Medical education and regulation in the spotlight in India

Experts have been debating the recommendations of an Indian parliamentary committee, which has called for a shake-up of medical education and regulatory systems. Dinesh C Sharma reports.

A report by India’s Parliamentary Standing Committee on Health that suggested radical reforms to the medical education system has been met with a mixed response by experts. The report recommended replacing the Medical Council of India (MCI) with a new structure since it has failed to fulfil its mandate. The council is tasked with licensing new medical colleges, enforcement of academic standards, registration of doctors, and oversight of ethical issues in medical practice.

MCI is a self-regulatory body, with members elected by doctors, state governments, and the central Ministry of Health. A large proportion of its members are either from private hospitals or private practices, and it “neither represents professional excellence nor its ethos”, the parliamentary committee noted. Since “MCI has been unresponsive to health system needs” causing problems in delivery of effective and equitable health services, the panel wants the government to establish a new regulatory body with members nominated by the government through a rigorous, independent, and transparent process. Additionally, it should include non-doctor members.

Medical regulation reached a low ebb when MCI president Ketan Desai was arrested on bribery charges in 2010. The Ministry of Health subsequently proposed a National Commission for Human Resources for Health as an overarching regulatory body that would have subsumed functions of existing medical, dental, and nursing councils. The idea, however, remained on paper due to opposition from some states and political leaders.

K Srinath Reddy, president of the Public Health Foundation of India, agrees with the report’s conclusions about MCI. He notes: “The report is a golden opportunity for radical transformation of the system, since self-regulation has failed to deliver. Given the diverse health needs of a vast country, we need a medical regulator that gives adequate representation to health professionals with different backgrounds. It would also help introduce much needed innovation in medical education.” Innovative approaches include bridge courses and training of community doctors.

Meanwhile, Kunal Saha, a patient rights activist and founder of People for Better Treatment, thinks that “changing the law to make MCI a fully nominated body may not be effective because a bulk of members of MCI and state councils presently are also nominated by the government. Such nominees tend to be inept because the process of nomination is opaque and influenced by political factors.” But he said that the inclusion of lay people in medical councils “will help mitigate, to a large extent, inherent bias towards fellow doctors when councils hear cases of medical negligence or unethical practice in ‘doctor-only’ medical councils”.

The Indian Medical Association (IMA) is opposed to a government-nominated regulator. “The autonomy of the medical profession and the watchdog role it should play will be lost. In a democratic country, an elected body is the best”, argued IMA secretary general K K Aggarwal.

Among other changes mooted by the standing committee are an overhaul of undergraduate and postgraduate medical education through measures such as common entrance and exit tests administered by independent boards; designing of curricula in line with the disease profile of the country; regulation of fees in private medical colleges; and separate boards for accreditation of colleges and registration of doctors. The panel has endorsed the idea of establishing an umbrella body—the National Medical Commission—to handle all these tasks.

Expressing concern over the approach of the MCI towards maintaining ethical conduct in the medical profession as well as its own functioning, the standing committee has floated the idea of a separate Board of Medical Ethics to develop standards and norms of professional conduct and codes of ethics for doctors, hospitals, and professional associations. This suggestion is significant because MCI, in February, 2016, amended its Code of Ethics to exclude bodies such as the IMA from its purview following prolonged litigation about the IMA endorsing commercial products. Arun Gupta from the Coalition Against Conflict of Interest, New Delhi, said: “An independent board of ethics would go a long way in cleaning up medical practice, particularly the unethical nexus between doctors and pharma companies.”

India’s Ministry of Health is deliberating the standing committee’s recommendations. The future of the MCI—and the medical education and regulatory system in the country—will depend on its response to the report.

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