

INDIAN COUNCIL OF MEDICAL RESEARCH

Action Taken Report on Recommendations made by ICMR Review Committee, 1984

<i>Sl. No.</i>	<i>Recommendations</i>	<i>Actions Taken</i>
2.	Establishment of Integrated Biomedical Research Complex.	Was not pursued because it was felt that the ICMR should have a nation-wide reach.
2.1	SAB may devote greater attention to an overview of research programme in its totality, to ensure a proper balance between various components of research programme and devote more attention to policy formulation.	The SAB now devotes greater time and emphasis on policy issues and to maintain a balance between upstream and downstream research as well between existing and emerging health concerns in the portfolio of ICMR.
2.2	Any existing disparities in the autonomous character of ICMR and CSIR, including those matters relating to the powers of the DG and ex-officio ranking of the DG as Secretary should be removed without delay.	The matter relating to the powers of DG and disparities in the autonomous character of ICMR is being currently considered at the highest level of the Government.
2.3	All national research institutions engaged in biomedical research activities be brought under ICMR for better co-ordination, avoiding duplication of research efforts.	The ICMR has formulated a draft National Health Research Policy which envisages a National Health Research Management Forum wherein all research agencies cutting across Ministries and Sectors identify priority areas of research and co-ordinate with each other. It is proposed that the Secretariat would be at ICMR with the Minister of Health as its Chair, an eminent scientist as co-chair and the Director General, ICMR its Secretary.
2.4	Develop better and more effective co-ordination with other organizations engaged in biomedical research.	<ul style="list-style-type: none"> Directors of institutions of other S&T agencies & State Govt. Representatives participate in SACs of all the Institutes and that of Central Govt. and other

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		<p>research institutions in meetings at the Headquarters;</p> <ul style="list-style-type: none"> • ICMR is signing MOU with DBT for better coordination; • ICMR is partnering AYUSH and CSIR in the Golden Triangle agreement.
3.	To deal effectively with oncoming problems in the non-communicable disease sector, such as cardiovascular diseases including hypertension, cancer, genetic disorder, environmentally caused toxic syndrome.	<ul style="list-style-type: none"> • Greater emphasis with commensurate resource allocation has been made towards augmenting research on non-communicable diseases; • Several multi-site projects have been initiated addressing epidemiology and intervention modules for RF/RHD, hypertension and risk factors for coronary artery diseases; • Centres for Advanced Research have been started in endocardial fibrosis. • Modules for surveillance for risk factors for NCD have been prepared and piloted for implementation in IDSP; • National diabetes control and management programme formulated; mental health effects of disasters studied; • National Cancer Registry expanded to population based, rural and cause specific; cancer atlas developed; • New approach to clinical neurology and asthma started; • Pesticide related toxin in environment and their health effects are being studied.
4.	Constitute Scientific Advisory Groups in different areas to review both intramural and extramural research programmes.	The Scientific Advisory Groups have been constituted for each of technical division of the Council to review intramural and extramural research programmes.
4.1	Streamline funding of extramural projects:	Streamlined. Guidelines have been prepared for Review of Extramural Research Programmes. The financial ceilings for the projects have now been

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	<ul style="list-style-type: none"> • Small ad hoc projects (< Rs. 1 lakh) be evaluated in consultation with 1-2 experts; • Between Rs.1-5 lakhs: Continue existing near review system; • >Rs.5 lakhs: PI be invited for discussion. 	<p>revised upwards in tune with the current funding levels</p> <ul style="list-style-type: none"> • small ad-hoc projects costing upto 2 lakhs and of duration less than or equal to one year are reviewed in-house by a committee; • Projects upto Rs.30 lakhs – are Peer reviewed and/or reviewed by a Project Review Committee; • Projects costing >Rs.30 lakhs – Reviewed by a High powered Bio-medical Research Committee where PIs are invited for discussion.
4.2	Areas not covered by Task Force approach should also receive attention and support.	<p>Such studies are being supported as <i>ad hoc</i> projects. Over the years the number of projects being funded, the quantum of funds, and the amounts for equipments have seen an increasing trend</p> <ul style="list-style-type: none"> • Special programmes also started like the one on genomics, surveillance for anti-biotic resistance, tribal health, funds for projects in the North-East states.
5.	<p>Improve the overall standards of medical education and research, ICMR may offer:</p> <ul style="list-style-type: none"> • Financial support to candidates willing to spend an extra year for research after post-graduation • Support Post-graduates in medical sciences to pursue Ph.D • ICMR institutes to get affiliated to Universities for Ph.D • Scientists in ICMR be encouraged to acquire Ph.D based on their research work. 	<ul style="list-style-type: none"> • The ICMR provides financial assistance to selected medical graduates pursuing postgraduate courses (MD/MS/DM/MCH); • Also started MD-PhD courses; • Short term research studentship scheme has also been initiated for undergraduate students to provide them with an opportunity to familiarize them with Research methodology; • Several Institutes of ICMR have now been affiliated to Universities and offer degrees, diplomas, and PhDs; • Research Associate Fellowships are available for post-Docs; • ICMR institutes also provide training for a few months in their institutes as

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		<p>part fulfillment of degrees being pursued by them in Universities;</p> <ul style="list-style-type: none"> • In service Ph D is being encouraged for ICMR employees, by making it a condition for promotions; • A proposal for naming ICMR as deemed University is under preparation.
6.1	More rigorous evaluation of post-training careers of candidates who take training programmes under ICMR.	A data-base of the ICMR employees who have received training and their career graph is available. A new set of data-base is being made for compiling information for non-ICMR scientists.
6.2	Talent Search Scheme be extended also those who have completed post-graduate qualifications and recruit them into ICMR Research Cadre at a higher pay scale.	The Talent Search Scheme has replaced by several short and long term training programmes for research capacity strengthening and new programmes for in-service sponsored candidates have also been started.
6.3	Introduce Research Career Development Awards, on the lines of NIH.	Introduced ICMR International fellowships on the pattern of Fogarty Fellowships (overseas fellowships), six for junior and 3 for senior scientists and 5 for scientists of developing countries coming to India.
6.4	Scientists recruited by ICMR should be given courses in Research Methodology and Scientists already in ICMR should be given courses in Recent Advances in Research methodologies pertinent to biomedical and health research.	This is being done through workshop mode.
7.1	In view of high cost of creating the most up-to-date laboratory facilities, ICMR to establish 1-2 large institutes of biomedical research where sophisticated research be carried out and offer facilities to peripheral institutes.	Since 1997-98 a concerted effort has been made to improve the infrastructure, and the facilities to undertake research in cutting-edge areas of modern biology. The Institutes have been upgraded to state-of-the-art laboratories. Sophisticated equipments have been installed in all institutes.

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7.2	ICMR Institutes be able to respond to changing patterns of diseases and adjust their research strategies accordingly.	The ICMR has been live to the changing disease patterns. Establishing the Institute of AIDS through redeployment and retraining of the staff; responding to SARS, and influenza threats, to emerging epidemics of life style diseases, new and emerging infections are some examples how the Council has responded.
8.	To lay emphasis on priorities in research on tribal health, in line with Govt.'s programmes.	Two new Institutes have been established which address to health problems of the tribal populations one at Port Blair and the other at Jabalpur. In addition, each Institute of the Council conducts research on the diseases prevalent among the underprivileged sections of the community and those belonging to scheduled tribes. As part of extramural research programme ear-marked funds are available to undertake research on minority's health issues.
10.1	Step up efforts to establish linkages with Central and State Govt. sister organizations this issue be discussed by the Central Council of Health.	This is an ongoing process, in some states it works better than others. Constant dialogue and exchange of research information has helped to strengthen the bond.
10.2	A special Scientific Advisory Group be established with representatives of State and Central Government to discuss health problems encountered in the States and to speed up relevant studies of these problems and their application.	This issue is taken up in meetings of all SACs and SAGs.
11.	To retain scientists the ICMR may provide <ul style="list-style-type: none"> • housing facilities; • scale of pay at par with CSIR; • emoluments of emeritus scientist be increased; • speeds implementation of 5-years assessment scheme. 	<ul style="list-style-type: none"> • The employees in Delhi are eligible for general pool accommodation of Central Government. Institutes in other cities have staff quarters presently. There is no problem of housing facilities; • The scale of Pay is at par with CSIR since 1987;

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12.	Cautioned that while entering into international bilateral arrangements, the concern of sub-serving national interests and priorities should be constantly kept in mind.	<ul style="list-style-type: none">• Emoluments of emeritus scientists have since been revised, now a mechanism has been put in place to enhance the emoluments as and when they are increased by CSIR;• 5 yearly assessment scheme for scientists has been in operation since 1984. Since then 20 assessments have taken place. <p>Areas of international collaboration are identified keeping in mind the national health priorities. While approving projects for international collaboration security and sensitivity angle are taken care of.</p>