

## Reform in MCI – A News of These Days.

D.N. Sinha<sup>1</sup>

<sup>1</sup>Formerly Professor and Head of Anatomy, Government Medical College, Haldwani.

Received: August 2017

Accepted: September 2017

**Copyright:** © the author(s), publisher. It is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

### ABSTRACT

MCI is likely to be reformed with the aim to remove corruption in Medical education and to give an ideal shape & function of the regulators for the smooth running of its agenda. It is welcomed, however the draft of the reform should address all the points to facilitate the working of the regulators, manpower planning is extremely important, otherwise, infrastructure will remain unused and the entire health system will remain costly. We are eagerly awaiting this draft of reform as to how it would become vital for the future in health perspectives of the nation.

**Keywords:** Reform, MCI.

### INTRODUCTION

In reference of the News being published in TIMES OF INDIA dated 10.06.2017, I have decided to write my personal observations as I appreciated this move. The news “NEW MEDICAL REGULATOR MAY HAVE ELECTED MEMBERS” changes likely in draft National Medical Commission Bill.” I do not know, how much time will it take to draft? This bill and the time which will require implementing so that a New NMC with added feather will emerge. This is also stated that this will also scrap MCI Bill 2016 and will become main regulators. Govt of the people, by the people and for the people will look after the aspirations and the political activities will definitely bound to influence the outcome. The main emphasis is to bring the elected members to MCI so that the system could trust more on them. The corruption is the main issue which has been realized by the Government, involved in the working of the MCI and doing damage to this prestigious body. This observation has come in this Government even after working three years, appeared to be a great concern for bringing elected members on the regulator board. How could we hope for fare and transparent election in existing political scenario of the nation? Now, we have added more private medical colleges

graduates to participate in the Medical and Health services of the nation.

How could the same regulators look after the interest of such institutions? which have been blessed by the Government time and again with wider interests and moreover, these were not established by the finances of the Govt., but their sentiments have been fully compromised for the desire of the more doctors in the service of the nation. Money should not be constraint in the delivery of the medical and health care to the needy. Medical Education needs regular monitoring, by the experts in this field, who could give these services devotionally with their best of ability & honesty.

Recently an article was also seen in TOI on the 5th May 2017 entitled “DOCTORS WITHOUT FRONTIERS” by Dr. Devi Shetty, a Cardiac Surgeon and chairman and FOUNDER, NARAYANA HEALTH. This was written to emphasize the issue Online Medical and Health care. What would be the fate of Medical Education in future? May not be predictable at present. It has limited value in Medical Education. This could be used in refresher course and short term course for updating the knowledge. Gradual learning give maturity & sustainability in the firm foundation of the art of Medicine. Online Learning of such a vital subjects will be just like using junk food replacing the normal and conventional food.

Therefore, the reform, could be done with proper intention to see its outcome in future, so that the people should appreciate in term of best possible health care delivery at large. NMC could do only inspectorial business as it is more attractive,

#### Name & Address of Corresponding Author

Dr. D.N. Sinha  
Formerly Professor and Head of Anatomy,  
Government Medical College, Haldwani,  
B-9/84B, Udaigiri Apartment – II,  
Sector – 34, Noida 201301.

in our system other than the Government and are producing thousands of Medical graduates & post

appears to be as supreme for the regulators. It should work at more hand to hand to take active participation of man power to achieve the goal without subjecting, the people in phenomenon of fear, fight, flight and that too without damaging the fabrics of foundation of Medical Sciences. Govt should take all the responsibility of education including Medical for improving the Quality & Merit, of the services for effective outcome, so that it is well regulated as per the desire of the nation. Regulators must restore the uniform norms in such institutions throughout the nation. Public sectors and their participation should be limited to avoid the corruption. But how one could prevent not to allow any private medical college to come in public domain unless govt takes all responsibilities of Medical Education and hospital systems. Since, we have encouraged all in our system of liberalization, therefore it is not going to be prevented. Government should come forward to establish unique systems of working in health sectors, which could be example instead of selling & amalgamating the institutions for the benefit of financial income from the earning of this business. Health cannot be a marketing sectors. It is associated with humanity. Profit at the cost of services of the ailing will never be welcomed by the nature. And, we have to repay for this. Problem is proliferating every day.

In the past MCI has instituted several committees for streamlining the health systems but somehow the recommendations could not see the effect as desired. We have to search all these facts before making further draft. The words & language of the draft should be ideal and appealing. No doubt, the language & words of the reform will be the same, except some change in sequence & commitment will also be the same for the benefit of the mankind. By the time it will come to street things will probably move in different directions. I understand the corporate interests will not allow the train to move in the proper directions & tracts & further intellectuals, so called will demand modification in the draft in future. Therefore, the draft should have all the measures to see its nice out come in future too. The history & fate of the reform as evident in the past ultimately see its own end making an documentary evidence in the archives of the future knowledge. We, do not make attempt to collaborate & consolidate the past experiences. We have to plan as per the natures demand & in association of the environments. Diseases will remain, people will become ill, morbidity & mortality could not be stopped. Researches will continue to find out the concept of understanding of the mechanism of the disease taking in account of genetic & environmental interactions. Despite of it, we should be optimistic to see the new areas with new vision of reform. But efforts must be opened to accept our unsuccessful

steps which may guide our aim tomorrow to progress further in Medical & health services and medical education.

## CONCLUSION

We are hopeful, to see better reform. An optimistic approach for providing relief to ailing should predominate in our determinations of the draft to scrap the MCI 2016 & other existing obstructions. Reform should cover the wider areas of the concern, so that implementations may be carried out for streamlining the agenda of our health care in totally in the national interest. Regulators may not remain as statue but living in their action for the actual reform and betterment of health sectors.

## REFERENCES

1. Sinha DN. Present outlook of Anatomy in Medical Education IJCAP 2016;3(3):250 – 252.
2. Sinha DN. Disease choose lifespan. Annual plan a health problem and Medical Education. IJCAP 2016;4(2):273 – 275.
3. Sinha DN. An Innocent Assessment. Ann Int Med Dent Res 2017;3(3):4-6.

**How to cite this article:** Sinha DN. Reform in MCI – A News of These Days. Ann. Int. Med. Den. Res. 2017; 3(6): AT01-AT02.

**Source of Support:** Nil, **Conflict of Interest:** None declared