



INDIAN MEDICAL ASSOCIATION (HQS.)

(Registered under the Societies Act XXI of 1860)

Mutually Affiliated with the British & Nepal Medical Associations

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OBSERVATIONS ON:

THE NATIONAL COMMISSION FOR HUMAN RESOURCES FOR HEALTH BILL-2011

1. Decentralization is a slogan of the Union Government for better organization and achievements. But it is unfortunate to learn that the benign Government is proposing for centralization of powers by forming National Commission and by taking away the autonomy of all the concerned Boards, Councils and other wings of the Union Government for health.
2. The Medical Council of India, constituted by Indian Medical Council Act 1956, has been an autonomous body regulating medical education in the country. As the majority of the members were elected and represented different states, they were able to give unbiased opinion regarding medical institutions and medical courses. This new Commission is constituted by Central Government appointed members. They will act like a department of union Ministry of health and family welfare and will not be able to give unbiased opinion.
3. As per the clause 105(1) & (2), the Commission, the Board, committee or the National Council will be bound by the directions of the central government. In other words, the Commission, the Committee and the Council will execute the orders given by the central government. In the circumstances, it will not be possible for the Commission, Board, committee or Council to provide fair assessment of the medical education or health care delivery.
4. There is no provision for the representation from the professional organizations, like Indian Medical Association or Health Universities in the Commission, Board or Council, shunning the voice of the health care providers.
5. Sec. 100 which bars challenging of removal of name from state register should be deleted. It is unconstitutional and is against the fundamental principles of constitution. No law can bar the citizen of India from seeking a judicial recourse for getting relief against the decision of a regulatory body. Further a single body can't be investigating, prosecuting, judging and then final super punishing authority whose decision is unchallengeable in the court of Law. It is against natural justice.
6. The bill fails to talk about Rehabilitation Council of India Act 1991, Delhi Council for Physiotherapy and Occupational Therapy Act :1997, Maharashtra State Council for Occupational Therapy and Physiotherapy Act-2002, Gujarat State Council for Occupational Therapy and Physiotherapy Act-2011, the Tamil Nadu State Physiotherapy order etc.
7. Modern medicine is not defined properly it is defined only as medicine. Health professionals are not properly defined to discharge their duties. Without defining properly the objectives of the bill will not be accomplished.
8. Section 2.(u) of the Bill defines modern medicine as provided under the Indian Medical Council Act-1956. The definition of modern medicine when defined in this bill should clearly specify it as modern medicine as not as medicine. Hence the word "medicine" at the beginning of the definition should be replaced as "modern medicine".
9. Similarly the words "medical practitioner" in section 2(t), should be replaced with the words "modern medical practitioner"

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10. The Bill clearly defines modern medicine under section 2(u). and also defines modern medical practitioner under section 2(t). The Bill has completely failed in defining other health professional branches and professionals clearly and squarely. The Bill fails to Define Dentistry, Dentists, Nursing, Nurses, Pharmacy, Pharmacists, Paramedics and Paramedical Personal.

The Indian Medical Association totally rejects the proposed "National Commission for Human Resources for Health Bill 2011 for the following reasons:-

1) Supervision and regulation is not by dissolving

The Bill in its preamble says "..... to supervise and regulate professional Councils in various disciplines of health sector" Page (1). However subsequently it dissolves all the existing Councils and takes away all their duties and fund

2) Autonomy is lost

i) In the statement of objects and reasons 4(j), page 54 says "to empower the Central Government to supersede Commission, Board, Committee or National Council". It gives autocratic power to Central Government to make the Commission to dance to its tunes

ii) And also clause 115 (2) page say "If the Commission or Board or Committee or National Council as the case may be fails (or) neglects to comply with such order, Central Government may make the regulations (or) amend (or) revoke the regulations made by the Commission, as the Central Government thinks fit".

iii) National Commission, Board, Committee all will have only appointed or nominated members by the Central Government and no elected person will be there

iv) Clause 12 says Central Government may by order remove from office the chair person or any members of the Commission.

3) Reduce the shortage and uneven distribution?

The statement of object and reason for the bill section (2) page 53 says "..... to reduce shortage, standardize quality and bridge the uneven distribution of existing work force in the health sector".

No roadmap how the Government is going to reduce the shortage of manpower by forming this Commission is said without statistical evidence based input. Using attractive words will not solve the problem. No need to dissolve the existing health Councils to achieve this purpose. Health is a State subject and resources cannot be redistributed by Central Government.

"There is acute shortage of water & electricity in various parts of country. Will the Central Government constitute the Commission to make even distribution?"

4) Do we need more specialist (or) Family Physicians

Prime Minister of India said India needs more Family physicians and efforts will be taken to increase the importance of Family physician

The bill do not talk about this but says 4 (c) page 53 "..... to ensure uniform augmentation of trained specialist and superspecialist" as its priority

b) Fund Transfer is the vision?

4 (g) says "to constitute a fund to be called the **National Commission for Human Resources for Health Fund**" and 4 (h) says to transfer the assets, liabilities, rights, duties etc., of the existing Council to the Commission

There are different Councils with age old registered members and their fees as assets and transferring them to common pool and vesting the authorities with Central Government appointed Commission is not acceptable. Funds of democratic Councils cannot be transferred to autocratic body.

5) What about the Ayush Council and Rehabilitation Council

4(k) page 54 says "to repeal the INC Act 1947, Pharmacy Act 1948, Dentist Act 1948 and IMC Act 1956 and dissolve the respective Council. However we are having AYUSH Council dealing with Health Care and Rehabilitation Council of India Act 1991. What will happen to this Council?

6) Audit and Accounting

Clause 77 says even the accounts of State Councils will be audited only by the CAG of Central Government. State will have no role on this

7) Is the bill is above the existing laws?

Clause 100 & 101 (Page 34) says the decisions of the Commission cannot be questioned in the court of law and the aggrieved persons cannot seek legal remedies.

8) Doctor doing any other occupation is misconduct?

The seventh schedule in continuation of section 68 in Part I (10) (page 50) says engage in any business (or) occupation other than health profession is a misconduct. This prohibits all career opportunities for health professionals

9) No elected members from Professional Associations in National Commission

1) National Commission the proposed supreme body with vested powers will have no elected members and State representatives to represent their needs and demands

2) Professionals from other discipline of Management technology and law are given place in this Commission will pave way for dilution and nepotism

3) It is unfortunate in a democratic country elected representative Council is brought under appointed non democratic body

10) Common Entrance Examination by National Board of Health Education

i) The proposed Common Entrance Examination by National Board, without providing common syllabus for +2 exams, will affect the students not having opportunity to study CBSE syllabus. This will imbibe the social fabric and reservation systems in each state. Many students study +2 in their regional language. So entry level common entrance is not a viable option (Clause 31 page 15)

ii) Screening test for foreign graduates is welcome. But power of commission to exempt persons from appearing in screening test will jeopardize the system (Clause 33 (4) page 16)

iii) Power of National Board for Health Education to give equivalency certificate with foreign National Course is objectionable.

iv) The role of democratic National Medical Council responsible for Medical Education is taken away and handed over to 7 members of National Board of Health Education. It is strange no representative of Council (or) State is included in the Board

v) Distance education mode without hands on training is a dangerous move for licensing a human handler

vi) The vision to promote cross disciplinary programmes in health sector will enhance quackery (clause 30 (z))

11) National evaluation and Assessment Committee

1) With only 6 members and quorum of 2 will be a mess to evaluate and take decision on the nearly 20,000 health institutions in all disciplines (Clause 37 e)

2) Using external evaluation agency will increase discrepancy

12) National Council

i) The vision and objective with which the National Councils constituted are thrown in to dust bin and only the power of registration is restored with Councils. State Councils are made mere the branches of Central Council

ii) The membership pattern is unacceptable

i) Instead of one member for each state, one member for 5000 doctors must be emphasized

13) Registration in State Council valid only for the state

In contrary to the existing practice as per clause 57 (4), a candidate who have registered in State Council can practice only in the State of registration and only when you register in the National Council can practice any where in India. This will negativate State Councils and no one will come forward to register in the State Council

- MEDICAL EDUCATION IS A SPECIFIED AREA.
- IN SHORT NCHRH IS OF THE GOVERNMENT BY THE GOVERNMENT AND FOR THE GOVERNMENT & NOT FOR THE HEALTH PROFESSION & EDUCATION.
- NCHRH WILL DEFINITELY AFFECT THE HEALTH EDUCATION AND HEALTH SCENARIO OF INDIA.
- INDEPENDENT COUNCIL IS THE NEED OF THE MEDICAL PROFESSION.



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