

Challenges in Medical Education and Impact on Health Care

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ABSTRACT

Medical education in India is confronted with several serious challenges which have grown into monstrous proportions today leading to virtual collapse dangerously affecting the quality of doctors, drastically changing their mentality under the hypnotizing influence of commercialization making them more materialistic, self-centered, without values of sacrifice, service, or commitment to the country and affected the chances of poor brilliant students to become a doctor. Challenges in medical education confronting Public Medical Education Institutions generally pertain to lack of funds and infrastructure along with poor work environment and bureaucratic control, whereas in Private Medical Education Institutions challenges are related to excessive commercialization, increasing illegal and unethical practices and ineffective regulatory institutions like National Medical Commission and state Medical Councils. Effect of progressive deterioration of medical education has seriously impacted the health-care system both public and private and the miserable deficiencies were exposed during COVID-19 pandemic. Such adverse impact on health-care system has brought focus on challenges in medical education like never before.

Introduction

As India is aspiring for an exciting new future of growth and progress, medical education gains immense importance expected to play a crucial role in fulfilling the aspirations of people, achieving the goal of sustained development agenda and provide competent, ethical, and efficient doctors. Health-care services are dependent on doctors who are responsible for health of the nation playing an important role in the economic and overall development of the nation. Medical education system in India is one of the largest in the world, confronted with challenges, problems, mired with a number of controversies trudging along a rough path toward an uncertain future, and may have adverse impact on health-care system.

Challenges in Medical Education¹⁻⁵

Challenges in medical education in India are numerous, but because of space constraints we are going to briefly discuss the following important challenges.

Rapid and Uneven Growth with Regional Imbalance of Medical Colleges

Since independence, there has been rapid proliferation of medical colleges, private medical colleges accounting for most of the growth from 23 all government medical colleges in 1947 to 412 including 200 government and 212 private in 2015 and 554 including 285 government and 269 private with annual intake of about 83,075 undergraduate (UG) and 38,317 postgraduate (PG)

students in 2021. According to the National Medical Commission (NMC) website more than half of the medical colleges are in five states, 70 in Karnataka, 68 in Maharashtra, 62 in UP, 57 in Tamil Nadu, and 32 in Andhra Pradesh. This regional imbalance is thought to be because of political patronage or ownership of private colleges as commercial enterprises rather for quality of medical education. Disproportionate and rapid growth of medical schools has led to several problems out of preview of this chapter.⁶

Commercialization and Privatization of Medical Colleges

In 1990s, medical education reforms made it easy to open private medical colleges, prompting commercialization, and privatization of medical education with concept of buying medical seats rather than merit leading to many undesired consequences like skyrocketing capitation fee and corruption in admissions. Commercialization of education has affected the mentality of students making them more materialistic, self-centered, without values of sacrifice, service or commitment to the country and affected the chances of poor brilliant students to become a doctor. Private medical education even after establishment of NMC in 2020 remains very expansive and has become a market investment for students. Cultivation of commercial rather than ethical environment in private medical colleges has led to complete eradication of societal and humanitarian aspect of medical education converting it in a very lucrative business. More importantly, there is no separate budget for medical education; it is part of health budget and there is suspicion among experts that government's medical education funding will be further curtailed under public-private partnership model affecting the public medical education.

Corruption in Medical Education

Corruption in medical education has different faces depending on private or public medical education system. The worst kind of gross corruption and unethical practice was encountered during MCI inspections when busloads of patients were mobilized to fill up empty wards, carloads of doctors are paraded before the inspectors, birth/death registers are manipulated and even instruments are hired or shifted between colleges and still private medical colleges managed to get MCI permissions under

the influence of cash, kind, or political patronage.⁷ Now same thing is happening under NMC. Reports suggest that in spite of qualifying exams many private medical colleges charge under-the-table in addition to high fees for admissions. Worst type of corruption is passing the undeserving students especially with grossly deficient attendance in lure of cash or kind. Several other aspects of corrupt practices cannot be discussed here because of space constraints.

Role of Universities and Colleges

Universities and colleges play an important role in grooming the young students but the present commercial environment in most of the private medical colleges resists change in curriculum for need of extra faculty training and infrastructure involving extra cost so continue to with rot learning without the consideration of academic excellence. Professional ethics based on "Hippocratic oath" has been replaced by business ethics based on commercialization affecting the mentality of young doctors with materialistic and self-centered attitude, without values of sacrifice, service, or commitment to the country. There is rapid proliferation of institutions with deemed university status, grossly deficient in infrastructure and manpower, merely serve as venues for conducting the courses or the examinations, no innovations in education, almost negligible research activity, minimal internal faculty development, and without any training in modern teaching-learning methods. When institutions thrive on illegal and unethical practices, how on earth any one can think that such institutions will be able to provide good ethical and academic education.

Role of the Regulators like NMC and State Medical Councils⁸⁻¹⁰

The role of regulators is most important for maintaining standards of medical education, but unfortunately since inception of MCI in 1934 and replacement by NMC in 2019, the role of regulators including the State Medical Councils have been questioned. The MCI was plagued by corruption and was dissolved in 2010 following the arrest of MCI's president by the CBI for accepting a bribe from a private college. A 31-member Parliamentary Standing Committee on Health and Family Welfare submitted the report in 2016 and found MCI hugely responsible for the prevailing pathetic state of health care, low standard of medical

education, indicted for promotion of corporate hospitals and unethical practices. The committee observed that opaqueness in the inspections of medical colleges reeking of a serious scam and recommended formation of an NMC through a new Act. Indian Medical Association protested against formation of NMC raising several questions. But presently the functioning of NMC has been questioned by activists like me because it failed in its objectives for which MCI was dissolved. Private medical colleges still continue to charge obnoxiously high fee, get advance information about NMC inspections to stage manage the drama of inspections, compromising merit in admissions with progressive lowering of qualification marks and failure to initiate inquiries against private medical college in spite of written complaints with visual proofs. I think in a desperate effort for increasing medical seats, NMC is compromising on quality of medical education, skewed distribution of medical colleges, seriously compromising teaching and learning activities, monitoring of standards of admission, evaluation, facilities, teacher adequacy, and infrastructure. Project like converting 75 district hospitals into medical colleges as well as relaxing norms for opening of private medical colleges including the faculty requirements adds to the problems faced by medical education system. The NMC bill was supposed to be a positive step, only time will tell how positive it can be for benefiting medical education. State Medical Councils have only doing registration of doctors and awarding CME hours and failed to enforce ethical practices and curb quackery.

Curriculum Revision

Curriculum revision was a welcome step, but it took more than two decades for revision of UG curriculum from 1997 implemented classroom-rota learning to “Competency-based UG Curriculum” stressing on medical ethics, doctor-patient relationship and outcome-based learning. But, as health and human rights activist, I have serious doubts about whether the change in curriculum will be able to fulfill community health-care needs, train professional, and empathic future physicians who are able to perceive pain, fear, and discomfort of the society at large because of learning under the hypnotizing influence of privatization, corporatization, liberalization, and commercialization of medical education will not be able to modify mentality of young doctors to serve the community rather will modify

to adopt market-private-corporate initiatives to get a good return afterward.

Poor Internship Supervision

Internship training is supposed to develop clinical skills and prepare the young doctors for interaction with patients and society, but the present education system depending on the entrance tests for PG and DM courses force them to join coaching institutes compromising their internship training. Moreover less number of PG seats as compared to the UG seats leave more than half of doctors without PG, who will then be grossly ill-trained to practice as primary care physicians posing a big challenge for health-care system.

Shortage of Clinical Material

Generally most private medical colleges offer costly non-subsidized treatment and in presence of poor faculty adversely affecting the patient load and bed occupancy so depriving medical students of good clinical material essential for learning clinical skills and exams. MCI and now NMC conducted surprised inspections to check minimum OPD and bed occupancy for award of UG and PG seats but private colleges devised a unique advanced warning system in connivance with MCI/NMC officials enabling them to fill the wards with dummy patients for inspectors who under the influence of cash or kind ignore quality of patients. Only recently a private medical college in Punjab got prior information about the PG inspection and stage managed the drama of inspection presenting dummy patients and ghost faculty to the inspectors and much more dangerous situation is failure of NMC to act even after written information and complaints.

Research Activities

Most of the medical colleges add “medical sciences and research” to their name due to administrative reasons but research activities are practically nil as data suggests that about 57% of Indian medical institution do not have single publication in last 10 years and majority were from three medical institutions i.e. AIIMS Delhi, PGI Chandigarh, and CMC Vellore.¹¹ Almost same situation exists today posing a major challenge to medical education even when NMC requirement of publication exists for promotions of faculty. A unique way out was publishing in paid journals which

forced NMC to publish the indexing journals mentioned in the notification dated 12.2.2020. Such a measure by NMC will go a long way to promote good quality of research. But in absence of any credit for research in selection to PG or DM courses discourage doctors to go for research; rather they spend time attending the coaching classes for entrance exams thus affecting the research activity and quality of doctors.

Selection of Medical Students

One revolutionary measure of National Eligibility-cum-Entrance Test (NEET) UG and PG initiated by the government which would have gone a long way to rationalize medical college admissions and almost eliminated capitation fee has miserably failed in its objective to provide opportunities to meritorious students irrespective of capacity to pay. Private medical colleges have increased their official fee to match the capitation fee, making it difficult for even middle class families to afford medical educations. The NEET results of 2018 revealed that decrease in qualifying cut-off marks has opening the doors to candidates with just 18-20% marks in the NEET aggregate. The percentile system has played havoc with merit, making it easy for wealthy low-performers to buy seats.¹²

Shortage of Medical Teachers

Shortage of faculty continues to plague the medical education system and getting worse with rapid proliferation of medical colleges both private and government. The shortage is mainly because of non-availability of qualified faculty interested for job in medical colleges on the current terms and conditions.¹³ Moreover with glamorization of highly paid corporate jobs or overseas lucrative assignments, more and more doctors avoid medical college jobs or they are employed as ghost faculty by private medical colleges adversely affecting the education standards in medical colleges both government and private for different reasons.

Impact on Health-Care System

Medical education in India today is at crossroads may be on the verge of virtual collapse. Under the hypnotizing

influence of market economy medical education is producing doctors with changed ethical and moral standards where the patients are “consumers” and health-care delivery a “business” favoring an ethos of profit in this new lucrative “Medical-Industrial complex” where professional ethics are gradually being abandoned. Phenomenal growth of private medical colleges is leading to aggressive growth of private health care leading to rising cost of treatment, irrational therapeutics, over-prescription, and unnecessary investigations¹⁴ making health care a “commodity” rather than a “service”. Such a transition as lead to intrinsic polarization with public sector being responsible non-profit and preventive health care and private health sector profiting on curative health care. Research is influenced by profits rather than by real needs. Market forces are controlling the management decisions, not the requirement and needs of the health-care system. Despite the tremendous medical advances, health services in India have become increasingly inaccessible, inequitable in distribution overwhelming the public health services. Privatization has also encouraged unhealthy competition in a dirty pursuit to earn more than others, neglecting the National preventive programs, promoting procedure-oriented medicine losing the human touch.¹⁵ During COVID-19 pandemic decaying and decaling of public health sector was exposed like never before and private health care was found enjoying complete impunity, has devised innovative methods to exploit hapless patients leading some of the most pathetic health care situations which were exposed during the 2nd wave of COVID-19 pandemic and widely reported in media. The present health statistics prove that India has a long way to go before it can achieve universal health care or “health for all”. To prevent our health-care system from becoming insensitive, inequitable, unaffordable, apathetic to societal needs, we need to reform our medical education system. As it is said that destruction of education system is going to destroy a nation and destroying medical education is going to destroy a nation’s health-care system. COVID-19 pandemic should provide our policymakers a wakeup call for drastic medical education reforms focusing on NMC and public health-care needs with increased and separate budget for medical education.

CONCLUSION

We have narrated important challenges faced by medical education today and it is adversely impacting our health-care system, both public as well as private. These are our actual observations and experiences substantiating those with a few media and academic references. Still some people might not agree with our observations about the pathetic state of medical education and the challenges affecting the mentality of our young doctors, but we think those people who have not been exposed to the actualities of the prevailing conditions or they are in denial mode, as some of the senior people in administration and famous faculty of medical colleges express surprise on my observations during our interactions. I think early our policymakers and the custodians of ethical practices like NMC realize the serious problems and challenges medical education is facing today, it will be better to initiate reforms accordingly to make medical education affordable, equitable, sensitive to societal needs and ethical otherwise things are definitely going to go out of control making both medical education and health care only for those who can pay depriving all the other sections of society the opportunity of good, ethical and affordable medical education and health care.

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