

## Medical Education in India: Critical Challenges and Solutions

A robust MBBS training is the foundation of an ethical doctor. Till the foundation (MBBS) is not adequate and appropriate, no “*multilevel building*” (MD/MS/DM/MCh) will stand the test of time. Probably, this is the reason that medical profession is standing at crossroads today, when we read about botched up patients. The competence of the recent entrants in medical profession being below par is due to lack of adequate training and supervision.<sup>1</sup>

An appropriate teaching environment with competent faculty is a very important role model for the future health-care professionals of our country. If the medical students observe and imbibe “*wrong*” concepts and unethical practices regarding investigations, treatment plans, medical or surgical interventions during their budding undergraduate and postgraduate years of training, these ideas become fixed on their easily impressionable minds.

More importantly, these unethical concepts embed as “*role models*” for their whole professional life. In the long run, the brunt is borne by the patients being treated by these “certified” doctors. There is a need to introspect the quality of doctors 10 to 15 years down in our country.

The only way to get out of this situation is to have stringent implementation of laws governing medical education with exemplary penalty for medical colleges in case of deviation from mandatory statutory rules and regulations. An analogy is the use of seat belts or mobile phone usage or over speeding in many cities and highways in India now. Wherever the implementation was made stringent, people started following the traffic regulations, whereas earlier it was ‘*chalta hai*’ attitude. Another example is the control of unfortunate menaces of ragging in our country; once the judicial intervention at the highest level fixed accountability to prevent ragging on the head of the institution; the practice of ragging in our country has almost disappeared from the campus environment.

The process of inspection of medical colleges needs to be further honed by Medical Council of India (MCI). Over the last few years, MCI has made an endeavour to make the process of inspection transparent and more accountable.<sup>2,3</sup> A mandatory method of video recording of pre-defined areas in a medical college during inspections for approval and recognition of courses has been introduced to avoid “ferrying” faculty, patients, and equipment before inspections. More importantly, a surprise video inspection by a different team within next few weeks must be introduced to compare with the older video recording to audit and ensure that no fake faculty or fabrication of data has been done during the previous inspection.

The other fundamental question is the process of admission to medical colleges for MBBS and post-

graduate courses. The matter has been resolved in the highest court of the country that all admissions in medical colleges should be done in a transparent and a time-bound manner.<sup>4</sup> In fact, entrance examination for MBBS and post graduate courses is the statutory criterion for admission in our country so that merit remains the crux for the admissions.

Any contraventions in the conduct of entrance examination for MBBS and postgraduate courses erode the very integrity and the moral fabric of the budding health-care professionals in our country and perception of doctors in the general public at large. It is already in the public domain as highlighted by sting operations repeatedly in the national media that many medical colleges and so-called deemed universities in India are allegedly ‘fixing’ their pre-medical entrance examination and/or postgraduate entrance examination in the name of ‘merit’ by ‘manipulating’ the entrance examination results.<sup>5</sup>

“Advance bookings” is seemingly become the norm in most private medical colleges. In many states, the private medical colleges conduct their own entrance examination. Over the last few years, the plethora of indirect advertisements in newspapers is a testimonial that this entire scam needs to be investigated. Technically, these medical colleges are “inspected and approved” by the MCI, and therefore, “legally” have the “required clearances” in a court of law. Once these “clearances” are in place from constitutional bodies like MCI, the court cases against such institutions become weak as they claim to be recognised by MCI and admit through ‘merit’.

Once medical colleges start, it becomes a kind of a *defacto* situation as the plea taken by those running these colleges is about the “future” of the admitted students. Later on, permission is taken to start postgraduate courses whereas academic material for even undergraduate courses is grossly inadequate. In fact, it is a double whammy for students where on one hand, they are paying exorbitant fees in these medical colleges and on the other hand, their training is completely substandard. If *under the table* commercial transaction(s) override the selection process, medical education is akin to auctioning all undergraduate and postgraduates seats to highest bidder!

As an interim measure, till the legal tangle of the mandatory National Eligibility-cum-Entrance Test (NEET) for MBBS and postgraduate courses all over the country is resolved, urgent measures need to be instituted to maintain the integrity of the selection process for future doctors. Interestingly, there may be innumerable instances where candidates who could not even qualify the central or state government conducted MBBS or postgraduate entrance examination, but ‘manage’ to get a ‘merit’ rank in first

50 or 100 in a private medical college conducted entrance examination. This aspect can easily be audited by asking the selected candidates to provide their roll number and rank (if any) in the central/state government conducted entrance examination as standard operational procedure for the scrutiny of the admission in medical colleges in the private sector. On the other hand, the government should make out all efforts to file the review petition in the Supreme Court so that the admission process to MBBS in our country becomes transparent and only deserving candidates get selected.

In our country, we are facing a unique dilemma that professionals are duly “certified”, but not adequately and appropriately “skilled or competent”. In fact, in many government conducted entrance examinations for MBBS and postgraduate courses, video recording has become a standard protocol to avoid impersonation and ensure transparency in the examination. As a preliminary measure, all medical colleges conducting postgraduate courses should have a video recording of the final postgraduates (MD/MS/DM/Mch) examination to ensure minimum level of competence and prevent certification of substandard doctors by the fraudulent means. This can also be done in the final MBBS professional examination in a random fashion. The criteria to implement this system can be easily laid down. The video recording can then be viewed by a committee in MCI or any other neutral technical committee on random basis.

This would preempt any possible *quid-pro-quo* between medical colleges by selecting mutual examiners as external examiners to pass undeserving undergraduate and postgraduate students. This is all the more vital in surgical disciplines and medical disciplines requiring medical device interventions, as inadequate training can be fatal after a botched procedure due to inadequate training and experience.

In the long run, MCI also needs to contemplate on a common exit exam like United States Medical Licensure Examination (USMLE) in our country to maintain and ensure minimum levels of competence in medical students graduating from medical colleges all over India.<sup>6</sup> In our country, National Board of Examinations award Diplomate of National Board (DNB) degree. The exit examination for DNB is conducted in an independent centre with independent examiners; who can technically evaluate a candidate without the presence of an internal examiner. This removes any potential bias in the conventional examination system being followed in the medical colleges for undergraduate and postgraduate degrees. In fact, this can be used as a template by the statutory bodies governing medical education to improve objectivity, fairness, impartiality and integrity in evaluation of future health-care professionals in all the medical colleges.<sup>7</sup>

Of course the future of education technology in the world is reaching newer horizons. Medical professionals also need to hone their skills in the fast-paced developments, like the evolution of massive open online courses (MOOC) to hone their skills in a structured manner. In fact, the medical universities in the country should develop structured MOOC courses to be made mandatory as part of the continuing medical education (CME) credits for renewing medical registration every five years. This would encourage medical professionals to update their knowledge in a more robust methodology rather than attending medical conferences in different parts of the country for these CME credits. Many times the selection of the speakers invited for these medical conferences and the quality of lectures leaves much to be desired.

Moreover, the issue of funding for organising these conferences in our country with limited resources has also led to lot of questions about the propriety and ethics in the public domain. It will not be out of context to emphasise that out-of-pocket (OOP) expenditure for health is an important cause of poverty in our country. A study conducted by the Tata Institute of Social Science (TISS)<sup>8</sup> observed that OOP expenditure on medicines (38.7%) and diagnostics (39.2%) was quite substantial in terms of proportion of the total OOP payments by the patients. Furthermore, the TISS study found that about-a-third of the beneficiaries experienced financial catastrophe if indirect expenditure is taken into consideration. This also implies that for the poor, ill-health has further deepened the existing poverty.<sup>8</sup>

Currently, there is an endeavour all over the world to provide maximum knowledge to maximum learners in a cost-effective and cost-efficient manner. The role of virtual lectures and web-based seminars (webinar) conducted by the medical universities in the country utilising the services of the existing faculty would be a step forward to enhance the knowledge of our health-care professionals in this direction. As these structured modalities, like MOOC and webinars would be conducted by statutory educational bodies, this would also eliminate to a large extent the potential conflict of interest in the conduct of these ‘educational’ conferences as being currently sponsored by the pharmaceutical companies *overtly or covertly*.

No disease is cured till we make a correct holistic diagnosis and plan a comprehensive treatment. The treatment of symptoms of a disease only never helps in the long run! Unfortunately medical education producing the future health-care professionals of our country is facing similar critical challenges and hoping for a “holistic cure”. No nation can be “wealthy” without a “healthy” population and appropriate professional, ethical and technical training of health-care professionals will play a very important role in this

national mission. As it is said “*Where there is a will, there is a way*”— what we need in India is an honest will to achieve this.

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