

## Nepal Medical Council: The past and the future

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### Abstract

The Nepal Medical Council (NMC) has been technically in operation for forty six years though in reality it is much less. The initial years were spent in establishing it. It is only in the last fifteen years or so that there has been much interest in its functioning. The objective of the NMC is to protect the public and also to oversee the medical education being conducted within the country. A brief account of the NMC from its date of establishment till the present is given here.

**Key words:** NMC, NMA, Medical Education, Medical Colleges.

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As far as Nepal is concerned the early legal references to health matters may be said to be the codification of the Nepalese laws into what became known as the Muluki Ain, the first promulgation of which was on 5th January, 1854 AD. It has been suggested that further developments were brought about as a result of the observations of Jung Bahadur of both the English legal system and the French Code Napoleon during the course of his *Belait Yatra* (Journey to England) in 1856. The latest eleventh amendment of the Muluki Ain deals with matters pertaining to abortion<sup>1</sup>.

It was at the time of the First All Nepal Medical Conference (ANEMECON -1) in 1963 that the Nepal Medical Association (NMA) requested by way of a resolution to HMG/N that a Nepal Medical Council Act and a Drug Control Act be passed. The Nepal Medical Council Act was ultimately passed in February, 1964. A notification, which appeared in the Nepal Gazette of Bhadra 28th, 2022 BS stated:

“Under the powers delegated by Sub clause (3) of Clause (1) of the Nepal Medical Council Act, 2020 BS, His Majesty’s Government has enforced the following Clauses 2,3,4,5,6,7,8, 10,11,12, 31,32 and 33.”

The NMC executive consisted initially of nine members viz. four elected by the NMA, and three nominated by the government. The President of NMA was ex-officio member and the Director of Health Services was the first Chairman. There is some conjecture that initially Mr. BK Thakur, then Under Secretary at MoH, acted to facilitate the process of registration. The same notification went on to state that Mr. Bimal Raj Basnyat, then a section officer in the Health Services was the Registrar of the Council. It was however only on Kartik 9<sup>th</sup>, 2022 that the members were nominated. Whilst not all practising

doctors in Nepal were necessarily members of NMA, the provision in the NMC Act was that out of 9 members, the President of NMA was an ex-officio member and the four others were to be elected every four years at the time of an All Nepal Medical Conference. In Magh 2022 BS Mr. Narayan Kharel, Section Officer in MoH became the Registrar.

After I started work at Bir Hospital in mid-Nov. 1965 I was told that I would have to be registered. As the Nepal Medical Council had no office as such, the work was conducted by a person in the Health Ministry. In 2026 BS, Dr. Hiranya Dev Pradhan was recommended by NMA to the MoH to be made Registrar of NMC (ii). It was to him that I applied paying, I think, Rs. 15/- for registration which I received in early 1966. This was for life and my registration number was 122. Dr. HD Pradhan continued in this post till 2039. However whilst working at Bir Hospital I still had to have my signature registered with the Chandra Sales Dispensary so that my prescription for restricted drugs such as Morphine and Pethidine could be served. The fee for this I think was Rs. 1/- !

It however seems that though the Act was passed, it was not really properly implemented for a resolution was passed at the ANEMECON-5 in February 1971 (8-11<sup>th</sup> Falgun, 2027 BS) stating that “HMG should enforce the Nepal Medical Council Act with a view to encourage ethical practice throughout the country”.

The records of NMC, which were then at Singha Durbar were all destroyed by the Great fire of July 1973 (2030 BS). Thus though the Director of Health Services was the first Chairman, further appointments were not made till July 1982 (2039 BS). It was Dr. LN Prasad who was the first nominated President of NMC who motivated

me to be a member and the first four elected members sent by NMA were (i) Dr. Ashokananda Mishra (ii) Dr. Yantramani Pradhan (iii) Dr. Tej Singh Malla (iv) Dr. Hemang Dixit. An executive members list was published in the Nepal Gazette of 19/9/2039. List of recognised medical qualifications and licensing bodies were also made official.

Dr. Jisnu Prasad Rijal has the distinction of being the first medical practitioner. There was a similar list for dental surgeons and so a situation later arose that both medical and dental surgeons had the same number. This came to light after the fire at Singha Durbar had destroyed the records of the NMC that were lodged there. As the records were lost in the fire, further registrations were started from number 501 and an appeal was made in the papers for doctors to come forward and inform of their registration numbers. Subsequently, as it appeared that there was nothing above 300, newly qualified doctors were issued registration numbers from 301 to 500. Some dental surgeons were given new numbers too. As per the Act, the NMC body should be bringing out the Medical Register regularly. The occasions on which such lists of registered persons was brought out by the NMC was in 1993, 1996, 2002 and recently in 2009. This most recent one had at the end of Chaitra 2065 or mid April 2009 total registrations of 8443 of which 7654 were doctors and 789 dental surgeons. In these days of computerisation there should at least be provision to know the breakdown gender wise in both categories. Another drawback of this document is that we do not know how many doctors are within the country, how many no longer Nepali nationals, how many in retirement and not practising. Councils in other countries have a system by which doctors can be temporarily or permanently removed from the register in the event of him / her having committed a criminal offence or not being “Fit to practice”. Provision has been made in the NMC Act to consider such options too if applicable in our context. The first person to have been struck off the Register was a certain Gauri Kant Mishra who had fraudulently registered himself. Though the process was long his name was finally removed from the Register in Mangsir 2043<sup>2</sup>. The second was a Mr. Rathore Shri Rana Surya Sastri who claiming to be a surgeon had operated on a case that subsequently died. Dr. Bhoj Raj Joshi the President of the Council was then replaced by Prof. Purna C Karmacharya.

### **Establishment and Functioning**

Dr. AK Sharma followed Dr. LN Prasad as President from the beginning of 2042 BS (1985). With the introduction of a new register, dental surgeons were also included into the main register without having the designation 'D' with their names.

It was in ANEMECON–13 when Dr Yanta Mani Pradhan became President of NMA that the election during the conference elected doctors were: (i) Dr. Bharat K Pradhan (ii) Dr. MR Baral (iii) Dr Ashokananda Mishra and (iv) Dr. Hemang Dixit as NMA representatives to NMC<sup>3</sup>.

The first amendment to the Act was in 2044 BS was passed by the *Rashtriya Panchayat* when the composition was enlarged to, 17 members with Dean of the IOM being ex-officio member. Former Chief Justice Bishwanath Upadhaya, helped in this. The NMC Rules were also passed. The representation of the NMA was reduced to just two out of this total. The reason for this was that, as the main task of the NMC was to “protect the public”; it was not justified that the Nepal Medical Association should be in a majority in the Council. Each NMA President continued as ex-officio member for two years whilst the other representative was elected by the members at time conference so that s/he had a term of four years. Dean of IoM, a producer of health manpower, was inducted into the executive of the Council. When the detailed amendment proposal was tabled in the *Rastriya Panchayat*, three crucial clauses which dealt with the powers of the Council had been removed!

Dr. SK Bhattacharya became President from mid 2045 BS and election for an expanded Council was held the same year. Following this the NMC now had more elected members than nominated ones. Dr. Badri Prasad Shrestha, the economist was nominated in Chaitra 2045 BS as a lay member to look after the interest of the public. Subsequent nominations to NMC in this field have been Mr. Bishwa Keshar Maskay, Prof. Trailokya Nath Upraity, Mr. Kedar Khadka and Prof. Madhav K Sharma, the current VC of Tribhuvan University. In the developed countries it is customary to have a substantial proportion of the executive of the Medical Council to consist of lay persons and doctors in medical education imparting fields. The nomination of a lay person has not been made in the last two years.

A second amendment to the Act was in 2047 BS. The NMC then passed a **Code of Ethics** which all doctors who register are required to sign and then subsequently keep as guidance for behaviour in their future practices. This original version of the Code of Ethics was brought out in 1992; an updated edition in 2001 and a revised edition in 2002.

A third amendment to the Act was necessitated in view of the increased number of medical schools and also because of proposals to increase of postgraduate education within the country. Guidelines regarding the

establishment of medical and dental colleges and post graduate studies were issued too. These were:

- i. Minimum Standard Requirements for Starting Medical Colleges of capacities of 50, 100 and 150 in 2002.
- ii. Regulations for PG Education in 2002, 2003 and 2006.
- iii. Post Graduate Dental Education in 2004.

NMC office was at Siddhi Sadan from 2039 -2055 BS. There was talk of shifting to MoH premises in Ram Shah Path but it was to one of the bungalows of the shoe factory at Bansbari.

What was a normal feature in those days was a lack of interest in NMC activities. During the two times that I had filled up my form for Vice-President there were occasions when nominations for members were short. I can remember two occasions when doctors who happened to be in the compound of the NMA office at Siddhi Sadan were coerced into filling up forms to be members. Every one was elected unanimously. At that time NMC was paying rent to NMA to use the building to keep its office in one of the rooms and to hold the meetings. As the rent of Rs. 1000/- was substantial for NMC we requested MoH for an alternative.

In an effort to discourage inappropriate advertising the NMC requested all practitioners to have a signboard of just 18 inches by 14 inches with blue letter on a white background along with the registration number clearly printed on this board. This was necessitated as there are others besides allopathic doctors doing practice in Nepal. This notice first put out in Baisakh 2044 BS and subsequently in Asadh 2052.

After *Jana Andolan I* the NMC Executive body was asked by the government if there were any part of the NMC Act that we wanted repealed. We wrote stating that in the original Act, it had been stated that if “the Government did not nominate a President then the members were to elect one themselves.” We stated that this original clause of 2020 BS ought to be reinstated. This was in fact ignored. Another suggestion was that each of the medical schools or the affiliating University conducting medical studies should be an ex-officio member. The government in its wisdom decided that it would be better to do so in turns and consequently IoM was replaced by BPKIHS. Subsequent representation was by KU but its term was cut short as it was opined that the appointment was not valid as these nominations had been done when the king had taken over the reins of power. In the next round of changes KU was replaced by NAMS and some of the other nominated members also changed.

It was at the time of the Nepali Congress government that Manipal College of Medical Sciences and DY Patil Medical College were given permission to start Medical Colleges. There was move to make them autonomous institutions and to keep them under the MoH. Later it was decided to have them under TU. There was delay in giving permission for the Faculty Board of IoM approved MCOMS with a reduced intake but not the DY Patil group for they had intended starting medical, dental and engineering colleges at Chisapani / Kohalpur all at the same time. The option was given to them to start just medical and dental but this they were not ready to do. It was at this time that concerned members of NMC worked to make NMC approved curriculum of both MBBS.

In 1993 the ‘Recommendations on Undergraduate Medical Education’ for 100 students and ‘Basic Principles of course for BDS’ were brought out. The course regulations for BDS followed subsequently in 1997.

Kathmandu University (KU) thence gave recognition to the MCOMS at Pokhara and the College proposed to be started by DY Patil at Kohalpur in 1994 and to three other institution three years later. Thus though KU had thus affiliated a total of five medical colleges it had neither medical faculty nor college of its own. This led to much discussion and comments and subsequently KU started its own School of Medical Sciences in 2001. Trivubhan University (TU) on the other hand granted affiliation to People’s Dental College in 1997 and it was only in? 1999 that it gave its first affiliation to medical college to the institution at Bhairahawa.

The NMA managed to get the government to agree in Mangsir 2051 to the combined demand of NMC and NMA that all medical colleges should be approved by both NMC and University prior to starting. Dr. Bhoj Raj Joshi was then President of NMA and ex-officio member of NMC. Dr Joshi, who later went on to become Registrar and President of NMC was successful in making the government to agree to this. (This was later changed so that only after an university had agreed to give affiliation, and then only the NMC went on to inspect the institution). Mr. Modnath Prasit was Education Minister at that time and Mr. Devi P Ojha, his advisor at the Education Ministry. It was at this time that proposal was also sent and a Higher Technical Education Evaluation and Technical Committee was formed under the aegis of the National Planning Commission in Poush 2051.

The effectiveness of the Act and its composition was tested around this time when an attempt was made to summarily replace Dr. M.R. Baral as President of the

NMC. He was given a letter to this effect on 20th Nov. 1993 and Dr. DS Malla was to succeed him. The NMC executive did not accept her as President. Dr. Baral then obtained a Stay Order from the High Court and subsequently filed a lawsuit against the then Health Minister and the Health Ministry. He won his lawsuit on 2nd May, 1995 and was reinstated as President of the NMC. These were critical times for a number of new private colleges such as that of DY Patil and Manipal were asking for permission to establish colleges here.

Around 1998/99 the Government of India wanted to institute a period of 'Temporary Registration' which make young doctors go to far – flung places for a period of two years prior to getting Permanent Registration. The MoH in Nepal picked up this idea and though the same could never be implemented in India, the change has been so enacted and became law in Nepal.

Because of the fact that there were other health professionals besides doctors who were practising the healing arts, there was a necessity to make the distinction between medical doctors and others. The NMC during Dr. Baral's tenure as President tried to institute writing 'Dr. Med.' in front of the doctors' name, as is done in Germany but without much success.

NMC office shifted to Bansbari on 1<sup>st</sup> Baisakh 2056 (1999) in one of the houses in the compound at Bansbari. The government sanctioned about 2 ropanis of land for the Medical, Nursing and any other professional council to be set up. A single building which previously had been a staff quarter of the Bansbari Leather and Shoe Factory was allotted to NMC and we moved into it. The premises were so small that NMC occupied another such quarter to hold its meetings.

Dr. Baburam Marasini who was General Secretary of NMA from 2048-2051 BS and Registrar of the NMC in 2056 (1999) has this to say:

“This was a crucial period in the history of medical education in Nepal. HMG issued several letters of intent to different private groups to establish medical colleges in Nepal. In the process of establishment of medical colleges, the main issue and concern of Nepal Medical Council was the quality of education. Serious protests led the MoE and the MoH to ask for written commitment that the NMC guidelines and its standards should be followed by medical colleges from the early stages. Both NMC and the NMA became members of the high powered technical committee of the MoE and later the National Planning Commission<sup>3</sup>.”

This was really a crucial time in the sense that we were conducting inspection, as per the existing rules but nevertheless in a pattern that was as per Medical

Council of India norms and was prevalent in India. The rules and the functioning were basically a relic that had been introduced by the British in Colonial times. Whilst the British themselves had changed to new thoughts and modern trends of teaching we continued to base our inspections on what was happening in India. A request had even been made to provide an Inspector, who would be the main authority for conducting Inspections as in India. Around this time the WHO tried to introduce into Nepal and the SAARC region a system of Accreditation as is in practice in USA and many other parts of the world. This in itself is a more rational and realistic method which assesses whether what should have been taught to the students has been taught. It is not concerned with the number of faculty heads and the numbers of outdated equipment.

Dr. BR Joshi followed Dr. MR Baral as President of NMC and a third amendment of the Act done in 2056 BS during his tenure increased the membership to a maximum of twenty-five. This was broken down as follows:

- a. By HMG nomination -11
- b. By election – 10 ( Check)
- c. Ex-officio – 4 (i.e. Presidents of NMA & NDA, Representative of University and one lay member of the public.

However the full quota of nominations was not used.

It so came about that the Health Services Act had to be amended by an Ordinance. It could not be a single act affair and so as a matter of convenience it was to “Amendment to some Health Acts 2058 BS” that some changes were also made in the NMC Act.

- Temporary registration period made to be of two years and students who had been selected for scholarship to serve in outside in the rural areas for this period.

By this amendment the allocations of the 19 members of NMC in the executive was rearranged as follows:

President:	Nominated by Nepal Government.
Vice President:	Elected by NMC once every four years by the registered members
Members:	Eight elected once every four years by the registered members.
Nominated members:	Three medical specialist & two dental specialists. Representative of University – currently of NAMS.

Ex-Officio Members: Representative of Public - currently vacant.  
President of Nepal Medical Association.  
President of Nepal Dental Association.

Provision was made so that the government nominated candidates could be changed, after a 'show cause notice' prior to completion of the four year term.

The prerequisites for nominations/election:

- i. Chairman - 15 years registration
  - ii. Vice-Chairman - 12 years registration
  - iii. Member - 5 years registration
- Prior concurrence of NMC necessary before starting medical college.
  - NMC given authority to institute/conduct licensing examination.

Dr. Purna C. Karmacharya took over from Dr. Bhoj Raj Joshi. Subsequently our 'full house' meetings were held at the meeting hall of the BP Koirala Lions Ophthalmic Eye Centre or the Medical Education Department in the compound of IoM at Maharajgunj. The reason for this was that a new building of the medical council was being constructed at Bansbari. It must be stated that much initiative and efforts were made by the then President Prof PC Karmacharya and Prof. Mahesh Khakurel who was then Vice President and also Chairman of the Building Committee.

Later following the nomination of Dr. Som Nath Aryal, as the new council building at Bansbari was not yet functional, Dr. Bhagwan Koirala was a nominated member and then director of the Saheed Ganga Lal Heart Centre allowed NMC to use the meeting hall there to hold its full house meetings. Final and total shift to the newly completed building took place in 2062 BS.

At the present moment both medical and dental personnel have to be registered under the Nepal Medical Council Act. There was an effort to make this Act into a "Medical & Dental Council Act". This apparently cannot be done and so the possibility of a setting up separate Dental Council has been talked about many times during the last decade. A new Act regarding this was about to be enacted at the time of *Jana Andolan II* but is now at a standstill.

## **Function of a Medical / Dental Council.**

### **a. Protection of the public**

The prime function of a council is to look after the interests of the public and to see that they are treated

properly by the practitioner. In fact in the case of Nepal, all practitioners be they paramedicals, ayurvedic or even nursing manpower should have to conform to this prime requirement. They should be all registered with their respective Councils.

### **b. Standard of Medical Education.**

This can be divided into the problems of the:

- i. First four and half years
- ii. Internship
- iii. Specialisation

i. The problems of the first range mainly on the shortage of teachers for the basic sciences. What has to realised too is that our medical education is Community Oriented, System based with varying degrees of Problem Based Learning. It is based on the integrated teaching. The lack of faculties in the basic sciences is acute and to attract young doctors to take up these specialities it is essential to provide plenty of incentives.

ii. The NMC has been drawing up guidelines for the Internship. The National Guidelines for Internship Training was first brought out 2005. It was fully reviewed and a new edition was brought out in 2007. NMC also makes periodic visits to hospitals to assess suitability for internship. Following inspection of facilities and staff the number of slots and places for internship is decided upon.

It is the duty of all medical schools / colleges within or outside of the country that the students whom they train should be taught the skills of practice by doing internship. Generally as the students are qualified provisionally registered doctors they should be paid some amount for looking after the patients with in the hospital. What is happening is that some institutions taking students for training as doctors even charge them for this period. Rather than pay this amount many students who have gone to say China for medical studies opt to come back to Nepal to do this training. The practice has come to the vogue especially with the private medical colleges that have recently been set up in various places there. This is not correct.

iii. The training of specialists in some medical institutions has to be scrutinised. Some countries e.g. Bangladesh and China allow super-specialisation after MBBS. Other countries e.g. Japan takes Nepali doctors specifically for research and then sends them back with PhD. On return to Nepal they claim expertise in clinical areas and so they to should be made to sit for assessment in clinical areas. In China in both the medical and dental fields need also to be urgently looked at by the NMC and it's specially constituted committees.

The students are given theory lectures and told to go to the home country for practical training. If a properly drawn up MoU exists between the two institutions and the NMC and the concerned authorities in that country approves of it there should be no problem as such. The core point in this is that the person so trained should be able to practice in the country where s/he received the post graduate degree. After all the Fellowships and Memberships of the Royal Colleges of England or UK and the College of Physicians & Surgeons of Pakistan have inspected the facilities existing here in Nepal and recognised the facilities so that candidates can sit for the final examination. As far as the National Diplomat Board of India it too had recognised some of the hospitals in Nepal for work experience so Nepalis working in these places could sit for the examinations of the National Board.

The post graduate committee of the NMC, which has stipulated and put into effect many regulations regarding the standards to be fulfilled prior to granting permission for PG studies in Nepal, should strive for consistency in its decisions. There is provision in the Act for re-registration of specialists after a number of years but this clause has not yet been implemented. The Council too has not up to now brought out a register of specialists which it is by law obliged to do.

The NMC thus has to see that the medical schools and colleges in the country are up to the standard required and the usual way that this is done was by means of an inspection. This was what had been provided in the Rules of the General Medical Council of the UK. As the medical courses are those of Universities there is supervision from that side also. It must be noted that there are also the Royal Colleges who conduct examinations/courses for various Diplomas with which doctors can practice in the UK.

#### **Professional practice concerns**

It was in 2050 BS there was talk of specialist registration but this came into practice only after the enactment of the 2<sup>nd</sup> Amendment of the Rules in 2055 BS. This Specialist Registration is in full swing now.

With the advent of the many private medical and dental colleges within the country a substantial number of expatriate doctors have started practising in various nursing homes in different parts of Nepal. Provided that they are properly registered with the Council there should be no problem with that as they are providing services to the people. The point of conflict is the private practice and so regulation is necessary. This problem has been existing for many years. In fact in 1994 (2050 BS) the Council distributed free the Medical Register that it had brought out. It is easier these days however

to do so for one can check on the NMC Website: [nmc@do.org.np](mailto:nmc@do.org.np). Of course one has to be computer savvy.

#### **Foreigners coming and practising in Nepal**

Some of the stated aims / objectives of candidates vying to be elected as one of eight in a field of thirty nine in the NMC elections of August 2009 were as follows:

1. To vote for change by bringing new faces of younger generation with wide vision and to ensure that there is an environment of trust between the Council executive and registered members. Make the Council into an independent, strong and effective body.
2. President to be elected or failing that to be selected from among the elected members. To increase the number of elected members. To ensure female participation.
3. To bring about fairness and transparency in NMC affairs especially in dealings with medical colleges.
4. To bring about a standard and socially just medical services in the country. Not to encourage malpractice. Turn the profession into a trusted and respected community. Strive for better relationship between government, non-government and private health services.
5. To constitute inspection by specialists and non-executive members of NMC with independent status.
6. To bring about a fairer and improved Medical Education of International standard set up in the country by electing competent doctors to NMC.
7. To increase the number of PG seats – both basic sciences and clinical in the country and to ensure that the education imparted is of high standard and as per present day needs. Start super-speciality education within the country too.
8. To bring about an effective method for Council registration and to do away with the temporary registration.
9. To rectify the situation and enforce the Code of Ethics so as to ensure ethical values in the profession.
10. Not to allow the Council to become a centre for politicking.
11. To make medical entrance examination qualitative and ethical. Bring restriction in the number of students going out of the country to study medicine.
12. To develop relations with other Medical Councils.

The post script of this election is that three of the 39 candidates tried to use unfair means by having bogus voters. The Council too must issue identity cards like that of the NMA. These must be limited to a time period say ten years after which it must be renewed. The general tendency for us Nepalis is never to inform the Council

of change in addresses and as a result many who have taken up permanent residence abroad are still listed as though they are still in Nepal. Consequently the Council which should be able to tell us how many doctors and dental surgeons are practising in this country is never able to do so. Two sections which need to be put in are 'Out of Country' and 'Not in Active Practice'.

The General Medical Council makes it a point to send a letter to about; I think 33% of its registered members every year. Those who do not reply to this query can be struck off the register. Here is a similar clause in the NMC Act but it has never been implemented by the Executive Committee of the NMC. Serious thought has to be given to put this provision in the Act into force.

### Problems Existing

With each change in government groups of people who are interested in starting medical colleges become active and start lobbying. Why many are attracted to this may be because of the massive requirements of the manpower or human resources for health all over the world. Whether this is just a temporary phase or one which will permanent remains to be seen. Currently the great demand seems to be in nurses and schools or training centres are mushrooming all over the country. Whilst many of the nurses going to Australia, UK or the USA are going as caregivers they are getting a job with a pay which is much, much higher than what many will ever get in this country. This demand will be permanent too as people in all developed countries are living longer and will require attendants to look after them. As far as nurses for the hospitals, this demand will be almost permanent. Requirement in USA, UK and Australia our prime destinations will always exist as there is always a shortage of their individual nationals to take up this job. I read some time ago that Arnold Schwarzenegger's state of California wanted to change the ratio of nurses to patients from 1 is to 6 to five<sup>4</sup>. Because of the shortage they will have to wait till 2011. To meet such manpower requirements for training nurses we require more hospitals and so these are coming up rapidly. The minds of the entrepreneurs in this field also thinks in terms of a profitable enterprise and so he asks himself, "Why not a medical school too?" As more facilities are available if it is a "Research Centre" too, this is added to the title. In view of the ever increasing numbers of young students with 10+2, the field is wide open. Nepal is also getting a number of private hospitals or nursing homes and it is the responsibility of the government to ensure that they are run properly. Personnel employed there should be all registered with the respective Council existing in the country. People's lives should not be at stake. The Society of Surgeons of Nepal had developed an 'Informed Consent' form which the NMC is aware of and which should be brought into use. It is in the interest of both the surgeons and the physicians to do so.

As far as doctors are concerned the instances that they are assaulted is on the rise. There is dissatisfaction with the services provided be it in the public or private sector. It is time for doctors to spend more time in informing their clients about the diseases for which they are being treated, the side effects of the drugs being taken and answers to their many queries. This is what has to be followed by doctors of the developed world. We in Nepal must also make a note of all this.

In view of the fact that we are going for a Federal set up in Naya Nepal and are getting a new constitution it is only right that major changes will have to be done in the representation and composition of the NMC Executive. It has obviously to be enlarged. The points to be considered in this connection are:

- a. There must be regional representation.
- b. One representative from each University having medical and or dental degree or post graduate course as ex-officio members. The present position of having just one seat and taking it in turns like 'musical chairs' is not justified.
- c. Presidents of Medical and Dental Associations must continue as ex-officio members.
- d. Representation from Dental, Basic Sciences or Clinical Sciences should be there and must be by election at the regular times rather than by nominations as currently happens. Currently nominations tend to change with change of government as there is provision to recall those nominated.
- e. There has to be increased representation of lay members as having just one is just 'window dressing'.
- f. There should be a National body to conduct Post Graduate examinations so that there will be a uniform standard of those who have been trained for specialization within the country. Those who have had their training outside of Nepal will also have sit for this examination before they are put on the Specialist Register of the NMC.
- g. Provision must be made for the President, like the Vice-president to be elected and not be placed there by a process of nomination.

### Conclusion

Barring a few months when elections had been postponed, I have been a member of the NMC since 1982 to 26<sup>th</sup> August 2009 – a period of twenty-seven years. I was Vice-President for eight of those years. There was a lot of preliminary work that was done during this time in the process of making NMC into an effective body. Its offices have shifted from the rooms of the MoH to Siddhi Sadan, to its present site at Bansbari. Initially there was much more interest in

Nepal Medical Association and the elections held for the executive posts there. Now it is the other way round, especially since the establishment of the Medical and Dental Colleges in Nepal.

A short account of events has been noted down to give an idea of the functioning of NMC till the present date. In the case of dates both Bikram Sambat and the Gregorian calendar have been used.

#### **Acknowledgement**

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