

Feedback on the draft National Nursing and Midwifery Commission (NNMC) Bill, 2020

Submitted by: Health Systems Transformation Platform*, New Delhi

The initiative to replace the Indian Nursing Council Act, 1947 with a new act is a welcome and much desired step considering the changes the country's health care system has undergone in the last seventy-three years. The proposed National Nursing and Midwifery Commission (NNMC) Bill, 2020 could help in bringing better quality and professionalism in the nursing and midwifery sector. Some of its provisions such as standardising entry and exit into the profession through common national entrance and exit tests, recognising midwifery practice as a distinct discipline and standardising the nomenclature and scope of work of different cadres according to the International Standard Classification of Occupations (ISCO) are laudable. In order to further strengthen the bill and make it more relevant to the developments in nursing and midwifery, we are suggesting certain modifications and additions in the draft bill for your kind consideration. We would be quite keen to engage and dialogue with you on the issues of concern and any questions or clarification you may have.

Suggested additions

The bill would have a focus if there is a stated vision, and a roadmap is provided for the profession's growth and development in the context of the National Health Policies, Universal Health Care and internationally recognised nurse midwifery practice standards. A clearly spelt out scope of practice for nursing and midwifery professions along with mentioning whether they can practice independently, prescribe medicines, perform non-invasive interventions, provide emergency care etc. is recommended. Clause (h) of sub-section (1) section (19) is restricted to regulating the "limited prescribing authority for nurse practitioners". We would like to highlight Government of India's policy decisions to permit auxiliary nurse midwives, lady health visitors and staff nurses to undertake certain interventions as skilled birth attendants, integrate mid-level health care providers into the Ayushman Bharat initiative and establish midwife-led units associated with labour rooms of medical colleges and district hospitals. The bill may take into consideration such policy decisions and accordingly specify the scope of practice of the profession, as this is likely to have implications for other related acts as well.

The bill may lay the ground for establishing structures that are conducive to the advancement of the profession. It may call for nursing and midwifery positions with decision-making powers both at the state and national levels. This issue has been paid inadequate attention for the last several years despite repeated recommendations by government and non-government bodies. Therefore, it is important that the bill addresses it.

Service conditions of nurse midwives may be brought within the purview of the bill. Issues such as working hours, terms and conditions of employment, pay and benefits, roles, opportunities for professional growth have been raised time and again, including in the courts of law but continue to remain unresolved. Nurse-patient ratio and nurse staffing norms set by the Staff Inspection Unit (1991 - 92) need to be revised according to the changing disease burden and nature of health care services. Standardisation and uniformity in the nomenclature, roles and career progression pathways are

required across states. At the same time, regulation is also needed to address negligence by nursing and midwifery staff and ensure patient safety.

The bill may facilitate the establishment of new nursing educational institutions in areas of the country that currently do not have adequate institutions. This will help in ensuring equity in the availability of trained personnel and services across the country. At present more than half of the nursing institutions are located in the four southern states. The skewed distribution has contributed to the lack of trained nursing staff and teaching faculty in certain regions.

Suggested changes

More space for elected members in the regulatory bodies is suggested. The National Commission and the National Advisory Council may comprise members elected by the nursing and midwifery professionals from amongst themselves. People further elected from these representatives may become members of the four autonomous boards. Similarly, the State Nursing and Midwifery Commissions may also have members elected by the nursing and midwifery professionals registered in the state.

Further, it is suggested that provision be made for more representation of states in the national commission. Elected nursing and midwifery representatives of all the states/UTs may be members of the commission so that all the states/UTs can play a role in decision making at the national level.

The representation of the midwives in the regulatory bodies is extremely limited and may be increased. Similarly, there is lack of representation of the private sector. It is suggested that representatives of private institutions engaged in nursing education and/or services may be included.

The proposed uniform national nursing and midwifery entrance test for admission to the undergraduate nursing education may need to be reconsidered as the eligibility criteria and skills required for entry into courses for ANM/LHV/multi-purpose worker are different from those required for B.Sc. Nursing. Additionally, while the entrance test for the 'associate' cadre is proposed at the national level, the exit test is to be held at the state level. It is suggested that the bill addresses this discrepancy and maintains uniformity.

Number of hours of practical training for nursing students may be limited so that they can devote adequate time to their education.

The bill needs to clarify whether transfer registration would be needed in case one moves from one state to the other. Also, would the requirement for the 'professional' and 'associate' cadres be different considering the former take the national exit test while the latter take state specific exit test.

As per the current provisions of the bill, both the assessment and rating board, and the state commission can penalise educational institutions in case of non-compliance with the prescribed standards, under section 20(1)(e) and 24(2)(e) respectively. Such duplication of jurisdiction may be avoided. The first level of scrutiny and regulating power may be assigned to the state. In the event of the state commission's failure to regulate appropriately, the national level assessment and rating

board may be authorised to take necessary action. Also, if the states want to set higher standards for themselves than the minimum prescribed by the board, they may be allowed to do so.

The bill may clarify who has the power to derecognise educational institutions, if so required in case of non-compliance with the prescribed standards. Under section 20(1)(e), the assessment and rating board can recommend to the national commission the withdrawal of recognition granted to an institution. However, section 32(2) gives the national commission the power to withdraw recognition of qualification. The withdrawal of recognition granted to educational institutions has been a contentious issue between the states and the national council under the existing legislation. Therefore, the proposed bill may give clear direction in this matter.

In order to ensure single entry into the profession, the bill may clarify what does diploma as mentioned in clause (t) of section 2 and clause (f) of sub-section (2), section 24 refer to.

Section 49 of the proposed bill mandates only authorised officials of the regulatory bodies to approach the courts in case of an offence. This clause may be reconsidered so as not to restrict anyone's access to judicial recourse, if required. It would be unconstitutional to hamper the right of citizens, including the nurses to seek legal action in case of any violation and would also shield the regulatory bodies from being accountable.

In section 6(3), it may be useful to define 'consecutive meetings' i.e. whether consecutive meetings means meetings held over successive quarters/months or successive meetings that may be held at a gap of one or more quarters/months.

In Section 27(1), the term 'health care associate' may be replaced with 'nursing associate'.

* About Health Systems Transformation Platform (HSTP) (www.hstp.org.in)

Health Systems Transformation Platform (HSTP) was conceptualised as a Centre of Excellence under the guidance of Prof. (Late) Maharaj Kishan Bhan, renowned scientist and visionary in 2017 with a grant from Sir Ratan Tata Trusts. In May 2018, HSTP was incubated within the Tata Trusts family and registered as Forum for Health Systems Design and Transformation, a not for profit company (section 8) under the Indian Companies Act 2013. Our mission is to enable Indian health systems to respond to people's needs. We do this in collaboration with Indian and Global expertise through research for health systems design, enhancing stakeholders' capabilities and fostering policy dialogue. Our multi-disciplinary team with expertise in health financing, service delivery, governance and health policy and systems research works under the able guidance of the Chief Executive Officer, Mr. Rajeev Sadanandan, former Additional Chief Secretary, Government of Kerala.

We are presently working towards generating a body of work to strengthen regulations in health care with a focus on health care service delivery. To this end, we are conducting a study to understand the landscape of regulation of health care service delivery in the country in order to identify strengths, gaps, challenges and opportunities for intervention. The study focuses on health care providers,

clinical establishments, supportive and outreach services, pharmaceuticals and medical devices amongst other health care service delivery entities. The findings of the study will form the basis of collaboration and technical partnerships with central and state governments, regulatory bodies, research institutions and other stakeholders to strengthen the health care regulatory framework in the country.