



# National Medical Council: Important Information for the Clinician

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India, being overpopulated country, does not have appropriate doctor–patient ratio. Compared to the WHO norm of 1:1000, India had a doctor-to-population ratio of 1:1655 as of January 2018. One doctor treats many patients at the same time, making rules and regulations very difficult to follow. The clinicians are more practical oriented and less academic, and documentation is also difficult in such situations. The scenario in cities and rural areas also contrast each other. This makes self-regulation of health systems very important and difficult at the same time. The corruptions in medical school admissions both Government and private medical schools which produce health professionals are famous, which is cause for concern for the Government [1].

The Medical Council of India (MCI) was founded in 1933 by the then British Government from the experience of their General Medical Council in UK. The GMC till date has MCI that was expected to promote self-regulation by medical professionals by themselves with periodic internal checks and action on the complaints of patients and colleagues. MCI was given the task of establishing high standards for good medical clinical practise, standardising, accrediting, and ensuring the quality of undergraduate and postgraduate medical education in India. It was supposed to have mechanism for the registration and licencing of doctors to control their entry into and continuation in the medical profession, and dealing firmly and fairly with doctors whose conduct did not meet these standards.

In 1956, a new MCI Act replaced the old one which was then abolished. This was part of the Government efforts to regulate the medical professionals with changing times. Even in 1956, doctors were at the helm of affairs in MCI. But as the years went by, some of the decisions made by the council were biased, not transparent, some rules were random and arbitrary. All in all, there was complete disconnect between the medical professionals and MCI. Corruption

was also increasing by the day in medical education in India, with private institutions charging exorbitant fees. Also, the admission process was different in different states.

After much thought, MCI was dissolved and replaced by a Board of Governors for day-to-day affairs [2].

The Yashpal Committee was set up in 2009 and was focused on creating a unified norm for regulating higher education and medical school entrance examinations. The committee suggested that regulation of medical practise and regulation of medical education should be separated. The National Knowledge Commission also suggested the same for better results [2]. The Yashpal committee and the National knowledge commission suggested to replace defunct MCI with a comprehensive National Commission for Human Resources for Health that had four pillars of working: undergraduate and postgraduate education, accreditation and licencing of entry and continuation of practise, and ethical practise [3].

## THE National Medical Commission ACT, 2019 NO. 30 OF 2019 [8th August, 2019.]

An Act to provide for a medical education system that improves access to quality and affordable medical education ensures availability of adequate and high-quality medical professionals in all parts of the country; that promotes equitable and universal healthcare that encourages community health perspective and makes services of medical professionals accessible to all the citizens; that promotes national health goals; that encourages medical professionals to adopt latest medical research in their work and to contribute to research; that has an objective periodic and transparent assessment of medical institutions and facilitates maintenance of a medical register for India and enforces high ethical standards in all aspects of medical services; and that is flexible to adapt to changing needs and has an effective grievance redressal mechanism and for matters connected therewith or incidental thereto.

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On July 22, 2019, Dr. Harsh Vardhan, India's Minister of Health and Family Welfare, introduced the National Medical Commission Bill, 2019 in the Lok Sabha. This bill aims to repeal the Indian Medical Council Act of 1956 and establish a system of medical education that ensures (i) the availability of adequate high-quality trained medical professionals, (ii) the adoption of cutting-edge medical research by scientists and medical professionals, (iii) periodic evaluation of existing medical institutions along with establishing new institutions, and (iv) an efficient grievance redressal mechanism [4].

In a nutshell, the bill constituted:

1. Group of 25 members to regulate medical education and practise
2. Four autonomous Boards were constituted under the NMC to focus on undergraduate and postgraduate medical education, assessment and rating of the professionals, and ethical conduct in practise.
3. They are Undergraduate Medical Education Board (UGMEB) and the Postgraduate Medical Education Board (PGMEB) to formulate high standards of education, integrated curriculum, guidelines for good clinical practise, and to grant recognition of medical qualifications; the Medical Assessment and Rating Board (MARB); and the Ethics and Medical Registration Board (EMRB) to maintain a single National Register of licenced medical practitioners and regulate professional conduct towards patients and colleagues.
4. State Medical Advisory Council, at the individual state level to express views specific to a state and issues before the NMC and to advise the NMC on measures to ensure equitable access to medical education in the country.
5. National Eligibility-cum-Entrance Test (NEET) for admission to undergraduate medical education
6. National Licentiate Examination (NLE) to provide a licence to practise after graduation and be the basis for admission to postgraduate medical courses
7. To determine fees for medical education in at least 40% of seats in private medical institutions and deemed Universities
8. State Medical Councils to receive local complaints of professional or ethical misconduct and act as primary redressal platform for the complainant to appeal to successively higher levels of authority, if need be [3].

## NMC and Practising Clinician

All medical professionals who are registered with state medical council as of now must register with the National Medical Commission (NMC) also in order to practise medicine

throughout India. A doctor's registration number, full name, date of registration, place of employment (name of hospital or institute), primary medical degree, additional medical degree, specialty, and name of the institute or university where the degree was earned will all be displayed on the website for public.

Any person who completes a primary medical degree that is recognised by the National Medical Commission Act of 2019 and passes the National Exit Test held under Section 15 of the Act shall be entitled for grant of registration in NMR.

The National Medical Commission (NMC) and Ethics and Medical Registration Board (EMRB) shall generate the UID centrally, which allows the practitioner registration in NMR and the right to practise medicine in India. All existing medical practitioners listed in the Indian Medical Register or the State Medical Register who do not already have the registration number required by these regulations shall update in the Ethics and Medical Registration Board's web portal within three months of the publication of these regulation and obtain the registration number as a one-time measure, and the licence so generated shall be valid for a period of five years from the date of issuance. This was conveyed by announcement on the website. The EMRB, NMC will not charge any costs to update a licence for a registered medical practitioner.

According to the statement, qualified individuals may choose to practise medicine in any state of India. They can approach the state medical council or NMC directly. Applications submitted directly through the website of NMC will be forwarded to the relevant State Medical Council [4]. After payment of fees, the State Medical Council has 30 days to review applications for licences to practise medicine in that state. The registration number on the certificate of licence must be so constructed that a UID is followed by the relevant state or union territory's code. According to the announcement, the application will appear in both the State Medical Register and the National Medical Register once it has been approved by the State Medical Council.

However, the NMC Bill is silent on the validity period of this licence to practise. It doesn't specify that it is one time, but it doesn't talk about periodic re-evaluation either. In other countries such as the UK and Australia, a licence to practise needs to be periodically renewed after certain tests. For example, in the UK the licence has to be renewed every five years, and in Australia it has to be renewed annually.

## NMC and the Medical Student

The NMC bill have also changed life for a new medical student to enter practise in India. All over India in all medical institutions governed by the Bill (with exclusion of JIPMER,

PGI, and AIIMS), there would be a common National Eligibility-cum-Entrance Test for admission to undergraduate, postgraduate, and super-speciality medical education. In addition, over course of time the Bill establishes the National Exit Test (NexT) as a standard undergraduate examination for students passing out from medical colleges seeking their licence to practise. Under this Bill, in due course NexT will also be the prerequisite for admissions in postgraduate programmes at medical colleges in India. Foreign medical professionals or students studied abroad but intend to practise in India will be given a temporary registration for the same subject to passing certain examinations.

### Complaints About Unethical Professional Behaviour

Complaints about unethical or professional misbehaviour against a licenced physician will be first sent to the State Medical Council. The state council hears both parties and gives judgement. If they don't agree with the judgement, both parties may appeal to the Ethics and Medical Registration Board. If the medical practitioner disagrees with the Board's judgement also, he or she may file an appeal with the NMC. The NMC's role as an appeal body in cases involving the professional or ethical wrongdoing of medical professionals is uncertain, especially since it does not have legal powers.

### Increasing Community Medical Practitioners to Maintain Doctor–Patient Ratio

The Bill gives power to the NMC to issue limited licences to certain mid-level practitioners known as community health providers who are associated with the modern medical

profession in order to practise medicine by doing a bridge course to cover the gaps in the availability of medical professionals. In the context of primary and preventive healthcare, these mid-level medical professionals may prescribe specific medications. However, in all other circumstances, these professionals can only write prescriptions for drugs when they are supervised by a licenced medical professional [3].

### References

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