Draft NEP for medical studies

What is the issue?

- Draft New Education Policy (NEP) offers remedies for a structural problem in medical studies.
- But these remedies are controversial in nature. To know more about Draft NEP, click here.

What should an education policy consider?

- The primary objective of medical education should be to provide a cadre of personnel to **take care of the health needs** of the country.
- Any education policy has to take into consideration **social objectives**, like equity and justice in enrolment and access.
- Certain **fundamental questions need answering** too. Like, number of training years required for a medical professional, the purpose of basic degree in medicine, whether specialisation is required.

What does draft NEP say?

- It talks about **equity, inclusiveness and sustainable development** at many points.
- But in no means, its recommendations will fulfil these objectives in the field of medical education.
- It states that fees in medical colleges (both public and private) will be left to be decided by the institutions themselves. But it also says that the cost of education should be lowered.
- It also states that all private institutions should be not-for-profit but this will become a very large driver of the black economy.
- The document states that no student should be deprived of education due to lack of finances, the solution it suggests is scholarships.

What is so confusing?

- On one hand, the cost of education is sought to be lowered and on the other, fees are allowed to remain unregulated.
    1. The National Medical Commission Bill seeks to regulate fees only for 50% of seats in medical colleges.
    2. This means that the commitment to equity is a mere lecture.

- The need for a flexible education system has been stressed.
    1. National Entrance Examination for admission to undergraduate courses is understandable.
    2. But having a National Exit Examination for MBBS as the mode of entry to postgraduate courses is neither flexible nor fair.

What is the level of centralisation?

- The objectives of **autonomy and adaptation to local needs are contradicted** by the high level of centralisation in medical education by the National Medical Commission.
    1. The document considers separation of the functions of regulation, funding, accreditation and standard setting as absolutely necessary.
    2. However, the National Medical Commission has sought to assume to itself many of these functions.
- It says that diploma courses should be expanded in order to provide intermediate specialists lacks focus. It is not clear what these intermediate specialists are supposed to do.

Why is there so many PG courses?

- The MBBS degree has been debased to such an extent as merely a necessary requirement for PG.
- One of the drivers of the thirst for PG degree is the lack of adequate respectable employment opportunities for an MBBS graduate.
- Having a PG degree has a **multiplier effect** on employability, income and respectability for the doctor. But how useful it is for the society is questionable.

What are the other issues in the document?

- It does not recognise that the main **driver of inequity** in health care is the presence of a large, poorly-regulated, for-profit sector.
- Private interests have ensured regulatory capture in health-care policy making.
- NEP has not escaped this capture, hence the clear disconnect between the repeated urgings to ensure equity and quality.
- If this is the situation, the recommendations which will not achieve both.

Source: The Hindu



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