

COMMITTEE ON HEALTH AND FAMILY WELFARE

THE NATIONAL COMMISSION FOR INDIAN SYSTEM OF MEDICINE

BILL, 2019

ONE HUNDRED FIFTEENTH REPORT

CHAPTER - I INTRODUCTION

Mission Statement

The National Commission for Indian System of Medicine Bill, 2019, aims to establish a National Commission for Indian System of Medicine to develop and regulate all aspects of education, the medical profession, and medical institutions within the Indian System of Medicine, as well as an Advisory Council to provide guidance and recommendations to the Commission. The Preamble to the Bill intends to establish a medical education system that increases access to high-quality, inexpensive medical education and guarantees sufficient numbers of qualified medical professionals in the Indian System of Medicine throughout the nation. Additionally, the bill aims to advance fair and universal healthcare, which supports a community health perspective and makes such medical experts' services available to all individuals. High ethical standards are enforced in all areas of medical services under the Bill, and it also facilitates maintenance of a medical register of Indian System of Medicine.

Objectives of the Bill

The key objectives of the bill are as follows:-

Constitution of a National Commission for Indian System of Medicine.

Constitution of four Autonomous Boards, namely:

- The Board of Ayurveda, and the Board of Unani, Siddha and Sowa-Rigpa to regulate education at undergraduate and postgraduate levels and to determine standards thereof in the respective fields.
- The Medical Assessment and Rating Board for Indian System of Medicine to carry out inspections and to assess and rate the medical institutions
- The Board of Ethics and Registration for Indian System of Medicine to regulate professional conduct and promote medical ethics amongst practitioners and professionals of Indian Medicine and to maintain a national register of all licensed practitioners of Indian Medicine

Holding uniform national tests, namely :

- **Eligibility-cum-Entrance Test** for admission to undergraduate medical education
- **Exit Test** for granting license to practice as medical practitioner of Indian System of Medicine uniform Post-Graduate National Entrance Test for postgraduate courses
- **Teachers' Eligibility Test** for Indian System of Medicine for appointment as teachers thereto
- The repeal of the Indian Medicine Central Council Act, 1970 and for dissolution of the Central Council of Indian Medicine constituted thereafter with certain conditions.

Background of the Bill

The Indian Medicine Central Council (IMCC) Act, 1970, enacted to provide foundation for the growth of Indian systems of medicine has had several bottlenecks, such as a lack of standard curriculum and education, absence of ethics in practice and irregularities in regulation. To overcome such barriers, the Central Government had introduced the Indian Medicine Central Council (Amendment) Bill, 2005 in Rajya Sabha which is still pending. The National Commission for Indian System of Medicine Bill, 2018, which is modeled after the National Medical Commission Bill, 2018, was recommended for enactment by the committee that the Central Government of India established in 2016 to review the Indian Medicine Central Council Act.

Indian Medicine Central Council (Amendment) Bill, 2010

The “Sowa Rigpa” system of medicine practiced in the Sub-Himalayan region was included as a system within the definition of “Indian Medicine” and the practitioners of the Sowa Rigpa system were enrolled in the Register. The IMCC Act was changed and several restrictions were added in order to oversee this rapid spread of subpar colleges.

Salient Features :

- Institutional Framework for Regulation of Medical Education - The Bill proposes constitution of a Commission, in the form of a National Commission for Indian System of Medicine, an Advisory Council for Indian System of Medicine and four Autonomous Boards for regulating all aspects relating to standard of medical education, professionals and institutions in the Indian System of Medicine. The Central Government will appoint the President and Members of these Autonomous Boards on the basis of the recommendations made by a Search

Committee. Every Autonomous Board shall meet at least once a month.

- Composition and Structure of National Commission for Indian Systems of Medicine - The National Medical Commission comprises a Chairperson, twelve ex-officio members and sixteen part-time members. Of the sixteen part-time members, four Members will be appointed from amongst persons of ability, integrity and standing, who have special knowledge and professional experience in any of the disciplines of Indian System of Medicine, Sanskrit, Management, Law, Health Research, Science and Technology and Economics. Six Members will be appointed on rotational basis from amongst the nominees of the States and Union territories for a term of two years. Three Members will be elected by the registered medical practitioners of Ayurveda, and one member each to be elected by the respective registered medical practitioners of Siddha, Unani and Sowa-Rigpa, of the Indian System of Medicine, from amongst themselves.
- The Medical Assessment and Rating Board for Indian System of Medicine - The board shall determine the procedure for assessment and rating of medical institutions. It would grant permission for establishment of a new medical institution in accordance with the provisions of section, and carry out inspections of medical institutions for assessing and rating such institutions.
- The Board of Ethics and Registration for Indian System of Medicine - The board shall maintain a National Register of all licensed practitioners of Indian System of Medicine and regulate professional conduct and promote medical ethics in accordance with the regulations made under this Act.
- National Level Examinations - The Bill seeks to provide for a statutory basis for the examinations as mentioned in the mission statement.

CHAPTER - II VIEWS OF MINISTRY OF AYUSH

Presentation of the Ministry

There are 729 [Ayurveda-413, Unani-55, Siddha-13, Sowaigpa-03 and Homeopathy-245] colleges with an annual intake of 47,323 UG seats and 6,172 PG seats. The doctors of AYUSH are being utilized by the State Governments in various National Health Programs and centrally sponsored schemes of the National AYUSH Mission.

The proposed National Commission for Indian System of Medicine is expected to evaluate the needs in healthcare, including those for infrastructure and human resources, and to develop a plan and establish policies for meeting those needs. The State Governments play an important role in implementation of the code of professional and ethical conduct through the State Medical Council.

Key highlights of the comments/response of the Ministry of Ayush on several issues/questions raised by the Members of the Committee on various provisions of the Bill :

- There are separate apex research institutions for Ayurveda, Siddha, and Unani for conducting specific research in fundamental and clinical areas. The studies conducted by the research institutes are being utilized in healthcare services. In order to further utilize the work done by the research institutes into healthcare, the Ministry has upgraded the Central Research Institute of Unani at Hyderabad into a postgraduate teaching institute.
- There are distinct, autonomous Central research institutions for Ayurveda, Siddha, and Unani under the auspices of the Ministry of AYUSH. The operations are carried out through its centers, units, and institutes spread out across India as well as through joint research projects with numerous universities, hospitals, and institutes. The Councils' research initiatives include Tribal Health Care Research Programmes, Drug Standardisation, Pharmacological Research, Clinical Research, Literary Research & Documentation, and Medicinal Plant Research (Medico-Ethno Botanical Survey, Pharmacognosy, and Tissue Culture).
- In order to ensure quality and affordable medical education under PPP model to achieve the mission objectives of the Bill, the State Governments may come up with the proposals for establishing medical colleges under PPP model to ensure better quality and affordable medical education.
- The practice in Indian System of Medicine is allowed only by the licensed practitioners so as to promote equitable and universal Healthcare through ISM mode of treatment. In India out

of the 8 lakh practicing practitioners, only 10 percent possess post graduate degree. In the ISM system, for teaching purposes, post graduate degree was made compulsory only in 1989. In the NCISM Bill, post graduate degree has now been made compulsory for election to the post of the Chairman and members of the Commission.

- At present there is no Central regulation for paramedical courses in Ayurveda. However, certain States are conducting paramedical courses in Ayurveda and such professionals are utilized in various organizations/ institutes. The Ministry clarified that the Ministry of AYUSH is in the process of bringing a separate Bill, namely, 'the Pharmacy Council of Indian Medicine and Homeopathy Bill' to regulate the pharmacy education and practices.
- Yoga and Naturopathy is a drugless system and the rights and responsibilities of ISM&H doctors are different from Yoga and Naturopathy practitioners. Therefore, it is not considered a 'Medicine'. It was added that there are 26 Naturopathy Colleges in India. Out of which 6 are in the Government sector. Under the Ministry of AYUSH, there is one National Institute. There is no Central legislation to regulate the education and practice of Yoga and Naturopathy.
- At present there are 477 ASU colleges imparting UG courses and 154 ASU colleges imparting PG courses with intake capacity of 30,030 UG seats and 4844 PG seats.
- Fixation of fees is being done by the respective State Governments after taking into account local factors, reservation quota and other issues prevailing in the concerned State. The structure of fee also varies from State to State according to the MoUs signed by private medical colleges.
- Few states have allowed AYUSH doctors appointed in Primary Health Centres in rural areas to practice allopathy during 'emergencies' after undergoing a brief training of modern medicine practice, namely Karnataka, Maharashtra, Tamil Nadu, Gujarat, Punjab, Uttar Pradesh, Bihar, Assam, and Uttarakhand.
- The powers of the Central Government to give directions to the NCIM and the Boards will be limited to policy matters to achieve the objectives of the Act.
- The Ministry of AYUSH has Country to Country MoUs for cooperation in the field of Traditional Medicine in about 20 countries and Institute to Institute MoUs for Research/ Academic Collaboration in areas of mutual interest in about 17 institutes.

CHAPTER III VIEWS OF ORGANIZATIONS/INSTITUTIONS/ASSOCIATIONS/ EXPERTS

National Integrated Medical Association (NIMA)

According to NIMA, family physicians who practice the Indian System of Medicine (ISM) have been working as primary care providers for economically underprivileged groups in rural and remote places since India's independence. These medical professionals work in private practices and contribute to a number of government health programmes, including the 108 ambulance service, Rashtriya Bal Suraksha Karyakram, and the National Rural Health Mission. ISM physicians have made a substantial contribution to lifesaving efforts in Maharashtra by participating in the emergency ambulance service.

NIMA emphasizes that practitioners of Ayurveda, Siddha, and Unani-Tibb are qualified to incorporate contemporary scientific medicine into their practices in accordance with the IMCC Act of 1970 and announcements made by the Central Council of Indian Medicine. The courts have maintained ISM doctors' legal authority to practice modern medicine, and several state governments have approved arrangements allowing ISM doctors to use allopathic medicine. The Indian Medical Association (IMA) has appealed against these clauses in several high courts, but no court has ruled against ISM practitioners. The ISM doctors' curriculum and training, the states' legal authority to enact laws, and the requirement that these physicians offer medical care in both urban and rural areas are among the justifications offered. NIMA expresses concern that the proposed National Commission for Indian Systems of Medicine (NCISM) Bill, which aims to replace the IMCC Act of 1970, does not explicitly include provisions for ISM doctors to practice modern scientific medicine. NIMA believes that this omission would undermine the effectiveness of the entire medical profession in the country and weaken the healthcare system.

Vaidya Raghunandan Sharma, Member, Central Council of Indian Medicine (CCIM)

The 2019 National Commission for Indian Medicine System (NCISM) Bill is expected to disband the Central Council of Indian Medicine (CCIM), a democratic organisation created by the Indian Parliament. In contrast to CCIM, the proposed NCISM won't have representation from states or institutions. Instead, the Central Government will propose 95% of the members. Issues pertaining to the Indian System of Medicine (ISM) were addressed thanks to the democratic structure of the CCIM, which included elected members from each state and representation from universities.

However, this democratic representation will end with the adoption of NCISM. Many states have allowed ISM practitioners to utilize life-saving medications to provide healthcare services to the general people, particularly in rural regions, in accordance with the IMCC Act of 1970, Sections 2(e), 17(3)(b), and Rule 2(ee)(iii) of the Drug and Cosmetic Act of 1945. Unfortunately, the NCISM Bill does not have such a clause, therefore ISM practitioners in remote areas will no longer have access to life-saving medications. This will have a considerable negative impact on the rural population as a whole in addition to the practitioners designated in different states.

Maharashtra Council of Indian Medicine (MCIM)

The President of the Maharashtra Council of Indian Medicine (MCIM), Dr. Ashutosh Gupta, raises worry over the provisions of the 2019 NCISM Bill. He contends that a sizable group of Indian System of Medicine (ISM) practitioners who have been legally practicing modern medicine in several states for more than 50 years may be adversely affected by these regulations. The Central Council of Indian Medicine (CCIM) creates the curriculum for graduate and post-graduate level education for these practitioners. The curriculum is then approved by the Central Government and published in the Government of India's official gazette. This curriculum covers every aspect of contemporary medicine and involves hands-on instruction at Maharashtra's government and college hospitals.

Integrated Medical Association (AYUS)

According to the Integrated Medical Association (AYUS), a significant portion of Indian System of Medicine (ISM) practitioners who have been legally practicing modern medicine for more than 50 years may be harmed by the proposed NCISM Bill. They draw attention to the dire need for MBBS doctors in urban, rural, tribal, and distant slums, where the rural health system mainly relies on ISM physicians. ISM alumni and post-grads have dramatically lowered mortality and morbidity rates in many states and are essential to the success of numerous health programmes. In particular, AYUS emphasizes the need for the integration of specific diseases and emergency medical services as well as current and ancient medical disciplines. The association claims that nations including Russia, China, Vietnam, Japan, and Germany have successfully integrated their healthcare systems. They criticize the dominance of Western doctors in surgical procedures since only contemporary medicine has access to anesthesia, a key component of surgery. AYUS contends that in order to deliver high-quality healthcare, practitioners of integrated medicine should be permitted to employ diagnostic equipment and procedures from other branches of medicine.

The organization also asserts that there is a severe lack of skilled individuals in the nation who can execute medical termination of pregnancy (MTP). Practitioners of AYUSH are educated to do MTPs as safely and successfully as their counterparts from the modern scientific system of medicine, according to AYUS. To preserve the public's interests and swiftly bring about "Health for All," they fight for the protection of ISM doctors' legal right to practice modern medicine.

Ayurved Vyaspeeth

The President of Ayurved Vyaspeeth, Vaidya Santosh Nevpurkar, supports the NCISM Bill and is convinced that it will restore the honor of Ayurveda by bringing about radical changes to clinical practice and education within the Indian System of Medicine. Transparency, accountability, and high standards are sought after by the measure. It suggests **the National Exit Test for licensing medical practitioners and the National Eligibility cum Entrance Test for entrance to undergraduate and postgraduate programmes, ensuring the availability of qualified professionals.** Nevpurkar is in favor of the National Teachers Eligibility Test, which seeks to recruit energetic and driven teachers to improve the educational setting.

National Institute of Unani Medicine, Bangalore

Prof. Abdul Wadud, the director of NIUM Bangalore, emphasized **the significance of maintaining integration for Ayurveda, Siddha, and Unani (ASU) systems in the interest of basic healthcare in India.** He emphasized the fact that AYUSH physicians offer primary medical treatment in many places. To ensure that the citizens' healthcare needs are met, Prof. Abdul Wadud advised that competent ASU (ISM) physicians should be included in the definition of Registered Medical Practitioners. In order to do this, competent AYUSH physicians would be permitted to register in the State registration kept by the National Medical Commission.

National Institute of Siddha (NIS), Chennai

A separate Siddha Medicine Board should be established, according to Prof. N.J. Muthukumar, Director of NIS, in order to represent the Siddha System of Medicine and strengthen it in the academic, clinical, and research fields. He further argued that in order for the Commission to represent all the systems in the upcoming years, the Chairperson of the Commission should be nominated on a rotating basis from each system. Similar views were put forward by the Central Council for Research in Siddha (CCRS), Chennai.

Government of Maharashtra

The approved curriculum for undergraduate and graduate degrees in Ayurveda and Unani already contains pertinent elements of contemporary medicine. As a result, they recommended that **the proposed bill's definition of Ashtang Ayurveda and Unani should also include contemporary medicine.**

It was suggested adding Directors of AYUSH from state governments to the Commission as ex-officio members. This would guarantee that all states would be represented during the decision-making process. Additionally, the State Public Service Commission or the Divisional Selection Board should conduct recruitment and selection processes for teachers in government-run Ayurvedic colleges, and that the State Government handles promotions through the State Public Service Commission or the Departmental Promotion Committee. Therefore the planned AYUSH National Teachers Eligibility Test should exempt these teachers.

CHAPTER-V GENERAL RECOMMENDATIONS

- **FEE REGULATIONS** - The pursuit of medical education must be considered a public good. It shouldn't be a business that seeks to maximize profits. The fees for 50% of private institutions, including deemed universities, be set in accordance with the NMC Act.
- **NOMINATION OF MEMBERS OF PARLIAMENT** - The representation of Members of Parliament in the Governing Body/Executive Council of ISM Universities and Institutions of National Importance should be provided, as it is at AIIMS, Delhi and other AIIMS in various parts of the country, given the growing importance and popularity of the Indian System of Medicines in the nation. All ISM Universities and Institutions of National Importance around the nation should nominate three Members of Parliament (two from the Lok Sabha and one from the Rajya Sabha) to serve on their governing bodies.
- **EDUCATION** - ISM Institutes should offer language crash courses in Sanskrit, Tamil, and Urdu to ensure that language is not a barrier for deserving students who may not be fluent in these languages. There lies an urgent need to make the Indian System of Medicine a popular career choice among students. The Indian System of Medicine's various disciplines should be included in the school curriculum. The NEP 2019 stipulates that all courses and fields should be equally stressed in the school curriculum, which should be flexible and interconnected. The curriculum should be created in accordance with the changing dynamics of population demand and high-quality education, following the same lines as the National Education Policy.
- **FUTURE OUTLOOK** - The Ministry should create a targeted strategy for AYUSH promotion and establish clear goals and objectives for doing so. Since there are more non-communicable diseases and chronic illnesses, there has been a shift in emphasis towards embracing lifestyle changes and alternative medical systems. In such a situation, India has the potential to become a major destination for AYUSH medical tourism worldwide. Therefore, an emphasis on the development of medical tourism in AYUSH and improve AYUSH infrastructure through collaboration with the Private Sector.