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The Medical Education Scenario in India - Some Thoughts.

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The Medical Education Scenario In India - Some Thoughts

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 the society always poses a few questions to the medical professionals, medical educationists, regulatory bodies about the quality of education imparted, standard of the medical graduates in relation to theory and practice of medicine, Standard of medical research

and availability of medical teachers. Above all standard of medical services imparted 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.

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 observed to vary from time to time. The changes in regulations, implementation of policies is at the sweet will of the Government of the day. At times, our courts have to help out citizens for resolving their complaints.

I have almost 30 years of active involvement with various medical bodies concerned with regulations, inspections,

imparting teaching, medical manpower selection and development as well as medical teachers associations. I feel that the some of the issues which needs urgent attention are:

1. Medical teachers, Resident doctors, Students
2. Administrative matters
3. Regulating Private Institutes and Universities

Medical Teachers/Resident Doctors/Students

Medical teachers are the cornerstone of any medical institute both on the college side as well as on the hospital side. To get a qualified medical teacher as per rules is difficult and to retain him/her is still more difficult. The underlying reasons are numerous. In the period ranging from 1960 to 1980 these were not the problem areas since most institutes were owned by the Government or local self-governments. A medical graduate would join the medical college to pursue PG in either clinical or Pre/Paraclinical departments. In due course a few would complete PG and continue as a teacher for a period of time before starting practice and others would choose teaching as a full time career. There were no specific criteria for selection of a medical graduate/post graduate for teaching jobs. We have learnt from our seniors and picked up good/bad qualities in most cases. Today there are ample opportunities, better emoluments outside the institutes or in the 'industry' as it is called today. The facilities, working conditions and payments in the medical college setups leave a lot to be desired. One would not like to elaborate too much in this area.

In my opinion the major reasons of discontent could be:

- Lack of transparency in policy implementation even after a decision has been arrived at
- Lack of consistency in decision making process on the part of administrators
- Ad-hoc decisions in most areas
- Lowest priority to healthcare reforms

These factors are correctable. I would like to suggest that:

1. There may be medical administrative board for every institute in place of single director or an IAS officer having equal representation for Pre/Para/ Clinical side thus constituting an executive committee with the senior-most person acting as chairperson
2. The policies of recruitment, transfer, increment i.e. administrative policies should be the same for one and all. Once a decision is reached implementation should be prompt and in a uniform manner for definite period of time
3. Policy on the resident doctors may be reviewed at least once in 3 years if necessary or a national policy on appointments, payments, working condition, quarters, provision of meals of a desired quality be standardized and made mandatory for both Government , Semi government or private institutions by legal provisions
4. Private medical institutes flout the rules by and large and get away with them. Somehow this needs to be

checked!! But HOW??? This is a tough task.

Administrative Matters

Medical administration is a major problem today. Medical and paramedical manpower recruitment and retention is a major challenge. The reasons are competition, remuneration and availability, besides working conditions. Opportunities in teaching institutions are aplenty but trained manpower is limited. The new culture of management does not lay emphasis on institutional loyalty or long term employment. Once an egotistic professional sets in, then other critical aspects like participation in institutional development, clinical research, developing junior cadres take a back seat. Growth of business-like administration in medical institutions has benefited the institutional owners but has had adverse effects on patient-care and medical professionals. Any medical Institute which is NOT DOCTOR FRIENDLY, CANNOT RUN FOR LONG TIME. In India, patients visit their doctor, not the hospital, as of today. The hospital culture is yet to take off in India. We definitely feel that the hospital is important but the choice of doctor has to be with the patient and with the administration.

It is important to prepare senior medical teachers/consultants to take charge of administration in due course of time. They can run the system in a better manner than pure management graduates or other Government officers. Administrators in medical colleges need to look after the development of all departments for present and future needs suitable for growth of individuals and institute as a whole. This is a difficult task.

One needs time, assistance and vision. To be the Dean is not an easy job if taken in right spirit. In my observation, often very good individuals get bogged down due to pressure from various quarters and ultimately wait for a respectful retirement. The selection process, shorter tenure of post, political interference in many cases may be the root cause besides the ego and professional rivalry - most common among medical professional. Compromise in meritocracy in the selection process for higher administrative positions is a direct cause for many ills of healthcare system.

Medical institutes involved with UG/PG education have their peculiar problems. To my mind these institutions cannot be run like any other routine government departments as the problems are not limited to students/ staff but also involves general public who utilizes the hospital services in routine and emergency situations. Freedom of action at local levels is important for smooth functioning.

Private Medical Institutions And Universities:

The fast growth in these areas has been phenomenal. But are we on right path? This question lingers in the minds of parents, patients, administrators and public at large. Their concerns are not misplaced. Shortage of staff and poor occupancy of the hospitals despite of better infrastructure facilities and teaching aids is a reality today. Selection of students, conduct of common entrance tests, fees structure, training standards are common areas of concerns for parents, students and society. Good medical institutes cannot be built in a short period of time. It

takes time for the local population to choose the doctor/ hospital and then visit for treatment. If there are no patients or poor bed occupancy then teaching also gets affected. Scheduling the teaching programs in non teaching hospitals but approved for some diploma courses is another area of concern. Due to limited availability of learning opportunities students opt for such places. This certainly affects the standard of training at PG level. This will also affect faculty in due course of time. The cost is another area where one needs to pay attention especially for new entrants in this sector. These are not the sectors which yield profits overnight. Most of our population may be unable to pay for the treatment and private institutes cannot support free treatment beyond a limit. One does not have a ready solution for these problems. In case of pre or para-clinical branches, permitting medical teachers to have attachments to more than one medical college seems to be only alternative to compensate for the shortage of staff. Institutions in rural areas have their set of problems. Some of the problems are infrastructure, availability of medicines and medical equipment to teaching staff (both medical and non medical), living conditions and insufficient compensation. Gradually the problems are being overcome in a stepwise manner at least in some cases.

I feel that we need to reform the working system of healthcare education in our country. The Government of India has announced some steps in this direction. In what manner suitable policies are designed to cater the needs of society, medical teachers or students is not clear

at this point of time. Some of the Medical deemed universities are on the verge of getting derecognized by the Government of India. The effective implementation may bring some improvement in the present system. I am sure that things will improve in due course of time as with free market economy the incompetent and low standard institutes will not survive. The experience with Health Universities is limited. May be we need to have different universities for different health-care systems to allow their independent growth in their respective fields. Universities are affiliating in nature. They have more of administrative work than academics as of now. The innovations from information Technology, online tests /paper corrections, results, revaluations etc may be utilized to ease out administrative burden of the university management. This will leave some time for newer developments, research at university levels. The attempts have begun but one needs to wait and watch.

I would like to conclude with a few quotes about medical education:

- The student begins with the patient, continues with the patient, and ends his studies with the patient, using books and lectures as tools, as means to an end.

-Sir William Osler

- If you do not believe in yourself, how can you expect other people to do so? If you have not an abiding faith in the profession you cannot be happy in it.

-Sir William Osler

- The education of the doctor which goes on after he has his degree is, after all, the most important part of his education

-John Shaw Billings