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The National Medical Commission Act, 2019

(ACT NO. 30 OF 2019)

[*As on the* 1*st September*, 2026]

LIST OF ABBREVIATIONS USED

G.S.R.	. . .	*for*	General Statutory Rules.
S.O.	. . .	”	Statutory Order.
Notifn.	. . .	”	Notification.

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THE NATIONAL MEDICAL COMMISSION ACT, 2019

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THE NATIONAL MEDICAL COMMISSION ACT, 2019

ACT NO. 30 OF 2019

[8*th August*, 2019.]

An Act to provide for a medical education system that improves access to quality and affordable medical education, ensures availability of adequate and high quality medical professionals in all parts of the country; that promotes equitable and universal healthcare that encourages community health perspective and makes services of medical professionals accessible to all the citizens; that promotes national health goals; that encourages medical professionals to adopt latest medical research in their work and to contribute to research; that has an objective periodic and transparent assessment of medical institutions and facilitates maintenance of a medical register for India and enforces high ethical standards in all aspects of medical services; that is flexible to adapt to changing needs and has an effective grievance redressal mechanism and for matters connected therewith or incidental thereto.

BE it enacted by Parliament in the Seventieth Year of the Republic of India as follows:—

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CHAPTER I

PRELIMINARY

1. Short title, extent and commencement.—(*1*) This Act may be called the National Medical Commission Act, 2019.

(*2*) It extends to the whole of India.

(*3*) It shall come into force on such date[1] as the Central Government may, by notification in the Official Gazette, appoint, and different dates may be appointed for different provisions of this Act and any reference in any such provision to the commencement of this Act shall be construed as a reference to the coming into force of that provision.

2. Definitions.—In this Act, unless the context otherwise requires,—

(*a*) "Autonomous Board" means any of the Autonomous Boards constituted under section 16;

(*b*) "Chairperson" means the Chairperson of the National Medical Commission appointed under section 5;

(*c*) "Commission" means the National Medical Commission constituted under section 3;

(*d*) "Council" means the Medical Advisory Council constituted under section 11;

(*e*) "Ethics and Medical Registration Board" means the Board constituted under section 16;

(*f*) "health University" means a University specialised in affiliating institutions engaged in teaching medicine, medical and health sciences and includes a medical University and University of health sciences;

(*g*) "licence" means a licence to practice medicine granted under sub-section (*1*) of section 33;

(*h*) "Medical Assessment and Rating Board" means the Board constituted under section 16;

1. **2nd September, 2019.**—Sections 3, 4, 5, 6, 8, 11, 16, 17, 18, 19, 56 and 57, *vide* Notifn. No. S.O. 3162(E), dated 2nd September, 2019, *see* Gazette of India, Extraordinary, Part II, sec. 3(*ii*).
25th September, 2020.—all the remaining provisions, *vide* Notifn. No. S.O. 3262(E), dated 24th September, 2020, *see* Gazette of India, Extraordinary, Part II, sec. 3, Sub-section(*ii*).

(*i*) "medical institution" means any institution within or outside India which grants degrees, diplomas or licences in medicine and include affiliated colleges and deemed to be Universities;

(*j*) "medicine" means modern scientific medicine in all its branches and includes surgery and obstetrics, but does not include veterinary medicine and surgery;

(*k*) "Member" means a Member of the Commission appointed under section 5 and includes the Chairperson thereof;

(*l*) "National Board of Examination" means the body registered as such under the Societies Registration Act, 1860 (21 of 1860) which grants broad-speciality and super-speciality qualifications referred to in the Schedule;

(*m*) "National Register" means a National Medical Register maintained by the Ethics and Medical Registration Board under section 31;

(*n*) "notification" means notification published in the Official Gazette and the expression "notify" shall be construed accordingly;

(*o*) "Post-Graduate Medical Education Board" means the Board constituted under section 16;

(*p*) "prescribed" means prescribed by rules made under this Act;

(*q*) "President" means the President of an Autonomous Board appointed under section 18;

(*r*) "recognised medical qualification" means a medical qualification recognised under section 35 or section 36 or section 37 or section 40, as the case may be;

(*s*) "regulations" means the regulations made by the Commission under this Act;

(*t*) "Schedule" means the Schedule to this Act;

(*u*) "State Medical Council" means a medical council constituted under any law for the time being in force in any State or Union territory for regulating the practice and registration of practitioners of medicine in that State or Union territory;

(*v*) "State Register" means a register maintained under any law for the time being in force in any State or Union territory for registration of practitioners of medicine;

(*w*) "Under-Graduate Medical Education Board" means the Board constituted under section 16;

(*x*) "University" shall have the same meaning as assigned to it in clause (*f*) of section 2 of the University Grants Commission Act, 1956 (3 of 1956) and includes a health University.

CHAPTER II

THE NATIONAL MEDICAL COMMISSION

3. Constitution of National Medical Commission.—(*1*) The Central Government shall constitute a Commission, to be known as the National Medical Commission, to exercise the powers conferred upon, and to perform the functions assigned to it, under this Act.

(*2*) The Commission shall be a body corporate by the name aforesaid, having perpetual succession and a common seal, with power, subject to the provisions of this Act, to acquire, hold and dispose of property, both movable and immovable, and to contract, and shall, by the said name, sue or be sued.

(*3*) The head office of the Commission shall be at New Delhi.

4. Composition of Commission.—(*1*) The Commission shall consist of the following persons to be appointed by the Central Government, namely:—

(*a*) a Chairperson;

(*b*) ten *ex officio* Members; and

(*c*) twenty-two part-time Members.

(*2*) The Chairperson shall be a medical professional of outstanding ability, proven administrative capacity and integrity, possessing a postgraduate degree in any discipline of medical sciences from any University and having experience of not less than twenty years in the field of medical sciences, out of which at least ten years shall be as a leader in the area of medical education.

(*3*) The following persons shall be the *ex officio* Members of the Commission, namely:—

(*a*) the President of the Under-Graduate Medical Education Board;

(*b*) the President of the Post-Graduate Medical Education Board;

(*c*) the President of the Medical Assessment and Rating Board;

(*d*) the President of the Ethics and Medical Registration Board;

(*e*) the Director General of Health Services, Directorate General of Health Services, New Delhi;

(*f*) the Director General, Indian Council of Medical Research;

(*g*) a Director of any of the All India Institutes of Medical Sciences, to be nominated by the Central Government;

(*h*) two persons from amongst the Directors of Postgraduate Institute of Medical Education and Research, Chandigarh; Jawaharlal Institute of Postgraduate Medical Education and Research, Puducherry; Tata Memorial Hospital, Mumbai; North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences, Shillong; and All India Institute of Hygiene and Public Health, Kolkata; to be nominated by the Central Government; and

(*i*) one person to represent the Ministry of the Central Government dealing with Health and Family Welfare, not below the rank of Additional Secretary to the Government of India, to be nominated by that Ministry.

(*4*) The following persons shall be appointed as part-time Members of the Commission, namely:—

(*a*) three Members to be appointed from amongst persons of ability, integrity and standing, who have special knowledge and professional experience in such areas including management, law, medical ethics, health research, consumer or patient rights advocacy, science and technology and economics;

(*b*) ten Members to be appointed on rotational basis from amongst the nominees of the States and Union territories, under clauses (*c*) and (*d*) of sub-section (*2*) of section 11, in the Medical Advisory Council for a term of two years in such manner as may be prescribed;

(*c*) nine members to be appointed from amongst the nominees of the States and Union territories, under clause (*e*) of sub-section (*2*) of section 11, in the Medical Advisory Council for a term of two years in such manner as may be prescribed.

Explanation.—For the purposes of this section and section 17, the term "leader" means the Head of a Department or the Head of an organisation.

5. Search Committee for appointment of Chairperson and Members.—(*1*) The Central Government shall appoint the Chairperson, part-time Members referred to in clause (*a*) of sub-section (*4*) of section 4 and the Secretary referred to in section 8 on the recommendation of a Search Committee consisting of—

(*a*) the Cabinet Secretary—Chairperson;

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(*b*) three experts, possessing outstanding qualifications and experience of not less than twenty-five years in the field of medical education, public health education and health research, to be nominated by the Central Government— Members;

(*c*) one expert, from amongst the part-time Members referred to in clause (*c*) of sub-section (*4*) of section 4, to be nominated by the Central Government in such manner as may be prescribed—Member;

(*d*) one person, possessing outstanding qualifications and experience of not less than twenty-five years in the field of management or law or economics or science and technology, to be nominated by the Central Government—Member; and

(*e*) the Secretary to the Government of India in charge of the Ministry of Health and Family Welfare, to be the Convenor—Member.

(*2*) The Central Government shall, within one month from the date of occurrence of any vacancy, including by reason of death, resignation or removal of the Chairperson or a Member, or within three months before the end of tenure of the Chairperson or Member, make a reference to the Search Committee for filling up of the vacancy.

(*3*) The Search Committee shall recommend a panel of at least three names for every vacancy referred to it.

(*4*) The Search Committee shall, before recommending any person for appointment as the Chairperson or a Member of the Commission, satisfy itself that such person does not have any financial or other interest which is likely to affect prejudicially his functions as such Chairperson or Member.

(*5*) No appointment of the Chairperson or Member shall be invalid merely by reason of any vacancy or absence of a Member in the Search Committee.

(*6*) Subject to the provisions of sub-sections (*2*) to (*5*), the Search Committee may regulate its own procedure.

6. Term of office and conditions of service of Chairperson and Members.—(*1*) The Chairperson and the part-time Members, other than the part-time Members appointed under clauses (*b*) and (*c*) of sub-section (*4*) of section 4, shall hold office for a term not exceeding four years and shall not be eligible for any extension or re-appointment:

Provided that such person shall cease to hold office after attaining the age of seventy years.

(*2*) The term of office of an *ex officio* Member shall continue as long as he holds the office by virtue of which he is such Member.

(*3*) Where a Member, other than an *ex officio* Member, is absent from three consecutive ordinary meetings of the Commission and the cause of such absence is not attributable to any valid reason in the opinion of the Commission, such Member shall be deemed to have vacated the seat.

(*4*) The salaries and allowances payable to, and other terms and conditions of service of, the Chairperson and Member, other than an *ex officio* Member, shall be such as may be prescribed.

(*5*) The Chairperson or a Member may,—

(*a*) relinquish his office by giving in writing to the Central Government a notice of not less than three months; or

(*b*) be removed from his office in accordance with the provisions of section 7:

Provided that such person may be relieved from duties earlier than three months or be allowed to continue beyond three months until a successor is appointed, if the Central Government so decides.

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(*6*) The Chairperson and every member of the Commission shall make declaration of his assets and his liabilities at the time of entering upon his office and at the time of demitting his office and also declare his professional and commercial engagement or involvement in such form and manner as may be prescribed, and such declaration shall be published on the website of the Commission.

(*7*) The Chairperson or a Member, ceasing to hold office as such, shall not accept, for a period of two years from the date of demitting such office, any employment, in any capacity, including as a consultant or an expert, in any private medical institution, whose matter has been dealt with by such Chairperson or Member, directly or indirectly:

Provided that nothing herein shall be construed as preventing such person from accepting an employment in a body or institution, including medical institution, controlled or maintained by the Central Government or a State Government:

Provided further that nothing herein shall prevent the Central Government from permitting the Chairperson or a Member to accept any employment in any capacity, including as a consultant or expert in any private medical institution whose matter has been dealt with by such Chairperson or Member.

7. Removal of Chairperson and Member of Commission.—(*1*) The Central Government may, by order, remove from office the Chairperson or any other Member, who—

(*a*) has been adjudged an insolvent; or

(*b*) has been convicted of an offence which, in the opinion of the Central Government, involves moral turpitude; or

(*c*) has become physically or mentally incapable of acting as a Member; or

(*d*) is of unsound mind and stands so declared by a competent court; or

(*e*) has acquired such financial or other interest as is likely to affect prejudicially his functions as a Member; or

(*f*) has so abused his position as to render his continuance in office prejudicial to public interest.

(*2*) No Member shall be removed under clauses (*e*) and (*f*) of sub-section (*1*) unless he has been given a reasonable opportunity of being heard in the matter.

8. Appointment of Secretary, experts, professionals, officers and other employees of Commission.—(*1*) There shall be a Secretariat for the Commission to be headed by a Secretary, to be appointed by the Central Government in accordance with the provisions of section 5.

(*2*) The Secretary of the Commission shall be a person of proven administrative capacity and integrity, possessing such qualifications and experience as may be prescribed.

(*3*) The Secretary shall be appointed by the Central Government for a term of four years and shall not be eligible for any extension or re-appointment.

(*4*) The Secretary shall discharge such functions of the Commission as are assigned to him by the Commission and as may be specified by regulations made under this Act.

(*5*) The Commission may, for the efficient discharge of its functions under this Act, appoint such officers and other employees, as it considers necessary, against the posts created by the Central Government.

(*6*) The salaries and allowances payable to, and other terms and conditions of service of, the Secretary, officers and other employees of the Commission shall be such as may be prescribed.

(*7*) The Commission may engage, in accordance with the procedure specified by regulations, such number of experts and professionals of integrity and outstanding ability, who have special knowledge of,

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and experience in such fields, including medical education, public health, management, health economics, quality assurance, patient advocacy, health research, science and technology, administration, finance, accounts and law, as it deems necessary, to assist the Commission in the discharge of its functions under this Act.

9. Meetings, etc., of Commission.—(*1*) The Commission shall meet at least once every quarter at such time and place as may be appointed by the Chairperson.

(*2*) The Chairperson shall preside at the meeting of the Commission, and if, for any reason, the Chairperson is unable to attend a meeting of the Commission, any other Member, being the President of an Autonomous Board, nominated by the Chairperson, shall preside at the meeting.

(*3*) Unless the procedure to be followed at the meetings of the Commission is otherwise provided by regulations, one-half of the total number of Members of the Commission including the Chairperson shall constitute the quorum and all the acts of the Commission shall be decided by a majority of the members, present and voting and in the event of equality of votes, the Chairperson, or in his absence, the President of the Autonomous Board nominated under sub-section (*2*), shall have the casting vote.

(*4*) The general superintendence, direction and control of the administration of the Commission shall vest in the Chairperson.

(*5*) No act done by the Commission shall be questioned on the ground of the existence of a vacancy in, or a defect in the constitution of, the Commission.

(*6*) A person who is aggrieved by any decision of the Commission except the decision rendered under sub-section (*4*) of section 30 may prefer an appeal to the Central Government against such decision within thirty days of the communication of such decision.

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10. Powers and functions of Commission.—(*1*) The Commission shall perform the following functions, namely:—

(*a*) lay down policies for maintaining a high quality and high standards in medical education and make necessary regulations in this behalf;

(*b*) lay down policies for regulating medical institutions, medical researches and medical professionals and make necessary regulations in this behalf;

(*c*) assess the requirements in healthcare, including human resources for health and healthcare infrastructure and develop a road map for meeting such requirements;

(*d*) promote, co-ordinate and frame guidelines and lay down policies by making necessary regulations for the proper functioning of the Commission, the Autonomous Boards and the State Medical Councils;

(*e*) ensure co-ordination among the Autonomous Boards;

(*f*) take such measures, as may be necessary, to ensure compliance by the State Medical Councils of the guidelines framed and regulations made under this Act for their effective functioning under this Act;

(*g*) exercise appellate jurisdiction with respect to the decisions of the Autonomous Boards;

(*h*) lay down policies and codes to ensure observance of professional ethics in medical profession and to promote ethical conduct during the provision of care by medical practitioners;

(*i*) frame guidelines for determination of fees and all other charges in respect of fifty per cent. of seats in private medical institutions and deemed to be universities which are governed under the provisions of this Act;

(*j*) exercise such other powers and perform such other functions as may be prescribed.

(*2*) All orders and decisions of the Commission shall be authenticated by the signature of the Secretary.

(*3*) The Commission may delegate such of its powers of administrative and financial matters, as it deems fit, to the Secretary.

(*4*) The Commission may constitute sub-committees and delegate such of its powers to such sub-committees as may be necessary to enable them to accomplish specific tasks.

CHAPTER III

THE MEDICAL ADVISORY COUNCIL

11. Constitution and composition of Medical Advisory Council.—(*1*) The Central Government shall constitute an advisory body to be known as the Medical Advisory Council.

(*2*) The Council shall consist of a Chairperson and the following members, namely:—

(*a*) the Chairperson of the Commission shall be the *ex officio* Chairperson of the Council;

(*b*) every member of the Commission shall be the *ex officio* members of the Council;

(*c*) one member to represent each State, who is the Vice-Chancellor of a health University in that State, to be nominated by that State Government;

(*d*) one member to represent each Union territory, who is the Vice-Chancellor of a health University in that Union territory, to be nominated by the Ministry of Home Affairs in the Government of India;

(*e*) one member to represent each State and each Union territory from amongst elected members of the State Medical Council, to be nominated by that State Medical Council;

(*f*) the Chairman, University Grants Commission;

(*g*) the Director, National Assessment and Accreditation Council;

(*h*) four members to be nominated by the Central Government from amongst persons holding the post of Director in the Indian Institutes of Technology, Indian Institutes of Management and the Indian Institute of Science:

Provided that if there is no health University in any State or Union territory, the Vice-Chancellor of a University within that State or Union territory having the largest number of medical colleges affiliated to it shall be nominated by the State Government or by the Ministry of Home Affairs in the Government of India:

Provided further that if there is no University in any Union territory, the Ministry of Home Affairs shall nominate a member who possesses such medical qualification and experience as may be prescribed.

12. Functions of Medical Advisory Council.—(*1*) The Council shall be the primary platform through which the States and Union territories may put forth their views and concerns before the Commission and help in shaping the overall agenda, policy and action relating to medical education and training.

(*2*) The Council shall advise the Commission on measures to determine and maintain, and to co-ordinate maintenance of, the minimum standards in all matters relating to medical education, training and research.

(*3*) The Council shall advise the Commission on measures to enhance equitable access to medical education.

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13. Meetings of Medical Advisory Council.—(*1*) The Council shall meet at least twice a year at such time and place as may be decided by the Chairperson.

(*2*) The Chairperson shall preside at the meeting of the Council and if for any reason the Chairperson is unable to attend a meeting of the Council, such other member as nominated by the Chairperson shall preside over the meeting.

(*3*) Unless the procedure is otherwise provided by regulations, fifty per cent. of the members of the Council including the Chairperson shall form the quorum and all acts of the Council shall be decided by a majority of the members present and voting.

CHAPTER IV

NATIONAL EXAMINATION

14. National Eligibility-cum-Entrance Test.—(*1*) There shall be a uniform National Eligibility-cum-Entrance Test for admission to the undergraduate and postgraduate super-speciality medical education in all medical institutions which are governed by the provisions of this Act:

Provided that the uniform National Eligibility-cum-Entrance Test for admission to the undergraduate medical education shall also be applicable to all medical institutions governed under any other law for the time being in force.

(*2*) The Commission shall conduct the National Eligibility-cum-Entrance Test in English and in such other languages, through such designated authority and in such manner, as may be specified by regulations.

(*3*) The Commission shall specify by regulations the manner of conducting common counselling by the designated authority for admission to undergraduate and postgraduate super-speciality seats in all the medical institutions which are governed by the provisions of this Act:

Provided that the designated authority of the Central Government shall conduct the common counselling for all India seats and the designated authority of the State Government shall conduct the common counselling for the seats at the State level.

15. National Exit Test.—(*1*) A common final year undergraduate medical examination, to be known as the National Exit Test shall be held for granting licence to practice medicine as medical practitioners and for enrolment in the State Register or the National Register, as the case may be.

(*2*) The Commission shall conduct the National Exit Test through such designated authority and in such manner as may be specified by regulations.

(*3*) The National Exit Test shall become operational on such date, within three years from the date of commencement of this Act, as may be appointed by the Central Government, by notification.

(*4*) Any person with a foreign medical qualification shall have to qualify National Exit Test for the purpose of obtaining licence to practice medicine as medical practitioner and for enrolment in the State Register or the National Register, as the case may be, in such manner as may be specified by regulations.

(*5*) The National Exit Test shall be the basis for admission to the postgraduate broad-speciality medical education in medical institutions which are governed under the provisions of this Act or under any other law for the time being in force and shall be done in such manner as may be specified by regulations.

(*6*) The Commission shall specify by regulations the manner of conducting common counselling by the designated authority for admission to the postgraduate broad-speciality seats in the medical institutions referred to in sub-section (*5*):

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Provided that the designated authority of the Central Government shall conduct the common counselling for All India seats and the designated authority of the State Government shall conduct the common counselling for the seats at the State level.

CHAPTER V

AUTONOMOUS BOARDS

16. Constitution of Autonomous Boards.—(*1*) The Central Government shall, by notification, constitute the following Autonomous Boards, under the overall supervision of the Commission, to perform the functions assigned to such Boards under this Act, namely:—

(*a*) the Under-Graduate Medical Education Board;

(*b*) the Post-Graduate Medical Education Board;

(*c*) the Medical Assessment and Rating Board; and

(*d*) the Ethics and Medical Registration Board.

(*2*) Each Board referred to in sub-section (*1*) shall be an autonomous body which shall carry out its functions under this Act subject to the regulations made by the Commission.

17. Composition of Autonomous Boards.—(*1*) Each Autonomous Board shall consist of a President and two whole-time Members and two part-time Members.

(*2*) The President of each Autonomous Board, three Members (including one part-time Member) of the Under-Graduate Medical Education Board and the Post-Graduate Medical Education Board, and two Members (including one part-time Member) each of the Medical Assessment and Rating Board and the Ethics and Medical Registration Board shall be persons of outstanding ability, proven administrative capacity and integrity, possessing a postgraduate degree in any discipline of medical sciences from any University and having experience of not less than fifteen years in such field, out of which at least seven years shall be as a leader in the area of medical education, public health, community medicine or health research.

(*3*) The third Member of the Medical Assessment and Rating Board shall be a person of outstanding ability and integrity, possessing a postgraduate degree in any of the disciplines of management, quality assurance, law or science and technology from any University, having not less than fifteen years' experience in such field, out of which at least seven years shall be as a leader.

(*4*) The third Member of the Ethics and Medical Registration Board shall be a person of outstanding ability who has demonstrated public record of work on medical ethics or a person of outstanding ability possessing a postgraduate degree in any of the disciplines of quality assurance, public health, law or patient advocacy from any University and having not less than fifteen years' experience in such field, out of which at least seven years shall be as a leader.

(*5*) The fourth Member of each Autonomous Boards, being a part-time Member, shall be chosen from amongst the elected Members of the State Medical Council in such manner as may be prescribed.

18. Search Committee for appointment of President and Members.—The Central Government shall appoint the President and Members of the Autonomous Boards, except Members referred to in sub-section (*5*) of section 17, on the recommendations made by the Search Committee constituted under section 5 in accordance with the procedure specified in that section.

19. Term of office and conditions of service of President and Members.—(*1*) The President and Members (other than part-time Members) of each Autonomous Board shall hold the office for a term not exceeding four years and shall not be eligible for any extension or re-appointment:

Provided that part-time Members of each Autonomous Board shall hold the office for a term of two years:

Provided further that a Member shall cease to hold office after attaining the age of seventy years.

(*2*) The salaries and allowances payable to, and other terms and conditions of service of the President and Members (other than part-time Members) of an Autonomous Board shall be such as may be prescribed:

Provided that part-time Members of each Autonomous Board shall be entitled for such allowances as may be prescribed.

(*3*) The provisions of sub-sections (*3*), (*5*), (*6*), (*7*) and (*8*) of section 6 relating to other terms and conditions of service of, and section 7 relating to removal from the office of, the Chairperson and Members of the Commission shall also be applicable to the President and Members of the Autonomous Boards.

20. Advisory committees of experts.—(*1*) Each Autonomous Board, except the Ethics and Medical Registration Board, shall be assisted by such advisory committees of experts as may be constituted by the Commission for the efficient discharge of the functions of such Boards under this Act.

(*2*) The Ethics and Medical Registration Board shall be assisted by such ethics committees of experts as may be constituted by the Commission for the efficient discharge of the functions of that Board under this Act.

21. Staff of Autonomous Boards.—The experts, professionals, officers and other employees appointed under section 8 shall be made available to the Autonomous Boards in such number, and in such manner, as may be specified by regulations by the Commission.

22. Meetings, etc., of Autonomous Boards.—(*1*) Every Autonomous Board shall meet at least once a month at such time and place as it may appoint.

(*2*) All decisions of the Autonomous Boards shall be made by majority of votes of the President and Members.

(*3*) Subject to the provision of section 28, a person who is aggrieved by any decision of an Autonomous Board may prefer an appeal to the Commission against such decision within sixty days of the communication of such decision.

23. Powers of Autonomous Boards and delegation of powers.—(*1*) The President of each Autonomous Board shall have such administrative and financial powers as may be delegated to it by the Commission to enable such Board to function efficiently.

(*2*) The President of an Autonomous Board may further delegate any of his powers to a Member or an officer of that Board.

24. Powers and functions of Under-Graduate Medical Education Board.—(*1*) The Under-Graduate Medical Education Board shall perform the following functions, namely:—

(*a*) determine standards of medical education at undergraduate level and oversee all aspects relating thereto;

(*b*) develop competency based dynamic curriculum at undergraduate level in accordance with the regulations made under this Act;

(*c*) develop competency based dynamic curriculum for addressing the needs of primary health services, community medicine and family medicine to ensure healthcare in such areas, in accordance with the provisions of the regulations made under this Act;

(*d*) frame guidelines for setting up of medical institutions for imparting undergraduate courses, having regard to the needs of the country and the global norms, in accordance with the provisions of the regulations made under this Act;

(*e*) determine the minimum requirements and standards for conducting courses and examinations for undergraduates in medical institutions, having regard to the needs of creativity at local levels, including designing of some courses by individual institutions, in accordance with the provisions of the regulations made under this Act;

(*f*) determine standards and norms for infrastructure, faculty and quality of education in medical institutions providing undergraduate medical education in accordance with the provisions of the regulations made under this Act;

(*g*) facilitate development and training of faculty members teaching undergraduate courses;

(*h*) facilitate research and the international student and faculty exchange programmes relating to undergraduate medical education;

(*i*) specify norms for compulsory annual disclosures, electronically or otherwise, by medical institutions, in respect of their functions that has a bearing on the interest of all stakeholders including students, faculty, the Commission and the Central Government;

(*j*) grant recognition to a medical qualification at the undergraduate level.

(*2*) The Under-Graduate Medical Education Board may, in the discharge of its duties, make such recommendations to, and seek such directions from, the Commission, as it deems necessary.

25. Powers and functions of Post-Graduate Medical Education Board.—(*1*) The Post-Graduate Medical Education Board shall perform the following functions, namely:—

(*a*) determine the standards of medical education at the postgraduate level and super-speciality level in accordance with the regulations made under this Act and oversee all aspects relating thereto;

(*b*) develop competency based dynamic curriculum at postgraduate level and super-speciality level in accordance with the regulations made under this Act, with a view to develop appropriate skill, knowledge, attitude, values and ethics among postgraduates and super-specialists to provide healthcare, impart medical education and conduct medical research;

(*c*) frame guidelines for setting up of medical institutions for imparting postgraduate and super-speciality courses, having regard to the needs of the country and global norms, in accordance with the regulations made under this Act;

(*d*) determine the minimum requirements and standards for conducting postgraduate and super-speciality courses and examinations in medical institution, in accordance with the regulations made under this Act;

(*e*) determine standards and norms for infrastructure, faculty and quality of education in medical institutions conducting postgraduate and super-speciality medical education, in accordance with the regulations made under this Act;

(*f*) facilitate development and training of the faculty members teaching postgraduate and super-speciality courses;

(*g*) facilitate research and the international student and faculty exchange programmes relating to postgraduate and super-speciality medical education;

(*h*) specify norms for compulsory annual disclosure, electronically or otherwise, by medical institutions in respect of their functions that has a bearing on the interest of all stakeholders including students, faculty, the Commission and the Central Government;

(*i*) grant recognition to the medical qualifications at the postgraduate level and super-speciality level;

(*j*) promote and facilitate postgraduate courses in family medicine.

(*2*) The Post-Graduate Medical Education Board may, in the discharge of its functions, make such recommendations to, and seek such directions from, the Commission, as it deems necessary.

26. Powers and functions of Medical Assessment and Rating Board.—(*1*) The Medical Assessment and Rating Board shall perform the following functions, namely:—

(*a*) determine the procedure for assessing and rating the medical institutions for their compliance with the standards laid down by the Under-Graduate Medical Education Board or the Post-Graduate Medical Education Board, as the case may be, in accordance with the regulations made under this Act;

(*b*) grant permission for establishment of a new medical institution, or to start any postgraduate course or to increase number of seats, in accordance with the provisions of section 28;

(*c*) carry out inspections of medical institutions for assessing and rating such institutions in accordance with the regulations made under this Act:

Provided that the Medical Assessment and Rating Board may, if it deems necessary, hire and authorise any other third party agency or persons for carrying out inspections of medical institutions for assessing and rating such institutions:

Provided further that where inspection of medical institutions is carried out by such third party agency or persons authorised by the Medical Assessment and Rating Board, it shall be obligatory on such institutions to provide access to such agency or person;

(*d*) conduct, or where it deems necessary, empanel independent rating agencies to conduct, assess and rate all medical institutions, within such period of their opening, and every year thereafter, at such time, and in such manner, as may be specified by the regulations;

(*e*) make available on its website or in public domain the assessment and ratings of medical institutions at regular intervals in accordance with the regulations made under this Act;

(*f*) take such measures, including issuing warning, imposition of monetary penalty, reducing intake or stoppage of admissions and recommending to the Commission for withdrawal of recognition, against a medical institution for failure to maintain the minimum essential standards specified by the Under-Graduate Medical Education Board or the Post-Graduate Medical Education Board, as the case may be, in accordance with the regulations made under this Act.

(*2*) The Medical Assessment and Rating Board may, in the discharge of its functions, make such recommendations to, and seek such directions from, the Commission, as it deems necessary.

27. Powers and functions of Ethics and Medical Registration Board.—(*1*) The Ethics and Medical Registration Board shall perform the following functions, namely:—

(*a*) maintain National Registers of all licensed medical practitioners in accordance with the provisions of section 31;

(*b*) regulate professional conduct and promote medical ethics in accordance with the regulations made under this Act:

Provided that the Ethics and Medical Registration Board shall ensure compliance of the code of professional and ethical conduct through the State Medical Council in a case where such State Medical Council has been conferred power to take disciplinary actions in respect of professional or ethical misconduct by medical practitioners under respective State Acts;

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(*c*) develop mechanisms to have continuous interaction with State Medical Councils to effectively promote and regulate the conduct of medical practitioners and professionals;

(*d*) exercise appellate jurisdiction with respect to the actions taken by a State Medical Council under section 30.

(*2*) The Ethics and Medical Registration Board may, in the discharge of its duties, make such recommendations to, and seek such directions from, the Commission, as it deems necessary.

28. Permission for establishment of new medical college.—(*1*) No person shall establish a new medical college or start any postgraduate course or increase number of seats without obtaining prior permission of the Medical Assessment and Rating Board.

(*2*) For the purposes of obtaining permission under sub-section (*1*), a person may submit a scheme to the Medical Assessment and Rating Board in such form, containing such particulars, accompanied by such fee, and in such manner, as may be specified by the regulations.

(*3*) The Medical Assessment and Rating Board shall, having due regard to the criteria specified in section 29, consider the scheme received under sub-section (*2*) and either approve or disapprove such scheme within a period of six months from the date of such receipt:

Provided that before disapproving such scheme, an opportunity to rectify the defects, if any, shall be given to the person concerned.

(*4*) Where a scheme is approved under sub-section (*3*), such approval shall be the permission under sub-section (*1*) to establish new medical college.

(*5*) Where a scheme is disapproved under sub-section (*3*), or where no decision is taken within six months of submitting a scheme under sub-section (*1*), the person concerned may prefer an appeal to the Commission for approval of the scheme within fifteen days of such disapproval or, as the case may be, lapse of six months, in such manner as may be specified by the regulations.

(*6*) The Commission shall decide the appeal received under sub-section (*5*) within a period of forty-five days from the date of receipt of the appeal and in case the Commission approves the scheme, such approval shall be the permission under sub-section (*1*) to establish a new medical college and in case the Commission disapproves the scheme, or fails to give its decision within the specified period, the person concerned may prefer a second appeal to the Central Government within thirty days of communication of such disapproval or, as the case may be, lapse of specified period.

(*7*) The Medical Assessment and Rating Board may conduct evaluation and assessment of any medical institution at any time, either directly or through any other expert having integrity and experience of medical profession and without any prior notice and assess and evaluate the performance, standards and benchmarks of such medical institution.

Explanation.—For the purposes of this section, the term "person" includes a University, trust or any other association of persons or body of individuals, but does not include the Central Government.

29. Criteria for approving or disapproving scheme.—While approving or disapproving a scheme under section 28, the Medical Assessment and Rating Board, or the Commission, as the case may be, shall take into consideration the following criteria, namely:—

(*a*) adequacy of financial resources;

(*b*) whether adequate academic faculty and other necessary facilities have been provided to ensure proper functioning of medical college or would be provided within the time-limit specified in the scheme;

(*c*) whether adequate hospital facilities have been provided or would be provided within the time-limit specified in the scheme;

(*d*) such other factors as may be prescribed:

Provided that, subject to the previous approval of the Central Government, the criteria may be relaxed for the medical colleges which are set up in such areas as may be specified by the regulations.

30. State Medical Councils.—(*1*) The State Government shall, within three years of the commencement of this Act, take necessary steps to establish a State Medical Council if no such Council exists in that State.

(*2*) Where a State Act confers power upon the State Medical Council to take disciplinary actions in respect of any professional or ethical misconduct by a registered medical practitioner or professional, the State Medical Council shall act in accordance with the regulations made, and the guidelines framed, under this Act:

Provided that till such time as a State Medical Council is established in a State, the Ethics and Medical Registration Board shall receive the complaints and grievances relating to any professional or ethical misconduct against a registered medical practitioner or professional in that State in accordance with such procedure as may be specified by the regulations:

Provided further that the Ethics and Medical Registration Board or, as the case may be, the State Medical Council shall give an opportunity of hearing to the medical practitioner or professional concerned before taking any action, including imposition of any monetary penalty against such person.

(*3*) A medical practitioner or professional who is aggrieved by any action taken by a State Medical Council under sub-section (*2*) may prefer an appeal to the Ethics and Medical Registration Board against such action, and the decision, if any, of the Ethics and Medical Registration Board thereupon shall be binding on the State Medical Council, unless a second appeal is preferred under sub-section (*4*).

(*4*) A medical practitioner or professional who is aggrieved by the decision of the Ethics and Medical Registration Board may prefer an appeal to the Commission within sixty days of communication of such decision.

Explanation.—For the purposes of this Act,—

(*a*) "State" includes Union territory and the expressions "State Government" and "State Medical Council", in relation to a Union territory, shall respectively mean the "Central Government" and "Union territory Medical Council";

(*b*) the expression "professional or ethical misconduct" includes any act of commission or omission as may be specified by the regulations.

31. National Register and State Register.—(*1*) The Ethics and Medical Registration Board shall maintain a National Register containing the name, address, all recognised qualifications possessed by a licensed medical practitioner and such other particulars as may be specified by the regulations.

(*2*) The National Register shall be maintained in such form, including electronic form, in such manner, as may be specified by the regulations.

(*3*) The manner in which a name or qualification may be added to, or removed from, the National Register and the grounds for removal thereof, shall be such as may be specified by the regulations.

(*4*) The National Register shall be a public document within the meaning of section 74 of the Indian Evidence Act, 1872 (1 of 1872).

(*5*) The National Register shall be made available to the public by placing it on the website of the Ethics and Medical Registration Board.

(*6*) Every State Medical Council shall maintain and regularly update the State Register in the specified electronic format and supply a physical copy of the same to the Ethics and Medical Registration Board within three months of the commencement of this Act.

(*7*) The Ethics and Medical Registration Board shall ensure electronic synchronisation of the National Register and the State Register in such a manner that any change in one register is automatically reflected in the other register.

(*8*) The Ethics and Medical Registration Board shall maintain a separate National Register in such form, containing such particulars, including the name, address and all recognised qualifications possessed by a Community Health Provider referred to in section 32 in such manner as may be specified by the regulations.

32. Community Health Provider.—(*1*) The Commission may grant limited licence to practice medicine at mid-level as Community Health Provider to such person connected with modern scientific medical profession who qualify such criteria as may be specified by the regulations:

Provided that the number of limited licence to be granted under this sub-section shall not exceed one-third of the total number of licenced medical practitioners registered under sub-section (*1*) of section 31.

(*2*) The Community Health Provider who is granted limited licences under sub-section (*1*), may practice medicine to such extent, in such circumstances and for such period, as may be specified by the regulations.

(*3*) The Community Health Provider may prescribe specified medicine independently, only in primary and preventive healthcare, but in cases other than primary and preventive healthcare, he may prescribe medicine only under the supervision of medical practitioners registered under sub-section (*1*) of section 31.

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33. Rights of persons to have licence to practice and to be enrolled in National Register or State Register and their obligations thereto.—(*1*) Any person who qualifies the National Exit Test held under section 15 shall be granted a licence to practice medicine and shall have his name and qualifications enrolled in the National Register or a State Register, as the case may be:

Provided that a person who has been registered in the Indian Medical Register maintained under the Indian Medical Council Act, 1956 (102 of 1956) prior to the coming into force of this Act and before the National Exit Test becomes operational under sub-section (*3*) of section 15, shall be deemed to have been registered under this Act and be enrolled in the National Register maintained under this Act.

(*2*) No person who has obtained medical qualification from a medical institution established in any country outside India and is recognised as a medical practitioner in that country, shall, after the commencement of this Act and the National Exit Test becomes operational under sub-section (*3*) of section 15, be enrolled in the National Register unless he qualifies the National Exit Test.

(*3*) When a person whose name is entered in the State Register or the National Register, as the case may be, obtains any title, diploma or other qualification for proficiency in sciences or public health or medicine which is a recognised medical qualification under section 35 or section 36, as the case may be, he shall be entitled to have such title, diploma or qualification entered against his name in the State Register or the National Register, as the case may be, in such manner as may be specified by the regulations.

34. Bar to practice.—(*1*) No person other than a person who is enrolled in the State Register or the National Register, as the case may be, shall—

(*a*) be allowed to practice medicine as a qualified medical practitioner;

(*b*) hold office as a physician or surgeon or any other office, by whatever name called, which is meant to be held by a physician or surgeon;

(*c*) be entitled to sign or authenticate a medical or fitness certificate or any other certificate required by any law to be signed or authenticated by a duly qualified medical practitioner;

(*d*) be entitled to give evidence at any inquest or in any court of law as an expert under section 45 of the Indian Evidence Act, 1872 (1 of 1872) on any matter relating to medicine:

Provided that the Commission shall submit a list of such medical professionals to the Central Government in such manner as may be prescribed:

Provided further that a foreign citizen who is enrolled in his country as a medical practitioner in accordance with the law regulating the registration of medical practitioners in that country may be permitted temporary registration in India for such period and in such manner as may be specified by the regulations.

(*2*) Any person who contravenes any of the provisions of this section shall be punished with imprisonment for a term which may extend to one year, or with fine which may extend to five lakh rupees or with both.

CHAPTER VI

RECOGNITION OF MEDICAL QUALIFICATIONS

35. Recognition of medical qualifications granted by Universities or medical institutions in India.—(*1*) The medical qualification granted by any University or medical institution in India shall be listed and maintained by the Under-Graduate Medical Education Board or the Post-Graduate Medical Education Board, as the case may be, in such manner as may be specified by the regulations and such medical qualification shall be a recognised medical qualification for the purposes of this Act.

(*2*) Any University or medical institution in India which grants an undergraduate or postgraduate or super-speciality medical qualification not included in the list maintained by the Under-Graduate Medical Education Board or the Post-Graduate Medical Education Board, as the case may be, may apply to that Board for granting recognition to such qualification.

(*3*) The Under-Graduate Medical Education Board or the Post-Graduate Medical Education Board, as the case may be, shall examine the application for grant of recognition to a medical qualification within a period of six months in such manner as may be specified by the regulations.

(*4*) Where the Under-Graduate Medical Education Board or the Post-Graduate Medical Education Board, as the case may be, decides to grant recognition to a medical qualification, it shall include such medical qualification in the list maintained by it and also specify the date of effect of such recognition.

(*5*) Where the Under-Graduate Medical Education Board or the Post-Graduate Medical Education Board, as the case may be, decides not to grant recognition to a medical qualification, the University or the medical institution concerned may prefer an appeal to the Commission for grant of recognition within sixty days of the communication of such decision, in such manner as may be specified by the regulations.

(*6*) The Commission shall examine the appeal received under sub-section (*5*) within a period of two months and if it decides that recognition may be granted to such medical qualification, it may direct the Under-Graduate Medical Education Board or the Post-Graduate Medical Education Board, as the case may be, to include such medical qualification in the list maintained by that Board, in such manner as may be specified by the regulations.

(*7*) Where the Commission decides not to grant recognition to the medical qualification, or fails to take a decision within the specified period, the University or the medical institution concerned may prefer

a second appeal to the Central Government within thirty days of the communication of such decision or lapse of specified period, as the case may be.

(*8*) All medical qualifications which have been recognised before the date of commencement of this Act and are included in the First Schedule and Part I of the Third Schedule to the Indian Medical Council Act, 1956 (102 of 1956), shall also be recognised medical qualifications for the purposes of this Act, and shall be listed and maintained by the Under-Graduate Medical Education Board or the Post-Graduate Medical Education Board, as the case may be, in such manner as may be specified by the regulations.

36. Recognition of medical qualifications granted by medical institutions outside India.—(*1*) Where an authority in any country outside India, which by the law of that country is entrusted with the recognition of medical qualifications in that country, makes an application to the Commission for granting recognition to such medical qualification in India, the Commission may, subject to such verification as it may deem necessary, either grant or refuse to grant recognition to that medical qualification:

Provided that the Commission shall give a reasonable opportunity of being heard to such authority before refusing to grant such recognition.

(*2*) A medical qualification which is granted recognition by the Commission under sub-section (*1*) shall be a recognised medical qualification for the purposes of this Act, and such qualification shall be listed and maintained by the Commission in such manner as may be specified by the regulations.

(*3*) Where the Commission refuses to grant recognition to the medical qualification under sub-section (*1*), the authority concerned may prefer an appeal to the Central Government against such decision within thirty days of communication thereof.

(*4*) All medical qualifications which have been recognised before the date of commencement of this Act and are included in the Second Schedule and Part II of the Third Schedule to the Indian Medical Council Act, 1956 (102 of 1956), shall also be recognised medical qualifications for the purposes of this Act, and shall be listed and maintained by the Commission in such manner as may be specified by the regulations.

37. Recognition of medical qualifications granted by statutory or other body in India.—(*1*) The medical qualifications granted by any statutory or other body in India which are covered by the categories listed in the Schedule shall be recognised medical qualifications for the purposes of this Act.

(*2*) The Diplomate of National Board in broad-speciality qualifications and super-speciality qualifications when granted in a medical institution with attached hospital or in a hospital with the strength of five hundred or more beds, by the National Board of Examinations, shall be equivalent in all respects to the corresponding postgraduate qualification and the super-speciality qualification granted under this Act, but in all other cases, senior residency in a medical college for an additional period of one year shall be required for such qualification to be equivalent for the purposes of teaching also.

(*3*) The Central Government may, on the recommendation of the Commission, and having regard to the objects of this Act, by notification, add to, or, as the case may be, omit from, the Schedule any categories of medical qualifications granted by a statutory or other body in India and on such addition, or as the case may be, omission, the medical qualifications granted by such statutory or other body in India shall be, or shall cease to be, recognised medical qualifications for the purposes of this Act.

38. Withdrawal of recognition granted to medical qualification granted by medical institutions in India.—(*1*) Where, upon receiving a report from the Medical Assessment and Rating Board under section 26, or otherwise, if the Commission is of the opinion that—

(*a*) the courses of study and examination to be undergone in, or the proficiency required from candidates at any examination held by, a University or medical institution do not conform to the

standards specified by the Under-Graduate Medical Education Board or the Post-Graduate Medical Education Board, as the case may be; or

(*b*) the standards and norms for infrastructure, faculty and quality of education in medical institution as determined by the Under-Graduate Medical Education Board or the Post-Graduate Medical Education Board, as the case may be, are not adhered to by any University or medical institution, and such University or medical institution has failed to take necessary corrective action to maintain specified minimum standards, the Commission may initiate action in accordance with the provisions of sub-section (*2*):

Provided that the Commission shall, before taking any action for *suo motu* withdrawal of recognition granted to the medical qualification awarded by a University or medical institution, impose penalty in accordance with the provisions of clause (*f*) of sub-section (*1*) of section 26.

(*2*) The Commission shall, after making such further inquiry as it deems fit, and after holding consultations with the concerned State Government and the authority of the concerned University or medical institution, comes to the conclusion that the recognition granted to a medical qualification ought to be withdrawn, it may, by order, withdraw recognition granted to such medical qualification and direct the Under-Graduate Medical Education Board or the Post-Graduate Medical Education Board, as the case may be, to amend the entries against the University or medical institution concerned in the list maintained by that Board to the effect that the recognition granted to such medical qualification is withdrawn with effect from the date specified in that order.

39. Derecognition of medical qualifications granted by medical institutions outside India.—Where, after verification with the authority in any country outside India, the Commission is of the opinion that a recognised medical qualification which is included in the list maintained by it is to be derecognised, it may, by order, derecognise such medical qualification and remove it from the list maintained by the Commission with effect from the date of such order.

40. Special provision in certain cases for recognition of medical qualifications.—Where the Commission deems it necessary, it may, by an order published in the Official Gazette, direct that any medical qualification granted by a medical institution in a country outside India, after such date as may be specified in that notification, shall be a recognised medical qualification for the purposes of this Act:

Provided that medical practice by a person possessing such qualification shall be permitted only if such person qualifies National Exit Test.

CHAPTER VII

GRANTS, AUDIT AND ACCOUNTS

41. Grants by Central Government.—The Central Government may, after due appropriation made by Parliament by law in this behalf, make to the Commission grants of such sums of money as the Central Government may think fit.

42. National Medical Commission Fund.—(*1*) There shall be constituted a fund to be called "the National Medical Commission Fund" which shall form part of the public account of India and there shall be credited thereto—

(*a*) all Government grants, fees, penalties and charges received by the Commission and the Autonomous Boards;

(*b*) all sums received by the Commission from such other sources as may be decided by it.

(*2*) The Fund shall be applied for making payment towards—

(*a*) the salaries and allowances payable to the Chairperson and Members of the Commission, the Presidents and Members of the Autonomous Boards and the administrative expenses including the

salaries and allowances payable to the officers and other employees of the Commission and Autonomous Boards;

(*b*) the expenses incurred in carrying out the provisions of this Act, including in connection with the discharge of the functions of the Commission and the Autonomous Boards.

43. Audit and accounts.—(*1*) The Commission shall maintain proper accounts and other relevant records and prepare an annual statement of accounts in such form as may be prescribed, in consultation with the Comptroller and Auditor-General of India.

(*2*) The accounts of the Commission shall be audited by the Comptroller and Auditor-General of India at such intervals as may be specified by him and any expenditure incurred in connection with such audit shall be payable by the Commission to the Comptroller and Auditor-General of India.

(*3*) The Comptroller and Auditor-General of India and any other persons appointed by him in connection with the audit of the accounts of the Commission shall have the same rights and privileges and authority in connection with such audit as the Comptroller and Auditor-General generally has in connection with the audit of Government accounts and in particular, shall have the right to demand the production of, and complete access to, records, books, accounts, connected vouchers and other documents and papers and to inspect the office of the Commission.

(*4*) The accounts of the Commission as certified by the Comptroller and Auditor-General of India or any other person appointed by him in this behalf, together with the audit report thereon, shall be forwarded annually by the Commission to the Central Government which shall cause the same to be laid, as soon as may be after it is received, before each House of Parliament.

44. Furnishing of returns and reports to Central Government.—(*1*) The Commission shall furnish to the Central Government, at such time, in such form and in such manner, as may be prescribed or as the Central Government may direct, such reports and statements, containing such particulars in regard to any matter under the jurisdiction of the Commission, as the Central Government may, from time to time, require.

(*2*) The Commission shall prepare, once every year, in such form and at such time as may be prescribed, an annual report, giving a summary of its activities during the previous year and copies of the report shall be forwarded to the Central Government.

(*3*) A copy of the report received under sub-section (*2*) shall be laid by the Central Government, as soon as may be after it is received, before each House of Parliament.

CHAPTER VIII

MISCELLANEOUS

45. Power of Central Government to give directions to Commission and Autonomous Boards.—(*1*) Without prejudice to the foregoing provisions of this Act, the Commission and the Autonomous Boards shall, in exercise of their powers and discharge of their functions under this Act, be bound by such directions on questions of policy as the Central Government may give in writing to them from time to time:

Provided that the Commission and the Autonomous Boards shall, as far as practicable, be given an opportunity to express their views before any direction is given under this sub-section.

(*2*) The decision of the Central Government whether a question is one of policy or not shall be final.

46. Power of Central Government to give directions to State Governments.—The Central Government may give such directions, as it may deem necessary, to a State Government for carrying out all or any of the provisions of this Act and the State Government shall comply with such directions.

47. Information to be furnished by Commission and publication thereof.—(*1*) The Commission shall furnish such reports, copies of its minutes, abstracts of its accounts, and other information to the Central Government as that Government may require.

(*2*) The Central Government may publish, in such manner as it may think fit, the reports, minutes, abstracts of accounts and other information furnished to it under sub-section (*1*).

48. Obligation of universities and medical institutions.—Every University and medical institution governed under this Act shall maintain a website at all times and display on its website all such information as may be required by the Commission or an Autonomous Board, as the case may be.

49. Completion of courses of studies in medical institutions.—(*1*) Notwithstanding anything contained in this Act, any student who was studying for a degree, diploma or certificate in any medical institution immediately before the commencement of this Act shall continue to so study and complete his course for such degree, diploma or certificate, and such institution shall continue to provide instructions and examination for such student in accordance with the syllabus and studies as existed before such commencement, and such student shall be deemed to have completed his course of study under this Act and shall be awarded degree, diploma or certificate under this Act.

(*2*) Notwithstanding anything contained in this Act, where recognition granted to a medical institution has lapsed, whether by efflux of time or by its voluntary surrender or for any other reason whatsoever, such medical institution shall continue to maintain and provide the minimum standards required to be provided under this Act till such time as all candidates who are admitted in that medical institution complete their study.

50. Joint sittings of Commission, Central Councils of Homoeopathy and Indian medicine to enhance interface between their respective systems of medicine.—(*1*) There shall be a joint sitting of the Commission, the Central Council of Homoeopathy and the Central Council of Indian Medicine at least once a year, at such time and place as they mutually appoint, to enhance the interface between Homoeopathy, Indian Systems of Medicine and modern systems of medicine.

(*2*) The agenda for the joint sitting may be prepared with mutual agreement between the Chairpersons of the Commission, the Central Council of Homoeopathy and the Central Council of Indian Medicine or be prepared separately by each of them.

(*3*) The joint sitting referred to in sub-section (*1*) may, by an affirmative vote of all members present and voting, decide on approving specific educational modules or programmes that may be introduced in the undergraduate course and the postgraduate course across medical systems and promote medical pluralism.

51. State Government to promote primary healthcare in rural areas.—Every State Government may, for the purposes of addressing or promoting primary healthcare in rural area, take necessary measures to enhance the capacity of the healthcare professionals.

52. Chairperson, Members, officers of Commission and of Autonomous Boards to be public servants.—The Chairperson, Members, officers and other employees of the Commission and the President, Members and officers and other employees of the Autonomous Boards shall be deemed, when acting or purporting to act in pursuance of any of the provisions of this Act, to be public servants within the meaning of section 21 of the Indian Penal Code (45 of 1860).

53. Protection of action taken in good faith.—No suit, prosecution or other legal proceeding shall lie against the Government, the Commission or any Autonomous Board or a State Medical Council or any Committee thereof, or any officer or other employee of the Government or of the Commission acting under this Act for anything which is in good faith done or intended to be done under this Act or the rules or regulations made thereunder.

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54. Cognizance of offences.—No court shall take cognizance of an offence punishable under this Act except upon a complaint in writing made in this behalf by an officer authorised by the Commission or the Ethics and Medical Registration Board or a State Medical Council, as the case may be.

55. Power of Central Government to supersede Commission.—(*1*) If, at any time, the Central Government is of opinion that—

(*a*) the Commission is unable to discharge the functions and duties imposed on it by or under the provisions of this Act; or

(*b*) the Commission has persistently made default in complying with any direction issued by the Central Government under this Act or in the discharge of the functions and duties imposed on it by or under the provisions of this Act,

the Central Government may, by notification, supersede the Commission for such period, not exceeding six months, as may be specified in the notification:

Provided that before issuing a notification under this sub-section, the Central Government shall give a reasonable opportunity to the Commission to show cause as to why it should not be superseded and shall consider the explanations and objections, if any, of the Commission.

(*2*) Upon the publication of a notification under sub-section (*1*) superseding the Commission,—

(*a*) all the Members shall, as from the date of supersession, vacate their offices as such;

(*b*) all the powers, functions and duties which may, by or under the provisions of this Act, be exercised or discharged by or on behalf of the Commission, shall, until the Commission is re-constituted under sub-section (*3*), be exercised and discharged by such person or persons as the Central Government may direct;

(*c*) all property owned or controlled by the Commission shall, until the Commission is re-constituted under sub-section (*3*), vest in the Central Government.

(*3*) On the expiration of the period of supersession specified in the notification issued under sub-section (*1*), the Central Government may,—

(*a*) extend the period of supersession for such further term not exceeding six months, as it may consider necessary; or

(*b*) re-constitute the Commission by fresh appointment and in such case the Members who vacated their offices under clause (*a*) of sub-section (*2*) shall not be deemed disqualified for appointment:

Provided that the Central Government may, at any time before the expiration of the period of supersession, whether as originally specified under sub-section (*1*) or as extended under this sub-section, take action under clause (*b*) of this sub-section.

(*4*) The Central Government shall cause a notification issued under sub-section (*1*) and a full report of any action taken under this section and the circumstances leading to such action to be laid before both Houses of Parliament at the earliest opportunity.

56. Power to make rules.—(*1*) The Central Government may, by notification, make rules to carry out the purposes of this Act.

(*2*) In particular, and without prejudice to the generality of the foregoing power, such rules may provide for all or any of the following matters, namely:—

(*a*) the manner of appointing ten Members of the Commission on rotational basis from amongst the nominees of the States and Union territories in the Medical Advisory Council under clause (*b*) of sub-section (*4*) of section 4;

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(*b*) the manner of appointing nine members of the Commission under clause (*c*) of sub-section (*4*) of section 4;

(*c*) the manner of nominating one expert by the Central Government under clause (*c*) of sub-section (*1*) of section 5;

(*d*) the salary and allowances payable to, and other terms and conditions of service of the Chairperson and Members under sub-section (*4*) of section 6;

(*e*) the form and the manner of making declaration under sub-section (*6*) of section 6;

(*f*) the qualifications and experience to be possessed by the Secretary of the Commission under sub-section (*2*) of section 8;

(*g*) the salaries and allowances payable to, and other terms and conditions of service of the Secretary, officers and other employees of the Commission under sub-section (*6*) of section 8;

(*h*) the other powers and functions of the Commission under clause (*j*) of sub-section (*1*) of section 10;

(*i*) the medical qualification and experience to be possessed by a member under the second proviso to section 11;

(*j*) the manner of choosing part-time Members under sub-section (*5*) of section 17;

(*k*) the salary and allowances payable to, and other terms and conditions of service of the President and Members of an Autonomous Board under sub-section (*2*), and the allowances payable to part-time Members under the proviso thereunder, of section 19;

(*l*) the other factors under clause (*d*) of section 29;

(*m*) the manner of submitting a list of medical professionals under the first proviso to sub-section (*1*) of section 34;

(*n*) the form for preparing annual statement of accounts under sub-section (*1*) of section 43;

(*o*) the time within which, and the form and the manner in which, the reports and statements shall be furnished by the Commission and the particulars with regard to any matter as may be required by the Central Government under sub-section (*1*) of section 44;

(*p*) the form and the time for preparing annual report under sub-section (*2*) of section 44;

(*q*) any other matter in respect of which provision is to be made by rules.

57. Power to make regulations.—(*1*) The Commission may, after previous publication, by notification, make regulations consistent with this Act and the rules made thereunder to carry out the provisions of this Act.

(*2*) In particular, and without prejudice to the generality of the foregoing power, such regulations may provide for all or any of the following matters, namely:—

(*a*) the functions to be discharged by the Secretary of the Commission under sub-section (*4*) of section 8;

(*b*) the procedure in accordance with which experts and professionals may be engaged and the number of such experts and professionals under sub-section (*7*) of section 8;

(*c*) the procedure to be followed at the meetings of Commission, including the quorum at its meetings under sub-section (*3*) of section 9;

(*d*) the quality and standards to be maintained in medical education under clause (*a*) of sub-section (*1*) of section 10;

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(*e*) the manner of regulating medical institutions, medical researches and medical professionals under clause (*b*) of sub-section (*1*) of section 10;

(*f*) the manner of functioning of the Commission, the Autonomous Boards and the State Medical Councils under clause (*d*) of sub-section (*1*) of section 10;

(*g*) the procedure to be followed at the meetings of the Medical Advisory Council, including the quorum at its meetings under sub-section (*3*) of section 13;

(*h*) the other languages in which and the manner in which the National Eligibility-cum-Entrance Test shall be conducted under sub-section (*2*) of section 14;

(*i*) the manner of conducting common counselling by the designated authority for admission to the undergraduate and postgraduate super-speciality medical education under sub-section (*3*) of section 14;

(*j*) the designated authority, and the manner for conducting the National Exit Test under sub-section (*2*) of section 15;

(*k*) the manner in which a person with foreign medical qualification shall qualify National Exit Test under sub-section (*4*) of section 15;

(*l*) the manner in which admission to the postgraduate broad-speciality medical education shall be made on the basis of National Exit Test under sub-section (*5*) of section 15;

(*m*) the manner of conducting common counselling by the designated authority for admission to the postgraduate broad-speciality medical education under sub-section (*6*) of section 15;

(*n*) the number of, and the manner in which, the experts, professionals, officers and other employees shall be made available by the Commission to the Autonomous Boards under section 21;

(*o*) the curriculum at undergraduate level under clause (*b*) of sub-section (*1*) of section 24;

(*p*) the curriculum for primary medicine, community medicine and family medicine under clause (*c*) of sub-section (*1*) of section 24;

(*q*) the manner of imparting undergraduate courses by medical institutions under clause (*d*) of sub-section (*1*) of section 24;

(*r*) the minimum requirements and standards for conducting courses and examinations for undergraduates in medical institutions under clause (*e*) of sub-section (*1*) of section 24;

(*s*) the standards and norms for infrastructure, faculty and quality of education at undergraduate level in medical institutions under clause (*f*) of sub-section (*1*) of section 24;

(*t*) the standards of medical education at the postgraduate level and superspeciality level under clause (*a*) of sub-section (*1*) of section 25;

(*u*) the curriculum at postgraduate level and super-speciality level under clause (*b*) of sub-section (*1*) of section 25;

(*v*) the manner of imparting postgraduate and super-speciality courses by medical institutions under clause (*c*) of sub-section (*1*) of section 25;

(*w*) the minimum requirements and standards for conducting postgraduate and super-speciality courses and examinations in medical institutions under clause (*d*) of sub-section (*1*) of section 25;

(*x*) the standards and norms for infrastructure, faculty and quality of education in medical institutions conducting postgraduate and super-speciality medical education under clause (*e*) of sub-section (*1*) of section 25;

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(*y*) the procedure for assessing and rating the medical institutions under clause (*a*) of sub-section (*1*) of section 26;

(*z*) the manner of carrying out inspections of medical institutions for assessing and rating such institutions under clause (*c*) of sub-section (*1*) of section 26;

(*za*) the manner of conducting, and the manner of empanelling independent rating agencies to conduct, assessment and rating of medical institutions under clause (*d*) of sub-section (*1*) of section 26;

(*zb*) the manner of making available on website or in public domain the assessment and ratings of medical institutions under clause (*e*) of sub-section (*1*) of section 26;

(*zc*) the measures to be taken against a medical institution for its failure to maintain the minimum essential standards under clause (*f*) of sub-section (*1*) of section 26;

(*zd*) the manner of regulating professional conduct and promoting medical ethics under clause (*b*) of sub-section (*1*) of section 27;

(*ze*) the form of scheme, the particulars thereof, the fee to be accompanied and the manner of submitting scheme for establishing a new medical college or for starting any postgraduate course or for increasing number of seats under sub-section (*2*) of section 28;

(*zf*) the manner of making an appeal to the Commission for approval of the scheme under sub-section (*5*) of section 28;

(*zg*) the areas in respect of which criteria may be relaxed under the proviso to section 29;

(*zh*) the manner of taking disciplinary action by a State Medical Council for professional or ethical misconduct of registered medical practitioner or professional and the procedure for receiving complaints and grievances by Ethics and Medical Registration Board, under sub-section (*2*) of section 30;

(*zi*) the act of commission or omission which amounts to professional or ethical misconduct under clause (*b*) of the *Explanation* to section 30;

(*zj*) other particulars to be contained in a National Register under sub-section (*1*) of section 31;

(*zk*) the form, including the electronic form and the manner of maintaining the National Register under sub-section (*2*) of section 31;

(*zl*) the manner in which any name or qualification may be added to, or removed from, the National Register and the grounds for removal thereof, under sub-section (*3*) of section 31;

(*zm*) the form and manner in which the National Register for registering Community Health Provider is to be maintained under sub-section (*8*) of section 31;

(*zn*) the criteria for granting limited licence to practice medicine under sub-section (*1*) of section 32;

(*zo*) the extent, the circumstances and the period under sub-section (*2*) of section 32;

(*zp*) the manner of listing and maintaining medical qualifications granted by a University or medical institution in India under sub-section (*1*) of section 35;

(*zq*) the manner of examining the application for grant of recognition under sub-section (*3*) of section 35;

(*zr*) the manner of preferring an appeal to the Commission for grant of recognition under sub-section (*5*) of section 35;

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(*zs*) the manner of including a medical qualification in the list maintained by the Board under sub-section (*6*) of section 35;

(*zt*) the manner of listing and maintaining medical qualifications which have been granted recognition before the date of commencement of this Act under sub-section (*8*) of section 35.

58. Rules and regulations to be laid before Parliament.—Every rule and every regulation made, and every notification issued, under this Act shall be laid, as soon as may be after it is made, before each House of Parliament, while it is in session, for a total period of thirty days which may be comprised in one session or in two or more successive sessions, and if, before the expiry of the session immediately following the session or the successive sessions aforesaid, both Houses agree in making any modification in the rule or regulation or notification; both Houses agree that the rule or regulation or notification should not be made, the rule or regulation or notification shall thereafter have effect only in such modified form or be of no effect, as the case may be; so, however, that any such modification or annulment shall be without prejudice to the validity of anything previously done under that rule or regulation or notification.

59. Power to remove difficulties.—(*1*) If any difficulty arises in giving effect to the provisions of this Act, the Central Government may, by order published in the Official Gazette, make such provisions not inconsistent with the provisions of this Act, as may appear to it to be necessary, for removing the difficulty:

Provided that no order shall be made under this section after the expiry of a period of two years from the commencement of this Act.

(*2*) Every order made under this section shall be laid, as soon as may be after it is made, before each House of Parliament.

60. Repeal and saving.—(*1*) With effect from such date as the Central Government may appoint in this behalf, the Indian Medical Council Act, 1956 (102 of 1956) shall stand repealed and the Medical Council of India constituted under sub-section (*1*) of section 3 of the said Act shall stand dissolved.

(*2*) Notwithstanding the repeal of the Act referred to in sub-section (*1*), it shall not affect,—

(*a*) the previous operation of the Act so repealed or anything duly done or suffered thereunder; or

(*b*) any right, privilege, obligation or liability acquired, accrued or incurred under the Act so repealed; or

(*c*) any penalty incurred in respect of any contravention under the Act so repealed; or

(*d*) any proceeding or remedy in respect of any such right, privilege, obligation, liability, penalty as aforesaid, and any such proceeding or remedy may be instituted, continued or enforced, and any such penalty may be imposed as if that Act had not been repealed.

(*3*) On the dissolution of the Medical Council of India, the person appointed as the Chairman of the Medical Council of India and every other person appointed as the Member and any officer and other employee of that Council and holding office as such immediately before such dissolution shall vacate their respective offices and such Chairman and other Members shall be entitled to claim compensation not exceeding three months' pay and allowances for the premature termination of term of their office or of any contract of service:

Provided that any officer or other employee who has been, immediately before the dissolution of the Medical Council of India appointed on deputation basis to the Medical Council of India, shall, on such dissolution, stand reverted to his parent cadre, Ministry or Department, as the case may be:

Provided further that any officer or other employee who has been, immediately before the dissolution of the Medical Council of India, employed on regular or contractual basis by the Medical Council of

India, shall, on and from such dissolution, cease to be the officer or employee of the Medical Council of India and his employment in the Medical Council of India stand terminated with immediate effect:

Provided also that such officer or employee of the Medical Council of India shall be entitled to such compensation for the premature termination of his employment, which shall not be less than three months' pay and allowances, as may be prescribed.

(*4*) Notwithstanding the repeal of the aforesaid enactment, any order made, any licence to practice issued, any registration made, any permission to start new medical college or to start higher course of studies or for increase in the admission capacity granted, any recognition of medical qualifications granted, under the Indian Medical Council Act, 1956 (102 of 1956), which are in force as on the date of commencement of this Act, shall continue to be in force till the date of their expiry for all purposes, as if they had been issued or granted under the provisions of this Act or the rules or regulations made thereunder.

61. Transitory provisions.—(*1*) The Commission shall be the successor in interest to the Medical Council of India including its subsidiaries or owned trusts and all the assets and liabilities of the Medical Council of India shall be deemed to have been transferred to the Commission.

(*2*) Notwithstanding the repeal of the Indian Medical Council Act, 1956 (102 of 1956), the educational standards, requirements and other provisions of the Indian Medical Council Act, 1956 and the rules and regulations made thereunder shall continue to be in force and operate till new standards or requirements are specified under this Act or the rules and regulations made thereunder:

Provided that anything done or any action taken as regards the educational standards and requirements under the enactment under repeal and the rules and regulations made thereunder shall be deemed to have been done or taken under the corresponding provisions of this Act and shall continue in force accordingly unless and until superseded by anything done or by any action taken under this Act.

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THE SCHEDULE

[*See* section 37]

LIST OF CATEGORIES OF MEDICAL QUALIFICATIONS GRANTED BY STATUTORY BODY OR OTHER BODY IN INDIA

Sl. No.	*Categories of medical qualifications*
1.	All medical qualifications granted by the Jawaharlal Institute of Postgraduate Medical Education and Research, Puducherry.
2.	All medical qualifications granted by All India Institutes of Medical Sciences.
3.	All medical qualifications granted by the Postgraduate Institute of Medical Education and Research, Chandigarh.
4.	All medical qualifications granted by the National Institute of Mental Health and Neuro-Sciences, Bangalore.
5.	All medical qualifications granted by the National Board of Examination.

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STATEMENT OF OBJECTS AND REASONS

Medical education is at the core of the access to quality healthcare in any country. A flexible and well-functioning legislative framework underlying medical education is essential for the well-being of a nation. The Indian Medical Council Act, 1956 which was enacted to provide a solid foundation for the growth of medical education in the early decades, has not kept pace with time. Various bottlenecks have crept into the system with serious detrimental effects on medical education and, by implication, on delivery of quality health services.

2. The Department-Related Parliamentary Standing Committee on Health and Family Welfare in its Ninety-second Report has offered a critical assessment of medical education in India. The Standing Committee has recommended for a decisive and exemplary action to restructure and revamp the regulatory system of medical education and medical practice and to reform the Medical Council of India in accordance with the regulatory structure suggested by the Group of Experts, chaired by Dr. Ranjit Roy Choudhary, which was constituted by the Central Government. The Standing Committee endorsed separation of functions by forming four autonomous boards and recommended appointment of regulators through selection rather than election and to bring a new comprehensive Bill in Parliament for this purpose, as the existing provisions of Indian Medical Council Act, 1956 are outdated.

3. The Hon'ble Supreme Court in its judgement dated 2nd May, 2016 in the Civil Appeal No. 4060 of 2009 titled Modern Dental College and Research Centre and Others *versus* State of Madhya Pradesh and Others has directed the Central Government to consider and take appropriate action on the recommendations of the Roy Choudhary Committee. Keeping in view of these recommendations, the National Medical Commission Bill, 2017 was introduced in the Lok Sabha on 29th December, 2017 and subsequently referred to the Department related Parliamentary Standing Committee for examination and report. The Standing Committee presented its 109th report on the said Bill. Based on the recommendations of the Department related Parliamentary Standing Committee, the Government had brought in necessary official amendments on 28th March, 2018 to the Bill pending in Lok Sabha. However, the Bill could not be taken up for consideration and passing during any of the subsequent sessions of the Parliament and has lapsed on dissolution of the 16th Lok Sabha.

4. Accordingly, it is proposed to introduce the National Medical Commission Bill, 2019 which, *inter alia*, seeks to provide for—

(*a*) constitution of a National Medical Commission for development and regulation of all aspects relating to medical education, medical profession and medical institutions and a Medical Advisory Council to advise and make recommendations to the Commission;

(*b*) constitution of four Autonomous Boards, namely:—

(*i*) the Under-Graduate Medical Education Board to regulate medical education at undergraduate level and to determine standards thereof;

(*ii*) the Post-Graduate Medical Education Board to regulate medical education at postgraduate level and to determine standards thereof;

(*iii*) the Medical Assessment and Rating Board to carry out inspections and to assess and rate the medical institutions; and

(*iv*) the Ethics and Medical Registration Board to regulate professional conduct and promote medical ethics amongst medical practitioners and medical professionals and to maintain a national register of all licensed medical practitioners and a separate national register of Community Health Providers;

(*c*) holding of a uniform National Eligibility-cum-Entrance Test for admission to undergraduate and postgraduate super-speciality medical education;

(*d*) holding of a uniform National Exit Test for granting licence to practice medicine as medical practitioners and for enrolment in the State Register or the National Register and it shall also be the basis for admission to the postgraduate broad-speciality courses;

(*e*) permission for establishment of new medical college, for starting postgraduate courses and to increase number of seats to be obtained by medical institutions;

(*f*) recognition of medical qualifications granted by universities and medical institutions in India and outside India and also for recognition of medical qualifications granted by statutory and other bodies in India as listed in the Schedule;

(*g*) maintenance of a National Register containing the name, address, recognised qualifications possessed by a licensed medical practitioner;

(*h*) grant of limited licence to practice medicine at mid-level to persons connected with modern scientific medical profession to be called Community Health Providers;

(*i*) Constitution of a National Medical Commission Fund for crediting Government grants, fees, penalties and charges;

(*j*) the repeal of the Indian Medical Council Act, 1956 and for dissolution of the Medical Council of India by providing that on such dissolution,—

(*i*) the chairman and other members of the said Council shall be deemed to have vacated their respective offices and shall be entitled to compensation not exceeding three months' pay and allowances;

(*ii*) the officers and employees appointed on deputation shall stand reverted to their parent cadre;

(*iii*) the officers and other employees employed on regular or contractual basis by the said Council shall cease to be the officers and employees of said Council and shall be entitled to such compensation not less than three months' pay and allowances for the premature termination of employment as may be provided by rules.

5. The Bill seeks to achieve the above objectives.

HARSH VARDHAN.

NEW DELHI;
The 18*th July*, 2019.

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