

two-thirds of the projects were conceived, designed, and conducted by an individual who has an affiliation to a foreign nation. Non-governmental and external government support has been crucial to these studies. More than four-fifths of the funding for high-impact research projects conducted in India was independent of the government of India. In fact, one-third of the funding support has been from the Bill & Melinda Gates Foundation and Wellcome Trust, which are organisations based in the United States of America and the United Kingdom, respectively. It is to their credit that the areas of research funded by such organisations are relevant to the region.

Research in developing regions should be conducted based on strong ethical benchmarks. Collaborative partnerships, social value, scientific validity, and context of the research have to favour the region where research is conducted (1). Funders of research projects can ensure that such benchmarks are met. Recently, the government of India has imposed strict restrictions on research funding from the Bill & Melinda Gates Foundation, among several other similar non-governmental organisations (2). While such a move may have been to minimise the risk of exploitation of Indian citizens by an externally-driven research agenda, the decision could negatively impact the progress in public health. International collaborative research partnerships have only helped advance research into vital areas of public health in India. Unless the paucity in research funding that is likely to occur from such a decision by the Government of India is not urgently rectified by the national government and regional organisations, curtailing research funding from external sources may have a human cost. The solution to this problem rests with the government which should ensure greater investment in research. Not doing so will be detrimental to the well-being of its people.

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The oppressive pressure to publish

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I had read the editorial by Bandewar et al (1) on the Medical Council of India's amended requirements for medical teachers with great interest and wish to highlight two issues seldom addressed in Indian academia.

It is not uncommon for new faculty showing serious involvement in their teaching and patient-care related commitments to be warned about their "misplaced priorities" (2). In other words, the number of publications listed is becoming the priority at medical job fairs, and young doctors who are interested in genuine teaching or humane clinical practice are being side-lined in the rat race. Besides, the undue emphasis on publication as a criterion for recruitment prompts authors to perform malpractices like adding the names of their benefactors to the list of authors, amounting to fake authorship and academic nepotism. Assessing the ability of an individual by mere calculation of the *H-index* without giving weightage to other contributions made at the departmental / institutional / community level, might not yield an accurate evaluation.

How a young doctor turns pessimistic in research

In an Indian study on the views of faculty regarding publication (3), 35% of the respondents felt dejected by undue delays in the publication process. 57.3% of the respondents (3) felt the policy regarding publication induces unhealthy competition. The ideal research process includes the development of a concept, literature review, protocol submission and institute review board clearance, execution of research and writing of the paper and in many peripheral colleges lacking systematic review boards, this process consumes lot of time. It takes another six months to one year to complete the publication cycle. Meanwhile, if another researcher arrives at the same conclusion simultaneously, the one who publishes first gets all the credit. A researcher aiming at a narrow spectrum of prescribed journals, submits his work, waits for months, and finally receives a negative response. After facing three or four rejections, and wasting a year in the publication pipeline, pessimism sets in over their research work. In other words, the stress associated with wanting to publish experimental results before others and in a reputed (of course, "specialty specific") journal can drain young researchers of much of their interest in practising science and conducting research in its truest sense (4).

The pressure to publish also leads to distorted priorities and the "who gets there first" syndrome (5). This discourages the impulse to share and do things together and pushes one into a kind of "academic espionage" and unhealthy competition which hampers the collegial relationship among faculty (5).

A young doctor should enjoy the bliss of scientific discovery through conducting research and not consider it a burden because of being pressurised to publish.

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Bleak future for pre- and paraclinical postgraduates in India

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In a bid to encourage medical graduates to opt for postgraduation in pre- and paraclinical courses, the Odisha Government, in January 2018, hiked the stipend for students pursuing these courses in state-run medical colleges (1). The state government also announced additional financial assistance of Rs 18,000 per month for pre- and paraclinical postgraduate students, along with the stipend money. The state's Health and Family Welfare Minister, Pratap Jena, said this would be applicable to both in-service and direct postgraduate students (2). This announcement in the newspapers gave rise to much discussion in the social media.

Does the announcement seek to cover up the appalling state of postgraduate medical education in the pre- and paraclinical fields in India? It is not uncommon to see many pre- and paraclinical postgraduates struggle to find jobs in their field of specialisation. It is also common to see such postgraduates being forced to take up posts like that of medical officer, just to make ends meet. Their postgraduate education in academic subjects or research does not give them any assurance of employment. Eventually, they feel cheated at having wasted three or four years to achieve an MD in such a specialisation. "No job opportunities after such specialisation," "No takers for such courses and the seats go vacant"¹. Does this ring any alarm bells?

We have to seek effective solutions to the perennial problems plaguing pre- and paraclinical sciences in India. Why are there hardly any takers for these courses in most medical colleges

in the country? Is it because of the dearth of job prospects? A poor postgraduate curriculum? Or is it something beyond this?

If the job prospects are poor, we need to explore why. Is it because candidates are only looking for opportunities in medical colleges? Teaching posts in medical colleges have dwindled drastically because the Medical Council of India has slashed faculty requirements in the pre- and paraclinical departments (3). Is it because the age of retirement in many colleges has been raised? Is it that pre- and paraclinical specialists are underpaid by private colleges, and are used by many colleges for unpaid clerical and administrative work? Is there any scope for growth and development in such specialisations? Does the current postgraduate training adequately prepare students to meet future challenges? Are there other reasons for the deplorable state of pre- and paraclinical postgraduate education?

It is high time we take responsibility for the state of medical education in our country. These questions can be solved scientifically through extensive discussion with all stakeholders, using qualitative methods like focus group discussions or semi quantitative methods. The production of so many postgraduates in pre- and paraclinical sciences with hardly any job opportunities in their respective fields is a serious concern. We have to seek solutions for these problems more diligently and scientifically.

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Note

¹ These were responses to the announcement found on WhatsApp group chats.

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