



National Medical Commission Act

This article is based on the [“National Medical Commission Act”](#), [“National Medical Commission Act, 2019”](#). It talks about issues pertaining to the National Medical Commission Act, 2019.

The [National Medical Commission Act, 2019 \(NMC Act\)](#) has been billed by the government as the “biggest reform” in the medical profession and a “pro-poor legislation” that shall make quality medical care more accessible to the people. The Act seems to bring governance reforms in the medical field, addressing the needs of health services, standardizing quality to be maintained in medical education, etc.

However, the Act has faced severe resistance from the medical community, who it was supposed to improve.

What was the need for the Act?

The Act seeks to rectify some of the fundamental issues in India's healthcare scenario.

▪ Corruption Charges Against Previous Regulator:

- The **Medical Council of India** (MCI), the body in charge of regulating the medical profession (before NMC Act) has faced corruption scandals.
- Further, MCI was alleged of **promoting Inspector Raj** (that is, inspections carried out by the MCI to ensure the maintenance of required standards by medical colleges) and the malpractices linked with it.
- In this context, the NMC Act replaced MCI with the **National Medical Commission (NMC)**.
- The NMC Act has outlined the composition of the NMC with ex officio members, nominees of states and union territories, and from amongst persons of ability, integrity and standing.

▪ Urban-Rural Divide in Healthcare:

- Healthcare system in India is among the most privatized systems in the world, where **most qualified doctors tend to serve in the urban areas**, whereas rural areas are at the mercy of poorly functional public healthcare systems.
- In order to rectify this, the NMC may grant **limited licence to practice medicine at mid-level as Community Health Provider** to such persons connected with a **modern scientific medical profession** who qualify such criteria as may be specified by the regulations.
- These **Community Health Providers** can bridge the shortages of medical professionals in rural areas.

▪ Equity in Accessing Medical Education:

- **Democratisation of medical education** is very important as it is becoming more expensive with every passing year. With the rising fees, expensive books and equipment become a barrier for several deserving students.
- According to the Act, NMC will **determine fees for 50% of the seats** in private medical

colleges and deemed universities.

- This move will broaden the opportunity for students from all sections of society to undertake medical education.

▪ **Uniformity in Quality:**

- The NMC Act, 2019 provides for **National Exit Test (NEXT)** for granting a licence to practise medicine and enrolment in the State Register or the National Register, which shall also be the basis for admission to postgraduate broad-speciality education in medical institutions.
- Similar efforts have been made by the government, for bringing uniformity in undergraduate medical entrance exams through **National Eligibility cum Entrance Test (NEET)**.

Associated Issues

▪ **Audit by Third Party:**

- The NMC Act proposed to set up a **“Medical Assessment and Rating Board”** to hire and authorise any other third-party agency or persons for carrying out inspections of medical institutions for assessing and rating such institutions.
- The authenticity of quality audits by private bodies can be questioned.

▪ **Issue of Autonomy:**

- The Act provides NMC as a **complete subsidiary of the government**. From the selection of its office-bearers and members to its finances, its functioning and powers, all being comprehensively controlled by the government.
- This absolute control of the government of the NMC, threatens its autonomy.

▪ **Formalizing Quackery:**

- The Act is silent on the method by which the “commission” will grant “limited licence” to **community health providers** to practise modern medicine.
- The absence of clarity on this front, may allow some unqualified personnel to perform duties of a medical practitioner.

▪ **Issue of Federalism:**

- Though **health is primarily a state subject**, the Act empowers the central government to give such directions and the state government shall comply with such directions.

Conclusion

The achievement of the **third Sustainable Development Goal (SDG)** in India will need well-functioning health systems that work towards ensuring universal health coverage.

In this context, the NMC Act is consciously contributing to medical education to channelise the supply-side to meet the future requirements. However, holistic governance reforms in the medical sector are the need of the hour, so as to instil the medical ethos of transparency, equity and accountability.

PESTEL Analysis: Challenges to Healthcare in India

Political: Lack of accountability; healthcare facilities not monitored regularly; policy loopholes, approach to healthcare governance not participatory and inclusive.

Economic: Low public healthcare investment and inadequate health infrastructure; high out of pocket expenses; lack of accessibility and affordability

Social: Urban-Rural, Poor-Rich Divide; gender divide; lack of awareness; poor hygiene culture and sanitation practices; lack of capacity building of health workers.

Technological: Lack of technological up-gradation, research and development.

Environmental: Severe pollution; increase in zoonotic diseases.

Legal: Lack of legal awareness. Eg- ‘informed consent of patient’; ‘negligence by medical professionals’ not covered strictly under medical jurisprudence.

Drishti Mains Question

The achievement of SDG-3 in India will need well-functioning health systems that work towards ensuring universal health coverage. Discuss.

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