

BUILDING CONSENT: THE HINDU EDITORIAL ON POSTGRADUATE MEDICAL EDUCATION REGULATIONS 2021

Relevant for: Developmental Issues | Topic: Education and related issues

The Indian Medical Association (IMA), the largest organisation of doctors in India, has [demanded that the National Medical Commission \(NMC\) withdraw the draft Postgraduate Medical Education Regulations 2021](#). In [its current form](#), it notes that there shall be common counselling for admission in all medical educational institutions to all Post-graduate 'Broad-Specialty' courses (Diploma/MD/MS) on the basis of the merit list of the National Exit Test. Currently, admissions to such programmes are based on the post-graduate NEET. Half the seats to the various courses are based on the all-India quota and the rest are admitted by the State governments, which comply with reservation norms. The IMA contends that the draft regulations leave States with no power or discretion to manage admissions to State medical colleges, which rely on State funds. If States did not have the freedom to decide on student intake, they would find it hard to provide quality medical services to the local population. The proposed regulations follow from the provisions of the National Medical Commission Act, 2019, that itself replaced the Medical Council Act of India and was a subject of extreme friction between medical professionals and the Centre. In both instances, the heart of the objection is States' discomfort with ceding powers to the Centre. The familiar argument of the States is that health care is a State subject. Through the decades, while the Centre plays the critical role of funding and conceiving targeted programmes to ameliorate disease and improve overall health-care standards, the matter of implementation has always been left to the States.

The Centre has an important role in setting standards and amplifying best practices so that minimum — but ever improving — standards of health care are delivered across all States. Much like cadres of the IAS are deputed to States based on centralised examinations, there is, in principle, no reason for such a system not to be effective, but the Centre needs to be extremely responsive to States' views on the same. The very real problem, laid bare during the pandemic, is the shortage and extremely uneven availability of quality health care. Through the years, attempts are being made to improve this by trying to bridge alternative systems of medicines with modern medicine, but these have always been marred by political and religious overtones, and a convergence seems unlikely in the near future. The import of the proposals should not be made hostage to a Centre-States power struggle. Efforts must be made to build more consensus involving stakeholders, such as the IMA, State medical councils and representatives of health-care groups.

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