



National Medical Commission Bill

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This article is based on “National Medical Commission is no cure-all, many important questions remain” which appeared in The Indian Express on 2 August 2019. It critically analyses the National Medical Commission Bill, 2019.

Recently, the National Medical Commission Bill, 2019 was passed by the parliament. The bill sets up the National Medical Commission (NMC) which will act as an umbrella regulatory body in the medical education system.

Also, the NMC will subsume the MCI and will regulate medical education and practice in India. Apart from this, it also provides for the reforms in the medical education system.

What are the issues in MCI?

The Indian Medical Council Act, 1956 established The Medical Council of India (MCI) which till now is responsible for regulating medical education and practice.

However, over the years, MCI has been marred by several issues regarding its **regulatory role, composition, allegations of corruption, and lack of accountability.**

- In 2009, the Yashpal Committee and the National Knowledge Commission recommended separating the regulation of medical education and medical practice.
- MCI is an elected body where its members are elected by medical practitioners themselves, i.e., the regulator is elected by the regulated.
- **This creates a conflict of interest.**
- MCI is solely dominated by doctors: Since medical education is a diverse stream, MCI should include diverse stakeholders such as public health experts, social scientists, and health economists.

For example, in the United Kingdom, the General Medical Council (the counterpart of MCI), consists of 12 medical practitioners and 12 lay members (such as community health members, administrators from

local government).

- As per MCI regulations, a college is required to be inspected 25 times to get final recognition. This establishes an **Inspector Raj**.

Salient Features of the Bill

- The Bill **establishes the National Medical Commission (NMC)** at union level and directs states to establish State Medical Councils, within three years of the passage of the Bill.
- The NMC will consist of **25 members** partly nominated by the central government.
- **Functions of the National Medical Commission will include:**
 - Regulating medical institutions and medical professionals
 - Assessing the requirements of healthcare-related human resources and infrastructure
 - Ensuring compliance by the State Medical Councils
 - Framing guidelines for determination of fees for up to 50% of the seats in private medical institutions and deemed universities
- **The Bill sets up autonomous boards under the supervision of the NMC.**
 - **The Under-Graduate Medical Education Board (UGMEB) and the Post-Graduate Medical Education Board (PGMEB).**

These will be responsible for formulating standards, curriculum, guidelines, and granting recognition to medical qualifications at the undergraduate and postgraduate levels respectively.
 - **The Medical Assessment and Rating Board (MARB)**
 - It will levy monetary penalties on medical institutions which fail to maintain the minimum standards as laid down by the UGMEB and PGMEB.
 - It will also grant permission for establishing a new medical college, starting any postgraduate course, or increasing the number of seats.
 - **The Ethics and Medical Registration Board:**

It maintains a National Register of all licensed medical practitioners and regulates professional conduct.
- **Community Health Provider:** Under the Bill, the NMC may grant limited **license to certain mid-level practitioners** connected with the modern medical profession to practice medicine.

These mid-level medical practitioners may prescribe specified medicines in primary and preventive healthcare.
- **Qualifying examinations:** There will be a uniform **National Eligibility-cum-Entrance Test (NEET)** for admission to under-graduate and post-graduate super-speciality medical education in all medical institutions regulated.

The Bill proposes a common final year undergraduate examination, the National Exit Test, for the students graduating from medical institutions to obtain the license for the practice.

Advantages of National Medical Commission Bill, 2019

- The NMC has the potential to link the disease burden and the specialties being produced.
 - In the UK, for example, it is the government that lays down how many specialists of which discipline need to be produced, which the British Medical Council then adheres to.
 - In India, the MCI has so far been operating independently. This gap can be bridged by the NMC.
- By introducing qualifying exams like NEET and NEXT, NMC can instill **uniformity in the standard of competence** and skills.
 - It can reduce the burden of taking multiple exams, ensure a minimum level of knowledge in science, and reduce corruption by restricting student admission to those qualifying these exams.
- The State Medical Council will act as a **grievance redressal body** for any complaints relating to professional or ethical misconduct against a registered medical practitioner.
 - This will protect the interest of the patients and checks the corrosive impact of the process of **commercialisation of medical services**.
- The differential pricing of medical education can benefit the economically weaker sections of society.
 - NMC will have a final say in the **determination of fees for up to 50% of the seats** in private medical institutions and deemed universities.
- NMC can encourage and incentivise innovation and promote research by laying down rules that make research a prerequisite in medical colleges.

Concerns

- The composition of the members of NMC which are to be nominated by the Union government can possibly lead to **favouritism and bureaucratic interference**.
 - The extensive discretionary powers that the Bill provides to government reduce the accountability of NMC and make **it virtually an advisory body**.
- The NMC Bill provides for licensing of 3.5 lakhs non-medical persons to practise modern medicine. However, the term **Community Health Provider has been vaguely defined**.
- The capping of the fees of 50% of seats in private medical colleges is dubbed to be **anti-poor**, as the remaining 50% of seats which is called the management quota, will witness a high rise in fees.
 - This can deny admission to poor students on 50% seats.

Way Forward

India has suffered from the problem of inappropriately trained doctors of varying quality since a very long time. Decades back, the Mudaliar Committee Report (1959) pointed out that doctors had neither the skills nor the knowledge to handle primary care and infectious diseases that were a high priority concern at the time. In recent times, the excessive reliance on a battery of diagnostic tests is reflective of commercial considerations and weak knowledge.

While NMC can help in improving the medical education and practice in the country, the government must thoroughly focus on addressing much bigger issues like Antibiotic resistance, crunch in public expenditure in health etc.
