Review Article

Journal of Global Medical Education and Research
Volume 1 Number 1, January - June 2018

Indian Medical Education System: Need for Change

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Abstract

Medical education all over the world has undergone significant changes keeping pace with the knowledge advancement as well as technological revolution which has taken the world in its storm. Medical education now needs to be community oriented and need based to our society, so the medical graduates is able to deal with the common problems efficiently. Both the government and the medical teachers need to be work in harmony to produce efficient medical graduates capable of dealing common problems and performing common medical procedures independently. This article highlights the all these issue and suggests few changes which might be useful to bring out a positive change in medical education in India.

Keywords: Medical Education; Medical Colleges; Medical Teachers; Medical Graduates.

In order to address the urgent need for a robust team of medical practitioners, India's medical educational system needs a serious makeover. Medical graduate duration is of 5½ years, it is one of the longest duration of course among graduation in different streams; still by the end of the course the medical graduate is not confident enough in dealing with common problem. The problem lies at many levels - government, regulatory body, planners of curricula and society. Each of these component are unique to the country and very important, they have to work in harmony to produce skilled and competent doctors who are ready to work all across the country.

Medical Council of India was formed in 1950s after replacing the old Indian medical council with the aim of establishing a modern system of education in medicine so as to provide a need based and modern medical education system for our country,that would also take care of developing the appropriate human resources. The Bhore committee [1] had advised in their report for establishment of universal medical delivery system; where medical colleges form the tertiary care system and the basic unit was a primary health centre. The tertiary centre -Medical Colleges had two important task to perform- to provide the highest and most advanced form of treatment and to develop and advance human resources needed to achieve this. Medical education was the responsibility of government as most of the colleges were owned and run by government barring a few non-profit colleges. As the privatisation was evolving and rapidly taking over in many economic sectors, medical and health technology also grew at a rapid pace and soon became a part of profit making private sector. This rapidly progressing privatisation, gradually invaded the medical colleges also. The government medical colleges were not-for-profit, while these private medical colleges collected huge fees from students and became a profit making organisations in-spite of the fact that hospitals attached to these

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colleges were to provide treatment at a subsidised rates to the poor.

The sudden increase in numbers of medical colleges led to an acute shortage of teaching faculty, especially in certain specialties (eg- non-clinical subjects–Anatomy, Forensic medicine etc) which are not popular choices of medical students because of lack of social acceptance and less chances of job opportunities. This led to many irregularities in the teaching medical colleges/ hospitals as they would have name of teachers only on papers, one teacher appearing in rolls of many medical colleges etc. [5]. MCI did make an effort to curb these irregularity; government in response to public pressure and remarks of Supreme court of India made a 4 member committee to replace MCI by a regulating body [2]. Till the new body starts functioning in full capacity taking into account the current need of country, pitfalls in the current system of medical education it is unlikely to be able to provide any solutions to the medical care needs of the country.Medical education in India is suffering from various shortcomings at conceptual as well as implementation level.

Planning Medical Education

"Medical education is a social function; it is not a proper object for either institutional or individual exploitation."– this was stated by Abraham Flexner, on the state of medical education in the United States of America [3] in a benchmark report on medical education in USA, which has greatly influenced medical education all over the world. Training of medical professionals (medical teachers as well as care givers) should serve the objective of quality and affordable medical care delivery in the country, hence the need for integration of medical education with medical services. We need to understand the health needs of our country so as to formulate plans which can integrate medical education with medical care [4].

Medical needs in India is faced with the challenge that large sections of its population are unable to access necessary medical care. The barriers are many - physical, financial, social to name a few. PHCs are not there or inaccessible in many areas. Often there are no doctors or even nursing staff present. Districts hospitals and Medical colleges are overcrowded and often understaffed. At the other end cities are full of doctors who find hard to earn a decent living. Thus we see corporate hospitals employing marketing professionals to sell their services; many forms of corruption prevail – giving money for referrals or diagnostic services, unnecessary procedures, unethical practices. In brief, those who need care do not get it and those who have means may still not get right treatment.. Medical education has to be supported by the state, commercialisation of medical education will mean a compromise in the health needs of society and nation.

Medical Universities have Three Responsibilities

a. The entrance standards,
b. The upholding of scientific ideals, and
c. Responsibility for adequate support (of the staff). Mushrooming of private colleges without strict admission norms, will lead to low quality students and future doctors compromising the health of citizens of India.

Health and Human Resources

Our country faces huge differences in health care delivery; geographical reasons as well as urban-rural health worker deficit. This leads to delivery of health care by unqualified and untrained persons which seriously jeopardises the health status of the individual and the society. Equitable distribution and retention of the trained health force is a daunting task for the government. Formation of a rational human resource policy needs to be undertaken towards realization of universal health coverage in India at the central level. Incentives and promotions might be helpful for the management of human resources in all parts of the country equally.

Few Suggestions are

1. *Faculty*: Full-time faculty must be there to properly train medical students, and it is advised that teachers in universities should be adequately remunerated and no private practice allowed. Medical teachers should go through the training in medical education methods and technologies to maintain a high quality of teacher. Regular updating in these methods/technology is required by faculty development programs. Recommendations include the need for formulating a national strategy for faculty development to not only enhance the quantity of medical teachers but also the quality of medical education [6].
2. *Entrance & Exit Test*: There must be stringent entry and exit norms for students, so as to

train a high quality workforce. Quality must be ensured to enable the brightest, deserving and dedicated students for this course. Quality of doctors depend on the student taking admission for these courses as well as quality of training provided. There should be no short-term courses to fill shortages.

3. *Syllabus & Curricula*: It is important that course content be regularly revised, may be every 5 years, as medical knowledge/equipment/lab tests are changing very fast. More emphasis on practical problems and skill assessment should be imparted. Incorporation of newer branches in medicine– genetics, bio-technology, hospital administration etcinto the mainstream is required. It has been observed over many years that student study more according to the prevailing assessment system. Assessment system should be holistic and able to assess the knowledge, skill, attitude and competency in performing tasks. At the end of the courses a medical graduate should be confident in dealing patients of common problem at the community level, and is able to diagnose and refer patients with complicated diseases to higher centres.
4. *Integration*: Integration of different streams of medicines will give a complete and better understanding to the young graduates. Integration among the clinical- paraclinical and non-clinical subjects across the 5½ years of training may increase their spectrum of knowledge and skills in problem solving.

   Integration of all existing systems of medicine on the basis of science can be done. This idea is relevant to India, we must examine and integrate Indian systems of medicine where ever possible, instead of the compartmentalised approach we now have. There is a need to better integrate planning across the professions, with special attention to skill mix and geographic balance.
5. *Funds*: Higher investment in health is needed to maintain a high quality in medical education system. Tertiary care Medical Colleges and their faculty are involved in research in health too, which require a good infrastructure as well as funds. These colleges often sow the seeds of a good research and ethics in the minds of young budding professionals, but is usually limited in post-graduation. Even the medical graduates should be encouraged to understand and do projects and research during their training.

Conclusion

Lot of work needs to be done to create a medical education system designed to Indian needs which addresses the desired outcome of training high quality medical persons competent and willing to deal with the health problems of people in places where they are needed.

Government must be clear on its objectives. If the plan is to provide high quality medical services to all, it must work on a road map likely to lead to this objective. It is useful to study the experience of other countries and the reports of their future plans. The present system is broken. Patching it won't work. A radical new path is required to bring on the desired change.

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