

## **Transforming India's Medical Education**

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## Transforming India's Medical Education: Challenges and Reforms

#### Context

Recently, the **Telangana High Court** ruled that the **Medical Assessment and Rating Board** (MARB), under the **National Medical Commission** (NMC) Act, has the authority to **shift students** from one medical college to another. This decision highlights the growing importance of ensuring accountability and quality in medical education. In the larger **context**, India's medical education system has undergone significant reforms in recent years, impacting how medical education is structured, delivered, and regulated.

## **Recent Changes in the Indian Medical Education System**

## 1. Replacement of the Medical Council of India (MCI):

- The Medical Council of India (MCI), which had been regulating medical education for over 80 years, was superseded by the National Medical Commission (NMC) in 2020
- The NMC serves as the statutory body for regulating medical education, medical professionals, institutes, and research in India.

#### 2. Functions of the NMC:

- The NMC has a broad mandate to:
  - Grant recognition of medical qualifications.
  - Accredit medical schools and institutions.
  - Register medical practitioners.
  - Monitor the **practice of medicine** and assess medical infrastructure across the country.

#### 3. Composition of NMC:

- The NMC consists of:
  - A Chairperson.
  - 10 ex-officio members.
  - 22 part-time members.
- The commission includes four autonomous boards:
  - 1. Under-Graduate Medical Education Board (UGMEB)
  - 2. Post-Graduate Medical Education Board (PGMEB)
  - 3. Medical Assessment and Rating Board (MARB)

#### 4. Ethics and Medical Registration Board

#### 4. Introduction of Competency-Based Medical Education (CBME):

The NMC introduced the Competency-Based Medical Education (CBME)
 curriculum for MBBS students, starting from the 2024-25 academic year. This aims to shift from a knowledge-based to a skills-based curriculum.

## 5. Increase in Medical Colleges and Seats:

- In 1970, India had fewer than 100 medical colleges for a population of 54 crore.
- Today, India boasts 766 medical colleges, with a population of 144 crore.
- The number of MBBS seats has increased from 64,464 to 1,15,812 and Postgraduate (PG) seats from 31,185 to 73,111.

#### 6. Improvement in Doctor-to-Population Ratio:

 India has crossed the World Health Organization's (WHO) recommended doctorto-population ratio of 1:1000, achieving 1:900.

#### What is the CBME Curriculum?

#### 1. **Definition**:

 CBME is an outcomes-based approach to the design, implementation, and evaluation of medical education programs. It focuses on the competencies or observable abilities that students must demonstrate, rather than just theoretical knowledge.

#### 2. Difference from Traditional Curriculum:

 Unlike traditional curricula that emphasize theoretical knowledge, the CBME curriculum focuses on developing practical competencies and real-world applications.

# 3. Key Aims:

 To produce Indian Medical Graduates (IMGs) equipped with the necessary skills, knowledge, and attitudes to function as primary healthcare providers in the community.

#### 4. Outcome-Based Learning:

• The curriculum focuses on **detailed**, **phase-specific competencies**, emphasizing practical application rather than just broad knowledge.

#### 5. **Integrated Approach**:

 It encourages horizontal integration, which aligns topics across different subjects within the same phase, and vertical integration, which connects topics across different phases of the curriculum.

#### 6. Ethics and Communication:

• A new module, **AETCOM** (Attitude, Ethics, and Communication), has been introduced, emphasizing the importance of building these essential qualities in future doctors.

#### 7. Learner-Centric Education:

 The curriculum is more learner-centric and patient-centric, encouraging active student participation and self-directed learning.

#### **Recent Issues with Medical Education in India**

Despite the reforms and improvements, there are several pressing challenges facing medical education:

## 1. Reduced Practical Experience:

 Though CBME aims to emphasize practical skills, there is concern that more time is being allocated to lectures and theoretical discussions rather than hands-on experience in clinical settings.

#### 2. Reduction in Ward Timing:

• The traditional schedule had clinical rotations in the morning and theory classes in the afternoon. The schedule has now been reversed, leading to concerns about less clinical exposure.

#### 3. Decline in Bedside Teaching:

• Bedside teaching, a crucial aspect of medical training, has significantly declined, affecting the ability of students to gain real-world patient care experience.

## 4. Decline in Quality:

 The failure rates in medical exams have drastically reduced from 20-30% to 1-2%, raising concerns about lowered educational standards and the overall competence of future doctors.

## 5. Inadequate Infrastructure:

Many new medical colleges are missing basic amenities, laboratories, and access to hands-on learning in hospitals.

## 6. Regulatory Inconsistencies:

The relaxation of norms and regulations to quickly set up new institutions, often due to
political pressure, has led to concerns about the quality of education in these new
colleges.

#### What Lies Ahead?

To address the challenges in medical education and ensure the production of well-qualified doctors, the following steps should be prioritized:

#### 1. Focus on Quality Education:

 Academic institutions and regulatory bodies must prioritize quality in medical education, ensuring that the curriculum is effective and that students receive the necessary practical experience.

#### 2. **Regular Inspections**:

• **Regular and thorough inspections** should be conducted to ensure the infrastructure and facilities in medical colleges are up to standard.

#### 3. Balance Expansion with Infrastructure:

 While expanding medical education is essential to meet the growing demand for doctors, it must be balanced with ensuring adequate infrastructure and a sufficient number of qualified faculty.

## 4. Recommendations by the Parliamentary Panel:

- The **Parliamentary panel** has recommended several steps to improve medical education:
  - Bridging the quality gap in medical education across India.
  - Enhancing the number of undergraduate (UG) and postgraduate (PG) medical seats.
  - Optimally utilizing existing infrastructure to expand medical education facilities.
  - Developing a comprehensive approach to creating seats for specialists.
  - Streamlining the recruitment process to eliminate the issue of "ghost faculty" (faculty members who exist only on paper).

## Conclusion

India's medical education system is undergoing significant reforms aimed at improving the quality of education and increasing access to medical training. However, challenges such as **inadequate practical experience**, **declining quality**, and **infrastructure issues** need to be addressed to ensure the production of competent and capable doctors.

By focusing on both the **expansion** of medical education and the **enhancement of quality**, India can meet the growing healthcare needs of its population. The **CBME curriculum** offers a promising direction by emphasizing practical skills, competency-based learning, and a learner-centric approach. However, these reforms must be implemented with **adequate infrastructure**, **trained faculty**, and **regular assessments** to ensure their success.