

Whither National Medical Commission (NMC) Bill?

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The NITI Aayog has sent its draft of a new National Medical Commission (NMC) Bill 2016, which seeks to reform medical regulation in India. It is important that in participatory democracy we should have professionals self regulating them. The NITI Ayog, in this bill, is mentioning about replacing the current Medical Council of India (MCI) with a primarily nominated team with bureaucrats ruling the roost. Let us examine the arguments advanced by the NITI Aayog for this change.

It says that the medical council has given recognition to private medical colleges which are distributing degrees for money. This is because the Government allowed mushrooming of private medical colleges in the last three decades to supplement its efforts to increase the seats of medical graduates for capacity building. The permission to grant license to run medical colleges is given by the State governments, and then by the Central government. It is also said that the private medical colleges do not pay attention to merit, and enroll students to earn capitation fee. This also has been overtly helped by mushrooming of deemed universities, which hold their own examinations and indulge in unfair means to take candidates. These deemed universities are the crux of the whole problem, and they are given permission not by the medical council but by the University Grants Commission (UGC). In fact majority of the medical colleges and deemed universities are owned and run by politicians. It is pertinent to point out that changing from an elected model to a nominated model may not cure the problem, but may actually worsen it. We know that there is rampant corruption in all departments of the government, but does that mean we replace the elected Prime Minister and the Parliament by a nominated one. Also, the whole system has become gutless and spineless with very few bureaucrats having the wherewithal for out-of-the-box thinking and ability to resist the pressures.

The reforms in medical education have been long overdue. We need to examine that meritocracy takes the front seat. Towards this end, the introduction of

National Eligibility cum Entrance Test (NEET) will make a tremendous change, but then it has to be implemented with a missionary zeal and not piece meal. There should be no ifs and buts about admissions through the NEET. This will ensure that the graduates who come out of all institutions are of the same caliber. Also, minimum standards should be maintained and not lowered in any circumstance even on the request of the government.

There is an urgent need to beef-up the public health system. For long, the public health system has languished and the space abdicated by the government has been occupied by the private players. We need to realize that the quality of care delivered in the public system is far from desirable. The government should increase the budget spent on health and education so that fewer people need to access the private facilities. If the primary care is good, there will be less need for tertiary care centers.

The NMC Bill proposes a new authority to register and monitor doctors, and regulate medical education; the argument being that with the MCI mired in controversy and accusations of corruption for years, this is a much-needed reform. This argument is fascicle as it is like throwing the baby out with the bath water. What we need is tougher regulations and more funding for the medical education. We need more postgraduate seats and more seats in branches like family medicine. The new bill has not suggested any solutions but has just debunked the MCI and replaced it with a new set of people. No proper consultation was done involving various professional organizations, and picking their brains for coming out with credible solutions. The report has no insights of the regulatory systems of other countries and provides no clues to the way forward. In our country, discretionary quotas and nominations have always led to corruption and nepotism. Thus, the process of electing representatives is far more transparent and participatory. The qualifying criteria are nebulous and ambiguous that makes the case for misuse in the future easy. As far as regulatory mechanisms and ethical issues are concerned,

we need to be more open to suggestions and all proceedings should be held in a transparent and open way.

There is another myth being propagated that the doctors are not ready to go to rural areas. It is important that we incentivize the young doctors for going to the rural area. There are hardly any posts advertised for the doctors, and we have a huge number of educated unemployed doctors – running to over a hundred thousand – who are preparing for their post graduate examinations. It is quite evident that the Government has failed to provide healthcare for large chunks of the population. The out-of-pocket expenditure on the health of the community is one of the major factors for the circle

of poverty in our country. The government should provide healthcare and security to each and every citizen in the country, and then only things will improve.

The commercialization of health is due to the inability of the government to provide basic health care. Let us hope that with the new government we will have more allocation to health budget and better support to the crumbling public health system, and the need for commercial and private facilities will come down. Another thing the government should realize that the Ministry of Health is the ministry for both the private and public sector, and it should sit down with the private sector to find out-of-the-box solutions to improve the health system in the country.

