

National Medical Commission (NMC) Bill 2017

What is the issue?

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• There is nationwide opposition to the proposed National Medical Commission (NMC) Bill 2017.

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 With Lok Sabha sending it to the Parliamentary standing committee on health, the provisions need a serious rethink.
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What are the key provisions?

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- Commission The NMC bill seeks to replace the Medical Council of India with National Medical Commission as the top regulator of medical education. \n
- The 20 members National Medical Commission will be at the top of a four-tier structure for regulation. \n
- NMC will comprise of a Chairperson, a member secretary, eight ex-officio members and 10 part-time members. $\nprotect{\scale}$
- Out of the 8 ex-officio members, four shall be presidents of the boards constituted under the act.

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- The remaining four shall be nominees from three ministries viz. Health, Pharmaceuticals, HRD and one from Director General of Health Services. \n
- Autonomous Boards The Bill sets up under the supervision of the NMC certain autonomous boards which are:\n

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- i. the Under-Graduate Medical Education Board (UGMEB) and the Post-Graduate Medical Education Board (PGMEB) $$\n$
- ii. the Medical Assessment and Rating Board (MARB)

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• Each board will consist of a President and two members, appointed by the central government.

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- Medical Advisory Council It will be a platform for the states/union territories to put forth their views and concerns before the NMC.
- Essentially, the Council will advise/make recommendations to and oversee the functions of the NMC.
- **Exam** Students have to clear the common entrance exam <u>NEET</u> for MBBS. n
- Besides, the National Licentiate Examination will be mandatory for medical graduates before practising/pursuing PG. \n
- Under specified regulations, the NMC can also permit a medical professional to perform surgery or practise medicine without qualifying the licentiate (exit) exam.

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• AYUSH practitioners - On completion of a bridge course, practitioners of Indian systems of medicine, including Ayurveda and homoeopathy would be allowed to practise allopathy.

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• The rationale is to address the shortfall of rural doctors by creating a new cadre of practitioners.

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- **Private college** The government, under the NMC, can dictate guidelines for fees up to 40% of seats in private medical colleges. n
- This is aimed at giving students relief from the exorbitant fees charged by these colleges and is a standout feature of the bill. \n

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What are the contentions?

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• **Registry** - Graduates of Bachelor of Ayurvedic Medicine and Surgery, and Bachelor of Homeopathic Medicine and Surgery are already registered with

their respective councils.

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- The NMC registry, in addition to this, could result in dual registration, which is neither open nor permissible. \n
- **Corruption** The bill aims to overhaul the corrupt and inefficient Medical Council of India.

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• This is sought to be accomplished through an independent Medical Advisory Council.

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- However all members of the Council are members of the NMC as well, thereby undermining the council's independence and its very purpose. \n
- Bridge Course The provision has created widespread resentment among allopathy doctors.
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What could possibly be done?

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- The government could empower existing doctors before integrating alternative-medicine practitioners into modern medicine.
- Notably, MCI regulations prevent even experienced MBBS doctors from carrying out procedures like caesarians and ultrasound tests. \n
- Also, nurses are barred from administering anaesthesia. \slashn
- An alternative would be to have a three-year diploma for rural medical-care providers, as earlier practised in Chhattisgarh.
- \bullet Graduates from such diploma courses could be allowed to provide basic care in under-served regions, to meet out the shortfall. \n

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Source: The Hindu, Financial Express

