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LETTER TO EDITOR

Balancing the Scales: Elevating the Standard of Medical Education in India

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Dear Editor,

I recently came across the editorial titled "So Many Docs, What's the Prescription?" published in your esteemed journal. (1)

I read the editorial with great interest and concern and appreciate your insightful analysis of the challenges facing India's medical education system. The editorial has aptly raised concerns about the rapid increase in the number of medical institutions and available MBBS seats in India. It eloquently captures the dual-sided impact of this growth, noting commendable progress towards the doctor-population ratio target while shedding light on the alarming compromise in the quality of medical education and, subsequently, the competence of our doctors.

It is heartening to see that the health minister is advocating for a paradigm shift from an input-based to an outcome-based approach. This shift, as you rightly point out, is crucial in fostering a holistic perspective that moves beyond mere quantitative metrics. The acknowledgment that the number of MBBS graduates is not the sole measure of success is

a positive move in the correct direction. However, achieving a balance between quantity and quality is the key to truly addressing the challenges faced by the medical education sector.

While the input-based system has played a role in expanding infrastructure and faculty, the outcome-based approach must delve into essential aspects of education quality, clinical exposure, and practical skills development. Striking this balance necessitates investing in ongoing professional development and training for medical faculty, which is pivotal to ensure they are equipped to provide the highest standard of education to future doctors. Enhancing faculty skills should be paired with ongoing evaluations of current needs and practical training to accomplish the objective of Health for All. (2)

The mention of 'ghost faculty,' temporary hiring practices, and mass faculty transfers merely to meet inspection requirements is disconcerting. Such practices compromise the very essence of quality education. It is imperative that authorities address these issues comprehensively, ensuring that faculty

appointments are based on merit and sustained commitment to teaching rather than being transient solutions for regulatory compliance.

The characterization of the private medical education sector as substandard raises valid concerns. Quality healthcare is a collective responsibility, and the private sector plays a significant role. Addressing the substandard perception demands a collaborative effort between regulatory bodies, educational institutions, and healthcare stakeholders to establish and enforce stringent standards for both public and private medical colleges.

The shrinking proportion of affordable seats exacerbates disparities in access to medical education. Education is a powerful tool for societal progress, and steps should be taken to ensure that aspiring students from diverse socioeconomic backgrounds have a fair chance to pursue a career in medicine.

The geographical concentration of the doctor shortage, especially in rural India, is deeply troubling. A skewed distribution perpetuates healthcare inequalities, leaving vulnerable populations underserved. It is crucial that initiatives be implemented to incentivize doctors to serve in rural areas, coupled with investments in rural healthcare infrastructure. To address the issue of inadequate healthcare in rural India on a lasting basis, it is crucial to

establish a shared agreement among all involved parties. (3)

Lastly, your poignant remark about unleashing poorly trained medical graduates on citizens resonates deeply. It is indeed a gross injustice to subject the public to inadequately prepared healthcare professionals. A focus on quality over quantity is imperative, and stringent accreditation processes should be in place to ensure that only competent and well-trained graduates enter the workforce. Quality medical education is intrinsically linked to the overall well-being of our society. A well-trained and competent cadre of doctors not only improves patient outcomes but contributes significantly to public health.

In conclusion, I commend your editorial for shedding light on this pressing issue. Let us collectively work towards a medical education system that not only produces a sufficient number of doctors but also ensures that they are well-prepared, competent, and dedicated to serving the healthcare needs of our nation.

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