

EXECUTIVE SUMMARY

On

**“NITI AAYOG - Proposed Bill for Indian Systems of
Medicine**

**THE NATIONAL COMMISSION FOR INDIAN
SYSTEMS OF MEDICINE (NCISM) BILL, 2017”**

Brainstorming Session

Organised by

**Indian Association for the Study of Traditional Asian Medicine
[IASTAM – India]**



At

College of Ayurved, Bharati Vidyapeeth University

17th April 2017

Prepared By

Dr. Narendra Bhatt

Dr. Manasi Deshpande

Indian Association for the Study of Traditional Asian Medicine (IASTAM – India):
C/o, Bharati Vidyapeeth Deemed University, College of Ayurved, Dhankawadi, Pune 411043.
Email id – iastam.india@gmail.com, Website: www.iastamindia.org, Contact No. 9860085980,
02024373955

EXECUTIVE SUMMARY

on

“NITI AAYOG - Proposed Bill for Indian Systems of Medicine, THE NATIONAL COMMISSION FOR INDIAN SYSTEMS OF MEDICINE (NCISM) BILL, 2017” in Pune, 17th April 2017

~~~

- I. Preamble**
  - II. Purpose of the Meet**
  - III. Participation**
  - IV. Methodology**
  - V. Observations and Suggestions**
- Appendix - I*

### **I. Preamble**

The National Institution for Transforming India, NITI AAYOG has proposed replacing the Indian Medicine Central Council (IMCC) Act with a new Act of Parliament. A committee was established that suggested reforms through replacement of the act that can lead to improved outcomes in education pertaining to the Indian Systems of Medicine and Homeopathy in India.

IASTAM as a multidisciplinary organization has been involved with activities and events at national and international levels on the subjects of significance for traditional systems of medicine. Currently under the theme ‘*Connecting Systems, Bridging Disciplines*’ it is spearheading activities to bridge the gaps for promotion of AYUSH. IASTAM is credited with well-planned academic and scientific deliberations on various issues and challenges for development of AYUSH. Proceedings of all such meets duly documented and published.

IASTAM – Chronicle documents 35 years of its activities.

IASTAM organized a ‘**Brainstorming Session on NITI AAYOG Initiative the National Commission for Indian Systems of Medicine (NCISM)**’ on 17<sup>th</sup> April 2017 to deliberate on the proposed bill.

## **II. PURPOSE OF THE MEET**

- To deliberate on the NITI AAYOG proposal involving academics, practitioners, researchers and industry.
- To discuss the issues and the impact of the proposed bill in a systematic manner, its impact and to evolve collective viewpoint.
- To provide observations and recommendations to NITI AYOG as announced.

## **III. PARTICIPATION**

*An e-mail invite was sent to all (545) members of the association representing different systems and disciplines and expertise in various subjects and several experts.*

*47 members participated at the meet. List Attached (Appendix –I)*

## **IV. METHODOLOGY**

Discussions were carried out in phases as -

*Session I - Introduction: Subject Matter and Scope of Discussion*

*Session II - Deliberations on Impact*

*Session III - Deliberations on Issues and Suggestions*

*Session IV –Recommendations*

*The proceedings were duly tape-recorded and reviewed.*

**FOLLOWING OBSERVATION EMERGED.**

**V. OBSERVATIONS AND SUGGESTIONS**

**A.1 Observations On The Draft Proposal**

**1. Observations on Background**

- 1.1. The group unanimously agreed that the present legal framework has not provided knowledgeable, skilled and capable professionals for the Indian Systems of Medicine as expected.
- 1.2. Though developed and expanded in terms of institutionalization and the human resources the Indian Systems of Medicine have failed to contribute to desirable levels to the health and medical care.

**2. Observations on the Process**

There is an urgent need for new policy guidelines and legal framework to enable the Indian Systems of Medicine through developing efficient infrastructure and skilled manpower. The group whole heartedly welcomes the initiative by the NITI AAYOG and applauds the speed with which it has acted so far. It requests the NITI AAYOG for right and faster actions for early and productive outcomes.

- 2.1. It is stated that the views and suggestions of stakeholders were obtained by committee. It is felt that views of several constituent stakeholders directly involved in related activities and having experience of working at ground level do not get reflected in the document. Most of the participants were ignorant of exercise undertaken by the NITI AAYOG.
- 2.2. References to various earlier acts have been made. It is noteworthy that all the following acts were preceded and based on the structure that was made for Indian Medical Council Act which has different paradigm than that of Indian Systems of Medicine.

This might have been a major reason for the failure of the delivery by the following Acts including existing Indian Medicine Act.

- 2.3. The group appreciates the statements related to limitations of the present act, qualifications for admission, educational infrastructure and methods of approval of the practitioners.

The group agrees with the proposal for transparent and independent accreditation of institutes by independent bodies.

The group suggests that such a body should be governed by defined goals for Indian Systems of Medicine so as to help develop appropriate human resources and infrastructure to contribute to health and medical care of the country in an effective and dynamic manner.

- 2.4. The group examined the proposals of ‘Advisory Council’ and ‘Regulatory Mechanisms’. The group opines that both the regulatory and the advisory bodies are driven by common objectives and be mandated and equipped with methods to be held responsible for its performance.

### **3. Observations on Main Features of the Proposed Bill and Underlying Rationale**

The group supports need for ‘A New Act of Parliament’ in place of the existing.

#### **3.1. Elected versus Selected Regulators**

The group agrees with the limitations of current electoral process that did not provide true representation of professionals as was envisaged.

The group recognizes the need of selected (nominee) experts to bring in professional excellence for contemporary relevance as proposed.

The group suggests balanced mechanism wherein both the elected and selected (nominee) experts can play important and complementary role to derive maximum benefits.

The group suggests that the new act must *ensure representation beyond doubt of the most experienced and truly eligible experts* on suggested bodies through stringent parameters and mechanisms within the proposed act rather than leaving it open ended for any diversion.

The new act must put in place an internal mechanism required to be adhered to appointment of the electoral and selection (nominee) experts.

#### **3.2. A New Institutional Architecture for Regulation**

The proposed ‘National Commission for Indian Systems of Medicine’ shall be the policy making body *not only for education and profession but also for research, industry, products and other related activities*. This is necessary to achieve defined goals in totality through common policy guidelines for constituent activities in view of the inter

dependency and complimentary nature of these segments, particularly for the Indian Systems of Medicine.

### **An Important Suggestion for ‘The Architecture’**

**The group has examined the proposal for two tier architecture in the form of the advisory council and boards. After detailed review and discussions, the group has suggested a three-tier mechanism as follows –**

- 1. National Commission for Indian Systems of Medicine**
- 2. Council for Ayurveda, Siddha and Sowa Rigpa**
- 3. Boards to carry ‘Functional Responsibilities’ as follows**
  - i. Board for Education in Ayurveda**
  - ii. Board for Research & Development in Ayurveda**
  - iii. Board for Professional Regulations and Requirements**
  - iv. Board for Industry and related areas**
  - v. Board for Quality Parameters, Ethics and Resources**

*It is suggested that the Siddha and Sowa Rigpa Systems of Medicine shall have separate boards covering all the functional responsibilities under the council for Ayurveda, Siddha and Sowa Rigpa.*

### **3.3. Yoga and Naturopathy**

The group did not discuss the matters related to Homeopathy, Yoga or Naturopathy due to lack of any representative expert in the group.

### **3.4. Boards and Separation of Function**

The group agrees with the spirit of formation of boards based on functional relevance.

The proposal for separate functional boards as suggested by us is vital for Ayurveda and is justified to incorporate and involve huge numbers of all its constituent activities, be it education, profession, industry or research.

Selection and nomination under each of the above boards shall be structured in a fashion so as to allow proportionate representation of those who are actually involved in the different areas of activities through a process of election with stringent parameters for the eligibility of the experts .

Similarly, stringent parameters be applied for the appointments of nominee experts so as to avoid any undue advantage or inappropriate intervention at any level of any nature other than what the objectives are.

### **3.5. The Secretariat**

The group welcomes the formation of separate secretariat.

### **3.6. Terms and Conditions**

The group agrees with the proposal.

There must be a definitive timelines within which the formation of different bodies is carried out. No window be left open for undue delay in formation of such bodies.

### **3.7. Regulatory Philosophy**

The group agrees with regulatory philosophy as proposed.

### **3.8. National Entrance and Exit Examinations**

The group agrees in principle with the approach to ensure common standards of knowledge, skills and agrees with the philosophy of defining objective landmark to judge the outcome.

### **3.9. Fee Regulation**

The group did not discuss the regulation with respect to fees.

### **3.10. For Profit – Entities and Private Colleges in Indian Systems of Medicine and Homeopathy**

The group agrees in principle as stated.

### **3.11. Power to Give Directions & Transitory Provisions**

The group strongly recommends that the central government shall not only constitute rules but shall also provide mandatory guidelines that are required to be implemented at state level for effective and time bound implementation of the Act and its timely implementation and future review.

Bench marks for the outcome of such phenomenon be linked with the provision of central grants given to states in specific areas of activities.

### **3.12. Interface between Homeopathy, Indian Systems of Medicine and Modern Medicine.**

It is desirable to have a regular interface between different Indian Systems of Medicine through specific directives *beyond* simple suggestions.

*India is the one and only country in the world with ‘Medical Pluralism of Different Systems through a Recognized Route’.*

**The NITI AAYOG shall initiate necessary steps to take advantage of the already evolved pluralistic nature of medical care and ensure mechanisms for its complementary gains rather than divisive parallelism that wastes resources and efforts.**

### **3.13. Drafting of Rules**

Necessary steps to be taken in timely manner.

## **4. Concluding Remarks**

The group once again applauds the initiative for the “New Act of Parliament.” **The group expresses its eagerness to share its views and offers to provide justification of the points above with explanations, if need be.**

### **A.2 Observations on Annexe II: The Proposed Bill for Indian Systems of Medicine**

#### **Observations on ‘Introductory section’**

1. In place of the word ‘Supply’ the group suggests ‘Make Available’ in view of the nature of the skilled human resources that the act aims to provide.
2. The ‘Act’ being part of policy statement shall recognize the rich national heritage in the form of traditional knowledge of Indian Systems of Medicine in specific terms; and the ‘Act’ must express its unequivocal commitment towards utilization of basic tenets (principles) of Indian Systems of Medicine for its rightful and potential role for the health and medical care of the people of the country.
3. The words ‘World Class’ in the primary statement is inappropriate in view of the Indian origin of Indian Systems of Medicine and be replaced with terms representing excellence in knowledge, experience and efforts to reach highest level of effective use.

4. The statement ‘ENCOURAGES INDIAN SYSTEMS OF MEDICINE PROFESSIONALS TO INCORPORATE THE LATEST RESEARCH IN THEIR WORK AND TO CONTRIBUTE TO SUCH RESEARCH;’ could be replaced with “*encourages Indian Systems of Medicine to achieve highest level of professional efficiency with effective integration of its knowledge and skills with the contemporary advances in research and development in related areas.*”

### A.3 Chapter 2 - The Advisory Council for Indian Systems of Medicine

#### 3. Constitution and Composition

- i. The constitution may undergo changes for THREE-TIER STRUCTURE as suggested by the group.
- ii. Several states have different criteria for appointment of the Vice Chancellor, whereas at times nominee does not always represent the required qualifications envisaged by this act. Due consideration should be given to avoid such inadvertent situations while deciding guidelines and criteria for election or nominations of experts to bodies under proposed act.
- iii. The role of Ministry of Home affairs to nominate the 7 members is not clearly stated; it is required to be justified or attended rightly.

The dual approach of electoral and nominee experts as suggested by the group with clearly defined stringent criteria will ensure involvement of greater level of professional skills, experience and efficiency.

- iv. The total number of members of council or board be expanded as needed as per the policy.
- v. The group recognizes the need for representatives from the parallel sciences or management faculties. The experienced views of experts from the branches of humanities are equally important from the community point of view.

The group strongly recommends involvement of experts from the Indian Systems of Medicine *having cross faculty or allied sciences experiences.*

- vi. The group strongly feels that the ‘Act’ must recognize variance and vastness of Ayurveda for representations on the bodies under the proposed Act; and that the representation from other faculties shall not be at the cost of significance of the experts from within the fraternity.

The number of membership or size of such bodies be expanded accordingly.

## **B. Other Observations on the Proposed Act**

### **B.1 The Epistemology**

The new ‘Act’ both in spirit and letter must acknowledge and recognize the paradigm difference and the epistemological variance of Indian Systems of Medicine.

### **B.2 Need for Innovative Framework**

The framework of rules and regulations as adapted from the western model and as suitable to modern biomedicine may not do right justice to the requirements of Indian Systems of Medicine.

### **B.3 Ethics and Quality Standards**

The act though refers to the requirement of the ethics and quality standards; it fails to provide structural guidelines to ensure its implementation.

### **B.4 Potential that Indian System of Medicine Offers**

The act shall define and address the potentials, the Indian Systems of Medicine can offer and what India as a nation wants to achieve.

### **B.5 Limitations of Bio-Medicine (Allopathy)**

The act shall recognize the limitations of the present day medical care popularly known as allopathy, define its lacunae and must emphasize the role of Indian Systems of Medicine expected to play to contribute to safe and effective health care and medical care at national level. The ‘Act’ shall not shy off from statement of global realities.

### **B.6 Health Care Economics**

The Indian Systems of Medicine provide far better economic model to address the issues of health and medical care.

The proposed act must recognize the role of Indian Systems of Medicine to contribute to the health economics there by reducing the gross burden in terms of morbidity and mortality.

### **B.7 New Technologies**

The new technology both interms of Information Technology, Bio Sciences and Artificial Intelligence have potentials to play a strong and dynamic role not only to cover the vast span of the knowledge base and its practices but

also to accelerate and enhance the role, the systems can play. The act must incorporate this subject in an appropriate manner.

### **B. 8 Use of words Ayurveda & Ayurvedic**

The word ‘Ayurved’ and ‘Ayurvedic’ is loosely used or commercial exploitation and for unqualified use.?? The proposed act must address this issue being a part of policy and propose guidelines and mandatory law to prevent such unqualified unauthorized use.

### **B. 9 National Faculty and Cross Country Training**

The group suggests formation of a National (Registry) Faculty of Excellence based on stringent screening procedure in specific areas and a country wide process to transfer skill and development. Such effort will not only help implementation program will also act as a dynamic process of competitive excellence in coming times. Care must be taken to avoid misuse of such an effort as happened few times in past.

### **B. 10 Issues of Natural Resources and Non-Availability of Reliable Products**

None availability of raw material quality products and reliable parameters is a serious issue that will inhibit any or all efforts for developing Indian Systems of Medicine. The NITI AAYOG must address this issue for the success of any policy or the Act.

### **B. 11 Qualified Support Staff and Skill Development**

Increased institutionalization of learning, training and health and medical services is in urgent need of skilled support staff. The proposed act shall address this issue with specific objectives, guidelines, structural provisions and certification. This will not only help to bring in the professionals at large but will also increase employment opportunities and profession qualifications.

### **B. 12 Qualifications for International Practice of Indian Systems of Medicine**

The group expresses its concerns about the variance in qualifications and approval of qualifications that are adapted by several institutes in other countries.

It is recommended that the standards for practices within India and abroad must be at par and shall not be practiced and compromised in any fashion what so manner the government or private bodies at times well recognized institutes, universities are known to have allow such happenings that will reduce its credibility.

### **B. 13 No Permission for Any Diversion**

The group also felt that several academic activities are encouraged or even officially recognized in the name of protection of knowledge and tradition. These have resulted into parallel but poor academic structures.

The new Act shall clearly stop such activities, termed it illegal; and shall ensure that each and every academic and professional activity be approved or authorized by the new Act; and shall leave no window to compromise on standards in any way; and that any such indulgence be considered a punishable act.

IASTAM - India

**APPENDIX - I (A) LIST OF PARTICIPANTS**

**Indian Association for the Study of Traditional Asian Medicine**

**Registrations for Meeting - NITI AAYOG**

| Sr. No. | Name of Registrant    | Category                |
|---------|-----------------------|-------------------------|
| 1       | Agnihotri Punarvasu   | Industry                |
| 2       | Akkalkotkar T. B.     | Retailer / Trade        |
| 3       | Ambawale S. D.        | Academic                |
| 4       | Anservadekar Deepa    | Academic                |
| 5       | Babar S. C.           | Academic / Surgeon      |
| 6       | Balme A. V            | Management              |
| 7       | Bhati Kirti           | Academic                |
| 8       | Bhatt Narendra        | Academic / Practitioner |
| 9       | Bhide Madhuri         | Academic                |
| 10      | Bothiraja C.          | Pharmaceutical Sciences |
| 11      | Dabhade S.S.          | Management              |
| 12      | Deshpande Manasi      | Academic                |
| 13      | Dharkar Nilima        | Academic / Industry     |
| 14      | ErandeMukund          | Academic                |
| 15      | Gadgil Dilip          | Ayurvedic Practitioner  |
| 16      | Gadgil Swati          | Academic                |
| 17      | Ghorpade Manda        | Academic / Practitioner |
| 18      | Indapurkar Kavita     | Academic                |
| 19      | Jahagirdar Jayant     | Ayurvedic Practitioner  |
| 20      | Jinde Abhijit         | Ayurvedic Practitioner  |
| 21      | Joshi Medha           | Academic                |
| 22      | Joshi Mrudula         | Academic                |
| 23      | Joshi R. B.           | Academic                |
| 24      | Joshi Vinayak         | Academic                |
| 25      | Joshi Yashashree      | Academic                |
| 26      | Joshi-DeshmukhPranita | Academic                |
| 27      | Kapgate Sarita        | Academic                |
| 28      | Kozarekar Vandana     | Ayurvedic Practitioner  |
| 29      | Kulkarni Sachin       | Academic                |
| 30      | NemadeRanibala        | Academic                |
| 31      | Nilakhe Savita        | Academic                |
| 32      | Pandkar Prasad        | Academic / Practitioner |
| 33      | Patil Abhijit         | Principal               |
| 34      | Patil Vikrant         | Ayurvedic Practitioner  |
| 35      | PawarAtmaram          | Pharmaceutical Sciences |
| 36      | Pawar D. Sharad       | CCRAS Representative    |
| 37      | Pawar Madhuri         | Academic                |
| 38      | Pedhekar Sunanda      | Academic                |
| 39      | Pradhan Nilakshi      | Principal               |
| 40      | Rajguru Utkarsha      | PG Scholar              |
| 41      | Sabade Mahesh         | Ayurvedic Practitioner  |
| 42      | Sathiyarayan          | Pharmaceutical Sciences |
| 43      | Singh Priya           | PG Scholar              |
| 44      | Topale P. B.          | Academic                |
| 45      | Wadodkar Subhash      | Ayurvedic Practitioner  |
| 46      | Wali Ashok            | Principal               |
| 47      | Vaidya Anagha         | IASTAM Admin            |

**Participants**

| Category                | No. |
|-------------------------|-----|
| Academic                | 26  |
| Practitioners           | 10  |
| Pharmaceutical Sciences | 3   |
| Principal               | 3   |
| Industry                | 2   |
| Management              | 2   |
| Surgeon                 | 1   |
| PG Scholar              | 1   |
| IASTAM Admin            | 1   |
| Retailer / Trade        | 1   |
| CCRAS                   | 1   |