

Transformation of councils for peoples' health in federal setup in Nepal

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Abstract

The transformation of the country towards federalisation with seven federal provinces would require healthcare regulations and councils to be transformed accordingly. Attempts have been made to cover historical background, current scenario of Nepal, scenario in some other countries. Acts governing various councils of Nepal as well as other countries have been studied. Specific steps which would have to be addressed, amended and undertaken because of the federalisation have been pointed out.

Areas which need to be addressed have been regarded as: composition of councils, licensure examination, establishment of institution in each province as well as whether or not to form the councils in each province.

Key words: Medical Colleges; Medical Education; Nepal Medical Council; Nepal Pharmacy Council; Teaching Hospital.

DOI: <http://dx.doi.org/10.3126/jkmc.v7i1.20629>

INTRODUCTION

Recently promulgated Constitution of Nepal has divided the country into seven Provinces¹. Elections of both national and federal representatives have been held and federal government has been formed including provincial governments in all seven provinces. Government of Nepal's cabinet has formed Organization and Management Survey Committee on 18 Mar 2018, which has a mandate to study and recommend on the organizational structures and number of employees at the central, provincial and local levels. Around 75 percent of the total 86,529 civil servants are expected to be deployed at the provincial and local levels².

The roles and responsibilities that would be divided between the Federal Government and Provincial Government are yet unclear. However, it can be predicted that roles related to education and health would be the responsibility of Provincial Government. It is also to be noted that the Ministry of Health has one of the largest number of government employees. However,

one of the reasons for it not functioning properly is the absence or even absent at work without leave (AWOL) that many are prone to take. With regards to healthcare professionals and education of healthcare professionals, vital issue now concerns the operating model of various councils i.e. whether the councils will operate centrally as they are doing now or the councils would operate and register healthcare professionals at the provincial level. Merits and demerits regarding both models shall now be discussed and assessed. While pros and cons exist favouring either federal or provincial model, what is certain is that councils would have to undergo certain changes so that the general public and healthcare professionals can avail some benefit at the provincial level as well. This article shall attempt to be amongst the initial article to address the issue of healthcare, specifically councils, in the federal setup.

NEPAL SITUATION

In Nepal traditional beliefs probably existed from time immemorial as has been substantiated by the existence of *dhamis* and *jhankris*. We know that *Arogyashalas* or 'Healing Centres' existed in Nepal at the time of Amshu Verma (605-541 AD)³. Western medicine was first introduced into Nepal at the time of King Ranjit Malla in 1740 AD, but further development occurred from the time of Jung Bahadur⁴.

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A form of legislation for the regularization of the practice of health may be said to have been started by Jung Bahadur following his visits to England and France. After this visit '*Ilaz Garne Ko*' (On Medical Practice) was published in the *Muluki Ain*. A further development is the revised *Muluki Ain* will come into force as from Bhadra 2075 BS⁵.

VARIOUS COUNCILS IN NEPAL

Nepal Medical Council (NMC) - A request was made by the Nepal Medical Association (NMA) in 1963 at the time of the First All Nepal Medical Conference (ANEMECON-1) to set up NMC⁶. The NMC Act was passed in 1964 (2020 BS)⁷. The NMC Rules without which the Act could not be enforced were enacted only four years later in 1968. Even then the Act, though passed, was not implemented and so the ANEMECON-5 in 1971 stated, 'HMG should enforce the NMC Act with a view to encourage ethical practice in the country'. In the Act it was stated that any Nepali sent out by the government to study medicine outside of the country will be registered in the NMC. Now the Appendix lists the countries and the degrees there from that are recognised. The first amendment of the Act was made in 1987 (2044 BS) when its composition was enlarged to 17 members in which Dean of Institute of Medicine (IoM) as a member of teaching faculty and another as a representative of the consumer public were included. The second amendment made three years later was for the passing of the Code of Ethics according to which the registered practitioners had to practice. A third was made in 1999 AD because of the starting of many medical and dental colleges and the starting of post graduate studies.

Likewise, Nepal Nursing Council organizes and manages nurses as well as registers nurses and auxiliary nurse midwives (ANMs)⁸. Nepal Pharmacy Council registers pharmacists and pharmacy assistants, which was formed on the basis of Nepal Pharmacy Council Act, 2057 (2000)⁹. Transition of councils is an ongoing process, and is even necessary to safeguard the general public as well as to reflect the ongoing transformations. For example: prior to the formation of Nepal Pharmacy Council, pharmacists used to register with Nepal Health Professional Council (NHPC). NHPC currently registers other health professionals not registered with other councils as shown in Table 1¹⁰.

There is also a task of accommodating ayurvedic practitioners¹¹. Province wise differences would exist and councils would have to gear up accordingly. The current transition of country into seven provinces should thus be addressed by the councils as well.

Health Profession Education Act (HPE Act) has recently been passed by the Legislature-Parliament of Nepal which would bring about significant changes to role of councils such as NMC¹². According to the HPE Act, formation Health Profession Education Commission (HPEC) is planned which oversees medical education¹³. The HPE Act also plans to conduct national common entrance examinations for students willing to pursue graduate and postgraduate medical education¹³.

Table 1: Various councils related to healthcare in Nepal¹⁴

Name of Council	Health Professionals Registered/regulated
Nepal Medical Council	Doctors, Dentists
Nepal Nursing Council	Nurses, Auxiliary Nurse Midwives
Nepal Pharmacy Council	Pharmacists, Pharmacy Assistants
Nepal Health Professional Council	Health professionals not registered with other councils (for e.g.: medical microbiologists, diagnostic radiographers, biochemists, homeopathy practitioners etc)
Nepal Ayurvedic Medical Council	Ayurvedic doctors

Vital issues now are how the various councils will operate i.e. whether the councils will operate centrally as they are doing now or the councils will operate and register healthcare professionals at provincial levels. Merits and demerits regarding both will now have to be assessed. While pros and cons exist in favour of both centralized vs. provincial model, what is certain is that a model will have to be developed where the general public would be made to feel the benefits at provincial level as well.

For a small country like Nepal, constituting provincial councils would have huge human and financial constraints and might be inadvisable for the time being. Rather having a central body registering members for countrywide practice could remain ideal. Much work is being done to bolster it by its recent actions. However, councils must do specific work so as to have healthcare and education regulated in all Provinces. Councils could also carry certain specific roles at the provincial level with major role carried out at the central level.

It may be noted that there is talk of a Central University. Where and which this is going to be has not been specified. There is Tribhuvan University, but one must not bypass Kathmandu University (KU) which must be taken

into consideration for the fact that it was KU which has set in motion for the expansion of medical education in this country. The government has announced that it will set up a University and a Medical College in each province and an academy of health sciences. Various conjectures can be made. The Council for Technical Education and Vocational Training (CTEVT) has announced that it is going to have a branch in each of the provinces. The question then arises that which one of the institution under the government or public academy is going to be the Central University and question also arises as to whether there is a place for a Central Medical University.

In 2002, Punjab state in Pakistan, formed the first dedicated health sciences university in Pakistan to bring qualitative and quantitative revolution in medical education under the name of University of Health

Sciences Lahore (UHS). Many public and private medical and dental colleges of the Punjab are affiliated with UHS. It aims on elevating the standards of medical education in the country and revitalizing the neglected fields of nursing and allied health sciences¹⁵. In India, Rajiv Gandhi University of Health Sciences was established more than two decades ago in 1996 to encompass all the existing health science colleges and universities which were earlier affiliated to conventional universities in Karnataka¹⁶. Establishing a University as such either at a Central or a Provincial level certainly would bring about positive changes in the field of medicine or allied healthcare professions.

Table 2 is an attempt to show the existing situation and has included proposed institutions from the Government¹⁷. It may be noted from the table whether the government's intention of setting up an individual

Table 2: List of Medical and Dental Institutions in Nepal¹⁷

Number/ Name of Province	Existing Government Institutions	Proposed Institution	Existing Private Medical Colleges
Province 1	B.P. Koirala Institute of Health and Sciences, Dharan (M, D)		Birat Medical College, Biratnagar (M) Nobel Medical College, Biratnagar (M, D)
Province 2			Janaki Medical College, Janakpur (M) MB Kedia Dental College, Birgunj (D) National Medical College, Birgunj (M)
Province 3	TU- IoM (Maharajgunj Medical Campus), Kath PAHS, Patan, Lalitpur KUSMS (Public/Private) (M,D), Dhulikhel NAMS, Bir Hospital (PG-M, D), Kath NAIHS, Kath		Chitwan Medical College, Bharatpur (M,D) College of Medical Sciences, Bharatpur (M,D) Kantipur Dental College, Kath (D) Kathmandu Medical College, Kath (M, D) Kist Medical College, Lalitpur (M, D) Nepal Medical College, Kath (M,D) Peoples Dental College, Kath (D)
Province 4		Pokhara Academy of Health Sciences#	Gandaki Medical College, Pokhara (M, D) Manipal College of Medical Sciences, Pokhara (M) Devdaha Medical College and Research Institute, Rupandehi
Province 5		Rapti Academy of Health Sciences#	Lumbini Medical College & Research Center Pvt. Ltd., Lumbini (M) Nepalgunj Medical College, Banke (M) Universal College of Medical Science, Bhairahawa (M, D)
Karnali Pradesh/ Province 6	Karnali Academy of Health Sciences#		
Province 7		Medical College, Geta, Kailali*#	

* NB. The medical college in the village of Geta is a Government undertaking too and is in the process of being established.

Institutions are at development stage and do not yet run medical or dental courses, thus not recognized by NMC

D- Dental, M-Medical, Kath- Kathmandu, KUSMS: Kathmandu University, School of Medical Sciences, NAMS: National Academy of Medical Sciences (NAMS), Bir Hospital

NAIHS: Nepalese Army Institute of Health Sciences, PAHS: Patan Academy of Health Sciences, TU- IoM: Tribhuvan University- Institute of Medicine

institutions (Proposed institution) in each province will become effective realities.

SCENARIO IN OTHER COUNTRIES

Examples of various councils operating in neighbouring countries where significant Nepali healthcare professionals study or have studied as well as models of councils regulating healthcare practice in developed countries would have to be carefully studied and assessed.

INDIA

As Nepal is a landlinked country surrounded by India in 3 sides, councils operating in India have to be considered first. In India, the Indian Medical Degree Act, 1916 (ACT No. VII of 1916) was passed by the Indian Legislative Council and received the assent of the Governor-General on 16th March 1916¹⁸. This Act passed a century ago oversaw/regulated the right of conferring degrees, diplomas, licenses certificates or other documents allowing the recipient thereof status of legally qualified to practice western medical science. The legislation regulating western medical science meaning Western methods of Allopathic Medicine Obstetrics and Surgery was amended as The Indian Medical Council Act, 1956, thereby subsequent amendments were carried out with the most recent amendment being the Indian Medical Council(Amendment) Act 2016^{18,19}.

It is worth noting that the MCI Ethics Committee observed in Sept. 2004 that there is no necessity of registration in more than one state medical council because any doctor, who has registered with any state council is automatically registered in the Indian Medical Register and also by virtue of Section 27 of the IMC Act, 1956, a person, whose name is included in the IMR, can practice anywhere in India²⁰.

With regards to entrance examination, the Indian Medical Council (Amendment) Act, 2016 has stated that a uniform entrance examination be conducted to all medical educational institutions at the undergraduate level and post-graduate level through such designated authority in Hindi, English and such other languages and in such manner as may be prescribed and the designated authority shall ensure the conduct of uniform entrance examination¹⁹.

CHINA

A fairly large number of students go to the People's Republic of China to do under and post graduate degrees in medicine and dental surgery. Some decades ago the MBBS course done by the Nepali students did not include

forensic medicine. A special request was made by NMC to the concerned Chinese authorities to arrange for the Nepali students to be instructed in forensic medicine and this was done. Medical Licensing Examination Councils responsible for conducting national medical examinations in China, which is conducted it through National Medical Examination Center²¹. State level licensure examinations are held to register doctors and assistant doctors as per the law on licensed doctors of the People's Republic of China²².

BANGLADESH

A large number of Nepali students also go to study MBBS and specialization in Bangladesh. The Bangladesh Medical & Dental Council is a central authority managing the medical and dental manpower; and registers medical and dental graduates to practice medicine and dentistry in the country²³.

PHILIPPINES

In order to practice medicine in Philippines, an individual has to obtain a valid Certificate of Registration after satisfactorily passing from Board of Medical Examiners of Professional Regulation Commission²⁴. Some Nepali students do a pre-med course in Nepal and then go on to the Philippines for doing medical studies as per the US pattern. Nepalis go on to the Philippines to do post graduate studies as well.

UNITED STATES OF AMERICA (US)

For practicing medicine separate boards exist in various states, the Federation of State Medical Boards (FSMB) represents the 70 state medical and osteopathic regulatory boards, referred to as state medical boards²⁵. FSMB supports member boards to fulfill their mandate of protecting the public's health, safety and welfare through proper licensing, disciplining, and regulation of physicians and, in most jurisdiction, other healthcare professionals²⁵. The United States Medical Licensing Examination (USMLE) is a three-step examination for medical licensure in the US, which is sponsored by the FSMB and the National Board of Medical Examiners²⁵⁻²⁷. The Educational Commission for Foreign Medical Graduates (ECFMG) provides information for graduates of medical school outside of the US and Canada²⁸. International medical graduates comprise nearly one-quarter of the US physician workforce. In 1958 ECFMG issued first Standard ECFMG Certificate and has certified more than 320,000 international medical graduates²⁹.

PAKISTAN

Medical and dental practitioners are registered with Pakistan Medical and Dental Council²⁹. Different models

can exist for different professionals in the same country as well. Pharmacists, in Pakistan, are required to register at a provincial level as well. Thus, a pharmacist who has graduated from a recognized pharmacy institution in Pakistan would have to obtain their registration from Punjab Pharmacy Council to practice pharmacy within Punjab Province³⁰.

MAJOR ISSUES TO BE ADDRESSED:

The steps ahead for various councils thus are challenging but essential. How the changes are to be made is to be brainstormed, discussed and planned. Some of the major issues that are to be addressed are covered in the following lines.

Centralized or Provincial Licensure Examination:

One of the major implications of federalism would be regarding licensure examination of a health care professional to legally qualify a person to be a healthcare professional (registered medical practitioner, registered pharmacist, registered nurse etc) with an undergraduate and/or postgraduate degree. The main query here is whether the licensure examination for undergraduate and postgraduate qualification is held at a Federal level or at a provincial level. Another factor is whether a person who has qualified from one province be allowed to practice at another province as well or would a person have to undergo separate or additional exam at a different province. One has to realize serious implications of such decisions on health care professional as well as on general public.

The attempt at a recent entrance examination for admission to MBBS course has shown the lengths to which candidates are prepared to go to utilize unfair means. Such attempt brings to attention the fact that candidates admitted to the specific courses may not have been the best and so renews the call for both nationwide common entrance and final examinations. When such are the realities at the centre what possibility exists to ensure that licensing examinations of all the councils at the provincial level will be conducted fairly?

Policy makers, at the stage of changeover to a new system of governance, have to make a decision. Such a decision will apply not only to the Nepal Medical Council but also to the other council's viz. Nepal Nursing Council, Nepal Ayurvedic Medical Council, Nepal Pharmacy Council and Nepal Health Professional Council. Such decision will even affect a non registering body such as Nepal Health Research Council. What lies on the road ahead is going to be a major factor and is an important question.

Constitution of Councils:

Constitutions of Councils were formed before the country moved to federalism. Thus, they do not have any specific representatives from the provinces^{7,9}. All Acts governing councils such as Nepal Medical Council Act and Nepal Pharmacy Council Act should be amended so as to have representation from the provinces.

Accountability of Councils:

It has to be understood that all councils are accountable. One has to understand the basis of existence of councils which are formed from respective Council Acts. Councils are formed to manage the qualification of a health care professional and to manage the registration of such qualified professionals. Councils regulating a specific health care professional are currently being regulated by same professionals. In some form, it is also a trust given to autonomous councils by the legislation of the country and this trust has to be maintained very strictly. In case of gross misconduct, or if gross misdemeanors of an individual professional or institution gets unpunished, the accountability of councils would be difficult to maintain. Any attempt of decentralization of councils would have to consider the matter of trust and accountability as it could end up causing issues to entire healthcare setup of country. Creating more trust and credibility could be by having widespread representation in the councils.

Formation of Councils at the Province level:

Feasibility of formation of councils at the Provincial level would have to be addressed sooner or later. Certain countries such as Pakistan, have separate licensing bodies for pharmacists at Provincial level. In the US, separate state boards exist to regulate practicing physicians. Formation of Councils at the Province Level would also depend on requirement at the specific province. If certain professions are meant to serve rural community, then such profession could be made to regulate in specific Province.

Uniform distribution of healthcare institutions at Provincial Level:

It is well known fact that most of the healthcare institutions in Nepal are concentrated in and around capital. With federalization, citizens living in each Province would only benefit from health and education if healthcare institutions, especially medical colleges and teaching hospitals are opened in every province. Opening of healthcare institutions only at the central level in capital would have to be discouraged and it should be ensured that institutions are opened at every province in areas which are underserved.

An observation of medical and dental colleges (See Table 2) exhibits that most of the institutions are confined in Province three. It is also worrying that Province seven does not have a single government, public or private medical and/or dental institution. It is well known that unavailability of any medical and/or dental institution in Province seven would mean that normal citizens of this Province are deprived of facilities that are made available via teaching hospital associated with medical college as well. Currently specialized institutions such as Shahid Gangalal National Heart Centre, Human Organ Transplant Centre, Manmohan Cardiothoracic Vascular and Transplant Center are all established in centre. An alternative is for each Province to have one specialty hospital or centre of excellence.

Allocation of Certain Council Roles at the Province Level:

Even if fully fledged councils with responsibilities to conduct exam and provide license is not practicable, certain roles could be taken up by councils at the Province level. Examples of role could be providing mandatory CPD (continuing professional development), overseeing professional and ethical conduct of healthcare professionals, providing renewal of certificates, maintaining and updating register of individuals and institutions that have already received recognition from councils at central level. With regards to CPD, NMC has developed a tentative plan to make CPD activity a necessity for every practicing doctor³¹.

Awarding Prominent Healthcare Professionals:

At the Provincial level, councils can plan to reward healthcare professionals in a Province based on their contribution and dedication to work carried out at that specific province, as is the provision in China²².

DISCUSSION

Nepal being a relatively small country in terms of land area it would seem proper to have a central set up. However, in terms of population of more than 28 millions, we rank as a fairly densely populated country. Another fact is that in term of accessibility parts of the country are difficult to get through and to. With health rights being enshrined in the constitution it is imperative that the people get their right.

Certain aspects of healthcare education and practice could definitely be improved if activities of council are increased at provincial levels. Activities that could be promoted by Councils at the Provincial level either by Centralized or Decentralized councils could be: Providing Continuing Professional Development (CPD), provision

of general facilities such as issuing renewal certificates of registered practitioners, updating register, addressing pertinent issues promptly to regulate healthcare practice and education. For example: People have been led stray due to confusing names; there is a tendency to call institutions as medical college and teaching hospital even when they are not running undergraduate degree programme in medicine. Furthermore, it was recently reported that one such institution, located outside capital was running undergraduate degree in nursing even without receiving permission from Nepal Nursing Council³². How such misconducts are to be controlled will be a challenge for Councils, especially in new Federal setup?

Students in various healthcare profession are being taught to be up-to-date and to practice a concept of lifelong learning. The NMC, with the aid of the NMA is trying to introduce and implement the CPD points format for attending conferences, workshops etc so that the medical practitioner is updating his knowledge throughout his life. CPD is also a concept that could be taken up as Council's role at the Provincial Level.

Issues with Proposed Academy of Health Sciences

Article 29 of Rapti Academy of Health Sciences Act mentions that the academy cannot give affiliation to any other institutions³³. However, in terms of federalisation, it would seem restrictive for any Academy not to have a provision of providing affiliation to other institutions. Thus, it is suggested to convert an academy or a deemed university in each Province to fully fledged University with a clause to provide affiliation so that all future health related institutions in that particular province can be affiliated to it. Article 40 of Rapti Academy of Health Sciences Act states that the academy should communicate with Government of Nepal through "Ministry of Health"³³. It is suggested that this article be amended so that the academy can communicate via Provincial Government.

Health Care Practice

Vast differences existed earlier with regards to access to health care services in different regions of the country. Decentralization is expected to bridge those differences between rural and urban areas. One study identified lack of clear cut policy, poor coordination among different sectors, improper handover process, poor selection process of management committees and different political ideologies on decentralization as challenges to implementation of decentralization reforms in the public health sector³⁴. Decentralization as well as development is now being applied in form of federalism. Will it bring

forward positive changes with regards to citizen's access to free basic health services which is listed in the constitution as a right of every citizen? An objective of federalism is ensuring people's access to healthcare service. Will federalism be able to close healthcare gaps in terms of both the quality and access to healthcare that have been existing since ages in Nepal?

Will decentralized and outcome oriented healthcare system be developed which the provincial governments could operate smoothly? There have been certain issues even in this phase of central governments handing over healthcare responsibilities and funds to local governments; despite which citizens at grass-root level are facing a hard time accessing the health care services; people are left without medicines and essential services³⁵. As early as 2009, concern has been raised that in this transition of unitary system to federalism, the health sector could be particularly fragile, in absence of fundamental preparations and satisfactory homework³⁶. Any chaotic situation that might arise should be prevented and the responsibilities of the central government, provinces and local governments should be well coordinated, the lack of which should not be felt by the general public in terms of poor healthcare system. Regmi *et al.* have emphasized on establishment of elaborate health system hierarchy right from the capital to the provinces and down to district and village levels to assist citizens receive quality healthcare services in Federal Democratic Republic of Nepal³⁷.

Another major factor is the healthcare facilities in rural and remote areas paralyzed due to doctors and nurses taking leave of absence at work. What kind of monetary and non-monetary incentives will the provincial governments provide to the healthcare professionals to encourage them to work in rural settings is a factor worth considering? For all these years sending qualified health workers to remote settings has been a tough challenge.

In an effort to provide care to the unreached, the government has, during the last few years taken a number of steps: instituted and increased pension to old age people, provided grant to the disabled, those suffering from cancer and to those requiring regular dialysis for chronic renal disease, subsidized health services to geriatric patients or senior citizen, assisted care for hospital / home deliveries, the practice of insurance is being implemented.

Increased role of councils

Drugs Act, 2035 (1978) allows pharmacists, pharmacy assistants and "professional person (*Nepali: Byabasai*)

who have successfully undertaken a course prescribed by the Drug Advisory Committee" to operate a pharmacy³⁸. Pharmacy profession has undergone tremendous change in past two decades. Whereas, most of the pharmacy were and are still operated by "professional person"; it can be envisaged that with growing number of pharmacists and pharmacy assistants, most of pharmacies would be operated by pharmacists/ pharmacy assistants within a decade. In Nepal, there is much use of "over the counter" medicine or self care which might even be stated as irrational use of medicine without being prescribed by registered medical practitioner. With the growth of pharmacists and pharmacy assistants who are registered with Nepal Pharmacy Council, the role of pharmacy council both at the national and at the provincial level could be predicted to be very crucial. In terms of numbers of registered practitioners, Nepal Nursing Council and Nepal Health Professional Council should also be able to provide certain service at the council level.

Certain form of harmony should exist in between various councils in the coming days especially to plan the transition of working model of councils at the province level. With co-operation and harmony between councils and healthcare professionals, pharmacists at the community level can play active role to prevent any irrational use of medicines, can promote patient compliance by undertaking their professional role. Even simple but effective rules such as mandatory requirement of a prescription from a registered medical practitioner to obtain prescription medicines can prevent any untoward misuse. This type of role would need collaborative effort of both Nepal Pharmacy Council and Nepal Medical Council. The point here is any rules and regulations made would have to be stretched to various provinces.

CONCLUSIONS

Policymakers should ponder on how various councils should be transformed to accommodate changes brought due to Federalism. The article has attempted to point out activities that could be undertaken at the Provincial level. Number of healthcare professionals and healthcare institutions could be extrapolated so as to plan the feasibility of having a Council at the Provincial Level as well. A task-force of experts representing specific profession as well as a task-force representing various healthcare professionals could be formed to carefully plan ahead. It is also high time that all health professionals as well as educational institutions providing healthcare professionals be registered and regulated by a certain council.

It can be envisaged that certain professions such as that of a registered pharmacist, pharmacy assistant and nurse are going to increase in the future, thus Council for these profession might have to be formed at the Province level to better regulate these profession. Then there is also an issue of maintenance of standards, especially with regards to registered medical practitioner and medical colleges, where the requirement of accountability and trust is increased manifold. Thus, Council at the Central level could be retained as it is with vital role of recognizing colleges and taking licensure examination kept at the Central level. Other roles such as updating register, renewing licenses, maintaining correspondence, providing CPD could be undertaken at the Provincial level.

As has been stated already, the country will have at least seven academies of health sciences in the near future. It is likely that some if not all will be converted to deem universities in course of time and later full universities

giving affiliations to other colleges of the health sector e.g. nursing. The formalization of these institutions with proper teaching learning facilities inclusive of clinical practice opportunities will be of prime importance. The maintenance of standards as per the standards set by the certifying bodies and councils, both at national and provincial level are of prime importance to improve healthcare sector of Nepal. Only if this is ensured, can we think of making Nepal a hub for teaching and learning of health sciences and with that the possibility of making Nepal a destination for health care. With federalization and enhanced role of councils, positive changes shall be made possible for patients, healthcare institutions, medical education as well as healthcare professionals.

ACKNOWLEDGEMENTS

We would like to thank Prof. Dr. Ramesh Kant Adhikari and Prof. Dr. Chet Raj Pant for having gone over this article and/or providing suggestion. Eureka Ranjit is Board Member of Nepal Pharmacy Council.

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