

NITI Aayog pitches for enactment of National Medical Commission Bill

26 December 2018 | News

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Government think-tank NITI Aayog has pitched for the enactment of the National Medical Commission (NMC) Bill, 2017, observing that regulatory bodies the Medical Council of India and the Nursing Council of India have "failed" to ensure adequate availability and quality of health professionals.

In its 'Strategy for New India @75' document released on Wednesday, the Aayog has recommended revamping of the regulatory system of nursing education to ensure quality training in nursing schools and also stressed on developing centres of excellence in nursing and enhancing the stature of government nurses.

The Aayog said the quality of health professional training and adherence to standards is sub-optimal, including in the private sector. To address the shortage of doctors in the country, the Aayog has suggested creating conditions to facilitate import of doctors, especially those of Indian origin working abroad, and also deploying teachers from universities abroad as visiting professors at AIIMS or NIEs while linking at least 40 per cent of district hospitals with medical colleges.

It also suggested developing a framework for the deployment of doctors and specialists from the private sector to government hospitals on a visiting or honorary basis and expanding the system of Diplomate of National Board (DNB) and Diplomas from College of Physicians and Surgeons (CPS).

"Workforce shortages and uneven distribution of doctors, nurses, specialists and allied health professionals plague the sector," the Aayog said while observing that urban areas have four times as many doctors and three times as many nurses as compared to rural areas.

Medical and nursing colleges are concentrated in a few states like Andhra Pradesh, Karnataka, Tamil Nadu, Kerala, Gujarat and Maharashtra. Pointing to the severe shortages in the category of allied health professionals (AHPs) including medical lab technicians, optometrists and radiologists, the Aayog has sought the establishment of a Council to ensure standardization of education and putting in place quality control mechanisms for educational institutions, teaching methods and workforce management.

It suggested putting in place an updated curriculum for medical and allied professions that keep pace with the changing dynamics of public health, policy and demographics. As far as specialists are concerned, the Aayog observed that a large number of posts are vacant all over the country. According to estimates, India needs close to five lakh additional specialists, the report highlighted.

There is also an acute shortage of medical faculty. Of the 1,830 faculty posts across six All India Institutes of Medical Sciences (AIIMS), approximately 583 (31 per cent) had been filled up until July 2017, the Aayog pointed out.

According to the report, as of March 2017, there were 10.23 lakh allopathic doctors registered with the MCI or state medical councils. Assuming 80 per cent availability, the Aayog estimated that around 8.18 lakh doctors may actually be available for active service. This gives a doctor-population ratio of 1:1613 against the WHO norm of 1:1000, it said.

The current nurse-population ratio is 1:588. "Due to the suboptimal quality of training offered by several institutions that have mushroomed over the years, limited career prospects and poor working conditions, especially in the private sector, there is a significant shortage of skilled nurses in the country," the Aayog stated.

"Private practice by medical faculty in teaching institutions is rampant in several states, compromising on the commitment to teaching and institutional clinical work," it highlighted. Among the constraints, the Aayog mentioned were poor infrastructure in many state and private medical/nursing/dental colleges.

It further said that health professionals in the public sector are inadequately compensated and motivation levels are extremely poor. Fair compensation in the private sector, for nurses, is also a challenge.

The Aayog has suggested creating a cadre of primary healthcare practitioners by introducing a three-year competency-based dynamic course for primary, community and family medicine and partner with private hospitals or private medical practitioners to skilled technicians, nursing and para-nursing as well as para-medical staff to deal with the paucity of health professionals, reported PTI.