

# ***Minutes and recommendations of the National Task Force (NTF) Workshop – 2006***

## ***Part 1: Minutes of the meeting of the members of the National Task Force (NTF) held on 10.11.06***

1. **Supportive supervision by Task Forces:** The National Task Force reiterated its view that supportive supervision by the State and Zonal Task Forces is of paramount importance, and that the STF/ZTF chairman should also increase their frequency of travel to Medical Colleges within their jurisdiction, so that the visits are as per the earlier NTF recommendations. A checklist for supervisory visits by the ZTF/STF chairperson was considered desirable by the NTF, and CTD was entrusted with the task of drafting such a checklist. CTD was also asked to issue a letter regarding the frequency of such supervisory visits and the sources of funds for such visits. The checklist will be available by 31st December 2006.
2. **Rotation of ZTF and STF Chairpersons:** The NTF observed the need for rotation of chairpersons of State and Zonal Task Forces for wider participation in medical colleges. The National Task Force also decided that the ZTF chairperson need not be from a nodal centre, and the term of ZTF chairperson should be 2 years.

The NTF also recommended that the first State Task Force meeting in each calendar year should have an agenda to consider the next STF Chairperson for the year.

3. **Meetings of Core Committee and State Task Forces:** The NTF reiterated its earlier recommendation that the State Task Force must meet every quarter, and the STF chairman and the STO should together co-ordinate to ensure that this does take place on schedule.

The NTF also took note of various observations regarding the core committee meetings in Medical Colleges, and based on the earlier observation of a group in the NTF Workshop 2005, recommended that core committee meetings should preferably be held every month, but should definitely be held in each quarter of the year, and should preferably also be accompanied with a CME programme. The core committee meetings should also be timed such that the core committee meeting can also discuss and finalize the quarterly report of the medical college.

The NTF also felt the need for a checklist/proforma for the Core Committee meetings, the drafting of which was entrusted to Central TB Division. The checklist will be made available by 31st December 2006.

4. **Status of OR Committees:** The NTF observed that only about 20 states had formed their Operational Research committees till date. A reminder to all states to formally constitute their OR Committees would be issued, with the deadline for formation of such OR committees fixed as 31<sup>st</sup> December 2006. Also, the nominations for members of Zonal OR committees, as was decided in the ZTF meetings held earlier in the year, were much delayed beyond the timelines decided in these ZTF meetings, and the NTF recommended that 15<sup>th</sup> Dec 2006 be kept as the deadline to receive all such nominations.

5. **Laboratory Staffing and Contractual Staff Issues:** The NTF noted that in view of the EQA system having been implemented across the country, there was no role for a separate STLS in a Medical College. Thus, while CTD was no longer sanctioning new STLS posts for Medical Colleges, the decision with regard to the existing STLS posts sanctioned for Medical Colleges would be taken by CTD, and based on workload, the same could be replaced by positions for a second Lab Technician in Medical Colleges, or the existing STLS could be used elsewhere in the programme so that a trained resource is not lost. The Medical Colleges would be covered by the STLS of the Tuberculosis Unit where the Medical College is located, for EQA and other purposes.
6. **Additional Nodal Centre:** In view of the request made by the Zonal Task Force for the South Zone, wherein the members of ZTF had pointed out that there was only one nodal centre for the South Zone which comprised of over 106 medical colleges, NTF decided that one “Additional Nodal Centre” could be considered for the South Zone but only subject to the condition that the same will not be eligible for any equipment or human resources to be made available from the programme and any requirements for the same shall be met by the medical college itself.
7. **Statement on Use of Second line drugs:** The NTF decided that a statement on the use of second line drugs be drafted and approved to demonstrate the commitment of the taskforce to prevent MDR and also XDR tuberculosis. This was taken up for discussion by Group 7 and has been included therein.
8. **International Standards for Tuberculosis Care and Engaging with professional bodies:** The NTF adopted and endorsed the ISTC and also committed that the NTF members shall undertake advocacy for RNTCP with other professional bodies.
9. **Collaboration with Tuberculosis Research Centre (ICMR):** The NTF recommended that TRC could keep in touch with other members of the NTF and particularly with the nodal centres. It was informed that all study abstracts were available on the website of the TRC, and that TRC could consider sharing and circulating protocols which can be used by Medical Colleges.

The meeting ended with a vote of thanks to the chair.

***Part 2: Recommendations of the National Task Force (NTF) workshop regarding issues taken up for Group Discussion.***

## **Group 1: Medical College Quarterly Reporting and MIS**

The group had discussed on the Quarterly reporting formats, issues related to compilation and submission of the quarterly reports by the medical colleges, and roles and responsibilities of different functionaries. The salient observations and recommendations of the group are as under.

- The Medical College reporting format to retain the basic structure and frequency of reporting would continue to be quarterly.
- The time lines for submission of reports would be as per the guidelines – i.e. the MC quarterly report to be submitted to the STF within 7 days of the end of quarter; the STF to compile and submit the same within 20 days of end of quarter; and the ZTF to submit the zonal compilation within 30 days of end of quarter.
- 80% of the Medical Colleges had submitted reports for the quarter ending June 2006. Necessary instructions may be issued from the Secretary, Medical Education and Training/ Director Medical Education and Training – to ensure involvement of all MCs and timely submission of reports by all MCs. The STF Chairman to coordinate this in their respective states.
- On the issue of simplification of reports – it was agreed to do away with the information on number of TB suspects referred to Microscopy centres; if this information is not routinely collected, this column could be left blank. A further review could be taken during a wider review of the recording and reporting system planned for 2007.
- On the issue of roles and responsibilities in compilation of the reports
  - Nodal officer of the Medical College Core Committee is over all responsible for all activities, including timely submission of quarterly reports
  - Medical Officer/Faculty-in-charge of RNTCP facility in the Medical college is responsible for compilation, verification and timely submission of the Monthly PHI and MC quarterly report. The Medical officer will prepare the report under supervision of the Nodal officer in charge of the RNTCP facility
  - The LT will compile and provide information on the microscopic activities
  - The TBHV will collect information on
    - Total number of adult OP in the MC (from the Medical Record Section)
    - Total number initiated on DOTS (Sp+ve / Sp-ve / EP TB)
    - Number referred for treatment and feedbacks received
  - The STS of the local TU
    - Will provide update information on the referrals for treatment/ number put on DOTS within the TU/ within the district, and facilitate in compilation of information on initial defaulter
  - The DTO
    - Will coordinate and facilitate with the Nodal officer of the MC, STF/STO for onward transmission of the reports to the STF/ STO
    - Electronic transmission from DTC to STF by email may be explored by respective STF chairpersons
  - The STF chairman
    - Will compile the state level MC reports and submit to the ZTF quarterly
    - Will provide quarterly feedback to the MCs
    - The MO at the Nodal Centre/STF to assist the STF chairperson in compilation of state reports/ feedbacks

## **Group 2: Referral for treatment & feedback mechanisms and Indoor DOTS**

### **Referral for treatment & feedback mechanisms**

The recommendations of NTF 2005 on a similar topic was revisited, to assess the status of implementation and changes based on experiences of the same. In light of the existing modalities, it was decided to re-enforce the existing policies and guidelines and strengthen the whole referral and feedback mechanisms from Medical Colleges

The collaboration between Medical colleges and the District TB Centre (DTC) was perceived to be below expected standards. Both partners would do well to increase dialogue and explore areas to help run the programme more efficiently at the district level.

It is to be emphasized that the sputum examination of all TB suspects are to be performed in a lab that is under EQA of RNTCP. In extra pulmonary cases, diagnosis to be done by the respective departments before sending the cases to the RNTCP Cell/ DOTS centre of the college, either for starting treatment or for referral.

The group recommended the following to improve the referral for treatment and feedback mechanism:

- ❖ To facilitate the referral mechanism, the referral for treatment forms requiring postal transmission could be posted by the medical college after obtaining postage from the DTO, or, these could be handed over to the DTC within a week (through the TBHV/ STS/ STLS) for onward transmission to the referred PHI and DTC respectively.
- ❖ A robust system for monitoring of 'referral for treatment', and its feedback, both within and outside the district, should be implemented. Such a system should include:
  - Regular meetings (at least monthly), at the DTC of the district, with the MO/Faculty-in-charge of RNTCP of the medical college, which should be attended by all STS of the district.
  - The patients within the district should be tracked in this meeting with STSs.
  - The list of the patients referred outside the district should be emailed by the DTO's office to the respective DTO of the receiving district, and feedback obtained and made available to the medical college.
  - The list of patients outside the State should be emailed by the DTO to the STO of the receiving state with a copy to the STO of the referring state, and feedback obtained should be made available to the medical college.
- ❖ To improve inter-departmental co-ordination, the core committee meetings could include a discussion / feedback on referrals within the medical college for the intervening period.
- ❖ Medical Officer/Faculty-in-charge of the DOTS centre to strengthen the inter-departmental referral system by visiting and sensitizing various departments regularly.
- ❖ Existing mechanisms like inter-state (border district) meetings could be used to improve feedback.

### **Indoor DOTS**

- ❖ All patients admitted MUST be registered (irrespective of the duration of admission or the number of doses given) in the TU in which the Medical College is situated.
- ❖ At the time of discharge, upto three doses can be given to the patient and the formalities for transferring the patient are to be completed at the DOTS centre of the Medical college
- ❖ Prolongation pouches are to be used for all indoor patients and medical college hospitals should not procure anti-TB drugs.
- ❖ The nursing staff in the ward can indent their requirement of prolongation pouches from the DOTS/RNTCP centre and the inventory and records can be maintained in the ward as is maintained by them for other drugs. At the time of indent, the information on utilization of prolongation pouches to be sent to the DOTS centre.

## **Group 3: Improving coordination within medical colleges and with public health functionaries**

The group work mainly focused on improving coordination with medical colleges and public health functionaries. The members of the view that though progress has been made and medical colleges are involved in the RNTCP, but there is need and scope for greater coordination and rapport building for smooth functioning and enhancing ownership by medical colleges.

### **1. Improving coordination within the medical colleges**

The group worked on identifying the constraints and made recommendations for improving coordination among the departments of the medical college.

Recommended Steps for improving coordination:

- Build administrative commitment at the level of the head of the institution by inviting Dean/Principal to chair the meetings of Core Committee
- Definitive directions by head of the Institution for referring TB patients to respective RNTCP centre for treatment
- Core Committee should have members from concerned clinical and other related departments
- National Task Force and CTD to facilitate endorsement of RNTCP guidelines for management of TB by professional bodies
- Sensitization and regular re-sensitization of all faculty, residents and staff of all departments
- Involving all heads of departments in CME, RNTCP seminars/ workshop and other activities
- Strong Liaison between STO/ DTO and the medical colleges
- Faculty or MO-in charge of RNTCP centre in the Medical College to liaison proactively with all departments
- Encourage all departments to take up Operational Research in RNTCP

### **2. Improving coordination with the public health functionaries**

The group also deliberated on the issues that come in the ways of building coordination with the public health functionaries and recommendations were made by the group.

Recommendations

- Ensure representation of medical colleges in STCS/ DTCS/ Health Societies
- Core committee meetings to be organized regularly and DTO to attend these meetings.
- Medical College faculty or MO-in charge of the RNTCP centre should attend the monthly meetings at the DTC.
- DTO to ensure adequate supply of drugs and lab materials
- DTO to ensure availability of funds for carrying out RNTCP activities as per guidelines
- DTO to ensure appointment of contractual staff as sanctioned, and also early filling up of vacancies as and when they arise.
- Regular supply of IEC material and support the organization of IEC activities in the medical college

## **Group 4: Role of Medical Colleges in TB/HIV Coordination activities**

In the group work various aspect of TB/HIV coordination in the country were discussed and it was felt that there was an urgent need to increase the involvement of Medical Colleges in the implementation of TB/HIV Coordination programme activities. Following detailed deliberation on the subject following decisions were made:

- General capacity building of the ICTC staff and the faculty members of Medical College.
- The Medical College faculty should ensure that all ICTC staffs are well familiarized with the 10 point counselling tool on TB and the same is routinely implemented.
- The ICTC-RNTCP cross-referrals should be regularly reviewed in the Medical Colleges during the monthly meetings of the core committee. To facilitate the process ICTC-in charges would be made a member of the core committee. For better coordination between the two programmes within the institution, a copy of the report of ICTC-RNTCP Cross-referrals would be sent to the Nodal officer of RNTCP in the institution, by the Faculty-in-charge of ICTC.
- The Medical College would also ensure that full compliment of ICTC & DMC staffs are in place and the function of the DMC & ICTC is not disrupted by the temporary absence of LTs or Counsellors.
- It was discussed in the group that there was a significant loss of client during referrals from ICTC to DMC, even when the two were in the same institution.
  - In order to address this issue it was decided by the group that ICTCs & DMCs need to be located in close proximity & preferably under the same roof.
  - Medical Colleges should also try to establish a system of escorting the referred TB suspect from ICTC to DMC by ICTC Counsellor with necessary support from the Medical College para-medical staff.
- ART-DOTS Linkages:
  - To facilitate the referrals of TB suspects from ART centre to RNTCP diagnostic and treatment services, the necessary RNTCP Lab forms would be made available in the ART Centres.
  - HIV positive clients registered with the ART centre, when developing active TB disease, must be treated under RNTCP.
  - When a patient referred from the ART centre is diagnosed as a case of active TB disease, the MO/Faculty in-charge of DOTS centre at the Medical college and the MO-ART should jointly decide on TB and HIV treatment as per national guidelines.
  - These patients would be put on treatment at a DOTS centre/Community DOT provider (such as PLWHA volunteer) located near their residence/workplace. These HIV positive TB patients would be referred for treatment using the standard RNTCP referral for treatment mechanism without mentioning their HIV status.
- Sensitization/ Training of Medical College faculty and students
  - CME on RNTCP should also include TB/HIV coordination, including operational and programmatic aspects.
- Operational research on TB/HIV
  - Operational research on TB/HIV needs to be prioritized in the Medical Colleges. For the purpose of the same, if required, the need of taking PLWHA networks on-board may be explored. Medical Colleges could also explore the possibility of developing standardized questionnaire for eliciting information for selective referral of TB patients for VCT.

## **Group 5: NTF Sensitization CD**

The group reviewed the contents of the draft Sensitization CD prepared as per the 6-hour sensitization curriculum laid down in the NTF recommendations in November 2005.

The standard set of slides made available for sensitization were divided into 5 modules:

- NTF Module 1: **Introduction** (43 slides)
- NTF Module 2: **Diagnosis** (35 slides)
- NTF Module 3: **Scientific Basis** (68 slides)
- NTF Module 4: **Treatment** (32 slides)
- NTF Module 5: **TB/HIV co-infection** (33 slides)

The Medical College master trainers can make use of these presentations after suitably adapting/modifying/formatting the same, for use in the sensitization workshops held in the colleges or in any other forum.

The CD also contains other content which could be useful in preparation for the sensitization or as reference material, which includes the following:

- **RNTCP Training Modules**- MO, TBHIV, EQA, Medical Practitioners etc
- **RNTCP Guidelines**: RNTCP Technical and Operational Guidelines, DOTS plus guidelines, Paediatric TB guidelines, Guidelines for involvement of NGOs and PPs
- **Reference Books**- Toman's Tuberculosis, TB Control in India
- **International Documents**: International Standards of Tuberculosis Care, Stop TB Strategy-2006
- **WHO documents**: WHO treatment guidelines, WHO Drug resistant TB guidelines
- **IEC** material and RNTCP documentaries for use during sensitization programmes or during breaks in such programmes.

The changes suggested by the group 5, which have been incorporated in the CD include the following:

- Design/ Formatting changes: Placing of logo and date/version stamp
- Guidelines of WHO on programmatic management of drug resistant TB were included
- New definition of XDR TB was included
- CD now also includes the software 'Adobe Reader' to view PDF documents

With these changes, the CD was presented in the NTF workshop and was approved by the NTF. Copies have been made available to all participants of the workshop and will also be sent to State Programme Officers, for replication and wider use.

## **Group 6: Operational Research Protocols**

The group made a presentation on 2 operational research proposals which were developed at an earlier workshop on Operational Research organized by TRC, Chennai, in September 2006. The OR proposals discussed were as follows:

1. Multi - centric study of awareness regarding TB and action taking behavior of chest symptomatics residing in urban slums.

Objectives of the study were:

- To study the awareness regarding TB (suggestive symptoms, mode of spread and prevention) and availability of diagnostic and treatment facilities among chest symptomatics residing in urban slums.
- To study the health care seeking behavior among chest symptomatics living in urban slums and the reasons for the same.

2. A multi-centric study to assess the treatment outcomes of HIV infected TB patients treated with RNTCP regimen

Objectives of the study were:

- To evaluate the treatment outcomes of HIV infected adult TB patients on RNTCP regimens identified at VCTCs and ART centers at the selected districts (descriptive)
- To compare the treatment outcomes among HIV infected TB patients with HIV uninfected TB patients in the selected districts (analytic or comparative)

The members of the NTF observed that both the proposals would generate information which would be beneficial for the programme and recommended that generic protocols of both the studies should be finalized by the respective writing groups formed in the workshop at TRC, by 31<sup>st</sup> December 2006.

## **Group 7: Drug resistant tuberculosis**

Group participants included representatives from Medical Colleges, TRC Chennai and WHO India. The group discussed two issues, namely:

1. The existing widespread use of second line anti-TB drugs in both the public and private sectors; and
2. How can Medical Colleges assist the RNTCP in implementing DOTS-Plus services in order to treat MDR-TB patients under RNTCP.

### **1. Widespread use of second line drugs (SLDs)**

The recently conducted GOI/WHO RNTCP Joint Monitoring Mission found the widespread use of SLDs by medical colleges and other health care providers for so-called "MDR-TB" patients. The group discussed this situation, discussions mainly being based on the following questions:

- What is the method of diagnosis used in these facilities?
- If culture and drug sensitivity testing (DST) are being used for the diagnosis of MDR-TB patients, whether results are from quality assured laboratories?
- How is the quality of care being ensured?
  - Are quality assured SLDs being used?
  - Is a recognised SLD regimen being prescribed?
  - Are the drugs provided, preferably, free of cost to patient, or at least at affordable cost to all patients?
  - What is the drug delivery system, and is treatment given under DOT?
  - How are adverse drug reactions managed?
  - How is adherence to treatment ensured?
  - Is there a follow-up schedule, which includes smear and culture, for monitoring progress to treatment and for determining the treatment outcome?

What is needed is correct diagnosis of MDR-TB via a quality assured culture and DST laboratory, provision of a full course of a recognised SLD regimen, provided free or at subsidised cost to the patient, given under DOT for the correct period of time, with regular follow-up with smear and culture.

All doctors using SLDs for the treatment of MDR-TB have a public health duty to the community, as well as to the patient, to correctly diagnose and treat to cure all MDR-TB patients that they start on SLD treatment, and to ensure that no amplification of drug resistance happens.



## **Recommendations**

- i. To ensure the above, RNTCP DOTS-Plus guidelines need to be followed, and
- ii. Advocacy amongst all health care providers and patients in this regard should be urgently undertaken.

## **2. How can Medical Colleges assist RNTCP in implementing DOTS-Plus services to treat MDR-TB patients under RNTCP**

Under RNTCP Phase II, 2006-2010, the plan is:

- To have a network of Intermediate Reference Laboratories (IRLs) for the provision of training, undertake supervision and EQA of the RNTCP smear microscopy network, and provide culture and DST services;
- The IRL can be in the State TB Training and Demonstration Centre, the state public health laboratory or in a medical college; and
- IRLs are to be developed and established in 24 large states in a phased manner from 2006 to 2009.

The group discussion focused on the potential of utilizing the existing medical college laboratories that are capable of performing culture and DST for the diagnosis of MDR-TB under RNTCP. It was noted that there are already fully staffed, well equipped, and functioning Culture and DST laboratories available in some medical colleges. If such laboratories are willing to be accredited by RNTCP and undergo routine QA by an NRL, the respective medical college could ask for an assessment visit by the RNTCP NRL accreditation team, and then subsequently apply for accreditation to undertake quality assured culture and DST under RNTCP. However a query was raised in that if the institution did not have the required equipment, infrastructure and staff, could the RNTCP support these labs in terms of investment costs, in addition to running costs?

### **Recommendations:**

RNTCP should utilise the existing laboratory capacity in medical colleges to perform culture and DST for diagnosis and follow-up of MDR-TB cases under RNTCP DOTS-Plus, in addition to proposed IRLs. In order to achieve this,

- RNTCP and NTF should disseminate the above recommendation to medical colleges to seek information in regard to existing laboratory capacity for culture and DST; and
- Willing medical colleges should request an assessment visit by the RNTCP NRL team and apply for accreditation as an RNTCP culture and DST laboratory as per procedures.

The group noted that all doctors treating TB patients need to remember that:

- If “new” TB patients are treated correctly with 1st line drugs, MDR-TB will not be created and will be prevented; and
- If MDR-TB patients are treated correctly with 2nd line drugs, XDR-TB will not be created and will be prevented.

## **National Task Force Recommendations for Medical Colleges on the Use of Second-Line Drugs for the Treatment of Tuberculosis**

NTF acknowledges that there is an immediate need for action by all practitioners to prevent the development of second-line drug (SLD) resistance and extensively drug-resistant tuberculosis (XDR TB). NTF recognizes that RNTCP has guidelines and a plan for management of MDR-TB under programmatic conditions, and this plan is in the initial phases of implementation. It also recognizes that many medical colleges are currently diagnosing and treating MDR-TB cases in a manner which is not consistent with National or International guidelines.

In view of the above, NTF recommends that:

1. All medical colleges diagnosing and treating MDR-TB should ensure that the diagnosis is based on laboratory results of culture and DST from a quality assured laboratory;
2. Any patient treated with second-line drugs outside of RNTCP Category IV regimen should be reported as a “Non-DOTS SLD treatment” using a mechanism to be developed by CTD
3. Flouroquinolones as a class are critical for the successful treatment of MDR TB, and should not be used in any first-line regimen
4. Treatment is undertaken only with internationally accepted standard regimens, such as that recommended under the National guidelines\*
5. Treatment is undertaken with a locally developed system for treatment observation/support and a minimum period of treatment for 24 months;
6. Treatment is accompanied by routine and regular bacteriological follow-up of patients to monitor response to treatment and outcomes

\* The National guidelines on DOTS Plus are available on the website [www.tbcindia.org](http://www.tbcindia.org)

**Participants in the meeting of the members  
of the National Task Force on 10.11.06**

S No	Name & Designation
1	Dr. S K Sharma, NTF Chairman
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