Regulating medical education and professions

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Overview

- Problem statement
- Present arrangement
- NITI Aayog (NITI) draft law
- Strategies for reform
- Proposed design

Part I

Problem Statement

Ninety-Second Report on the Functioning of the Medical Council of India

"Game changer reforms of transformational nature are therefore the need of the hour and they need to be carried out urgently and immediately." (Para 13.5)

Objective

- Analyse failures of the present arrangement
- Propose a design for a sound regulatory system

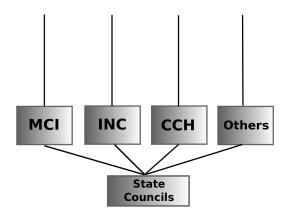
Why regulate?

- Information asymmetry
- Cost of harm > Capacity to pay compensation

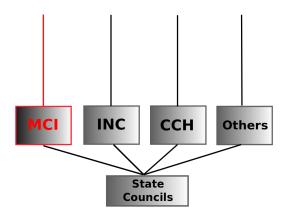
Part II

Present arrangement

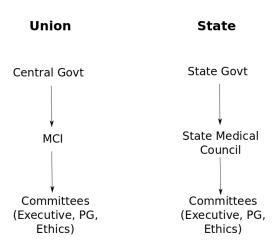
Regulatory landscape of health professions



Regulatory landscape of health professions



Regulatory landscape of 'modern medicine'



Failures

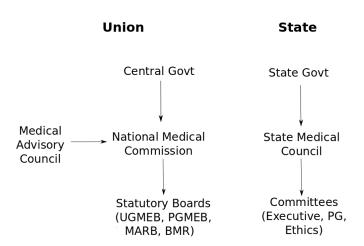
- Failure of the Medical Council of India (MCI)
 - Faulty selection method
 - Lack of diversity
 - Lack of accountability and transparency
- Failure of medical education
 - Faulty criteria for setting up colleges and study programmes
 - Poor quality of education
 - Shortage of teachers
 - No independent accreditation
- Failure of the medical profession
 - No accountability for professional conduct
 - Poor maintenance of database
 - Lack of continuing professional development



Part III

NITI draft law: *National Medical Commission Bill, 2016*

Overview



Areas of concern

- Reform limited to 'modern medicine' and doctors
- Deficient selection method
- Doctors dominate
- Lack of clear demarcation of functions
- Excessive delegation
- No provision for continuing professional development
- No involvement of state governments in the reform process

Part IV

Strategies for reform

Common features

- Regulatory structure
- Medical education
- Registration
- Continuing profession development
- Health professions

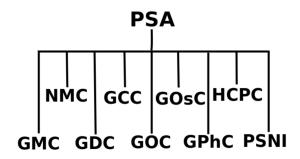
Regulatory structure: General

- Board, chairperson, secretariat
- Selection through a statutory system
- Principles of governing
- Advisory councils
- Reporting
- Assessment

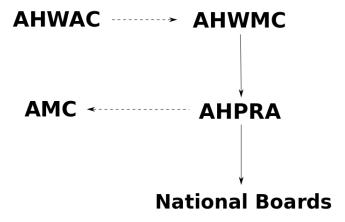
Regulatory structure: Common features

- Primary objective is public safety
- Specialised board for different branches of health
- Overarching regulator
- Regulator is appointed/nominated
- Regulator comprises of practitioner and lay members

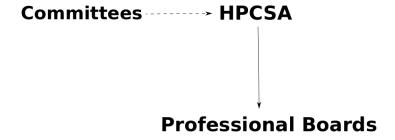
Regulatory structure: United Kingdom



Regulatory structure: Australia



Regulatory structure: South Africa



Medical education: Common features

- Setting minimum standards
- Framework for compliance with minimum standards

Minimum standards: Common features

- Learning outcomes
- Education governance systems

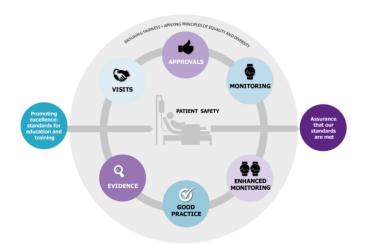
Minimum standards: Illustrations

Country	Learning outcomes	Governance
UK	Justify the selection of appropriate investigations for common clinical cases	Evaluate and review the curricula and assessment frameworks
Australia	Perform a full and accurate physical examination	Regularly monitor and review its study programme
South Africa	Perform a physical examination and assess the mental state of a patient.	Develop structures for the internal assessment of study programmes.

Compliance framework: Common features

- Punitive and supportive
- Enforcement through approvals, reporting, visits, renewal

Compliance framework: United Kingdom



Registration: Common features

- Different types of registration
- Conditions imposed depending on registration type
- Publicly available database

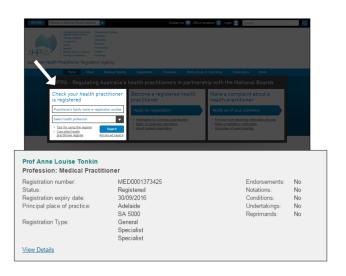
Types of registration

- Jurisdiction of education
- Level of education

Conditions of registration

- Title restrictions
- Continuing professional development
- Professional indemnity insurance
- Fitness to practice
- Prescribed time period

Public database: Australia



Continuing professional development: Common features

- Mandatory
- Monitored through random audits and at the time of renewal

Health professionals: Common features

- Setting minimum standards
- Framework for compliance with minimum standards

Minimum standards: Common features

- Positive obligation and soft skills
- Impairment, incompetence and unethical conduct

Minimum standards: Illustrations

Impairment: Physical or mental incapacity, criminal convic-

tion

Incompetence: Failure to comply with conditions of registra-

tion, failure to maintain clinical records in the

prescribed format

Unethical Repeated incidents of incompetence, con-

conduct: duct resulting in harm to the patient

Compliance framework: Common features

- Due process
- Specialised tribunals
- Warnings, suspension, removal
- Restoration on proof of 'fitness to practice'

Part V

Design of a sound law

Regulatory structure

- Regulator and specialised board
- Members should include practitioners and community members
- Members should be appointed through a statutory process
- Regulator should be assisted with an advisory council
- Robust mechanism for reporting and assessment

Regulatory functions

- Regulator
 - Oversight of specialised boards
 - Maintain a national database
- Specialised boards
 - Medical education
 - Health professionals

Medical education

- Minimum standards focus on learning outcomes and governance systems
- Supportive and punitive
- Enforcement through internal or external body
- Enforcement through approvals, reporting, visits and review

Registration

- Different types of registrations
- Public database

Continuing professional development

- Mandatory
- Mechanism for monitoring

Health professionals

- Minimum standards based on gravity of violation
- Due process
- Specialised tribunals

Thank you