

Questionnaire on Medical Education (UG and PG)

Oversight Committee (OC) to oversee the functioning of MCI and all other matters considered by the Department Related Parliamentary Standing Committee on Health & Family Welfare, as mandated by the Hon'ble Supreme Court in judgement dated 02 May 2016 in Civil Appeal no. 4060 of 2009 in Modern Dental College and Research Centre & Others vs State of Madhya Pradesh & Others and notified by Government of India, Ministry of Health & Family Welfare (MHFW) in notification no.V.11025/21/2016-MEP dated 16 May 2016, is in the process of assessing the need for remedial measures, in respect of suggestions made by MHFW on a series of issues in the field of medical education. While several committees have looked into and are looking into many of these aspects, OC feels that it is worthwhile to assess the issues relevant to medical education in India from stakeholders, experts in the field, general public and any other interested person/agency.

2. These issues can be categorized as under:

- (i) **Post-Graduate Education:** Increase in seats, faculty requirements and quality.
- (ii) **Undergraduate Education:** Increase in seats, opening new colleges in Govt. sector, upgrading district hospitals to medical colleges.
- (iii) **Assessment process:** Transparency, frequency and redressal mechanisms.
- (iv) **Quality of medical education and skills:** How to improve the quality and skills, exit examinations, pattern and execution.

3. MCI draws its powers from IMC Act 1956 and Rules/Regulations framed thereunder and regulates the medical profession, inter alia, by prescribing Minimum Requirements pertaining to infrastructure, teaching and training facilities for imparting medical education by medical colleges/institutions and carries out inspection/visitation for permission to start new medical colleges, new Courses including P.G. or Higher Courses, increase of seats and their recognition/de-recognition. It also regulates the registration of persons who hold any of the recognised medical qualification and maintain Indian Medical Register (IMR) and enforces ethical conduct of medical profession.

4. The functioning of MCI is beset with many problems and challenges and it has often raised eye brows in medical and other spheres. There are more than 3,000 court cases related to MCI pending in various courts in India. The areas which are often questioned by people/stakeholders are inspections/assessment process, conduct of the assessors, malpractices, lack of adequate redressal mechanisms during and after assessment, perpetual deficiency of teachers and residents, lack of any structured uniform objective assessment of PG courses, absence of time-line in issuing certificates like provisional/permanent registration, 'Good standing' certificate, etc. The medical fraternity is concerned with the existing status of accountability and transparency in the overall functioning of MCI.

5. It is well known that the country has shortage of doctors to reach the WHO prescribed doctor population ratio of 1:1000 (the present ratio is reported to be 1:1674). There is also huge deficiency of specialists and super specialists; more so, as now the general

public in the country often demands specialized care. One of the major challenges in medical education is to improve quality while increasing the quantity. The availability of qualified and skilled medical teachers is a major limitation in increasing PG and Super speciality (SS) seats. There is a wide gap between number of UG seats and PG seats, limiting opportunities for higher education for Medical Graduates in India.

6. OC has been seized with a large number of complaints and suggestions on these and related matters. To deliberate on these issues, wider public opinion including that of major stake holders/ medical fraternity is needed.

7. OC invites you to spare some time and respond to the specific questions listed below **latest by August 2, 2016 at secretary.oc.mci@gmail.com**

I. PG EDUCATION

Q1. Should the student teacher ratio be increased from the present 2:1 for Professor and 1:1 for Associate Professor (maximum 4 in a unit of 30 bed for PG Broad specialities and 20 beds for PG Super specialities)?

Q2. What percentage of **deficiency of faculty and residents**, both UG and PG assessments, (which is nearly always reported in the assessments), be acceptable during the 1st assessment and in the subsequent assessments?

Q3. Should there be any requirement of Sr. Resident (PG/Broad speciality) in the department of Super speciality, as it exists today? Would it be acceptable/desirable to have an extra Assistant Professor in the unit or could the PG/Super speciality students in the department fill the gap of Sr. Resident?

Q4. To enhance the pool of teachers, should the age of eligible Faculty be increased to 72 years, from present 70 years?

Q5. Should all(not limited to minimum) Specialists from multispecialty Govt. institutions with more than 300 beds, including those working at government district hospitals, be designated as Faculty after proper research and clinical training (Professor, Associate Professor, Assistant Professor)?

II. UG EDUCATION

Q6. Should the Government consider establishing new medical colleges in deficient states? How many and where?

Q7. To overcome the deficiency of **UG seats**, should there be uniform increase of intake of students in the existing medical colleges by 50 seats and the clinical standards be revised? Should this be extended to both Government and private colleges?

Q8. Graduate medical course is unduly long as compared to other graduate courses like engineering, IT, Sciences other than medical, Commerce, Arts, etc., which are of 4 years or less in duration. The reduction of the course duration by 6 months (5 years) is likely to result in about 10% increase in number of doctors in future. Should there be a reduction in the duration of UG course, if yes, how much and at what level? Should the curriculum be revised and mandated to prioritizing core areas?

III. ASSESSMENT

Q9. Do you think that there should be a large, highly efficient, transparent **Assessor Cell** in MCI ? If so, what should be its terms of reference, composition, domain, accountability, and penalty action in case of deviation from approved norms?

Q10. **Frequency of assessment:** In the establishment of new medical college/increase of seats, a total of 5 regular assessments and another 5 or more compliance verification/assessment are being carried out. Do you think the assessment for renewal for 2nd batch, 3rd batch and 4th batch may be conducted only on-line, which may result in about 60% reduction in physical assessments, with element of surprise inspection in a quarter of cases?

Q11. There are repeated complaints that adequate time has not been given to the applicant medical college/institution for compliance and redressal at different stages of process of their application. i) Should there not be any timeline followed by MCI in getting the compliance from the institution? ii) What should be the minimum and the maximum time given for compliance? iii) Do you think that the applicant institutions should be given more chances of rectification of their deficiencies and/or any other grievance?

Q12. **Transparency:**

i) The assessment report is sometimes ambiguous, unreadable, and subjective in nature while describing various parameters. Should the information provided be purely objective (on a grade system), on three parameters, infrastructure, clinical material and teaching faculty?

ii) How to maintain confidentiality in picking assessors (Random number generation), making their travel and stay arrangements?

iii) Should assessors be accountable for any wrong reporting and Executive Committee for wrong interpretation!

iv) Should a copy of the assessment report be given by the assessors to the applicant college before he/she leaves the institution and the assessment report be put up on the website of the college by the college management within 24 hours of receipt of the report?

v). Physical Compliance Verification (PCV) report should cover only for the deficiencies pointed out by MCI during the first physical assessment report. Should the deficiencies, if any, pointed out in PCV other than the deficiencies pointed out by the first physical assessment be carried forward for the applicant college/institution in the commencing/next year?

Q. 13. Should there be a committee, such as **Redressal Committee**, other than Executive Committee/PG Committee in MCI to address the grievances of the institutions regarding inspections or other ME issues?

IV. GENERAL REQUIREMENTS

Transparency and timeline, in particular reference to process of assessments, registration and grievance redressal, are important in regulating the medical profession.

Q14 **For MCI:** Should MCI adopt ‘On-line- Real Time” process for all its assessment processes compliance verifications, evaluations by committees and the resultant LOIs, LOPs/rejections. If so, what should be the frame work and when should physical verification be made mandatory!

Q15. **For Colleges:** Should it be mandatory for all medical colleges/institutions to upload the data of all students and faculty (including their joining, transfers, resignations, study leaves, retirements, student feedback on teaching.) on college website and submitted to MCI online in a time bound manner?

Q16. **For Colleges:** Should all the medical colleges be asked to upload their weekly department wise census of clinical material, discharges, deaths, patients operated, procedures undertaken, and investigations carried out, etc on the college website and made accessible to the MCI?

Q17. **For Colleges:** Should all the medical colleges be asked to upload their monthly teaching schedule of all departments be put up on the websites of the college every month indicating the name of the teacher, date and time and the subject of the lecture?

Q18. **For Governments/ Centre and State:** How could the process of counselling be made transparent and simultaneous so that no PG/SS seat should go unfilled?

V.COMMON EXIT EXAMINATION AT UG/PG LEVEL AND NEET PG

After admission into a medical college, at present, 3 examinations are held during the UG course at the University level. The successful candidates have to undergo one year compulsory internship (by rotation) as per schedule of the University. During internship, the candidate has to have provisional registration of MCI. Permanent registration is given by MCI, on an application from the candidate after completion of internship.

After completion of the UG course, the candidates prepare for the PG Entrance Examination (Broad Speciality) held by different Universities/States and or private institutions to fill their PG seats. During their internship, most of the students remain busy preparing for the PG Entrance tests and do not devote time for acquisition of skills which they are expected to learn. The PG (Super Speciality) seats in Government medical colleges are filled by PG (SS) Entrance Examination held by Institutions/ universities. Private Institutions/Universities hold their own entrance examination for PG (SS) seats.

Q.19.An **On-line** NEET PG be held within 4-6 weeks of the final M.B.B.S. Examination and merit list prepared on the basis of marks obtained (*NEET PG -I*) and within 2 months of completion of the compulsory internship (by rotation) an **on-line Skill Assessment examination cum Licentiate Examination**** be conducted all over the country(NEET PG -II). Should the marks obtained in both *NEET PG -I* as well *NEET PG-II* be considered for preparing ranking (both, national as well as state) for admission to PG (Broad speciality) courses?

****i)** Those passing this Licentiate Examination/skill assessment examination will also be eligible for permanent registration number of the Medical Council of India, such graduates may be named as **Indian Medical Graduate (IMG)**.

ii) It will be mandatory for those graduates, holding permanent registration of Medical Council of India, now desirous of pursuing PG (Broad speciality) course to appear for both NEET PG –I and NEET PG – II exam.

Q20. Should there be common theory exit examination (Broad speciality) of a particular subject in all the institutions on the same days?

Q21. Can the practical exit examination (Broad speciality) of a particular subject be held in common for all medical colleges/institutions (where the examiners may be drawn from a pool of eligible teachers, the lists obtained from all universities and updating these lists every year)? If so, how could it be conducted and by whom?

Q22. Should the NEET PG (Super Speciality) be conducted as a single **on-line** entrance examination throughout the country for both Government as well as private institutions?

VI. EQUIVALENCE IN MEDICAL DEGREES

Q. 23. There are two **systems of PG education** in India, though MCI and National Board of Examinations (NBE). Do you think they should be merged so that there is consistency and similarity in teaching programs, residency and skill development?

Q. 24. **Overseas Qualifications and experience:** All the PG medical qualifications awarded by medical schools/universities in USA, UK, Canada, Australia and New Zealand are treated as recognized for enrolment as medical practitioners, but not for teaching purposes (Regulation 1998). To increase the pool of teachers:

i) ****** if the candidate desires to take teaching appointment, he/she can be considered for post of Senior Resident in the respective Departments in medical colleges in India.

ii) ******Can an Overseas Citizen of India(OCI), who has a valid teaching experience of 3 years/7 years/10 years or more, be considered for designation as Assistant Prof/Associate Prof /Professor?

Q25. Qualification and experience required for the post of Assistant Professor is 3 years teaching experience in the subject as Registrar/Demonstrator/Tutor in a recognized medical college either **during the PG course** or after obtaining the PG Degree in the subject, after obtaining MD/MS from a recognized medical college. Do you think that the words **“during the PG course”** be deleted from the Regulation, while retaining the same in case of Super Speciality courses?

7. Any Other suggestions:

Name (Optional)

Designation/Affiliation (Optional)