

National Medical Commission (NMC) Bill, India, 2019: Long-awaited Change with a Mixed Response

NMC bill 2019 was passed by both the Houses of Parliament in August 2019 and got President's assent too. Now it is a law. Health Minister of India has recently announced that the detailed rules under this law will be worked out in the next six months. We have been expecting serious reforms in medical education for quite some time. A positive response from medical fraternity was expected, but there was a mixed reaction once the bill was moved in the Parliament. There were demonstrations too against the certain provisions of the bill. I think, we need not be impatient; probably it is too early to understand the full implications of the bill. There were some misconceptions too which were clarified by the Health Minister later. In my opinion, we should wait for the publication of rule book by the government before summarily rejecting it.

The NMC bill or now it can be referred to as the NMC law has replaced the existing Medical Council of India (MCI). The MCI came into existence in 1934 under 'Medical Council of India Act 1934. Its sole purpose was to set the standards and regulate medical education in India. MCI has always been in limelight for the wrong reasons. Corruption charges were leveled against it time and again. In the education field too it failed to deliver. The question at the moment is: Is NMC a cure for ailing medical education in India? The MCI was an autonomous body with more than two-thirds of its members (100+) were directly elected by the medical fraternity. The elections were said to be rigged. There were lobbies working in the interest of vested parties rather than for patient care and medical education. The new body 'the NMC' will have 25 members with no directly elected member. We hope, it will be effective and will remain corruption-free.

Let's have a look at the salient features of the NMC bill. The creation of four Boards to take care of different functions:

1. Board for undergraduate education
2. Board for PG education
3. Board for rating and medical assessment
4. Board for ethics. It will also maintain national register of medical practitioners and community health providers (CHPs).

Creation of these Boards may seem alright but once we go into details, there are a few new provisions, which catch our imagination (1) CHPs, (2) NEXT (National Exit Test), (3) 50% seats allocated to the management of private medical colleges, (4) Flexibility to medical colleges:

1. The CHPs would be the new class of authorized medical personnel who could provide primary care to the deprived population in the villages and other backward areas. Their total number will be restricted to one-third of the medical practitioners. In India, there is a gross disparity between the availability of medical care at the village level, town level, city level, and megacity level. The availability of community health providers at the village and town levels may be of help to the local community. However, there are other views too. The apprehension of IMA (Indian Medical Association) about CHP is that "They may not have sufficient background in the study of anatomy, physiology or pathology, etc. which form the basis of modern medicine. Besides, their significant presence will endanger patient safety and dilute health care in the country, especially in rural areas."
2. National Exit Test (NEXT): Earlier, only NEET was required for entry into PG courses. No separate exam was required to getting permission or license to practice medicine after passing the university exam. With a new bill, NEXT will be mandatory after final MBBS to practice medicine. This may place additional stress on the students but will create uniform national standards and remove bias. I talked to many undergraduates about it, most of them were apprehensive and were misinformed that they can appear only once for NEXT and it will start from 2020. Health Minister later clarified that a student can appear any number of times and NEXT will start three years from now. The extremely low number of PG seats is another worry of the students. We must appreciate that time has changed. It is difficult to practice effectively and provide optimum health care even in remote areas only after MBBS. Postgraduation, especially in clinical subjects, is a must for improving the health standards of the deprived population. Therefore doubling the PG seats from existing 23,000 to at least 50,000 should be done on a priority basis.
3. Fees structure for 50% of seats in private medical colleges can be fixed by the management. Some people see it as a bonanza for the private medical colleges but my sense is that it will add additional medical and hostel facilities in these colleges and start a competition to attain better ranking to attract students. At the moment, most of the private medical colleges are struggling with resource crunch. However, there is a caveat to this. The Health Minister says "The NMC would control the fees and other charges of 50% of seats in private medical colleges. The states would have the authority to come up with state amendments regarding the regulation of fees for the remaining 50% seats" in private colleges. At present, the state decides fee structure for 85% seats and 15% are left for the college management.
4. The NMC bill includes several path-breaking recommendations to provide greater flexibility to medical institutions, increasing the number of doctors while ensuring quality. For instance, one-time permission will be required by medical colleges for establishment. It will also be possible for them to increase the number of seats on their own up to a cap of 250 and start postgraduate courses. Additional changes are needed in presently very stringent regulatory standards to start and run a medical college. The cost of starting a new medical college is about Rs. 5 crore per bed. The land requirement and infrastructure needs are too extensive and can be reduced. The minimum standard requirements of the number of patients in OPD, IPD, major and minor surgeries, deliveries, imaging, lab investigations are irrational. The requirement is considerably higher than that of developed nations like USA and UK. These mandatory requirements are considered the biggest roadblock in the development of medical colleges in India.

To conclude, the NMC bill, 2019, is a new beginning in medical education and health care in India. Better training will produce better doctors. However, we do recommend increasing undergraduate and postgraduate seats so as to fulfill the aspiration of India's young population for medical education and the deprived masses for health care. The main strength of India is its young generation who could be trained in health care with global standard and may become global healthcare provider.

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