



Redesigning Medical Education

 drishtiias.com/printpdf/redesigning-medical-education

The article is based on **Redesigning Medical Education** that was published in The Hindu on 2nd September. It talks about the need for overhauling the medical education system in India.

Context

- Despite tremendous changes in health systems over the last century, medical education curricula has remained mostly outdated.
- The **key challenges that define today's global health systems** include
 - Ageing populations;
 - Demand for quality, equity and dignity;
 - The transition from communicable to **non-communicable diseases** and from episodic illnesses to lifelong ailments;
 - The double burden of disease in some countries; and
 - Disruptive advances in medical knowledge, IT, and biotechnology.

Medical Education as the building block of Health system

- Medical education is the bedrock on which the needs of **'human resources for health'**, one of the major building blocks of any health system, are met.
- Today's health professionals are required to have knowledge, skills, and professionalism to provide safe, effective, efficient, timely, and affordable care to people. They are required to:
 - be proficient in **handling disruptive technologies**,
 - understand the **economics of healthcare**,
 - have the skills to work in and **handle large and diverse teams**,
 - be **ethical**,
 - demonstrate **empathy**, and
 - be abreast of **rapid developments** in medicine.

Dynamic Nature of Medical Education

- Methods of education across fields are undergoing changes on account of **advances in e-learning methods** and tools, including **remote learning, virtual classrooms, digital dissections, and simulation systems** for imparting skills.
- According to a study by Densen P. (2011), “it is estimated that the doubling time of medical knowledge in 1950 was 50 years; in 1980, 7 years; and in 2010, 3.5 years. In 2020 it is projected to be 0.2 years — just 73 days.”
- **Dynamic curricula** designed around specific health systems will become more relevant than the systems designed for traditional hospital-based care.
- Since health professionals work in teams, **inter-professional combined learning methods** are being introduced.
- The concept of the teaching hospital is changing from a single, large hospital to a **network of hospitals and community health centres**.

Problems Plaguing Medical Education in India

- **Low Doctor-Patient ratio:** India has one government doctor for every 11,528 people and one nurse for every 483 people, which is way below WHO recommended 1:1000.
- **Backdated syllabus and teaching style:** Regular breakthroughs take place in the medical field every day, but the **medical studies syllabus in India is not updated** accordingly.
- **Lack of skilled teachers:** Teachers for medical institutes are selected based on their degrees and not their clinical experience. Further, the lower salary fails to attract better talent as they go for private practice.
- **Disparity in infrastructure across different states:** Only four states - Andhra Pradesh, Karnataka, Maharashtra and Tamil Nadu - account for about 1.3 lakh out of nearly 2.4 lakh medical seats across India.
- **Lack of social accountability:** Indian medical students do not receive training which instils in them social accountability as health practitioners.
- **Problems with private medical colleges:** A change in the law in the 1990s made it easy to open private schools and so, many such medical institutes cropped up in the country, funded by businessmen and politicians, who had no experience of running medical schools. It commercialised medical education to a great extent.
- **Corruption in medical education:** Fraudulent practices and rampant corruption such as fake degrees, bribes and donations, proxy faculties, etc. in the medical education system is a major problem.

Reforms Required

- There is a pressing need to **revisit the existing guidelines for setting up medical schools** and according permission for the right number of seats.
- **Extending teaching privileges to practising physicians** and allowing e-learning tools will address the shortage of quality teachers across the system. Together, these reforms could double the existing medical seats without compromising on the quality of teaching.
- **Periodic re-certification** based on continuing learning systems may become essential to keep up with the fast pace of change.
- Students need to improve their basic management, communication and leadership skills
- They must be trained by taking into account their social relevance as doctors
- Integration of subjects, innovative teaching methods, and a more prevalent use of technology in classrooms is required
- Medical research and clinical skills need to be worked on in colleges.

Way Forward

- Today's medical education should be able to groom such professionals to face medicine of the 21st century. **The Lancet report**, 'Health Professionals for a new century: transforming health education to strengthen health systems in an interdependent world' (2010) outlines key recommendations, to transform health professional education, needs to be looked upon.
- In addition to raising the standards of medical professionals, the system should innovate to meet the growing shortage of health professionals to serve ageing populations with lifestyle and lifetime ailments.
- Creation of a more responsive system by reforming Medical Council of India (MCI). Replacement of MCI by a National Medical Commission (NMC) under **NMC Bill, 2019** is a welcome move.
- It is only when the medical education improves that the health sector can improve as a whole.

Drishti Input

“The Medical Education in India is outdated and does not serve the dynamic and complex problems of the healthcare system. Comment. Also suggest measures to improve the efficacy of Medical Education in India.”