BACKGROUND
The Medical Council of India (MCI) was established in 1934 under the Indian Medical Council Act, 1933, as an elected body for maintaining the medical register and providing ethical oversight, with no specific role in medical education. The Amendment of 1956, however, mandated the MCI “to maintain uniform standards of medical education, both under graduate and postgraduate; recommend for recognition/de-recognition of medical qualifications of medical institutions of India or foreign countries; accord permanent registration/provisional registration of doctors with recognised medical qualifications; and ensure reciprocity with foreign countries in the matter of mutual recognition of medical qualifications.”

The second amendment came in 1993, at a time when there was a new-found enthusiasm for private colleges. Under this amendment, the role of the MCI was reduced to an advisory body with the three critical functions of sanctioning medical colleges, approving the student intake, and approving any expansion of the intake capacity requiring prior approval of the Ministry of Health and Family Welfare.

Of late, the MCI has come to be seen as pushing and protecting the interests of the private sector. Its continued functioning, despite a public interest litigation filed in the Supreme Court questioning the allegedly brazen rigging of elections, is reflective of its political clout.

On grounds of corruption, the MCI faced the ignominy/humiliation of being set aside by the Supreme Court in 2002 and again in 2010 by an ordinance issued by the government. Seizing the opportunity of the temporary suspension of the elected MCI, the Ministry of Health drafted a Bill to establish a National Commission for Human Resources for Health (NCHRH). This Bill sought to revamp the MCI to consist of nominated bodies to carry out the functions of human resource planning, curriculum development and quality assurance, with the elected body limited to register doctors and govern their practice in accordance with ethical standards. It was laid on the table of the Rajya Sabha in 2011.

The Parliamentary Standing Committee (PSC) returned the Bill with some observations to the Ministry in October 2013. In 2014, another committee under the chairmanship of Dr Ranjit Roy Chaudhury was appointed. This committee submitted its report in February 2015. In March 2016, a Parliamentary Standing Committee report had called for “radical reform” of the MCI, saying that it neither “represents professional excellence nor its ethos” and that its composition was “opaque”. The current report of the PSC is in near unanimity with this report.

RECOMMENDATIONS OF THE PARLIAMENTARY STANDING COMMITTEE (2016)
According to parliamentary standing committee(PSC) report on health, the Medical Council of India (MCI) is in need of a complete reformation, as corruption and lack of accountability threatens the medical education of the country, if unchecked this will lead to great social, financial and political cost to the country.

The committee found that the MCI as the regulator of medical education in the country has repeatedly failed on all its mandates over the decades. It has pointed out that game changer reforms of transformational nature are the need of the hour and they need to be carried out urgently and immediately.

Explicitly acknowledging the deep tentacles of corruption and misgovernance that have consumed the MCI, the PSC has made the following recommendations:

• to provide a new architecture that is more in tune with current needs of the country;
• to replace the principle of election with nomination;
to replace the existing MCI with an architecture consisting of four independent boards to deal with curriculum development, teacher training, and standard setting for undergraduate and post-graduate education; accreditation and assessment processes of colleges and courses for ensuring uniformity in standards; and the registration of doctors, licensing and overseeing adherence to ethical standards.

There are three areas where the committee has recommended drastic changes to MCI — the setup of MCI as a regulatory body, the governance of medical colleges and corruption. The committee, to begin with, wants to bring diverse stakeholders in the governing body. If the medical regulator has to perform all its mandated functions in full measure and ensure that education in health discipline fulfills its social mandate, it needs a vibrant framework with the right kind of capacity. The MCI's composition is opaque, skewed and void of any diversity because only medical doctors exist in the council. This does not enable enduring reforms in medical education and practice. To bring diversity in the council, it needs to bring stakeholders such as public health experts and social scientists, health economists, health NGOs with established reputation and legal experts.

On revamping medical colleges, the committee observed that the existing minimum standard requirements mandated by the MCI are "irrational and artificially rigid standards" that are an impediment to the establishment and expansion of medical colleges. The current system of inspections is flawed and opaque in the sense that there is no provision for constructive feedback and the whole procedure is oriented towards penalising rather than improving. The committee also brought the health ministry under fire for not initiating reforms which have long been recommended. It noted that rather than seizing the opportunity to come up with a better Bill, the Ministry remained apathetic to the state of affairs and did not respond with vigorous corrective measures.

The report's findings have shown that India has far fewer doctors than the WHO recommended minimum doctor population ratio of 1:1000. Despite having 381 medical colleges and 9.29 lakh doctors enrolled on the Indian Medical Register, there is a shortage of doctors. Admissions in private medical colleges are not streamlined and capitation fees rule, making setting up of medical institutions a lucrative business. The development of health facilities has long been affected by a sharp asymmetry between undergraduate and postgraduate seats in medicine. There are only about 25,000 PG seats, against a capacity of 55,000 graduate seats.

Corruption and vested interests in MCI have ensured uneven distribution of medical colleges in the country. It pointed out that six states with 31% of the population account for 58% of MBBS seats, while eight states with 46% of Indians have just 21% MBBS seats. It has found that quality of medical education "is at its lowest ebb" and the current system is not producing the right type of health professionals because medical education and curricula are not integrated with the needs of our health system; many of the products coming out of medical colleges are ill-prepared to serve in poor resource settings like Primary Health Centres; there are instances of unethical practice continue to grow due to which respect for the profession has dwindled. But the MCI has not been able to spearhead any serious reforms in medical education to address these gaps. Registration and approvals of colleges and courses by the MCI is ridden with corruption and graft. There is poor regulation of graduate and post-graduate education. There is a shortage of quality teachers. The current system has failed to produce doctors, including specialists who can serve the needs of the country. Most doctors gravitate to the cities and private hospitals.

The PSC has recommended some remedies too, the most important being: reform MCI. That it lacks accountability, is widely considered to be corrupt and has failed to discharge its mandated responsibilities is no secret. The MBBS syllabus has remained unchanged for 14 years, but requires to be revised every four to five years to be in step with developments in the medical profession. Methods of teaching too need urgent revamp.
Doctor salaries need revision, especially if they serve in public healthcare and the rural sector. As for the proliferation of private hospitals, they need to be monitored to check unethical practices. Observes the report: “The oversight of professional conduct is the most important function of the MCI. However, the MCI has been completely passive on the ethics dimension which is evident from the fact that between 1963-2009, just 109 doctors have been blacklisted by the Ethics Committee of the MCI.”

These reforms are expected to plan human resources required for primary care by promoting family medicine and general physicians alongside specialists; rationalise standards to make medical education affordable; and enforce a uniform national entry and exit examination — a recommendation that was overruled by the Supreme Court and is pending appeal. These are all critical recommendations that, if implemented, can have far-reaching consequences for the health sector.

CRITICISMS

The report falls short on three counts. The idea to upgrade district hospitals to government medical colleges was proposed to obviate/avoid the cost of establishing a 300-bed hospital for a new college, utilise existing specialists for teaching, and provide rural populations access to specialist services nearer their homes and at a lower cost. The Ministry of Health has recently sanctioned funds to 58 district hospitals for such upgradation. The PSC report has not provided any clear directions on this subject.

It is important to flag this issue as the experience of handing over government (district) hospitals to private entrepreneurs (for instance, in Bhuj to the Adani Group on a 99-year lease or leasing out the Raichur hospital to the Apollo Group and in 2015 the 300-bed Chittoor district hospital in Andhra Pradesh to Apollo for five years for establishing a medical college) have been controversial on grounds of the poor being denied access to free care. This policy of corporatizing public assets in the name of establishing medical colleges and providing quality care is highly flawed and, as a remedy, worse than the malaise. The government needs to clearly state its policy on this issue to be consistent with the spirit and letter of the report that has strongly condemned the crass(insensitive) commercialisation of the health sector.

Another shortcoming is the failure to recommend that all the 400-plus existing medical colleges undergo a rigorous assessment by a high-level committee appointed for the purpose. A similar exercise done by Flexner in the U.S. in 1910 led to the recommendation that only 16 out of 155 medical schools function. Such an assessment is sorely needed to bring in the much-needed credibility to the system and stop the production of poorly trained doctors. The PSC report has also given the Health Ministry power on the important issue of fee structure. It would have been advisable to allow the new system to evolve and regulate the fee structure within its mandate.

OVERSIGHT COMMITTEE SET UP BY SUPREME COURT

As the Centre’s approach to reforming the corruption-afflicted MCI was wholly untenable/unsustainable then, the Supreme Court had given the Centre a deserved rebuke by using its extraordinary powers and setting up a three-member committee headed by former Chief Justice of India R.M. Lodha to perform the statutory functions of the Medical Council of India. The government was given a year to restructure the MCI.

However, the Oversight Committee(OC) appointed by the Supreme Court to monitor the functioning of the Medical Council of India (MCI) appears helpless with the Council ignoring its orders or dragging its feet over implementing them. When observed at three months into the OC’s one-year tenure, there was little progress on the issues taken up by it, including a full list of all faculty members of medical colleges and an updated Indian Medical Register of all doctors. In one of its first directives, the OC on June 6 asked MCI to seek faculty data from all medical colleges within two days and upload it by June 15. MCI’s deputy secretary sent a circular the same day asking the deans principals of all medical colleges to provide the details of teaching faculty within two days, so that they could be uploaded on the MCI website.
This has been a long-standing demand of those calling for greater transparency to help fight the rampant practice of ‘ghost’ faculty and of the same professor being shown as faculty in several colleges. However, almost three months later, such a list has not been put in the public domain. Even more controversial has been MCI's refusal to re-inspect colleges that applied to the OC for reassessment after they claimed to have rectified deficiencies pointed out by the MCI. This led to the OC approving several colleges based on their claims, a move that has attracted widespread criticism.

Interestingly, the MCI website lists only two directions of the OC - one asking all colleges seeking reassessment to send application for fresh assessment by the OC and another regarding assessors and assessment reports. The SC order had stated that the OC will have the authority to oversee all statutory functions under the MCI Act and that all policy decisions of the MCI will require OC's approval. Despite this order, the OC appears helpless in getting anything moving after more than three-and-a-half months of being constituted.

**NATIONAL MEDICAL COMMISSION (NMC) BILL**

Recently after evaluating various options and studying the efforts made by successive governments to improve the legal framework for medical education, a high-level committee headed by Niti Aayog Vice Chairman has proposed scrapping MCI and replacing it with National Medical Commission (NMC). The proposed NMC will become the main regulatory body and will take over all roles and responsibilities of MCI. The new body will have eminent doctors and experts from related fields to steer medical education so as to ensure that quality of education is at par with global standards. NMC will have around 19-20 members, including the chairman, and their tenure will be about five years. It will also have members from other fields such as economics and law. The biggest change will be that in the existing MCI, the members are elected and it has created the biggest problem as eminent doctors did not get a chance to participate in workings of the MCI. But the new body will be selected and will not be elected. This selection will be done by a high level Search-cum-Selection committee, which will be a transparent process and will work on bringing the best.

It will have four boards under graduate medical board, post graduate medical board, accreditation and assessment board and a board for registration of medical colleges as well monitoring of ethics in the profession. These Boards will be given autonomy and they will work on the fields for which they are formed.

Niti Aayog is also trying to address the issue of skewed representation of states in the new body proposed in the Bill. Government may table the National Medical Commission Bill, 2016 in the coming Winter Session of Parliament. The Bill is an effort to enhance the quality of medical education in the country, which in turn will enhance the quality of healthcare. It seeks to create a flexible and well-functioning legislative framework to improve the standard of medical education.

Medical education in India and its subsequent impact on medical care has been adversely affected by MCI’s emphasis on infrastructure in colleges and not quality of students. Niti Aayog's draft legislation wants to replace the current system with a common entrance exam as well as a common exit test to make sure doctors meet minimum standards prior to practice. It is important to end the vested interest medical colleges have in churning out substandard doctors. Both quality and quantity of doctors produced by the system need to be drastically enhanced, for which a version of the legislation proposed by Niti Aayog must be passed.

**MODEL QUESTION**

1. What are the major changes brought by the National Medical Commission Bill? How far will it improve India’s standard of medical education? Discuss.