

LETTERS

Medical diploma factories in India

Recently, I was surprised at the number of pages in a reputed medical journal dedicated to advertisements endorsing unrecognised post-graduate diplomas, fellowship and certificate courses conducted by private institutions and hospitals for MBBS doctors. Obviously, the journal had also put in a disclaimer advising individual discretion. However, open advertisement of such unrecognised medical courses raises a very important question – what is the legal status of such courses?

Three apex bodies regulate post-graduate education in India: the Medical Council of India (MCI), the National Board of Examinations (NBE) and state medical councils (SMCs). By exact definition, “recognised” post-graduate qualifications are those that are recognised by MCI and are included in the first schedule of the Medical Council of India Act. Though MCI recognises most of the post-graduate courses conducted by NBE, the qualifications offered by NBE in the subjects of Family Medicine, Maternal and Child Health, and Hospital and Health Administration are not recognised by MCI. However, that does not make these courses invalid, simply because NBE was established by an act of parliament for the very purpose of awarding post-graduate medical qualifications.

According to the respective state government resolutions, the diploma courses offered by College of Physicians and Surgeons (CPS), Mumbai are recognised by the Maharashtra and Gujarat medical councils. At present, these diplomas are not recognised by MCI.

The qualifications recognised by MCI automatically stand recognised by SMCs, but the reverse is not true. Therefore, for a qualification to be eligible to be registered as an “additional qualification” in the SMC register, it has to be recognised either by MCI or at least by that particular SMC. Diplomas of National Board (DNB) qualifications in subjects which are not recognised by MCI (which have been mentioned earlier) are not eligible for registration as “additional qualifications” in the SMC register. But as stated previously, all qualifications bestowed by NBE are supported by the central government and are very much valid. Hence, it is better to use the term “valid” rather than “recognised” for post-graduate medical courses. In this letter, the term “recognised” means “valid”.

The ethical and legal status of unrecognised post-graduate courses

Since three parallel bodies (MCI, NBE and SMCs) already conduct post-graduate courses independent of each other,

the obvious question arises – can we have more? Let us try to understand the ethical and legal issues involved. According to the MCI ethics code regulation 7.20, a physician should not claim to be a specialist unless he / she has a special qualification in that branch. Practising a specialty, without having a qualification in that branch, amounts to flouting regulation 7.20 of the ethics code. In 2008, the Madras High Court quashed a State government order (GO) which had allowed a certificate course in Diabetology without the prior permission of MCI (1). The judges reasoned that the executive power of every State should be exercised ensuring compliance with the laws made by Parliament and any existing law applied in that State. Therefore, the GO was ruled unconstitutional and preventable in view of Entry 66 of List I of the constitution. The judges clearly stated that no course in medical education by any name could be started without the permission of MCI and the central government. In 2011, the Madras High Court declared 11 post-graduate diploma courses conducted by Tamil Nadu Dr MGR University as illegal since they were being conducted without the prior approval of MCI or the central government (2). Justice N Paul Vasantkumar said “*The university is not empowered to grant permission to any institution or medical college to conduct any PG diploma course in medical sciences without prior approval of the central government as required under section 10A(1) of the Medical Council of India Act, 1956.*” The judge also pointed out that according to the MCI ethics code regulations, 2002, a physician is supposed to suffix only recognised qualifications. The honourable judge said that “*Without such recognition, if any person is allowed to suffix PG diploma in medical sciences along with MBBS degree, the general public will definitely get an impression that the physician is a specialist. Special status can be claimed by any physician only after getting an approved PG diploma and not half-baked diploma courses offered by the university.*”

These judgments make it amply clear that any post-graduate medical course conducted under any title (diploma, post-graduate diploma, certificate, fellowship etc.) becomes illegal unless it is recognised by MCI and / or the central government.

Unrecognised courses exist because both the parties, the institute that makes money by conducting them and the doctors who benefit from them, want them to exist. Another equally important reason for epidemic mushrooming of such courses is that hardly anybody bothers to challenge them in a court of law. Though it is within the ambit of SMCs and MCI to take *suo moto* action, this has not been done so far. In the Tamil Nadu Dr MGR University case, the defending

counsel had argued that unrecognised courses are routinely conducted in some other universities as well (2). To this, the honorable Madras High Court judge replied that as and when a case was filed against such irregularity, it would be dealt with appropriately (2).

To conclude, medical journals are scientific publications unlike newspapers and magazines. Journals need to take more responsibility for the authenticity of the matter while accepting advertisements. An allopathic graduate or post-graduate doctor venturing outside his field of expertise and using unrecognised diplomas or certificates to practise a specialty is practising a form of quackery, albeit a more disguised one. MCI also needs to be more proactive and vigilant in such matters which concern the quality of medical education.

Chandrashekar Sohoni, (sohonica@gmail.com) Consultant Radiologist, Medcliniq Health Centre, Commonwealth Housing Society, Bund Garden Road, Pune 411 001, INDIA

Published online on August 25, 2015

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The Medical Termination of Pregnancy (Amendment) Bill, 2014 – progressive or regressive?

The Medical Termination of Pregnancy (MTP) Act, 1971, lays down the existing guidelines and criteria for the “who, when, where, how and why” of the medical termination of pregnancy in India (1). Recently, the *Draft MTP (Amendment) Bill* was tabled for deliberations (2). The highlight of the bill is its proposal that the words “registered medical practitioners” be replaced with “registered healthcare providers”. This implies that pregnancy can be terminated not only by medical practitioners with medical qualifications, but also practitioners qualified in homeopathy, ayurveda, unani or siddha, nurses or auxiliary nurse midwives. The draft bill also proposes an increase in the time limit for the termination of pregnancy, from the existing 20 weeks to 24 weeks. In addition, it seeks to do away with any time limit if foetal abnormality is detected.

While there is scope for argument about the pros and cons of the proposed increase in the time limit for the termination of pregnancy, as also the time limit in the case of foetal abnormalities, the crucial issue is that of who can perform the procedures for terminating a pregnancy. There is certainly no merit in allowing those who have no formal knowledge of the relevant medical or surgical methods to carry out the procedures. The drugs that are prescribed can have adverse effects and have contraindications, and the procedures used to terminate the pregnancy have associated complications. Those with no formal training in the allopathic system would find it difficult, if not impossible, to comprehend the medical or surgical methods and manage the patient. Does this move not amount to promoting “unsafe abortions” and “justifying quackery”? Those who argue that the so-called “healthcare providers” are adequately trained to carry out the procedures probably do not appreciate that it takes years of hard work and training to understand the complexity of the human body. Even with years of training, one cannot rule out the possibility of a mishap. It is thus advisable not to treat the “human body in parts”.

The bill will certainly give more women access to abortion, but it is doubtful whether such abortions can be labelled “safe abortions” by those who understand the science behind the procedure. How can we be sure that the provisions of the bill will not lead to an increase in maternal mortality and morbidity? The bill appears to be an attempt to take us to an era predating the enactment of the MTP Act of 1971. The MTP Amendment Bill, 2014, is a regressive step that is not likely to bring any benefits to society. The question to ponder over is whether we can really move forward when looking back.

Tanuj Kanchan (tanuj.kanchan@manipal.edu), Associate Professor, Department of Forensic Medicine, Kasturba Medical College (a Constituent College of Manipal University, Manipal), Light House Hill Road, Mangalore 575001, INDIA

The author has no conflict of interest or funding support to declare

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