

Standing Committee Report Summary

The National Medical Commission Bill, 2017

- The Standing Committee on Health and Family Welfare (Chairperson: Prof. Ram Gopal Yadav) submitted its report on the National Medical Commission Bill, 2017 on March 20, 2018. Key observations and recommendations of the Committee are summarised below:
- **Composition of the National Medical Commission (NMC):** The Committee observed that the strength of the NMC and the representation from states as proposed in the Bill must be increased for its effective functioning. It also noted the lack of proper representation of elected medical professionals in the composition of the NMC as 80% of them are nominated. The Committee recommended that the total strength of the NMC be increased from 25 members to 29 members. These 29 members will include the Chairperson, 6 ex-officio members, 9 elected registered medical practitioners (part-time), 10 members who are nominees of states/UTs (part-time), and 3 other part-time members.
- With regard to the composition of the four Autonomous Boards under the NMC, the Committee recommended that their strength should be enhanced to five instead of three members. According to the Committee, only three members taking the decisions would limit the spectrum of views. One of the Boards, the Ethics and Medical Registration Board (EMRB) must be independent of the NMC to avoid any conflict of interest. The President of EMRB must not be a member of the NMC and must be a retired Judge of a High Court.
- **Appellate jurisdiction:** The central government has the appellate jurisdiction over the decisions taken by the NMC. In this regard, the Committee stated that giving the appellate jurisdiction to the central government does not fit into the constitutional provision for separation of powers. It recommended 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 (with special knowledge in the medical profession and education, and health administration). This Tribunal will have an appellate jurisdiction over the decisions taken by the NMC instead of the central government.
- **Fee regulation:** The Committee noted that all states have an existing process to regulate fees charged by the private medical colleges as per their separate state acts. The Committee recommended that this existing fee regulatory mechanism must not be diluted.
- The Committee also recommended fee regulation for at least 50% of seats in private medical colleges, the deemed universities, and the deemed-to-be universities not regulated under any existing mechanism. This was recommended to remove fee discrepancies between different medical colleges.
- **Licentiate examination:** Under the Bill, the National Licentiate Examination (NLE) is compulsory for any MBBS doctor to make him eligible to practice medicine. The Committee observed that unless the NLE is carefully designed, there is apprehension that a number of MBBS doctors who have passed their university level examinations, may be debarred from practice on disqualifying the NLE. In this context, the Committee recommended that the NLE be integrated with the final year MBBS examination and be conducted at the state level.
- Under the Bill, the NLE has also been proposed to serve as the post-graduate entrance. However, the Committee recommended that the NLE is a good instrument to maintain a minimum standard across all graduates but the same examination must not be used for merit ranking for post-graduate entrance. Further, it stated that no one should be exempted from taking the NLE, as provided in the Bill.
- **Bridge course:** Under the Bill, Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy (AYUSH) practitioners can take a bridge course to prescribe certain kinds of modern medicines. The Committee recommended that the bridge course should not be made a mandatory provision in the Bill. Every state has its own specific healthcare issues and challenges. The Committee recommended that the state governments may implement measures at their own level to enhance the capacity of the existing healthcare professionals including AYUSH practitioners, B.Sc (Nursing), and B.Pharm to address their state specific primary healthcare issues in the rural areas.

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