During this time, my classmates were not helpful, and once, a professor suddenly remarked, "Hey psycho! Don't talk!" during my turn in a group discussion. It was painful to experience the stigma attached to mental illness; even medical persons do not share the suffering of mentally ill victims, what can one expect from non-medicos? In such a situation, the human brain is more sensitive and becomes an easy prey to negative thoughts (2). I started worrying that I would be removed from medical college. As mental illness is not always obvious and I seemed physically healthy, my illiterate parents thought I was putting on an act to avoid completing my MBBS. My mother even took me to a village healer, where I stayed for one month without any improvement. Later, I received ten sessions of electro convulsive therapy and felt better. Thereafter, I was even able to pass my MBBS.

Though my marks made me eligible for admission into postgraduation at GMC Nagpur, I decided not to continue my education in Nagpur. My brother too, refused to stay in Nagpur, but he insisted that I should be near Mumbai to learn to face the competition. I accepted a medical officer's post at a primary health centre in the Konkan region, involved myself in scorpion and snake bite research, and published 28 short papers and letters in the *Lancet*, and a research study in *BMJ*, as also two letters and a review in *NEJM*. I completed my MD in medicine. In my experience, in the Konkan and in cities like Mumbai nobody asks about your caste. Everybody is busy with work and has no time to spare for such matters. Here intelligence and efficiency are valued and rewarded, irrespective of caste, and in general, everybody is ready to co-operate and help.

I consciously avoided my son's being admitted into the medical course in an OBC category reserved seat because of my own suffering. My son was very depressed when he saw students with lower marks being admitted into reserved seats, until he finally got a seat in the Akola government medical college. Even today I am moved, when I remember his agony at the time. Because of strict principles and ethical objections, I was dead against his occupying a reserved OBC seat. In addition, with both his parents being doctors, he had no right to occupy a seat which could be given to a poor student. Surprisingly enough, my son cleared all the NEET examinations for the MD and DM admissions in his first attempt .Therefore, in my view, if India wants to end caste discrimination, reservations should be based on economic status with financial support for accommodation, fees, food , books and dress and scholarship for pocket expenses and not on caste. In fact, the "Caste" column in the school certificate should be deleted.

Himmatrao Saluba Bawaskar *(himatbawaskar@rediffmai.com), Bawaskar Hospital and Clinical Research Centre, Mahad, Raigad, Maharashtra 402 301 INDIA*

References

1. Bhargava A. Casteism in a medical college: A reminiscence.Indian J Med Ethics. 2019 Jul-Sep;4(3) NS:201-2. DOI: 10.20529/IJME.2019.031.
2. Bawaskar HS. Many stigmas of mental illness. Lancet. 2006; 367:1396-97..

National Medical Commission Bill: Opportunity to end educational apartheid?

Published online on February 20, 2019. DOI:10.20529/IJME.2019.005.

The Government has superseded the Medical Council of India (MCI) with an interim board of governors that has assumed the powers and functions of the Council, pending passage of the National Medical Commission Bill (1). While a systemic revamp of medical education is intended, uncertainty prevails on whether medical academia will now be more inclusive.

Medical education in India has not had smooth sailing in recent decades. Corruption, mostly in granting permission to new medical colleges and the practice of hiring ghost faculty are common (2). Furthermore, the MCI and the National Board of Examinations (NBE), the two acrimonious poles of Indian medical education have been at loggerheads. The MCI conveniently used riders to subjugate the Diplomate of National Board (DNB) holders, effectively keeping them out of academic positions amidst a nation-wide dearth of medical teachers. The "inspector raj" of the MCI was ruthless in finding fault with DNB holders, often humiliating them in full public view. The author has personal experience of such "arbitrarism", whereby the DNBs were subjected to the highest scrutiny, and ghost faculty passed over.

The NBE was established in 1975 in an era when overseas qualifications were commonly sought. Although successful in maintaining a high quality of training and examinations, it lacked both the will and the ability to safeguard the interests of the vast pool of DNBs. Its lackadaisical response to alleged harassment or discrimination against DNBs in medical academia has been limited to its notifications of equivalence (3).

Some of the reasons cited by the MCI to validate its policies on "equivalence" (in reality, non-equivalence) of NBE and MCI degrees were lack of training at a sacrosanct "recognised medical college", inadequate research experience or bed strength (4).

A resident at a medical college is exposed to other specialties and interdisciplinary areas. However, to assume that a resident at an NBE-accredited institute would have no such exposure is preposterous. Let us consider the interdisciplinary exposure (to Obstetrics and Gynaecology) of Ophthalmology residents, working at medical colleges and NBE-affiliated corporate hospitals. The residents at medical colleges frequently encounter pre-eclampsia or eclampsia while attending referral calls; in contrast, despite possibly fewer encounters, the superior infrastructure at the corporate hospital would expose its residents to a different class of procedures; they may thus witness a case of visual disturbance (palinopsia) caused by an ovulation-inducing drug, clomiphene in an assisted fertility clinic.

Interestingly, the MCI did not have any issue with overseas qualification such as the Fellowships of the Royal College(s),

acquired at the same institute with dual affiliation to the Royal College and the NBE; only aspiring NBE graduates would be asked to go back to a medical college and repeat a residency. When the author sought an explanation for this disparity under the right to information, the MCI mentioned it as beyond its purview. Perhaps, if the NBE were established under an act of Parliament, NBE qualifications would be beyond the MCI's purview as well.

Another contentious issue is bed strength. The MCI decreed a minimum bed strength of 500 as a cut-off for aspiring DNBs, failing which additional residency at medical college is required - an uphill task given the inherent selection bias. Indeed, there are MCI-approved colleges with fewer beds, worse infrastructure and poor or no access to medical journals, but their graduates are never asked to pursue additional residency at another corporate or public sector hospital.

The above discrimination filters out those doctors who train at semi urban or rural hospitals with lower bed strength, who may have their own unique set of skills. A notable example is the case of Kumar who worked with the National Polio Surveillance Project and the humanitarian organisation Médecins Sans Frontières (5) before training at an NBE affiliated hundred-bedded rural hospital in Uttarakhand, largely for the under-served strata. His training included managing cardio-pulmonary and obstetric emergencies such as myocardial infarction, pulmonary edema and caesarean sections. A stint at a medical college or a corporate hospital would train him differently, but not teach him what he learnt through his tryst with rural India, where perennial floods and poverty posed a huge barrier.

Accepting a person with such skills would clearly enhance the diversity of medical faculty. However, he would probably lose out to a graduate from a college in Eastern Uttar Pradesh, recently in the news for poor infrastructure in the paediatric intensive care unit (6).

Doctors are not omniscient; they evolve through their own efforts and mandatory continuing medical education. Forty-three years after the foundation of the NBE, if its graduates still have to face repeated "litmus tests" and humiliation, it puts a question mark on its envisioned objectives. It is high time, the "educational apartheid" in medical education is abolished in absolute terms.

Manish Jain *(xs2ikr@gmail.com), Department of Ophthalmology, (Uveitis and Ocular Immunology Service), NMC Specialty Hospital, Al Ain, UAE.*

Competing interest and funding support: None

References

1. India govt appoints board to supersede Medical Council of India. *Times of India*. https://timesofindia.indiatimes.com/india/govt-appoints-board-to-supersede-medical-council-of-india/articleshow/65972851.cms
2. Aadhar helped identify 80000 ghost teachers in medical colleges. *Times of India*. https://timesofindia.indiatimes.com/india/aadhaar-helped-identify-80000-ghost-teachers-in-higher-education-institutions/articleshow/62383881.cms
3. National Board of Examinations, Union Ministry of Health and Family Welfare. Notification. No.V.11025/12/2004-MEP-(I). New Delhi: NBE;2009 Feb 20[cited 2019 Jan 9]. Available from: https://www.natboard.edu.in/dnb_matter.php?notice_id=9
4. Medical Council of India. Minimum Qualifications for Teachers in Medical Institutions Regulations, 1998 (amended up to June 8, 2017). New Delhi: MCI;2017[cited 2019 Jan 9] Available from: https://old.mciindia.org/Rules-and-Regulation/Teachers-Eligibility-Qualifications-Rgulations-1998.pdf
5. Kumar B. Family medicine: A resident's perspective. J *Family Med Prim Care*. 2012; 1(1):59-61. doi: 10.4103/2249-4863.94455.
6. Jadid A. Gorakhpur tragedy:60 children die in Baba Raghav Das Medical College in a week amid oxygen supply disruption. *Hindustan Times*. Updated 2017 Aug 13 [cited 2019 Jan 8]. Available from: https://www.hindustantimes.com/india-news/up-30-dead-in-48-hours-due-to-disruption-of-oxygen-supply-in-gorakhpur-hospital/story-TwMrMJxhAZzIkn3pXcZEMN.html