

Medical Education

Introduction

Assuring a minimal level of health care to the population is a critical constituent of the development process. As a result, the goal and objectives of medical education, its quality and quantity has wide ramifications for human development, health services and build up of intellectual capital for the welfare of the whole country. While medical education in India has expanded in the last 60 years, it continues to remain inadequate given the needs of the country. This is reflected in the shortage of health professionals and health services, with wide disparities between rural and urban areas and also between various states. There is thus an urgent need to expand India's medical education system while keeping issues of quality in consideration.

Current Scenario

Enrolment: The number of students enrolled in medical education has increased by around 85 per cent in the last ten years, from 1,88,187 in 1995-96 to 3,48,485 in 2005-06. However, enrolment in medicine as a proportion to total enrolment in higher education has barely increased – it has changed from 2.9 per cent in 1995-96 to 3.1 per cent in 2005-06.

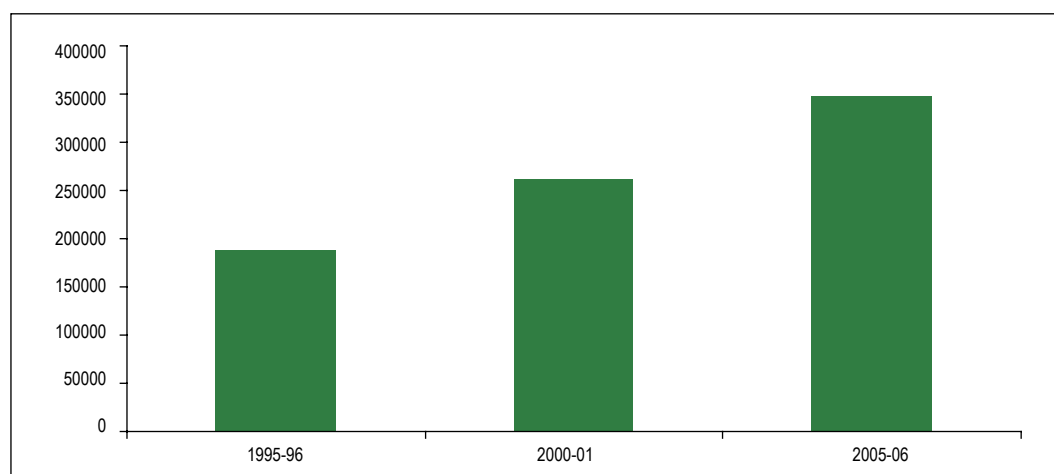
Institutions: The total number of medical colleges (allopathy, ayurveda, homeopathy, unani, dental, nursing and pharmacy) put together stood at 2092 in 2005-06. This was a sharp increase from just 817 medical colleges in 2004-05.

Allopathic Medical Colleges: As of 2006, there were 262 allopathic medical colleges in the country, out of which 174 medical colleges were recognised under Section 11(2) of the IMC Act, 1956 by Medical Council of India. The remaining 88 colleges are permitted under Section 10A of the IMC Act, 1956 for starting MBBS courses. Out of the 262 medical colleges, 131 were government medical colleges, and remaining 131 were private medical colleges. The admission capacity in these colleges is approximately 29,172 students per year. The increase in private medical colleges has been sharp – they grew from 47 in 1995 to 131 in 2006. In the same period, government run medical colleges have increased only from 109 to 131.

AYUSH Medical Colleges: Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy (AYUSH) colleges have seen a gradual increase in the last five years. (See Figure 31)

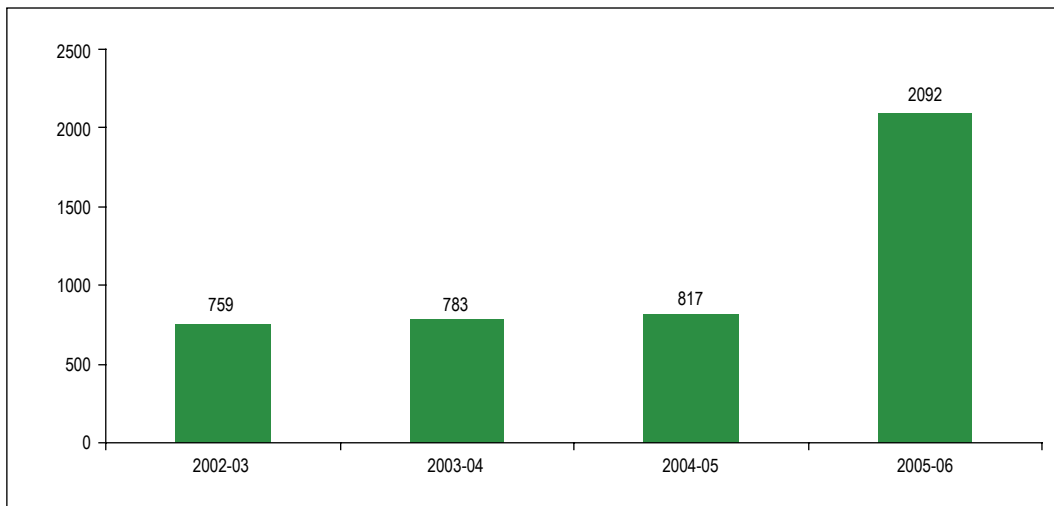
It is a matter of concern that a large number of medical colleges are concentrated in six states (Maharashtra, Karnataka, Andhra Pradesh, Tamil Nadu, Kerala and

Figure 28: Growth in enrolment in medicine



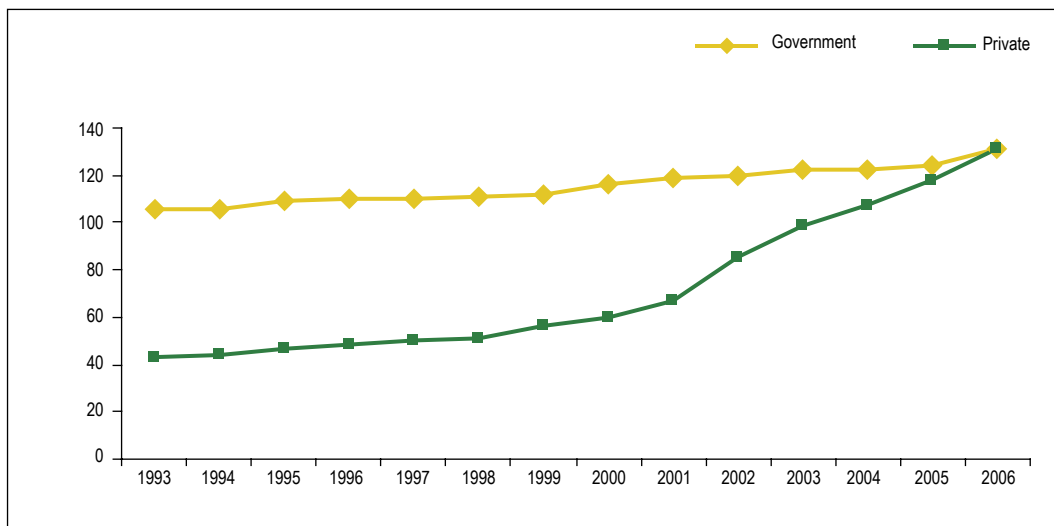
Source: UGC

Figure 29: Growth in medical colleges



Source: MHRD, Selected Statistics 2005-06

Figure 30: Growth in medical colleges – government and private



Source: Medical Council of India

Gujarat). These states cover about 63 per cent of the total number of medical colleges and 67 per cent of the number of seats. In contrast to this, a disproportionately small number of colleges/seats are located in the other states – 20 per cent of the aggregate number of colleges and 18 per cent of the seats in the case of the Empowered Action Group states; and 3 per cent of the aggregate number of colleges and 3 per cent of the seats in the North Eastern/Hilly states. There is also a rural urban divide with only 30 per cent of the population in the urban areas with 96 per cent of educational institutes here, whereas where more than 70 per cent of the population lives, availability of educational facilities is meager.

Regulation: A plethora of bodies exist to control medical education. Authorities involved include

Ministry of Health, Medical Council of India (MCI), UGC, State Medical Education Departments and Councils, Medical Colleges/Institutes, NAMS and NBE (National Board of Examinations). The Medical Council of India (MCI) was established in 1933 and as per Indian Medical Council Act 1933 is the statutory recommending body. The MCI only recognises institutions to start a course and expand it according to laid down criteria under the MCI Act of 1956. With the prior permission of the Government of India, it has no regulatory powers; it is only a recommendatory body. Over the years it has failed to serve the purpose and led to a progressive decline in medical education. The State Medical Education Departments and Councils grant licenses to practice without assessment. Medical colleges largely follow

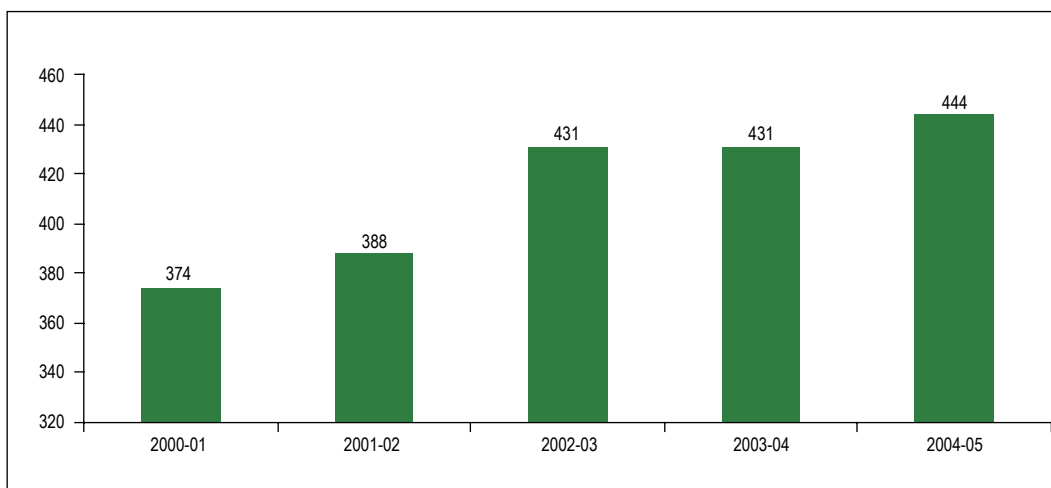
the MCI with no attempt to upgrade or evaluate students or courses.

Quality: There is lack of consistent and regulated standards in medical education with many of the colleges having questionable training capacities and no accreditation system. Medical graduates are often not assessed for clinical skills in accordance with national and international standards. There is lack of appropriate regulation and that further compounds the problem. State governments can grant license to practice general specialty, sub-specialty or super-specialty medicine with no assessment of clinical skills. With roughly 26000 graduates passing out from MBBS every year and only 11-12 thousand postgraduate seats, about 14-15 thousand graduates get into medical practice with theoretical knowledge but no application of knowledge. MCI has

neither the power nor the infrastructure to continuously monitor and standards. Major reforms at each level are needed in order to elevate the present condition of medical education in India to international standards.

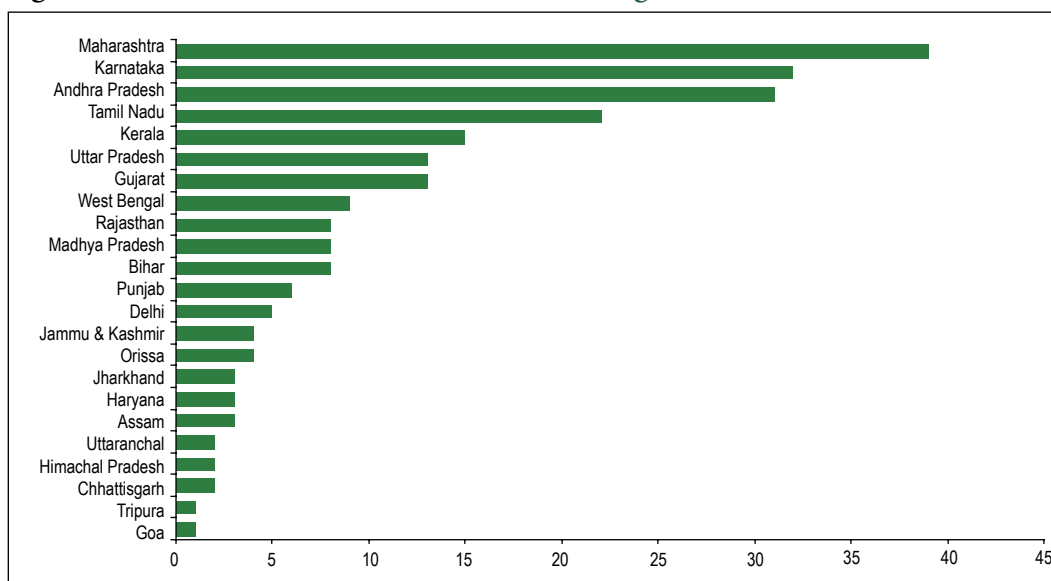
Curriculum: The graduate course is 4½ years with assessments in the 1st year and 2nd year and 2½ years later, by internal and external examiners assessing theoretical knowledge acquired. Skill assessment is limited to a case discussion. Internship is of 1 year duration with no faculty supervision or system of assessment. The graduate acquires unsupervised clinical skills after leaving medical school and before entering general practice. Only about five thousand can get a postgraduate seat and then go through a graded clinical responsibility. It is therefore not surprising that a series of studies conducted by AIIMS and a consortium of 16 medical colleges during

Figure 31: Growth of AYUSH colleges in India



Source: Medical Council of India

Figure 32: State wise distribution of medical colleges (2005)



Source: Medical Council of India

1989-1995 concluded that our medical graduates lack clinical skills. As a follow up to these studies, WHO SEARO conducted a study *General Practice in India, Nepal & Sri Lanka- a status report* (1998) which found the medical care delivered by a sample of general practitioners to be of questionable quality.

Funding: The Central Budget allocation for health which includes medical education has declined from 1.3 per cent of the GDP in 1999 to about 0.9 per cent today. As a percentage share of the Total Central Budget, it has been stagnant at 1.3 per cent, while in the states, it has declined from 7 per cent to 5.5 per cent (National Health Policy 2002). The results from the National Health Account (NHA) for the year 2001-02 showed that total health expenditure in the country was Rs. 1,05,734 crore, accounting for 4.6 per cent of its GDP. Out of this, public health expenditure constituted Rs. 21,439 crore (0.94 per cent), private health

expenditure constituted Rs. 81,810 crore (3.58 per cent) and external support Rs. 2,485 crore (0.11 per cent). In nominal terms, the per capita public health expenditure increased from Rs. 89 in 1993-94 to Rs. 214 in 2003-04, which in real terms is Rs. 122. Given these statistics, it is no surprise that the reach and quality of public health services has been below the desirable standard.

Health Services and Medical Personnel: While India has seen considerable improvements in health standards in the last six decades, problems of access to quality healthcare and shortages of skilled medical personnel still persist. As per 2007 figures, India had 6.9 lakh registered allopathic doctors, 7.2 lakh AYUSH doctors, 15 lakh nurses and 6.8 lakh pharmacists. While the absolute number is not very low for a developing country, the numbers prove inadequate in view of India's large population.

Figure 33: Growth of per capital health expenditure by Centre and States

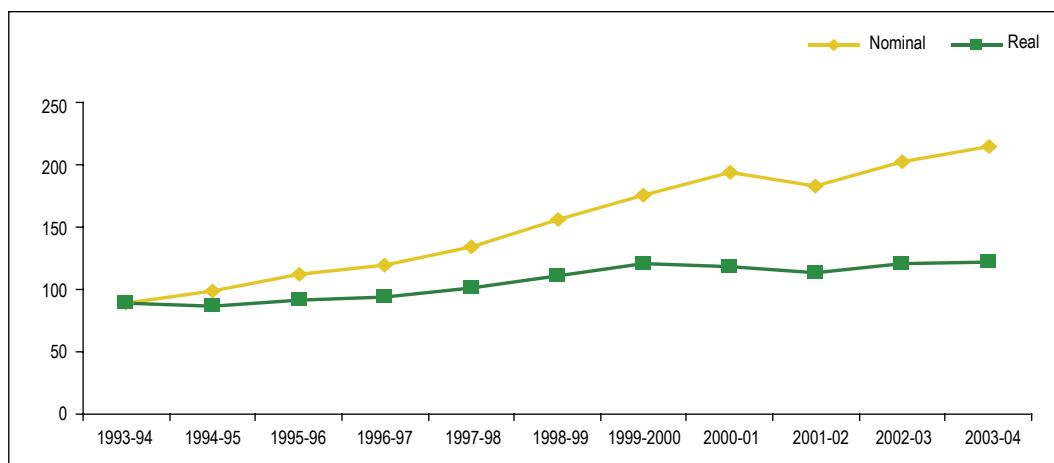
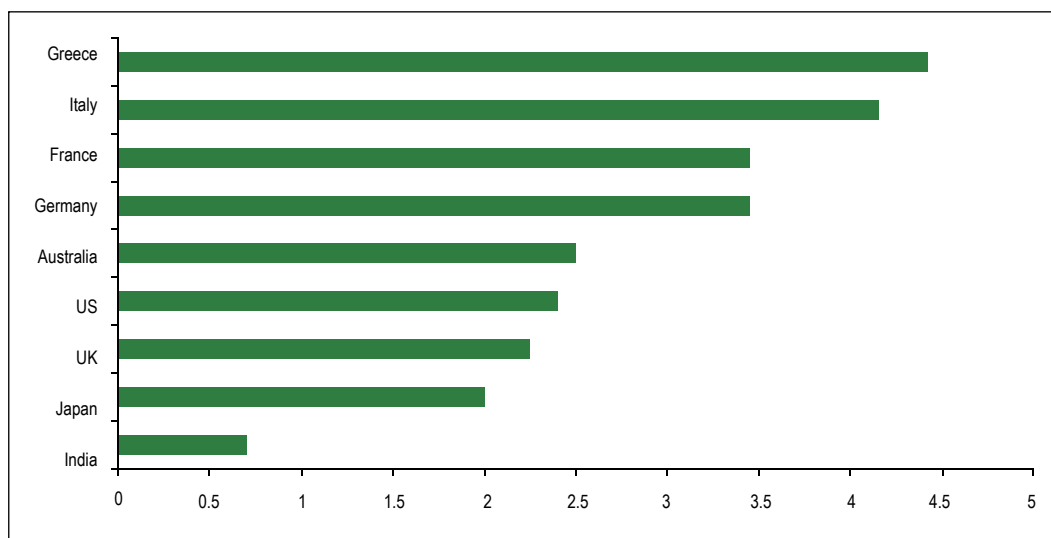


Figure 34: Number of doctors per 1000 population



Source: Journal of Royal Society of Medicine Vol. 99, June 2006