



REPORT NO.

**115**

**PARLIAMENT OF INDIA**

**RAJYA SABHA**

**DEPARTMENT-RELATED PARLIAMENTARY STANDING COMMITTEE ON  
HEALTH AND FAMILY WELFARE**

**ONE HUNDRED FIFTEENTH REPORT**

**On**

**THE NATIONAL COMMISSION FOR INDIAN SYSTEM OF MEDICINE  
BILL, 2019**

*(Presented to the Rajya Sabha on 27 November, 2019)*

*(Laid on the Table of Lok Sabha on 27 November, 2019)*



**Rajya Sabha Secretariat, New Delhi**  
**November, 2019/Agrahayana, 1941 (SAKA)**

**Website:** <http://rajyasabha.nic.in>

**E-mail :** [rs-chfw@sansad.nic.in](mailto:rs-chfw@sansad.nic.in)

**PARLIAMENT OF INDIA**

**RAJYA SABHA**

**DEPARTMENT-RELATED PARLIAMENTARY STANDING COMMITTEE**

**ON HEALTH AND FAMILY WELFARE**

**ONE HUNDRED FIFTEENTH REPORT**

**On**

**THE NATIONAL COMMISSION FOR INDIAN SYSTEM OF  
MEDICINE BILL, 2019**

*(Presented to the Rajya Sabha on 27 November, 2019)*

*(Laid on the Table of Lok Sabha on 27 November, 2019)*



सत्यमेव जयते

**Rajya Sabha Secretariat, New Delhi**  
**November, 2019/ Agrahayana, 1941 (SAKA)**

## CONTENTS

1.	COMPOSITION OF THE COMMITTEE	(i) - (ii)
2.	PREFACE	(iii) - (iv)
3.	ACRONYMS	(v)
4.	REPORT	
	Chapter- I Introduction	1 - 10
	Chapter- II Views of the Ministry of AYUSH	11 - 25
	Chapter - III Views of Organizations/ Associations/ Institutions/ Experts	26 - 36 37 - 81
	Chapter - IV Clause-by-clause consideration to the Bill	82 - 84
	Chapter - V General Recommendations	
5.	*RECOMMENDATIONS/OBSERVATIONS — AT A GLANCE	
6.	*MINUTES	
7.	*ANNEXURES	

## COMPOSITION OF THE COMMITTEE

(2018-19)

1. Prof. Ram Gopal Yadav - Chairman

### **RAJYA SABHA**

2. Dr. R. Lakshmanan  
3. Dr. Vikas Mahatme  
4. Shri Jairam Ramesh  
5. Dr. Santanu Sen  
6. Shri Ashok Siddharth  
7. Shri K. Somaprasad  
8. Dr. C. P. Thakur  
9. Shri Ronald Sapa Tlau  
10. Shrimati Sampatiya Uikey

### **LOK SABHA**

11. Shri Thangso Baite  
12. Shri Nandkumar Singh Chauhan  
13. Dr. Heena Vijaykumar Gavit  
14. Shri C. P. Joshi  
15. Dr. K. Kamaraj  
16. Shri Arjunlal Meena  
17. Shri Anoop Mishra  
18. Advocate Jayasingh Thiyagaraj Natterjee  
19. Dr. Mahendra Nath Pandey  
20. Shri Chirag Paswan  
21. Shri C. R. Patil  
22. Shri M.K. Raghavan  
23. Shri Janak Ram  
24. Dr. Shrikant Eknath Shinde  
25. Shri Gyan Singh  
26. Shri Bharat Singh  
27. Shri Kanwar Singh Tanwar  
28. Shrimati Rita Tarai  
29. Shri Dasrath Tirkey  
\*30. Shri Manohar Utawal  
31. Shri Akshay Yadav

### **SECRETARIAT**

1. Shri P.P.K. Ramacharyulu Secretary  
2. Shri J. Sundriyal Joint Secretary & Financial Advisor  
3. Shri Rakesh Naithani Director  
4. Shri Bhupendra Bhaskar Additional Director  
5. Shrimati Harshita Shankar Under Secretary  
6. Shri Rajesh Kumar Sharma Assistant Committee Officer  
7. Ms. Monika Garbyal Assistant Committee Officer  
8. Shri Parth Gupta Assistant Research Officer

---

*\*ceased to be member of the Committee w.e.f 21<sup>st</sup> December, 2018*

**DEPARTMENT-RELATED PARLIAMENTARY STANDING COMMITTEE ON HEALTH AND  
FAMILY WELFARE (2019-20)**

1. Prof. Ram Gopal Yadav - **Chairman**

**RAJYA SABHA**

2. Shri A.K. Antony
3. Dr. L. Hanumanthaiah
4. Shrimati Kahkashan Perween
5. Shri Suresh Prabhu
6. Dr. Santanu Sen
7. Chaudhary Birender Singh
8. Shri K. Somaprasad
9. Dr. Subramanian Swamy
10. Shrimati Sampatiya Uikey

**LOK SABHA**

11. \*Vacant
12. Ms. Bhavana Gawali (Patil)
13. Ms. Ramya Haridas
14. Dr. Chandra Sen Jadon
15. Shrimati Malothu Kavitha
16. Shri P. K. Kunhalikutty
17. Dr. Sanghamitra Maurya
18. Shri Arjunlal Meena
19. Shrimati Pratima Mondal
20. Dr. Pritam Gopinath Munde
21. Dr. Mahendrabhai Kalubhai Munjpara
22. Dr. Bharati Pravin Pawar
23. Adv. Adoor Prakash
24. Shri Haji Fazlur Rehman
25. Dr. Rajdeep Roy
26. Dr. Subhas Sarkar
27. Shri D. N. V. Senthilkumar S.
28. Shri Anurag Sharma
29. Dr. Mahesh Sharma
30. Dr. Sujay Radhakrishna Vikhepatil
31. Dr. Krishna Pal Singh Yadav

**SECRETARIAT**

1. Dr. P.P.K. Ramacharyulu, Secretary
2. Shri J. Sundriyal, Joint Secretary
3. Shri Bhupendra Bhaskar, Additional Director
4. Smt. Harshita Shankar, Under Secretary
5. Shri Rajesh Kumar Sharma, Assistant Committee Officer
6. Ms. Monika Garbyal, Assistant Committee Officer
7. Shri Parth Gupta, Assistant Research Officer

(ii)

---

\* Shri Udayanraje Pratapsingh Bhonsle, Member resigned from the membership of the Lok Sabha w.e.f 14<sup>th</sup> September, 2019.

## PREFACE

I, the Chairman of the Department-related Parliamentary Standing Committee on Health and Family Welfare, having been authorized by the Committee to present the Report on its behalf, present this One Hundred Fifteenth Report of the Committee on the National Commission for Indian System of Medicine Bill, 2019.

2. In pursuance of Rule 270 of the Rules of Procedure and Conduct of Business in the Council of States relating to the Department-related Parliamentary Standing Committees, the Chairman, Rajya Sabha, referred\* the National Commission for Indian System of Medicine Bill, 2019 (**Annexure I**) on the 14<sup>th</sup> January, 2019 as introduced in the Rajya Sabha on the 7<sup>th</sup> January, 2019 for examination and report by 30<sup>th</sup> January, 2019. However, the previous Committee could not consider the Bill and present its Report and requested for extension of time. Subsequently, Hon'ble Chairman, Rajya Sabha granted extension of time for presentation of Report on the Bill upto 29<sup>th</sup> April, 2019. However, the deliberations on the said Bill could not be concluded due to preoccupation of the Members of the previous Committee in the General Elections for the 17<sup>th</sup> Lok Sabha and subsequent dissolution of the Committee.

3. The previous Committee started the examination of the Bill and held 1 sitting where it heard the views of Secretary, Ministry of AYUSH on the Bill. The Committee also issued a Press Release inviting memoranda/views from individuals and other stakeholders. In response thereto, a number of memoranda from different organization/association and individuals were received.

4. The re-constituted Committee held 4 sittings during the course of examination of the Bill, i.e., on 21<sup>st</sup>, 22<sup>nd</sup> October, 7<sup>th</sup> and 15<sup>th</sup> November 2019. The list of witnesses heard by the Committee is at **Annexure-II**.

5. The Committee considered the draft Report and adopted the same on 15<sup>th</sup> November, 2019.

6. The Committee relied on the following documents in finalizing its Report:-

- (i) The National Commission for Indian System of Medicine Bill, 2019;
- (ii) Background Note on the Bill received from the Ministry of AYUSH;
- (iii) Presentation, clarifications and Oral evidence of Secretary, Ministry of AYUSH;
- (iv) Memoranda received on the Bill from various institutes/bodies/associations/organizations/experts and replies of the Ministry on the memoranda selected by the Committee for examination;

(iii)

---

\* *Rajya Sabha Parliamentary Bulletin Part II, No.58476, dated 14<sup>th</sup> January, 2019.*

- (v) Oral evidence and written submissions by various stakeholders/experts on the Bill; and
- (vi) Replies received from the Ministry of AYUSH to the questions/queries raised by Members during the meetings on the Bill

7. On behalf of the Committee, I would like to acknowledge with thanks the contributions made by those who deposed before the Committee and also those who gave their valuable suggestions to the Committee through their written submissions.

8. For facility of reference and convenience, the observations and recommendations of the Committee have been printed in bold letters in the body of the Report.

**NEW DELHI;  
15 November, 2019  
3, Agrahayana, 1941 (Saka)**

**Prof. Ram Gopal Yadav  
Chairman,  
Department-related Parliamentary Standing  
Committee on Health and Family Welfare,  
Rajya Sabha**



## ACRONYMS

<b>AIPGET</b>	All India Post Graduate Entrance Test
<b>ATS</b>	Association of Teaching Staff
<b>AYUSH</b>	Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy
<b>CBI</b>	Central Bureau of Investigation
<b>CCH</b>	Central Council of Homoeopathy
<b>CCIM</b>	Central Council for Indian Medicine
<b>CCMP</b>	Certificate course in modern pharmacology
<b>CCRA</b>	Central Council for Research in Homoeopathy
<b>CCRH</b>	Central Council for Research in Homoeopathy
<b>CEO</b>	Chief Executive Officer
<b>CGHS</b>	Central Government Health Scheme
<b>CRRI</b>	Compulsory Residential Rotatory Internship in various Departments
<b>DFG</b>	Demands for Grants
<b>EWS</b>	Economically Weaker Section
<b>HCC</b>	Homoeopathy Central Council
<b>IIHP</b>	Indian Institute of Homeopathic Physicians
<b>IIPH</b>	Indian Institute of Public Health
<b>IMCC</b>	Indian Medicine Central Council
<b>MARBH</b>	Medical Assessment and Rating Board for Homeopathy
<b>MCI</b>	Medical Council of India
<b>MoU</b>	Memorandum of Understanding
<b>MQT</b>	Minimum Qualifying Test
<b>NCDs</b>	Non-communicable diseases
<b>NCH</b>	National Commission for Homoeopathy
<b>NCHRH</b>	National Commission for Human Resources in Health
<b>NCISM</b>	National Commission for Indian System of Medicine
<b>NEET</b>	National Eligibility-cum-Entrance Test
<b>NEIAH</b>	North Eastern Institute of Ayurveda and Homeopathy
<b>NEP</b>	National Education Policy
<b>NET</b>	National Entrance Test
<b>NEXT</b>	National Exit Test
<b>NRHM</b>	National Rural Health Mission
<b>NOVOD</b>	National Oilseeds and Vegetable Development
<b>NTET</b>	National Teachers Eligibility Test
<b>OBC</b>	Other Backward Class
<b>PGNET</b>	Post Graduate National Exit Exam
<b>PH</b>	Physical Handicapped
<b>PHC</b>	Primary Health Care
<b>PMO</b>	Prime Minister's Office
<b>PPP</b>	Public Private Partnership
<b>RBSK</b>	Rashtriya Bal Swasthya Karyakram
<b>SC</b>	Scheduled Caste
<b>SOR</b>	Statement of Objects and Reasons
<b>ST</b>	Scheduled Tribe
<b>UT</b>	Union Territory
<b>WHO</b>	World Health Organisation

# REPORT

## CHAPTER - I

### INTRODUCTION

#### 1.1 Mission Statement of the Bill

1.1.1 According to the Statement of Objects and Reasons, the National Commission for Indian System of Medicine Bill, 2019 seeks to provide for constitution of a National Commission for Indian System of Medicine for development and regulation of all aspects relating to education, medical profession and medical institutions of Indian System of Medicine and an Advisory Council to advise and make recommendations to the Commission to achieve the mission objectives of the Bill as enshrined in its Preamble.

1.1.2 The Preamble to the Bill aims to provide a medical education system that improves access to quality and affordable medical education and to ensure availability of adequate and high quality medical professionals of Indian System of Medicine in all parts of the country. The Bill also seeks to promote equitable and universal healthcare that encourages community health perspective and makes services of such medical professionals accessible to all the citizens. In order to achieve the national health goals, the Bill encourages such medical professionals to adopt latest medical research in their work and to contribute to research. It envisages a system that has an objective, periodic and transparent assessment of medical institutions. The Bill facilitates maintenance of a medical register of Indian System of Medicine for India and enforces high ethical standards in all aspects of medical services.

1.1.3 Broadly speaking, the Bill is a replica of National Medical Commission Bill, 2019 (Now an Act (No. 30 of 2019) the Gazette of India, Part II, Section-1, 8<sup>th</sup> August, 2019). It entails constitution of Autonomous Boards, holding of NEET, NEXT, National Entrance Test and National Teachers Eligibility Test and strives to adapt to the changing needs and keep pace with the time and for matters connected therewith or incidental thereto.

#### 1.2 Objectives of the Bill

1.2.1 The National Commission for Indian System of Medicine, Bill 2019, inter alia, seeks to provide for—

- (a) constitution of a National Commission for Indian System of Medicine for development and regulation of all aspects relating to education, medical profession and medical institutions of Indian System of Medicine and an Advisory Council to advise and make recommendations to the Commission;
- (b) constitution of four Autonomous Boards, namely:
  - (i) the Board of Ayurveda to regulate Ayurveda education at undergraduate and postgraduate levels and to determine standards thereof;

- (ii) the Board of Unani, Siddha and Sowa-Rigpa to regulate education at undergraduate and postgraduate levels and to determine standards thereof;
  - (iii) the Medical Assessment and Rating Board for Indian System of Medicine to carry out inspections and to assess and rate the medical institutions; and
  - (iv) the Board of Ethics and Registration for Indian System of Medicine to regulate professional conduct and promote medical ethics amongst practitioners and professionals of Indian Medicine and to maintain a national register of all licensed practitioners of Indian Medicine;
- (c) holding of a uniform National Eligibility-cum-Entrance Test for admission to undergraduate medical education;
  - (d) holding of a National Exit Test for granting licence to practice as medical practitioner of Indian System of Medicine;
  - (e) holding of a uniform Post-Graduate National Entrance Test for postgraduate courses;
  - (f) holding of National Teachers' Eligibility Test for Indian System of Medicine for appointment as teachers thereto;
  - (g) the manner of seeking permission for establishment of new medical institution;
  - (h) the manner of maintaining National Register and State Register of Indian System of Medicine;
  - (i) recognition of medical qualification granted by Universities and medical institutions in India and outside India and withdrawal of recognition or de-recognition of qualification;
  - (j) holding of joint sitting of the Commissions of other medical education to enhance interface between Indian System of Medicine, Homoeopathy and modern system of medicine;
  - (k) the repeal of the Indian Medicine Central Council, Act, 1970 and for dissolution of the Central Council of Indian Medicine constituted thereunder with certain conditions.

### **1.3 Background and Necessity of the Bill**

1.3.1 According to Statement of Objects and Reasons (SOR) of the Bill, the Indian Medicine Central Council (IMCC) Act, 1970 (48 of 1970) was enacted to provide a solid foundation for the growth of medical education of Indian Systems of Medicine, namely, Ayurveda, Unani, Siddha and Sowa-Rigpa and to provide for constitution of the Central Council of Indian Medicine for regulation of the educational standards of Ayurveda, Unani, Siddha, and Sowa-Rigpa systems of medicine, maintenance of the Central Register of practitioners and for matters connected therewith. The said Act has not kept pace with time. Various bottlenecks viz. (i)

irregularities in regulation of AYUSH medical institutions, (ii) ineffective role of members and Executive Committee, (iii) lack of standard curriculum and education, (iv) absence of ethics in practice of Indian System of Medicine, (v) failure to provide transparent system of inspection and (vi) alleged irregularities in grant of recognition & de-recognition of education system have crept into the system with serious detrimental effects on medical education and by implication on delivery of quality health services.

1.3.2 The SOR of the Bill further stipulates that in order to streamline the functioning of the Central Council of Indian Medicine, to bring transparency in the mechanism for grant of permission to medical institutions and to improve the standards of medical education in Indian Systems of Medicine, the Central Government had introduced the Indian Medicine Central Council (Amendment) Bill, 2005 in Rajya Sabha which is still pending. In 2016, the Central Government constituted a Committee chaired by Vice-Chairman, NITI Aayog to review the Indian Medicine Central Council Act and the said Committee recommended for enactment of the National Commission for Indian System of Medicine Bill, 2018 on the same lines as that of the National Medical Commission Bill, 2018.

1.3.3 Replying to the Committee's query about the details of the factors that hindered the effective implementation of the provisions of the Central Council of Indian Medicine (CCIM) Act, 1970, the Ministry of AYUSH pointed out the following lacunae in the Act:-

*Absence of effective provisions in IMCC Act relating to constitution of council, membership to have transparent selection of members and their tenure; no provision in the Act for taking action against the college for non-compliance of standards, non –conduction of fair inspections and recommendation by the Council; no conditions for removal of members from the Council or for superseding the Council on account of any untoward incident or act.*

1.3.4 The Committee desired to know the reasons that have led to the failure of Central Council of Indian Medicine (CCIM) in monitoring the higher education in Indian systems of medicine, including Ayurveda, Siddha and Unani and the main problems/hindrances/obstacles being faced by CCIM in regulating the practice of the Indian Systems of Medicine.

1.3.5 In reply to this query, the Ministry submitted that the Indian Medicine Central Council (IMCC) Act, 1970 was enacted for constitution of a Central Council of Indian Medicine (CCIM); for regulation of education and practice of Indian Systems of Medicine; for maintenance of Central Register and for matters connected therewith. The lack of effective provisions in the Act to address the issues relating to Membership, conditions for removal of Members/President in case of non-performance or otherwise, lack of power of Central Government to make regulations or supersede the Council and lack of penalizing provisions on institutes for non-compliance of prescribed standards were some of the lacking provisions in the Act which also led to members continuing beyond 5 years tenure.

1.3.6 The Ministry further submitted that the Inspection of colleges being conducted by the Council has been observed to be unfair. The Council had not implemented the suggestions of Government like Aadhar based geo-location enabled attendance system for teachers, Hospital

staff and PG students, NEET, and Teachers eligibility test. The Council failed to ensure standards in colleges and no steps have been taken to improve the teaching and training skills of teachers. The Council could not unfold the hidden potentialities of the Indian systems of medicine.”

1.3.7 The 9<sup>th</sup> Report of the Planning Commission, Government of India noted that under the Indian System of Medicine “training Institutes lack well qualified teachers and the quality of training was not of requisite standard.” The National Policy on Indian System of Medicine and Homoeopathy, 2002 also mentioned that “*Medical education in Indian System of Medicine and Homoeopathy has been a cause of concern. The numbers of Indian System of Medicine and Homoeopathy Colleges has increased phenomenally to 404 (729 colleges at present). The Central Councils have implemented various educational regulations to ensure minimum standards of education. Despite this, there has been a mushrooming of sub-standard colleges causing erosion to the standards of education and harm to medical training and practice. Liberal permission by the State Governments, loopholes in the existing Acts and weakness in the enforcement of standards of education have contributed to this state of affairs.*”

1.3.8 It was, therefore, felt by the Committee that there is a need to amend some of the provisions of the IMCC Act, 1970 and CCIM with respect to establishment of new medical colleges, increasing seats and granting permission to existing medical colleges.

1.3.9 The Government of India took some steps to meet the challenges Central Council of Indian Medicine (CCIM) and to resolve these bottlenecks.

#### **1.4 The Indian Medicine Central Council (Amendment Bill)-2005**

1.4.1 The Central Council of Indian Medicine was initially constituted through nomination of members in 1971. Subsequently, elections to the said Council were conducted. Though the tenure of all the members of the said Council elected in 1994-95 had expired in 2000, it could not be reconstituted even after a lapse of more than four years because the election process had been completed only in 7 States out of 18 States that maintained the State Register of Indian Medicine. In fact the State Register of Indian Medicine was not updated, at the instance of sitting members which is a pre-requisite for conducting elections in time. Sometimes, the elections were delayed due to litigation and stay orders from court. To ensure timely election to the Central Council of Indian Medicine and to streamline its functioning, the following provisions were made in the Indian Medicine Central Council (Amendment) Bill 2005.

- (i) To nominate ex-officio members
- (ii) To have fix tenure of elected or nominated members
- (iii) To remove the President, Vice-president and members on grounds of misconduct or incapacity;
- (iv) To dissolve any committee of the Central Council if it persistently defaults or abuses its powers; and
- (v) To give directions to the Council in the public interest.

## **1.5 Indian Medicine Central Council (Amendment) Bill, 2010**

1.5.1 Before the IMCC Amendment Bill, 2010, Indian Medicine Central Council comprised of members elected from amongst the practitioners of Ayurveda, Siddha and Unani whose names were enrolled in the State Registers from Universities having the faculty or Department of Ayurveda, Siddha and Unani and members nominated by the Central Government from amongst the persons having special knowledge or practical experience in respect of Indian Systems of Medicine. The “Sowa Rigpa” system of medicine practiced in the Sub-Himalayan region was included as a system within the definition of “Indian Medicine” and the practitioners of the Sowa Rigpa system were enrolled in the Register so as to develop the system and its practices within a legal framework. Sowa Rigpa was given formal recognition as part of ISM in 2010. With time, the number of colleges imparting training and education in ISM had been increasing but many colleges failed on quality and standard parameter. To monitor this rapid proliferation of poor quality colleges, the IMCC Act was amended and some provisions were inserted in the Act.

## **1.6 The National Commission for Human Resources for Health Bill, 2011**

1.6.1 While considering the observations and recommendations of Parliamentary Standing Committee of the Ministry of Health and Family Welfare, the proposal of Department of Health for establishing an overarching body namely, “National Commission for Human Resources in Health (NCHRH)” was introduced. Accordingly, the Ministry conceived a similar proposal for establishing an overarching body namely National Commission for Human Resources in AYUSH (NCHRA), which was modeled on the National Commission for Human Resources in Health (NCHRH). The Department of Health and Family Welfare did not pursue the proposed Bill. Therefore, the Ministry of AYUSH dropped the idea of setting up of National Commission for Human Resources in AYUSH.

## **1.7 The Committee under the Chairmanship of Vice Chairman, NITI AAYOG**

1.7.1 In the process of streamlining and reforming the functioning of Central Council of Indian Medicine (CCIM) and Central Council of Homeopathy (CCH) and their legislations, the Central Government vide its OM No. 4(3)/2016-H&FW dated 04.08.2016 had set up a Committee under the Chairmanship of Vice-Chairman, NITI Aayog, with Additional Principal Secretary to PM, CEO, NITI Ayog and Secretary, AYUSH as members. This Committee was tasked to examine Homoeopathy Central Council (HCC) Act, 1973 and Indian Medicine Central Council (IMCC) Act, 1970 and to suggest necessary reforms for improving education in the Indian Systems of Medicine and Homoeopathy in India.

1.7.2 The Committee sought views and suggestions of various experts including eminent Indian Systems of Medicine and Homoeopathy practitioners; representatives of renowned institutes for Indian Systems of Medicine and Homoeopathy Education and Research; former Secretaries to the Government of India, Department of AYUSH; modern medicine practitioners; President/Vice-President and other Members of the CCIM and CCH. Representations were also received from common citizens as well as experts.

1.7.3 NITI AYOOG in its Preliminary Report stated that Central Council of Indian Medicine CCIM has failed to:-

- (i) Bring in competent and qualified persons based on merit for regulating AYUSH medical education; the nominated members of CCIM (30%) have not succeeded in making an effective impact over the elected members.
- (ii) Create standard curricula that can produce quality doctors in Indian Systems of Medicine.
- (iii) Maintain uniform standards of medical education at the under-graduate and post-graduate levels.
- (iv) Ensure ethics in the practice of Indian Systems of Medicine.
- (v) Ensure quality enforcement mechanisms.
- (vi) Create a transparent system of inspection and grant of recognition or de-recognition of institutions pertaining to Indian Systems of Medicine.
- (vii) Produce skilled and professionally competent medical graduates and post-graduates
- (viii) Place emphasis on substantial evaluation of quality of teaching, training and imparting of skills, in addition to assessment of infrastructure and availability of human resources in the institutions during inspections.

1.7.4 On 20<sup>th</sup> March, 2017, the Committee had drafted the National Commission for Indian Systems of Medicine (NCISM) Bill, 2017 and National Commission for Homoeopathy (NCH) bill, 2017 on the lines of National Medical Commission Bill, 2016. The said Bills along with Preliminary Report of the Committee were uploaded on the website of NITI Aayog on 20<sup>th</sup> March, 2017 inviting comments from the public. Around 21,987 mails were received from public experts (including those who were invited by the Committee) advocacy groups, CCH/CCIM and State.

1.8 The Government of India meanwhile undertook a landmark step on the Modern Medicine front and introduced the National Medical Commission Bill, 2016 to revamp the Indian Medical Council Act, 1956. The said Bill included several far-reaching changes for strengthening the regulation of the medical education in the country. Given the fact that a number of issues plaguing MCI were also the ones affecting the CCIM, the NITI Ayog Committee recommended for enactment of the National Commission for Indian System of Medicine on the same lines as that of the National Medical Commission Bill, 2016.

1.9 The Government of India introduced the National Medical Commission Bill, 2017 on the 29<sup>th</sup> December, 2017 and referred to the Committee on Health and Family Welfare on the 4<sup>th</sup> January, 2018. The Committee presented its 109<sup>th</sup> Report on the said Bill on 28<sup>th</sup> March, 2018 containing a total of 56 recommendations. The Government has accepted a total of 40 recommendations of the DRSC on Health and Family Welfare, 7 were partially accepted and 9 recommendations were not accepted. The National Medical Commission is in place now after

enactment of the National Commission Act, 2019 (No. 30 of 2019 with effect from 8<sup>th</sup> August, 2019). As the NMC Act replaced the IMC Act, 1956, on the same lines the Ministry of AYUSH has proposed to supersede the Indian Medicine Central Council Act, 1970 vide the National Commission for Indian System of Medicine Bill, 2019. The National Commission for Indian System of Medicine, Bill 2019 was introduced in the Rajya Sabha on the 2<sup>nd</sup> January, 2019 and referred to the Department related Parliamentary Standing Committee on Health and Family Welfare on the 14<sup>th</sup> January, 2019 for examination and report.

### **1.10 Salient Features of the National Commission for Indian System of Medicine, Bill 2019.**

The salient features of the National Commission for Indian Systems of Medicine (NCISM) Bill, 2019 may be enumerated as under:-

#### **1.10.1 Institutional Framework for Regulation of Medical Education**

The Bill proposes constitution of a Commission, in the form of a National Commission for Indian System of Medicine, an Advisory Council for Indian System of Medicine and four Autonomous Boards for regulating all aspects relating to standard of medical education, professionals and institutions in the Indian System of Medicine.

#### **1.10.2 Composition and Structure of National Commission for Indian Systems of Medicine (NCISM) Bill, 2019**

- (i) The National Medical Commission comprises of a Chairperson, twelve ex-officio members and sixteen part-time members.
- (ii) Of the sixteen part-time members, four Members will be appointed from amongst persons of ability, integrity and standing, who have special knowledge and professional experience in any of the disciplines of Indian System of Medicine, Sanskrit, Management, Law, Health Research, Science and Technology and Economics. Six Members will be appointed on rotational basis from amongst the nominees of the States and Union territories in the Advisory Council for Indian System of Medicine for a term of two years. Three Members will be elected by the registered medical practitioners of Ayurveda, and one member each to be elected by the respective registered medical practitioners of Siddha, Unani and Sowa-Rigpa, of the Indian System of Medicine, from amongst themselves, from such regional constituencies and in such manner, as may be prescribed.
- (iii) The Central Government is empowered to appoint the Chairperson, three part-time members and the Secretary of the Commission, on the recommendation of a Search Committee. The Bill also provides for the qualifications for appointment of Chairperson, part-term members and Secretary along with the manner of their appointment.



### **1.10.3 Autonomous Boards under the National Commission for Indian Systems of Medicine:**

Under the overall supervision of the Commission, four Autonomous Boards will be constituted. The Central Government will appoint the President and Members of these Autonomous Boards on the basis of the recommendations made by a Search Committee. Every Autonomous Board shall meet at least once a month at such time and place as it may appoint. The brief outline of the composition, powers and functions of these Boards is as follows:-

#### **(i) The Board of Ayurveda**

The Board of Ayurveda will consist of a President and four Members from the Ayurveda discipline of Indian System of Medicine. The Board will determine the standards of education and frame guidelines for setting up of medical institutions at the undergraduate, postgraduate and super-speciality levels in Ayurveda discipline.

#### **(ii) The Board of Unani, Siddha and Sowa-Rigpa**

The Board of Unani, Siddha and Sowa-Rigpa shall consist of a President and two Members from each of the Unani, Siddha and Sowa-Rigpa disciplines of Indian System of Medicine. The Board will determine the standards of education and frame guidelines for setting up of medical institutions at the undergraduate, postgraduate and super-speciality levels in Unani, Siddha and Sowa-Rigpa discipline.

#### **(iii) The Medical Assessment and Rating Board for Indian System of Medicine**

The Medical Assessment and Rating Board for Indian System of Medicine shall consist of a President and eight Members, provided that the President and six out of eight Members shall be chosen from the Ayurveda, Siddha, Sowa-Rigpa and Unani disciplines of Indian System of Medicine in such manner that at least one Member represents each such discipline separately, and the remaining two Members be chosen from any of the disciplines of management, quality assurance, law or science and technology.

The Medical Assessment and Rating Board for Indian System of Medicine shall perform the following functions, namely:—

- (a) determine the procedure for assessment and rating of medical institutions on the basis of their compliance with the standards laid down by the Board of Ayurveda or, as the case may be, the Board of Unani, Siddha and Sowa-Rigpa, in accordance with the regulations made under this Act;
- (b) grant permission for establishment of a new medical institution in accordance with the provisions of section 29;
- (c) carry out inspections of medical institutions for assessing and rating such institutions in accordance with the regulations made under this Act:

- (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 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 its failure to maintain the minimum essential standards specified by the Board of Ayurveda or, as the case may be, the Board of Unani, Siddha and Sowa-Rigpa, in accordance with the regulations made under this Act.

**(iv) The Board of Ethics and Registration for Indian System of Medicine**

The Board shall consist of a President and eight Members: Provided that the President and six out of eight Members shall be chosen from the Ayurveda, Siddha, Sowa-Rigpa and Unani disciplines of Indian System of Medicine. The Board of Ethics and Registration for Indian System of Medicine shall perform the following functions, namely:—

- (a) maintain a National Register of all licensed practitioners of Indian System of Medicine 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 Board of Ethics and Registration for Indian System of Medicine shall ensure compliance with 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.
- (c) develop mechanisms to have continuous interaction with State Medical Councils of Indian System of Medicine to effectively promote and regulate the conduct of medical practitioners of Indian System of Medicine;

**1.11 National Level Examinations**

The Bill seeks to provide for a statutory basis for the following examinations:

**(i) National Eligibility-cum-Entrance Test:** The Commission will conduct a common National Eligibility cum Entrance Test for admission to the under-graduate courses in each of the disciplines of the Indian System of Medicine

**(ii) National Exit Test:** The Commission shall conduct a common final year undergraduate medical examination, to be known as the National Exit Test, for granting licence to practice as

medical practitioner of respective disciplines of Indian System of Medicine and for enrolment in the State Register or National Register.

**(iii) Post-Graduate National Entrance Test:** The Commission shall conduct a uniform Post-Graduate National Entrance Test for admission to postgraduate courses in each discipline of the Indian System of Medicine in all medical institutions governed under this Act.

**(iv) National Teachers Eligibility Test for Indian System of Medicine:** The Commission shall conduct a National Teachers' Eligibility Test for the postgraduates of each discipline of Indian System of Medicine who desire to take up teaching profession in that discipline.

## CHAPTER - II

### VIEWS OF MINISTRY OF AYUSH

#### 2.1 PRESENTATION OF THE MINISTRY

2.1.1 The Secretary, Ministry of AYUSH made a presentation on the NCIM Bill, 2019 before the Committee on 24<sup>th</sup> January, 2019 and highlighted the objective and the background of the Bill. The Secretary deposed that the review of IMCC Act, 1970 was entrusted to a Committee chaired by Vice Chairman, NITI AYOOG on 1<sup>st</sup> August, 2016. This Committee drafted the National Commission for Indian System of Medicine (NCIM) Bill, 2017 and forwarded the Bill to the Ministry of AYUSH. The Ministry further examined the Bill in consultation with NITI AYOOG and after extensive deliberations and concurrence; new proposals were incorporated in the Bill. The National Commission for Indian System of Medicine (NCIM) Bill was finally introduced in Rajya Sabha on 7<sup>th</sup> January, 2019.

2.1.2 The Secretary in his presentation before the Committee in its meeting held on 21<sup>st</sup> October, 2019 explained the salient features of the Bill including the proposed institutional structure, powers and functions, and the composition of the National Commission for Indian System of Medicine (NCIM) bill. Four autonomous Boards viz The Board of Ayurveda, The Board of Unani, Siddha and Sowa-Rigpa, The Medical Assessment and Rating Board for Indian System of Medicine and The Board of Ethics and Registration for Indian System of Medicine will be constituted under the Commission. The Committee was also informed that the Chairperson of the Commission and President of the Boards will be selected by the Central Government on the recommendation of a Search Committee under the Chairmanship of Cabinet Secretary. The other members of the Commission and the Boards will be selected by a Committee under the Chairmanship of Secretary AYUSH. An Advisory Council consisting of representatives of State/UT Governments will also be constituted to advise the Commission and enhance equitable access to medical education and help the Commissions in shaping overall agenda, policy and action relating to education, training and research. The Secretary also elaborated on the other important provisions of the Bill pertaining to the National Eligibility-cum-Entrance Test for admissions into colleges for UG and PG courses, National Exit Examination for registration and licence to practice, National Teacher's Eligibility Test for teachers before appointment as teachers and Joint sitting amongst National Commission for Indian System of Medicine (NCIM), National Commission for Homeopathy (NCH) and National Medical Commission (NMC) – a provision to enhance interface between Homoeopathy, Indian System of Medicine and Allopathy system of medicine.

2.1.3 The Committee was also apprised that at present, there are about 8 lakh AYUSH doctors in the country. There are 729 [Ayurveda-413, Unani-55, Siddha-13, Sowa-rigpa-03 and Homeopathy-245] colleges with an annual intake of 47,323 UG seats and 6,172 PG seats. The doctors of AYUSH are being utilized by the State Governments in various National Health Programs and centrally sponsored scheme of National AYUSH Mission.

2.1.4 The Secretary also drew a comparison between the existing Central Council of Indian Medicine (CCIM) and the proposed National Commission for Indian System of Medicine (Ayurveda, Unani, Siddha and Sowa-Rigpa) as reflected in the following table:-

**Comparison of existing CCIM and the proposed NCIM**

<b>Sr. No</b>	<b>Subject</b>	<b>Existing Central Council of Indian Medicine (CCIM)</b>	<b>Proposed National Commission for Indian System of Medicine (NCISM)</b>
1	Members- mode of selection.	(1) Elected members amongst the practitioners from the States. (2) Representatives of the Universities by election. (3) 30% Nomination of (1) and (2) for CCIM.	All members are nominated by Central Govt. on the recommendation of Search Committee, except for elected part-time members.
2	Tenure	Tenure of members is five years or till his successor is elected	Fixed tenure of four years and no re-appointment
3	Inspections & Permissions	Conducted by inspectors and visitors. Mostly by Members	By a separate Board which can hire any agency.
4	Structure	Executive committee is the main functioning body	Separate Boards for education, assessment and Rating; Ethics and Registration so as to have proper focus
5.	Permission for setting up of a medical college	Application to Central Government and permission by CG on recommendation of Councils.	Application and permission by Assessment and Rating Boards
6	Permission for UG courses	Establishment; renewal; recognition; increase of intake.	Only Establishment and Recognition; automatic increase of intake allowed by fulfilling the required norms; recognition by Boards
7	Removal of President/ Members	Not Available	Conditions for removal has been proposed and Members to be public servants.
8	Penalising provisions for non-compliance of standard	Not Available	Provisions for imposition of monetary penalty, reducing intake or stoppage of admissions

			and recommending to the Commission for withdrawal of recognition, against a medical institution for its failure to maintain the minimum essential standards.(section 28)
9	Exit test/ test for licensing	No test is required before registration. The Degree of the University entitles for registration and practice.	Common final year undergraduate examination shall be held by the Commission for granting license to practice as practitioner and for enrolment in the Register. Proposed to be started within 3yrs of enactment.
10	Teachers eligibility Test	Not available	National Teachers' Eligibility Test shall be conducted separately for the postgraduates who desire to take up teaching profession in that discipline. Proposed to be operational within 3yrs of enactment
11	Provision to supersede	Not Available	Available. Proposed for superseding the Commission for a period not exceeding one year. (Section 50)

2.1.5 The Ministry informed the Committee that the proposed National Commission for Indian System of Medicine is expected to assess the requirements in healthcare including human resources for health and healthcare infrastructure and develop a roadmap and to lay down policies for meeting such requirements.

2.1.6 Further, the Commission provides for the following:-

- (a) Conducting a common National Eligibility-Cum-Entrance Test and common counselling by the designated authority(Central and State) for admission to all the medical institutions so as to ensure quality and transparency in admissions.
- (b) Conducting a National Exit Test for granting licence to practice as medical practitioner of respective disciplines of Indian System of Medicine and for enrolment in the State Register or National Register.

- (c) Uniform Post-Graduate National Entrance Test shall be conducted separately for admission to postgraduate courses in each discipline of the Indian System of Medicine in all medical institutions.
- (d) Conducting National Teachers Eligibility Test for appointment of all teachers in Indian System of Medicine institutions before their appointment to ensure quality of teachers.

2.1.7 The National Commission for Indian System of Medicine through its autonomous Board, namely, the Board of Ethics and Registration for Indian System of Medicine shall ensure that the practice in Indian System of Medicine is allowed only by the licensed practitioners so as to promote equitable and universal Healthcare through ISM mode of treatment. The Board also regulates professional conduct and promotes medical ethics through State Medical Councils. Under the Act, the practice of Indian System of Medicine shall be regulated uniformly across the country.

2.1.8 The Ministry has classified that the State Governments play an important role in implementation 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.

## **2.2 Comments of the Ministry**

2.2.1 The Committee Secretariat prepared detailed questionnaire on the various issues and clause specific queries upon which the Ministry of Ayush furnished written submission for the consideration of the Committee. The Ministry also furnished its comments to the queries raised by the Chairman and Members of the Committee. The comments/response of the Ministry of Ayush on the issues/questions raised by the Members of the Committee on various provisions of the Bill are enumerated below:-

The Committee sought to know whether the National Commission for Indian System of Medicine Bill 2019 in its present form is designed to improve the overall regulatory mechanism of Indian System of Medicine (ISM), medicine education and practice in the country. In response to that the Ministry replied that the proposed National Commission for Indian System of Medicine Bill, 2019 is expected to bring quality education and healthcare services to the public at large. The proposed Bill is having separate independent Autonomous Boards for (i) Ayurveda education, (ii) Siddha, Unani and Sowa Rigpa Education Board, (iii) Assessment and Rating Board for granting permissions to colleges and (iv) Ethics and Registration Board for maintenance of National Register. This mechanism, unlike the present structure of CCIM, will likely help to have proper focus for development of Indian Systems of Medicine by the independent Boards for the development and promotion of Indian System of Medical education, Research training & development.

2.2.2 As regards the query about the mechanism/strategy that can be adopted to improve access to quality and affordable medical education in the field of Indian System of Medicine (ISM) across the country, especially the rural areas, to achieve the set objectives/mission as enshrined

in the Preamble to the Bill, the Ministry informed that the proposed National Commission for Indian System of Medicine is expected to assess the requirements in healthcare including human resources for health and healthcare infrastructure and develop a roadmap and to lay down policies for meeting such requirements. It is also expected that the Advisory Council consisting of State/UT representatives shall advise the Commission in shaping the overall agenda, policy and action relating to medical education in the field of Indian System of Medicine across the country.

2.2.3 Pertaining to the questions about the measures that have been taken till date by the Ministry and that can further be taken for evenly distribution of medical colleges/institutions in all parts of the country alongwith the steps envisaged for giving encouragement to open ISM Colleges and Institution in rural urban slum & tribal areas, the Ministry replied that as per the existing provisions of the Section 13A of the Indian Medicine Central Council (IMCC) Act, 1970, any person intending to establish a new college has to apply to the Central Government for seeking permission. At present there are 484 (ISM) Colleges spread across 26 States. The concerned State Governments as per their requirement of medical professionals may establish Colleges of Indian System of Medicine. Under the Centrally Sponsored Scheme, namely- 'National AYUSH Mission, there is a provision for funding to such State Governments where there is no AYUSH college. As regards the steps taken by the Central Government to persuade the State Governments to encourage interested private investors to open ISM Colleges and Institutions in the rural areas, the Ministry explained that as per the existing provisions of the Indian Medicine Central Council (IMCC) Act, 1970, any person intending to establish a new college has to apply to the Central Government for seeking permission. The State Governments have to issue no objection certificate for establishing new ISM colleges after assessing the population and existing colleges and requirement of doctors for the concerned State. The Ministry further added that in order to ensure quality and affordable medical education under PPP model to achieve the mission objectives of the Bill, the State Governments may come up with the proposals for establishing medical colleges under PPP model to ensure better quality and affordable medical education.

2.2.4 As regards the question about provisions in the Bill that especially aims to promote equitable and universal Healthcare through ISM mode of treatment and the measures that can be taken for implementation of these provisions at the ground level especially in the rural, urban slums and tribal areas, the Ministry stated that the National Commission for Indian System of Medicine through its autonomous Board, namely, the Board of ethics and registration for Indian System of Medicine shall ensure that the practice in Indian System of Medicine is allowed only by the licensed practitioners so as to promote equitable and universal Healthcare through ISM mode of treatment. The Board also regulates professional conduct and promotes medical ethics through State Medical Councils. Under the Act, the practice of Indian System of Medicine shall be regulated uniformly across the country. It was also added that the community health perspective can be improved in rural, urban slums and tribal areas of the country in the ISM field. In fact, the function of the Ayurveda Board, and Board of Unani, Siddha and Sowa-Rigpa is to develop a competency based dynamic curriculum at all levels in such manner that it



develops appropriate skill, knowledge, attitude, values and ethics among the postgraduate and superspeciality students and enables them to provide quality healthcare as per the needs of the country. It is expected that the curriculum addresses the Community Health perspectives.

2.2.5 The Committee was also apprised of the measures/strategy that can be adopted for proliferation and popularization of ISM mode of treatment in various parts of the country, especially in rural urban slums & tribal areas. The Ministry informed that the ISM mode of treatment is quite popular in various parts of the country. There are 484 (ISM) Colleges spread in 26 States which are also having attached hospitals with inpatient and outpatient services. Apart from the educational institutions, the ISM facilities like dispensaries are established by the concerned State Governments where ISM treatment is available for the citizens. Further, the Ministry of AYUSH under the flagship scheme of National AYUSH Mission is funding the State / Union Territory Governments for development of AYUSH treatment centers like establishment of dispensaries and hospitals.

2.2.6 The Committee sought to know specific provisions in the Bill, intending to achieve the National health goals and the common meeting ground of the National Health goals and objective mission of the Bill alongwith the strategy for execution of the mission and objective of the Bill on the ground level. The Ministry highlighted that the proposed National Commission for Indian System of Medicine is expected to assess the requirements in healthcare including human resources for health and healthcare infrastructure and develop a roadmap and to lay down policies for achieving the national health goals. It is also expected that the Advisory Council consisting of State/UT representatives shall advise the Commission in shaping the overall agenda, policy and action relating to medical education in the field of Indian System of Medicine across the country. The State Governments are expected to take necessary measures to enhance the capacity of the healthcare professionals for the purposes of addressing or promoting healthcare in rural areas.

2.2.7 Pertaining to the proficiency of ISM Research Institutions in the country and manner they have contributed in promoting ISM and how the ISM Research institutions can be transformed into a 'Centre in Excellence' in its mission objective and be made outcome centric rather than an input centric. The Ministry replied that there are separate apex research institution for Ayurveda, Siddha, and Unani for conducting specific research in fundamental and clinical areas. The studies conducted by the research institutes are being utilized in healthcare services. In order to further utilize the work done by the research institutes into the healthcare, the Ministry has upgraded the Central Research Institute of Unani at Hyderabad into postgraduate teaching institute. As regards the roadmap of the Government for meeting the requirement of Healthcare infrastructure and Human Resource Management so that it gets tuned as 'outcome-centric' instead of 'Input-focused', The Ministry maintained that the proposed National Commission for Indian System of Medicine is expected to develop a roadmap and to lay down policies for requirement of Healthcare infrastructure and Human Resource Management. Besides the Advisory Council shall advise the Commission in shaping the overall agenda, policy and action relating to medical education in the field of Indian System of Medicine across the country.

In response to a question on the prospects of the ISM research work in curing the illness in more précised and proficient manner and how the research work can be encouraged through PPP model, the Ministry stated that under the aegis of the Ministry of AYUSH, there are separate autonomous Central research institutions for Ayurveda, Siddha and Unani. The activities are carried out through its Institutes/Centres/Units located all over India and also through collaborative studies with various Universities, Hospitals and Institutes. The research activities of the Councils include Medicinal Plant Research (Medico-Ethno Botanical Survey, Pharmacognosy and Tissue Culture), Drug Standardization, Pharmacological Research, Clinical Research, Literary Research & Documentation and Tribal Health Care Research Programmes.

2.2.8 Pertaining to the vision for laying down policies for regulating medical institutions, medical researches and medical profession and how medical research can be promoted for effective outcome, the Committee was informed by the Ministry that the proposed National Commission for Indian System of Medicine will assess the requirements in healthcare including human resources for health and healthcare infrastructure and develop a roadmap and to lay down policies for regulating quality medical education, medical researches and medical profession. The research component shall be appropriately included and inked with the education to bring out effective outcome of healthcare through Indian System of Medicine.

2.2.9 Regarding the precautionary measure that can be taken for implementing the provisions of the Bill pertaining to high ethical standards in all aspects of ISM medical services in the country, the Ministry stated that maintenance of a National Register by Ethics and Registration Board shall contain the name, address and all recognised qualifications possessed by licensed medical practitioners of Indian System of Medicine. Every State Medical Council shall maintain a State Register. The registers will be maintained in such forms including electronic form as may be specified. The State Councils are empowered to take disciplinary actions in respect of any professional or ethical misconduct by a registered practitioner of Indian System of Medicine and shall act in accordance with the regulations prescribed under the Commission.

2.2.10 The Committee wanted to know as how the global growth and development in the field of ISM can be tapped / adopted by Indian System of Medicine professionals. The Committee was informed that the proposed National Commission for Indian System of Medicine provides that a foreign expert of Indian System of Medicine who is qualified as per the registrations laws of that country may be permitted with temporary registration in India. The said provision is intended to tap the global growth and development in the field of ISM.

2.2.11 About the lacunae in the existing grievances redressal mechanism and to what extent the provisions enshrined in the Bill would eliminate the same and improve upon its functioning, the Ministry apprised the Committee that as per the existing Indian Medicine Central Council Act, 1970 , the Central Council for Indian System of Medicine (CCIM ) was constituted for regulation of education and practice of Indian Systems of medicine. The CCIM is conducting inspections of the colleges and furnishing recommendations to the Central Government for taking further necessary action. The Central Government after examining the

same vis-à-vis with the norms specified in relevant regulations shall be granting/denying permission to the colleges. It was also added that in the proposed Bill, the Assessment and rating Board grants permission to start new Colleges and if it is disapproved, the applicant may prefer a first appeal to the Commission and later may prefer an appeal to the Central Government. Similarly, for the ethical or professional misconduct a practitioner who is aggrieved by the order passed by the State medical Council may prefer an appeal to the Board of Ethics and Registration and subsequently to the Commission and to the Central Government.

2.2.12 The Committee desired to assess the perception of the Ministry on the 'Bridge course' for AYUSH doctors. The Ministry capitulated as under :

*“As per the provisions of Indian Medicine Central Council Act, 1970, only the persons registered in the concerned State Register of Indian System of medicine are entitled to practice the respective system of medicine only. To enhance interface with other medical systems, the joint sittings with the Commissions of other systems have been proposed. “*

2.2.13 In response to a question on the proposed mechanism that has been envisioned to ensure co-operative co-ordination amongst the autonomous boards, the Ministry replied that the proposed Bill is having separate independent autonomous Boards for (i) Ayurveda education, (ii) Siddha, Unani and Sowaigpa Education Board, (iii) Assessment and Rating Board for granting permissions to colleges and (iv) Ethics and Registration Board for maintenance of National Register. The Ministry added that the roles of each autonomous Board have been specified in the Bill. The National Commission ensures coordination amongst the autonomous Boards and exercises appellate jurisdiction with respect to the decisions of the Autonomous Boards.

2.2.14 The Committee asked the Ministry to explain as to why there is no representation from different civil societies and other charitable institutes working for patient rights in the Commission and whether there is any plan to include them. The Ministry clarified that the Advisory Council consist of one member to represent each State, who is the Vice-Chancellor of a University in that State, to be nominated by that State Government, and one member to represent each Union territory, who is the Vice-Chancellor of a University in that Union territory, to be nominated by the Ministry of Home Affairs in the Government of India. The Ministry added that the intention is that the Vice-Chancellors being heads of the University shall have overall idea about the requirements of Colleges, students, patients and public. The members of the States may take the views of the students patients and perspectives of the citizens and present the same before the Advisory Council for consideration.

2.2.15 The Committee pointed out that in India out of the 8 lakh practicing practioners, only 10 percent possess post graduate degree. In ISM system, for teaching purpose, post graduate degree was made compulsory only in 1989. In the NCISM Bill, post graduate degree has now been made compulsory for election to the post of the Chairman and members of the Commission.

There have been widespread apprehensions that a post graduate eligibility criterion will be unfair to those senior experienced practitioners who have been working since a long time but do not possess post graduate degrees. The Committee desired to know as to how the Ministry will ensure that the Commission benefits from the experience of such practitioners also. The Ministry commented that the requirement of postgraduate was made mandatory since 1989 for teaching profession and it is almost thirty years since then. There are about 4800 PG graduates coming out every year. It is expected that the post graduates have sufficient exposure and knowledge about medical education and research to achieve the objectives of the Commission.

2.2.16 In response to a question as to why there is no provision for standardization of education and practice of paramedical courses in Ayurveda like nursing, therapists training etc in the NCISM Bill and apprehended how these paramedical courses in Ayurveda will be regulated. The Ministry merely maintained that at present there is no Central regulation for paramedical courses in Ayurveda. However, certain States are conducting paramedical courses in Ayurveda and such professionals are utilized in various organizations/ institutes. The Committee further pointed out that in modern medicine the pharmacy education and practices are controlled by the pharmacy council and sought to know about the nodal body for regulating the pharmacy domain of Ayurveda or there is any provision for creation of a separate Board for Ayurveda pharmacy or the pharmacy domain will be included in the Board of Ayurveda. The Ministry clarified that the Ministry of AYUSH is in the process of bringing a separate Bill, namely, 'the Pharmacy Council of Indian Medicine and Homeopathy Bill' to regulate the pharmacy education and practices

2.2.17 The Committee also wanted to know as to how the Ministry aim to counter the false and fabricated ligations raised against ayurvedic practices as unsafe medical system or there is any provision of periodic evaluations on public litigations in ayurvedic domain. The Ministry stated that at present, the Central Council of Indian Medicine (CCIM) is entrusted with the task of regulating practice of Indian Systems of Medicine. The CCIM has prescribed the "Practitioners of Indian Medicine (Standards of Professional Conduct, Etiquette and Code of Ethics) Regulations, 1982". The State Councils of Indian System of Medicine are dealing with the Ayurveda practice related issues and taking necessary action.

2.2.18 The Committee wanted to know as to why the students of (i) Pre-tib for Bachelor of Unani Medicine and Surgery; (BUMS) and (ii) Pre-Ayurveda for Bachelor of Ayurvedic Medicine and Surgery (BAMS) have been exempted from National Eligibility-cum-Entrance Test. The Ministry clarified that the said course is at present conducted in certain specific institutes in which the students are being acquainted with basic knowledge of Unani from the Senior Secondary level. Similar course for Pre-Ayurveda may be started by the Commission.

2.2.19 The Ministry further clarified that the syllabus optimization shall be regulated by the National Commission for Indian System of Medicine across the country.

2.2.20 The Committee sought to know whether Yoga and Naturopathy is not a part of ISM and also about the institutional & functional structure for promotion of Yoga & Naturopathy. The Ministry replied that Yoga and Naturopathy is a drugless system and the rights and responsibilities of ISM&H doctors are different from Yoga and Naturopathy practitioners. Therefore, it is not considered as a 'Medicine'. It was added that there are 26 Naturopathy Colleges in India. Out of which 6 are in the Government sector. Under the Ministry of AYUSH, there is one National Institute, namely, 'Morarji Desai National Institute of Yoga, New Delhi', and National Institute of Naturopathy, Pune. There is no Central legislation to regulate the education and practice of Yoga and Naturopathy. The Committee impressed upon the Ministry that Yoga& Naturopathy may continue with its own philosophy and drugless system that is its manner of treatment and nothing more to do with administrative mechanism or the controlling Authority, therefore, be brought under the ambit of proposed National Commission. In response to that, the Ministry informed the Committee that the Ministry has decided to withhold the proposal for having separate Bill for Yoga and Naturopathy for time being and to empower the existing mechanism of National Board for Promotion and Development of Yoga and Naturopathy under Ministry of AYUSH to strengthen the aspects of regulating education and practice of Yoga and Naturopathy. The Committee pointed out that the National Board for promotion and development of Yoga and Naturopathy may be empowered even while remaining under overall supervision of proposed commission. In response to the Committee's view that the proposed commission would strength the regulation of education and practice of Yoga and naturopathy, the Ministry continued to maintain that unlike other Ayush systems, Yoga and Naturopathy is a drugless system and not only the rights and responsibilities of ISM&H doctors are different from Yoga and Naturopathy practitioners, but the Philosophy is also different from ASU&H systems. Hence, Yoga and Naturopathy was excluded from the Indian System of Medicine Bill.

2.2.21 The Committee pointed out that Clause 6(7) prevents the Chairman or Members to accept, for a period of two years from the date of demitting such office, any employment in any private Medical Institution of ISM. However, proviso to Clause 6(7) and 6(8) allow the Chairman/Members to accept employment. Explaining the rationale for these proviso and exception, the Ministry stated that the Chairperson or member cannot join any employment in any private medical institution, whose matter has been dealt with by them for a period of two years after demitting the office. The exemption is provided so that the Central Government can permit them to join after assuring that there was no conflict of interest involved while dealing the matter of the concerned institute.

2.2.22 In response to the query that It would have been better that the Secretariat for the Commission be headed by persons with a ISM background, the Ministry stated that the nature of duty of Secretary includes more of administrative in nature. However, the qualifications and experience shall be proposed in the rules to be made after enactment of the Bill.

2.2.23 As regards the measures that can be adopted for assured enforcement of the provision of the Bill for maintaining a high quality and high standards in education of ISM and the criteria and parameter of 'high quality' and 'high standards, the Ministry highlighted that the National

Commission for Indian System of Medicine is expected to develop a roadmap and to lay down policies for requirement of Healthcare infrastructure and Human Resource Management and also to maintain a high quality and high standards in education. The Advisory Council shall advise the Commission in shaping the overall agenda, policy and action relating to medical education. The Commission may adopt any new advancement in other countries for improving the quality of teaching and practice standards. As regards the measures that can be stipulated for better compliance by the State Medical councils of ISM of the guidelines framed and regulation made under the proposed legislation for its effective functioning, the Ministry replied that the Commission is expected to ensure that the State Medical Councils shall comply with the guidelines/ regulations framed under the Act for effective functioning. The Commission may constitute sub-committees and delegate such of its powers to enable them to accomplish specific tasks.

2.2.24 Clause 11 deals with Constitution and Composition of Advisory Council for Indian System of Medicine. The Committee signalled that the Advisory Council lacks representation from the Ayurvedic Pharmaceutical Industry, Ayurveda Services Industry and Ayurveda Research. In response to the Committee's query why the representatives of these sectors have not been represented in the Advisory Council, the Ministry argued that Advisory Council consists of one member to represent each State, who is the Vice-Chancellor of a University in that State, to be nominated by that State Government, and one member to represent each Union territory, who is the Vice-Chancellor of a University in that Union territory, to be nominated by the Ministry of Home Affairs in the Government of India. Further, all members of the Commission shall be *ex-officio* members of the Council. There is no special provision for drug manufacturer but the persons by virtue of having special knowledge and professional experience in any of the disciplines of Indian System of Medicine or registered medical practitioners of Indian System of Medicine can become members of the Commission. The Director-General of Research Councils of Ayurveda, Siddha and Unani are also Members of the Commission which in turn shall be members of the Council.

2.2.25 As regards a question as how the Ministry plan to ensure integrative research between the Indian System of Medicine and Modern Medicine without any representation from other medical research bodies like ICMR in the advisory council, the Ministry replied that the Advisory Council also consists of 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.

2.2.26 The Committee impressed upon the Ministry that the Board of Ethics and Registration should be independent of NCISM in order to maintain its autonomy. The Ministry, however, stated that the Board of Ethics and Registration is an autonomous Board to maintain National Register for all licensed practitioners of Indian System of Medicine and to regulate professional conduct and promote medical ethics. In the process of exercising its functions, the Board may make such recommendations to the Commission for achieving overall objectives of the Act.

2.2.27 Deliberating upon the guiding principles of delegation of power from the Commission to Autonomous Boards and the extent, nature and mechanism for delegation of such power so as to enable such Board to function effectively and efficiently, the Ministry mentioned that the Commission may delegate all or any of its administrative and financial powers to the President of each Autonomous Board to enable such Board to function smoothly and efficiently. The delegation of such power is the prerogative of the Commission.

2.2.28 Regarding the status of demand supply of faculty and staff in various ISM Colleges/Institutions at UG, PG and super-specialty levels and the measures to bridge the gap so that the healthcare facilities and services can be ensured at super-specialty level, the Ministry maintained that at present there are 477 ASU colleges imparting UG courses and 154 ASU colleges imparting PG courses with intake capacity of 30,030 UG seats and 4844 PG seats. The Commission shall further assess the requirements in healthcare, including human resources for health and healthcare infrastructure and develop a road map for meeting the requirements.

2.2.29 The Committee raised the query that the terms 'minimum requirement and standards for used in clause 26(i) (a) need to be defined and explained either in the provision to clause or in Section 2 of the Bill, itself. The Committee also sought the Ministry to explain the criteria and parameter of the minimum requirement and standards for conducting of courses and examination in medical Institution, under Clause 26 (1) (d), the Ministry explained that the criteria and parameter of the minimum requirement and standards for conducting of courses and examination in medical Institution shall be prescribed in the regulations under the Act. Further, the Medical standards, requirements and other provisions of the Indian Medicine Central Council, Act, 1970 and the rules and regulations made thereunder shall continue to be in force and operate till new standards or requirements are specified under the proposed NCIM Act or the rules and regulations made thereunder. The Committee also sought to know as to what type of training modules /course are being intended in the Clause-26 (1) (g) and to what extent the same can be re-oriented to global standard and keeping in view fast changing needs of Indian society as well. The Ministry replied that the development and training of faculty members including re-orientation to the global standards and other latest technologies shall also be facilitated by the Board. The Committee further desired to know as to what measures can be taken to facilitate research programme in ISM research Institutes as envisioned in clause 26 (1) (h) and how the research Institutes in ISM can be made a centre of excellence in the field of ISM research and development as intended under the clause-26 (1) (h), the Ministry responded that the medical research shall be included appropriately in the curriculum of undergraduate and postgraduate courses and the studies/ results conducted by the students/faculty may be further taken ahead by the research institutes of Indian System of Medicine to a logical use in the healthcare. The Committee also wanted to be apprised about the minimum criteria or parameter that has been contemplated by the Ministry of AYUSH to grant recognition to medical qualifications of ISM at all levels as mentioned in clause 26(1) (i). The Ministry impressed upon the Committee that the undergraduate and postgraduate medical courses of Indian System of medicine prescribed by the NCIM shall be the recognized Courses. The recognition shall be granted to the qualifications awarded to such candidates after successful completion of the courses.

2.2.30 Clause 28 deals with powers and functions of Medical Assessment and Rating Board for ISM. The Committee posed a question on the quantitative and qualitative parameters for hiring third party agency and how it will be ensured that such third party agency is giving rating as per rules & regulations and whether the legal responsibilities of these agencies will be fixed. The Committee further desired to know the criteria for empanelment of independent rating agencies to conduct, assess and rate all medical institutions and the steps that can be taken for fair and transparent inspection of the ISM Institution. The Committee was impressed upon that the Medical Assessment and Rating Board for Indian System of Medicine shall 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 regulations to be framed under the Act. Adequate provisions to conduct fair and transparent inspection of the ISM Institutions shall be incorporated in the regulation to be prescribed under the Act. In response to the query as to how the Ministry will rate the different AYUSH RESEARCH institutions/bodies and the quality of the work done by these institutions and which body will act as the rating agency for the AYUSH research sector, it was stated that the Medical Assessment and Rating Board for Indian System of Medicine shall rate the teaching institutions governed under the NCIM only. The research component is a part of the teaching institutions.

2.2.31 NCISM Bill, 2019 does not have the provision of prescribing fees, however NMC Bill has the provision for regulation fees regulation. The Committee wanted to know the mechanism for regulation of fee and also wanted to know whether the recommendations of the Committee given in NMC report have been taken into consideration while drafting the BILL. In response to that the Ministry pointed out that currently, fixation of fees is being done by the respective State Governments after taking into the account of local factors, reservation quota and other issues prevailing in the concerned State. The structure of fee also varies from State to State according to the MoUs signed by private medical colleges. In most States, fees of seats in deemed universities are not regulated by State Governments. Hence no provision has been prescribed for fee regulation.

2.2.32 Clause 49 states that "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 Ethic and Registration Board or a State Medical Council, as the case may be." The Committee wanted to know the type of offences punishable under the Bill and pointed out that the Bill itself does not provide for the nature of punishment, quantum of punishment, quantum of penalty and tenure of imprisonment under the Bill and whether it will be a civil or criminal offence. The Ministry responded that the non-compliance of the provisions of the norms prescribed under the Act shall be the offences and action shall be taken as per the procedure laid down in the Act. If the offences are of serious in nature and the punishment is not defined in the Act, then the matter shall be treated under the IPC. The Committee also wanted to know whether the patient or his legal heir can also be as an aggrieved party. The Ministry replied that the patients or his legal heir can complain against any registered practitioner in



respect of any professional or ethical misconduct to the State Medical Council and the State Medical Council shall take action in accordance with the regulations.

2.2.33 As regards the right of AYUSH practitioners of Indian Medicine to practice any scientific system of medicine is included under Clause 33(b) of NCISM Bill 2019, the Ministry informed the Committee that the National Commission for Indian System of Medicine Bill, 2019 deals with the education and practice of Indian System of Medicine only. The regulation of practice of Indian System of Medicine is regulated by the State Medical Council for Indian System of Medicine and the regulation of practice of allopathy is governed by the State Medical Council. The Committee sought to know as to how many States in the country have given such privileges to the AYUSH practitioners under Section 17(3) (b) of the IMCC Act, 1970 and the scope of modern treatment given by such AYUSH practitioners defined in each of these States and at present, how are the AYUSH doctors practicing modern medicine regulated in all these States so that medical quackery is avoided and whether such practitioners are given a specialized training or course in these States that makes them qualified to practice modern medicine. The Ministry maintained that in order to allow AYUSH doctors to practice modern medicine, the States willing to do so have to consider taking up amendments in the relevant State Medical Practitioner Act to empower AYUSH doctors for the purpose of limited practice of modern medicine. It was also added by the Ministry that few states have already allowed AYUSH doctors appointed in Primary Health Centres in rural areas to practice allopathy during 'emergencies' after undergoing a brief training of modern medicine practice. Presently, Karnataka, Maharashtra, Tamil Nadu, Gujarat, Punjab, Uttar Pradesh, Bihar, Assam, and Uttarakhand have allowed.

2.2.34 Clause 51 deals with the Joint Sitzings of the National Commission of Indian System of Medicine, National Commission for Homoeopathy and National Medical Commission but no details have been provided regarding the selection of the chairperson for these meetings and the procedure thereof. The Ministry, however, clarified that there shall be a joint sitting of the Commission, the National Commission for Homoeopathy and the National Medical Commission, at least once a year, at such time and place as they mutually appoint, to enhance the interface between Indian System of Medicine, Homoeopathy and modern system of medicine. Agenda for the joint sitting may be placed with mutual agreement by the Chairpersons of the Commissions concerned. One of the objectives of joint sittings is to promote 'Medical Pluralism'. The Committee sought to know whether the Government intends to promote 'Medical Pluralism', if yes, to what extent and what would be the scope of outlook of 'Medical Pluralism' in the country and the steps that would be required on the part of Government for promoting the 'Medical Pluralism'. The other objective of the Clause is to approve specific educational and Medical module on programme that could be introduced in UG and PG course across medical system. The Committee sought to clarify whether the Government intends to promote crosspathy. The Committee further pointed out that the decision to be in the joint sitting would require an affirmative vote of all Members present and voting, and thereupon desired to know whether it would be practically feasible to have the consent of all Members present and voting to arrive at a decision. Responding to the queries, the Ministry apprised the Committee

that agenda for the joint sittings shall be placed with mutual agreement by the Chairpersons of the Commissions concerned. There is a provision for having joint sittings of the Commissions of various other systems of medicine to have interface meetings and to exchange the knowledge of development of science and technology in the field of medicine. After the consent, specific educational and medical modules or programs in the under-graduate and post-graduate courses across medical systems, and promote medical pluralism shall be introduced.

2.2.35 The Committee desired to know as to how the spirit of co-operative federalism can be protected in view of preponderance of powers of Central Government as enshrined in the provision for giving direction to State Government. The Ministry mentioned that the Medical Education is a concurrent subject under Seventh Schedule of the Constitution. Therefore, the Centre and the States needs better coordination in that matter. The directions would be limited to the provisions of NCIM Act. In order to maintain uniformity of education and practice of Indian System of Medicine across the country, the preponderance of Central Government over State Government is required. The Committee pointed out that powers of Central Government to give direction to the Commission and Autonomous Board also restricts the autonomy and independent functioning of the Commission, therefore, what sorts of safeguards can be spelt out to prevent the power of Central Government from becoming authoritative, arbitratative and autocratic so as to ensure autonomy and independent functioning of the Commission and autonomous Boards. The Ministry assured the Committee that the powers of the Central Government to give directions to the NCIM and the Boards will be limited to policy matters to achieve the objectives of the Act. Moreover, the Committee pointed out that the Central Government can supersede the commission upto one year that can be further extended upto a period of six months. During that period the Central Government undertakes all function of the Commission. The Committee wanted to know whether the prolonged period of one and half year can be rationalized and shortened. In response to that the Ministry clarified that the power to supersede the Commission for a period of one year and subsequently for another half year has been proposed in the Bill so that sufficient time will be available to the Central Government to make necessary reforms and reconstitute the Commission.

2.2.36 As regards the future outlook of Indian System of Medicine and steps that can be taken for international promotion of ISM, the Ministry postulated that the Indian Systems of Medicine have gained much popularity across the globe. The Ministry of AYUSH is having Country to Country MoUs for cooperation in the field of Traditional Medicine in about 20 countries and Institute to Institute MoUs for Research/ Academic Collaboration in areas of mutual interest in about 17 institutes. Further, strengthening of Indian Systems in India will enable the Government to promote internationally in other countries also.

## CHAPTER 3

### VIEWS OF ORGANISATIONS/INSTITUTIONS/ASSOCIATIONS/ EXPERTS

3.1 The views of Organizations/Associations/Experts/Individuals who submitted their written views in response to the Press Release and during their oral evidence before the Committee are as given below:-

#### **3.2 National Integrated Medical Association (NIMA)**

3.2.1 National Integrated Medical Association (NIMA) is a 70 years old and largest countrywide registered organization of integrated doctors. NIMA submitted that most of the members of Indian System of Medicine are working as family physicians in rural and remote areas and catering the medical services to economically poor and down trodden masses since pre-independence period. Apart from private practices, ISM doctors are also serving in NRHM-National Rural Health Mission, RBSK-Rashtriya Bal Suraksha Karyakram, 108 ambulance service etc. In Maharashtra, because of their involvement in emergency 108 ambulance service, doctors of ISM have saved many lives of accidental injured patients, pregnant women, new born babies and other acute emergencies. Besides, ISM doctors are also actively participating in various National and State Health Programs like Pulse Polio, DOTS, Vaccination, Malaria, Leprosy and Family Programs etc.

3.2.2 NIMA submitted that according to the provisions of Sec 2(1)(e) and Sec 17 (3)(b) of IMCC Act, 1970, rights of person and various notifications issued time to time by Central Council of Indian Medicine, the institutionally qualified practitioners of Ayurved, Siddha, Unani-Tibb are eligible to practice their respective systems with Modern Scientific System of Medicine. Many State Governments have made necessary provisions to enable ISM doctors to use Modern Scientific Medicine which is known as Allopathic system of Medicine. The Supreme Court as well as High Courts have legally permitted ISM doctors to practice modern medicine. Since 2014, the practice of various State legislatures conferring Statutory Rights to practise Modern Scientific System of Medicine by doctors of ISM was challenged by IMA in various High Courts like Mumbai, Haryana and Uttar Pradesh. All three High Courts have not passed any order against ISM. The reason given are syllabus and training imparted to ISM doctors, State's right to legislate and need of these doctors in rendering healthcare services in rural and urban areas. IMA had preferred a Special Leave Petition against order of Bombay High Court (WP (C) No 7846 of 2014) in Supreme Court, but Supreme Court dismissed the petition in limine. This indicates that judiciary has upheld the efforts made by the States to include ISM doctors in healthcare system for its effective implementation of health policies.

3.2.3 NIMA has, therefore, submitted that in the proposed NCISM Bill that is set to replace IMCC Act 1970, there is no express provision regarding the Rights of ISM to practice their respective systems with modern scientific medicine. NIMA is of the view that the proposed Bill will jeopardize the effectiveness of the entire medical fraternity of the country and will weaken the medical profession and health system of the country.

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

3.3.1 Vaidya Raghunandan Sharma, Member, CCIM in his representation has submitted that the Central Council of Indian Medicine (CCIM) was constituted in 1971 under IMCC Act, 1970 in order to regulate educational and registration of practitioners from Ayurved, Unani, Siddha and Sowa-Rigpa system of medicine. This Act allowed national representations of Members from education and registered practitioners to represent their system and its problems. CCIM constituted under IMCC Act, 1970 by the Indian Parliament is purely democratic body acting independently since 1971 for betterment of Indian System of medicine.

3.3.2 Vaidya Raghunandan Sharma also emphasized that after the constitution of CCIM, Indian System started flourishing and now it has achieved global recognition. Earlier, there was no uniformity in syllabus but after constitution of CCIM, uniformity was established by introducing single syllabus country wide.

3.3.3 He further stated that CCIM which is a democratic body constituted by the Indian Parliament is now being dissolved by introducing National Commission for Indian Medicine System (NCISM) Bill 2019. Through this Commission, there will neither be State wise representation of members nor Universities' representation. This Commission will be represented by 95 % members nominated by Central Government. The democratic system adopted in CCIM which had State wise elected members and University representation of registered practitioners was able to rule out problems associated with ISM system but after NCISM, this democracy will come to end.

3.3.4 Emphasizing upon the lack of medical facility especially in rural areas he apprised the Committee that up to 80 percent services in rural area are provided by ISM doctors. Under IMCC Act 1970 section 2 (e) and 17(3)(b) and Drug and Cosmetic Act 1945 rule 2 (ee) (iii) many States have allowed ISM practitioners to use life saving drugs in order to deliver health services to society at large. The NCISM Bill has no such clause which will close all doors for ISM to use life saving drugs in rural areas. This will not only affect many practitioners appointed in various States but also affect people of rural area on a large scale. It may also be noted that Ministry of AYUSH while introducing NCISM Bill has not taken the views of ISM educational institutes, Universities, teachers, practitioners and State Government offices which is the biggest lacuna while introducing any such Bill in the Parliament. He was of the view that before introducing this Bill, a common view of ISM colleges/institutes/Universities, teachers, registered practitioners and State government should have been taken and considered.

3.3.5 He also highlighted that as per the Section 57 of the proposed NCISM Bill, all 30 to 35 regular/permanent staff of CCIM will be terminated and only 3 months salary will be provided. This is really inhumane as the staff has been working since 25 to 35 years and many have grown old. At this stage, it will be difficult for them to look for new job opportunities and support their families. Also, it should be noted that after the commencement of the Bill, there will be

requirement of human resources which will be greater than the present CCIM staff. A thought should be given on how the Commission was going to work and accordingly changes should be done.

### **3.4 Dr. P. Md. Hasan Ahmed, Member, Central Council of Indian Medicine (CCIM)**

3.4.1 Dr. P. Md. Hasan Ahmed, Member, Central Council of Indian Medicine (CCIM) submitted that the idea of reforming the Medical Councils viz, Medical Council of India (MCI), Central Council of India(CCIM) and Central Council of Homeopathy (CCH) is a wonderful constructive thought of the Union Government. The vision was to replace the MCI/CCM/CCH with an overarching National Commission for Human Resources for Health and provide platforms for cross consultation and coordination between the disciplines and medical and non-medical personnel but the idea of reform is not on the agenda of the Government but to destroy the federal principles and democratic structure. He, further highlighted the potential risks with the proposed NCISM Bill which inter-alia include:- (i) the States' autonomy and potential violation of federal principles; (ii) excessive bureaucratization and centralization in the provision of the NCISM Bill 2019 and (iii) faulty selection & procedure of regulators, providing scope for abuse.

3.4.2 He further submitted that despite confabulating, the NCISM Bill-2019 contain the potential of having outcomes worse than the IMCC Act 1970. The major endangering issues in the Bill, which may have impact on the independence of the Commission, are as follows:-

- Faulty Preamble and intentions thereof: The basic argument that only those selected and nominated can govern or regulate is clearly indicative of the intention of a totalitarian Government to subjugate professionals;
- Over Centralization of the NCISM and the near control over it by the Central government ranging from holding powers of appointing almost all the members of various bodies;
- being an appellate for a variety of routine & technical matters rejected by the colleges even after the rejection of the competent Board in NCISM;
- holding the power of granting permission to set up colleges even after the rejection of the competent Board in NCISM;
- holding the power of approving courses;
- setting aside any punishment declared by Ethics Board against a doctor found negligent;
- recognizing degrees and qualifications; and
- finally having powers to issue directions to State governments and the NCISM to comply with any orders it seeks to issue.

3.4.3 He has, therefore, also submitted that such wide-ranging powers that will be exercised by the Central Government will rob not just the federal nature of the law but also reduce the National Commission for Indian system of Medicine (NCISM) to an advisory role.

3.4.4 Hence, he suggested that the NCISM Bill, 2019 may be withdrawn and a Committee may be constituted to advise suitable amendments in the existing IMCC Act, 1970 and if the Central Government wants to go with the new NCISM Bill then the NCISM Bill 2019 may be sent to the AYUSH Ministry and the Councils to get larger consensus and deliberations with stakeholders.

### **3.5 All India Ayurvedic Congress (AIAC)**

3.5.1 Vaidya Devender Triguna, President, All India Ayurveda Congress has submitted that since the last 115 years, AIAC is the representative body of the Ayurvedic profession therefore, at least three persons may be nominated from AIAC in the proposed Board of Ayurveda. The practitioners of Ayurveda in the country are the backbone of Ayurveda in India & the world and promote Ayurveda to give disease free society and cost effective health to the mankind. Ayurveda being the largest component may be given prominence and the Chairperson of the Committee should be from Ayurveda discipline. Therefore, Ayurveda practitioners should be given more representation in the form of nominated members in the Commission. The number of Ayurvedic experts (Physicians) should be more in the Commission, Board and Councils so that it does not reflect that it is a bureaucratic board. It is also suggested that a separate Commission for Ayurveda and a separate Commission for remaining smaller systems of medicine can also be considered, if necessary.

### **3.6 Maharashtra Council of Indian Medicine (MCIM)**

3.6.1 Dr. Ashutosh Gupta, President, Maharashtra Council of Indian Medicine (MCIM) submitted that the provisions of proposed NCISM Bill 2019 may harm the large section of practitioners of ISM who practice modern medicine legally in various States since more than 50 years. The syllabus of graduate and post graduate level for these practitioners is framed by CCIM and implemented after prior approval of Central Government and is published in official gazette of Government of India. This syllabus covers vast portion of modern medicine with adequate teaching and hands on training in Government as well as College hospitals in the State of Maharashtra.

3.6.2 As per the Maharashtra Medical Practitioners Act 1961 Section 25 (4) & (5) (Amendment 2014) Government of Maharashtra permitted the practitioners registered under Schedule A, A1, B, D in this Council to practice Modern System of Medicine (Allopathy). As per Drug and Cosmetic Act 1940, Rules 1945 Section 2 (ee) (iii) Maharashtra Government also issued G.R. in 1992 and Notification in 1999 to allow the practice of Modern System of Medicine along with their own system.

3.6.3 It has further been stated that many doctors of Indian System of Medicine (Ayurved & Unani) are working in National Health Programs in the State of Maharashtra. Postgraduate practitioners of Indian System of Medicine (Ayurved) are also providing their services as per their specialty like Gynaecology, Paediatrics, Ophthalmology, ENT, Medicine, Surgery *etc.* These ISM practitioners are also employed by State Government at various PHC and rural hospitals and the large sector of government infrastructure is dependent on these practitioners. Various schemes such as National Rural Health Mission (NRHM), Rashtriya Bal Swasthya

Karyakram (RBSK), 108 ambulance service is also catered by these doctors. 80% of rural population is served at various private sectors by ISM practitioners.

3.6.4 Majority of the provisions in the proposed NCISM Bill are in favour of protecting State Government rights with regard to practise of any medicine by ISM doctors. However, there remains some ambiguity by the use of words modern advances (section 2 h), any system of medicine (33-3 B), rural health (section 52), which have created confusion among medical professionals of the society and unnecessary agitation in health sector in Maharashtra and other parts of India. These facts have been submitted by Govt of Maharashtra in the various cases and the Bombay High Court in W/P No 7846 of 2014. In the said matter, the High Court and Supreme Court had denied stay for the above mentioned enactment as well as the notification of the State Government and allowed ISM practitioners to practice modern medicine in respective States.

### **3.7 Integrated Medical Association (AYUS)**

3.7.1 Integrated Medical Association (AYUS) submitted that the number of ISM graduates are more than 7,50,000 nationwide. Presently, CCIM, a statutory body constituted under IMCC Act, 1970 is in existence for the regulation and control and practice of Indian System of Medicine. IMCC Act 1970 which has been amended from time to time is a unique Act and has been proved a milestone having a roadmap design for many years. Highlighting the acute shortage of MBBS doctors in the public health services as well as in private sector in rural, remote, tribal and urban slums of the country, the Association has submitted that according to WHO, the ideal doctor: patient ratio should be 1: 400 whereas in our country it is around 1:1700, when only MBBS doctors are considered. This ratio is still worse in rural, hilly and tribal areas. The rural health system in India is largely dependent on the doctors of the Indian systems of medicine. In the tribal and hilly remote parts of India, these doctors are the mainstay of health services. Primary Health Care Centres and secondary level hospitals as well as ambulance services are run by these professionals with integrated approach in many States. 92% of general practitioners are ISM graduates and are keeping alive the concept of family physician. The role of ISM graduates in the success of NRHM, Emergency Medical Services, Primary Health Centres and rural hospitals cannot be ignored. This has significantly reduced homebirths as well as maternal, child and general mortality and morbidity in many States. 70% of secondary level hospitals which cater to patients in an affordable way of hospitalization are run by ISM post graduates. Central Council of Indian Medicine, the statutory body itself has been framing the syllabus and curriculum for Graduate and Post graduate courses in ISM for more than 45 years. This syllabus covers substantial components of modern medicine which are included with the approval of the Government of India and are published in the official gazette from time to time. ISM graduates and post graduates are well trained in practice of modern medicine with hands on training.

3.7.2 Integrated Medical Association (AYUS) also emphasized the need for integration of ancient and modern medicinal Sciences. Certain diseases such as paralysis, hepatitis, skin diseases, chronic joint problems, chronic gastritis, irritable bowel syndrome, piles, fistulas, drug abuse, mental illness, cancer etc seek the best of modern and ancient medicinal sciences.

Emergency Medical Services are to be delivered within the golden hour concept where myocardial infarction, childbirth, convulsions, accidental injuries, strokes, poisoning are neither ancient nor modern but only demand life saving treatments. Technological advances such as stethoscopes, microscopes, ultrasounds, MRI, CT, laparoscopes and other diagnostic techniques are development of Physics, Chemistry and Biology which do not pertain to the ancient or modern systems of medicine. As such, their use for diagnostic purpose in pathology cannot be restricted to practitioners of a particular stream of medicine as it will create hindrance in providing a proper health care delivery system to the ailing masses.

3.7.3 It has also been argued that countries like Russia, China, Vietnam, Japan and Germany have successfully implemented the integrated system of healthcare in recent times to achieve the desired goals in the field of health. But India is still far behind the goal of “Health for All” because of the lack of desire to implement the integrated medical services throughout the country. While surgery is a technique invented by the ancient Indians during the Vedic era of Sushruta; its monopoly by Western medical professionals should be condemned because surgery cannot be performed by ISM practitioners without anesthesia which is available only in the modern medicine as the other systems could not develop their own analgesics and anesthesia due to inadequate facilities and lack of funds for Research & Development in these systems.

3.7.4 Integrated Medical Association (AYUS), further, submitted that although the majority health systems are dominated by MCI and MBBS professionals, almost all the political and democratic systems including the Indian Parliament and State Assemblies have supported the cause of integration by framing various legislations from time to time. The provision under Section 17(3)(b) of IMCC Act 1970 was inserted with the sole purpose of recognizing and protecting the rights of the practitioners of integrated medicine to practice and prescribe modern medicine. The provision was inserted after a long debate that took place in Rajya Sabha with respect to Section 17(3)(b) of the Indian Medicine Central Council Act, 1970, wherein it becomes further evident that the intent and purpose of Section 17(3)(b) is to protect the rights of integrated medicine practitioners to practice and prescribe modern medicine.

3.7.5 The legislative intent and objective behind framing of Rule 2(ee) (iii) of Drugs & Cosmetic Rules 1945 and Section 17(3)(b) of IMCC Act 1970, is to confer rights upon the respective State Governments in order to enact provisions to protect the privileges of ISM practitioners to practise modern system of medicine commonly known as Allopathy. The above proposition of law is evident by observing Parliamentary discussions while amending the same. It is pertinent to note that Section 17 (3) (b) of IMCC Act 1970 was introduced to overrule Section 15 2 (B) of IMC Act 1956 to protect and safeguard the rights of ISM practitioners to practice any system of medicine.

3.7.6 Also, various Court decisions including the Supreme Court of India in its famous case of *Mukhtiar Chand vs. State of Punjab* (SCC 579 of 1998) and *Subhashish Bakshi vs. State of West Bengal* 2004, have upheld the rights of State Governments to enact upon medical education and



public health. The State Governments have been empowered to enact legislations about public health, as Public Health is included in List II (State list) of Seventh Schedule.

3.7.7 In some States (Maharashtra, Haryana, Uttar Pradesh, Punjab, Himachal Pradesh, Tamil Nadu, Chattisgarh and many others), the State Governments have taken initiatives for mainstreaming of these doctors and have been successful in meeting the needs of the public health by allowing the ISM practitioners to practice modern medicine (Allopathy) to the extent they have acquired knowledge and skill. In many parts of India including the above mentioned States, this concept of integrated practice has been working for hundreds of years and is continued under various legislations even after independence. For example, the Government of Maharashtra has issued order on 25<sup>th</sup> November 1992 under the proviso to Section 33 of the Maharashtra Medical Practitioners Act, 1961, (“MMP Act” for short) and the notification dated 23.02.1999 issued under the Drugs and Cosmetics Rules 1945, by which the registered practitioners of Ayurveda and Unani have been permitted to practice the modern system of medicine in the State of Maharashtra. With a view to incorporate such provisions for the practitioners of Ayurveda and Unani, explicitly, the Government of Maharashtra has amended Maharashtra Medical Practitioners Act in 2014 and sub-clauses (iv) and (v) have been inserted in Section 25. Similar orders have been issued by various State Governments like Haryana, U.P.

3.7.8 The Association is of the view that there is an acute shortage of qualified professionals in the country to perform the medical termination of pregnancies (MTP) as per the prevailing laws. Every two hours a woman loses her life in the country due to unsafe abortions. As per a report of the Population Council released in 2012, AYUSH practitioners are trained to conduct MTPs as safe and effective as their counterparts from the modern scientific system of medicines. The ISM doctors are duly trained and qualified in both the systems of medicine (ISM and Modern Scientific System of Medicine) and already serving the ailing masses of the country. Therefore, the right of ISM doctors to practice modern medicine should be protected in the best interest of the people at large as well as to achieve the goal of “Health for All” in the near future.

### **3.8 Ayurved Vyaspeeth**

3.8.1 Vaidya Santosh Nevpurkar, President, Ayurved Vyaspeeth in his representation submitted that NCISM Bill will surely bring back the glory of Ayurveda by making much needed revolutionary changes in the field of education and also in the field of Ethics based clinical practice in the various disciplines of the Indian System of Medicine. The Commission along with the Advisory Boards will bring transparency and accountability in the entire system. The provision of the National Eligibility cum Entrance Test for admission to undergraduate and post graduate courses in each of the disciplines of the Indian System of medicine and the proposed National Exit Test for granting license to practice as medical practitioner will ensure availability of adequate and high quality medical professionals of Indian System of Medicine. The National Teachers Eligibility Test for Indian System of medicine is a very welcome move to

bring in very dynamic, motivated teachers who will radically change the current academic scenario.

3.8.2 The four proposed Autonomous Boards have a very separate and distinct function, which will complement each other. In the current scenario, the CCIM, as a single body was responsible for determining minimum standards of education, developing dynamic curriculum, granting permissions for new medical institutions and carrying out inspections of the medical institutions. This led to a conflict of interest in some cases, which will now be totally avoided with the four new Proposed Autonomous Boards. The Medical Assessment and Rating Board of Indian System of Medicine and the Board of Ethics and Registration for Indian System of Medicine will be helpful in the assessment and rating of the medical institutions on the basis of their compliance with the standards and also regulate the professional conduct and promote medical ethics, which is the need of the hour. The NCISM Bill, 2019 has rightly proposed to develop mechanisms to have continuous interaction with the State Medical Councils and also to maintain a National Register of all the licensed practitioners of Indian System of Medicine.

3.8.3 Vaidya Santosh Nevpurkar was also of the view that the electronic synchronization of the National Register with the State Register is a very positive step forward towards the goal of a Digital India. The Clause to keep away people involved in the management and ownership of institutions from the membership of the Autonomous Boards and the Advisory Councils will go a long way in eliminating conflict of interest and subsequently result in better academic institutions of merit. The provision of having few members to be elected by the registered medical practitioners, as part time members of the Commissioner, will give some representation from the practitioners and graduates of Indian System of Medicine.

### **3.9 The Arya Vaidya Pharmacy (Coimbatore) Ltd**

3.9.1 The Arya Vaidya Pharmacy (Coimbatore) Ltd in their written submission have elaborately dealt with specific sections of the Bill and given their suggestions. Dr. P. R. Krishnakumar, Managing Director of The Arya Vaidya Pharmacy (Coimbatore) Limited has stressed upon the need to ensure adherence to the core principles of Ayurveda and its recommended methods of knowledge transmission. He has acknowledged the fact that till now attempts have been made to ape the allopathic medical model and thus failing miserably in uploading the principles of Ayurveda education and propagation. He has stressed upon the fact that industry representation from both manufacturers of medicines and also healthcare services seemed glaringly neglected which could create a gap in industry and academia as usual. He has also expressed his surprise to see Yoga and Naturopathy missing from the proposed Bill.

### **3.10 National Institute of Unani Medicine, Bangalore**

3.10.1 Prof. Abdul Wadud, Director, NIUM Bangalore deposed before the Committee that for ASU systems, integration should be continued in the interest of the primary healthcare of citizens of India because in most place, primary healthcare is given by AYUSH doctors. Prof. Abdul

Wadud also submitted that qualified ASU(ISM) doctors may be included in the definition of Registered Medical Practitioners in the interest of health care of citizens of the country, i.e. by allowing the qualified AYUSH doctors to register in the State register maintained by National Medical Commission. He also submitted that all National Institutes run hospitals under ISM should be declared as referral hospitals for all Central Government/State Government/Autonomous Body/PSU etc. so as to popularize the system of medicine. He also submitted that Director Generals of Research Councils may also be included as ex-officio members in the Commission.

### **3.11 National Institute of Siddha (NIS), Chennai**

3.11.1 Prof. N.J. Muthukumar, Director, NIS submitted that a separate Board for Siddha Medicine should be constituted to represent the Siddha System of Medicine and strengthen the system in terms of academic, clinical and research field. He further submitted that the Chairperson of the Commission should be appointed on a rotational basis from each system; only then the Commission will represent all the systems in the coming years.

### **3.12 Central Council for Research in Siddha (CCRS), Chennai**

3.12.1 Prof. Dr. K. Kanakavalli, Director General, CCRS deposited before the Committee that a separate of Board for Siddha system of Medicine consisting of a President and four members from the Siddha discipline of Indian system of Medicine should be created. She further submitted that Siddha practice is done by institutionally qualified and registered graduates. There are over 7000 institutionally qualified Siddha physicians practicing across the southern States of India and in Sri Lanka. In toto, around 1600 Siddha Wings are functioning in Tamil Nadu, Puducherry and Kerala. Apart from these wings, under the Ministry of AYUSH, Siddha Institutes/Units are located in Delhi, Karnataka, Andhra Pradesh and Tamil Nadu. In addition, 11 Siddha institutions are imparting Siddha Education along with two UG and PG Government Colleges and one National Institute of Siddha.

### **3.13 Central Council for Research in Unani Medicine (CCRUM), New Delhi**

3.13.1 Dr. Zaki Ahmad, Research Officer, CCRUM submitted before the Committee that there should be a separate Board for Unani system of Medicine. He was of the view that the Director Generals of the Research Councils of different disciplines of Indian System of Medicine should also be appointed as ex-officio members of the Commission. He further submitted that the budget of Research should also be increased.

### **3.14 National Institute of Ayurveda (NIA), Jaipur**

3.14.1 Prof. Sanjeev Sharma, National Institute of Ayurveda, Jaipur submitted before the Committee that the Director Generals of the Research Councils of different disciplines of Indian System of Medicine should also be appointed as ex-officio members of the Commission. He further emphasized on the need of integration of modern medicine with the different disciplines of Indian System of Medicine.

### **3.15 Indian Naturopathy and Yoga Graduates Medical Association (INYGMA)**

3.15.1 Indian Naturopathy and Yoga Graduates Medical Association (INYGMA), in their written submission, apprised the Committee that NITI AAYOG while considering the regulatory framework for the entire gamut of AYUSH, had released a draft NCISM Bill in February, 2017, which had included Yoga & Naturopathy regulation with a separate Board of Yoga & Naturopathy. For reasons unknown to ‘Yoga & Naturopathy’ stakeholders, Ministry of AYUSH has not included ‘Yoga & Naturopathy’ Medical Education & Clinical Practice in the purview of NCISM Bill - 2018. There has also been a long term demand and aspiration of ‘Yoga & Naturopathy system of Medicine’, to have the same ‘Statutory Central Regulation’, as prevalent in Ayurveda, Unani, Siddha, Sowa Rigpa and Homeopathic systems of Medicine. INYGMA also submitted that the Central regulations are provided even for the regionally practiced system of medicine where as Yoga and Naturopathy is being practiced all over India and worldwide.

3.15.2 INYGMA further submitted that the Bachelor of Naturopathy and Yogic Sciences (BNYS), is a Medical Degree representing ‘Yoga & Naturopathy’ System of Medicine in the country, a fact which has been acknowledged and reiterated by Ministry of AYUSH, in response to questions raised by Members of Parliament on several occasions. Central Council of Indian Medicine (CCIM), the current regulatory body covering Ayurveda, Unani, Siddha and Sowa Rigpa systems of Medicine has on several occasions passed resolutions to bring ‘Yoga & Naturopathy’ system of Medicine under its purview. Fourteen (14) States and Union Territories in the country so far have recognized BNYS as a primary medical qualification to practice ‘Yoga & Naturopathy System of Medicine. BNYS Medical graduates are being registered as ‘Yoga & Naturopathy’ Medical Practitioners through ‘Acts’ passed in the respective State Assemblies of - Karnataka, Chhattisgarh, Madhya Pradesh, Rajasthan, West Bengal, Assam and Jammu & Kashmir. BNYS medical graduates are being registered in the States of Telangana, Andhra Pradesh, Tamilnadu, Kerala, Manipur, Puducherry & Andaman & Nicobar Islands through Gazette Notifications. Currently, there are 32 Yoga & Naturopathy Medical Colleges in the country imparting BNYS, in the States of Uttar Pradesh (4), Karnataka (7), Tamil Nadu (7), Rajasthan (4), Madhya Pradesh (2), Chhattisgarh (1), Gujarat (2), Andhra Pradesh (3), Telangana (1), Uttarakhand (1). Three out of thirty two, one each in the States of Telangana, Karnataka & Tamil Nadu are being run by the respective State Governments. Post Graduate (MD) courses - in Clinical Yoga, Clinical Naturopathy, Clinical Nutrition and Acupuncture & Energy Medicine - are being offered by four (4) Yoga & Naturopathy Medical Colleges. Most of these Medical Colleges are affiliated under the Universities exclusively meant for Medical/ Health or AYUSH medical education in their respective States.

3.15.3 It was also submitted that Government of India through an Executive Order tasked the work of Central Registration for BNYS Medical Graduates in 2017 to Central Council for Research in Yoga & Naturopathy (CCRYN), an autonomous body under Ministry of AYUSH. INYGMA is of the view that it is unfair to the system of “Yoga & Naturopathy’ to deny it a Statutory Regulation and has requested the inclusion of "Yoga and Naturopathy" medical education and clinical practice within the NCISM Bill as proposed by NITI AAYOG. The absence of a central regulation with statutory cover would allow the mushrooming of a number of quack

practitioners with the growing demand for ‘Yoga & Naturopathy’ clinical practice, putting public at-large to the risk of malpractice and bad health.

### **3.16 Government of Maharashtra**

3.16.1 The Directorate of AYUSH, Government of Maharashtra submitted that the approved syllabus of Undergraduate and Post Graduate Courses of Indian Systems of Medicine namely Ayurveda and Unani already contain relevant portion of modern medicine and hence the definition of Ashtang Ayurveda and Unani in the Indian System of Medicine in the proposed Bill should also include modern medicine as specified by syllabus.

3.16.2 The Directorate of AYUSH, Government of Maharashtra further submitted that inclusion of Director of AYUSH from State Governments as ex-officio members of the Commission will enable representation from all the States in the Commission. It further submitted that the recruitment and selection of teachers in Government Ayurved Colleges is done by the State Public Service Commission or the Divisional Selection Board constituted by the State Government. Also their promotion is done by the State Government through the State Public Service Commission or the Departmental Promotion Committee constituted by the State Government. Hence teachers of Government Ayurved colleges should be exempted from appearing for the proposed AYUSH National Teachers Eligibility Test.

## CHAPTER 4

### CLAUSE BY CLAUSE EXAMINATION OF THE BILL

4.1 During the course of the examination of the Bill, the Committee received a number of memoranda in response to its Press Release. The memoranda were forwarded to the Ministry of AYUSH for its response. The written views of all the State Governments/UTs were sought on the Bill. However, only the Maharashtra Government responded in time for its views to be included in the Report. The Committee's observations and recommendations contained in the Report reflect an extensive scrutiny of submissions and all the viewpoints put forth before it by various organizations/experts/State Governments. Upon scrutiny of the replies received from the Ministry, the Committee is of the view that certain provisions of the Bill need to be recast to serve the intended purpose of the Bill better. The Committee in its meeting held on 7<sup>th</sup> November, 2019 took up clause-by-clause consideration of the Bill. Various amendments to the Bill have been suggested by the Committee on clauses of the Bill which are discussed in the succeeding paragraphs.

#### CLAUSE 2

4.2.1 Clause 2(h) deals with the definition of Indian System of Medicine

#### 4.2.2 Clause 2(h) reads as under:

*Indian System of Medicine" means the Ashtang Ayurveda, Unani, Siddha and Sowa-Rigpa Systems of Medicine whether supplemented or not by such modern advances as the Commission may, in consultation with the Central Government, declare by notification from time to time;*

#### SUGGESTIONS:

4.2.3 The following are the suggestions of the stakeholders on the Clause:-

- i. National Integrated Medical submitted that the ISM doctors are duly trained and qualified in ISM as well as modern scientific medicine, therefore modern medicine should be included in the definition of Indian System of Medicine in clause 2(h) which should be amended as follows:

*Indian Medicine known as Ashtang Ayurved, Siddha, Unani supplemented with modern medicine and modern advances as specified by the syllabus and curriculum.*

- ii. Integrated Medical Association (AYUS) has also submitted that many States have taken initiatives for mainstreaming of ISM doctors and the concept of integrated practice is continuing under various legislations. IMA (AYUS) has also suggested that the definition of Indian Systems of Medicine should be amended as follows:

*Indian Medicine known as Ashtang Ayurveda, Siddha, Unani-Tibb, or Sowa-Rigpa supplemented with modern scientific system of medicine and modern advances as specified in the syllabus and curriculum.*

- iii. Maharashtra Council of Indian Medicine, Mumbai has submitted that "*modern system of medicine*" should be included in the definition of Indian System of medicine in the clause 2(h)
- iv. Ayurved Vyaspeeth has suggested that *whether and or* not should be removed from the definition of Indian System of Medicine.
- v. Vaidya Raghunandan Sharma, Member, CCIM submitted that the name of Unani Medicine should be deleted from the definition of Indian Medicine Sysem and Yoga and Naturopathy system should be added. Like Homeopathy, a separate Commission should be formed for Unani to help Unani System to develop and flourish like Homeopathy.
- vi. The Arya Vaidya Pharmacy (Coimbatore) Limited has suggested that the term 'Ashtang' may be dropped from 'Ashtang Ayurveda' as it is not a necessary adjective. The adjective may in future lead to unnecessary interpretations legally.
- vii. The State Government of Maharashtra submitted that the definition of Ashtang Ayurveda and Unani in the Indian System of Medicine should also include modern medicine as specified by syllabus.

#### **MINISTRY'S RESPONSE:**

4.2.4 On the issue of allowing the practitioners of Indian Systems of Medicine to practice modern medicine, the Ministry submitted that the intention of the Bill is to regulate the education and practice of Indian Systems of Medicine. As per the provisions of existing IMCC Act, 1970 and the proposed NCIM Bill, 2019, the persons having recognized qualifications in India Systems of Medicine are entitled to practice Indian Systems of Medicine only.

4.2.5 The Ministry further submitted that in order to allow AYUSH doctors to practice modern medicine, the States willing to do so have to consider taking up amendments in the relevant Sate Medical Practitioner Act to empower AYSUH doctors for the purpose of limited practice of modern medicine.

4.2.6 Few States have already allowed AYUSH doctors appointed in Primary Health Centres in rural areas to practice allopathy during 'emergencies' after undergoing a brief training of modern medicine practice. Presently, Karnataka, Maharashtra, Tamil Nadu, Gujarat, Punjab, Uttar Pradesh, Bihar, Assam, and Uttarakhand have allowed.

4.2.7 On inclusion of Ashtang Ayurveda in the ISM definition, the Ministry submitted that the definition of Indian medicine in the IMCC Act, 1970 also mentions the word 'ashtang Ayurveda'. Hence, the same was retained in the proposed Commission. The classical texts of

Ayurveda have documented the following eight branches namely,- (a)Kayachikitsa, (b) Balaroga, (c) Grahachikitsa, (d) Shalakyā, (e) Shalya (f) Vishachikitsa, (f) Rasayana, and (h) Vajikarana.

## **RECOMMENDATIONS/OBSERVATIONS**

**4.2.8** The Committee notes that there is an acute shortage of doctors and health workforce in the country especially in rural/remote and tribal areas of the country. Allopathy or the modern system of medicine has emerged as the most commonly used and the more popular system of medicine all around the world. With the advent of the scientific age and lifestyle changes, the burden of chronic, systemic and non-communicable diseases (NCDs) has been increasing. According to WHO, non-communicable diseases such as cancer, diabetes, and cardiovascular diseases have been collectively responsible for 70% of all deaths worldwide. The Committee is of the view that in the wake of this global health crisis, the traditional Indian System of Medicine (ISM) which largely focuses on holistic view of health and well being can be utilized as an affordable means to tackle various illness including NCDs. The Committee also recognizes the constant efforts of the Government to mainstream the Indian System of Medicine and integrate ISM in the health delivery system. The Committee strongly believes, with the multitude of health issues that the country is facing today, adoption of an inclusive and integrated health care policy has become more important. The Committee, time and again, has recommended for an interface of ISM with modern medicine as both systems have their own strengths in the treatment of various illnesses. Modern medicine and Indian System of Medicine are two different streams of knowledge and there have been efforts on the part of the Government to mainstream the AYUSH services in the National Rural Health Mission (NRHM). The Committee also recognizes the services of AYUSH doctors in providing the first line of treatment especially in the rural areas. The service provided by AYUSH doctors has certainly helped in alleviating the existing gap in the health sector.

**4.2.9** The Committee, therefore, recommends integration of Indian Systems of Medicine with the modern scientific advances that will be fundamental in providing accessible, affordable and quality health care. The Committee in its 109<sup>th</sup> Report on the NMC Bill, 2017 had recognized the need to build capacity of existing human resource in the healthcare sector to address the shortage of healthcare professionals. The Committee, at the same time, cannot overlook the possible risk of non-qualified and untrained doctors prescribing modern medicine and inducing irreparable damage to the patients and reiterates its recommendation, as in its 109<sup>th</sup> Report, that healthcare professional practicing without requisite qualification anywhere in the country may attract penal provision. The Committee had also recognized specific healthcare issues and challenges of every State. The Committee, therefore, reiterates its recommendation that State Governments may implement measures to enhance the capacity of existing health care professionals including practitioners of Indian Systems of Medicine to address State specific primary health care issues/challenges. The Committee also recommends that the



States and UTs while formulating laws to integrate the best of these two Systems should keep in mind the National Health Goals.

**4.2.10** The Committee also believes that there is an urgent need to promote and integrate Indian systems of medicine with the scientific modern advances to increase its acceptability as a scientific and reliable alternate system of medicine. The Committee therefore, strongly recommends adoption of science based approaches in the Indian System of Medicine for its seamless integration with the National Level health care delivery infrastructure. The Committee, accordingly, recommends that clause 2(h) should be amended as follows:

*Indian System of Medicine” means the Ashtang Ayurveda, Unani, Siddha and Sowa-Rigpa Systems of Medicine supplemented by such modern advances, scientific and technological development as the Commission may, in consultation with the Central Government, declare by notification from time to time;*

**4.2.11** The Committee is also of the view that since the proposed Bill is an attempt to improve access to quality and affordable medical education and treatment in the field of Indian System of Medicine and promote medical ethics, it is therefore pertinent to define the terms "Professional Misconduct" and "Ethical Misconduct" in the Bill appropriately so that there are no ambiguities in the proposed legislation. This will help in the protection of interest and rights of the patients or their legal heirs visiting any Indian System of Medicine clinic/professional. The patients and their legal heirs who have suffered due to Professional and Ethical Misconduct of the ISM professional should be able to appeal against their misconduct. The Committee, therefore, recommends that the definitions of the terms "Professional Misconduct" and "Ethical Misconduct" should be incorporated in the definition clause of the Bill and the same may be borrowed from the Indian Medical Council (Professional Conduct Etiquette and Ethics) Regulations, 2002. However, at the same time, necessary safeguard should be put in place to protect the rights of practitioner and they should not be subject to unnecessary harassment.

**4.2.12** Subject to the above recommendations, the clause is adopted.

#### CLAUSE 4

**4.3.1** Clause 4 deals with composition of the Commission. Clause 4(2) reads as under:

*The Chairperson shall be a person of outstanding ability, proven administrative capacity and integrity, possessing a postgraduate degree in any of the disciplines of Indian System of Medicine from a recognized University and having experience of not less than twenty years in any field of Indian System of Medicine, out of which at least ten years shall be as a leader in the area of healthcare delivery, growth and development of Indian System of Medicine or its education.  
(For the purpose of this section and section 19, the term "leader" means the Head of a Department or the Head of an Organisation.)*

## **SUGGESTIONS:**

4.3.2 The following are the suggestions of the stakeholders on the Clause:-

- (i) All India Ayurvedic Congress and Vaidya Raghunandan Sharma, Member, CCIM have submitted that the requirement of PG degree for appointment as the Chairperson should be removed. The PG degree does not necessarily reflect the expertise for the reason that most of the PG degree holders are from private colleges having no exposure and expertise to the system.
- (ii) All India Ayurvedic Congress has drawn attention to Clause 4(2) wherein, a head of any subject/ department of any small institute is equated with the heads of large organizations. Moreover, what is to be understood by the word 'organization' is also not clear. If the organization is interpreted as an institute, in that case, only those in service would be eligible restricting the possibility of practitioners to be the Chairman. Thus, the definition of leader is ambiguous and therefore this part of the section should be deleted.
- (iii) Dr. P.Md. Hasan Ahmed, Member, CCIM submitted that the appointment of Chairperson needs to be on rotatory basis among all the disciplines of ISM in 2:1 ratio amongst the (Ayurveda: Unani) systems. It would lead to fair chance to two major systems which are having its Teaching, Research & Hospitals across India.
- (iv) Prof. Dr. N. J. Muthukumar, Director, National Institute of Siddha, Chennai has submitted that Chairperson of the Commission may be appointed from each system of AYUSH medicine on a rotation basis. This will help in obtaining representation from each system of Medicine and also ensure integration among the AYUSH systems of medicine and strengthen the individual AYUSH Systems.

## **MINISTRY'S RESPONSE:**

4.3.3 Ministry submitted that the PG degree has been made mandatory for all teaching staff of Ayurveda. Most of the teaching staff and experts have PG qualification. It has been mentioned in the NCIM Bill that the meaning of leader means the head of the Department or the head of an Organisation. The merit of the leadership shall be assessed by the Search Committee.

## **RECOMMENDATIONS/OBSERVATIONS**

**4.3.4 The Committee believes that the Post Graduation eligibility criteria for appointment as Chairperson of any national level agency is justified considering the specialized functions and responsibilities the Chairperson is bound to perform. The Committee therefore, is of the view, that Post Graduation degree in the Indian System of Medicine is a valid condition for appointment as Chairperson as the multifaceted duties of the Chairperson demands deep knowledge and experience in the Indian System of Medicine.**

**4.3.5 The Committee is of the view that all the disciplines of the Indian System of Medicine have been represented in the Commission and the Advisory Council for Indian**

**System of Medicine. Therefore, the apprehensions of non-representation when the Chairperson is from a particular discipline of ISM are not justified.**

**4.3.6 Subject to the above observation, the clause is adopted without any change.**

**4.3.7 Clause 4(3) reads as under:**

*The following persons shall be appointed by the Central Government as ex-officio Members of the Commission, namely:—*

- (a) the President of the Board of Ayurveda;*
- (b) the President of the Board of Unani, Siddha and Sowa-Rigpa;*
- (c) the President of the Medical Assessment and Rating Board for Indian System of Medicine;*
- (d) the President of the Board of Ethics and Registration for Indian System of Medicine;*
- (e) Advisor (Ayurveda) or Joint Secretary to the Government of India in-charge of Ayurveda and Advisor (Unani) or Joint Secretary to the Government of India in-charge of Unani, in the Ministry of AYUSH;*
- (f) the Director, All India Institute of Ayurveda, New Delhi;*
- (g) the Director, National Institute of Siddha, Chennai;*
- (h) the Director, National Institute of Unani, Bengaluru;*
- (i) the Director, North Eastern Institute on Ayurveda and Homoeopathy, Shillong;*
- (j) the Director, Institute of Post Graduate Teaching and Research in Ayurveda, Jamnagar; and*
- (k) the Director, National Institute of Ayurveda, Jaipur.*

## **SUGGESTIONS:**

4.3.8 The following are the suggestions of the stakeholders on the Clause:-

- (i) The Arya Vaidya Pharmacy (Coimbatore) Limited has suggested that among the ex-officio members, the South Indian school of thought of Ayurveda have not been represented (unless until any of the following the 1)Directors of AIIA- New Delhi, 2)AEIAH - Shillong, 3) IPGTRA- Jamnagar or NIA- Jaipur is from South Indian School). The current criteria will not guarantee representation of Caraka, Sushrta and Vagbhata school of thoughts but would also result in inappropriate representation of regional pluralism of the system. Further, the organization submitted that the industry representation from both manufacturers of medicine and also healthcare services seems glaringly neglected. This could create a gap in Industry and Academia as usual.
- (ii) Shri Vaiday Devendra Triguna, President, All India Ayurvedic Congress has suggested that Clause 4 (3)(e) that reads as:

*Advisor (Ayurveda) or Joint Secretary to the Government of India in-charge of Ayurveda and Advisor (Unani) or Joint Secretary to the Government of India in-charge of Unani, in the Ministry of AYUSH;*

should be amended as follows:

*A technical Officer not less than the level of Advisor (Ayurveda) and Advisor (Unani) (JS Rank) in the Ministry of AYUSH*

- (iii) Director, National Institute of Unani Medicine submitted that in clause 4(3)(h), The Director, National Institute of Unani, Bengaluru has to be read as National Institute of Unani Medicine, Bengaluru.
- (iv) Dr. Manoj.R, Scientific Officer, Traditional Knowledge Innovation, Kerala suggested that two more officers should be included among the ex-officio members of the Commission namely, Director of Ayurveda Medical Education, Kerala and Director of International Institute of Research in Ayurveda, Kerala.
- (v) National Institute of Siddha, Chennai submitted that after constituting a Siddha Board, a separate Advisor (Siddha) or Joint Secretary to the Government of India in-charge for Siddha in the Ministry of AYUSH should also be appointed for the Siddha Board.
- (vi) Regarding ex-officio members, Director General, Central Council for Research in Siddha submitted that Director General, Central Council for Research in Siddha (CCRS) should be included as the ex-officio member for Siddha System of Medicine.
- (vii) The State Government of Maharashtra also submitted that Directors of AYUSH, State Government, three from any of the States on rotational basis should be included as ex-officio members of the Commission.

#### **MINISTRY'S RESPONSE:**

4.3.9 With respect to suggestion to propose option only for Adviser (Unani) and to make Adviser (Ay.) as a Member of the Commission, the Ministry of AYUSH submitted that the provision in the Bill allows the Joint Secretary to be as Member in absence of Advisers of Ayurveda or Unani. It shall be decided by the Central Government while nominating the ex officio members.

4.3.10 With respect to suggestion to include two more officers among the ex-officio members of the Commission, the Ministry submitted that the Bill also provides for appointing 04 members by the Central Government as part-time members. Therefore, the Central Government may consider such institutes while appointing part time members.

#### **RECOMMENDATIONS/OBSERVATIONS**

**4.3.11 The Committee observes that under clause 19, a Board of Ayurveda will be constituted consisting of four members from the Ayurveda discipline of Indian System of Medicine. The Committee recommends that the South Indian School of thought of**

**Ayurveda along with other disciplines of Ayurveda should get adequate representation in this Board so that regional variations in the system are accommodated and promoted.**

**4.3.12 The Committee also recommends that the Ministry while appointing four part time members of the Commission should prioritize such Institutes/disciplines/school of thoughts which do not have adequate representation in the Commission.**

**4.3.13 The Committee also recommends that the Director, National Institute of Unani, Bengaluru should be read as National Institute of Unani Medicine, Bengaluru.**

**4.3.14 The Committee observes that there is no representation from the Research Councils of the different disciplines of Indian System of Medicine. The Committee is disappointed at the non-representation from the research field in the Commission given the fact that research is fundamental for promotion and progress of the Indian System of Medicine. The Committee notes that in the National Homeopathy Bill, 2019, the Director-General, Central Council for Research in Homoeopathy, New Delhi is the ex-officio member of the National Commission for Homoeopathy on the lines of National Medical Commission Act where the Director General, Indian Council of Medical Research is an ex-officio member of the NMC. The Committee therefore, on the lines of NMC Act and NCH Bill recommends the inclusion of Director Generals of Central Council of Research in different disciplines of Indian System of Medicine, viz, Central Council of Research in Ayurveda (CCRA), Central Council for Research in Siddha (CCRS) and Central Council for Research in Unani Medicine (CCRUM) in the National Commission of Indian System of Medicine.**

**4.3.15 Attention of the Committee has been drawn to the fact that Yoga and Naturopathy have not been included in this Bill. The Committee is of the considered view that the age old practice of Yoga and Naturopathy which focuses on holistic health is an integral part of Indian culture and AYUSH system. The Committee recommends their inclusion in the said Bill. It has also recommended that a Board of Yoga and Naturopathy should also be constituted under clause 18 in the Bill. The Committee also notes that the Government with an aim to popularize the effectiveness of Yoga and Naturopathy established Central Council for Research in Yoga and Naturopathy (CCRYN) for enhancing focused research in the field. The Committee, therefore, also recommends that the Director General, Central Council for Research in Yoga and Naturopathy (CCRYN) should also be an ex-officio member of the Commission.**

**4.3.16 Including Yoga & Naturopathy in the Bill would ensure that their adequate representation in the Commission since the National Institutes from the field of Yoga and Naturopathy have not been represented in the Commission. The Committee, therefore, recommends that the Director of Morarji Desai National Institute of Yoga and Director, National Institute of Naturopathy, Pune should also be included in the Commission.**

**4.3.17 The Committee has also proposed a Board of Research under clause 18 to promote multidisciplinary research collaborations among Research Councils of all the disciplines of Indian System of Medicine. The Presidents of these two proposed Boards, viz Board of**

**Yoga and Naturopathy and Board of Research will also be the ex-officio members of the Commission.**

**4.3.18 In view of the above recommendations , the number of ex-officio members will increase from 12 to 20 with an increase of 8 ex-officio Members which are as follows:**

- (i) the President of the Board of Yoga and Naturopathy**
- (ii) the President of the Board of Research**
- (iii) the Director, Morarji Desai National Institute of Yoga,**
- (iv) the Director, National Institute of Naturopathy, Pune**
- (v) Director General, Central Council of Research in Ayurveda (CCRA)**
- (vi) Director General, Central Council for Research in Siddha (CCRS)**
- (vii) Director General , Central Council for Research in Unani Medicine (CCRUM)**
- (viii) Director General, Central Council for Research in Yoga and Naturopathy (CCRYN)**

**4.3.19 Clause 4(4) reads as under:**

*The following persons shall be appointed by the Central Government as part-time Members of the Commission, namely:—*

*(a) four Members to be appointed from amongst persons of ability, integrity and standing, who have special knowledge and professional experience in any of the disciplines of Indian System of Medicine, Sanskrit, management, law, health research, science and technology and economics;*

*(b) six Members to be appointed on rotational basis from amongst the nominees of the States and Union territories in the Advisory Council for Indian System of Medicine for a term of two years in such manner as may be prescribed;*

*(c) three Members, to be elected by the registered medical practitioners of Ayurveda, and one member each to be elected by the respective registered medical practitioners of Siddha, Unani and Sowa-Rigpa, of the Indian System of Medicine, from amongst themselves, from such regional constituencies, and in such manner, as may be prescribed:*

*Provided that no Member shall either himself or through any of his family members, directly or indirectly, own or be associated with or have any dealings with the managing body of a private or non-government medical institution which is regulated under this Act.*

#### **SUGGESTIONS:**

**4.3.20 The following are the suggestions of the stakeholders on the Clause 4(4)(a):**

- (i) The Arya Vaidya Pharmacy (Coimbatore) Limited has submitted that in the clause 4(4)(a), the term who have ‘special knowledge’ should be replaced by a qualifying term very specific to avoid any ambiguity in future.**

- (ii) National Institute of Unani Medicine, Bengaluru submitted that in Clause 4(4)(a) against 4 members, appointment of 5<sup>th</sup> member with sound knowledge of Urdu may be considered in the interest of the Bill.
- (iii) Director, National Institute of Siddha submitted that under clause 4(4)(a) four members should be selected from each of the discipline of Indian systems of medicine i.e. Ayurveda, Siddha, Unani & Sowa Rigpa to ensure the representation from each discipline. The director also suggested that one MD (Siddha) Ph.D who has proficiency in Tamil may also be appointed as one of the experts as all the original Siddha literatures are available only in Tamil language.
- (iv) Director General, Central Council for Research in Siddha also submitted that Tamil language expert along with the disciplines of Indian system of Medicine, Sanskrit, Management, Law, Health Research, Science and Technology and Economics should be included in clause 4(4)(a).

#### **MINISTRY'S RESPONSE:**

4.3.21 On query regarding the term "special knowledge", the Ministry submitted that the part-time members under Clause 4(4)(a) includes persons from the following fields namely, (a) disciplines of Indian System of Medicine, (b)Sanskrit, (c)management, (d)law, (e) health research, (f) science and technology and (g) economics. Hence, the special knowledge in any of the fields is a requirement to become a part time member. Further, the Commission may prescribe the guidelines in this regard to make it clearer.

#### **RECOMMENDATIONS/OBSERVATIONS**

**4.3.22 The Committee is of the view that since Urdu and Tamil are fundamental to Unani and Siddha system of Medicine respectively, therefore, these be included under clause 4(4)(a). The Committee accordingly recommends that clause 4(4)(a) wherein the requisite qualifications for appointment as a part time member of the Commission are prescribed, may be amended as follows:-**

*The following persons shall be appointed by the Central Government as part-time Members of the Commission, namely:—*

*(a) four Members to be appointed from amongst persons of ability, integrity and standing, who have special knowledge and professional experience in any of the disciplines of Indian System of Medicine, Sanskrit, Tamil, Urdu, management, law, health research, science and technology and economics;*

4.3.23 The following are the suggestions of the stakeholders on the Clause 4(4)(b):

- (i) All India Ayurvedic Congress has submitted that the provision of only 6 members on the rotational basis all over India is far inadequate taking into consideration that there are around 400,000 practitioners in the country spread over 37 States/UTs. Therefore, representation of practitioners should be proportionate to the numbers of registered practitioners in the State.

- (ii) Director, National Institute of Siddha, Chennai submitted that under clause 4(4)(b) in the Bill, there is no mention about individual allotment or earmarking of members of which System of AYUSH should the member belong to, hence in order to ensure the presence of representatives from all ASU systems such earmarking may be included.
- (iii) Dr. P.Md. Hasan Ahmed, Member, CCIM submitted that each State with a minimum of 1000 practitioners in any system shall be given to nominate one person from each system.

#### **MINISTRY'S RESPONSE:**

4.3.24 The proposed Bill intends to select the members of the Commission by a Search Committee unlike the present mode of Elections. The proposed composition of the Commission is also well balanced having 29 members, out of which 6 Part-time members are elected registered medical practitioners. Out of the remaining 23 members, 13 members represent ISM and 6 members represent State/UT Universities. Therefore, there shall be 19 members including Chairman from ISM. The provision specifying conditions for removal of members is also an important proposal which shall ensure a rationale functioning of the Members and Commission. Further, there shall be Autonomous Boards separately for Education, Rating & assessment and for Ethics and Registration so as to have proper focus on each aspect.

#### **RECOMMENDATIONS/OBSERVATIONS**

**4.3.25 The Committee believes that representation of six part time members on rotational basis from amongst the nominees of the States and Union territories in the Advisory Council for a term of two years is highly inadequate. The present structure will not ensure effective participation of all the States/UTs in the Commission and will leave many States/UTs unrepresented for many years. Health being a State subject demands a focused approach from not only the Centre but also the States. A collaborative approach between the Center and the States is necessary for mainstreaming AYUSH in the overall healthcare system. The Committee strongly believes that until and unless the States are made an active partner, the desired integration towards the spirit of cooperative-federalism cannot be achieved.**

**4.3.26 The Committee is also surprised to note that though the NCISM Bill has been drafted on the lines of NMC Bill but the Ministry of AYUSH has ignored the recommendation of the Committee with respect to the composition of the National Medical Commission in its 109<sup>th</sup> Report on the NMC Bill. The Committee would also like to emphasize the fact that Ministry of Health & Family Welfare had accepted the recommendation of the Committee in its 109<sup>th</sup> Report and increased the representation of the States in the NMC Act from 6 to 10.**



**4.3.27 The Committee, therefore, recommends that the representation of States and UTs must be increased from 6 to 10 for ensuring cooperative federalism between the Centre and the States so that the Commission acts as a common interface that works together for strengthening of Indian System of medicine in the country.**

**4.3.28 The Committee, therefore, recommends that clause 4(4)(b) wherein the requisite qualifications for appointment as a part time member of the Commission are prescribed, may be amended as follows:-**

*The following persons shall be appointed by the Central Government as part-time Members of the Commission, namely:—*

*(b) ten Members to be appointed on rotational basis from amongst the nominees of the States and Union territories in the Advisory Council for Indian System of Medicine for a term of two years in such manner as may be prescribed;*

4.3.29 The following are the suggestions of the stakeholders on the Clause 4(4)(c):

- (i) All India Ayurvedic Congress submitted that in clause 4(4)(c) the manner of election is not clear how 3 members from Ayurveda will be elected from all over India
- (ii) Vaidya Raghunandan Sharma, Member CCIM submitted that only three seats are fixed for election for registered practitioners from 29 States which is shocking and hilarious. Instead of 3 members, 1 member should be fixed for each State so that all States have their representation. CCIM members from each State can be allowed to continue as member till the time election in the Commission is not conducted.
- (iii) Vaidya Jayant Yeshwant Deopujari, President, CCIM has submitted that the proviso 4(c) to include elected members in the Commission is a welcome move but the proportion/number of such members has to be increased at least upto the ratio of 1 member from among 25,000 practitioners (currently the ratio is 1:1,00,000).
- (iv) Prof. Dr. N. J. Muthukumar, Director, National Institute of Siddha, Chennai submitted that under clause 4 (4)(c), four members may be elected from each system of Medicine - Ayurveda, Siddha, Unani & Sowa Rigpa by the Registered Medical Practitioners of the respected AYUSH systems to ensure representation from all ASU systems of medicine.
- (v) Dr. P.Md. Hasan Ahmed, Member, CCIM submitted that each State with a minimum of 1000 practitioners in any system shall be given to elect as part time member among the practitioners (one Member) from each system. A provision shall be enacted to continue the present elected Members from the category of practitioners, who got elected under the provisions of (3)(1)(a) of IMCC Act,1970.
- (vi) Integrated Medical Association (AYUS) has submitted that India is a democratic country and all the statutory bodies are formed by proving sufficient representation to the practitioners by way of election. But there is no representation of elected representatives from ISM fraternity in the Commission, Council or Boards. The Association has strongly recommended that at least 50% representation should be given to members elected from amongst the practitioners in the formation of the

Commission, Councils and Boards under this Bill. There has been a clear and sufficient representation of elected members in the prevailing CCIM Act which is more than 50% of the nominated members.

- (vii) Ayurved Vyaspeeth has submitted that the number of members through election should be increased at least 50% may be the ratio.

#### **MINISTRY'S RESPONSE:**

4.3.30 The Ministry of AYUSH submitted that all members are nominated by Central Government on the recommendation of Search Committee, except for elected part-time members. Most of the nominated members are ex-officio members, persons with ability, integrity and having professional experience from nominees of States/UTs with experience in the field of AYUSH education and practice which shall be highly useful.

4.3.31 The composition of the NCIM is 29 [Chairman-1, Ex-officio-12, Part-time-16(6 elected)] . Unlike the present mode of elections, the proposed Bill intends to select the members of the Commission by a Search Committee. The proposed composition of the Commission seems to be well balanced unlike the present structure of CCIM.

4.3.32 Clause 4(4)(c) of the proposed Commission provides for electing six Members from amongst the practitioners of Indian systems of medicine. The procedure for election of three members from Ayurveda shall be prescribed in rules to be framed by the Commission.

4.3.33 The Ministry also submitted the proposed composition of the Commission seems to be well balanced unlike the present structure of CCIM. The suggestion to increase 50% of members from election does not seem to be appropriate as the existing CCIM has 70% of elected Members and its functioning is not satisfactory.

#### **RECOMMENDATIONS/OBSERVATIONS**

**4.3.34 The Committee observes as on 1.1.2018, there were 799879 registered AYUSH doctors/ practitioners in India. Out of these registered AYUSH practitioners, 443704 (55.5%) belong to Ayurveda, 51110 (6.4%) belong to Unani Systems while only 9125 (1.1%) and 2425 (0.3%) doctors belong to Siddha and Naturopathy Systems respectively. As per the present structure in the NCISM Bill, 3 members will be elected from Ayurveda and one each from Unani, Siddha and Sowa-Rigpa. This implies that there will be 1 representative for 1,47,901 Ayurveda practitioners, 1 representative for 51110 Unani practitioners and 1 representative for 9125 Siddha practitioners. The Committee is strongly in favor of proportional representation of practitioners in the Commission as their voice is instrumental in the successful implementation of the provisions of the proposed legislation. Therefore, the Committee recommends increasing the representation from 3 to 6 members who are to be elected by the registered medical practitioners of Ayurveda and one member each to be elected by the respective registered medical practitioners of Siddha, Unani and Sowa-Rigpa. This would ensure sufficient representation to the practitioners in the**

Commission by way of election thus keeping intact the democratic structure of the Commission.

**4.3.35** The Committee, therefore, recommends that clause 4(4)(c) wherein the requisite qualifications for appointment as a part time member of the Commission are prescribed, may be amended as follows:-

*The following persons shall be appointed by the Central Government as part-time Members of the Commission, namely:—*

*(c) six Members, to be elected by the registered medical practitioners of Ayurveda, and one member each to be elected by the respective registered medical practitioners of Siddha, Unani and Sowa-Rigpa, of the Indian System of Medicine, from amongst themselves, from such regional constituencies, and in such manner, as may be prescribed*

**4.3.36** In view of the above recommendations of the Committee with respect to clause 4, the new composition of the part-time members of National Commission for Indian System of Medicine will increase from 16 to 23 with an increase of 7 members as follows:

(i) Increase in part time members from six to ten to be appointed on rotational basis from amongst the nominees of the States and Union territories in the Advisory Council for Indian System of Medicine and (ii) Increase in part time members from three to six to be elected by the registered medical practitioners of Ayurveda.

**4.3.37** Accordingly, the new composition of the National Commission for Indian System of Medicine will increase from 29 to 44; i.e. (a) a chairperson; (b) 20 ex-officio members; (c) 23 part-time members.

4.3.38 With respect to the proviso of the clause 4, the Arya Vaidya Pharmacy (Coimbatore) Limited submitted that the proviso to the clause is intended to make the Commission unbiased but there is a high possibility that the elected members by registered medical practitioner may be either directly or indirectly related to the managing body of a private or non-government medical institutions which may lead to legal complications. The Association has submitted that it would be appropriate that all members submit a declaration of 'conflict of interest' after appointment and abstain from decisions that may be related to his/her interest areas as beneficiary of the decision. The declaration must be published in the website of the Commission.

#### **MINISTRY'S RESPONSE:**

4.3.39 On a query regarding the proviso to the clause, the Ministry submitted that the proviso will ensure that such registered medical practitioners are not allowed to contest the elections. Necessary provisions shall be incorporated in the rules to be prescribed by the Commission for the said purpose.

## RECOMMENDATIONS/OBSERVATIONS

**4.3.40** The Committee agrees with the view of the Ministry, this proviso is important so that such registered medical practitioners who are either directly or indirectly related to the managing body of a private or non-government medical institutions are not elected as members of the Commission. This is fundamental in ensuring that instances of conflict of interest and corruption are avoided. The Committee strongly recommends that such practitioners who are elected to the Commission should have no ties with any medical institutions so that they do justice to their newly found responsibility as members of Commission. The Committee hopes the same is reflected in the rules to be prescribed by the Commission.

**4.3.41** Subject to the above recommendations, the clause is adopted.

## CLAUSE 5

**4.4.1** Clause 5 deals with Search Committee for appointment of Chairperson and Members.

*5. (1) The Central Government shall appoint the Chairperson, referred to in section 4 and the President of the Autonomous Board referred to in section 20 on the recommendation of a Search Committee consisting of—*

*(a) the Cabinet Secretary—Chairperson;*

*(b) two experts, possessing outstanding qualifications and experience of not less than twenty-five years in any of the fields of Indian System of Medicine, to be nominated by the Central Government—Members;*

*(c) one expert, from amongst the Members referred 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 Sanskrit, health research, management, law, economics or science and technology, to be nominated by the Central Government—Member;*

*(e) the Secretary to the Government of India in charge of the Ministry of AYUSH, to be the Convenor—Member:*

*Provided that for selection of part-time members of the Commission referred to in clause (a) of sub-section (4) of section 4, the Secretary referred to section 8 and other Members of the Boards referred to in section 20, the Search Committee shall consist of members specified in the clause (b) to (d) and Joint Secretary to the Government of India in the Ministry of AYUSH as Convenor-Member and chaired by Secretary to the Government of India in charge of the Ministry of AYUSH.*

## **SUGGESTIONS:**

4.4.2 The following are the suggestions of the stakeholders on the clause 5:

- (i) Dr. P.Md. Hasan Ahmed, Member, CCIM submitted that in clause 5(1)(b) instead of two experts, Four experts – one expert from each system (Ayurveda, Unani , Siddha &Sowa-Rigpa) may be appointed as members of the Search Committee.
- (ii) Director, National Institute of Unani Medicine submitted that in clause 5(1)(d) appointment of one person possessing outstanding qualification in Urdu may also be considered.

## **RECOMMENDATIONS/OBSERVATIONS**

**4.4.3 The Committee observes that in Clause 5(1)(c), one expert from amongst the part time members referred to in Clause 4(4)(c) will also be a Member of the Search Committee. The Committee under Clause 4(4)(c) has recommended to increase the strength of part time members from 6 to 9. Since the membership has been increased from 6 to 9, the Committee feels that it would be appropriate to have one more representation from the part-time members in the Search Committee. The Committee, therefore, recommends to increase the strength of experts under clause 5(1)(c) from 1 to 2.**

**4.4.5 The Committee also recommends inclusion of Urdu and Tamil under clause 5(1)(d) in line with the Committee's recommendation in Clause 4(4)(a).**

**4.4.6 The Committee recommends that clause 5(1) (c) and clause 5(1)(d) which deals with the membership of the Search Committee may be amended as follows:-**

*(c) two expert, from amongst the Members referred 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 Sanskrit, Urdu, Tamil, health research, management, law, economics or science and technology, to be nominated by the Central Government— Member;*

**4.4.7 The Committee notes that since the Search Committee plays a critical role in the selection of the Chairperson and members of the Commission, a proper and streamlined procedure should be evolved where the appointment of the Chairperson and Members be done within a stipulated time period by the Central Government so as to avoid unwanted litigations against the Government. The Committee, therefore, recommends the Ministry to pay due attention on the timely appointment of the Chairperson and members of the Commission.**

**4.4.8 Subject to the above recommendation, the clause is adopted.**

## CLAUSE 6

4.5.1 Clause 6 deals with the Term of office and conditions of service of Chairperson and Members. Clause 6 (1) reads as under:

*The Chairperson and Members (other than ex officio Members) and Members appointed under clause (b) 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*

**Clause 6 (2) reads as under:**

*(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.*

## SUGGESTIONS:

4.5.2 The following are the suggestions of the stakeholders on the clause 6(1) and clause 6(2):

- (i) Shri Vaiday Devendra Triguna, President, All India Ayurvedic Congress has submitted that the Chairman or the Member should be eligible for the extension or reappointment. The age limit should be extended to 75 years instead of 70 years as proposed in the Bill.
- (ii) Prof. Abdul Wadud, Director, National Institute of Unani Medicine submitted that in clause 6(1) considering second term for another four years in case suitable member is not available is required by enhancing age limit upto 75 years.
- (iii) Dr. P.Md. Hasan Ahmed, Member, CCIM submitted that in clause 6(2) the term of office of an Ex-Officio Member -shall be limited to a maximum of FIVE YEARS

## MINISTRY'S RESPONSE:

4.5.3 The Bill bars the Chairman or Member for extension or re-appointment so as to discourage the existing mechanism of long continuation of Chairman/Members of CCIM who had continued for long time there by creating nexus with the Institutes resulting in compromise of quality education.

4.5.4 The upper age limit of 70 years has been proposed keeping in view of the permitted age limit in various Government organizations for consultants.

## RECOMMENDATIONS/OBSERVATIONS

**4.5.5 The Committee is in agreement with the view of the Ministry and discourages the long continuation of Chairman/Members of CCIM. A Commission of such stature should continuously evolve and innovate to establish AYUSH as a reliable and alternative system of medicine. The Committee is of the opinion that four years tenure is sufficient for the**

**Chairperson and the members to implement their ideas and bring about a transformation in the Indian System of Medicine. The Committee also believes that new leadership will not only bring rejuvenated zeal and enthusiasm in the organization but also prevent the possible nexus between the Institutes and the Commission. With regards to the upper age limit, the Committee is of the opinion that 70 years upper age limit is suitable for the members and the Chairperson.**

**4.5.6 Clause 6 (7) reads as under:**

*(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 of Indian System of Medicine or, whose matter has been dealt with by such Chairperson or Member, directly or indirectly:  
Provided that nothing contained herein shall be construed as preventing such person from accepting an employment in a body or institution including Medical institution of Indian System of Medicine, controlled or maintained by the Central Government or a State Government.*

**4.5.7 Clause 6 (8) reads as under:**

*(8) Nothing in sub-section (7) shall prevent the Central Government from permitting the Chairperson or a Member to accept any employment in any capacity, including as a consultant or an expert, in any private Medical institution of Indian System of Medicine, whose matter has been dealt with by such Chairperson or Member.*

**RECOMMENDATIONS/OBSERVATIONS**

**4.5.8 The Committee notes that clause 6(7) forbids the Chairperson and Members Commission for accepting any employment in any capacity including as a consultant or expert in any private medical education. However, clause 6(8) of the Bill allows the Chairperson and Members to accept the same with the prior permission of the Central Government. The Committee is of the view that giving the Central Government this discretion will only provide opportunities for corrupt practices as clause 6(8) gives scope to bias and favoritism. The Committee, therefore, recommends, the Clause 6(8) empowering the Central Government to relax this condition, be deleted.**

**4.5.9 Subject to the above recommendations, the clause is adopted.**

## CLAUSE 7

**4.6.1 Clause 7 provides for Removal of Chairperson and Members of Commission. Clause 7 reads as under:**

- 7. (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 the Chairperson or 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; or*
- (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.*

## RECOMMENDATIONS/OBSERVATIONS

**4.6.2 The Committee observes that this clause is on similar lines with the clause dealing with removal of the Chairperson and Members of the Commission as in NMC Act, 2019. These are certainly standard conditions for removal as approved by Ministry of Law & Justice. The Committee, however, is of the view that the Rights of Persons with Disabilities Act, 2016 should be kept in mind while removing such persons on physical or mental grounds as the Bill should not discriminate persons with disabilities.**

**4.6.3 Subject to the above recommendations, the clause is adopted.**

## CLAUSE 9

**4.7.1 Clause 9 provides for Meetings of Commission. Clause 9(6) reads as under:**

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

## MINISTRY'S RESPONSE:

**4.7.2 On a specific query regarding the proposal of a common Medical Appellate Tribunal, the Secretary deposed before the Committee that the final appellate authority will be the Central**



Government after the Commission. The Secretary, further, submitted that making a separate body is very expensive, time taking and judiciary is available if somebody is aggrieved by the appellate authority. So, a separate medical appellate tribunal will not be feasible.

## **RECOMMENDATIONS/OBSERVATIONS**

**4.7.3 The Committee is of the view that giving the appellate jurisdiction to the Central Government with respect to the decisions of the Commission does not fit into the constitutional provision for separation of powers. The Committee, therefore, on the same lines as its recommendations as made in 109<sup>th</sup> Report on NMC Bill strongly recommends constitution of a common Medical Appellate Tribunal for Indian Systems of Medicine including Homeopathy which will consist of a Chairperson, who should be a sitting or retired Judge of the Supreme Court or a Chief Justice of a High Court, and four other Members. This tribunal will have an appellate jurisdiction over the decisions taken by the Commission. One of the Members should have special knowledge and experience in medical profession/medical education; one should have special knowledge and experience in the field of Indian system of medicine and one in homeopathy and finally the last member with an experience in the field of health administration at the level of Secretary to Government of India. Consequent changes for replacing the Central Government with the said Tribunal may be reflected in all the subsequent clauses viz. clause 29(6), clause 30(4)(b), clause 34(7), clause 35(3) or any other related clause of the Bill.**

**4.7.4 Subject to the above recommendations, the clause is adopted.**

### **CLAUSE 10**

**4.8.1 Clause 10 deals with Power and Functions of Commission. Clause 10 (1) reads as under:-**

*The Commission shall perform the following functions, namely:—*

- (a) lay down policies for maintaining a high quality and high standards in education of Indian System of Medicine 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) frame guidelines and lay down policies by making such regulations as may be necessary for the proper functioning of the Commission, the Autonomous Boards and the State Medical Councils of Indian System of Medicine;*
- (e) ensure coordination among the Autonomous Boards;*
- (f) take such measures, as may be necessary, to ensure compliance by the State Medical Councils of Indian System of Medicine of the guidelines framed and regulations made under this Act for their effective functioning under this Act;*
- (g) exercise appellate jurisdiction with respect to decisions of the Autonomous Boards;*

- (h) ensure observance of professional ethics in Medical profession and to promote ethical conduct during the provision of care by medical practitioners;*
- (i) exercise such other powers and perform such other functions as may be prescribed.*

## **SUGGESTIONS:**

4.8.2 The following are the suggestions of The Arya Vaidya Pharmacy (Coimbatore) Limited on the clause 10:-

- (i) Periodic evaluations on public litigations in ayurvedic domain, provide road map for the mitigation of root causes of litigations, and publish document of facts in public interest as related to safe practises of ayurveda- To counter the false and fabricated ligations raised against ayurvedic practices to showcase it as an unsafe medical system .The statement of facts when provided by the commission would also be an official document.
- (ii) Board of Ayurveda /Board of Unani, Siddha, Sowa-rigpa: In addition to determine the standards of education at the undergraduate ,postgraduate and super specialty levels, the standards of education and practise of paramedical courses in Ayurveda like nursing ,therapists training need to be scientifically defined and standardised across the country. Similarly in modern medicine, the pharmacy education and practises are controlled by the Pharmacy Council . Either the pharmacy domain need to be in the Board of Ayurveda or a separate Board for Ayurveda pharmacy need to be created to include the branch of pharmacy also .
- (iii) Under Power and Functions, curriculum reformation is to be included. The standards that are to be ensured should be for a quality content that is created. The current curriculum produces neither fully qualified Ayurveda vaidyas nor fully qualified Allopathy Doctors.

## **MINISTRY'S RESPONSE:**

4.8.3 On provision for standardization and regulation of education and practice of paramedical courses in Ayurveda, the Ministry submitted that at present there is no Central regulation for paramedical courses in Ayurveda. However, certain States are conducting paramedical courses in Ayurveda and such professionals are utilized in various organizations/ institutes.

4.8.4 In reply to a query regarding regulation of pharmacy domain of Ayurveda, the Ministry submitted that the Indian Medicine and Homoeopathy Pharmacy Bill-2005, was proposed to constitute a Central Pharmacy Council to regulate the education and practice of Pharmacy in Indian Systems of Medicine and Homoeopathy. The proposal was then introduced in the Rajya Sabha on 23rd August 2005. The Bill was referred to the Department-Related Standing Committee on Health and Family Welfare and the Committee presented its 18th Report, dated 28th July, 2006 on the Bill and recommended amendments/ modifications. This Bill shall be withdrawn and a fresh Bill namely, the Pharmacy Council of Indian Medicine and Homeopathy Bill, shall be introduced. The necessary steps are being taken by the Ministry.

## **RECOMMENDATIONS/OBSERVATIONS**

**4.8.5** The Committee notes that the suggestion of the stakeholder, namely, the periodic evaluations on public litigations in Ayurvedic domain; providing road map for the mitigation of root causes of litigations should be incorporated as functions of the common Medical Appellate Tribunal for AYUSH that has already been recommended under clause 9. This Medical Appellate Tribunal should carry out periodic evaluations on public litigations in the AYUSH domain.

**4.8.6** The Committee agrees with the suggestion that documents regarding safe practices of Indian System of Medicine should also be published. Separate documents regarding safe practices of Ayurveda and Unani, Siddha & Sowa-Rigpa should be prepared by the Board of Ayurveda and Board of Unani, Siddha & Sowa-Rigpa respectively.

**4.8.7** The Committee is also of the view that there is a need for standardization of education and practice of Paramedical Courses like nursing, therapists training etc in Ayurveda, Unani, Siddha and Sowa-Rigpa. The Committee, therefore, recommends that development and regulation of paramedical courses in different disciplines of Indian System of Medicine should also be mentioned as one of the function of the National Commission of Indian System of Medicine so that these courses are recognized and a uniform curriculum can be developed. The Committee also desires that the regulatory functions of the Committee may incorporate development activities necessary for promotion and proliferation of Indian System of Medicine with greater impetus so that objective and mission of task-shifting and Ayushman Bharat are achieved.

**4.8.8** For this purpose, the Committee recommends the word " development and " should be added after the phrase "lay down policies for" and before the phrase " maintaining a high.. ". The clause 10(1)(a) may be amended as follows:

*(a) Lay down policies for development and maintaining a high quality and high standards in education of Indian System of Medicine and make necessary regulations in this behalf.*

**4.8.9** The Committee also recommends the Ministry to expedite the introduction of the Pharmacy Council of Indian Medicine and Homeopathy Bill so that the education and practice of Pharmacy in Indian Systems of Medicine and Homoeopathy can be regulated with a development approach. The Ministry while drafting the Bill should also consult the Pharmacy Council of India and take note of the recommendations contained in the 18<sup>th</sup> Report of the Committee on the Indian Medicine and Homeopathy Pharmacy Bill-2005.

**4.8.10** Subject to the above recommendations, the clause is adopted.

## CLAUSE 11

### 4.9.1 Clause 11 deals with Constitution and Composition of Advisory Council for Indian System of Medicine. Clause 11 reads as under:

*(1) The Central Government shall, by notification, constitute an advisory body to be known as the Advisory Council for Indian System of Medicine.*

*(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 ex officio member of the Council;*

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

*Provided that the State Government or the Ministry of Home Affairs in the Government of India, as the case may be, shall nominate the Vice-Chancellor of the University in that State or Union territory which has the largest number of colleges for Indian System of Medicine affiliated to it;*

*(d) 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.*

### SUGGESTIONS:

4.9.2 The following are the suggestions of the stakeholders on the clause 11:-

- (i) Dr. P.Md. Hasan Ahmed, Member, CCIM submitted that the proposed advisory Council is only advisory in nature and it has no role in reviewing the functioning of the NCISM. He has strongly suggested that the council should be given the right to review the functioning of the NCISM. With respect to clause 11(2) (c), he has submitted that one Member from each system (with a Minimum of 1000 Registered Practitioners) from each State should be nominated by the State Government in the Council. It is to note that in many States AYUSH/ISM Systems are under the Administrative control of Health Universities which deal with Allopathic, Homeopathic as well as ISM systems. The Vice-Chancellors of the said Universities are from allopathic fraternities or others. Hence State Government shall nominate a person with Post Graduation and a minimum of ten years' experience in teaching or practitioners or research experience.
- (ii) The Arya Vaidya Pharmacy (Coimbatore) Limited has submitted that Vice Chancellors, even of Medical Universities have no Ayurveda background. Hence the suggestion is to prefer either Director of Ayurveda Medical Education or the Director of ISM from each State. He further submitted that with respect to clause 11(2)(c), there is ambiguity in representation of State which does not have a

separate AYUSH University. The Advisory Council lacks representation from a) Ayurveda Pharmaceutical Industry b) Ayurveda Services Industry and c) Ayurveda Research These are the major stakeholders of the sector and would be concern of the skills and quality attained by the human resources that undergo the medical programs.

- (iii) With respect to clause 11(2)(d), the Arya Vaidya Pharmacy (Coimbatore) Limited submitted that the representation of apex body in medical research like ICMR should also be made mandatory to facilitate the integrative research. "Political appointees" and "elected appointees" should be avoided from the membership of the Commission and Councils and Advisory Board. Merit should be made a more important criterion.
- (iv) With respect to the composition of the Advisory Council for Indian System of Medicine, Director, National Institute of Siddha, Chennai submitted that in the Advisory Council, members from each Research Council of Siddha (CCRS), Ayurveda (CCRAS) & Unani (CCRUM) may also be nominated in addition to the representatives of IIT, IIM and IIS.
- (v) Dr. Manoj R, Scientific Officer, Traditional Knowledge innovation, Kerala has suggested that the Advisory Council should include the Vice Chancellor of National University of Legal studies as the fourth member.

#### **MINISTRY' RESPONSE:**

4.9.3 In reply to a suggestion to include Vice chancellor of National University of Legal studies as the fourth member of Advisory Council, the Ministry of AYUSH submitted that the role of Advisory Council is to advise the Commission in performing its functions related to Indian System of Medicine

#### **RECOMMENDATIONS/OBSERVATIONS**

**4.9.4 The Committee first of all notes that the representation from State Medical Councils is missing in the Advisory Council as mentioned in clause 4(4)(b) of the Bill indicating a major lacunae in the drafting of the Bill. The Committee, therefore, recommends that the provision for the representation of members (6 which should be increased to 10) from the State/UTs from amongst elected members of the State Medical Council should be added in the clause, on the lines of NMC Act.**

**4.9.5 The Committee notes that "University" definition in the clause 2 includes a Health University. The Committee recommends that under clause 11(2) (c), the Vice-Chancellor that is to be nominated by the State Government should preferably be from the Indian System of Medicine background. The Committee strongly believes that since this Advisory Council is mandated to shape the overall agenda and policy related to ISM education, training and research, therefore, it should have experts who are adequately experienced in the field of Indian System of Medicine. The Committee strongly recommends that in States**

where Vice-chancellors with ISM background are not present, experts/professors with wide experience in ISM research and education field should be nominated.

**4.9.6** The Committee has recommended the inclusion of Director Generals from each Research Council of Siddha (CCRS), Ayurveda (CCRAS), Unani (CCRUM) and Yoga and Naturopathy (CCRYN) in the Commission. Inclusion of these Research Councils in the Commission will be helpful in obtaining technical information from each system of AYUSH medicine particularly in policy making and research field. Therefore, the Committee is of the view that since the Director Generals will be the ex-officio members of the Commission, therefore they are omitted from the Advisory Council.

**4.9.7** The Committee also recommends that one member should be nominated from various sectors of the Indian System of Medicine Industry for giving representation to this industry for the invaluable connect between academic and industry and help the industry to voice their concerns and seek redressal of their grievances.

**4.9.8** The Committee also notes that the representation of the Chairman, University Grants Commission and the Director, National Assessment and Accreditation Council is missing in the NCISM Bill, 2019, as given in NMC Act, 2019. The Committee would like to reiterate that the since Bill is based on the lines of NMC Act, therefore, representation of the Chairman, University Grants Commission and the Director, National Assessment and Accreditation Council should also be there in the Advisory Council in the NCH Bill. The Committee, therefore, recommends the Ministry to add similar provision for their representation in the Advisory Council for Indian Systems of Medicine.

**4.9.9** Subject to the above recommendations, the clause is adopted.

## CLAUSE 12

**4.10** Clause 12 deals with Functions of Advisory Council for Indian System of Medicine. Clause 12(1) reads as under:

*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, training and research.*

### SUGGESTIONS:

4.10.1 Dr. P.R. Krishnakumar, Managing Director, the Arya Vaidya Pharmacy (Coimbatore) Limited has suggested that Syllabus optimisation be included as one of the main functions of the Council.

## RECOMMENDATIONS/OBSERVATIONS

**4.10.2** The Committee recommends inclusion of Syllabus optimization as one of the main functions of the Advisory Council for Indian System of Medicine to have desired level of standard and uniformity in the ISM curriculum. Since medical education, research and development, training are interrelated, the word "development" may also be added with the word research in the last word of the clause 12(1) and clause 12(2). Accordingly, the clause 12(1) and 12 (2) may be amended as follows:

*"12. (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, training, research and development.*

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

**4.10.3** Subject to the above recommendation, the clause is adopted.

## CLAUSE 14

**4.11.1** Clause 14 deals with National Eligibility-Cum-Entrance Test

**4.11.2** Clause 14 (1) reads as under:

*There shall be a uniform National Eligibility-cum-Entrance Test for admission to the undergraduate courses in each of the disciplines of the Indian System of Medicine in all medical institutions governed under this Act:*

*Provided that National Eligibility-cum-Entrance Test shall be exempted for students who have taken admission in—*

*(i) Pre-tib for Bachelor of Unani Medicine and Surgery; and*

*(ii) Pre-Ayurveda for Bachelor of Ayurvedic Medicine and Surgery.*

## SUGGESTIONS:

**4.11.3** The following are the suggestions of the stakeholders on clause 14:

- (i) The Arya Vaidya Pharmacy (Coimbatore) Limited has submitted that the body regulating this course and structure is not clear whether it will be regulated by State Councils of Education or National Commission for Indian system of Medicine. Further, the Association has submitted that the selection based on the score obtained in the objective type exam containing multiple choice questions on subjects of modern science, rather than those needed as fundamental to become Ayurveda doctors is a flawed mechanism.

Hence, it has suggested that the exam should be combined with suitable aptitude tests and appropriate objective instruments for same need to be developed.

- (ii) Vaidya Raghunandan Sharma, Member CCIM submitted that the provision for courses of Pri-Tibb and Pre- Ayurveda should be deleted. He further submitted that the percentage of seats reserved for State and Central Government should be specified in the Bill to prevent unnecessary legal complications.

#### **MINISTRY'S RESPONSE:**

4.11.4 The Ministry submitted that the National Commission for Indian System of Medicine will provide for conducting a common National Eligibility-Cum-Entrance Test and common counseling by the designated authority (Central and State) for admission to all the medical institutions so as to ensure quality and transparency in admissions.

4.11.5 In response to the query regarding Pri-Tibb and Pre- Ayurveda course, the Ministry submitted that the National Eligibility cum Entrance Test has been proposed for exemption for students taking admission in Pre-Tib for BUMS course. The provision is already available in the existing regulations of CCIM. Further, the Ministry submitted that this course is at present conducted in certain specific institutes in which the students are being acquainted with basic knowledge of Unani from the senior secondary level. Similar course for Pre-Ayurveda may be started by the Commission.

#### **RECOMMENDATIONS/OBSERVATIONS**

**4.11.6 The Committee is of the view that the Bill provides for National Eligibility-Cum-Entrance Test for admission in ISM colleges which is a step in the right direction in improving the quality of students that enroll in ISM colleges. The Committee, however, believes that the Commission should also regulate admission to Pre-Tib and Pre- Ayurveda courses and assess the quality and enhance the standard of such courses. The one duration Pre-Tib or Pre-Ayurveda courses should not be promoted as an easy alternative to admission in ISM courses and students passing such courses should also be evaluated on some parameters. The Committee believes that to maintain the standard and quality of students pursuing ISM courses, regulation of these Pre-Tib and Pre-Ayurveda courses is also essential. The Committee recommends that the Ministry should eventually phase out such programs in three to five year so that the quality and competency of ISM professionals is maintained. It also recommends that till the time such Pre-Tib or Pre-Ayurveda Courses are being offered, a certain percentage i.e not more than 5% of total seats should be reserved for such courses. The Committee also recommends that the Ministry should introduce specific induction programs for newly enrolled ISM students who clear NEET exam and join ISM courses.**

**4.11.7 The Committee is also of the view that the Bill must contain express provision regarding the definite percentage of seats with respect to common counselling process and**



**the State counselling process to avoid any confusion. The Committee, also recommends that the designated authority of the Central Government, as proposed in the Bill 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.**

**4.11.8 Subject to the above recommendations, the clause is adopted.**

#### **CLAUSE 15**

**4.12.1 Clause 15 deals with National Exit Test. Clause 15 (1) reads as under:**

*A common final year undergraduate medical examination, to be known as the National Exit Test, shall be held for granting licence to practice as medical practitioner of respective disciplines of Indian System of Medicine and for enrolment in the State Register or National Register, as the case may be.*

#### **SUGGESTIONS:**

4.12.2 The following are the suggestions of the stakeholders on the Clause 15(1):-

- i. The Arya Vaidya Pharmacy (Coimbatore) Limited submitted that the National Exit Test need not commence 3 years from the date of commissioning, but only for those who “entered” reaches that mark after the Bill comes alive. This test should be skill oriented than knowledge oriented and thus be different from the other exams, especially that of the final year. Further, it also submitted that this should be something like practical exam of United States Medical Licensing Examination (USMLE) Step 2 - Clinical Knowledge.
- ii. INTEGRATED MEDICAL ASSOCIATION (AYUS) does not agree with proposed National Exit Test for granting license to practice and enrolment in the State Register. The Association submitted that this will only devalue the prevailing examination system.
- iii. Dr. P.Md. Hasan Ahmed is also of the view that National Exit Test is still not necessary for Indian System of Medicine. This should be withdrawn and the clause may be deleted. The National Exit Test shall be limited to those who pursued ISM Graduation in countries outside India.

#### **MINISTRY'S RESPONSE:**

4.12.3 In response to the provision of EXIT Test in NCIM Bill, the Ministry submitted that the common final year UG exam known as National Exit Exam has been proposed to assess the quality of students before their registration. The National Exit Test shall be operational within

three years from the date on which the Act comes into force. The NCIM will take a call on the format and design of the Exit test and frame regulations after appropriate consultation.

## **RECOMMENDATIONS/OBSERVATIONS**

**4.12.4** The Committee is of the view that conducting a common final year undergraduate examination known as National Exit Test for graduates of ISM is an effective way to reform Indian system of medicine education. The NEXT exam will not only serve as an instrument of quality assurance but also standardize the quality and competency of medical practitioners of different disciplines of Indian System of medicine. The Committee welcomes this uniform nationwide assessment system and recommends the Ministry to devise its exam pattern in a manner that encourages concept based skill learning practices rather than rote learning. The Committee also recommends the Ministry to study the format of medical licensing exams of other countries and give due weightage to clinical & practical application of ISM knowledge in the NEXT exam. The Committee is of the view that this common final year exam that will also serve as the licensing exam must lay emphasis on not only the cognitive domain but also the assessment of skills by having practical problems/case study types of questions as a major component, with a strong propensity towards primary healthcare requirements. The Committee also recommends the Ministry to conduct the test in a transparent manner so that the Test can act as the final step in producing competent and accountable practitioners. The Ministry can also take into account the practice of conducting licensing exams in different stages like other countries.

**4.12.5** Subject to the above recommendations, the clause is adopted.

## **CLAUSE 16**

**4.13.1** Clause 16 deals with Post graduation National Entrance Test.

*4.13.2* Clause 16 reads as under:

*16. (1) A uniform Post-Graduate National Entrance Test shall be conducted separately for admission to postgraduate courses in each discipline of the Indian System of Medicine in all medical institutions governed under this Act.*

*(2) The Commission shall conduct the National Entrance Test for admission to postgraduate courses 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 the postgraduate seats in all medical institutions governed under this Act.*

## **SUGGESTIONS:**

**4.13.3** The following are the suggestions of the stakeholders on the Clause 16:

- (i) Dr. P. Md. Hasan Ahmed, Member, CCIM submitted that PG entrance Test should be made separate. Hence there is absolutely No need of EXIT TEST.
- (ii) Vaidya Raghunandan Sharma, member, CCIM has suggested that Section 16 should be deleted and admission in Post graduate degree courses should be based on National Exit Test in accordance with the NMC Act.

#### **MINISTRY'S RESPONSE:**

4.13.4 The Ministry submitted that as per NCISM Bill, separate post graduate entrance test has been proposed for PG admissions apart from the National Exit Test. The Ministry would like to adopt the similar provision of the National Medical Commission Act, 2019 by making the National Exit Test as entrance test for admission to Post graduate courses.

#### **RECOMMENDATIONS/OBSERVATIONS**

**4.13.5 In the light of the suggestion of the stakeholders, where the National Exit Test has been proposed to serve as an instrument for post-graduate entrance, the Committee believes that combining the PG entrance and Licentiate examination will have its own repercussions. If the format of the Exam is based on the age old concept of theoretical knowledge, then, there will be a general tendency among the students to concentrate only on performing well in the entrance examination rather than enhancing their practical clinical knowledge. The Committee strongly believes that expert advice and study is needed for formulating the structure of such a uniform integrated exam. The Committee, therefore, recommends that the PG NEET for admission to PG courses may continue as of now and it may serve as an interim management until a mechanism is evolved within three to five years for conducting a common final year examination/Exit Test/PG NEET. The Committee recommends the Ministry of AYUSH to contemplate on the idea and work on the adequate structure of the exam.**

**4.13.6 Subject to the above recommendations, the clause is adopted.**

#### **CLAUSE 17**

**4.14.1 Clause 17 deals with National Teachers Eligibility Test for Indian System of Medicine. Clause 17(1) reads as under:**

*A National Teachers' Eligibility Test shall be conducted separately for the postgraduates of each discipline of Indian System of Medicine who desire to take up teaching profession in that discipline.*

#### **SUGGESTIONS:**

4.14.2 The following are the suggestions of the stakeholders on the Clause 17:

- i. The Arya Vaidya Pharmacy (Coimbatore) Limited has suggested that adequate training opportunities should be provided for those who desire teaching career before insisting on National Teachers' Eligibility Test.
- ii. National Institute of Unani Medicine is of the view that the National Teachers Eligibility Test should be conducted at entry level only. It Is not clear in the Bill that the same will be applicable of higher post also.
- iii. The State Government of Maharashtra submitted that the teachers of Government Ayurveda and Unani Colleges should be exempted from appearing for the National Teacher's Eligibility Test.

## **MINISTRY'S RESPONSE**

4.14.3 It has been suggested to provide adequate training opportunities for those who desire teaching career before insisting on National Teachers' Eligibility Test. The test shall come into force within three years from the date of enforcement of the Act.

## **RECOMMENDATIONS/OBSERVATIONS**

**4.14.4 The Committee appreciates the idea of National Teachers Eligibility Test as it is the best way to tap qualified persons into the teaching profession. The Committee is aware of the fact that one of the major challenges in promotion of ISM education is poor infrastructure and inadequate faculty. Such a merit based examination will certainly improve the education being imparted to students studying Indian System of Medicine as well as improve the quality of health care services.**

**4.14.5 The Committee, therefore, is in full agreement with the concept of an eligibility test so that qualified and competent persons enter the domain of teaching which is highly needed to improve the quality of education imparted to the students of ISM. However, the Committee also takes cognizance of the difficulty which will be faced by students wanting to appear for a new exam. The Committee, accordingly, recommends that before the commencement of National Teachers' eligibility Test, adequate training and teaching programs should be provided to postgraduates of each discipline of Indian System of Medicine.**

**4.14.6 The Committee is also of the considered view that pay parity, pay structure, gratuity and pension plans are important motivational factors for ISM medical/teaching professionals across the country. Improving the motivation and incentives of teachers will certainly improve the overall quality of the education system. This will result in augmenting a sense of equality among the ISM professions and will, further, encourage more and more people to take up ISM as a career. The Committee, therefore, recommends the Ministry to take these issues of pay parity, pay structure, gratuity, pension plans and**

**other related incentives for AYUSH doctors with the State Governments so that ISM professionals get similar incentives as that of a MBBS doctor.**

**4.14.7 The Committee, further, observes that section 17 provides that nothing contained in this section shall apply to the teachers appointed prior to the date notified under sub section (3). The Committee notes that there are many teachers in the system who do not hold a post-graduate degree and are part of the education system. They are likely to remain in the system for quite a long period of time. For such teaching professionals, it would not be easy to clear the National Teachers' Eligibility Test. Therefore, there must be a provision for a training or refreshers course for them followed by Minimum Qualifying Test (MQT) so that their knowledge base is widened as well as updated and they are better equipped to teach efficiently.**

**4.14.8 Subject to the above recommendations, the clause is adopted.**

## **CLAUSE 18**

**4.15.1 Clause 18 deals with Constitution of Autonomous Boards. Clause 18 reads as under:**

*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 Board of Ayurveda;*
- (b) the Board of Unani, Siddha and Sowa-Rigpa;*
- (c) the Medical Assessment and Rating Board for Indian System of Medicine;*
- and*
- (d) the Board of Ethics and Registration for Indian System of Medicine.*

## **SUGGESTIONS:**

**4.15.2 The following are the suggestions of the stakeholders on Clause 18:**

- (i) Dr. P. MD. Hasan Ahmed has submitted that there should be a separate Board for Unani system. The Board for Unani shall be made a separate entity and Sowa-Rigpa and Siddha shall be made a Joint Board.**
- (ii) National Institute of Siddha, Chennai has submitted that since Siddha system has its own uniqueness in various therapeutic approaches like Varmam, 32 external therapies and preventive medicine, a separate board for Siddha should be constituted to represent Siddha system of medicine.**
- (iii) Indian Naturopathy and Yoga Graduates Medical Association (INYGMA) is of the view that it is unfair to the system of “Yoga & Naturopathy” to deny it a Statutory**

Regulation and has requested the inclusion of "Yoga and Naturopathy" medical education and clinical practice within the NCISM Bill as proposed by NITI AYOOG. The absence of a central regulation with statutory cover would allow the mushrooming of a number of quack practitioners with the growing demand for 'Yoga & Naturopathy' clinical practice, putting public at-large to the risk of malpractice and bad health.

- (iv) Dr. Manoj.R, Scientific Officer, Traditional Knowledge Innovation, Kerala submitted that 'Yoga and Naturopathy' is not included in the Indian Systems of Medicine. There should be government control over the practice of Yoga therapy and Naturopathy as there are recognized BNYS and different Yoga courses in the country.

### **MINISTRY'S RESPONSE:**

4.15.3 On exclusion of Yoga and Naturopathy from the NCISM Bill, the Ministry submitted that unlike other AYUSH systems, Yoga and Naturopathy is a drugless system. The rights and responsibilities of ISM&H doctors are different from Yoga and Naturopathy practitioners. The Philosophy is also different from ASU&H systems. Hence, Yoga and Naturopathy was excluded from the Indian System of Medicine Bill.

4.15.4 The Ministry further submitted that it has been decided to withhold the proposal for having separate Bill for Yoga and Naturopathy for time being and to empower the existing mechanism of National Board for Promotion and Development of Yoga and Naturopathy under Ministry of AYUSH to strengthen the aspects of regulating education and practice of Yoga and Naturopathy.

4.15.5 On the proposal for constitution of a Board of Research, Ministry of AYUSH submitted that there is a provision under Section 26(1) to facilitate Research Programmes. Research is also part of training but this Bill is primarily to regulate education, and not research. For research, there is a separate mechanism in the Ministry. Research Councils for different disciplines of Indian System of Medicine are in place. There will be dual regulation or dual mechanism to look at research aspect, which will not be helpful.

### **RECOMMENDATIONS/OBSERVATIONS**

**4.15.6 The Committee is not at all convinced by the reasons given by the Ministry to exclude Yoga and Naturopathy from the purview of the Bill. The Committee wonders about the role and achievement of the National Board for Promotion and Development of Yoga and Naturopathy under the Ministry of AYUSH. The Committee is also quite disappointed to know that a separate Bill for Yoga and Naturopathy has been withheld for no apparent reason.**

**4.15.7 The Committee notes that presently there is no central regulatory body for registration of Yoga and Naturopathy practitioners and standardisation & recognition of**

**different courses of Yoga and Naturopathy. Absence of a central regulatory body, at a time when Yoga is being considered as a panacea for a meaningful life and living, may result in proliferation of poor standard institutes and unchecked practices by unqualified practitioners. There has been a global surge in the popularity of Yoga and Naturopathy that has resulted in worldwide growth of teaching schools. India being the land of origin of these practices has to responsibly contribute in its evolution.**

**4.15.8 The Committee, therefore, strongly recommends that the drugless system of Yoga and Naturopathy should be regulated under a separate Board of Yoga and Naturopathy under clause 18 of the Bill under consideration. The Board of Yoga and Naturopathy shall consist of a President and two members from Yoga and two members from Naturopathy field.**

**4.15.9 Board of Yoga and Naturopathy for ISM shall perform the following functions:-**

- (a) responsible for standardising the standards of education of Yoga and Naturopathy courses;**
- (b) developing a competency based dynamic curriculum;**
- (c) framing guidelines on setting up of medical institutions for imparting undergraduate, postgraduate and super-speciality courses in Yoga and Naturopathy;**
- (d) determining standards and norms for infrastructure, faculty and quality of education and research ;**
- (e) facilitating development and training of faculty members;**
- (f) granting recognition to medical qualifications at all levels etc;**
- and (g) any other relevant and incidental functions to propagate and promote Yoga and Naturopathy within the country or outside under the overall supervision of the Commission.**

**4.15.10 The Committee is also of the considered view that introduction of a new Bill and constitution of a Commission for regulating Yoga and Naturopathy will have its own financial implications. The Committee also notes that the number of registered Naturopathy practitioners as on 1.1.2018 as per Ministry of AYUSH'S Report "Ayush in India" is 2485. The said Report makes no mention of Yoga Practitioners. The Committee therefore is of the view that bringing a new Bill for regulating Yoga and Naturopathy where practitioners are yet to be identified, is absurd. The Committee is of the considered view that Yoga and Naturopathy should be included in the NCISM Bill instead of a new Bill.**

**4.15.11 The Committee notes that along with mainstreaming of AYUSH services in the country, there has been a global keen interest in the Indian Traditional systems of medicine. The Committee, therefore believes that multidisciplinary research collaborations among Research Councils of all the disciplines of Indian System of Medicine is not only fundamental for progress of ISM as a healthcare delivery system but also essential for global validation. There is a strong need to strengthen R&D in all disciplines of ISM and encourage independent as well as private research in the field. The Committee also recognizes the importance of laying down guidelines and parameters to be considered with respect to clinical methodologies, drug standardization etc. in the Indian System of Medicine.**

**4.15.12** The Committee also observes that to enhance the acceptability of Indian System of Medicine within the country and abroad, the quality control and standardization is of prime importance. The Committee also notes that quality control and standardization of ISM drugs which are mainly herbal/herbo-mineral preparations, is very complex and different from synthetic molecules of the allopathic system which are produced under controlled laboratory conditions.

**4.15.13** The Committee also emphasizes that scientific studies on the efficacy of formulations of Indian System of Medicine is essential to translate them into AYUSH drugs and improve its application in clinical practice. The Committee also believes that there is a urgent need to support AYUSH research programmes and foster collaborative and inter-disciplinary AYUSH research. The Committee therefore, is of the considered view that scientific validation of Indian System of Medicine's fundamental and therapeutic principles is essential to strengthen its position as a global health care system.

**4.15.14** In the view of the above observations, the Committee strongly proposes constitution of a Board of Research which would facilitate research programmes in Indian System of Medicine, Yoga & Naturopathy and enrich its scientific base. The Board of Research will consist of a President and one member from research field of each discipline of the Indian System of Medicine including Yoga & Naturopathy and one member from research councils of each discipline of Indian System of Medicine and Yoga & Naturopathy.

**4.15.15** The Presidents of these two proposed Boards shall be the ex-officio members of the Commission under clause 4(3).

**4.15.16** The Committee is not convinced by the response of the Ministry of AYUSH and believes this Bill should not focus only on education as research is an intrinsic part of academics. The Committee is of the view that rather than treating education and Research as two water-tight compartments, the Ministry should devise a single mechanism to promote research orientation among the undergraduate and postgraduate students pursuing ISM education. The Committee, however, believes that research in Indian Systems of Medicine is of immense importance and should be promoted with adequate resources. The Committee also emphasizes that the proposed Board of Research will have representation from Research Councils of each discipline of Indian System of Medicine and Yoga & Naturopathy. This Board will not only facilitate multidisciplinary research collaborations but also bridge the existing gap between academics and research. The Committee, therefore, strongly reiterates that the Ministry should constitute an autonomous Board of Research under Clause 18.

**4.15.17** Subject to the above recommendations, the clause is adopted.

#### **CLAUSE 19**

**4.16.1** Clause 19 deals with the Composition of Autonomous Boards. Clause 19 reads as under:



*(1) The composition of the Autonomous Boards shall be as under, namely:—*

*(a) the Board of Ayurveda shall consist of a President and four Members from the Ayurveda discipline of Indian System of Medicine;*

*(b) the Board of Unani, Siddha and Sowa-Rigpa shall consist of a President and two Members from each of the Unani, Siddha and Sowa-Rigpa disciplines of Indian System of Medicine;*

*(c) the Medical Assessment and Rating Board for Indian System of Medicine shall consist of a President and eight Members:*

*Provided that the President and six out of eight Members shall be chosen from the Ayurveda, Siddha, Sowa-Rigpa and Unani disciplines of Indian System of Medicine in such manner that at least one Member represent each such discipline separately, and the remaining two Members shall be chosen from any of the disciplines of management, quality assurance, law or science and technology;*

*(d) the Board of Ethics and Registration for Indian System of Medicine shall consist of a President and eight Members:*

*Provided that the President and six out of eight Members shall be chosen from the Ayurveda, Siddha, Sowa-Rigpa and Unani disciplines of Indian System of Medicine in such manner that at least one Member represents each such discipline separately, and the remaining two Members shall be chosen from any of the disciplines of quality assurance, public health, law or patient advocacy.*

## **SUGGESTIONS:**

4.16.2 The following are the suggestions of the stakeholders on Clause 19:

- (i) The Arya Vaidya Pharmacy (Coimbatore) Limited submitted that the composition of Board of Ayurveda does not ensure representation of various schools and specialisations, this has to be revisited. The representation from Ayurveda domain should be larger in number considering the status and volume of its presence. In the Board of Ethics and Registration for Indian System of Medicine, more representation from various disciplines par to the regulation laid by CDSCO is required to include basic medical scientists, legal experts, social scientists, philosopher, ethicist, lay person from community etc.
- (ii) Director, National Institute of Unani Medicine submitted that under clause 19(1)(b) a separate board of Unani under this clause should be considered to popularize the Unani System of Medicine

## **MINISTRY'S RESPONSE**

4.16.3 The composition of the NCIM is 29 [Chairman-1, Ex-officio-12,Part-time-16(6 elected)] Since the enactment of IMCC Act, 1970, Indian Systems of Medicine namely, Ayurveda, Unani, Siddha and Sowa-rigpa are governed under the IMCC Act, 1970. Accordingly, it has been

proposed under one Commission. The Ministry, further, submitted that separate Boards for Siddha, Unani & Sowa-rigpa have not been proposed, as the number of colleges for these systems are less when compared with Ayurveda, (Ayurveda-400, Unani-55, Siddha-11).

## **RECOMMENDATIONS/OBSERVATIONS**

**4.16.4** The Committee recommends that the Ministry should devise such an selection criteria for constituting an Autonomous Board of Ayurveda so that the South Indian School of thought of Ayurveda along with other disciplines of Ayurveda get adequate representation in this Board so that regional variations in the system are accommodated and promoted. With regards to the composition of the Board of Ethics and Registration for Indian System of Medicine, the Committee is of the view that representation from any of the disciplines of quality assurance, public health, law or patient advocacy is sufficient. The Committee also opines that rather than separate Boards for Unani and Siddha, a single Board of Unani, Siddha and Sowa-Rigpa should be constituted. Each system should get adequate representation to review concerns of that specific system in order to profess, proliferate and popularize the system in the interest of Public Health Care. The composition of Board of Yoga and Naturopathy should also be added under the clause.

**4.16.5** Subject to the above recommendations, the clause is adopted.

## **CLAUSE 28**

**4.17.1** Clause 28 deals with Powers and functions of Medical Assessment and Rating Board for Indian System of Medicine. Clause 28 reads as under:

*28. (1) The Medical Assessment and Rating Board for Indian System of Medicine shall perform the following functions, namely:—*

*(a) determine the procedure for assessment and rating of medical institutions on the basis of their compliance with the standards laid down by the Board of Ayurveda or, as the case may be, the Board of Unani, Siddha and Sowa-Rigpa, in accordance with the regulations made under this Act;*

*(b) grant permission for establishment of a new medical institution in accordance with the provisions of section 29;*

*(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 for Indian System of Medicine 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 for Indian System of Medicine, 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 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 its failure to maintain the minimum essential standards specified by the Board of Ayurveda or, as the case may be, the Board of Unani, Siddha and Sowa-Rigpa, in accordance with the regulations made under this Act.*

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

## **RECOMMENDATIONS/OBSERVATIONS**

**4.17.2** The Committee would like to point out that one of the targeted mission of the proposed legislation is to have an objective periodic and transparent assessment of Medical institutions. In this regard, ratings has been set up to facilitate the institutions to assess their performance vis-a-vis set parameters through introspection that helps the institution to know its strengths, weaknesses, and opportunities through an informed review process ratings also helps in identification of internal areas of planning and resource allocation and inculcate new sense of direction and identity for institutions. It, thus, plays a pivotal role in the development of the institutions.

**4.17.3** The Committee, therefore, is of the considered view that the quantitative and qualitative parameters for hiring and empanelling third party agency should be made more explicit in the Bill to avoid any confusion or conflict in the future. The Committee also believes that the methodology for conducting inspection by the third party agency must be made clear so that these agencies follow common guidelines and do not engage in corrupt practices. The Committee also recommends that necessary safeguards and precaution may be specified to ensure that these rating agencies do not give any unwanted leverage to any institute that may improve their rating.

**4.17.4** Subject to the above recommendations, the clause is adopted.

## CLAUSE 33

### 4.18.1 Clause 33 provides for Rights of persons to practice.

4.18.2 Clause 33(3) (b) reads as under:

*Nothing contained in this section shall affect—*

*(b) the privileges, including the right to practice any system of medicine, conferred by or under any law for the time being in force in a State on the practitioners of Indian System of Medicine enrolled in the State register of that State;*

### SUGGESTIONS:

4.18.3 The following are the suggestions of the stakeholders on the Clause 33(3)(b):

- (i) Vaidya Raghunandan Sharma submitted that this clause should be deleted as it will open the door to quack in AYUSH System.
- (ii) Maharashtra Council of Indian Medicine, Mumbai has submitted that the right to practice modern system of medicine should be included in the clause 33(3)(b).
- (iii) Integrated Medical Association (AYUS) has also demanded not to make any change in Section 33(3)(b) of the NCISM Bill which empowers a State Government to enact legislation to provide statutory rights to practitioners of ISM to use modern medicine along with their own systems of medicine.
- (iv) NIMA has also made the following suggestion with respect to clause 33(3) (b) :

*Nothing contained in this section shall affect—*

*(b) the privileges, including the right to practice any system of medicine (Indian System of Medicine along with Modern System of Medicine), conferred by or under any law relating to registration of practitioners of Indian Medicine for the time being in force in any State on a practitioner of Indian Medicine enrolled on a State register of Indian Medicine;*

- (v) The State Government of Maharashtra also submitted that the privileges should also include the right to practice any system of medicine (Indian System of Medicine along with Modern System of Medicine)

### MINISTRY' RESPONSE:

4.18.4 The Ministry submitted that the proposed NCIM Bill, 2019 is to regulate education and practice of Indian System of Medicine only.

## RECOMMENDATIONS/OBSERVATIONS

**4.18.5** The Committee would like to reiterate its recommendation as given for Clause 2(h) which emphasizes its recommendations given in 109<sup>th</sup> Report on the NMC Bill, 2017.

**4.18.6** The clause is adopted without changes.

### CLAUSE 51

**4.19.1** Clause 51 deals with the Joint Sitzings of Commission, National Commission for Homoeopathy and National Medical Commission. Clause 51(1) reads as under:

*There shall be a joint sitting of the Commission, the National Commission for Homoeopathy, and the National Medical Commission, at least once a year, at such time and place as they mutually appoint, to enhance the interface between Indian System of Medicine, Homoeopathy, Yoga and Naturopathy and modern system of medicine.*

### SUGGESTION:

4.19.2 Integrated Medical Association (AYUS) has submitted that though under Sec 51(1) it has been proposed to hold joint meetings and to enhance the interface between Homoeopathy, Indian Systems of Medicines and modern systems of medicines but no details have been given thereof. The concept needs to be elaborated clearly giving details of the concept.

### MINISTRY'S RESPONSE:

4.19.3 The Ministry submitted that there shall be a joint sitting of the Commission, the National Commission for Homoeopathy and the National Medical Commission, at least once a year, at such time and place as they mutually appoint, to enhance the interface between Indian System of Medicine, Homoeopathy and modern system of medicine. Agenda for the joint sitting may be placed with mutual agreement by the Chairpersons of the Commissions concerned.

4.19.4 The Ministry further submitted that after the consent, specific educational and medical modules or programs in the under-graduate and post-graduate courses across medical systems, to promote medical pluralism shall be introduced.

## RECOMMENDATIONS/OBSERVATIONS

**4.19.5** The Committee is of the view that this effort towards creating a rational and sustainable interface between the various systems between Indian System of Medicine (ISM), Homoeopathy and Modern Medicine is a laudable objective. The Committee has highlighted the need for such a positive interface often in its previous reports. Joint sittings of the Commissions can provide a platform for building on this idea and reduce the incidence of diseases and to keep the public health in good stead in the country. The Committee also recommends that there should be express provision in the Bill with respect

to the procedure for selecting the Chairperson for the joint sitting, preferably on rotation basis so that all the Chairpersons of the three Commissions get an opportunity to chair the joint sittings. The Committee, therefore, strongly recommends the Ministry to prepare specific guidelines, statement of procedure and agenda for these joint sittings.

**4.19.6** The Committee also desires that the opportunity of the joint sittings can also be utilized as a platform for self performance appraisal of the Commission and explore the scope for further improvement in functioning of the Commission for better furtherance of public health care.

**4.19.7** Subject to the above recommendations, the clause is adopted.

#### **CLAUSE 52**

**4.20.1** Clause 52 deals with State Government to promote primary healthcare in rural areas. Clause 52 reads as under:

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

#### **SUGGESTIONS:**

**4.20.2** The following are the suggestions of the stakeholders on Clause 52:

- (i) Ayurved Vyaspeeth has suggested that the words primary healthcare can be substituted by healthcare and the rural area can be substituted by rural and urban area, so that the State Government can take necessary measures to enhance the capacity of the healthcare professionals across the State and across the entire spectrum of healthcare and not limited only to primary healthcare.
- (ii) Maharashtra Council of Indian Medicine has submitted that "promoting healthcare in rural areas" should be replaced by "promoting public health".

#### **MINISTRY'S RESPONSE**

**4.20.3** The section 52 allows the State Governments to take necessary measures to enhance the capacity of healthcare professionals for the purposes of addressing or promoting healthcare in rural areas. The necessary measures shall be taken by the concerned State Governments as per their requirement.

#### **RECOMMENDATIONS/OBSERVATIONS**

**4.20.4** The Committee is of the view that presently the health infrastructure of the country especially the public health services delivery system in the rural, tribal and urban slum areas of the country are highly inadequate. People from rural areas have to travel miles for availing primary health care to get the first line of treatment. Such an environment that lacks basic health care needs a focused approach and mandating the

**States to take necessary measures to enhance the health professionals in the rural areas is a step in the right direction. Such a state of affairs is also quite common in slums in urban areas. The Committee, therefore, also feels that the services of AYUSH doctors should not be just limited only to rural areas but be promoted and encouraged at pan India level.**

**4.20.5** The Committee, therefore, recommends that clause 52 may be amended as follows:

*Every State Government may, for the purposes of addressing or promoting public health care especially in rural, tribal and urban slum areas, take necessary measures to enhance the capacity of the healthcare professionals.*

**4.20.6** Subject to the above recommendations, the clause is adopted.

### **CLAUSE 57**

**4.21.1** Clause 57 deals with Repeal and saving. Clause 57 (3) reads as:

*On the dissolution of the Central Council of Indian Medicine, the person appointed as the Chairman of that Council and every other person appointed as the Member and any officer and other employees of the 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*

### **SUGGESTIONS:**

**4.21.2** The following are the suggestions of the stakeholders on the Clause 57:

- (i) Dr. P. MD. Hasan Ahmed is of the view that the premature termination of tenure is objectionable. The existing members of the CCIM and officers, employees of CCIM should be continued till the expiry of their membership and officers should be continued till they reach the age of superannuation.
- (ii) The employees of CCIM submitted that the above stated provision of NCISM Bill 2019 is against the interest of employees (Regular & Contractual), who have been working in CCIM since a long time. Further, the employees submitted that a new provision should be included in the NCISM Bill to retain or to shift the existing Regular & Contractual employees of the CCIM in other departments of the Government.
- (iii) Vaidya Jayant Yeshwant Deopujari, President, CCIM submitted that Section 57(3) has to be removed / amended in such a way to retain the employees or to shift them to other Departments of the Government in view of the following reasons:-

The said provision had not been found mentioned in the original NCISM draft bill circulated by the NITI Aayog in 2017 so that, the employees

could not defend themselves by giving representations to the concerned authorities as the said provision has been found introduced all of a sudden in the Bill.

Abruptly removing the employees from the office will badly affect the future of the employees and their dependents despite of the fact that the employees don't even know why they are being terminated from their services which would go against the spirit of natural justice and the constitution of India.

## **MINISTRY'S RESPONSE**

4.21.3 Clause 57 provides for dissolution of the Central Council of Indian Medicine including the Chairperson, Members and other employees of the Council. It has been proposed in Clause 5 of the NCIM Bill, 2019, that the Members of the Commission shall be nominated by Search Committee.

4.21.4 In view of the past legacy of CCIM, the employees have been proposed for discontinuing. Further, the employees of the Council shall be entitled to claim compensation not exceeding three months' pay and allowances for the premature termination of term of their office or any contract of service.

## **RECOMMENDATIONS/OBSERVATIONS**

**4.21.5 The Committee is of the view that premature termination of the employees of CCIM after its dissolution appears to be very harsh and unfair. The provision is against the principle of natural justice and, further, violates the Article 21 of the Indian Constitution by depriving employees their means of life and a life with dignity and Right to Livelihood. The Committee wishes to highlight that right to livelihood is a fundamental right that cannot be taken away. The Committee has found that there are only 24 regular employees working at the CCIM and the sudden termination of their service at this critical age when the responsibility of the bread earner of the family multiplies, may lead to great hardship for them and the members of their family.**

**4.21.6 The Committee, further, believes that the compensation that amounts to three month's pay and allowances for the premature termination of their employment is not at all adequate and cannot be compared to years of pay and allowance that they will be deprived of due to premature termination.**

**4.21.7 The Committee, therefore, does not agree with the decision of the Ministry for termination of services of the staff of CCIM in the new Commission after the enactment of the Bill. The Committee is of the considered view that the employees of CCIM can be accommodated either in the new Commission or in the different Departments of the Ministry in any part of the country. They can be placed under Surplus Staff Establishment**



**in the Ministry for their redeployment so that they are available for placement in other organizations/offices/divisions of the Ministry of AYUSH.**

**4.21.8 The Committee, therefore, recommends the Ministry that instead of termination of their services, the employees of the Council may be suitably absorbed on compassionate and humanitarian grounds either in the Commission or in any Department of the Government so as to protect the right of livelihood of these employees.**

**4.21.9 Subject to the above recommendations, the clause is adopted.**

#### **4.22.1 PREAMBLE**

#### **SUGGESTIONS:**

4.22.2 The following are the suggestions of the stakeholders on the SOR and Preamble:-

- (i) Dr. Manoj R, Scientific Officer, Traditional Knowledge Innovation, Kerala submitted that in the introduction para of the Bill (Objective), there exists no clause as mentioned in Statement of object and reasons (pg no 27, para 5 (j) i.e. To enhance the interface between ISM, Homoeopathy and modern systems of medicine. This clause may be included in first para of page no 1. He further submitted that in the preamble, encouragement of Research is mentioned as one of the objective of the Bill. Unfortunately, this objective is neither addressed anywhere in the Bill nor is found to be placed in the 'Statement of Objects and Reasons'.
- (ii) Dr. P. Md. Hasan Ahmed, Member CCIM has also pointed out that the proposed Bill has the danger of having outcomes worse than IMCC Act, 1970 as there are major endangering issues in the Act which may have impact on the independence of the Commission. He has highlighted that the Preamble of the Bill and the intentions thereof are faulty. The basic argument that only those selected and nominated can govern or regulate is clearly indicative of desire of a totalitarian Government to subjugate professionals.

#### **MINISTRY'S RESPONSE:**

4.22.3 Ministry of AYUSH in its reply stated that it has been suggested to add the provision of joint sittings of regulators of other systems of medicine to have interface between the systems in the preamble. The Preamble need not reflect the clause wise details. Further, the Ministry submitted that Research has been mentioned as functions of Commission, Advisory Council and Boards to conduct medical research.

## **RECOMMENDATIONS/OBSERVATIONS**

**4.22.4** The Committee is of the considered view that the Preamble rightly explains the Bill's purpose and to implement its underlying philosophy, the Committee has made many recommendations in the previous paragraphs. The Committee through its recommendations in the composition of the Commission has ensured that the concerns of the professionals are addressed and the Commission does not end up being a nominated body. Considering the importance of affordability of health care, the Committee recommends inserting the term "affordable" before "to all the citizens". The Committee also observes that clause 26 mentions the Powers and Functions of different Autonomous Boards and "facilitating research programmes" has been mentioned as one of the functions of the Boards. The Committee has also recommended a separate Autonomous Board for Research so as to emphasize upon the importance of research activities.

**4.22.5** Further, the Committee notes that clause 51 provides for joint sittings of National Commission of Indian System of Medicine, National Commission for Homoeopathy and the National Medical Commission. The Committee would also like to point out that even though the Preamble need not reflect clause-wise details, it should certainly reflect the spirit and essence of the Bill.

**4.22.6** The Preamble is adopted without any change.

**4.22.7** The Committee also recommends for all consequential changes to be carried out in the relevant clauses of the Bill keeping in view the Committee's observations and recommendations contained in the report.

**4.22.8** The Committee adopts the remaining clauses of the Bill without any changes. The Committee recommends that the Bill may be passed incorporating the suggestions made by it.

## CHAPTER-V

### GENERAL RECOMMENDATIONS

#### 5.1 FEE REGULATIONS

##### SUGGESTIONS:

5.1.1 The Stakeholders have submitted that the NCISM Bill has no provision for determination of fees in private medical institutions, whereas NMC Act 2019 has such provision mentioned under Clause 10(1)(i) which reads as follows:

*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;*

##### MINISTRY'S RESPONSE:

5.1.2 The Ministry submitted that currently, fixation of fees is being done by the respective State Governments after taking into the account of local factors, reservation quota and other issues prevailing in the concerned State. The structure of fee also varies from State to State according to the MoUs signed by private medical colleges. In most States, fees of seats in deemed universities are not regulated by State Governments. Hence no provision has been prescribed for fee regulation.

##### RECOMMENDATIONS/OBSERVATIONS

**5.1.3 The Committee notes that there is no provision to regulate fees of ISM colleges in the proposed Bill, unlike the NMC Act that empowers the Commission to regulate fees and all other charges in respect of fifty percent of seats in private medical institutions and Deemed to be Universities which are governed under the provisions of NMC Act. The absence of provision for regulation of fees may result in charging of high fees by the private medical institutions and universities. The Committee believes that regulation of fees would certainly ensure protection of the interests of students from exploitation and encourage students from any strata of society to study in such medical institution. High fees will discourage the students from taking up Indian System of Medicine as a career.**

**5.1.4 The Committee believes that this may deprive large number of meritorious students who due to the financial constraints will not be able to pursue ISM medical education. Given the problem of shortage of doctors in the country especially in rural areas, the Committee feels that there is a need to encourage alternative system of medicine like Indian System of Medicine and Homeopathy.**

**5.1.5 The Committee, further, believes that medical education must be treated as a public good. It should not be a profit maximization venture because such policies would only encourage and incentivize commercialization of medical education instead of**

tempering it down. Because of the above reasons, the education of Traditional Systems of Medicine needs to be given utmost support and resources by the State. The Committee, accordingly, recommends that fees for 50% of private Institutions including Deemed to be University must be fixed on the lines of the NMC Act.

## **5.2 NOMINATION OF MEMBERS OF PARLIAMENT**

**5.2.1** Given the rising importance and popularity of the Indian System of Medicines in the country, the Committee is of the view that representation of Members of Parliament in the Governing Body/Executive Council of ISM Universities and Institutions of national importance should be given as given in AIIMS, Delhi and other AIIMS in different parts of the country.

**5.2.2** The representatives of the people come across the grievances of the common masses. Their representation in the management of the Universities and Institutions will form the voice of the people spelling out the ground realities. The Committee, accordingly, recommends that three Members of Parliament (two from Lok Sabha and One from Rajya Sabha) should be nominated in the Governing Bodies of all the ISM Universities and Institution of National Importance in the country.

## **5.3 EDUCATION**

**5.3.1** The Committee understands the importance of Sanskrit, Tamil and Urdu in the teachings of Ayurveda, Siddha and Unani. The Committee also notes that many students who wish to apply for ISM medical courses may not have knowledge of these languages. The conditionality that one needs to be expert in these languages to pursue ISM courses leads to only a specified group of students enrolling in these courses. The Committee believes that to encourage students from all over the country to pursue ISM education, it is important to address this apprehension. The Committee, therefore, strongly recommends that ISM Institutes should also carry out language crash courses in Sanskrit, Tamil and Urdu so that language does not serve as a hurdle for meritorious students who may not have any knowledge of these languages.

**5.3.2** The Committee also notes that there is an urgent need to establish Indian System of Medicine as a preferred choice of career among the students. The present poor health infrastructure in the country demands more trained healthcare providers from the modern as well as Indian System of Medicine. The Committee, therefore, is of the view that different disciplines of Indian System of Medicine should also be introduced in the School curriculum. Small chapters on each discipline of ISM will help in dissemination of information on these traditional systems of medicine with the intention of propagation and popularization of ISM. The Committee also notes that the National Education Policy 2019 has emphasized on reforms at all levels of education from school to higher education. The NEP 2019 also lays down that the school curriculum should be integrated and flexible with equal emphasis on all subjects and fields. The Committee, therefore, is of the view that, on the same lines of National Education Policy, the Curriculum should also be designed according to the changing dynamics with regards to quality education and population

requirement. The Committee, therefore, strongly recommends the Ministry to take necessary initiatives to make students from early childhood aware of the concept of mindfulness and holistic health that the AYUSH system is based on.

#### **5.4 REGISTRATION OF COMPLAINTS**

5.4.1 Attention of the Committee has been brought to the instances when a person is practicing in one State but a case is registered against him in another State. The practitioner in such a scenario has to fight the case in the area where the case has been registered. This leads to unwarranted harassment of the doctor and loss of time and money.

5.4.2 The Committee is of the view that the registration of complaints filed against the AYUSH practitioners should be restricted to the area where the doctor is practicing. The Committee, therefore, desires that the Ministry may consider making provision, either in the Bill itself or regulations, restricting the place of registration of complaints at the place of medical practice rather than the residential place of complainant.

#### **5.5 FUTURE OUTLOOK:**

5.5.1 The Committee notes that since recent times there has been an increase in the Government's initiatives to mainstream AYUSH services. AYUSH doctors are being utilized in various Governments' National Programs and are fundamental to achieve all the National Health Goals. The Committee is of the view that the Ministry should adopt a focused approach for propagation of AYUSH and set specific plans and objectives for achieving the same. With an increase in non-communicable diseases and chronic ailments, there has been a shift towards adopting lifestyle changes and growing emphasis on alternative systems of medicine. In such a scenario, India has the potential to emerge as a global hub for medical tourism in AYUSH. The Committee, therefore, recommends that the Ministry should also address and focus on promotion of medical tourism in AYUSH in its policy and aim to develop better AYUSH infrastructure in partnership with the Private Sector.

\*\*\*\*\*