

A Preliminary Report of the Committee  
on the  
Reform of the Indian Medical Council Act, 1956

NITI Aayog  
Government of India

7 August 2016

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# Preface

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The Government of India, vide OM No. 16(3)/2015-H&FW dated 28.3.2016 (Annexe I) and in terms of the PMO I.D. No. 520/31/C/05/2015-ES.2 dated 21.03.2016, constituted a committee on the Indian Medical Council (IMC) Act 1956 under the chairmanship of the Vice Chairman, NITI Aayog. The Committee was charged with examining all aspects of the IMC Act, 1956 and suggest reforms leading to improved outcomes in medical education in India. It included the following members:

1. Shri P.K. Mishra, Additional Principal Secretary to Prime Minister
2. Shri Amitabh Kant, CEO, NITI Aayog
3. Shri B. P. Sharma, Secretary, Department of Health and Family Welfare (Convener)

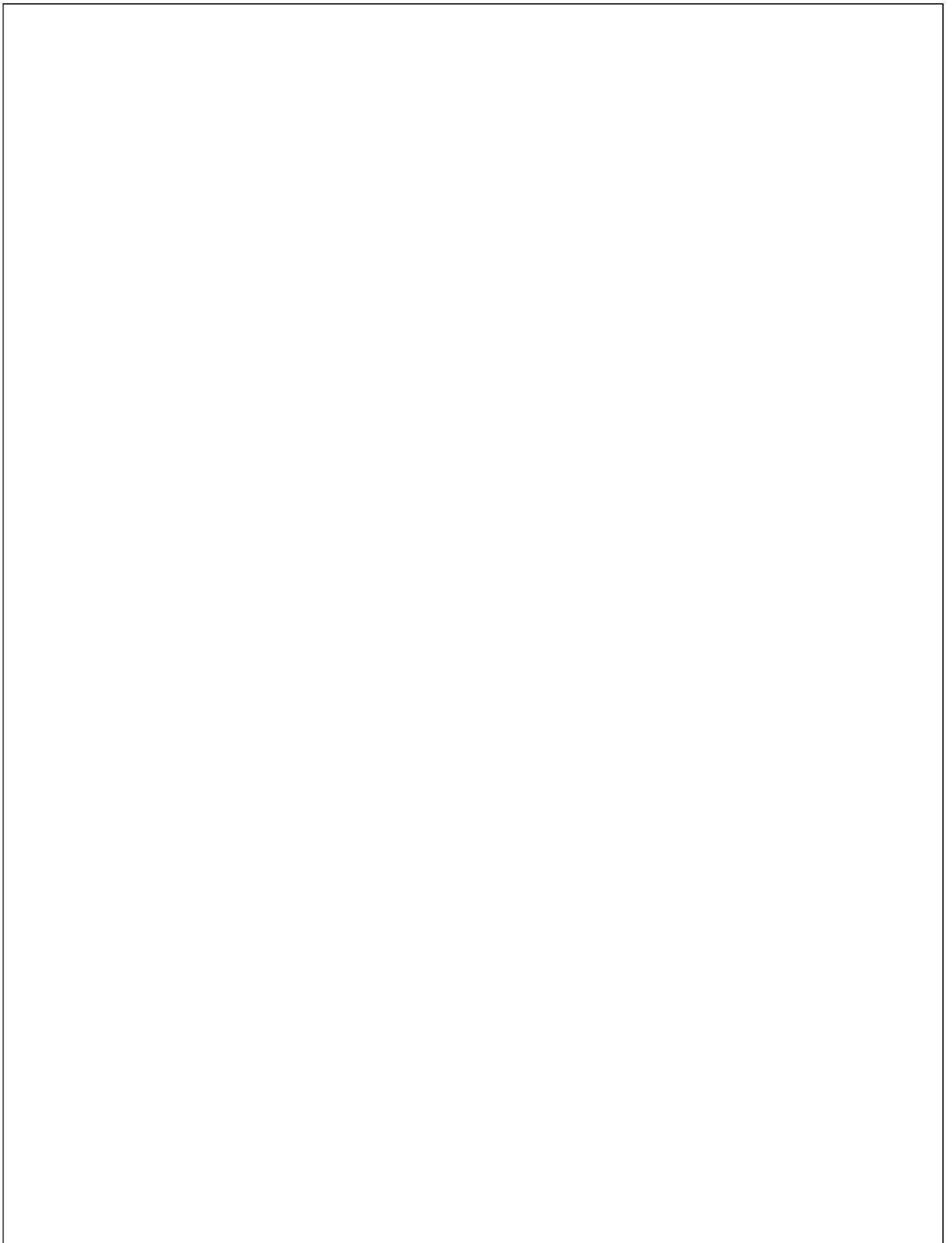
The present report is the result of the extensive deliberations and consultations conducted by the committee. The committee's work was greatly facilitated by the existence of a substantial body of prior work including especially a very detailed report by the Department-Related Parliamentary Standing Committee on Health and Family Welfare (Report 92 submitted to the Rajya Sabha on 8<sup>th</sup> March 2016).

Despite their very busy schedules, the members of the committee generously devoted time to bring the work of the committee speedily to a stage at which it could propose a draft bill to replace the IMC Act, 1956. Shri Alok Kumar, Adviser (Health) at the NITI Aayog, assisted by Shri Sumant Narain, Director (Health), NITI Aayog, worked energetically and diligently to coordinate and codify the committee's work.

The committee has proposed replacing the IMC Act, 1956 by a new Act and has proposed a draft bill towards that end. This bill is the major component of the present report.

The committee's work is not over yet. This document, especially the proposed bill to replace the IMC Act, 1956, is being circulated for public consultation. Once the committee has received the comments, it will meet again to undertake the necessary revisions. In the meantime, the committee looks forward to feedback from stakeholders.

Arvind Panagariya  
Vice Chairman, NITI Aayog  
7<sup>th</sup> August 2016



# 1. Background

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Medical education is at the core of the access to quality healthcare in any country. Accordingly, a flexible and well-functioning legislative framework underlying medical education is essential for the wellbeing of the nation. It is against this background that India adopted the Indian Medical Council (IMC) Act 1956 six decades ago. While this Act provided a solid foundation for the growth of medical education in the early decades, it has not kept pace with time. Various bottlenecks have crept into the system with serious detrimental effects on medical education and, by implication, delivery of quality health services.

The problem has assumed some urgency in recent years with concerted efforts made to solve it. Thus, on 15<sup>th</sup> May 2010, the Central Government promulgated the Indian Medical Council (Amendment) Ordinance, 2010. This ordinance superseded the IMC Act, 1956 for one year with a newly constituted Board of Governors (BoG) taking over the functions of the Medical Council of India (MCI). IMC (Amendment) Act, 2010 replaced the ordinance in September 2010. The Amendment Act required, however, that MCI be reconstituted within three years from the date of supersession, i.e., by 14<sup>th</sup> May 2013. By amending the Act in 2011 and 2012, the government twice extended the terms of the BoG by one year at a time. During this period, efforts were made to set up a National Commission for Human Resources for Health (NCHRH), an overarching regulatory body, which would takeover the functions of the existing councils in health field including MCI. But these efforts did not succeed.

With the term of the BoG slated to end on 14<sup>th</sup> May 2013, in March 2013, the government introduced the IMC (Amendment) Bill, 2013. But it could not be taken up for consideration during the Budget Session. Therefore, on 21<sup>st</sup> May 2013, the Central Government extended the term of BoG for another 180 days until 10<sup>th</sup> November 2013 via IMC (Amendment) Ordinance, 2013. A modified IMC (Amendment) Bill 2013 was again introduced in the Rajya Sabha on 19<sup>th</sup> August 2013 to replace the ordinance by an Act but it too could not be taken up for consideration. The failure to pass the replacement bill within six weeks of reassembly of the Parliament resulted in the expiration of the ordinance on 16<sup>th</sup> September 2013.

On 28<sup>th</sup> September 2013, the government notified the IMC (Amendment) Second Ordinance 2013, which led to reconstitution of the MCI while also allowing the latter to continue the work done by the BoG. The MCI came into existence once again on 6<sup>th</sup> November 2013. Efforts to introduce the IMC (Second Amendment) Bill, 2013 to replace the IMC (Amendment) Second Ordinance 2013 during the 2013 winter session of the Parliament were unsuccessful, however, with the House adjourned sine die on 18<sup>th</sup>

December 2013. As it currently stands, reconstituted MCI as per IMC Act, 1956 remains the regulatory body governing medical education.

On 23<sup>rd</sup> September 2015, Department-Related Parliamentary Standing Committee on Health and Family Welfare took up the subject of Medical Council of India for examination. After detailed discussions, wide consultations with various stakeholders and review of published articles and written submissions by experts, it submitted Report 92 to the Rajya Sabha on 8<sup>th</sup> March 2016. The report offers a critical assessment of medical education in India and offers recommendations for reforming it.

While this document is not the place to summarize the long report, by way of background, it is useful to briefly quote from Chapter XIII titled “Concluding Comments.” This chapter begins by noting, “The Committee observes that the Medical Council of India as the regulator of medical education in the country has repeatedly failed on all its mandates over the decades.” It goes on to offer a list of failures that includes:

- Failure to create a curriculum that produces doctors suited to working in Indian context;
- Failure to maintain uniform standards of medical education, both undergraduate and post-graduate;
- Devaluation of merit in admission, particularly in private medical institutions;
- Failure to put in place a robust quality assurance mechanism;
- Failure to produce any standardized summative evaluation of the medical graduates and post-graduates;
- Failure to create a transparent system of medical college inspections and grant of recognition or de-recognition; and
- Heavy focus on nitty-gritty of infrastructure and human staff during inspections but no substantial evaluation of quality of teaching, training and imparting of skills.

The report by the Parliamentary Standing Committee goes on to note,

“The situation has gone far beyond the point where incremental tweaking of the existing system or piecemeal approach can give the contemplated dividends. That is why the Committee is convinced that the MCI cannot be remedied according to the existing provisions of the Indian Medical Council Act, 1956 which is certainly outdated. If we try to amend or modify the existing Act, ten years down the line we will still be grappling with the same problems that we are facing today. Nowhere in the world is there an educational process oversight, especially, of medical education done by an elected body of the kind that MCI is. Managing everything of more than 400 medical colleges is too humongous a task to be done by the MCI alone because the challenges facing medical education of the 21<sup>st</sup>

century are truly gigantic and cannot be addressed with an ossified and opaque body like MCI. Transformation will happen only if we change the innards of the system.

“Game changer reforms of transformational nature are therefore the need of the hour and they need to be carried out urgently and immediately.”

The report goes on to express “general agreement with the suggested regulatory structure” by expert committee led by (late) Prof. Ranjit Roy Chaudhury, which was constituted by the Government in July 2014 and submitted its report in February 2015. The Parliamentary Standing Committee Report summarizes the key recommendations of the Roy Chaudhury committee report as follows:

“The expert committee has suggested the formation of a National Medical Commission (NMC) through a new Act. The NMC will have four verticals (i) UG Board of Medical Education and Training, (ii) PG Board of Medical Education and Training (iii) National Assessment and Accreditation Board and (iv) National Board for Medical Registration. Besides these vertical heads, the expert committee has also recommended the formation of a National Advisory Council which will consist of members from the State Governments, Union Territories, State Medical Councils, Medical Universities and members of NMC.”

The Parliamentary Standing Committee Report further recommends the introduction of common entrance and exit examinations for both undergraduate and post-graduate medical education. Finally, it notes that India is the only country with “two parallel systems of Post-Graduate Certification” and recommends that postgraduate medical education be restructured taking the best elements of both systems.

The Parliamentary Standing Committee exhorts the Central Government to bring about radical reform of medical education in India in these terms:

“Keeping all these facts in mind, the Committee is convinced that the much needed reforms will have to be led by the Central Government. The MCI can no longer be entrusted with that responsibility in view of its massive failures. The people of India will not be well-served by letting the modus operandi of MCI continue unaltered to the detriment of medical education and decay of health system. The Government must therefore fulfill its commitment to preserve, protect and promote the health of all Indians by leading the way for a radical reform which cleanses the present ills and elevates medical education to contemporary global pedagogy and practices while retaining focus on national relevance.”



In a recent important judgment, Hon'ble Supreme Court has reinforced the sentiment expressed by the Parliamentary Standing Committee Report. In the Judgement dated 2nd May, 2016 in the Civil Appeal No. 4060 of 2009 Modern Dental College and Research Centre and Others versus State of Madhya Pradesh and Others, it has directed the Central Government to consider and take appropriate action on the recommendations of the Roy Chaudhury Committee. In exercise of powers of under Article 142 of the Constitution, the SC has also set up an interim Oversight Committee to oversee the functioning of the MCI and all other matters considered by the Parliamentary Standing Committee, pending a final decision at executive or legislative level.

It is against this background that the present committee is placing in public domain a draft bill to replace the IMC Act 1956 for comments by stakeholders. While the proposed bill is placed at Annex II, in the remainder of the text of the report, we summarize the process of the committee's work and the bill's broad features and underlying rationale.

## 2. The Process

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While working under a very tight schedule, the committee nevertheless consulted all stakeholders and reviewed various submissions, reports, documents and published articles.

### 2.1 Consultation with Stakeholders and Experts

The Committee sought views and suggestions of various experts including eminent physicians and surgeons; former Secretaries to the Government of India, Department of Health and Family welfare; public health experts; President/Vice-President and other Members of the MCI; representatives of the State Government; and lawyers. Many of these invitees have submitted their views either through presentations or through detailed documents. A large number of representations were also received from common citizens as well as experts who for the paucity of time could not be invited to present their views in person to the Committee. A list of the presentation and documents submitted is available at Annexe-III.

### 2.2 Key Documents

While the Committee carefully examined all viewpoints presented to it through consultations and submissions, it also consulted several documents. These are listed below:

- Indian Medical Council Act, 1956;
- National Commission for Human Resources for Health (NCHRH) Bill, 2011;
- IMC (Amendment) Bill, 2013;
- 60th and the 92nd Reports of the Parliamentary Standing Committee on Health and Family Welfare;
- Report of the Group of Experts headed by Late Ranjit Roy Choudhury;
- NEET Ordinance promulgated by the Government of India; and
- The Supreme Court Judgement on Civil Appeal No. 4060 of 2009 Modern Dental College and Research Centre and Others versus State of Madhya Pradesh and Others.

## 2.3 Views of Experts and Stakeholders:

Main themes that figured repeatedly in the consultations are as below:

1. The current Medical education is dissociated from the health care delivery. Standards of curriculum need to be improved for better delivery of health services and significantly better health indicators in India. Curriculum must be redesigned to ensure that doctors with appropriate skill sets are produced.
2. A significantly large number of medical seats than currently available is required to achieve satisfactory health outcomes. Medical education needs to be reformed in such a manner that the children from deprived background are able to afford the same. Private colleges with unacceptably low standards have mushroomed, especially in the western and southern parts of India.
3. The district hospitals should be expanded into medical colleges. Large district level hospitals & major private hospitals should be allowed to impart postgraduate education. This will help in
  - i. Increasing the number of postgraduate seats available without spending on infrastructure;
  - ii. Utilising the large talented pool of doctors who have migrated to the private health system;
  - iii. Cutting down the cost of postgraduate education by eliminating the capitation fees for postgraduate degrees, which runs into crores of rupees for a seat.
4. In the United States, practicing doctors are permitted to teach after receiving appropriate training. In India, even some of the most renowned physicians and surgeons are not recognised as faculty.
5. Currently there are two parallel post-graduate courses viz., MD/MS by MCI and Diploma in National Board (DNB) by the National Board of Examination (NBE). The two courses should be merged and the pattern followed by the NBE for conducting the PG courses should be adopted. As per the experts, the NBE has the following advantages:
  - i) PG training is virtually free and hospitals pay salaries to all postgraduate students under training there;
  - ii) Selection is done purely on merit and hospitals have no control over counselling by the NBE; and

- iii) There is no management quota or capitation fee in this course.
6. There should be segregation of responsibilities for the broad functions viz., curriculum for undergraduate courses including permission to start a new course; accreditation of college/institution; code of ethics and registration of doctors; and the curriculum for post-graduate courses. The experts recommended that there should be a national level entry and exit examination for the doctors passing out across India before they can be registered in the medical register.
  7. There is need to allow foreign educated students to practice in India. The system overseen by the General Medical Council (GMC), UK needs to be studied in this regard.
  8. MCI Act is out-dated and needs to be repealed and replaced by a new Act which should be finalized in consultation with the states.
  9. There is a need to develop the concept of an appellate regulatory authority at the centre for appealing against the decisions made by the state regulatory authorities.
  10. During inspection of colleges by the team from MCI, too much emphasis is given on non-core area and infrastructural issues. This team should focus on the quality of education and outcomes variables and not just inputs.
  11. In sum, the experts reiterated the failures of the MCI as highlighted by the Parliamentary Standing Committee in its 92nd Report and the Report of the Group of Experts headed by Late Ranjit Roy Choudhury.
  12. MCI, in its submission before the Committee, pointed out that the allegations of Corruption against it are baseless and none of them have ever been proven in a Court of Law. Moreover, they felt that the current system of partly elected and partly Government nominated MCI structure does not need any tampering as it has been able to ensure scrupulous adherence to the Minimum Standard Regulations in respect of Medical Educational Institutions. They lamented that the Parliamentary Standing Committee did not give them a hearing before finalizing the 92nd Report and that misinformation against them is largely the result of vested interests upset with their regulatory decisions to enforce quality standards.

### 3. Main Features of the Proposed Bill and Underlying Rationale

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The Committee finds itself in broad agreement with the recommendations of the 92nd Report of the Parliamentary Standing Committee and the Roy Choudhury Committee report on the need for a total overhaul of the regulatory framework and governance of medical education in India. In the spirit of the Roy Chaudhury Committee recommendations, we therefore propose that a National Medical Commission replace the current MCI with the new body having a markedly different structure and governance system. The IMC Act 1956 should be repealed and replaced by a new Act providing for the National Medical Commission. In the following, we provide the broad structure of the proposed reform and rationale underlying it.

#### 3.1 Elected versus Selected Regulators

The current electoral process of appointing regulators is inherently saddled with compromises and attracts professionals who may not be best suited for the task at hand. Indeed, there is ample evidence that the process has failed to bring the best in the field in the regulatory roles. The process is based on what is now widely regarded as a flawed principle whereby the regulated elect the regulators. It creates an *ab-initio* conflict of interest and therefore this system must be discarded in favour of one based on search and selection. Regulators of highest standards of professional integrity and excellence must be appointed through an independent and a transparent selection process by a broad based Search cum Selection Committee.

#### 3.2 A New Institutional Architecture for Regulation

Given the overwhelming sentiment in favour of a new institutional set up for regulation of medical education, we propose the following architecture:

- A Medical Advisory Council (MAC) having representation from the States and Union Territories (UTs) to articulate the national agenda for medical education. This would ensure representation of the States and UTs, which are co-equal stakeholders in providing quality medical education while at the same time also restricting the size of National Medical Commission to

a manageable number. Absent MAC, we would either lose representation of states and UTs in the process, which is highly undesirable, or will need to give them membership in the National Medical Commission, which would make the latter unwieldy. Creation of MAC, thus, provides a good compromise between losing representation by the states and UTs and straddling the National Medical Commission with some of the current problems of the MCI.

- The National Medical Commission (NMC) will be the policy-making body for medical education and shall comprise a Chairperson, nine ex-officio Members and ten part-time members. The Chairperson and 4 ex-officio members, who shall also be Presidents of the four autonomous Boards to be created under the overall umbrella of the NMC, shall be appointed by the Central Government through an open and transparent selection process. The Secretary heading the Secretariat of the Commission (see below) shall also be an ex-officio Member. The balance ex-officio members shall be nominated by the Central Government and represent the Ministry of Health and Family Welfare, Ministry of Rural Development and Department of Pharmaceuticals. Of the 10 part-time members, five will be appointed by the Central Government through open and transparent selection process and would be drawn from diverse backgrounds such as Law, Management, Economics, Consumer or Patient rights Advocacy, Science and Technology. The remaining five part-time members shall be selected from amongst the members of the Medical Advisory Council representing States on a rotational basis.

### 3.3 Boards and the Separation of Functions

The committee concluded that the concentration and centralization of all functions in one Body such as MCI makes it unwieldy as well as slow. However, creation of entirely independent bodies with sharp demarcation of functions when the functions are interlinked would create serious coordination problems. Therefore, we have recommended the creation of four mutually independent and autonomous Boards whose activities must nevertheless be coordinated through the NMC. Each Board is to be headed by a separate President and assigned the responsibility of discharging one of the four major functions, namely, regulation of undergraduate medical education, regulation of post-graduate education, accreditation and assessment of institutions and regulation of the practice of the profession. Within the Regulations and Policies framed by the NMC, each Board will be empowered to take decision on all matters pertaining to

its subject of jurisdiction. It is envisaged that NMC would coordinate the activities of the four Boards. The Commission shall also have an appellate jurisdiction over these Boards. Within the bounds of the regulations and policies set by the Commission, the Boards shall have full administrative and financial decision-making powers.

### 3.4 The Secretariat

To fulfil its mission proficiently, the NMC is to be supported by a professionally equipped permanent Secretariat. It is therefore proposed that the draft legislation should provide for a Secretariat to be manned by such professional staff as may be deemed necessary to assist the NMC and the Boards in discharging their duties. In order to create a vibrant work environment, untainted by the influence of the predecessor organization, this Committee recommends that the Secretariat should be a fresh body, with no staff borrowed from the current Medical Council of India. A Secretary who will also be ex-officio Member of the NMC will head the Secretariat. Further, staff that would be answerable directly to the Board concerned would assist each Board.

### 3.5 Terms & Conditions of Chairman and Members

The search and selection process should ensure that it attracts the best talents to the Commission and Boards while ensuring that there is no conflict of interest which compromises the integrity and independence of the regulator. Membership in the Council must also be drawn from the pool of best available talent while giving due representation to different constituencies.

### 3.6 Regulatory Philosophy

It is strongly felt that the input based regulatory philosophy underlying the current MCI has turned into a high entry barrier facing education providers without corresponding benefit in terms of delivery of quality medical education. Hence, the NMC regulation is to be overwhelmingly based on outcomes rather than inputs. The input based regulation is largely based on an inspection regime, verifying an institution's compliance to a pre- specified standard and focuses more on infrastructural issues rather than teaching quality and learning outcomes. However, the deviation from

standards need not necessarily result in de-recognition/ stoppage of admission since this gives the Regulator a disproportionate and asymmetric power over the regulated institutions and creates opportunities for rent seeking. While penalties should not be ruled out, the deviations should be corrected principally through periodic publication of ratings of medical institutions. This would allow students to make an informed choice while also signalling to the poorly rated institutions that they need to improve their standards to attract good students. Moreover, the Boards would ensure transparency by insisting that all medical institutions place the relevant information in public domain via electronic medium. Deviations from prescribed norms would be handled through grievance redressal mechanisms rather than inspections. Only when an institution, undeterred by fines multiple times, remains non-compliance with NMC directives should de-recognition option should be exercised. The institution should be given due opportunity to present its case before NMC resorts to this nuclear option.

### 3.7 National Entrance and Exit Examinations

The committee is of the view that we must provide for a statutory basis for common entrance examination for admissions to under-graduate and post-graduate courses in Medical institutions so that there is a transparent admissions process based on merit rather than ability to pay capitation fee. We must also provide for a statutory basis for a Common Licentiate Examination for practice by medical professionals after completion of the undergraduate medical degree. Central Government may also prescribe skill tests as necessary, as part of Licentiate examinations to ensure medical professionals have appropriate knowledge, skills and attitudes for providing health care as per societal needs.

- a. There should be an all-India National Eligibility cum Entrance Test (NEET) for intake of students in the medical colleges based on merit.
- b. Similarly, the Commission/ Board(s) shall be charged with the responsibility of conducting a Common Licentiate Examination after the completion of undergraduate medical education. Passing the Common Licentiate Exam will be mandatory for license to practice and for registration in the Indian medical register. This examination shall also serve as the NEET for admission to the PG courses in Medical Educational Institutions.
- c. The common licentiate exam shall come into force from such date as appointed by the Central Government but in any case not later than 3 years from the date of coming into force of this Act. This is to provide sufficient time for transition arrangements to be put in place.



- d. This would ensure common standards of knowledge and skills for Doctors on a Nation-wide basis and would also constitute an objective benchmark to judge outcomes of the medical education process in any given institution.
- e. The Committee deliberated upon creating an enabling statutory provision of a similar licentiate examination in the PG and other Super-Speciality Courses. However, it was unanimously decided that we should desist from creating a statutory provision in this regard for the following reasons:
  - i. Given the diversity of courses and in the practices across states, it would be difficult to evolve a common template.
  - ii. Given that the population in question would have already appeared in two different examinations [NEET and the Licentiate Exams], the quality would have been assured.
  - iii. Since NBE is contemplated to play an important role in shaping the functions of the PGMEB, they could continue conducting the system of voluntary examinations with those institutions/ candidates who are willing to voluntarily take part in such a process.
- f. The Committee also deliberated upon inserting an additional enabling provision of voluntary recertification/ renewal of license exam once every ten years which is prevalent in many countries but it concluded that while desirable in the long run this may not be an appropriate time for such a radical step. The proposed changes will already entail substantial transition from the old to a new system and it would be imprudent to frontload this change.

### 3.8 Fee Regulation

After detailed deliberations and discussions, the Committee concluded that the NMC should not engage in fee regulation of Private Colleges. The conclusion was reached on three counts:

- a. Micro-management could potentially encourage rent seeking behaviour in the NMC
- b. A fee cap would discourage entry of private colleges thereby undermining the objective of rapid expansion of medical education.

- c. Enforceability of such a regulation is doubtful and is bound to encourage the continuation of the underground economy consisting of capitation fees and payments demanded on various pretexts throughout education. Hon'ble Supreme has made a stopgap arrangement of fixation of fee for Private Colleges by a State level Committee chaired by a retired High Court Judge. This has failed to control under the table capitation fee payments and other periodic fees on various pretexts.

Once a merit-based transparent admission system (with reservations for the deprived sections as determined by State governments) is in place, there is no need to regulate the fees charged by private medical colleges. Medical institutions may be required to transparently advertise the tuition and any other fees upfront on their websites with no other fees permitted.

There remains the issue of some meritorious students not being able to afford the fees prescribed by private medical colleges. Moreover, there is a longstanding practice of States filling a certain proportion of the seats in these colleges at lower than normal fees. Thus an entirely laissez faire approach to fee regulation may not be feasible. It may be recalled that both the Roy Choudhury committee and the Parliamentary Standing Committee have expressed concerns regarding the high cost of medical education for students and in favour of capping the fees.

In view of these competing arguments and interests, a balance is required between the giving a free hand to the promoters of the institution and avoiding disruption of the prevalent practice. Accordingly, the committee recommends that NMC may be empowered to fix norms for regulating fees for a proportion of seats (not exceeding 40% of the total seats) in private medical colleges. For the rest, the institution may be given full freedom to charge the fees that they deem appropriate. This will provide for cross subsidization from the rich to more meritorious but poor students or students from disadvantaged groups.

### 3.9 For-Profit Entities and Private Medical Colleges

Currently, only 'not-for-profit' organizations are permitted to establish medical colleges. The Committee deliberated whether the draft bill or the regulations issued by the government should explicitly include a provision to permit 'for-profit' organizations to establish medical colleges.

Given the shortage of providers and in recognition of the fact that the current ban on for-profit institutions has hardly prevented private institutions from extracting

profits albeit through non-transparent and possibly illegal means, it was felt that any restriction on the class of education providers would be counter-productive. Therefore the Committee recommends delinking the condition for affiliation / recognition from the nature of the promoter of the medical college (viz. Trust, not for Profit Company). However, this relaxation will have to be provisioned via rules to be framed under the proposed NMC Act.

### 3.10 Power to Give Directions & Transitory Provisions

The Central Government should be authorized to make rules and give direction to ensure that NMC regulations are in consonance with Government Policy. Suitable provisions to this effect must be included in the new Act. Transitory Provisions that would ensure a smooth transition from the MCI to the NMC may be incorporated so that there is no disruption in the interregnum.

### 3.11 Drafting of Rules

The Committee is of the view that the Rules to be framed under the Act that would emerge from proposed bill would be crucial to translating its legislative intent into action. It also felt that the Rules be notified without delay once the bill becomes an Act. It therefore recommends that once the bill is finalized after public consultation, the present Committee must consider framing the said rules.

## 4. Concluding Remarks

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In conclusion, we reiterate that the bill that the Committee has drafted and is placed at Annex II of this report is the result of extensive consultations with stakeholders, discussions among Committee members and study of the available documents. It also follows closely the spirit of the 92<sup>nd</sup> Report of the Parliamentary Standing Committee. Therefore, it is our hope that the report and the proposed bill will have resonance with the vast majority of the stakeholders. The Committee will, of course, take on board constructive suggestions that emerge from this broader and final consultation.

# Annex I: The Order Appointing the Committee

No.16(3)/2015-H&FW  
Government of India  
NITI Aayog  
(Health Division)

Sansad Marg,  
New Delhi  
Dated 13.3.2016

## OFFICE MEMORANDUM

**Subject: Medical Council of India & other regulatory institutions in field of medical education**

Reference is invited to PMO ID No.520/31/C/05/2015-ES.2 dated 21.03.2016.

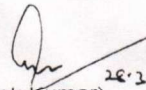
2. A Committee under the Chairmanship of the Vice Chairman, NITI with the following Members is hereby constituted to examine the legal provisions and modalities of working of the Medical Council of India.

- (i) Additional Principal Secretary to Prime Minister
- (ii) CEO, NITI Aayog
- ✓(iii) Secretary, Department of Health & Family Welfare- Convenor

3. (i) The Committee may examine all options for reforms in the Medical Council of India and suggest a way forward.
- (ii) The Committee may also visit the features of other regulatory institutions in the field of medical education and suggest suitable reforms.

4. The Committee may submit its report by 31.5.2016.

5. This issues with the approval of competent authority.

  
(Alok Kumar)  
Adviser (Health)

To

The Chairman & Members/ Convenor of the Committee

# Annex II: The Proposed Bill

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## **THE NATIONAL MEDICAL COMMISSION BILL, 2016**

A BILL TO CREATE A WORLD-CLASS MEDICAL EDUCATION SYSTEM THAT

- ENSURES ADEQUATE SUPPLY OF HIGH QUALITY MEDICAL PROFESSIONALS AT BOTH UNDERGRADUATE AND POST-GRADUATE LEVELS;
- ENCOURAGES MEDICAL PROFESSIONALS TO INCORPORATE THE LATEST MEDICAL RESEARCH IN THEIR WORK AND TO CONTRIBUTE TO SUCH RESEARCH;
- PROVIDES FOR OBJECTIVE PERIODIC ASSESSMENTS OF MEDICAL INSTITUTIONS;
- FACILITATES THE MAINTENANCE OF A MEDICAL REGISTER FOR INDIA AND ENFORCES HIGH ETHICAL STANDARDS IN ALL ASPECTS OF MEDICAL SERVICES; AND
- IS FLEXIBLE SO AS TO ADAPT TO THE CHANGING NEEDS OF A TRANSFORMING NATION

Be it enacted by Parliament in the sixty seventh year of the Republic of India as follows:

### **CHAPTER-1 PRELIMINARY**

#### **1. SHORT TITLE, EXTENT AND COMMENCEMENT**

- (1) This Act may be called the National Medical Commission Act, 2016.
- (2) It extends to the whole of India
- (3) It shall come into force on such date as the Central Government may, by notification in the Official Gazette, appoint.

## **2. DEFINITIONS**

In this Act, unless the context otherwise requires:-

- (a) “Board” means any of the Boards referred to under subsections (d) to (g) below.
- (b) “Council” means the Medical Advisory Council constituted under this Act.
- (c) “Commission” means the National Medical Commission (NMC) constituted under section 6 of this Act.
- (d) “Undergraduate Medical Education Board” (UGMEB) means the Board constituted for Undergraduate medical education under section 18.
- (e) “Post Graduate Medical Education Board” (PGMEB) means the Board for Postgraduate medical education constituted under section 21.
- (f) “Medical Assessment and Rating Board” (MARB) means the Board for assessment and rating of medical colleges constituted under Section 24.
- (g) “Board for Medical Registration” (BMR) means the Board constituted under Section 27.
- (h) “License to practice” means a suitable mechanism, as defined by the NMC, to allow medical graduates to do medical practice in India.
- (i) “National Register” means the medical register maintained by the BMR.
- (j) “Medical Institution” means any institution, within or outside India, which grants degrees, diplomas or licenses in medicine.
- (k) “Medicine” means, unless the context demands otherwise, all branches of allopathic medicine such as surgery, paediatrics and obstetrics and gynaecology but does not extend to Indian systems of medicine such as homeopathy or to veterinary medicine, veterinary surgery and dentistry.
- (l) “Prescribed” means prescribed by rules and/ or regulations.
- (m) “Recognized medical qualification” means any of the medical qualifications included in the Schedules.
- (n) “Rule” means a rule made under section 40;
- (o) “Regulation” means a regulation made by the NMC under section 14;
- (p) “State Medical Council” means a medical council constituted under any law for the time being in force in any State/Union Territory regulating the registration of practitioners of medicine in the given state/ Union Territory

- (q) “State Register” means a register maintained under any law for the time being in force in any State/Union Territory regulating the registration of practitioners of medicine.
- (r) “University” will have the same meaning as defined in the University Grants Commission Act, 1956.
- (s) “Health University” means a class of University as defined in sub-section (r) above specializing in affiliating institutions engaged in teaching medicine, medical and health sciences. This expression, unless it is repugnant to the context, shall also include the expression Medical University and University of Health Sciences.
- (t) “NBE” means the National Board of Examinations registered under the Societies Registration Act, 1860.
- (u) “Central Government” means the Ministry or Department in-charge of Health, Family Welfare and Medical Education.

## **CHAPTER 2**

### **THE MEDICAL ADVISORY COUNCIL**

#### **3. Constitution and Composition**

- (1) The Central Government shall constitute a Council to be called the Medical Advisory Council.
- (2) The Council shall consist of:
  - a. One member to be nominated by every State government who would either be a Vice Chancellor of a Health University or a person not below the rank of Professor from amongst the faculty of a Medical Institution with the State.
  - b. Two members, to represent Union Territories, to be nominated by the Ministry of Home Affairs who shall possess medical qualification as may be prescribed.
  - c. All members including the Chairperson of the National Medical Commission shall be ex-officio members of the Council and the Chairperson of the National Medical Commission shall be the ex-officio Chairperson of the Council.

#### **4. Functions of Medical Advisory Council**

- (1) The Role of the Council shall be entirely advisory in nature



- (2) The Council shall serve as the primary platform through which the states would put forward their views and concerns before the National Medical Commission (NMC) and shall help shape the overall agenda in the field of medical education & training.
- (3) The Council shall advise the National Medical Commission (NMC) on the measures to determine, maintain and coordinate the minimum standards in the discipline of medical education, training and research.
- (4) The Council shall advise the National Medical Commission (NMC) on measures to enhance equitable access to medical education.

#### **5. Meeting of the Medical Advisory Council.**

- (1) The Council shall meet at least once every year at such time and place as may be appointed by the Chairperson.
- (2) The Chairperson shall preside over the meetings of the Council. If for any reason, s/he is unable to attend, such other member as nominated by the Chairperson shall preside over the meeting.
- (3) Unless otherwise provided by regulations, 15 members including the Chairperson of the Council shall form a quorum and all the acts of the Council shall be decided by a majority of the members present and voting. Absentee votes will not be permitted.

### **CHAPTER 3**

### **THE NATIONAL MEDICAL COMMISSION**

#### **6. Constitution and Composition**

- (1) The Central Government shall constitute a Commission, to be called the National Medical Commission.
- (2) The Commission shall be a body corporate by the name aforesaid, having perpetual succession and a common seal, with power, subject to the provisions of this Act, to acquire, hold and dispose of property, both movable and immovable, and to contract, and shall, by the said name, sue or be sued.
- (3) The Central Government shall, by notification, establish autonomous Boards under the overall supervision of this Commission, to fulfil the functions related to the conduct of under-graduate and post-graduate education,

- assessment and rating of medical institutions and registration of medical practitioners and enforcement of medical ethics.
- (4) The Commission shall comprise a Chairperson, a Member Secretary, 8 ex-officio members and 10 part time members.
- (5) Of the ex-officio members, four shall be the Presidents of the Boards constituted under this Act; and the remaining four shall be nominees—one each of the Ministries of Health and Family Welfare, Department of Pharmaceuticals and Human Resources Development and one of the Director General of Health Services;  
Provided that the nominees of the Ministries shall be officials not below the rank of Joint Secretary;  
Provided further that the nominee of Director General of Health Services shall not be an official below the rank of Deputy Director General.
- (6) Of the part-time members, five shall be persons to be appointed by the Central Government from diverse backgrounds including management, economics, law, consumer or patient rights advocacy, health research, science and technology.
- (7) The remaining five part-time members shall be from amongst the nominees of the States and Union Territories in the Medical Advisory Council, who shall be appointed on a rotational basis for two-year terms by the Central Government in the manner prescribed.
- (8) The general superintendence, direction and control of the administration of the Commission shall vest in the Chairperson
- (9) No act done by the Commission shall be questioned on the ground of the existence of a vacancy in, or a defect in the constitution of the Commission.

## **7. Secretariat**

- (1) There shall be a Secretariat for the Commission to be headed by the Member Secretary of an appropriate rank, who shall be the ex-officio Secretary to the Commission.
- (2) The Member Secretary shall be appointed by the Central Government for a term of four years in the manner as may be prescribed and shall not be eligible for re-appointment.

- (3) The Member Secretary shall discharge such functions as may be specified under the regulations made by the Commission and/ or may be assigned to him by the Commission from time to time.
- (4) The Commission may fill-up the posts created in the Secretariat by the central government with such professionals, officers and other employees from diverse backgrounds including medical education, public health, management, health economics, quality assurance, patient advocacy, health research, science and technology, administration, finance or law, as it or its constituent Boards considers necessary for the efficient discharge of its functions under this Act. The recruitment process, salaries and allowances and other terms and conditions of service of the Member Secretary and other professionals, officers and employees of the Commission shall be such as may be prescribed.
- (5) The professionals, officers and staff engaged by the Commission shall be employees of the Commission and shall be deployed to the constituent Boards based on procedure as may be prescribed.

#### **8. Qualification for appointment as Chairperson of the Commission, President of the Boards**

- (1) The Chairperson shall be a person of outstanding ability, proven administrative capacity and integrity with a post graduate degree in any discipline of medical sciences from a university, and having not less than twenty years' experience in the profession, out of which at least ten years shall be in a leadership role, in the area of health care delivery, growth and development of modern medicine or medical education.
- (2) The Presidents of the Boards shall be persons of outstanding ability, proven administrative capacity and integrity with post-graduate degree in the disciplines of medical science, medical education, public health, community medicine or health research from a University, and having not less than fifteen years' experience in the profession, out of which at least seven years shall be in a leadership role.

#### **9. Mode of Appointment**

The Central Government shall appoint the Chairperson, President of the Boards, Part time members and the Member Secretary, referred in Sections 8(1), Section 6(6) and Section 7(2), through an open and transparent selection process by a Search and Selection Committee provided for in this Act.

## **10. Search and Section Committee**

- (1) The Central Government shall constitute a Search-cum-Selection Committee consisting of:
  - i. Cabinet Secretary
  - ii. CEO, NITI Aayog
  - iii. One person having outstanding qualifications and experience of having worked for not less than twenty-five years in the field of Medicinal Sciences/ Public Health to be nominated by Ministry of Health and Family Welfare, Govt. of India.
  - iv. One person having outstanding qualifications and experience of not less than twenty five years in the management, or law, or economics or science and technology to be nominated by Ministry of Health and Family Welfare, Government of India
  - v. Secretary to the Government of India, in charge of the Ministry of Health and Family Welfare, as the Convenor.
- (2) The Search-cum-Selection Committee shall recommend a panel of names for every vacancy referred to it.
- (3) Before recommending any person for appointment as the Chairperson or President of the Boards or other Members of the Commission, the Committee shall satisfy itself that such person does not have any financial or other conflict of interest, which is likely to affect prejudicially his functions as Chairperson or President or Member, as the case may be.
- (4) No appointment of the Chairperson or President or Member of the Commission or the Boards, as the case may be, shall be invalid merely by reason of any vacancy or absence of Member in the Search-cum-Selection Committee.
- (5) Subject to the provisions of sub-sections (1) to (4), the Search-cum-Selection Committee may regulate its own procedure.

## **11. Terms of Chairperson and Members of the Commission and President of the Board**

- (1) The Chairperson of the Commission or the part-time Members, as mentioned in section 6(6) of the Commission shall hold office for a term, not exceeding four years and not extending beyond the expiry of his/ her term as Member of the Commission.

- (2) The Presidents of the Boards shall hold the office for a term not exceeding four years.
- (3) The Chairman, part-time Members and the President of the Boards, as referred in sub-sections (1) and (2) above, shall be eligible for re-appointment for another term of four years.  
Provided that the maximum term of a person as the Chairperson, President of the Board and/ or Member shall not exceed eight years in aggregate;  
Furthermore the Chairperson shall cease to hold office after he/ she has attained the age of seventy years and the President of the Board/ Member of the Commission shall cease to hold office after he/ she has attained the age of Sixty Five years.
- (4) A Member/ Member Secretary shall be deemed to have vacated his/her seat if he/she is absent from three consecutive ordinary meetings of the Commission and the cause of absence is not attributable to valid reasons in the opinion of the Commission.
- (5) The Central Government shall initiate the process of appointment of the Chairperson/President of the Boards, 3 months before the expiration of their term. However, the new Chairperson/ President shall not assume office until the term of the outgoing member has expired.

## **12.Terms and Conditions of service of Chairperson, Boards President & Members**

- (1) The salary and allowances payable to the Chairperson, President of the Board and other Members shall be such as may be prescribed.
- (2) The Chairperson, President of the Board and/or Member(s) in discharge of their official duties shall ensure that there is no conflict of interest as per prescribed rules. Violations shall be treated as misconduct inviting action under the relevant penal clauses of this Act.
- (3) The Chairperson, Members and the President of the Board, on ceasing to hold office shall not, for a period of one year from demitting such office, accept any employment (including as consultant or expert or any other) in any private medical educational institution, whose matter has been dealt with by such Chairperson/ Member or President of the Board, directly or indirectly.
- (4) Nothing in sub-sections (2) & (3) shall prevent the Chairperson, President of a Board or a Member from accepting employment in a body or institution

including medical educational institutions controlled or maintained by the Central Government or a State Government.

- (5) Nothing in sub-sections (2) & (3) shall prevent the Central Government from permitting the Chairperson/ Member or President of the Board for accepting any employment (including as consultant or expert or any other) in any private medical educational institution, whose matter has been dealt with by such Chairperson/ Member or President of the Board.

### **13. Resignation and Removal of Chairperson, Boards President & Members**

- (1) The Chairperson, a President of a Board or a Member may, by giving notice of a period not less than three months to the Central Government, resign from his office. If mutually agreeable, such Chairperson, President or Member may be relieved from duties earlier than three months or allowed to continue beyond three months until a successor has been appointed.
- (2) The Central Government may, by order, remove from office the Chairperson, President of a Board or any Member, who—
- a. has been adjudged an insolvent; or
  - b. has been convicted of an offence which, in the opinion of the Central Government, involves moral turpitude; or
  - c. has become physically or mentally incapable of performing his or her duties; or
  - d. is of unsound mind and stands so declared by a competent court; or
  - e. has been removed or dismissed from the service or office of the Central Government or of a State Government or from a body owned or controlled by the Central Government or a State Government or from any Central or State statutory body; or
  - f. has acquired such financial or other interest as is likely to impair his ability to perform his duties; or
  - g. has so abused his position as to render his continuance in office prejudicial to public interest; or
  - h. has been guilty of proved misconduct; or
  - i. has been guilty of proved conflict of interest in the discharge of his functions or
  - j. has not been able to perform or has made persistent defaults-
    - i. in the performance of the duties expected of him under this Act or has exceeded or abused his position; or

- ii. either wilfully or without sufficient cause neglects to comply with the directions issued by the Central Government under sections 40 or 41.

- (3) The Chairperson/ President of a Board or any Member shall not be removed from his office under clauses (a), (b), (f), (g), (h), (i) and (j ) of the preceding sub-section unless he / she has been given a reasonable opportunity to represent his case.

#### **14. Power and Functions of National Medical Commission**

- (1) To assess the changing requirements of the health care scenario, human resources for health, health care infrastructure and develop a road map for meeting these requirements.
- (2) To frame requisite policies for the governance of Medical Education.
- (3) To frame regulations for smooth working of the Commission and the Boards without undermining the autonomy of the Boards and within the provisions of this Act and Rules framed under it.
- (4) To provide overarching policy coordination among the Boards with due regard to their autonomy.
- (5) To ensure that State Councils effectively enforce the provisions of the Act and in event of inaction on their part, take such action as it deems fit to ensure compliance.
- (6) To exercise Appellate Authority with respect to decisions of the UGMEB, PGMEB and MARB.
- (7) To prescribe norms for determination of fees for a proportion of seats, not exceeding 40%, in the Private Medical Educational Institutions.
- (8) To exercise such other powers and duties as the Central Government may confer upon it from time to time under the Rules framed under the Act.

#### **15. Meeting of the Commission:**

- (1) The Commission shall meet at least once every quarter at such time and place as may be appointed by the Chairperson.
- (2) Unless otherwise provided by regulations, 7 members including the Chairperson of the Commission shall form a quorum and all the acts of the Commission shall be decided by a majority of the members present and

voting and in the event of equality of votes, the Chairperson or in his absence; the member presiding shall have the casting vote.

## **CHAPTER 4**

### **NATIONAL EXAMINATION**

**16.** There shall be a uniform National Eligibility-cum-Entrance Test (NEET) for admission to under-graduate medical education under the purview of National Medical Commission through such designated authority in Hindi, English and such other languages and in such manner as may be prescribed and the designated authority shall ensure the conduct of uniform entrance examination in the aforesaid manner. The procedure for admission shall be as may be prescribed.

Provided that those institutions, which are governed by a separate Act of Parliament, shall continue to be governed by their respective Act(s).

**17.** There shall be a National Licentiate Examination for the professionals graduating from the Medical Institutions under the purview of National Medical Commission through such designated authority in such manner as may be prescribed for granting the licence to practice and enrolment into the Medical Register(s), as referred to in Section 28(1). The designated authority shall ensure the conduct of uniform licentiate examination in the aforesaid manner. The National Licentiate Examination shall also serve as a National Eligibility-cum-Entrance Test for admission into post-graduate courses in medical colleges/ institutions under the purview of National Medical Commission.

Provided that those institutions, which are governed by a separate Act of Parliament, shall continue to be governed by the respective Act(s).

Provided further that the National Licentiate Examination shall become operational within three years from the date on which this Act comes into force, on a date to be notified by the Central Government.

## **CHAPTER 5**

### **UNDER-GRADUATE MEDICAL EDUCATION BOARD (UGMEB)**

#### **18. Composition and Constitution of UGMEB**

- (1) The Central Government shall, by notification, establish a body to be called the Under-Graduate Medical Education Board (UGMEB).
- (2) The Board shall be autonomous in its functioning subject only to the policies and regulations framed by the NMC.



- (3) It shall be headed by a full- time President who shall be assisted by such other staff from the NMC Secretariat as may be sanctioned under the Rules.
- (4) There may be Advisory Committees of Experts to assist the Board in discharging its functions.

#### **19. Powers and Function of UGMEB**

- (1) To determine and prescribe standards and oversee all aspects of medical education at undergraduate level.
- (2) To develop a competency based dynamic curriculum (including assessment) at undergraduate level in consultation with stakeholders such that medical graduates have appropriate knowledge, skills, attitude, values and ethics for providing health care, as per the societal needs.
- (3) To prescribe guidelines for setting up medical institutions for imparting under-graduate courses in alignment with needs of the country while keeping in mind global norms.
- (4) To determine and prescribe the minimum requirements and standards for conduct of courses and examinations for under graduates in medical institutions while leaving room for creativity at local levels including the design of some courses by individual institutions.
- (5) To determine and prescribe standards and norms for infrastructure, faculty and quality of education in institutions conducting under-graduate medical education. These standards and norms shall be used as the basis for the assessment of the institutions by MARB.
- (6) To facilitate development/training for the faculty teaching undergraduate courses.
- (7) To facilitate and implement research and international student and faculty exchange programs as they relate to under-graduate education.
- (8) To prescribe norms for compulsory annual disclosure, electronically and otherwise, by medical institutions in all aspects related to their functioning that has a bearing on the interest of various stakeholders such as students, faculty, the Commission and the Government.
- (9) To make recommendations and seek directions from the Government through the Commission.

#### **20. Decisions of UGMEB**

- (1) Subject to the Regulations and the Policies framed by the NMC, the President shall be empowered to take all decisions on behalf of the UGMEB.

- (2) Any stakeholder who is aggrieved by any decision of the Board can appeal against the said decision within a period of two months to the NMC whose decision shall be final and binding on all concerned.

## **CHAPTER 6**

### **POST-GRADUATE MEDICAL EDUCATION BOARD (PGMEB)**

#### **21. Composition and Constitution of PGMEB**

- (1) The Central Government shall, by notification, establish a body to be called the Post-Graduate Medical Education Board (PGMEB) to exercise the powers conferred on, and to perform functions assigned to it under this Act.
- (2) The Board shall be autonomous in its functioning subject only to the policies and regulations framed by the NMC.
- (3) It shall be headed by a full- time President who shall be assisted by such other staff from the NMC Secretariat as may be sanctioned under the Rules.
- (4) There may be Advisory Committees of Experts to assist the Board in discharging its functions.

#### **22. Powers and Function of PGMEB**

- (1) To determine and prescribe standards and oversee all aspects of medical education at the postgraduate and super-speciality levels.
- (2) To develop a competency based dynamic curriculum (including assessment) at post-graduate level in consultation with stakeholders such that post-graduates have appropriate knowledge, skills, attitude, values and ethics for providing health care, imparting medical education and conducting medical research.
- (3) To prescribe guidelines for setting up medical institutions for imparting post-graduate/ super-speciality courses as per the needs of the country while keeping in mind global norms.
- (4) To determine and prescribe the minimum requirements and standards for conduct of all post graduate and super specialty courses and their examinations in Medical Institutions.
- (5) To determine and prescribe standards and norms for infrastructure, faculty and quality of education in institutions conducting post-graduate and super

speciality medical education. These standards and norms shall be used as the basis for the assessment of the institutions and courses by MARB.

- (6) To facilitate development/training for the faculty of post-graduate courses.
- (7) To facilitate research and international student and faculty exchange programs as they relate to post-graduate and super speciality medical education.
- (8) To prescribe norms for compulsory annual disclosure, electronically and otherwise, by medical institutions in all aspects related to their functioning that has a bearing on the interest of various stakeholders such as students, faculty, the Commission and the Government.
- (9) To make recommendations and seek directions from the Government through the Commission.

**23. Decisions of the PGMEB**

- (1) Subject to the Regulations and the Policies framed by the NMC, the President shall be empowered to take all decisions on behalf of PGMEB.
- (2) Any stakeholder who is aggrieved by any decision of the Board can appeal against the said decision within a period of two months to the NMC whose decision shall be final and binding on all concerned.

## **CHAPTER 7**

### **MEDICAL ASSESSMENT AND RATING BOARD (MARB)**

**24. Composition and Constitution of MARB**

- (1) The Central Government shall, by notification, establish a body to be called the Medical Assessment and Rating Board (MARB).
- (2) Subject only to the policies and the regulations framed by the NMC, the Board shall be autonomous in its functioning.
- (3) It shall be headed by a full- time President who shall be assisted by such other staff from the NMC Secretariat as may be sanctioned under the Rules.
- (4) There may be Advisory Committees of Experts to assist the Board in discharging its functions.

## **25. Powers and Function of MARB**

- (1) To determine the process of Assessment and Rating of Medical Educational Institutions as per the standards laid down by the UGMEB or PGMEB, as the case may be.
- (2) To hire such credible third party agencies or to appoint such visitors and personnel as it may consider necessary to carry out inspections of the Medical Educational Institutions in order to discharge its Assessment and Rating Function. It would be obligatory on such institutions to provide access to the inspecting team authorized by MARB for such purpose.
- (3) To conduct an Assessment and Rating of all Medical Educational Institutions, within such period of their start, as may be prescribed, and every year thereafter, and to make it available in the public domain at regular intervals. MARB may empanel independent ratings agencies for this purpose.
- (4) To levy monetary and other such penalties on Institutions which fail to maintain the minimum essential standards mentioned in sub-section (1) above.

Provided that no penalty shall be levied on any medical institution without giving them a reasonable opportunity to explain the reasons for the failures. Provided further that in case a Medical Educational Institution fails to take the necessary corrective actions even after three monetary penalties, MARB shall recommend to the NMC to initiate proceedings for derecognizing the degree/ degrees awarded by the Institution as per the procedure prescribed in section 36.

- (5) To make recommendations and seek directions from the Government through the Commission.

## **26. Decisions of the MARB**

- (1) Subject to the Regulations and the Policies framed by the NMC, the President shall be empowered to take all decisions on behalf of the MARB.
- (2) Any stakeholder who is aggrieved by any decision of the Board can appeal against the said decision within a period of two months to the NMC whose decision shall be final and binding on all concerned.

**27. Permission for establishment of a New Medical College**

- (1) No person shall establish a new medical college except with the prior permission of the MARB obtained in accordance with the provisions of this section.
- (2) Every person shall, for the purpose of obtaining permission under sub-section (1), submit to the MARB a scheme in the manner as may be prescribed.
- (3) The Board may after considering the scheme shall pass an order within a period of 6 months from the receipt of the scheme, either approving or disapproving the scheme and any such approval shall be permission under sub-section (1).

Provided that the person/ college shall be free to appeal to the Commission in case no decision is received within the 6 months period or the scheme is disapproved.

Provided further that the person/college shall be free to make a second appeal to the Government in case no decision is received within one year from the date of his submission or the scheme is disapproved.

- (4) The MARB or the Commission or the Government, while passing the order under sub-section (3), either approving or disapproving the scheme, shall have due regard to the following factors:
  - a. Adequacy of financial resources;
  - b. Whether adequate academic faculty necessary facilities to ensure proper functioning of medical college has been provided or would be provided within the time-limit specified in the scheme;
  - c. Whether adequate hospital facilities have been provided or would be provided within the time-limit specified in the scheme.

Provided that the above criteria may be relaxed for those Medical Colleges which are set up in an un-served area.

## **CHAPTER 8**

### **BOARD FOR MEDICAL REGISTRATION (BMR)**

#### **28. Composition and Constitution of BMR**

- (1) The Central Government shall, by notification, establish a body to be called the Board for Medical Registration (BMR).
- (2) Subject to the policies and the regulations framed by the NMC, the Board shall be autonomous in its functioning.
- (3) The Board shall comprise a President and two Part-time Members of the Commission as referred in section 6(6) and nominated by the Chairperson of the Commission. The Board shall be assisted by such other staff from the NMC Secretariat as may be sanctioned under the Rules.
- (4) There shall be an Advisory Committee of Experts to assist the Board in discharging its functions.

#### **29. Powers and Function of BMR**

- (1) Maintaining the National Register (NR)
  - i. The BMR shall maintain a live National Register of all licensed medical practitioners to be known as the National Register. The register shall contain the name, address, date of birth, Aadhaar ID of and all qualifications recognized by UGMEB and PGMEB possessed by the licensed practitioner.
  - ii. The National Register must be maintained in an electronic form as per prescribed rules. BMR shall prescribe a standard data format for the maintenance of such records which will be binding on all State Councils so that homogeneity and interoperability of such database can be maintained.
  - iii. Such Register shall be made available in the public domain. It shall be deemed to be a public document within the meaning of the Indian Evidence Act, 1872 or any amendment thereof.
  - iv. Every State Medical Council shall maintain and regularly update the State Register in an electronic format. It shall supply a physical copy of the same to the BMR at the commencement of this Act. Thereafter, the National and the State Register should be in Electronic synchronization so that a change in one is automatically reflected in the other.
  - v. Where the name of any person has been removed from a State Register on a ground other than non-possession of the requisite medical

qualifications, he may appeal in the prescribed manner to the BMR, whose decision shall be binding on the State Council subject to the provisions of Section 29.

- vi. If any person whose name is entered in the National Register obtains any title, diploma or other qualification for proficiency in sciences, public health or medicine which is a recognized medical qualification, he shall, on application made in this behalf in the prescribed manner be entitled to have such information entered against his name in the State and the National Register.

## (2) Regulation of Professional Conduct

- i. To prescribe the standards of professional conduct and frame a Code of Ethics for medical practitioners.
- ii. To ensure compliance to the Code of Ethics through the State Councils which shall take disciplinary action in cases of professional misconduct by medical practitioners and Organisations/ Associations of Doctors.
- iii. For the purposes of this Act, the expression “professional misconduct” shall be deemed to include any act of commission or omission notified in the Fifth Schedule of this Act. Nothing in this section shall, however, limit or abridge the power conferred or duty cast on the respective Councils under this Act to inquire into the professional conduct of any person whose name is included in the National Register or the State Register.
- iv. The original jurisdiction for grievances relating to cases of “professional misconduct” of medical practitioners shall lie with the State Councils.

Provided that the Council shall offer the practitioner or the organisation/ association concerned an opportunity to explain their conduct before imposing any prescribed penalty upon them.

- v. BMR will have an appellate jurisdiction over the orders passed by the State Councils under sub-section (iv) and such an order would be binding upon the State Council subject to the provision of section 29.

Provided that, in States or Union Territories where there is no State/UT Medical Council, an enactment to create such a Council shall be carried out within 3 years of the notification of this Act. Provided further that during the transition period, the BMR shall also receive complaints and grievances of ethical misconduct against registered medical practitioners of these States and UT subject to such procedure as may be prescribed.

- vi. To develop mechanisms to have continuous interaction with State Councils to effectively promote and regulate the conduct of medical profession.

- vii. To make recommendations and seek directions from the Government through the Commission.

### **30. Decisions of the BMR**

- (1) Subject to the Regulations and the Policies framed by the NMC, the decisions of the board shall be through the President or a Part-Time Member or a combination of both.

### **31. Rights and duties of persons included in the National Register**

- (1) Qualifying the National Licentiate Examination by an Indian citizen with under-graduate degree obtained from a medical institution within India shall be sufficient for licence to practice and enrolment in the National Register and/or any State Register.  
Provided that the persons registered in the Indian Medical Register under the IMC Act, 1956 before the commencement of this Act and prior to the coming into force of the National Licentiate Examination shall be deemed enrolled in the National Register.
- (2) A person who is a citizen of India and obtains medical qualification granted by any medical institution in any country outside India recognised as medical practitioner in that country after such date as may be specified, shall not be entitled to be enrolled in the National Register unless he qualifies the National Licentiate Examination and such foreign medical qualification after such person qualifies the National Licentiate Examination shall be deemed to be recognised medical qualification for the purposes of this Act for that person.
- (3) No person other than the one enrolled in the National/State Register:
- (a) Shall be allowed to practice medicine as a qualified medical practitioner
  - (b) Shall hold office as physician or surgeon or any other office (by whatever designation called) meant to be held by a physician or surgeon in Government or in any institution maintained by a local or other authority;
  - (c) shall be entitled to sign or authenticate a medical or fitness certificate or any other certificate required by any law to be signed or authenticated by a duly qualified medical practitioner:
  - (d) Shall be entitled to give evidence at any inquest or in any court of law as an expert under section 45 of the Indian Evidence Act, 1872 on any matter relating to medicine.



Provided that the Commission may permit a medical professional to perform surgery or practice medicine without qualifying the National Licentiate surgery or practice medicine without qualifying the National Licentiate Examination. The Commission shall submit a list of such medical professionals to the Central Government in the manner prescribed.

- (4) Any person who acts in contravention of any provision of sub-section (2) shall be punished with revocation/suspension from the National Register or with fine as may be prescribed, or with both.

## **CHAPTER 9**

### **RECOGNITION OF MEDICAL QUALIFICATIONS**

#### **32. RECOGNITION OF MEDICAL QUALIFICATION GRANTED BY UNIVERSITIES OR MEDICAL INSTITUTIONS IN INDIA**

- (1) The medical qualifications granted by any University or Medical Institution in India, included in the First Schedule, shall be recognized medical qualifications for the purpose of this Act.
- (2) Any University or Medical Institution in India, which grants an undergraduate or post-graduate medical qualification not included in the First Schedule, may apply to the UGMEB or PGMEB, respectively, to have such qualification recognized. The respective Board may, by notification in the official Gazette, amend the First Schedule so as to include such qualification. The notification affecting the amendment may also direct that an entry shall be made in the last column of the First Schedule against such medical qualification declaring that it shall be a recognized medical qualification only when granted after a specified date.
- (3) All medical qualifications listed in Schedule I of the IMC Act, 1956 shall be incorporated automatically in Schedule I of this Act.

#### **33. RECOGNITION OF MEDICAL QUALIFICATIONS GRANTED BY MEDICAL INSTITUTIONS OUTSIDE OF INDIA**

- (1) The medical qualifications granted by medical institutions outside India included in the Second Schedule shall be recognized medical qualifications for the purposes of this Act.
- (2) The Commission may subject to such verification as it deems fit with the authority in any country outside India which by the law of such country is

entrusted with the recognition of medical qualifications provide for recognition or de-recognition of such medical qualification by notification in the official Gazette and amend the Second Schedule so as to include or exclude therein the medical qualification(s).

Provided that any qualification shall not be excluded unless the institution(s) concerned has been given a reasonable opportunity of being heard in the matter.

- (3) Where the Commission has refused to recommend a medical qualification that has been proposed for recognition by any Authority referred to in sub-section (2), the Authority may apply to the Central Government for such recognition. The Central Government, after considering such application and after obtaining from the Commission a report regarding the reasons for its refusal, may by notification in the Official Gazette amend the Second Schedule so as to include such qualification in it. The provisions of sub-section (2) shall apply to such notification.

#### **34. RECOGNITION OF MEDICAL QUALIFICATION GRANTED BY CERTAIN MEDICAL INSTITUTIONS WHOSE QUALIFICATIONS ARE NOT INCLUDED IN THE FIRST OR SECOND SCHEDULE**

- (1) The medical qualifications listed in Part I and Part II of Schedule III to the IMC Act, 1956, repealed w.e.f. .... shall be incorporated automatically in Part I and Part II respectively of Schedule III under this Act.
- (2) The Commission may by notification in the official gazette amend Part II of the third schedule so as to include therein any qualification granted by medical institution outside India which is not included in the second schedule.

Provided further that a foreign citizen maybe permitted temporary registration in India for a period and in a manner as may be prescribed by the Commission subject to such person being enrolled as medical practitioner in accordance with the law regulating the registration of medical practitioners in that country.

#### **35. RECOGNITION OF OTHER MEDICAL QUALIFICATIONS**

- (1) The Central Government may by notification in the official gazette include medical qualifications granted by any other body in India under Schedule IV to this Act which shall be recognized qualification as may be prescribed by the Central Government in this regard.

### **36. WITHDRAWAL OF RECOGNITION**

- (1) Upon a report by the MARB or otherwise, if it appears to the Commission that the courses of study and examination to be undergone in, or the proficiency required from candidates at any examination held by any University or medical institution do not conform to the standards prescribed and that the institution has failed to take necessary corrective action to adhere to minimum standards, the Commission shall make a representation to that effect to the Central Government.
- (2) After considering such representation, the Central Government, after making such further inquiry and consultations with the Government/ Authority concerned, as it may think fit, may by notification in the official Gazette, direct that an entry shall be made in the appropriate Schedule against the said medical qualification declaring that it shall be a recognised medical qualification, only when granted before a specified date or that the said medical qualification if granted to students of a specified college or institution affiliated to any university shall be a recognised medical qualification only when granted before a specified date, as the case may be.

### **37. SPECIAL PROVISION IN CERTAIN CASES FOR RECOGNITION OF MEDICAL QUALIFICATIONS.**

- (1) If the Commission deems it fit, it may by notification in the Official Gazette, direct that medical qualifications granted after a specified date by medical institutions in a country outside India shall be recognised medical qualification for the purposes of this Act.

Provided that medical practice by persons possessing such qualifications shall be permitted only if such persons are enrolled as medical practitioners in accordance with the law regulating the registration of medical practitioners for the time being in force in that country; and

Provided further that medical practice by persons possessing such qualifications shall be limited to the period specified in this behalf by general or special order.

## **CHAPTER 10 MISCELLANEOUS**

### **38. INFORMATION TO BE FURNISHED BY THE COMMISSION AND PUBLICATION THEREOF**

- (1) The Commission shall furnish such reports, copies of its minutes, abstracts of its accounts, and other information to the Central Government as that Government may require.
- (2) The Central Government may publish in such manner as it may think fit, any report, and copy, abstract or other information furnished to it.

### **39. REPORTING BY UNIVERSITIES AND MEDICAL INSTITUTIONS**

- (1) Every medical institution under this act shall at all times maintain a website and display all such information as may be required by the Commission or the Board(s).
- (2) The Commission or the Board(s), as the case may be, shall either directly or through other experts, at any time during the existence of the evaluation or assessment, with or without any notice, may assess the performance standards and benchmarks displayed by the medical institution on its website.

### **40. COMPLETION OF COURSES OF STUDIES IN MEDICAL INSTITUTIONS**

**41.=**

- (1) Notwithstanding anything contained in this Act, any student of medical institution who, immediately before the commencement of this Act was studying for a degree, diploma or certificate in any such institution shall continue and complete his course for that degree, diploma or certificate, as the case may be, and such institutions shall provide for the instruction and examination for such student in accordance with syllabus and studies as existed before commencement of this Act and shall be deemed to have completed his course of study and awarded degree, diploma, as the case may be, under this Act.
- (2) Notwithstanding anything contained in this Act, the medical institution in lapse of its recognition whether by efflux of time or by its voluntary surrender or for any other reason whatsoever shall continue to maintain and provide the minimum standards approved by the Commission till such

time that all the candidates are able to complete their study in such institutions.

#### **42. TRANSITORY PROVISIONS**

- (1) The National Medical Commission is the successor in interest to the Indian Medical Council including its subsidiaries or owned trusts. All the assets and liabilities of the Indian Medical Council shall be deemed to have been transferred to the Commission.
- (2) Notwithstanding the repeal of the Indian Medical Council Act, 1956, the educational standards, requirements and other provisions of the Indian Medical Council Act, 1956 and the rules and regulations made thereunder shall continue to be in force and operate till new standards are specified under this Act or the rules and regulations made thereunder:

Provided that anything done or any action taken as regards the educational standards and requirements under the enactments under repeal and the rules and regulations made thereunder shall be deemed to have been done or taken under the corresponding provisions of this Act and shall continue in force accordingly unless and until superseded by anything done or by any action taken under this Act.

- (3) The National Board of Examinations (NBE) shall be merged with the PGMEB.

Provided further that all such courses that are being run by and the qualifications being awarded by the NBE shall be subsumed and added as the courses conducted by and qualifications awarded by the PGMEB and any reference to the existing National Board of Examinations in any law or rule or contract other than this Act shall be deemed as a reference to PGMEB hereinafter.

- (4) The Central Government may take such appropriate measures as may be necessary for smooth transition of the repealed Council to the corresponding new Commission and the existing NBE to the PGMEB under this Act.

#### **43. PROTECTION OF ACTION TAKEN IN GOOD FAITH**

No suit, prosecution or other legal proceeding shall lie against the Government, the Commission or any Board thereunder or a State Medical Council or any Committee thereof, or any Officer or servant of the Government or Commission aforesaid for anything which is done or intended to be done in good faith under this Act.

#### **44. POWER TO MAKE RULES**

- (1) The Central Government may, by notification in the Official Gazette, make Rules to carry out the purposes of this Act.
- (2) In particular, and without prejudice to the foregoing power, such rules may provide for all or any of the following matters:
  - i. Manner of nomination of the members of the Medical Advisory Council to the NMC under section 6 (6)
  - ii. Manner of appointment of Search and Selection Committee under section 11.
  - iii. Manner of constituting the Boards under section 18, 21, 24 and 27.
  - iv. Procedure for removal of Chairperson and Members of the Commission under section 13.
  - v. The creation of posts, salary and allowances payable to and other terms and conditions of Chairperson /Members of the Commission, President of the Boards and other staff members of the Commission.
  - vi. Any other matter in respect of which provision is to be made by rules.
- (3) Every rule made under this Act shall be laid, as soon as may be after it is made, before each House of Parliament for a total period of thirty days , after the expiry of which period the Rule shall be deemed as confirmed. If both Houses agree in making any modification in the rule or both Houses agree that the rule should not be made, the rule shall, thereafter have effect only in such modified form or be of no effect, as the case maybe; however, any such modification or annulment shall be without prejudice to the validity of anything previously done under that rule.

#### **45. Power to give Directions**

- (1) Without prejudice to the foregoing provisions of this Act, the Commission and the Boards, as the case may be, shall, in the discharge of their functions and duties under this Act, be bound by such directions on questions of policy as the Central Government may give in writing to it from time to time, and the question whether the direction given is one of policy or not shall be decided by the Central Government.

Where the Central Government considers it expedient so to do, it may, by order in writing, direct the Commission to make any regulations or to amend or revoke any regulations already made by it, within such period as the Central Government may specify in this behalf.

If the Commission fails or neglects to comply with such order within the specified period, the Central Government may make the regulations or amend or revoke the regulations made by the Commission, as the case may be, in such manner as the Central Government thinks fit.

- (2) Any person or a body or an organisation, aggrieved by an order made by the Commission may prefer an appeal to the Central Government in such form with in such period as may be prescribed. The procedure for disposing of an appeal shall be such as may be prescribed and the appellant shall be given a reasonable opportunity of being heard.

## **CHAPTER 11**

### **GRANTS, AUDIT AND ACCOUNTS**

#### **46. Grants**

- (1) The Central Government may, after due appropriation made by Parliament by law in this behalf, make to the Commission grants of such sums of money as the Central Government may think fit, for being utilized for the purposes of implementing this Act.
- (2) There shall be constituted a fund to be called "the National Medical Commission Fund" and there shall be credited thereto:-
  - i. All Government grants, fees and charges received by the Commission;
  - ii. All sums received by the Commission from such other source as may be decided by it.
- (3) The Fund shall be applied for meeting:
  - i. The salaries, allowances and other remuneration of the Chairman and Members of the Commission, Presidents of the Boards, officers and other employees of the Commission and the Boards;
  - ii. Other expenses of the Commission and the Boards in connection with the discharge of their functions and for the purposes of this Act.

#### **47. Audit and Accounts**

- (1) The Commission shall maintain proper accounts and other relevant records and prepare an annual statement of accounts in such form as may be

prescribed, in consultation with the Comptroller and Auditor- General of India.

- (2) The accounts of the Commission shall be audited by the Comptroller and Auditor-General of India at such intervals as may be specified by him and any expenditure incurred in connection with such audit shall be payable by the Commission to the Comptroller and Auditor-General of India.
- (3) The Comptroller and Auditor-General of India and any other persons appointed by him in connection with the audit of the accounts of the Commission shall have the same rights and privileges and authority in connection with such audit as the Comptroller and Auditor-General generally has in connection with the audit of Government accounts and, in particular, shall have the right to demand the production of records, books, accounts, connected vouchers, other documents and papers etc. and to inspect the office of the Commission.
- (4) The accounts of the Commission as certified by the Comptroller and Auditor-General of India or any other person appointed by him in this behalf, together with the audit report thereon, shall be forwarded annually by the Commission to the Central Government which shall cause the same to be laid as soon as may be after it is received, before each House of Parliament.

#### **48. FURNISHING OF RETURNS AND REPORTS TO THE CENTRAL GOVERNMENT**

- (1) The Commission shall furnish to the Central Government at such time and in such form as may be prescribed, an annual report giving a summary of their activities during the previous year.
- (2) A copy of the report received by the Central Government under sub-section (1) shall be laid, as soon as may be after it is received, before each House of Parliament.

#### **49. POWER TO REMOVE DIFFICULTIES**

- (1) If any difficulties arise in giving effect to the provisions of this Act, the Central Government may, by order, make such provisions or give such directions not inconsistent with the provisions of this Act as may appear to it be necessary or expedient for the removal of difficulty.  
Provided that no such power shall be exercised after the expiry of a period of two years from the commencement of this Act.



- (2) Every order made under this section shall be laid, as soon as may be after it is made, before each house of Parliament.

**50. REPEAL OF ACT OF 1956**

The Indian Medical Council Act, 1956 is hereby repealed.

## Annex III: List of Documents

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S.No	Subject
1.	List of cases which were placed during the tenure of Board of Governor but not decided and further placed before the present Ethics Committee at its meeting held on 19.12.2013 after reconstitution of the Council in November, 2013 vide Gazette Notification dated 06.11.2013
2.	*Details of items of Ethics Committee Meeting dated 04.01.2014
3.	Details of items of Ethics Committee Meeting dated 21-22.02.2014
4.	Details of items of Ethics Committee Meeting dated 24-25.04.2014
5.	Details of items of Ethics Committee Meeting dated 15-16.05.2014
6.	Details of items of Ethics Committee Meeting dated 22-23.05.2014
7.	Details of items of Ethics Committee Meeting dated 12.06.2014
8.	Details of items of Ethics Committee Meeting dated 18-19.07.2014
9.	Details of items of Ethics Committee Meeting dated 13.08.2014
10.	Shri Laxmi Narayana Institute of Medical Sciences, Puducherry (RC 24(A)/2010) against 8 doctors & 70 faculties Ethics Committee Decision taken in 01.09.2014.
11.	Aarupadeiveedu Medical College, Puducherry (RC 19(A)/2011 against 29 faculty, Ethics Committee Decision taken in 01.09.2014.
12.	Vinayaka Mission Medical College, Karaikal, Puducherry (RC 10(A)/2011), Ethics Committee Decision taken in 01.09.2014.
13.	Details of items of Ethics Committee Meeting dated 30.09.2014
14.	Details of items of Ethics Committee Meeting dated 25.11.2014
15.	Details of items of Ethics Committee Meeting dated 17-18.11.2014

<b>S.No</b>	<b>Subject</b>
16.	Details of items of Ethics Committee Meeting dated 15-16.01.2015
17.	Details of items of Ethics Committee Meeting dated 28.01.2015
18.	Details of items of Ethics Committee Meeting dated 05-06.02.2015
19.	Details of items of Ethics Committee Meeting dated 19-20.02.2015
20.	Details of items of Ethics Committee Meeting dated 17-18.03.2015
21.	Details of items of Ethics Committee Meeting dated 21&22.04.2015
22.	Details of items of Ethics Committee Meeting dated 29&30.04.2015
23.	Details of items of Ethics Committee Meeting dated 26&27.04.2015
24.	Details of items of Ethics Committee Meeting dated 16-17.06.2015
25.	Details of items of Ethics Committee Meeting dated 20-21.07.2015
26.	Details of items of Ethics Committee Meeting dated 15-16.09.2015
27.	Details of items of Ethics Committee Meeting dated 29-30.09.2015
28.	Details of items of Ethics Committee Meeting dated 15-16.10.2015
29.	Details of items of Ethics Committee Meeting dated 04-05.10.2015
30.	Details of items of Ethics Committee Meeting dated 02&03 December,2015
31.	Details of items of Ethics Committee Meeting dated 22&23 December,2015
32.	Details of items of Ethics Committee Meeting dated 05&06January,2016
33.	Details of items of Ethics Committee Meeting dated 19 & 20 January,2016
34.	Details of items of Ethics Committee Meeting dated 17 & 18 February, 2016
35.	Details of items of Ethics Committee Meeting dated 03 & 04 March,2016
36.	Details of items of Ethics Committee Meeting dated 17 & 18 March,2016

**S.No****Subject**

37. Status of new applications/renewal of permission/recognition for the academic year for the academic year 2014-2015, 2015-2016 and 2016-2017
38. Chronological events with regard to the amendment in Clause 6.8 of the “Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002”
39. The Medical Council of India was reconstituted in Nov. 2013 and the data of the task successfully completed by the Council within time period are as under:
40. Resolutions Proposed by General Body of the Council and Awaiting Approval of the Ministry of Health & Family Welfare.
41. Proposed amendments in various Regulations of Medical Council of India after approval of Executive Committee and General Body of the Council.

\* **Details of items include minutes of the meeting.**

**Details of Reports:-****S.No****Subject of Report**

1. Supplementary Report of the AD-HOC Committee
2. Report of the AD-HOC Committee
3. 3<sup>rd</sup> Report of the AD-HOC Committee for the period Sept 2004 to Dec 2006

**Details of others letters:-****S.No****Subject of others letters**

1. Article: The Economic Times, Has the nursing profession lost the charm?

**S.No****Subject of others letters**

2. Article: Hindustan Times, New Delhi Edition, A global university can be a shot in the arm for medical teaching.
3. Article: Urgent surgery needed November 4, 2015 at 4:00 AM IST Economic Times in ET Commentary India ET By Dr Devi Shetty.
4. Article: Reforms medical education, transform healthcare, Dr Devi Shetty.
5. Article: No silver bullet for healthcare in India by Dr. Devi Shetty.
6. Presentation by Dr. Devi Shetty on reforming Medical Education.
7. Request by Prof. (Dr.) Balvir S. Tomer, Chancellor, NIMS University, Jaipur for rendering his services as a Honorary Amicus Curiae for the Committee.
8. Representation for Ms. Sujatha Rao, Former Secretary, Govt. of India giving suggestion on reforms required for Medical Education.
9. Submission of representations regarding plight of Foreign Medical Graduate and Remedy thereof from M. Krishnan Iyer, Surat.
10. Representation of Association of National Board Accredited Institutions.
11. A blueprint for taking medical and health services to rural India by Dr. M.G. Deo (Padmashree), Vice President & Secretary, Moving Academy of Medicine and Biomedicine.
12. A White Paper on what needs to be done in healthcare delivery in 21<sup>st</sup> Century India By Prof. Gautam Sen, Hon. Fellow of Royal Society of Medicine.
13. Presentation on Governance of Medical Education, The Way Forward, Prof. Gautam Sen.
14. Letter received from Debashree Mukherjee, Joint Secretary to PM. Letter of Ms. Sujata Rao, former Health Secretary, Govt. of India dated 8<sup>th</sup> April, 2016, addressed to the PM, enclosing some suggestions for revamping the Medical Council of India (MCI).

<b>S.No</b>	<b>Subject of others letters</b>
15.	Request to formulate a screening mechanism/test for Indian citizens with post graduate medical degrees (MS/MD) from foreign universities from Dr. Madhur Eshwar Rao Basude.
16.	Suggestions for Streamlining Medical Education & Healthcare Sector.
17.	Request to formulate a screening mechanism/test for Indian citizens with post graduate medical degrees (MS/MD) from foreign universities by Dr. Kalyan, Orthopedic joint replacement and spine surgeon.
18.	Request to formulate a screening mechanism/test for Indian citizens with post graduate medical degrees (MS/MD) from foreign universities & to register additional Qualification in Medical Council of India (MCI) from Dr. Rohan Omprakash Talokar.
19.	Assessment for Recognition/Approval of National Institute of Medical Sciences & Research, Jaipur, Rajasthan for the award of MBBS degree against the increase intake i.e. from 100 to 150 seats u/s 11(2) of the IMC Act, 1956 from Registrar, NIMS University.
20.	Complaint of Medical Council of India (MCI) from by Shivalingappa Sangappa Bhadrannvar.
21.	A blueprint for taking high tech medicine to rural India by Moving Academy of Medicine & Biomedicine, Pune by Dr. M.G Deo.
22.	Assessment for Recognition/Approval of National Institute of Medical Sciences & Research, Jaipur, Rajasthan for the award of MBBS degree against the increase intake i.e. from 100 to 150 seats u/s 11(2) of the IMC Act, 1956 Nims University.
23.	The details regarding the false report came in press against the office bearers of IMA Kerala State Branch from Dr. K.V Babu, Payyannur PO, Kannur District, Kerala & Ms. Bindu K.V, Nandanam, SS Temple Road, Payyannur, Kannur District, Kerala.

<b>S.No</b>	<b>Subject of others letters</b>
24.	Request to Dr Harsh Vardhan, the Union Minister for Health & Family Welfare from Bindu. MV, Nandanam, Payyanur PO, Kannur.
25.	Restructuring the Medical Council of India suggestions by P. Zachariah.
26.	Representation received through Hon'ble Prime Minister's Office forwarding request of Ms Bindu MV, Payyanur PO, Kannur Dt, Kerala.
27.	Report from Dr. Jayshree Mehta, President, Medical Council of India.
28.	Complaint of Dr. Devinder Kumar, Joint Secretary, Medical Council of India.
29.	Documents sent by MCI Secretary Dr. Rana Nayyar – copy of Organogram, list of Staff members, Gazette Notification containing recruitment rules of MCI.
30.	Information of malpractice and action to be taken against TS. Mishra Medical College & Hospital, Amausi, Lucknow complaint against by Dr. Mohd. Ahmad, Lucknow.
31.	Suggestion received for Registrar, Singhania University on reforms in Medical Education
32.	Key recommendation to overhaul functioning of MCI by National coalition for reforms & Restructuring Medical Education.
33.	Complaint against MCI by Sh. Heeralal Saini.
34.	Request by Dr. P.N Tiwari for his services in reforming MCI
35.	Request for change in curriculum of MBBS by Dr. Manohar Bhandari, for Assistant Manager, M.G Memorial Medical College, Indore.
36.	Paper on MCI reforms – A globally acclaimed model for teaching medical bioethics by Dr. Balakrishnan.
37.	Suggestion on “No Profit” vs ‘for Profit’ concept in higher education by J.M Jeyaraj, Coimbatore.

**S.No****Subject of others letters**

38. Request from Dr. Waseem Ahmed for getting associated with the Committee for reforms in Indian Medical Education.
39. Letter from Mr. Kartikey Gupta on dissolution of Medical Council of India..
40. Letter from Students of Medical Institute Jorhat, Assam about injustice to the students.
41. Letter from Dr. J M Jeyaraj, Coimbatore on unconstitutional functioning of Dental Council of India in discharging its duties.
42. Letter from Sh. Shalabh Ratogi, Consultant & Head, Deptt. Of ENT, Tata Motors Hospital, Jamshedpur, Jharkhand policy regarding teaching experience recognized by MCI to DNB PG teachers.
43. Suggestion from Prof. Shyamal Kumar Basu on Medical Education in India.
44. Suggestions from Sh. Krishna Mishra on medical education in India.
45. Suggestions from DR. Girdhar Gyani on restructuring of Medical Council of India.