Reforming Indian Medical Education System

This editorial is based on **"What ails medical education in India"** which was published in The Indian Express on 10/03/2022. It talks about the issues of medical education & medical seats and suggests a way forward.

For Prelims: NEET, National Medical Council (NMC)

For Mains: Problems Plaguing Medical Education in India, Need for medical education for robust health case system.

India's medical education system has attracted a lot of adverse attention due to the crisis in Ukraine and the resultant need for evacuating medical students, delay in post-graduate counselling because of reservation-related litigation and Tamil Nadu legislating to opt out of NEET.

There is a need to take a look at what ails the system and take adequate measures to address the situation.

What are the Problems Plaguing Medical Education in India?

- **Demand-Supply Mismatch:** There is a serious demand-supply mismatch as well as inadequate seats in terms of population norms. In private colleges, these seats are priced between Rs 15-30 lakh per year (not including hostel expenses and study material).
    - This is way more than what most Indians can afford. It is difficult to comment on quality as nobody measures it. However, it is highly variable and poor in most medical colleges, irrespective of the private-public divide.
- **Issues of Skilled Faculty:** The government's initiative to open new medical colleges has run into a serious faculty crunch. Except at the lowest level, where new entrants come, all that the new colleges have done is poach faculty from a current medical college. Academic quality continues to be a serious concern.
    - The Medical Council of India (MCI) did try to address many of the earlier loopholes of ghost faculty and corruption. It introduced the requirement of publications for promotions to improve the academic rigour of faculty. But this has resulted in the mushrooming of journals of dubious quality.
- **Low Doctor-Patient ratio:** India has one government doctor for every 11,528 people and one nurse for every 483 people, which is way below WHO recommended 1;1000.
- **Backdated syllabus and teaching style:** Regular breakthroughs take place in the medical field every day, but the medical studies syllabus in India is not updated accordingly.
- **Lack of Social Accountability:** Indian medical students do not receive training which instils in them social accountability as health practitioners.
- **Problems with Private Medical Colleges:** A change in the law in the 1990s made it easy to open private schools and so many such medical institutes cropped up in the country, funded by

businessmen and politicians, who had no experience of running medical schools. It commercialised medical education to a great extent.

- **Corruption in medical education:** Fraudulent practices and rampant corruption such as fake degrees, bribes and donations, proxy faculties, etc. in the medical education system is a major problem.

What are the Reforms Required?

- There is a pressing need to **revisit the existing guidelines for setting up medical schools** and according permission for the right number of seats.
- **Extending teaching privileges to practising physicians** and allowing e-learning tools will address the shortage of quality teachers across the system. Together, these reforms could double the existing medical seats without compromising on the quality of teaching.
- **Periodic re-certification** based on continuing learning systems may become essential to keep up with the fast pace of change.
- Students need to improve their basic management, communication and leadership skills
- They must be trained by taking into account their **social relevance as doctors.**
- **Integration of subjects, innovative teaching methods**, and a more prevalent use of technology in classrooms is required
- Medical research and clinical skills need to be worked on in colleges.

What Steps Can Be Taken?

- **Rapid Scale-up of Seats:** There are many who propose a rapid scale-up of seats by converting district hospitals into medical colleges using a private-public partnership model. The **NITI Aayog** seems to be moving in this direction.
    - However, this is a dangerous idea without the government putting in place two things — a functional regulatory framework, and a good public-private model that serves the needs of the private sector as well as the country.
    - We have so far failed miserably in both, largely due to the political-private sector nexus.
- **Regulate College Fees:** Recent efforts by the National Medical Council (NMC) to regulate college fees are being resisted by medical colleges. The government should seriously consider subsidising medical education, even in the private sector, or look at alternative ways of financing medical education for disadvantaged students.
- **Regular Quality Assessments:** Quality assessments of medical colleges should be regularly conducted, and reports should be available in the public domain. The NMC is proposing a common exit exam for all medical undergraduates as a quality control measure.
- **Transform Health Professional Education:** Today's medical education should be able to groom such professionals to face medicine of the 21st century. The Lancet report, 'Health Professionals for a new century: transforming health education to strengthen health systems in an interdependent world' (2010) outlines key recommendations, to transform health professional education, needs to be looked upon.
- In addition to raising the standards of medical professionals, the system should innovate to meet the growing shortage of health professionals to serve ageing populations with lifestyle and lifetime ailments.

Drishti Mains Question

In the light of the Ukraine crisis and Indian Medical students' miserable condition, discuss the need to reform medical education in India.