

Report Summary

Committee on the Reform of the Indian Medical Council Act, 1956

- The Committee on the Reform of the Indian Medical Council (IMC) Act, 1956 (Chair: Dr. Aravind Panagariya) submitted its report in August 2016. It was set up under the NITI Aayog to examine the provisions of the IMC Act and provide recommendations to improve the outcomes of medical education.
- The Committee proposed that the IMC Act be replaced by a new Act, and proposed a draft Bill for this purpose. It recommended a complete overhaul of the existing regulatory structure for medical education. Key observations and recommendations of the Committee are summarised below.
- **Issues with the Medical Council of India:** The Committee noted the following regarding the functioning of the Council: (i) the conflict of interest where the regulated (including management of medical colleges) elect the regulators, preventing the entry of skilled professionals for the job; (ii) centralisation of powers allowing no segregation of responsibilities; (iii) input based regulation consisting of inspection and a focus on infrastructure rather than on teaching quality and outcomes; and (iv) failure to meet the contemporary challenges of medical education.
- **New regulatory architecture:** The Committee recommended that the National Medical Commission (NMC) should be set up to replace the existing Medical Council of India. NMC would be the policy-making body for medical education in India. It would consist of representatives from the Ministries of Health and Family Welfare, Human Resource Development and Department of Pharmaceuticals, among other related subject experts.
- The Committee recommended that independent bodies should be created with clearly demarcated roles, which would be coordinated by the NMC. These bodies would be: (i) a Medical Assessment and Rating Board for accreditation and assessment of institutions, (ii) a Board for Medical Registration to maintain a national register of all licensed medical practitioners, (iii) Under-Graduate Medical Education Board, and (iv) the Post-Graduate Medical Education Board.
- **Examinations:** The Committee recommended a transparent admissions process based on merit rather than the ability to pay capitation fees. Students would be admitted to medical colleges based on an all-India National Eligibility cum Entrance Test. This would ensure a standardised set of skills for doctors following objective benchmarks to promote uniform outcomes.
- The Committee also recommended a periodic disclosure of ratings by medical colleges, to enable students to make informed decisions. This would also aid the colleges in improving their own standards to attract the best students.
- Passing a common exam would be mandatory to obtain a license and to subsequently apply for post-graduate courses. This exam would also test for skill sets prescribed by the central government keeping with the changing societal requirements of medical competencies.
- **Fee Regulation:** Despite the current fee regulation, there have been instances of corruption with regard to fees. The Committee recommended that the NMC should not engage in fee regulation of private colleges.
- Since admissions to medical institutions would be based solely on merit, there would be no need for fee regulation except in certain circumstances. The regulation of fees may encourage the formation of an underground economy for medical education, and having a fee cap may discourage the entry of private colleges.
- **‘For-profit’ organizations to establish medical colleges:** Currently, only ‘not-for-profit’ organizations are permitted to establish medical colleges. The Committee recommended that the sector should be opened to ‘for-profit’ organisations as well to address the supply gaps in medical education. This would also help to deal with the lack of transparency regarding funding sources that currently exists despite a ban on ‘for-profit’ organisations in this sector.

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