

CHAPTER 233

Challenges in Medical Education in India

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INTRODUCTION

India has one of the oldest and largest medicinal health care systems in the world as well as home to the biggest medical education system, but it is still struggling to fulfill the basic needs and aspirations of the society. Moreover, COVID-19 pandemic and the Ukraine–Russia war have brought an increased focus on the challenges in medical education as well as health care system like never before, opening a long-dormant Pandora’s box, especially when India is aspiring to become a world power. Medical education is expected to play an important and indispensable role in achieving sustainable development goals, fulfilling the aspirations of the society and producing efficient, competent, ethical health care professionals capable of providing universal, equitable, just, and effective health care services which are immensely important for the health of the society and overall development and prosperity of the nation. As a health and human rights activist with vast experience as teaching faculty and due to the paucity of published literature on challenges in the medical education in India, in this chapter, I am narrating my actual experiences, largely based on personal interaction with students, teachers, and administrators, the medical education regulating institutions, observations, and media reports. I think one of the largest medical education systems in the world is confronted with several challenges mired with several controversies trudging along a rough path toward an uncertain future and certain collapse if short- and long-term remedial measures are not initiated by all the stakeholders in a desperate bid to save medical education in India. I am sure that some readers might not agree with my observations about the pathetic state of medical education, but I think that this may be due to lack of exposure to the actualities of the prevailing situation. There is no conflict of interest.

CHALLENGES IN MEDICAL EDUCATION

Medical education in India is at crossroads, may be on the verge of collapse, and is confronted with several challenges, but because of limited space we are going to briefly discuss the important challenges.

Commercialization and Privatization of Medical Education

Commercialization and privatization in India were initiated in the 1990s when law was made easy to open medical colleges leading to the proliferation of private medical colleges largely funded by businessmen and politicians, prompting the concept of buying medical seats rather than merit, leading to adverse undesirable consequences such as skyrocketing capitation fee and corruption in admissions affecting the mentality of budding doctors with a materialistic and self-centered attitude. More importantly, poor- or middle-class brilliant students were deprived of a chance to become doctors. Even with the establishment of the National Medical Commission (NMC), after scraping the Medical Council of India (MCI) in 2020, private medical education remained very expensive, becoming a market investment for medical students. Private medical colleges promoted commercial rather than ethical environment, leading to complete eradication of societal and humanitarian aspects of medical profession converting medical profession into a very lucrative business. NMC has miserably failed to implement its mandate to reduce and control fees in 50% of the seats of private medical colleges. Only on July 22, 2022, NMC issued a letter no: NMC/US(NMC)/Fee-Regulation-Committee/2021-22/027221-41/July 20, 2022, stating that an office memorandum had been issued regarding guidelines for determination of fees and all other charges in respect of 50% of the seats in private medical institutions and deemed-to-be universities, but several media editorials and write-ups have reasoned why a more affordable MBBS education could be a pipe dream exposing flaws in the NMC act.

Corruption in Medical Education

Corruption has different facets depending on the public or private medical education system. The most dangerous and damaging gross corruption, illegal, and unethical practices were seen previously during the MCI and now during the NMC inspections, when hundreds of patients are hired to fill up empty wards, numerous doctors are paraded in front of the NMC inspectors, manipulated birth/death

registers are presented, instruments or equipment are hired or shifted between colleges, and private medical colleges manage to get MCI/NMC permissions under the influence of cash, kind, or political patronage. The New Indian Express reported on April 28, 2022, that apex medical body officials face the sack over cash-for-clearance charges and a Central Bureau of Investigation (CBI) probe was initiated after the Union Health Minister, Mansukh Mandaviya, ordered a cleanup in the process of granting approvals to private medical colleges. Ahmedabad Mirror reported on August 6, 2022 that “with temp docs and dummy patients, NMC gives go ahead for five new GMERS colleges,” exposing the inefficiencies and corruption still prevalent in the NMC, whereas the MCI was scrapped because of allegations of corruption. Reports suggest that in spite of qualifying exams, many private medical colleges charge under-the-table in addition to the high fees for admissions. The worst type of corruption is passing the undeserving medical students and with grossly deficient attendance under the lure of cash or kind. Rampant fraudulent, illegal and unethical practices, and open corruption, such as fake degrees, bribes, donations, and proxy faculties, are major challenges in the medical education system today. It is very important to mention that the NMC and the Punjab Medical Council have failed to act on my complaints against a local private medical college, Bathinda, Punjab, for illegal and unethical practices, including fraudulent implementation of the Ayushman Bharat Scheme in spite of the undertaking in the Hon’ble Punjab and Haryana High Court for action on our complaints, so much so that I am ready to file contempt petition now. Several other aspects of corrupt practices cannot be discussed here because of space constraints.

Disproportionate Growth and Regional Imbalance of Medical Colleges and Seats

Since independence, there has been exponential growth in the number of medical colleges that increased from 23 government medical colleges in 1947 to 612 medical colleges in 2022, including 290 private colleges and deemed to be universities with annual undergraduate (UG) intake of about 92,077 seats, including 43,915 in private colleges and deemed to be universities for which over 18 lakh students appeared in National Eligibility Entrance Test (NEET) 2022. Latest updates suggest that about 45,000 postgraduate (PG) medical seats are available for the session 2022–2023. Data suggests that more than half of the medical colleges are in five states, 70 in Karnataka, 68 in Maharashtra, 62 in Uttar Pradesh, 57 in Tamil Nadu, and 32 in Andhra Pradesh. Such statistics expose grossly deficient UG seats as compared to the students appearing for NEET as well as PG seats as compared to the UG intake along with strong regional imbalances leading to several problems, which are out of the preview of this chapter. Health activists explain such regional imbalances because of increasing political patronage and as commercial enterprises rather than service to the nation.

Role of the Regulators such as National Medical Commission and State Medical Councils

Health activists have questioned the role of the MCI and the NMC ever since the inception of MCI in 1934 and the replacement of MCI by NMC in 2019. In 2010, MCI was dissolved following the arrest of MCI’s president by CBI in a corruption case of taking bribe from a private college and subsequent submission of report by the Parliamentary Standing Committee on Health and Family Welfare hugely blaming MCI for the prevailing pathetic state of health care, unethical practices, low standard of medical education, and promotion of corporate hospitals. But even now, reports suggest that private medical colleges continue to charge unaffordable and obnoxiously high fees, **get advance information about NMC inspections to stage manage the drama of inspections,** compromising merit, progressive lowering of qualification marks, **and more importantly failure to initiate inquiries against a local private medical college in spite of written complaints with visual proofs putting a question mark on the working of the NMC for which the MCI was dissolved.** The NMC in a desperate bid to increase UG and PG medical seats by opening of new medical colleges with deficient infrastructure and manpower is seriously compromising the quality of medical education. No doubt converting 75 district hospitals into medical colleges is a welcome step, but how on earth the government is going to provide the much-needed teaching faculty? The NMC has miserably failed to act when a local private medical college demanded an enhanced fee from PG students in spite of the ongoing fee determination case in the Hon’ble High Court and delayed the final exams by months, adversely affecting the careers of PG students. Even when inhuman attendance guidelines were implemented for PGs, the NMC failed to act on my written representations. The NMC bill was supposed to be a revolutionary step, but after nearly 3 years of inception, the NMC seems to have failed in almost all the objectives for which the MCI was dissolved. State Medical Councils are mainly involved in the registration of doctors, awarding continuing medical education (CME) hours but have failed to keep up with the present uncertain COVID-19 situations and frame guidelines for hybrid CMEs. State councils are not at all concerned in enforcing ethical practices and in curbing quackery.

Curriculum Revision

Curriculum revision to “Competency-based UG Curriculum” stressing on medical ethics, doctor–patient relationship, and outcome-based learning is a welcome step, but I, as a health and human rights activist, have serious doubts that the curriculum change will be able to train professionals as empathic future physicians competent to fulfill the community health care needs because the students will be

learning under the hypnotizing influence of privatization and commercialization. Young doctors are increasingly adopting market-private-corporate initiatives under the pursuit to earn tons of money.

Shortage of Clinical Material

Majority of private medical colleges with adverse locations, poor infrastructure, and ghost faculty have less number of patients, dangerously depriving medical students of good clinical material essential for learning clinical skills and producing substandard doctors. Media reports suggest that previously the MCI and now the NMC under the influence of cash or kind ignore dummy patients and take no action in spite of written complaints and video proofs.

Poor Internship Supervision

Internship training is meant to learn interaction with patients and society along with clinical skills, but now the interns join coaching institutes to prepare for PG and superspecialty entrance tests, severely compromising their internship training. More importantly, proportionally less number of PG than UG seats leave the majority of them grossly ill-trained and unprepared to practice as primary care physicians.

Research Activities

Research activities are practically nil in most of the medical colleges, and reports suggest that about 57% of Indian medical institutions do not have a single publication in the last 10 years, and the majority were from three medical institutions, i.e., All India Institute of Medical Science (AIIMS) Delhi, Postgraduate Institute (PGI) Chandigarh, and Christian Medical College (CMC) Vellore. The situation has slightly improved after the NMC made publications compulsory for promotions, but this led to the proliferation of paid journals, so the NMC was forced to issue a notification dated February 12, 2020, sighting the list of the indexed journals in which papers are to be published. But faculty has found a unique way to publish papers in paid journals with notified indexing. Absence of credit for research publications in selection to PG or *superspecialty* courses discourages doctors to go for research; rather, they prefer coaching classes over research activities, severely compromising the quality and quantity of research.

Selection of Medical Students

One revolutionary measure of NEET UG and PG would have gone a long way to rationalize medical college admissions and eliminate capitation fees, but has miserably failed because the private medical colleges have increased their official fee to match the capitation fee, making medical education unaffordable for most of the students of even middle-class families. Progressive decrease in NEET UG and PG qualifying cutoff marks has opened the Pandora's box where the percentile system has played havoc with merit, making it very easy for wealthy low performers to

buy seats. Moreover, from the very beginning, UG, PG, and *superspecialty* entrance exams are based on objective type questions, and with increasing focus on entrance exams, medical students at all levels whether UG, PG, or *superspecialty* compromise the clinical-based medical education, and so experts feel that the present medical education system is producing objective question-based doctors rather than clinically oriented doctors.

Shortage of Medical Teachers

Rapid proliferation of medical colleges, both private and government, has led to serious shortage of faculty because most of the doctors prefer glamorous and high-paid corporate jobs or lucrative overseas assignments. To overcome the shortage as well as to save money, most of the private medical colleges employ ghost faculty adversely affecting the educational standards. Experts feel that the government's decision to open more and more medical colleges will lead to a serious faculty crunch if no efforts are made to make teaching a rewarding option, which does not seem to be happening in the near future.

Role of Universities and Colleges

Universities and colleges play an important role in grooming the young students, but the present commercial environment of most of the private medical colleges leads to neglect of the professional ethics based on the "Hippocratic oath," and the students inculcate business ethics based on commercialization and become more materialistic and self-centered, without values of sacrifice or service to the nation. When teaching institutions thrive on illegal and unethical practices, how on earth can anyone think that such institutions will produce good, ethical, and academic medical professionals? Silence of academicians and senior faculty on challenges in medical education is further complicating the situation.

Impact on Health Care System

Under the hypnotizing influence of the 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" leading to the rising cost of treatment, irrational therapeutics, overprescription, and unnecessary investigations making health care a "commodity" rather than a "service." Research is influenced by profits rather than by real needs. Privatization has encouraged unhealthy competition in a dirty pursuit to earn more than others, neglecting the national preventive programs, and promoting procedure-oriented medicine losing the human touch.

During COVID-19 pandemic, deficiencies in the public health sector were exposed like never before, and private health care was found devising innovative methods to exploit helpless patients leading to pathetic health care situations widely reported in the media. The present health statistics

prove that in spite of achieving a lot, India is still far away from achieving universal health care or “health for all.” To prevent our health care system from becoming insensitive, inequitable, unaffordable, and apathetic to societal needs, our medical education system needs revolutionary reforms with a substantial increase in budget.

CONCLUSION

We have narrated important challenges faced by medical education, both public and private, sighting our own observations and experiences, substantiating with a few media and academic references. Readers might not agree with our observations about challenges in medical education

affecting the mentality of our young doctors, may be because they have not been exposed to the prevailing actualities or are in denial. I think it is time that our policymakers and institutions like the NMC realize the serious challenges the medical education is facing today and initiate revolutionary reforms to make medical education affordable, equitable, sensitive to societal needs, and ethical. Failure to do so would result in the situation going out of control, making both medical education and health care only for those who can pay and depriving all the other sections of the society the opportunity for good, ethical, and affordable medical education and health care thus adversely affecting the holistic development of the Indian nation.

SUGGESTED READINGS

- Deswal BS, Singhal VK. Problems of medical education in India. *Int J Community Med Public Health*. 2016;3(7):1905-9.
- Goswami S, Sahai M. Problems and challenges in medical education in India. *Eur J Contemp Educ*. 2015;11(1):31-7.
- Supe A, Burdick WP. Challenges and issues in medical education in India. *Acad Med*. 2006;81(12):1076-80.
- Das S. The Pill for India's Ailing Medical Education System. *Express Healthcare*; 2020. [online] Available from <https://www.expresshealthcare.in/education/the-pill-for-indias-ailing-medical-education-system/416711/>. [Last accessed October, 2022].
- Chakrabarti R. Problems plaguing medical education: why India suffers a severe lack of quality doctors. *India Today*; 2016.
- Chattopadhyay S. Black money in white coats: whither medical ethics? *Indian J Med Ethics*. 2008;5(1):20-1.
- Faridi S. Apex Medical Body Officials Face the Sack over Cash-for-Clearance Charges. *Express News Service*; 2022. [online] Available from <https://www.newindianexpress.com/nation/2022/apr/28/apex-med-body-officials-face-the-sack-over-cash-for-clearance-charges-2447323.html>. [Last accessed October, 2022].
- Dabhi B. With Temp Docs and Dummy Patients, NMC gives Go Ahead for Five New GMERS Colleges. *Ahmedabad Mirror*; 2022. [online] Available from <https://www.ahmedabadmirror.com/with-temp-docs-and-dummy-patients-nmc-gives-go-ahead-for-five-new-gmers-colleges/81841369.html>. [Last accessed October, 2022].
- National Medical Commission. List of College Teaching MBBS. [online] Available from <https://www.nmc.org.in/information-desk/for-students-to-study-in-india/list-of-college-teaching-mbbs/>. [Last accessed October, 2022].
- Muraleedharan VR, Nandraj S. Private health care sector in India—policy challenges and options for partnership. In: Yazbeck AS, Peters DH (Eds). *Health Policy Research in South Asia: Building Capacity for Reform*. Washington, DC: World Bank Publications; 2003. pp. 229-56.
- Ninety-Second Report. The Functioning of Medical Council of India (Ministry of Health and Family Welfare). *Rajya Sabha Secretariat, New Delhi March, 2016/Phalgun, 1937 (Saka)*. [online] Available from <http://rajyasabha.nic.in>. [Last accessed October, 2022].
- A Preliminary Report of the Committee on the Reform of the Indian Medical Council Act, 1956. *NITI Aayog, Government of India*; 2016.
- Bhatnagar R. Medical Council of India largely responsible for corruption in health care, reveals committee. *Firstpost*; 2016.
- Ray S, Shah I, Nundy S. The research output from Indian medical institutions between 2005 and 2014. *Curr Med Res Pract*. 2016;6:49-58.
- Nagarajan R. For an MBBS Seat, You Need Just 5% in Physics, 20% in Biology. *The Times of India*; 2018. [online] Available from <https://timesofindia.indiatimes.com/india/for-an-mbbs-seat-you-need-just-5-in-physics-20-in-biology/articleshow/63766630.cms>. [Last accessed October, 2022].
- Sinha A. Health and the common minimum programme, in social action. 2006:276-88.
- Jindal S. Privatisation of health care: new ethical dilemmas. *Issues Med Ethics*. 1998;6(3):85-6.