

Regulating the health profession

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MCI is a story of failures

- ▶ **Failure of Medical Council of India (MCI) is well-documented**
 - ▶ Parliament, Standing Committee, Supreme Court, media

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- ▶ **Many solutions to fix the failure**

- ▶ Eight amendments
- ▶ Three proposed amendments
- ▶ Two proposed laws:
 - ▶ *National Commission for Human Resources for Health Bill, 2011*
 - ▶ *National Medical Commission Bill, 2016*

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- ▶ **What is missing?**

- ▶ Political will
- ▶ **Intellectual framework**

Intellectual framework

Objective of professional regulation

- ▶ **19th century**
 - ▶ *Eliminate quacks*: Register of doctors
 - ▶ *Control entry*: Recognition of medical qualifications

Intellectual framework

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- ▶ **21st century**

- ▶ *Functions like a state*: Legislative, executive, judicial
- ▶ *Objective*: Public safety, reduce information asymmetry

Intellectual framework

Features of a 21st century professional regulator

- ▶ **Regulator design:** Independent, accountable, clearly defined functions
- ▶ **Regulator functions:**
 - ▶ *Registration:* Ensure minimum quality, verification of credentials
 - ▶ *Disciplining:* Designing and enforcing professional code of ethics

Comparing MCI with other professional regulators

MCI is the largest and the most unbalanced regulator

Country	Industry	Public	Govt	Total	Selection
India (MCI)	105	–	–	105	Election
India (ICAI)	32	5	3	40	Election
California	8	7	–	15	Appointment
Australia	8	4	–	12	Appointment
UK	6	6	–	12	Appointment
India (NMC)	10	5	4	19	Appointment

Table 1: Composition of professional boards

Comparing MCI with other professional regulators

The registration system for health professionals in India is outdated

Country	Types	Validity	Public
India (MCI)	Place of education	Lifetime	Yes
India (ICAI)	Place and level of education	Lifetime	Yes
California	Place and level of education	2 years	Yes
Australia	Place and level of education	1 year	Yes
UK	Place and level of education	5 years	Yes
India (NMC)	Place of education	Lifetime	Yes

Table 2: Features of registration system for professionals

Example: Indian medical register

VIEW IMR DETAILS ✕			
Name	Dr. Sarkar (ku.) Shyamali (Now) Shyamali Chatterjee		
Father/Husband Name	Late Shri S.C. Sarkar		
Date of Birth	12-03-1964	Year of Info	2014
Registration No	5714	Date of Reg.	02-09-2014
UPRN No	N/A	State Medical Council	Chattisgarh Medical Council
Qualification	MBBS	Qualification Year	1988
University Name	U.Pt.R.Shankar		

Figure 1: Public record of a doctor in India (Source: MCI)

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Dr Ross Douglas Jose

Profession: Medical Practitioner

Registration number:	MED0001537798	Endorsements:	No
Status:	Registered	Notations:	No
Registration expiry date:	30/09/2018	Conditions:	No
Principal place of practice:	COOLOONGUP WA 6168	Undertakings:	No
Registration Type:	General Specialist	Reprimands:	Yes


 View Details

Figure 2: Public record of a doctor in Australia (Source: AHPRA)

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Figure 3: Public record of a doctor in Australia (Source: AHPRA)

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MCI has no power to discipline health professionals

Country	Issue	Enforce	Appeal	Restore
India (MCI)	MCI	State Boards	Govt	Automatic
India (ICAI)	Statute	ICAI	Appellate authority	Application
California	Statute	MBC	Tribunal	Application
Australia	Statute	HCCC	Tribunal	Application
UK	GMC	Committee and MPT	Court	Application
India (NMC)	NMC	State Boards	NMC	Automatic

Table 3: Procedure for disciplining professionals

How are State Boards disciplining doctors?

- ▶ **Bombay HC stays five-year deregistration of Dr Saraf**
(*Times of India*, 18 September, 2017)

“When you remove his name at least you are required to state the reasons”

- ▶ **Medical negligence complaints rise but justice eludes victims**
(*Hindustan Times*, 30 August, 2017)

“Complaints of medical negligence have increased by 30%-40% over the past five years and each case takes at least a few years to be investigated”

- ▶ **Calcutta HC calls medical council registrar for report delay**
(*Times of India*, 8 April, 2017)

“Explain delay in submitting probe report against a doctor accused of negligently causing death of patient in 2014”

- ▶ **Madhya Pradesh medical council in coma**
(*Times of India*, 28 October, 2013)

“Dealing with medical negligence is not our priority”

Strategy for reform

▶ Regulator design

- ▶ Reduce board size, diversity, move away from *representativeness*
- ▶ Clearly defined functions, internal safeguards and processes
- ▶ Move towards a consolidated regulatory framework

▶ Registration

- ▶ Certification based on level of education
- ▶ Re-certification
- ▶ Design of the public database

▶ Disciplining

- ▶ Detailed code of conduct based on classification of violations
- ▶ Detailed procedure for enforcement

Thank you