Medical tuitions

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Introduction

There have always been medical tuitions. In the days gone by, clever students and toppers were picked up by heads of departments for specialised coaching to attain the first position in the University, the gold medal or the coveted prize. That was because of institutional rivalry. No money changed hands.

In the eighties, several private medical colleges sprung up around Mumbai. Most were given out as largesse or patronage to political heavyweights. Very few had adequate space, laboratories or hospitals. They were ill-equipped and inadequately staffed. Yet, the Government of Maharashtra granted them recognition. There was a rush for medical degrees in those days and inspite of hefty capitation fees, the college soon found aspiring students. Once admitted, the students realised their plight and the rush for private medical tuitions began. Means were sacrificed at the altar of the goal - the M.B.B.S. degree - which became the El Dorado to be achieved, by hook or by crook.

An ever worsening scene

Today there is an explosion of private medical classes. Ex-professors, retired educationists and examiners with experience form the nucleus. They draw up curricula and plan courses. They are joined, surreptitiously, by full-time staff members from teaching hospitals in the city and current examiners. Such is the avarice for private coaching that Lecturers - even Registrars - from teaching hospitals run their own courses in private hideouts - of course, for a fee! There are classes that offer full courses for a lump sum, but most concentrate on individual subjects.

Wild promises are made. Assurances of success at the university examination are freely offered, with a guarantee of refund of the fee paid, should the candidate fail. Some even promise to help in the actual university examinations by noting down the roll numbers of the candidates, to be passed on to colleagues who serve as examiners. Tuition teachers offer cyclostyled notes, tips on how to answer questions and model answers.

Having your practical examination in your own college or in a permanently nominated institution has further worsened matters. Students quickly determine who will be the next examiner and start working on him. Examiners with no scruples are quick to exploit the situation. Everyone is familiar with the examiner who worked a three-tier system for extortion. He would not pass a student unless he was paid, the amount depending on whether the student merely wanted to pass, score well or obtain distinction. The punishment for this rip-off was a mild rebuke from the authori ties, temporary debarment from examinations and a temporary transfer to another medical college.

Corruption and bribery have made permanent inroads into medical education. Even clerks in the university have been known to leak question papers and manipulate marks.

Bedside medicine - what's that?

It is common knowledge to everyone who has truly studied medicine that it cannot be learnt from the blackboard. There is no substitute for bedside teaching, demonstration of clinical signs, exetnplary interactions with the patient and apprenticeship. How do medical colleges without dissection halls, physiology laboratories, anatomy and pathology museums and with empty wards produce medical graduates? Are we right in permitting half-baked caricatures of doctors let loose on an unsuspecting community? Clearly, several ethical issues are involved, but the solution may be a long time in coming.

Some suggested reforms

Examination of our medical students must be conducted only by examiners from other universities. This may prove somewhat expensive but the required funds can be found by raising the examination fees.

There is a strong case for a review of' the entire system of examinations in the country. The American style of giving credits for demonstrable good performance throughout the years must be introduced. It will, of course, be necessary to en-sure objective evidence of suc h assessment and performance.

The present emphasis on learning by rote and regurgitation of undigested matter at the examination must be scrapped.

The practical examination must be spread over a longer period and be oriented towards what actually obtains in practice.

As a long-term policy, no new medical colleges must be permitted unless they demonstrate an infrastructure and facilities **better** than those in existing institutions. A revitalised Medical Council of India must be the only agency permitted to recognise such colleges.

Lastly, the Indian Medical Association and other national medical professional bodies must play a greater role to foster true medical education and prevent governmental and political interference.

Tuition classes cannot be wished away. They merely follow the principle of demand and supply. Any heavy-handed method at controlling them by legislation will only drive them underground. Re-orienting the curriculum, placing emphasis on regularly monitored performance, adapting teaching to local needs and a revitalised approach to training we the growing menace.

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