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The demand-supply imbalance in the Indian medical education system

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Abstract---The need for mediation of medical institutions across the country has become a pivotal concern for aspirants who would like to pursue a medical degree. For instance, though the government has laid down the fee amount that is to be charged by these institutions, many of them do not adhere to the mandates of the government and are charging a fee much higher than the one prescribed. So much so that medical studies have become but a distant dream for thousands of students across the country, who would probably be the good doctors of the future. This article aims to study the reasons why Indian students opt to pursue their medical career in institutions abroad rather than in their own country. The parameters that drive their decisions, the consequences of pursuing medical degrees abroad and other related issues have been discussed in this context.

Keywords---NEET, medical education, government institutions, private institutions, healthcare, medicos, brain drain.

Introduction

While India is a world leader in terms of the number of registered medical institutions and is also considered to be the largest producer of medical practitioners, it is still groping with several concerns regarding the malfunctioning of the processes and regulations prevalent in the system (Charmode, 2020). The Indian medical education scenario is overseen by the Union and State governments in tandem. There are both government and private healthcare service and facilities providers who provide medical education either under the directives of the governments or through private affiliation. Approximately 1.5 million medical aspirants in India took the NEET (National Eligibility cum Entrance Test) in 2019 (Poorvaprabha Patil, 2020). Once the aspirant secures a place in a medical institution, they undergo rigorous training for five and half years including a year of internship. However, currently, this alone may not suffice. Once they finish this course which lasts more than half a decade, their prospects would be brighter only if they pursue their post-graduation in a

specialization of interest. In spite of the fact that the competition is one of the toughest when it comes to acquiring a seat in medical colleges, and the cost incurred to pursue these courses is hitting the roof in the present context, the good news is that, millions of our students still aspire to become doctors, notwithstanding the financial capabilities of their parents, their own capacity to compete in NEET, the amount of hours they have to spend burning the midnight oil right from the entrance test to completing the course, and other such variables.

The cause

While the cost of becoming a doctor from a private college in India (including coaching fees) is an astounding Rs. 1 – 1.5 crore, that from a government college is Rs. 11 lakhs. Though government colleges offer subsidized education, the percentage of seats is significantly low in comparison with the huge demand for the seats in government medical colleges. Though there are no accurate figures of the number of seats, the rough estimates given by coaching institutes put the total number of undergraduate seats in government medical institutions at 40,000 while the number of students who appear for NEET exams are in the order of 16,00,000 for the 1,00,000 seats. The remaining 60,000 seats are in private institutions, which are not affordable by most families (for a five-plus year course, the cost in private medical institutions is between 90 lakhs and 1 crore) (Kalra, 2021). Thus, the demand for medical seats in India, the lack of sufficient undergraduate medical seats in government colleges, the cost of seats in private colleges and the overall competition associated with the conversion of applications to seats contribute to the enormous amounts of stress that parents and students experience in pursuing undergraduate medical degrees.

Cost of coaching for NEET		Rs 10 lakh
ANNUAL FEES		
Private college such as DY Patil Medical College, Pune		Rs 25 lakh (excludes admission fee and hostel charges)
Government college such as UCMS, Delhi		Rs 7,000
TOTAL COST		
Cost of becoming a doctor from private college (incl. coaching)		Rs 1-1.5 crore
Cost of becoming a doctor from government college (incl. coaching)		Rs 11 lakh
Cost of becoming a doctor in Russia		Rs 20 lakh
Cost of becoming a doctor in Philippines		Rs 35 lakh
Cost of becoming a doctor in Bangladesh		Rs 25-40 lakh
Supply side problems leave patients vulnerable		
Doctors in India		1 doctor per 1,511 people
WHO prescribed norm		1 doctor per 1,000 people

Sources: Justice A K Ranjan Committee; Websites of DY Patil Medical College, UCMS; E2P Consultancy; 15th Finance Commission Report (tabled Oct, 2020)

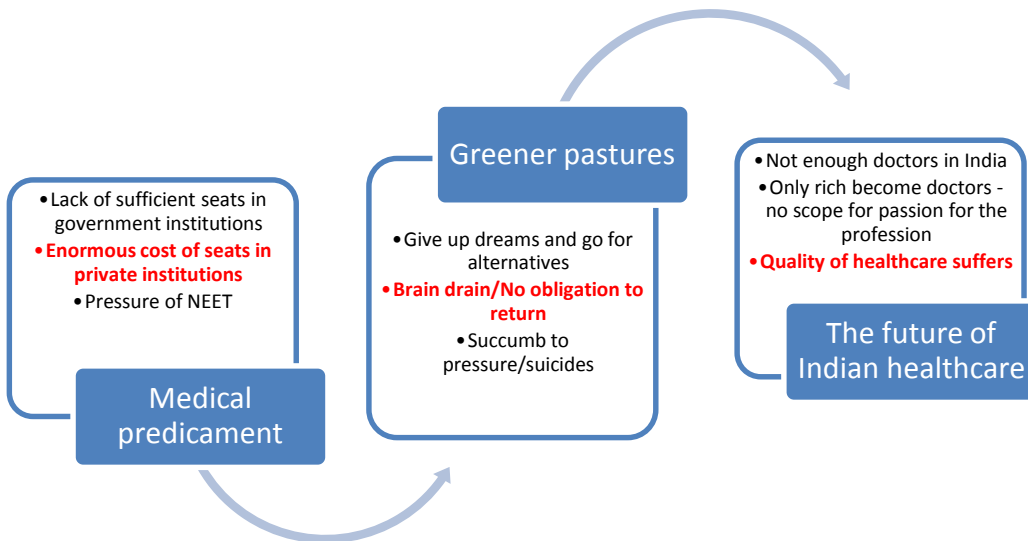
Source: Article titled “The money one needs to shell out to become a doctor in India” by Aparna Kalra,

The consequences

The medical education scenario in India is in grave peril. This is the moment for a renaissance since the situation cannot get any worse and the future of medical education seems bleak due to the following reasons:

- While the World Health Organization prescribes 1 doctor per 1000 people for India, according to a 2020 report, the doctor-people ratio is at 1: 1511 (Kalra, 2021). The pandemic has worsened the environment, causing the healthcare sector to reel under the effects of under-staffed facilities and poor-quality services. During the pandemic, there was an absolute dearth of hospital beds, doctors, nurses, and medicines. While the nation salutes the front-line workers in times of disasters like this, there are some crucial lessons learnt too!
- Students are often forced to give up their dreams of becoming doctors due to this miserable situation. According to the Health Minister of Tamil Nadu, there were as many as sixteen NEET 2021 related deaths as of September 2021 (Varma, 2021) due to the pressure faced by the students due to these exams. In fact, the Chief Minister of Tamil Nadu, Mr. M.K. Stalin, has recently passed an Anti-NEET Bill, which was welcomed by the other parties in the State including the opposition parties (Burman, 2022). The rationale for passing the Bill was cited as the need for 'social justice', which going by the disturbing situation in this context, seems to be true.
- Students who are not able to pursue their aspiration of becoming doctors in India due to this vicious cycle, will then have to opt for medical institutions in other countries thereby causing a brain-drain of prospective doctors, since:
 - the admission to these colleges is much easier and stress-free
 - the cost is significantly less compared to private medical institutions in India
 - though they will have to write an equivalence exam if and when they return, compared to the cost of seats in private institutions, that is an option that several students would not mind choosing
 - they get exposure to different cultures, as well as a change in atmosphere and lifestyle

The vicious cycle



The counter-measures

In the post-pandemic era, if we are to improve the quality of healthcare and at the same time ensure that the ratio is set right, immediate measures must be implemented to:

- Increase the number of undergraduate seats in government medical colleges and establish more government colleges in States. There are a lot of questions raised about NEET (Mustafa, 2020); alternate admission processes should be explored instead of imposing a certain system (that is not agreeable on so many counts) on all students. Systems that are put in place should be transparent, ethical and should follow norms of equality and accessibility.
- Increasing the facilities and infrastructure of undergraduate government medical colleges such that the quality of education provided by government colleges is on par with private institutions. This is not a concern in just the healthcare sector. All government centres of education must be upskilled in terms of facilities and infrastructure to lessen the divide between the rich and the poor. This is the best solution to the stereotype associated with Indian government-run educational institutions. Measures that would bring about this change: be it staff remuneration, resource allocation, infrastructure, and technology, should all be designed and incorporated. After all, what better good can a government do for its less-privileged citizens than provide a good quality education?
- Most seats right now for undergraduate medical degrees are with private medical colleges that are charging exorbitant prices thereby making the medical profession a distant dream for eager aspirants. Currently in India, only the rich can become doctors! To break this label, regulatory bodies

must ensure that the costs of seats in private institutions are set at reasonable values. Also, measures should be put in place to keep track of the “actual” fees quoted by the private institutions to applicants at the time of joining (there are cases where the institutions “informally” charge much higher than the limit put forth by the government for fees in private institutions) and the illegitimate selling of seats by third parties.

- Educational entrepreneurs should venture out with innovative models to help aspiring students realize their goal of becoming medical doctors. The government should regulate the fees structure of both deemed universities and management quota of self-financed private medical colleges, enabling the less than middle class to pursue medical education. The average fees for MBBS should not exceed Rs.10 lakh per year.

Conclusion

From time immemorial, India has taken pride in her medical systems. India has boasted of ancient cures and treatments for all sorts of ailments, including universally acknowledged home remedies and highly specialized branches of medicine. Today, the country is faced with a challenge to the very industry that once established her identity. In the fight for power, political leaders often lose sight of the greater good and their duty to ensure the same. The current medical education situation is one such example. Unless we work towards a better model for medical education in India, the health of the country is set to deteriorate quickly. If a similar situation (like the COVID-19 pandemic) were to strike the world a few years from now, given the currently trending brain drain of medicos, would we be able to say confidently that we were able to restore the ratio required to see us through such perils? As they say, ‘prevention is always better than cure’!

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