

National Medical Commission Act, 2019

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The relevance, provisions and the implications of the National Medical Commission Act, 2019 for the future of medical education and health practice in the country are examined here. This act is a step towards improving governance and introducing reforms with the potential to create an enabling environment, and facilitate standardisation in processes and transparency in the functioning of the health sector.

The National Medical Commission (NMC) Act, 2019 enacted by Parliament is a landmark act. The act has generated a lot of debate and strong reactions—both for and against it. In this article, the relevance, provisions and the implications of this act for the future of medical education and health practice in the country are examined.

Medical interventions and health technology are in a phase of rapid metamorphosis globally. The benefits of rapid scientific developments, technological advancements, and improved and targeted interventions in the health sector have changed the lives of millions. People are living longer (WHO 2019b) and healthier lives (Ortiz-Ospina and Roser 2016). The simultaneous improvement in education, income, and other social determinants has also contributed to this phenomenal rise in life expectancy. Life expectancy in India improved from below 50 years in the 1950s to 76 years in the recent years (World Bank 2019). Medical education needs in the 21st century are vastly different from those in the previous century. The report of the Lancet Commission on medical education for the 21st century (Frenk et al 2010) notes

20th century educational strategies that are unfit to tackle 21st century challenges ... changes are needed because of fragmented, outdated, and static curricula that produce ill-equipped graduates.

This report has reshaped the global dialogue and discourse about how countries can

redesign medical education to keep pace with the changing times. The NMC Act, 2019 is a reformative step in this direction for a transparent and objective governance framework that has the potential to usher in institutional and instructional reforms across the medical education sector. It has several provisions that are forward-looking. In this article, specific provisions of this act that have a transformative potential have been highlighted.

The ideation of a National Licentiate Examination mooted through this act is a provision that necessitates obtaining a licence to practise after graduation and for admission to postgraduate medical courses. This is expected to simplify the admission process for postgraduate programmes and eliminate the stress of multiple examinations. At the national level, it could free up a lot of latent human resource potential. The internship period of one-year duration, which is a mandatory component of medical education, is sub-optimally utilised in the current times. Interns are busy preparing and appearing for multiple entrance examinations with no attention on internship work. The freed up time with the single common national examination will enable young medical doctors to diligently spend time with patients and support our health system.

Further, it shall help young doctors gain knowledge and understanding from real-life practical experiences. Currently, a cohort of over 50,000 Bachelor of Medicine and Bachelor of Surgery (MBBS) doctors undertakes internship every year in our country. This number is expected to increase substantially in the coming decades. Freeing up these young minds is bound to bring in a change at their training site. The same test is also set to replace the examination that certifies medical graduates trained in foreign countries to practise in India. The act, therefore, proposes the same standards for MBBS doctors graduating from anywhere in India and outside the country.

Accessing Medical Education

Equity in accessing medical education is of vital importance. While public institutions substantially subsidise medical education, the NMC will determine fees for a percentage of the seats in private medical colleges and deemed universities. This move will broaden the opportunity for students from all sections of the society to undertake medical education. This democratisation of medical education is important since it is growing more expensive with every passing year. The rising fees, expensive books and equipment become a barrier for several deserving students. Social responsibility and empathy for fellow humans are vital traits for any doctor. The presence (or absence) of a paying capacity should not be a determinant for enrolling in an educational programme. The NMC's authority to determine a percentage of fees in private medical colleges and deemed universities can open doors for those who want to pursue a career in medicine, but do not have the financial means to do so. As per the Ministry of Health and Family Welfare (MOHFW)

This means that almost 75% of total seats in the country would be available at reasonable fees. In the spirit of federalism, the state governments would still

have the liberty to decide fees for remaining seats in private medical colleges.
(PIB 2019)

This is an inclusive step with wide ramifications. The provision of this clause and the percentage can be tweaked in the future to adjust with evolving needs and social realities of the country in the coming decades. Additionally, the ministry also explicitly states

There is no question of NMC bill making medical education a preserve of the rich. On the contrary, it is common knowledge that before the reforms of NEET and common counseling were introduced by our government, rich students who could afford to pay huge and unrecorded capitation fees were able to secure admission to private medical colleges. Our reforms have eliminated the role of black money in medical education and the NMC bill will provide statutory force to the reforms which have been carried out. (PIB 2019)

The NMC Act has outlined the composition of the NMC with *ex officio* members, nominees of states and union territories, and from amongst persons of ability, integrity and standing. This is not very different from the system in the United Kingdom where the council members of the general medical council are appointed following an independent appointments process (General Medical Council 2020). In the United States, the state medical boards are responsible for the licensing and regulation of physicians and surgeons, and certain allied healthcare professionals. The membership of the state boards is variable, for example, the medical board of California has 15 members of which the governor appoints eight physicians and five public members; one public member is appointed by the speaker of the assembly; and one public member appointed by the senate rules committee (Department of Consumer Affairs 2020).

A Balancing Act

The NMC Act also recognises the relationship between the states and the central government, and balances the need of the state initiatives with the wider need of a holistic central outlook towards health. This is a welcome move that reflects the need of a close working relationship that NMC could facilitate in the health sector. Contextually, this upholds the spirit of the Indian federal system of governance where individual states are in the driving seat with regards to the responsibility of health of their residents.

From the wider perspective of health professional education, the act seeks to enhance the interface between homoeopathy, Indian systems of medicine and modern systems of medicine. It proposes a joint sitting of the commission, the Central Council of Homoeopathy and the Central Council of Indian Medicine at least once a year. This clause is important as it seeks to enhance synergies at the highest level as well as facilitate synergy in educational material and practice. Expectation is that, in due course, the Indian Nursing Council and the Dental Council of India too should be engaged in keeping up with the spirit of the inter-professional education.

Health providers function as a team (McMohan et al 1992), whether they are working in the public or in the private sector. Inter-professional education has the potential to bring various disciplines closer and lower the barriers to ensure efficient service delivery. The NMC Act is directed towards reforming and regulating the medical education and practice. Commensurate efforts are equally necessary across the health education sector. Continued engagement and reforms, possibly at varying levels of intensity, might be necessary to align all the councils that are charged with managing the education and practice of different medical professions.

The emphasis on limited licence to practise at the mid level as community health provider has been extensively debated. This aspect has been clarified by the MOHFW (PIB 2019). Our interpretation is that this move is not intended to create “medical doctors” through crosspathy, but help support the creation of 1,50,000 mid-level providers within the next few years to provide comprehensive primary and preventive care at Health and Wellness Centres (HWCs). The HWCs are a part of the countrywide efforts to upgrade sub-centres within the public system to provide a wider basket of services (National Health Portal 2019).

We have a skewed distribution of health professionals in the urban and rural areas of the country (Karan et al 2019). Mid-level community health providers are expected to be the human resource thrust that will help supplement the health system in delivering quality care, particularly to rural populations. This is in consonance with the overall planning and the infrastructure creation for operationalising the HWCs. Such cadres are known to exist in developed as well as developing countries and are known by varied terminologies, such as clinical officers who work within various African countries, and clinical assistants and nurse practitioners in several developed countries.

A limited and successful experience of the states of Chhattisgarh (NHSRC 2014a) and Assam (NHSRC 2014b) demonstrate such cadres’ positive impact on primary healthcare indicators. Currently, we do not have an allied health professionals council (AHPC) in the country. Since community health providers have been included in the National Medical Commission Act instead of an AHPC, it could have resulted in the misconceptions surrounding this particular clause. It will be helpful if there is a greater clarity on whether these community health providers will function only at the level of HWCs in the public sector, or whether they will be permitted to function even within the private sector. A detailed interpretation by the relevant committees which will work on this particular aspect is required with clear delineation of the boundaries of community health providers’ functioning.

Development Goals

The ideas of equity and strengthening of the primary healthcare through mid-level community health providers are also important in the context of India’s progression towards the Sustainable Development Goals (SDGs). Good health is interconnected with

development (WHO 2019a). The achievement of the third SDG in India will need well-functioning health systems that work towards assuring universal health coverage. In this context, the NMC Act is consciously contributing to medical education to channelise the supply-side to meet the future requirements. The governance reforms at the heart of the act can also be interpreted to be supportive of the country's intentions in achieving the SDGs.

The thrust on medical education is an essential part of the act. But, other pieces are also necessary to complete the picture. The availability of adequately trained medical professionals can provide quality care in a dignified manner and in sync with the national health goals. The undergraduate medical education board and the postgraduate medical education board will have to take cognisance of the overall shortfall in the number of medical doctors, particularly post-graduates across the country. Their shortfall, particularly at the district and the sub-district levels will need remedial action. Active planning for addressing the human resources needs of the future will have to be carried out. The reactive approach has to be gradually replaced by a proactive approach to plug gaps in numbers and their availability and distribution.

We are witnessing passing of the baton from the earlier regulatory approach towards medical education to the new framework under the NMC. The NMC has inherited the responsibility to address the structural and functional challenges within the health system. Governance reforms have the potential to create an enabling environment, standardise processes, and introduce transparency in functioning. The impetus will have to be on a greater attention to both quality and quantity. Shepherding positive behaviours is often slow and takes time in entrenched systems.

The NMC will have to deftly handle such challenges on the medical education front. The outcomes of any piece of legislation, particularly in a complex field like professional councils are also heavily dependent upon last-mile actors. In this case, medical colleges and medical teachers will also have to rise to the occasion. The Medical Assessment and Rating Board constituted under this act will rate all the medical colleges and present this information in the public domain. This can be expected to bring greater transparency in the performance of the medical colleges. This can usher in greater levels of competition among medical colleges and improve their quality. This is a significant change from the earlier pattern of inspections that focus on inputs and processes. We can now expect a greater emphasis to additionally include outcomes in rating the medical colleges.

The future of medical education and practice rests within the frameworks of the NMC Act. Some articles in the media have inconsistently interpreted the sections of the act. A closer reading of the clauses will help clarify many of these issues. The commission will have to broaden the horizon, engage in proactive dialogue with all stakeholders and take decisions with agility. The act has been written in the right spirit, addressing the concerns of the present while preparing for the future. Appropriate structures specified by the act will have to interpret the act, implement its provisions, and monitor the impacts. The aspirations of an

emergent India introduce an urgency to manage medical systems optimally. Medical education has to keep pace with these rapid developments. The NMC Act is not a matter of choice, but an imperative in the national interest.

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