act like sexual harassment should not be the burden of the woman but that of the perpetrator. The concept of so-called sexual "purity" should be debunked. Every woman should be reminded that after sexual harassment, she has many options and the ultimate aim of the employers and the immediate society should be to help women exercise these options.

v   The committee for studying the problems being faced by Nurses in Private Hospitals of the State of Kerala, chaired by the late Dr S Balaraman, the former acting chairman of the Kerala State Human Rights Commission. This committee was appointed by the Department of Health and Family Welfare in response to the state-wide strikes by nurses in private hospitals.

vi   Interview with a 23-year-old Delhi-born Malayali nurse working in a private hospital in Delhi,

vii Unionisation is an important factor as far as collective bargaining and action are concerned. As affirmed by Ms Molly OS, a member of the Indian Nursing Council and General Secretary of the Kerala Government Nurses Association, it is the absence of a forum for collective action that makes the private sector nurses much more vulnerable in comparison to their counterparts in the public sector.

viii Hospitals sometimes use ambulances to transport nurses, but this can be a control mechanism that restricts their movement. Moreover, when there are shortages of nurses in some shifts, especially at night, an ambulance is sent without any prior notice to fetch nurses for duty

References

1.   BBC News. Delhi rapist says victim shouldn't have fought back. 2015 Mar 3 [Accessed 2015 Aug 21]. Available from: http://www.bbc.com/news/magazine-31698154

2.   Times of India. Hospitals clueless of Aruna's job records. p 7. 2015 May 21[Accessed 2015 Aug 21]. Available from: http://timesofindia.indiatimes.com/city/mumbai/Hospital-clueless-of-Arunas-service-records/articleshow/47356164.cms

3.   Chaudhuri, P. Sexual harassment of women health workers. In: George A, Sheikh K (eds). *Health providers in India on the frontlines of change.* New Delhi: Routledge; 2010:223–41.

4.   Nair S, Healey M. A profession on the margins status issues in Indian nursing, Occasional paper, New Delhi: Centre for Women's Development Studies; 2006.

5.   Minocha A. *Perceptions and interactions in a medical setting: a sociological study of women's hospital.* New Delhi: Hindustan Publishers; 1996.

6.   Unpublished Report. Committee for studying the problems being faced by nurses in private hospitals of state of Kerala, chaired by Dr S Balaraman; 2012.

7.   Nair S. *Moving with the times: gender, status and migration of nurses in India.* New Delhi and London: Routledge; 2012.

8.   Chaudhuri P. Sexual harassment in the workplace, experiences of women in the health sector. Working paper 1, Health Policy Innovation Fellowship Programme, Population Council, New Delhi; 2006.

9.   Pringle R. *Sex and medicine: gender, power and authority in the medical profession.* Cambridge: Cambridge University Press; 1998.

10. Vyas A. Researching nurses and nursing: some observations. Paper presented at the national seminar 'Indian Nursing in the New Era of Healthcare' organised by Sreelekha Nair with the support of the Indian Council of Social Science Research, New Delhi, 2–3 December 2010.

11. Kergoat D, Imbert F, Doare HL, Senotier D (eds). *Les infirmiers et leur coordination* [The nurses and their coordination] 1988–1989. Paris: Lamarre; 1998. French.

12. Violence: a worldwide epidemic. 2009 [Accessed on 20 August 2015]. Available at http://www.icn.ch/images/stories/documents/publications/fact_sheets/19k_FS-Violence.pdf

13. American Psychiatric Nurses' Association. Position Statement 2008[Accessed 2015 Aug 21]. Available from:http://www.apna.org/files/public/apna_workplace_violence_position_paper.pdf

14. Nordal R. Workplace violence. 2010 Nov 26-27 [Accessed 2015 Aug 21]. Available from: http://www.cba.org/cba/cle/PDF/adm10_nordal_paper.pdf

15. Zimlich, Rachael. Preventing violence against nurses will take more than legislation, 2014 Apr 30 [Accessed 2015 Aug 21]. Available from: http://healthcaretraveler.modernmedicine.com/healthcare-traveler/content/tags/emergency-department/preventing-violence-against

16. Government of India. The Sexual Harassment of Women at the Workplace (Prevention, Prohibition and Redressal) Act, 2013 [Accessed 2015 Aug 21]. Available from: http://india.gov.in/sexual-harassment-women-workplace-prevention-prohibition-and-redressal-act-2013

17. Government of India. National Health Policy Draft, 2015[Accessed 2015 Aug 21]. Available from: http://mohfw.gov.in/showfile.php?lid=3014.

18. Nair S, Timmons S, Evans C. Nurses in the private health sector in Kerala: any lessons learnt from their strikes in recent years? *Indian J Gender Studies*, Special Issue (23:1), Women and commercialisation of healthcare. Expected date of publication: January 2016.

The Allied and Healthcare Professional's Central Council Bill, 2015: more of the same

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The Medical Council of India (MCI) is a statutory body established in February 1934 under the Indian Medical Act, 1933. This act was repealed in 1956 and replaced by the Indian Medical Council Act, 1956. The objectives of the MCI are:

1.   Maintenance of uniform standards of medical education, both undergraduate and postgraduate.

2.   Recommendation for recognition/de-recognition of medical qualifications of medical institutions of India or foreign countries.

3.   Permanent registration/provisional registration of doctors with recognised medical qualifications.

4.   Reciprocity with foreign countries in the matter of mutual recognition of medical qualifications.

The main task of the MCI is to oversee the standards of medical education in India. The council has performed this task fairly well, though there are constraints. Health being a state subject, the council has to work with state governments. It has no mechanism to ensure compliance with its directives other than not recognising degrees. Besides it has an unwieldy

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structure, which consists of members nominated by the Central government, several state governments and members elected by medical practitioners. Like the MCI, similar councils for other allied healthcare disciplines—such as those for dentistry, nursing and physiotherapy— also have problems in their functioning. These problems will not be solved by creating yet another council.

One must, therefore, wonder as to why the Central government wishes to introduce a new Bill to establish another council above the MCI and the various other allied healthcare councils (1).

The stated objects and reasons for establishing a new council are:

"Maintenance of proper standards in the training and education of allied and healthcare professionals is considered essential as these personnel play a crucial role in healthcare delivery. With a view to regulating these professions, it is considered necessary to set up a Council on the lines already existing for pharmacy, nursing, etc. To begin with, it is proposed to set up an overarching Council for all the categories prescribed under the Rules by the Central Government with individual committees for each professional. The Council will be responsible, inter alia, for maintenance of uniform standards of education in the respective disciplines and registration as well licensing of qualified personnel for practicing the professions."

In the Preamble, it is stated: "To provide for regulation and maintenance of the standards of education and practice of Allied and Healthcare Professionals through the constitution of Central and corresponding State Councils of the Allied and Healthcare Professionals and for matters connected therewith or incidental thereto."

These are precisely the functions of the MCI, the Dental Council of India and the others, none of which are going to be replaced. In the recent past, the MCI has come under a cloud mainly because it has been perceived that there is corruption in its function of recognising medical colleges established in the private sector. There is widespread concern that medical graduates from some private institutions are not properly trained. There is basis for these apprehensions.

It is not clear, however, how another council, above the existing councils, will make any difference. The structure of the new council mirrors that of the old council with members nominated by the Central government, various state governments and a few elected by the various professional societies. A point of extreme concern is item 3 (l) in Chapter II;

"One-third members from total categories as prescribed under the rules by the Central Government at any given point on biennial rotation to be elected from amongst themselves in such a manner that they represent such organisations which can represent the interest of allied and healthcare professional cadres, as the case may be."

It is not difficult to imagine that such a vague clause will enable

governments to allow whichever organisation it wishes to categorise as those "representing the interests of allied and healthcare professional cadres". With one-third of the members likely to be committed to the government in power at the time, besides the fact that a bulk of the others are bureaucrats, it is entirely possible that the council will follow the diktat of the government, instead of charting an independent course in the interest of medical education.

This apprehension becomes stronger, as, for the first two years of its existence, the new council will be full of nominated members because clause (l), under point 3 in Chapter II concludes: "Provided that each of the categories to be represented at least once (for period of two years) in the duration of six years and that in case of constitution of the Council for the first time after the commencement of this Act, the members of this category shall be nominated by the State Government till the assumption of office by the elected members."

It appears that the present government wishes to create a body entirely under its control, at least for the remaining period of its term in office. This method is unlikely to bring about any of the changes that are needed to help achieve the sustainable development goals in health (2). We will now have yet another layer of bureaucratic control with no reason to believe that it will be any better than the existing councils. This Bill serves no public purpose. It should be scrapped. If the government is serious about improving public health, it should:

- Establish an academic body to continually study public health and medical care so as to provide data which will form a solid basis for public policy.

- Ensure clarity in the rules for opening, running and licensing of educational institutions in the medical sector. The present confusing maze of rules and procedures makes it difficult for even well-meaning institutions to comply.

- Close all loopholes in admission procedures to medical institutions so that justice is seen to be done. For example, the provision for allowing "deemed universities" to conduct their own admission tests has been widely misused.

- Bring clarity into the career path for graduates of these institutions. At present, young graduates are forced to accept demeaning working conditions, at least in the early years, resulting in loss of morale.

- Plan human resource requirement for the country on the basis of studies so that the young graduates can fully utilise their training for the welfare of the public.

It is not difficult to ensure proper functioning of the existing councils. Their poor functioning is the result of collusion between the politician, the executive and the judicial system.

References

1. The Allied and Healthcare Professional's Central Council Bill, 2015 [cited 2015 Dec 5]. Available from: http://mohfw.gov.in/showfile.php?lid=3596
2. Transforming our world: the 2030 agenda for sustainable development [cited 2015 Dec 21]. Available from:https://sustainabledevelopment.un.org/post2015/transformingourworld