



## The Big Picture - National Medical Commission Bill

The [National Medical Commission Bill, 2019](#) has been passed by the Lok Sabha. The Bill aims to **replace the existing Indian Medical Council Act, 1956** and reform the [medical sector](#), in the wake of corruption allegations against the [Medical Council of India \(MCI\)](#). It also looks to regulate admission to medical colleges.

### Background

- In its 92<sup>nd</sup> report (submitted in March 2016), the Parliamentary Standing Committee for Health and Family Welfare examined MCI's functioning, and identified problems such as
  - Failure to produce doctors, including specialists and super specialists;
  - **Shortage of teachers in medical colleges;**
  - Poor regulation of undergraduate and postgraduate medical education;
  - **Opacity and alleged corruption** in the functioning of the regulator
  - Lack of accountability and **failure to discharge mandated responsibilities**
  - Prevalence of capitation fees in private medical colleges in violation of the law
- The Committee observed that the **MCI is an exclusive club of medical doctors** and any group consisting entirely of members from the same profession is unlikely to promote and protect the public interest over and above its own self-interest.

### Medical Council of India

- MCI was **established in 1934** under the Indian Medical Council Act, 1933 with the main function of establishing uniform standards of higher qualifications in medicine and recognition of medical qualifications in India and abroad.
- The provisions of Indian Medical Council Act were not found to be adequate to meet with the challenges posed by the fast development and the progress of medical education in the country. The **old Act was repealed in 1956** and a new act was enacted in its place. The new act was further modified in 1964, 1993 and 2001.

### Salient Features of the Bill

- The Bill sets up the **National Medical Commission (NMC)**. The NMC will consist of 25 members, appointed by the central government.
- The Bill establishes **four Boards** within the NMC:
  - **The Under-Graduate Medical Education Board (UGMEB) and the Post-Graduate Medical Education Board (PGMEB):** These Boards 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):** MARB will have the power to levy monetary penalties on medical institutions which fail to maintain the minimum standards as laid down by the UGMEB and PGMEB.
    - The MARB 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:** This Board will maintain a National Register of all licensed medical practitioners, and regulate professional conduct. Only those

included in the Register will be allowed to practice medicine. The Board will also maintain a separate National Register for community health providers.

- Among various other functions, the Bill provides that the NMC will frame guidelines for **determination of fees for up to 50% of the seats in private medical institutions and deemed universities** which are regulated under the Bill.
- The Bill provides that the **NMC may grant a limited license to certain mid-level practitioners** (basically community health providers) connected with the modern medical profession to practice medicine.
  - These mid-level practitioners may prescribe some specific medicines in primary and preventive healthcare. In any other cases, these practitioners may only prescribe medicines under the supervision of a registered medical practitioner.
- There will be a **uniform National Eligibility-cum-Entrance Test (NEET)** for admission to undergraduate and postgraduate superspeciality medical education in all medical institutions regulated under the Bill. The NMC will specify the manner of conducting common counselling for admission in all such medical institutions.
- The Bill proposes a **common final year undergraduate examination called the National Exit Test (NEXT)** for the students graduating from medical institutions to obtain the license for practice. This test will also serve as the basis for admission into postgraduate courses at medical institutions under this Bill.

## What is the Government trying to achieve?

- Through this Bill, the government is trying to put together **a regulatory mechanism for overhauling the entire process in the medical education** i.e. from deciding on the kind of curriculum to the accreditation of colleges.
- The **NMC will have a fair representation** from the doctors' community, out of 25 people, 21 will be from medical background. It will also have a fair representation from state medical colleges.
- Presently, there are different standards of education across different medical institutions. The government by the way of NEXT examination is trying to create a **single measuring tool for a doctor to be allowed to enter for the internship training.**
- The Bill seems to be a part of the government's actions **to reach to such areas where there are no qualified doctors.** The middle level service providers will help the government in that.
- According to the government, once enacted, the Bill would **help India achieve the WHO-mandated doctor-patient ratio of 1:1,000 persons in seven years.** The ratio today is around 1:1,500.
- The government has termed the legislation as **pro-poor** saying it would bring not only government seats but also 50% of all private seats within the reach of meritorious students belonging to economically weaker sections.

## Concerns

- The Indian Medical Association (IMA) has raised concerns over **Section 32 of the NMC Bill** that provides for licensing of Community Health Providers to practise modern medicine.
  - The term **Community Health Provider has been vaguely defined** to allow anyone connected with modern medicine to get registered in NMC and be licensed to practise modern medicine.
  - IMA fears that people who have some connections with modern medicine like pharmacists, practitioners of other systems of medicines, healthcare workers at the Primary Healthcare Centres (PHCs) etc. **may not have sufficient background in the study of anatomy, physiology or pathology etc. which form the basis of modern medicine.**
  - The draft Bill had suggested a bridge course clearing which alternative medicine doctors could practise modern medicine. The provision was majorly opposed by doctors and thus was not seen in the final Bill that was introduced in the Parliament.
- The IMA's second **major objection is to the proposed National Exit Test (NEXT)** for giving both licenses for practice (to those who have already cleared the MBBS exam) as well as for admission to post-graduate "broad-speciality courses".
  - The level of knowledge and training required for both are very different. While for practising medicine, a minimum level of competence is required (passing the MBBS), admission to postgraduate courses calls for a higher level of competence and only the

cream of the profession gets selected.

- In the last NEET exam, only 70,000 of 1.43 lakh candidates qualified for post-graduate courses.
- The thing that is not clear in the Bill is **whether the one who fails to clear the NEXT exam would get another chance for PG**. Also, there is a void on whether the person's MBBS would be valid or not.
- Just by clearing the NEXT exam the foreign medical graduates will get licentiate to become practising doctors despite the fact that there are no uniform standards on medical education across the foreign universities.

## Way Forward

- The government needs to explain things and open up more communication channels to listen to the grievances of the concerned people.
- The regulatory body should be constituted in such a way that it is able to achieve parity across all players so whether it is a government medical college or a private medical college, the standard of the doctors coming out should roughly be similar.

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