

LOK SABHA

SYNOPSIS OF DEBATES* (Proceedings other than Questions & Answers)

Monday, July 29, 2019 / Shravana 7, 1941 (Saka)

APOLOGY BY MEMBER

SHRI MOHAMMAD AZAM KHAN: The matter which has come up before the House with regard to me did not reflect my deliberate act of disrespecting the lady Chairperson. Still, if the Chair feels that my intent was disrespectful and I had any ill-feelings towards the Chair, I apologise.

Thereupon, the hon. Speaker made the following observation:-

HON. SPEAKER: The House belongs to all the hon. Members and it functions with consensus. This Chair is yours and the onus of maintaining its dignity also lies with you. I would like to urge upon all the hon. Members and hon. Ministers to address the Chair while speaking. We should also try to avoid cross talk. This is democracy and every Member enjoys the right to make his

* Hon. Members may kindly let us know immediately the choice of language (Hindi or English) for obtaining Synopsis of Lok Sabha Debates.

point. That is why you have been elected. We should be conscious of the fact that whatever we speak or do should not tarnish the image of our Parliament in the media or elsewhere. We should also try to maintain the dignity of this august House and its Chair. At the same time, it is my responsibility to protect all the hon. Members and provide them the opportunity to speak. As the hon. Member has tendered apology and in view of the decision taken by all the parties, no Member should repeat such an act in future.

THE DAM SAFETY BILL, 2019

THE MINISTER OF JAL SHAKTI (SHRI GAJENDRA SINGH SHEKHAWAT) moved that the leave be granted to introduce a Bill to provide or surveillance, inspection, operation and maintenance of the specified dam for prevention of dam failure related disasters and to provide for institutional mechanism to ensure their safe functioning and for matters connected therewith or incidental thereto.

SHRI GAURAV GOGOI *opposing the introduction of the Bill, said:* I rise to speak against the introduction of the Bill. The Standing Committee recommended that this Bill should be brought only after the State Assemblies brought such legislation to this effect. There has been no consultation with the State Governments. A dam located in Arunachal Pradesh directly affects Assam.

Whether the Government has consulted upper stream States and the downstream States. The Government has not taken the legislative competence into account before bringing this Bill. A large number of villages got submerged into water due to the Doyang project of Nipko in Assam but no compensation was paid to the victims.

SHRI N.K. PREMACHANDRAN: I rise to oppose the introduction of the Bill under Rule 72 (2) of the Rules of Procedure and Conduct of Business in Lok Sabha. Water and the allied subjects absolutely come within the purview of the State List. The legislation on a subject which is absolutely within the purview of the Legislative Assemblies is an encroachment on the powers of the State Legislature. So, the present legislation does not come within the purview of Item No. 56 in List 1 of the Union List. We have not raised such Constitutional objections at the time of the introduction of Inter-State River Water Disputes Bill, as it was under legislative competence of the Parliament. But, so far as the dams are concerned, they will come absolutely within the purview of the State Legislature.

DR. SHASHI THAROOR: I have four objections on the introduction of this Bill. The first one is that water has been listed as the State subject and hence Parliament has no competence to make this law. There is no mandate to offer compensation to people who are victims of dam failure and the environmental impact has also not been taken into account in the Bill. The Government cannot

have under our Constitution, according to the Supreme Court, a CWC functioning both as an advisor and as the regulator. There has to be a separate body. My fourth objection is about the stakeholder which has not been defined in the Bill. If there is a dam failure as we have been fearing in Mullaperiyar in Kerala, our ordinary citizens will suffer. So, this Bill should be withdrawn and brought to a Parliamentary Committee.

SHRI BHARTRUHARI MAHTAB: I stand here to oppose the introduction of the Dam Safety Bill. I had opposed it in 2018 also. But the concern here is about the legislative competence on which we are agitating about. This Bill deletes a number of suggestions which were there in 2010 which was introduced during UPA regime. Everybody will agree that we need a dam safety regulation but who has to do it. It is not Central Water Commission who was entrusted to prepare a Bill and through this Bill, the Union Government is appropriating the powers of the States. Therefore, I insist that let the hon. Minister go back, reconsider the Bill and talk to respective Governments and come back to us.

SHRI ADHIR RANJAN CHOWDHURY: I also harbour the same contentions. The Government should think whether it will be appropriate to maintain the dam which is situated in Arunachal Pradesh from Delhi. It is our demand that the Bill should be brought here after holding comprehensive discussion afresh on the matter concerned. This Bill undermines the federal

structure. The 2010 UPA version of the Bill was introduced under Article 252 and all the States were taken on board. We all want dam safety but that should be ensured in sync with the law. The Bill is too focused on the structural safety of dam and does not address the issue of operational safety in a sufficient manner. This is a critical lacuna. Hence, this Bill should be referred to the Parliamentary Standing Committee.

SHRI A. RAJA: I fully endorse the views which were expressed by our hon. colleagues. The legal position is very clear both in the Constitution and in the Rule Book of the House. Both the subjects, that are water and dams, fall within the purview of the State subjects. How can we enact the law on these subjects in Parliament? So, it must be referred to a Select Committee.

PROF. SOUGATA RAY: I rise to oppose the introduction of the Dam Safety Bill. This is clearly outside the purview of the Central Government and hence earlier also, different States were asked to enact their own laws regarding dam safety. So, there is no need for the Centre to have this Bill. This can be done in the case of inter-State rivers. Moreover, it interferes into the realm of the State.

SHRI MANISH TEWARI: The Government cannot invoke Article 252(1) of the Constitution of India to enact this particular legislation and this is a fundamental flaw with regard to the legal competence which the Government has in terms of this particular Bill. This Bill says that it will extend to the whole of India. Now, if a Bill is enacted in terms of Article 252(1), it can only extend to

those two States for which it has been enacted. The Entry 17 of the State List very clearly says that water and the storage of water, that is, dams, are a State subject. I oppose the introduction of the Bill as the Government does not have fundamental legislative competence to bring in this Bill in Parliament.

SHRI GAJENDRA SINGH SHEKHAWAT *clarifying said:* First of all, I would like to thank all the hon. Members for being unanimous in expressing their concern at least about the safety of dams. There are 5344 dams in the country and out of which 293 dams are over 100 years old. The safety of dams is not only about their infrastructure but also about the entire riverine ecology. Even a single failure in the safety of dam may cause not only the loss of lives and property but also renders flora and fauna affected forever. The House is aware of the dams which has caused heavy damage to the lives and property. The breach which took place in the Mullaperiyar dam in decade of 1980 was reported to the CWC and thereafter evoked a debate on the safety of dams across the country. The CWC constituted a committee thereon which submitted its report recommending that a protocol should be prepared for dam safety. We should have provisions for the dam safety on the lines of global standards. We have brought this Bill under the Article 256 of the Constitution instead of Article 252. The Parliamentary Standing Committee itself recommended, in 2009, that the provisions prohibiting Parliament from legislating a law for the Dam Safety should be done away with. That provision was done away with only on the basis of the said report and this Bill was

brought in order to evolve a common protocol for the dam safety across the country. Besides, none of the rights of the States has been encroached upon in this Bill. That's why I would request you to grant me the leave to introduce this Bill.

The Bill was introduced.

THE NATIONAL MEDICAL COMMISSION BILL, 2019

**THE MINISTER OF HEALTH AND FAMILY WELFARE;
MINISTER OF SCIENCE AND TECHNOLOGY, AND MINISTER OF
EARTH SCIENCES (DR. HARSH VARDHAN)** *moving the motion for*

consideration of the Bill said: I can say with utmost conviction and firm belief that debating and passing the National Medical Commission Bill by Parliament today, will go down in history as one of the biggest reforms of this Government. The medical education sector is of crucial importance. It has been regulated by the Medical Council of India so far. MCI was first set up under the Indian Medical Council Act of 1933. With gradual increase in the number of private medical colleges and involvement of MCI in granting permissions, complaints started surfacing about corruption two to three decades ago. Corruption in MCI was one of the major problems faced in the medical education sector. An expert group was set up to recommend reforms in MCI within few days of the new Government taking charge in 2014. At the same time, Departmentally Related Parliamentary

Standing Committee on Ministry of Health and Family Welfare examined the role of MCI in great detail. The Departmentally Related Parliamentary Standing Committee also generally agreed with the recommendations of the Expert Group about formation of the National Medical Commission. The National Medical Commission Bill seeks to put in place a new structure to tackle the challenges in medical education effectively. The Commission would comprise of 25 members, which include five elected doctors from State Medical Councils and six representatives of State Health Universities. The Commission would be responsible for policy matters and would hear appeals. Normal functions would be carried out through four autonomous boards. The NMC Bill has a provision for creating a separate National Register for adequately qualified allopathic allied health workers. Moreover, the NMC Bill has also a provision of laying guidelines for fee fixation of 50 per cent seats in all private and deemed to be universities. The Bill is thus a pro-poor legislation. I would sincerely like to assure the House that all the genuine concerns raised by IMA are adequately addressed in this Bill. The provision for a bridge course has been dropped. There is a representation of elected doctors in all four autonomous Boards. Eleven States/UTs will be represented in the NMC at any given time. And the penalty for quacks has also been enhanced. Similarly, increase of UG/PG seats will now require MARB approval. There is no separate licenciate examination. And NEXT will serve as entrance examination for PG courses also. In conclusion, the NMC Bill is a

progressive legislation that will help address the challenges in the medical education sector. This Bill has been framed broadly in line with the recommendations of the Departmental Related Parliamentary Standing Committee. Of the 56 recommendations of the Parliamentary Standing Committee, 40 have been agreed to or accepted, seven have been partially accepted and only nine have not been accepted, after due consideration. So, I request this august House to discuss the draft Bill and to pass it unanimously as a major step towards reforming medical education in the country.

SHRI VINCENT H. PALA *initiating said:* I do agree that the Standing Committee has recommended about the restructure of MCI and formulation of the Bill. But, the recommendations accepted by the Government are not very important. Nine of the recommendations which the Standing Committee has proposed are very important but have not been accepted. This Bill is nothing but a dilution of power from the doctors' fraternity to the Government. Moreover, this Bill, instead of decentralisation, helps in centralisation. As far as entrance exam is concerned, there is NEET and NEXT. I understand the NEET has been in practise. But in the case of NEXT examination, I would like to ask that whether the Commission will give a certificate or a University will give a certificate? Similarly, out of 10 lakh doctors, certificate will be given to one-third of the doctors as the community health service provider. There is no transparency as to how the certificate will be given to this community health service provider. There

will be a lot of misuse when a certificate will be issued to the service provider. Moreover, it was difficult for the MCI to inspect most of the colleges with only 100 members. So, how will the Government overcome this issue as it has reduced the number to 25 members in the Board. Similarly, how will be the integration done amongst four autonomous Boards? Again, in respect of integrity of the doctors, I would like to know how will the Government define integrity? The Bill heavily concentrates on how to make rules for private institutions. But what about the Government institutions? A number of posts in the Government institutions have been de-sanctioned and moved to other institutions. We have now 21 AIIMS and so many super-specialty institutions. The intention of the Bill is to increase such institutions, but there is no encouragement for the students. I would request the hon. Minister to withdraw this Bill and come with a comprehensive Bill. This Bill lacks structural integrity, structural vision and institutional vision. The hon. Minister has proposed to replace an elected body with a nominated body which will be controlled by the Government. Therefore, this issue has to be addressed.

DR. MAHESH SHARMA: In the year 2014, there was a shortage of 4 lakh doctors, 9 lakh nursing and para-medical staff in the country. After all it was whose responsibility to make available expert medical doctors and quality health care. Obviously, the then Governments were responsible for it, however, they miserably failed. Medical education became commercialized and corruption rampantly prevailed. Our Government understood the ground reality and necessary

curative measures were taken. Tourism has got 6.8 per cent share in our GDP. There has been 25 per cent growth in our medical tourism. Medical tourism has got vast potential in India but we cannot achieve much in medical tourism unless expert medical doctors are available in adequate numbers. Prior to introduction of this Bill, our Government took several critical steps which have proved to be milestones in this field and their positive results are also there. In the year 2009, Yashpal Committee recommended that accountability of the MCI should be fixed. Thereafter, the then Minister introduced this Bill in Lok Sabha on 20th December, 2017. During the last three years, as many as 121 new medical colleges have been set up, out of which 61 are in public sector and 60 are in private sector. There are in all 536 medical colleges in the country and during the last three years alone, 121 medical colleges have been set up which is an eye opener. Our Government has also opened new medical colleges in 80 districts and 39 out of these 80 medical colleges have become functional. Earlier, a medical college had maximum 150 seats which has been increased upto 250 with 25 per cent increase in MBBS seats and 33 per cent increase in post graduate seats during the last 4 years. There was shortage of teachers also. Therefore, our Government increased the retirement age from 65 to 70. MCI had a rule that student professor ratio should be 1:1. We made that as 1:2 and 1:3. Earlier, every medical college had its own system. In reality, they had their own shops. They had their own examination, own master and own examiner. Our Government standardized the medical education and introduced the

NEET examination for admission in MBBS across the country and nobody can raise any question on this examination. Several queries were raised regarding community health provider. Community Health Provider and basic medicines is a recognized system world over. The trained nurses can prescribe certain basic medicines in the whole world. A Commission has been set up in this regard and whatever issues crop-up in future will be addressed there under. Our next NEET exam will be for admission in MBBS, licentiate exam and also entrance exam for PG seats. Students will get two-three opportunities for improving their marks. The Bill provides for 25 members in the proposed Commission and out of 25 members, 21 will be doctors. NGOs will also have their representation in the Commission. The bridge course under allopathic practicing system has been discontinued. It has been observed that the incidents of assaults on doctors have increased in our country. I would, therefore, exhort the people to keep in mind the feeling of humanity in this regard. There are about 80,000 MBBS seats in the country, at present. Out of these seats, 75 per cent seats are under regulation and only 25 per cent are unregulated. Some people had sent me certain queries and suggestions in this regard which I have referred to hon. Minister for his consideration. With these words, I support this Bill.

SHRI A. RAJA: Health is a State subject, and medical education is a concurrent subject. This Bill is anti-poor, undemocratic, against social justice and federal structure. In place of MIC, the Government is giving an alternative by

bringing this Commission. But almost 90 per cent of the members are going to be appointed by the Government and there will be no election. All Members are appointed by the Central Government, there is no elected person there. At least, one State must have one Vice-Chancellor but only six Vice-Chancellors will be there. The rotation will come only after two years. Thus, a state would have to wait for a minimum of 12 years. Then, there are State Medical Councils. They will have just five Members out of 29 States. It would take 14 years for a State to get one person there. All 25 people in the Commission are under the Advisory Board, which is having 89 Members. So, there is the Commission, the Advisory Council and the Autonomous Boards. This is another joke. The Bill says that the Commission shall frame guidelines for determination of fee and other charges for 50 per cent of seats. What about the remaining 50 per cent? You are permitting the colleges to loot money. There is a complete silence on the regulations relating to Community Health Providers. All the decisions taken by all the three bodies will be subject to the Government's decision. So, you are giving absolute power to the Government by way of nominating a person to the Commission or to the Council or to the Board. This three-tier system is going to lead to a very big problem of corruption. By passing this Bill, you are going to make the medical system a mockery. It will paralyse the healthcare system in the country and defeat the expectations for medical needs of the nation.

DR. KAKOLI GHOSH DASTIDAR: I oppose the National Medical Commission Bill, 2019. In its present form, it is totally unacceptable. It is an attempt to take total control of the medical system of the country in the hands of the Central Government which is against the federal structure of the country. It is unfortunate that less than two per cent of the Union Budget is allocated for health in our country. Asking for Exit Examination is like derecognizing all the previous examinations that the child has passed through. There is a total disregard of the States' involvement in the formation of this Bill. Community health providers are nothing but quacks and 57 per cent of them do not have any medical qualification. If a six months course was enough for the practice of modern medicine, then why do we have the four and a half or five years course at all? This cannot be accepted. Fund has to be allotted for more seats, for more teachers and for more equipments. Cutting-edge research has to be done. The students have to be encouraged to do research. About the formation of the Commission, the total supervision of the Central Government without any election is very undemocratic. We cannot have the Chairman to be nominated. The curriculum for the entrance examination should be uniform throughout the country. That might take 3-4 years and only then, you start the National Eligibility Entrance Test. No effective representation of States has been granted in the Boards under the Bill. It is not clear whether the States have any authority to appeal against any decision of the Board. No rationale

has been given for determining the fee. This Bill cannot be accepted. It should be sent back for re-consideration.

SHRI LAVU SRIKRISHNA DEVARAYALU: We need to increase the number of medical students as well as the number of medical colleges. On the one side, we are making defunct the UGC and AICTE and on the other side, we are going to create another UGC or AICTE like institution in the form of National Medical Commission in the field of medical science. Although autonomy is expected to be the hallmark of NMC Bill, 2019 and of the Boards but in reality, the same thing is not there. If a State has to get representation in the National Medical Commission, it will take a cycle of 12 years for each State. They did not have any representation in the MCI nor is it represented in the National Medical Commission. Next issue is, about non-experienced people being in control. What will happen if too many bureaucrats are brought into this. The problem in running a medical college is not running the college, but running a medical hospital. That is where the problem lies. We are not addressing that problem. By having an EXIT examination after five years, we are actually forcing the students to prepare for the examination rather than preparing for medical subjects.

DR. ALOK KUMAR SUMAN: This is a very important Bill. It aims at bringing about massive improvement in the medical sector. Shortage of qualified doctors is an issue of grave concern. It seems pertinent to mention in this context that a good number of specialists are being appointed in each Sadar hospital at the

district level. Thanks to the initiatives undertaken by the Government of Bihar in order that all sorts of medical facilities may be available in the rural areas itself. With the passing of the National Medical Commission Bill, I am sure there would be qualitative changes in the field of medical education in terms of transparency, accountability and of course in the monitoring of medical education in the country. A host of initiatives have been made by the Government to increase the number of seats in various medical educational institution/medical colleges. The conduct of final MBBS exams of all the medical colleges simultaneously and the provision of NEXT is a laudable step. This will facilitate the students and they will not be required to take the PG Admission Test separately. Due to unavailability of any direct train from my Parliamentary Constituency Gopalganj people are compelled to journey by train to the metropolitan cities in pursuit of their treatment. If a medical college is set up at Gopalganj district in North Bihar, this will go a long way in providing proper healthcare facility to those living in the rural areas of the district. Finally, I support the Bill.

PROF. ACHYUTANANDA SAMANTA: National Knowledge Commission, Standing Committee of Parliament, the expert committee report and even NITI Ayog had asserted that medical education calls for transformation. Health happens to be a significant component of social indicators reflecting the growth of the country. Over the last 4-5 years the number of seats in medical colleges at both UG and PG level has been increased to such a level that the gap

between demand and supply has substantially come down. Nevertheless, if a report has anything to go by, there is a need of 6 lakh doctors in the country urgently. As regards National Exit Test (NEXT), my submission is that in case a student fails to clear this test even after qualifying NEET and pursuing his studies for 5-6 years, he would be pushed to frustration. Besides, this will cause huge loss even to those running medical colleges. This deserves reconsideration. Fee should be fixed for private medical colleges also. Odisha is a tribal dominated state. Earlier, there were only three government medical colleges there. Thanks to the initiatives of the State Government, now the number of medical colleges in Odisha has gone up to 7 and as many as six medical colleges are in the pipeline. The State Government has set up medical colleges in all the aspirational districts. The Government of India deserves appreciation for rolling out Ayushman Bharat Scheme. There should be no discrimination between private and public entities when it comes to imparting medical education.

SHRI SHYAM SINGH YADAV: My first objection pertains to Search Committee which should be strengthened enabling the inclusion of distinguished, honest and scrupulous people. This must not be limited to those belonging to medical profession rather, the specialists from divergent field should be taken on board. In case there is dominance of people hailing from solitary group, this will make an elbow room for the prevalence of vested interest. Medical Council of India was an autonomous body whereas National Medical Commission has not

been accorded autonomous status. Fixation of fee for 50 per cent seats is appreciable, however, I would like to demand that 50 per cent seats in the notified village areas should be reserved for the students of villages. In regard to National Exit Test all I have to say is this test is not at all required after pursuing education for a period of five years.

DR. SHRIKANT EKNATH SHINDE: This is for the first time that any Government has undertaken the standardization of medical education in the country and I thank the Government for this. Most of the suggestions figuring in the reports of the Standing Committee have been incorporated in this Bill. The MCI was a body consisting of elected members only. NMC will have nominated members. Even the committee in NMC had suggested that the number of members thereon should be increased from 25 to 31. I would like to request the Government that if every State has to find its representation in the NMC, increase of members is an imperative. NEET exams are based on CBSE curriculum. Different States have their own boards in our country. Unless and until the education is standardized uniformly across the country, I am afraid, students will not be having a level playing field. It is very necessary to go for standardization of the boards in existence in all the States. Earlier, every university used to conduct its own exam separately. Henceforth, there shall be one National Exit Test for all the universities which would maintain standardization. As per the provision of the Bill, if a student clears National Exit Test whether he would be subjected to an entrance

exam for post graduate seat or not, is not clear. There is no clarity on as to how many times would one be eligible to take the exam. Medical and Ethics Registration Board should maintain a data of doctors, nurses, paramedics or mid level health workers in order that they could be deployed wherever there arises a need for their being made available. The issue of community health provider is fairly important one. The Bill lacks clarity as to who limited license shall be issued. We need to increase the number of medical colleges in the country so that we have more Doctors in the country. I feel that the medical colleges should be given the right to go to the court. Further, the employees coming under Group B, C and D who are working with the Medical Council of India should be adjusted in some Government service. We need to have more investment in the healthcare system.

SHRI NAMA NAGESWARA RAO: I would like to speak on two or three points on this Bill. First, the Government has not given any power to the State Governments while constituting the Governing Board. Second, the Indian doctors have been doing very good job in other countries like UK and USA. We need to ensure that some kind of consultation is held with such eminent doctors. I request the hon. Minister to carry out some corrections in the Section 10(1), 14(1), 15(1), 15(5) and 32(1) of this Bill. I also request the hon. Minister to set up two medical colleges in Bhadradi Kothgudam and Khammam districts of my Parliamentary Constituency.

SHRI SUNIL DATTATRAY TATKARE: The Bill does not provide healthy representation to the States within the Council. The provision of a 'Search Committee' for making appointment of the Chairperson and members of the National Medical Commission will lead to over-centralization. The power of the Central Government to give directions to the Commission and the Autonomous Boards will dilute their autonomy. The proposal to give recognition to students with foreign medical degrees would be an injustice to the Indian doctors. I would urge upon the hon. Minister that a provision should be made in the Bill that minimum doctors needed for district and sub-district hospitals, PHCs, sub-centres should be filled up within six months of the post falling vacant. I request the hon. Minister to sanction a Medical College in the Konkan region.

SHRI MANISH TEWARI: First of all, I would like to know from the hon. Minister as to how the National Medical Commission Bill can actually be termed as a Finance Bill. The Bill has designed the structure of the National Medical Commission in such a way that the Government nominees are permanent but the representatives of the States and the medical profession will only get a chance once in 12 or in 14 years. The Bill provides for the setting up of the Medical Advisory Council to advise the National Medical Commission. But the paradox is that all the members of the NMC are also members of MAC. The Bill vests the real power with the Medical Assessment and Registration Board which is a nominated body. All the four Chairpersons of the autonomous boards are also members of the

National Medical Commission which is supposed to sit in judgment over the performance of these autonomous boards. It means that the Chairpersons of the Boards sit in judgment over their own decisions. I fear that in the wake of the passage of this Bill, the medical colleges may come up without going through an evaluation process or even without appropriate infrastructure. The qualification of the Secretary has been designed primarily in order to accommodate retired bureaucrats. The Bill has the potential to increase the cost of medical education. Further, I would like to have clarification with regard to the NEET and NET. I also request the hon. Minister to reconsider the proposal with regard to the removal of existing employees of the Medical Council of India.

DR. (PROF.) KIRIT PREMJBHAI SOLANKI: This Bill will pave way for transparency in our medical system. It will help the Government in increasing the number of medical seats. It will provide single window in order to get admission in the medical colleges transparently. This Bill will strengthen the federal structure and the Government will be able to provide medical healthcare facilities in villages. It will help in reducing fees for poor students and thus will help the children belonging to the poor sections of the society, the villagers and the middle class. The intention of the Government is good. Poor candidates should get relief in regard to fees. We must make provisions in this regard. There is shortage of Doctors in villages. I would like to make a suggestion that after

passing MBBS, those doctors should be provided 10 per cent additional marks who serve for one year in villages.

DR. S.T. HASAN: I would like to know whether there will be any upper limit for 50 per cent seats that how much medical college will charge or that will be completely auctioned? I don't understand that for whom this Bridge Course is? There is a provision of Bridge Course in the Bill. How much a candidate will be efficient after completing this six months Bridge Course? I would suggest to reconsider this Bridge Course.

SHRI HASNAIN MASOODI: Medical Council of India is no more an elected body now. It will no more a body representing experts in the field. There is no doubt that the objective of the Bill is laudable. But, does the Bill achieve that objective? We do not find any kind of elaborate mechanism to believe this objective. The Chairperson is an appointee of the Government. Whoever will head the Advisory Boards, are again appointees of the Government. Directly or indirectly, they are representatives of the Government, who can control it. The Government should provide some kind of a programme to the students coming from rural areas before they appear in NEET exam so that they become competent to qualify that exam.

DR. HEENA VIJAYKUMAR GAVIT: This Bill is a very important Bill because it is going to replace the Medical Council of India and a new National Commission is being set up to improve the medical education in our country. The

Bill also proposes to create four autonomous boards, which is a clear demarcation of functions to regulate various aspect of medical education. This would bring in more transparency in selection process of Chairperson, Secretary and part time members. I would request the hon. Minister to clarify about the entrance exam to what criterion will be there. I would request the Minister that the practical exam should not be taken in the same institute where the student is studying. There should be a completely transparent process so that there does not exist any chance of bias.

SHRI E. T. MOHAMMED BASHEER: I oppose this Bill. If we do a critical analysis, we can see a lot of bend curves and deep ditches in this Bill. This is not progressive. I am sorry to say that this Bill consists a lot of ambiguities and inconsistencies. If you go through the constitution of various Boards, you will see that it is jeopardizing the democratic set-up. Marginalized sections are deprived in every field. I urge upon the Government to think over it and appeal to withdraw this Bill for the betterment of medical education.

SHRI KESINENI SRINIVAS: In the MCI all the members had been elected by the doctors themselves. Now, under the National Medical Commission Bill, it will be totally a selected body and it will be selected by the Government of India. Such a step is surely going to introduce bureaucratic interference and favouritism in the proposed Commission. The powers of the State Governments are being curbed. All the powers relating to health is being taken over by the

Central Government. This Bill favours private colleges so marginalized students must not be overlooked. Equal opportunities must be ensured for deserving and disadvantaged background candidates. Government should ensure free healthcare for all the citizens of this country.

***SHRI S. VENKATESAN:**

DR. RAJDEEP ROY: For the last 70 years, our medical system has been somewhat like the mix of American and the British systems. Indian doctors are the best doctors in the world. The doctor patient ratio in our country is slightly skewed. It is almost to the tune of one doctor is to 1600 patients. This National Medical Commission will be a game changer in the medical system. Most of the doctors who have opposed this Bill, have not even read the Bill and they have got the knowledge from the social media. They should first study the Bill then seek clarifications.

SHRIMATI ANUPRIYA PATEL: This Bill seeks to repeal the Indian Medical Council Act of 1956. It is indeed a move to bring in sweeping changes in the medical education sector. It has several important provisions like allowing one single uniform medical entrance test across the country along with a single exit examination which is going to be final year examination. I have a few questions to ask. The National Medical Commission is empowered to hear the appeals related to professionals or ethical misconduct of the medical practitioners. Such matters

* Please see supplement.

must be looked into by a tribunal. So there should be constitution of Medical Appellate Tribunal. My second question relates to the composition of the State Medical Councils. The doctors are electing from amongst themselves certain doctors to form part of the State Medical Councils. This way led to a conflict of interest. It is important to introduce and give place to some lay persons in these bodies so that there is more accountability on the issue of medical ethics. There is no validity period specified for the licence given to the doctors on the basis of National Exit Examination. The doctors should stay in tune with the newer practices so that they are able to provide good care to the patients. I want the hon. Minister to answer these three questions.

SHRI M. SELVARAJ: This Bill seeks to replace the Indian Medical Council Act, 1956 thereby abolishing the Medical Council of India (MCI). The new Bill has some welcome modifications. But, this Bill would promote privatization of medical education and make it more expensive. The Commission has 80 per cent appointed members, no space for democracy. Most of the NMC members will be nominated by the Central Government and States are not represented. I request the hon. Minister and the Union Government to allocate one medical college in the name of Dr. Kalaignar Karunanidhi in Nagapattinam district.

SHRI P. RAVEENDRANATH KUMAR: The NMC will be the backbone of the entire medical system. It will clean and regulate the medical system which

is severely damaged due to corruption. Despite all the positive elements of the NMC Bill, I would like to represent on the stand of abolishing the NEET and NEXT. Under this protest, I oppose this Bill.

SHRI M.K. RAGHAVAN: I oppose the Bill. None of the recommendations of the Standing Committee has been included in this Bill. This Bill is against the federal structure and benefits the business community. The students who take exams through private medical institutes may face partisan and nepotism and even corruption. I would request that the Clause leading to the fee structure should be withdrawn and a new fee structure, as envisaged by the hon. Supreme Court, should be re-drawn. The Bill indicates that the MCI will be disbanded but does not say a word about the fate of the employees of the MCI. The Commission is proposed to be a selected body and not an elected one. This is against the democratic principles.

DR. SUBHAS SARKAR: The students get admission in private medical colleges too on the basis of NEET score only. Three projects were placed from West Bengal under Pradhan Mantri Swasthya Suraksha Yojana which have not been approved yet. I would like to suggest that not only the college fees but also the hostel fee should be capped. Besides, there is a need to fix the tenure of the Members of the National Medical Commission. This will create a good and transparent scenario. This Bill will lead to improve the health care system for 130 crore people.

SHRI DNV. SENTHILKUMAR S.: I oppose the National Medical Commission Bill. The Government has brought bureaucrats into the NMC. If the Government proposes to bring in mid-level practitioners to cater to the medical needs to the rural population, then please follow the Tamil Nadu model. The model followed in the State of Tamil Nadu is running successfully.

SHRI N.K. PREMACHANDRAN: On reading the Bill, I feel that this Bill is not going to serve the purpose which is mentioned in the Long Title as well as in the Statement of Objects and Reasons. The proposed National Medical Commission and other bodies under it do not have a representative character. My next point is on the fee structure. The Bill says that the National Medical Commission shall frame guidelines for determination of fees for 50 per cent in private medical institutions. What about the rest of the 50 per cent? This will pave the way for the private medical colleges to rob the students in the name of fees. I am in full support of NEET examination. Those students who have not been able to qualify the NEXT examination will not be entitled to have that profession. What is the remedy available to them? The National Medical Commission is the Appellate Authority in which Chairmen of all the Boards are there as members. No person can be a judge of his own cause, it is against the basic principles and norms of justice. There is a need to protect the jobs of the employees and officers of the Indian Medical Council.

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SNEHLATA SHRIVASTAVA
Secretary General

****Supplement covering rest of the proceedings is being issued separately.**

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NOTE: It is the verbatim Debate of the Lok Sabha and not the Synopsis that should be considered authoritative.

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