* **Examining the PMC law**
* October 31, 2019
* [Dr Arshad Rehan](https://www.thenews.com.pk/writer/dr-arshad-rehan)

The government recently promulgated the Pakistan Medical Commission (PMC) Ordinance 2019. It replaces the Pakistan Medical & Dental Council (PMDC) Ordinance 1962.

The PMDC stands dissolved and the Pakistan Medical Commission has been established in its stead. The PMC shall be the supreme authority regulating medical and dental education and practice in the country.

The PMDC had become dysfunctional and was failing to regulate the medical and dental profession. It had become a corrupt conglomerate of various vested interests. It served anyone but the general public and the profession. Reform was needed.

The PMC will be a triumvirate, and responsibilities will be allocated to a Medical Council (Council), the National Medical & Dental Academic Board (Board) and a National Health Authority (Health Authority). Together, all three constitute the Pakistan Medical Commission.

The council will be the apex body of the commission and the academic board and health authority shall work under its supervision.

For the first time, the council shall have lay members (non-doctors). This brings it in conformity with other countries where lay members are felt essential for protecting the rights of the public.

No members of the commission shall have any conflict of interests. Conflicts have been described as any ownership interests in a teaching hospital or institution or medical or dental college or university.

This was much needed, but the definition and scope of conflicts could be broadened. This is necessary to further ensure that members do not have any vested interests while discharging their duties.

Another welcome step is that the council has been empowered to initiate inquiries suo motu in cases of alleged medical malpractices or negligence.

A detailed reading of the law also reveals some shortcomings and lacunae. One wonders if vested interests have succeeded in injecting their own agenda in an otherwise reform package.

The ordinance mandates conducting an examination (MDCAT) for entrance to medical colleges. Passing this exam would be a must for admission to any public or private medical college.

It is curious however, that private medical colleges shall be at liberty in deciding weightage given to marks obtained in the MDCAT. In case of public colleges, each provincial government shall decide the same.

Private colleges may give weightage as low as one percent or as high as one hundred percent to MDCAT scores at their discretion. Prima facie, empowering private entities to determine weightage given to MDCAT scores defeats the whole purpose of the exercise.

Uniform weightage to scores obtained in the proposed MDCAT needs to be ensured.

The law also leaves the standards and structure of the medical or dental faculty at the mercy of the private or public medical universities.

Section 20(5) reads: “The standard and structure of faculty shall be regulated as prescribed by either the Higher Education Commission (HEC) or the university to which a college is affiliated or any other law applicable to a public teaching institution”.

There is no cogent reason why the standards of the HEC of Pakistan should not be the sole criterion for faculty standards and structure of medical universities across the board.

The HEC might be requested to develop separate criteria for medical colleges or universities but leaving it in the hands of private institutions is beyond fathom and open to abuse.

Another interesting section of the law that is bound to affect the public immensely is section 20(7). Here the private medical colleges have been empowered to fix their own fee structure without any caps.

Private medical/dental colleges or universities is one of the most lucrative businesses in Pakistan. Even with their fees capped by the previous PMDC, their growth has been phenomenal. With the new law, they will have a ‘licence to kill’ so to speak.

It is strange that a law seeking to regulate medical and dental education is in all essence deregulating the same where weightage given to MDCAT, structure of faculty and fees charged to students are concerned.

The concerned sections of the law must be annulled or amended.

The door has also been left ajar to the possibility of numerical majority of representatives of private medical colleges on the academic board through sections 11(g) & 11(h).

Working as faculty, essentially at the pleasure of the owners of a private medical college, creates an inherent conflict of interest.

It must be ensured through amendments that private colleges never have the chance of becoming a majority on the board. They should in fact be excluded from the board and may only be given representation on relevant committees as and when needed.

In a welcome move, the law introduces a uniform National Licensing Examination (NLE). Passing the NLE will be a must for any graduate before a provisional or full license is issued to them.

A loophole however is noted in section 21(3) which states that “Any medical or dental graduate who has obtained a license to practice in a foreign country or qualified from a foreign institution, not recognized by the Commission, but has acquired a post-graduate qualification in Pakistan or from a foreign institution recognized by the Council shall not be required to qualify the NLE and shall be granted a full license to practice”.

With this clause, anyone can obtain a degree from say Somaliland, and then essentially ‘buy’ a post-graduate diploma in any medical/dental subject from a private university in Pakistan. They will have an undeniable claim to a licence from the PMC!

The loophole must be closed, and the NLE be made compulsory across the board. Moreover, no one but a graduate from a medical college listed in the World Health Organization’s directory of medical schools should be allowed to sit the NLE.

In another curious decision, some of the commission’s responsibilities have been abdicated in perpetuity to the College of Physicians & Surgeons of Pakistan (CPSP).

The new law binds the PMC that it shall recognize post-graduate qualifications granted by the CPSP and shall also recognize any hospital for post-graduate training that the CPSP recognizes as such.

This at best, is intriguing. Quis Custodiet Ipsos Custodes? Who shall regulate the CPSP when it comes to standards of medical education?

With the new law, the CPSP can grant any post-graduate qualification or recognize any institution at its discretion. None in the country could check its standards or question it.

The CPSP needs to be held to account for its training programmes and governance like other institutions. There have been reports in this newspaper, of corrupt practices in the CPSP’s training programmes. To our knowledge, it has has to date not bothered to properly investigate or respond to them.

The president of the CPSP has been given a permanent ex-officio seat on the council. This privilege is not even extended to any of the much more esteemed and prestigious Royal Colleges of the United Kingdom on the General Medical Council of the UK.

Once again, if it is to solicit the CPSP’s opinion on matters concerning post-graduate education, it may be accommodated on the concerned committees as and when necessary. Why give it a permanent seat?

The new law, while a welcome step in the right direction, still demands a thorough re-examination by decision-makers and parliament. It needs to be amended into a better law.

The author is adjunct faculty,division of cardiovascularmedicine, Ohio State University; and former president of theAssociation of PakistaniCardiologists of North America.

Email: arshadrehan@hotmail.com

Twitter: @spaelanay