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Awareness of the National Medical Commission Act, 2019 Provisions to the Indian Medical Healthcare System: Issues and Challenges

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ABSTRACT

BACKGROUND

The Medical Council of India (MCI) was previously responsible for regulating medical education and practice in India. Over the years, the MCI faced several allegations in terms of corruption and lack of transparency. The NMC Act had thus replaced MCI with the National Medical Commission (NMC) in this context with the power for policy direction. These policies can affect Indian public health directly or indirectly.

STUDY METHODS

This study is achieved by conducting an observational study by collecting primary data through online means. The study population is divided into three major categories: medical practitioners, lawyers, and the general population. Aspects from these various backgrounds about the awareness of the NMC Act are analyzed through this study. The Internet and World Wide Web which offer online articles will be used as tools for conducting this research with human resources and questionnaires using electric resources.

RESULTS

The general awareness about the NMC Act among the respondents was found to be poor. Opinions on the Center-State relations for decision making in terms of health outcomes varied by profession, with the respondents acknowledging that each state performs differently. Regular inspections by third parties in Medical Colleges and exit tests under the NMC Act were seen as moves to ensure the provision of quality health care to the public by graduates from good institutions. The appointment of Community Health Providers in rural areas seemed favorable to most except for people from the medical background. Some medical professionals even argued the CHP practice seemed unethical towards their profession.

***Keywords**:* Medical Council of India, National Medical Commission, NMC Act

INTRODUCTION

In early 2019, the National Medical Commission Ordinance was introduced to displace India's Medical Council by an order issued by the President of India (PTI, 2019). The NMC Bill was first introduced in Parliament in December 2017. The National Medical Commission Act or the NMC Act was subsequently passed on August 1, 2019 (Business Standard, 2019). It sought to regulate medical education and practice in India. The Medical Council of India (MCI) was previously responsible for managing this. Over the 63 years of its existence, the MCI in view of its administrative role and composition faced several allegations in terms of corruption and lack of transparency (Kumar, 2020). Furthermore, MCI was alleged in encouraging Inspector Raj (i.e. inspections administered by the MCI to ensure that medical colleges maintain the required standards) and the related malpractices. The NMC Act had thus replaced MCI with the National Medical Commission (NMC) in this context (Bajpai, 2020).

Salient Features:

The NMC accommodates ten Vice-Chancellors (VCs) of various states, nine members of multiple State Medical Councils (SMCs), and four part-time members of independent boards that would be chosen by draw of lots. Four members from the independent autonomous boards- Undergraduate (UG), Post Graduate (PG), Medical Assessment and Rating Board (MARB), and Ethics and Registration Board – would be determined. Out of nine elected members of SMCs, one member should be a member of the Search Committee, which will be managed by the Cabinet Secretary. The members would come from diverse backgrounds to ensure probity and integrity. An association would be chosen through an open technique and representation of the states and state councils would be done in turns.

Functions:

Functions of the NMC includes laying down guidelines for governing medical institutions and medical practitioners, determining the needs of various resources and infrastructure in healthcare, maintaining agreement by the State Medical Councils with the laws enacted, and establishing specifications for fee decisions for up to 50 percent of the seats in private medical institutions. The Act seeks to provide for probity, quality care and reduce the expense of medical education ensuring quality education (Rana et al., 2020).

It ultimately aims to simplify the process and allow people easier access to better healthcare, ultimately to grant coverage of universal health care and thereby achieving Sustainable Development Goal 3 (United Nations, 2018).

REVIEW OF LITERATURE

Honavar S in his paper explains the waves of corruption scandals around MCI that led to the removal of the head of the Medical Council of India (MCI) and further to dissolve the MCI and replace it with the National Medical Commission (NMC) (Honavar, 2019).

The National Medical Commission Act (NMC Act) 2019, has made provisions for the establishment

of four autonomous boards which will work under the direct control of the NMC in accordance with Section 16(1) of the NMC Act (MINISTRY OF LAW AND JUSTICE, GOI, 2019).

Sapra A et al in their article on the NMC Act observe how all the 25 board members of the NMC will be elected or chosen by the Central Government. They however do not talk about how this power to appoint a majority of members in the NMC, gives the central government the power to provide policy direction to the board and NMC, which also meant that the Indian Medical Council (IMC) would lose its control over the MCI as previously two-thirds of the members of MCI were elected from the IMC, which further threatens its autonomy (Sapra et al., 2019).

Cowling et al in their article on social determinants of health in India state how every state in India has different social determinants of health and thus it results in a distinct health story in each state (Cowling et al., 2014). However, the NMC Act, under Clause 46 states that the Central Government may give such directions as it deems appropriate to the state government to carry out all or some of the provisions of this Act and the government of the state shall obey such directions.

Furthermore, the Central Government shall create a consulting body, known as the Medical Advisory Council (MAC), as the primary forum through which States and territories of the Union can pose their views and concerns to the NMC (MINISTRY OF LAW AND JUSTICE, GOI, 2019). However, the letter dated 09.08.19 published by UOI demanding submission from all state / UT medical councils for the creation of the Medical Advisory Council (MAC) under section 11(1)(e) of the NMC Act, 2019 in Delhi HC, was questioned by a doctor from Delhi (Singhania, 2019). With the Central Government playing a dominant role, the role of the states is limited to mere consultation through the MAC, and the convergence of all major functions and decision-making powers at the central level will have more implications with regards to the principle of federalism.

B Vikas further elaborates the proposal of The NMC Act on the establishment of a "Medical Assessment and Rating Board" (MARB) to recruit and approve any third-party entity or a person to perform inspections of medical institutions to assess and rate those institutions. The MARB by assessing medical colleges will create a rating system that will allow students to select institutes in a much more informed way. Such initiatives are said to ensure a transparent process of admission and also to drive down admission fees (Bajpai, 2020). However, the authenticity and quality of these third-party audits may be questioned, as once the college has been granted permission to start undergraduate or postgraduate education no annual inspections will take place.

However, Supe & Burdick in their paper argue about the challenges and issues in medical education in India while emphasizing income-generating “payment seats” in private medical colleges and how these students were selected on basis of entrance examinations (Supe & Burdick, 2006). The NMC Act in solution to this states that it will decide fees for 50 percent of the seats in private medical colleges and deemed universities.

In another article by Mann G, she talks about how medical education can be benefited to students from all sections of society under this. This liberalization of medical education is very important

because with every passing year it becomes more expensive (Mann, 2019). The Act thus promises equity in access to medical education.

Mandal et al in their paper talk about the various factors leading to the underperformance of undergraduate medical students in India which included a poor performance in their professional examinations after admissions (Mandal et al., 2012).

To identify and counter the poor performance, the NMC Act also provided for compulsory National Exit Test (NEXT) for undergraduate MBBS students as their final examination, which also formed the basis for admission to postgraduate broad-specialty education in medical institutions. Thus promoting uniformity in medical education, it will also serve as a screening test for medical students from outside India. However, since medical education requires both theoretical and clinical skill sets, NEXT regulations would be made in due course, with these considerations in mind (MINISTRY OF LAW AND JUSTICE, GOI, 2019). There is a 3-year period until NEXT is operational, which leaves enough room for comprehensive discussions on the test contours, as told by the Ministry (Ranjan et al., 2020).This promotes better quality services in medical care and treatment.

To address the urban-rural divide in India, the NMC has also stated that it may give a restricted license to practice medicine on a mid-level basis as a Community Health Provider to those people associated with a modern scientific medical profession who pass the specified regulations. These Community Health Providers will aim to address the shortages of rural medical professionals.

The Act is silent on the process by which this license would be given and also on the qualifications needed (MINISTRY OF LAW AND JUSTICE, GOI, 2019). Absence of clarification on this front could encourage some unqualified workers to perform a medical practitioner’s duties and also legalize unethical medical practice with lesser qualifications in terms of the standards of medical education.

Objections to the NMC Bill included a petition sent to the parliamentary committee which stated that the Bill helped in more privatization of medical education by the Alliance of Doctors for Ethical Healthcare (ADEH) in January 2018 (Devikar, 2018).

OBJECTIVES

This research paper seeks to state and document the awareness about the NMC Act among the targeted population. The authors also aim to evaluate the applicability of the legal aspects of the NMC Act, 2019 in the Indian medical health care system and suggest appropriate measures.

METHODOLOGY

This study is achieved by conducting an observational study by collecting primary data through online means.

Participants

Study population considered: The study population was divided into three major categories of medical practitioners, lawyers, and the general population

Inclusion - Exclusion Criteria

Medical practitioners: All other forms of doctorate except MBBS/MBBS-MD doctors were excluded like BDS, BAMS, BHMS, etc.

Lawyers: Both LL.M. and LL.B. were considered.

General population: Age group of 25 years and above was considered to match the thought process of medical and law graduates.

Sampling

A convenience sampling method was where the sample was from a group of people easy to contact or reach.

Sample Size

With a required sample of 50 people, a 5% margin of error, and a 95% confidence interval, 90 participants (30 from each profession) were asked to participate with an anticipated 60% response rate.

DATA COLLECTION TOOLS

A close-ended structured questionnaire was sent online to the targeted population.

10 closed responded questions with a list of predetermined responses on the Likert scale were designed which took approximately 10 to 15 minutes for the respondents to finish.

The questionnaire had:- an opening declaration by the interviewer to acquaint herself and explain the purpose of the questionnaire, the respondents were also told about the confidentiality of their responses, a demographic question to obtain information on the academic expertise of the participant, awareness questions, opinion questions which will show views and a closing statement by the interviewer to thank the participant.

RESULTS

Demographic Analysis

Table 1 shows the occupational characteristics of the respondents that responded to the survey. Forms were sent through online means to 90 participants (30 from each profession). A total of 66

participants filled the response sheet. 30.3% (n = 20) participants were from law (LLB/LLM) background. 33.33% (n = 22) were from medical background (MBBS/MBBS-MD/MS) while 36.3% were from various other backgrounds.

OCCUPATIONAL BACKGROUND	FREQUENCY (n)	%
Law (LLB/LLM)	20	30.3%
Medical (MBBS/MBBS-MD/MS)	22	33.33%
Others	24	36.3%

Table 1: Occupational characteristics of the respondents

Awareness Analysis

Figure 1 shows that even though most respondents answered that they were aware of a law that regulated the medical standards in India (n=28), some further responded with the IMC Act being the law.

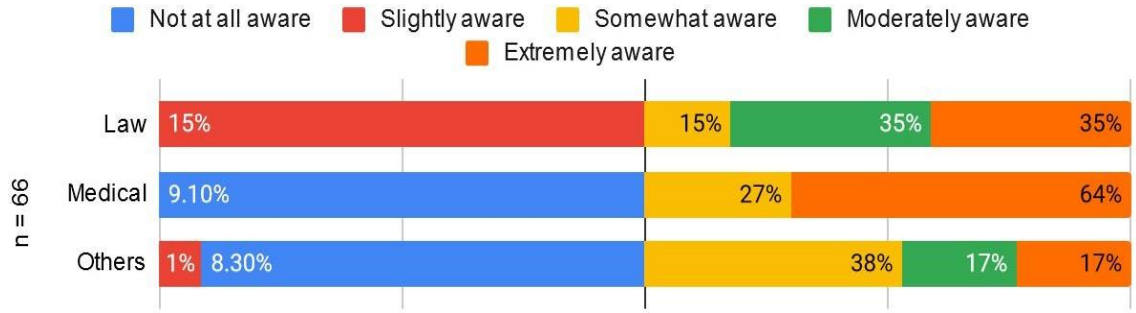

Figure 1: Awareness among the respondents of any present law that regulates the standards of medical education, gives accreditation to medical schools, grants registration to medical practitioners, and monitors medical practice in India.

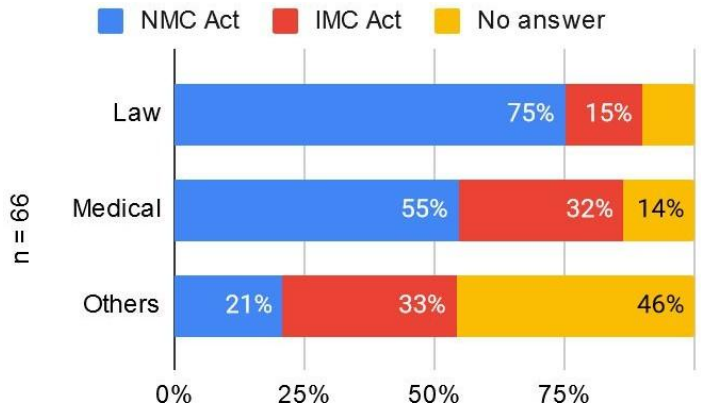

Figure 2: Name of the law

However, from figures 2 & 3, we see that a portion of the respondents from the medical (n=11) and

law background (n=13) are still somewhat unaware of the dissolution of the IMC. The respondents from the other population were also mostly unfamiliar with the new law. Almost 46% of the medical respondents and 79% of respondents from other professions did not reply accurately to the name of the Act.

This data suggests that even though the stakeholders are partially familiar with the new Act (n=9), the majority of the population is unaware of the new Act. The healthcare system is directly responsible for enabling the Right to Health for every Indian citizen which is a facet of Article 21 of the Constitution of India.

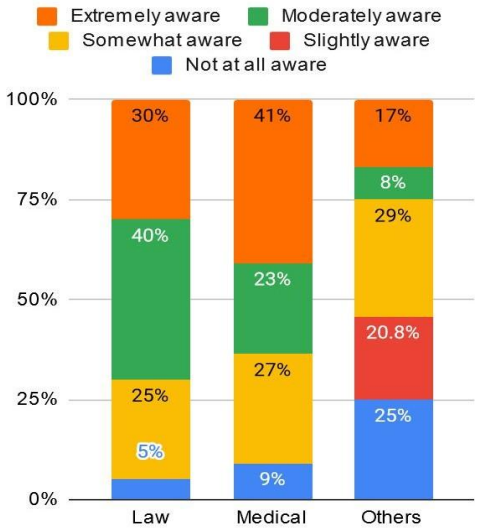

Figure 3: Awareness about the dissolution of the Medical Commission of India?

Analysis of the Opinions

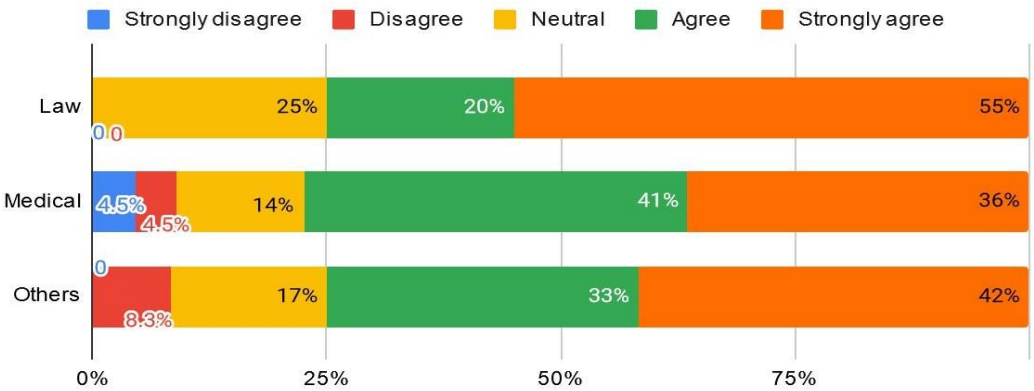

Figure 4: Agreement on the difference in each state's performance in terms of medical education and health outcomes.

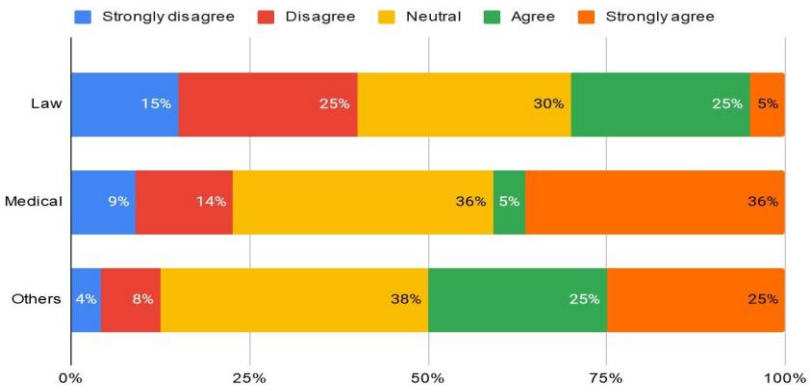

Figure 5: Agreement on whether the Center should have more power than the states to make decisions on health matters in each state.

The majority of the respondents (75%) from all the backgrounds (n=50) agreed that each state performed differently in terms of medical education and health outcomes. (Figure 4)

However, agreement on whether the Center should have more power than the states to make decisions on health matters in each state varied across the professions. While very few from the law background strongly agreed (5%), the majority of the respondents from the medical field strongly agreed on the same (36%). Others had mostly a neutral opinion. (Figure 5).

This may suggest that stakeholders from the law background want more of the balanced approach in terms of cooperation between centre and the state and ensuring the rights of the States as per their study of the relevant legal provisions.

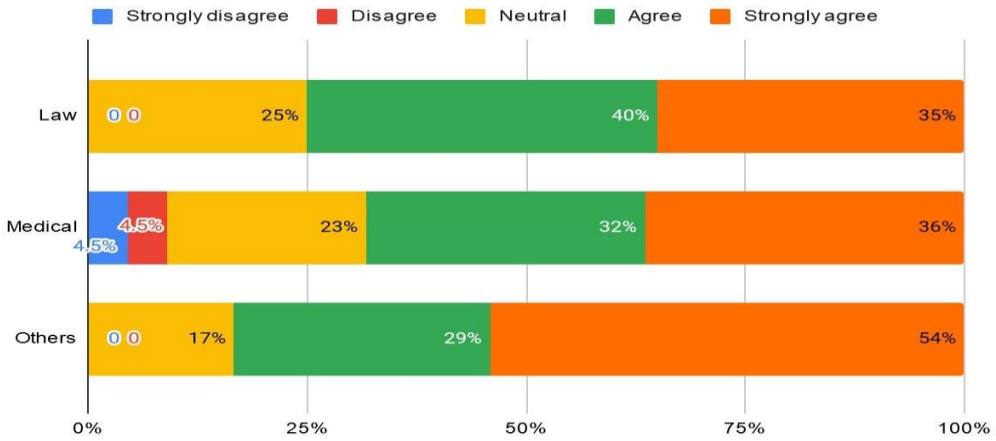

Figure 6: Agreement on whether regular inspections by third parties in Medical Colleges ensure transparency of admissions.

The majority of respondents from across the three categories (75%) agreed or strongly agreed that regular inspections by third parties in Medical Colleges ensure better transparency of admission procedures. Although medical colleges already had annual inspections under the MCI team, the data suggests that a very few portions of the respondents from the medical background disagreed with the same (3%) (Figure 6); suggesting the thought that loosening the grip on medical colleges by giving inspection authority to third parties will not lead to automatic self-regulation.

While most respondents from all backgrounds reported being not or slightly aware of an exit test for MBBS graduates in India (47%), the majority of the medical respondents reported being extremely aware (32%), which suggests the possibility of exit tests being held in some institutions. (Figure 7)

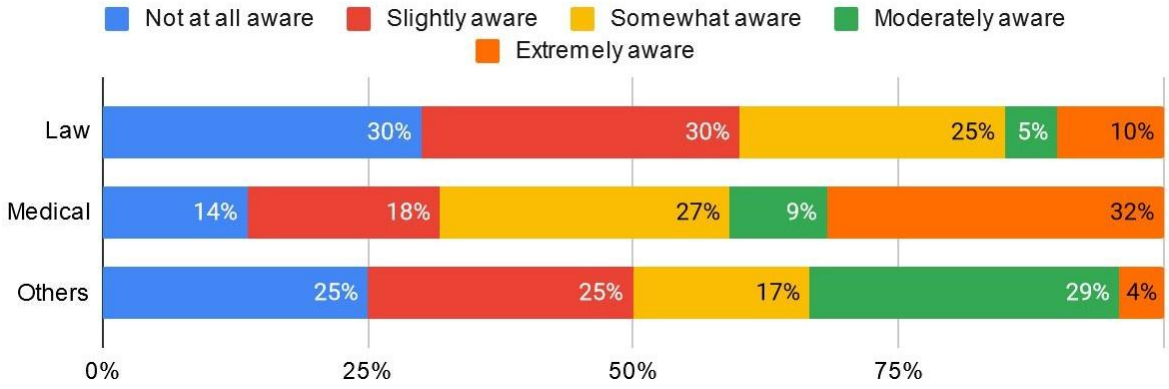

Figure 7: Awareness of any exit test for MBBS graduates practiced before.

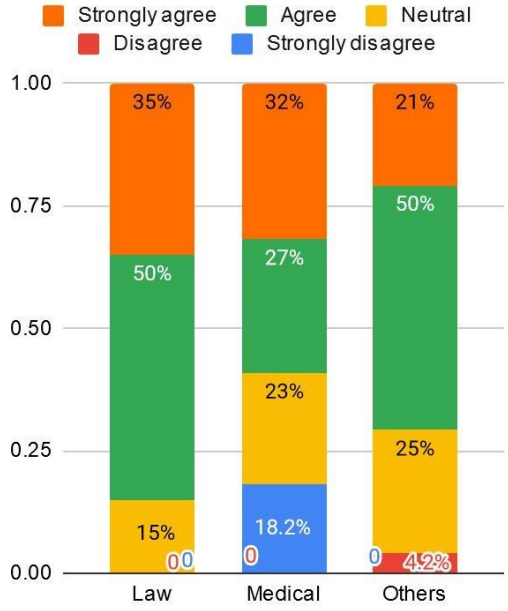

Figure 8: Agreement on whether the appointment of Community Health Providers in rural areas can narrow the urban: rural divide of healthcare service in India.

The majority of the respondents from all the backgrounds (71%) agreed that the appointment of Community Health Providers (CHP) in rural areas can narrow the urban: rural divide of healthcare service in India, which can be seen as a step towards SDG 3 allowing people easier access to better healthcare in rural areas. However few respondents from the medical background disagreed (18.2%). (Figure 8)

Some medical professionals agreed that the CHP practice is unethical towards their profession (22.7%), however, respondents from the law background had mixed responses; with none strongly

agreeing to it. Others seemed to have mostly a neutral opinion on it. (Figure 9)

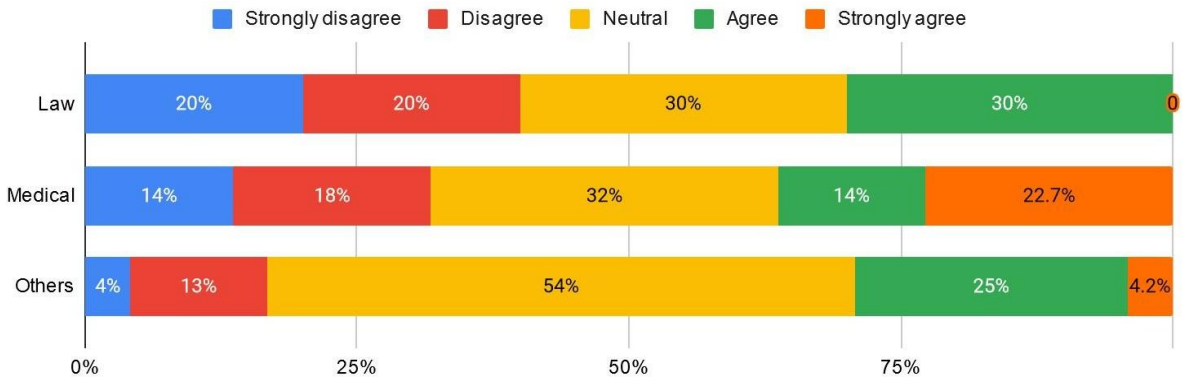

Figure 9: Opinion on CHP practice being unethical towards the medical profession

CONCLUSION

The general awareness about the NMC Act among the respondents was found to be poor. Opinions on the Center-State relations for decision making in terms of health outcomes varied by profession, with the respondents acknowledging that each state performs differently.

Although medical colleges already had annual inspections under the MCI team, the inspection teams were alleged to be corrupt. The above data also shows that regular inspections by third parties in Medical Colleges ensure better transparency of admission procedures. These can ensure doctors are graduating from quality institutions. These third parties may also act in an Ombudsman like role and ensure transparency and smooth implementation of the act.

The Right to health (Article 12) as specified in General Comment 14 of the United Nations Committee on Economic, Social, and Cultural Rights includes the quality of services that should be medically approved. Quality of services being the provision of care that makes accessible the full extent of health services.

The majority of the medical respondents also reported being aware of exit tests prior to NMC, these are exams held under the institutions which are mostly a theory examination followed by practicals where the medical student examines patients, after which they get a license to practice. These exams ensure that the highest quality of diagnosis and treatment is given to the public by the graduates, which ultimately covers the goal of SDG. Moreover, the WHO Constitution (1946) envisages "…the highest attainable standard of health as a fundamental right of every human being."

Although most of the respondents agreed that the appointment of Community Health Providers in rural areas can narrow the urban: rural divide of healthcare service in India, which ultimately aims towards universal health care coverage, people from the medical background seemed to disagree. Some medical professionals even argued the CHP practice seemed unethical towards their profession, as they were granted limited license to practice medicine without MBBS qualifications. The introduction of a license to practice was seen as a move to improve the doctor-patient ratio without serving its real need for provision of quality healthcare. However, the other respondents being outsiders to the medical fraternity seemed to disagree.

RECOMMENDATIONS

During the extensive literature search, it was found that several newspapers still cited the medical board as the MCI. The poor coverage of the Act across all platforms like newspapers, television, and social media could be improved.

Due to the difference in health outcomes for each state, decision making should be a mixed approach with mostly bottom to top approach rather than an autocratic top to bottom approach to ensure cooperation in decisions taken at the local level which can be endorsed at the Central level. A mixed approach can ensure cooperative federalism, allowing the states to meet their needs rather than being dictated by the Center.

Due to a lack of medical faculties and other unmet infrastructure in most private colleges in rural India, regular inspections by third parties in Medical Colleges can stop these courses midterm. In turn, to advocate proper inspection by understanding the needs of rural medical education, inspection teams should accommodate people from the previous MCI as well.

The NMC Act is silent on the nature of the common exit test. Diluting the current stringent tests during final examinations would be as good as streamlining the common exit test.

Improving the healthcare facilities and infrastructure in the rural areas needs to be prioritized rather than granting a license to CHPs. This can lead to the doctors and other qualified health workers to serve in these areas. Since rural areas already have trained Community Health Workers like ASHAs at the grass-root level, focusing on their unmet needs can improve the quality of public health services. The NMC Act is also silent on the responsibility of cases if the treatment given by these CHPs goes wrong.

LIMITATIONS OF THE STUDY

The small sample size (n=66) affects the reliability of this study due to high variability. It also reduced the power of the study and the chances of validity to a larger population. Data collection through online means can lead to biased data. The closed-ended questionnaire can also discourage respondents from providing accurate and honest answers.

REFERENCES

1. Bajpai, V. (2020). National Medical Commission Act A Cure Worse than the Malady. *Economic & Political Weekly*, *09*(Commentary), 16–19.
2. Business Standard. (2019, August 1). WHAT IS NATIONAL MEDICAL COMMISSION (NMC) BILL. *Business Standard India*. https://www.business-standard.com/about/what-is-national-medical-commission-nmc-bill
3. Cowling, K., Dandona, R., & Dandona, L. (2014). Social determinants of health in India: progress and inequities across states. *International Journal for Equity in Health*, *13*(1). https://doi.org/10.1186/s12939-014-0088-0

4. Devikar, N. (2018, July 29). *Why is medical fraternity opposing the NMC bill?* The Bridge Chronicle. https://www.sakaltimes.com/opinion/why-medical-fraternity-opposing-nmc-bill-22299
5. Honavar, S. G. (2019). National Medical Commission Bill, 2019 – Good intent but unmet expectations. *Indian Journal of Ophthalmology*, *67*(8), 1259. https://doi.org/10.4103/ijo.ijo_1324_19
6. Kumar, R. (2020). National Medical Commission Act 2019: White paper on accelerated implementation of family medicine training programs towards strengthening of primary healthcare in India. *Journal of Family Medicine and Primary Care*, *9*(1), 1. https://doi.org/10.4103/jfmpc.jfmpc_942_19
7. Mandal, A., Ghosh, A., Sengupta, G., Das, N., Mukherjee, S., & Bera, T. (2012). Factors affecting the performance of undergraduate medical students: A perspective. *Indian Journal of Community Medicine*, *37*(2), 126. https://doi.org/10.4103/0970-0218.96104
8. Mann, G. (2019, July 29). *Understanding the National Medical Commission Bill, 2019*. PRS Legislative Research. https://prsindia.org/theprsblog/understanding-the-national-medical-commission-bill-2019-191
9. MINISTRY OF LAW AND JUSTICE, GOI. (2019). *THE NATIONAL MEDICAL COMMISSION ACT, 2019*.
10. PTI. (2019, August 8). *President gives assent to National Medical Commission Bill; panel to replace MCI will be formed within six months-India News , Firstpost*. Firstpost. https://www.firstpost.com/india/president-gives-assent-to-national-medical-commission-bill-panel-to-replace-mci-will-be-formed-within-six-months-7134191.htmL
11. Rana, S. S., Chopra, C.-R., & Narula, V. (2020, January 27). *National Medical Commission Act, 2019: Key Highlights*. Lexology. https://www.lexology.com/library/detail.aspx?g=935955a4-3511-4443-9fa1-3439268dbcb3
12. Ranjan, P., Ranjan, R., & Kumar, M. (2020). National Exit Test: How Will One Size Fit All? *Annals of Indian Academy of Neurology*, *23*(2), 145–149. https://doi.org/10.4103/aian.AIAN_478_19
13. Sapra, A., Jain, K., & Ghosh, J. (2019, September 9). *The National Medical Commission Act, 2019. A look : Part 1*. India Corporate Law. https://corporate.cyrilamarchandblogs.com/2019/09/national-medical-commission-act-2019
14. Singhania, M. A. (2019, August 30). *Delhi HC Stays Formation of National Medical Commission MAC*. Medicaldialogues.in. https://medicaldialogues.in/delhi-hc-stays-formation-of-national-medical-commission-mac?
15. Supe, A., & Burdick, W. P. (2006). Challenges and Issues in Medical Education in India. *Academic Medicine*, *81*(12), 1076–1080. https://doi.org/10.1097/01.ACM.0000246699.94234.ab
16. United Nations. (2018). *Health - United Nations Sustainable Development*. United Nations Sustainable Development. https://www.un.org/sustainabledevelopment/health/