Bill No. 68 of 2022

THE RURAL MEDICAL EDUCATION BILL, 2022

By

Shrimati Supriya Sule, M.P.

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BILL

to provide quality medical education and equitable distribution of healthcare personnel to all rural areas in the country and for matters connected therewith.

Be it enacted by Parliament in the Seventy-third Year of the Republic of India as follows:–

1. *(1)* This Act may be called Rural Medical Education Act, 2022. Short title, extent and commencement.

(*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.

Definitions.

2. (*1*) In this Act, unless the context otherwise requires;—

(*a*) "appropriate Government" means in the case of a State, the Government of that State and in all other cases, the Central Government;

(*b*) "rural area" means areas other than designated urban areas;

(*c*) "rural candidate" means an individual who resides in a rural area;

(*d*) "medical student" means a student of medicine pursuing recognised MBBS degree in a medical institution recognised by the National Medical Commission constituted under section 3 of the National Medical Commission Act, 2019; 30 of 2019.

(*e*) "medical degree" means the recognised MBBS degree from any Medical institution recognised by the National Medical Commission constituted under section 3 of the National Medical Commission Act, 2019;

(*f*) "medical institution" shall have the same meaning as assigned to it in clause (*h*) of section 2 of the National Medical Commission Act, 2019;

(*g*) "prescribed'' means prescribed by rules made under this Act.

(*2*) Words and expressions used in this Act but not defined shall have the same meaning as assigned to them in this National Medical Council Act, 2019.

Appropriate Government to conduct survey to assess shortage of healthcare professionals in rural areas.

3. (*1*) The appropriate Government shall, within one and a half year from coming into force of this Act, conduct a survey to assess the shortage of healthcare professionals in rural areas of the country.

(*2*) The survey conducted under sub-section (*1*) shall be made available to public in such manner as may be prescribed.

Appropriate Government to calculate and fill medical seats required in rural areas.

4. (*1*) The appropriate Government shall, on the basis of survey conducted under sub-section (*1*) of section 3, calculate the number of medical seats required for rural areas and designate it as rural quota.

(*2*) The appropriate Government shall bear the entire expenditure to be incurred on providing medical degree to every rural candidate under the rural quota including:—

(*a*) tuition fee for MBBS degree along with any other post-graduate or super-speciality in any disciplines of medical sciences;

(*b*) the cost of lodging or boarding during the time period of degree as mentioned under clause (*a*);

(*c*) such amount as monthly allowance for basic necessities as may be prescribed; and

(*d*) travel allowance as may be prescribed.

(*3*) The appropriate Government shall, on the basis of number of medical seats required for rural areas under sub-section (1), take measures to fill such seats as early as possible in such a manner as may be prescribed.

(*4*) The appropriate Government shall ensure that the selection of medical seats under sub-section (*3*) take on a yearly basis.

Method of selection of rural candidates.

5. No rural candidate shall be eligible to be selected for the rural quota medical seats calculated under sub-section (*1*) of section 4 unless—

(*a*) he has obtained qualified marks as per National Eligibility-cum-Entrance Tests administered by the appropriate Government; and

(*b*) declared successful in the selection interview by the Board.

Reservation to Candidates.

6. Notwithstanding anything in this Act, the appropriate Government shall provide reservation in Medical institutions to rural candidates belonging to Scheduled Castes, Scheduled Tribes and the Other Backward Classes in such manner as may be prescribed.

Rules for selected Candidates.

7. Every candidate selected under rural quota under section 4 shall comply with such set of rules and conditions, as may be prescribed, including,—

(*a*) the completion of the medical degree with satisfactory results;

(*b*) signing of an employment contract or bond for obligatory service with the appropriate Government in rural areas.

Employment Contract, bond for medical students for Obligatory rural service.

8. Every candidate selected under rural quota shall sign an employment contract or bond with the appropriate Government on the terms that:—

(*a*) on completion of his medical degree he shall serve in the district to which he belongs for a minimum period of six years;

(*b*) if he fails to comply with the term as mentioned under clause (*a*) or the rules framed under section 7, he shall be liable for cancellation of licence to practice and also shall be liable to fine equivalent to the entire expenditure incurred on his medical education.

Constitution of National Board for Rural Medical Education.

9. (*1*) The Central Government, shall, by notification in the Official Gazette, constitute a Board to be known as the National Board for Rural Medical Education for carrying out the purpose of this Act.

(*2*) The National Board shall consist of:—

(*a*) a representative each from the Union Ministry of Finance; Health and Family Welfare and Rural Development;

(*b*) one member representing Scheduled Castes;

(*c*) one member representing Scheduled Tribes;

(*d*) one member representing Other Backward Classes;

(*e*) three eminent female members from the medical field; and

(*f*) a transgender member from the medical field,

to be appointed by the Central Government in such manner as may be prescribed.

Functions of the Board.

10. The Board shall oversee the implementation of the provisions of this Act, including:—

(*a*) selection of candidates under rural quota;

(*b*) setting rules for candidates for selection under rural quota;

(*c*) setting the limit on the amount of miscellaneous expenditure on candidates;

(*d*) the compliance of rules by candidates under the rural quota;

(*e*) taking appropriate action against defaulting candidates selected under rural quota; and

(*f*) any other functions as it deem necessary for carrying out the performance of this Act.

Central Government to provide funds.

11. The Central Government shall, after due appropriation made by Parliament by law in this behalf, provide requisite funds for carrying out the purposes of this Act.

Act to have overriding effect.

12. The provisions of this Act and of any rules and orders made thereunder shall have effect notwithstanding anything inconsistent therewith contained in any other law for the time being in force.

Power to make rules.

13. *(1)*The appropriate Government may, by notification in the Official Gazette, make rules for carrying out the purposes of this Act.

*(2)*Every rule made under this Act by the Central Government shall be laid, as soon as may be after it is made, before each House of Parliament, while it is in session, for a total period of thirty days, which may be comprised in one session or in two or more successive sessions, and if, before the expiry of the session immediately following the session or the successive sessions aforesaid, Parliament agrees in making any modification in the rule or Parliament agrees 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; so, however, that any such modifications or annulment shall be without prejudice to the validity of anything previously done under that rule.

(*3*) Every rule made by the State Government under this Act shall be laid, as soon as may be after it is made, before the State Legislature.

STATEMENT OF OBJECTS AND REASONS

Countries all around the world struggle with shortages in Human Resources for healthcare in rural areas. India too is one of them. The sixty five per cent. of our population living in rural areas had to flounder for adequate healthcare. To put it into perspective, the World Health Organization recommends a 1:1000 doctor-patient ratio in order to provide both preventive and curative care. In many rural areas our doctor-patient ratio is as low as 1:25000.

This is not owing to shortage of healthcare professionals, as India is well on par to meet the World Health Organisation's recommended healthcare personnel requirements as a country. The issue lies in the distribution of healthcare personnel, with a bulk of doctors preferring to practice in major metropolitan cities, consequently leading to two things: an over-saturation of doctors in cities, and an insidiously low number of doctors in rural areas.

Owing to the high prevalence of privately owned healthcare institutions, and a lack of healthcare personnel in Community Healthcare Centres (CHC) Primary Health Centres and Government Hospitals, preventive care and awareness is almost certainly out of the question for many people in rural areas. In fact, there is an approximate shortfall of 78.9 per cent of surgeons, 69.7 per cent of obstetricians and gynaecologists, 78.2 per cent of physicians and 78.2 per cent of pediatricians in our rural CHCs according to the 2021 Rural Health Statistics report released by the Union Ministry of Health and Family Welfare. This in turn leads to catastrophic out of pocket expenditure on health at the tertiary stages of many diseases. The National Health Policy, 2017 stresses on the need for preventive care, but this is simply inaccessible for most given the current doctor-population ratio in rural areas.

While certain States have implemented progressive laws requiring a certain time period of mandatory rural service to be completed by MBBS graduates from Government institutions, there is a need for a more sustainable, long term and community oriented solution.

Hence, the need is to provide medical seats free of cost to needy candidates from rural districts in India, on the condition that they will practice and provide care to people in their home district for a minimum duration of time failing which there will be strict penalties imposed. This is owing to the extremely high tuition fees of medical courses, which often dissuade many needy rural candidates from pursuing medicine.

The present Bill not only seeks to solve the shortage of healthcare personnel in medical areas, but also extends to facilitate the inclusion of needy, marginalised communities into our health workforce. With this comes the added benefit of receiving healthcare from doctors from ones own community and area, who are more likely to understand its intricacies and context.

Hence this Bill.

NEW DELHI;
17 *January*, 2022.

SUPRIYA SULE

FINANCIAL MEMORANDUM

Clause 3 of the Bill provides for the appropriate Government to conduct surveys to assess the shortage of healthcare professionals in rural areas of the country. Clause 4 of the Bill provides for the appropriate Government to bear the entire expenditure to be incurred on providing medical degree to the eligible candidates. Clause 9 provides for Constitution of National Board for Rural Medical Education. Clause 11 provides that the Central Government shall provide requisite funds for carrying out the purposes of the Bill. At this stage, it is not possible to estimate the amount to be incurred. However, the Bill, therefore, if enacted, will involve expenditure from the Consolidated Fund of India. It is estimated that an annual recurring expenditure of about rupees one thousand crore would be involved.

A non-recurring expenditure of about rupees fifteen hundred crore is likely to be involved.

MEMORANDUM REGARDING DELEGATED LEGISLATION

Clause 13 of the Bill empowers the appropriate Government to make rules for carrying out the purposes of this Bill. As the rules will relate to matters of detail only, the delegation of legislative power, therefore, is of a normal character.

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