REPORT NO.
109

सत्यमेव जयते

PARLIAMENT OF INDIA
RAJYA SABHA

DEPARTMENT-RELATED PARLIAMENTARY STANDING COMMITTEE ON HEALTH AND FAMILY WELFARE

ONE HUNDRED NINTH REPORT

The National Medical Commission Bill, 2017

(Presented to the Rajya Sabha on 20th March, 2018*)*
(Laid on the Table of Lok Sabha on 20th March, 2018*)*

Rajya Sabha Secretariat, New Delhi
March, 2018/Phalguna, 1939 (Saka)

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COMPOSITION OF THE COMMITTEE
(2017-18)

1. Prof. Ram Gopal Yadav — *Chairman*

RAJYA SABHA

2. Shri Manas Ranjan Bhunia
3. Dr. R. Lakshmanan
4. Dr. Vikas Mahatme
5. Shri Jairam Ramesh
6. Shri Ashok Siddharth
7. Shri K. Somaprasad
8. Dr. C. P. Thakur
9. Shri Ronald Sapa Tlau
10. Shrimati Sampatiya Uikey

LOK SABHA

11. Shri Thangso Baite
12. Shri Nandkumar Singh Chouhan (Nandu Bhaiya)
13. Dr. (Ms.) Heena Vijaykumar Gavit
14. Dr. Sanjay Jaiswal
15. Dr. K. Kamaraj
16. Shri Arjun Lal Meena
17. Shri Anoop Mishra
18. Shri J.J.T. Natterjee
19. Shri Mahendra Nath Pandey
20. Shri Chirag Paswan
21. Shri C. R. Patil
22. Shri M.K. Raghavan
23. Dr. Manoj Rajoria
24. Dr. Shrikant Eknath Shinde
25. Shri Gyan Singh
26. Shri Bharat Singh
27. Shri Kanwar Singh Tanwar
28. Shrimati Rita Tarai
29. Shri Dasrath Tirkey
30. Shri Manohar Utawal
31. Shri Akshay Yadav

SECRETARIAT

Shri P.P.K. Ramacharyulu, *Additional Secretary*
Shri J. Sundriyal, *Joint Secretary*
Shri Rakesh Naithani, *Director*
Shri Dinesh Singh, *Additional Director*
Shri Bhupendra Bhaskar, *Additional Director*
Shrimati Harshita Shankar, *Under Secretary*
Shri Pratap Shenoy, *Committee Officer*
Shrimati Gunjan Parashar, *Research Officer*

INTRODUCTION

I, the Chairman of the Department-related Parliamentary Standing Committee on Health and Family Welfare, having been authorized by the Committee to present the Report on its behalf, present this One Hundred Ninth Report of the Committee on the National Medical Commission Bill, 2017.

2. In pursuance of Rule 270 of the Rules of Procedure and Conduct of Business in the Council of States relating to the Department-related Parliamentary Standing Committees, the Chairman, Rajya Sabha, referred* the National Medical Commission Bill, 2017 **(Annexure I)** on the 4th January, 2018 as introduced** in the Lok Sabha on the 29th December, 2017 for examination and report by the last day of the first week of the Budget Session, 2018. Subsequently, Hon'ble Chairman granted extension of time for presentation of Report on the Bill upto the first day of the second part of the Budget Session, 2018 and again till 15th March, 2018 and subsequently till 22nd March, 2018.

3. The Committee issued a Press Release inviting memoranda/views from individuals and other stakeholders. In response thereto, a number of Memoranda from individuals/organisations were received.

4. The Committee held nine sittings during the course of examination of the Bill, *i.e.*, on 12th and 24th January, 12th , 13th, 16th and 27th February and 7th, 13th and 16th March, 2018. The list of witnesses heard by the Committee is at **Annexure-II**.

5. The Committee considered the draft Report and adopted the same on 16th March, 2018.

6. The Committee has relied on the following documents in finalizing the Report:—

(i) The National Medical Commission Bill, 2017;

(ii) Background Note on the Bill received from the Department of Health and Family Welfare;

(iii) Presentation, clarifications and Oral evidence of Secretary, Department of Health and Family Welfare;

(iv) Memoranda received on the Bill from various institutes/bodies/associations/organizations/ experts and replies of the Ministry on the memoranda selected by the Committee for examination;

(v) Oral evidence and written submissions by various stakeholders/experts on the Bill; and

(vi) Replies received from the Department of Health and Family Welfare to the questions/queries raised by Members during the meetings on the Bill.

7. On behalf of the Committee, I would like to acknowledge with thanks the contributions made by those who deposed before the Committee and also those who gave their valuable suggestions to the Committee through their written submissions.

8. A Note of Dissent given by Shri K. Kamaraj is appended to the Report.

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* Published in Gazette of India Extraordinary Part II Section 2, dated 29th December, 2017..

** Rajya Sabha Parliamentary Bulletin Part II, No.57320, dated 8th January, 2018.

9. For facility of reference and convenience, the observations and recommendations of the Committee have been printed in bold letters in the body of the Report.

PROF. RAM GOPAL YADAV
Chairman,
Department-related Parliamentary Standing Committee on Health and Family Welfare, Rajya Sabha.

NEW DELHI;
16*th March*, 2018
Phalguna 29, 1939 *(Saka)*

ACRONYMS

ADEH	:	Alliance of Doctors for Ethical Healthcare
AICTE	:	All India Council for Technical Education
AIIMS	:	All India Institute of Medical Science
ANBAI	:	Association of National Board Accredited Institutions
AYUSH	:	Ayurveda, Yoga, Unani, Sidha and Homoeopathy
BAMS	:	Bachelor of Ayurveda, Medicine and Surgery
BDS	:	Bachelor of Dental Surgery
BHMS	:	Bachelor of Homoeopathic Medicine and Surgery
BoG	:	Board of Governors
BUMS	:	Bachelor of Unani Medicine and Surgery
CBSE	:	Central Board of Secondary Education
CCH	:	Central Council of Indian Homoeopathy
CCIM	:	Central Council of Indian Medicine
CEO	:	Chief Executive Officer
CG	:	Central Government
CMC	:	Christian Medical College
CME	:	Continued Medical Education
CPD	:	Continuing Professional Development
DG	:	Director General
DMS	:	Diploma in Medicine and Surgery
DNB	:	Diplomete in National Board
DoPT	:	Department of Personnel and Training
DRSC	:	Department Related Standing Committee
FMGE	:	Foreign Medical Graduate Examination
EMRB	:	Ethics and Medical Registration Board
FORDA	:	Federation of Resident Doctor's Association
GIS	:	Geographic Information System
GoE	:	Group of Experts
GPS	:	Global Positioning System

IMA	:	Indian Medical Association
IMC	:	Indian Medical Council
ISM	:	Indian Systems of Medicine
JIPMER	:	Jawaharlal Institute of Postgraduate Medical Education and Research
JNU	:	Jawaharlal Nehru University
MAC	:	Medical Advisory Council
MBBS	:	Bachelor of Medicine, Bachelor of Surgery
MCAI	:	Medical Commission Appellate Tribunal
MCI	:	Medical Council of India
MCQ	:	Multiple Choice Questions
MD/MS	:	Doctor of Medicine/Master of Science
MDS	:	Masters of Dental Surgery
MoU	:	Memorandum of Understanding
NAAC	:	National Assessment and Accreditation Council
NABH	:	National Accreditation Board for Hospitals and Healthcare Providers
NABL	:	National Accreditation Board for Testing and Calibration Laboratories
NBE	:	National Board of Examination
NCD	:	Non Communicable Diseases
NEET	:	National Eligibility-Cum-Entrance Test
NEXT	:	National Exit Exam
NGC	:	National Guideline Clearinghouse
NGO	:	Non Governmental Organisation
NHMA	:	National Homoeopathy Medical Association
NIMHANS	:	National Institute of Mental Health and Neuro Sciences
NIPFP	:	National Institute of Public Finance and Policy
NITI AYOG	:	National Institution for Transforming India
NLE	:	National Licentiate Examination
NMC	:	National Medical Commission
NRI	:	Non Resident Indian
PGI, Chandigarh	:	Post Graduate Institute, Chandigarh

PGMEB	:	Post Graduate Medical Education Board
RGUHS	:	Rajiv Gandhi University of Health Sciences
PHC	:	Primary Health Centre
SMC	:	State Medical Council
SRHU	:	Swami Rama Himalayan University
UG	:	Under Graduate
UGC	:	University Grants Commission
UGMEB	:	Undergraduate Medical Education Board
USMLE	:	United States Medical Licensing Examination
UT	:	Union Territory
VC	:	Vice Chancellor
WHO	:	World Health Organization

REPORT

CHAPTER - I

INTRODUCTION

Mission Statement of the Bill

1.1 The Preamble to The National Medical Commission Bill, 2017 lays down its mission statement, which is to provide for a medical education system that ensures availability of adequate and high quality medical professionals, and encourages the medical professionals to adopt latest medical research in their work and also to contribute to research. It envisages a system that has an objective periodic assessment of medical institutions, facilitates maintenance of a medical register for India and enforces high ethical standards in all aspects of medical services. The proposed system is flexible to adapt to changing needs and has an effective grievance redressal mechanism.

Necessity of the Bill

1.2 According to the Statement of Objects and Reasons (SOR) of the Bill, medical education is at the core of the access to quality healthcare in any country. A flexible and well-functioning legislative framework underlying medical education is essential for the well-being of a nation. The Indian Medical Council Act, 1956, which was enacted to provide a solid foundation for the growth of medical education in the early decades, has not kept pace with time.

1.2.1 The Group of Experts, chaired by Dr. Ranjit Rai Choudhary, which was constituted by the Central Government had proposed for revamping the regulatory system of medical education and strongly recommends for a new structure for this purpose. The Department-related Parliamentary Standing Committee on Health and Family Welfare had also recommended the same. Even the Hon'ble Supreme Court had directed reforming the Medical Council of India in line with the structure proposed by the Group of Experts.

Objectives of the Bill

1.3 The National Medical Commission Bill, 2017 (NMC Bill) seeks to provide for the following:—

(a) Constitution of a National Medical Commission for development and regulation of all aspects relating to medical education, medical profession and medical institutions and a Medical Advisory Council to advise and make recommendations to the Commission;

(b) Constitution of four Autonomous Boards, namely: (i) The Under-Graduate Medical Education Board; (ii) The Post-Graduate Medical Education Board; (iii) The Medical Assessment and Rating Board; and (iv) The Ethics and Medical Registration Board;

(c) Recognition of medical qualifications granted by various institutions and bodies;

(d) Holding of a uniform National Eligibility-cum-Entrance Examination and the National Licentiate Examination;

(e) Holding of a joint sitting of the Commission, the Central Council of Homoeopathy and the Central Council of Indian Medicine;

(f) Repeal of the Indian Medical Council Act, 1956 and for dissolution of the Medical Council of India; and

(g) The manner of seeking permission to establish a new medical college.

Background

1.4 At present, medical education in India is regulated by the Medical Council of India (MCI), which was established in 1934, under the Indian Medical Council Act (IMC), 1933, with the purpose of establishing uniform minimum standards of higher qualifications in medicine and recognition of medical qualifications in India and abroad. Subsequently in 1956, Independent India enacted the Indian Medical Council Act, 1956 to repeal the original IMC Act and reconstituted the Medical Council of India.

1.4.1 The Indian Medical Council Act, 1956 was enacted to provide a solid foundation for the growth of medical education in the early decades. Since then, the MCI has been the apex regulator of medical education as well as medical practice in India. However, with the changing times, several challenges as well as bottlenecks crept into the system having detrimental effects not only on medical education but also on the delivery of quality health services in the country. The deteriorating standard of medical education and research in India, an acute shortage of health care providers, especially in rural areas and frequent allegations of fraudulent practices, corruption and nepotism in the medical education system have led to an increasing criticism of the functioning of the MCI. The idea that the Medical Council of India has outlived its utility and must either be reformed or replaced gained momentum.

National Commission for Human Resources for Health Bill, 2011

1.4.2 Since 2010, the Government of India has taken some steps to meet the challenges before the IMC Act, 1956 and to resolve these bottlenecks. The first in a series of such efforts was the promulgation of the Indian Medical Council (Amendment) Ordinance, 2010. This ordinance superseded the IMC Act, 1956 for a period of one year and provided for constitution of a Board of Governors (BoG) to take over the functions of the Medical Council of India.

1.4.3 Subsequently, the IMC (Amendment) Act, 2010 replaced the ordinance in September, 2010. However, this Amendment Act required the MCI to be reconstituted within three years from the date of supersession, *i.e.* by 14th May 2013. The Government, by amending the Act in 2011 and 2012, twice extended the terms of the BoG by one year at a time. On 22nd December 2011, the Government introduced the National Commission for Human Resources for Health Bill, 2011 in the Rajya Sabha to set up a National Commission for Human Resources for Health (NCHRH), an overarching regulatory body, which would take over the functions of all the existing councils in the health sector, including the MCI. This NCHRH Bill sought to consolidate the law in certain disciplines of health sector and establish a mechanism to determine, maintain and regulate the standards of health education in the country with a view to ensure adequate availability of human resources in the health sector throughout the country.

1.4.5 The NCHRH Bill, 2011 was referred to the DRSC on Health and Family Welfare. After threadbare examination the Standing Committee recommended withdrawal of the NCHRH Bill, 2011 in view of serious apprehensions raised by several stakeholders on various provisions of the Bill, as contained in its 60th Report. The Standing Committee further recommended to bring forward a fresh bill after holding discussions with all the stakeholders concerned by addressing their genuine apprehensions.

1.4.6 Subsequently, in March 2013, the Government introduced the IMC (Amendment) Bill, 2013 as the term of the Board of Governors was slated to end on 14th May 2013, but it could not be taken up for consideration during the Budget Session during that year. The Government then promulgated the IMC (Amendment) Ordinance, 2013 to extend the term of BoG for another 180 days until 10th November, 2013. Meanwhile, the Government again introduced a modified IMC (Amendment) Bill, 2013 in the Rajya Sabha on 19th August, 2013 to replace the said Ordinance by an Act but it too could not be taken up for consideration.

1.4.7 As a result of the failure to pass the replacement Bill within six weeks of reassembly of the Parliament, the IMC (Amendment) Ordinance, 2013 got expired on 16th September 2013. Thereafter, on 28th September 2013, the Government notified the IMC (Amendment) Second Ordinance, 2013 to validate the work already done by the BoG in the absence of MCI. The Government then re-constituted the MCI, which came into existence once again on 6th November 2013.

1.4.8 The Government's effort to introduce the IMC (Second Amendment) Bill, 2013, during the 2013 Winter Session, to replace the IMC (Amendment) Second Ordinance, 2013 was once again unsuccessful as the House was adjourned *sine die* on the 18thDecember, 2013. Consequently, the re-constituted MCI continued to be the regulatory body governing medical education as per IMC Act, 1956.

Group of Experts

1.4.9 The Ministry of Health and Family Welfare, on 7th July 2014, constituted a Group of Experts (GoE) headed by Prof. Ranjit Roy Chaudhury to study the existing IMC Act, 1956 in the light of the proposed amendments to the Act and suggested recommendations to the Government to make the MCI, modern and suited to the prevailing conditions. In its report submitted on 25th September, 2014, the GoE expressed an urgent need to totally revamp the system and establish a new regulatory framework. The major recommendations of the GoE are given below:—

(i) Establish a National Medical Commission (NMC) that will provide regulatory oversight to the educational process and professional conduct.

(ii) Creation of a National Advisory Council consisting of members from the State Governments, Union Territories, State Medical Councils, Medical Universities and members of NMC.

(iii) Creation of four boards under the NMC, each to independently provide oversight for undergraduate (UG) training, postgraduate (PG) training, Accreditation and Assessment, and Registration and Ethics.

(iv) Members of NMC and the four boards to be nominated through transparent and robust processes by the Government, and to have elected representation from the States.

(v) Introduction of a non-medical member in the NMC and the Registration Board.

(vi) A national level entrance for both UG and PG training to provide equal access to all aspirants and a national exit examination for all PG training to introduce better and uniform standards.

(vii) Introduction of a licentiate examination in 5 years' time to ensure minimum standards of practice.

(viii) A live national Medical Electronic Medical Register and mandatory re-registration.

(ix) Re-vamping of the complaint process and re-defining the Central Council – State Council relationship.

92nd Report of DRSC on Health and Family Welfare

1.4.10 On 23rd September 2015, the Department-related Parliamentary Standing Committee on Health and Family welfare took up the subject 'The Functioning of Medical Council of India' for examination. After wide consultations, examination of submissions by various experts and elaborate discussions, the Committee presented its 92nd Report to the Rajya Sabha on 8 March, 2016. The Committee observed that the Medical Council of India as the regulator of medical education in the country has repeatedly failed on all its mandates over the decades. The Committee also faulted the successive Central and State Governments for the imbalance in the distribution of medical colleges across the States. The Committee was in general agreement with the regulatory structure suggested by Dr. Ranjit Roy Chaudhary Committee, and exhorted the Ministry to implement the Committee's recommendations and bring a new comprehensive Bill in the Parliament at the earliest.

Committee under the Chairmanship of Vice Chairman, NITI Aayog

1.4.11 Subsequent to the recommendations of the Standing Committee, a Committee under the Chairmanship of Vice Chairman, NITI Aayog was constituted on 28th March 2016 to examine all options for reforms in medical education and suggest a way forward. Additional Principal Secretary to Prime Minister, CEO, NITI Aayog and Secretary, Ministry of Health and Family Welfare were the other three members of this Committee. The Terms of Reference for the NITI Aayog Committee were as follows:—

(i) The Committee may examine all options for reforms in the Medical Council of India and suggest way forward; and

(ii) The Committee may also visit the features of other regulatory institutions in the field of medical education and suggest suitable reforms.

1.4.12 The NITI Aayog Committee sought views and suggestions of various experts including eminent physicians and surgeons, former Secretaries to the Government of India, Department of Health and Family Welfare, public health experts, President/Vice-President and other Members of the MCI, representatives of the State Governments; and lawyers in its various meetings.

1.4.13 After extensive deliberations, the NITI Aayog Committee finalized the draft National Medical Commission Bill (NMC) that would replace the Medical Council of India with the proposed National Medical Commission. The draft NMC Bill along with the report was sent to the States for seeking their views/ suggestions on the Bill. This draft Bill along with the Preliminary Report of the NITI Aayog Committee was also placed on the official website of NITI Aayog on 9th August, 2016 for seeking comments of the public and experts. The NITI Aayog Committee received 14581 emails out of which 11604 were in disagreement to either particular provision or the proposed Bill. Most disagreements were on the issue of National Licentiate Examination. Based on the comments received from States, public, experts and further deliberations, the revised Bill was submitted by the NITI Aayog Committee to the Government on 25th November, 2016.

Consideration of Bill by a Group of Ministers

1.4.14 The draft Bill suggested by NITI Aayog was examined by a Group of Ministers (GoM), constituted on 23th February, 2017 for the purpose. The GoM comprised of eight Ministers including the Finance Minister, the Ministers of Railways, Road Transport and Highways, Rural Development, Science and Technology,

Health and Family Welfare, the Minister of State *(IC)* of the Ministry of Power and the Minister of State in the Prime Minister's Office.

1.4.15 After a series of deliberations, the Group of Ministers, approved the Bill with the following changes:-

(i) Incorporate a clause providing for elected members in the NMC so that it is not a purely selected body.

(ii) International experience in such regulatory bodies in medical profession should be examined.

(iii) The heads of peer professional bodies in the country may be consulted on structure and regulation of profession of those bodies – ICAI, ICSI, ICAI (Cost Accounts).

(iv) NMC not to be a purely selected body. May be restructured as: 12 Ex-officio members instead of nine members, 15 Part-time members instead of 10 members, reduction of Part-time members from diverse fields from 5 to 3, and nine members from medical/public health background to be elected from among the medical practitioners.

(v) Representation of premier medical institutions from the four regions of the country in the NMC.

(vi) Only one term of four years for the Chairperson and the Members.

(vii) Provision for having a Medical Commission Appellate Tribunal (MCAT), headed by a sitting or a retired High Court judge, with one Member from the medical profession and the other with an administrative experience in the field of medical education/health administration at the level of Secretary to Government of India.

(viii) MCAT not to be a permanent body and allowing a sitting fee to the Members.

(ix) The period for appeal to MCAT against the decisions of NMC or EMR Board and the period for MCAT to decide on the appeal to be reduced.

(x) Ministry of Health and Family Welfare may nominate two members from the medical fraternity instead of three. The third member to be from among the elected medical practitioners in the NMC.

(xi) Approval of Cabinet may be obtained without appraisal by Committee on Establishment Expenditure.

1.4.16 After the approval of the GoM, the draft Cabinet Note and the draft Bill were circulated on 5th July, 2017 for inter-ministerial consultation. With consideration of the comments received from different Ministries, the draft Bill was finalized and approved by the Cabinet on 15th December, 2017. The Bill approved by the Cabinet was different from the one approved by the GoM in respect of the following two major aspects:—

(a) The number of elected members of NMC was reduced to five from nine.

(b) Provision for Appellate Tribunal was dropped and instead the Central Government was designated as the second appellate authority in respect of grievances against the decisions of the autonomous boards.

1.4.17 The National Medical Commission Bill, 2017 was introduced in the Lok Sabha on 29th December, 2017 and subsequently referred to the Department-related Parliamentary Standing Committee on Health and

Family Welfare by the Chairman, Rajya Sabha in consultation with the Speaker, Lok Sabha on 4th January, 2018 for a detailed examination and report.

SALIENT FEATURES OF THE NATIONAL MEDICAL COMMISSION BILL, 2017

1.5 The salient features of the National Medical Commission Bill, 2017 may be enumerated as under:-

1.5.1 Institutional Framework for Regulation of Medical Education

(i) The Bill proposes creation of a new institutional framework, in the form of a National Medical Commission, a Medical Advisory Council and four autonomous boards for regulating all aspects relating to medical education, medical profession and medical institutions.

(ii) The National Medical Commission will formulate and lay down the policies for regulating medical education and develop a road map for meeting the requirements in healthcare, including human resources and infrastructure. The Medical Advisory Council will advise the Commission on measures to determine and maintain and to coordinate maintenance of minimum standards in all matters relating to medical education, training and research. It will also provide adequate representation to the States and Union Territories. The Bill proposes to create four autonomous boards with clear demarcation of functions to regulate various aspects of medical education, institutions and practice.

1.5.2 Composition and Structure of National Medical Commission

(i) The National Medical Commission comprises of a Chairperson, twelve *ex-officio* members and eleven part-time members. One of the *ex-officio* members would be the Member-secretary and will head the Secretariat of the Commission.

(ii) Of the eleven part-time members, three members will be from the field of management, economy, law, medical ethics, consumer or patient rights advocacy, health research, science and technology. Three members will be selected from amongst the members of the Medical Advisory Council representing States on a rotational basis. They will be nominated on rotation basis for a term of two years. Five members will be elected by the registered medical practitioners from amongst themselves.

(iii) The Central Government is empowered to appoint the Chairperson, three part-time members and the Secretary of the Commission, on the recommendation of a Search Committee. The Bill also provides for the qualifications for appointment of Chairperson, part-term members and Secretary along with the manner of their appointment.

1.5.3 Composition of Medical Advisory Council (MAC)

(i) The Chairperson of the National Medical Commission will be the ex-officio Chairperson of the Medical Advisory Council. Every member of the NMC will be an *ex-officio* member of the Council. The Council will also comprise of representatives of 36 States/UTs. Every State and UT will nominate one member, who should be Vice-Chancellor of the State Health University or the University having maximum number of affiliated medical colleges.

(ii) The Chairman, UGC Director, National Assessment and Accreditation Council (NAAC) and four members nominated by the Central Government from amongst the Directors of IITs, IIMs and IISc will be the other members of the Council.

1.5.4 Autonomous Boards under the NMC

Four mutually independent and autonomous boards are proposed to be setup under the Commission. All the Boards will comprise of a Chairperson and two members. The brief outline of their composition, powers and functions is as follows:—

(a) **Under Graduate Medical Education Board (UGMEB)**

The Under Graduate Medical Education Board will prescribe standards and norms for infrastructure, faculty and quality of education in institutions conducting under-graduate medical education. It will also grant recognition to medical qualifications at the UG level. The Board shall comprise of a President and two Members to be appointed, on the recommendation of the Search Committee, from amongst those persons possessing a PG degree in any discipline of medical sciences from any University and experience of not less than 15 years, with at least seven years as a leader in the area of medical education, public health, community medicine or health research.

(b) **Post Graduate Medical Education Board (PGMEB)**

The Board will prescribe standards and norms for infrastructure, faculty and quality of education in institutions conducting medical education at the postgraduate and super speciality levels. It will also grant recognition to postgraduate and super speciality qualifications. The Board shall comprise of a President and two Members to be appointed, on the recommendation of the Search Committee, from amongst those persons possessing a PG degree in any discipline of medical sciences from any University, and having an experience of not less than 15 years, with at least seven years as a leader in the area of medical education, public health, community medicine or health research.

(c) **Medical Assessment and Rating Board (MARB)**

The Medical Assessment and Rating Board will determine the process of assessment and rating of medical educational institutions as per the standards laid down by the UGMEB or PGMEB. The Board will carry out inspections for the following purposes:—

(i) Establishment of new medical college and its recognition;

(ii) The verification of documents provided by the colleges for their assessment and rating; and

(iii) Recognition of PG courses.

The MARB will comprise of a President and two Members to be appointed on the recommendations of the Search Committee. The President and one Member will be from amongst those persons possessing a PG degree in any discipline of medical sciences from any University, and having an experience of not less than 15 years, with at least seven years as a leader in the area of medical education, public health, community medicine or health research. The second Member of the MARB shall be a person possessing a postgraduate degree in any of the disciplines of management, quality assurance, law or science and technology from any University, having not less than fifteen years of experience with at least seven years as a leader.

(d) **Ethics and Medical Registration Board (EMRB)**

The Ethics and Medical Registration Board will maintain a National Register of all licensed medical practitioners in electronic format synchronize it with the State Medical registers and ensure compliance

of the Code of Ethics through State Councils and have an appellate jurisdiction over the orders passed by the State Councils.

The EMRB will comprise of a President and two Members to be appointed on the recommendations of the Search Committee. The President and one Member will be from amongst those persons possessing a PG degree in any discipline of medical sciences from any University and having an experience of not less than 15 years with at least seven years as a leader in the area of medical education, public health, community medicine or health research. The second Member of the EMRB shall be a person of outstanding ability who has demonstrated public record of work on medical ethics or a person of outstanding ability possessing a post-graduate degree in any of the disciplines of quality assurance, public health, law or patient advocacy from any University, having not less than fifteen years of experience with at least seven years as a leader.

1.5.5 **National Level Examinations and Counseling**

The Bill seeks to provide for a statutory basis for the following examinations:

(i) National Eligibility-cum-Entrance Test (NEET): A common entrance test for admission to the under-graduate medical education under the purview of National Medical Commission.

(ii) National Licentiate Examination (NLE): A common licentiate examination for medical graduates for enrolment into the Medical Register(s). The NLE will also serve as NEET (PG) for admission into post-graduate courses.

(iii) Common Counseling: A Common counseling will be conducted for all medical institutions by the designated authority at the Centre and the State level.

1.5.6 **Fee Regulation**

The Bill empowers the NMC to fix norms for regulating fees for a proportion of seats, not exceeding 40% of the total seats, in private medical institutions. For the rest of the seats, the institutions are free to charge the fees that they may deem appropriate as per their requirements.

1.5.7 **Bridge Course for AYUSH Practitioners**

The Bill provides for holding of a joint sitting of the Commission, the Central Council of Homeopathy and the Central Council of Indian Medicine to enhance the interface between Homeopathy, Indian systems of medicine and modern systems of medicine. There is also a provision for specific bridge courses that may be introduced for the practitioners of AYUSH to enable them to prescribe such modern medicines at such level as may be approved.

1.5.8 **Powers of Central Government**

The Bill empowers the Central Government to supersede the Commission, if the Commission is unable to discharge the mandated functions, or persistently defaults in complying with any direction issued by the Central Government. The Central Government empowered to give directions to the Commission and the autonomous boards. It can also give directions to the State Governments for carrying out the provisions of the Act.

CHAPTER - II

VIEWS OF DEPARTMENT OF HEALTH AND FAMILY WELFARE AND SOME STATE GOVERNMENTS

2.0 The representative of the Department of Health and Family Welfare (Ministry of Health and Family Welfare) and some of the State Governments deposed before the Committee.

2.1 The Secretary and other representatives of the Ministry of Health and Family Welfare made a presentation before the Committee on 12th January, 2018 highlighting the background and necessity of the Bill. They gave a detailed comparison between the provisions of the NMC Bill and the recommendations given by the DRSC on Health and Family Welfare in its 92nd Report on the Subject 'The Functioning of Medical Council of India'.

2.1.1 The representative of the Ministry explained the salient features of the Bill including the proposed institutional structure, powers and functions, and the composition of the National Medical Commission. The Committee was also informed about the mode of appointment of the Members of the Commission and the qualifications stipulated for them in the Bill to be eligible for appointment. Their presentation covered the composition and powers of the various bodies *viz*. Medical Advisory Council, Under Graduate Medical Education Board, Post Graduate Medical Education Board, and Medical Assessment and Rating Board that are to be set up under the aegis of the Commission. The presentation also covered other important provisions of the Bill pertaining to the National Eligibility-cum-Entrance Test, National Licentiate Examination and common counseling for all medical institutions.

2.1.2 The Secretary drew a comparison between the Medical Council of India and the National Medical Commission as reflected in the following table:

Point of Comparison	Medical Council of India (MCI)	National Medical Commission (NMC)
1	2	3
Composition	Primarily elected body with State/ Central nominees.	Hybrid structure with primacy for selected members. Inclusion of a few non-medical members.
Permission for setting up of a medical college	Application to Central Government and permission by CG on recommendation of MCI.	Application and permission by MARB.
Permission for UG courses	Establishment; renewal; recognition; increase of intake.	Only Establishment and Recognition; automatic increase of intake allowed; recognition by UG/PG Boards.
Permission for PG Courses	Separate permission for PG courses after UG recognition.	College can start PG courses on its own.
Penalty for not meeting the requirements	No renewal permission and no admission.	Monetary penalty – upto 10 times the annual tuition fee.
Regulation of Fee	No power to prescribe fees.	NMC to frame guidelines for determination of fees for upto 40% seats in private colleges/Deemed Universities.

1	2	3
Penalty for unregistered practitioners	Imprisonment and/or fine.	Only fine.
Mandate for Registration of Practitioners	Limited to modern medicine.	National register to include licensed Ayush practitioners who qualify bridge course. Provision for yearly joint sitting of Commission with Regulatory Bodies in AYUSH.
Regulation of Medical Profession	Through State Medical Councils, MCI being the appellate body.	Through State Medical Councils, NMC being the first and Central Government the second appellate authority.
Power to permit unregistered practitioner	No power to allow unregistered practitioners	Discretionary power to NMC to permit practice without qualifying NLE.

2.1.3 The Secretary shared with the Committee the feedback received from various stakeholders, including the Indian Medical Association after introduction of the Bill in the Parliament. She outlined the following important provisions of the Bill that have become the bone of contention amongst various stakeholders:

(i) Conduct of a common final year examination instead of the proposed National Licentiate Examination;

(ii) Allowing Ayush Practitioners to prescribe modern medicines to a limited extent through bridge course;

(iii) Workability of the provision pertaining to the regulation of fees for 40% seats *vis-a-vis* the quotas such as State Quota, and Management and NRI Quota;

(iv) Central Government being the appellate authority against the orders of the Commission.

State Governments

2.2 The Subject of 'Health and Medical Education' is under the Concurrent List of the Seventh Schedule of the Constitution. This makes the States an important stakeholder in the medical education system of the country. Some of the State Governments have opined that in keeping with the federal nature of governance in the country, the Medical Council of India was designed to have adequate representation from the State Governments and the UT Administrations whereas in contrast, the National Medical Commission, in its current form, would largely be a nominated body. There were concerns that the States would effectively have no say in the regulation of medical education in the country after the establishment of the NMC in the form that is envisaged by the NMC Bill, 2017. The Committee, to end this isolation and alienation of the States, sought the views of all the State Governments on this Bill and also invited some of them to present their concerns before the Committee. The views expressed by different States is as under:

Government of Karnataka

2.3.1 The representative of the State Government of Karnataka expressed that the States have an important role to play in the policy formulation in the field of medical education. However, the NMC Bill fails to give an adequate representation to the States. He opined that States like Karnataka that account for a substantial number of medical colleges, both in Government and private sector, and also have a sizeable number of both Under-graduate and Post-graduate medical seats, should have a permanent representation in the Commission. He suggested that the Vice-Chancellors of the Medical Universities, at the State-level, could be the Members of Under Graduate Medical Education Board and Post Graduate Education Board.

2.3.2 The Committee was informed that Karnataka being a progressive state, with many private medical colleges, has ensured that medical education is affordable, accessible and complies with the principles of social justice. The State has been in a position to decide the seat-sharing as well as the fee for upto 75-80% of seats in private medical colleges through an arrangement called consensual agreement. Through this agreement, the Government has also been able to ensure the reservation of 50% of seats, in the private quota, for the students of Karnataka. Therefore, the provision to limit the number of seats, for which fee could be determined, to 40% of the total seats in the private medical institutions, would not be in the interest of the students. The States should have the right to decide on fee determination and seat sharing with private medical and dental institutions including Deemed Universities.

2.3.3 With respect to the National Licentiate Examination, representatives of the State Government stated that it was unnecessary as it would put students under undue stress. The present system of a final year exam for graduation and NEET for determining eligibility to PG courses should be continued. The Government of Karnataka was opposed to the provision for bridge courses for AYUSH practitioners as each system requires a different rigour of training and eligibility and has specific protocols and methods for the diagnosis of symptoms and treatment. Therefore, such a course cannot substitute the specialized training imparted to the under-graduates and post-graduates in Allopathic system of medicine.

Government of Tamil Nadu

2.4 The representative of the State Government of Tamil Nadu while acknowledging the need for reforms in the present regulatory mechanism for medical education stated that the NMC Bill portrays a complete lack of understanding of the ground realities of the country and the principles of federalism. The proposed Bill effectively puts the decision making powers solely in the hands of the Government of India and seeks to completely undermine the powers of the States. He was of the view that the State Governments hardly have any role to play in the policy issues relating to medical education planning, curriculum and course design, as well as approval of new medical institutions in the States.

2.4.1 The State of Tamil Nadu was represented in the MCI by six Members while the proposed Bill envisages only rotational representation of States in the Commission leaving the majority membership to nominations by the Central Government. Apart from the National Medical Commission, where the States will be represented on a rotational basis, the other bodies under the Commission, *i.e.* the four autonomous boards, will have no representation from the States. The representative of Tamil Nadu suggested that the States must be given permanent representation in the National Medical Commission and must also have appropriate representation in the autonomous boards where many key decisions would be taken. States must also be given appropriate and adequate representation and say in the selection process of various office bearers.

2.4.2 The Tamil Nadu Government is also opposed to the National Licentiate Examination, which according to them is an unnecessary burden on medical students. Further, the State Government is also opposed to bridge courses for practitioners of alternative medicines. Seeking licentiate examination for MBBS graduates and allowing practitioners of alternative medicine, through bridge courses, to practice allopathic medicine is both contradictory and unnecessary.

Government of Maharashtra:

2.5 Accordingly to the representative of the Government of Maharashtra the fee for all the seats in Maharashtra, is decided by the 'Fee Regulatory Authority' headed by a retired judge of High Court. The Bill, however, in its present form, allows fee determination for only 40% of the seats. He suggested that every year, permission of the NMC may be obtained for renewals in order to maintain the standard of education. Permission of the Commission may also be made necessary for increasing the seats so as to assess the infrastructure and availability of the faculty necessary for such an increase.

2.5.1 The representative of Government of Maharashtra was of the view that 15-20% non-doctors may be made members of the Commission.

Government of Uttar Pradesh:

2.6 The representatives of the State Government of Uttar Pradesh expressed the concern that the representation of the States and the UTs in the National Medical Commission was grossly insufficient and antithetic to cooperative federalism.

2.6.1 The powers and functions of the NMC seem to impinge upon the power of the State Governments with regards to regulation of fee. The maximum limit of 40% seats, for which the fee could be regulated, is grossly inadequate and will open the door for unscrupulous practices in the private medical institutions. The representative asserted that there was a need to guard against the charging of unduly high fee by private institutions and proposed that the NMC should only formulate broad principles based on which the fee could be regulated by the State Governments. He was of the view that due to different ground level challenges in different States and varying circumstances within a State, it was pertinent that the State Governments should determine the fee structure.

2.6.2 On Clause 11 of the Bill, the representative of Government of Uttar Pradesh stated that a University's Vice-Chancellor, who is to be nominated by the State Government as a Member of the Medical Advisory Council, may not have an educational background in the field of medicine. He suggested that the Director General of Medical Education/Health of the State may be nominated if there is no medical university in that particular State.

2.6.3 As regards autonomous boards, he asserted that a three member body was too small to take care of the multi-disciplinary spectrum at the national level and it will be plagued by not only technical challenges such as intricacies of super-specialisation courses but also managerial, legal and financial issues. He suggested that the UGMEB and the EMRB should have five members, and the PGMEB and the MARB, which are more complex, should have at least seven members. He also suggested that MARB's membership needs to be expanded as it requires a member each from the fields of law, finance and management along with a majority of the members from the medical background.

2.6.4 The representative opined that there should be a provision of penalty for the colleges if they violate norms relating to the admissions to UG and PG courses.

2.6.5 The representative also objected to a proviso to 29(d) that offers discretionary power to the Central Government to relax, in certain geographical areas, the criteria to be considered by the MARB for approving the scheme of setting up a medical college. He expressed that such discretionary power may lead to its misuse, corruption and undue political pressure, and the principles must be uniformly applicable.

2.6.6 The representative also expressed a concern on a similar proviso, provided under Section 33(1)(d), that grants discretionary power to the NMC to provide exemption from National Licentiate Examination (NLE) to a medical professional. He however, supported the introduction of NLE as it would bring standardization and parity amongst the medical colleges across the country. He also expressed that the NLE should be primarily based on Multiple Choice Questions and a student should be allowed to take the exam multiple times. On the issue of testing the students who acquire medical qualification from the foreign countries, the representative stated that even they should be made to appear in NLE and they should qualify NLE before they are allowed to practice.

2.6.7 The representative also raised his objections to the draconian provision relating to supersession of the Commission by the Central Government and the provision that empowers the Central Government to direct the State Governments to carry out the provisions of the Act.

Government of Bihar

2.7 The representative of the Government of Bihar expressed his concern that an expensive medical education is bound to produce doctors who would be reluctant to serve in the rural areas where people do not have the paying capacity. This problem aggravates in a State like Bihar where nearly 89% of the population lives in rural areas.

2.7.1 The representative also pointed out the inadequate representation of the States in the NMC. He objected to the rotational system of representation where only 3 out of 29 States would be represented in the Commission at any point of time. This way a State would get a chance to be represented on the Commission once in every 8 or 9 years. He also expressed apprehension on regarding the modalities relating to the NLE and the practical difficulties that may be faced by the States while trying to enforce standards across the country.

2.7.2 On the issue of bridge course for AYUSH, the representative supported the idea as it would help increase the number and availability of doctors especially in the rural areas. On the issue of duration of the bridge course the representative replied that it should be at least one year. He also stated that similar bridge course could be introduced for the para-medical staff and nurses as they take care of all the routine matters and a doctor comes only in cases of emergency or where a specialized attention is required.

Government of West Bengal

2.8 The representative of the Government of West Bengal registered his objection against the lack of representation of the States in the Commission and the fact that the Medical Advisory Council would only be an advisory body. He suggested that any decision taken by the MAC, with a two-thirds majority, should be binding upon the Commission.

2.8.1 The representative expressed his concern that the States neither have a representation in the four Autonomous Boards nor do they have a say in the selection of the Chairpersons or the Members. He asserted that there should be more clarity on the appellate jurisdiction of the NMC and a mechanism should be there to resolve the grievances of the States against the Boards. The representative also flagged the

inconsistency between the provision for regulation of fee for upto 40% seats and the Supreme Court judgement advising States to create a permanent Fee Structure Committee to determine fee for all seats, including hostel and other charges. He was of the view that non-fixation of fee of 60% or more seats would lead to considerable malpractices.

Government of Odisha:

2.9 The Government of Odisha, in its written submission on the Bill, suggested that the fee for 85% of the seats must be regulated by the Government and the fee for remaining 15% can be decided by a body authorized by the UGC instead of institution itself. The State of Odisha has its own Act, the Orissa Professional Educational Institutions Act, 2007, to regulate the fee. Under this Act, there is a Fee Structure Committee headed by one retired judge. The said Committee regulates the fee charged by the Private Medical Institutions in the State. In such private institutions, 85% seats belong to the State quota and the fee is regulated by the Committee. The rest of the 15% seats are earmarked as NRI quota and the fee for those seats is fixed at four times the fee that is charged under the State quota.

2.9.1 Government of Odisha objected to the proposal of the National Licentiate Exam since the candidates for MBBS course are taken from a standardized test *i.e.* NEET UG and pursue the course in a standardized institution which is recognized by the MCI. Therefore, there was no need for another examination and the issuance of passing certificate and registration for practice may be made mandatory without another examination. Also, the doctors coming from abroad must appear and pass a qualifying examination for practicing in the country.

2.9.2 With regard to the bridge course, the representative of Government of Odisha submitted that it was not justified as this will create confusion between the standards practiced in two completely dissimilar fields of medicines.

CHAPTER - III

VIEWS OF ORGANISATIONS/INSTITUTIONS/ASSOCIATIONS/ EXPERTS

Indian Medical Association

3.1 The representatives of the Indian Medical Association raised concerns over the proposed NMC Bill in its present form. The IMA President raised the issue of parity between the diploma and degree awarded to the post-graduate students and their eligibility to teach in medical colleges. The Committee was informed that diplomas are exclusively meant for those who desire to work in health services and upgrade their competencies as specialists while the degrees are meant for those who want to specialize in a particular field of medical sciences. The major difference between the two is that the degree course comprises of a research component that is missing from the diploma courses. The Bill, while attempting to bring a parity between the two, is silent on the service regulations of the faculty in a medical college. The diploma holders face challenges in complying with the service regulations that are decided by the States. This has restricted the availability of teachers in medical colleges.

3.1.1 On the composition of the NMC, the representatives of IMA pointed out that more than two-thirds of the membership of the Commission was *ex-officio* in character and the Commission was pre-dominantly a nominated/appointed regulatory body. He also pointed out there would be two sets of Members on the basis of their membership tenure. While most of the Members would have a four-year term, the representatives of the States would have only two year term. He also raised concerns that four autonomous boards do not have any elected member. The representative of IMA argued that the Board of Governors, that was constituted in supersession of the MCI in 2010 and continued to function till 2013, was entirely a nominated regulatory body. However, this model was not successful and therefore, the MCI had to be reconstituted in November, 2013.

3.1.2 Speaking on Clause 8 of the Bill, the representative of IMA pointed out that three relaxations have been granted while stipulating the qualifications required for a person to be appointed as the Secretary. Firstly, the Secretary of NMC is not required to have a medical background; secondly, he is to be appointed by the Government of India; and thirdly, the age of superannuation has been kept at 70 years, which is in stark contrast to the usual age of superannuation of 60 or 62 years for a public servant. He expressed his concern that these three relaxations were quite unusual and unjustifiable.

3.1.3 On the issue of the licentiate examination he pointed out that according to results of the National PG NEET of two years, the passing percentage was between 50 to 55 per cent with 40 per cent for the Scheduled Caste category and between 25 to 30 per cent for the Scheduled Tribes. In this background, he raised doubts regarding the fate of the candidates, who fail to qualify the National Licentiate Examination, as they would have an MBBS degree but neither would they be able to practice medicine nor would they be able to study further. This not only undermines the sanctity and rigor of the various Universities but is also incompatible with the very intent of the Bill which is to augment the trained health manpower for the purpose of effective healthcare delivery system with emphasis on rural healthcare delivery.

3.1.4 The IMA representative also raised concerns pertaining to the fate of the State Medical Councils and the multiple authorities that will be able to give directions to these councils *i.e.* the Central Government, National Medical Commission, and the Medical Accreditation and Regulatory Board. He was of the view that this will stifle the autonomy of the State Medical Councils.

3.1.5 On the issue of bridge courses, the representative of IMA voiced his concern on the feasibility to have a separate national register for those who qualify bridge courses. According to IMA, issues may crop up as a result of dual registration under two separate councils, along with the issues pertaining to ethical responsibility and accountability of those having dual registration.

3.1.6 Concerns were also expressed by the IMA on the unbridled power granted to medical colleges for deciding the fee, the lack of clarity on grant of various permissions to medical colleges, the lack of a mechanism to screen the graduates of foreign universities, the lack of autonomy of the so-called autonomous boards, and the undue powers granted to the Central Government for controlling the functioning of the Commission and the Boards.

Medical Council of India (MCI)

3.2 At the outset, the President, Medical Council of India denied the allegations of corruption against the MCI and asserted that the MCI has been indicted unnecessarily simply on the basis of the public perception.

3.2.1 The representative of MCI then pointed out that the various provisions of the Bill would come into force on different dates. The purpose, relevance and the scope of this differential implementation of provisions were unclear. He also pointed out that the definition of the word 'medicine' in the Section 2(i), which is same as that given in the IMC Act, 1956, is at loggerheads with the provisions of the Clause 49 that provides for joint sittings of the Commission, and Central Councils of Homoeopathy and Indian medicine to enhance the interface between their respective systems of medicine.

3.2.2 On the composition of the Commission, the representative of the MCI stated that neither the Commission nor the autonomous boards created under it have a representative character. According to him not only the representation of the States has been diluted, even the power of the States to nominate its representative has been converted into an *ex-officio* representation. Moreover, this *ex-officio* representative would be a Vice-Chancellor of a traditional university, since there was no health university, and the VC would not necessarily have a background in medical sciences. The Committee was informed that the real powers are vested in the four autonomous boards, which do not have any electoral representation. Therefore, the Boards neither have a representative nor a democratic character.

3.2.3 According to MCI the power of Central Government under Clause 6 (6) to relax the bar on the members of the Commission, for a period of one year from the date of demitting office, to accept any employment in any private medical institution, whose matter was dealt with by them was not only unethical but also in contravention to legality.

3.2.4 The representative of MCI also raised the following issues:

(i) Possibility of misuse of discretionary powers vested in the Commission and the Boards;

(ii) Lack of any regulation and requirement of prior approval before introducing a post-graduate or super-specialty course; and

(iii) Lack of adequate autonomy granted to the MAR Board, which needs to function independently;

(iv) Scheme of dual registration for AYUSH practitioners who qualify bridge course; and

(v) Legalization of quackery by allowing cross-pathy through bridge course.

All India Unani Tibbi Congress

3.3 The representative of the All India Unani Tibbi Congress submitted that the subjects in under-graduate and post-graduate courses under the Indian System of Medicines were same as the subjects in the courses under the modern medicine system though varying in degrees. While supporting a bridge course for the ISM graduates, the representative was of the view that it should not be made compulsory for the already registered and practicing ISM doctors.

3.3.1 AYUSH in India is regulated by two separate Councils, the Central Council of Indian Medicine (CCIM) and the Central Council for Homoeopathy (CCH) which decides and formulates the curriculum for Under-Graduate and Post-Graduate courses in these systems of medicine with the permission and subsequent approval of Government of India. The bridge course proposed in the Bill is the best way for education and training of these doctors to meet the requirement of healthcare at the basic level. It was suggested that the Bridge Course could be made mandatory for the persons who qualify B.U.M.S, B.A.M.S or B.H.M.S after the promulgation of this Act. The representative also stated that the duration of the bridge course should be at least six months and the same must be conducted in modern medical hospitals. The syllabus should be decided by the majority, and not by an affirmative vote, of all Members present and voting as proposed in 49(3) of the Bill.

Indian Institute of Homoeopathic Physicians

3.4 The representative of Indian Institute of Homoeopathic Physicians submitted that bridge course would jeopardize the growth, popularity and individuality of the Homoeopathic system of Medicine. The representative was not in favour of bridge course, keeping in view the overall interest of the patients and the Homoeopathic profession. He also suggested that capacity building for specific integrated courses, in public health and rural healthcare services, may be done only for those who have opted to serve the Government health services. He further added that the integrated course should be one-time offer, for the time being, to tide over the crisis of shortage of health professionals in villages and remote areas of the country. The representative submitted that there was a need to have scientific, judicious and specific integration of Homoeopathy with the modern medicine, to unfold the Homoeopathy's unexplored area, for its full development.

All India Ayurvedic Congress

3.5 The representative of the All India Ayurvedic Congress was of the view that the sanctity of the Ayurveda needs to be preserved, so that the Ayurvedic service can be availed in case of emergency, especially in rural areas. He submitted that the subjects *viz*. pathology, anatomy and physiology that are taught in the Allopathy are also taught in the Ayurveda. The representative wanted that the Ayurvedic practitioner may be granted permission of doing a 6-9 months training of allopathy services to deal with the emergency cases. Since, the allopathic doctors are reluctant to practice in the rural settings, the professionals with BAMS, BUMS, and BHMS degrees were catering to the medical needs of the rural people in various districts.

All India Institute of Medical Sciences

3.6 The Committee invited the representatives of some of the reputed and established medical colleges of long standing, including the AIIMS, to express their views and concerns relating to the Bill. The Director, AIIMS was of the view that the fee structure provided in the Clause 10 would create two problems.

3.6.1 Firstly, it would result in a decline in merit and creation of an economic reservation wherein the medical seats would be given to those who can pay higher amount of fee instead of those who deserve them

based on merit. This may also lead to some sort of auctioning of the seats. He suggested that 25% of all seats should be reserved for the persons belonging to Economically Weaker Sections. The rest of the 75% seats should be offered in three slabs of 25% each, with a fixed maximum fees for each slab. A fee structure with no control, he argued, would create a different set of problems.

3.6.2 Secondly, he agreed that there should be a Licentiate Exam. However, he cautioned that a single MCQ based exam would prove to be counterproductive as the students would stop coming to the hospitals and not do any clinical work. He stated that this was already happening when the students would study for PG entrance exam. As a result, their clinical skills were found to be poor and they lack even basic training taught during graduation. To resolve this issue, certain methods of examination such as USMLE, which is a three-step exam, and which assesses clinical as well as theoretical skills. He suggested that instead of having a separate exam, the final MBBS exam could be held in two phases. This two-step exam would comprise of a common, short questions-based exam for all final year professional students, based on the current final year syllabus of MBBS. He suggested that the foreign graduates should also take this two-step exam. According to him, the PG exam should be separate from the licentiate exam and the licentiate exam should be a part of the final year MBBS exam and have a nation-wide common theoretical exam.

3.6.3 The other suggestions submitted by the representative of AIIMS are as follows:

(i) CME credit points should be mandatory for license renewal every five years due to rapid changes in the medical sciences;

(ii) Temporary permission to perform surgery or practice medicine without qualifying licentiate exam should not be granted to those who have done their graduation in India;

(iii) Clause 4(2) should be amended to provide that the Chairperson should have 20 years post-PG teaching and research experience in an academic institution;

(iv) Under Clause 11 (c) and (d), the representatives from State/Union Territories should be elected from among the medical colleges within that State and not by nomination from State Government;

(v) Instead of allowing AYUSH practitioners to practice allopathy and demeaning their stream of education, an AYUSH commission must be setup to encourage research, regulation, education, practice and licensing of AYUSH practitioners;

(vi) Increasing the number of Nurse practitioners thrugh appropriate training can help to increase the overall manpower in the health sector.

National Institute of Public Finance and Policy (NIPFP)

3.7 The representative of NIPFP was of the view that in the proposed Bill, 20 out of 25 members are from the health profession in the composition of NMC. The NMC Board should have parity between professional and non-professional members. He suggested that there should be a higher representation of non-professionals in the Ethics Board. He also pointed out that the process for taking disciplinary actions should not be left to regulations and the same may be provided in the law itself.

3.7.1 It was also suggested that an independent appellate authority (other than NMC) may be constituted against the disciplinary actions taken by the regulator and the doctors as well as the patients may be allowed to appeal against the disciplinary action taken by the regulator.

Alliance of Doctors for Ethical Healthcare (ADEH)

3.8 Supporting the process of transformation through the National Medical Commission Bill, 2017, the representative of ADEH emphasized on three issues: medical ethics, patient's rights and affordable medical education. He underlined the need of eliminating corruption in the entire process of medical regulation.

3.8.1 The ADEH representative asserted that the primary problem faced by the medical education and health care sectors in India was the increasing privatization and corporatization of health care, increasing bureaucratization and opaqueness in the decision-making. He stated that the exorbitant cost of medical education was the main cause of corruption in MCI and to make the medical education affordable, the fees for all the seats needs to be regulated.

3.8.2 He further stated that allowing the representatives of the private medical colleges to participate in any of the bodies of the NMC will lead to a conflict of interest which should be avoided. Another important issue that was highlighted was that of patient's rights that are affected by the functioning or malfunctioning of the regulatory bodies. He was of the view that the representation of the patients, in the NMC, was extremely weak and suggested that one-third of the members should be elected from the medical community, one-third should be *ex-officio* public officials and public health experts, and one-third should be from the civil society, health rights networks, patients groups, women organization and legal experts to represent the citizens' viewpoint.

Employees Association, Medical Council of India

3.9 The representative of the Employees Association of the Medical Council of India made an earnest request to not include the provision of removal of employees of the MCI from their respective offices, as is provided under the Clause 58 of the Bill. He stated that it would affect not only the lives of 108 employees but also their entire future.

3.9.1 The representatives informed the Committee that the employees of the MCI constituted the executive arm of the Council and implemented the mandate entrusted upon the Council. It was pointed out that the decision-making apparatus was in the Council whereas the employees carried out the decision. Dispensing away with their employment would amount to imposing collective punishment on all the employees. Therefore, the representative requested the said clause may be deleted in order to save their means of livelihood.

Resident Doctor's Association, AIIMS

3.10 Representative of the Resident Doctor's Association objected strongly to the provision of bridge course, wherein AYUSH practitioners would be allowed to prescribe drugs of modern medicine. Strong objection was also expressed for the provision regarding determination of fees in respect of such proportion of seats not exceeding 40% in the private medical institutions. This operationally meant that the fee regulation would be limited to a maximum of 40% seats in the private medical institutions. It was suggested that it would be better for Government to leave this fee-fixation for the State Governments or the Fee Regulation Commissions constituted from time to time.

3.10.1 While the Association welcomed the Licentiate Exam for quality assurance of medical education, they pointed out that there was no clear description about the mechanism to conduct the exam. It was, however, pointed out that this exam may have a harmful effect, as focus will only be on clearing the exam and the coaching centres would flourish in such a scenario. Therefore, the representative suggested that the final year MBBS (Part 1 & Part II) exams should be made Licentiate Exam and it should be conducted by the

proposed National Testing Agency. He also stated that the MBBS graduates should be given a chance to appear in Licentiate exam multiple number of times, if they so desire, to ensure that they could improve their scores and join in Post Graduate courses of their choice.

3.10.2 On the issue of elected *verses* selected regulators, the Association suggested that the ratio of elected and nominated members of the Commission should be in the ratio of 70:30. To bring about transparency in the inspections, the Association offered the solution of video recording of entire inspection process making the recordings available in public domain or by digital biometric monitoring of faculty, thus ensuring a 100% transparent and fair inspection process. The Association also highlighted that there was no provision for a grievance redressal mechanism in the Bill to regularly take feedback from the stakeholders and initiate necessary corrective action.

3.10.3 It was also suggested that the Residents Association and the student bodies should be given representation in the NMC so that the Commission is acquainted with the problems faced by doctors/ students at the ground level.

Federation of Resident Doctor's Association (FORDA), India

3.11 The representative of FORDA, India, opposed the proposed NMC Bill in its present form for being anti-poor, anti-people, non-representative and undemocratic in nature. He raised concerns over the proposed licentiate examination, the role of practitioners qualifying the proposed bridge course and the regulation of the quality of patients' care. He suggested that there should be a check on the number of admissions, the quantum of yearly-fees charged by the private medical colleges, and the proportion of management quota seats in private medical colleges.

Association of National Board Accredited Institutions (ANBAI)

3.12 The representative of ANBAI was of the opinion that with the implementation of the proposed National Medical Commission Bill, 2017, the quality of medical education was bound to improve significantly and establishing equivalence between the Diplomat in National Board Degree and MD / MS would increase the availability of specialists by a significant number.

3.12.1 He, however, raised concerns over some provisions of the Bill relating to bridge course, inadequate proportion of elected representatives, National Licentiate examination, and waiver of screening test for foreign medical graduates.

National Homoeopathy Medical Association

3.13 During their deposition before the Committee, the President, NHMA suggested that Section 49 (1), (2), (3) and (4) should be retained as it would provide for inter-pathy interaction in patient care and would strengthen the primary health care by utilizing the services of trained homeopathic and ISM doctors.

Manipal Academy of Higher Education

3.14 The representative of Manipal Academy of Higher Education submitted that although the four pillars of health education system *viz.* under graduate training, post graduate training, accreditation and medical ethics have been institutionalized as autonomous bodies, their powers have been diluted by multiple levels of appealing and superseding authorities.

3.14.1 He raised concern over the election process of commission, various boards, councils and committees, and pointed out that in the National Medical Commission, the *ex-officio* members do not include any

representation from private medical colleges or private universities running the medical colleges and requested to:

(i) increase the number of State representatives not only in National Commission but also in various sub-committees;

(ii) have adequate representation from the States keeping in mind number of Under Graduate and Post Graduate seats and members in the State Medical Council;

(iii) have more representation of elected members from the Indian Medical Associations in the Commission.

3.14.2 According to the representative of Manipal Academy, the Secretary who runs the affairs of the Commission needs to be a medical man. As regards the National Licentiate Examination, he submitted that it would decrease the number of professionals available in the healthcare sector and a person from backward communities might have difficulty in passing the exam.

3.14.3 The representative emphasized the need to assess the upgradation of skills and ability to perform frequently. He argued that making the licentiate exam a qualifying exam for post graduation would defeat the entire purpose of the licentiate exam. He also raised concerns over the provisions relating to inspection and assessment of medical colleges, monetary penalty, State Medical Councils and Ethical Committee, bridge course, and national common counseling.

Christian Medical College, Vellore

3.15 The representative of CMC Vellore submitted that while the CMC accepts that regulations are required to ensure standardization of students admitted in medical schools and this may be by an assessment of knowledge, however, this method by itself is inadequate to select students for the mission of excellence, resilience and patient-centric care in CMC, Vellore. The performance in a written examination, currently NEET, together with assessment of candidates by a detailed counseling and interview process is vital for final selection of suitable candidates. He also emphasized that sufficient autonomy, in terms of admission processes, curriculum, and student evaluation, should be permitted for the medical colleges that are rated as being par excellence. He also suggested that the NMC should develop regulation to promote continued professional development of all basic and specialized doctors. This could be achieved through a periodic renewal of the License to practice by submission of the proof of attendance at the University or Medical Council.

Swami Rama Himalayan University (SRHU)

3.16 The representative of the Swami Rama Himalayan University submitted before the Committee that the admission process and the fixation of fees was the fundamental right of a university and any Central Act that infringes in the domain of the University would amount to breach of Fundamental Rights guaranteed by the Constitution of India.

3.16.1 He also submitted that as per the provisions of section 33 of the SRHU Act, 40% seats in all courses are to be reserved for the permanent residents of the Uttarakhand, who get a 26% rebate in tuition fee charged by the University, and if the proposed Clause 10 (i) of the NMC Bill is adopted in its current form, it would adversely affect the University.

3.16.2 He further raised concern over various provisions of Bill pertaining to uniform NEET and conduct of common counseling. He also sought removal of the ambiguities in the proposed NMC Bill, 2017 to maintain/ protect the federal structure provided by the Constitution of India.

U.P Unaided Medical colleges Welfare Association

3.17 The representative of the Association was of the view that the proposed Bill would not serve any purpose in improving the standards of medical education in the country and would instead create stress and insecurity among all the doctors in the country. Therefore, he suggested, it should be withdrawn or changed completely.

3.17.1 He pointed out that the private stakeholders in medical education will have no representation and say in the NMC. At present, the tuition fees were fixed by the State Level Fee Fixation Committees and, as a result, the private self-financed medical colleges and universities were under tremendous financial strain. In the eventuality of the tuition fee of 40% seats being fixed by the NMC and the balance by the State Level Fee Committee, the private medical colleges may become financially unviable. Therefore, he requested deletion of the provision relating to fees.

3.17.2 He mentioned that the introduction of NEXT was a retrograde step as it negates the whole concept and rationale of quality teaching and learning in the medical colleges, and questions the efficacy and credibility of the entire under-graduate medical education sector by introducing an examination after five and half years of MBBS course.

3.17.3 With respect to the penalty, the representative submitted that a penalty of charges equivalent to full batch of students would ruin the college and no college would be able to pay it.

3.17.4 Expressing a strong objection to the bridge course, he submitted that it should be for BDS because a BDS student studies all medical subjects although in short course format. He could be offered a bridge course of 1-2 years to practice as physician and surgeon. This course could be called a diploma in medicine and surgery (DMS).

VIEWS OF EXPERTS & INDIVIDUALS

3.18 The Committee, in its sitting held on 12th February, 2018, heard the views of several experts and individuals, who wanted to present their views, on the Bill, before the Committee. Some of the important suggestions, given by them, on the various provisions of the Bill are as follows:

3.18.1 Dr. Sita Naik, Former Dean, Sanjay Gandhi Postgraduate Institute of Medical Sciences, who also had been a former Member, of the MCI and the Board of Governor, pointed out that wording of the Bill, at certain points, seemed to reinforce an already existing system. According to her, the Commission and the various Boards had not been provided adequate autonomy to change the system. She asserted that there was a need to reorient the whole education process and make it much more holistic to produce well-trained and competent base-level physicians. She suggested that various clauses of the Bill were a little bureaucracy-oriented, which was not appropriate if one was expecting a group of professionals to run an autonomous regulatory body. In her opinion, the Secretary of the NMC should be a person with post graduate qualification in “medicine” and a full-time paid officer with a longer tenure for efficient functioning of the Secretariat.

3.18.2 Prof. Ritu Priya Mehrotra, Centre of Social Science and Community Health, JNU suggested that in addition to UG, PG Board, MARB and Ethics Board, a fifth Board or Tribunal, should be constituted for medical grievance redressal, to look at complaints and decide the quantum of disciplinary action, etc.

3.18.3 Dr. Meenakshi Gautam, IDEAS India Country Coordinator, suggested that the National Medical Commission should be called the National Medical and Health Commission as the Bill is mandated to look at healthcare, human resources for healthcare, etc. Further, she was of the view that the training of AYUSH practitioners needs to be located within a broader framework of developing and regulating mid-level programmes in India instead of allowing them to legally use an allopathic drug. Hence, the coverage of National Register should be expanded to include other mid-level programmes or there should be a separate Board responsible for their training, registration, licensing and career pathways. She sought an addition in Clause 33 to allow the States to create their own short term programmes of training and supervision of the existing health workforce in rural areas, comprising of private practitioners, in order to meet immediate human resource shortage. She pointed out that medical education was a State subject and, therefore, the States should be allowed to do that. With respect to the determination of fees, she suggested that it needs to be increased from 40% to at least 80%.

3.18.4 Ms. Sujatha Rao, former Health Secretary was of the view that the NMC Bill, 2017 is too centralized. The process of Search Committee, membership of NMC or National Advisory Council has limited representation of the States. She also pointed out that the Bill does not specify the purpose to protect, promote and maintain the health, safety and the well-being of the public. In her view, the Bill was too bureaucratized and the description of roles, functions and accountability was very vague. Opposing the bridge course, she held that the bridge course will compromise the credibility of the Indian system of medicines and will regularize wrong practices.

3.18.5 She suggested that a cadre of Licentiate of Medical colleges that was in existence earlier can be relooked so as to cater to the primary healthcare needs of rural at primary and sub-centres. She suggested continuing with the present screening test, for the foreign medical graduates, which otherwise finds no place in the proposed Bill. She supported the idea of the National Licentiate Examination as it would be useful in standardization of the medical education.

3.18.6 On the provision of determination of fees of medical college, she disapproved the provision for 60% of the seats to be decided by the management leaving only upto 40% for the Government to decide. In her view, this would lead to commercialization of medical education. She also suggested merging NBE to have one MD degree, inclusion of Examination and Faculty Development Board, and provision of a Grievance Tribunal at the district level, State level and national level for the patients.

3.18.7 Dr. J M Kaul, former Director and Professor at the Maulana Azad Medical College, suggested that in the proposed NMC Bill, the autonomy of educationists to run education in a particular manner, and to upgrade and innovate it constantly, was completely lost. She pointed out towards the lack of faculty in the existing medical colleges and stressed upon the faculty development programmes and trainings. She was of the view that licentiate exam could never be used as a ranking exam and if a student was to take licentiate exam, he would also have to go through a ranking exam for the postgraduate seats. She suggested that the assessment patterns should focus on the curriculum, instead of competence of doctors, and emphasized on regulating personality development into the curriculum. She also raised concerns over the provisions for monetary penalty system, bridge course and section 58 as proposed in the Bill.

3.18.8 Ms. Shailaja Chandra, former Secretary, Department of AYUSH pointed out that the there was a lack of clarity in the provisions of clause 10 of the proposed Bill. Elaborating upon the state of Ayurveda, Unani

and Siddha systems of medicine in the country, in terms of their education and practice, she was of the view that there should be conceptual understanding of medical pluralism. Referring to the WHO report of 2016, she stated that only 19% of doctors in rural areas and 52% in urban areas had a recognized medical qualification. She mentioned that nearly 60% of Indian population lives below the block level and to cater to their healthcare needs, the licentiate system that existed earlier should be revived with a training in regional languages, in a medical college, and a separate schedule must be set up to enroll them under proper jurisdiction. She suggested that these professionals can be linked with PHC doctors through the use of GPS & GIS mapping. She pointed out that, till date, no efforts had been made to assess the requirements in healthcare and develop a roadmap for meeting such requirements. On the Bridge course, she suggested an induction exam for qualifying to join and an exit exam at the end of the course.

3.18.9 Shri Sanjeev Agarwal, Supreme Court Advocate emphasised on the important role of the States and pointed out that the medical education and the health services were directly linked, and the responsibility of the delivery of health services lies with the States as the subject Health Services comes under the State list. He was of the view that the proposed Bill excludes the States' role and asserted that every State has separate regional issues and conditions, which are to be taken care of by the States themselves. He mentioned that the composition of the various Boards was totally controlled by nomination process and representative character was missing. With respect to centralized examinations like NEET, he suggested that there should be a provision for the States to conduct one uniform exam for the State seats and another exam may be conducted for the All India seats.

3.18.10 Prof. (Dr.) Arun Jamkar, former Vice Chancellor of the Maharashtra University of Health Science submitted that the Preamble to the NMC Bill should address the issue of reduction of the cost of medical education in the country. He suggested that conducting classes for medical colleges in two shifts was one of the ideas as it would double the number of seats in a medical college. He also suggested that the NMC should be given complete academic autonomy as has been given to the UGC, AICTE and other such bodies. On the issue of licentiate exam, he favored an exit exam, which should not only take into consideration the cognitive domain under MCQs pattern, but also evaluate the clinical skills.

3.18.11 He further suggested that all hospitals with more than 150 or 200 beds in the vicinity of a medical college should come under the medical college for providing post-graduate education. This would help increase the number of post-graduate seats by almost three times. Expressing reservations against the bridge course, he pointed out that this would lead to the death of original system of Indian systems of medicine. However in order to utilize the services of AYUSH practitioners, they could be trained as Physician Assistants and allowed to help the doctors to treat the patients. He also supported the idea of enhancing the interface between the traditional and modern systems of medicine.

3.18.12 Dr. (Prof.) S.K. Sarin, Director, Institute of Liver and Billiary Sciences, who was also a former Chairman of the Board of Governors, MCI, welcomed the proposed Bill. However, he suggested that the NMC should have only seven members, instead of 25, to make it compact on the lines of the Finance Commission (5 members), the UGC (7 members), the National Law Commission (9 members) etc. He was of the view that the Chairperson should be an excellent clinician, teacher and researcher and, instead of having bureaucrats in the proposed selection process, there must be five people, who should be top clinicians, to select the Chair. He also pointed out that the qualifications prescribed for the Secretary does not indicate that he/she may be a doctor and suggested that the Secretary should necessarily be a faculty or Head of Department.

3.18.13 He asserted that accreditation should be an independent process and separate from the process of MARB. He suggested that there was a need for an ombudsman kind of body as a grievance redressal body in the NMC. He further suggested that a Licentiate Exam or Exit Exam should have two levels, one theory and another clinical.

3.18.14 Expressing strong reservations against the Bridge Course, Devi Shetty, Chairman of Narayana Hrudalaya cautioned that it may open the door for a lot of malpractices. He underlined the need for a change in the medical and healthcare system and highlighted the disproportionate number of UG and PG seats in the country. He informed the Committee that India has 60,845 under-graduate seats and only 14,500 Post-Graduate seats whereas USA has 21,000 undergraduate and 40,000 post-graduate seats. Therefore, the need of the hour is to liberate education and convert these doctors as intermediate level specialists and highlighted the need for change in the medical and healthcare system.

3.18.15 Prof. Anand Zachariah, faculty from Christan Medical College, Vellore, submitted that in the current process of over emphasising on tertiary care, primary and secondary health care has got neglected in the process. There is an urgent need to reorient the medical education system towards primary and secondary care. He advocated production of multi competent sectors and promotion of the discipline of Family medicine. There was a need for planning medication education to meet for human resource requirements of the State. As regards the accreditation of medical education, standard setting should occur alongside accreditation and standards should focus on contextually appropriate content, process and outcome of medical education. The function of accreditation should be to promote continuous self improvement and institutional development. He also favoured a fee ceiling in all the seats in private medical colleges.

3.18.16 Dr. Amrita Patel, Chairman, H.M. Patel Centre for Medical Care and Education and Charutar Cooperative, Anand was of the view that the Search Committee for appointment of the Chairperson and the members needs to have representative from 'public health' sector. She suggested that there should be at least five members on autonomous boards instead of three, and the four year term of Chairperson and members of the NMC was too short. According to her, they should at least be eligible for reappointment following the same process of appointment. On the determination of fees for upto 40% seats in private medical colleges, she submitted that it is presumed that the said percentage is for economically disadvantaged students. However, previous court judgments have held that having two sets of fee structure is unconstitutional and would lead to litigation. Apart from legality of the provisions, it was not specified as to how the seats having lower fee will be filled. She suggested that The National Licentiate Examination should focus more on the application of clinical skills and less on the theory. She also pointed out that the in the provisions pertaining to the Medical Assessment and Rating Board, the criteria for approving or disapproving a scheme of a medical college was confined to the same physical and quantity related parameters that the MCI has followed and instead the focus should be on the qualitative aspects of the institute. She mentioned that the quantum of fine was far too high and perhaps could be restricted to the amount of guarantee that a medical institution is required to provide. She also stated that proposing a bridge course for AYUSH practitioners would be difficult.

3.18.17 Dr. J. V. Peter**,** Director, Christian Medical College, Vellore submitted that while the CMC accepts that regulations are required to ensure standardization of students admitted in medical schools and this may be by an assessment of knowledge, this method by itself is inadequate to select students for the mission of excellence, resilience and patient-centric care in CMC, Vellore. The performance in a written examination,

currently NEET, together with assessment of candidates by a detailed counseling and interview process is vital for final selection of suitable candidates. He also emphasized that sufficient autonomy, in terms of admission processes, curriculum, and student evaluation, should be permitted for the medical colleges that are rated as being par excellence. He also suggested that the NMC should develop regulation to promote continuing professional development of all basic and specialized doctors. This could be achieved through a periodic renewal of the License to practice by submission of the proof of attendance at the University or Medical Council.

3.18.18 Dr. P. Md. Hassan Ahmed, Member of CCIM (Central Council of Indian Medicine) stated that the argument that only those selected and nominated can govern or regulate is clearly indicative of desire of a totalitarian Government to subjugate professionals. He was of the view that the trend of over-centralization in the NMC could be seen in provisions pertaining to appointment of members of various bodies, grant of permission to set up colleges and approving the courses, powers to issue directions to the State Governments and the NMC to comply with any orders issues etc. He also pointed out that the NMC did not have a representational character. With regards to the bridge course, he stated that there was no justification in training the already trained AYUSH doctors in the field of Modern Medicine and Modern Pharmacology by imposing a bridge course as it would cause a lot of social and economical burden to the fraternity and would lead to various new challenges between the Allopathic and the ISM fraternity. He was of the view that the right of practitioners of Indian Medicine, to practice modern scientific system of medicine, was protected under the Section 17(3) of the Indian Medicine Central Council Act, 1970. He suggested that a provision to conduct a separate National Level Licentiate exam to practice Allopathic system by the AYUSH practitioners without any bridge course may be considered.

3.18.19 Prof. K. Srinath Reddy submitted that there was a need to provide greater representation to elected professional members in the NMC. The representative also emphasized greater regional representation to elected professional members. The representation of institutions of excellence which run both undergraduate and post graduate medical education programmes should be ensured. The representative also contended that the Chairperson of the Search Committee may be Chairman of the Union Public Service Commission instead of Cabinet Secretary, in order to keep the selection process less vulnerable. It was also suggested that the provision dealing with determination of fees should be amended to ensure that fee fixation may be there for at least 75 per cent seats and upper limits should be set even for the remaining 25 per cent fees in private medical colleges.

3.18.20 He was of the view that since all 25 Members of NMC would be Members of the Medical Advisory Council and the Chairman would be common, there is likelihood of Medical Advisory Council (MAC), which is supposed to be an independent advisory body, becoming an echo Chamber of NMC itself. In order to avoid such a situation, only the Chairpersons and President of the four Autonomous Boards of NMC, along with Member Secretary, should be designated as Special Invitees to the meetings of MAC. The Chairperson of MAC should be different from the Chairperson of NMC and could be nominated by the Ministry of Health and Family Welfare, from amongst Vice-Chancellors of the Health Universities that are represented in the MAC.

3.18.21 It was also pointed out that the membership of autonomous boards is too small keeping in view their mandate. The representative was also of the view that UG Board should have seven members and PG

Board should have seven Members and MARB and EMRB can have five members each. The President of the autonomous bodies may be selected by Search Committee and other Board members may be recommended by the Chair of NMC in consultation with the President of the Board.

3.18.22 He further pointed out that the provision giving the Central Government overarching power impinges upon the appropriate functions of the State and may be reconsidered. Moreover, Clause 49, which deals with bridge course for AYUSH graduates, that permits cross-practice, which is a contentious issue. It was maintained that instead of cross-learning platforms, the inter-professional education may be mooted.

CHAPTER 4

CLAUSE-BY-CLAUSE CONSIDERATION:

4.1 The Committee received a large number of suggestions on various clauses of the proposed NMC Bill from the Members of the Committee, experts from medical fraternity, constitutional and legal experts, some individuals/ organisations representing doctors' communities, State Governments, reputed medical colleges etc. The Committee, in its meeting held on 13th March 2018 took up the clause-by-clause consideration of the Bill and formulated its views on various clauses of the Bill. Taking into account the suggestions of the State Governments, organizations/institutions/associations/individuals/experts *vis-à-vis* the response of the Ministry of Health and Family Welfare, the Committee in its observations/ recommendations has suggested suitable changes in the proposed NMC Bill to achieve its legislative objective. Suggested amendments to the Bill are discussed in the succeeding paragraphs alongwith the gist of suggestions, deliberations and observations and recommendations of the Committee on each clause, are as under:

Clause 2

4.2 This clause defines various terms and expressions used in the proposed Act.

Suggestions

4.2.1 There should be more clarity in the definition of 'medical institution' under clause 2(i) to ascertain the institutions it refers to. If the medical institution refers to medical colleges then there is an ambiguity as the medical colleges, in general, do not grant any degrees.

Recommendations/Observations

4.2.2 **The Ministry may examine the suggestion stated in Para 4.2.1 for providing more clarity to the definition of 'medical institution' as given in clause 2(i).**

4.2.3 **Subject to the above recommendation, the clause is adopted.**

Clause 3

4.3 This clause provides for constitution of the National Medical Commission, a corporate body, with powers and functions mentioned in the proposed Act, and with head office at Delhi.

4.3.1 **The clause is adopted without any change.**

Clause 4

4.4 This clause provides for composition of the National Medical Commission and appointment and qualifications of its constituent Members. The Commission shall be a twenty-five Member body comprising of chairperson, member-secretary, twelve *ex-officio* Members and eleven part-time Members. Of the part-time Members, three shall be from non-medical background and five shall be elected Members from among registered medical practitioners.

Suggestions

4.4.1 The following are the suggestions of the stakeholders on the Clause:-

(i) Medical fraternity and universities hardly have any representation in the Commission. Despite the fact that the subject Health and Medical Education is under the Concurrent List in the

Seventh Schedule of the Constitution, all the members of the NMC will be nominated by Central Government and therefore the States will have effectively no say over the appointment and functioning of NMC that erodes the federal structure of the Constitution.

(ii) Increase the representation of States and UTs from 3 to 10 and elected representatives from 5 to 10 to have proper representation of both States and medical professionals. *Ex-officio* Members to be reduced to 7 as these Members have limited understanding of working of medical colleges.

(iii) The selection of 80% members of the Commission, as proposed in the Bill to be nominated, signals the undemocratic constitution/ character of NMC.

(iv) There should be proper representation of doctors (1 member for each 10,000 members of IMA), each Medical University is to be represented by their Vice Chancellor and in the same way, there should be a proportional representation of medical colleges (one for every 10 medical colleges). Each State should have adequate representation in all the five sections of the Commission.

(v) Include 3 Directors of medical institutions of Government of India (*ex officio* in rotation); 1 DG, ICMR + 6 State Directors of Medical Education (*ex officio*) in rotation, in place of 12 *ex officio* members - Part time.

(vi) The proposed term of membership of the Commission is four years in comparison to the two years term for the nominees of States/UTs amounts to discrimination.

(vii) The total number of members in the Commission should be 30, where 10 members will be nominated by the Central Government, 10 Members will be nominated by the State/UT Governments and 10 will be elected members.

(viii) Just as Indian Nursing Council has three MPs as its members, NMC can have MPs as members to place the demands of general public, as MPs are public republic. General public represents patients so it is sensible and imperative to have representatives from general public as members.

Government's view

4.4.2 On the issue of election of only 5 members by Medical Practitioners from their body, the Ministry submitted that the DRSC had recommended for a purely selected body, however, the Government has made provision for election of 5 (20%) members.

4.4.3 The Ministry further apprised that at least 16 members, and upto 21 out of 25 members, would be only senior medical doctors. The chairperson of NMC would have at least 20 years' medical experience, out of which at least 10 years would be as Head of Department or Head of Institution. Similarly, Presidents of the four autonomous boards of the NMC would have at least 15 years medical experience out of which seven years would be in a leadership role.

Recommendations/Observations

4.4.4 **The Committee held detailed discussion on this clause. It has received various suggestions not only to increase the strength of the Commission but also to increase the representation of States/UTs in the Commission. On this issue, it observes that three members to be appointed as part time Members of the Commission on rotational basis from amongst the nominees of the States**

and Union Territories in the Medical Advisory Council for a term of two years, is too small a number to have an effective participation of the States/UTs in the Commission. The Committee also observes that the strength of the Commission should be increased for its effective functioning. The Committee further notes that the uneven composition of the Commission wherein 80% of its members are nominated as out of 25 members only 5 will be elected members reflects lack of proper representation of elected medical professionals in the composition of the Commission.

4.4.5 **The Committee, therefore, keeping in view the representative and federal character of the country, recommends that the total strength of the Commission be increased from 25 members to 29 members. The Committee also recommends that out of these 29 members, besides Chairperson of the Commission, 6 members should be *ex officio* members, 9 should be elected by registered medical practitioners from amongst themselves, 10 members should be from amongst the nominees of the States and Union Territories besides 3 part-time members appointed from amongst person having special knowledge and professional experience as mentioned in the clause 4(4)(a). The Committee would like that the electoral college for the members to be elected by the medical practitioners must be well defined in the Bill itself.**

4.4.6 **The Committee also recommends that the *ex officio* Member Secretary of the Commission should assist the Commission as its Secretary and shall not be a Member of the Commission.**

4.4.7 **In view of the above, the Committee recommends the composition of the Commission as under:-**

(a) **a Chairperson;**

(b) **six *ex-officio* Members; and**

(c) **twenty two part-time Members.**

4.4.8 **Further, the Committee recommends following six persons as the *ex officio* Members of the Commission, namely:-**

(a) **the President of the Under-Graduate Medical Education Board;**

(b) **the President of the Post-Graduate Medical Education Board;**

(c) **the President of the Medical Assessment and Rating Board;**

(d) **the Director General of Health Services, Directorate General of Health Services, New Delhi;**

(e) **the Director General, Indian Council of Medical Research;**

(f) **one person to represent the Ministry of the Central Government dealing with Health and Family Welfare, not below the rank of Secretary/Additional Secretary to the Government of India, to be nominated by that Ministry.**

4.4.9 **The Committee also recommends that the following twenty two persons shall be appointed as part-time Members of the Commission, namely:—**

(a) **three Members to be appointed from three different fields amongst persons of ability, integrity and standing, who have special knowledge and professional experience in such**

areas including management, law, medical ethics, health research, patient rights advocacy, science and technology and economics;

(b) **ten Members to be appointed on rotational basis from amongst the nominees of the States and Union Territories in the Medical Advisory Council for a term of two years in such manner as may be prescribed;**

(c) **nine Members to be elected by the registered medical practitioners from amongst themselves from such regional constituencies, and in such manner, as may be prescribed.**

4.4.10 **The Committee also recommends that clause 4(2) wherein the requisite qualifications for the Chairperson of the Commission are prescribed may be amended as follows:-**

'The Chairperson shall be a medical professional of outstanding ability, proven administrative capacity and integrity, possessing a recognized postgraduate degree in any discipline of medical sciences and having experience of not less than twenty years in the field of medical sciences, out of which at least ten years shall be as a leader in the area of medical education.'

4.4.11 **Subject to the above recommendations, the clause is adopted.**

Clause 5

4.5 This clause provides for composition of a Search Committee for appointment of the Chairperson, Members and Secretary of the Commission under the proposed Act. The Committee shall be chaired by the Cabinet Secretary and include three experts nominated by the Central Government of which two shall be with the experience in medical field and one from non-medical background. One of the elected medical Members in National Medical Commission shall also be a Member of this Committee. The Chief Executive Officer, National Institution for Transforming India and Secretary to the Government of India, in charge of the Ministry of Health and Family Welfare, are the other Members.

Suggestions

4.5.1 The following are the suggestions of the stakeholders on the Clause:-

(i) Inclusion of CEO, NITI Aayog in the Search Committee is inappropriate as it will amount to conflict of interest. Therefore, CEO, NITI Aayog should not be a part of the Search Committee.

(ii) The Chairperson of the Search Committee may be Chairman of the Union Public Service Commission instead of the Cabinet Secretary, to keep the selection process less vulnerable to Government influence.

(iii) Member Secretary should be a doctor with at least 10 years of experience

(iv) The composition of the proposed Search Committee should be as follows:

(a) Five eminent allopathy medical doctors representing different disciplines;

(b) One Director of an institute of eminence;

(c) Health Secretary to be a convener;

(d) UPSC to select on fast-track the board members and the secretary of NMC;

(e) At least 20% of NMC must be women; and

(f) These posts should be open only for Indian National who have worked in Indian system of medical care or obtained medical degrees from Indian Government medical college.

(v) Medical professionals are inadequately represented in the Search Committee.

(vi) The Bill is silent on the procedure to be followed if the Central Government does not accept the names recommended by the Search Committee.

Government's view

4.5.2 On the suggestion of inclusion of CEO, NITI Aayog in the Search Committee, the Ministry explained that the NITI Aayog is the highest body to advise the Government on policy matters including health and medical education and hence inclusion of the CEO will add value to the selection procedure. It was also submitted that sufficient checks and balances have been maintained in the Search Committee by including one elected member and three eminent experts of their respective fields to give value to the selection procedure. For representation of women in NMC, it was apprised that reservation for the women does not exist in any statutory body. With regard to the issue of keeping the posts open only for Indian nationals obtaining medical degrees from Indian medical colleges, the Ministry clarified that under the qualification norms of the Chairman, the President of the Autonomous Boards and the Members, that a PG degree from any University is prescribed and the definition of University is also the same as prescribed under the UGC Act. Thus, the persons would be holders of degrees of the Indian University.

Recommendations/Observations

4.5.3 **The Committee understands that NITI Aayog is mandated to provide directional and policy inputs to the Government of India for formulation of strategic and long term policies and programmes. The role of NITI Aayog is to chalkout plan and advise the Government on policy matters. The Committee, however, observes that NITI Aayog has been instrumental in drafting the NMC Bill and hence its own presence in the Search Committee for appointment of Chairperson and Members of the Commission tantamounts to conflict of interest.**

4.5.4 **The Committee, therefore, recommends for the following composition of the Search Committee:**

(a) **the Cabinet Secretary – Chairperson;**

(b) **three experts, possessing outstanding qualifications and experience of not less than twenty-five years in the field of medical education, public health education and health research, to be nominated by the Central Government — Members;**

(c) **two experts, from amongst the part-time Members referred to, in clause (c) of sub-section (4) of section 4, to be nominated by the Central Government in such a manner as may be prescribed — Members;**

(d) **one person, possessing outstanding qualifications and experience of not less than twenty-five years in the field of management or law or economics or science and technology, to be nominated by the Central Government — Member;**

(e) **the Secretary to the Government of India in charge of the Ministry of Health and**

Family Welfare, to be the Member Secretary for the Search Committee. The Member Secretary will not have any voting rights.

4.5.5 **Subject to the above recommendations, the clause is adopted.**

Clause 6

4.6 This clause provides the terms and conditions of service of the Chairperson and Members of the Commission. It specifies that they shall hold office for a term not exceeding four years and will not be eligible for extension or reappointment.

Suggestions

4.6.1 The following are the suggestions of the stakeholders on the Clause:-

(i) A suggestion has been received by the Committee seeking tenure of 2 years for Chairperson, instead of a period of 4 years. It was also suggested that the NMC Chairman after demitting office cannot join a private institution dealt by him while in office, for one year.

(ii) A cooling off period of 2 years for all non *ex officio* members to work in any private medical or related establishments should be laid down. The clause that empowers the Central Government to waive the one-year re-employment of Chairman and members may be removed.

(iii) The maximum age limit of any member in the Commission/Autonomous bodies cannot be more than 65 years as nowhere in India, the full time working member is above 65 years of age.

Government's view

4.6.2 The Ministry informed that the NMC Bill prescribes maximum age of 70 years for the President and the Members. If the term of office bearers would be long, there may be occasions for creating a lobby and being tempted towards making decisions for their own interest. Limiting the tenure for four years for a single term also attracts fresh ideas and encourages other people to do better than the past office holders.

4.6.3 The Ministry further stated that no justification is given for increasing the restriction period from one year to two years. It was clarified that the Chairperson or member cannot join any employment in any private medical institution, whose matter has been dealt with by them for a period of one year after demitting the office. The exemption is provided that the Central Government can permit them to join after assuring that there was no conflict of interest involved while dealing the matter of the concerned institute.

Recommendations/Observations

4.6.4 **The Committee observes that the clause 6(6) authorizes the Chairperson or Member of the NMC for accepting any employment in any capacity including as a consultant or expert in any private medical institution after the gap of one year, consequent to his demitting office. Keeping in view both the provisos of the Bill on relaxation in appointment by the Central Government, the Committee is strongly of the view that the cooling off period of one year may be extended to two years so that there is no scope left for conflict of interest in this matter. The Committee, therefore, recommends for a cooling period of two years instead of proposed one year in clause 6(6).**

4.6.5 **Subject to the above recommendation, the clause is adopted.**

Clause 7

4.7 This clause provides for removal of the Chairperson and Members of the Commission.

Suggestions

4.7.1 The following are the suggestions of the stakeholders on the Clause:-

(i) Removal of any non *ex officio* member should be with consent of President.

(ii) Removal procedures ought to be initiated against the members against whom the State Medical Council had taken disciplinary action.

Government's view

4.7.2 The Ministry apprised the Committee that the President is not an appointing authority for the non *ex-officio* members, therefore, his consent should not made mandatory in removal of any non-*ex officio* member.

4.7.3 **The clause is adopted without any change.**

Clause 8

4.8 This clause provides for appointments of Secretary, experts, professionals, officers and other employees of the Commission.

Suggestions

4.8.1 The following are the suggestions of the stakeholders on the clause:-

(i) NMC is a self financing institution and there is no need for the Government to sanction any post. At best it can be stated that not more than a particular percentage of revenue so earned, should be spent on staff and administrative expenses. It is suggested to delete this part of the clause.

(ii) Member Secretary should be a doctor, with atleast ten years of experience.

Government's view

4.8.2 The Ministry informed that even if Secretary is appointed by the NMC, prior approval of ACC would be required as per standing instructions of the Department of Personnel and Training (DoPT). These instructions are invariably followed even in the appointment of Director of AIIMS and other Institutes of National Importance. It stands to reason that appointment of Member-Secretary also should be through the same rigorous selection procedure as is followed for Chairperson, NMC and Presidents of Autonomous Boards.

Recommendations/Observations

4.8.3 **The Committee notes the qualification prescribed for the Secretary of the NMC in the Bill. Keeping in view the importance of the function assigned to the NMC, the Committee recommends that the Secretary should be a person of proven administrative capacity and integrity, possessing a degree in any discipline of medical sciences, and having not less than fifteen years of experience in the administration of medical education and healthcare sectors.**

4.8.4 **The Committee also recommends that the Secretariat of the Commission shall be headed by a Secretary who shall be the Secretary to the Commission and not a member of the Commission, to be appointed by the Central Government. Accordingly, consequential changes, if any, may be made in all the clauses to replace the word 'Member Secretary' with the word 'Secretary'.**

4.8.5 **Subject to the above recommendations, the Clause is adopted.**

Clause 9

4.9 This clause provides for the procedure of convening of meetings of the NMC, its Chairperson, quorum and other ancillary matters connected to meetings. The Commission shall meet at least once every quarter.

Suggestions

4.9.1 The following are the suggestions of the stakeholders on the Clause:-

(i) NMC is also an appellate body for cancellation of colleges/ complaints of doctors etc. It is therefore required to meet more frequently. The Commission must meet once a month or as frequently as required.

(ii) The definition of quorum one half of the members of commission shall be changed as 'one half of the Members of the Commission, including the Chairperson, of whom at least 7 must be from among the nominated quota, shall constitute the quorum'.

(iii) The clause prescribes that a person who is aggrieved by any decision of the commission may prefer an appeal to the Central Government against decision of the Commission. The person is not defined. This would also give a backdoor handle for the Ministry to interfere and compromise the independent working of the body. This should be deleted.

(iv) Instead of providing appellate jurisdiction, against the decisions taken by the Commission, to the Central Government, an appellate tribunal may be constituted for the purpose.

Government's view

4.9.2 The first two suggestions are noted by the Ministry of Health and Family Welfare for suitable consideration. The Ministry apprised that the functioning of the Commission and the Boards has been appropriately defined. Further, the appellate authority has also been defined that makes it clear as to who can appeal to the Central Government.

Recommendations/Observations

4.9.3 **On the issue of appellate jurisdiction over the decisions taken by the Commission, the Committee is of the view that giving the appellate jurisdiction to the Central Government does not fit into the constitutional provision for separation of powers. The Committee, therefore, recommends constitution of a Medical Appellate Tribunal comprising of a Chairperson, who should be a sitting or retired Judge of the Supreme Court or a Chief Justice of a High Court, and two other Members, to have an appellate jurisdiction over the decisions taken by the Commission. One of the Members should have a special knowledge and experience in the medical profession/medical education and the other member with an experience in the field of health administration at the level of Secretary**

to Government of India. Consequent changes for replacing the Central Government with the said Tribunal may be reflected in all the subsequent clauses *viz.* clause 28(6), clause 30(5), clause 34(7), clause 35(3) or any other related clause of the Bill.

4.9.4 **The Committee is in agreement with the Government's view that the functioning of the Commission and the Boards has been appropriately defined.**

4.9.5 **The clause is adopted without any change.**

Clause 10

4.10 This clause provides for powers and functions of the Commission including:- (a) formulation of policies and framing of guidelines for ensuring high quality and standards in medical education and research; (b) Coordination of functioning of the Commission, Autonomous Boards and State Medical Councils; (c) formulation of policy for regulation of medical profession; (d) power to delegate and form sub-committees.

Suggestions

4.10.1 The following are the suggestions of the stakeholders on the Clause:-

(i) There is a need to regulate fees with respect to seats of private medical colleges to be upto 75% for UG courses and upto 50% for PG courses.

(ii) Adoption of clause 10 (1)(i) in the present form will adversely affect the Universities which are established by the State Act. In this scenario, the tuition fee for 40% seats will be decided by the National Medical Commission and tuition fees for certain percentage of seats or rebate for those seats will be governed by the respective State Acts. Therefore, universities having no regulatory mechanism in place and deemed to be universities, may also be made part of this Bill and a suitable provision may be added appropriately in clause 10(1)(i).

(iii) Cross subsidy of fees cannot be done and has been upheld by the Supreme Court in one of its judgments. If subsidy is to be extended in name of fee regulation the Government should subsidize it.

(iv) Previous court judgments have held that having two sets of fee structure is unconstitutional and would lead to litigation.

(v) Clause 10(1) (i) may be amended as - "frame policies, guidelines and regulations for determination of a fee range to be charged by medical institutions".

(vi) Section 10(1)(g) requires correction as it is contradictory. Delete – 'except that of the Ethics and Medical Registration Board'.

(vii) Currently fixation of fees is being done by the respective State Governments which is logical as it takes into accounts the local factors. It is submitted that the Commission should lay down the broad principles for determination of fees and the actual fixation of fees should be done by the respective State Governments.

(viii) The fee structure should be regulated for all seats.

Government's view

4.10.2 The Committee was informed by the Ministry that there was no provision to regulate fee in the IMC Act. Therefore, the Centre or the State and the Fee Committee of States, Chaired by retired High Court Judge do not fix the fee of the deemed Universities and the fee charged by the deemed Universities is unregulated as on date. Thus, the provision for regulating fee of 40% seats is a step in the right direction. 100% fee cap would discourage entry of private colleges thereby undermining the objective of rapid expansion of medical education. The proportion of regulated seats has a direct impact on the fees of the remaining seats and a reasonable balance has to be struck so that the fees of unregulated seats do not become unviable.

4.10.3 The Committee was given to understand that the cost of setting up medical colleges varies from State to State according to the quality of infrastructure created. Moreover in the case of PG seats, the fees varies widely between pre-and para-clinical subjects and highly sought after subjects on the other hand. Hence, a uniform cap on the fees that can be charged would be difficult. It also informed that SC/ST/OBC quota in medical education is confined to Government/State quota seats only. Fees for all State quota seats would be fixed by State Government, out of which fees of 40% seats could be fixed in accordance with NMC guidelines.

4.10.4 On the issue of proportion of seats for which fees is fixed by State Government under the present dispensation, the Ministry submitted that this varies from State to State according to the MoUs signed by private medical colleges. Generally 33-50% of seats in private medical colleges are designated as State quota seats. In most States, fees of seats in deemed universities is not regulated by State Governments.

4.10.5 The Bill proposes the provision for regulating fees for a proportion of seats (not exceeding 40% of the total seats) in private medical colleges in the backdrop of a balanced approach by giving a free hand to the promoters of the institution and also while ensuring that poor but meritorious students do not suffer and to discourage the prevalent practice of capitation fees. For the rest 60% , the institutions are given full freedom to charge the fees that they deem appropriate. This will provide for cross subsidization from the rich to more meritorious but poor students or students from disadvantageous groups.

Recommendations/Observations

4.10.6 **The Committee notes that there was no provision to regulate fees in the Indian Medical Council Act. Thus the provision of regulating fees is a step in the right direction. The Committee also notes that all States in the country have a well defined process to regulate fees charged by the private medical colleges as per their separate State Acts under the existing fee regulatory mechanism. The Committee, therefore, recommends that the existing fee regulatory mechanism for private medical colleges by the States to protect their rights to regulate fees, should not be diluted.**

4.10.7 **Further, the Committee understands that the fee charged by several unregulated private medical colleges, the deemed universities and the deemed-to-be universities is not regulated under any existing mechanism. In this regard, the Committee recommends that to remove discrepancies, it may be ensured that the fee charged by all such unregulated private medical colleges, the deemed universities and the deemed-to-be universities should be regulated for at least 50% of their seats.**

4.10.8 **Subject to the above recommendation, the clause is adopted.**

Clause 11

4.11 This clause provides for constitution and composition of Medical Advisory Council. It shall consist of one nominee from every State who shall be the Vice-Chancellor of State Health University or the University with maximum medical colleges under it. The Ministry of Home Affairs shall nominate one Member to represent each Union Territory. Every Member of National Medical Commission shall be *ex-officio* Members of the Advisory Council. Chairman, University Grants Commission, Director, National Assessment and Accreditation Council, and four Members from among Directors of Indian Institutes of Technology, Indian Institutes of Management and the Indian Institute of Science shall also be its Members.

Suggestions

4.11.1 MAC (Medical Advisory Council) to include 34 Health Secretaries' in-charge of medical education, 34 presidents of State Medical Councils and 10 NGOs. The Chairman, UGC, Director, NAAC can be deleted.

Government's view

4.11.2 The Ministry apprised that each State Governments would be permanently represented in the MAC on rotational basis in the NMC. On the issue of removal of Chairman, UGC and Director, NAAC from the membership of the MAC, the Ministry submitted that there are several issues which are inter-connected between the UGC and NMC such as common regulations on ragging, recognition of Universities, fee for the deemed Universities etc. Further, NAAC is a body doing the work of rating and hence it can put forth views on accreditation and rating.

4.11.3 **The clause is adopted without any change.**

Clause 12

4.12 This clause provides for functions of Medical Advisory Council to advise the Commission on minimum standards in medical education, training and research.

Suggestions

4.12.1 The following are the suggestions of the stakeholders on the Clause:-

(i) Under the Functions of Medical Advisory Council, the following may be inserted:

Advise the Commission on measures to orient medical education towards competence in primary and secondary levels of care as well as at the tertiary level.

(ii) Under the Functions of the Medical Advisory Council, the following may be inserted: -

The Council will act as a watchdog and the observations of the MAC will be formally discussed by the NMC during their management review meetings. The feedback received will be sent back to MAC with reasons for not accepting its recommendations.

Government's view

4.12.2 The Ministry submitted that the MAC will put forth views and concerns before the Commission and help in shaping the overall agenda, policy and action relating to medical education and training. Hence, the insertions suggested would be covered under the prescribed definition. Further, the Clause ensures that the

advice given by the MAC would be taken into consideration by the NMC. It is understood, that the advice given by the MAC would be suitably addressed by the Commission.

4.12.3 **The clause is adopted without any change.**

Clause 13

4.13 This clause provides for meetings and quorum of Medical Advisory Council.

Suggestions

4.13.1 It has been suggested that the quorum of 15 persons in MAC defeats the very purpose of the MAC.

Government's view

4.13.2 It is for the State nominees to attend the meeting of the MAC.

Recommendations/Observations

4.13.3 **The Committee observes that the quorum of 15 members for meetings of the Medical Advisory Council is not only inadequate but also signifies lop sided approach. Hence, the Committee recommends that the quorum should be fifty per cent of the Members of the Council. Further the Committee also recommends that the Council should meet at least twice a year at such time and place as may be decided by the Chairman.**

4.13.4 **Subject to the above recommendation, the clause is adopted.**

Clause 14

4.14 This clause provides for uniform National Eligibility-cum-Entrance Test and counseling for admission in undergraduate course in medical institutions.

Suggestions

4.14.1 The following are the suggestions of the stakeholders on the Clause:-

(i) Common Counseling by Government should be done for 75%-85% seats only and should be finished by 3-4 weeks before the last date of admission. The remaining seats should be allowed to be filled up from NRI candidates.

(ii) Single entrance test NEET is a step in the right direction but there are flaws in the process of centralized counseling. It seems regressive to impose these regulations on all colleges, irrespective of their standards, institutions of high standing that have maintained fair and transparent admission processes for several decades that include the important step of one to one interviews to evaluate qualities relevant to the specialty course applied for, in an objective assessment environment, should be permitted through the National Medical Commission to continue their processes. This would enable them to continue to be national resources quality medical education. NEET assessment fails to include matters such as commitment to specialty, relevance of knowledge and clinical experience which are very important for the selection of a holistic doctor relevant for a particular specialty or for undergraduate medicine.

(iii) Institutions of high standing and proven selection methods which are fair, transparent and non-exploitative may conduct a second stage of tests including interview and skills assessment

to ascertain suitability and aptitude for medical studies and conduct independent counseling; selection should be based on a combination of scores of NEET and the second stage of tests.

(iv) Autonomous universities had to face certain problems and despite the directions of the Supreme Court, no one from the universities was made member of Counseling Committee, infringing upon the rights of universities.

Government's view

4.14.2 The Ministry clarified that NEET has already been implemented successfully. The present Bill empowers NMC to conduct NEET in such manner as specified in the regulations. Further, Common Counseling has been implemented successfully under the IMC Act itself.

Recommendations/Observations

4.14.3 **The Committee observes that during the common counseling process, there is utter confusion amongst the various stakeholders including parents and respective medical colleges and as a result many seats remain vacant. The Committee, therefore, recommends that the designated authority of the Central Government, as proposed in the Bill shall conduct the common counseling for All India seats and the designated authority of the State Government shall conduct the common counseling for the seats at the State Level. The Committee also recommends that autonomy to universities/medical institutions as per the provisions of their respective Acts, to which such medical institutions are affiliated, should also be given alongwith the permission to conduct the common counseling. This permission should, however, be for the vacant seats remaining after the National and State level counseling and should be done on merit basis from the candidates who have qualified NEET, so as no vacant seats remain. Similar changes may be made in clause 15 (5) so that no seats remain vacant for Post Graduates also.**

4.14.4 **Subject to the above recommendations, the Clause is adopted.**

Clause 15

4.15 This clause provides that National Licentiate Examination for students graduating from the medical institutions for granting licence to medical practice, enrolment and admission to postgraduate medical courses.

Suggestions

4.15.1 The following are the suggestions of the stakeholders on the Clause:-

(i) There is not clarity as to how the graduates of AIIMS, JIPMER, PGI Chandigarh, NIMHANS and other such institutes of national importance, which do not fall within the purview of NMC are required to take the licentiate exam.

(ii) The common licentiate exam should be a 2-step exam where the theory exam should be a common short-question based exam for all final-professional students at a level commensurate with the current final professional theory exam. This exam should be offered at least every six monthly and should be assessed centrally. Students acquiring a minimum standard in this exam should be eligible to appear for a practical exam in the same manner as is currently done. Students achieving an overall qualifying score should be eligible for licensing after internship.

(iii) The NLE should test the essential knowledge and skills required of a basic doctor.

(iv) CME credit points should be mandatory for license renewal every 5 years and make it voluntary for first 5 years. The number and nature of points necessary may be decided by the Council.

(v) Criterion for registering a medical graduate, selection of student for PG courses, and assessing a foreign student are entirely different entities, then NLE becoming a uniform benchmark for all the three different matter is not right.

(vi) Making Licentiate Exam as PG Entrance Exam will result in flourishing coaching centres and the students will focus on MCQ rather than clinical skills.

(vii) Institute a NLE for those students who wish to practice outside their State or go abroad. Then, they can get a National Registration.

Government's view

4.15.2 No format for the licentiate exam has been prescribed in the Act. As an expert body the NMC will take a call on the format and design of NLE and frame regulations after appropriate consultation. It is possible for NMC to take a decision to merge the licentiate exam with common final year exam.

4.15.3 The biggest advantage of a common final year exam is that students will have to appear for only one examination. However, there are several issues which will have to be considered by NMC before deciding to go for a common final year exam. These include:

- Knowledge of only 4 subjects would be tested to grant licence.
- Universities may not agree since their right to confer degrees would be subordinated to an exam conducted by NMC.
- Those who fail would have to stay behind in the concerned medical college, leading to issues of infrastructure and extra fees payment. They would not even become graduates in order to qualify for various recruitment examinations which are open to graduates.
- Students tend to repeat NEET-PG in order to improve their rank, so that they can get admission to PG courses in good colleges. Rank improvement will not be possible with a common final year exam.
- NMC would become party to all litigation related to local issues in Colleges. In the event of a stay order granted due to local reasons such as delayed session in a College, the entire licentiate exam will get affected.
- Foreign medical graduates who wish to practice in India would either have to be asked to rewrite the common final year exam or FMGE will have to be restored.

4.15.4 On the suggestion of changing the purpose of NLE, the representative of the Ministry mentioned that the purpose of NLE to enable the doctors to practice medicine as medical practitioners and for enrolment in the State register and National register. It was added that the format of NLE will be decided by the Commission.

4.15.5 On the question of whether the graduates of AIIMS and other such institutes are required to take the licentiate exam, the Committee was informed that institutes of national importance have their own Act of Parliament and do not fall within the purview of NMC. However, if they wish to take up post-graduation in any medical college within the purview of NMC then they would have to take the licentiate exam as it will be utilized for post-graduate admissions also.

Recommendations/Observations

4.15.6 **The Committee in its 92nd Report had recommended to introduce a common exit test for MBBS doctors as an instrument of quality assurance, and to ensure that the quality and competencies of a doctor, before one starts practicing, are guaranteed and standardized. The Committee held a detailed discussion on the issue of the National Licentiate Examination in view of the suggestions of the stakeholders. Clause 15 mandates a uniform National Licentiate Examination for students graduating from the medical institutions governed by the proposed NMC Act. A three year grace period has been provided for the NLE to be operational. The Committee has taken note of the concerns expressed by various experts and stakeholders regarding the advisability of introducing the NLE at this stage.**

4.15.7 **The Licentiate exam is proposed to be compulsory for any MBBS doctor to make him eligible to practice medicine. The Committee, however, observes that unless the NLE is carefully designed, there is apprehension that a sizeable number of MBBS doctors who have passed their university level examinations, may be debarred from practice on disqualifying NLE. This will not only undermine the sanctity of the examinations conducted by various universities but also put an extra pressure on the system when the country is already facing a shortage of doctors. This will create a dichotomy where the university certifies a doctor as fit to practice and the failure to qualify NLE exam renders him unfit to practice. It is obvious that the implementation problem will be huge and the country will, over a period of time, have a population of mismatched unhappy doctors, who have nowhere to go.**

4.15.8 **The above analysis leads the Committee to the conclusion that the NLE will put undue stress on students, especially those who come from backward sections of the society and States, who cannot afford private guidance/tuitions for NLE and may not be able to crack the Multiple Choice Questions (MCQs).**

4.15.9 **Taking all the above factors into account, the Committee recommends that the Licentiate examination be integrated with the final year MBBS examination and be conducted at the State Level. The final MBBS examination should be of a common pattern within a particular State, initially due to the logistical constraints, and could be extended across the country as the system streamlines. The Committee also recommends that the final year MBBS exam should be designed in such a way that it takes into consideration not only the cognitive domain but also the assessment of skills by having practical problems/case study types of questions as a major component, with a strong tilt towards primary healthcare requirements.**

4.15.10 **The Committee further observes that the theoretical examination should be a common short-question based examination for all final professional students at a level commensurate with the current final professional theory examination. The examiners for conducting the practical examinations should be external and to be decided through a lottery from an empanelled list of examiners. The Committee is of the considered view that making provision for the final year MBBS examination as the Licentiate Examination would test both the theoretical and clinical aptitude of the students. The Committee, therefore, recommends that the final year MBBS examination be considered as the Licentiate Examination.**

4.15.11 **Further, the Committee is of the strong view that if PG entrance and licentiate examination are combined, the students will concentrate only on performing in entrance examination, during their undergraduate days and internship. The Committee, therefore, recommends that the PG NEET for admission to PG courses may continue as of now as an interim management till a mechanism is evolved within three to five years for the conduct of a common final year MBBS examination which has an adequate structure, so that subjectivity in the theoretical examination is replaced by common problem/case study based MCQ type examination. The common final year MBBS examination may be conducted within a particular State by any State University/State Health University or any other suitable agency.**

4.15.12 **The Committee also observes that the NLE has also been proposed to serve as an instrument for post-graduate entrance. The Committee is of the view that a licentiate exam is a good instrument to maintain a minimum standard across all graduates. The Committee, however, is of the firm view that to use the same instruments for merit ranking for post-graduate entrance may not serve the purpose because a qualifying examination and a rating examination should not preferably be equated. The Committee, accordingly, recommends that necessary modifications may be made in the above clause to address its above mentioned concerns.**

4.15.13 **Further, the Committee fails to understand as to how the MBBS students passing out from AIIMS, JIPMER and such other institutions on which NMC Act will not be applicable, will be allowed to get registered in the State/National Register or get admission into post-graduate courses in other medical institutions, without qualifying the NLE. In this regard, the Committee notes the views of the Government and recommends for inclusion of other medical institutions established by separate Act of Parliament in clause 15(1). The Committee also recommends suitable changes in the clause 15(5) to incorporate such medical institutions for conducting common counseling for admission to the post-graduate courses.**

4.15.14 **Subject to the above recommendations, the clause is adopted.**

Clause 16

4.16 This clause provides for constitution of four Autonomous Boards under the overall supervision of the Commission. The four Autonomous Boards are Under-Graduate Medical Education Board, Post-Graduate Medical Education Board, Medical Assessment and Rating Board and Ethics and Medical Registration Board.

Suggestions

4.16.1 The following are the suggestions of the stakeholders on the Clause:-

(i) Merger of Under Graduate Medical Education Board and the Post Graduate Medical Education Board for the want of smoothness of the functioning of both the Board. However, two separate Divisions may be created to look after the day to day working of the under Graduate and Post Graduate students.

(ii) Ethics and medical registration are two different entities as ethics is better judged by representatives of patients *i.e.* by general public whereas medical registration is more technical issue to be dealt by experts, therefore, there should be autonomous, separate Board of Medical Ethics.

Government's view

4.16.2 The Ministry informed the Committee that three autonomous boards would be assisted by experts, Secretariat and Advisory Committee(s) of Experts as may be constituted by the NMC. The size has been kept small to ensure proper functioning and taking decision in time.

4.16.3 **The clause is adopted without any change.**

Clause 17

4.17 This clause provides for composition of Autonomous Boards consisting of the President and two Members. The second Member of Medical Assessment and Rating Board and Ethics and Medical Registration Board shall be from non-medical background.

Suggestions

4.17.1 The following are the suggestions of the stakeholders on the Clause:-

(i) The autonomous boards are too small. A handful of people making the decisions could be arbitrary and biased. Two more members should be added in the autonomous boards representing the University/State Council.

(ii) Each autonomous board shall consist of a President and four members, of which 2 will be from State and 2 elected members.

(iii) For the Second person of the EMRB, the subject medical ethics has been omitted. Better not to specify any discipline for second member and leave it to say by the persons engaged with patient rights and medical ethics.

(iv) There should be five members in all the autonomous bodies/boards with three members being nominated by Centre, One Member nominated by the States on rotational basis, where there are more than six medical colleges and one elected member.

(v) The ethics board should have more number of elected representatives from public for ensured redressal of grievances of patients and public.

Government's view

4.17.2 The Committee was informed by the Ministry that the primary function of the Boards is to determine minimum standards for medical education. The subject 'determination of minimum standards in institutions for higher education or research and scientific and technical institutions' is a matter of Union List whereas 'medical education' is under the Concurrent List of the Constitution of India. The States have been adequately represented in the Medical Advisory Council and three members amongst the MAC, at a time on rotation basis, will represent the State in the NMC.

4.17.3 It was also clarified that the second person of the EMRB shall be person of outstanding ability who has demonstrated public record of work on medical ethics. Thus, the suggested course of action is already covered under the present clause.

Recommendations/Observations

4.17.4 **The Committee notes the detailed functions of each Board and observes that their composition**

is too small for their mandate. Each Autonomous Board will only have three members and most of the work related to medical education and setting up of professional standards are proposed to be done by these Boards. The Committee feels that just three members taking the decisions on such an important subject would not only limit the spectrum of views but also restrict an alternative thinking process within the Boards. The Committee, therefore, recommends that the strength of all the autonomous Boards should be enhanced to five instead of three *i.e.* a President and four members.

4.17.5 **The Committee also recommends that one member in each of the autonomous boards should be an elected member from amongst the nine elected members as recommended by the Committee in the clause 4(4)(c) in context of composition of the NMC. The Committee further recommends that all the members in the Under Graduate Medical Education Board, the Post Graduate Medical Education Board and the Medical Assessment and Rating Board including their President should be from a discipline of medical sciences from any University and having experience of not less than fifteen years in such field, out of which at least seven years shall be as a leader in the area of medical education, public health, community medicine or health research, except the elected member.**

4.17.6 **The Committee finds merit with the contention of several stakeholders emphasizing the need for an independent tribunal/Board so that impartiality is maintained to regulate professional conduct and to promote medical ethics in accordance with the regulations made under this Act. The Committee with its considered view therefore recommends that the President of the Ethics and Medical Registration Board (EMRB) should be a retired Judge of a High Court so as to meet the said objective.**

4.17.7 **As regards the Members of the EMRB, the Committee reiterates its recommendation for increasing the strength of the Board from three to five. The Committee also recommends two members of the EMRB would remain the same as prescribed in clause 17 of the Bill. The Committee further recommends that out of the remaining two members, one member should be having an experience in the field of law/academics/eminent educationist, of not less than fifteen years and another one member should be an elected member from amongst the nine elected members as recommended by the Committee in the clause 4(4)(c) in context of composition of the NMC. The EMRB shall be independent of the NMC and to avoid any conflict of interest, the Committee recommends that its President should not be a member of the NMC so as to maintain its autonomy and independent character.**

4.17.8 **Subject to the above recommendations, the Clause is adopted.**

Clause 18

4.18 This clause provides for Search Committee for appointment of the President and Members of the Autonomous Boards.

4.18.1 **Subject to recommendations made in clause '5', the clause is adopted without any change.**

Clause 19

4.19 This clause provides for duration of office, salary and allowances and other terms and conditions of service of the President and Members of the Autonomous Boards.

Suggestions

4.19.1 The Committee received a suggestion that the term of the President and the members of the Boards may be extended to 6 years so as to ensure the accountability to see through at least one batch of students.

Government's view

4.19.2 The representative of the Ministry stated that if the term of office holders is longer, there may be occasions for creating a lobby and being tempted towards making decisions in their own interest. Limiting the tenure for four year for a single term also attracts fresh ideas and encourages other people to perform better than the past office holders.

Recommendations/Observations

4.19.3 **The Clause is adopted without any change.**

Clause 20

4.20 This clause provides for Advisory Committees of experts constituted by the Commission to render assistance to all Autonomous Boards for discharging of functions assigned under the Act.

Suggestions

4.20.1 The Ethics Board should have patient's and public representatives for ensured redressal of grievances of patients and public in a better way.

4.20.2 **The clause is adopted without any change.**

Clause 21

4.21 This clause provides for staff of Autonomous Boards.

4.21.1 **The clause is adopted without any change.**

Clause 22

4.22 This clause lays down the procedure for convening meetings of Autonomous Boards. Every Board shall meet at least once a month.

4.22.1 **The clause is adopted without any change.**

Clause 23

4.23 This clause provides for powers of Autonomous Boards and delegation of powers.

4.23.1 **The clause is adopted without any change.**

Clause 24

4.24 This clause provides for powers and functions of Under-Graduate Medical Education Board including determination of standards of medical education at under-graduate level, framing of guidelines for establishment

of medical institutions for imparting under-graduate medical courses, granting of recognition to medical institutions at under-graduate level.

Suggestions

4.24.1 The following are the suggestions of the stakeholders on the Clause:-

(i) Any private medical college can raise its UG/PG seats by itself.

(ii) Any private medical college can raise PG seats without syllabus, curriculum, faculty, infrastructure and approval by PG Board.

(iii) Section 24 (1) (c) may be substituted with the following clause:-

Develop competency based dynamic curriculum: (i) for the discipline of Community Medicine, and (ii) for a new discipline of Family Medicine adapted to incorporate the clinical competence to deliver comprehensive healthcare for at least three fourths of the broad spectrum of morbidities in the Indian situation (with the facilities and support systems available at the primary or secondary levels), and also to undertake interventions for the promotion of health and prevention of ill-health in the community.

Government's view

4.24.2 All colleges can raise its UG/PG seats but they would need to apply for recognition of the added seats. The whole idea is to give autonomy to colleges without compromising on quality. This is necessary to increase the supply of doctors in the country, but there is penal provision for levy of fines for violation of accreditation norms and also possible de-recognition for continued violation.

4.24.3 The function of the Board is to develop competency based dynamic curriculum for primary medicine, community medicine and family medicine to ensure healthcare in rural areas.

Recommendations/Observations

4.24.4 **The Committee considered the suggestions made by the stakeholder and recommends that clause 24(1)(c) may be amended as follows:-**

"develop competency based dynamic curriculum for addressing the needs of primary health services, community medicine and family medicine to ensure healthcare in such areas, in accordance with provisions of the regulations made under this Act."

4.24.5 **Subject to the above recommendation, the clause is adopted.**

Clause 25

4.25 This clause provides for powers and functions of Post-Graduate Medical Education Board including determination of standards of medical education at postgraduate and super-specialty level, framing of guidelines for establishment of medical institutions for imparting postgraduate and super-specialty medical courses, granting of recognition to medical institutions at postgraduate and super-specialty level.

Suggestions

4.25.1 The following are the suggestions of the stakeholders on the Clause:-

(i) There is a suggestion before the Committee that after Section 25 (1) (c), functions of the PGME Board following may be inserted:

"institute PG qualifications (diploma and degree) for the new discipline of Family Medicine adapted to ensure the clinical competence to deliver comprehensive health care for at least three fourths of the broad spectrum of morbidities in the Indian situation and also to undertake interventions for the promotion of health and prevention of ill-health in the community; and prescribe the requisite service facilities (besides the teaching hospital) for practical training in the new discipline."

(ii) Hospitals with more than 150 or 200 beds in the vicinity of a medical college should come under the medical college for providing post-graduate education. This would help to increase the post-graduate seats by almost three times.

(iii) Radical change is needed in the healthcare system as there is a disproportionate number of UG and PG seats in the country. India has disproportionately very less PG seats in comparison to UG seats whereas USA has 21000 undergraduate and 40,000 post graduate seats which is almost twice the number of UG seats.

Recommendations/Observations

4.25.2 **The Committee considered the suggestions of the stakeholders and recommends that the following new sub-clause may be inserted in clause 25(1)**

'mandate that Institutions that are running post-graduate courses in medical and surgical specialties pediatrics, obstetrics and gynecology shall be required to establish and run post-graduate courses in family medicine as per the regulations prescribed by the Commission.'

4.25.3 **The Committee considered the views of the stake holders and accordingly recommends with reference to Clause 25 (1) & 25(2) that suitable provisions may be made to ensure that the shortage of Post Graduate Doctors, Specialists and Faculty is addressed on an emergent basis within the country without compromising the quality as per globally accepted best practises with innovations in clinical teaching methodology.**

4.25.4 **Subject to the above recommendation, the clause is adopted.**

Clause 26

4.26 This clause provides for powers and functions of Medical Assessment and Rating Board including determine the procedure for assessing and rating of medical institutions for compliance with prescribed standards, granting of permission for establishment of new medical institutions and carrying out of inspection for this purpose, imposing of monetary penalty on medical institution for failure to maintain minimum essential standards prescribed.

Suggestions

4.26.1 The following are the suggestions of the stakeholders on the Clause:-

(i) For determining the procedure for assessing and rating the medical institutions for their compliance under clause 26(1)(a), the words 'as the case may be' to be replaced 'using an outcome-based model of regulation that focuses on the outcomes of training rather than the infrastructure, staffing and processes'.

(ii) It is also suggested that the ratings should range from a basic mandatory level to a level of quality development that will facilitate aspiration to excellence in the following dimension: mission statement of the institution, educational programs, pedagogical principles, students, teachers, learning resources, outcome measurements, governance and administration, location of training and linkage of the medical college to the health care system.

(iii) Imposition of monetary penalty is an unnecessary addition to measures already in place for ensuring maintenance of essential standards of medical education. This needs to be omitted.

(iv) At present, the decision of the Council to withdraw the recognition leaves students in a lurch and they then approach the judiciary to solve situation. The proposed Commission has no mechanism to prevent this from happening.

(v) The provision to hire third party agency for inspection, accreditation, providing ranking and ensure quality and standard of medical institutions will be disastrous.

Government's view

4.26.2 On the issue of imposition of monetary penalty, the Ministry apprised that any penalty on a Government college has to be paid through the consolidated fund. Irrespective of the total amount involved, such unnecessary penal expenditure would be scrutinized by auditors, finance departments and the legislature. Such inbuilt accountability will ensure that corrective action is taken by the concerned State Government.

4.26.3 The Committee was also informed that while Section 29 of the NMC Bill grants permission to establish a medical college, the MARB would satisfy itself about the adequate financial resources, academic faculty, hospital facilities and other facilities as prescribed by the respective Boards in the regulations. Thus there is no discretionary power.

Recommendations/Observations

4.26.4 **While deliberating on the functions of MARB, the Committee is of the view that for determining the procedure for assessing and rating the medical institutions for their compliance under clause 26(1)(a), the words 'as the case may be' to be replaced by 'using an outcome-based model of regulation that focuses on the outcomes of training rather than the infrastructure, staffing and processes' in line 39 of the page 11 of the Bill.**

4.26.5 **While taking note of the provisions made in clause 26(1)(f), regarding the exorbitant monetary penalty which is likely to be imposed in case there is any violation by any medical institution, the Committee observes that monetary penalty introduced in the present system provides for discretionary misuse. This Clause provides for three opportunities to pay the penalty and then recommendations to the Commission to withdraw recognition, which can be further appealed in the mentioned Commission. The Committee, however, apprehends that during that period of time, 3 to 4 batches of undergraduate students would have got admitted and as known standard of education in these colleges are low and the students who had to select these colleges from NEET would be unnecessarily punished. The Committee, therefore, recommends that all three provisos of Clause 26(f) may be done away with and an alternative provision be made for warning, subsequent reasonable monetary penalty followed by adequate time to address the deficiencies and in case the lacunae still remains a provision for de-recognition for a certain period, subject to adequate check and balances to ensure that there is no misuse of discretionary powers be made.**

4.26.6 **The Committee further observes that the functions of MARB have been confined to physical and quantity related parameters. The Committee believes that the MARB needs to include parameters that capture the qualitative changes that have been brought about by medical institutions. These parameters may include (i) rating of the MARB for medical education; (ii) accreditation of the hospital facilities by NABH/NABL; (iii) contribution in the field of public health in the region where the college is located; (iv) research publications in reputed journals; (v) contribution as a regional training centre; etc.**

4.26.7 **Subject to the above recommendations, the Clause is adopted.**

Clause 27

4.27 This clause provides for powers and functions of Ethics and Medical Registration Board including maintenance of a National Register for all licensed medical practitioners and regulate professional conduct, to develop mechanism for continuous interaction with State Medical Councils.

Recommendations/Observations

4.27.1 **The Committee is constrained to observe that there is no specific data regarding the availability of doctors, nurses, para-medical staffs, mid level health care workers and other allied professionals. Without this data base it is extremely difficult to have a long term planning to manage this human resource component which is critical to achieve the stated targets of health and wellness centres across the country by the Government. The Committee, while taking stock of the powers and functions of Ethics and Medical Registration Board, strongly recommends that the EMRB board may keep an Aadhar linked data base of all medical graduates in the country including their employment status so that an authentic data base of the availability of this important human resource is made and they can be given a choice to opt for rural posting wherever there is a deficit in the country.**

4.27.2 **The Committee further recommends that a process of registration leading to the creation of a common data base of all human resource working in the healthcare sector including the para-medical staff, nurses etc. may be explored and maintained by EMRB.**

4.27.3 **Subject to above recommendations, the Clause is adopted.**

Clause 28

4.28 This clause provides for permission for establishment of new medical college.

Suggestions

4.28.1 The following are the suggestions of the stakeholders on the Clause:-

(i) Respective State Governments should be given adequate powers for establishment of new medical college.

(ii) Under Section 28(5), the action time to be taken by the MARB should be limited to a period of 2 months instead of a period of 6 months.

(iii) Under section 28(7), evaluation or assessment of any University or medical institution should be done only by well qualified and eligible medical professional.

(iv) All assessments should be carried out with prior information to college at least two days before, as was the practice in past.

Government's view

4.28.2 The Ministry clarified that the States have representation in different bodies and will have a say in establishment of new medical college. The suggestion seeking prior intimation of the inspection will defeat the very purpose of the inspection.

Recommendations/Observations

4.28.3 **The Committee takes into account suggestions from stakeholder that respective State Governments should be given adequate powers for establishment of a new medical college. Due diligence with respect to financial resources, academic faculty, hospital facilities etc. should be left to the State Government concerned that would be in a better position to assess them. The Committee is of the view that prior permission would not be an essentiality but would be needed consequent to the recommendation of the State Government. The Committee, therefore, recommends that to encourage setting up of new medical institutions of higher standard, those medical professional who have been instrumental in setting up of medical colleges from the scratch, may be given due weightage. Consequently, the Committee, in this regard, strongly recommends for re-drafting of Clause 28(1) of the Bill so as to provide adequate opportunity to the State Government in the decision making process with regard to establishment of the new medical colleges.**

4.28.4 **The Committee also takes into consideration the suggestions made by a stakeholder in Clause 28(7) and agrees that evaluation or assessment of any University or medical institution should be done only by well qualified and eligible medical professional of highest integrity with a proven track record. The Committee, therefore, strongly recommends to incorporate the words 'of unquestionable integrity having experience of medical profession' after 'any other expert' as mentioned in line 16-17 of page 13 of the Bill. The Committee also recommends for a hundred member panel of experts to be selected as assessors by NMC keeping in view the large size of the country. The deputation of assessors out of these hundred experts would be done by MARB through a process of lottery/draw for carrying out the inspection of medical colleges.**

4.28.5 **Subject to above recommendations, the Clause is adopted.**

Clause 29

4.29 This clause provides for criteria for approval or disapproval of the scheme for establishment of new medical college.

Suggestions

4.29.1 The following are the suggestions of the stakeholders on the Clause:-

(i) Discretionary powers to relax the criteria for opening of the medical colleges have been granted to MAR Board. The proviso – 'subject to prior approval of the Central Government, the criteria may be relaxed for the medical colleges which are set up in such areas as may be prescribed' may be dropped since it is a discretionary power.

(ii) The present "top-down" approach to medical education, where adequate hospital facilities at the commencement of a medical college is not mandatory, may initially result in inadequate clinical exposure and hands-on training to manage patients. The "bottom-up" approach where only hospitals, with adequate facilities and providing clinical services for at least 3 years may apply for the establishment of a medical college would result in better trained doctors for India.

Government's view

4.29.2 The representative of the Ministry informed that under section 29 of the Bill, relaxation of criteria is provided for the medical colleges which are set up in underserved areas. The conditions to relax the criteria will be prescribed in the Rules regulations.

Recommendations/Observations

4.29.3 **With respect to clause 29, the Committee recommends that the State Governments concerned shall undertake the required assessment and rating under clause 29(a) to (d), prior to the submission of a new proposal for setting up of a medical college to MARB.**

4.29.4 **The Committee also recommends to put in place a mechanism wherein adequate hospital facilities at the commencement of a medical college is mandatory. Hospitals with adequate facilities and providing clinical services for at least three years may only apply for the establishment of a new medical college resulting in better trained doctors with adequate clinical exposure.**

4.29.5 **Subject to above recommendations, the Clause is adopted.**

Clause 30

4.30 This clause provides for State Medical Council and other provisions relating thereto.

Suggestions

4.30.1 A medical grievance redressal tribunal needs to be constituted at State and National levels headed by a retired judge of the High/ Supreme Court. The tribunal may consist of two other members- one a doctor from SMC and other from retired official, NGO/ academic etc. Appeal against the orders of the Tribunal can only be made in the Supreme Courts. The cases to be adjudicated at State and National level may be based on the gravity of the malpractice.

Government's view

4.30.2 The Ministry clarified that adequate appellate mechanism has been defined in the Bill. Further, judicial remedies are also available thus there is no need to establish Medical Tribunals for the purpose.

4.30.3 **The clause is adopted without change.**

Clause 31

4.31 This clause provides for the maintenance of a National Register by Ethics and Medical Registration Board which shall contain the name, address and all recognised qualifications possessed by licensed medical practitioner. Every State Medical Council shall maintain a State Register. The registers will be maintained in such forms including electronic form as may be specified. A separate National Register shall be maintained for AYUSH practitioners who qualifies bridge course in modern medicine.

Suggestions

4.31.1 The following are the suggestions of the stakeholders on the Clause:-

(i) Provisions for maintaining separate National Register for AYUSH in Section 55(2) (zl) should be deleted.

(ii) Provides separate registration and bridge courses for AYUSH practitioners to enable them to practice modern medicine.

(iii) On availing bridge course, AYUSH doctors would have dual registration with two registering council. Disciplinary jurisdiction on such persons with reference to breach of ethics is not indicated in the Bill.

Recommendations/Observations

4.31.2 **Subject to the recommendations of the Committee contained in clause 27 and clause 49, the clause is adopted.**

Clause 32

4.32 This clause provides for rights of persons to have licence to practice and to be enrolled in National Register or State Register. A person who qualifies National Licentiate Examination shall be enrolled in the National Register or State Register.

Suggestions

4.32.1 The following are the suggestions of the stakeholders on the Clause:-

(i) NLE will neither improve the quality of medical education nor the competency of doctors. Hence it may be removed from the Bill.

(ii) The medical graduates who don't want to pursue PG should be exempted from Licentiate Exam.

(iii) The screening test for Foreign Medical Graduates has been abolished.

(iv) Foreign Graduates will be allowed to practice without qualifying NLE. If the NLE be implemented, it should apply uniformly to Indian and Foreign native.

(v) Licentiate exam not required from a student from financially backward community as if he/she is not able to pass the exam, he could neither practice medicine nor get admission in PG course. It would cause hardship and financial burden to his parents.

(vi) Licentiate Exam may not be served as entrance test for PG.

(vii) The proposal to abolish the Screening test for the foreign Medical Graduates will lead to disaster because the demographic distribution of disease will be practically unknown to these foreign medical graduates.

(viii) Till the time National Licentiate Examination is notified, the Indian possessing foreign Medical qualification would be entitled to seek permanent registration and practice medicine without any screening test or filter.

Government's view

4.32.2 The Ministry submitted that as per section 32 (2) of the NMC Bill, Foreign graduates will have to qualify the National Licentiate Examination before they can practice in India. As per Proviso to Section 33 (1), a foreign medical practitioner may be permitted to practice in India for a limited period. Similar provision for temporary registration of foreign doctors is also provided in IMC Act. It was also submitted that the screening test for Foreign Medical Graduates has been abolished. However, foreign graduates will have to clear NLE to practice in India. Also, the transitory provisions state that the rules and regulations made under IMC Act, 1956 shall continue to be in force till new regulations are made under this Act. Hence, screening test may continue till the Licentiate Examination is introduced. It was also added that the selection of student for PG course and assessment of foreign medical graduate, both is being done through an examination. Thus, these examinations have been merged.

Recommendations/Observations

4.32.3 **After detailed deliberations, the Committee came to the conclusion that Clause 32(1) the words *any person who qualifies the National Licentiate Examination, as mentioned in line 45 (page 14 of the Bill)* may be substituted by the words *any person who qualifies the final year MBBS examination.* The Committee, accordingly, recommends to re-draft the Clause so as to make the final year MBBS examination as the licentiate examination.**

4.32.4 **Subject to the above recommendation, the clause is adopted.**

Clause 33

4.33 This clause provides for bar to practice. A person who is not enrolled in the State or National Register shall not be allowed to practice medicine or perform any of the function enrolled upon a qualified medical practitioner such as holding an office of physician or surgeon, signing a medical certificate or giving evidence in matters related to medicine. Any violation shall be punishable with fine to the tune of ₹ one to five lakhs. The Commission may permit exceptions from qualifying National Licentiate Examination in certain cases. Foreign medical practitioners shall be permitted temporary registration in India in such manner as may be prescribed.

Suggestions

4.33.1 The following are the suggestions of the stakeholders on the Clause:-

(i) In section 33, the provision to wave off the requirement of NLE needs to be specified. Discretionary powers to the Central Government have been granted to allow those who have failed in the Licentiate Exam to practice medicine.

(ii) To make saving clause after clause (d) of sub-section 1 of section 33 of NMC bill to not affect the right of a person to practice medicine (allopathic) conferred by or under any law relating to registration of practitioners of Indian Medicine for the time being in force in any State.

(iii) To allow BDS students to practice modern medicine after doing bridge course.

Government's view

4.33.2 On the issue of waiving off the requirement of NLE, the Ministry submitted that the proviso to Section 33 is not meant to allow doctors failing the NLE to practice but is intended to allow medical

professionals like nurse practitioners, dentists and possibly any shorter duration allopathic courses introduced by NMC in future. It is also clarified that all professionals associated with modern medicine systems fall in this category and not only MBBS doctors.

Recommendations/Observations

4.33.3 **The Committee takes into account the response of the Government vis-a-vis the suggestions received on this Clause. The Committee is of the view that there are no cogent reasons to waive off the requirement of NLE as specified in the first proviso to Clause 33(1)(d), in line 23 to 25 of page 15 of the Bill, which gives discretionary powers to the Central Government to allow those who have failed in the Licentiate Exam to practice medicine or perform surgery. The Committee therefore, strongly recommends to delete the first proviso of Clause 33(1)(d) of the Bill.**

4.33.4 **The Committee also deliberated on the third proviso of Clause 33(1)(d) and recommends that a foreign citizen, who is enrolled in his country as a medical practitioner in accordance with the law, may be permitted to practice medicine and surgery subsequent to qualifying the screening test meant for foreign medical graduates. However, highly qualified and renowned medical professionals from countries that are accredited by the National Medical Commission may be permitted to obtain temporary registration in India without going through the screening process.**

4.33.5 **On Clause 33(2), the Committee is of the view that persons, who contravene any of the provisions regarding bar to practice, shall be penalised with harsher punishment. Accordingly, the Committee recommends insertions of penal provisions under appropriate Sections of the Code of Criminal Procedure, 1973. The Clause may accordingly be re-drafted to incorporate those provisions.**

4.33.6 **Subject to the above recommendations, the Clause is adopted.**

Clause 34

4.34 This clause provides for recognition of medical qualifications granted by Universities or medical institutions in India. The institutions shall apply Under-Graduate Medical Education Board or Post-Graduate Medical Education Board which shall examine the application and decide on grant of recognition. First appeal shall lie to the Commission and second appeal to the Central Government.

Suggestions

4.34.1 The following are the suggestions of the stakeholders on the Clause:-

(i) A standardized certification process for PG medical degree should be created for both the Indian and Foreign Medical Postgraduates.

(ii) A separate ‘screening mechanism’ for foreign and Indian medical Postgraduates should be created.

4.34.2 **The clause is adopted without any change.**

Clause 35

4.35 This clause provides for recognition of medical qualifications granted by medical institutions outside India.

Suggestions

4.35.1 The following are the suggestions of the stakeholders on the Clause:-

(i) Section 12 of IMC Act, 1956 for recognition of medical qualification outside India may be retained instead of Section 35 of NMC Bill.

(ii) Foreign medical postgraduates could be asked to work in the government hospitals. After successful completion of a few years of service they can be allowed to get themselves registered as specialist doctors in India.

Government's view

4.35.2 The Ministry stated that section 12 of the IMC Act, 1956 provides recognition of medical qualification from the countries under the scheme of reciprocity. This section has lost its relevance for the UG courses after commencement of the Screening Test.

Recommendations/Observations

4.35.3 **On the issue of recognition of medical qualification granted by medical institutions outside India, this Clause provides that the NMC may, subject to certain verification, either grant or refuse to grant recognition to that medical qualification. In this regard, the Committee recommends that the discretion of NMC should be subject to qualifying the screening test (FMGE) meant for foreign medical graduates.**

4.35.4 **Subject to the above recommendation, the Clause is adopted.**

Clause 36

4.36 This clause provides for recognition of medical qualifications granted by statutory or other bodies in India which are covered by the categories listed in the Schedule.

Suggestions

4.36.1 The following are the suggestions of the stakeholders on the Clause:-

(i) DNB failed to address its intended purpose of correcting the distribution of PG seats, geographically as there are hardly any DNB institutes in cities having less than 5 lakh populations.

(ii) DNB course could be started in any hospital with 100 beds. Most private hospitals do not have permanent faculty and rely on consultants. The existing MCI norms on the parity between the DNB and PG courses could be continued without any change.

(iii) It transpires from Clause 36(3) that the Central Government may on the recommendation of the Commission by notification add the schedule of other categories of medical qualifications granted by statutory or other body in the country. The medical qualifications granted as on date by the Rajiv Gandhi University of Health Sciences (RGUHS) or other deemed Universities in the State do not find mention in the Schedule. Therefore, the Commission has to be approached for recognizing such medical qualifications. Hence, the medical qualifications which are recognized as on date by MCI must by automatically included in the schedule.

(iv) DNB has been retained in its current format.

(v) Diploma holders to be a part of teaching in medical colleges, if they publish at least three Research papers in any reputed journal or have done research work under a professor of any medical college.

Government's view

4.36.2 The Ministry clarified that the DNB course, on account of its design, allows post-graduate education in comparatively smaller towns which may not have medical colleges. This would help in improving the geographical location of PG seats. Moreover, there is a severe shortage of faculty for medical colleges. To meet the expanded demand for faculty, we need to recognize DNB as equivalent to specialist.

4.36.3 The Committee was further informed that Section 36(3) of the NMC Bill provides for auto-recognition of the qualifications granted by the statutory or other body in India and included in the Schedule annexed to the Bill. The qualification granted by these bodies by virtue of their own Act (separate Act of Parliament except NBE) is automatically recognized. Further, these bodies are outside the purview of the NMC.

4.36.4 The RGUHS of Government of Karnataka is neither a statutory body nor outside the purview of NMC. The qualifications granted by the RGUHS are already recognized under the IMC Act will be included in the list maintained be the UGMEB and PGMEB and for any fresh qualification, the University has to approach the Boards for its recognition.

Recommendations/Observations

4.36.5 **The Committee notes that India has two parallel systems of Post Graduate Medical Education i.e. MD and DNB. The Committee recommends that the Diplomate of National Board, granted by the National Board of Examinations, in broad specialty course and super-specialty course shall be equal in all respects to the post-graduate qualification and the super-specialty qualification, respectively, as granted under this Act with the exception in teaching in medical colleges as they do not take DNB education in a medical college. With the coming into force of this Act, all the post-graduate education programmes being conducted by the National Board of Examinations will be brought under the purview of the Commission for award of common degrees.**

4.36.6 **Subject to above recommendation, the Clause is adopted.**

Clause 37

4.37 This clause provides for withdrawal of recognition granted to medical qualification granted by medical institutions in India. The Medical Assessment and Rating Board shall make a report to the Commission which shall decide the matter.

Suggestions

3.37.1 The following are the suggestions of the stakeholders on the Clause:-

(i) Medical college should be given three months of time for any corrective action; with any delay in each quarter (three months); 20 percent of the seats should be reduced in the next admission year for that particular college.

(ii) With respect to students who take admission under the central pool, it will be the responsibility of the Central Government to make sure that students pursue their MBBS Course. In case of

any closure of any particular college National Medical Commission will take the responsibility for adjustment of those students.

4.37.2 **The clause is adopted without any change.**

Clause 38

4.38 This clause provides for de-recognition of medical qualifications granted by medical institutions outside India.

4.38.1 **The clause is adopted without any change.**

Clause 39

4.39 This clause provides for special provisions in certain cases for recognition of medical qualifications. This relates to medical institutions outside India.

Suggestions

4.39.1 There was a suggestion before the Committee that provisions of Section 14 of IMC Act regarding special provision in certain cases for recognition of medical qualifications outside India may be retained in place of Section 39 of the NMC Bill.

Government's view

4.39.2 On this issue, the Ministry submitted that special provision in certain cases for recognition of medical qualifications outside India under Section 39 of the NMC Bill is broader than that of Section 14 of the IMC Act, 1956.

Recommendations/Observations

4.39.3 **The Committee recommends that any medical qualification granted by the medical institution outside India shall be recognised medical qualifications for the purpose of this Act subject to qualifying the screening test (FMGE) meant for foreign medical graduates.**

4.39.4 **Subject to the above recommendation, the clause is adopted.**

Clause 40

4.40 This clause provides for grants by the Central Government.

4.40.1 **The clause is adopted without any change.**

Clause 41

4.41 This clause provides for National Medical Commission Fund which shall form part of the public account of India. All Government grants, fee, penalties and all sums received by the Commission shall form part of it. The fund shall be utilised for making payments towards all expenses in the discharge of the functions of the Commission.

4.41.1 **The clause is adopted without any change.**

Clause 42

4.42 This clause provides for audit and accounts. The accounts of the Commission shall be audited by the Comptroller and Auditor-General of India.

4.42.1 **The clause is adopted without any change.**

Clause 43

4.43 This clause provides for furnishing of returns and reports to the Central Government.

4.43.1 **The clause is adopted without any change.**

Clause 44

4.44 This clause provides for power of the Central Government to give directions to Commission and Autonomous Boards on questions of policy.

Suggestions

4.44.1 The following are the suggestions of the stakeholders on the Clause:-

(i) MARB should be truly autonomous and out of purview of NMC or Government control to maintain its impartiality.

(ii) Allow medical colleges to be opened in every Taluk by the Indians. This investment can be made tax free. Also allow foreign medical universities to open 3000 medical colleges in the country. The foreign medical graduates may also be allowed to do rural service and provide them training.

(iii) BDS and MDS are most eligible for the proposed bridge course over other paramedical specialties.

Government's view

4.44.2 On these issues, the Ministry submitted that the powers of the Central Government to give directions to the NMC and the Boards will be limited to policy matters only. The DRSC on Health and Family Welfare has also recommended that such powers should be vested with the Government. Similar provisions are available under IMC Act, 1956.

4.44.3 **The clause is adopted without any change.**

Clause 45

4.45 This clause provides for power of the Central Government to give directions to State Governments.

Suggestions

4.45.1 The Central Government would be entitled to give such direction as it may deem necessary to the State Government for carrying out all or any of the provisions of this Act and State Government shall comply with such directions is undermining the authority of State Government.

Government's view

4.45.2 The Ministry clarified that the Medical Education is a concurrent subject under Seventh Schedule of the Constitution. Therefore, the Centre and the States need better coordination in that matter. The directions would be limited to the provisions of NMC Act.

Recommendations/Observations

4.45.3 **The Committee observes that Clause 45 gives absolute powers to the Central Government to issue directions to the State Government. The Committee was given an impression by various**

stakeholders that the said provision of Clause 45 is against the spirit of cooperative federalism. The Committee in this regard recommends that the Central Government may give only such policy directions, as it may deem necessary, to State Government for carrying out all or any of the provisions of this Act.

4.45.4 **Subject to the above recommendation, the Clause is adopted.**

Clause 46

4.46 This Clause provides for information to be furnished by the Commissioner and publication thereof.

4.46.1 **The Clause is adopted without any change.**

Clause 47

4.47 This Clause provides for obligations of Universities and medical institutions. They shall maintain a website at all times and display all such information as may be required by the Commission.

4.47.1 **The Clause is adopted without any change.**

Clause 48

4.48 This Clause provides for completion of courses of studies in medical institutions. Students who were studying in any medical institution before the commencement of this Act shall continue to study and complete in accordance with syllabus and studies as existed before such commencement. Such student shall be deemed to have completed course of study under this Act.

4.48.1 **The Clause is adopted without any change.**

Clause 49

4.49 This Clause provides for joint sittings of the Commission, Central Councils of Homoeopathy and Indian Medicine to enhance interface between their respective systems of medicine. Such meeting shall be held at least once a year. The joint sitting may decide on approving educational modules to develop bridges across the various systems of medicine and promote medical pluralism.

Suggestions

4.49.1 The following are the suggestions of the stakeholders on the Clause:-

(i) Bridge Course to enable, B.Sc. (Nursing) graduates and BDS along with AYUSH doctors and other eligible categories so as to meet the shortage of doctors in rural areas.

(ii) Under the Maharashtra Medical Practitioners Act, 1961 the practitioners of Indian Medicine have already been allowed to practice modern medicine. The provisions of proposed NMC Bill are silent on existing privileges and rights of such practitioners.

(iii) Against the Bridge Course, if implemented, there should be a separate register/Council for practitioners clearing Bridge Course and the practice of medicine and area should be limited and they will not be allowed to do PG in allopathic.

(iv) There is no shortage of MBBS doctors in the country but dearth of specialists doctors. Hence allowing AYUSH doctors to practice modern medicine will not fulfil that deficiency.

(v) Bridge Course was not recommended by the Department-related Parliamentary Standing Committee on Health and Family Welfare to make a separate register for AYUSH. This will create problem. It is not clear whether Bridge Course qualified would be eligible for PG allopathic admission.

(vi) A provision in the Section 49 shall be added as this prerequisite of qualifying a bridge course to practice modern medicine will not be applicable in the States where the State Acts have conferred such rights to practice modern medicine for graduates of ISM in that State before the commencement of this act.

(vii) Homeopathic method of treatment is exactly opposite to allopathic. Homoeopathic medicines are less costly and are useful in treatment of some chronic diseases. If the homoeopaths become allopathic practitioners by Bridge Course, the health budget will need hike and cost of treatment will be beyond reach of common people.

(viii) The joint sitting referred to in sub-Section (i) of Clause 49 (3), the term by a affirmative vote of all members present in voting may be modified by making a provision for 2/3rd majority agreeing for introducing new Bridge Course.

(ix) The Bridge Course is the necessity so as to give medical professionals to serve as PHCs and sub-centres. Not only Homoeopaths and Ayurvedic doctors but even Nurses and Dentists can be offered a Bridge Course.

Government's view

4.49.2 On the issues raised in the Clause 49 of the Bill, the representative of the Ministry explained that India has a doctor-population ratio of 1:1655 as compared with the WHO standards of 1:1000. In addition, city doctors are not willing to work in rural areas as can be seen in the Urban Rural ratio of doctor density (3.8:1). There are 7,71,468 AYUSH practitioners in India who can be leveraged to improve the health access situation of the country.

4.49.3 The Committee was further informed that there is already a policy for co-locating AYUSH and allopathic to ensure better utilisation of resources. Further, with the Government's ambitious target to revamp 1,50,000 Sub Health Centres into Health and Wellness Centres, there is a need of large human resource to meet this challenge. AYUSH has an effective role in integrating the preventive and promotive aspect of healthcare. In addition, with growing incidence of Non-Communicable Diseases (NCD), there is a need to provide holistic prevention and treatment of diseases.

4.49.4 In many places around the world, doctors are not taking care of the preventive and wellness aspect of healthcare. Countries such as Thailand, Mozambique, China, and New York have regularized community health workers/non-allopathic health providers into mainstream health services, with improved health outcomes. India also need to take such kind of steps due to acute shortage of doctors and specialists.

4.49.5 The Ministry further informed that the NMC bill seeks to fill in the gaps of availability of health care personnel by facilitating trained AYUSH practitioners to expand their skill sets through a Bridge Course and provide preventive allopathic care. The Bridge Course may help address this demand and better utilisation of resources, and make the health sector a bigger provider of employment. The NMC Bill also promotes this through raising exposure of such NCD patients to non-allopathic practitioners in addition to allopathic doctors.

4.49.6 Thus, in order to homogenize and regulate the entry of AYUSH professionals towards practicing modern medicine through a strict regime, this bill has provided for the clause. Various States such as Maharashtra, Assam, Uttarakhand, Haryana, Karnataka and Uttar Pradesh etc. have already amended their Acts and permitted AYUSH professionals to practice modern systems and prescribe all modern medicines.

4.49.7 The Committee was also informed that any Bridge Course will be introduced only by a unanimous vote as provided in Section 49(4) and hence each one of the allopathic doctors in the NMC will have a veto power. Even if the Bridge Course is introduced, it will only be for prescribing specified medicines at specified levels. The provision is intended for preventing and primary healthcare at the sub-block headquarter level because that is the area where presence of allopathic doctors are negligible.

4.49.8 On the issue of nurse practitioners and dentists, the Committee was informed that they can be allowed under the proviso to Section 33, which is applicable to 'medical professionals'. It was also clarified that all professionals associated with modern medicine systems fall in this category and not only MBBS doctor.

Recommendations/Observations

4.49.9 **The Committee is of the view that the Bridge Course should not be made a mandatory provision in the present Bill. However, the Committee appreciates the need to build the capacity of the existing human resources in the healthcare sector, to address the shortage of healthcare professionals so as to achieve the objectives of the National Health Policy, 2017. The Committee feels that every State has its own specific healthcare issues and challenges. The Committee, therefore, recommends that the State Governments may implement measures to enhance the capacity of the existing healthcare professionals including AYUSH practitioners, B.Sc (Nursing), BDS, B.Pharma. etc. to address their State specific primary healthcare issues in the rural areas. The Committee also recommends that adequate budgetary resources may also be provided to meet the said objective.**

4.49.10 **The Committee recommends that the healthcare professionals who are practicing without the requisite qualifications anywhere in the country may attract penal provisions.**

4.49.11 **Accordingly, consequential changes may be made in all the Clauses of the Bill, wherever applicable**

4.49.12 **Subject to above recommendations, the Clause is adopted.**

Clause 50

4.50 This Clause provides for the Chairperson, Members, Officers of the Commission and of Autonomous Boards to be public servants within the meaning of Section 21 of the Indian Penal Code.

4.50.1 **The Clause is adopted without any change.**

Clause 51

4.51 This Clause provides for protection of action taken in good faith.

4.51.1 The Clause is adopted without any change.

Clause 52

4.52 This Clause provides for cognizance of offences by courts only upon a complaint in writing by an authorised officer of the Committee or Ethics and Medical Registration Board or State Medical Council.

4.52.1 **The Clause is adopted without any change.**

Clause 53

4.53 This Clause provides for power of the Central Government to supersede Commission if it is unable to discharge the functions and duties imposed upon it or persistently defaults in complying with any direction issued by the Central Government. The Central Government may issue notifications of supersession not exceeding 6 months at a time.

4.53.1 **The Clause is adopted without any change.**

Clause 54

4.54 This Clause provides for power to make rules. The Central Government may be notification make rules to carry out the purposes of this Act.

4.54.1 **The Clause is adopted without any change.**

Clause 55

4.55 This Clause provides for power to make regulations. The Commission may after previous publication by notification make regulations consistent with this Act.

4.55.1 **The Clause is adopted without any change.**

Clause 56

4.56 This Clause provides for rules and regulations to be laid before the Parliament.

4.56.1 **The Clause is adopted without any change.**

Clause 57

4.57. This Clause provides for power to remove difficulties. The Central Government may be order published in Official Gazette make such provisions not inconsistent with the provisions of this Act for removing the difficulty.

4.57.1 **The Clause is adopted without any change.**

Clause 58

4.58 This Clause provides for repeal and saving. The Indian Medical Council Act, 1956 shall stand repealed and the Medical Council of India shall stand dissolved from the date as may be prescribed by the Central Government. The Chairman and other Members and employees of Medical Council of India shall vacate their respective offices and be entitled to the compensation.

Suggestions

4.58.1 The following are the suggestions of the stakeholders on the Clause:-

(i) The staff who are left with the service of 20 to 25 years may be posted on deputation basis for a short term period/or these staff may be posted in a Central Government/State Government organization/ or in the Ministry of Health and Family Welfare. It is also stated that as the staff is having stamp of corruption, only one staff should be posted in a single department.

(ii) It has also been suggested that Government may give the remaining period benefits to the staff and stop their services with giving the left period services benefits of the whole service so that the staff may not suffer for their livelihood. For those who have completed the age of 45 or 50 years, three months of notice period should be given to them as they have already availed all the benefits of their service.

Government's view

4.58.2 The Committee was apprised that adequate compensation will be paid to all such employees as specified in proviso 2, Section 58(3) of the Act. In view of the past legacy of MCI, it will not be advisable to take these employees into the NMC secretariat.

Recommendations/Observations

4.58.3 **The Committee is of the view that this provision of the Bill which intends to remove all the employees and staff of MCI after it will be dissolved does not seem to be fair and is against the principles of natural justice. Such a move would mean inhuman treatment meted out to the employees whose services would be terminated once the MCI gets dissolved. The Committee, therefore, recommends that instead of termination of their services, the employees of Group B, C and D category of the council may be suitably absorbed on compassionate grounds in any Department of the Government.**

4.59.4 **Subject to above recommendations, the Clause is adopted.**

Clause 59

4.59 This clause provides for transitory provisions. Even after the repeal of the Indian Medical Council Act, 1956, the rules and regulations made thereunder shall continue to be in force till new rules and regulations are framed by National Medical Council.

4.59.1 **The clause is adopted without any change.**

Clause I, Enacting Formula, Preamble and Title

4.60 This clause provides for short title, extent and commencement of the proposed Act.

Suggestions

4.60.1 The following are the suggestions of the stakeholders on the Clause:-

(i) Preamble of the Bill may include 'to address the health needs of the country' after the words 'high quality medical professionals' in the second line.

(ii) The preamble to include:

(a) to protect, promote and maintain the health, safety and well-being of the public,

(b) to promote and maintain public confidence in the medical profession, and

(c) to promote and maintain proper professional standards and ethical conduct for members of that profession

(iii) Instead of the National Medical Commission Bill, 2017, the title should be The National Medical Grants Commission Bill, 2017 because if allocation of funds is done by this commission then

control by this body on Medical Universities/ Colleges will be more effective rather than just having a control on certifying the educational qualifications.

Government's view

4.60.2 The representative of the Ministry submitted as under:

(a) and (b) These objectives make the NMC concentrating towards 'Public Health' which is a State subject.

(c) 'Enforcing high ethical standards in all aspects of medical services' is prescribed as one of the objectives in the preamble. Thus, the suggested changes covered under the present clause.

Recommendations/Observations

4.60.3 **A preamble is an introductory and expressionary statement in a document that explains the document's purpose and its underlying philosophy and also recites historical facts pertinent to the subject of the statute. But the Committee notes that the Preamble of the NMC Bill suffers from certain major infirmities. The Committee observes that the Preamble fails to mention safeguarding patient safety, promoting ethics and achieving national health goals. The Committee is of the considered view that the Preamble of the Bill that set outs the objectives must contain provisions on protecting, promoting and maintaining the health safety and well being of the public, maintaining proper professional standards, enforcing ethical conduct and standards by medical professionals in all aspect of medical services, including affordable medical care and adequate and high quality medical education that must encourage community health perspective/ service of medical profession.**

4.60.4 **The Committee, therefore, recommends that the Preamble to the Bill may be amended as follows after due legislative vetting:-**

'to provide for a medical education system that improves access to quality and affordable medical education, ensures availability of adequate and high quality medical professionals in all parts of the country; that promotes equitable and universal healthcare that encourages Community Health Perspective and makes services of Medical Professionals accessible to all the citizens; that promote national health goals; that encourages medical professionals to adopt latest medical research in their work and to contribute to research; that has an objective periodic and transparent assessment of medical institutions and facilitates maintenance of a medial register for India and enforces high ethical standards in all aspects of medical services; that is flexible to adapt to changing needs and has an effective grievance redressal mechanism and for matters connected therewith or incidental thereto.'

4.60.5 **The Committee also recommends consequential change in the Title of the Bill, *i.e,* 'The National Medical Commission Bill, 2018', instead of 'The National Medical Commission Bill, 2017' and 'Sixty-ninth Year' instead of 'Sixty-eighth Year'.**

4.60.6 **Subject to the above recommendations, Clause I, the Enacting Formula, Preamble and the Title are adopted.**

4.61 **The Committee strongly recommends for adding a separate provision in the Bill stating as under:**

> ***'Notwithstanding anything contained in any law, the provisions of this Act and subsequent rules and regulations made therein shall be uniformly applicable upon all medical institutions in the country without any distinction, unless specifically mentioned in the Act.'***

4.61.1 **The Committee also recommends for all consequential changes to be carried out in the relevant clauses of the Bill keeping in view the Committee's observations and recommendations contained in the report.**

CHAPTER – V

GENERAL RECOMMENDATIONS

5. **The Committee observes that there had been a loss of credibility of the existing regulatory body *i.e* MCI. The Committee, therefore, recommends that all the Members of the National Medical Commission be required to mandatorily declare their professional and commercial involvements and should also declare their personal assets along with assets of their dependents on the website of NMC as and when they assume office and at the end of their tenure.**

5.1 **The Committee observes that medical health care system encompasses health professionals working in the area of para medical disciplines like physiotherapy, optometry and other allied fields where there is no standardization of curriculum or regulation of the quality of education and practice. The current Bill presents a policy window for the Government to overhaul the regulatory oversight of other streams of health professions as well. The Committee is of the view that the Department should explore the possibility of restructuring and revamping the Dental Council of India, the Nursing Council of India and other such Councils so that there is effective regulation of their education and practice similar to the reform process as envisaged by National Medical Commission Bill, 2017. The Committee, accordingly, recommends for formulation of regulatory/licensing/ accreditation norms for all paramedical and allied health care professions like physiotherapy, optometry, etc. so as to regulate such professionals and their scope of practice in various clinical settings.**

5.2 **The Committee is also given to understand that a large number of doctors who study in Government medical colleges at the cost of the taxpayers money leave the country at the first given opportunity. The Committee recommends that in all such cases a minimum compulsory period of working within the Country be prescribed before such Doctors can be allowed to serve outside the Country. The Committee also recommends for consideration of a compulsory one year rural posting for all doctors graduating out of medical schools in the country subject to the condition that the requisite infrastructure facilities in terms of supporting staff, decent remuneration, necessary medical equipment and appropriate security are made available so that their training can be appropriately utilized for dealing with shortage of doctors in rural/remote areas of the country.**

CLAUSE-BY-CLAUSE CONSIDERATION

Clause - 2

The Ministry may examine the suggestion stated in Para 4.2.1 for providing more clarity to the definition of 'medical institution' as given in clause 2(i).

Subject to the above recommendation, the clause is adopted.

(Paras 4.2.2 & 4.2.3 of 109th Report)

Clause 3

The clause is adopted without any change.

(Para 4.3.1)

Clause 4

The Committee held detailed discussion on this clause. It has received various suggestions not only to increase the strength of the Commission but also to increase the representation of States/UTs in the Commission. On this issue, it observes that three members to be appointed as part time Members of the Commission on rotational basis from amongst the nominees of the States and Union Territories in the Medical Advisory Council for a term of two years, is too small a number to have an effective participation of the States/UTs in the Commission. The Committee also observes that the strength of the Commission should be increased for its effective functioning. The Committee further notes that the uneven composition of the Commission wherein 80% of its members are nominated as out of 25 members only 5 will be elected members reflects lack of proper representation of elected medical professionals in the composition of the Commission.

The Committee, therefore, keeping in view the representative and federal character of the country, recommends that the total strength of the Commission be increased from 25 members to 29 members. The Committee also recommends that out of these 29 members, besides Chairperson of the Commission, 6 members should be *ex officio* members, 9 should be elected by registered medical practitioners from amongst themselves, 10 members should be from amongst the nominees of the States and Union Territories besides 3 part-time members appointed from amongst person having special knowledge and professional experience as mentioned in the clause 4(4)(a). The Committee would like that the electoral college for the members to be elected by the medical practitioners must be well defined in the Bill itself.

The Committee also recommends that the *ex officio* Member Secretary of the Commission should assist the Commission as its Secretary and shall not be a Member of the Commission.

In view of the above, the Committee recommends the composition of the Commission as under:-

(a) a Chairperson;

(b) six *ex officio* Members; and

(c) twenty two part-time Members.

Further, the Committee recommends following six persons as the *ex officio* Members of the Commission, namely:-

(a) the President of the Under-Graduate Medical Education Board;

(b) the President of the Post-Graduate Medical Education Board;

(c) the President of the Medical Assessment and Rating Board;

(d) the Director General of Health Services, Directorate General of Health Services, New Delhi

(e) the Director General, Indian Council of Medical Research;

(f) one person to represent the Ministry of the Central Government dealing with Health and Family Welfare, not below the rank of Secretary/Additional Secretary to the Government of India, to be nominated by that Ministry.

The Committee also recommends that the following twenty two persons shall be appointed as part-time Members of the Commission, namely:—

(a) three Members to be appointed from three different fields amongst persons of ability, integrity and standing, who have special knowledge and professional experience in such areas including management, law, medical ethics, health research, patient rights advocacy, science and technology and economics;

(b) ten Members to be appointed on rotational basis from amongst the nominees of the States and Union Territories in the Medical Advisory Council for a term of two years in such manner as may be prescribed;

(c) nine Members to be elected by the registered medical practitioners from amongst themselves from such regional constituencies, and in such manner, as may be prescribed.

The Committee also recommends that clause 4(2) wherein the requisite qualifications for the Chairperson of the Commission are prescribed may be amended as follows:-

'The Chairperson shall be a medical professional of outstanding ability, proven administrative capacity and integrity, possessing a recognized postgraduate degree in any discipline of medical sciences and having experience of not less than twenty years in the field of medical sciences, out of which at least ten years shall be as a leader in the area of medical education.'

Subject to the above recommendations, the clause is adopted.

(Paras 4.4.4, 4.4.5, 4.4.6, 4.4.7, 4.4.8, 4.4.9, 4.4.10 and 4.4.11 of the 109th Report)

Clause 5

The Committee understands that NITI Aayog is mandated to provide directional and policy inputs to the Government of India for formulation of strategic and long term policies and programmes. The role of NITI Aayog is to chalkout plan and advise the Government on policy matters. The Committee, however, observes that NITI Aayog has been instrumental in drafting the NMC Bill and hence its own presence in the Search Committee for appointment of Chairperson and Members of the Commission tantamounts to conflict of interest.

The Committee, therefore, recommends for the following composition of the Search Committee:

(a) the Cabinet Secretary – Chairperson;

(b) three experts, possessing outstanding qualifications and experience of not less than twenty-five years in the field of medical education, public health education and health research, to be nominated by the Central Government — Members;

(c) two experts, from amongst the part-time Members referred to, in clause (c) of sub-section (4) of section 4, to be nominated by the Central Government in such a manner as may be prescribed — Members;

(d) one person, possessing outstanding qualifications and experience of not less than twenty-five years in the field of management or law or economics or science and technology, to be nominated by the Central Government — Member;

(e) the Secretary to the Government of India in charge of the Ministry of Health and Family Welfare, to be the Member Secretary for the Search Committee. The Member Secretary will not have any voting rights.

Subject to the above recommendations, the clause is adopted.

(Paras 4.5.3, 4.5.4 and 4.5.5 of 109th Report)

Clause 6

The Committee observes that the clause 6(6) authorizes the Chairperson or Member of the NMC for accepting any employment in any capacity including as a consultant or expert in any private medical institution after the gap of one year, consequent to his demitting office. Keeping in view both the provisos of the Bill on relaxation in appointment by the Central Government, the Committee is strongly of the view that the cooling off period of one year may be extended to two years so that there is no scope left for conflict of interest in this matter. The Committee, therefore, recommends for a cooling period of two years instead of proposed one year in clause 6(6).

Subject to the above recommendation, the clause is adopted.

(Paras 4.6.4 and 4.6.5 of 109th Report)

Clause 7

The clause is adopted without any change.

(Para 4.7.3 of 109th Report)

Clause 8

The Committee notes the qualification prescribed for the Secretary of the NMC in the Bill. Keeping in view the importance of the function assigned to the NMC, the Committee recommends that the Secretary should be a person of proven administrative capacity and integrity, possessing a degree in any discipline of medical sciences, and having not less than fifteen years of experience in the administration of medical education and healthcare sectors.

The Committee also recommends that the Secretariat of the Commission shall be headed by a Secretary who shall be the Secretary to the Commission and not a member of the Commission, to

be appointed by the Central Government. Accordingly, consequential changes, if any, may be made in all the clauses to replace the word 'Member Secretary' with the word 'Secretary'.

Subject to the above recommendations, the Clause is adopted.

(Paras 4.8.3, 4.8.4 and 4.8.5 of 109th Report)

Clause 9

On the issue of appellate jurisdiction over the decisions taken by the Commission, the Committee is of the view that giving the appellate jurisdiction to the Central Government does not fit into the constitutional provision for separation of powers. The Committee, therefore, recommends constitution of a Medical Appellate Tribunal comprising of a Chairperson, who should be a sitting or retired Judge of the Supreme Court or a Chief Justice of a High Court, and two other Members, to have an appellate jurisdiction over the decisions taken by the Commission. One of the Members should have a special knowledge and experience in the medical profession/medical education and the other member with an experience in the field of health administration at the level of Secretary to Government of India. Consequent changes for replacing the Central Government with the said Tribunal may be reflected in all the subsequent clauses *viz.* clause 28(6), clause 30(5), clause 34(7), clause 35(3) or any other related clause of the Bill.

The Committee is in agreement with the Government's view that the functioning of the Commission and the Boards has been appropriately defined.

The clause is adopted without any change.

(Paras 4.9.3, 4.9.4 and 4.9.5 of 109th Report)

Clause 10

The Committee notes that there was no provision to regulate fees in the Indian Medical Council Act. Thus the provision of regulating fees is a step in the right direction. The Committee also notes that all States in the country have a well defined process to regulate fees charged by the private medical colleges as per their separate State Acts under the existing fee regulatory mechanism. The Committee, therefore, recommends that the existing fee regulatory mechanism for private medical colleges by the States to protect their rights to regulate fees, should not be diluted.

Further, the Committee understands that the fee charged by several unregulated private medical colleges, the deemed universities and the deemed-to-be universities is not regulated under any existing mechanism. In this regard, the Committee recommends that to remove discrepancies it may be ensured that the fee charged by all such unregulated private medical colleges, the deemed universities and the deemed-to-be universities should be regulated for at least 50% of their seats.

Subject to the above recommendation, the clause is adopted.

(Paras 4.10.6, 4.10.7 and 4.10.8 of 109th Report)

Clause 11

The clause is adopted without any change.

(Para 4.11.3 of 109th Report)

Clause 12

The clause is adopted without any change.

(Para 4.12.3 of 109th Report)

Clause 13

The Committee observes that the quorum of 15 members for meetings of the Medical Advisory Council is not only inadequate but also signifies lop sided approach. Hence, the Committee recommends that the quorum should be fifty percent of the Members of the Council. Further the Committee also recommends that the Council should meet at least twice a year at such time and place as may be decided by the Chairman.

Subject to the above recommendation, the clause is adopted.

(Paras 4.13.3 and 4.13.4 of 109th Report)

Clause 14

The Committee observes that during the common counseling process, there is utter confusion amongst the various stakeholders including parents and respective medical colleges and as a result many seats remain vacant. The Committee, therefore, recommends that the designated authority of the Central Government, as proposed in the Bill shall conduct the common counseling for All India seats and the designated authority of the State Government shall conduct the common counseling for the seats at the State Level. The Committee also recommends that autonomy to universities/medical institutions as per the provisions of their respective Acts, to which such medical institutions are affiliated, should also be given alongwith the permission to conduct the common counseling. This permission should, however, be for the vacant seats remaining after the National and State level counseling and should be done on merit basis from the candidates who have qualified NEET, so as no vacant seats remain. Similar changes may be made in clause 15 (5) so that no seats remain vacant for Post Graduates also.

Subject to the above recommendations, the Clause is adopted.

(Paras 4.14.3 and 4.14.4 of 109th Report)

Clause 15

The Committee in its 92nd Report had recommended to introduce a common exit test for MBBS doctors as an instrument of quality assurance, and to ensure that the quality and competencies of a doctor, before one starts practicing, are guaranteed and standardized. The Committee held a detailed discussion on the issue of the National Licentiate Examination in view of the suggestions of the stakeholders. The clause 15 mandates a uniform National Licentiate Examination for students graduating from the medical institutions governed by the proposed NMC Act. A three year grace period has been provided for the NLE to be operational. The Committee has taken note of the concerns expressed by various experts and stakeholders regarding the advisability of introducing the NLE at this stage.

The Licentiate exam is proposed to be compulsory for any MBBS doctor to make him eligible to practice medicine. The Committee, however, observes that unless the NLE is carefully designed, there is apprehension that a sizeable number of MBBS doctors who have passed their university

level examinations, may be debarred from practice on disqualifying NLE. This will not only undermines the sanctity of the examinations conducted by various universities but also put an extra pressure on the system when the country is already facing a shortage of doctors. This will create a dichotomy where the university certifies a doctor as fit to practice and the failure to qualify NLE exam renders him unfit to practice. It is obvious that the implementation problem will be huge and the country will, over a period of time, have a population of mismatched unhappy doctors, who have nowhere to go.

The above analysis leads the Committee to the conclusion that the NLE will put undue stress on students, especially those who come from backward sections of the society and States, who cannot afford private guidance/tuitions for NLE and may not be able to crack the Multiple Choice Questions (MCQs).

Taking all the above factors into account, the Committee recommends that the Licentiate examination be integrated with the final year MBBS examination and be conducted at the State Level. The final MBBS examination should be of a common pattern within a particular State, initially due to the logistical constraints, and could be extended across the country as the system streamlines. The Committee also recommends that the final year MBBS exam should be designed in such a way that it takes into consideration not only the cognitive domain but also the assessment of skills by having practical problems/case study types of questions as a major component, with a strong tilt towards primary healthcare requirements.

The Committee further observes that the theoretical examination should be a common short-question based examination for all final professional students at a level commensurate with the current final professional theory examination. The examiners for conducting the practical examinations should be external and to be decided through a lottery from an empanelled list of examiners. The Committee is of the considered view that making provision for the final year MBBS examination as the Licentiate Examination would test both the theoretical and clinical aptitude of the students. The Committee, therefore, recommends that the final year MBBS examination be considered as the Licentiate Examination.

Further, the Committee is of the strong view that if PG entrance and licentiate examination are combined, the students will concentrate only on performing in entrance examination, during their undergraduate days and internship. The Committee, therefore, recommends that the PG NEET for admission to PG courses may continue as of now as an interim management till a mechanism is evolved within three to five years for the conduct of a common final year MBBS examination which has an adequate structure, so that subjectivity in the theoretical examination is replaced by common problem/case study based MCQ type examination. The common final year MBBS examination may be conducted within a particular State by any State University/State Health University or any other suitable agency.

The Committee also observes that the NLE has also been proposed to serve as an instrument for post-graduate entrance. The Committee is of the view that a licentiate exam is a good instrument to maintain a minimum standard across all graduates. The Committee, however, is of the firm view that to use the same instruments for merit ranking for post-graduate entrance may not serve the purpose because a qualifying examination and a rating examination should not preferably be equated.

The Committee, accordingly, recommends that necessary modifications may be made in the above clause to address its above mentioned concerns.

Further, the Committee fails to understand as to how the MBBS students passing out from AIIMS, JIPMER and such other institutions on which NMC Act will not be applicable, will be allowed to get registered in the State/National Register or get admission into postgraduate courses in other medical institutions, without qualifying the NLE. In this regard, the Committee notes the views of the Government and recommends for inclusion of other medical institutions established by separate Act of Parliament in clause 15(1). The Committee also recommends suitable changes in the clause 15(5) to incorporate such medical institutions for conducting common counseling for admission to the postgraduate courses.

Subject to the above recommendations, the clause is adopted.

(Paras 4.15.6, 4.15.7,4.15.8, 4.15.9, 4.15.10, 4.15.11, 4.15.12, 4.15.13 and 4.15.14 of 109th Report)

Clause 16

The clause is adopted without any change.

(Para 4.16.3 of 109th Report)

Clause 17

The Committee notes the detailed functions of each Board and observes that their composition is too small for their mandate. Each Autonomous Board will have only three members and most of the work related to medical education and setting up of professional standards are proposed to be done by these Boards. The Committee feels that just three members taking the decisions on such an important subject would not only limit the spectrum of views but also restrict an alternative thinking process within the Boards. The Committee, therefore, recommends that the strength of all the autonomous Boards should be enhanced to five instead of three *i.e.* a President and four members.

The Committee also recommends that one member in each of the autonomous boards should be an elected member from amongst the nine elected members as recommended by the Committee in the clause 4(4)(c) in context of composition of the NMC. The Committee further recommends that all the members in the Under Graduate Medical Education Board, the Post Graduate Medical Education Board and the Medical Assessment and Rating Board including their President should be from a discipline of medical sciences from any University and having experience of not less than fifteen years in such field, out of which at least seven years shall be as a leader in the area of medical education, public health, community medicine or health research, except the elected member.

The Committee finds merit with the contention of several stakeholders emphasizing the need for an independent tribunal/Board so that impartiality is maintained to regulate professional conduct and to promote medical ethics in accordance with the regulations made under this Act. The Committee with its considered view therefore recommends that the President of the Ethics and Medical Registration Board (EMRB) should be a retired Judge of a High Court so as to meet the said objective.

As regards the Members of the EMRB, the Committee reiterates its recommendation for increasing the strength of the Board from three to five. The Committee also recommends two members of the EMRB would remain the same as prescribed in clause 17 of the Bill. The Committee further recommends that out of the remaining two members, one member should be having an experience in the field of law/academics/eminent educationist, of not less than fifteen years and another one member should be an elected member from amongst the nine elected members as recommended by the Committee in the clause 4(4)(c) in context of composition of the NMC. The EMRB shall be independent of the NMC and to avoid any conflict of interest, the Committee recommends that its President should not be a member of the NMC so as to maintain its autonomy and independent character.

Subject to the above recommendations, the Clause is adopted.

(Paras 4.17.4, 4.17.5, 4.17.6, 4.17.7 and 4.17.8 of 109th Report)

Clause 18

Subject to recommendations made in clause '5', the clause is adopted without any change.

(Para 4.18.1 of 109th Report)

Clause 19-23

The Clauses- 19-23 are adopted without any change.

(Para 4.19.3, 420.2, 4.21.1, 4.22.1 and 4.23.1 of 109th Report)

Clause 24

The Committee considered the suggestions made by the stakeholder and recommends that clause 24(1)(c) may be amended as follows:-

"develop competency based dynamic curriculum for addressing the needs of primary health services, community medicine and family medicine to ensure healthcare in such areas, in accordance with provisions of the regulations made under this Act."

Subject to the above recommendation, the clause is adopted.

(Paras 4.24.4 and 4.24.5 of 109th Report)

Clause 25

The Committee considered the suggestions of the stakeholders and recommends that the following new sub-clause may be inserted in clause 25(1)

'mandate that Institutions that are running post-graduate courses in medical and surgical specialties pediatrics, obstetrics and gynecology shall be required to establish and run post-graduate courses in family medicine as per the regulations prescribed by the Commission.'

The Committee considered the views of the stake holders and accordingly recommends with reference to Clause 25 (1) and 25(2) that suitable provisions may be made to ensure that the shortage of Post Graduate Doctors, Specialists and Faculty is addressed on an emergent basis within the country without compromising the quality as per globally accepted best practises with innovations in clinical teaching methodology.

Subject to the above recommendation, the clause is adopted.

(Paras 4.25.2, 4.25.3 and 4.25.4 of 109th Report)

Clause 26

While deliberating on the functions of MARB, the Committee is of the view that for determining the procedure for assessing and rating the medical institutions for their compliance under clause 26(1)(a), the words 'as the case may be' to be replaced by 'using an outcome-based model of regulation that focuses on the outcomes of training rather than the infrastructure, staffing and processes' in line 39 of the page 11 of the Bill.

While taking note of the provisions made in clause 26(1)(f), regarding the exorbitant monetary penalty which is likely to be imposed in case there is any violation by any medical institution, the Committee observes that monetary penalty introduced in the present system provides for discretionary misuse. This Clause provides for three opportunities to pay the penalty and then recommendations to the Commission to withdraw recognition, which can be further appealed in the mentioned Commission. The Committee, however, apprehends that during that period of time, 3 to 4 batches of undergraduate students would have got admitted and as known standard of education in these colleges are low and the students who had to select these colleges from NEET would be unnecessarily punished. The Committee, therefore, recommends that all three provisos of Clause 26(f) may be done away with and an alternative provision be made for warning, subsequent reasonable monetary penalty followed by adequate time to address the deficiencies and in case the lacunae still remains a provision for de-recognition for a certain period, subject to adequate check and balances to ensure that there is no misuse of discretionary powers be made.

The Committee further observes that the functions of MARB have been confined to physical and quantity related parameters. The Committee believes that the MARB needs to include parameters that capture the qualitative changes that have been brought about by medical institutions. These parameters may include (i) rating of the MARB for medical education; (ii) accreditation of the hospital facilities by NABH/NABL; (iii) contribution in the field of public health in the region where the college is located; (iv) research publications in reputed journals; (v) contribution as a regional training centre; etc.

Subject to the above recommendations, the Clause is adopted.

(Paras 4.26.4, 4.26.5 , 4.26.6 and 4.26.7 of 109th Report)

Clause 27

The Committee is constrained to observe that there is no specific data regarding the availability of doctors, nurses, para-medical staffs, mid level health care workers and other allied professionals. Without this data base it is extremely difficult to have a long term planning to manage this human resource component which is critical to achieve the stated targets of health and wellness centres across the country by the Government. The Committee, while taking stock of the powers and functions of Ethics and Medical Registration Board, strongly recommends that the EMRB board may keep an Aadhar linked data base of all medical graduates in the country including their employment status so that an authentic data base of the availability of this important human resource is made and they can be given a choice to opt for rural posting wherever there is a deficit in the country.

The Committee further recommends that a process of registration leading to the creation of a common data base of all human resource working in the healthcare sector including the para-medical staff, nurses etc. may be explored and maintained by EMRB.

Subject to above recommendations, the Clause is adopted.

(Paras 4.27.1, 4.27.2 and 4.27.3 of 109th Report)

Clause 28

The Committee takes into account suggestions from stakeholder that respective State Governments should be given adequate powers for establishment of a new medical college. Due diligence with respect to financial resources, academic faculty, hospital facilities etc. should be left to the State Government concerned that would be in a better position to assess them. The Committee is of the view that prior permission would not be an essentiality but would be needed consequent to the recommendation of the State Government. The Committee, therefore, recommends that to encourage setting up of new medical institutions of higher standard, those medical professional who have been instrumental in setting up of medical colleges from the scratch, may be given due weightage. Consequently, the Committee, in this regard, strongly recommends for re-drafting of Clause 28(1) of the Bill so as to provide adequate opportunity to the State Government in the decision making process with regard to establishment of the new medical colleges.

The Committee also takes into consideration the suggestions made by a stakeholder in Clause 28(7) and agrees that evaluation or assessment of any University or medical institution should be done only by well qualified and eligible medical professional of highest integrity with a proven track record. The Committee, therefore, strongly recommends to incorporate the words 'of unquestionable integrity having experience of medical profession' after 'any other expert' as mentioned in line 16-17 of page 13 of the Bill. The Committee also recommends for a hundred member panel of experts to be selected as assessors by NMC keeping in view the large size of the country. The deputation of assessors out of these hundred experts would be done by MARB through a process of lottery/draw for carrying out the inspection of medical colleges.

Subject to above recommendations, the Clause is adopted.

(Paras 4.28.3, 4.28.4 and 4.28.5 of 109th Report)

Clause 29

With respect to clause 29, the Committee recommends that the State Governments concerned shall undertake the required assessment and rating under clause 29(a) to (d), prior to the submission of a new proposal for setting up of a medical college to MARB.

The Committee also recommends to put in place a mechanism wherein adequate hospital facilities at the commencement of a medical college is mandatory. Hospitals with adequate facilities and providing clinical services for at least three years may only apply for the establishment of a new medical college resulting in better trained doctors with adequate clinical exposure.

Subject to above recommendations, the Clause is adopted.

(Paras 4.29.3, 4.29.4 and 4.29.5 of 109th Report)

Clause 30

4.30.3 The clause is adopted without change.

(Para 4.30.3 of 109th Report)

Clause 31

Subject to the recommendations of the Committee contained in clause 27 and clause 49, the clause is adopted.

(Para 4.31.2 of 109th Report)

Clause 32

After detailed deliberations, the Committee came to the conclusion that Clause 32(1) the words *any person who qualifies the National Licentiate Examination, as mentioned in line 45 (page 14 of the Bill)* may be substituted by the words *any person who qualifies the final year MBBS examination.* The Committee, accordingly, recommends to re-draft the Clause so as to make the final year MBBS examination as the licentiate examination.

Subject to the above recommendation, the clause is adopted.

(Paras 4.32.3 and 4.32.4 of 109th Report)

Clause 33

The Committee takes into account the response of the Government *vis-a-vis* the suggestions received on this Clause. The Committee is of the view that there are no cogent reasons to wave off the requirement of NLE as specified in the first proviso to Clause 33(1)(d), in line 23 to 25 of page 15 of the Bill, which gives discretionary powers to the Central Government to allow those who have failed in the Licentiate Exam to practice medicine or perform surgery. The Committee therefore, strongly recommends to delete the first proviso of Clause 33(1)(d) of the Bill.

The Committee also deliberated on the third proviso of Clause 33(1)(d) and recommends that a foreign citizen, who is enrolled in his country as a medical practitioner in accordance with the law, may be permitted to practice medicine and surgery subsequent to qualifying the screening test meant for foreign medical graduates. However, highly qualified and renowned medical professionals from countries that are accredited by the National Medical Commission may be permitted to obtain temporary registration in India without going through the screening process.

On Clause 33(2), the Committee is of the view that persons, who contravene any of the provisions regarding bar to practice, shall be penalised with harsher punishment. Accordingly, the Committee recommends insertions of penal provisions under appropriate Sections of the Code of Criminal Procedure, 1973. The Clause may accordingly be re-drafted to incorporate those provisions.

Subject to the above recommendations, the Clause is adopted.

(Paras 4.33.3, 4.33.4, 4.33.5 and 4.33.6 of 109th Report)

Clause 34

The clause is adopted without any change.

(Para 4.34.2 of 109th Report)

Clause 35

On the issue of recognition of medical qualification granted by medical institutions outside India, this Clause provides that the NMC may, subject to certain verification, either grant or refuse to grant recognition to that medical qualification. In this regard, the Committee recommends that the discretion of NMC should be subject to qualifying the screening test (FMGE) meant for foreign medical graduates.

Subject to the above recommendation, the Clause is adopted.

(Paras 4.35.3 and 4.35.4 of 109th Report)

Clause 36

The Committee notes that India has two parallel systems of Post Graduate Medical Education *i.e.* MD and DNB. The Committee recommends that the Diplomate of National Board, granted by the National Board of Examinations, in broad specialty course and super-specialty course shall be equal in all respects to the post-graduate qualification and the super-specialty qualification, respectively, as granted under this Act with the exception in teaching in medical colleges as they do not take DNB education in a medical college. With the coming into force of this Act, all the post-graduate education programmes being conducted by the National Board of Examinations will be brought under the purview of the Commission for award of common degrees.

Subject to above recommendation, the Clause is adopted.

(Paras 4.36.5 and 4.36.6 of 109th Report)

Clause 37 and 38

The clauses 37 and 38 are adopted without any change.

(Paras 4.37.2 and 4.38.1 of 109th Report)

Clause 39

The Committee recommends that any medical qualification granted by the medical institution outside India shall be recognised medical qualifications for the purpose of this Act subject to qualifying the screening test (FMGE) meant for foreign medical graduates.

Subject to the above recommendation, the clause is adopted.

(Paras 4.39.3 and 4.39.4 of 109th Report)

Clauses 40 - 44

The clauses 40-44 are adopted without any change.

(Para 4.40.1, 4.41.1, 4.22.1, 4.43.1 and 4.44.3 of 109th Report)

Clause 45

The Committee observes that Clause 45 gives absolute powers to the Central Government to issue directions to the State Government. The Committee was given an impression by various stakeholders that the said provision of clause 45 is against the spirit of cooperative federalism. The Committee in this regard recommends that the Central Government may give only such policy

directions, as it may deem necessary, to State Government for carrying out all or any of the provisions of this Act.

Subject to the above recommendation, the clause is adopted.

(Paras 4.45.3 and 4.45.4 of 109th Report)

Clause 46-48

The clauses 46-48 are adopted without any change.

(Para 4.46.1, 4.47.1 and 4.48.1 of 109th Report)

Clause 49

The Committee is of the view that the bridge course should not be made a mandatory provision in the present Bill. However, the Committee appreciates the need to build the capacity of the existing human resources in the healthcare sector, to address the shortage of healthcare professionals so as to achieve the objectives of the National Health Policy, 2017. The Committee feels that every State has its own specific healthcare issues and challenges. The Committee, therefore, recommends that the State Governments may implement measures to enhance the capacity of the existing healthcare professionals including AYUSH practitioners, B.Sc (Nursing), BDS, B.Pharma etc to address their State specific primary healthcare issues in the rural areas. The Committee also recommends that adequate budgetary resources may also be provided to meet the said objective.

The Committee recommends that the healthcare professionals who are practicing without the requisite qualifications anywhere in the country may attract penal provisions.

Accordingly, consequential changes may be made in all the Clauses of the Bill, wherever applicable.

Subject to above recommendations, the Clause is adopted.

(Paras 4.49.9, 4.49.10, 4.49.11 and 4.49.12 of 109th Report)

Clauses 50-57

The clauses - 50 to 57 are adopted without any change.

(Para 4.50.1, 4.51.1,4.52.1,4.53.1,4.55.1,4.56.1 and 4.57.1 of 109th Report)

Clause 58

The Committee is of the view that this provision of the Bill intends to remove all the employees and staff of MCI after it will be dissolved does not seem to be fair and is against the principles of natural justice. Such a move would mean inhuman treatment meted out to the employees whose services would be terminated once the MCI gets dissolved. The Committee, therefore, recommends that instead of termination of their services, the employees of Group B, C and D category of the council may be suitably absorbed on compassionate grounds in any Department of the Government.

Subject to above recommendations, the Clause is adopted.

(Paras 4.58.3 and 4.59.4 of 109th Report)

Clause 59

The clause is adopted without any change.

(Para 4.59.1 of 109th Report)

Clause I, Enacting Formula, Preamble and Title

The Committee, therefore, recommends that the Preamble to the Bill may be amended as follows after due legislative vetting:-

'to provide for a medical education system that improves access to quality and affordable medical education, ensures availability of adequate and high quality medical professionals in all parts of the country; that promotes equitable and universal healthcare that encourages Community Health Perspective and makes services of Medical Professionals accessible to all the citizens; that promote national health goals; that encourages medical professionals to adopt latest medical research in their work and to contribute to research; that has an objective periodic and transparent assessment of medical institutions and facilitates maintenance of a medial register for India and enforces high ethical standards in all aspects of medical services; that is flexible to adapt to changing needs and has an effective grievance redressal mechanism and for matters connected therewith or incidental thereto.'

4.60.5 The Committee also recommends consequential change in the Title of the Bill, *i.e*, 'The National Medical Commission Bill, 2018', instead of 'The National Medical Commission Bill, 2017' and 'Sixty-ninth Year' instead of 'Sixty-eighth Year'.

4.60.6 Subject to the above recommendations, clause I, the Enacting Formula, Preamble and the Title are adopted.

4.61 The Committee strongly recommends for adding a separate provision in the Bill stating as under:

'Notwithstanding anything contained in any law, the provisions of this Act and subsequent rules and regulations made therein shall be uniformly applicable upon all medical institutions in the country without any distinction, unless specifically mentioned in the Act.'

4.61.1 The Committee also recommends for all consequential changes to be carried out in the relevant clauses of the Bill keeping in view the Committee's observations and recommendations contained in the report.

(Paras 4.60.4, 4.60.5, 4.60.6, 4.61 and 4.61.1 of 109th Report)

General Recommendations

The Committee observes that there had been a loss of credibility of the existing regulatory body *i.e* MCI. The Committee, therefore, recommends that all the Members of the National Medical Commission be required to mandatorily declare their professional and commercial involvements and should also declare their personal assets along with assets of their dependents on the website of NMC as and when they assume office and at the end of their tenure.

(Para 5)

The Committee observes that medical health care system encompasses health professionals working in the area of para medical disciplines like physiotherapy, optometry and other allied fields

where there is no standardisation of curriculum or regulation of the quality of education and practice. The current Bill presents a policy window for the Government to overhaul the regulatory oversight of other streams of health professions as well. The Committee is of the view that the Department should explore the possibility of restructuring and revamping the Dental Council of India, the Nursing Council of India and other such Councils so that there is effective regulation of their education and practice similar to the reform process as envisaged by National Medical Commission Bill, 2017. The Committee, accordingly, recommends for formulation of regulatory/ licensing/accreditation norms for all paramedical and allied health care professions like physiotherapy, optometry, etc. so as to regulate such professionals and their scope of practice in various clinical settings.

(Para 5.1)

The Committee is also given to understand that a large number of doctors who study in government medical colleges at the cost of the taxpayers money leave the country at the first given opportunity. The Committee recommends that in all such cases a minimum compulsory period of working within the Country be prescribed before such Doctors can be allowed to serve outside the Country. The Committee also recommends for consideration of a compulsory one year rural posting for all doctors graduating out of medical schools in the country subject to the condition that the requisite infrastructure facilities in terms of supporting staff, decent remuneration, necessary medical equipment and appropriate security are made available so that their training can be appropriately utilized for dealing with shortage of doctors in rural/remote areas of the country.

(Para 5.2)

MINUTES

*III

THIRD MEETING

The Committee met at 3.00 P.M. on Friday, the 12th January, 2018 in Committee Room 'D', Ground Floor, Parliament House Annexe, New Delhi.

MEMBERS PRESENT

1. Prof. Ram Gopal Yadav — *Chairman*

RAJYA SABHA

2. Shri Manas Ranjan Bhunia
3. Dr. R. Lakshmanan
4. Dr. Vikas Mahatme
5. Shri Jairam Ramesh
6. Shri Ashok Siddharth
7. Shri K.Somaprasad
8. Dr. C.P. Thakur
9. Shrimati Sampatiya Uikey

LOK SABHA

10. Dr. Heena Vijaykumar Gavit
11. Dr. Sanjay Jaiswal
12. Dr. K. Kamaraj
13. Shri Arjun Lal Meena
14. Shri Anoop Mishra
15. Shri J.J.T Natterjee
16. Shri Mahendra Nath Pandey
17. Shri C. R. Patil
18. Shri M. K. Raghavan
19. Dr. Manoj Rajoria
20. Dr. Shrikant Eknath Shinde
21. Shri Manohar Utawal

SECRETARIAT

Shri P.P.K. Ramacharyulu, *Additional Secretary*
Shri J. Sundriyal, *Joint Secretary*
Shri Rakesh Naithani, *Director*
Shri Dinesh Singh, *Additional Director*
Shrimati Harshita Shankar, *Under Secretary*
Shri Pratap Shenoy, *Committee Officer*
Shrimati Gunjan Parashar, *Research Officer*

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* Minutes of I to II meetings relate to other matters.

WITNESSES

1. Ms. Preeti Sudan, *Secretary*
2. Shri Sanjeeva Kumar, *Additional Secretary*
3. Shri Arun Singhal, *Joint Secretary*
4. Shri Lav Agarwal, *Joint Secretary*
5. Shri Devesh Daval, *Deputy Secretary*
6. Shri Alok Kumar, *Adviser, NITI AYOG*

Department of Legal Affairs

Dr. Anju Rathi Rana, *Joint Secretary & Legal Adviser*

Legislative Department

1. Shri Uday Kumar, *Joint Secretary & LC*
2. Ms. Veena Kotwale, *Additional LC*

Opening Remarks

2. At the outset, the Chairman of the Committee informed the Members about the agenda of the meeting *i.e.* to hear the views of the Secretary of the Department of Health and Family Welfare in connection with the National Medical Commission (NMC) Bill, 2017 which has been referred to the Committee for examination and report by last day of the first week of the Budget Session, 2018. Keeping in view the fact that the proposed legislation is a radical legislative effort in regulating medical education and had far reaching implications on the healthcare standards in the country, the Committee decided to issue a Press Release inviting views/ suggestions/comments from a wide cross section of stakeholders/experts on the said Bill. The Committee also decided to seek views/comments/ suggestions of the State Governments on the various provisions of the Bill and hear the views of the Chief Secretaries and/or other concerned officials of the State Governments, if necessary.

Oral evidence of the Secretary, Department of Health and Family Welfare

3. Thereafter, the Committee heard the views of the Health Secretary.

4. Initiating the discussion, the Health Secretary sought permission of the Committee for a power-point presentation. Shri Arun Singhal, Joint Secretary in the Ministry made a power-point presentation and highlighted the following points: -

(i) Recommendations of the Professor R.R. Chaudhury Committee Report on the constitution of National Medical Commission(NMC);

(ii) Endorsement of the recommendations R.R. Chaudhury Committee Report by the Parliamentary Standing Committee on Health and Family Welfare;

(iii) Recommendations of NITI Aayog and Group of Ministers(GoM);

(iv) The NMC proposed by NITI Aayog and recommendations of GoM for effecting changes in the NMC Bill proposed by NITI Aayog.

5. Shri Singhal then made a comparison between recommendations as appearing in the 92nd Report of the

Committee and provisions made in the NMC Bill as introduced in the Parliament. He then went on to delineate the important provisions of the Bill which are:

(i) Abolition of Medical Council of India(MCI) and formation of a 25 member NMC;

(ii) Formation of four verticals *viz*. Under- Graduate Medical Education Board, Post- Graduate Medical Education Board, Medical Assessment and Rating Board and Ethics and Medical Registration Board;

(iii) Constitution of Medical Advisory Council(MAC) for States/Union Territories;

(iv) National Eligibility-cum-Entrance Test (NEET) *i.e.* common entrance test for admission to the under-graduate medical education under the purview of National Medical Commission

(v) National Licentiate Examination (NLE) for medical graduates for the purpose of certification and standardization of competencies expected to be accomplished out of a medical graduate;

(vi) Common Counselling for all medical institutions by the designated authority at Centre and State level;

(vii) Determination of fees of Private Medical Institutions and Deemed Universities upto 40%.

6. Shri Singhal sought guidance of the Committee on the following issues:

(i) National Licentiate Examination (NLE);

(ii) Bridge course allowing AYUSH practitioners to prescribe modern medicines;

(ii) fee regulation by NMC in private medical institutions;

(iv) whether appeal against the orders of EMR Board should lie directly with the Central Government.

7. The Members of the Committee then raised queries on the following issues:-

(i) Discussion with the State Governments;

(ii) Members of NMC like Director, AIIMS would be hard pressed for time;

(iii) Focus should be on medical education;

(iv) Instead of Common Licentiate Exam or Exit Exam, common final year exam would be fruitful for the students;

(v) Allowing AYUSH doctors to practice Allopathy after doing a Bridge Course for six months would be controversial;

(vi) Rationale of having CEO, NITI Aayog in the Search and Selection Committee;

(vii) Absence of provisions in the Bill to allow State Governments to set fee and set up medical colleges as was the case in the period prior to 1993;

(viii) Is NAAC rating of Universities different from rating proposed by NMC;

(ix) Representation of OBC/SC/ST members in NMC;

(x) NMC should follow patient centric model;

(xi) Adequacy or otherwise of the penalty proposed for violation of quality norms by medical colleges;

(xii) Reasons for excluding BDS and Nursing and allowing only AYUSH practitioners for the bridge course;

(xiii) Rationale for having a predominantly nominated NMC;

(xiv) No clarity on course content of Bridge course for AYUSH practitioners;

(xv) Reasons for equating DNB with MD/MS; etc.

8. The Joint Secretary, Department of Health and Family Welfare replied to some of the queries raised by the Members. The Chairman directed the Secretary to furnish detailed written replies to the queries left unanswered, within a week.

9. A verbatim record of the proceedings of the meeting was kept.

10. The Committee then adjourned at 5.02 P.M.

IV

FOURTH MEETING

The Committee met at 3.00 P.M. on Wednesday, the 24th January, 2018 in Room No-2, Block A, First Floor, PHA EXT. Building New Delhi.

MEMBERS PRESENT

1. Shri Jairam Ramesh — *In the Chair*

RAJYA SABHA

2. Shri Manas Ranjan Bhunia
3. Dr. R. Lakshmanan
4. Dr. Vikas Mahatme
5. Shri Ashok Siddharth
6. Shri Ronald Sapa Tlau
7. Shrimati Sampatiya Uikey

LOK SABHA

8. Dr. Heena Vijaykumar Gavit
9. Dr. Sanjay Jaiswal
10. Dr. K. Kamaraj
11. Shri Anoop Mishra
12. Shri Mahendra Nath Pandey
13. Dr. Manoj Rajoria
14. Dr. Shrikant Eknath Shinde
15. Shri Dasrath Tirkey
16. Shri Manohar Utawal

SECRETARIAT

Shri J. Sundriyal, *Joint Secretary*
Shri Rakesh Naithani, *Director*
Shri Dinesh Singh, *Additional Director*
Shrimati Harshita Shankar, *Under Secretary*
Shri Pratap Shenoy, *Committee Officer*
Shrimati Gunjan Parashar, *Research Officer*

WITNESSES

Representatives of Indian Medical Association

1. Dr. Ravi Wankhedkar, National President, IMA (Maharashtra)
2. Dr. R N Tandon, Hony. Secretary General, IMA (Lucknow)
3. Dr. Ved Prakash Mishra, Chairman, IMA Medical Education Board (Nagpur)
4. Dr. A. Marthanda Pillai, Past National President, IMA (kerala)
5. Dr. K.K. Aggarwal, Imm. Past National President, IMA (Delhi)
6. Dr. Sahajanand Prasad Singh, President, Bihar State Branch, IMA (Bihar)

7. Dr. Ravindra H.N. President, IMA Karnataka, State Branch (Karnataka)
8. Dr J A Jayalal, President, IMA, IMA Tamil Nadu State Branch (Tamil Nadu)
9. Dr. Sudhir Dhakre, President, IMA, UP State Branch (U.P)
10. Dr. Santanu Sen, Hony. Secretary, IMA Bengal State Branch (Bengal)

All India Unani Tibbi Congress

1. Prof. Mushtaq Ahmad
2. Dr. Sagheer Ahmed Siddiqui
3. Dr. Mohd. Imran
4. Dr. Mohd. Aslam
5. Dr. Syed Ahmed Khan

Indian Institute of Homoeopathic Physicians

1. Dr. M.A. Rao (Nagpur), *National President of IIHP*
2. Dr. V.K. Gupta (Delhi), *President of Honour IIHP*
3. Dr. Ravinder Kochhar (Ludhiana), *National Secretary General*
4. Dr. Niranjan Mohanty (Bhubaneswar), *Advisor IIHP*

All India Ayurvedic Congress

1. Vaidya Tarachand Sharma
2. Vaidya Budh Prakash Gupta

Department of Health and Family Welfare

1. Shri Arun Singhal, *Joint Secretary*
2. Shri Amit Biswas, *Under Secretary*

Department of Legal Affairs

Dr. Anju Rathi Rana, *Joint Secretary & Legal Adviser*

Legislative Department

Ms. Renu Sinha, *Deputy LC*

I. **Opening Remarks**

2. At the outset, in the absence of the Chairman of the Committee due to his indisposition, the Committee chose Shri Jairam Ramesh to preside over the meeting.

3. The Chairperson then informed the Members that the meeting has been convened to hear the views of the representatives of the (i) Indian Medical Association (IMA) ; (ii) Indian Institute of Homoeopathy Physician; (iii) All India Ayurvedic Congress; and (iv) All India Unani Tibbi Congress on the National Medical Commission (NMC) Bill, 2017.

4. Evaluating the work to be done by the Committee on the NMC Bill, 2017 and the wide implications of the proposed legislation on the regulatory oversight of Medical Education in the country, the Committee decided that it needed to hear the views of large number of experts/stakeholders. The Chairperson apprised the members that a Press Release on the Bill has been published in all leading English and vernacular newspapers

on 24th January, 2018 inviting views of a wide spectrum of important experts/stakeholders before finalizing its Report on the Bill. The Committee has already received a large number of Memoranda on the Bill and it expects to receive more memoranda in response to the Press Release. The Committee would need time to study the memoranda received. The Committee also took note of the fact that it would be preoccupied with the examination of the Demands for Grants (2018-19) of the Ministry of Health and Family Welfare and Ministry of AYUSH during the months of February to April, 2018. The Committee was, therefore, of the view that it would be extremely difficult to conclude deliberations on such an important legislation with far-reaching implications within such a short period of time, *i.e.*, by last day of the first week of the Budget Session, 2018, the deadline specified for giving the Report on the National Medical Commission Bill, 2017. The Committee, accordingly, decided to seek three months extension of time *i.e.* upto 1st May, 2018 for presentation of Report on the Bill and authorised its Chairman to approach the Hon'ble Chairman, Rajya Sabha for the purpose.

II. **Oral evidence of the representatives of Indian Medical Association (IMA)**

5. Thereafter, the Committee heard the views of Dr. Ravi Wankhedkar, National President, IMA on the Bill. IMA representatives *inter alia* shared their reservations on composition of NMC for not being representative of the federal structure and being a majorly nominated body. They also raised objection against National Licentiate Examination, bridge course for AYUSH graduates and discretionary powers given to NMC; etc.

III. **Oral evidence of the representatives of Indian Institute of Homoeopathy Physicians (IIHP); All India Ayurvedic Congress (AIAC); and All India Unani Tibbi Congress (AIUTC)**

6. The Committee then heard the views of Prof. Mushtaq Ahmad, All India Unani Tibbi Congress who *inter alia* submitted that practicing ISM doctors who have qualified and registered before the date of commencement of this Act and prescribe allopathic medicines to the patient should be allowed to continue their practice as such without undergoing any bridge course. However, ISM doctors who obtain their degrees after the commencement of this Act should compulsorily go through the bridge course in allopathy before they are allowed to prescribe allopathic medicines also.

7. Dr. V.K. Gupta, Indian Institute of Homoeopathic physicians *inter alia* submitted that they were not in favour of the bridge course and favoured an integrative approach to treatment of diseases so that the sanctity of their system of medicine is maintained.

8. Vaidya Tarachand Sharma, All India Ayurvedic Congress *inter alia* submitted that they were in favour of bridge course for AYUSH graduates and the said bridge course should not be less than six months. He also stressed on maintaining the purity of Ayurveda.

9. The Members of the Committee then raised queries, some of which were answered by the witnesses. The Chairman directed the witnesses to furnish detailed written replies to the queries left unanswered, within a week. The Committee further directed the representatives of IIHP, AIAC and AIUTC to furnish a list of their association members, syllabus and examination papers of the courses of their system of medicine to it.

10. A verbatim record of the proceedings of the meeting was kept.

11. The Committee then adjourned at 6.05 P.M.

V
FIFTH MEETING

The Committee met at 11.00 P.M. on Monday, the 12th February, 2018 in Committee Room '4', First Floor, Parliament House Annexe Extension Building, New Delhi.

MEMBERS PRESENT

1. Prof. Ram Gopal Yadav — *Chairman*

RAJYA SABHA

2. Shri Manas Ranjan Bhunia
3. Dr. Vikas Mahatme
4. Shri Jairam Ramesh
5. Shri Ashok Siddharth
6. Shri K. Somaprasad
7. Shri Ronald Sapa Tlau

LOK SABHA

8. Shri Thangso Baite
9. Dr. Heena Vijaykumar Gavit
10. Dr. K. Kamaraj
11. Shri Arjun Lal Meena
12. Shri M.K. Raghavan
13. Dr. Manoj Rajoria
14. Dr. Shrikant Eknath Shinde
15. Shri Kunwar Singh Tanwar

SECRETARIAT

Shri J. Sundriyal, *Joint Secretary*
Shri Rakesh Naithani, *Director*
Shri Dinesh Singh, *Additional Director*
Shrimati Harshita Shankar, *Under Secretary*
Shri Pratap Shenoy, *Committee Officer*
Shrimati Gunjan Parashar, *Research Officer*

WITNESSES

I. * * *

II. **National Medical Commission Bill, 2017**

(i) **Experts/Stakeholders**

1. Dr. K. Srinath Reddy, President, Public Health Foundation of India.

*** Relate to other matters.

2. Dr. Sita Naik, Former Dean, Sanjay Gandhi Postgraduate Institute of Medical Sciences, Former Member, Board of Governor, MCI

3. Prof. Ritu Priya Mehrotra, Centre of Social Science and Community Health, JNU

4. Dr. Meenakshi Gautam, IDEAS Country Coordinator India, London School of Hygiene and Tropical Medicine

5. Ms. Sujatha Rao, Former Health Secretary

6. Dr. J M Kaul, Retired Director Professor of Anatomy, Maulana Azad Medical College

7. Ms. Shailaja Chandra, Former AYUSH Secretary & former Chief Secretary, National Capital Territory of India

(ii) **Representative of Department of Health and Family Welfare**

Shri Arun Singhal, Joint Secretary

(iii) **Representative of Department of Legal Affairs**

Dr. Anju Rathi Rana, Joint Secretary & Legal Adviser

(iv) **Representative of Legislative Department**

Ms. Renu Sinha, Deputy LC

2. At the outset, the Chairman welcomed the Members of the Committee and informed that the Secretary of the Department of Health & Family Welfare has been invited in connection with the * * *. He added that certain experts/stakeholders on the National Medical Commission(NMC) Bill, 2017 would appear before the Committee in the afternoon session.

II. * * *

3. * * *

4. * * *

(The Committee then adjourned at 1.32 P.M. for lunch and assembled again at 2.20 P.M.)

III. **Oral evidence of the witnesses on the National Medical Commission Bill, 2017**

5. The Committee then heard the views of some experts / stakeholders on the NMC Bill, 2017. Shri K Srinath Reddy, President, Public Health Foundation of India submitted that there was a need to provide greater representation to elected professional members and also to institutions of excellence which run both undergraduate and post graduate medical education programmes. He wanted the Chairman of the Union Public Service Commission instead of Cabinet Secretary to be the Chairperson of the Search Committee in order to keep the selection process less vulnerable. He suggested that the provision dealing with determination of fees should provide for fee fixation for at least 75 percent seats and upper limits for the remaining 25 per cent fees in private medical colleges. He added that the provision where the Central Government is given overarching power impinges upon the appropriate functions of the State and may therefore be reconsidered. According to him, the provision for bridge course for AYUSH graduates, permitting cross practice is a

*** Relate to other matters.

contentious issue and suggested that instead cross-learning platforms of inter professional education may be mooted.

6. Dr. Sita Naik, Former Dean, Sanjay Gandhi Postgraduate Institute of Medical Sciences, Former Member and Board of Governor, MCI pointed out that wording of Bill, at certain points, seemed to reinforce an already existing system. The Commission and various Boards do not seem to have been provided adequate autonomy to change the system. There was a need to reorient the whole education process to make it more holistic producing well trained, competent, base level physician. She further highlighted that the various clauses of Bill are a little bureaucracy-oriented, which is not appropriate if one is expecting a group of professionals to run an autonomous regulatory body. Also, the Secretary should be a full time paid officer with post graduate qualification in "medicine" with a longer tenure for efficient functioning of the Secretariat.

7. Prof. Ritu Priya Mehrotra, Centre of Social Science and Community Health, JNU suggested that in addition to UG, PG Board, MARB and EMRB, these should be a fifth Board or Tribunal, for medical grievance redressal to follow the standards set by the EMRB, the code of Ethics and look at the complaints and decide the quantum of disciplinary action, etc. She advocated similar structure for States as well. As regards composition of NMC, she suggested additional five elected members in the NMC from amongst in-service doctors of district level and below. She further suggested that NMC should have 31 members of which 10 (33%) should be elected members.

8. Dr. Meenakshi Gautam, IDEAS Country Coordinator India, London School of Hygiene and Tropical Medicine suggested that the National Medical Commission should be called National Medical and Health Commission as the Bill is mandated to look at healthcare, human resources for healthcare, etc. Further, training of AYUSH practioners needs to be located within a broader framework of developing and regulating mid-level programmes. She suggested that the coverage of National Register should be expanded to include other mid-level programmes and there should be a separate Board responsible for training, registration, licensing and supporting their career pathways. Also, a provision should be made in Clause 33 to create mid-level providers in order to meet immediate human resource shortage. She wanted States to create their own short term programmes of training and supervision of the existing health workforce in rural areas consisting of private practitioners. With respect to determination of fees, she suggested that it needs to be increased from 40 % to at least 80%;

9. Ms. Sujatha Rao, Former Health Secretary was of the view that the NMC Bill, 2017 is too centralized. The process of Search Committee, membership of NMC or National Advisory Committee has limited representation of States. She suggested that the Bill is too bureaucratized and the description of roles, functions & accountability is very vague. Opposing the concept of Bridge course, she opined that bridge course would compromise the credibility of Indian systems of Medicine and regularize wrong practices. She supported the idea of National Licentiate Examination as it would be useful in standardization of the medical education. She suggested that the NMC Bill should not specify a time period of its implementation. In her opinion, the NLE should be implemented after 5-6 years. She did not favour the determination of fees for only upto 40% of seats in private medical colleges/deemed universities by the Government as leaving 60% of seats to the management would lead to commercialization of medical education.

10. Dr. J M Kaul, Retired Director, Professor of Anatomy, Maulana Azad Medical College submitted that in the proposed NMC Bill, the autonomy of educationist to run, upgrade and innovate is totally lost. She pointed out the lack of faculty in existing medical colleges and emphasied upon the faculty development programmes training. She was of the view that Licentiate exam can never be used as a ranking exam and if

a student has to take licentiate exam, he will also have to go through a ranking exam for postgraduate seats. She further pointed out the assessment patterns should focus on the curriculum instead of infrastructure-related requirements. She did not favour the provisions for monetary penalty system and bridge course.

11. Ms. Shailaja Chandra, Former AYUSH Secretary & former Chief Secretary, Delhi deliberated on the state of ayurveda, unani and siddha systems of medicine across the country in terms of their education & practice. She was of the view that there should be conceptual understanding of medical pluralism. Referring to the Bridge Course, she submitted that it would lead to ruining development and propagation of traditional medicine as a result of which the practice of allopathy could derail and finish the traditional systems of AYUSH. She, however, submitted that the duration of such a bridge course must be at least of two years as the rigor in which these subject are to be taught, requires at least two years of duration. She expressed her disapproval of mixing up the AYUSH systems of medicine with modern medicine. She was of the view that 60% of India is way below the block level and to cater to their healthcare needs, the licentiate system which existed earlier should be revived with focus on the training in vernacular, regional languages in a medical college.

12. A verbatim record of the proceedings of the meeting was kept.

13. The Committee then adjourned at 4.52 P.M. to meet again at 11.00 A.M. on 13th February, 2018

VI

SIXTH MEETING

The Committee met at 11.00 P.M. on Tuesday, the 13th February, 2018 in Committee Room '4', First Floor, Parliament House Annexe Extension Building, New Delhi.

MEMBERS PRESENT

1. Prof. Ram Gopal Yadav — *Chairman*

RAJYA SABHA

2. Dr. R. Lakshmanan
3. Dr. Vikas Mahatme
4. Shri Jairam Ramesh
5. Shri K. Somaprasad
6. Shri Ronald Sapa Tlau
7. Shrimati Sampatiya Uikey

LOK SABHA

8. Shri Thangso Baite
9. Dr. Heena Vijaykumar Gavit
10. Dr. Sanjay Jaiswal
11. Dr. K. Kamaraj
12. Shri Arjun Lal Meena
13. Shri Mahendra Nath Pandey
14. Shri C.R. Patil
15. Shri M.K. Raghavan
16. Dr. Manoj Rajoria
17. Dr. Shrikant Eknath Shinde

SECRETARIAT

Shri J. Sundriyal, *Joint Secretary*
Shri Rakesh Naithani, *Director*
Shri Dinesh Singh, *Additional Director*
Shrimati Harshita Shankar, *Under Secretary*
Shri Pratap Shenoy, *Committee Officer*
Shrimati Gunjan Parashar, *Research Officer*

WITNESSES

I. * * *

II. **National Medical Commission Bill, 2017**

(a) **Representatives of State Governments**

1. Ms. V. Manjula, Additional Chief Secretary, Medical Education Department and Dr. S. Sachidanda,

*** Relate to other matters.

Director, Medical Education Department, Government of Karnataka;

2. Dr. R. Radhakrishnan, IAS, Principal Secretary to Government and other officials of the State Government of Tamil Nadu;

3. Shri Sanjay Deshmukh, Secretary, Medical Education & Drugs Department, State Government of Maharashtra;

(b) **Experts**

4. Ms. Shefali Malhotra & Shri Shubho Roy of National Institute of Public Finance and Policy, Delhi;

5. Dr. Abhay Shukla, Alliance of Doctors for Ethical Healthcare;

6. Shri Sanjeev Agarwal, Advocate on Record (Supreme Court);

7. Dr. Arun Jamkar, Previous VC, Maharashtra University of Health Science

Representative of Department of Health and Family Welfare

Shri Arun Singhal, Joint Secretary

Representative of Department of Legal Affairs

Dr. Anju Rathi Rana, Joint Secretary & Legal Adviser

Representative of Legislative Department

Ms. Renu Sinha, Deputy LC

2. At the outset, the Chairman welcomed the Members of the Committee and informed that the * * *. He added that certain experts/stakeholders on the National Medical Commission(NMC) Bill, 2017 would appear before the Committee in the afternoon session.

II. * * *

3. * * *

4. * * *

(The Committee then adjourned at 1.10 P.M. for lunch and assembled again at 2.15 P.M.)

III. **Oral evidence of the witnesses on the National Medical Commission Bill, 2017.**

6. The representative of Government of Karnataka submitted that the NMC Bill, 2017 does not give adequate representation to the States. She submitted that States like Karnataka which account for substantial number of medical colleges both in Government and private sector and sizeable UG and PG medical seats should have permanent representation on the NMC. According to her the Vice-Chancellor of the Health Universities at the State Level could be members of Under Graduate Medical Education Board and Post Graduate Medical Education Board. She submitted that limiting fee determination to 40% in the private medical institutions would not be in the interest of the students. She was also not in favour of National Licentiate Examination as it would put students under undue stress. She added that the Government of Karnataka is opposed to bridge courses as each system requires a different rigour

*** Relate to other matters.

of training and eligibility with specific protocols and methods for diagnosis of symptoms and treatment and such a course cannot be substituted for training imparted to the under-graduates and post graduates in Allopathy.

7. The representative of Government of Tamil Nadu inter alia highlighted the following points:-

(i) NMC Bill portrays a complete lack of understanding of the ground realities of the country and the principles of federalism;

(ii) The proposed Bill effectively puts the decision making powers with regard to medical education solely with the Government of India and thus completely undermines the powers of the States;

(iii) States must be given permanent representation in the National Medical Commission and States must also have representation in the technical bodies where many key decisions would be taken; and

(iv) Tamil Nadu Government is opposed to the National Licentiate Examination and bridge courses for alternative medicines.

8. The representative of the Government of Maharashtra submitted that the fees of all seats needs to be decided by the Fee Regulatory Authority of the State Government instead of only 40% of seats as proposed in the Bill. He added that every year, permission of NMC may be obtained in order to maintain the standard of education. Permission of the Commission may also be made necessary for increasing seats so as to assess the infrastructure and availability of the faculty needed for such increase.

9. The representative of National Institute of Public Finance and Policy submitted the following points on the Bill, i.e.

(i) NMC should have parity between professional and non-professional members; (ii) there should be higher representation of non-professionals in the Ethics Board; (iii) the process for taking disciplinary actions should not be left to regulations. In fact it should be provided in the primary legislation and there should be an independent appellate authority (other than NMC) against disciplinary actions taken by the regulator;

(iv) doctors as well as patients should be allowed to appeal against the disciplinary action taken by the regulator; and

(v) The register could include register of student doctors, records of disciplinary action and process of renewing registration at regular intervals.

10. Shri Sanjeev Agarwal, Advocate on Record , Supreme Court of India pointed out that medical education and health services are directly linked and the responsibility of delivery of health services lies with the States as Health Services comes under the State list. According to him, the States identity with regard to these services is very important for it is directly linked to the federal structure of the Constitution. The proposed Bill gives absolute powers to the Central Government and the role of States is totally ousted. Further, composition of the various Boards is totally controlled by nomination process and representative character is missing. With respect to centralized examinations like NEET, he submitted there should be a provision that States should conduct one uniform exam with regard to State seats and another exam for national seats or All India seats.

11. Prof. (Dr.) Arun Jamkar, Previous VC, Maharashtra University of Health Science and Director, Post Graduate Programme, Research and Development MIT Group of Medical Colleges, Pune mentioned that:-

(i) Preamble to the NMC Bill should address how to reduce the cost of medical education in the country;

(ii) NMC should be given total academic autonomy on the lines of UGC, AICTE and other bodies;

(iii) there was a need to relook at the whole mechanism of what is called the standardized question papers classified on the basis of difficulty index;

(iv) exit exam should take into consideration MCQ pattern and also the skill labs;

(v) Bridge course would lead to the death of original system of Indian medicine. However, in order to utilize the services of AYUSH doctors, they could be trained and called as a Physician Assistant so that they can help the doctors to treat the patients. Indian system of medicine should be introduced to the MBBS graduate and at least, twenty hours each of a curriculum should be there for Indian system of medicine. The AYUSH system of medicine should also understand contemporary medicine and AYUSH students should be taught about pathology, microbiology, anatomy, physiology, etc.

12. The representative of Alliance of Doctors for Ethical Healthcare (ADEH) deliberated on four issues on the NMC Bill *i.e.* medical ethics, patient's rights, affordability of medical education and eliminating corruption in the entire process of medical regulation. He expressed that increasing privatization and commercialization of health care and corruption in MCI are the major problems facing medical education and health care in India. Hence, in order to ensure that medical education becomes affordable, instead of regulating fees for only 40% of the seats, fees for all the seats should be brought under regulation. He opined that civil society's representation in the NMC is extremely weak and therefore suggested that one-third Members of NMC should be elected representatives from the medical community, one-third should be *ex-officio* public officials and public health experts and one-third from the civil society from health rights networks, patients groups, women organization, legal experts representing citizen's viewpoint.

13. A verbatim record of the proceedings of the meeting was kept.

14. The Committee then adjourned at 4.05 P.M. to meet again at 11.00 A.M. on 16th February, 2018

VII

SEVENTH MEETING

The Committee met at 11.00 P.M. on Friday, the 16th February, 2018 in Room No-4, Block A, First Floor, PHA Ext. Building New Delhi.

MEMBERS PRESENT

1. Prof. Ram Gopal Yadav — *Chairman*

RAJYA SABHA

2. Dr. Vikas Mahatme
3. Shri Jairam Ramesh
4. Shrimati Sampatiya Uikey

LOK SABHA

5. Dr. Heena Vijaykumar Gavit
6. Dr. K. Kamaraj
7. Shri Arjun Lal Meena
8. Shri J.J.T. Natterjee
9. Shri M.K. Raghavan
10. Dr. Manoj Rajoria
11. Shri Akshay Yadav

SECRETARIAT

Shri J. Sundriyal, *Joint Secretary*
Shri Rakesh Naithani, *Director*
Shri Dinesh Singh, *Additional Director*
Shrimati Harshita Shankar, *Under Secretary*
Shri Pratap Shenoy, *Committee Officer*
Shrimati Gunjan Parashar, *Research Officer*

WITNESSES

* * *

NATIONAL MEDICAL COMMISSION BILL, 2017

1.	(i)	Mr. Anil Kumar	Employees Association, Medical Council of India
	(ii)	Mr. Shikhar Ranjan	
	(iii)	Mr. Ashok Kumar Harit	
	(iv)	Mrs. Vandana Rajawat	
	(v)	Mrs. S. Savitha	
2.		Dr. (Prof.) S.K. Sarin	Director, Institute of Liver and Billiary Sciences and Former Chairman, Board of Governor, MCI

*** Relate to other matters.

3.	Dr. Devi Shetty	Chairman, Narayan Hrudayala
4.	Prof. Anand Zachariah	Faculty, Department of Medicine, Christan Medical College, Vellore
5.	Ms. Amrita Patel	H.M. Patel Centre for Medical Care and Education and Charutar Cooperative, Anand

Department of Health and Family Welfare

Shri Arun Singhal, *Joint Secretary*

Department of Legal Affairs

Dr. Anju Rathi Rana, *Joint Secretary & Legal Adviser*

Legislative Department

Ms. Renu Sinha, *Deputy Legislative Counsel*

I. **Opening Remarks**

2. At the outset, the Chairman welcomed the Members of the Committee. * * * He added that certain experts/stakeholders on the National Medical Commission(NMC) Bill, 2017 would appear before the Committee in the afternoon session.

3. Before calling in the witnesses, the Chairman pointed out that the Committee had been hearing the views of various stakeholders on the NMC Bill, 2017 in the last few days. The National Medical Commission Bill, 2017 is the most radical and comprehensive legislative initiative in the field of regulation of medical education and practice since independence and therefore the entire spectrum of views including that of State Governments and other experts/stakeholders needs to be examined. Since this Bill was of vital importance bearing wider ramifications, it demanded rigorous analysis before the Committee's report is formulated and presented to the Parliament. He added that the Committee would like to be more exhaustive and rigorous in its examination of the Bill and consult all important stakeholders, at least the major stakeholders. Given the large number of witnesses to be heard and the exercise of clause-by-clause consideration still left, the Committee observed that it seems impossible to complete the deliberations on the Bill and present a Report on the Bill by 5th March, 2018. Moreover, the Committee is already engaged with the time bound examination of the Demands for Grants of the two Ministries and the focus is on the Reports of Demands for Grants. The Committee, accordingly, decided to seek extension of time for two months i.e. 4th May, 2018 for presentation of Report on the Bill and authorized its Chairman to approach the Hon'ble Chairman, Rajya Sabha for the purpose.

II.	*	*	*
4.	*	*	*
5.	*	*	*
III.	*	*	*
6.	*	*	*

*** Relate to other matters.

7. * * *

(The Committee then adjourned at 1.30 P.M. for lunch and assembled again at 2.22 P.M.)

IV. **Oral evidence of the Officers & Staff Welfare Association of Medical Council of India on the NMC Bill, 2017.**

8. The Committee reassembled after lunch to hear the views of the representatives of Officers & Staff Welfare Association of Medical Council of India on the Bill. The representatives of Officers and Staff Welfare Association *inter alia* raised their objection to Clause 58 of the Bill which provides that *w.e.f.* the date of constitution of the National Medical Commission Bill, 2017, the Medical Council of India shall stand dissolved and all the employees of the Council shall lose their services. This in their opinion imposed collective punishment on 108 employees of MCI. They submitted that the said provision may be removed from said Bill in order to protect their means of livelihood.

V. **Oral evidence of the Director Institute of Liver and Billiary Sciences and Former Chairman, Board of Governor, MCI; Chairman, Narayana Hrudayala ; Chairperson, HM Patel Centre for Medical Care and Education & Charutar Cooperative and Faculty, Department of Medicine, Christian Medical College, Vellore, on the NMC Bill, 2017.**

9. The Committee then heard the views of Dr. (Prof.) S.K. Sarin, Director, Institute of Liver and Billiary Sciences and Former Chairman, Board of Governor, MCI who inter alia highlighted the following points: (i) size of NMC should be 7 instead of 25; (ii) the Search and Selection Committee should consist of more doctors and less bureaucrats; (iii) tenure of Chairperson should be two years and not four years and he/she should not be full time one; (iv) Chairperson should be a faculty member; (v) a separate ombudsman may be created to check corruption; (vi) the Chairperson of National Medical Commission(NMC) and Medical Advisory Council (MAC) should be different and chairperson of MAC should preferably be the Director of AIIMS and its advice should be binding on NMC; (vii) clubbing of DNB and MD/MS should not be done as they have two separate ways of entry; etc.

10. Thereafter, Dr. Devi Shetty, Chairman, Narayan Hrudayala *inter alia* highlighted the following points: (i) elected doctors should be more; (ii) bridge course for ayurveda should be reconsidered; (iii) management quota in private medical colleges should be less than 60%;etc.

11. The Committee then heard the views of Ms. Amrita Patel, Chairperson, HM Patel Centre for Medical Care and Education & Charutar Cooperative who inter alia highlighted the following points: (i) representative of 'Public Health' should be there in the composition of Search Committee; (ii) term of Chairperson and members of NMC should be four years and they should be re-eligible for appointment;(iii) determination of fees for 40 % can lead to litigation;(iv) NEET should focus more on clinical skills and less on theory; (v) there should be at least five members on autonomous boards instead of three; (vi) Inspection should not be carried every year; (vii) P.G in family medicine should be introduced; etc.

12. Lastly, Prof. Anand Zachariah, Faculty, Department of Medicine, Christian Medical College, Vellore *inter alia* highlighted the following points: (i) need to increase State Composition in NMC; (ii) need to include

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*** Relate to other matters.

clause for human resource requirement for States in the Bill; (iii) the NMC Bill should be oriented to high quality and equitable healthcare; (iv) need to establish Departments of Family Medicine in each medical college; (v) standard setting should occur alongside accreditation and standards should focus on contextually appropriate outcomes of medical education; (vi) need for fee ceiling in all the seats in private medical colleges.

13. A verbatim record of the proceedings of the meeting was kept.

14. The Committee then adjourned at 3.43 P.M.

VIII
EIGHTH MEETING

The Committee met at 11.00 P.M. on Tuesday, the 27th February, 2018 in Room No. G-074, Ground Floor, Parliament Library Building, New Delhi.

MEMBERS PRESENT

1. Prof. Ram Gopal Yadav — *Chairman*

RAJYA SABHA

2. Shri Manas Ranjan Bhunia
3. Dr. Vikas Mahatme
4. Shri Jairam Ramesh
5. Shri K. Somaprasad

LOK SABHA

6. Dr. Heena Vijaykumar Gavit
7. Dr. Sanjay Jaiswal
8. Dr. K. Kamaraj
9. Shri Anoop Mishra
10. Dr. Manoj Rajoria
11. Shri Gyan Singh
12. Shri Bharat Singh
13. Shri Kanwar Singh Tanwar
14. Shri Dasrath Tirkey
15. Shri Manohar Utawal

SECRETARIAT

Shri J. Sundriyal, *Joint Secretary*
Shri Rakesh Naithani, *Director*
Shri Dinesh Singh, *Additional Director*
Shri Bhupendra Bhaskar, *Additional Director*
Shrimati Harshita Shankar, *Under Secretary*
Shri Pratap Shenoy, *Committee Officer*
Shrimati Gunjan Parashar, *Research Officer*

WITNESSES

NATIONAL MEDICAL COMMISSION BILL, 2017

1. Dr. Jayshree Mehta, President, MCI
2. Dr. Rajneesh Dube, Principal Secretary, Department of Medical Education, Government of UP.
3. Mr. Sanjay Kumar, Principal Secretary, Government of Bihar
4. Shri Shubhanjan Das, IAS, Additional Secretary, State Government of West Bengal
5. Prof. Randeep Guleria, Director, AIIMS

6. Dr. J. V Peter, Director, Christian Medical College, Vellore

7. Dr. K. Sharath Kumar Rao, Prof. of Orthopaedics and Associate Dean, Kasturba Medical College, Manipal Academy of Higher Education

8. Dr. Vijay Dhasmana, Vice Chancellor, Swami Rama Himayalan University, Dehradun

9. Mr. Satish C. Goel, Vice President, UP Unaided Medical Colleges

10. Dr. Harjit Singh Bhatti, President and Representatives of AIIMS Resident Doctors Association

11. Dr. Vivek Chouksey, President and Representatives of Federation of Resident' Doctors' Association India (FORDA)

12. Dr. H S Chhabra - National Secretary, Association of National Board of Accredited Institutions in India, Banglore

13. Dr. Rajesh Meena, President, Representatives from National Homoeopathy Medical Association

14. Dr. P Md Hasan Ahmed – Member, Central Council of Indian Medicine

Department of Health and Family Welfare

Shri Arun Singhal, Joint Secretary

Representative of Department of Legal Affairs

Dr. Anju Rathi Rana, Joint Secretary & Legal Adviser

Representative of Legislative Department

Ms. Renu Sinha, Deputy LC

2. At the outset, the Chairman welcomed the Members of the Committee and informed that the representatives of State Governments of Uttar Pradesh, Bihar, West Bengal have been invited in connection with the NMC Bill, 2017. He added that some other important stakeholders would also depose in connection with the examination of National Medical Commission (NMC) Bill, 2017.

3. Before calling in the witnesses, the Chairman informed the Members that in the previous meeting held 16th February, 2018, the Committee had decided to seek extension of time upto 4th May, 2018 from the Hon'ble Chairman for presentation of Report on the NMC Bill, 2017. However, Hon'ble Chairman, Rajya Sabha did not accede to the request for extension of time upto 4th May, 2018. The Committee, therefore, will have to present its Report on the Bill by 5th March, 2018.

II. **Oral evidence of the witnesses on the National Medical Commission Bill, 2017.**

4. The deliberations of the Committee began with Dr. Jayshree Mehta, President, Medical Council of India who submitted that the Government has acted hastily and crucified an Institution (MCI) of more than eighty four years of impeccable repute on the basis of unsubstantiated and frivolous allegations of corruption. Giving a broad overview of the work of the Council, she submitted that the functioning of the Council is based upon the ethics of democracy and cooperative federalism in letter and spirit. According to her, the need of the hour was to strengthen this institution that has stood the test of times. She suggested that MCI may be rechristened as "National Medical Commission' but without disturbing the character and composition of MCI as an organisation.

5. Thereafter, the Principal Secretary (Medical Education) of the State Government of Uttar Pradesh expressed the concern that the representation of the States and the UTs in the National Medical Commission

was grossly insufficient and antithetic to cooperative federalism. According to him, the powers and functions of the NMC seem to impinge upon the power of the State Governments with regards to regulation of fee. The maximum limit of 40% seats, for which the fee could be regulated, is grossly inadequate and will open the door for unscrupulous practices in the private medical institutions. As regards autonomous boards, he asserted that a three member body was too small to take care of the multi-disciplinary spectrum at the national level and it will be plagued by not only technical challenges such as intricacies of super-specialisation courses but also managerial, legal and financial issues. He suggested that the UGMEB and the EMRB should have five members, and the PGMEB and the MARB, which are more complex, should have at least seven members. He opined that there should a provision of penalty for the colleges if they violate norms relating to the admissions to UG and PG courses. He however, supported the introduction of National Licentiate Examination (NLE) as it would bring standardization and parity amongst the medical colleges across the country. On the issue of testing the students who acquire medical qualification from the foreign countries, the representative stated that even they should qualify in NLE before they are allowed to practice.

6. The representative of the Government of Bihar expressed that an expensive medical education is bound to produce doctors who would be reluctant to serve in the rural areas where people do not have the paying capacity. This problem aggravates in a State like Bihar where nearly 89% of the population lives in rural areas. The representative also pointed out the inadequate representation of the States in the NMC. He objected to the rotational system of representation where only 3 out of 29 States would be represented in the Commission at any point of time. He also expressed apprehension on the modalities relating to the NLE and the practical difficulties that may be faced by the States while trying to enforce standards across the country. The representative supported the idea of bridge course for AYUSH practitioners as it would help increase the number and availability of doctors especially in the rural areas. He suggested that similar bridge course could be introduced for the para-medical staff and nurses.

7. The representative of the Government of West Bengal pointed out the lack of representation of the States in the Commission and limiting the role of the Medical Advisory Council as an advisory body. He suggested that any decision taken by the MAC, with a two-thirds majority should be binding upon the Commission. He expressed that the States neither have a representation in the four Autonomous Boards nor do they have a say in the selection of the Chairpersons or the Members. He asserted that there should be more clarity on the appellate jurisdiction of the NMC and a mechanism should be there to resolve the grievances of the States against the Boards. He flagged the inconsistency between the provision for regulation of fee for upto 40% seats and the Supreme Court judgment advising States to create a permanent fee structure committee to determine fee for all seats, including hostel and other charges. He was of the view that non-fixation of fee of 60% or more seats would lead to considerable malpractices.

8. Dr. (Prof.) Randeep Guleria, Director, AIIMS, submitted that Clause 4(2) should be amended to provide 20 years PG teaching and research experience for Chairperson in an academic institution. He wanted 25% of all seats at a fees equivalent to the fees of the State medical college in that State under Clause 10 (1) (i) and the remaining 75% be offered in 3 slabs of 25% each with fixed maximum fees for each slab which may differ for each institution based on pre-defined criteria for infrastructure availability and location. According to him, in Clause 11 (c) (d), the representatives from State/Union territories should be elected from among medical colleges within that State and not by nomination from State Government. He suggested that the Medical Advisory Council should meet at least once every quarter and not once every year. To him, in Clause 15, a single Licentiate exam will have to be very carefully

thought and planned and cannot be a single MCQ based test. Dr. Guleria suggested that Presidents of autonomous boards should have not less than 15 years of post PG degree in any discipline of medical sciences out of which at least seven years shall be as leader in the area of medical education, public health, community medicine or health research. Further, the President of U.G. Board should have Under Graduate teaching experience. He did not support the concept of Bridge course as it would defeat the very purpose of AYUSH.

9. Dr. J. V. Peter, Director, Christian Medical College(CMC), Vellore submitted that while regulations are required to ensure standardization of students admitted in medical schools this method by itself is inadequate to select students for the mission of excellence, resilience and patient centered care. The performance in a written examination, currently NEET, together with assessment of candidates by detailed counseling and interview process is vital for final selection of suitable candidates. He emphasized extending sufficient autonomy in terms of admission processes, curriculum and student evaluation for medical colleges that are rated as being par excellence. He also suggested that the NMC should develop regulation to promote continuing professional development of all basic and specialized doctors. This could be achieved through a periodic renewal of the License to practice by submission of the proof of attendance at University or Medical Council.

10. Dr K. Sharath Kumar Rao representing Manipal Academy of Higher Education was of the view that although the four pillars of health education system, under graduate training, post graduate training, accreditation and medical ethics have been retained as autonomous bodies, their powers have been diluted by multiple levels of appealing and superseding authorities. He pointed out that in the National Medical Commission, the *ex-officio* members do not include any representation from private medical colleges or private universities running the medical colleges. He sought to increase the number of state representatives not only in National Commission but also in various sub-committees. He advocated adequate representation from the States keeping in mind number of Under Graduate and Post Graduate seats and members in the State Medical Council. He appealed for more representation of elected members from the Indian Medical Associations in the Commission. As regards the National Licentiate Examination, he was of the view that it would decrease the number of professionals available in the healthcare. According to him a person from backward communities may have difficulty either in joining postgraduate seat or to pass the exam while at present they have an option of working in primary health center. He underlined the need to assess the upgradation of skills and ability to perform frequently. He also expressed his views on provisions related to inspection & assessment of medical colleges, monetary penalty, state medical councils & ethical committee, bridge course, national common counselling.

11. Dr. Vijay Dhasmana, Vice-Chancellor, Swami Rama Himalayan University (SRHU), submitted that the admission process and fixation of fees is the fundamental right of the University and any Central Act to infringe in the domain of the University would amount to breach of Fundamental Rights guaranteed by the Constitution of India. He mentioned that as per the provisions of Section 33 of the SRHU Act, 40% seats in all courses are to be reserved for the permanent residents of Uttrakhand with 26% rebate in tuition fee and if the proposed Clause 10 (1) (i) of the NMC Bill is adopted in its current form, it would adversely affect the University. He raised concerns over provision of Bill under Clause 14(1) pertaining to uniform NEET; conduct of common counseling for admissions in all medical institutions under Clause 14 (3) and conduct of common counselling for admissions to the post graduate courses in all the medical institutions under Clause 15(1) and proposed relevant modifications thereon.

12. The representatives of the U.P Unaided Medical Colleges Welfare Association termed the proposed Bill as a killer Bill for the whole medical fraternity especially all private medical colleges and deemed universities. According to them, the Bill will not serve any purpose in improvement of standards of medical education in the country learn alone the stress and insecurity it may create among all doctors in the country and therefore it should be withdrawn or changed completely. They pointed out that the private stakeholders in medical education will have no representation and say in the administration of the sector in NMC. They submitted that the present system of tuition fees getting fixed by the State Level Fee Fixation Committees puts tremendous financial strain and undue hardships on private self financed Medical Colleges and Universities. The provisions of tuition fee of 40% seats being fixed by the NMC and the balance by the State Level Fee Committee will render the private medical colleges financially unviable and therefore the provision relating to fees may be deleted. As regards the Licentiate exam, they suggested that it should be held immediately after the final professional exam of the affiliating university. They submitted that as a licentiate exam failed student cannot be employed anywhere and their fate will be worse than AYUSH doctors who can practice modern medicine after the bridge course, the said provision in the Bill needed to be rectified. On the issue of penalty, they were of the view that a penalty of charges equivalent to full batch students will ruin the college and no college will be able to pay it. If at all, the monetary penalty is to be imposed, then it should be between 10 lakhs to 100 lakhs only depending upon the severity of the deficiency or between 100 lakhs to 200 lakhs or withdrawal of the recognition. They also expressed strong objection to the bridge course.

(The Committee then adjourned at 2.05 P.M. for lunch and assembled again at 2.40 P.M.)

13. Dr. Harjit Singh Bhatti, President of the Resident Doctors' Association, AIIMS objected strongly to the provision of bridge course wherein AYUSH practitioners would be allowed to prescribe drugs of modern medicine. With regard to the provision regarding determination of fees, he suggested that it would be better for government to leave this fee fixation part for State Governments or the Fee Fixation Commissions. According to him the Licentiate Exam for quality assurance of medical education may have a harmful effect as focus will only be on clearing the exam and coaching centres would flourish in such a scenario. He opined that final year MBBS (Part 1 & Part II) exams should be made as Licentiate Exam and it should be conducted by National Testing Agency as is being proposed. As regards the Composition of NMC, the Association suggested that the ratio of elected and nominated members of the Commission should be in the ratio of 70:30. The Association also pointed out that there is no provision for Grievance Redressal Mechanism and it would be better if such a mechanism is proposed in the Bill. He also suggested that residents association and student bodies should be given representation in the NMC.

14. Dr. Vivek Chouksay, President, Federation of Resident Doctor's Association (FORDA), India, opposed the proposed NMC Bill in its present form. He expressed concerns over the proposed Licentiate examination, the bridge course, check on admission, annual fees charged by the private medical colleges and increase of management quote seats in private medical college. He suggested that the quality medical education should be made affordable for the common man.

15. Dr. H.S. Chhabra, representing the Association of National Board of Accredited Institutions (ANBAI) expressed that with the implementation of proposed National Medical Commission Bill, 2017, the quality of medical education is bound to improve significantly. He felt that equivalence between the Diplomat in National Board Degree and MD / MS will make available specialists in significant numbers. In his view, the Bill addresses that the issue of shortage of well trained teachers appropriately. However, he raised concerns over the bridge course which may compromise the patient safety and promote quackery. He also mentioned

about inadequate proportion of elected representatives, National Licentiate examination and waving of screening test for foreign medical graduates.

16. Shri Rajesh Meena, President, National Homoeopathy Medical Association **(**NHMA), desired that the Bridge course should be retained as it would provide for inter-pathy interaction in patient care and designing of specific educational modules or programs both at UG & PG level. According to him, Section 49 (4) or the Bill would strengthen the primary health care by utilising the services of trained homoeopathic and ISM doctors. He also advocated inclusion of definition of 'Integrated Medical Practitioner" and their representation in various committees and boards under National Medical Commission.

17. Dr. P. Md. Hassan Ahmed, Member, CCIM raised concerns about over-centralization in NMC and near control over it by the Central Government as the proposed Commission will have 20% elected members and 80% nominated members and it is for this reason that the Commission will not have a desired representative character. As regards the bridge course, it was submitted that there is no meaning in training the already trained ASU doctors in the field of Modern Medicine & Modern Pharmacology by imposing Bridge course. However, if it is not feasible to permit without screening of ASU doctors to practice allopathic medicine along with their system, a provision to conduct a separate National Level Licentiate exam to practice Allopathic system by the ASU practitioners without any bridge course may be considered.

18. A verbatim record of the proceedings of the meeting was kept.

19. The Committee then adjourned at 3.38 P.M.

IX
NINTH MEETING

The Committee met at 3.00 P.M. on Wednesday, the 7th March, 2018 in Committee Room No. "A", Ground Floor, Parliament House Annexe, New Delhi.

MEMBERS PRESENT

1. Prof. Ram Gopal Yadav — *Chairman*

RAJYA SABHA

2. Shri Manas Ranjan Bhunia
3. Dr. Vikas Mahatme
4. Shri Jairam Ramesh
5. Shri K. Somaprasad
6. Dr. C.P. Thakur
7. Shri Ronald Sapa Tlau
8. Shrimati Sampatiya Uikey

LOK SABHA

9. Shri Thangso Baite
10. Dr. Sanjay Jaiswal
11. Dr. K. Kamaraj
12. Shri J.J,T. Natterjee
13. Shri C.R. Patil
14. Dr. Manoj Rajoria
15. Dr. Shrikant Eknath Shinde
16. Shri Bharat Singh

SECRETARIAT

Shri J. Sundriyal, *Joint Secretary*
Shri Rakesh Naithani, *Director*
Shri Dinesh Singh, *Additional Director*
Shri Bhupendra Bhaskar, *Additional Director*
Shrimati Harshita Shankar, *Under Secretary*
Shri Pratap Shenoy, *Committee Officer*
Shrimati Gunjan Parashar, *Research Officer*

WITNESSES

Department of Health and Family Welfare

1. Ms. Preeti Sudan, Secretary, H&FW
2. Shri Arun Singhal, Addl. Secretary
3. Mr. Sanjeeva Kumar, Addl. Secretary
4. Mr. Devesh Deval, Dy. Secretary
5. Mr. Amit Biswas, Under Secretary

2. At the outset , the Chairman welcomed the Members of the Committee and informed them that the Secretary of the Department of Health and Family Welfare has been invited for concluding evidence on NMC Bill, 2017.

3. As a procedural part of deliberations on the Bill, the Chairman sought the views of the Secretary of the Department on the main issues *i.e.* (a) composition of NMC (b) constitution of Search and Selection Committee (c) National Licentiate Exam (d) regulation of fees (e) bridge course (f) adequate representation to the States etc.

4. While attempting to cover points/facts on NMC Bill, 2017, the Secretary submitted that in the present budget 2018-19, there is a huge challenge for the Ministry of Health and Family Welfare in form of 'Ayushman Bharat' wherein under its primary healthcare component, approximately 1.5 lac health and wellness centres are proposed to cater to the health care needs of rural population. In addition, with growing incidence of non-communicable diseases in the country, there is a need to provide holistic prevention and treatment of diseases. She added that there is a acute shortage of doctors and in comparison of other countries, the availability of doctors is less for overall population. As regards bridge course, she mentioned that it will only be for prescribing specified medicines at specified levels. She added that the availability of nurses, Ayush doctors especially Ayurveda and BDS are in excess and therefore they may be trained to expand their skills through bridge course and provide preventive and promotive care.

5. Thereafter, Additional Secretary of the Department of Health and Family Welfare submitted that to enable person of other pathies to prescribe allopathic drugs, a provision in this regard has to there in the Act. He was of the view that size of the regulatory body should not be huge so as to have quick decision making. He also deliberated upon licentiate exam, composition of National Medical Commission, provision of fee determination for seats in private medical colleges, bridge course and primary and preventive health care.

6. During the course of the meeting, Members raised queries with regard to inclusion or otherwise of bridge course in the Bill, the concept of Health and Wellness centres and doctors thereof, non inclusion of MP in the any Committee of the Commission, representation of the States in NMC, membership to AIIMS and JIPMER, no age bar of selection of the Search and Selection Committee; improvement of quality of students after NEET exam who would be entering into medical profession, etc. The Secretary, Department of Health and Family Welfare and other officials replied to some of the queries raised by the Members. The Chairman directed the Secretary to furnish detailed written replies to the queries left unanswered within a week.

7. A verbatim record of the proceedings of the meeting was kept.

8. The Committee then adjourned at 4.26 P.M.

X
TENTH MEETING

The Committee met at 3.30 P.M. on Tuesday, the 13th March, 2018 in Committee Room No. "A", Ground Floor, Parliament House Annexe, New Delhi.

MEMBERS PRESENT

1. Prof. Ram Gopal Yadav — *Chairman*

RAJYA SABHA

2. Shri Manas Ranjan Bhunia
3. Dr. R. Lakshmanan
4. Dr. Vikas Mahatme
5. Shri Jairam Ramesh
6. Shri K. Somaprasad
7. Dr. C.P. Thakur
8. Shri Ronald Sapa Tlau
9. Shrimati Sampatiya Uikey

LOK SABHA

10. Shri Thangso Baite
11. Dr. Heena Vijaykumar Gavit
12. Dr. Sanjay Jaiswal
13. Dr. K. Kamaraj
14. Shri Arjun Lal Meena
15. Dr. Manoj Rajoria
16. Dr. Shrikant Eknath Shinde

SECRETARIAT

Shri J. Sundriyal, *Joint Secretary*
Shri Rakesh Naithani, *Director*
Shri Dinesh Singh, *Additional Director*
Shri Bhupendra Bhaskar, *Additional Director*
Shrimati Harshita Shankar, *Under Secretary*
Shri Pratap Shenoy, *Committee Officer*
Shrimati Gunjan Parashar, *Research Officer*

Opening Remarks

2. At the outset, the Chairman welcomed the Members of the Committee and briefed them about the agenda of the meeting *i.e.*, (i) * * * (ii) an internal discussion on the National Medical Commission (NMC) Bill, 2017.

3. Thereafter, the Chairman informed the Members that the Hon'ble Chairman, Rajya Sabha had granted extension of time upto 22nd March, 2018 for presenting/laying of the Report on the National Medical Commission Bill, 2017 to both the Houses of Parliament.

*** Relate to other matters.

4. * * *

Internal Discussion on the NMC Bill, 2017

5. The Chairman informed the Members that Committee is mandated to consider the general principles in clauses of the Bill and make a report containing recommendations on its various clauses without going into the formulation of the Bill. He asked the members to give their suggestions on the various provisions of the Bill for the finalisation of the report.

6. During the course of the meeting, some members of the Committee gave specific suggestions such as (i) exclusion of the bridge course from Clause 49 (4) and empowering State Governments to augment their existing health manpower for primary healthcare; (ii) availing services of other healthcare professionals like nurse practitioners, dentists, etc. for primary healthcare; (iii) appropriate skilling of health professionals for assistance in implementation of national health programmes; (iv) need for Capacity Building Programme of Ayurvedic, Homoeopathic, Dental and Nursing professionals for their role in National Health Programme, etc. Other issues discussed in the meeting included (i) need for integration of the Licentiate Examination with the final year MBBS exam; (ii) advisability of limiting the determination of fees in private medical colleges and deemed universities to 40%, as proposed in the Bill and regulation of fees in deemed universities/ deemed to be universities / universities / other medical institutions which were currently unregulated in the matter of fee fixation; (iii) structure and composition of National Medical Commission and tenure of its members; (iv) representation of public health experts in NMC, (v) composition of the Search and Selection Committee etc.

7. A verbatim record of the proceedings of the meeting was kept.

8. The Committee then adjourned at 5.48 P.M.

*** Relate to other matters.

XI
ELEVENTH MEETING

The Committee met at 2.00 P.M. on Friday, the 16th March, 2018 in Committee Room No. "B", Ground Floor, Parliament House Annexe, New Delhi.

MEMBERS PRESENT

1. Prof. Ram Gopal Yadav — *Chairman*

RAJYA SABHA

2. Shri Manas Ranjan Bhunia
3. Dr. Vikas Mahatme
4. Shri Jairam Ramesh
5. Shri K. Somaprasad
6. Shri Ronald Sapa Tlau

LOK SABHA

7. Dr. Heena Vijaykumar Gavit
8. Dr. Sanjay Jaiswal
9. Dr. K. Kamaraj
10. Shri M. K. Raghavan
11. Dr. Manoj Rajoria
12. Dr. Shrikant Eknath Shinde
13. Shri Bharat Singh
14. Shri Kanwar Singh Tanwar
15. Shri Akshay Yadav

SECRETARIAT

Shri J. Sundriyal, *Joint Secretary*
Shri Rakesh Naithani, *Director*
Shri Dinesh Singh, *Additional Director*
Shri Bhupendra Bhaskar, *Additional Director*
Shrimati Harshita Shankar, *Under Secretary*
Shri Pratap Shenoy, *Committee Officer*
Shrimati Gunjan Parashar, *Research Officer*

2. At the outset, the Chairman welcomed the Members of the Committee and invited their suggestions on the draft 109th Report of the Committee on the "National Medical Commission Bill, 2017.

3. The Members of the Committee deliberated on various issues *viz*. (i) bridge course; (ii) composition of the National Medical Commission; (iii) fee determination for seats in private medical colleges, deemed universities, deemed to be universities and universities which are currently unregulated in the matter of fee fixation; (iv) representation of elected members in all the autonomous boards of the Commission; (v) Merger of NBE with NMC; (vi) Representation of patient-forums in NMC; (vii) Penal provision for practicing medicine without the requisite qualifications. After some discussion, the Committee adopted the said Report

with changes in some clauses and authorized the Chairman to incorporate the suggested changes in various clauses of the draft Report.

4. The Committee, thereafter, decided that the Reports may be presented to the Rajya Sabha and laid on the Table of the Lok Sabha on Tuesday, the 20th March, 2018.

5. A verbatim record of the proceedings of the meeting was kept.

6. The Committee then adjourned at 3:05 P.M.

ANNEXURES

ANNEXURE-I

AS INTRODUCED IN LOK SABHA

THE NATIONAL MEDICAL COMMISSION BILL, 2017

Bill No. 279 of 2017

ARRANGEMENT OF CLAUSES

CHAPTER I

PRELIMINARY

CLAUSES

CHAPTER II

THE NATIONAL MEDICAL COMMISSION

CHAPTER III

THE MEDICAL ADVISORY COUNCIL

CHAPTER IV

NATIONAL ELIGIBILITY-CUM-ENTRANCE TEST AND EXAMINATION

CHAPTER V

AUTONOMOUS BOARDS

CLAUSES

CHAPTER VI

RECOGNITION OF MEDICAL QUALIFICATIONS

CHAPTER VII

GRANTS, AUDIT AND ACCOUNTS

CHAPTER VIII

MISCELLANEOUS

CLAUSES

Bill No. 279 of 2017

THE NATIONAL MEDICAL COMMISSION BILL, 2017

A

BILL

to provide for a medical education system that ensures availability of adequate and high quality medical professionals; that encourages medical professionals to adopt latest medical research in their work and to contribute to research; that has an objective periodic assessment of medical institutions and facilitates maintenance of a medical register for India and enforces high ethical standards in all aspects of medical services; that is flexible to adapt to changing needs and has an effective grievance redressal mechanism and for matters connected therewith or incidental thereto.

BE it enacted by Parliament in the Sixty-eighth Year of the Republic of India as follows:-

CHAPTER I

PRELIMINARY

Short title, extent and commencement

1. (*1*) This Act may be called the National Medical Commission Act, 2017.

(2) It extends to the whole of India.

(3) It shall come into force on such date as the Central Government may, by notification in the Official Gazette, appoint, and different dates may be appointed for different provisions of this Act and any reference in any such provision to the commencement of this Act shall be construed as a reference to the coming into force of that provision.

Definitions

2. In this Act, unless the context otherwise requires, —

(a) "Autonomous Board" means any of the Autonomous Boards constituted under section 16;

(b) "Chairperson" means the Chairperson of the National Medical Commission appointed under section 5;

(c) "Commission" means the National Medical Commission constituted under section 3;

(d) "Council" means the Medical Advisory Council constituted under section 11;

(e) "Ethics and Medical Registration Board" means the Board constituted under section 16;

(f) "health University" means a University specialised in affiliating institutions engaged in teaching medicine, medical and health sciences and includes a medical University and University of health sciences;

(g) "licence" means a licence to practice medicine granted under sub-section *(1)* of section 32;

(h) "Medical Assessment and Rating Board" means the Board constituted under section 16;

(i) "medical institution" means any institution, within or outside India, which grants degrees, diplomas or licences in medicine;

(j) "medicine" means modern scientific medicine in all its branches and includes surgery and obstetrics, but does not include veterinary medicine and surgery;

(k) "Member" means a Member of the Commission appointed under section 5 and includes the Chairperson thereof;

(l) "National Board of Examination" means the body registered as such under the Societies Registration Act, 1860 21 of 1860 which grants Broad Specialty and Super-Specialty qualifications referred to in the Schedule;

(m) "National Register" means a National Medical Register maintained by the Ethics and Medical Registration Board under section 31;

(n) "notification" means notification published in the Official Gazette and the expression "notify" shall be construed accordingly;

(o) "Post-Graduate Medical Education Board" means the Board constituted under section 16;

(p) "prescribed" means prescribed by rules made under this Act;

(q) "President" means the President of an Autonomous Board appointed under section 18;

(r) "recognised medical qualification" means a medical qualification recognised under section 34 or section 35 or section 36 or section 39, as the case may be;

(s) "regulations" means the regulations made by the Commission under this Act;

(t) "Schedule" means the Schedule to this Act;

(u) "State Medical Council" means a Medical Council constituted under any law for the time being in force in any State or Union territory for regulating the practice and registration of practitioners of medicine in that State or Union territory;

(v) "State Register" means a Register maintained under any law for the time being in force in any State or Union territory for registration of practitioners of medicine;

(w) "Under-Graduate Medical Education Board" means the Board constituted under section 16;

(x) "University" shall have the same meaning as assigned to it in clause *(f)* of section 2 of the University Grants Commission Act, 1956 and includes a health University. 3 of 1956

CHAPTER II

THE NATIONAL MEDICAL COMMISSION

Constitution of National Medical Commission.

3. (1) The Central Government shall constitute a Commission, to be known as the National Medical Commission, to exercise the powers conferred upon, and to perform the functions assigned to it, under this Act.

(2) The Commission shall be a body corporate by the name aforesaid, having perpetual succession and a common seal, with power, subject to the provisions of this Act, to acquire, hold and dispose of property, both movable and immovable, and to contract, and shall, by the said name, sue or be sued.

(3) The head office of the Commission shall be at Delhi.

Composition of Commission

4. (1) The Commission shall consist of the following persons to be appointed by the Central Government, namely:-

(a) a Chairperson;

(b) twelve *ex officio* Members;

(c) eleven part-time Members; and

(d) an *ex officio* Member Secretary.

(2) The Chairperson shall be a person of outstanding ability, proven administrative capacity and integrity, possessing a post graduate degree in any discipline of medical sciences from any University and having experience of not less than twenty years in the field of medical sciences, out of which at least ten years shall be as a leader in the area of healthcare delivery, growth and development of modern medicine or medical education.

(3) The following persons shall be the *ex officio* Members of the Commission, namely:—

(a) the President of the Under-Graduate Medical Education Board;

(b) the President of the Post-Graduate Medical Education Board;

(c) the President of the Medical Assessment and Rating Board;

(d) the President of the Ethics and Medical Registration Board;

(e) the Director General of Health Services, Directorate General of Health Services, New Delhi;

(f) the Director General, Indian Council of Medical Research;

(g) the Director, All India Institute of Medical Sciences, Delhi or his nominee;

(h) the Director, Post-Graduate Institute of Medical Education and Research, Chandigarh or his nominee;

(i) the Director, Jawaharlal Institute of Post-Graduate Medical Education and Research, Puducherry or his nominee;

(j) the Director, Tata Memorial Hospital, Mumbai or his nominee;

(k) the Director, North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences, Shillong or his nominee; and

(l) one person to represent the Ministry of the Central Government dealing with Health and Family Welfare, not below the rank of Additional Secretary to the Government of India, to be nominated by that Ministry.

(4) The following persons shall be appointed as part-time Members of the Commission, namely:—

(a) three Members to be appointed from amongst persons of ability, integrity and standing, who have special knowledge and professional experience in such areas including management, law, medical ethics, health research, consumer or patient rights advocacy, science and technology and economics;

(b) three Members to be appointed on rotational basis from amongst the nominees of the States and Union territories in the Medical Advisory Council for a term of two years in such manner as may be prescribed;

(c) five Members to be elected by the registered medical practitioners from amongst themselves from such regional constituencies, and in such manner, as may be prescribed.

Explanation.—For the purposes of this section and section 17, the term "leader" means the Head of a Department or the Head of an organisation.

Search Committee for appointment of Chairperson and Members.

5. *(1)* The Central Government shall appoint the Chairperson, part-time Members referred to in clause *(a)* of sub-section (4) of section 4 and the Secretary referred to in section 8 on the recommendation of a Search Committee consisting of—

(a) the Cabinet Secretary—Chairperson;

(b) Chief Executive Officer, National Institution for Transforming India Aayog under the Government of India—Member;

(c) two experts, possessing outstanding qualifications and experience of not less than twenty-five years in the field of medical sciences or public health, to be nominated by the Central Government—Members;

(d) one expert, from amongst the part-time Members referred to in clause *(c)* of sub-section (4) of section 4, to be nominated by the Central Government in such manner as may be prescribed—Member;

(e) one person, possessing outstanding qualifications and experience of not less than twenty-five years in the field of management or law or economics or science and technology, to be nominated by the Central Government-Member;

(f) the Secretary to the Government of India in charge of the Ministry of Health and Family Welfare, to be the Convenor—Member.

(2) The Central Government shall, within one month from the date of occurrence of any vacancy, including by reason of death, resignation or removal of the Chairperson or a Member, or within three months before the end of tenure of the Chairperson or Member, make a reference to the Search Committee for filling up of the vacancy.

(3) The Search Committee shall recommend a panel of at least three names for every vacancy referred to it.

(4) The Search Committee shall, before recommending any person for appointment as the Chairperson or a Member of the Commission, satisfy itself that such person does not have any financial or other interest which is likely to affect prejudicially his functions as such Chairperson or Member.

(5) No appointment of the Chairperson or Member shall be invalid merely by reason of any vacancy or absence of a Member in the Search Committee.

(6) Subject to the provisions of sub-sections (2) to (5), the Search Committee may regulate its own procedure.

Term of office and conditions of service of Chairperson and Members.

6. (1) The Chairperson and the part-time Members, other than the part-time Members appointed under clause *(b)* of sub-section (4) of section 4, shall hold office for a term not exceeding four years and shall not be eligible for any extension or reappointment:

Provided that such person shall cease to hold office after attaining the age of seventy years.

(2) The term of office of an *ex officio* Member shall continue as long as he holds the office by virtue of which he is such Member.

(3) Where a Member 'other than an *ex officio* Member' is absent from three consecutive ordinary meetings of the Commission and the cause of such absence is not attributable to any valid reason in the opinion of the Commission, such Member shall be deemed to have vacated the seat.

(4) The salary and allowances payable to, and other terms and conditions of service of the Chairperson and Member 'other than an *ex officio* Member' shall be such as may be prescribed.

(5) The Chairperson or a Member may,-

(a) relinquish his office by giving in writing to the Central Government a notice of not less than three months; or

(b) be removed from his office in accordance with the provisions of section 7:

Provided that such person may be relieved from duties earlier than three months or be allowed to continue beyond three months until a successor is appointed, if the Central Government so decides.

(6) The Chairperson or a Member, ceasing to hold office as such, shall not accept, for a period of one year from the date of demitting such office, any employment, in any capacity, including as a consultant or an expert, in any private medical institution, whose matter has been dealt with by such Chairperson or Member, directly or indirectly:

Provided that nothing herein shall be construed as preventing such person from accepting an employment in a body or institution, including medical institution, controlled or maintained by the Central Government or a State Government:

Provided further that nothing herein shall prevent the Central Government from permitting the Chairperson or a Member to accept any employment in any capacity, including as a consultant or expert in any private medical institution whose matter has been dealt with by such Chairperson or Member.

Removal of Chairperson and Member of Commission.

7. *(1)* The Central Government may, by order, remove from office the Chairperson or any Member, who—

(a) has been adjudged an insolvent; or

(b) has been convicted of an offence which, in the opinion of the Central Government, involves moral turpitude; or

(c) has become physically or mentally incapable of acting as a Member; or

(d) is of unsound mind and stands so declared by a competent court; or

(e) has acquired such financial or other interest as is likely to affect prejudicially his functions as a Member; or

(f) has so abused his position as to render his continuance in office prejudicial to public interest.

(2) No Member shall be removed under clauses *(e)* and *(f)* of sub-section *(1)* unless he has been given a reasonable opportunity of being heard in the matter.

Appointment of Secretary, experts, professionals, officers and other employees of Commission.

8. *(1)* There shall be a Secretariat for the Commission to be headed by a Secretary, who shall be the *ex officio* Member-Secretary to the Commission, to be appointed by the Central Government in accordance with the provisions of section 5.

(2) The Secretary of the Commission shall be a person of outstanding ability and integrity possessing a postgraduate qualification and experience in such areas as may be prescribed.

(3) The Secretary shall be appointed by the Central Government for a term of four years and shall not be el igible for any extension or reappointment.

(4) The Secretary shall discharge such functions of the Commission as are assigned to him by the Commission and as may be specified by regulations made under this Act.

(5) The Commission may, for the efficient discharge of its functions under this Act, appoint such officers and other employees, as it considers necessary, against the posts created by the Central Government.

(6) The salaries and allowances payable to, and other terms and conditions of service of the Secretary, officers and other employees of the Commission shall be such as may be prescribed.

(7) The Commission may engage, in accordance with the procedure specified by regulations, such number of experts and professionals of integrity and outstanding ability, who have special knowledge of, and experience in such fields, including medical education, public health, management, health economics, quality assurance, patient advocacy, health research, science and technology, administration, finance, accounts and law, as it deems necessary, to assist the Commission in the discharge of its functions under this Act.

Meetings, etc., of Commission.

9. *(1)* The Commission shall meet at least once every quarter at such time and place as may be appointed by the Chairperson.

(2) The Chairperson shall preside at the meeting of the Commission and if for any reason the Chairperson is unable to attend a meeting of the Commission, any other Member, being the President of an Autonomous Board, nominated by the Chairperson, shall preside at the meeting.

(3) Unless the procedure to be followed at the meetings of the Commission is otherwise provided by regulations, one-half of the total number of Members of the Commission including the Chairperson shall constitute the quorum and all the acts of the Commission shall be decided by a majority of the Members, present and voting and in the event of equality of votes, the Chairperson, or in his absence, the President of the Autonomous Board nominated under sub-section (2), shall have the casting vote.

(4) The general superintendence, direction and control of the administration of the Commission shall vest in the Chairperson.

(5) No act done by the Commission shall be questioned on the ground of the existence of a vacancy in, or a defect in the constitution of, the Commission.

(6) A person who is aggrieved by any decision of the Commission may prefer an appeal to the Central Government against such decision within thirty days of the communication of such decision.

Powers and functions of Commission.

10. *(1)* The Commission shall perform the following functions, namely:-

(a) lay down policies for maintaining a high quality and high standards in medical education and make necessary regulations in this behalf;

(b) lay down policies for regulating medical institutions, medical researches and medical professionals and make necessary regulations in this behalf;

(c) assess the requirements in healthcare, including human resources for health and healthcare infrastructure and develop a road map for meeting such requirements;

(d) promote, coordinate and frame guidelines and lay down policies by making necessary regulations for the proper functioning of the Commission, the Autonomous Boards and the State Medical Councils;

(e) ensure coordination among the Autonomous Boards;

(f) take such measures, as may be necessary, to ensure compliance by the State Medical Councils of the guidelines framed and regulations made under this Act for their effective functioning under this Act;

(g) exercise appellate jurisdiction with respect to the decisions of the Autonomous Boards, except that of the Ethics and Medical Registration Board;

(h) lay down policies and codes to ensure observance of professional ethics in medical profession and to promote ethical conduct during the provision of care by medical practitioners;

(i) frame guidelines for determination of fees in respect of such proportion of seats, not exceeding forty ‘per cent, in the private medical institutions and deemed Universities which are governed by the provisions of this Act;

(j) exercise such other powers and perform such other functions as may be prescribed,

(2) All orders and decisions of the Commission shall be authenticated by the signature of the Secretary,

(3) The Commission may delegate such of its powers of administrative and financial matters, as it deems fit, to the Secretary,

(4) The Commission may constitute sub-committees and delegate such of its powers to such sub-committees as may be necessary to enable them to accomplish specific tasks,

CHAPTER III

THE MEDICAL ADVISORY COUNCIL

Constitution and composition of Medical Advisory Council.

11. (1) The Central Government shall constitute an advisory body to be known as the Medical Advisory Council,

(2) The Council shall consist of a Chairperson and the following Members, namely:-

(a) the Chairperson of the Commission shall be the *ex officio* Chairperson of the Council;

(b) every Member of the Commission shall be the *ex officio* Members of the Council;

(c) one Member to represent each State, who is the Vice-Chancellor of a health University in that State, to be nominated by that State Government;

(d) one Member to represent each Union territory, who is the Vice-Chancellor of a health University in that Union territory, to be nominated by the Ministry of Home Affairs in the Government of India;

(e) the Chairman. University Grants Commission;

(f) the Director, National Assessment and Accreditation Council;

(g) four Members to be nominated by the Central Government from amongst persons holding the post of Director in the Indian Institutes of Technology, Indian Institutes of Management and the Indian Institute of Science:

Provided that if there is no health University in any State or Union territory, the Vice-Chancellor of a University within that State or Union territory having the largest number of medical colleges affiliated to it shall be nominated by the State Government or by the Ministry of Home Affairs in the Government of India:

Provided further that if there is no University in any Union territory, the Ministry of Home Affairs shall nominate a Member who possesses such medical qualification and experience as may be prescribed.

Functions of Medical Advisory Council.

12. *(1)* The Council shall be the primary platform through which the States and Union territories may put forth their views and concerns before the Commission and help in shaping the overall agenda, policy and action relating to medical education and training.

(2) The Council shall advise the Commission on measures to determine and maintain, and to coordinate maintenance of, the minimum standards in all matters relating to medical education, training and research.

(3) The Council shall advise the Commission on measures to enhance equitable access to medical education.

Meetings of Medical Advisory Council.

13. *(1)* The Council shall meet at least once a year at such time and place as may be decided by the Chairperson.

(2) The Chairperson shall preside at the meeting of the Council and if for any reason the Chairperson is unable to attend a meeting of the Council, such other Member as nominated by the Chairperson shall preside over the meeting.

(3) Unless the procedure is otherwise provided by regulations, fifteen Members including the Chairperson of the Council shall form the quorum and all acts of the Council shall be decided by a majority of the Members present and voting.

CHAPTER IV

National Eligibility-Cum-Entrance Test and Examination

National Eligibility-cum-Entrance Test.

14. *(1)* There shall be a uniform National Eligibility-cum-Entrance Test for admission to the undergraduate medical education in all medical institutions which are governed by the provisions of this Act.

(2) The Commission shall conduct the National Eligibility-cum-Entrance Test in English and in such other languages, through such designated authority and in such manner, as may be specified by regulations.

(3) The Commission shall specify by regulations the manner of conducting common counselling by the designated authority for admission in all the medical institutions which are governed by the provisions of this Act:

Provided that the designated authority of the Central Government

shall conduct the common counselling for All-India seats and the designated authority of the State Government shall conduct the common counselling for the seats at the State level.

National Licentiate Examination.

15. *(1)* The Commission shall conduct a uniform National Licentiate Examination for students graduating from the medical institutions which are governed by the provisions of this Act for granting licence to practice medicine as medical practitioners and for enrolment in the State Register or the National Register, as the case may be.

(2) The Commission shall conduct the National Licentiate Examination through such designated authority and in such manner as may be specified by regulations.

(3) The National Licentiate Examination shall become operational on such date, within three years from the date of commencement of this Act, as may be appointed by the Central Government, by notification.

(4) The National Licentiate Examination shall be the basis for admission to postgraduate courses in medical institutions which are governed by the provisions of this Act.

(5) The Commission shall specify by regulations the manner of conducting common counselling by the designated authority for admission to the postgraduate courses in the medical institutions governed under this Act:

Provided that the designated authority of the Central Government shall conduct the common counselling for All India seats and by the designated authority of the State Government shall conduct the common counselling for the seats at the State level.

CHAPTER V

AUTONOMOUS BOARDS

Constitution of Autonomous Boards.

16. *(1)* The Central Government shall, by notification, constitute the following Autonomous Boards, under the overall supervision of the Commission, to perform the functions assigned to such Boards under this Act, namely:—

(a) the Under-Graduate Medical Education Board (Under-Graduate Medical Education Board);

(b) the Post-Graduate Medical Education Board (Post-Graduate Medical Education Board);

(c) the Medical Assessment and Rating Board (Medical Assessment and Rating Board); and

(d) the Ethics and Medical Registration Board (Ethics and Medical Registration Board).

(2) Each Board referred to in sub-section *(1)* shall be an autonomous body which shall carry out its functions under this Act subject to the regulations made by the Commission.

Composition of Autonomous Boards.

17. *(1)* Each Autonomous Board shall consist of a President and two Members.

(2) The President of the each Autonomous Board, both Members of the Under-Graduate Medical Education Board and the Post-Graduate Medical Education Board and one Member each of the Medical Assessment and Rating Board and the Ethics and Medical Registration Board shall be persons of outstanding ability, proven administrative capacity and integrity, possessing a postgraduate degree in any discipline of medical sciences from any University and having experience of not less than fifteen years in such field, out of which at least seven years shall be as a leader in the area of medical education, public health, community medicine or health research.

(3) The second Member of the Medical Assessment and Rating Board shall be a person of outstanding ability and integrity, possessing a postgraduate degree in any of the disciplines of management, quality assurance, law or science and technology from any University, having not less than fifteen years' experience in such field, out of which at least seven years shall be as a leader.

(4) The second Member of the Ethics and Medical Registration Board shall be a person of outstanding ability who has demonstrated public record of work on medical ethics or a person of outstanding ability possessing a postgraduate degree in any of the disciplines of quality assurance, public health, law or patient advocacy from any University and having not less than fifteen years' experience in such field, out of which at least seven years shall be as a leader.

Search Committee for appointment of President and Members.

18. The Central Government shall appoint the President and Members of the Autonomous Boards on the recommendations made by the Search Committee constituted under section 5 in accordance with the procedure specified in that section.

Term of office and conditions of service of President and Members.

19. *(1)* The President and Members of each Autonomous Board shall hold the office for a term not exceeding four years and shall not be eligible for any extension or reappointment:

Provided that such person shall cease to hold office after attaining the age of seventy years.

(2) The salary and allowances payable to, and other terms and conditions of service of the President and Members of an Autonomous Board shall be such as may be prescribed.

(3) The provisions of sub-sections (3), (5) and (6) of section 6 relating to other terms and conditions of service of, and in section 7 relating to removal from the office of, the Chairperson and Members of the Commission shall also apply to the President and Members of the Autonomous Boards.

Advisory Committees of Experts.

20. (1) Each Autonomous Board, except the Ethics and Medical Registration Board, shall be assisted by such Advisory Committees of Experts as may be constituted by the Commission for the efficient discharge of the functions of such Boards under this Act.

(2) The Ethics and Medical Registration Board shall be assisted by such ethics committees of experts as may be constituted by the Commission for the efficient discharge of the functions of that Board under this Act.

Staff of Autonomous Boards.

21. The experts, professionals, officers and other employees appointed under section 8 shall be made available to the Autonomous Boards in such number, and in such manner, as may be specified by regulations by the Commission.

Meetings, etc., of Autonomous Boards.

22. *(1)* Every Autonomous Board shall meet at least once a month at such time and place as it may appoint.

(2) All decisions of the Autonomous Boards shall be made by majority of votes of the President and Members.

(3) A person who is aggrieved by any decision of an Autonomous Board may prefer an appeal to the Commission against such decision within sixty days of the communication of such decision.

Powers of Autonomous Boards and delegation of powers.

23. (1) The President of each Autonomous Board shall have such administrative and financial powers as may be delegated to it by the Commission to enable such Board to function efficiently.

(2) The President of an Autonomous Board may further delegate any of his powers to a Member or an officer of that Board.

Functions of Under-Graduate Medical Education Board.

24. (1) The Under-Graduate Medical Education Board shall perform the following functions, namely:-

(a) determine standards of medical education at undergraduate level and oversee all aspects relating thereto;

(b) develop competency based dynamic curriculum at undergraduate level in accordance with provisions of the regulations made under this Act;

(c) develop competency based dynamic curriculum for primary medicine, community medicine and family medicine to ensure healthcare in such areas, in accordance with provisions of the regulations made under this Act;

(d) frame guidelines for setting up of medical institutions for imparting undergraduate courses, having regard to the needs of the country and the global norms, in accordance with provisions of the regulations made under this Act;

(e) determine the minimum requirements and standards for conducting courses and examinations for undergraduates in medical institutions, having regard to the needs of creativity at local levels, including designing of some courses by individual institutions, in accordance with provisions of the regulations made under this Act;

(f) determine standards and norms for infrastructure, faculty and quality of education in medical institutions providing undergraduate medical education in accordance with provisions of the. regulations made under this Act;

(g) facilitate development and training of faculty Members teaching undergraduate courses;

(h) facilitate research and the international student and faculty exchange programmes relating to undergraduate medical education;

(i) specify norms for compulsory annual disclosures, electronically or otherwise, by medical institutions, in respect of their functions that has a bearing on the interest of all stakeholders including students, faculty, the Commission and the Central Government;

(j) grant recognition to a medical qualification at the undergraduate level.

(2) The Under-Graduate Medical Education Board may, in the discharge of its duties, make such recommendations to, and seek such directions from, the Commission, as it deems necessary.

Functions of Post-Graduate Medical Education Board.

25. *(1)* The Post-Graduate Medical Education Board shall perform the following functions, namely:—

(a) determine the standards of medical education at the postgraduate level and super-speciality level in accordance with the regulations made under this Act and oversee all aspects relating thereto;

(b) develop competency based dynamic curriculum at postgraduate level and super-speciality level in accordance with the regulations made under this Act, with a view to develop appropriate skill, knowledge, attitude, values and ethics among postgraduates and super-specialists to provide healthcare, impart medical education and conduct medical research;

(c) frame guidelines for setting up of medical institutions for imparting postgraduate and super-speciality courses, having regard to the needs of the country and global norms, in accordance with the regulations made under this Act;

(d) determine the minimum requirements and standards for conducting postgraduate and super-speciality courses and examinations in medical institution, in accordance with the regulations made under this Act;

(e) determine standards and norms for infrastructure, faculty and quality of education in medical institutions conducting postgraduate and super-speciality medical education, in accordance with the regulations made under this Act;

(f) facilitate development and training of the faculty members teaching postgraduate and super-speciality courses;

(g) facilitate research and the international student and faculty exchange programmes relating to postgraduate and super-speciality medical education;

(h) specify norms for compulsory annual disclosure, electronically or otherwise, by medical institutions in respect of their functions that has a bearing on the interest of all stakeholders including students, faculty, the Commission and the Central Government;

(i) grant recognition to the medical qualifications at the postgraduate level and super-speciality level.

(2) The Post-Graduate Medical Education Board may, in the discharge of its functions, make such recommendations to, and seek such directions from, the Commission, as it deems necessary.

Functions of Medical Assessment and Rating Board.

26. *(1)* The Medical Assessment and Rating Board shall perform the following functions, namely:—

(a) determine the procedure for assessing and rating the medical institutions for their compliance with the standards laid down by the Under-Graduate Medical Education Board or the Post-Graduate Medical Education Board, as the case may be, in accordance with the regulations made under this Act;

(b) grant permission for establishment of a new medical institution in accordance with the provisions of section 28;

(c) carry out inspections of medical institutions for assessing and rating such institutions in accordance with the regulations made under this Act:

Provided that the Medical Assessment and Rating Board may, if it deems necessary, hire and authorise any other third party agency or persons for carrying out inspections of medical institutions for assessing and rating such institutions:

Provided further that where inspection of medical institutions is carried out by such third party agency or persons authorised by the Medical Assessment and Rating Board, it shall be obligatory on such institutions to provide access to such agency or person;

(d) conduct, or where it deems necessary, empanel independent rating agencies to conduct assess and rate all medical institutions, within such period of their opening, and every year thereafter, at such time, and in such manner, as may be specified by regulations;

(e) make available on its website or in public domain the assessment and ratings of medical institutions at regular intervals in accordance with the regulations made under this Act;

(f) take such measure, including imposition of monetary penalty, against a medical institution for failure to maintain the minimum essential standards specified by the Under-Graduate Medical Education Board or the Post-Graduate Medical Education Board, as the case may be, in accordance with the regulations made under this Act:

Provided that the medical institution which has been imposed a first-time monetary penalty fails to take any corrective action, the Medical Assessment and Rating Board may impose a second-time monetary penalty for continued failure which shall be higher than the first-time penalty and on continued failure, impose a third-time monetary penalty which shall be higher than the second-time penalty:

Provided further that all the three monetary penalties imposed under the first proviso shall not be less than one-half, and not more than ten-times, the total amount charged, by whatever name called, by such institution for one full batch of students of undergraduate course or postgraduate course, as the case may be:

Provided also that even after the imposition of third-time penalty, if the failure continues, the Medical Assessment and Rating Board

shall forward its report to the Commission recommending to withdraw the recognition granted to the medical qualification awarded by that medical institution.

(2) The Medical Assessment and Rating Board may, in the discharge of its functions, make such recommendations to, and seek such directions from, the Commission, as it deems necessary.

Powers and functions of Ethics and Medical Registration Board.

27. (1) The Ethics and Medical Registration Board shall perform the following functions, namely:—

(a) maintain a National Register of all licensed medical practitioners in accordance with the provisions of section 31;

(b) regulate professional conduct and promote medical ethics in accordance with the regulations made under this Act:

Provided that the Ethics and Medical Registration Board shall ensure compliance of the code of professional and ethical conduct through the State Medical Council in a case where such State Medical Council has been conferred power to take disciplinary actions in respect of professional or ethical misconduct by medical practitioners under respective State Acts;

(c) develop mechanisms to have continuous interaction with State Medical Councils to effectively promote and regulate the conduct of medical practitioners and professionals;

(d) exercise appellate jurisdiction with respect to the actions taken by a State Medical Council under section 30.

(2) The Ethics and Medical Registration Board may, in the discharge of its duties, make such recommendations to, and seek such directions from, the Commission, as it deems necessary.

Permission for establishment of new medical college.

28. (1) No person shall establish a new medical college without obtaining prior permission of the Medical Assessment and Rating Board.

(2) For the purposes of obtaining permission under sub-section *(1)*, a person may submit a scheme to the Medical Assessment and Rating Board in such form, containing such particulars, accompanied by such fee, and in such manner, as may be specified by regulations.

(3) The Medical Assessment and Rating Board shall, having due regard to the criteria specified in section 29, consider the scheme received under sub-section (2) and either approve or disapprove such scheme within a period of six months from the date of such receipt:

Provided that before disapproving such scheme, an opportunity to rectify the defects, if any, shall be given to the person concerned.

(4) Where a scheme is approved under sub-section (3), such approval shall be the permission under sub-section (1) to establish new medical college.

(5) Where a scheme is disapproved under sub-section (3), or where no decision is taken within six months of submitting a scheme under sub-section *(1)*, the person concerned may prefer an appeal to the Commission for approval of the scheme within fifteen days of such disapproval or, as the case may be, lapse of six months, in such manner as may be specified by regulations.

(6) The Commission shall decide the appeal received under sub-section (5) within a period of forty-five days from the date of receipt of the appeal and in case the Commission approves the scheme, such approval shall be the permission under sub-section *(1)* to establish a new medical college and in case the Commission disapproves the scheme, or fails to give its decision within the specified period, the person concerned may prefer a second appeal to the Central Government within thirty days of communication of such disapproval or, as the case may be. lapse of specified period.

(7) The Medical Assessment and Rating Board may conduct evaluation and assessment of any University or medical institution at any time, either directly or through any other expert and without any prior notice and assess and evaluate the performance, standards and benchmarks of such University or medical institution.

Explanation.-For the purposes of this section, the term "person" includes a University, trust or any other association of persons or body of individuals, but does not include the Central Government.

Criteria for approving or disapproving scheme.

29. While approving or disapproving a scheme under section 28, the Medical Assessment and Rating Board. or the Commission, as the case may be shall take into consideration the following criteria, namely:—

(a) adequacy of financial resources;

(b) whether adequate academic faculty and other necessary facilities have been provided to ensure proper functioning of medical college or would be provided within the time-limit specified in the scheme;

(c) whether adequate hospital facilities have been provided or would be provided within the time-limit specified in the scheme;

(d) such other factors as may be prescribed:

Provided that, subject to the previous approval of the Central Government, the criteria may be relaxed for the medical colleges which are set-up in such areas as may be specified by regulations.

State Medical Councils.

30. *(1)* The State Government shall, within three years of the commencement of this Act, take necessary steps to establish a State Medical Council if no such Council exists in that State.

(2) Where a State Act confers power upon the State Medical Council to take disciplinary actions in respect of any professional or ethical misconduct by a registered medical practitioner or professional, the State Medical Council shall act in accordance with the regulations made, and the guidelines framed, under this Act:

Provided that till such time as a State Medical Council is established in a State, the Ethics and Medical Registration Board shall receive the complaints and grievances relating to any professional or ethical misconduct against a registered medical practitioner or professional in that State in accordance with such procedure as may be specified by regulations:

Provided further that the Ethics and Medical Registration Board or, as the case may be, the State Medical Council shall give an opportunity of hearing to the medical practitioner or professional concerned before taking any action, including imposition of any monetary penalty against such person.

(3) A medical practitioner or professional who is aggrieved by any action taken by a State Medical Council under sub-section (2) may prefer an appeal to the Ethics and Medical Registration Board against such action, and the decision, if any, of the Ethics and Medical Registration Board thereupon shall be binding on the State Medical Council, unless an appeal is preferred under sub-section (4)

(4) A medical practitioner or professional who is aggrieved by the decision of the Ethics and Medical Registration Board may prefer an appeal to the Commission within sixty days of Communication of such decision.

(5) A medical practitioner or Professional who is aggrieved by the decision of the Commission may perfer an appeal to the Central Government with in thirty days of communication of such decision

Explanation.— For the purposes of this Act,—

(a) "State" includes Union territory and the expressions "State Government" and "State Medical Council", in relation to a Union territory, shall respectively mean the "Central Government" and" Union Territory Medical Council";

(b) the expression "professional or ethical misconduct" includes any act or commission or omission as may be specified by regulations.

National Register and State Register.

31. (1) The Ethics and Medical Registration Board shall maintain a National Register containing the name, address, all recognised qualifications possessed b) a licensed medical practitioner and such other particulars as may be specified b) regulations.

(2) The National Register shall be maintained in such form, including electronic form in such manner, as may be specified b) regulations.

(3) The manner in which a name or qualification may be added to, or removed from, the National Register and the grounds for removal thereof shall be such as ma) be specified by regulations.

(4) The National Register shall be a public document within the meaning of section 74 of the Indian Evidence Act. 1872.

(5) The National Register shall be made available to the public by placing it on the website of the Ethics and Medical Registration Board

(6) Every State Medical Council shall maintain and regularly update the State Register in the specified electronic format and supply a physical copy of the same to the Ethics and Medical Registration Board within three months of the commencement of this Act.

(7) The Ethics and Medical Registration Board shall ensure electronic synchronisation of the National Register and the State Register in such a manner that any change in one register is automatically reflected in the other register.

(8) The Ethics and Medical Registration Board shall maintain a separate National Register in such form, containing such particulars, including the name, address and all recognised qualifications possessed by a licensed AYUSH practitioner who qualities the bridge course referred to in sub-section *(1)* of section 49, in such manner as may be specified by regulations.

Explanation.— For the purposes of this section, the expression "AYUSH Practitioner" means a person who is a practitioner of Homoeopathy or a practitioner of Indian medicine as defined in clause *(e)* of sub-section (1) of section 2 of the Indian Medicine Central Council Act, 1970.

Rights of persons to have licence to practice and to be enrolled in National Register or State Register and their obligations thereto.

32. (1) Any person who qualifies the National Licentiate Examination held under section shall be granted a licence to practice medicine and shall have his name and qualifications enrolled in the National Register or a State Register. as the case may be:

Provided that a person who has been registered in the Indian Medical Register maintained under the Indian Medical Council Act, 1956 prior to the coming into force of this Act and before the National Licentiate Examination becomes operational under sub-section *(3)* of section 15, shall be deemed to have been registered under this Act and be enrolled in the National Register maintained under this Act.

(2) No person who has obtained medical qualificauon from a medical institution established in any country outside India and is rccognised as a medical practitioner in that country, shall, after the commencement of this Act and the National Licentiate Examination becomes operational under sub-section (3) of section 15, be enrolled in the National Register unless he qualifies the National Licentiate Examination

(3) When a person whose name is entered in the State Register or the National Register, as the case may be, obtains any title, diploma or other qualification for proficiency in sciences or public health or medicine which is a recognised medical qualification under section 34 or section 35, as the case may be, he shall be entitled to have such title, diploma or qualification entered against his name in the State Register or the National Register, as the case may be, in such manner as mal be specified by regulations.

Bar to practice.

33. *(1)* No person other than a person who is enrolled in the State Register or the National Register, as the case may be, shall—

(a) be allowed to practice medicine as a qualified medical practitioner;

(b) hold office as a physician or surgeon or any other office. by whatever name called, which is meant to be held by a physician or surgeon;

(c) be entitled to sign or authenticate a medical or fitness certificate or any other certificate required by any law to be signed or authenticated by a duly qualified medical practitioner;

(d) be entitled to give evidence at any inquest or in any court of law as an expert under section 45 of the Indian Evidence Act 1872 or any matter relating to medicine:

1 of 1872.

Provided that the Commission may permit a medical professional to perform surgery or practice medicine without qualifying the

National Licentiate Examination, in such circumstances and for such period as may be specified by regulations:

Provided further that the Commission shall submit a list of such medical professionals to the Central Government in such manner as may be prescribed:

Provided also that a foreign citizen who is enrolled in his country as a medical practitioner in accordance with the law regulating the registration of medical practitioners in that country may be permitted temporary registration in India for such period and in such manner as may be specified by regulations.

(2) Any person who contravenes any or the provisions of this section shall be punished with fine which shall not be less than one lakh rupees, but which may extend to five lakh rupees.

CHAPTFR VI

RECOGNITION OF MEDICAL QUALIFICATIONS

Recognition of medical qualifications granted by Universities or medical institutions in India.

34. *(1)* The medical qualification granted *by* any University or medical institution in India shall be listed and maintained by the Under-Graduate Medical Education Board or the Post-Graduate Medical Education Board, as the case may be, in such manner as may be specified by regulations and such medical qualification shall be a recognised medical qualification for the purposes of this Act.

(2) Any University or medical institution in India which grants an undergraduate or postgraduate or super-speciality medical qualification not included in the list maintained by the Under-Graduate Medical Education Board or the Post-Graduate Medical Education Board, as the case may be, may apply to that Board for granting recognition to such qualification.

(3) The Under-Graduate Medical Education Board or the Post-Graduate Medical Education Board, as the case may be, shall examine the application for grant of recognition to a medical qualification within a period of six months in such manner as may be specified by regulations.

(4) Where the Under-Graduate Medical Education Board or the Post-Graduate Medical Education Board, as the case may be, decides to grant recognition to a medical qualification, it shall include such medical qualification in the list maintained by it and also specify the date of effect of such recognition.

(5) Where the Under-Graduate Medical Education Board or Post-Graduate Medical Education Board, as me case may be, decides not to grant recognition to a medical qualification, the University or the

medical institution concerned may prefer an appeal to the Commission for grant of recognition within sixty days of the communication of such decision, in such manner as may be specified by regulations.

(6) The Commission shall examine the appeal received under sub-section (5) within a period of two months and if it decides that recognition may be granted to such medical qualification, it may direct the Under-Graduate Medical Education Board or the Post-Graduate Medical Education Board, as the case may be, to include such medical qualification in the list maintained by that Board, in such manner as may be specified by regulations.

(7) Where the Commission decides not to grant recognition to the medical qualification, or fails to take a decision within the specified period, the University or the medical institution concerned may prefer a second appeal to the Central Government within thirty days of the communication of such decision or lapse of specified period, as the case may be.

(8) All medical qualifications which have been recognised before the date of commencement of this Act and are included in the First Schedule and Part I of the Third Schedule to the Indian Medical Council Act, 1956, shall also be recognised medical qualifications for the purposes of this Act, and shall be listed and maintained by the Under-Graduate Medical Education Board or the Post-Graduate Medical Education Board, as the case may be, in such manner as may be specified by regulations.

102 of 1956.

Recognition of medical qualifications granted by medical institutions outside Inida.

35. *(1)* Where an authority in any country outside India, which by the law of that country is entrusted with the recognition of medical qualifications in that country, makes an application to the Commission for granting recognition to such medical qualification in India, the Commission may, subject to such verification as it may deem necessary, either grant or refuse to grant recognition to that medical qualification:

Provided that the Commission shall give a reasonable opportunity of being heard to such authority before refusing to grant such recognition.

(2) A medical qualification which is granted recognition by the Commission under sub-section *(1)* shall be a recognised medical qualification for the purposes of this Act, and such qualification shall be listed and maintained by the Commission in such manner as may be specified by regulations.

(3) Where the Commission refuses to grant recognition to the medical qualification under sub-section (*1*), the authority concerned

may prefer an appeal to the Central Government against such decision within thirty days of communication thereof.

(4) All medical qualifications which have been recognised before the date of commencement of this Act and are included in the Second Schedule and Part II of the Third Schedule to the Indian Medical Council Act, 1956, shall also be recognised medical qualifications for the purposes of this Act, and shall be listed and maintained by the Commission in such manner as may be specified by regulations. 102 of 1956.

Recognition of medical qualifications granted by statutory or other body in India.

36. *(1)* The medical qualifications granted by any statutory or other body in India which are covered by the categories listed in the Schedule shall be recognised medical qualifications for the purposes of this Act.

(2) The Diplomate of National Board granted by the National Board of Examination in broad speciality course and super-speciality course shall be equal in all respects to the post-graduate qualification and the super-speciality qualification, respectively, granted under this Act.

(3) The Central Government may, on the recommendation of the Commission, and having regard to the objects of this Act, by notification, add to, or, as the case may be, omit from, the Schedule any categories of medical qualifications granted by a statutory or other body in India and on such addition, or as the case may be, omission, the medical qualifications granted by such statutory or other body in India shall be, or shall cease to be, recognised medical qualifications for the purposes of this Act.

Withdrawal of recognition granted to medical qualification granted by medical institutions in India.

37. *(1)* Where, upon receiving a report from the Medical Assessment and Rating Board under section 26, or otherwise, if the Commission is of the opinion that-

(a) the courses of study and examination to be undergone in, or the proficiency required from candidates at any examination held by, a University or medical institution do not conform to the standards specified by the Under-Graduate Medical Education Board or the Post-Graduate Medical Education Board, as the case may be; or

(b) the standards and norms for infrastructure, faculty and quality of education in medical institution as determined by the Under-Graduate Medical Education Board or the Post-Graduate Medical Education Board, as the case may be, are not adhered to by any University or medical institution,

and such University or medical institution has failed to take

necessary corrective action to maintain specified minimum standards, the Commission may initiate action in accordance with the provisions of sub-section (2):

Provided that the Commission shall, before taking any action for *suo motu* withdrawal of recognition granted to the medical qualification awarded by a University or medical institution, impose monetary penalty in accordance with the provisions of clause *(f)* of sub-section (*1*) of section 26,

(2) The Commission shall. after making such further inquiry as it deems fit, and after holding consultations with the concerned State Government and the authority of the concerned University or medical institution, comes to the conclusion that the recognition granted to a medical qualification ought to be withdrawn. it may, by order. withdraw recognition granted to such medical qualification and direct the Under-Graduate Medical Education Board or the Post-Graduate Medical Education Board, as the case may be, to amend the entries against the University or medical institution concerned in the list maintained by that Board to the effect that the recognition granted to such medical qualification is withdrawn with effect from the date specified in that order.

Derecognition of medical qualifications granted by medical institutions outside Inida.

38. Where, after verification with the authority in any country outside India, the Commission is of the opinion that a recognised medical qualification which is included in the list maintained by it is to be derecognised, it may, by order, derecognise such medical qualification and remove it from the list maintained by the Commission with effect from the date of such order.

Special provision in certain cases for recognition of medical qualifications.

39. Where the Commission deems it necessary, it may, by an order published in the Official Gazette, direct that any medical qualification granted by a medical institution in a country outside India. after such date as may be specified in that notification, shall be a recognised medical qualification for the purposes of this Act:

Provided that medical practice by a person possessing such qualification shall be permitted only if such person has been enrolled as a medical practitioner in accordance with the law regulating the registration of medical practitioner for the time being in force in that country:

Provided further that medical practice by a person possessing such qualification shall be limited to such period as may be specified in that order.

CHAPTER VII

GRANTS, AUDIT AND ACCOUNTS

Grants by Central Government.

40. The Central Government may, after due appropriation made by Parliament by law in this behalf, make to the Commission grants of such sums of money as the Central Government may think fit.

National Medical Commission Fund.

41. (1) There shall be constituted a fund to be called "the National Medical Commission Fund" which shall form part of the public account of India and there shall be credited thereto—

(a) all Government grants, fees, penalties and charges received by the Commission and the Autonomous Boards;

(b) all sums received by the Commission from such other sources as may be decided by it.

(2) The Fund shall be applied for making payment towards—

(a) the salaries and allowances payable to the Chairperson and Members of the Commission, the Presidents and Members of the Autonomous Board and the administrative expenses including the salaries and allowances payable to the officers and other employees of the Commission and Autonomous Boards:

(b) the expenses incurred in carrying out the provisions of this Act, including in connection with the discharge of the functions of the Commission and the Autonomous Boards.

Audit and accounts.

42. (1) The Commission shall maintain proper accounts and other relevant records and prepare an annual statement of accounts in such form as may be prescribed in consultation with the Comptroller and Auditor-General of India.

(2) The accounts of the Commission shall be audited by the Comptroller and Auditor-General of India at such intervals as may be specified by him and any expenditure incurred in connection with such audit shall be payable by the Commission to the Comptroller and Auditor-General of India.

(3) The Comptroller and Auditor-General of India and any other persons appointed by him in connection with the audit of the accounts of the Commission shall have the same rights and privileges and authority in connection with such audit as the Comptroller and Auditor-General generally has in connection with the audit of Government accounts and in particular. shall have the right to demand the production of, and complete access to records, books, accounts, connected vouchers and other documents and papers and to inspect the office of the Commission.

(*4*) The accounts of the Commission as certified by the Comptroller and Auditor-General of India or any other person appointed by him in this behalf, together with the audit report thereon, shall be forwarded annually by the Commission to the Central Government which shall cause the same to be laid, as soon as may be after it is received. before each House of Parliament.

Furnishing of returns and reports to Central Government.

43. (*1*) The Commission shall furnish to the Central Government, at such time, in such form and in such manner, as may be prescribed or as the Central Government may direct, such reports and statements containing such particulars in regard to any matter under the jurisdiction of the Commission, as the Central Government may from time to time, require.

(*2*) The Commission shall prepare, once every year, in such form and at such time as may be prescribed, an annual report, giving a summary of its activities during the previous year and copies of the report shall be forwarded to the Central Government.

(*3*) A copy of the report received under sub-section (2) shall be laid by the Central Government, as soon as may be alter it is received, before each House of Parliament.

CHAPTER VIII

MISCELLANEOUS

Power of Central Government to give directions to Commission and Autonomous Boards.

44. (*1*) Without prejudice to the foregoing provisions of this Act, the Commission and the Autonomous Boards shall, in exercise of their power and discharge of their functions under this Act, be bound by such directions on quest ions of policy as the Central Government may give in writing to them from time to time:

Provided that the Commission and the Autonomous Boards shall, as far as practicable, be given an opportunity to express their views before any direction is given under this sub-section.

(*2*) The decision of the Central Government whether a question is one of policy or not shall be final

Power of Central Government to give directions to State Governments.

45. The Central Government may give such directions, as it may deem necessary to a State Government for carrying out all or any of the provisions of this Act and the State Government shall comply with such directions.

Information to be furnished by Commission and publication thereof.

46. (*1*) The Commission shall furnish such reports, copies of its minutes, abstracts of its accounts, and other information to the Central Government as that Government may require.

(*2*) The Central Government may publish, in such manner as it

may think fit, the reports, minutes, abstracts of accounts and other information furnished to it under sub-section (*1*).

Obligation of Universities and medical institutions.

47. Every University and medical institution governed under this Act shall maintain a website at all times and display on its website all such information as may be required by the Commission an Autonomous Board, as the case may be.

Completion of courses of studies in medical institutions.

48. (*1*) Notwithstanding anything contained in this Act, any student who was studying for a degree, diploma or certificate in any medical institution immediately before the commencement of this Act shall continue to so study and complete his course for such degree, diploma or certificate, and such institution shall continue to provide instructions and examination for such student in accordance with the syllabus and studies as existed before such commencement, and such student shall be deemed to have completed his course of study under this Act and shall be awarded degree, diploma or certificate under this Act.

(*2*) Notwithstanding anything contained in this Act, where recognition granted to a medical institution has lapsed, whether by efflux of time or by its voluntary surrender or for any other reason whatsoever, such medical institution shall continue to maintain and provide the minimum standards required to be provided under this Act till such time as all candidates who are admitted in that medical institution complete their study.

Joint sittings of Commission Central Councils of Homoeopathy and Indian medicine to enhance interface between their respective systems of medicine.

49. (*1*) There shall be a joint sitting of the Commission, the Central Council of Homoeopathy and the Central Council of Indian Medicine at least once a year, at such time and place as they mutually appoint, to enhance the interface between Homoeopathy, Indian Systems of Medicine and modern systems of medicine.

(*2*) The agenda for the joint sitting may be prepared with mutual agreement between the Chairpersons of the Commission, the Central Council of Homoeopathy and the Central Council of Indian Medicine or be prepared separately by each of them.

(*3*) The joint sitting referred to in sub-section (*1*) may, by an affirmative vote of all members present and voting, decide on approving specific educational modules or programmes that may be Introduced in the undergraduate course and the postgraduate course across medical systems and to develop bridges across the various systems of medicine and promote medical pluralism,

(*4*) The joint sitting referred to in sub-section (*1*) may, by an affirmative vote of all members present and voting, decide on approving specific bridge course that may be introduced for the

practitioners of Homoeopathy and of Indian Systems of Medicine to enable them to prescribe such modern medicines at such level as may be prescribed.

Chairperson, Members, officers of Commission and of Autonomous Boards to be public servants.

50. The Chairperson, Members, officers and other employees of the Commission and the President, Members and officers and other employees of the Autonomous Boards shall be deemed, when acting or purporting to act in pursuance of any of the provisions of this Act, to be public servants within the meaning of section 21 of the Indian Penal Code.

Protection of action taken in good faith.

51. No suit, prosecution or other legal proceeding shall lie against the Government, the Commission or any Autonomous Board or a State Medical Council or any Committee thereof, or any officer or other employee of the Government or of the Commission acting under this Act for anything which is in good faith done or intended to be done under this Act or the rules or regulations made thereunder.

Cognizance of offences.

52. No court shall take cognizance of an offence punishable under this Act except upon a complaint in writing made in this behalf by an officer authorised by the Commission or the Ethics Medical and Registration Board or a State Medical Council, as the case may be.

Power of Central Government to supersede Commission.

53. *(1)* If: at any time, the Central Government is of opinion that—

(a) the Commission is unable to discharge its functions under the provisions of this Act; or

(b) the Commission has persistently made default in complying with any direction issued by the Central Government under this Act or in the discharge its functions under the provisions of this Act,

The Central Government may, by notification, supersede the Commission for such period, not exceeding six months, as may be specified in the notification:

Provided that before issuing a notification under this sub-section, the Central Government shall give a reasonable opportunity to the Commission to show cause as to why it should not be superseded and shall consider the explanations and objections, if any, of the Commission.

(*2*) Upon the publication of a notification under sub-section *(1)* superseding the Commission,—

(*a*) all the Members shall, as from the date of supersession, vacate their offices as such:

(b) all the powers and functions which may, by or under the provisions of this Act, be exercised or discharged by or on behalf of the Commission, shall, until the Commission is reconstituted under sub-section (*3*), be exercised and discharged by such person or persons as the Central Government may direct;

(c) all property owned or controlled by the Commission shall, until the Commission is reconstituted under sub-section (*3*), vest in the Central Government.

(*3*) On the expiration of the period of supersession specified in the notification issued under sub-section (*1*). the Central Government may,—

(a) extend the period of supersession for such further term not exceeding six months, as it may consider necessary; or

(b) reconstitute the Commission by fresh appointment and in such case the Members who vacated their offices under clause *(a)* of sub-section *(2)* shall not be deemed disqualified for appointment:

Provided that the Central Government may, at any time before the expiration of the period of supersession, whether as originally specified under sub-section (*1*) or as extended under this sub-section, take action under clause *(b)* of this sub-section.

(*4*) The Central Government shall cause a notification issued under sub-section (*1*) and a full report of any action taken under this section and the circumstances leading to such action to be laid before both Houses of Parliament at the earliest opportunity.

Power to make rules.

54. (*1*) The Central Government may, by notification, make rules to carry out the purposes of this Act.

(*2*) In particular, and without prejudice to the generality of the foregoing power, such rules may provide for all or any of the following matters, namely:—

(a) the manner of appointing three Members of the Commission on rotational basis from amongst the nominees of the States and the Union territories in the Medical Advisory Council under clause *(b)* of sub-section (*4*) of section 4;

(b) the manner of electing five Members of the Commission by the registered medical practitioners from amongst themselves and the regional constituencies from which such Members are to be elected under clause *(e)* of sub-section (*4*) of section 4;

(c) the manner of nominating one expert by the Central Government under clause *(d)* of sub-section (*1*) of section 5;

(d) the salary and allowances payable to, and other terms and conditions of service of the Chairperson and Members under sub-section (*4*) of section 6;

(e) the areas in which postgraduate qualification and experience shall be possessed by the Secretary of the Commission under sub-section (*2*) of section 8;

(f) the salaries and allowances payable to, and other terms and conditions of service of the Secretary, officers and other employees of the Commission under sub-section (*6*) of section 8;

(g) the other powers and functions of the Commission under clause *(j)* of sub-section *(1)* of section 10:

(h) the medical qualification and experience to be possessed by a Member under the second proviso to section 11;

(i) the salary and allowances payable to, and other terms and conditions of service of the President and Members of an Autonomous Board under sub-section (*2*) of section 19;

(j) the other factors under clause *(d)* of section 29;

(k) the manner of submitting a list of medical professionals under the second proviso to sub-section (*1*) of section 33;

(l) the form for preparing annual statement of accounts under sub-section *(l)* of section 42;

(m) the time within which, and the form and the manner in which, the reports and statements shall be furnished by the Commission and the particulars with regard to any matter as may be required by the Central Government under sub-section (*1*) of section 43;

(n) the form and the time for preparing annual report under sub-section (*2*) of section 43;

(o) the modern medicines that the practitioners of Homoeopathy and of Indian Systems of Medicine may prescribe and the level at which they may so prescribe modern medicine, under sub-section (*4*) of section 49;

(p) any other matter in respect of which provision is to be made by rules.

Power to make regulations.

55. (1) The Commission may, after previous publication, by notification, make regulations consistent with this Act and the rules made thereunder to carry out the provisions of this Act.

(2) In particular, and without prejudice to the generality of the foregoing power, such regulations may provide for all or any of the following matters, namely:—

(a) the functions to be discharged by the Secretary of the Commission under sub-section (4) of section 8;

(b) the procedure in accordance with which experts and professionals may be engaged and the number of such experts and professionals under sub-section (7) of section 8:

(c) the procedure to be followed at the meetings of Commission, including the quorum at its meetings under sub-section (3) of section 9;

(d) the quality and standards to be maintained in medical education under clause *(a)* of sub-section *(1)* of section 10;

(e) the manner of regulating medical institutions, medical researches and medical professionals under clause *(b)* of sub-section (1) of section 10;

(f) the manner of functioning of the Commission, the Autonomous Boards and the State Medical Councils under clause *(d)* of sub-section (1) of section 10:

(g) the procedure to be followed at the meetings of the Medical Advisory Council, including the quorum at its meetings under sub-section (3) of section 13;

(h) the other languages in which and the manner in which the National Eligibility-cum-Entrance Test shall be conducted under sub-section (2) of section 14:

(i) the manner of conducting common counselling by the designated authority for admission to the undergraduate medical education under sub-section (3) of section 14;

(j) the designated authority, and the manner for conducting the National Licentiate Examination, under sub-section (2) of section 15;

(k) the manner of conducting common counselling by the designated authority for admission to the postgraduate courses under sub-section (5) of section 15:

(l) the number of, and the manner in which, the experts,

professionals, officers and other employees shall be made available by the Commission to the Autonomous Boards under section 21;

(m) the curriculum at undergraduate level under clause *(b)* of sub-section *(1)* of section 24;

(n) the curriculum for primary medicine, community medicine and family medicine under clause *(c)* of sub-section (*1*) of section 24;

(o) the manner of imparting undergraduate courses by medical institutions under clause (*d*) of sub-section *(1)* of section 24:

(p) the minimum requirements and standards for conducting courses and examinations for undergraduates in medical institutions under clause *(e)* of sub-section (*1*) of section 24;

(q) the standards and norms for infrastructure, faculty and quality of education at undergraduate level in medical institutions under clause *(f)* of sub-section *(1)* of section 24;

(r) the standards of medical education at the postgraduate level and super-speciality level under clause *(a)* of sub-section *(b)* of section 25:

(s) the curriculum at postgraduate level and super-speciality level under clause *(b)* of sub-section *(1)* of section 25;

(t) the manner of imparting postgraduate and super-speciality courses by medical institutions under clause *(c)* of sub-section *(1)* of section 25;

(u) the minimum requirements and standards for conducting postgraduate and super-speciality courses and examinations in medical institutions under clause *(d)* of sub-section *(1)* of section 25;

(v) the standards and norms for infrastructure, faculty and quality of education in medical institutions conducting postgraduate and super-speciality medical education under clause *(e)* of sub-section (*1*) of section 25;

(w) the procedure for assessing and rating the medical institutions under clause *(a)* of sub-section (*1*) of section 26;

(x) the manner of carrying out inspections of medical institutions for assessing and rating such institutions under clause *(c)* of sub-section (*1*) of section 26;

(y) the manner of conducting, and the manner of empanelling independent rating agencies to conduct, assessment and rating of medical institutions under clause *(d)* of sub-section *(1)* of section 26;

(z) the manner of making available on website or in public domain the assessment and ratings of medical institutions under clause *(e)* of sub-section *(1)* of section 26;

(za) the measures to be taken against a medical institution for failure to maintain the minimum essential standards under clause (*g*) of sub-section *(1)* of section 26;

(zb) the manner of regulating professional conduct and promoting medical ethics under clause *(b)* of sub-section (*1*) of section 27;

(zc) the form of scheme, the particulars thereof, the fee to be accompanied and the manner of submitting scheme for establishing new medical college under sub-section (*2*) of section 28;

(zd) the manner of making an application to the Commission for approval of the scheme under sub-section (*5*) of section 28;

(ze) the areas in respect of which criteria may be relaxed under the proviso to section 29;

(zf) the manner of taking disciplinary action by a State Medical Council for professional or ethical misconduct of registered medical practitioner or professional and the procedure for receiving complaints and grievances by Ethics and Medical Registration Board, under sub-section (2) of section 30;

(zg) the act of commission or omission which amounts to professional or ethical misconduct under clause *(b)* of the *Explanation* to section 30;

(zh) other particulars to be contained in a National Register under sub-section (*1*) of section 31;

(zi) the form, including the electronic form and the manner of maintaining the National Register under sub-section (*2*) of section 31;

(zj) the manner in which any name or qualification may be added to, or removed from, the National Register and the grounds for removal thereof, under sub-section (*3*) of section 31;

(zk) the form, the particulars to be contained in and the manner of maintaining a separate National Register for licensed

AYUSH practitioners who qualify the bridge course, under sub-section (*8*) of section 31;

(zl) the manner in which the title, diploma or qualification may be entered in the State Register or the National Register under sub-section (3) of section 32;

(zm) the circumstances in which, and the period for which, the Commission may permit a medical professional to perform surgery or practice medicine without qualifying the National Licentiate Examination under the first proviso to sub-section (*1*) of section 33;

(*zn*) the manner in which, and the period for which temporary registration may be permitted to a foreign citizen under the third proviso to sub-section *(1)* of section 33;

(zo) the manner of listing and maintaining medical qualifications granted by a University or medical institution in India under sub-section *(1)* of section 34;

(zp) the manner of examining the application for grant of recognition under sub-section (*3*) of section 34;

(zq) the manner of preferring an appeal to the Commission for grant of recognition under sub-section (*5*) of section 34;

(zr) the manner of including a medical qualification in the list maintained by the Board under sub-section (*6*) of section 34;

(zs) the manner of listing and maintaining medical qualifications which have been granted recognition before the date of commencement of this Act under sub-section (*8*) of section 34.

Rules and regulations to be laid before Parliament.

56. Every rule and every regulation made, and every notification issued, under this Act shall be laid, as soon as may be after it is made, before each House of Parliament, while it is in session, for a total period of thirty days which may be comprised in one session or in two or more successive sessions, and if, before the expiry of the session immediately following the session or the successive sessions aforesaid, both Houses agree in making any modification in the rule or regulation or notification both Houses agree that the rule or regulation or notification should not be made, the rule or regulation or notification shall thereafter have effect only in such modified form or be of no effect, as the case may be; so, however, that any such modification or annulment shall be without prejudice to the validity or anything previously done under that rule or regulation or notification.

Power to remove difficulties.

57. *(1)* If any difficulty arises in giving effect to the provisions of this Act, the Central Government may, by order published in the Official Gazette, make such provisions not inconsistent with the provisions of this Act, as may appear to it be necessary, for the removing the difficulty:

Provided that no order shall be made under this section after the expiry of a period of two years from the commencement of this Act.

(*2*) Every order made under this section shall be laid, as soon as may be after it is made, before each House of Parliament.

Repeal and saving.

58. (*1*) With effect from such date as the Central Government may appoint in this behalf, the Indian Medical Council Act, 1956 shall stand repealed and the Medical Council of India constituted under sub-section *(1)* of section 3 of the said Act shall stand dissolved. 102 of 1956.

(*2*) Notwithstanding the repeal of the Act referred to in sub-section *(1)*, it shall not affect,—

(a) the previous operation of the Act so repealed or anything duly done or suffered thereunder; or

(b) any right, privilege, obligation or liability acquired, accrued or incurred under the Act so repealed; or

(c) any penalty incurred in respect of any contravention under the Act so repealed; or

(d) any proceeding or remedy in respect of any such right, privilege, obligation, liability, penalty as aforesaid, and any such proceeding or remedy may be instituted, continued or enforced, and any such penalty may be imposed as if that Act had not been repealed.

(*3*) On the dissolution of the Medical Council of India, the person appointed as the Chairman of the Medical Council of India and every other person appointed as the Member and any officer and other employee of that Council and holding office as such immediately before such dissolution shall vacate their respective offices and such Chairman and other Members shall be entitled to claim compensation not exceeding three months' pay and allowances for the premature termination of term of their office or of any contract of service:

Provided that any officer or other employee who has been, immediately before the dissolution of the Medical Council of India appointed on deputation basis to the Medical Council of India, shall,

on such dissolution, stand reverted to his parent cadre. Ministry or Department, as the case may be:

Provided further that any officer or other employee who has been, immediately before the dissolution of the Medical Council of India, employed on regular or contractual basis by the Medical Council of India, shall, on and from such dissolution, cease to be the officer or employee of the Medical Council of India and his employment in the Medical Council of India stand terminated with immediate effect:

Provided also that such officer or employee of the Medical Council of India shall be entitled to such compensation for the premature termination of his employment, which shall not less than three months' pay and allowances, as may be prescribed.

(*4*) Notwithstanding the repeal of the aforesaid enactment, any order made, any licence to practice issued, any registration made, any permission to start new medical college or to start higher course of studies or for increase in the admission capacity granted, any recognition of medical qualifications granted, under the Indian Medical Council Act, 1956, which are in force as on the date of commencement of this Act, shall continue to be in force till the date of their expiry for all purposes, as if they had been issued or granted under the provisions of this Act or the rules or regulations made thereunder.

102 of 1956.

Transitory provisions.

59. *(1)* The Commission shall be the successor in interest to the Medical Council of India including its subsidiaries or owned trusts and all the assets and liabilities of the Medical Council of India shall be deemed to have been transferred to the Commission.

102 of 1956.

(*2*) Notwithstanding the repeal of the Indian Medical Council Act, 1956, the educational standards, requirements and other provisions of the Indian Medical Council Act, 1956 and the rules and regulations made thereunder shall continue to be in force and operate till new standards or requirements are specified under this Act or the rules and regulations made thereunder:

Provided that anything done or any action taken as regards the educational standards and requirements under the enactment under repeal and the rules and regulations made thereunder shall be deemed to have been done or taken under the corresponding provisions of this Act and shall continue in force accordingly unless and until superseded by anything done or by any action taken under this Act.

THE SCHEDULE

(*See* section 36)

LIST OF CATEGORIES OF MEDICAL QUALIFICATIONS GRANTED BY STATUTORY BODY OR OTHER BODY IN INDIA

SI. No.	Categories of medical qualifications
1.	All medical qualifications granted by the Jawaharlal Institute of Post-Graduate Medical Education and Research, Puducherry.
2.	All medical qualifications granted by All India Institutes of Medical Sciences.
3.	All medical qualifications granted by the Post-Graduate Institute of Medical Education and Research, Chandigarh.
4.	All medical qualifications granted by the National Institute of Mental Health and Neuro-Sciences, Bangalore.
5.	All medical qualifications granted by the National Board of Examination.

STATEMENT OF OBJECTS AND REASONS

Medical education is at the core of the access to quality healthcare in any country. A flexible and well-functioning legislative framework underlying medical education is essential for the well-being of a nation. The Indian Medical Council Act, 1956 which was enacted to provide a solid foundation for the growth of medical education in the early decades, has not kept pace with time. Various bottlenecks have crept into the system with serious detrimental effects on medical education and, by implication, on delivery of quality health services.

2. The Department-related Parliamentary Standing Committee on Health and Family Welfare in its Ninety-second Report has offered a critical assessment of medical education in India. The Standing Committee has recommended for a decisive and exemplary action to restructure and revamp the regulatory system of medical education and medical practice and to reform the Medical Council of India in accordance with the regulatory structure suggested by the Group of Experts, chaired by Dr. Ranjit Rai Choudhary, which was constituted by the Central Government. The Standing Committee endorsed separation of functions by forming four autonomous boards and recommended appointment of regulators through selection rather than election and to bring a new comprehensive Bill in Parliament for this purpose, as the existing provisions of the Indian Medical Council Act, 1956 are outdated.

3. The Hon'ble Supreme Court in its judgment dated 2nd May, 2016 in the Civil Appeal No. 4060 of 2009 titled Modern Dental College and Research Centre and Others *versus* State of Madhya Pradesh and Others has directed the Central Government to consider and take appropriate action on the recommendations of the Rai Choudhary Committee.

4. Accordingly, it is proposed to introduce the National Medical Commission Bill, 2017 which, *inter alia.* seeks to provide for —

(a) constitution of a National Medical Commission for development and regulation of all aspects relating to medical education, medical profession and medical institutions and a Medical Advisory Council to advise and make recommendations to the Commission;

(b) constitution of four Autonomous Boards, namely:-

(i) the Under-Graduate Medical Education Board to regulate medical education at undergraduate level and to determine standards thereof;

(ii) the Post-Graduate Medical Education Board to regulate medical education at postgraduate level and to determine standards thereof;

(iii) the Medical Assessment and Rating Board to carry out inspections and to assess and rate the medical institutions; and

(iv) the Ethics and Medical Registration Board to regulate professional conduct and promote medical ethics amongst medical practitioners and medical professionals and to maintain a national register of all licensed medical practitioners and a national register of AYUSH practitioners who have qualified the bridge course;

(c) recognition of medical qualifications granted by universities and medical institutions in India and outside India and also for recognition of medical qualifications granted by statutory and other bodies in India as listed in the Schedule;

(d) holding of a uniform National Eligibility-cum-Entrance Test for admission to undergraduate medical education and the National Licentiate Examination for admission to postgraduate medical education and for enrolment to the National Medical Register;

(e) holding of joint sitting of the Commission, the Central Council of Homoeopathy and the Central Council of Indian Medicine to enhance the interface between Homoeopathy, Indian Systems of Medicine and modern systems of medicine;

(f) the repeal of the Indian Medical Council Act, 1956 and for dissolution of the Medical Council of India by providing that on such dissolution,—

(i) the chairman and other members of the said Council shall be deemed to have vacated their respective offices and will be entitled to compensation not exceeding three months' pay and allowances;

(ii) the officers and employees appointed on deputation shall stand reverted to their parent cadre;

(iii) the officers and other employees employed on regular or contractual basis by the said Council shall cease to be the officers and employees of said Council and shall be entitled to such compensation not less than three months pay and allowances for the premature termination of employment as may be provided by rules;

(g) the manner of seeking permission to establish a new medical college.

5. The Bill seeks to achieve the above objectives.

New Delhi;
The 22nd December, 2017.

JAGAT PRAKASH NADDA

PRESIDENT RECOMMENDATION UNDER ARTICLE 117 OF THE CONSTITUTION OF INDIA

[Copy of letter No. H.11011/01/2016-MEP, dated 22nd December, 2017 from Shri Jagat Prakash Nadda, Minister of Health & Family Welfare to the Secretary General, Lok Sabhal]

The President, having been informed of the subject matter of the proposed "National Medical Commission Bill. 2017", recommends to the House the introduction of the Bill under article 117 (1) of the Constitution.

Notes on Clauses

Clause 1 provides for short title, extent and commencement of the proposed Act.

Clause 2 defines various terms and expressions used in the proposed Act.

Clause 3 provides for constitution of the National Medical Commission in the proposed Act.

Clause 4 provides for composition of the National Medical Commission and appointment and qualifications of its constituent Members. The Commission shall be a twenty-five Member body comprising of chairperson, member-secretary, twelve *ex officio* Members and eleven part-time Members. Of the part-time Members, three shall be from non-medical background and five shall be elected Members from among registered medical practitioners.

Clause 5 provides for composition of Search Committee for appointment of the Chairperson and Members and Secretary of the Commission under proposed Act. The Committee shall be chaired by Cabinet Secretary and include three experts nominated by the Central Government of which two shall be with experience in medical field and one from non-medical. One of the elected medical Member in National Medical Commission shall also be a Member of this Committee. Chief Executive Officer, National Institution for Transforming India and Secretary to the Government of India in charge of the Ministry of Health and Family Welfare are the other Members.

Clause 6 provides duration of office, salary and allowances and other terms and conditions of service of the Chairperson and Members of the Commission. They shall hold office for a term not exceeding four years and will not be eligible for extension or reappointment.

Clause 7 provides for removal of the Chairperson and Members of the Commission.

Clause 8 provides for appointments of Secretary, experts, professionals, officers and other employees of the Commission.

Clause 9 provides for meetings, its Chairperson, quorum and other ancillary matters connected to meetings. The Commission shall meet at least once every quarter.

Clause 10 provides for powers and functions of the Commission including:—

(a) formulation of policies and framing of guidelines for ensuring high quality and standards in medical education and research;

(b) Coordination of functioning of the Commission, Autonomous Boards and State Medical Councils;

(c) formulation of policy for regulation of medical profession;

(d) power to delegate and form sub-committees.

Clause 11 provides for constitution and composition of Medical Advisory Council. It shall consist of one nominee from every State who shall be the Vice-Chancellor of State Health University or the University with maximum medical colleges under it. Ministry of Home Affairs shall nominate one Member to represent each Union territory. Every Member of National Medical Commission shall be *ex officio* Members of the Advisory Council. Chairman, University Grants Commission, Director, National Assessment and Accreditation

Council, and four Members from among Directors of Indian Institutes of Technology, Indian Institutes of Management and the Indian Institute of Science shall also be its Members.

Clause 12 provides for functions of Medical Advisory Council to advise the Commission on minimum standards in medical education, training and research:

Clause 13 provides for meetings and quorum of Medical Advisory Council.

Clause 14 provides for uniform National Eligibility-cum-Entrance Test and counselling for admission in undergraduate course in medical institutions.

Clause 15 provides that National Licentiate Examination for students graduating from the medical institutions for granting licence to medical practice, enrolment and admission to postgraduate medical courses.

Clause 16 provides for constitution of four Autonomous Boards under the overall supervision of the Commission. The four Autonomous Boards are Under-Graduate Medical Education Board, Post-Graduate Medical Education Board, Medical Assessment and Rating Board and Ethics and Medical Registration Board.

Clause 17 provides for composition of Autonomous Boards consisting of the President and two Members. The second Member of Medical Assessment and Rating Board and Ethics and Medical Registration Board shall be from non-medical background.

Clause 18 provides for Search Committee for appointment of the President and Members of the Autonomous Boards.

Clause 19 provides for duration of office, salary and allowances and other terms and conditions of service of the President and Members of the Autonomous Boards.

Clause 20 provides for Advisory Committees of experts constituted by the Commission to render assistance to all Autonomous Boards for discharging of functions assigned under the Act.

Clause 21 provides for staff of Autonomous Boards.

Clause 22 provides for meetings of Autonomous Boards. Every Board shall meet at least once a month.

Clause 23 provides for powers of Autonomous Boards and delegation of powers.

Clause 24 provides for powers and functions of Under-Graduate Medical Education Board including determination of standards of medical education at undergraduate level, framing of guidelines for establishment of medical institutions for imparting undergraduate medical courses, granting of recognition to medical institutions at undergraduate level.

Clause 25 provides for powers and functions of Post-Graduate Medical Education Board including determination of standards of medical education at postgraduate and super-specialty level, framing of guidelines for establishment of medical institutions for imparting postgraduate and super-specialty medical courses, granting of recognition to medical institutions at postgraduate and super-specialty level.

Clause 26 provides for powers and functions of Medical Assessment and Rating Board including determine the procedure for assessing and rating of medical institutions for compliance with prescribed standards, granting of permission for establishment of new medical institutions and carrying out of inspection

for this purpose, imposing of monetary penalty on medical institution for failure to maintain minimum essential standards prescribed.

Clause 27 provides for powers and functions of Ethics and Medical Registration Board including maintain a National Register for all licensed medical practitioners and regulate professional conduct, to develop mechanism for continuous interaction with State Medical Councils.

Clause 28 provides for permission for establishment of new medical college.

Clause 29 provides for criteria for approval or disapproval of the scheme for establishment of new medical college.

Clause 30 provides for State Medical Council and other provisions relating thereto.

Clause 31 provides for the maintenance of a National Register by Ethics and Medical Registration Board which shall contain the name, address and all recognised qualifications possessed by licensed medical practitioner, Every State Medical Council shall maintain a State Register. The registers will be maintained in such forms including electronic form as may be specified. A separate National Register shall be maintained for AYUSH practitioners who qualifies bridge course in modern medicine.

Clause 32 provides for rights of persons to have licence to practice and to be enrolled in National Register or State Register. A person who qualifies National Licentiate Examination shall be enrolled in the National Register or State Register.

Clause 33 provides for bar to practice. A person who is not enrolled in the State or National Register shall not be allowed to practice medicine or perform any of the function enrolled upon a qualifies medical practitioner such as holding an office of physician or surgeon, signing a medical certificate or giving evidence in matters related to medicine. Any violation shall be punishable with fine between one to five lakhs. The Commission may permit exceptions from qualifying National Licentiate Examination in certain cases. Foreign medical practitioners shall be permitted temporary registration in India in such manner as may be prescribed.

Clause 34 provides for recognition of medical qualifications granted by Universities or medical institutions in India. The institutions shall apply Under-Graduate Medical Education Board or Post-Graduate Medical Education Board which shall examine the application and decide on grant of recognition. First appeal shall lie to the Commission and second appeal to the Central Government.

Clause 35 provides for recognition of medical qualifications granted by medical institutions outside India.

Clause 36 provides for recognition of medical qualifications granted by statutory or other bodies in India which are covered by the categories listed in the Schedule.

Clause 37 provides for withdrawal of recognition granted to medical qualification granted by medical institutions in India. The Medical Assessment and Rating Board shall make a report to the Commission which shall decide the matter.

Clause 38 provides for de-recognition of medical qualifications granted-by medical institutions outside India.

Clause 39 provides for special provisions in certain cases for recognition of medical qualifications. This relates to medical institutions outside India.

Clause 40 provides for grants by the Central Government.

Clause 41 provides for National Medical Commission Fund which shall form part of the public account-of India. All Government grants, fee, penalties and all sums received by the Commission shall form part of it. The fund shall be applied for making payments towards all expenses in the discharge of the functions of the Commission.

Clause 42 provides for audit and accounts. The accounts of the Commission shall be audited by the Comptroller and Auditor-General of India.

Clause 43 provides for furnishing of returns and reports to the Central Government.

Clause 44 provides for power of the Central Government to give directions to Commission and Autonomous Boards on questions of policy.

Clause 45 provides for power of the Central Government to give directions to State Governments.

Clause 46 provides for information to be furnished by the Commissioner and publication thereof.

Clause 47 provides for obligations of Universities and medical institutions. They shall maintain a website at all times and display all such information as may be required by the Commission.

Clause 48 provides for completion of courses of studies in medical institutions. Students who were studying in any medical institution before the commencement of this Act shall continue to study and complete in accordance with syllabus and studies as existed before such commencement. Such student shall be deemed to have completed course of study under this Act.

Clause 49 provides for joint sittings of the Commission, Central Councils of Homoeopathy and Indian Medicine to enhance interface between their respective systems of medicine. Such meeting shall be held at least once a year. The joint sitting may reside on approving educational modules to develop bridges across the various systems of medicine and promote medical pluralism.

Clause 50 provides for the Chairperson, Members, Officers of the Commission and of Autonomous Boards to be public servants within the meaning of section 21 of the Indian Penal Code.

Clause 51 provides for protection of action taken in good faith.

Clause 52 provides for cognizance of offences by courts only upon a complaint in writing by an authorised officer of the Committee or Ethics and Medical Registration Board or State Medical Council.

Clause 53 provides for power of the Central Government to supersede Commission if it is unable to discharge the functions and duties imposed upon it or persistently defaults in complying with any direction issued by the Central Government. The Central Government may issue notifications of supersession not exceeding 6 months at a time.

Clause 54 provides for power to make rules. The Central Government may be notification make rules to carry out the purposes of this Act.

Clause 55 provides for power to make regulations. The Commission may after previous publication by notification make regulations consistent with this Act.

Clause 56 provides for rules and regulations to be laid before Parliament.

Clause 57 provides for power to remove difficulties. The Central Government may be order published in Official Gazette make such provisions not inconsistent with the provisions of this Act for removing the difficulty.

Clause 58 provides for repeal and saving. The Indian Medical Council Act, 1956 shall stand repealed and the Medical Council of India shall stand dissolved from the date as may be prescribed by the Central Government. The Chairman and other Members and employees of Medical Council of India shall vacate their respective offices and be entitled to the compensation.

Clause 59 provides for transitory provisions. Evenafter the repeal of the Indian Medical Council Act, 1956, the rules and regulations made thereunder shall continue to be in force till new rules and regulations are framed by National Medical Council.

FINANCIAL MEMORANDUM

Sub-clause *(1)* of clause 3 of the Bill provides for constitution of the National Medical Commission to exercise the powers and to perform the functions assigned to it. Sub-clause (1) of clause 4 provides for the appointment of Chairperson and Members of the Commission. Sub-clause (4) of clause 6 provides for payment of salary and allowances to the Chairpersons and Members, other than *ex officio* Members. Sub-clause *(1)* of clause 8 provides for appointment of Secretary of the Commission and sub-clause (5) thereof provides for appointment of officers and other employees of the Commission. Sub-clause (6) of said clause provides for payment of salary and allowances to Secretary, officers and other employees of the Commission.

2. Sub-clause *(1)* of clause 16 provides for constitution of four Autonomous Boards consisting of a President and two Members each. Clause 18 provides for appointment of President and Members of the Autonomous Boards and sub-clause (2) of clause 19 provides for salary and allowances of the President and Members of the Autonomous Boards.

3. Clause 40 provides for payment of grants to the Commission, after due appropriation made by Parliament by law in this behalf, as the Central Government may think fit.

4. Sub-clause *(1)* of clause 41 provides for the constitution of Fund to be called the National Medical Commission Fund which shall form part of the public account of India and setting up of the Commission would entail some expenditure from the consolidated Fund of India. All Government grants, fees and charges received by the Commission and its constituent bodies and all sums received by the Commission from such other source as may be decided upon by the Central Government shall be credited to the fund and shall be applied for payment of salaries and allowances and the expenses incurred in carrying out the provisions of the Bill.

5. Sub-clause (3) of clause 58 provides that on the dissolution of the Medical Council of India, persons appointed as Chairman, Members, Officers and other employees of that Council shall vacate their respective offices and that such Chairman and Members shall, for such premature termination, be entitled to claim compensation not exceeding three months pay and allowances and the officers and employees who are employed on regular and contractual basis by the Medical Council of India shall be entitled to such compensation, which shall not be less than three months' pay and allowances, as may be provided by rules.

6. The expenditure would be largely met from corpus of the existing Medical Council of India and the funds generated by the National Medical Commission. The budgetary support by the Government to the Commission and its constituent bodies is estimated not to exceed the level of the current budgetary support given to the Council. Further, as expenditure would depend on the number of meetings of the Commission, recurring or non-recurring expenditure cannot be anticipated at this stage.

MEMORANDUM REGARDING DELEGATED LEGISLATION

Clause 54 of rhe Bill empowers the Central Government to make rules by notification in the Official Gazette, *inter alia,* in respect of matters relating to—

(a) the manner of appointing three Members of the Commission on rotational basis from amongst the nominees of the States and Union territories in the Medical Advisory Council;

(b) the manner of electing five Members of the Commission by the registered medical practitioners from amongst themselves and the regional constituencies from which such Members are to be elected;

(c) the manner of nominating one expert by the Central Government;

(d) the salary and allowances payable to, and other terms and conditions of service of the Chairperson and Members;

(e) the areas in which post graduate qualification and experience shall be possessed by the Secretary of the Commission;

(f) the salaries and allowances payable to, and other terms and conditions of service of the Secretary, officers and other employees of the Commission;

(g) the other powers and duties of the Commission;

(h) the medical qualification and experience to be possessed by a Member;

(i) the salary and allowances payable to, and other terms and conditions of service of the President and Members of an Autonomous Board;

(j) the other factors;

(k) the manner of submitting a list of medical;

(l) the form for preparing annual statement of accounts;

(m) the time within which, and the form and the manner in which, the reports and statements shall be furnished by the Commission and the particulars with regard to any matter as may be required by the Central Government;

(n) the form and the time for preparing annual report;

(o) the modern medicines that the practitioners of Homoeopathy and of Indian Systems of Medicine may prescribe and the level at which they may so prescribe modern medicine;

(p) any other matter in respect of which provision is to be made by rules.

2. Sub-clause (3) of clause 15 of the Bill empowers the Central Government to make the National Licentiate Examination operational from such date, within three years from the date of commencement of this Act, as may be appointed by notification.

3. Sub-clause *(1)* of clause 16 of the Bill empowers the Central Government, by notification, to constitute the autonomous Boards under the overall supervision of the Commission, to perform the functions assigned to such Boards under this Act.

4. Sub-clause (3) of clause 36 of the Bill empowers the Central Government, on the recommendations of the Commission, and having regard to the objects of this Act, by notification, to add to, or, as the case may be, omit from, the Schedule any categories of medical qualifications granted by a statutory or other body in India.

5. Clause 39 of the Bill empowers the Commission to issue an order to direct that any medical qualification granted by a medical institution in a country outside India, after such date as may be specified in that notification, shall be a recognised medical qualification for the purposes of this Act.

Clause 55 of the Bill empowers the Commission to make regulations after previous publications and by notification in the Official Gazette, *inter alia*, in respect of matters relating to—

(a) the functions to be discharged by the Secretary of the Commission;

(b) the procedure in accordance with which experts and professionals may be engaged and the number of such experts and professionals;

(c) the procedure to be followed at the meetings of Commission, including the quorum at its meetings;

(d) the quality and standards to be maintained in medical education;

(e) the manner of regulating medical institutions, medical researches and medical professionals;

(f) the manner of functioning of the Commission, the Autonomous Boards and the State Medical Councils;

(g) the procedure to be followed at the meetings of the Medical Advisory Council, including the quorum at its meetings;

(h) the other languages in which and the manner in which the National Eligibility-cum-Entrance Test shall be conducted;

(i) the manner of conducting common counselling by the designated authority for admission to the under graduate medical education;

(j) the designated authority, and the manner for conducting the National Licentiate Examination;

(k) the manner of conducting common counselling by the designated authority for admission to the postgraduate courses;

(l) the number of, and the manner in which, the experts, professionals, officers and other employees shall be made available by the Commission to the Autonomous Boards:

(m) the procedure to be followed at the meetings of the Autonomous Boards;

(n) the curriculum at undergraduate level;

(o) the curriculum for primary medicine, community medicine and family medicine;

(p) the manner of imparting undergraduate courses by medical institutions;

(q) the minimum requirements and standards for conducting courses and examinations for undergraduates in medical institutions;

(r) the standards and norms for infrastructure, faculty and quality of education at undergraduate level in medical institutions;

(s) the standards of medical education at the postgraduate level and super-speciality level;

(*t*) the curriculum at postgraduate level and super-speciality level;

(u) the manner of imparting postgraduate and super-speciality courses by medical institutions;

(v) the minimum requirements and standards for conducting postgraduate and super-specialty courses and examinations in medical institutions;

(w) the standards and norms for infrastructure, faculty and quality of education in medical institutions conducting postgraduate and super-speciality medical education;

(x) the procedure for assessing and rating the medical institutions;

(y) the manner of carrying out inspections of medical institutions for assessing and rating such institutions;

(z) the manner of conducting, and the manner of empanelling independent rating agencies to conduct, assessment and rating of medical institutions;

(za) the manner of making available on website or in public domain the assessment and ratings of medical institutions;

(zb) the measures to be taken against a medical institution for failure to maintain the minimum essential standards;

(zc) the manner of regulating professional conduct and promoting medical ethics;

(zd) the form of scheme, the particulars thereof, the fee to be accompanied and the manner of submitting scheme for establishing new medical college;

(ze) the manner of making an application to the Commission for approval of the scheme;

(zf) the areas in respect of which criteria may be relaxed;

(zg) the manner of taking disciplinary action by a State Medical Council for professional or ethical misconduct of registered medical practitioner or professional and the .procedure for receiving complaints and grievances by Ethics and Medical Registration Board;

(zh) the act of commission or omission which amounts to professional or ethical misconduct;

(zi) other particulars to be contained in a National Register;

(zj) the form, including the electronic form and the manner of maintaining the National Register;

(zk) the manner in which any name or qualification may be added to, or removed from. the National Register and the grounds for removal thereof;

(zl) the form, the particulars to be contained in and the manner of maintaining a separate National Register for licensed AYUSH practitioners who qualify the bridge course;

(zm) the manner in which the title. diploma or qualification may be entered in the State Register or the National Register;

(zn) the circumstances in which, and the period for which, the Commission may permit a medical professional to perform surgery or practice medicine without qualifying the National Licentiate Examination;

(zo) the manner in which, and the period for which temporary registration may be permitted to a foreign citizen;

(zp) the manner of listing and maintaining medical qualifications granted by a University or medical institution in India;

(zq) the manner of examining the application for grant of recognition;

(zr) the manner of preferring an appeal to the Commission for grant of recognition;

(zs) the manner of including a medical qualification in the list maintained by the Board;

(zt) the manner of listing and maintaining medical qualifications which have been granted recognition before the date of commencement of this Act.

7. The matters in respect of which rules may be made are matters of procedure and administrative detail and it is not practicable to provide for them in the Bill itself. The delegation of legislative power is, therefore, of a normal character.

A

BILL

to provide for a medical education system that ensures availability of adequate and high quality medical professionals; that encourages medical professionals to adopt latest medical research in their work and to contribute to research; that has an objective periodic assessment of medical institutions and facilitates maintenance of a medical register for India and enforces high ethical standards in all aspects of medical services; that is flexible to adapt to changing needs and has an effective grievance redressal mechanism and for matters connected there with or incidental thereto.

(Shri Jagat Prakash Nadda, Minister of Health and Family Welfare)

List of Witnesses heard by the Committee

12th January, 2018

1. Ms. Preeti Sudan, *Secretary*
2. Shri Sanjeeva Kumar, *Additional Secretary*
3. Shri Arun Singhal, *Joint Secretary*
4. Shri Lav Agarwal, *Joint Secretary*
5. Shri Devesh Daval, *Deputy Secretary*
6. Shri Alok Kumar, *Adviser, NITI AYOG*

Department of Legal Affairs

Dr. Anju Rathi Rana, *Joint Secretary & Legal Adviser*

Legislative Department

1. Shri Uday Kumar, *Joint Secretary & LC*
2. Ms. Veena Kotwale, *Additional LC*

24th January, 2018

Representatives of Indian Medical Association

1. Dr. Ravi Wankhedkar, National President, IMA (Maharashtra)
2. Dr. R N Tandon, Hony. Secretary General, IMA (Lucknow)
3. Dr. Ved Prakash Mishra, Chairman, IMA Medical Education Board (Nagpur)
4. Dr. A. Marthanda Pillai, Past National President, IMA (Kerala)
5. Dr. K.K. Aggarwal, Imm. Past National President, IMA (Delhi)
6. Dr. Sahajanand Prasad Singh, President, Bihar State Branch, IMA (Bihar)
7. Dr. Ravindra H.N. President, IMA Karnataka, State Branch (Karnataka)
8. Dr J A Jayalal, President, IMA, IMA Tamilnadu State Branch (Tamilnadu)
9. Dr. Sudhir Dhakre, President, IMA, UP State Branch (U.P)
10. Dr. Santanu Sen, Hony. Secretary, IMA Bengal State Branch (Bengal)

All India Unani Tibbi Congress

1. Prof. Mushtaq Ahmad
2. Dr. Sagheer Ahmed Siddiqui
3. Dr. Mohd. Imran
4. Dr. Mohd. Aslam
5. Dr. Syed Ahmed Khan

Indian Institute of Homoeopathic Physicians

1. Dr. M.A. Rao (Nagpur), *National President of IIHP*
2. Dr. V.K. Gupta (Delhi), *President of Honour IIHP*

3. Dr. Ravinder Kochhar (Ludhiana), *National Secretary General*
4. Dr. Niranjan Mohanty (Bhubaneswar), *Advisor IIHP*

All India Ayurvedic Congress

1. Vaidya Tarachand Sharma
2. Vaidya Budh Prakash Gupta

Ministry of Health and Family Welfare

1. Shri Arun Singhal, *Joint Secretary*
2. Shri Amit Biswas, *Under Secretary*

Department of Legal Affairs

Dr. Anju Rathi Rana, *Joint Secretary & Legal Adviser*

Legislative Department

Ms. Renu Sinha, *Deputy LC*

12th February, 2018

1. Dr. K. Srinath Reddy, President, Public Health Foundation of India.
2. Dr. Sita Naik, Former Dean, Sanjay Gandhi Postgraduate Institute of Medical Sciences, Former Member, Board of Governor, MCI
3. Prof. Ritu Priya Mehrotra, Centre of Social Science and Community Health, JNU
4. Dr. Meenakshi Gautam, IDEAS Country Coordinator India, London School of Hygiene and Tropical Medicine
5. Ms. Sujatha Rao, Former Health Secretary
6. Dr. J M Kaul, Retired Director Professor of Anatomy, Maulana Azad Medical College
7. Ms. Shailaja Chandra, Former AYUSH Secretary & former Chief Secretary.

13th February, 2018

Representatives of State Governments

1. Ms. V. Manjula, Additional Chief Secretary, Medical Education Department and Dr. S. Sachidanda, Director, Medical Education Department, Government of Karnataka;
2. Dr. R. Radhakrishnan, IAS, Principal Secretary to Government and other officials of the State Government of Tamil Nadu;
3. Shri Sanjay Deshmukh, Secretary, Medical Education & Drugs Department, State Government of Maharashtra;

Experts

4. Ms. Shefali Malhotra & Shri Shubho Roy of National Institute of Public Finance and Policy, Delhi;

5. Dr. Abhay Shukla, Alliance of Doctors for Ethical Healthcare;

6. Shri Sanjeev Agarwal, Advocate on Record (Supreme Court);

7. Dr. Arun Jamkar, Previous VC, Maharashtra University of Health Science

Representative of Department of Health and Family Welfare
Shri Arun Singhal, *Joint Secretary*

Representative of Department of Legal Affairs
Dr. Anju Rathi Rana, *Joint Secretary & Legal Adviser*

Representative of Legislative Department
Ms. Renu Sinha, *Deputy LC*

16th February, 2018

Employees Association, Medical Council of India

(i) Mr. Anil Kumar
(ii) Mr. Shikhar Ranjan
(iii) Mr. Ashok Kumar Harit
(iv) Mrs. Vandana Rajawat
(v) Mrs. S. Savitha

Experts

Dr. (Prof.) S.K. Sarin, Director, Institute of Liver and Billiary Sciences and Former Chairman, Board of Governor, MCI

Dr. Devi Shetty, Chairman, Narayan Hrudayala

Prof. Anand Zachariah, Faculty, Department of Medicine, Christan Medical College, Vellore

Ms. Amrita Patel, H.M. Patel Centre for Medical Care and Education and Charutar Cooperative, Anand

Department of Health and Family Welfare
Shri Arun Singhal, *Joint Secretary*

Department of Legal Affairs
Dr. Anju Rathi Rana, *Joint Secretary & Legal Adviser*

Legislative Department
Ms. Renu Sinha, *Deputy Legislative Counsel*

27th February, 2018

1. Dr. Jayshree Mehta, President, MCI

2. Dr. Rajneesh Dube, Principal Secretary, Department of Medical Education, Government of UP.

3. Mr. Sanjay Kumar, Principal Secretary, Government of Bihar

4. Shri Shubhanjan Das, IAS, Additional Secretary, State Government of West Bengal

5. Prof. Randeep Guleria, Director, AIIMS

6. Dr. J. V Peter, Director, Christian Medical College, Vellore
7. Dr. K. Sharath Kumar Rao, Prof. of Orthopaedics and Associate Dean, Kasturba Medical College, Manipal Academy of Higher Education
8. Dr. Vijay Dhasmana, Vice Chancellor, Swami Rama Himayalan University, Dehradun
9. Mr. Satish C. Goel, Vice President, UP Unaided Medical Colleges
10. Dr. Harjit Singh Bhatti, President and Representatives of AIIMS Resident Doctors Association
11. Dr. Vivek Chouksey, President and Representatives of Federation of Resident‘ Doctors’ Association India (FORDA)
12. Dr. H S Chhabra - National Secretary, Association of National Board of Accredited Institutions in India, Banglore
13. Dr. Rajesh Meena, President, Representatives from National Homoeopathy Medical Association
14. Dr. P Md Hasan Ahmed – Member, Central Council of Indian Medicine

Department of Health and Family Welfare

Shri Arun Singhal, *Joint Secretary*

Representative of Department of Legal Affairs

Dr. Anju Rathi Rana, *Joint Secretary & Legal Adviser*

Representative of Legislative Department

Ms. Renu Sinha, *Deputy LC*

7th March, 2018

Department of Health and Family Welfare

1. Ms. Preeti Sudan, Secretary, H&FW
2. Shri Arun Singhal, Addl. Secretary
3. Mr. Sanjeeva Kumar, Addl. Secretary
4. Mr. Devesh Deval, Dy. Secretary
5. Mr. Amit Biswas, Under Secretary

NOTE OF DISSENT BY DR. K. KAMARAJ, M.P. (LOK SABHA) ON THE NATIONAL MEDICAL COMMISSION BILL, 2017

Here with I am submitting my dissent note on 109 Report of Departmentally Related Parliamentary Standing Committee on Health and Family Welfare on "The National Medical Commission Bill, 2017" dated 16 March, 2018 on various clauses.

Clause 4-Composition of National Medical Commission

On the committee recommendations clause 4.4.9

4.4.9 Part-time members

a) Three part-time members:-

Two members to be appointed from patient advocacy groups and one more member from the other professional area.

c) Term of Part-time elected member not mentioned, ideal term should be 4 years.

Clause 14–National Eligibility-cum-Entrance Examination (NEET)

a) Medical entrance examinations for admission for medical colleges and do not make doctors.

b) In order to achieve uniformity and desired standards among medical practitioners the quality of medical education and training must be standardized and improved, not the admission to medical institutions. Ideal solution will be the National Licentiate Examination for the students graduating from medical institutions not NEET.

NEET at the moment is only helping the privileged class of students from upper caste, students from urban area. They have the access to standard, urban schools . Rich students have access to study in the urban schools and to attend and study in private coaching centres (for few weeks of coaching). NEET is against the interest of rural students and students from poor socio economic background. Since they have no means to private coaching centres and have no access to high priced urban and private schools. Poor students have studied rigorously and sincerely in rural schools with poor infrastructure that too in government schools are denied opportunity study medicine. Tamil Nadu Government consistently opposed to the introduction of NEET.

1. **I strongly urge the committee to reconsider the earlier recommendation on NEET for admission to medical colleges.**

2. **If the committee still desirous of NEET, I strongly urge committee to ensure in the NMC bill to have the legal provisions which would leave the States with the option of making admissions to seats under the State quota of the State Medical colleges** through a transparent systems like the one which was vogue in Tamil Nadu were marks awarded in the school leaving examination was the basis of admission for medical colleges.

3. **There is no justifiable reason for excluding the institutions governed by their own act** (AllMS, JIPMER, PGI, AllMS like Institutions etc) from NEET.

"The real impact of NEET has only deprived the fundamental rights of the poor people. NEET is unconstitutional and imposed the anti-poor stand on Medical Education. NEET impinges on the federal rights of the States"

Annexure: 1 about the merits and demerits of NEET Examination.

Clause 16- Continuing Professional Development Board and National Clearing House

There is need for fifth board to address the issue of **Continuing Professional Development of doctors and a national agency to create and maintain a database of evidence - based clinical guidelines to be adopted and followed by the medical practitioners** to improve the standard of patient care.

Continuing Professional Development

The purpose of the Continuing Professional development board is to help improve the safety and quality of care provided for patients and the public. Incorporating the CPD board will create constant quality checks on doctors practicing medicine with in the country. CPD is any learning outside of undergraduate education or post graduate education training that helps the doctors maintain and improve their performance. It covers the development of professional knowledge, skills, attitude and behaviour across all areas of practice including both formal and informal learning activities.

Adequate CPD activities necessary requirements for revalidation and continuation of medical practice.

National Clearing House

National Guideline Clearinghouse (NGC) is a database of evidence-based clinical practice guidelines and related documents. The NGC aims to provide physicians, nurses, and other health professionals, health care providers, health plans, integrated delivery systems, purchasers and others an accessible mechanism for obtaining objective, detailed information on clinical practice guidelines and to further their dissemination, implementation and use.

The guidelines are developed by experts in the concerned fields of medicine with the help of Professional Medical Associations based on the available scientific evidence in the management of diseases.

Clause 26-Function of Medical Assessment and Rating Board

1. The NMC bill is silent with regard to the authority and procedure for starting of Post Graduate courses and Super Speciality courses, including the modality of increase of seats in the ongoing courses. Without any regulation, starting post graduate courses and increase number of seats would lead to undesired, disastrous consequences. This results in substandard post graduate medical professionals, since they graduate from medical institutions without adequate infrastructures and facilities .

2. Engaging private third-party agencies to conduct, rate and assess the medical colleges will lead to large scale corruption. Verification must be done by through assessment cell in the commission itself through assessors appointed by the board.

Clause 27- Power and Functions of The Ethics and Medical Registration Board

I, disagree with the recommendation of the commission 4.27.1, 4.27.2 and 4.27.3

The Ethics and Medical Registration Board only maintains the National Register of Medical Practitioners of Modern Scientific Medicine. (Allopathic Medicine). Regarding specific data and National register for Nurses, Para- medical Professional, Allied Professionals and AYUSH Practitioners are maintained by the respective councils not by EMR Board.

Clause 31- National Register and State Register

Delete sub clause 8 which **deals the separate National Register maintained by The Ethics and Medical Registration Board for AYUSH Practitioners who qualifies for bridge course.**

Sub clause:31.8. The Ethics and Medical Registration Board shall maintain a *separate National Register in such form, containing such particulars, including the name, address and all recognised qualifications possessed by* a *licensed AYUSH practitioner who qualifies the bridge course referred to in sub-section (4) of section 49, in such manner as may be specified by regulations.*

Clause 36 - Recognition of Medical Qualifications granted by Statutory or other bodies in India

Abolish Diploma Courses and Increase the number of seats in Post Graduate Degree Course

1. Abolish diploma courses because **the only difference between diploma and degree is duration of the course (One-year difference) and submission of thesis** report**.** Both students **trained by same colleges with same infrastructure.** Instead of Diploma course increase number of degree seats that will increase number of teaching medical professionals. Medical professionals already qualified Diploma courses worked in the teaching hospitals for Two years should be given degree after submission of Thesis report.

2. I disagree with the committee recommendations that 43.36.5 and **the sub-clause 2 in clause 36 should be deleted.**

   Sub clause 36.2. The Diplomate of National Board granted by the National Board of Examination in broad speciality course and super-speciality course shall be equal in all respects to the postgraduate qualification and the super-speciality qualification, respectively, granted under this Act.

   a) There is no need for two parallel systems of Post Graduate Medical Education.

   b) Diplomate of National board students are trained in Private medical hospitals **which lacks adequate medical infrastructures especially patients, teaching faculties and lack of practical hands on training in treating the patients.** The students are treated as cheap medical labour by the private medical institutions.

   b) Hence there is no need for separate Post-Graduate Diploma awarded by National Board of Examination as already degrees and diplomas awarded by universities **if the objective of the bill is to maintain standards in medical education.**

Clause 49 - Joint sittings of Commission, Central Councils of Homoeopathy and Indian medicine to enhance interface between their respective systems of medicine.

I vehemently opposed to the inclusion of bridge course for AYSUH practitioners in the bill to enable them to get registered to National Register maintained by EMR Board and practice modern medicine.

Clause: 49. (1) There shall be a joint sitting of the Commission, the Central Council of Homoeopathy and the Central Council of Indian Medicine of least once a year, at such time and place as they mutually

appoint ***to enhance the interface between Homoeopathy, Indian Systems of Medicine and modern systems of medicine.***

(2) The agenda for the joint sitting may be prepared with mutual agreement between the Chairpersons of the Commission, the Central Council of Homoeopathy and the Central Council of Indian Medicine or be prepared separately by each of them.

(3) The joint sitting referred to in sub-section (1) may, by an affirmative vote of all members present and voting, ***decide on approving specific educational modules or programme that may be introduced in the undergraduate course and the postgraduate course across medical systems and to develop bridges across the various systems of medicine and promote medical pluralism.***

(4) The joint sitting referred to in sub-section (1) may, by an affirmative vote of all members present and voting, ***decide on approving specific bridge course that may be introduced for the practitioners of Homoeopathy and of Indian systems of Medicine to enable them to prescribe*** **such modern medicines at such level as may be prescribed.**

The objective of Government as mentioned in the bill is to

1. **Enhance the interface between Homoeopathy, Indian Systems of Medicine and modern systems of medicine.**
2. **To develop specific educational modules or programmes that may be introduced in the undergraduate course and the postgraduate course across medical systems and to develop bridges across the various systems of medicine and promote medical pluralism.**
3. **Bridge course that may be introduced for the practitioners of Homoeopathy and of Indian systems of Medicine to enable them to prescribe such modern medicines at such level as may be prescribed.**

Reasons given by the government in the Committee are

1. Acute shortage of doctors and specialists
2. Doctor to population ratio is low especially in rural areas.
3. Allopathic doctors do not go to rural areas to practice.
4. Shortage of doctors in the PHCs.
5. Since 150000 sub centres will be converted into Health and Wellness centres there is need of large human resource to meet the requirements.
6. **Doctors are not taking care of the preventive** and wellness aspect of the health care.

So, the government is trying to fill the gap of availability of personnel by facilitating trained AYUSH practitioners to expand their knowledge skill sets through bridge course and provide preventive health care and also employ them in sub-block headquarters level to prescribe specified medicines at specified levels where the presence of allopathic doctors are negligible.

From the draft of the bill it is well understood that the government is trying to

Allow only AYUSH practitioners, not the other medical professionals to practice modern medicine. "That the government is promoting and legalizing the quackery through this provision in the Bill".

In India 55000 M.B.B.S., doctors are coming out of the colleges every year where only about 3500 PHCs medical posts are vacant. It is myth that allopathic doctors do not serve in rural area, even if so, mandatory rural posting for medical graduates will alone solve this problem.

I would like to bring to the knowledge of the Committee that the Indian Medical Association, Central Council of Homeopathy and even the AYUSH Secretary opposed the introduction of Bridge Course and feels that it will destroy both systems of medicine.

From above reasoning it is understood that the Government's main intention is to allow the AYUSH practitioners to practice modern medicine and promote medical pluralism between modern scientific medicine and unscientific system of medicine (AYUSH).

I completely disagree with the committee recommendations of capacity building programme by States for AYUSH practitioners to deliver quality, standardized primary and emergency care in rural areas.

By mixing of the different systems of medicine there is a problem of unscientific system percolating into scientific system and the ultimate sufferer will be the people and patients. The Government should not impose this through the bill.

Thanking you,

Sd/-

(Dr. K. Kamaraj)

Annexure -1

NEET

The bill proposes a Uniform National Eligibility Cum Entrance Examination (NEET) to determine the admission to undergraduate medical education in all medical institutions except exempted medical institutions granted by statuary body (AIIMS, JIPMER etc).

Objectives and arguments in favour of NEET

1. Merit is the only criteria for admission to medical education and produce medical practitioners of similar pedigree.
2. Bring end to corrupt and unethical practices that have been in existence for decades predominantly in private medical colleges and Deemed universities.
3. Removes the complexity of multiple examinations.
4. Transparent process of admissions.
5. Curtail the exorbitant illegal collection of capitation fees (from 501ac to more) by the private medical institutions and deemed universities.
6. Supreme Court has given a Judgment that NEET examination should be conducted.

Argument against the NEET

a) If merit as sole criterion for admission, Medical entrance examinations for admission for medical colleges and do not make doctors.

b) In order to achieve uniformity and desired standards among medical practitioners the quality of medical educations and training must be standardized and improved not the admission to medical institutions.

c) Different boards, different syllabus but one examination

It is unfortunate the students appearing for NEET from different boards namely State board, CBSE, ISE study different syllabus with different standards in the schools, how do anyone except the students perform and score equally in the NEET with different knowledge back ground.

d) NEET while dismantling proficient and acclaimed state educational boards will create an ecosystem that favours students who are predominantly urban, rich and upper caste and who can afford the exorbitantly priced private tuition classes needed to score highly in such entrance examination prepared in few months (instead two year study in the schools).Two year school study and Final public examination will be better method assessment of the student rather than MCQ examination like NEET.

e) There is mushrooming of highly priced entrance coaching centres which is a booming business now beyond the reach of the most talented students. Thus, under the pretence of merit medical education will be made selectively available to the privileged social elites (urban, rich and upper caste).

f) In **the proposed NMC bill, no provision has been made for minimum qualifying marks in NEET but determined by percentile system**. Unless the minimum qualifying marks is specified a poor student, who has scored 80 % in the examination but does not have the means to pay the fees at private medical college could lose the seat to a rich student may have scored only 30% but has the means required to pay the fees. **Therefore, the notion of admission to medical colleges is based on merit (well educated, knowledgeable, meritorious student) is a myth and shows the poor understanding of the ground realities.**

The purpose of the competitive examination stands defeated when one has to fill the seats in a medical college with all and sundry, rather than the best candidates under the guise of 50^{th} /40^{th} percentile.

Eligibility Criteria : as per the CBSE

In order to be eligible for admission to MBBS/BDS Courses for a particular academic year, it shall be necessary for a candidate to obtain minimum of marks at 50^{th} percentile in National Eligibility Cum Entrance Test to MBBS/BDS Courses held for the said academic year. However, in respect of candidates belonging to Scheduled Castes, Scheduled Tribes, Other Backward Classes, the minimum marks shall be at 40^{th} percentile. In respect of the candidates with Bench Marked Disabilities specified under the Rights of Persons with Disabilities Act, 2016, the minimum marks shall be at 45^{th} percentile for General category candidates and 40^{th} percentile for SC/ST/OBC candidates. The percentile shall be determined on the basis of highest marks secured in the All India common merit list in National Eligibility cum Entrance Test for admission to MBBS/ BDS courses. Total marks: total 720.

NEET (UG) - 2017

Category	Registered Candidates	Appeared	Absent	Qualified
Male	497043	473305	23738	266221
Female	641839	616772	25067	345313
Transgender	8	8	-	5
TOTAL	**1138890**	**1090085**	**48805**	**611539***

Category	Qualifying Criteia	Marks Range	No. of Candidates
OTHERS	50th Percentile	697-131	543473
OBC	40th Percentile	130-107	47382
SC	40th Percentile	130-107	14599
ST	40th Percentile	130-107	6018
UR & PH	45th Percentile	130-118	67
OBC & PH	40th Percentile	130-107	152
SC & PH	40th Percentile	130-107	38
ST & PH	40th Percentile	130-107	10
	TOTAL		**611739***

According to this data (see box), 11,38,890 candidates were registered for NEET-2017. Of these, as many as 10,90,085 appeared in NEET. Among these, 6,11,739 candidates were declared qualified on the basis of minimum qualifying criteria of NEET-UG 2017 (50/40th percentile). It was further observed that 5,43,473 candidates had qualifying the criteria as 50th percentile with marks ranging from 697 to 131 out of the total 720. While in the cohort of 40th percentile among various categories the marks range between 130 and 107 out of 720. (Candidates with over 130 marks in case of reserved category were considered against general category, wherever eligible).

From these figures, it is evident that in the group of 50th percentile, candidates securing as high as 96.8% marks and getting as low as 18.2% marks were eligible for admission to the MBBS course. This group had as many as 5,43,473 candidates. Similarly, in the group of 40th percentile, the maximum marks obtained were 18.05% of total and the low was 14.8%. These were the 68,266 candidates.

NEET (UG) - 2016

Category	Eligible Registered Candidates	Appeared	Absent	Qualified	Qualified (Over all neet)
Male	3,69,649	3,37,572	32,077	11,058	1,83,424
Female	4,32,930	3,93,642	39288	8,266	2,26,049
Transgender	15	9	6	1	4
TOTAL	**8,02,594**	**7,31,223**	**71,371**	**19,325**	**4,09,477**

Category	Qualifying Criteia	Marks Range	No. of Candidates
OTHERS	50th Percentile	685-145	171329
OBC	40th Percentile	678-118	175226
SC	40th Percentile	595-118	47183
ST	40th Percentile	599-118	15710
UR & PH	45th Percentile	474-131	437
OBC & PH	40th Percentile	510-118	597
SC & PH	40th Percentile	415-118	143
ST & PH	40th Percentile	339-118	36

In the year 2016, a total of 8,02,594 candidates were registered, of whom 7,31,223 appeared in the NEET examination (see box). Of these, 4,09,477 candidates were declared as NEET qualified on the basis of the minimum qualifying criteria of NEET-UG 2016 (50/40th percentile). It was further observed that as many as 1,71,329 candidates had the qualifying criteria as 50th percentile with marks range between 685 and 145 out of the total 720 marks. While in the cohort of 40th percentile among various categories, the marks ranged between 678 and 118 out of the total 720. From these figures, it is evident that in the group of

50th percentile, candidates securing as high as 95.1% marks and as low as 20.1% marks were eligible for admission to the MBBS course. This group had as many as 1,71,329 candidates. Similarly, in the group of 40th percentile, the maximum marks obtained were 94.1% and lowest were 16.3% marks and these were 2,38,148 candidates . Here the candidates were considered in their respective categories as compared to the data reflected in NEET 2017, where the candidates of reserved categories were shown to be considered in general category.

The statistics above reveal that for the academic **year 2017-18, the candidates securing 18.2 per cent marks, *i.e.* 131 out of 720 in the general category and 14.8 per cent marks, *i.e.* 107 out of 720 was eligible for admission.** Similarly, in the academic year **2016-17**, the candidates s**ecuring 20.1 per cent marks, *i.e.* 145 out of 720 in the general category and 16.3 per cent marks, *i.e.* 118 out of 720 were eligible for admission.**

NEET, which is a competitive eligibility examination , has allowed the admissions of candidates who were lower in ranks, which probably would have never ever been admitted in medical schools in pre-NEET days. The one who loses out for admission following NEET, is often the weakest student in terms of money and influence, whose only asset may be merit, that probably does not count much in our country.

h) Transparency: After two years of NEET examinations-based admission to private medical colleges, admission procedures still opaque, where unqualified, non-meritorious student getting admissions is not prevented either or illegal collection of exorbitant capitation fees is prevented, and collection of high course fees is controlled.

i) Excluding the institutions governed by their own acts (AllMS, JIPMER , PGI, AllMS like institutions etc) defeats the very purpose of one entrance examination NEET instead of multiple entrance examinations. There is no justifiable reason for excluding them from NEET.

From above facts it is clear that admission to medical institutions through NEET is not based on merit and has not achieved the intended objectives.