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Medical education is sick, needs urgent treatment

HS Ballal

Over the last four decades, the dismal state of affairs in medical education in this country has caused tremendous injustice to young students aspiring to become doctors. There has been an unfortunate demise of merit and a steady rise of money power in getting admissions into medical colleges. It would not be wrong to say that Goddess Saraswati has been uncereemoniously replaced by Goddess Lakshmi when it comes to medical education.



In the old days, marks obtained in pre-university or equivalent examinations were good enough for admission into a medical college, based on that merit, and life was simple. However, this changed drastically over the years for many reasons, including wrong reasons.

There always was a huge discrepancy between the number of students aspiring to be doctors and the number of seats available and this led to the mushrooming of a large number of medical colleges, mostly in the private sector, and thus began the harrowing experience, year after year, for medical students. They had to take dozens of entrance exams, with the dates sometimes

clashing with each other, held in different cities by different medical colleges, consortia, minority institutions, deemed universities and so on and so forth in each state. Even this, unfortunately, was not the end of the story.

Many a time, these entrance exams were used to manipulate the system into selling the seats to the highest bidder, in collusion with the authorities concerned, and most often resulted in merit taking a backseat. It was truly a travesty of justice and a fraud committed on innocent students who had put their hearts and souls into getting into medicine.

It would be unfair to tarnish the name of all medical colleges with the same brush and we have to acknowledge that many medical colleges have had fair selection criteria and have helped produce excellent doctors.

There are around 580 medical colleges in the country, predominantly in the southern and western states and mostly in the private sector, producing about 60,000 doctors a year, but less than one-third of these can get into clinical post-graduate training because of the lack of adequate post-graduate seats. This causes a huge gap in the demand-supply equation, which is the root cause of the corruption in medical education.

The high density of medical colleges, especially of the private ones, in the south is an interesting

phenomenon. The first private medical college in the south came up at Manipal in coastal Karnataka which, at that time, was a sparsely populated dense forest area. Kasturba Medical College, started by TMA Pai way back in 1953, went on to become one of the top medical colleges in the country.

The entrepreneurship of the people of coastal Karnataka saw few more colleges in the area. By then, many businessmen realised that students who would not make the merit list were willing to pay handsomely, in the form of capitation fee, for a medical seat. Medical colleges mushroomed in these areas as a result. Southern and western India being dominant in healthcare and education, it was easier to get trained doctors to staff these colleges.

Indeed, a small state like Pondicherry has more medical colleges than all of north-east India, and more medical seats than a large state like Bihar. Many of these colleges are owned or affiliated with prominent politicians or religious institutions, adding more clout to the money power and influence they already had.

The danger of students getting in by paying huge capitation fees is that it may encourage them to indulge in corrupt and unethical practices, first to recover the money spent to get the seat, and then some more. After all, there has to be a return on one's investment!

Medical education is sick, needs urgent treatment

There was a ray of hope when the National Eligibility and Entrance Test -- NEET -- was proposed a few years ago, but it was challenged in the Supreme Court and the decision was stalled. A review by the court led to the implementation of NEET, which would certainly create a level playing field for all students.

However, there are still many wrinkles that need to be ironed out. The problem of differential fee structures remains and a consensus must be reached on fixing the fee. If needed, a graded fee structure, based on merit and infrastructure of the college, could be worked out. In all fairness, the promoters, who have made huge investments in these colleges, should have avenues to recover their costs, although not at the cost of merit.

Interestingly, the National Board Exams (DNB) for post-graduate studies has the equivalent of NEET and one of the best, non-corrupt, systems of entry and exit exams in the country. The model is working well.

The root cause of the problem is the huge demand and supply gap, which can only be solved by opening many more medical colleges of repute, if need be in PPP mode, to increase the availability of both undergraduate and post-graduate seats. We should also look at encouraging DNB to increase the training programme and look at larger well-equipped, staffed corporate/private hospitals

with trained teachers to start post-graduate programmes with a uniform entry and exit exam.

The proposed National Medical Commission bill was meant to address some of the failures of the current system of medical education, which includes the failure to maintain uniform standards of medical education; devaluation of merit in admissions; failure to create any summative evaluation of medical graduates and post-graduates; failure to put in place a robust quality assurance mechanism; heavy focus on nitty-gritty of infrastructure and human staff during inspections; extremely slow expansion of medical education; and failure to instill respect for a professional code of ethics in medical professionals.

The NMC is to end the 'inspection raj', maintain uniform standards by setting up common entry and exit exams, open up post-graduate seats to ease the huge shortage of seats and the bottleneck between under-graduate and post-graduate seats.

The bill, which is still being debated, is also to address some of the issues that have skewed medical education. However, as it is mired in controversy, it remains to be seen what form the final legislation takes. For instance, the exit examination is already out of the NMC scheme. But a resurrection of medical education's glory is possible only when the balance is tilted towards Goddesses Saraswathi.

(The writer is Chairman, Manipal Hospitals)

Medical PG quota case goes to Constitution Bench

Notice to States, Centre, Medical Council of India

KRISHNADAS RAJAGOPAL
NEW DELHI

The Supreme Court has referred to a Constitution Bench to urgently consider whether reservation in favour of in-service candidates in respect of 50% of the seats granted to the States under the Post Graduate Medical Education Regulations of 2000, as framed by the Medical Council of India, is unconstitutional.

A three-judge Bench, led by Justice Kurian Joseph, asked the petitioner, Tamil Nadu Medical Officers Association, to mention the case before the Chief Justice of India on April 16. It further issued notice to States concerned, Union of India and Medical Council of India.

Under scanner of the apex court are two provisions of the 2000



Two provisions of PG Medical Education Regulations are under scanner.

Regulations.

Regulation 9(4) provides that while "determining the merit of the candidates who are in service of government/public authority, weightage in the marks may be given as an incentive up to 10% of the marks obtained for each year of service in remote and/or difficult areas or rural areas up to maximum of 30% of the marks obtained in National Eligibility-cum Entrance Test."

The Regulations said remote, difficult areas or rural areas would be notified by

the State government from time to time.

Regulation 9(8) mandates that 50% of the seats in post-graduate diploma courses shall be reserved for Medical Officers in the government service, who have served for at least three years in remote, difficult areas or rural areas.

The petitioners have contended that though the power of "the coordination and determination of standards in institutions for higher education" is within the exclusive domain of the Union, the fact that "medical education" comes under the Concurrent List implies that the State is not denuded of powers to legislate on the manner and method for admissions to postgraduate medical courses.

The Centre and the Medical Council of India countered that the issue is under its "exclusive domain of the Union" and the State cannot legislate on the subject.

5% in physics, 20% in bio enough to make doctors

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With just 5% marks in physics, less than 10% in chemistry, and 20-odd per cent in the biology section of the National Eligibility-cum-Entrance Test (NEET), candidates have got admission to medical colleges in the past two years.

This was made possible by the "percentile" system under NEET that was supposed to keep non-meritorious students out.

Before NEET was made mandatory in 2016, the cut-offs for admission were 50% marks for the general category, and 40% for the reserved

MERIT TAKES A HIT

- ▶ Percentile cut-offs introduced for NEET lowered the marks bar; became counter-productive
- ▶ Several non-meritorious students found themselves eligible for admissions
- ▶ Deep pockets with poor scores eventually paid their way into private medical colleges

categories. From the 2016 admission year, these were changed to 50th and 40th percentile, respectively, opening the doors to candidates with just 18-20% marks in the NEET aggregate.

▶ Merit getting diluted, P 8

Percentile system diluting merit

► Continued from page 1

Here's how it happened. In 2015, you needed 50% marks for admission in the general category, so you would have had to score at least 360 out of 720 marks. But in 2016 you only needed to be in the 50th percentile, which meant scoring 145 out of 720, or barely 20%.

The reserved categories needed to be in the 40th percentile, which translated to 118 out of 720, or 16.3% marks. In 2017, this fell further to 131 marks (18.3%) for the general category, and 107 marks (14.8%) for the reserved seats.

This year's NEET exams, to be held next month, continue with the same percentile cut-offs, so students with less than 20% marks in the entrance exam may be admitted to MBBS courses again.

Percentile measures the proportion of candidates, not scores. Thus, 50th percentile means students with more marks than the bottom half, 90th

NEET 2017: WHY 50th PERCENTILE IS 18%

Category	Marks range*	Qualifying percentile	Effective cut-off in % marks	No. of qualified candidates
General	697-131	50th	18.2	5,43,473
OBC/SC/ST	130-107	40th	14.9	67,999
Handicapped general	130-118	45th	16.4	67
Handicapped OBC/SC/ST	130-107	40th	14.9	200
Total	697-107	NA	14.9	6,11,739

*Out of a total of 720

percentile comprises students with more marks than the bottom 90%, and so on. It does not mean they have 90% marks.

The percentile system not only made low-scoring students eligible to study medicine, it actually got them seats in colleges. TOI found that in 2016, general category students with just 148 marks, or 20.6%, in NEET were admitted to a private college in Uttar Pradesh which is a deemed university. As many as 30 of the 100 students this institution admitted had less than 25% marks in NEET. A Pudu-

cherry college admitted 14 students with less than 21% marks, the lowest being 20.1%. Some students admitted in the reserved categories had even lower marks.

Some of the best-known private colleges in the country have admitted students with less than 40% marks in the general category and under 30% in the reserved categories.

The percentile system has played havoc with merit, making it easy for wealthy low-performers to buy seats. Thanks to the low cut-offs last year, 6.1 lakh of the 10.9 lakh NEET

candidates qualified for admission, 5.4 lakh of them from the general category. With about 60,000 MBBS seats available across India, there were about 10 eligible students for every seat. A large number of affluent students with poor scores got in as many high-scoring middle class or poor students had to opt out because of the high fees.

"Whether it's an entrance examination or the Class XII exams, students are expected to get a minimum of 50% or 40%, depending on their category, to get into medicine. But with this flawed eligibility criteria of NEET, we saw students with abysmally low scores getting into medical colleges," said Dr Raj Bahadur, vice-chancellor of Baba Farid University of Health Sciences in Punjab. "The quality of medical education is being compromised." He said the number of qualifying candidates should be capped at three times the number of seats, which will automatically raise the cut-offs.

ಕ್ರೆಡಿಟ್ ಸ್ಕೀಂ: ವಿವಿಗಳಿಂದ ಮಾಹಿತಿ ಕೇಳಿದ ಯುಜಿಸಿ

ಹೊಸದಿಲ್ಲಿ: ಆಯ್ಕೆ ಆಧಾರಿತ ಕ್ರೆಡಿಟ್ ವ್ಯವಸ್ಥೆ (ಸಿಬಿಸಿಎಸ್) ಅನುಷ್ಠಾನ ಮತ್ತು ಅದಕ್ಕೆ ಪೂರಕವಾಗಿ ಪಠ್ಯಕ್ರಮ ಪರಿಷ್ಕರಣೆ



ಮಾಡಲಾಗಿದೆಯೇ ಎಂದು ವಿಶ್ವ ವಿದ್ಯಾಲಯ ಧನ ಸಹಾಯ ಆಯೋಗ (ಯುಜಿಸಿ) ವಿವಿಗಳಿಂದ ಮಾಹಿತಿ ಕೇಳಿದೆ. ಏಪ್ರಿಲ್ 18ರೊಳಗೆ ವಿವರ ನೀಡುವಂತೆ

ಅದು ಸೂಚಿಸಿದೆ. ಉನ್ನತ ಶಿಕ್ಷಣ ಸಂಸ್ಥೆಗಳ ನಡುವೆ ವಿದ್ಯಾರ್ಥಿಗಳ ವರ್ಗಾವಣೆ ಮತ್ತು ಕ್ರೆಡಿಟ್ ಅಂಕಗಳ ಹಂಚಿಕೆಗೆ ಅವಕಾಶ ನೀಡುವುದಕ್ಕಾಗಿ ಆಯೋಗವು 2015ರಲ್ಲಿ ಸಿಬಿಸಿಎಸ್ ಪದ್ಧತಿಯನ್ನು ಜಾರಿಗೆ ತಂದಿತ್ತು. 109 ಪದವಿ ಹಂತದ ಕೋರ್ಸ್‌ಗಳ ಪಠ್ಯಕ್ರಮಗಳಲ್ಲಿ ಏಕರೂಪತೆಯನ್ನು ತರುವುದಕ್ಕಾಗಿ ಪಠ್ಯ ಪರಿಷ್ಕರಣೆಗೆ ಸೂಚನೆ ನೀಡಿತ್ತು. ಒಬ್ಬ ವಿದ್ಯಾರ್ಥಿ ದೇಶದ ಯಾವುದೇ ಭಾಗದಲ್ಲೂ ಕಲಿಯಲು ಅನುಕೂಲ ಒದಗಿಸುವ ವ್ಯವಸ್ಥೆ ಇದಾಗಿದೆ. ವಿಶ್ವ ವಿದ್ಯಾಲಯಗಳು ಈ ಸೂಚನೆಯನ್ನು ಹೇಗೆಲ್ಲ ಅನುಷ್ಠಾನ ಮಾಡಿವೆ ಎಂದು ಮಾನವ ಸಂಪನ್ಮೂಲ ಇಲಾಖೆ ಮಾಹಿತಿ ಬಯಸಿದ ಹಿನ್ನೆಲೆಯಲ್ಲಿ ಯುಜಿಸಿ ಮಾಹಿತಿ ಸಂಗ್ರಹಕ್ಕೆ ಮುಂದಾಗಿದೆ.