

NMC ACT/REGULATION



Key Points:

- 1- 50% Private Medical & Deemed University fee will be decided by (BoG) Board Of Governors.
- 2- All India based exit examinations will be taken by the government.
- 3- Medical Practitioners have to renew their license in a certain time frame set up by board.
- 4- On the order of the Union Health Ministry, NMC has set up a board to regulate the fee from the 2021-22 academic session.

What are the regulatory bodies being set up under the NMC?

The Bill sets up four autonomous boards under the supervision of the NMC. Each board will consist of a President and four members (of which two members will be part-time), appointed by the central government (on the recommendation of a search committee). These bodies are:

- **The Under-Graduate Medical Education Board (UGMEB) and the Post-Graduate Medical Education Board (PGMEB):** These two bodies will be responsible for formulating standards, curriculum, guidelines for medical education, and granting recognition to medical qualifications at the under-graduate and postgraduate levels respectively.
- **The Medical Assessment and Rating Board:** The Board will have the power to levy monetary penalties on institutions which fail to maintain the minimum standards as laid down by the UGMEB and the PGMEB. It will also grant permissions for establishing new medical colleges, starting postgraduate courses, and increasing the number of seats in a medical college.
- **The Ethics and Medical Registration Board:** This Board will maintain a National Register of all the licensed medical practitioners in the country, and also regulate professional and medical conduct. Only those included in the Register will be allowed to practice as doctors. The Board will also maintain a register of all licensed community health providers in the country.
- **How is the Bill changing the eligibility guidelines for doctors to practice medicine?**

There will be a uniform National Eligibility-cum-Entrance Test for admission to under-graduate and postgraduate superspeciality medical education in all medical institutions regulated under the Bill. Further, the Bill introduces a common final year undergraduate examination called the National Exit Test for students graduating from medical institutions to obtain the license for practice. This test will

also serve as the basis for admission into postgraduate courses at medical institutions under this Bill. Foreign medical practitioners may be permitted temporary registration to practice in India.

However, the Bill does not specify the validity period of this license to practice. In other countries such as the United Kingdom and Australia, a license to practice needs to be periodically renewed. For example, in the UK the license has to be renewed every five years, and in Australia it has to be renewed annually.

The State Medical Council will receive complaints relating to professional or ethical misconduct against a registered medical practitioner. If the medical practitioner is aggrieved of a decision of the State Medical Council, he may appeal to the Ethics and Medical Registration Board. If the medical practitioner is aggrieved of the decision of the Board, he can approach the NMC to appeal against the decision. It is unclear why the NMC is an appellate authority with regard to matters related to professional or ethical misconduct of medical practitioners.

It may be argued that disputes related to ethics and misconduct in medical practice may require judicial expertise. For example, in the UK, the regulator for medical education and practice – the General Medical Council (GMC) receives complaints with regard to ethical misconduct and is required to do an initial documentary investigation in the matter and then forwards the complaint to a Tribunal. This Tribunal is a [judicial body independent of the GMC](#). The adjudication decision and final disciplinary action is decided by the Tribunal.

How does the Bill regulate community health providers?

The doctor to population ratio in India was 1:1655 compared to the World Health Organisation standard of 1:1000. To fill in the gaps of availability of medical professionals, the Bill provides for the NMC to grant limited license to certain mid-level practitioners called community health providers, connected with the modern medical profession to practice medicine. These mid-level medical practitioners may prescribe specified medicines in primary and preventive healthcare. However, in any other cases, these practitioners may only prescribe medicine under the supervision of a registered medical practitioner.

This is similar to other countries where medical professionals other than doctors are allowed to prescribe allopathic medicine. For example, [Nurse Practitioners in the USA](#) provide a full range of primary, acute, and specialty health care services, including ordering and performing diagnostic tests, and prescribing medications. For this purpose, Nurse Practitioners must complete a master's or doctoral degree program, advanced clinical training, and obtain national certification.