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

Problem Statement
“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

- MCI
- INC
- CCH
- Others
- State Councils
Regulatory landscape of health professions

MCI  INC  CCH  Others

State Councils
Regulatory landscape of ‘modern medicine’

**Union**
- Central Govt
  - MCI
  - Committees (Executive, PG, Ethics)

**State**
- State Govt
  - State Medical Council
  - Committees (Executive, PG, Ethics)
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

Figure: National Medical Commission Bill, 2016

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Regulating medical education and professions
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

PSA

NMC  GCC  GOsC  HCPC

GMC  GDC  GOC  GPhC  PSNI
Regulatory structure: Australia

AHWAC → AHWMC

AMC ← AHPRA

National Boards
Regulatory structure: South Africa

Committees → HPCSA

Professional Boards
Medical education: Common features

- Setting minimum standards
- Framework for compliance with minimum standards
Minimum standards: Common features

- Learning outcomes
- Education governance systems
<table>
<thead>
<tr>
<th>Country</th>
<th>Learning outcomes</th>
<th>Governance</th>
</tr>
</thead>
<tbody>
<tr>
<td>UK</td>
<td>Justify the selection of appropriate investigations for common clinical cases</td>
<td>Evaluate and review the curricula and assessment frameworks</td>
</tr>
<tr>
<td>Australia</td>
<td>Perform a full and accurate physical examination</td>
<td>Regularly monitor and review its study programme</td>
</tr>
<tr>
<td>South Africa</td>
<td>Perform a physical examination and assess the mental state of a patient.</td>
<td>Develop structures for the internal assessment of study programmes.</td>
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</tbody>
</table>
Compliance framework: Common features

- Punitive and supportive
- Enforcement through approvals, reporting, visits, renewal
Compliance framework: United Kingdom

- Promoting excellence: standards for education and training
- Visits
- Approvals
- Monitoring
- Evidence
- Good practice
- Enhanced monitoring

Ensuring fairness: applying principles of equality and diversity

Patient safety:

Assurance that our standards are met

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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
Regulating medical education and professions
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
<table>
<thead>
<tr>
<th>Minimum standards: Illustrations</th>
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</thead>
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<table>
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<tr>
<th>Impairment:</th>
<th>Physical or mental incapacity, criminal conviction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incompetence:</td>
<td>Failure to comply with conditions of registration, failure to maintain clinical records in the prescribed format</td>
</tr>
<tr>
<td>Unethical conduct:</td>
<td>Repeated incidents of incompetence, conduct resulting in harm to the patient</td>
</tr>
</tbody>
</table>
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

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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
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