

**Amendments in
MP Nursing Home & Clinical
Establishment Act – Rules 1997**

New Definitions

Allopathy Nursing Home	Means a Nursing Home registered to provide treatment in recognized system of medicine viz. Allopathy
AYUSH Nursing Home	means a Nursing Home registered to provide treatment in recognized system of medicine viz. Ayurveda/Yoga/Homeopathy/Unani/Siddha
Category of Nursing Home	Means a Nursing Home registered to provide treatment under the recognized system of medicine only for which it is registered viz. Allopathy/ AYUSH system of medicine
General Bed	Means a bed designed for hospitalized patients or others in need of some form of health care, having special features both for the comfort and well-being of the patient and for the convenience of health care providers
High Dependency Unit (HDU)	Means a dedicated ward reserved for patients who need more intensive observation, treatment and nursing care than is possible in a General ward but slightly less than that given in Intensive Care Unit and serves as a "Step-down" unit for intermediate care
High Dependency Unit Bed	Means a bed situated in the High Dependency Unit (HDU)
Intensive Care Unit (ICU)	Means an organized unit for provision of intensive and specialized medical/nursing care under constant close supervision, to critically ill patients through an enhanced capacity for monitoring with multiple modalities of physiologic organ support to sustain life during a period of life-threatening organ system insufficiency
Intensive Care Unit Bed	Means a bed situated in the Intensive Care Unit (ICU)

New Definitions (Contd..)

Oxygen Supported Bed	Means a bed having a Medical Oxygen delivery system with supply mechanisms for Oxygen distribution, apparatuses to control pressure, flow, humidity, concentration and devices for delivering Oxygen to patients requiring Oxygen support
Resident Registered Medical Practitioner	Means a registered medical practitioner who shall be in-charge of the persons received and admitted in the Nursing Home and shall render his services for providing direct care including diagnosis, managing and treating health conditions of out-patients and in patients at all times as specified in the duty schedule of the nursing home
Supervising Medical Practitioner	Means a specialist medical practitioner who shall provide expert or professional advice for direct review and planning of therapeutic activities or clinical approaches, in order to oversee and improve the clinical outcome of admitted patients, either in person or by any other mode of communication, so that rendered treatment is consistent with the appropriate treatment protocols

Submission & Acknowledgment of Application (Rule 4)

- **The keeper or owner of Nursing Home or Clinical Establishment shall submit an online application for grant of registration and license or renewal thereof to the supervising authority as prescribed.**
- **The receipt of online application shall be acknowledged within three days of its receipt by the supervising authority or anyone duly authorized.**
- **In any other case, the manner of receipt and acknowledgement of such application within three days of its receipt, shall be such as prescribed by the State Government.**

Grant of Certificate of Registration & License (Rule 5)

- **(1) The Supervising Authority shall maintain a permanent office record of online applications received for grant of certificate of registration and license or renewal of Nursing Home or Clinical Establishment or renewal thereof and also maintain the record for rejection, if any.**
- **(2) The Supervising Authority, on being satisfied, that there is no objection to registration, register the applicant and issue to him an online certificate of registration/renewal of registration in form "B" and license in form "BB".**

Change in Address (Rule 11)

- The keeper or owner of nursing home or Clinical Establishment shall communicate to the supervising authority any change in address or in the situation of the Nursing Home or Clinical Establishment, in respect of which it is registered within seven days after such change, by online intimation as prescribed. The communication shall be duly acknowledged by the supervising authority, by online mode.

Change in staff

(Rule 12)

- (1) The **keeper or owner** of **Nursing Home or Clinical Establishment** shall communicate to the supervising authority, by online mode, any change in the medical, nursing or technical staff together with the dates on which such changes have taken place, within seven days of such change. A communication in this regard **shall also be shared with the concerned staff.**
- (2) The communication shall be **duly acknowledged by the supervising authority, by online mode.**

Salient Substitutions

- In rule 14, in sub-rule (1), item no. (x) of clause (c), for the word “**Disease**”, the words “**Final diagnosis**” is substituted.
- In rule 19, in sub-rule (1), for the words “**Meningitis**”, the words, figure and punctuation “**Meningitis, COVID-19**” shall be substituted.
- In rule 20 & 21, for the words “**State Government**”, wherever they occur, the words “**Director, Health Services**” shall be substituted.

SCHEDULE I

(See rule-7)

Schedule of Fees

SN	Particular	Registration & License Fees (INR)		Issue of a duplicate certificate of Registration and License (INR)	
		Old Provision	New Provision	Old Provision	New Provision
For Nursing Homes and Maternity Homes					
i.	Up to 10 beds	600/-	3000/-	100/-	500/-
ii.	Above 10 beds but up to 20 beds	1050/-	5250/-		
iii.	Above 10 beds but up to 30 beds	1350/-	6750/-		
iv.	For each additional bed above 30 beds	45/-	225/-		
For Clinical Establishments					
	Medical Laboratory, Physiotherapy establishment, outdoor clinic	600/-	3000/-	100/-	500/-

Amendments in Schedule II

Rule-17

Old Provision	New Provision
-	<p>Management of Biomedical Waste Authorization certificate from Madhya Pradesh Pollution Control Board for management of Biomedical Waste (as per the Biomedical Waste Management and handling Rules, 2016) shall be provided.</p> <p>The keeper or owner may apply for registration or renewal <u>during pendency of authorization certificate</u>, however, the <u>institution will be operational only after authorization certificate from Madhya Pradesh Pollution Control Board is obtained</u></p>
Equipment and linen, etc.	<p>(a) For every 100 beds or part thereof, the Nursing Home shall have 25% beds as Oxygen beds with Medical Gas Pipeline.</p> <p>(b) For every 100 beds or part thereof, the Nursing Home shall either have Liquid Medical Oxygen (LMO) tank or Pressure Swing Adsorption (PSA) plant for fulfilling Oxygen need of minimum 25 per cent of oxygen supported beds;</p>
Nursing Staff and Midwives (Provision of 2 Midwives for 1 to 10 beds in case of Maternity Homes only is deleted)	<p>Nursing Staff</p> <p>Services of nurse shall be provided at the scale of four nurses for 20 beds with a minimum of three nurses in a nursing home/maternity home of 10 beds or part thereof. In case of a Nursing Home having 50 beds or more services of one nursing sister for every 50 beds or part thereof shall also be provided.</p>

Amendments in Schedule II (Contd.)

Rule-17

Old Provision

Services of Registered Medical Practitioners

- i) One qualified Medical Practitioner for every 15 patient bed strength or part thereof, two for every 30 patients bed strength or part thereof with a minimum of 3 qualified medical practitioners in a nursing home having less than 45 beds.";
- ii) One Medical Practitioners for every forty new out-patients or part thereof per day.
- iii) One Medical Practitioner for every 50 old patients or part therefore per day.

New Provision

Services of Registered Medical Practitioners of the same system of medicine for which the Nursing Home is registered, shall be provided at the scale indicated below: —

- (i) **One Resident Registered Medical Practitioner** of the same system of medicine for which the Nursing Home is registered for every 20 patient bed strength or part thereof, to look after indoor patients;
- (ii) **One additional Medical Practitioner for every 50 out patients** or part thereof per day;
- (iii) **A Resident Registered Medical Practitioner shall be permitted to work in only one nursing home of the State, at a time. No part time engagements in any other Nursing Home shall be permissible. Any such engagement shall be a ground for cancellation of Registration and License;**
- (iv) **A Resident Registered Medical Practitioner shall physically be present in the Nursing Home and render his services for attending to in-patients at all times as specified in the duty schedule of the Nursing Home;**
- (v) **The name, qualification and duty schedule of such Resident Registered Medical Practitioner shall be displayed at the registration area of the Nursing Home;**
- (vi) **Record of documents of such Resident Registered Medical Practitioner shall at all times be maintained in the Nursing Home** and also be made available for application processes for registration/renewal of registration.

Explanation of Scale for Staffing Mandates

SN	No. of Beds	Mandated. No. of Nursing Staff (@4 Nurses/20 Beds)	Mandated No. of Resident Regtd. Medical Practitioner (@ 1 RRMP per 20 Beds or part thereof)	Mandated No. of Nursing Sister (@ 1 Nursing Sister for every 50 Beds)	Mandated No. of Oxygen Beds
1.	10	3	1	-	-
2.	20	4	1	-	-
3.	21-40	8	2	-	-
4.	41-60	12	3	1	-
5.	61-80	16	4	1	-
6.	81-100	20	5	2	-
7.	101-120	24	6	2	25% of total No. of beds

(a) For every 100 beds or part thereof, the Nursing Home shall have 25% beds as Oxygen beds with Medical Gas Pipeline.

(b) For every 100 beds or part thereof, the Nursing Home shall either have Liquid Medical Oxygen (LMO) tank or Pressure Swing Adsorption (PSA) plant for fulfilling Oxygen need of minimum 25 per cent of oxygen supported beds;

Amendments in Schedule II (Contd..)

Rule-17

Old Provision	New Provision
<p>Services of one Medical Practitioner on duty shall be available at all time for attending to emergency call of the indoor patients.</p>	<p>Services of at least one Registered Medical Practitioner for every 50 indoor patients or part thereof, shall be available at all times for attending to emergency</p>
<p>Services of one qualified Medical Practitioner and X-ray Technician if X-ray facility is provided</p>	<p>Services of one qualified Registered Medical Practitioner and prescribed Technicians, if imaging modalities are provided.</p>
-	<p>The keeper or owner of the Nursing Home shall not engage any Resident Registered Medical Practitioner who is already registered in any other Nursing Home of the State. The keeper or owner of the Nursing Home shall maintain duty schedule of the resident registered medical practitioners in a format detailing date, duty hours, duty station etc.</p>

Summary of Amendments

Old Provision	New Provision
SCHEDULE – III Requirments of Clinical Establishment	No change
Form – A	System of medicine under which the Nursing Home or Clinical Establishment registration is applied for - New
Form – B	Naturopathy deleted
Form – BB	Naturopathy deleted
Form – C	No Change
Form – D	New column inserted Form F* filled (Yes/No) *Note : Only for Nursing Homes registered under PCPNDT Act.
Form – E	New column inserted Form F* filled (Yes/No) *Note : Only for Nursing Homes registered under PCPNDT Act.

Acknowledgement Receipt

ACKNOWLEDGEMENT

[Sub-Rule (3) of Rule 4]

The application in Form A in duplicate for grant*/renewal* of registration and license by..... (Name and address of applicant) has been received by the Supervising Authority on (date).

*The list of enclosures attached to the application in Form A has been verified with the enclosures submitted and found to be correct.

OR

*On verification it is found that the following documents mentioned in the list of enclosures are not actually enclosed.

1.....

2.....

3.....

This acknowledgement does not confer any rights on the applicant for grant or renewal of registration.

Date.....

(.....)

Place.....

Signature and designation of Supervising Authority
or authorized person in the Office
of the Appropriate Authority, SEAL

*Strike out whichever is not applicable or not necessary.
All enclosures are to be authenticated by signature of the applicant".

Schedule IV

1. **Sr. No.**
2. **File No. of Supervising Authority**
3. **Date of receipt of application for grant of registration**
4. **Name, address, phone no. of the applicant**
5. **Name and address of Nursing Home**
6. **Photographs of the Nursing Home premise (Front façade)**
7. **Photographs of wards and other utilities**
8. **Details of Resident Registered Medical Practitioner(s)**
9. **Details of Nursing Staff**
10. **Details of Pharmacist**
11. **Details of Technician (if any Imaging modalities are provided)**
12. **Details of Lab Technician (if Pathology/Laboratory facility is provided)**
13. **Details of Physiotherapist (if Physiotherapy is facility is provided)**
14. **Photocopies of Statutory compliances (As prescribed)**
15. **Rate List/Tariffs**
16. **Inspection report of the Supervising Authority/Designated Inspection Team**
17. **Recommendation of the Supervising Authority/Designated Inspection Team**
18. **Copy of Online registration certificate**
19. **Ground(s) of rejection (if application is rejected)**
20. **Additional information (if any/or as prescribed)."**

**By order and in the name of the
Governor of Madhya Pradesh,**

Thanks

Frequently Asked Questions

1. What is meant by category of Nursing Home?

"Category of Nursing Home" means a Nursing Home registered to provide treatment under the recognized system of medicine only for which it is registered viz., Allopathy/AYUSH system of medicine.

2. Can a Nursing Home be registered as both "Allopathy Nursing Home" and "AYUSH Nursing Home" simultaneously?

Yes, a nursing home can be registered as both Allopathy Nursing Home and AYUSH Nursing Home simultaneously, if it is providing treatment according to both systems of medicine.

3. Can a Nursing Home providing both Allopathy and AYUSH treatment services operate under a single common registration?

No, the owner shall need to apply for two separate registrations and maintain services of Registered Medical Practitioner(s) belonging to same system of medicine for which the Nursing Home is registered.

4. How does the amendment affect the status of registration of a Nursing Home or a Clinical Establishment?

- a) A Nursing Home compliant with the revised provisions and having a valid registration and license, shall need to apply for renewal as per the new fee structure, only after end of the term of registration/license.
- b) A Nursing Home not complying with the revised provisions, shall need to apply for a new registration as per the new fee structure, within 30 days from the date of notification i.e 13th October, 2021.
- c) Nursing Homes providing both Allopathic and AYUSH system of treatments, shall need to apply for separate registrations, within 30 days from the date of notification i.e 13th October, 2021.

5. Have the beds been categorized under the new amendment?

The beds have been categorized into General Beds, High Dependency Unit Beds, Intensive Care Unit Beds and Oxygen Supported Beds.

6. What is the stipulated timeline for intimating the Supervising Authority of any change in address?

The keeper or owner must intimate any change in address or in the situation of the Nursing Home or Clinical Establishment, in respect of which he is registered, within 07 days after such change, by online intimation as prescribed.

7. What is the stipulated timeline for intimating the Supervising Authority of any change in staff?

(1) The keeper or owner of Nursing Home or Clinical Establishment shall communicate to the Supervising Authority, by online mode, any change in the medical, nursing or technical staff together with the dates on which such changes have taken place, within 07 days of such change. A communication in this regard shall also be shared with the concerned staff.

(2) The communication shall be duly acknowledged by the supervising authority, by online mode

8. How does a Registered Medical Practitioner or Nursing Staff get intimation about linkage or delinking of his/her name from a Nursing Home?

(1) The keeper or owner of Nursing Home or Clinical Establishment shall communicate to the Supervising Authority, by online mode, any change in the medical, nursing or technical staff together with the dates on which such changes have taken place, within 07 days of such change. A communication in this regard shall also be shared with the concerned staff.

(2) The communication shall be duly acknowledged by the supervising authority, by online mode

9. How will mapping of a Resident Registered Medical Practitioner with a Nursing Home be regulated?

All registration numbers of Registered Medical Practitioners registered with the State Medical Council has been linked with the Nursing Home Services portal, hence, any duplicity of registration number shall be picked by the system, thereby disallowing further processes of new registration/renewal.

10. Is there a change in the Schedule of fees for application of registration, renewal and issuance of duplicate certificate of Registration and License?

SN	Particular	Registration & License Fees (INR)		Issue of a duplicate certificate of Registration and License (INR)	
		Old Provision	New Provision	Old Provision	New Provision
For Nursing Homes and Maternity Homes					
i.	Up to 10 beds	600/-	3000/-	100/-	500/-
ii.	Above 10 beds but up to 20 beds	1050/-	5250/-		
iii.	Above 10 beds but up to 30 beds	1350/-	6750/-		
iv.	For each additional bed above 30 beds	45/-	225/-		
For Clinical Establishments					
	Medical Laboratory, Physiotherapy establishment, outdoor clinic	600/-	3000/-	100/-	500/-

11. Can a Nursing Home apply for a new registration or renewal when authorization certificate from Madhya Pradesh Pollution Control Board for management of Bio Medical Waste Management is not available?

The keeper or owner may apply for registration or renewal during pendency of authorization certificate, however, the institution will be operational only after authorization certificate from Madhya Pradesh Pollution Control Board (as per the Biomedical Waste Management and handling Rules, 2016) is obtained.

12. What is meant by a Resident Registered Medical Practitioner?

"Resident Registered Medical Practitioner" means a Registered Medical Practitioner who shall be in-charge of the persons received and admitted in the Nursing Home and shall render his/her services for providing direct care including diagnosis, managing and treating health conditions of the out-patients and in-patients at all times as specified in the duty schedule of the Nursing Home.

13. Can a Resident Registered Medical Practitioner belong to a separate system of medicine than the one for which the Nursing Home is registered?

The services of Registered Medical Practitioners of the same system of medicine for which the Nursing Home is registered, shall need to be provided.

14. What is the scale for positioning of Nursing Staff in a registered Nursing Home?

Services of nurse shall be provided at the scale of 04 nurses for 20 beds with a minimum of 03 nurses in a Nursing Home/Maternity Home of 10 beds or part thereof.

15. When does a Nursing Home need to hire a Nursing Sister?

A Nursing Home having 50 beds or more shall position 01 Nursing Sister for every 50 beds or part thereof.

16. What is the scale for positioning of Registered Medical Practitioners in a Nursing Home?

- (i) One Resident Registered Medical Practitioner of the same system of medicine for which the Nursing Home is registered for every 20 patients bed strength or part thereof, to look after indoor patients, shall be provided.
- (ii) One additional Registered Medical Practitioner for every 50 out patients or part thereof per day, shall be provided.

17. What is the requirement for Oxygen delivery in 100 bedded Nursing Homes?

All Nursing Homes with 100 or more beds shall compulsorily maintain 25 % beds as Oxygen beds with Medical Gas Pipeline. For such Nursing Homes the Oxygen requirement shall be fulfilled either by Liquid Medical Oxygen (LMO) tank or Pressure Swing Adsorption (PSA) plant which shall **need to be operationalized within 04 months from date of notification i.e., 13th February 2022.**

18. How is the notified bed strength of a Nursing Home linked with the mandated scale for manpower and reservation of Oxygen supported beds by Oxygen delivery systems?

SN	No. of Beds	Mandated. No. of Nursing Staff (@4 Nurses/20 Beds)	Mandated No. of Resident Regtd. Medical Practitioner (@ 1 RRMP per 20 Beds or part thereof)	Mandated No. of Nursing Sister (@ 1 Nursing Sister for every 50 Beds)	Mandated No. of Oxygen Beds
1.	10	3	1	-	-
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(a) For every 100 beds or part thereof, the Nursing Home shall have 25% beds as Oxygen beds with Medical Gas Pipeline.					
(b) For every 100 beds or part thereof, the Nursing Home shall either have Liquid Medical Oxygen (LMO) tank or Pressure Swing Adsorption (PSA) plant for fulfilling Oxygen need of minimum 25 per cent of oxygen supported beds;					

19. Can a Resident Registered Medical Practitioner work in more than one Nursing Home of the State simultaneously?

A Resident Registered Medical Practitioner is permitted to work in only one Nursing Home of the State, at a time. No part time engagements in any other Nursing Home is permissible.

20. Can a punitive action be taken if a Resident Registered Medical Practitioner is found to be working in two Nursing Homes of the State, at a time?

Any such proven engagement shall be a ground for cancellation of registration and license.

21. Can a Resident Registered Medical Practitioner render his services by online or any other mode?

A Resident Registered Medical Practitioner needs to be physically be present in the Nursing Home and render his services for attending to in-patients at all times, as specified in the duty schedule of the Nursing Home.

22. Can a Nursing Home employ services of an AYUSH Registered Medical Practitioner for treatment in an Allopathy Nursing Home or can services of an Allopathic Registered Medical Practitioner be hired in an AYUSH Nursing Home?

Services of Registered Medical Practitioners of the same system of medicine for which the Nursing Home is registered shall need to be provided.

23. Is there any restriction on the number of Nursing Homes that a specialist doctor can visit?

There is no restriction on the number of Nursing Homes that a specialist doctor may visit or provide consultation. As a Supervising Medical Practitioner, a specialist may provide expert or professional advice for direct review and planning of therapeutic activities or clinical approaches, in order to oversee and improve the clinical outcome of admitted patients, either in person or by any other mode of communication, so that rendered treatment is consistent with the appropriate treatment protocols.

24. Is it mandatory for the Nursing Home/Clinical Establishment to record Form 'F' (as prescribed in PCPNDT Act) details?

Nursing Homes/Clinical Establishments registered under PCPNDT Act shall maintain record of Form 'F' in the revised Form 'D' and 'E' of the amended Rules.

25. What all diseases need to be immediately reported to the Supervising Authority by the Nursing Home/Clinical Establishments?

Immediate report about contagious or communicable/notifiable diseases needs to be submitted to the Supervising Authority, as soon as it comes to the notice of keeper or owner that any person, who has been admitted or examined as an indoor or outdoor patient in the Nursing Home/Clinical Establishment is suffering from or has been attacked with Tetanus, Gas Gangrene, Chickenpox, Cholera, Gastroenteritis (in the event of reporting of at least 05 cases in 24 hours), Measles, Infective Hepatitis (in the event of reporting of at least 05 cases in 24 hours), Poliomyelitis, Meningitis, COVID-19 or such communicable/notifiable diseases and the premises shall be disinfected in a proper manner.