

## Editorial

# MEDICAL EDUCATION AND MEDICAL PROFESSION: ARE WE HEADED THE RIGHT WAY?

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Medical education in India is undergoing immense restructuring. The authority that regulated medical education in our country – the Medical Council of India (MCI) – was replaced by the National Medical Council (NMC) in 2020. The MCI was established by the British in 1933, based on their experience with the General Medical Council in the United Kingdom. This body gave accreditation to medical schools and granted recognition to medical qualifications and registration to medical professionals. Following charges of corruption levelled against the MCI, the Central Government replaced it with the NMC via the NMC Act, enacted in 2019. The NMC is vested with regulating undergraduate and postgraduate medical education; granting accreditation to medical colleges, recognition to medical qualifications from India and abroad, and registration to doctors with recognized medical qualifications; and maintaining a directory of all registered doctors. It also has the power to amend the regulation of medical education and practices as needed.

As of 2021, there were 619 medical colleges enlisted on the official website of NMC – 340 in the government sector and 279 in the private sector. More than one lakh students are admitted to the Bachelor of Medicine and Bachelor of Surgery course every year. In an effort to improve the doctor-patient ratio, the

NMC and the Central Government have taken steps to establish more medical colleges and increase the capacity of student intake. Efforts are being taken to establish at least one medical college in every district, and at least one All India Institute of Medical Sciences in every state or union territory. However, the infrastructure, equipment and trained faculty fall short of the requirements. Medical faculties attend more than one institution; the NMC has identified this as a problem and is taking steps to address it. The issue of “ghost faculty” is also there; qualified medical practitioners are recruited as resident faculty for the purpose of inspection alone. They do not take classes for the students at all. In reality, the number of faculties would be much less than what is required. Giving blanket approval to medical colleges based on affidavits stating that the required standards would be established could lead to such institutions losing their recognition later, putting the student’s interests at stake.

Although the number of medical colleges is increasing, there is a maldistribution of medical colleges in our country, with the clustering of such institutions near major cities and state capitals. New colleges are being opened within the catchment area of already established ones. So also, the distribution of doctors in the country is skewed, with states like Kerala and Tamil Nadu having one doctor for 350-750

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people, while Uttar Pradesh and Bihar have one for 3000-8000 people. More doctors are employed in cities, while rural areas have a severe shortage of staff. Can increasing the number of seats drive doctors to rural areas in search of employment? Without infrastructure development and adequate pay in the rural areas, this is unlikely to happen. The District Residency Programme implemented by the NMC can be considered as an effort to push medical postgraduate students to rural areas on a compulsory basis, that too without being paid for that. This would also eat into the time required for postgraduate academic training.

The admissions to undergraduate, postgraduate and super-specialty courses are via the National Eligibility-cum-Entrance Test (NEET). However, a significant percentage of admissions to private colleges are based on the student's ability to pay fees, NRI status, etc. The shift to Competency-based Medical Education is a good step to improve the skills of medical graduates. But, are the faculty well equipped to deliver this? Is there an adequate number of trained faculty in the medical colleges to provide this? The skills to be acquired during this training are too ambitious to be covered in the short duration of the postings the students have. The National Exit Test (NExT) is the licentiate exam which is mandatory for undergraduate medical students – both from Indian and foreign institutions – to practise in India. It will also be the qualifying final-year MBBS exam and eventually replace the NEET. This might lead to students abandoning their clinical training and ward postings to prepare for NExT, which in turn can add to their stress during the final year of their training. This would also affect the clinical skills of the medical graduates passing out from our teaching institutions.

The NMC is empowered to ensure high standards for medical professionals and to enforce ethical standards in medical services. In an effort to do so, the NMC recently issued the Registered Medical Practitioner (Professional Conduct) Regulations, 2023. It laid down that

every registered medical practitioner (RMP) should renew their license every five years, for which it is required that they attend Continuing Professional Development (CPD) programs regularly. At least three credit points per year and at least 30 credit points every five years for attending CPD programs is a pre-requisite for obtaining renewal of the license to practise. The Regulations prohibited RMPs from participating in educational activities sponsored by pharmaceuticals or allied health sectors. RMPs and their families were also prohibited from receiving any gifts, travel facilities, hospitality, access to entertainment, etc., from such agencies unless they are employees of the same. It was also mandated that RMPs prescribe using generic names only. This particular item triggered off discussions and protests among the medical fraternity regarding the right to choose the appropriate medications for one's patients. The quality of generic medicines has not been ensured in our country. In this context, restricting medical practitioners to prescribe generic names only would be detrimental to the interests of the patients. This led to a lot of hue and cry amongst the medical fraternity; subsequently, after deliberations, the NMC has decided to freeze the Regulations.

The Regulations had good intentions but were too restrictive. The pharmaceutical sponsorship of CPD programmes is considered by many as an unholy nexus between medical professionals and these companies. The Regulations had initiated steps to curb these practices but have now been kept on hold. It is high time that the medical fraternity and their professional bodies thought of ways to conduct conferences and Continuing Medical Education programs on their own without taking support from external agencies. Some examples have come up recently. For instance, the recently concluded TANPSYCON 2023 in Chennai was organized without pharmaceutical support. High academic standards were maintained, while the delegates attended at their own expense. The

medical fraternity should be able to organize more such conferences in future.

Drastic changes are taking place in the field of medical education – to increase the number of colleges and medical seats, improve the quality of the training, focus on competency rather than theoretical knowledge and improve the methods of evaluating the students. Efforts are on to redistribute medical care with a focus on rural areas. Steps are being taken to regulate the registration, periodic renewal of the licence to practise and the ethical standards of medical professionals. All these are steps in the right direction but require prudence and sagacity while executing them. The authorities should take the professionals and experts in medical education into confidence while moving ahead with sweeping changes in these domains.

### **Suggested Readings**

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