

# 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.

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### 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- The **Medical Council of India (MCI)**, which had been regulating medical education for over 80 years, was **superseded by the National Medical Commission (NMC)** in 2020.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 **doctor-to-population ratio** of **1:1000**, achieving **1:900**.

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### 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**.

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### **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.

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## 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).

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## 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.