Medical Education Reform

Why in News?

Recently Telangana HC held that Medical Assessment & Rating Board Has Power Under National Medical Commission Act to Shift Students To Other Colleges.

What were the recent changes in the Indian medical education system?

- **Replacement of MCI** - Medical Council of India, which was regulating medical education and practice for over eight decades — was superseded by the National Medical Commission in 2020.
    - **NMC** – It is a statutory body in India that regulates medical education, medical professionals, institutes, and research.
    - **Function**- It grants
        - Recognition of medical qualifications
        - Accreditation to medical schools
        - Registration to medical practitioners
        - Monitors medical practice and assesses the medical infrastructure in India.
    - **Composition** – Chairperson, 10 ex officio members, 22 part time members
    - **Boards** - The commission consists of four autonomous boards
        - Under-Graduate Medical Education Board (UGMEB),
        - Post-Graduate Medical Education Board (PGMEB),
        - Medical Assessment and Rating Board and
        - Ethics and Medical Registration Board
- **Introduction of CBME** - NMC has released new guidelines for the Competency-Based Medical Education (CBME) curriculum for MBBS students, set to be implemented from the 2024-25 academic year.
- **Increase in medical colleges** -In 1970, India had fewer than 100 medical colleges for a population of 54 crore .
- Today, there are 766 medical colleges across both government and private sectors for a population of 144 crore.
- **Increase in medical seats** - Rapid increase in new medical colleges leading to increased MBBS seats from 64,464 to 1,15,812 seats and PG seats from 31,185 to 73,111 seats.

  India crossed the WHO recommended a doctor to population ratio of 1:1000, by achieving 1:900.

What is CBME curriculum?

- **CBME** – It is an outcomes-based approach to the design, implementation, and

evaluation of education programs.

- It assesses learners across the continuum that uses competencies or observable abilities.
- **Different from traditional curriculum** - Unlike traditional curricula, which emphasize theoretical knowledge, the CBME curriculum focuses on practical competencies and real-world applications
- **Aim** - To create a new generation of Indian Medical Graduates (IMGs) who are equipped with the knowledge, skills, and attitudes necessary to function as primary healthcare providers in the community.
- **Outcome-Based Learning** - The curriculum shifts from broad competencies to detailed, phase-specific subject competencies.
- **Integrated Approach** - It promotes horizontal and vertical integration of subjects.
- Horizontal integration refers to aligning topics across different subjects in the same phase, while vertical integration connects subjects across different phases.
- **Ethics and Communication**- A new module titled "AETCOM" (Attitude, Ethics, and Communication) has been introduced, focusing on building these essential competencies in future doctors.
- **Learner-Centric Education** - The curriculum is more learner-centric and patient-centric, encouraging active student participation and self-directed learning.

What are the recent issues with medical education?

- **Reduced practical experience** – Though CBME was introduced to emphasise practical skills over theoretical knowledge , more time is being allocated to lectures (symposiums, group discussions, seminars, etc.).
- **Reduction in ward timing** - Previously, Theory classes were held in the afternoon after the clinical roation in the morning.
- Now It has been inverted this schedule has been inverted, with students attending clinics after 10 a.m. and theory classes in the morning.
- **Less Bedside teaching** - Bedside teaching is a crucial component of medical training, yet it has nearly vanished from medical schools.
- **Decline in quality** - Drastic decline in failure rate from 20-30% to 1-2%, indicate lowered educational standards, affecting the the overall competence of future doctors.
- **Inadequate infrastructure** - Many new institutions are missing basic amenities , laboratories and access to practical learning from hospitals.
- **Regulatory inconsistency** - Relaxing norms and regulations merely to start new institutions due to political compulsion.

What lies ahead?

- Producing well-qualified doctors is essential for societal welfare.
- Academic institutions and regulatory bodies should indeed prioritise these issues.
- Regular and thorough inspections are crucial to ensure the quality of education.
- Government’s focus on expanding medical education should be balanced with ensuring adequate infrastructure and sufficient qualified faculty.
- **Recommendations by the Parliamentary panel**
    - Bridging the widely varying quality of medical education across India.

- Enhancing the number of under- (UG) and post-graduate (PG) medical seats.
- Optimal use of existing infrastructure to expand medical education facilities.
- Chalking out a comprehensive India-specific approach for the creation of seats for specialists.
- Streamlining the recruitment process to prevent “ghost faculty” (teachers who exist only on paper but paid a salary) in medical colleges.

References

[The Hindu | Medical education in India is at a crossroads]

