

A Preliminary Report of the Committee on the
Reform of the Indian Medicine Central Council
Act 1970 and Homoeopathy Central Council
Act, 1973

NITI Aayog
Government of India
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Preface

The Government of India, vide OM No. 4(3)/2016-H&FW dated 04.08.2016 (Annexure I) and in terms of the PMO I.D. No. 520/31/C/46/2015-ES2 dated 01.08.2016, constituted a committee on the Indian Medicine Central Council (IMCC) Act, 1970 and Homoeopathy Central Council (HCC) Act, 1973 under the chairmanship of the Vice Chairman, NITI Aayog. The Committee was charged with examining all aspects of the Indian Medicine Central Council (IMCC) Act, 1970 and Homoeopathy Central Council (HCC) Act, 1973 and suggesting reforms leading to improved outcomes in education pertaining to the Indian Systems of Medicine and Homoeopathy in India. It included the following members:

1. Shri P.K. Mishra, Additional Principal Secretary to Prime Minister
2. Shri Amitabh Kant, CEO, NITI Aayog
3. Shri Ajit M. Sharan, Secretary, Ministry of AYUSH (Convener)

The present report is the result of the extensive deliberations and consultations conducted by the committee.

Despite their very busy schedules, the members of the committee generously devoted time to bring the work of the committee speedily to a stage at which it could propose draft bills to replace the Indian Medicine Central Council (IMCC) Act, 1970 and Homoeopathy Central Council (HCC) Act, 1973. Shri Alok Kumar, Adviser (Health) at the NITI Aayog, assisted by Shri Sumant Narain, Director (Health), NITI Aayog, worked energetically and diligently to coordinate and codify the committee's work. Urvashi Prasad, Public Policy Specialist, NITI Aayog, conducted the bulk of the research that forms the basis of this report.

The committee has proposed replacing the Indian Medicine Central Council (IMCC) Act, 1970 and Homoeopathy Central Council (HCC) Act, 1973 by two new Acts and has proposed draft bills towards that end. These bills are the major component of the present report.

The committee's work is not over yet. This document, especially the proposed bills to replace the Indian Medicine Central Council (IMCC) Act, 1970 and Homoeopathy Central Council (HCC) Act, 1973 are being circulated for public consultation. Once the committee has received the comments, it will meet again to undertake the necessary revisions. In the meantime, the committee looks forward to feedback from stakeholders.

Arvind Panagariya
Vice Chairman, NITI Aayog
8 March 2017

1. Background

Traditional and alternative systems of medicine i.e. Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa and Homoeopathy are an integral part of the health care system in India. A flexible and robust legislative framework underlying medical education for Indian Systems of Medicine and Homoeopathy is essential for contributing towards the well-being of the nation.

It is against this background that the Indian Medicine Central Council (IMCC) Act, 1970 and Homoeopathy Central Council (HCC) Act, 1973 were enacted along the lines of the Indian Medical Council Act, 1956. Thereafter, the statutory bodies namely Central Council of Indian Medicine (CCIM) and Central Council of Homoeopathy (CCH) were constituted to regulate the Indian Systems of Medicine and Homoeopathy respectively. The IMCC Act, 1970 covered only Ayurveda, Siddha and Unani systems of medicine for several years after its enactment. However, with the passage of The Indian Medicine Central Council (Amendment) Bill, 2010, Sowa-Rigpa was also given formal recognition as a part of the Indian Systems of Medicine.

While these Acts initially provided a solid foundation for growth of medical education pertaining to Indian Systems of Medicine and Homoeopathy, over time, several issues started to emerge regarding the functioning of CCIM and CCH and regulation of medical education for these Systems. The 9th Report of the Planning Commission, Government of India, noted that Homoeopathy "Training institutes lack well qualified teachers and quality of training is not of requisite standard." The National Policy on Indian Systems of Medicine & Homoeopathy, 2002 also stated that "Medical education in Indian Systems of Medicine & Homoeopathy has been a cause of concern. The number of Indian Systems of Medicine & Homoeopathy colleges has increased phenomenally to 404. 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 Government, loopholes in the existing Acts and weakness in the enforcement of standards of education have contributed to this state of affairs."

It was therefore felt that there is a need to amend some of the provisions of the IMCC and HCC Acts with respect to establishment of new medical colleges, increase of intake admission capacity or granting permission to existing colleges. Accordingly, the HCC Act, 1973 was amended in 2002 by inserting section 12A and 12B with the objective of curbing the mushroom growth of sub-standard colleges and to prevent a fall in the standard of education. Similarly, Section 13A, 13B & 13C were inserted in the IMCC Act in 2003.

The IMCC Amendment Bill, 2005 and HCC Amendment Bill, 2005 were also initiated to streamline the functioning of the Central Councils on issues of membership, bringing about transparency in the mechanism of granting permission to colleges, practices, ethics as well as standards in AYUSH medical education. The Department-Related Parliamentary Standing Committee on Health and Family Welfare in its 10th Report on the Homoeopathy Central Council (Amendment) Bill, 2005 which was presented to Parliament on 29th July, 2005 had made recommendations on various clauses related to the structure and functioning of the Homoeopathy Central Council

namely, to amend the act to define Homoeopathic Medical College, to nominate ex officio members, to seek permission for existing colleges, to fix the tenure of elected/nominated members of the Council, to remove the President and Vice-President, to dissolve the Executive Committee of the Council and to give directions to the Council in public interest.

For various reasons, significant progress with respect to these Bills was not made. Challenges with the regulation of medical education for Indian Systems of Medicine and Homoeopathy, however, remained.

In 2006, the Planning Commission convened a Task Force for AYUSH education, which found that the curriculum and course content across systems was unsatisfactory. The Task Force concluded further that most AYUSH educational institutions do not provide quality medical education, a feature compounded by poor infrastructure and lack of qualified and committed faculty. This yielded ill trained AYUSH practitioners who lacked knowledge of the fundamentals of the concerned system of medicine, and were unable to practice in accordance with the best traditions of their systems. Specifically, both under-graduate and post-graduate courses were described as “blindly imitative of the corresponding courses in Allopathic medicine...to the extent that the very character of the AYUSH systems gets compromised.”

The Department of AYUSH, Government of India in its report (F.No.R-13040/10/2011-HD (Tech) dated March, 2011, stated, “The Central Government has also received complaints, in this scenario gives apprehension that there may be possibility of growth of substandard education. Similarly, the existence of such substandard colleges may create a possibility of adopting malpractices and unfair practices by the colleges....it is necessary to adopt urgent measures to regularly monitor the Homoeopathy Medical Colleges.”

Given the persistent challenges, yet another effort was made by the Ministry of AYUSH with the introduction of The Homoeopathy Central Council (Amendment) Bill, 2015 on 6th May, 2015. The Secretary, AYUSH, while presenting his evidence before the Department-Related Parliamentary Standing Committee on Health and Family Welfare on 25th May, 2015, shared that although the Homoeopathy Central Council Act contained provisions for de-recognition of degrees granted by any existing institution, it was lacking in stopping grant of permission to make admissions year after year, etc. In view of the said lacunae, the Ministry had contemplated the amendment of the Act by inserting two provisions in the Amendment Bill of 2015 as the lacunae allowed homoeopathy colleges to continue with their “business as usual” approach undermining the standards of education in existing colleges and hence the quality of Homoeopathy education.

The Committee presented its 86th Report, dated 30th July, 2015 to the Rajya Sabha and laid the Report in the Lok Sabha on 31st July, 2015. The Report was taken into consideration by the Ministry of AYUSH and draft official amendments in the Bill were proposed. The PMO vide ID No. 520/31/C/46/2015-ES.2 dated 1st August, 2016 conveyed that it has been decided to set up a Committee under the chairmanship of Vice Chairman, NITI Aayog to examine the Homoeopathy Central Council Act and Indian Medicine Central Council Act and suggest necessary reforms. The specific lacunae that The Homoeopathy Central Council (Amendment) Bill, 2015 aimed to address and were also the subject of the 86th Report of the Parliamentary Standing

Committee, have been examined in the context of the broader reforms mandated by the PMO.

As the IMCC Act, 1970 and HCC Act, 1973 were framed along the lines of the IMC Act, 1956, many issues that have emerged with the functioning of the CCIM and CCH are shared with the MCI.

Specifically, these regulatory bodies have failed to:

- Bring in competent and qualified persons based on merit for regulating AYUSH medical education; the nominated members of CCIM (30%) and CCH (40%) have not succeeded in making an effective impact over the elected members
- Create standard curricula that can produce quality doctors in Indian Systems of Medicine and Homoeopathy
- Maintain uniform standards of medical education at the under-graduate and post-graduate levels
- Ensure ethics in the practice of Indian Systems of Medicine and Homoeopathy
- Ensure quality enforcement mechanisms
- Create a transparent system of inspection and grant of recognition or de-recognition of institutions pertaining to Indian Systems of Medicine and Homoeopathy
- Produce skilled and professionally competent medical graduates and post-graduates
- 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

On the modern medicine front, a landmark step has been taken to revamp the Indian Medical Council Act, 1956. The proposed National Medical Commission Bill, 2016 includes several far-reaching changes for strengthening the regulation of medical education in the country. Given that a number of issues plaguing MCI are also the ones affecting CCIM and CCH, the proposed AYUSH legislations have been examined in the context of the proposed National Medical Commission Bill, 2016.

It is against this background that the present committee is placing in the public domain draft bills to replace the IMCC Act, 1970 and the HCC Act, 1973 for comments by stakeholders. While the proposed bills are placed in Annex II and Annexe III, in the remainder of the text of the report, we summarize the process of the committee's work and the broad features of the bills as well as the underlying rationale.

2. The Process

While working under a very tight schedule, the committee nevertheless consulted all stakeholders and reviewed various submissions, reports and published articles.

2.1 Consultation with Stakeholders and Experts

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. Many of these invitees have submitted their views either through presentations or through detailed documents. Representations were also received from common citizens as well as experts who for the paucity of time could not be invited to present their views in person to the Committee. A list of the presentations and documents submitted is available in Annexe IV.

2.2 Key Documents

While the Committee carefully examined all viewpoints presented to it through consultations and submissions, it also consulted several documents. These are listed below:

- Indian Medical Council Act, 1956
- The Indian Medicine Central Council Act, 1970
- The Homoeopathy Central Council Act, 1973
- The proposed National Medical Commission Bill, 2016
- The Indian Medicine Central Council Amendment Bill, 2005
- The Homoeopathy Central Council Amendment Bill, 2005
- Indian Medicine and Homoeopathy Pharmacy Bill, 2005
- Indian Medicine Central Council (Amendment) Bill, 2010
- The Homoeopathy Central Council Amendment Bill, 2015
- 10th and 86th Reports of the Parliamentary Standing Committee on Health and Family Welfare
- Report of the Task Force on AYUSH Education, 2006, Department of AYUSH, Government of India

2.3 Views of Experts and Stakeholders

Main themes that figured repeatedly in the consultations are as below:

1. India is a world leader in the practice of Homoeopathy with several eminent doctors who impart training abroad on a regular basis. However, due to the current rules/regulations prohibiting experts from imparting training, many of them are not allowed to teach in domestic institutions, thus depriving Indian students of learning from renowned teachers.
2. There is a need to revamp the functioning of the Councils and dispense with the mode of appointment of their members by election.
3. Existing colleges lack basic infrastructure and many of them do not provide in-patient services. Several private colleges conduct correspondence courses and students do not attend classes or have any practical experience.

4. The inefficiencies observed in the MCI are present in the AYUSH Councils as well and therefore the reforms suggested for MCI can be adopted for these Councils.
5. Given the lack of motivation amongst the college graduates, only a few practice alternative systems of medicine.
6. In the current scenario, AYUSH graduates do not play a key role in the treatment of people. Given that people seek pluralistic modes of health nowadays, integration of AYUSH with allopathy is important.
7. The quality of education needs to be improved. Training should necessarily include research and practical experience so that graduates can face contemporary challenges.
8. The experts unanimously agreed that there is a need to have National Entrance/Exit Tests to ensure quality of doctors passing out of the colleges. It was suggested that the merit list of NEET, being conducted for MBBS, can be utilized for these systems of medicine also. Ayurveda experts, however, were of the view that a separate exam could be conducted for Ayurveda.
9. It was agreed that a transparent and independent accreditation of the colleges, as is done by NAAC, is required and entry barriers for opening of new colleges and/or starting of new courses need to be reduced.
10. Centres of Excellence can be set up for ensuring innovation in the field and for continuous training of teachers.
11. It was suggested that Sowa-Rigpa, Ayurveda and Siddha systems of medicine can have a single board for regulating their education. Similarly, Yoga & Naturopathy can have a single Board while the Unani system should have a separate Board. A separate Board for Paramedical/Nursing and Pharmacy, especially in Indian Systems, may also be considered. These Boards may have inter-disciplinary members.
12. Given that Homoeopathy is not an Indian system of medicine and the philosophy of treatment, dosage, practice etc. are completely different, it is necessary to have a separate Commission for Homoeopathy as is the case in the current system.
13. The experts agreed to constitute an Advisory Council and suggested setting up of a separate body for regulating research in AYUSH.
14. It was suggested that a provision for international cooperation and exchanges with world organisations such as LHMI should be incorporated in the Bill. Similarly, the Bill may have a provision for a shorter course for training foreign students in these systems.
15. CCH, in its submission before the Committee, stated that they are not in favour of doing away with the present democratic process for election to the Council. They felt that Homoeopathy medical professionals should continue to be

involved instead of non-medical personnel in the regulatory structure. They were also of the view that it would be appropriate to make amendments to the present Act instead of repealing the Act. Further, they opined that instead of merging the Councils for Homoeopathy and Indian Systems of Medicine, separate structures may be retained.

16. CCIM, in its submission before the Committee, stated that the present Act may be amended to make provisions effective for withdrawal of recognition of degrees, uniform pattern of salaries for teachers, anti-quackery etc. This may address the concerns expressed by various quarters and repealing the Act may, therefore, not be required. They also highlighted that the Rules framed under the Act need to be revised. Further, they suggested that autonomy of deserving Institutes such as NIA, NIS should be ensured. CCIM also felt that a separate regulatory structure for the Indian System of Medicine may be retained.

3. Main Features of the Proposed Bills and Underlying Rationale

Based on the extensive stakeholder consultations and examination of various reports and submissions, the Committee proposes a complete overhaul of the regulatory framework and governance of medical education for Indian Systems of Medicine and Homoeopathy in India. We propose that a National Commission For Indian Systems of Medicine (NCISM) replace the Central Council of Indian Medicine with the new body having a markedly different structure and governance system. Similarly, the National Commission For Homoeopathy (NCH) should replace the Central Council of Homoeopathy. The IMCC Act, 1970 and HCC Act, 1973 should be repealed and replaced by the new Acts providing for the National Commission For Indian Systems of Medicine and National Commission For Homoeopathy respectively. In the following, we provide the broad structure of the proposed reforms and rationale underlying it.

3.1 Elected versus Selected Regulators

The current electoral process of appointing regulators is inherently saddled with compromises and attracts professionals who may not be best suited for the task at hand. Indeed, there is ample evidence that the process has failed to bring the best in the profession in the regulatory roles. The process is based on what is now widely regarded as a flawed principle whereby the regulated elect the regulators. Additionally, representations that we have received from renowned scholars and practitioners in the areas of Indian Systems of Medicine and Homoeopathy have highlighted instances of regulators themselves running educational institutions that they regulate. This issue has also come up repeatedly in several reports that were examined by the Committee.

It creates an ab-initio conflict of interest and therefore this system must be discarded in favour of one based on search and selection. Regulators of highest standards of professional integrity and excellence must be appointed through an independent and a transparent selection process by a broad-based Search Committee.

3.2 A New Institutional Architecture for Regulation

Given the overwhelming sentiment in favour of a new institutional set up for regulation of education for Indian Systems of Medicine and Homoeopathy, we propose the following architecture:

- An Advisory Council for Indian Systems of Medicine and an Advisory Council for Homoeopathy having representation from States and Union Territories (UTs) to articulate the national agenda for education in the areas of Indian Systems of Medicine and Homoeopathy. This would ensure representation of the States and UTs, which are co-equal stakeholders in providing quality education for Indian Systems of Medicine and Homoeopathy while at the same time also restricting the size of the NCISM and NCH to a manageable number. In the absence of the Advisory Councils, we would either lose representation of states and UTs, which is highly undesirable, or will need to give them membership in the NCISM and NCH, which would make the Commissions unwieldy. Creation of Advisory Councils, thus, provides a good compromise between losing representation by the states and UTs and straddling the NCISM and NCH with some of the current problems of the CCIM and CCH.
- The National Commission For Indian Systems of Medicine (NCISM) will be the policy-making body for medical education in the area of Indian Systems of

Medicine. It shall comprise a Chairperson, thirteen ex-officio Members and fourteen part-time members. The Secretary heading the Secretariat of the Commission (see below) shall also be an ex-officio Member. The Chairperson and 5 ex-officio members, who shall also be Presidents of the five autonomous Boards to be created under the overall umbrella of the NCISM, shall be appointed by the Central Government through an open and transparent selection process. Another six ex-officio members will be Directors of the All India Institutes of Ayurveda, Yoga, Naturopathy, Unani, Siddha and Sowa-Rigpa or from equivalent institutions. The remaining two ex-officio members shall be the Director General-Indian Council of Medical Research and a representative from the Ministry of AYUSH above the rank of Joint Secretary. Of the fourteen part-time members, nine will be appointed by the Central Government through an open and transparent selection process and would be drawn from diverse backgrounds such as Indian Systems of Medicine, botany, pharmacology, management, economics, law, medical ethics, consumer or patient rights advocacy, health research, education, science and technology. At least five of these part-time members will be from the field of Indian Systems of Medicine. The remaining five part-time members shall be selected from amongst the members of the Advisory Council for Indian Systems of Medicine representing States and UTs on a rotational basis.

- The National Commission For Homoeopathy (NCH) will be the policy-making body for medical education in the area of Homoeopathy. It shall comprise a Chairperson, seven ex-officio Members and eighteen part-time members. The Secretary heading the Secretariat of the Commission (see below) shall also be an ex-officio Member. The Chairperson and four ex-officio members, who shall also be Presidents of the four autonomous Boards to be created under the overall umbrella of the NCH, shall be appointed by the Central Government through an open and transparent selection process. The remaining three ex-officio members shall be the Director General-Indian Council of Medical Research, a representative from the Ministry of AYUSH above the rank of Joint Secretary and the Director of the All India Institute for Homoeopathy or an equivalent institution. Of the eighteen part-time members, thirteen will be appointed by the Central Government through an open and transparent selection process and would be drawn from diverse backgrounds such as Homoeopathy, pharmacology, management, economics, law, medical ethics, consumer or patient rights advocacy, health research, science and technology. At least nine of these part-time members will be from the system of Homoeopathy. The remaining five part-time members shall be selected from amongst the members of the Advisory Council for Homoeopathy representing States and UTs on a rotational basis.

3.3 Inclusion of Yoga and Naturopathy in the NCISM

The National Policy on Indian Systems of Medicine & Homoeopathy, 2002 had stated that a separate regulatory council would be set up for Yoga and Naturopathy. However, thus far, a Central Act and Central Council for regulating higher education in Yoga and Naturopathy has not been put in place. Given the increasing recognition for these systems in potentially making an important contribution towards health promotion, well-being and disease prevention, we have recommended their inclusion in the NCISM. Moreover, the problems pertaining to educational institutions for the other

Indian Systems of Medicine, also plague institutions imparting education for Yoga and Naturopathy.

3.4 Boards and the Separation of Functions

Like the proposed National Medical Commission, the committee concluded that the concentration and centralization of all functions in one Body such as CCIM or CCH makes it unwieldy as well as slow. However, creation of entirely independent bodies with sharp demarcation of functions when the functions are interlinked would create serious coordination problems.

Therefore, for Indian Systems of Medicine we have recommended the creation of five mutually independent and autonomous Boards whose activities must nevertheless be coordinated through the NCISM. Each Board is to be headed by a separate President. Given the differences between various Indian Systems of Medicine, separate Boards are proposed for Ayurveda, Siddha and Sowa-Rigpa; Yoga and Naturopathy; and Unani. The rationale for combining Ayurveda, Siddha and Sowa-Rigpa under one Board is that most of the theory and practice of these systems of medicine is similar. In the same vein, both Yoga and Naturopathy are systems that promote health and well-being without the use of medicines. Hence these have also been combined under one Board.

Each of these three Boards will be responsible for determining and prescribing standards and overseeing all aspects of medical education at all levels within their respective areas. The other two Boards will be responsible for accreditation and assessment of institutions; and regulation of the practice of the profession. Within the Regulations and Policies framed by the NCISM, each Board will be empowered to take decisions on all matters pertaining to its subject of jurisdiction. It is envisaged that NCISM would coordinate the activities of the five Boards. The Commission shall also have an appellate jurisdiction over these Boards. Within the bounds of the regulations and policies set by the Commission, the Boards shall have full administrative and financial decision-making powers.

For Homoeopathy, we have recommended the creation of four mutually independent and autonomous Boards whose activities must nevertheless be coordinated through the NCH. Each Board is to be headed by a separate President and assigned the responsibility of discharging one of the four major functions, namely, regulation of undergraduate homoeopathy education; regulation of post-graduate homoeopathy education; accreditation and assessment of institutions; and regulation of the practice of the profession. Within the Regulations and Policies framed by the NCH, each Board will be empowered to take decisions on all matters pertaining to its subject of jurisdiction. It is envisaged that NCH would coordinate the activities of the four Boards. The Commission shall also have an appellate jurisdiction over these Boards. Within the bounds of the regulations and policies set by the Commission, the Boards shall have full administrative and financial decision-making powers.

3.5 The Secretariat

To fulfil their mission proficiently, the NCISM and NCH are to be supported by a professionally equipped permanent Secretariat. It is therefore proposed that the draft legislation should provide for a Secretariat to be manned by such professional staff as may be deemed necessary to assist the NCISM and NCH and the Boards in discharging their duties. In order to create a vibrant work environment, untainted by the influence

of the predecessor organization, this Committee recommends that the Secretariat should be a fresh body, with no staff borrowed from the current CCIM and CCH. A Secretary who will also be an ex-officio Member of the NCISM and NCH will head the Secretariat. Further, staff that would be answerable directly to the Board concerned would assist each Board.

3.6 Terms & Conditions of Chairman and Members

The search and selection process should ensure that it attracts the best talents to the Commissions and Boards while ensuring that there is no conflict of interest which compromises the integrity and independence of the regulator. Membership in the Councils must also be drawn from the pool of best available talent while giving due representation to different constituencies.

3.7 Regulatory Philosophy

It is strongly felt that the input based regulatory philosophy underlying the current CCIM and CCH has turned into a high entry barrier facing education providers without corresponding benefit in terms of delivery of quality medical education in the areas of Indian Systems of Medicine and Homoeopathy. Hence, the NCISM and NCH regulation is to be overwhelmingly based on outcomes rather than inputs. The input based regulation is largely based on an inspection regime, verifying an institution's compliance to a pre-specified standard and focuses more on infrastructural issues rather than teaching quality and learning outcomes. However, the deviation from standards need not necessarily result in de-recognition/stoppage of admission since this gives the Regulator a disproportionate and asymmetric power over the regulated institutions and creates opportunities for rent seeking. While penalties should not be ruled out, the deviations should be corrected principally through periodic publication of ratings of institutions for Indian Systems of Medicine and Homoeopathy. This would allow students to make an informed choice while also signalling to the poorly rated institutions that they need to improve their standards to attract good students. Moreover, the Boards would ensure transparency by insisting that all institutions for Indian Systems of Medicine and Homoeopathy place the relevant information in public domain via electronic medium. Deviations from prescribed norms would be handled through grievance redressal mechanisms rather than inspections. Only when an institution, undeterred by fines multiple times, remains non-compliant with NCISM and NCH directives should the de-recognition option be exercised. The institution should be given due opportunity to present its case before NCISM and NCH resorts to this nuclear option.

3.8 National Entrance and Exit Examinations

The committee is of the view that similar to modern medicine, we must provide for a statutory basis for common entrance examination for admissions to under-graduate and post-graduate courses in Medical institutions for Indian Systems of Medicine and Homoeopathy so that there is a transparent admissions process based on merit rather than ability to pay capitation fee. We must also provide for a statutory basis for a National Licentiate Examination for practice by medical professionals in the areas of Indian Systems of Medicine and Homoeopathy after completion of the undergraduate medical degree. Central Government may also prescribe skill tests as necessary, as part of Licentiate examinations to ensure medical professionals have appropriate knowledge, skills and attitudes for providing health care as per societal needs.

a. The all-India National Eligibility cum Entrance Test (NEET) as prescribed under the Indian Medical Council (IMC) Act, 1956 or any successor, may also be used for admission to under-graduate medical education under the purview of NCISM and NCH.

b. Similarly, the Commissions/Boards shall be charged with the responsibility of conducting a Common Licentiate Examination after the completion of undergraduate medical education. Passing the Common Licentiate Exam will be mandatory for license to practice and for registration in the Registers for Indian Systems of Medicine and Homoeopathy. This examination shall also serve as the NEET for admission to PG courses in the Indian Systems of Medicine and Homoeopathy colleges/institutions under the purview of NCISM and NCH.

c. The Common Licentiate Exam shall come into force from such date as appointed by the Central Government but not later than 3 years from the date of coming into force of these Acts. This is to provide sufficient time for transition arrangements to be put in place.

d. This would ensure common standards of knowledge and skills for practitioners of Indian Systems of Medicine and Homoeopathy at a national level and would also constitute an objective benchmark to judge outcomes of the education process in any given institution pertaining to these systems of medicine.

3.9 Fee Regulation

After detailed deliberations, the Committee concluded that NCISM and NCH should not engage in fee regulation of Private Colleges. The conclusion was reached on three counts:

a. Micro-management could potentially encourage rent seeking behaviour in the NCISM and NCH.

b. A fee cap would discourage entry of private colleges thereby undermining the objective of rapid expansion of Indian Systems of Medicine and Homoeopathy professionals.

c. Enforceability of such a regulation is doubtful and is bound to encourage the continuation of the underground economy consisting of capitation fees and payments demanded on various pretexts throughout education. Honourable Supreme has made a stopgap arrangement of fixation of fee for Private Colleges by a State level Committee chaired by a retired High Court Judge. This has failed to control under the table capitation fee payments and other periodic fees on various pretexts.

Once a merit-based transparent admission system (with reservations for the deprived sections as determined by State governments) is in place, there is no need to regulate the fees charged by private medical colleges. Institutions in the areas of Indian Systems of Medicine and Homoeopathy may be required to transparently advertise the tuition and any other fees upfront on their websites with no other fees permitted.

There remains the issue of some meritorious students not being able to afford the fees prescribed by private medical colleges. Moreover, there is a longstanding practice of States filling a certain proportion of the seats in these colleges at lower than normal fees. Thus, an entirely *laissez faire* approach to fee regulation may not be feasible.

In view of these competing arguments and interests, a balance is required between giving a free hand to the promoters of the institution and avoiding disruption of the prevalent practice. Accordingly, the committee recommends that NCISM and NCH may be empowered to fix norms for regulating fees for a proportion of seats (not exceeding 40% of the total seats) in private colleges imparting Indian Systems of Medicine and Homoeopathy education. For the rest, the institution may be given full freedom to charge the fees that they deem appropriate. This will provide for cross-subsidization from the rich to more meritorious but poor students or students from disadvantaged groups.

3.10 For-Profit Entities and Private Colleges in Indian Systems of Medicine and Homoeopathy

Currently, only 'not-for-profit' organizations are permitted to establish colleges for Indian Systems of Medicine and Homoeopathy. Given the need for more AYUSH providers in healthcare and in recognition of the fact that the current ban on for-profit institutions has hardly prevented private institutions from extracting profits albeit through non-transparent and possibly illegal means, it was felt that any restriction on the class of education providers in the areas of Indian Systems of Medicine and Homoeopathy would be counter-productive. This is similar to the approach taken for the proposed National Medical Commission. Therefore, the Committee recommends delinking the condition for affiliation/recognition from the nature of the promoter of the Indian Systems of Medicine or Homoeopathy College (viz. Trust, not for Profit Company). However, this relaxation will have to be provisioned via rules to be framed under the proposed NCISM and NCH Acts.

3.11 Power to Give Directions & Transitory Provisions

The Central Government should be authorized to make rules and give direction to ensure that NCISM and NCH regulations are in consonance with Government Policy. Suitable provisions to this effect must be included in the new Acts. Transitory Provisions that would ensure a smooth transition from CCIM and CCH to NCISM and NCH respectively have been incorporated so that there is no disruption in the interregnum.

3.12 Interface Between Homoeopathy, Indian Systems of Medicine and Modern Medicine

To enhance the interface between Indian Systems of Medicine, Homoeopathy and Modern Systems of Medicine, NCISM and NCH should meet jointly at least once a year with the Medical Council of India or any successor. A joint meeting will enable the regulators to introduce specific programs or modules in under-graduate and post-graduate courses for developing bridges across the different systems of medicine. This will help to realise the potential of India's medical pluralism and provide more choices to patients.

3.13 Drafting of Rules

The Committee is of the view that the Rules to be framed under these Acts that would emerge from proposed bills would be crucial for translating their legislative intent into action. It also felt that the Rules be notified without delay once the bills becomes Acts. It therefore recommends that once the bills are finalized after public consultation, the present Committee must consider framing the said rules so as to maintain the philosophy of the proposed Commissions.

4. Concluding Remarks

In conclusion, we reiterate that the bills that the Committee has drafted and are placed in Annexes II and III of this report are the result of extensive consultations with stakeholders, discussions among Committee members and study of the available documents. Therefore, it is our hope that the report and the proposed bills will have resonance with the vast majority of stakeholders. The Committee will, of course, take on board constructive suggestions that emerge from this broader and final consultation.

Annexe I: The Order Appointing the Committee

F.No. 4(3)/2016-H&FW
Government of India
NITI AAYOG
(H&FW Division)

Sansad Marg, New Delhi
Dated 4th August, 2016

OFFICE MEMORANDUM

Subject: Homeopathy Central Council Act and the Indian Medicines Central Council Act- Reg

Reference is invited to PMO ID No 520/31/C/46/2015-ES2 dated 01.08.2016.


2 A Committee under the Chairmanship of the Vice Chairman, NITI with the following Members is hereby constituted to examine the legal provisions and modalities of working of the Homeopathy Central Council Act and the Indian Medicines Central Council Act and suggest necessary reforms.

- (i) Additional Principal Secretary to Prime Minister
- (ii) CEO, NITI Aayog
- (iii) Secretary, Ministry of AYUSH-Convener

3 (i) The committee may examine all options for reforms in these acts and suggest a way forward
(ii) The committee may also visit the features of other regulatory institutions in the field of medical education and suggest suitable reforms.

4 The Committee may submit its report by 30.11.2016

5 This issues with the approval of competent authority.


(Alok Kumar)
Adviser (Health)

To
The Chairman & Members/Convener of the Committee

Copy to Dr Shrikar Pardeshi, Director, Prime Minister's office, South Block, New Delhi-110011.

Annexe II: The Proposed Bill for Indian Systems of Medicine

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

A BILL TO CREATE A WORLD-CLASS EDUCATION SYSTEM FOR INDIAN SYSTEMS OF MEDICINE THAT

- ENSURES ADEQUATE SUPPLY OF HIGH QUALITY INDIAN SYSTEMS OF MEDICINE PROFESSIONALS AT BOTH UNDERGRADUATE AND POST-GRADUATE LEVELS;
- ENCOURAGES INDIAN SYSTEMS OF MEDICINE PROFESSIONALS TO INCORPORATE THE LATEST RESEARCH IN THEIR WORK AND TO CONTRIBUTE TO SUCH RESEARCH;
- ENCOURAGES INTERFACE BETWEEN VARIOUS SYSTEMS OF MEDICINE;
- PROVIDES FOR OBJECTIVE PERIODIC ASSESSMENTS OF INDIAN SYSTEMS OF MEDICINE INSTITUTIONS;
- FACILITATES THE MAINTENANCE OF REGISTER FOR INDIAN SYSTEMS OF MEDICINE AND ENFORCES HIGH ETHICAL STANDARDS IN ALL ASPECTS OF INDIAN SYSTEMS OF MEDICINE SERVICES; AND
- IS FLEXIBLE SO AS TO ADAPT TO THE CHANGING NEEDS OF A TRANSFORMING NATION

Be it enacted by Parliament in the sixty eighth year of the Republic of India as follows:

CHAPTER-1 PRELIMINARY

1. SHORT TITLE, EXTENT AND COMMENCEMENT

- (1) This Act may be called the National Commission for Indian Systems of Medicine (NCISM) Act, 2017.
- (2) It extends to the whole of India
- (3) It shall come into force on such date as the Central Government may, by notification in the Official Gazette, appoint.

2. DEFINITIONS

In this Act, unless the context otherwise requires: -

- a) “Indian Systems of Medicine” means Ayurveda, Unani, Siddha and Sowa-Rigpa, systems of Medicine as well as Yoga and Naturopathy.
- b) “Board” means any of the Boards referred to under subsections (e) to (i) below.
- c) “Council” means the Advisory Council for Indian Systems of Medicine (ACISM) constituted under this Act.
- d) “Commission” means the National Commission for Indian Systems of Medicine (NCISM) constituted under section 6 of this Act.
- e) “Board of Ayurveda, Siddha and Sowa-Rigpa” (BASS) means the Board constituted for education of Ayurveda, Siddha, and Sowa-Rigpa systems of medicine under section 19.
- f) “Board of Yoga and Naturopathy” (BYN) means the Board constituted for education of Yoga and Naturopathy under section 23.
- g) “Board of Unani Systems” (BUS) means the Board constituted for education of Unani systems of medicine under section 27.
- h) “Medical Assessment and Rating Board for Indian Systems of Medicine” (MARBIM) means the Board for assessment and rating of medical colleges for Indian Systems of Medicine constituted under Section 31.
- i) “Board for Ethics and Indian Systems of Medicine Registration” (BEIMR)” means the Board constituted under Section 36.
- j) “License to practice” means a suitable mechanism, as defined by the NCISM, to allow Indian Systems of Medicine graduates to do practice of Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa systems in India.
- k) “Register for Indian Systems of Medicine” (RIM) means the National Medical Register for Indian Systems of Medicine maintained by the BEIMR.
- l) “Medical Institution for Indian Systems of Medicine” means any institution, within or outside India, which grants degrees, diplomas or licenses in any of the systems of Indian medicine.
- m) “Prescribed” means prescribed by rules and/ or regulations
- n) “Recognized medical qualification of Indian Systems of Medicine” means any of the Indian Systems Medicine medical qualifications included in the Schedules.
- o) “Rule” means a rule made under section 52;
- p) “Regulation” means a regulation made by the NCISM under section 14;
- q) “State Medical Council for Indian Systems of Medicine” means an Indian Systems of Medicine medical council constituted under any law for the time being in force in any State/Union Territory regulating the registration of practitioners of Indian Systems of Medicine in the given state/ Union Territory.
- r) “State Register for Indian Systems of Medicine” means a register maintained under any law for the time being in force in any State/Union

Territory regulating the registration of Indian Systems of Medicine practitioners.

- s) “University” will have the same meaning as defined in the University Grants Commission Act, 1956.
- t) “Health University” means a class of University as defined in sub-section (s) above specializing in affiliating institutions engaged in teaching medicine, medical and health sciences. This expression, unless it is repugnant to the context, shall also include the expression Medical University and University of Health Sciences.
- u) “Central Government” means the Ministry or Department in-charge of Indian Systems of Medicine and their Education.

CHAPTER 2

THE ADVISORY COUNCIL FOR INDIAN SYSTEMS OF MEDICINE

3. Constitution and Composition

- (1) The Central Government shall constitute a Council to be called the Advisory Council for Indian Systems of Medicine (ACISM).
- (2) The Council shall consist of:
 - a. One member to be nominated by every State government who is Vice Chancellor of a University that has the largest number of colleges for Indian Systems of Medicine affiliated to it.
 - b. Seven members to be nominated by Ministry of Home Affairs who are Vice Chancellor of the University in the Union Territory that has the largest number of colleges for Indian Systems of Medicine affiliated to it.

Provided further where there is no University in the Union Territory, Ministry of Home Affairs shall nominate a member who shall possess medical qualification as may be prescribed under rules framed under this Act.

- c. All members including the Chairperson of the National Commission for Indian Systems of Medicine shall be ex-officio members of the Council and the Chairperson of the National Commission for Indian Systems of Medicine shall be the ex-officio Chairperson of the Council.
- d. Four members shall be nominated by the Central Government who shall be Directors of Indian Institutes of Technology, Indian Institutes of Management, and the Indian Institute of Science.

4. Functions of Advisory Council for Indian Systems of Medicine

- (1) The role of the Council shall be entirely advisory in nature.
- (2) The Council shall serve as the primary platform through which the states would put forward their views and concerns before the National Commission for Indian Systems of Medicine (NCISM) and shall help shape the overall agenda for education & training in Indian Systems of Medicine.
- (3) The Council shall advise the NCISM on the measures to determine, maintain and coordinate the minimum standards in the discipline of education, training and research in Indian Systems of Medicine.
- (4) The Council shall advise the NCISM on measures to enhance equitable access to education for Indian Systems of Medicine.

5. Meeting of the Advisory Council for Indian Systems of Medicine

- (1) The Council shall meet at least once every year at such time and place as may be appointed by the Chairperson.
- (2) The Chairperson shall preside over the meetings of the Council. If for any reason, s/he is unable to attend, such other member as nominated by the Chairperson shall preside over the meeting.
- (3) Unless otherwise provided by regulations, 15 members including the Chairperson of the Council shall form a quorum and all the acts of the Council shall be decided by a majority of the members present and voting. Absentee votes will not be permitted.

CHAPTER 3

THE NATIONAL COMMISSION FOR INDIAN SYSTEMS OF MEDICINE

6. Constitution and Composition

- (1) The Central Government shall constitute a Commission, to be called the National Commission for Indian Systems of Medicine.
- (2) The Commission shall be a body corporate by the name aforesaid, having perpetual succession and a common seal, with power, subject to the provisions of this Act, to acquire, hold and dispose of property, both movable and immovable, and to contract, and shall, by the said name, sue or be sued.
- (3) The Central Government shall, by notification, establish autonomous Boards under the overall supervision of this Commission, to fulfil the functions related to the conduct of under-graduate, post-graduate and further education, assessment and rating of institutions for Indian

Systems of Medicine and registration of medical practitioners and enforcement of medical ethics relating to Indian Systems of Medicine.

- (4) The Commission shall comprise a Chairperson, a Member Secretary, 13 ex-officio members and 14 part-time members.
- (5) Of the ex-officio members, five shall be the Presidents of the Boards constituted under this Act; six shall be Directors of the All India Institutes of Ayurveda, Yoga, Naturopathy, Unani, Siddha and Sowa-Rigpa or equivalent and the remaining two shall be the Director General-Indian Council of Medical Research and a nominee from the Ministry of AYUSH above the rank of Joint Secretary;
- (6) Of the part-time members, nine shall be persons to be appointed by the Central Government from diverse backgrounds including Indian Systems of Medicine, botany, pharmacology, management, economics, law, medical ethics, consumer or patient rights advocacy, health research, education, science and technology.
Provided that five part-time members shall be from the Indian Systems of Medicine.
- (7) The remaining five part-time members shall be from amongst the nominees of the States and Union Territories in the Advisory Council for Indian Systems of Medicine, who shall be appointed on a rotational basis for two-year terms by the Central Government in the manner prescribed.
- (8) The general superintendence, direction and control of the administration of the Commission shall vest in the Chairperson.
- (9) No act done by the Commission shall be questioned on the ground of the existence of a vacancy in, or a defect in the constitution of the Commission.

7. Secretariat

- (1) There shall be a Secretariat for the Commission to be headed by the Member Secretary of an appropriate rank from government or non-government sector, who shall be the ex-officio Secretary to the Commission.
- (2) The Member Secretary shall be appointed by the Central Government for a term of four years in the manner as prescribed under this Act and shall not be eligible for re-appointment.
- (3) The Member Secretary shall discharge such functions as may be specified under the regulations made by the Commission and/ or may be assigned to him by the Commission from time to time.
- (4) The Commission may fill-up the posts created in the Secretariat by the central government with such professionals, officers and other employees from diverse backgrounds including education in each discipline of Indian Systems of Medicine including Yoga and Naturopathy, public health, management, health economics, quality

assurance, patient advocacy, health research, science and technology, nursing, botany, pharmacology, administration, finance, accounts or law, as it or its constituent Boards considers necessary for the efficient discharge of their functions under this Act.

- (5) The recruitment process, salaries and allowances and other terms and conditions of service of the Member Secretary and other professionals, officers and employees of the Commission shall be such as may be prescribed.
- (6) The professionals, officers and staff engaged by the Commission shall be employees of the Commission and shall be deployed to the constituent Boards based on procedure as may be prescribed under regulations.

8. Qualification for appointment as Chairperson, Member Secretary of the Commission and President and Members of the Boards:

- (1) The Chairperson shall be a person of outstanding ability, proven administrative capacity and integrity with a degree in any discipline of Indian Systems of Medicine from a university, and having not less than twenty years' experience in the profession, out of which at least ten years shall be in a leadership role, in the area of health care delivery, growth and development of Indian Systems of Medicine or their education.
- (2) The Presidents of the Boards and the Members of BASS, BYN, BUS mentioned in this Act shall be persons of outstanding ability, proven administrative capacity and integrity with a degree in the respective disciplines of Indian Systems of Medicine, public health or research in the respective disciplines of Indian Systems of Medicine from a University, and having not less than fifteen years' experience in the profession, out of which at least seven years shall be in a leadership role.
- (3) Six Members of MARBIM and BEIMR shall be persons of outstanding ability, proven administrative capacity and integrity with a degree in the respective disciplines of Indian Systems of Medicine.
 - a. Remaining two Members of the MARBIM shall be person of outstanding ability with a post-graduate programme in any of the disciplines of management, quality assurance, law, science and technology, from a University, and having not less than fifteen years' experience in the profession, out of which at least seven years shall be in a leadership role.
 - b. Remaining two Members of the BEIMR shall be person of outstanding ability who would have demonstrated public record of work on Medical ethics or person of outstanding ability with a post-graduate degree in the disciplines of quality assurance, public health law, patient advocacy, from a University, and having not

less than fifteen years' experience in the profession, out of which at least seven years shall be in a leadership role.

Provided that President/Members of BASS shall be persons with degrees from Ayurveda, Siddha and Sowa-Rigpa separately.

Provided further that one Member each of BYN shall represent Yoga and Naturopathy.

- (4) The Member Secretary of the Commission shall be person of outstanding ability, and integrity with a post graduate qualification as may be prescribed in rules.

9. Mode of Appointment

The Central Government shall appoint the Chairperson, Part time members, Member Secretary and Presidents and Members of the Boards, referred in Sections 8(1), Section 6(6), 8(2), 8(3) and Section 7(2), through an open and transparent selection process by a Search Committee provided for in this Act.

10. Search Committee

- (1) The Central Government shall constitute a Search Committee consisting of:
 - i. Cabinet Secretary
 - ii. CEO, NITI Aayog
 - iii. Three persons having outstanding qualifications and experience of having worked for not less than twenty-five years in the field of Indian Systems of Medicine/ Public Health to be nominated by Ministry of AYUSH, Govt. of India.
 - iv. One person having outstanding qualifications and experience of not less than twenty-five years in the management, or law, or economics or science and technology to be nominated by Ministry of AYUSH, Government of India
 - v. Secretary to the Government of India, in charge of the Ministry of AYUSH, as the Convenor.
- (2) The Search Committee shall recommend a panel of at least three names for every vacancy referred to it.
- (3) Before recommending any person for appointment as the Chairperson or President of the Boards or other Members of the Commission and/or Boards, the Committee shall satisfy itself that such person does not have any financial or other conflict of interest, which is likely to affect prejudicially his functions as Chairperson or President or Member, as the case may be.
- (4) No appointment of the Chairperson or President or Member of the Commission or the Boards, as the case may be, shall be invalid merely

by reason of any vacancy or absence of Member in the Search Committee.

- (5) Subject to the provisions of sub-sections (1) to (4), the Search Committee may regulate its own procedure.

11. Terms of Chairperson and Members/Member Secretary of the Commission and President and Members of the Boards

- (1) The Chairperson of the Commission or the part-time Members, as mentioned in section 6(6) of the Commission shall hold office for a term, not exceeding four years.
- (2) The Presidents and Members of the Boards shall hold the office for a term not exceeding four years.
- (3) The Chairman, part-time Members of the NCISM and the President and Members of the Boards, as referred in sub-sections (1) and (2) above, shall be eligible for re-appointment for another term of four years after following the procedure as prescribed in this Act.

Provided that the maximum term of a person as the Chairperson, President of the Board and/ or Member shall not exceed eight years in aggregate;

Provided further the Chairperson and Members of the Commission and the President and Members of the Boards shall cease to hold office after he/ she has attained the age of seventy years.

Explanatory Memorandum: Process of re-appointment would involve following due process to be followed as in the case of a fresh appointment.

- (4) A Member/ Member Secretary shall be deemed to have vacated his/her seat if he/she is absent from three consecutive ordinary meetings of the Commission and the cause of absence is not attributable to valid reasons in the opinion of the Commission.
- (5) The Central Government shall initiate the process of appointment of the Chairperson and Members of the Commission, President and Members of the Boards, at least 3 months before the expiration of their term. However, the new Chairperson/ President/ Member shall not assume office until the term of the outgoing member has expired.

12. Terms and Conditions of service of Chairperson and Members/ Member Secretary of the Commission and President and Members of the Boards

- (1) The salary and allowances payable to the Chairperson, President of the Board and other Members shall be such as may be prescribed.

- (2) The Chairperson and Members/ Member Secretary of the Commission and President and Members of the Boards in discharge of their official duties shall ensure that there is no conflict of interest as per prescribed rules. Violations shall be treated as misconduct inviting action under the relevant penal clauses of this Act.
- (3) The Chairperson and Members/ Member Secretary of the Commission and President and Members of the Boards, on ceasing to hold office shall not, for a period of one year from demitting such office, accept any employment (including as consultant or expert or any other) in any private educational institution in Indian Systems of Medicine, whose matter has been dealt with by such Chairperson/ Member or President/ Member of the Boards, directly or indirectly.
- (4) Nothing in sub-sections (2) & (3) shall prevent the Chairperson, President of a Board or a Member from accepting employment in a body or institution including educational institutions in Indian Systems of Medicine controlled or maintained by the Central Government or a State Government.
- (5) Nothing in sub-sections (2) & (3) shall prevent the Central Government from permitting the Chairperson/ Member or President/ Member of the Board for accepting any employment (including as consultant or expert or any other) in any private educational institution in Indian Systems of Medicine, whose matter has been dealt with by such Chairperson/ Member or President/ Member of the Board.

13. Resignation and Removal of Chairperson and Members/ Member Secretary of the Commission and President and Members of the Boards

- (1) The Chairperson or a President or a Member may, by giving notice of a period not less than three months to the Central Government, resign from his office. If mutually agreeable, such Chairperson, President or Member may be relieved from duties earlier than three months or allowed to continue beyond three months until a successor has been appointed.
- (2) The Central Government may, by order, remove from office the Chairperson or any Member or the Member Secretary of Commission, President or any Member of a Board, 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 performing his or her duties; or
 - d. is of unsound mind and stands so declared by a competent court; or

- e. has been removed or dismissed from the service or office of the Central Government or of a State Government or from a body owned or controlled by the Central Government or a State Government or from any Central or State statutory body; or
 - f. has acquired such financial or other interest as is likely to impair his ability to perform his duties; or
 - g. has so abused his position as to render his continuance in office prejudicial to public interest; or
 - h. has been guilty of proved misconduct; or
 - i. has been guilty of proved conflict of interest in the discharge of his functions or
 - j. has not been able to perform or has made persistent defaults-
 - i. in the performance of the duties expected of him under this Act or has exceeded or abused his position; or
 - ii. Either wilfully or without sufficient cause neglects to comply with the directions issued by the Central Government under sections 52 or 53.
- (3) The Chairperson/ President of a Board or any Member shall not be removed from his office under clauses (a), (b), (f), (g), (h), (i) and (j) of the preceding sub-section unless he / she has been given a reasonable opportunity to represent his case.

14. Power and Functions of National Commission for Indian Systems of Medicine

- (1) To assess the changing requirements of the health care scenario, human resources for health, health care infrastructure and develop a road map for meeting these requirements.
- (2) To frame requisite policies for the governance of Education of Indian Systems of Medicine.
- (3) To frame regulations for discharging responsibilities by the Commission and the Boards, as prescribed under this Act and rules framed under it, without undermining the autonomy of the Boards.
- (4) To provide overarching policy coordination among the Boards with due regard to their autonomy.
- (5) To advise that State Councils effectively enforce the provisions of the Act and in event of inaction on their part, take such action as it deems fit to ensure compliance.
- (6) To exercise Appellate Authority with respect to decisions of the BASS, BYN, BUS and MARBIM.
- (7) To frame policies and codes to ensure observance of professional ethics by profession of Indian Systems of Medicine, and to promote ethical conduct during the provision of care by Indian Systems of Medicine practitioners.

- (8) To evaluate the performance of the Boards.
- (9) To prescribe norms for determination of fees for a proportion of seats, not exceeding 40%, in the Private Educational Institutions for Indian Systems of Medicine.
- (10) To delegate powers to the Member Secretary on administrative matters.
- (11) To constitute sub-committees and to delegate powers to them as may be necessary for smooth conduct of their business to accomplish specific tasks.
- (12) To exercise such other powers and duties as prescribed in this Act.
- (13) To exercise such other powers and duties as the Central Government may confer upon it from time to time under the Rules framed under the Act.

15. Meeting of the Commission:

- (1) The Commission shall meet at least once every quarter at such time and place as may be appointed by the Chairperson.
- (2) Unless otherwise provided by regulations, more than 50% members appointed or nominated including the Chairperson of the Commission shall form a quorum and all the acts of the Commission shall be decided by a majority of the members, present and voting and in the event of equality of votes, the Chairperson or in his absence; the member presiding shall have the casting vote.

16. Joint Sitting for Homoeopathy, Indian Systems of Medicine and Modern Medicine:

- (1) The Commission shall meet at least once a year jointly with the Medical Council of India (MCI) or any successor thereof and Central Council of Homoeopathy (CCH) or any successor thereof at such time and place as mutually appointed by the Chairpersons of the NCISM, CCH and MCI to enhance the interface between Homoeopathy, Indian Systems of Medicine and modern systems of medicine.
- (2) Agenda for the joint sitting may be placed with mutual agreement by the Chairpersons of the NCISM, CCH and MCI or separately by the NCISM, MCI or any successor thereof, CCH or any successor thereof.
- (3) The joint sitting may, by an affirmative vote of all members present and voting, decide on approving specific educational modules/programs that could be introduced in the under-graduate and post-graduate courses across medical systems, to develop bridges, across the various systems of medicine and promote medical pluralism.

CHAPTER 4 NATIONAL EXAMINATION

17. National Eligibility-cum-Entrance Test (NEET)

- (1) The uniform National Eligibility-cum-Entrance Test (NEET), as prescribed under the Indian Medical Council (IMC) Act, 1956 or any amendment or any successor thereof, shall be the National Eligibility-cum-Entrance Test (NEET) for admission to the under-graduate medical education under the purview of National Commission for Indian Systems of Medicine.

Provided that those institutions which are governed by a separate Act of Parliament, shall continue to be governed by their respective Act(s).

- (2) The National Commission for Indian Systems of Medicine shall prescribe the manner for a common counselling to be conducted by the designated authority for admission to all the institutions under its purview.
- i. Common counselling for All India seats shall be conducted at the Central Level by the designated authority for admission to all the institutions under its purview.
 - ii. Common counselling for State seats shall be conducted at the State level by the designated authority for admission to all the institutions under the purview of the Commission.

18. National Licentiate Examination for Indian Systems of Medicine

- (1) There shall be National Licentiate Examination for Indian Systems of Medicine (NLEIM) for the professionals graduating from the Institutions for each systems of Indian Medicine under the purview of National Commission for Indian Systems of Medicine through such designated authority in such manner as may be prescribed for granting the license to practice and enrolment into the Register(s) for Indian Systems of Medicine, as referred to in Section 37(1). The designated authority shall ensure the conduct of uniform licentiate examination in the aforesaid manner for each Indian Systems of Medicine.

Provided that the National Licentiate Examination for Indian Systems of Medicine shall become operational within three years from the date on which this Act comes into force, on a date to be notified by the Central Government.

- (2) The National Licentiate Examination for Indian Systems of Medicine shall also serve as a National Eligibility-cum-Entrance Test for admission into post-graduate courses in respective Indian systems medical colleges/ institutions under the purview of National Commission for Indian Systems of Medicine.
- (3) There shall be common counselling for post graduate courses to be conducted by the designated authority for admission to all the institutions for Indian Systems of Medicine under the purview of the Commission.

CHAPTER 5

BOARD FOR AYURVEDA, SIDDHA AND SOWA-RIGPA (BASS)

19. Composition and Constitution of BASS

- (1) The Central Government shall, by notification, establish a body to be called the Board of Ayurveda, Siddha and Sowa-Rigpa (BASS).
- (2) The Board shall be autonomous in its functioning subject only to the policies and regulations framed by the NCISM.
- (3) The Board shall consist of a President and two Members. The President, who shall be first among equals, and the two Members shall be appointed in the manner as prescribed in this Act.
- (4) The Board shall be assisted by such other staff from the NCISM Secretariat as may be sanctioned under the Rules.
- (5) There may be Advisory Committee(s) to assist the Board, to be constituted by the Commission, in discharging its functions.

20. Powers and Function of BASS

- (1) To determine and prescribe standards and oversee all aspects of medical education for Ayurveda, Siddha and Sowa-Rigpa.
- (2) To develop a competency based dynamic curriculum (including assessment) at undergraduate, postgraduate and super-speciality levels. The curriculum shall be developed in consultation with stakeholders such that Ayurveda, Siddha and Sowa-Rigpa medical graduates, post-graduates and super-specialists have appropriate knowledge, skills, attitude, values and ethics for providing health care, imparting medical education and conducting medical research.
- (3) To develop a competency based dynamic curriculum (including assessment) for primary, community and family medicine in Ayurveda, Siddha and Sowa-Rigpa for providing health care required in such areas.

- (4) To prescribe guidelines for setting up Ayurveda, Siddha and Sowa-Rigpa medical institutions for imparting courses in alignment with needs of the country while keeping in mind global norms.
- (5) To determine and prescribe the minimum requirements and standards for conduct of courses and examinations in Ayurveda, Siddha and Sowa-Rigpa medical institutions while leaving room for creativity at local levels including the design of some courses by individual institutions.
- (6) To determine and prescribe standards and norms for infrastructure, faculty and quality of education and research in institutions conducting Ayurveda, Siddha and Sowa-Rigpa medical education. These standards and norms shall be used as the basis for the assessment of the institutions by MARBIM.
- (7) To facilitate development/training for the faculty in Ayurveda, Siddha and Sowa-Rigpa medical institutions.
- (8) To facilitate and implement research and international student and faculty exchange programs as they relate to undergraduate, postgraduate and super-specialist education.
- (9) To prescribe norms for compulsory annual disclosure, electronically and otherwise, by Ayurveda, Siddha and Sowa-Rigpa medical institutions in all aspects related to their functioning that has a bearing on the interest of various stakeholders such as students, faculty, the Commission and the Government.
- (10) To make recommendations and seek directions from the Government through the Commission.

21. Decisions of BASS

- (1) The Board shall meet at least once a month at such time and place as it may appoint.
- (2) Subject to the Regulations and the Policies framed by the NCISM, the decisions of the board shall be by consensus, failing which by a majority of votes of President and members.
- (3) Any stakeholder who is aggrieved by any decision of the Board can appeal against the said decision within a period of two months to the NCISM whose decision shall be final and binding on all concerned.

22. General Functioning of the Board

- (1) The Commission may delegate the administrative and financial powers to President for smooth functioning of the Board.
- (2) The President may further delegate certain delegated powers to any other Member of the Board or staff mentioned in section 19(4) of this Act.

CHAPTER 6
BOARD OF YOGA & NATUROPATHY (BYN)

23. Composition and Constitution of BYN

- (1) The Central Government shall, by notification, establish a body to be called the Board of Yoga & Naturopathy (BYN).
- (2) The Board shall be autonomous in its functioning subject only to the policies and regulations framed by the NCISM.
- (3) The Board shall consist of a President and two Members. The President, who shall be first among equals, and the two Members shall be appointed in the manner as prescribed in this Act.
- (4) The Board shall be assisted by such other staff from the NCISM Secretariat as may be sanctioned under the Rules.
- (5) There may be Advisory Committee(s), to be constituted by the Commission, to assist the Board in discharging its functions.

24. Powers and Function of BYN

- (1) To determine and prescribe standards and oversee all aspects of medical education at all levels for Yoga and Naturopathy.
- (2) To develop a competency based dynamic curriculum (including assessment) at all levels. The curriculum should be developed in consultation with stakeholders such that Yoga and Naturopathy medical graduates, post-graduates and super-specialists have appropriate knowledge, skills, attitude, values and ethics for providing health care, imparting medical education and conducting medical research.
- (3) To develop a competency based dynamic curriculum (including assessment) for education to promote health, well-being and prevention of diseases.
- (4) To prescribe guidelines for setting up institutions for Yoga and Naturopathy to impart courses in alignment with needs of the country while keeping in mind global norms.
- (5) To determine and prescribe the minimum requirements and standards for conduct of courses and examinations in Yoga and Naturopathy institutions while leaving room for creativity at local levels including the design of some courses by individual institutions.

- (6) To determine and prescribe standards and norms for infrastructure, faculty and quality of education and research in institutions conducting Yoga and Naturopathy education. These standards and norms shall be used as the basis for the assessment of the institutions by MARBIM.
- (7) To facilitate development/training for the faculty for Yoga & Naturopathy.
- (8) To facilitate and implement research and international student and faculty exchange programs.
- (9) To prescribe norms for compulsory annual disclosure, electronically and otherwise, by Yoga and Naturopathy institutions in all aspects related to their functioning that has a bearing on the interest of various stakeholders such as students, faculty, the Commission and the Government.
- (10) To make recommendations and seek directions from the Government through the Commission.

25. Decisions of the BYN

- (1) The Board shall meet at least once a month at such time and place as it may appoint.
- (2) Subject to the Regulations and the Policies framed by the NCISM, the decisions of the board shall be by consensus, failing which by a majority of votes of President and members.
- (3) Any stakeholder who is aggrieved by any decision of the Board can appeal against the said decision within a period of two months to the NCISM whose decision shall be final and binding on all concerned.

26. General Functioning of the Board

- (1) The Commission may delegate the administrative and financial powers to President for smooth functioning of the Board.
- (2) The President may further delegate certain delegated powers to any other Member of the Board or staff mentioned in section 23(4) of this Act.

CHAPTER 7 BOARD OF UNANI SYSYTEM (BUS)

27. Composition and Constitution of BUS

- (1) The Central Government shall, by notification, establish a body to be called the Board of Unani Systems (BUS).

- (2) The Board shall be autonomous in its functioning subject only to the policies and regulations framed by the NCISM.
- (3) The Board shall consist of a President and two Members. The President, who shall be first among equals, and the two Members shall be appointed in the manner as prescribed in this Act.
- (4) The Board shall be assisted by such other staff from the NCISM Secretariat as may be sanctioned under the Rules.
- (5) There may be Advisory Committee(s) to assist the Board, to be constituted by the Commission, in discharging its functions.

28. Powers and Function of BUS

- (1) To determine and prescribe standards and oversee all aspects of Unani medical education at all levels.
- (2) To develop a competency based dynamic curriculum (including assessment) at undergraduate, postgraduate and super-speciality levels. The curriculum for these levels should be developed in consultation with stakeholders such that Unani graduates, post-graduates and super-specialists have appropriate knowledge, skills, attitude, values and ethics for providing health care, imparting medical education and conducting medical research.
- (3) To develop a competency based dynamic curriculum (including assessment) for primary, community and family medicine for providing health care required in such areas.
- (4) To prescribe guidelines for setting up Unani medical institutions for imparting under-graduate, postgraduate and super-specialist courses in alignment with needs of the country while keeping in mind global norms.
- (5) To determine and prescribe the minimum requirements and standards for conduct of courses and examinations in Unani medical institutions while leaving room for creativity at local levels including the design of some courses by individual institutions.
- (6) To determine and prescribe standards and norms for infrastructure, faculty and quality of education and research in institutions conducting Unani medical education. These standards and norms shall be used as the basis for the assessment of the institutions by MARBIM.
- (7) To facilitate development/training for the faculty in Unani medical Institution under the purview of this Act.
- (8) To facilitate and implement research and international student and faculty exchange programs as they relate to Unani education.
- (9) To prescribe norms for compulsory annual disclosure, electronically and otherwise, by Unani medical institutions in all aspects related to their functioning that has a bearing on the interest of various

stakeholders such as students, faculty, the Commission and the Government.

- (10) To make recommendations and seek directions from the Government through the Commission.

29. Decisions of BUS

- (1) The Board shall meet at least once a month at such time and place as it may appoint.
- (2) Subject to the Regulations and the Policies framed by the NCISM, the decisions of the board shall be by consensus, failing which by a majority of votes of President and members.
- (3) Any stakeholder who is aggrieved by any decision of the Board can appeal against the said decision within a period of two months to the NCISM whose decision shall be final and binding on all concerned.

30. General Functioning of the Board

- (1) The Commission may delegate the administrative and financial powers to President for smooth functioning of the Board.
- (2) The President may further delegate certain delegated powers to any other Member of the Board or staff mentioned in section 27(4) of this Act.

CHAPTER 8

MEDICAL ASSESSMENT AND RATING BOARD FOR INDIAN SYSTEMS OF MEDICINE (MARBIM)

31. Composition and Constitution of MARBIM

- (1) The Central Government shall, by notification, establish a body to be called the Medical Assessment and Rating Board for Indian Systems of Medicine (MARBIM).
- (2) Subject only to the policies and the regulations framed by the NCISM, the Board shall be autonomous in its functioning.
- (3) The Board shall consist of a President and eight Members. The President, who shall be first among equals, and the eight Members shall be appointed in the manner as prescribed in this Act.
- (4) The Board shall be assisted by such other staff from the NCISM Secretariat as may be sanctioned under the Rules.
- (5) There may be Advisory Committee(s), to be constituted by the Commission, to assist the Board in discharging its functions.

32. Powers and Function of MARBIM

- (1) To determine the process of Assessment and Rating of Educational Institutions imparting Indian Systems of Medicine as per the standards laid down by the BASS, BYN, or BUS as the case may be.
- (2) To grant permission for establishment of a new medical institution in terms of section 34 of this Act.
- (3) To hire such credible third party agencies or to appoint such visitors and personnel as it may consider necessary to carry out Inspections of the Educational Institutions for Indian Systems of Medicine in order to discharge its Assessment and Rating Function. It would be obligatory on such institutions to provide access to the inspecting team authorized by MARBIM for such purpose.
- (4) To conduct an Assessment and Rating of all Educational Institutions for Indian Systems of Medicine, within such period of their start, as may be prescribed, and every year thereafter, and to make it available in the public domain at regular intervals. MARBIM may empanel independent ratings agencies for this purpose.
- (5) To levy monetary and other such penalties on Institutions which fail to maintain the minimum essential standards mentioned in sub-section (1) above.
 Provided that no penalty shall be levied on any institution for Indian Systems of Medicine without giving them a reasonable opportunity to explain the reasons for the failures.
 Provided further that in case an educational Institution for Indian Systems of Medicine Medical fails to take the necessary corrective actions even after three monetary penalties, MARBIM shall recommend to the NCISM to initiate proceedings for derecognizing the degree/ degrees awarded by the Institution as per the procedure prescribed in section 44.
- (6) To make recommendations and seek directions from the Government through the Commission.

33. Decisions of the MARBIM

- (1) The Board shall meet at least once a month at such time and place as it may appoint.
- (2) Subject to the Regulations and the Policies framed by the NCISM, the decisions of the board shall be by consensus, failing which by a majority of votes of President and members.
- (3) Any stakeholder who is aggrieved by any decision of the Board can appeal against the said decision within a period of two months to the NCISM whose decision shall be final and binding on all concerned.

34. Permission for establishment of a New Medical College for Indian Systems of Medicine

- (1) No person shall establish a new medical college within India for Indian Systems of Medicine except with the prior permission of the MARBIM obtained in accordance with the provisions of this section.

Explanatory Memorandum: For the purpose of this section, "person" includes any University or a trust or any other body but does not include the Central Government.

- (2) Every person shall, for the purpose of obtaining permission under sub-section (1), submit to the MARBIM a scheme in the manner as may be prescribed.
- (3) The Board may after considering the scheme shall pass an order within a period of 6 months from the receipt of the scheme, either approving or disapproving the scheme and any such approval shall be permission under sub-section (1).

Provided that the person/ college shall be free to appeal to the Commission in case no decision is received within the 6 months' period or the scheme is disapproved.

Provided further that the person/college shall be free to make a second appeal to the Government in case no decision is received within one year from the date of his submission or the scheme is disapproved.

- (4) The MARBIM or the Commission or the Government, while passing the order under sub-section (3), either approving or disapproving the scheme, shall have due regard to the following factors:
 - a. Adequacy of financial resources;
 - b. Whether adequate academic faculty necessary facilities to ensure proper functioning of college for Indian Systems of Medicine has been provided or would be provided within the time-limit specified in the scheme;
 - c. Whether adequate hospital facilities have been provided or would be provided within the time-limit specified in the scheme.

Provided that the above criteria may be relaxed for those Colleges for Indian Systems of Medicine which are set up in an un-served area.

35. General Functioning of the Board

- (1) The Commission may delegate the administrative and financial powers to President for smooth functioning of the Board.

- (2) The President may further delegate certain delegated powers to any other Member of the Board or staff mentioned in section 31(4) of this Act.

CHAPTER 9
BOARD FOR ETHICS AND INDIAN SYSTEMS OF MEDICINE
REGISTRATION (BEIMR)

36. Composition and Constitution of BEIMR

- (1) The Central Government shall, by notification, establish a body to be called the Board for Ethics and Indian Systems of Medicine Registration (BEIMR).
- (2) Subject only to the policies and the regulations framed by the NCISM, the Board shall be autonomous in its functioning.
- (3) The Board shall consist of a President and eight Members. The President, who shall be first among equals, and the eight Members shall be appointed in the manner as prescribed in this Act.
- (4) The Board shall be assisted by such other staff from the NCISM Secretariat as may be sanctioned under the Rules.
- (5) There shall be Ethics Committee(s) to be constituted by the Commission for assisting the Board in discharging its functions.

37. Powers and Function of BEIMR

- (1) Maintaining the Register for Indian Systems of Medicine (RIM)
 - i. The BEIMR shall maintain a live Register of all licensed Indian Systems of Medicine practitioners to be known as the Register for Indian Systems of Medicine (RIM). The register shall contain the name, address, date of birth, Aadhaar ID of and all qualifications recognized by BASS, BYN and BUS possessed by the licensed practitioner.
 - ii. The Register for Indian Systems of Medicine shall be maintained in an electronic form as per prescribed rules. RIM shall prescribe a standard data format for the maintenance of such records which will be binding on all State Councils so that homogeneity and interoperability of such database can be maintained.
 - iii. The Register for Indian Systems of Medicine shall be made available in the public domain. It shall be deemed to be a public document within the meaning of the Indian Evidence Act, 1872 or any amendment thereof.
 - iv. Every State Indian Systems of Medicine Medical Council shall maintain and regularly update the State Register in an

electronic format. It shall supply a physical copy of the same to the BEIMR at the commencement of this Act. Thereafter, the National and the State Register should be in Electronic synchronization so that a change in one is automatically reflected in the other.

- v. Where the name of any person has been removed from a State Register on a ground other than non-possession of the requisite medical qualifications, he may appeal in the prescribed manner to the BEIMR, whose decision shall be binding on the State Council subject to the provisions of Section 53.
 - vi. If any person whose name is entered in the Register for Indian Systems of Medicine obtains any title, diploma or other qualification for proficiency in sciences, public health or medicine which is a recognized Indian Systems of Medicine medical qualification, he shall, on application made in this behalf in the prescribed manner be entitled to have such information entered against his name in the State and the National Register.
- (2) Regulation of Professional Conduct and Promotion of Medical Ethics
- i. To ensure compliance to the Code of Ethics through the State Councils which, in terms of the provisions of respective State Acts, shall take disciplinary action in cases of professional misconduct by practitioners of Indian Systems of Medicine.
 - ii. For the purposes of this Act, the expression “professional misconduct” shall be deemed to include any act of commission or omission notified in the Fourth Schedule of this Act and leading to violation of the Code of ethical conduct as prescribed. Nothing in this section shall, however, limit or abridge the power conferred or duty cast on the respective Councils under this Act to inquire into the professional conduct of any person whose name is included in the National Register or the State Register.
 - iii. The original jurisdiction for grievances relating to cases of “professional misconduct” of medical practitioners for Indian Systems of Medicine shall lie with the State Councils.
Provided that, in States or Union Territories where there is no State/UT Indian Systems of Medicine Medical Council, an enactment to create such a Council shall be carried out within 3 years of the notification of this Act. Provided further that during the transition period, the BEIMR shall also receive complaints and grievances of ethical misconduct against registered practitioners of Indian Systems of Medicine, in such States and UT subject to such procedure as may be prescribed.
Provided further that the State Council shall offer the practitioner concerned an opportunity to explain their conduct before imposing any prescribed penalty upon them.

- iv. BEIMR will have an appellate jurisdiction over the orders passed by the State Councils under sub-section (iii) and such an order would be binding upon the State Council subject to the provision of section 53.
- v. To develop mechanisms to have continuous interaction with State Councils to effectively promote and regulate the conduct of Indian Systems of Medicine profession.
- vi. To make recommendations and seek directions from the Government through the Commission.

38. Decisions of the BEIMR

- (1) Subject to the Regulations and the Policies framed by the NCISM, the decisions of the board shall be through the President or a Member or a combination of both.

39. General Functioning of the Board

- (1) The Commission may delegate the administrative and financial powers to President for smooth functioning of the Board.
- (2) The President may further delegate certain delegated powers to any other Member of the Board or staff mentioned in section 36(4) of this Act.

40. Rights and duties of persons included in the Register for Indian Systems of Medicine

- (1) Qualifying the National Licentiate Examination for Indian Systems of Medicine (NLEIM), referred in this Act, by a person with undergraduate degree obtained from an institution for Indian Systems of Medicine within India shall be sufficient for licence to practice and enrolment in the National Register and/or any State Register for Indian Systems of Medicine.
Provided that the persons registered in the Central Register of Indian Systems of Medicine under the IMCC Act, 1970 before the commencement of this Act and prior to the coming into force of the NLEIM shall be deemed enrolled in the Register for Indian Systems of Medicine.
- (2) A person who obtains medical qualification in Indian Systems of Medicine granted by any medical institution for Indian Systems of Medicine in any country outside India recognized as practitioner of Indian Systems of Medicine including Yoga & Naturopathy in that country after such date as may be specified, shall not be entitled to be enrolled in the Register for Indian Systems of Medicine unless he

qualifies the NLEIM and such foreign medical qualification after such person qualifies the NLEIM shall be deemed to be recognized qualification of Indian Systems of Medicine for the purposes of this Act for that person.

- (3) No person other than the one enrolled in the National/State Register for Indian Systems of Medicine:
- (a) Shall be allowed to practice medicine as a qualified practitioner of Indian Systems of Medicine;
 - (b) Shall hold office as physician or any other office (by whatever designation called) meant to be held by a physician in Government or in any other institution;
 - (c) shall be entitled to sign or authenticate a medical or fitness certificate or any other certificate required by any law to be signed or authenticated by a duly qualified medical practitioner;
 - (d) Shall be entitled to give evidence at any inquest or in any court of law as an expert under section 45 of the Indian Evidence Act, 1872 on any matter relating to medicine.
- Provided that the Commission may permit a medical professional to practice Indian Systems of Medicine without qualifying the NLEIM. The Commission shall submit a list of such permitted professionals to the Central Government in the manner prescribed.
- Provided further that a foreign citizen may be permitted temporary registration in India for a period and in a manner as may be prescribed by the Commission subject to such person being enrolled as a medical practitioner of Indian Systems of Medicine in accordance with the law regulating the registration of medical practitioners in that country.
- (4) Any person who acts in contravention of any provision of sub-section (3) shall be punished with revocation/suspension from the Register for Indian Systems of Medicine or with fine as may be prescribed, or with both.

CHAPTER 10

RECOGNITION OF INDIAN SYSTEMS OF MEDICINE QUALIFICATIONS

41. RECOGNITION OF INDIAN SYSTEMS OF MEDICINE QUALIFICATIONS GRANTED BY UNIVERSITIES OR MEDICAL INSTITUTIONS IN INDIA

- (1) The Indian Systems of Medicine qualifications granted by any University or Medical Institution in India, included in the First

Schedule and Second Schedule, shall be recognized medical qualifications for the purpose of this Act.

- (2) Any University or Medical Institution in India, which grants an undergraduate or post-graduate or any other qualification on Indian Systems of Medicine not included in the First Schedule, may apply to the BASS, BYN or BUS, respectively, to have such qualification recognized. The respective Board may, after following the procedure as may be prescribed, by notification in the official Gazette, amend the First Schedule so as to include such qualification. The notification affecting the amendment may also direct that an entry shall be made in the last column of the First Schedule against such medical qualification declaring that it shall be a recognized medical qualification only when granted after a specified date.
- (3) All medical qualifications listed in Part I and II of Schedule II of the IMCC Act, 1970 shall be incorporated automatically in Schedule I of this Act.
- (4) All medical qualifications listed in Part I and II of Schedule III of the IMCC Act, 1970 shall be incorporated automatically in Schedule II of this Act.

42. RECOGNITION OF INDIAN SYSTEMS OF MEDICINE QUALIFICATIONS GRANTED BY MEDICAL INSTITUTIONS OUTSIDE OF INDIA

- (1) The medical qualifications for Indian Systems of Medicine granted by medical institutions outside India included in the Third Schedule shall be recognized qualifications for the purposes of this Act.
- (2) The Commission may subject to such verification as it deems fit with the authority in any country outside India which by the law of such country is entrusted with the recognition of Indian Systems of Medicine qualifications provide for recognition or de-recognition of such qualification by notification in the official Gazette and amend the Third Schedule so as to include or exclude therein the Indian Systems of Medicine qualification(s).
Provided that any qualification shall not be excluded unless the institution(s) concerned has been given a reasonable opportunity of being heard in the matter.
- (3) Where the Commission has refused to recommend an Indian Systems of Medicine qualification that has been proposed for recognition by any Authority referred to in sub-section (2), the Authority may apply to the Central Government for such recognition. The Central Government, after considering such application and after obtaining from the Commission a report regarding the reasons for its refusal, may by notification in the Official Gazette amend the Third Schedule

so as to include such qualification in it. The provisions of sub-section (2) shall apply to such notification.

- (4) All medical qualifications listed in Schedule IV of the IMCC Act, 1970 shall be incorporated automatically in Schedule III of this Act.

43. RECOGNITION OF OTHER MEDICAL QUALIFICATIONS

- (1) The Central Government may by notification in the official gazette include medical qualifications granted by any other body in India under this Act which shall be recognized qualification as may be prescribed by the Central Government in this regard.

44. WITHDRAWAL OF RECOGNITION

- (1) Upon a report by the MARBIM or otherwise, if it appears to the Commission that the courses of study and examination to be undergone in, or the proficiency required from candidates at any examination held by any University or medical institution for Indian Systems of Medicine do not conform to the standards prescribed and that the institution has failed to take necessary corrective action to adhere to minimum standards, the Commission shall make a representation to that effect to the Central Government.
- (2) After considering such representation, the Central Government, after making such further inquiry and consultations with the Government/Authority concerned, as it may think fit, may by notification in the official Gazette, direct that an entry shall be made in the appropriate Schedule against the medical qualification for Indian Systems of Medicine declaring that it shall be a recognized medical qualification, only when granted before a specified date or that the said qualification if granted to students of a specified college or institution affiliated to any university shall be a recognized qualification only when granted before a specified date, as the case may be.

45. SPECIAL PROVISION IN CERTAIN CASES FOR RECOGNITION OF MEDICAL QUALIFICATIONS FOR INDIAN SYSTEMS OF MEDICINE

- (1) If the Commission deems it fit, it may by notification in the Official Gazette, direct that medical qualifications for Indian Systems of Medicine granted after a specified date by medical institutions for Indian Systems of Medicine in a country outside India shall be recognized qualification for the purposes of this Act.

Provided that medical practice by persons possessing such qualifications shall be permitted only if such persons are enrolled as medical practitioners of Indian Systems of Medicine in accordance with the law regulating the registration of medical practitioners for the time being in force in that country; and

Provided further that medical practice by persons possessing such qualifications shall be limited to the period specified in this behalf by general or special order.

CHAPTER 11 MISCELLANEOUS

46. INFORMATION TO BE FURNISHED BY THE COMMISSION AND PUBLICATION THEREOF

- (1) The Commission shall furnish such reports, copies of its minutes, abstracts of its accounts, and other information to the Central Government as that Government may require.
- (2) The Central Government may publish in such manner as it may think fit, any report, and copy, abstract or other information furnished to it.

47. REPORTING BY UNIVERSITIES AND MEDICAL INSTITUTIONS FOR INDIAN SYSTEMS OF MEDICINE

- (1) Every medical institution under this act shall at all times maintain a website and display all such information as may be required by the Commission or the Board(s).
- (2) The Commission or the Board(s), as the case may be, shall either directly or through other experts, at any time during the existence of the evaluation or assessment, with or without any notice, may assess the performance standards and benchmarks displayed by the medical institution on its website.

48. COMPLETION OF COURSES OF STUDIES IN MEDICAL INSTITUTIONS FOR INDIAN SYSTEMS OF MEDICINE

- (1) Notwithstanding anything contained in this Act, any student of Indian Systems of Medicine in a medical institution who, immediately before the commencement of this Act was studying for a degree, diploma or certificate in any such institution shall continue and complete his course for that degree, diploma or certificate, as the case may be, and such institutions shall provide for the instruction

and examination for such student in accordance with syllabus and studies as existed before commencement of this Act and shall be deemed to have completed his course of study and awarded degree, diploma, as the case may be, under this Act.

- (2) Notwithstanding anything contained in this Act, the medical institution for Indian Systems of Medicine in lapse of its recognition whether by efflux of time or by its voluntary surrender or for any other reason whatsoever shall continue to maintain and provide the minimum standards approved by the Commission till such time that all the candidates are able to complete their study in such institution.

49. TRANSITORY PROVISIONS

- (1) The National Commission for Indian Systems of Medicine is the successor in interest to the Central Council of Indian Medicine including its subsidiaries or owned trusts. All the assets and liabilities of the said Councils shall be deemed to have been transferred to the Commission.
- (2) Notwithstanding the repeal of the Indian Medicine Central Council Act, 1970, the educational standards, requirements and other provisions of the said Acts and the rules and regulations made thereunder shall continue to be in force and operate till new standards and/or requirements are specified under this Act or the rules and regulations made thereunder:
Provided that anything done or any action taken as regards the educational standards and requirements under the enactments under repeal and the rules and regulations made thereunder shall be deemed to have been done or taken under the corresponding provisions of this Act and shall continue in force accordingly unless and until superseded by anything done or by any action taken under this Act.
- (3) The Central Government may take such appropriate measures as may be necessary for smooth transition of the repealed Council to the corresponding new Commission under this Act.

50. PROTECTION OF ACTION TAKEN IN GOOD FAITH

- (1) No suit, prosecution or other legal proceeding shall lie against the Government, the Commission or any Board thereunder or a State Indian Systems of Medicine Medical Council or any Committee thereof, or any Officer or servant of the Government or Commission aforesaid for anything which is done or intended to be done in good faith under this Act.

51. POWER TO MAKE REGULATIONS

- (1) The Commission shall approve and publish a draft of proposed regulations, as mentioned in section 14 of this Act and accompanied with such statements as may be prescribed in rules framed under this Act.
- (2) The Commission may give a time for such number of days as may be prescribed in rules framed under this Act and consider all representations made to it within that time.
- (3) To make the regulation-
 - a. The Commission must approve the regulation; and
 - b. The Commission must publish
 - i. the approved regulations; and
 - ii. all representations received as received under sub-section (2) and a general account of the response of the Commission to the representations.
- (4) The Commission may publish general guidance for the purpose of clarifying regulation made by it. The Commission may withdraw or amend any general guidance issued by it at any time for reason to be recorded in writing and published. In the case of a conflict between the text of a regulation made by the Commission and any general guidance pertaining to it, the text of the regulation will prevail.

52. POWER TO MAKE RULES

- (1) The Central Government may, by notification in the Official Gazette, make Rules to carry out the purposes of this Act.
- (2) In particular, and without prejudice to the foregoing power, such rules may provide for all or any of the following matters:
 - i. Manner of nomination of the members of the Advisory Council for Indian Systems of Medicine to the NCISM under section 6 (6)
 - ii. Manner of appointment of Search Committee under section 10.
 - iii. Manner of constituting the Boards under section 19, 23, 27, 31 and 36.
 - iv. Procedure for removal of Chairperson and Members of the Commission under section 13.
 - v. Roles and responsibilities of the Advisory Committees, Ethics Committee(s) constituted under the provisions of this Act.
 - vi. The creation of posts, salary and allowances payable to and other terms and conditions of Chairperson /Members of the Commission, Presidents and Members of the Boards and other staff members of the Commission.
 - vii. Joint sittings referred under Section 16.

- viii. Any other matter in respect of which provision is to be made by rules.
- (3) Every rule made under this Act shall be laid, as soon as may be after it is made, before each House of Parliament for a total period of thirty days, after the expiry of which period the Rule shall be deemed as confirmed. If both Houses agree in making any modification in the rule or both Houses agree that the rule should not be made, the rule shall, thereafter have effect only in such modified form or be of no effect, as the case maybe; however, any such modification or annulment shall be without prejudice to the validity of anything previously done under that rule.

53. POWER TO GIVE DIRECTIONS

- (1) Without prejudice to the foregoing provisions of this Act, the Commission and the Boards, as the case may be, shall, in the discharge of their functions and duties under this Act, be bound by such directions on questions of policy as the Central Government may give in writing to it from time to time, and the question whether the direction given is one of policy or not shall be decided by the Central Government.
- Where the Central Government considers it expedient so to do, it may, by order in writing, direct the Commission to make any regulations or to amend or revoke any regulations already made by it, within such period as the Central Government may specify in this behalf.
- If the Commission fails or neglects to comply with such order within the specified period, the Central Government may make the regulations or amend or revoke the regulations made by the Commission, as the case may be, in such manner as the Central Government thinks fit.
- (2) Notwithstanding any provision under this Act, any person or a body or an organisation, aggrieved by an order made by the Commission or BEIMR, as the case may be, may prefer an appeal to the Central Government in such form with in such period as may be prescribed. The procedure for disposing of an appeal by the government shall be such as may be prescribed and the appellant shall be given a reasonable opportunity of being heard. The decision of Central Government shall be final and binding upon all concerned.

CHAPTER 12 GRANTS, AUDIT AND ACCOUNTS

54. Grants

- (1) The Central Government may, after due appropriation made by Parliament by law in this behalf, make to the Commission grants of such sums of money as the Central Government may think fit, for being utilized for the purposes of implementing this Act.
- (2) There shall be constituted a fund to be called "the National Commission for Indian Systems of Medicine Fund" and there shall be credited thereto: -
 - i. All Government grants, fees and charges received by the Commission;
 - ii. All sums received by the Commission from such other source as may be decided by it.
- (3) The Fund shall be applied for meeting the following expenses:
 - i. The salaries, allowances and other remuneration of the Chairperson and Members of the Commission, Presidents and Members of the Boards, officers and other employees of the Commission and the Boards;
 - ii. Other expenses of the Commission and the Boards in connection with the discharge of their functions and for the purposes of this Act.

55. Audit and Accounts

- (1) The Commission shall maintain proper accounts and other relevant records and prepare an annual statement of accounts in such form as may be prescribed, in consultation with the Comptroller and Auditor-General of India.
- (2) The accounts of the Commission shall be audited by the Comptroller and Auditor-General of India at such intervals as may be specified by him and any expenditure incurred in connection with such audit shall be payable by the Commission to the Comptroller and Auditor-General of India.
- (3) The Comptroller and Auditor-General of India and any other persons appointed by him in connection with the audit of the accounts and functioning of the Commission shall have the same rights and privileges and authority in connection with such audit as the Comptroller and Auditor-General generally has in connection with the audit of Government accounts and, in particular, shall have the right to demand the production of and complete access to records, books, accounts, connected vouchers, other documents and papers etc., as s/he may deem fit, and to inspect the office of the Commission.
- (4) The accounts of the Commission as certified by the Comptroller and Auditor-General of India or any other person appointed by him in this

behalf, together with the audit report thereon, shall be forwarded annually by the Commission to the Central Government which shall cause the same to be laid as soon as may be after it is received, before each House of Parliament.

56. FURNISHING OF RETURNS AND REPORTS TO THE CENTRAL GOVERNMENT

- (1) The Commission shall furnish to the Central Government at such time and in such form as may be prescribed, an annual report giving a summary of their activities during the previous year.
- (2) A copy of the report received by the Central Government under subsection (1) shall be laid, as soon as may be after it is received, before each House of Parliament.

57. POWER TO REMOVE DIFFICULTIES

- (1) If any difficulties arise in giving effect to the provisions of this Act, the Central Government may, by order, make such provisions or give such directions not inconsistent with the provisions of this Act as may appear to it be necessary or expedient for the removal of difficulty. Provided that no such power shall be exercised after the expiry of a period of two years from the commencement of this Act.
- (2) Every order made under this section shall be laid, as soon as may be after it is made, before each house of Parliament.

58. REPEAL OF ACT OF 1970

The Indian Medicine Central Council Act, 1970 is hereby repealed.

Annexe III: The Proposed Bill for Homoeopathy

THE NATIONAL COMMISSION FOR HOMOEOPATHY (NCH) BILL, 2017

A BILL TO CREATE A WORLD-CLASS HOMOEOPATHY EDUCATION SYSTEM THAT

- ENSURES ADEQUATE SUPPLY OF HIGH QUALITY MEDICAL PROFESSIONALS IN HOMOEOPATHY AT BOTH UNDERGRADUATE AND POST-GRADUATE LEVELS;
- ENCOURAGES MEDICAL PROFESSIONALS IN HOMOEOPATHY TO INCORPORATE THE LATEST RESEARCH IN THEIR WORK AND TO CONTRIBUTE TO SUCH RESEARCH;
- ENCOURAGES INTERFACE BETWEEN VARIOUS SYSTEMS OF MEDICINE;
- PROVIDES FOR OBJECTIVE PERIODIC ASSESSMENTS OF HOMOEOPATHY MEDICAL INSTITUTIONS;
- FACILITATES THE MAINTENANCE OF REGISTER FOR HOMOEOPATHY IN INDIA AND ENFORCES HIGH ETHICAL STANDARDS IN ALL ASPECTS OF HOMOEOPATHY MEDICAL SERVICES; AND
- IS FLEXIBLE SO AS TO ADAPT TO THE CHANGING NEEDS OF A TRANSFORMING NATION

Be it enacted by Parliament in the sixty eighth year of the Republic of India as follows:

CHAPTER-1 PRELIMINARY

1. SHORT TITLE, EXTENT AND COMMENCEMENT

- (1) This Act may be called the National Commission for Homoeopathy Act, 2017.
- (2) It extends to the whole of India.
- (3) It shall come into force on such date as the Central Government may, by notification in the Official Gazette, appoint.

2. DEFINITIONS

In this Act, unless the context otherwise requires: -

- (a) "Homoeopathy " means the Homoeopathic System of Medicine and includes the use of biochemical remedies.
- (b) "Board" means any of the Boards referred to under subsections (e) to (h) below.
- (c) "Council" means the Advisory Council for Homoeopathy (ACH) constituted under this Act.
- (d) "Commission" means the National Commission for Homoeopathy (NCH) constituted under section 6 of this Act.
- (e) "Under Graduate Homoeopathy Education Board" (UGHEB) means the Board constituted for Undergraduate homoeopathy education under section 19.
- (f) "Post Graduate Homoeopathy Education Board" (PGHEB) means the Board for Postgraduate homoeopathy education constituted under section 23.
- (g) "Medical Assessment and Rating Board for Homoeopathy" (MARBH) means the Board for assessment and rating of Homoeopathy medical colleges constituted under Section 27.
- (h) "Board for Ethics and Homoeopathy Medical Registration" (BEHMR) means the Board constituted under Section 32.
- (i) "License to practice" means a suitable mechanism, as defined by the NCH, to allow Homoeopathy graduates to practice Homoeopathy Systems in India.
- (j) "Register for Homoeopathy" (RH) means the medical register for Homoeopathy maintained by the BEHMR.
- (k) "Homoeopathy Medical Institution" means any institution, within or outside India, which grants degrees, diplomas or licenses in Homoeopathy medicine.
- (l) "Prescribed" means prescribed by rules and/or regulations.
- (m) "Recognized Homoeopathy medical qualification" means any of the Homoeopathy medical qualifications included in the Schedules.
- (n) "Rule" means a rule made under section 48;

- (o) “Regulation” means a regulation made by the NCH under section 14;
- (p) “State Homoeopathy Medical Council” means a Homoeopathy medical council constituted under any law for the time being in force in any State/Union Territory regulating the registration of practitioners of Homoeopathy in the given state/ Union Territory;
- (q) “State Register for Homoeopathy” means a register maintained under any law for the time being in force in any State/Union Territory regulating the registration of Homoeopathy practitioners.
- (r) “University” will have the same meaning as defined in the University Grants Commission Act, 1956.
- (s) “Health University” means a class of University as defined in sub-section (r) above specializing in affiliating institutions engaged in teaching medicine, medical and health sciences. This expression, unless it is repugnant to the context, shall also include the expression Medical University and University of Health Sciences.
- (t) “Central Government” means the Ministry or Department in-charge of Homoeopathy System of Medicine and its education.

CHAPTER 2

THE ADVISORY COUNCIL FOR HOMOEOPATHY

3. Constitution and Composition

- (1) The Central Government shall constitute a Council to be called the Advisory Council for Homoeopathy (ACH).
- (2) The Council shall consist of:
 - a) One member to be nominated by every State government who is Vice Chancellor of a University that has the largest number of colleges for Homoeopathy affiliated to it.
 - b) Seven members to be nominated by the Ministry of Home Affairs each of whom is Vice Chancellor of the University in the Union Territory that has the largest number of colleges for Homoeopathy affiliated to it.
Provided further where there is no University in the Union Territory, Ministry of Home Affairs shall nominate a member who shall possess

medical qualification relevant for Homoeopathy as may be prescribed under the rules framed under this Act.

- c) All members including the Chairperson of the National Commission for Homoeopathy shall be ex-officio members of the Council and the Chairperson of the National Commission for Homoeopathy shall be the ex-officio Chairperson of the Council.
- d) Four members shall be nominated by the Central Government who shall be Directors of Indian Institutes of Technology, Indian Institutes of Management, and the Indian Institute of Science.

4. Functions of Advisory Council for Homoeopathy

- (1) The role of the Council shall be entirely advisory in nature
- (2) The Council shall serve as the primary platform through which the states would put forward their views and concerns before the National Commission for Homoeopathy (NCH) and shall help shape the overall agenda for education & training in Homoeopathy.
- (3) The Council shall advise the National Commission for Homoeopathy (NCH) on measures to determine, maintain and coordinate minimum standards in the discipline of education, training and research in Homoeopathy.
- (4) The Council shall advise the National Commission for Homoeopathy (NCH) on measures to enhance equitable access to education in Homoeopathy.

5. Meeting of the Advisory Council for Homoeopathy

- (1) The Council shall meet at least once every year at such time and place as may be appointed by the Chairperson.
- (2) The Chairperson shall preside over the meetings of the Council. If for any reason, s/he is unable to attend, such other member as nominated by the Chairperson shall preside over the meeting.
- (3) Unless otherwise provided by regulations, 15 members including the Chairperson of the Council shall form a quorum and all the acts of the Council shall be decided by a majority of the members present and voting. Absentee votes will not be permitted.

CHAPTER 3

THE NATIONAL COMMISSION FOR HOMOEOPATHY

6. Constitution and Composition

- (1) The Central Government shall constitute a Commission, to be called the National Commission for Homoeopathy.
- (2) The Commission shall be a body corporate by the name aforesaid, having perpetual succession and a common seal, with power, subject to the provisions of this Act, to acquire, hold and dispose of property, both movable and immovable, and to contract, and shall, by the said name, sue or be sued.
- (3) The Central Government shall, by notification, establish autonomous Boards under the overall supervision of this Commission, to fulfil the functions related to the conduct of under-graduate and post-graduate education, assessment and rating of institutions for Homoeopathy and registration of medical practitioners and enforcement of medical ethics relating to Homoeopathy.
- (4) The Commission shall comprise a Chairperson, a Member Secretary, 7 ex-officio members and 18 part time members.
- (5) Of the ex-officio members, four shall be the Presidents of the Boards constituted under this Act; and the remaining three shall be Director General-Indian Council of Medical Research, a nominee from the Ministry of AYUSH above the rank of Joint Secretary and the Director of the All India Institute for Homoeopathy or equivalent;
- (6) Of the part-time members, thirteen shall be persons to be appointed by the Central Government from diverse backgrounds including Homoeopathy, pharmacology, management, economics, law, medical ethics, consumer or patient rights advocacy, health research, science and technology.
Provided that nine part-time members shall be from the system of Homoeopathy.
- (7) The remaining five part-time members shall be from amongst the nominees of the States and Union Territories in the Advisory Council for Homoeopathy, who shall be appointed on a rotational basis for two-year terms by the Central Government in the manner prescribed.
- (8) The general superintendence, direction and control of the administration of the Commission shall vest in the Chairperson.
- (9) No act done by the Commission shall be questioned on the ground of the existence of a vacancy in, or a defect in the constitution of the Commission.

7. Secretariat

- (1) There shall be a Secretariat for the Commission to be headed by the Member Secretary of an appropriate rank, who shall be the ex-officio Secretary to the Commission.
- (2) The Member Secretary shall be appointed by the Central Government for a term of four years in the manner as may be prescribed and shall not be eligible for re-appointment.
- (3) The Member Secretary shall discharge such functions as may be specified under the regulations made by the Commission and/ or may be assigned to him by the Commission from time to time.
- (4) The Commission may fill-up the posts created in the Secretariat by the central government with such professionals, officers and other employees from diverse backgrounds including Homoeopathic education, pharmacology, chemistry, public health, management, health economics, quality assurance, patient advocacy, health research, science and technology, administration, finance, accounts or law, as it or its constituent Boards considers necessary for the efficient discharge of their functions under this Act.
- (5) The recruitment process, salaries and allowances and other terms and conditions of service of the Member Secretary and other professionals, officers and employees of the Commission shall be such as may be prescribed.
- (6) The professionals, officers and staff engaged by the Commission shall be employees of the Commission and shall be deployed to the constituent Boards based on procedure as may be prescribed under regulations.

8. Qualification for appointment as Chairperson, Member Secretary of the Commission, and President and Members of the Boards

- (1) The Chairperson shall be a person of outstanding ability, proven administrative capacity and integrity with a post graduate degree in any discipline of Homoeopathy from a university, and having not less than twenty years' experience in the profession, out of which at least ten years shall be in a leadership role, in the area of health care delivery, growth and development of any of the Homoeopathy System of Medicine or medical education.

(2) The Presidents of the Boards and the Members of UGHEB, PGHEB and one Member of MARBH and one Member of BEHMR mentioned in this Act shall be persons of outstanding ability, proven administrative capacity and integrity with post-graduate degree in the disciplines of Homoeopathy, Homoeopathic education, public health, community medicine or health research from a University, and having not less than fifteen years' experience in the profession, out of which at least seven years shall be in a leadership role.

- a. The second Member of the MARBH shall be person of outstanding ability with a post-graduate programme in any of the disciplines of management, quality assurance, law, science and technology, from a University, and having not less than fifteen years' experience in the profession, out of which at least seven years shall be in a leadership role.
- b. The second Member of the BEHMR shall be person of outstanding ability who would have demonstrated public record of work on Medical ethics or person of outstanding ability with a post-graduate degree in the disciplines of quality assurance, public health law, patient advocacy, from a University, and having not less than fifteen years' experience in the profession, out of which at least seven years shall be in a leadership role.

(3) The Member Secretary of the Commission shall be person of outstanding ability and integrity with a post graduate qualification as may be prescribed in the rules.

9. Mode of Appointment

The Central Government shall appoint the Chairperson, Part time members, Member Secretary and Presidents and members of the Boards, referred in Sections 8(1), Section 6(6), Section 7(2) and Section 8(2), through an open and transparent selection process by a Search Committee provided for in this Act.

10. Search Committee

- (1) The Central Government shall constitute a Search Committee consisting of:
- i. Cabinet Secretary
 - ii. CEO, NITI Aayog

- iii. Three persons having outstanding qualifications and experience of having worked for not less than twenty-five years in the field of Homoeopathy to be nominated by Ministry of AYUSH, Govt. of India.
 - iv. One person having outstanding qualifications and experience of not less than twenty-five years in the management, or law, or economics or science and technology to be nominated by Ministry of AYUSH, Government of India.
 - v. Secretary to the Government of India, in charge of the Ministry of AYUSH as the Convener.
- (2) The Search Committee shall recommend a panel of at least three names for every vacancy referred to it.
- (3) Before recommending any person for appointment as the Chairperson or President of the Boards or other Members/ Member Secretary of the Commission and/or Boards, the Committee shall satisfy itself that such person does not have any financial or other conflict of interest, which is likely to affect prejudicially his functions as Chairperson or President or Member, as the case may be.
- (4) No appointment of the Chairperson or President or Member of the Commission or the Boards, as the case may be, shall be invalid merely by reason of any vacancy or absence of Member in the Search Committee.
- (5) Subject to the provisions of sub-sections (1) to (4), the Search Committee may regulate its own procedure.

11. Terms of Chairperson and Members/Member Secretary of the Commission and President and Members of the Boards

- (1) The Chairperson of the Commission or the part-time Members, as mentioned in section 6(6) of the Commission shall hold office for a term, not exceeding four years.
- (2) The Presidents and Members of the Boards shall hold the office for a term not exceeding four years.
- (3) The Chairman, part-time Members of the NCH and the President and Members of the Boards, as referred in sub-sections (1) and (2) above, shall be eligible for re-appointment for another term of four years after following the procedure as prescribed in this Act.

Provided that the maximum term of a person as the Chairperson, President of the Board and/or Member shall not exceed eight years in aggregate;

Provided further the Chairperson and Members of the commission and the President and Members of the Boards shall cease to hold office after he/ she has attained the age of seventy years.

Explanatory Memorandum: Process of re-appointment would involve following due process to be followed as in the case of a fresh appointment.

- (4) A Member/Member Secretary shall be deemed to have vacated his/her seat if he/she is absent from three consecutive ordinary meetings of the Commission and the cause of absence is not attributable to valid reasons in the opinion of the Commission.
- (5) The Central Government shall initiate the process of appointment of the Chairperson and Members of the Commission, President and Members of the Boards, at least 3 months before the expiration of their term. However, the new Chairperson/President/Member shall not assume office until the term of the outgoing member has expired.

12. Terms and Conditions of service of Chairperson and Members/Member Secretary of the Commission and President & Members of the Boards

- (1) The salary and allowances payable to the Chairperson, President of the Board and other Members/Member Secretary shall be such as may be prescribed.
- (2) The Chairperson and Members/Member Secretary of the Commission and President and Members of the Boards in discharge of their official duties shall ensure that there is no conflict of interest as per prescribed rules. Violations shall be treated as misconduct inviting action under the relevant penal clauses of this Act.
- (3) The Chairperson and Members/Member Secretary of the Commission and President and Members of the Boards, on ceasing to hold office shall not, for a period of one year from demitting such office, accept any employment (including as consultant or expert or any other) in any private homoeopathy medical educational institution, whose matter has been dealt with by such Chairperson/Member or President/Member of the Boards, directly or indirectly.

(4) Nothing in sub-sections (2) & (3) shall prevent the Chairperson, President of a Board or a Member from accepting employment in a body or institution including medical educational institutions controlled or maintained by the Central Government or a State Government.

(5) Nothing in sub-sections (2) & (3) shall prevent the Central Government from permitting the Chairperson/ Member or President/Member of the Board for accepting any employment (including as consultant or expert or any other) in any private educational institution for Homoeopathy, whose matter has been dealt with by such Chairperson/ Member or President/Member of the Board.

13. Resignation and Removal of Chairperson and Members/Member Secretary of the Commission and President & Members of the Boards

(1) The Chairperson, or a President or a Member may, by giving notice of a period not less than three months to the Central Government, resign from his office. If mutually agreeable, such Chairperson, President or Member may be relieved from duties earlier than three months or allowed to continue beyond three months until a successor has been appointed.

(2) The Central Government may, by order, remove from office the Chairperson or any Member or the Member Secretary of the Commission, President or any Member of a Board, 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 performing his or her duties; or
- d. is of unsound mind and stands so declared by a competent court; or
- e. has been removed or dismissed from the service or office of the Central Government or of a State Government or from a body owned or controlled by the Central Government or a State Government or from any Central or State statutory body; or
- f. has acquired such financial or other interest as is likely to impair his ability to perform his duties; or

- g. has so abused his position as to render his continuance in office prejudicial to public interest; or
- h. has been guilty of proved misconduct; or
- i. has been guilty of proved conflict of interest in the discharge of his functions or
- j. has not been able to perform or has made persistent defaults-
 - i. In the performance of the duties expected of him under this Act or has exceeded or abused his position; or
 - ii. Either wilfully or without sufficient cause neglects to comply with the directions issued by the Central Government under sections 48 or 49.

(3) The Chairperson/ President of a Board or any Member shall not be removed from his office under clauses (a), (b), (f), (g), (h), (i) and (j) of the preceding sub-section unless he / she has been given a reasonable opportunity to represent his case.

14. Power and Functions of National Commission for Homoeopathy

- (1) To assess the changing requirements of the health care scenario, human resources for health, health care infrastructure and develop a road map for meeting these requirements in Homoeopathy.
- (2) To frame requisite policies for the governance of Homoeopathy Education.
- (3) To frame regulations for discharging responsibilities by the Commission and the Boards, as prescribed under this Act and rules framed under it, without undermining the autonomy of the Boards.
- (4) To provide overarching policy coordination among the Boards with due regard to their autonomy.
- (5) To advise that State Councils effectively enforce the provisions of the Act and in event of inaction on their part, take such action as it deems fit to ensure compliance.
- (6) To exercise Appellate Authority with respect to decisions of the UGHEB, PGHEB and MARBH.

- (7) To frame policies and codes to ensure observance of professional ethics by profession of Homoeopathy, and to promote ethical conduct during the provision of care by Homoeopathy practitioners.
- (8) To prescribe norms for determination of fees for a proportion of seats, not exceeding 40%, in the Private Educational Institutions for Homoeopathy.
- (9) To delegate powers to the Member Secretary on administrative matters.
- (10) To constitute sub-committees and to delegate powers to them as may be necessary for smooth conduct of their business to accomplish specific tasks.
- (11) To exercise such other powers and duties as prescribed in this Act.
- (12) To exercise such other powers and duties as the Central Government may confer upon it from time to time under the Rules framed under the Act.

15. Meeting of the Commission

- (1) The Commission shall meet at least once every quarter at such time and place as may be appointed by the Chairperson.
- (2) Unless otherwise provided by regulations, more than 50% members appointed or nominated including the Chairperson of the Commission shall form a quorum and all the acts of the Commission shall be decided by a majority of the members, present and voting and in the event of equality of votes, the Chairperson or in his absence; the member presiding shall have the casting vote.

16. Joint Sitting for Homoeopathy, Indian Systems of Medicine and Modern Medicine

- (1) The Commission shall meet at least once a year jointly with the Medical Council of India (MCI) or any successor thereof and Central Council of Indian Medicine (CCIM) or any successor thereof at such time and place as mutually appointed by the Chairpersons of the NCH, CCIM and MCI to enhance the interface between Homoeopathy, Indian Systems of Medicine and modern systems of medicine.
- (2) The Agenda for the joint sitting may be placed with mutual agreement by the Chairpersons of the NCH, CCIM and MCI or separately by the NCH, MCI or any successor thereof, CCIM or any successor thereof.
- (3) The joint sitting may, by an affirmative vote of all members present and voting, decide on approving specific educational modules/programs that could be

introduced in the under-graduate and post-graduate courses across medical systems, to develop bridges, across the various systems of medicine and promote medical pluralism.

CHAPTER 4

NATIONAL EXAMINATION

17. National Eligibility-cum-Entrance Test (NEET)

(1) The National Eligibility-cum-Entrance Test (NEET), as prescribed under the Indian Medical Council (IMC) Act, 1956 or any amendment or any successor thereof, shall be the uniform National Eligibility-cum-Entrance Test (NEET) for admission to the under-graduate medical education under the purview of National Commission for Homoeopathy.

Provided that those institutions which are governed by a separate Act of Parliament, shall continue to be governed by their respective Act(s).

(2) The National Commission for Homoeopathy shall prescribe the manner for common counselling to be conducted by the designated authority for admission to all the institutions under its purview.

iii. Common counselling for All India seats shall be conducted at the Central Level by the designated authority for admission to all the institutions under its purview.

iv. Common counselling for State seats shall be conducted at the State level by the designated authority for admission to all the institutions under the purview of the Commission.

18. National Licentiate Examination for Homoeopathy

(1) There shall be a National Licentiate Examination for Homoeopathy (NLEH) for professionals graduating from Institutions for Homoeopathy under the purview of National Commission for Homoeopathy through such designated authority in such manner as may be prescribed for granting the license to practice and enrolment into the Register(s) for Homoeopathy, as referred to in Section 33(1). The designated authority shall ensure the conduct of uniform licentiate examination in the aforesaid manner for the Homoeopathy.

Provided that the National Licentiate Examination for Homoeopathy (NLEH) shall become operational within three years from the date on which this Act comes into force, on a date to be notified by the Central Government.

- (2) The National Licentiate Examination for Homoeopathy shall also serve as a National Eligibility-cum-Entrance Test for admission into post-graduate courses in medical colleges/institutions under the purview of the National Commission for Homoeopathy.
- (3) There shall be common counselling for post graduate courses to be conducted by the designated authority for admission to all the institutions for Homoeopathy under the purview of the Commission.

CHAPTER 5

UNDER GRADUATE HOMOEOPATHY EDUCATION BOARD (UGHEB)

19. Composition and Constitution of UGHEB

- (1) The Central Government shall, by notification, establish a body to be called the Under Graduate Homoeopathy Education Board (UGHEB).
- (2) The Board shall be autonomous in its functioning subject only to the policies and regulations framed by the NCH.
- (3) The Board shall consist of a President and two Members. The President, who shall be first among equals, and the two Members shall be appointed in the manner as prescribed in this Act.
- (4) The Board shall be assisted by such other staff from the NCH Secretariat as may be sanctioned under the Rules.
- (5) There may be Advisory Committee(s), to be constituted by the Commission, to assist the Board in discharging its functions.

20. Powers and Function of UGHEB

- (1) To determine and prescribe standards and oversee all aspects of Homoeopathy medical education at the undergraduate level.
- (2) To develop a competency based dynamic curriculum (including assessment) at the undergraduate level.

- (3) To develop a competency based dynamic curriculum (including assessment) for primary, community and family medicine for providing health care required in such areas.
- (4) To prescribe guidelines for setting up Homoeopathy medical institutions for imparting under-graduate courses in alignment with needs of the country while keeping in mind global norms.
- (5) To determine and prescribe the minimum requirements and standards for conduct of courses and examinations for under graduates in Homoeopathy medical institutions while leaving room for creativity at local levels including the design of some courses by individual institutions.
- (6) To determine and prescribe standards and norms for infrastructure, faculty and quality of education and research in institutions conducting under-graduate Homoeopathy medical education. These standards and norms shall be used as the basis for the assessment of the institutions by MARBH.
- (7) To facilitate development/training for the faculty of undergraduate courses.
- (8) To facilitate and implement research and international student and faculty exchange programs as they relate to under-graduate education.
- (9) To prescribe norms for compulsory annual disclosure, electronically and otherwise, by Homoeopathy medical institutions in all aspects related to their functioning that has a bearing on the interest of various stakeholders such as students, faculty, the Commission and the Government.
- (10) To make recommendations and seek directions from the Government through the Commission.

21. Decisions of the UGHEB

- (1) The Board shall meet at least once a month at such time and place as it may appoint.
- (2) Subject to the Regulations and the Policies framed by the NCH, the decisions of the board shall be by consensus, failing which by a majority of votes of President and Members.
- (3) Any stakeholder who is aggrieved by any decision of the Board can appeal against the said decision within a period of two months to the NCH whose decision shall be final and binding on all concerned.

22. General Functioning of the Board

- (1) The Commission may delegate the administrative and financial powers to President for smooth functioning of the Board.
- (2) The President may further delegate certain delegated powers to any other Member of the Board or staff mentioned in section 19(4) of this Act.

CHAPTER 6

POST GRADUATE HOMOEOPATHY EDUCATION BOARD (PGHEB)

23. Composition and Constitution of PGHEB

- (1) The Central Government shall, by notification, establish a body to be called the Post Graduate Homoeopathy Education Board (PGHEB) to exercise the powers conferred on, and to perform functions assigned to it under this Act.
- (2) The Board shall be autonomous in its functioning subject only to the policies and regulations framed by the NCH.
- (3) The Board shall consist of a President and two Members. The President, who shall be first among equals, and the two Members shall be appointed in the manner as prescribed in this Act.
- (4) The Board shall be assisted by such other staff from the NCH Secretariat as may be sanctioned under the Rules.
- (5) There may be Advisory Committee(s), to be constituted by the Commission, to assist the Board in discharging its functions.

24. Powers and Function of PGHEB

- (1) To determine and prescribe standards and oversee all aspects of Homoeopathy medical education at the postgraduate and super-specialty levels.
- (2) To develop a competency based dynamic curriculum (including assessment) at the post-graduate and super-speciality levels in consultation with stakeholders such that Homoeopathy post graduates have appropriate knowledge, skills, attitude, values and ethics for providing health care, imparting medical education and conducting medical research.

- (3) To prescribe guidelines for setting up Homoeopathy medical institutions for imparting post-graduate/super-specialty courses in alignment with the needs of the country while keeping in mind global norms.
- (4) To determine and prescribe the minimum requirements and standards for conduct of post-graduate and super-specialty courses and examinations in Homoeopathy medical institutions while leaving room for creativity at local levels including the design of some courses by individual institutions.
- (5) To determine and prescribe standards and norms for infrastructure, faculty and quality of education and research in institutions conducting post-graduate and super-speciality homoeopathy education. These standards and norms shall be used as the basis for the assessment of these institutions and courses by MARBH.
- (6) To facilitate development/training for the faculty of post-graduate and super-speciality courses.
- (7) To facilitate research and international student and faculty exchange programs as they relate to post-graduate and super-speciality education.
- (8) To prescribe norms for compulsory annual disclosure, electronically and otherwise, by Homoeopathy medical institutions in all aspects related to their functioning that has a bearing on the interest of various stakeholders such as students, faculty, the Commission and the Government.
- (9) To make recommendations and seek directions from the Government through the Commission.

25. Decisions of the PGHEB

- (1) The Board shall meet at least once a month at such time and place as it may appoint.
- (2) Subject to the Regulations and the Policies framed by the NCH, the decisions of the board shall be by consensus, failing which by a majority of votes of President and Members.
- (3) Any stakeholder who is aggrieved by any decision of the Board can appeal against the said decision within a period of two months to the NCH whose decision shall be final and binding on all concerned.

26. General Functioning of the Board

- (1) The Commission may delegate the administrative and financial powers to President for smooth functioning of the Board.
- (2) The President may further delegate certain delegated powers to any other Member of the Board or staff mentioned in section 23(4) of this Act.

CHAPTER 7

MEDICAL ASSESSMENT AND RATING BOARD FOR HOMOEOPATHY (MARBH)

27. Composition and Constitution of MARBH

- (1) The Central Government shall, by notification, establish a body to be called the Medical Assessment and Rating Board for Homoeopathy (MARBH).
- (2) Subject only to the policies and the regulations framed by the NCH, the Board shall be autonomous in its functioning.
- (3) The Board shall consist of a President and two Members. The President, who shall be first among equals, and the two Members shall be appointed in the manner as prescribed in this Act.
- (4) The Board shall be assisted by such other staff from the NCH Secretariat as may be sanctioned under the Rules.
- (5) There may be Advisory Committee(s), to be constituted by the Commission, to assist the Board in discharging its functions.

28. Powers and Function of MARBH

- (1) To determine the process of Assessment and Rating of Homoeopathy Medical and Educational Institutions as per the standards laid down by the UGHEB or PGHEB, as the case may be.
- (2) To grant permission for establishment of a new medical institution in terms of section 30 of this Act.
- (3) To hire such credible third party agencies or to appoint such visitors and personnel as it may consider necessary to carry out inspections of the Educational Institutions for Homoeopathy in order to discharge its Assessment and Rating Function. It would be obligatory on such institutions to provide access to the inspecting team authorized by MARBH for such purpose.

- (4) To conduct an Assessment and Rating of all Educational Institutions for Homoeopathy, within such period of their start, as may be prescribed, and every year thereafter, and to make it available in the public domain at regular intervals. MARBH may empanel independent ratings agencies for this purpose.
- (5) To levy monetary and other such penalties on Institutions which fail to maintain the minimum essential standards mentioned in sub-section (1) above.
Provided that no penalty shall be levied on any institution for Homoeopathy without giving them a reasonable opportunity to explain the reasons for the failures.
Provided further that in case an educational institution for Homoeopathy fails to take the necessary corrective actions even after three monetary penalties, MARBH shall recommend to the NCH to initiate proceedings for derecognizing the degree/degrees awarded by the Institution as per the procedure prescribed in section 40.
- (6) To make recommendations and seek directions from the Government through the Commission.

29. Decisions of the MARBH

- (1) The Board shall meet at least once a month at such time and place as it may appoint.
- (2) Subject to the Regulations and the Policies framed by the NCH, the decisions of the board shall be by consensus, failing which by a majority of votes of President and Members.
- (3) Any stakeholder who is aggrieved by any decision of the Board can appeal against the said decision within a period of two months to the NCH whose decision shall be final and binding on all concerned.

30. Permission for establishment of a New Medical College for Homoeopathy

- (1) No person shall establish a new medical college within India for Homoeopathy except with the prior permission of the MARBH obtained in accordance with the provisions of this section.

Explanatory Memorandum: For the purpose of this section, “person” includes any University or a trust or any other body but does not include the Central Government.

- (2) Every person shall, for the purpose of obtaining permission under sub-section (1), submit to the MARBH a scheme in the manner as may be prescribed.
- (3) The Board may after considering the scheme shall pass an order within a period of 6 months from the receipt of the scheme, either approving or disapproving the scheme and any such approval shall be permission under sub-section (1).

Provided that the person/ college shall be free to appeal to the Commission in case no decision is received within the 6 months’ period or the scheme is disapproved.

Provided further that the person/college shall be free to make a second appeal to the Government in case no decision is received within one year from the date of his submission or the scheme is disapproved.

- (4) The MARBH or the Commission or the Government, while passing the order under sub-section (3), either approving or disapproving the scheme, shall have due regard to the following factors:
 - a. Adequacy of financial resources;
 - b. Whether adequate academic faculty and necessary facilities to ensure proper functioning of college for Homoeopathy has been provided or would be provided within the time-limit specified in the scheme;
 - c. Whether adequate hospital facilities have been provided or would be provided within the time-limit specified in the scheme.

Provided that the above criteria may be relaxed for those Homoeopathy Medical Colleges which are set up in an un-served area.

31. General Functioning of the Board

- (1) The Commission may delegate the administrative and financial powers to President for smooth functioning of the Board.
- (2) The President may further delegate certain delegated powers to any other Member of the Board or staff mentioned in section 27(4) of this Act.

CHAPTER 8

**BOARD FOR ETHICS AND HOMOEOPATHY MEDICAL REGISTRATION
(BEHMR)**

32. Composition and Constitution of BEHMR

- (1) The Central Government shall, by notification, establish a body to be called the Board for Ethics and Homoeopathy Medical Registration (BEHMR).
- (2) Subject only to the policies and the regulations framed by the NCH, the Board shall be autonomous in its functioning.
- (3) The Board shall consist of a President and two Members. The President who shall be first among equals, and the two Members shall be appointed in the manner as prescribed in this Act.
- (4) The Board shall be assisted by such other staff from the NCH Secretariat as may be sanctioned under the Rules.
- (5) There shall be an Ethics Committee(s) to be constituted by the commission for assisting the Board in discharging its functions.

33. Powers and Function of BEHMR

- (1) Maintaining the Register for Homoeopathy (RH)
 - i. The BEHMR shall maintain a live Register of all licensed homoeopathy practitioners to be known as the Register for Homoeopathy (RH). The register shall contain the name, address, date of birth, Aadhaar ID of and all qualifications recognized by UGHEB and PGHEB possessed by the licensed practitioner.
 - ii. The Register for Homoeopathy shall be maintained in an electronic form as per prescribed rules. RH shall prescribe a standard data format for the maintenance of such records which will be binding on all State Councils so that homogeneity and interoperability of such database can be maintained.
 - iii. The Register for Homoeopathy shall be made available in the public domain. It shall be deemed to be a public document within the meaning of the Indian Evidence Act, 1872 or any amendment thereof.
 - iv. Every State Homoeopathy Medical Council shall maintain and regularly update the State Register for Homoeopathy in an electronic format. It shall supply a physical copy of the same to the BEHMR at the

commencement of this Act. Thereafter, the National and the State Register should be in Electronic synchronization so that a change in one is automatically reflected in the other.

- v. Where the name of any person has been removed from a State Register on a ground other than non-possession of the requisite medical qualifications, he may appeal in the prescribed manner to the BEHMR, whose decision shall be binding on the State Council subject to the provisions of Section 49.
- vi. If any person whose name is entered in the Register for Homoeopathy obtains any title, diploma or other qualification for proficiency in sciences, public health or medicine which is a recognized Homoeopathy medical qualification, he shall, on application made in this behalf in the prescribed manner be entitled to have such information entered against his name in the State and the National Register.

(2) Regulation of Professional Conduct and Promotion of Medical Ethics

- i. To ensure compliance to the Code of Ethics through the State Councils which, in terms of provisions of respective state Acts, shall take disciplinary action in cases of professional misconduct by Homoeopathy medical practitioners.
- ii. For the purposes of this Act, the expression “professional misconduct” shall be deemed to include any act of commission or omission notified in the Third Schedule of this Act and leading to violation of Code of ethical conduct as prescribed. Nothing in this section shall, however, limit or abridge the power conferred or duty cast on the respective Councils under this Act to inquire into the professional conduct of any person whose name is included in the National or State Register for Homoeopathy.
- iii. The original jurisdiction for grievances relating to cases of “professional misconduct” of Homoeopathy medical practitioners shall lie with the State Councils.

Provided that, in States or Union Territories where there is no State/UT Homoeopathy Medical Council, an enactment to create such a Council shall be carried out within 3 years of the notification

of this Act. Provided further that during the transition period, the BEHMR shall also receive complaints and grievances of ethical misconduct against registered medical practitioners, in such States and UT subject to such procedure as may be prescribed.

Provided further that the State Council shall offer the practitioner an opportunity to explain their conduct before imposing any prescribed penalty upon them.

- iv. BEHMR will have an appellate jurisdiction over the orders passed by the State Councils under sub-section (iii) and such an order would be binding upon the State Council subject to the provision of section 49.
- v. To develop mechanisms to have continuous interaction with State Councils to effectively promote and regulate the conduct of the Homoeopathy medical profession.
- vi. To make recommendations and seek directions from the Government through the Commission.

34. Decisions of the BEHMR

- (1) Subject to the Regulations and the Policies framed by the NCH, the decisions of the Board shall be through the President or a Member or a combination of both.

35. General Functioning of the Board

- (1) The Commission may delegate the administrative and financial powers to President for smooth functioning of the Board.
- (2) The President may further delegate certain delegated powers to any other Member of the Board or staff mentioned in section 32(4) of this Act.

36. Rights and duties of persons included in the Register for Homoeopathy

- (1) Qualifying the National Licentiate Examination for Homoeopathy (NLEH) by an Indian citizen with under-graduate degree obtained from any medical institution for Homoeopathy within India shall be sufficient for license to practice and enrolment in the Register for Homoeopathy.

Provided that the persons registered in the Central Register of Homoeopathy under HCC Act 1973 before the commencement of this Act

and prior to the coming into force of the NLEH shall be deemed enrolled in the Register for Homoeopathy.

(2) A person who obtains medical qualification in Homoeopathy granted by any medical institution for Homoeopathy in any country outside India recognized as a medical practitioner of Homoeopathy in that country after such date as may be specified, shall not be entitled to be enrolled in the Register for Homoeopathy unless he qualifies the NLEH and such foreign medical qualification after such person qualifies the NLEH shall be deemed to be recognized Homoeopathy medical qualification for the purposes of this Act for that person.

(3) No person other than the one enrolled in the Register for Homoeopathy:

- a. Shall be allowed to practice Homoeopathy as a qualified medical practitioner;
- b. Shall hold office as physician or any other office (by whatever designation called) meant to be held by a physician in Government or in any institution maintained by a local or other authority;
- c. Shall be entitled to sign or authenticate a medical or fitness certificate or any other certificate required by any law to be signed or authenticated by a duly qualified medical practitioner;
- d. Shall be entitled to give evidence at any inquest or in any court of law as an expert under section 45 of the Indian Evidence Act, 1872 on any matter relating to medicine.

Provided that the Commission may permit a medical professional to practice Homoeopathy without qualifying the NLEH. The Commission shall submit a list of such medical professionals to the Central Government in the manner prescribed.

Provided further that a foreign citizen may be permitted temporary registration in India for a period and in a manner as may be prescribed by the Commission subject to such person being enrolled as a medical practitioner of Homoeopathy in accordance with the law regulating the registration of medical practitioners in that country.

(4) Any person who acts in contravention of any provision of sub-section (3) shall be punished with revocation/suspension from the Register for Homoeopathy or with fine as may be prescribed, or with both.

CHAPTER 9

RECOGNITION OF MEDICAL QUALIFICATIONS FOR HOMOEOPATHY

37. RECOGNITION OF MEDICAL QUALIFICATIONS FOR HOMOEOPATHY GRANTED BY UNIVERSITIES OR INSTITUTIONS IN INDIA

- (1) The medical qualifications for Homoeopathy granted by any University or Medical Institution in India, included in the First Schedule, shall be recognized medical qualifications for the purpose of this Act.
- (2) Any University or Medical Institution in India, which grants an undergraduate or post-graduate or any other medical qualification for Homoeopathy not included in the First Schedule, may apply to the UGHEB or PGHEB, respectively, to have such qualification recognized. The respective Board may, after following the procedure as may be prescribed, by notification in the official Gazette, amend the First Schedule so as to include such qualification. The notification affecting the amendment may also direct that an entry shall be made in the last column of the First Schedule against such medical qualification declaring that it shall be a recognized medical qualification only when granted after a specified date.
- (3) All medical qualifications listed in the Second Schedule of the HCC Act, 1973 shall be incorporated automatically in the First Schedule of this Act.

38. RECOGNITION OF MEDICAL QUALIFICATIONS FOR HOMOEOPATHY GRANTED BY INSTITUTIONS OUTSIDE OF INDIA

- (1) The medical qualifications granted for Homoeopathy by medical institutions outside India included in the Second Schedule shall be recognized medical qualifications for Homoeopathy for the purposes of this Act.
- (2) The Commission may subject to such verification as it deems fit with the authority in any country outside India which by the law of such country is entrusted with the recognition of medical qualifications for Homoeopathy provide for recognition or de-recognition of such qualification by

notification in the official Gazette and amend the Second Schedule so as to include or exclude therein the medical qualification(s) for Homoeopathy. Provided that any qualification shall not be excluded unless the institution(s) concerned has been given a reasonable opportunity of being heard in the matter.

- (3) Where the Commission has refused to recommend a medical qualification for Homoeopathy that has been proposed for recognition by any Authority referred to in sub-section (2), the Authority may apply to the Central Government for such recognition. The Central Government, after considering such application and after obtaining from the Commission a report regarding the reasons for its refusal, may by notification in the Official Gazette amend the Second Schedule so as to include such qualification in it. The provisions of sub-section (2) shall apply to such notification.
- (4) All medical qualifications listed in the Third Schedule of the HCC Act, 1973 shall be incorporated automatically in the Second Schedule of this Act.

39. RECOGNITION OF OTHER MEDICAL QUALIFICATIONS

- (1) The Central Government may by notification in the official gazette include medical qualifications for Homoeopathy granted by any other body in India under this Act which shall be recognized qualification as may be prescribed by the Central Government in this regard.

40. WITHDRAWAL OF RECOGNITION

- (1) Upon a report by the MARBH or otherwise, if it appears to the Commission that the courses of study and examination to be undergone in, or the proficiency required from candidates at any examination held by any University or medical institution for Homoeopathy do not conform to the standards prescribed and that the institution has failed to take necessary corrective action to adhere to minimum standards, the Commission shall make a representation to that effect to the Central Government.
- (2) After considering such representation, the Central Government, after making such further inquiry and consultations with the Government/Authority concerned, as it may think fit, may by notification in

the official Gazette, direct that an entry shall be made in the appropriate Schedule against the said medical qualification for Homoeopathy declaring that it shall be a recognized medical qualification, only when granted before a specified date or that the said qualification if granted to students of a specified college or institution affiliated to any university shall be a recognized qualification only when granted before a specified date, as the case may be.

41.SPECIAL PROVISION IN CERTAIN CASES FOR RECOGNITION OF MEDICAL QUALIFICATIONS FOR HOMOEOPATHY

(1) If the Commission deems it fit, it may by notification in the Official Gazette, direct that medical qualifications for Homoeopathy granted after a specified date by medical institutions in a country outside India shall be recognized qualification for the purposes of this Act.

Provided that medical practice by persons possessing such qualifications shall be permitted only if such persons are enrolled as medical practitioners of Homoeopathy in accordance with the law regulating the registration of medical practitioners for the time being in force in that country; and

Provided further that medical practice by persons possessing such qualifications shall be limited to the period specified in this behalf by general or special order.

CHAPTER 10 MISCELLANEOUS

42. INFORMATION TO BE FURNISHED BY THE COMMISSION AND PUBLICATION THEREOF

(1) The Commission shall furnish such reports, copies of its minutes, abstracts of its accounts, and other information to the Central Government as that Government may require.

(2) The Central Government may publish in such manner as it may think fit, any report, and copy, abstract or other information furnished to it.

43. REPORTING BY UNIVERSITIES AND MEDICAL INSTITUTIONS FOR HOMOEOPATHY

- (1) Every institution under this act shall at all times maintain a website and display all such information as may be required by the Commission or the Board(s).
- (2) The Commission or the Board(s), as the case may be, shall either directly or through other experts, at any time during the existence of the evaluation or assessment, with or without any notice, may assess the performance standards and benchmarks displayed by the institution on its website.

44. COMPLETION OF COURSES OF STUDIES IN MEDICAL INSTITUTIONS FOR HOMOEOPATHY

- (1) Notwithstanding anything contained in this Act, any student of Homoeopathy in a medical institution who, immediately before the commencement of this Act was studying for a degree, diploma or certificate in any such institution shall continue and complete his course for that degree, diploma or certificate, as the case may be, and such institutions shall provide for the instruction and examination for such student in accordance with syllabus and studies as existed before commencement of this Act and shall be deemed to have completed his course of study and awarded degree, diploma, as the case may be, under this Act.
- (2) Notwithstanding anything contained in this Act, the medical institution for Homoeopathy in lapse of its recognition whether by efflux of time or by its voluntary surrender or for any other reason whatsoever shall continue to maintain and provide the minimum standards approved by the Commission till such time that all the candidates are able to complete their study in such institutions.

45. TRANSITORY PROVISIONS

- (1) The National Commission for Homoeopathy is the successor in interest to the Central Council of Homoeopathy including its subsidiaries or owned trusts. All the assets and liabilities of the said Councils shall be deemed to have been transferred to the Commission.
- (2) Notwithstanding the repeal of the Homoeopathy Central Council Act, 1973, the educational standards, requirements and other provisions of the said

Acts and the rules and regulations made thereunder shall continue to be in force and operate till new standards and/or requirements are specified under this Act or the rules and regulations made thereunder:

Provided that anything done or any action taken as regards the educational standards and requirements under the enactments under repeal and the rules and regulations made thereunder shall be deemed to have been done or taken under the corresponding provisions of this Act and shall continue in force accordingly unless and until superseded by anything done or by any action taken under this Act.

- (3) Central Government may take such appropriate measures as may be necessary for smooth transition of the repealed Council to the corresponding new Commission under this Act.

46. PROTECTION OF ACTION TAKEN IN GOOD FAITH

- (1) No suit, prosecution or other legal proceeding shall lie against the Government, the Commission or any Board thereunder or a State Homoeopathy Medical Council or any Committee thereof, or any Officer or servant of the Government or Commission aforesaid for anything which is done or intended to be done in good faith under this Act.

47. POWER TO MAKE REGULATIONS

- (1) The Commission shall approve and publish a draft of proposed regulations, as mentioned in section 14 of this Act and accompanied with such statements as may be prescribed in rules framed under this Act.

- (2) The Commission may give a time for such number of days as may be prescribed in rules framed under this Act and consider all representations made to it within that time.

- (3) To make the regulation-

- a. The Commission must approve the regulation; and
- b. The Commission must publish
 - i. the approved regulations; and
 - ii. all representations received as received under sub-section (2) and a general account of the response of the Commission to the representations.

(4) The Commission may publish general guidance for the purpose of clarifying regulation made by it. The Commission may withdraw or amend any general guidance issued by it at any time for reason to be recorded in writing and published. In the case of a conflict between the text of a regulation made by the Commission and any general guidance pertaining to it, the text of the regulation will prevail.

48. POWER TO MAKE RULES

(1) The Central Government may, by notification in the Official Gazette, make Rules to carry out the purposes of this Act.

(2) In particular, and without prejudice to the foregoing power, such rules may provide for all or any of the following matters:

- i. Manner of nomination of the members of the Advisory Council for Homoeopathy to the NCH under section 6 (6).
- ii. Manner of appointment of Search Committee under section 10.
- iii. Manner of constituting the Boards under section 19, 23, 27, and 32.
- iv. Procedure for removal of Chairperson and Members of the Commission under section 13.
- v. Roles and responsibilities of the Advisory Committees, Ethics Committee(s) constituted under the provisions of this Act.
- vi. Joint sittings referred under Section 16.
- vii. The creation of posts, salary and allowances payable to and other terms and conditions of Chairperson/Members of the Commission, President and Members of the Boards and other staff members of the Commission.
- viii. Any other matter in respect of which provision is to be made by rules.

(3) Every rule made under this Act shall be laid, as soon as may be after it is made, before each House of Parliament for a total period of thirty days, after the expiry of which period the Rule shall be deemed as confirmed. If both Houses agree in making any modification in the rule or both Houses agree that the rule should not be made, the rule shall, thereafter have effect only in such modified form or be of no effect, as the case may be; however, any such modification or annulment shall be without prejudice to the validity of anything previously done under that rule.

49. POWER TO GIVE DIRECTIONS

(1) Without prejudice to the foregoing provisions of this Act, the Commission and the Boards, as the case may be, shall, in the discharge of their functions and duties under this Act, be bound by such directions on questions of policy as the Central Government may give in writing to it from time to time, and the question whether the direction given is one of policy or not shall be decided by the Central Government.

Where the Central Government considers it expedient so to do, it may, by order in writing, direct the Commission to make any regulations or to amend or revoke any regulations already made by it, within such period as the Central Government may specify in this behalf. If the Commission fails or neglects to comply with such order within the specified period, the Central Government may make the regulations or amend or revoke the regulations made by the Commission, as the case may be, in such manner as the Central Government thinks fit.

(2) Notwithstanding any provision under this Act, any person or a body or an organization, aggrieved by an order made by the Commission or BEHMR, as the case may be, may prefer an appeal to the Central Government in such form with in such period as may be prescribed. The procedure for disposing of an appeal shall be such as may be prescribed and the appellant shall be given a reasonable opportunity of being heard. The decision of Central Government shall be final and binding upon all concerned.

CHAPTER 11

GRANTS, AUDIT AND ACCOUNTS

50. Grants

(1) The Central Government may, after due appropriation made by Parliament by law in this behalf, make to the Commission grants of such sums of money as the Central Government may think fit, for being utilized for the purposes of implementing this Act.

(2) There shall be constituted a fund to be called "National Homoeopathy Commission Fund" and there shall be credited thereto:-

- i. All Government grants, fees and charges received by the Commission;

- ii. All sums received by the Commission from such other source as may be decided by it.
- (3) The Fund shall be applied for meeting the following expenses:
- i. The salaries, allowances and other remuneration of the Chairman and Members/ Member Secretary of the Commission, Presidents and Members of the Boards, officers and other employees of the Commission and the Boards;
 - ii. Other expenses of the Commission and the Boards in connection with the discharge of their functions and for the purposes of this Act.

51. Audit and Accounts

- (1) The Commission shall maintain proper accounts and other relevant records and prepare an annual statement of accounts in such form as may be prescribed, in consultation with the Comptroller and Auditor-General of India.
- (2) The accounts of the Commission shall be audited by the Comptroller and Auditor-General of India at such intervals as may be specified by him and any expenditure incurred in connection with such audit shall be payable by the Commission to the Comptroller and Auditor-General of India.
- (3) The Comptroller and Auditor-General of India and any other persons appointed by him in connection with the audit of the accounts and functioning of the Commission shall have the same rights and privileges and authority in connection with such audit as the Comptroller and Auditor-General generally has in connection with the audit of Government accounts and, in particular, shall have the right to demand the production of and complete access to records, books, accounts, connected vouchers, other documents and papers etc., as s/he may deem fit, and to inspect the office of the Commission.
- (4) The accounts of the Commission as certified by the Comptroller and Auditor-General of India or any other person appointed by him in this behalf, together with the audit report thereon, shall be forwarded annually by the Commission to the Central Government which shall cause the same to be laid as soon as may be after it is received, before each House of Parliament.

52. FURNISHING OF RETURNS AND REPORTS TO THE CENTRAL GOVERNMENT

- (1) The Commission shall furnish to the Central Government at such time and in such form as may be prescribed, an annual report giving a summary of their activities during the previous year.
- (2) A copy of the report received by the Central Government under sub-section (1) shall be laid, as soon as may be after it is received, before each House of Parliament.

53. POWER TO REMOVE DIFFICULTIES

- (1) If any difficulties arise in giving effect to the provisions of this Act, the Central Government may, by order, make such provisions or give such directions not inconsistent with the provisions of this Act as may appear to it be necessary or expedient for the removal of difficulty.
Provided that no such power shall be exercised after the expiry of a period of two years from the commencement of this Act.
- (2) Every order made under this section shall be laid, as soon as may be after it is made, before each house of Parliament.

54. REPEAL OF HOMOEOPATHY CENTRAL COUNCIL ACT, 1973

The Homoeopathy Central Council Act, 1973 is hereby repealed.

Annex IV: List of Documents

Details of Reports:-

S.No.	Subject of Report
1.	Report Of The Steering Committee For 12 th Five Year Plan (2012-17) On Ayush Pg 13-19, Health Division, Planning Commission, Government Of India (Ref No. 2(8)/2011- H&FW, Dated 4th May, 2011).
2.	High Level Expert Group on Universal Health Coverage (2012). Report of the High Level Expert Group on Universal Health Coverage, Public Health Foundation of India.
3.	Chapter 20: Health. Volume III: Social Sectors. Twelfth Five Year Plan 2012-17. Planning Commission, Government of India. Pp 41-42.
4.	Department of AYUSH, Ministry of Health & Family Welfare, Government of India. (2012). AYUSH in 2012. Section 4: Medical Education. Available at: http://indianmedicine.nic.in/writereaddata/linkimages/0208546249-Medical%20Education.pdf
5.	Working Group on “Access to Health Systems including AYUSH”; GOI; PC (2006). (ref D.O. No.G-20018/3/2006-P&E, dated July 31, 2006). Working Group Report, 11th plan AYUSH 2006.
6.	Task Force on AYUSH Education. (2006). Report of the Task Force on AYUSH Education. Government of India, Department of AYUSH. Pp 50-55.
7.	Steering Committee For 12th Five Year Plan Report (2012-17) on AYUSH. (2011). Report Of The Steering Committee For 12th Five Year Plan (2012-17) On AYUSH. New Delhi: Health Division , Planning Commission Government Of India. Pp 13-19.
8.	F.No: R-13040/85/2012-HD(TECH) dated 4/6/2012, Office of Secretary, Department of AYUSH

Details of others letters:-

S.No.	Subject of others letters
1.	Narayan R, Mankad D. (1989). Medical Pluralism. Medico Friend’s Circle Bulletin 155-156. Available at: http://www.mfcindia.org/mfcpdfs/MFC155-156.pdf
2.	Narayan VN, et al. (2013). Integrating TCAM (Traditional, Complementary and Alternative Medical)providers for essential health service delivery in India: Policy landscape & implementation, Presentation at Conference on Strengthening Health Systems in India: 2nd

- National Conference of Health Economics Association of India, 29-31st May, 2013, SRM University, Chennai.
3. Keswani NH. (1970) Medical Education in India since Ancient Times. O'Malley CD. (Ed.) The History of Medical Education: An International Symposium held February 5 - 9, 1968, UCLA Forum in Medical Sciences, #12. 1st Edition.
 4. Quaiser N. (2001). Politics, Culture and Colonialism: Unani's Debate with Doctory. Pati B, Harisson M. (Eds.) Health, Medicine and Empire: Perspectives on Colonial India. Hyderabad: Orient Longman. Pp 317-346.
 5. Sujatha V, Abraham L. (2012) Introduction. Sujatha V, Abraham L. (Eds).Medical Pluralism in Contemporary India. Hyderabad: Orient Blackswan.
 6. Sujatha V. (2011). What could 'integrative' medicine mean? Social Science perspectives on contemporary Ayurveda. J Ayurveda Integr Med. 2011 Jul-Sep; 2(3): 115–123.
 7. Chandra S (2012). Chapter 3: Education. Status of Indian Medicine and Folk Healing Part One. Available at: <http://over2shailaja.wordpress.com/category/a-status-report-on-indian-medicine-and-folk-healing-part-i/>
 8. Abraham L. (2013). Reproduction of Indigenous Knowledge in Rural Cultures: Ayurveda Education in Contemporary India. Nambissan GB, Rao S. (Eds). Sociology of Education in India: Disciplinary Perspectives and Contemporary Concerns. Delhi: Oxford University Press.
 9. Letter on Reforms in medical education from Praful Barvalia, Spandan Holistic Mother-and Child Care Hospital
 10. Petition for improving the standards of homeopathy education in Indian from the Forum for Homeopathic Physicians for Excellence in Homeopathic Education
 11. Letter from Dr. Rajan Sankaran, Head, The Other Song - The International Academy of Advanced Homoeopathy
 12. Letter from Dr. Deepak Chaure, Madhya Pradesh, Homeopathic Vikas Sangathan
 13. Letter from Dr. Sunil Naik, Sai Sparsh Education Foundation
 14. Letter from Mr. Sudhir Prasad, Ex Chief Secretary, Government of Jharkhand
 15. Letter from Madhya Bharat Homeopathic Vikas Sangathan
 17. Dr. Darshan Shankar, Vice Chancellor, Transdisciplinary University, Bangalore
 18. Dr. Vishwa Mohan Katoch, NASI-ICMR Chair on Public Health Research, Rajasthan University
 19. Dr. H.R. Nagendra, S-VYASA Yoga University, Bangalore
 20. Dr B.R. Ramakrishna, Principal, Sushrutha Ayurvedic Medical College and Hospital

21. Dr Alok Pareek, President, LMHI
22. Prof. Dr. Arun Jamkar, Ex Vice Chancellor, Maharashtra University of Health Sciences, Nashik
23. Prof. Vd. K. S. Dhiman, M.D. (AY.) PhD, Director General, CCRAS