



Review Article

Medical education in India: Introspection, challenges and reforms – A vision



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ABSTRACT

There has always been question mark on the Medical Education and health care in India right from the time of British India. Ever since its inception in 1858 the General Medical Council (GMC) of Great Britain, the regulatory authority and the British Government intentionally worked with double standard keeping the allopathic education and health care in the countries ruled by them including India at a low profile than in Britain so as to maintain a quest to go to UK for better knowledge and skills in medicine. To rectify Bhore and Mudaliar Committees were constituted in 1943 and 1959 respectively to survey and recommend development and planning for up gradation of medical education and health care in India.

The MCI inherited substandard infrastructure from GMC and kept playing the same role. It failed to realise that before British came, many systems of medicine were existed in India like, Ayurvedic, Homoeopathic, Unani, Siddha, Yoga, Pranic healing etc. which English people ignored and the MCI needed to address them. They never thought to integrate allopathy with other systems of medical care for holistic approach. The concept of Integrated Medicine could never evolve.

On account of wrong policies and vested interest wrong decisions were taken one after the other. The standards of medical education and health care kept deteriorating with passing time. Consequently Indian Medical degrees got derecognised in the developed countries. The recommendations of Bhore and Mudaliar Committees did not do any good. Right from yesteryears till date the most of the doctors in India from every sphere caused self-inflicted life threatening injury to the MCI and the medical profession as a whole. The National Medical Commission is about to replace MCI very shortly. This article highlights some of the major evils in the present system with suggested reforms keeping in mind the Golden Philosophy which could be embodied in the new system for better results.

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1. Introspection

Nearing the middle of 20th century the Government in British India started realising that major reforms were needed in medical education and health care in India and for that a detailed study of the existing system with statistical analysis was needed. Consequently the **Bhore Committee (1943–46)**, a “Health Survey and Development Committee”¹ was appointed on 25th October 1943, under the chairmanship of *Sir Joseph Williams Bhore*, (1878–1960), KCSI, KCIE, CBE, who was then ICS and Diwan of Cochin state.

The major aims of the committee were to survey the then existing position regarding the health conditions and health organisation in the country and to make recommendations for

future development, in order to improve public health system in India. It was guided by lofty principals that “nobody should be denied access to health services for his inability to pay and that the focus should be on rural areas”. The committee recommended major changes in the medical education besides administrative structure of health care delivery, number of hospitals, doctors, paramedics and nurses with their teaching and training facilities. The report in four long volumes was submitted in 1946 and accepted in 1952.

After independence Govt. of India appointed a **Mudaliar Committee: (1959–62)**, “Health Survey and Planning Committee”² on 12 June 1959 under the chairmanship of Padma Vibhushan Diwan Bahadur, *Sir Arcot Lakshmanaswami Mudaliar*, (1887–1970), FRCOG, FACS, Vice Chancellor of Madras University & Principal of Madras Medical College, Madras). The committee worked through 6 subcommittees in which unfortunately the Medical Education did not figure. Never the committee dealt with the medical education in Chapter-VIII with its all nitty gritty and to do so it

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even interacted with distinguished medical men and administrators in foreign countries who visited India in 1961. The recommendations of the Bhole Committee was the base document to assess how much was achieved and what to recommend for future.

To my mind the formation of the committee was ill timed due to ongoing 2nd world war, with consequent huge diversion of funds of British India for military use by UK, mass human migration in the far east and west and the ongoing preparations to draw Redcliff line to partition India. On account of diverted political and administrative attention and no conducive atmosphere for any development to take place most of the recommendations were not implemented except for upgrading all the 19 medical schools to medical colleges.

While the Bhole Committee focused only on establishment of allopathic system in India the Mudaliar Committee worked with a wider vision, taking into account other systems of medicine prevalent in India since long. In the recommendations of both the committees there were some commonalities. (i) both the committees observed wide ranging deficiencies in the number and quality of teachers, infrastructure, (ii) inadequate number of medical colleges & seats for MBBS training and other facilities in Medical Colleges. (iii) both took advices from individuals with special knowledge and experience in the subject, in particular, from UK, USA, Australia and USSR.

Going through both the reports the contents were eye opener. One could smell the role and intent of General Medical Council of Great Britain (GMC) and the British Government about the allopathic medical education and health care in India right from its import in 1823. Both British Government and then the GMC, the regulatory authority of medical education and health care of Great Britain including India, since its inception in 1858, intentionally worked with double standards keeping the allopathic education and health care in India at a low to very low profile as compared to UK so as to maintain a quest to go to UK for better knowledge and skills.

The Medical Council of India created in 1933³ inherited medical schools & colleges and health care delivery system from General Medical Council of Great Britain (GMC) which was deficient practically in every sphere since per se all this could not have happened suddenly in a short duration of 10 years when in 1943 the Bhole Committee was appointed. It is but obvious that the GMC kept on running the medical education and health care in India on a low note with the prime motive to produce assistant physicians and licentiate doctors to take care of health needs of British Army and handed over the same to the MCI. Unaware of this the MCI, being jubilant on its birth, did not realise what it got on the platter. With time on account of some wrong policies, step motherly treatment and vested interest Dental Council of India (DCI) came into being for regulating education, treatment and research of a very small part of the human body, the teeth, jaws and around by The Dentists Act, 1948 (XVI of 1948).⁴ Dental Colleges were opened all over the country in isolation. Lately, however, the DCI realised that it was a wrong decision.

With an overall mind set of inferiority in Indians and that the west (foreign) was, is, and will always remain superior, visiting UK and USA for better knowledge and skills continued with a sense of pride. Probably, therefore the deficiencies continued in most of the medical institutions in India, mediocrity followed, inaction grew and as a part of general social response following independence corruption crept in and the standards started further declining. The condition kept deteriorating to a point that the Parliament of India had to dissolve the Medical Council of India vide Gazette notification published in Part – II, Section-1, no. 19, dated 15 May 2010⁵ and created a Board of Governors which was reconstituted twice. The marginal dividends in terms of thinking

and working of the Council became visible, but a lot remained to be realised, identified and done.

With the restoration of the previous structure of MCI every thing took a quick 'U' turn. Those waiting for the Lieutenants of the earlier regime once again became active. Consequently the Govt, had to suspend a large number of administrative staff of MCI. The Standing Committee of Parliament (SCP)⁶ in its report tabled on dated March 8, 2016 expressed its anguish by superlatives such as "medical education and profession in the country is at its lowest ebb and suffering from total system failure due to corruption and decay; the MCI is an ossified and opaque body, etc., etc." On the Recommendations of the Committee the Apex Court clipped the wings of MCI and on May 3, 2016 the Lodha Committee⁷ was appointed to monitor the functioning of MCI for at least one year. With a good track record of former Chief Justice Shri RM Lodha the nation started looking for a silver line in the gloomy horizon of medical education in India, provided that the MCI was quickly restructured and visionaries and thinkers in medical education entered and appointed on all important positions of the MCI.

Instead, National Medical Commission (NMC) is about to be created by the legislature, the Bill is ready. Draft is available on line.⁸ The Medical Council of India will cease to exist. One can sense the intention of creating the NMC. For large scale reforms, though it has become prudent to dissolve the Medical Council of India so that things could be written afresh, there are serious doubts that the NMC will serve any good. It will be a beurocrats dominated commission where visionaries and thinkers in medical education find very low positions in some of the boards. It is a self-inflicted life threatening injury to the MCI and the medical profession caused by the doctors in medical education and health care system in India to the advantage of politicians and beurocrats.

Out of 41 years of my career in King George's Medical College/ University, Lucknow, UP, India, I gained about 23 years of experience dealing with matters related to the medical education, Medical Council of India and the University Grants Commission. I was also the faculty in-charge of MCI, DCI & UGC Cell. During this period I also gained experience of developing Prospectus of MBBS, MD/MS, PG Diploma and MSc (Anatomy), for KGMU, Lucknow and many other upcoming medical colleges, including SSR Medical College, Mauritius. Significantly I have worked as Consultant in Medical Education in Union Ministry of Health & Family Welfare, Govt. of India and conducted Inspections of medical colleges on behalf of UGC and Govt. of UP. After retirement working in a Community Hospital as a General Physician for more than four years I have realised the need of a holistic approach towards health care.

With the passage of time and experience various concepts about medical education evolved in me to a point where I could formulate a philosophy in 1999, to which I named as **The Golden Philosophy** which should be kneeded in various attempts to improve medical colleges and medical education in India.

2. Golden Philosophy

Everyone must realise that no Medical University/Institution of Higher learning can ever be known as temple of knowledge and learning because it has produced good politicians, body builders, musicians, athletes, debaters, without any mention of excellent scholars, doctors, researchers, etc.

On one hand across the globe all outstanding medical institutions are known for their rich traditions, discipline & decorum, quality of teachers, students, infrastructure, viz., teaching technology, library, laboratories, equipment, variety and number of patients in the outpatient departments, wards and emergency.

On the other hand they are known for appropriate richness of the syllabus, curriculum, quality of teaching and training,

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