibility and, if responsible for a conduct violation, the severity of sanction(s). If the accused is not present at the hearing, the Committee reserves the right to make decisions in absentia. A simple majority of Committee members must be in favor of all decisions. A majority recommendation will be made to the Student Progress Committee. If a minority opinion exists, a minority recommendation may also be filed.

At the conclusion of the meeting the chairperson is responsible for collecting all confidential documents from the members of the Committee and other involved parties in order to maintain confidentiality.

Following the hearing it is inappropriate for any faculty member or student to approach committee members or the student involved regarding any information covered at the hearing. Any breach of confidentiality will be regarded as a serious offense.

G. Committee Recommendation

The Code attempts to correct student breaches of professional conduct to ensure that further breaches do not occur and to provide rehabilitation and guidance as needed. Confidential recommendations will be made to the Student Progress Committee by the Committee and may include, but are not limited to:

- i. **Oral or Written Admonition**
A statement that a minimum standard of conduct has been violated.
- ii. **Written Warning**
Notification that repetition of a specific behavior will result in more severe disciplinary action(s).
- iii. **Academic Reprimand**
A letter to be placed in a student's file, or failure of an exam or course.
- iv. **Probation**
Exclusion from participation in University activities and privileges for a stated period of time, or permission to continue in University activities under specified conditions.
- v. **Restitution**
Reimbursement for damages to be paid within one (1) week of next loan disbursement date.
- vi. **Suspension**
Immediate exclusion from all classes, activities and academic buildings for a specified period of time.
- vii. **Expulsion**
Immediate dismissal from the University at Narayana Medical College.

H. Appeal

A student found responsible of a conduct violation may make a request to appeal to the Senior Associate Dean for Medical Curriculum or the Senior Associate Dean for Student and Academic Affairs.

VI. Changes To The Code

A. Approval

This Code will be accepted by a two-thirds majority of the votes received from the members of all four classes. In the first academic year that the code is active, two members from each class will be elected for the duration of their education, except for the first year representatives, who will be elected for only one term.

B. Amendments

All sections of the Code will be subject to the possibility of amendment through a voting process to be held no more often than once per academic year. As with the approval process, changes to the Code will be accepted following the consensus of a two-thirds majority of the votes received from members of all four classes.

After reading through the code, please provide your electronic signature to confirm that you agree to abide by the code at this institution. This is a requirement of all medical students before orientation begins.

STANDING ORDERS ON PUNISHMENT FOR USE OF UNFAIR MEANS.

1. During the University examination if a candidate is found in malafide possession of papers, books or notes or written notes on his clothes, body or table or chair, which is relevant to the examination(s) he will be disqualified from appearing in any university exam for one year and if found having copied will be disqualified for two years.
2. If a candidate is found talking to another candidate or person inside or outside the examination hall without permission even after a warning before, his answer book for that particular paper shall be cancelled.

3. If a candidate shows his / her answer book to another candidate or if he receives or attempts to receive help from any source, including consulting books, notes or papers or any other matter outside the exam hall or has given help or attempted to give help, he / she shall be disqualified from appearing in any university exam for two years.
4. If a candidate swallows or attempts to swallow a note or paper or runs away with the paper or causes disappearance or destruction of any such material (s), he shall be disqualified for two years.
5. If a candidate writes even a question or anything concerned either on blotting paper, or any other piece of paper including question paper or hall ticket, or attempts to pass on question paper or part thereof he / she shall be disqualified for that examination.
6. If a candidate exchanges his / her seat or writes the registered number of another candidate on his / her answer book or creates any disturbance during the examination or refuses to obey the supervisory staff, he / she will be disqualified for three years.
7. If a candidate is found guilty of smuggling in or out or of replacing answer book or additional sheet during or after the exam with or without the connivance of any staff he / she shall be disqualified for three years and shall be liable to any punishment decided by Vice-Chancellor.
8. If a candidate takes away the answer book outside the examination hall or intentionally tears off or otherwise disposes his answer book or any part thereof or additional sheet, he / she shall be disqualified for two years.

9. If a candidate is found guilty of serious misconduct in the examination hall or of misbehaviour towards the supervisory staff even outside the examination hall or any other place during the period, the examination is being held he / she be disqualified for a period up to five years.

10. If a person impersonates a candidate, he / she be disqualified from appearing for any university exam for five years and if he is not on university rolls, will not be admitted to any course for five years and the case may be reported to police, the candidate who is impersonated also will be disqualified for 5 years.

11. Chief superintendents and Assistant Superintendents who have reasons to suspect misconduct on the part of any candidate of candidates should forth with make all possible preliminary investigation and communicate with the registrar immediately forwarding all material evidence available together with the answer-book and the written explanation of the candidate. All such communications shall be sent by registered post acknowledgement due on the same day addressed to the registrar by name. In all such chief cases of a suspected nature, the superintendents may use their discretion and decide whether the candidate in question shall be permitted to continue sitting for the rest of the examination or not the decision shall be reported to the registrar.

12. In all cases where the evidence is such as will leave no doubt in regard to the misconduct or when the candidate is caught red handed, as it were, the candidate or the candidate involved shall be sent out of the hall forthwith and kept out from the rest of the examination, but before the candidate leaves premises, his / her explanation shall be taken in writing and forwarded to the Registrar along with the report setting forth in detail all the material evidence.
13. In the case of the person who commits an offence under any of these rules but is not a candidate for any university examination, the chief superintendent may handover the case to the police.
14. In the case of a teacher or a person connected with an institution, who commits an offence, under any of these rules, his conduct shall be reported to the managing body of the institution, and to the government in the case of Government Institution, and shall be debarred from any remunerative job in the university permanently or for such period as the vice-chancellor may decide and also liable for such disciplinary action as may be decided by the University and the management of the college should abide by the decision of the University.
15. In case the candidate refuses to give a statement he is not to be forced to do so, only the fact of his refusal shall be recorded by the superintendent and attested by two other members of the supervisory staff on duty at the time of occurrence and such candidates are liable for punishment for a period of 3 years.
16. A candidate guilty of communicating or attempting to communicate directly or through a relative, guardian or friend with an examiner or with the Registrar or any functionary involved in the

conduct of examination or publication of results with the object of influencing him in the award of marks shall be disqualified from passing that examination and the one following it.

17. A candidate found guilty of approaching or influencing directly or indirectly regarding his unfair means case, a member of the committee or any University Official, shall be disqualified for one year in addition to the punishment awarded to him under the rules for her / his offence and for using unfair means.
18. Where a candidate alleged to have employed unfair means has not been awarded any opportunity to explain the misconduct of which he / she is reported to be guilty, the Registrar, or an officer authorized by him in this behalf, shall call upon the candidate to show cause why action should not be taken against him for his misconduct. If the candidate fails to do so within 15 days of the issue of such notice the university shall proceed with the case.
19. If the Executive Council is satisfied after enquiry that the integrity of a University Examination has been violated at an examination center, as a consequence of wholesale unfair assistance rendered to examinees, the Executive Council may order re- examination besides taking action under rules relating to unfair means and may also abolish the examination center for future or for a specified period.
20. For a case of unfair means not covered by these rules, the Executive Council may on the recommendation of the committee impart any such punishment as they deem fit accordingly to the nature of the offences.

Addition to the Standing orders of the Executive Council on punishment for use of unfair means:

1. One invigilator for every 20 candidates shall be appointed. However, there will be at least two invigilators in a room irrespective of number of candidates. Care should be taken not to keep the same invigilator in the same room and for same numbers everyday. The invigilators should report to the Chief Superintendent at least 20 minutes before the commencement of examination. They are under the control of Chief Superintendents during the period they are on such duty. They should not leave the examination hall without the permission of the chief Superintendent.
2. Examination shall start exactly at 9.00 AM. Candidates should be in their seats 15 minutes before the schedule commencement of the examinations i.e., 8.45 AM. The answer books should be distributed ten minutes prior to the commencement of the examination i.e., 8.50 AM and all entries should be made and checked by 9.00 AM.
3. No candidate should be permitted to enter the examination hall after the commencement of examination i.e., 9.00 AM. No candidate shall be permitted to leave the exam hall earlier than half an hour before the completion of time of the exam.
4. Pagers, Cellular Phones or any other gadgets are strictly prohibited in the college premises during the examination days especially in examination hours by the students, House Surgeons and staff. The Principal should circulate this information widely. Further, the Principal, Chief Superintendents and observers are to be empowered to seize such articles and shall initiate disciplinary action under intended malpractice.

5. There shall not be any overwriting in the registered number and if there is any correction, it should be attested by the Chief Superintendent.
 6. To affix Cell phone tape on the Regd.No. after it is entered in the column provided on the answer script (as is done for bank draft etc) by the concerned invigilator before the papers are collected.
 7. To fix individual independent accountability on the invigilator, the Attendance sheet system should be introduced. The Attendance sheet contains the name of the invigilator with his / her signature and the list of the Regd. Nos. allotted to the invigilator for supervision. Against the Regd. No. the serial no. of the booklet No. and No. of additional sheets taken should be noted. They should be signed by the candidates. The invigilator also must sign in the last column as acknowledgement of having received the answer script from the candidate. The format of the Attendance sheet is enclosed.
 8. When the time is over, all answer books must be collected immediately and the candidates should not be allowed to leave the room without handing over the answer books. The invigilators are responsible for the safe delivery of the answer books of the candidates under their charge to the Chief Superintendent after the examination is over and as such they should taken proper precautions for the same.
 9. No staff member except Head of the Department of the concerned subject or officially authorized person in place of HOD should be permitted to the examination hall to verify the question
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10. MEDICAL ETHICS
11. CODE OF MEDICAL ETHICS
12. Character of Physician:
13. (Doctors with qualification of MBBS or MBBS with PG degree / diploma or with equivalent qualification in any medical discipline)
14. A physician shall uphold the dignity and honour of his profession. The prime object of the medical profession is to render service to humanity; reward or financial gain is a subordinate consideration. 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, and prompt in discharging his duty without anxiety.
15. No person other than a doctor having qualification recognized 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.
16. Maintaining good medical practice:
17. 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, 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 responsibilities of the physician extend not only to individuals but also to society. For advancement of his profession he should associate with associations/societies and participate in meetings /CME etc.

18. Maintenance of Medical records;
19. Every physician shall maintain the medical records for a period of 3 years from the date of commencement of the treatment as per standard format supplied by M.C.I .If any request is made for medical records either by the patients / authorized attendant or legal authorities involved may be duly acknowledged and shall be issued within 72 hours.
20. A registered medical practitioner shall maintain a Register of Medical Certificates and. enter the identification marks, record the signature / thumb mark of the patient and keep a copy of the certificate prepared as. per standard format supplied by M.C.I .
21. Display of Degrees and registration numbers:
22. Every physician shall display the registration number accorded to him by the State Medical Council / MCI in his clinic and in all his Prescriptions/Certificates/ Receipts given to his patients. Physicians shall display as suffix to their names only recognized medical degrees or such certificates / diplomas and memberships / honors which confer professional
23. Use of Generic names of drugs:
24. Every physician should, as far as possible; prescribe drugs with generic names
25. Highest Quality Assurance in patient care:
26. Physician should aid in safeguarding the profession. Physician shall employ an attendant who is their registered or enlisted under the Medical Council in force and shall not permit such persons to attend, treat or perform operations.
27. Exposure of Unethical Conduct:

28. A physician should expose, without fear or favour, incompetent or corrupt, dishonest or unethical conduct on the part of members of the profession.
29. Payment of Professional Services:
30. The personal financial interests of a physician should not conflict with the medical interests. A physician should announce his fees before rendering service. It is unethical to enter into a contract of "no cure no payment".
31. Evasion of Legal Restrictions:
32. The Physician shall observe the laws of the country. He should be cooperative in observance and enforcement of sanitary laws and regulations in the interest of public
33. DUTIES OF PHYSICIANS TO THEIR PATIENTS:
34. Obligations to the Sick:
35. 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 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. A physician should visit at the hour indicated to the patients. In case of emergency a physician must treat the patient and shall not refuse treatment to a patient. However for good reason he may refer the patient to another physician. Medical practitioner having any incapacity detrimental to the patient is not permitted to practice his profession.
36. Patience, Delicacy and Secrecy:
37. 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 the laws of the State require their revelation

38. Prognosis:
 39. The Physician should neither exaggerate nor minimize the gravity of a patient's condition.
 40. The patient must not be neglected:
 41. 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. Provisionally or fully registered medical practitioner shall not willfully commit an act of negligence .
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42. Engagement for an Obstetric Case:
43. When a physician who has been engaged to attend an obstetric case is absent and another is sent for and delivery accomplished, the acting physician is entitled to his professional fees.
44. DUTIES OF PHYSICIAN IN CONSULTATION:
45. Unnecessary consultations should be avoided:
46. However in case of serious illness the physician should request consultation, such consultation should be justifiable and in the interest of the patient Consulting pathologists / radiologists or asking for any other diagnostic Lab investigation should be done judiciously
47. Consultation for Patient's Benefit:
48. In every consultation, the benefit to the patient is of foremost importance.
49. Punctuality in Consultation:
50. Utmost punctuality should be observed by a physician
51. Statement to patient after consultation:

52. All statements to the patient or his representatives should take place in the presence of the consulting physicians. The disclosure of the opinion to the patient or his relatives or friends shall rest with the medical attendant .Differences of opinion should be frankly and impartially explained to the patient or his relatives or friends.
53. Treatment after Consultation:
54. No decision should restrain the attending physician from making such subsequent variations in the treatment, the 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, whereas the consultant may prescribes only in case of emergency .
55. Patient Referred to Specialists:
56. When a patient is referred to a specialist by the attending physician, a case summary of the patient should be given to the specialist
57. Fees and other charges;
58. A physician shall clearly display his fees and other charges on the board of his chamber / hospital.
59. Prescription should also make clear if the physician himself dispensed any medicine. A physician shall write his name and designation in full along with registration particulars in his prescription letter head .In Government hospital the name of the prescribing doctor can be written below signature.
60. RESPONSIBILITIES OF PHYSICIANS TO EACH OTHER;
61. Dependence of Physicians on each other:
62. A physician should render gratuitous service to all physicians and their immediate family members.
63. Conduct in Consultation:

64. No insincerity, rivalry or envy should be indulged in Consultation, respect should be observed towards the physician in-charge.& no discussion should be carried on in the presence of the patient.
65. Consultant not to take charge of the case;
66. When a physician has been called for consultation, the Consultation should normally not take charge of the case, especially on the solicitation of the patient or friends. The consultant shall not criticize the referring physician. He / she shall discuss the diagnosis & treatment
67. Appointment of Substitute:
68. 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 as additional responsibility & such patients should be restored to the care of the latter upon his return.
69. Visiting another Physician's Case:
70. 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 & should avoid remarks upon the diagnosis or the treatment that has been adopted.

71. DUTIES OF PHYSICIAN TO THE PUBLIC AND TO THE PARAMEDICAL PROFESSION:
72. Physicians as Citizens:
73. 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.

74. Public and Community Health:

75. 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. When an epidemic occurs a physician should not abandon his duty for fear of contracting the disease himself.

76. Pharmacists / Nurses:

77. Physicians should recognize and promote the practice of different paramedical services such as, pharmacy and nursing as professions and should seek their cooperation wherever required.

78. F.UNETHICAL ACTS:

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

80. Advertising:

81. Soliciting of patients directly or indirectly, by a physician, by a group of physicians or by institutions or organizations is unethical. Advertising or publicity through any mode to invite attention to him or to his professional position, skill, qualification, achievements, associations, affiliations or honors would ordinarily result in his self aggrandizement. A Medical practitioner is however permitted to make a formal announcement in press regarding the following:

i) On starting practice ii) On change of type of practice iii) On changing address

iv) On temporary absence from duty v) On resumption of another practice.

vi) On succeeding to another practice. vii) Public declaration of charges.

82. Printing of self-photograph, in the letter head or on sign board of the consulting room shall be regarded as acts of, self advertisement and unethical. However, Printing of sketches, diagrams, picture of human system shall not be treated as unethical.
83. Patent and copy rights:
84. A physician may patent surgical instruments, appliances and medicine or copyright applications, methods and procedures. However, it shall be unethical if the benefits are not made available to institutions where the interest of large population is involved.
85. Running an open shop (Dispensing of Drugs and Appliances by Physicians):
86. A physician should not run an open shop for sale of medicine for dispensing prescription prescribed by doctors other than himself. 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.
87. Rebates and Commission:
88. 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. Nothing, shall prohibit payment of salaries by a qualified physician to other duly qualified person rendering medical care
89. Secret Remedies:
90. 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.
91. Human Rights:
92. 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.

93. Euthanasia:

94. 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. A team of doctors shall declare withdrawal of support system. Such team shall consist of the doctor in charge of the patient, 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.

95. WHAT IS 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.

96. Violation of the Regulations:

97. If he / she commits any violation of these regulations.

98. If 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 authorized representative makes a request for it as per the regulation 1.3.2. (CHAPTER-1)

99. If 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. (CHAPTER-1)

100. Adultery 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.

101. Conviction by Court of Law:
 102. Conviction by a court of law for offences involving moral turpitude / Criminal acts.
-

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 116. Conviction by a court of law for offences involving moral turpitude / Criminal acts.
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117. Sex 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.

118. Signing Professional Certificates, Reports and Other Documents:
119. 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.
120. A registered medical practitioner shall not contravene the provisions of the Drugs and Cosmetics Act and regulations made there under.
121. Performing or enabling unqualified persons to perform an abortion or any illegal operation for which there is no medical, surgical or psychological indication.
122. A registered medical practitioner shall not issue certificates of efficiency in modern medicine to unqualified or non-medical person.
123. A 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.
124. An institution run by a physician for a particular purpose such as a maternity home, nursing home, private hospital, rehabilitation center 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.

125. It is improper for a physician to use an unusually large sign board 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 sign-board on a chemist's shop or in places where he does not reside or work.
126. The registered medical practitioner shall not disclose the secrets of a patient that have been learnt in the exercise of his / her profession except-
127. 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) Notable diseases.
128. In case of communicable diseases public health authorities should be informed immediately.
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129. The 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.
130. Before 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.
131. A registered medical practitioner shall not public 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.

132. In 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.
133. A physician shall not use touts or agents for procuring patients.
134. A Physician shall not claim to be specialist unless he has a special qualification in that branch.
135. No act of invitro fertilization 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.

Research:

136. Clinical drug trials or other research involving patients or volunteers as per the guidelines of ICMR can be undertaken, provided ethical consideration are borne in mind. Violation of existing MCMR 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 constructed as misconduct.
137. If a physician posted in rural area is found absent on more than two occasions during inspection by the Head of the District Health Authority or the Chairman, Zila Parishad, the same shall be constructed as a misconduct if it is recommended to the Medical Council of India / State Medical Council by the State Government for action under these Regulations.
138. If a physician posted in a medical college / institution both as teaching faculty or otherwise shall remain in hospital / college during

the assigned duty hours. If they are found absent on more than two occasions during this period, the same shall be construed as a misconduct if it is certified by the Principal / Medical superintendent and forwarded through the State Government to Medical Council of India / State Medical Council for action under these Regulations.

H. PUNISHMENT AND DISCIPLINARY ACTION:

139. 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.
140. It 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.

141. In 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.
142. Decision on complaint against delinquent physician shall be taken within a time limit of 6 months.
143. During the pendency of the complaint the appropriate Council may restrain the physician from performing the procedure or practice which is under scrutiny.
144. Professional incompetence shall be judged by peer group as per guidelines prescribed by Medical Council of India.
145. (This is a condensed form of Medical Ethics taken from "Professional conduct, Etiquette and Ethics" as published in, Regulations of Indian medical Council, 2002
146. for full details visit
<http://www.mciindia.org/know/rules/ethics.htm>)

Disciplinary & Ethics policy For Employees

12. DISCIPLINARY POLICY & PROCEDURE

1. OBJECTIVE

Unsatisfactory job performance, misconduct, habitual lateness, absenteeism, failure to comply with hospital policies and procedures or any other breaches of employer/employee relationship may result in disciplinary action. The Institutions policy is that disciplinary action against employees should:

- Be undertaken only in cases where good reason and clear evidence exist.
- Be appropriate to the nature of the offence.
- Be demonstrably fair and consistent with previous action in similar circumstances.
- Take place only when employees are aware of the standards that are expected of them or the rules with which they are required to conform.
- Allow employees the right to be accompanied by a colleague of their own choice.
- Allow employees the right to appeal against any disciplinary action.

2. ELIGIBILITY & APPLICABILITY

All employees of Narayana Medical Institutions

3. RASCI

- 3.1 Responsible : Individual
- 3.2 Approver : PRINCIPAL/MS/CEO
- 3.3 Support : COMMITTEE/HRD
- 3.4 Coordination : HRD

4. PURPOSE

This Disciplinary Code aims to:

- Promote efficient and safe performance of work.
- Maintain good employee relations within the Hospital.
- Help and encourage staff to achieve and maintain the appropriate standards of conduct that the Hospital expects of its entire staff.

5. DEFINITION:

Disciplinary Procedure-Sequence of activities to be carried out when staff does not conform to the laid down norms, rules and regulations of the health care organization.

Discipline -The Practice of training people to obey rules or code of behavior.

Misconduct- Behaving in an unprofessional manner.

Major misconduct : Repeated acts of misconduct.

Gross misconduct: Gross misconduct is conduct so serious that it effectively breaches the contract of employment.

6. Policy & Procedure

- 6.1 The Departmental Head shall make a recommendation for an appropriate reprimand for the delinquent employee, provided the employee is indeed found to have committed the misconduct.
- 6.2 The HR Manager shall examine the complaint, consult the Departmental Head, and consider the gravity of the misconduct as well as the past record of the delinquent employee. In case the misconduct is minor in nature and the past record of the employee is unblemished, the HR Manager shall carry out counselling of the employee or warn the delinquent employee, orally or in writing.
- 6.3 In case the misconduct is major in nature and/or the employee has a blemished past record, the HR manager shall consultation with institution Head and order a preliminary enquiry by appointing an investigating officer or/and to issue show cause notice to the delinquent employee.

- 6.4 On receipt of the reply to the show cause notice, if the delinquent employee accepts his role in the misconduct and if the institution Head is satisfied with the reply, he shall issue a written warning or suspend the employee for one to four days, as a reprimand.
- 6.5 In case, the delinquent employee does not accept his role in the misconduct or the institution Head is not satisfied with the reply of the delinquent employee, he shall direct the GCC to further enquiry the delinquent employee.
- 6.6 Action (or) recommendations by GCC shall be implemented by the institution Head.

7. General Discipline:

All employees are expected to conduct themselves in a manner conducive to efficient and smooth working of the organization. An employee who does not conduct himself/ herself in a proper manner must be corrected through appropriate disciplinary action. An illustrative list of 'misconducts' warranting disciplinary action is given in a section below. The purpose of disciplinary action is to correct rather than to punish the employee. If the offense is of a grave nature or if efforts at correction do not meet with success, severe disciplinary action such as discharge or dismissal may have to be resorted to.

7.1 Secrecy:

- No employee will take any paper, books, drawings, photographs, equipment or any other property of the Hospital out of the premises of the Hospital office in which he/ she is engaged provided he/ she is specially authorized by the Management to take such things out of the office premises.
- No employee will be permitted to keep copies of classified official documents with him/ her.
- No employee will write to any person including another employee and/or communicate to newspapers, journals, books, pamphlets or leaflets, or disclose or cause to be disclosed, or discuss at any place or at any time during the service of the Hospital, any information or documents, official or otherwise relating to the Hospital except with the approval of the Management.
- No employee will use the Hospital's name or properties for his/ her personal benefit.
- Except in the official discharge of his/ her duty, no employee will disclose during service or after leaving service of the Hospital, any secret or information

8.0 Conduct:

- An employee during the whole tenure of service will devote time and attention to the work of the institution. He/ She will, in all respects act according to the orders and directions issued by the supervisor/so
- An employee will not directly or indirectly engage in any other whole time or part time profession or business or enter into the service of competitive nature.
- An employee should at all times conduct himself/ herself soberly and temperately while on duty and will use his/ her best endeavor to promote the interest of the Hospital.
- An employee proceeding on annual leave will hand over charge of all records, papers to the immediate head before he/ she proceeds on leave.

9.0 MISCONDUCTS:

ACTS AND OMISSIONS CONSTITUTING MISCONDUCT

The following acts and omissions on the part of an employee shall be treated as misconduct: -

- I. Impertinence, willful insubordination to or disobedience of, whether alone or in combination with others, any lawful or reasonable order of the superior.
- II. Theft, fraud or dishonesty, embezzlement, misappropriation or mischief in connection with the patients or Hospital's business or property.
- III. Causing willful breakage, loss or damage to the property of the establishment or of its patients and their relatives inside the hospital.
- IV. Demonstrating within 150 meters of the Hospital/Hospital's premises and / or participation in strike. Or inciting others to participate in strike, which is illegal or unjustified, or against the provisions of any law, agreement or award or settlement.
- V. Slowing down in the performance or work or inciting others to slow down or adopting or inciting others to adopt any tactics to that effect by whatever name called.
- VI. Causing disturbance to the contentment and or comfort of others at work.
- VII. Drunkenness or drug addiction being under the influence of drug or alcohol.
- VIII. Fighting, riotous or disorderly or unruly or indecent behavior or conduct or committing any act which is likely to cause breach of peace.

- IX. Threatening, intimidating, coercing other employees or interfering with the work of other employees or conduct which endangers or likely to endanger the life or safety of another person, and any act involving moral turpitude or conduct which violates common decency or morality.
- X. Commission of any acts subversive of discipline while on duty or off duty within the Hospital premises or precincts.
- XI. Intimidating or threatening or assaulting any employee or employees whether within the duty hours or outside duty hours whether inside the hospital or Hospital premises or outside the establishment whether such act relates to the employment or working of the establishment.
- XII. Demanding, taking offering or giving bribes or any illegal gratification.
- XIII. Absence from duty without leave or absence from duty without leaves for more than seven consecutive days without sufficient cause or overstaying the sanctioned leave without sufficient grounds or proper satisfactory explanation.
- XIV. Engaging in other employment or business or profession while in services of the hospital
- XV. Habitual late attendance.
- XVI. Habitual absences without leave i.e., absence on more than 3 occasions within a period of 12 calendar months.
- XVII. Habitual absence without leaves on the day preceding or the day succeeding a national and festival holiday or a weekly holiday.
- XVIII. Soliciting and or accepting any tips from the patients and their relatives
- XIX. Using unparliamentarily, abusive or filthy or foul language orally or in writing against any other employee or employees or superiors or patients / guests.
- XX. Soliciting or collection or promoting contributions or pledges for any purpose or function at any time in the hospital premises without the prior written permission of the Management.
- XXI. Obtaining or attempting to obtain leave of absence by false pretence, or abuse of leave facilities or by false representation.
- XXII. Gross negligence of work or habitual negligence or neglect of work.
- XXIII. Breach or violation of service rule or rules or any other rule or rules or instructions of the Hospital/Hospital.
- XXIV. Organizing, holding or attending any meeting within the Hospital/Hospital premises without prior permission in writing of the Head of HRD.
- XXV. Writing / sticking notices, posters on the walls or any portion of the premises of the Hospital/Hospital or wearing badges with words or slogans tending to incriminate co-employees or Management while on duty.

- XXVI. Sleeping or dozing in any posture while on duty.
- XXVII. Possession of any lethal weapon, knife, arms, or ammunition, or explosives in the Hospital/Hospital premises or precincts.
- XXVIII. Arrest or conviction by any court of law for any offence.
- XXIX. Giving false declaration regarding name, age, father's name, qualifications, emoluments or of previous service, or any such personal details or producing fake or bogus certificates or documents at the time of employment, or suppression or concealing of material facts relating to antecedents for the purpose of securing employment in the Hospital/Hospital, which should have prevented employment had they been made known before employment.
- XXX. Committing any act within the premises of the Hospital/Hospital or outside whether amounting to any offence or which would tend to have effect or result in impairing the reputation, the public confidence, the discipline, or the prestige of the Hospital or is in any way prejudicial to the interest of the Hospital/Hospital.
- XXXI. Refusal to accept a charge sheet or any other communication from the Management.
- XXXII. Refusal to accept or carry out any order of transfer.
- XXXIII. Refusal to accept or carry out any order of deputation.
- XXXIV. Falsifying or refusing to give testimony when an accident or any other matter connected to any incident related to the business or any daily functioning is under investigation.
- XXXV. Doing money lending business or any other monetary transaction by utilizing one's position as an employee of the Hospital for personal gain, irrespective of whether the actual transaction is made inside the Hospital premises or at any other place.
- XXXVI. Making false statements about himself or any other employee or about the Superior or misrepresenting facts.
- XXXVII. Disclosing to any unauthorized person any information with regard to the processes, facts or figures, particulars, details of the work of the Hospital, technical know-how, security arrangements, administrative or organizational matters of confidential or secret nature, which may come into the possession / knowledge of the employee during the course of his work, unless compelled to do so by judicial authority or under law or without written permission from the Management.

- XXXVIII. Wastage or excess usage of Hospital's materials or property either willfully or due to negligence.
- XXXIX. Committing any nuisance in the Hospital or near the outskirts of the Hospital premises thereby disturbing the peace of the Hospital.
- XL. Willful non co-operation with fellow employees for proper discharge of duties.
- XLI. Disobeying any lawful and reasonable order of the Management or superior and refusal to accept any communication or letter from the management or endorse the fact having received any communication or letter on any peon book or on the duplicate copy of the document itself.
- XLII. Refusal to sign any documents forms or registers kept or maintained for the purpose of maintaining daily records.
- XLIII. Failure to deposit any lost article found in the establishment premises with the Security Department (Lost and Found) and obtain a receipt for the same.
- XLIV. Lending or borrowing money, article from his subordinates or a co-worker or any other person connected with the business of the Hospital.
- XLV. Spreading rumor or giving false information, which tends to disrepute the Hospital or its employees, or spreading panic among the employees.
- XLVI. Leaving work without permission or before being properly relieved at the end of his shift/duty.
- XLVII. Commission of an expressly prohibited act, or willful breach of any instructions or rule as regards the safety and health of patients, employees and safety or property of the Hospital or an act exposing the Management to any penalty under any law.
- XLVIII. Smoking, chewing pans / tobacco or spitting on the Hospital/Hospital premises.
- XLIX. Possession or use of any intoxicating liquors drugs or narcotics while on duty within the premises of the hospital.
- L. Willful damages or damages due to negligence or carelessness caused to the Hospital.

10. Group Compliance Committee

- 10.1 In case an anonymous complaint carries references to verifiable facts and figures, these would be verified and if found true, the complaint will be taken up and investigated. If an employee or external person makes an allegation which she/he knows to be untrue or with an intent to defame and is confirmed by subsequent investigation, appropriate action will be taken against the person under the rules of the Institute.

10.2 Malpractice, impropriety, abuse and wrongdoing (hereinafter referred to as "Concern") can include a whole variety of issues and some are listed on misconducts. However, those are not a comprehensive list but are intended to illustrate the sort of issues, which may be raised under case to case basis.

10.3 The Concern shall be investigated by the Group Compliance Committee

10.4 The Group Compliance Committee shall frame and circulate such rules as may be deemed necessary to enable a fair conduct of inquiry and investigation as well as decision.

10.5 Once any disclosure of concern has been made by an employee to the HR, The HR will pursue the following steps:

- ⋮ Acknowledgement of the receipt- within 3 working days
- ⋮ Obtain full details and clarifications of the complaint.
- ~: HR will notice to Group Compliance Committee with detailed information about concern
- ⋮ Fully investigate into the allegation with the assistance where ever appropriate, of other individuals / bodies .
- If requires, Consider the involvement of the Institute's Auditors or the Police or any other external investigation agency or person .
- Closing the matter within 15 working days.
- Based on the findings after conducting various investigations as it may deem fit and come to a final decision
- ⋮ For the purposes of this procedure an adverse personnel action shall include:
 - a disciplinary action
 - a suspension
 - a separation
 - an involuntary demotion
 - an involuntary resignation
 - Recover any loss suffered by it due to violation of the provisions
 - an involuntary reassignment to a position with demonstrably less responsibility or status as compared to the one held prior to the reassignment

- any other actions (Call for explanation, issue warning letter etc.)

10.6 All decisions by the Group Compliance Committees shall be by way of a simple majority. In the case of a tie, the matter shall be referred to the Chairmen for a final decision in the matter.

GROUP GOVERNANCE COMMITTEE

<u>Members Name</u>	<u>Designation</u>
Dr.SP Rao	Dean-NMCH
Dr.S.Vijay Kumar	Academic Coordinator-NMI
Dr. Sat ish	Medical Superintendent
Dr.Ajay	Principal-NDCH
Mr.G.Suresh	CFO
Mr.R. Sambasiva Rao	Society Treasurer

10. Types of Penalties

Employees governed by Conduct, Discipline and Appeal Rules:

10.1 Minor Penalties

- (a) Censure;
- (b) Withholding of Promotion;
- (c) Withholding of increments of pay with or without cumulative effect;
- (d) Recovery from payor such other amount as may be due to him, of the whole or part of any pecuniary loss, caused to the Hospital by negligence or breach of orders.
- (E) Disciplinary action/Memo

10.2 Major Penalties

- (a) Reduction to a lower grade or post or to a lower stage in a time scale;
- (b) Dismissal from service;
- (c) Removal from service, which shall not be a disqualification for future employment.
- (d) A suspension
- (e) An involuntary reassignment to a position with demonstrably less responsibility or status as compared to the one held prior to the reassignment

10.5 Termination of service:

- .. Of an employee appointed on probation during or at the end of the period of probation, in accordance with the terms of his appointment .
- . Of an employee appointed in a temporary capacity otherwise than under a contract or agreement, on the expiry of the period for which he was appointed earlier in accordance with the terms of his appointment .
- . Of an employee appointed under a contract or agreement, in accordance with the terms of such contract or agreement .
- . Of an employee on reduction of establishment