Introduction

Medical education in India has come a long way since independence. Various medical institutions and regulatory bodies have made considerable changes in the systems and procedures required for opening medical colleges and postgraduate institutes. Today growth has taken place both in Government and private sectors. Many new medical institutes and universities are being started to cater to the growing needs of our country.

In this process a few questions about the quality of education imparted, standard of the medical graduates in relation to theory and practice of medicine, medical research and availability of medical teachers are looming up. The standard of medical services issued to the patient population in these institutions is a soft target for anyone. The medical profession is a noble profession, to be practiced in a desired ethical manner at the highest degree of competence. These are some of the basic expectations from a medical practitioner.

From a handful number, the medical colleges have increased by more than 300 by 2010. We have highest number of medical educators in the world. But this has not been in the right direction and has brought in a large volume of deficit in the supply and demand on the availability of the teaching faculty. This unequal growth without regulations to it, brings urgent issues to focus. The lack of quality assurance in the medical education processes and finding effective solutions to address this shortage of teaching faculty needs a lot of sincere efforts.

Another menace that has loomed is the growing commercialization of medical education that has to be curbed to ensure basic standards and to check the unplanned growth of mediocre teaching institutions and even deemed universities with their constituent medical colleges. There is a strong case for a review of the entire system of medical education in the country. Solutions like increasing retirement ages of teaching faculty, sharing of faculty with private public mix, increasing PG seats, allowing clinical teachers to adapt to modular methods of teaching and training, with integrated and applied principles, in para-clinical and pre-clinical subjects, merger of allied specialties, etc are proposed to address this faculty shortage. Shortcuts like permitting pure science PGs of non-medical faculty in medical education domain are lopsided and shall issue opposite and ill-conceived results.

Medical education is regulated by the Medical Council of India as well as by the Universities. These bodies perform their job but the level of competence has been at variance from time to time. The changes in regulations, implementation of policies is at the will of the Government bodies of the day. When this competency is at the off-cue level the judiciary has to be interfered with, to sort out things. At the time of independence there were just 19 medical schools with an output of 1200 doctors. In 1965, there were 86 medical colleges in India with only a few private
colleges. Today, there are 271 medical colleges from which about 31,000 medical graduates pass out every year and private sector medical colleges have grown to account for more than half of all medical education institutions in India. As per the information on the website of the Medical Council of India (MCI), the number of medical colleges in India offering MBBS as on 16.11.2007 is 271, of which 255 are recognised. 63% of the medical colleges are in just 6 states - Maharashtra (40), Karnataka (39), Andhra Pradesh (32), Tamil Nadu (25), Kerala (18), Uttar Pradesh (16).

Faculty Crunch

Establishing medical colleges requires huge capital and highly trained, qualified, competent manpower investment, adhering to the Medical Council of India guidelines. India is the hub of global human resources in all spheres of development due to its maintenance of standards of goodness of education, communication, knowledge of English language, and that too in the field of modern medicine. Our doctors have training at world acceptable levels. Proper emphasis on the quality of medical education, inspite of its rapid proliferation in private sector medical colleges, is the current and felt need of our country.

Evidently, medical education system has an unregulated growth over the last two decades. Even the ‘prestigious’ colleges, both in private and public sectors are forced to fake up faculty lists with non-existing academic members among their staff. Establishment permissions to most medical college are gifted or given out as patronage to political exigencies, religious sects and local community overlords. Very few have adequate space, infrastructure or hospitals as per the required MCI norms. They are ill-equipped, inadequately staffed and continue to remain so. This unregulated rapid growth in enrolment of medical students and poorly implemented regulations relating to admissions, faculty strength and infrastructure is eroding the system slowly and surely and we stand to lose the cutting edge now enjoyed the global healthcare scenario.

Many of the senior faculty entrenched in new generation private medical colleges fabricate and falsify records to their qualifications and birth records to satisfy the conditions stipulated by the MCI to circumvent their medical college of inadequate standards for approval and recognition. Illegal gratis is involved in this business of getting by the MCI and the health ministry with political aegis. This decaying of medical education reflects the order of the day in our country. Corruption and bribery have made permanent inroads into medical education since past few decades in health universities and entrance examinations. Even low level administrators in the universities can leak question papers and manipulate marks. Perhaps the worst kind of gross unethical practice in academic medicine happens around the time of inspection by the Medical Council of India (MCI), even in govt. controlled colleges, let alone in newer private medical colleges. In emergency-like frenzied two day shows, busloads of patients are mobilized to fill up empty wards, carloads of doctors are paraded before the inspectors, and even instruments are hired or shifted between colleges, during the period of MCI inspections. The policy of excessive privatization of medical care delivery system has undermined well acclaimed, easily and cheaply accessed governmental services and has further limited the healthcare access of the underprivileged.

Private managements accede to the difficulty in getting faculty and it is even more difficult to retain them in the wake of continuous lucrative offers from their newly established medical colleges. Regions in smaller cities or semi-urban areas do not have the facilities, ambience, or charm to attract teachers or other qualified staff to them. Such colleges have been
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surviving council inspections by window dressing and by luring faculty from other sources.

With the mere increased numbers of medical colleges, a higher quality health care delivery system is possible is debatable. We have been loosing medically qualified post graduates to Western countries since till recently when medical college teaching jobs were low paid and did not give that richness or respect attained by private practitioners. Uniform pay scale implementation is need of the hour, all over the country to prevent medical teacher mass migrations.

Some Solutions

Today, India has the highest number of medical colleges in the world and consequently needs the highest number of medical teachers. Yet, shortage of medical faculty and lack of medically oriented teaching by appropriately trained PG faculty are undermining the Indian medical education domain. The unprecedented institutional growth has created a national quality crunch and is the challenge for medical education. This has resulted in varying standards in the medical graduates across the country. There is a national need for well-trained faculty who will help improve programs to produce quality graduates. No entity exists till date to safeguard medical teacher deficits. Increasing the retirement age of PG teachers shall harness well-earned medical and teaching experience of senior faculty and private–public sharing of this scarce resource shall be an interim, urgent or even a permanent solution.

Implementing integrated medical education system—will help. Merging of homogenous specialities like merging of biochemistry with physiology or pathology, microbiology with pathology, or creation of a discipline of laboratory medicine merging pathology, microbiology and biochemistry has been suggested. It decreases the requirement of senior teaching faculty these disciplines. Also merging of Anatomy with Surgery shall also achieve similar objective of providing deficient staff from Surgery department, who are in plenty. Acute shortage of medical teachers needs to be filled.

Appropriate solution exists within medical education system itself and help can come from recruitment of medical brethren from clinical sciences to fulfill non clinical department norms, as has been happening successfully in Tamilnadu and Andhra pradesh government medical colleges. Increasing the number of MD seats in Para clinical and preclinical sciences and replacing existing Diploma seats with corresponding MD/MS seats is another alternative approach. No postgraduate seat shall go vacant and there is no shortage of PG aspirants to these seats then. The MCI may also issue junior lectureship posts to MBBS graduates who have been serving as tutors for more than 3 years in any department as career advancement.

Indian National Knowledge Commission (NKC-2008) proposes raising average standards and creating centers of medical excellence, revised medical accreditation; methods of attracting and retaining talented medical faculty members and devising measures to ignite, promote and sustain the research tradition in medical colleges and teaching hospitals.

Medical teacher fiscal incentives, tax cuts, i.e increments, promotions, paid study leaves, sabbatical leaves, institutional and regulated private practice rights shall also attract good teachers to stable institutions. In order to recruit good and gifted medical teachers, on the pre-clinical side, it is beneficial to provide them with regular attractive salaries, amenities and retirement benefits which are realistic and at least on par with the earnings of those with practice. Rural bias of good quality physicians who could potentially serve as medical teachers in
such medical colleges may further decline the quality of medical graduates produced. For such regional inequities for medical training and related availability of doctors, it may be useful to set up adequately staffed medical research and training institutions in economically backward areas. The government could subsidize the medical education of individuals living in backward areas, perhaps by combining such a subsidy with bondage to serve in the backward areas for a limited number of years.

The high standards of teaching are to be maintained and improved upon with constant seminars and workshops. Teaching aids, computers, medical e-books, Internet facilities and availability of the latest journals and literature on the subject should be provided in every depts. of medical colleges. As a long-term policy, no new medical colleges must be permitted in prosperous states, unless they demonstrate an MCI compliant infrastructure and facilities better than those in existing institutions. A revitalized Medical Council of India must be the only agency permitted to recognize such colleges.

India needs also a MCI controlled and Supreme Court monitored screening system of students admitted to medical colleges under the discretionary management quota so that merit remains the paramount criterion. This requires common entrance examinations to assess student performance across colleges, publicly accessible information on admission standards practiced by colleges, including transparent nondiscriminatory ranking by performance, and enforcement of sanctions on colleges violating norms. The government and other national medical professional bodies must have to play a greater role to foster true medical education and prevent political interference for developing a cadre of doctors focused more on medical education and research.

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