# INSTITUTE OF PUBLIC HEALTH

14 September 2016

To,

Director Health/Health Division

Niti Aayog

Sub: Suggestions on Draft "**National Medical Council Bill 2016**"

Greetings from Bangalore!

We thank the Niti Aayog for providing an opportunity to give comments on the draft **National Medical Council Bill 2016.** We commend the pro-active step of the Niti Aayog in strengthening the governance of medical education in India. We congratulate Niti Aayog in adopting a structural and legislative route to effect changes in the way medical colleges are functioning today.

We conducted a consultation among several public health researchers and practitioners at IPH, Bangalore and organized the suggestions in the document attached. We hope that the Niti Aayog will consider our inputs and incorporate them into its future revisions.

We hope these comments will be useful in finalizing this bill and are willing to provide any further clarification or assistance in the same.

Yours truly,

Dr. N S Prashanth
Assistant Director (Research)
IPH Bangalore
***prashanthns@iphindia.org***

Dr. N Devadasan
Director, IPH Bangalore
***deva@iphindia.org***

Copy to:

1) Principal Secretary (Health), Government of Karnataka
2) Principal Secretary (Medical education), Government of Karnataka

**Comments on the Draft National Medical Commission Bill, 2016**

**Institute of Public Health, Bangalore**

We at the Institute of Public Health, Bengaluru applaud the government and NITI Aayog's quick and timely action in proposing this bill to introduce much-needed regulatory reform in the area of medical education and by extension in healthcare delivery in India. We also especially commend the emphasis on transparency and public disclosure of relevant information in a timely manner.

This document is based on a consultation within our institute, comprising of a community of expert researchers and advocates in the field of health policy and systems research. We have over a decade-long history of working to strengthen our country's health systems at national, state and district levels by engaging on issues ranging from health financing, access to medicines, improving public-private partnerships, tobacco control and others.

We hereby present our comments on the draft National Medical Commission (NMC) Bill of 2016:

1. **Broaden the ambit and the fragmented regulatory approach towards a National Health Commission**
   The proposed bill is suitably ambitious and seeks to bring in several important and commendable reforms. However, by restricting its purview strictly to the activities carried out by the MCI and to modern (allopathic) medicine, the bill continues in the previous tradition of a fragmented regulatory approach. This bill is an opportunity to truly integrate AYUSH streams of medicine as well as nursing, paramedical and other allied streams of medicine, as envisaged in the National Health Policy. **Many of the problems identified in medical education are not unique to the MCI or allopathic medicine**. Indeed, recent articles in national and international journals and media indicate almost identical problems in the para-medical board, nursing council and CCIM as well. In the interest of a strong health system that "*adapts to the changing needs of a transforming nation*", as stated in the preamble of the bill we strongly recommend that the government seek to move towards a **National *Health* Commission** rather than a National Medical Commission with a narrow mandate. The individual boards of medicine for each system of medicine may be subsumed as autonomous boards under such a *Health Commission*. Such a move will both legitimise non-allopathic systems of medicine as well as impose uniformity on the standards of education and in turn, care under those systems.

2. **Bureaucrat-heavy council and search-and-selection committee**
   We commend the emphasis on research and adaptability in the proposed bill. However, we find that the composition of the NMC as well as the search-and-select committee remains largely bureaucratic or by nomination. While the role of the bureaucracy in providing stability and vision to the council is indeed important, there is a need to balance the membership and increase stakeholdership to include public health researchers, health professional bodies (including government doctors/health workers association representatives), activists and patient/community welfare groups.

3. **Establish a technically strong secretariat**
   Unlike in the case of the telecom regulator, where a strong culture of telecom regulation already existed within the bureaucracy (the erstwhile Indian telecom services), health stewardship in India suffers from a very general managerial approach. A technically strong secretariat that goes beyond administrative or clerical responsibilities is needed. Such a secretariat should have representation from a wider stakeholdership including (possibly) elected members from the

community of private and/or government doctors (comparable to the current MCI). Co-opting elected doctors into technical secretariat (rather than the council) removes the problem of poor self-regulation by medical profession (as is the case now) while retaining their technical expertise wherever needed. The secretariat also needs to invest in studying medical education models globally and should strive to improve responsiveness of current medical education standards both in terms of its technical relevance as well as its societal relevance. Such a sophisticated role is an important requirement in the NMC, that the current NMC bill neglects. Comparable technical secretariats of this kind are already available in the government. See for example, the National Health Systems Resource Centre (NHSRC).

4. **Failure to regulate fees**
The fee structure for only 40% of private colleges are to be regulated by NMC leaving majority of seats liable to overcharging, capitation and other corrupt practices. In the interest of transparency and with knowledge of the pervasiveness of capitation fees, at least 75% of the seats to be brought under the fee-structure prescribed by the NMC. There is no argument to be made about the current profitability of medical education. NMC could consider relaxing this norm in areas where medical colleges are acutally needed. In states like Karnataka, where there is an unregulated excess of medical colleges, with most of them hardly undergoing any rigorous process of regulation, the NMC bill in its current form will not make any difference.

5. **Append a draft state medical council act to replace current *laissez-faire* state regulators**
The bill envisages that the State medical councils are key stakeholders in the implementation of the letter and intent of this legislation. State governments and councils thus have to agree to adhere and enforce the rules and standards to be prescribed by the NMC. Currently different state councils function differently and it is important to ensure uniform standards are applicable across the country, regardless of the interest/capacity of individual state councils. In our federal structure, the NMC bill will end up useless if it has to act *through* existing state councils. The NMC bill should include a draft state medical council act that could be adopted by the states. The draft state medical concert at should be in line with the proposed bill so that eventually when all states adopt the revised state level act, there would be a nationwide uniform standard of medical education. In the lack of a vision to influence state-level medical/health professional regulation, the current bill will not achieve the stated objectives, as a lot depends on how individual states organize their medical councils.

6. **Ensure autonomy of the four boards under NMC**
The bill repeatedly states that the four boards set up under the NMC are meant to be autonomous. However, there are no provisions to enforce the autonomy or the accountability of the boards. Further there are no provisions to ensure that the NMC itself is empowered to function autonomously, especially when so many of its members are either selected or nominated by the government. In addition, the presence of the Presidents of the four autonomous boards in the NMC may engender conflicts of interest unless the roles of each of the NMC members is appropriately defined.

7. **Common national entry and exit exams laudable step**
The introduction of common, national entry and exit examinations is greatly appreciated. However, it is unclear how a single licentiate exam may be used for PG seat assignment and without adequate in-built clarity, this provision may prove to be problematic or perpetuate current malpractices.

8. **Improve representation of apex research body or other bodies**
   The government should structural linkages of the NMC or one or more of its autonomous boards with other existing technical wings such as the Indian Council for Medical Research (ICMR), the ICSSR and the National Health Systems Resource Centre (NHSRC) etc.

9. **Health/health education Ombudsman and/or grievance redressal function**
   To improve enforceability, an anonymous complaint system can be set up for the explicit purpose of minimizing corruption in medical education. Consider establishing a health/health education ombudsman, or at the least an effective, accessible and responsive grievance redressal system for medicl students or citizens to approach in case of lapses seen. No such system exists today.

10. **Ambiguity**
    The proposed bill refers to "the government" or the "Government of India" or the "central government" at various places without clarity on who the responsible person/authority is in the government. This ambiguity is extremely problematic and responsibility must be clearly defined and fixed.