



# Regulation of Medical Practitioners in India

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## Number of Registered Medical Practitioners (Govt. & Pvt.) 2006 (*Prov.*)

	Allopathy	Ayurveda	Unani	Siddha	Homeopathy	Naturopathy	Total
India	668,131	44,3634	46,230	17,560	216,858	541	1,392,954
(% of total)	<b>48%</b>	<b>(32%)</b>	<b>(3%)</b>	<b>(1.2%)</b>	<b>(15.5%)</b>	<b>(0.03%)</b>	
Delhi	38,311*	2,264	1,049	0	3,026	0	44,650
(% of total)	<b>(89%)</b>	<b>(5%)</b>	<b>(2.3%)</b>	<b>(0%)</b>	<b>(6.7%)</b>	<b>(0%)</b>	

\* From the year 2000 prior to which registered with MCI, Punjab and other councils

**Source:** Medical Council of India & Central Council of Indian Medicine/Homeopathy/  
Dept. of AYUSH, MOHFW/GOI(One doctor per 1,689 population in India)





# Number of Medical College Admissions (Annual)

## Under Graduates 2006 (Prov.)

	Allopathy	Ayurveda	Unani	Siddha	Homeopathy	Naturopathy	Total
India	28,928	10,220	1,595	320	13,035	385	54483
Number of colleges	<b>262</b>	<b>225</b>	<b>38</b>	<b>6</b>	<b>182</b>	<b>10</b>	<b>723</b>
Delhi	560	40	90	0	100	0	790
Number of colleges	<b>5</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>10</b>

Source: Medical Council of India & Central Council of Indian Medicine/Homeopathy/Dept. of AYUSH, MOHFW, GOI

***Every qualified doctor must register with the respective council***



# The Indian Medical Council (IMC) Act, 1956

- The Medical Council of India established in 1934 under the IMC Act, 1933
- Repealed and enacted again in 1956.

## MAJOR COMPONENTS:

- 1. Medical Council:** constitution, composition, mode of election and their restrictions on nomination and membership
- 2. Medical Institutions & Colleges:** setting up of colleges, courses and faculty along with laying down certain rules and regulations
- 3. Recognition of Medical Qualifications:**
  - Granted by Universities/Institutions in India
  - Granted by Universities/Institutions outside India with a scheme of reciprocity.
  - Granted by Universities or Medical Institutions with no scheme of reciprocity.
- 4. Right of Persons Possessing Qualifications to be enrolled:** degree, place of practice, holding valid certificate.

*If any person who acts in contravention of any provision shall be punished with imprisonment for a term which may extend to one year or with fine which may extend to one thousand rupees, or both.*





# The Delhi Medical Council Act, 1997

DMC established in 2000 under the DMC Act, 1997

**Objective:** *To provide for the constitution of the DMC and maintenance of register of Medical Practitioners engaged in the practice of modern scientific system of medicine and all its branches in the National Capital Territory of Delhi and for matters connected therewith.*

## **Roles & Responsibilities:**

- To hear and decide appeals against any decision of the registrar.
- To prescribe a Code of ethics for regulating the professional conduct of practitioners.
- To reprimand a practitioner, or to suspend or remove his name from the register, or to take such other disciplinary action against him as may, in the opinion of the Council be necessary or expedient.
- To receive complaints from public (including patients and their relatives) against misconduct or negligence by a medical practitioner, to proceed for inquest, take a decision on the merits of the case and to initiate disciplinary action or award compensation and similarly to take action against frivolous complaints.
- To provide protection to its members in discharging professional duties
- To ensure that no unqualified person practices the modern system of medicine





# The Quack

## How did the term 'Quack' come into existence?

'Quack' is the German word for mercury or quicksilver (quacksalber). The term was applied to *Paracelsus*, a Swiss physician & alchemist and his followers because of their extensive use of this metal. Originally the word quack was applied to those who poisoned their patients with mercury.

## Who is a 'Quack'?

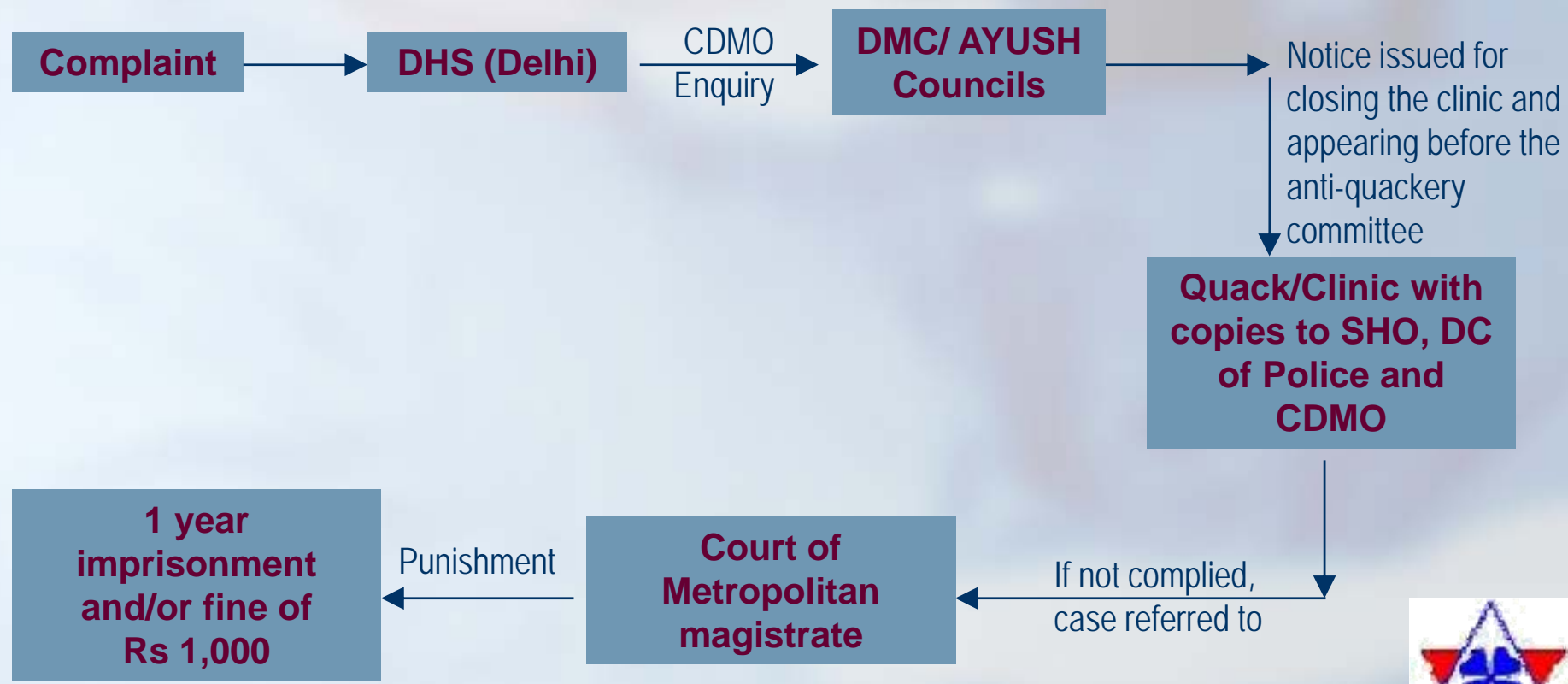
In modern times, quack refers to, "A person who does not have knowledge of a particular system of medicine but practices in that system and a mere pretender of medical knowledge or skills." (*Supreme Court of India*)





# System against Quackery

*The Directorate of Health Services and the Medical Council are responsible for monitoring.*



*However, there are certain gaps in the System*





## Delhi: Number of Complaints & Action taken

Number of complaints: 163

Number of cases filed for prosecution: 22

***Even among qualified doctors, action is taken against malpractice/negligent cases under the DMC Act, 1997 and also Consumer Protection Act, 1986***

*Source:* DHS (Delhi) & Delhi Medical Council





# Delhi: Quack Estimates by Indian Medical Association

**ROUGH ESTIMATES:** 30000 non-qualified practitioners

## **THESE INCLUDE:**

- Compounders
- Ward boys
- Nurses
- Lab Technicians
- Pharmacists
- Dental hygienists
- Traditional birth attendants (*Dais*)
- MPHWs Etc.

## **MALPRACTICES:**

Treatment of minor ailments to dangerous surgeries

## **CONSEQUENCES:**

Leads to serious implications





## Delhi: Raids Against Quackery

*In May 2001, on the insistence of Indian Medical Association, Govt. of Delhi referred the matter to Anti Quackery Committee:*

- 7 raids were conducted by Delhi Medical Council
- 70 practising quacks were booked





# Factors Contributing to Quackery

## **SYSTEM LEVEL:**

- Large population leading to high demands in Health/ Medical care
- Inadequate infrastructure, health care delivery & qualified/trained human resources
- Lack of coordination among various stakeholders
- Poor monitoring & vigilance on a regular basis
- Long & tedious Law enforcement procedures

## **INDIVIDUAL LEVEL:**

- Lack of awareness & consciousness among general public
- Self Medication
- Counter prescription
- Shortcut to quick & easy money on the part of 'quacks'





# Tackling the Quackery

- Improving & strengthening the Health Infrastructure & facilities
- Improving the public health delivery system, outreach & coverage
- Increasing public awareness and consciousness
- Reporting quackery & malpractices
- Ensured implementation of the Acts/ Rules
- Active participation of Medical & Health Professional Bodies/Associations



# Major National Efforts

- Launch of **National Rural Health Mission (NRHM)** by honourable Prime Minister of India, 12 April 2005 - for improving health infrastructure, facilities & ensuring service delivery upto the remotest areas in India
- Ensuring **efficient functioning** of various Medical Councils & implementation of the relevant Acts/ Rules.
- Enhancement of **health budgets**
- Strengthening **health human resources** with **Public Private Partnership** & Capacity Building
- **CBHI - Health Sector Policy Reform Options Database (HS-PROD) of India ([www.hsprodindia.nic.in](http://www.hsprodindia.nic.in))** : User friendly website that shares information on Indian good practices & innovations in health services management
- **CBHI - National Health Profile (Annual) [www.cbhidghs.nic.in](http://www.cbhidghs.nic.in)**  
Covers various demography, socio-economic, health finance, health care, morbidity & mortality indicators as well as medical/paramedical education & health infrastructure





# CBHI Publications

## HS-PROD Report

## NHP 2006

**Health Sector Policy Reform Options Database of India (HS-PROD)**

**Policy Reform Options Database**  
... for effective health sector reforms

<p>Information about HS-PROD</p> <p>List of Entries</p> <p>Index by subject area</p> <p>Search by State</p> <p>General Search</p> <p>Comparison databases and search tools</p> <p>Please additional notices for inclusion in database</p> <p>Comment on existing options and database</p> <p>Register on HS-PROD</p>	<p><b>Welcome to HS-PROD data.</b></p> <p>HS-PROD is a database of health sector reforms in India belonging to the Central Bureau of Health Intelligence (CBHI), Ministry of Health and Family Welfare, Government of India.</p> <p>It was developed by European Commission Technical Assistance (CTA) team and is now owned by CBHI with technical assistance from National Institute of Medical Statistics (NIMS), part of Indian Council of Medical Research (ICMR).</p> <p>While every effort is made to carefully check the accuracy of items entered into the HS-PROD database, the compilers do not accept responsibility for inaccuracies nor liability for any consequences arising from the second information from the database.</p>	<p>www.hsprodindia.nic.in</p> <p>www.hsprodindia.nic.in</p>
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**National Health Profile 2006**

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**Thank you**

