EDITORIAL

The National Medical Commission: More of the same

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The Cabinet chaired by the Prime Minister has accepted six amendments to the National Medical Commission Bill suggested by the Department-related Parliamentary Standing Committee (1). These amendments are:

- the proposed National Licentiate Examination has been replaced by a countrywide final MBBS examination called the National Exit Test (NEXT);
- the bridge course to train practitioners from AYUSH (Ayurveda, Unani, Siddha and Homeopathy) in modern medicine has been removed, and it has been left to individual states to take a decision about this;
- the percentage of seats in private medical training institutions under fee regulation has been increased from 40 % to 50 %;
- the number of nominees from the states and Union territories who are members of the Commission has been increased from three to six; the penalties for non-compliance with educational norms for colleges has been modified;
- and the punishment for practising modern medicine without qualification has been made imprisonment up to one year and a fine of Rs 5 lakh.

The stage is now set for the abolition of the Medical Council of India (MCI). The question in the mind of every health activist will be whether this will mark a new era in healthcare in India. The short answer is, unfortunately, no.

In a rare moment of candour, the Parliamentary Standing Committee states (2:p 95), that there is no robust data on medical human resources in India. It is amazing and rather sad, that with the ability to gather good data on virtually any topic of interest to the government, data on health resources is so poor. It reveals a fundamental truth about successive governments in India, that is, they care little for health outcomes. It probably does not matter electorally.

It should come as no surprise, therefore, that whether it is the BJP or the Congress at the Centre, health policy is firmly oriented towards the market. The bill drafted by the Niti Aayog, is clearly market-oriented. The provision to allow private colleges which will be able to set their own fees for 50 % of seats will ensure that high cost private care will continue for the foreseeable future in India. The only way to recoup the huge fees for education in these colleges is to charge huge fees to patients. The idea that these colleges will help increase the supply of human resources is most certainly false. Large scale private education in the medical sector has been in existence in India since the 1980's. It has merely exacerbated the problem of overcrowding of medical professionals in cities and directly contributed to unethical practices like unnecessary procedures. A marketplace is for profit, the health marketplace is no different and poor regulation ensures that unethical practices to increase profit abound.

The differences between the new National Medical Commission and the existing MCI are merely organisational. There is nothing in the Bill which will make a fundamental change in the way medical education is provided in India. Replacing the unwieldy MCI with a more compact NMC does not guarantee the end of corruption. Having a number of nominated members does not guarantee excellence. In fact, quite the reverse may happen with a number of time servers being nominated, the chief qualification being proximity to the government of the day. Regulatory capture by private colleges which are ready and able to pay bribes will continue to be a threat.

If India really wants to provide a high quality medical care service accessible to every citizen, it urgently needs to:

(1) have a clear idea about health human resources required;

(2) decide about how to set up the requisite number of training institutions;

(3) have clear policies for employment and remuneration of the graduates of these institutions;

(4) decide on the resources required to make this possible in a realistic time scale;

(5) take the states along in any planning in this sector.

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It is very clear that the Niti Aayog has more hubris than expertise and is heartless. The parliamentarians have failed in their basic duty to do what is good for the people. The faith in market mechanisms clearly means a readiness to accept that a large section of the populace will continue to have little or no access to healthcare because they have no ability to pay. Coupled with the increasing dependence on poorly-designed insurance to provide even basic care, it will mean that the existing system of government hospitals with pathetic infrastructure and overworked staff for the majority, and shiny corporate hospitals chasing the paying patient will continue. India will continue to be home to the cruel paradox: the largest number of people with curable conditions unable to access care, and perhaps the largest number of shiny private hospitals providing all sorts of interventions, many with no evidence base. *Acche Din*, indeed!

References

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