EDITORIAL

Medical education in India: Disturbing trends

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Medical education in India appears to be failing on multiple counts. Much has been written on this subject, including in this journal [1, 2]. Yet, little seems to have changed and in fact, disturbing new trends have arisen. An article in *The India Forum* by historian and medical commentator, Kiran Kumbhar, points out glaring errors of assumption and planning by the Government of India (GOI) and its Ministry of Health [3]. This has led to the mushrooming of privately-owned medical colleges without adequate infrastructure and faculty, leading to low quality medical education; in time this will result in low quality healthcare services. For some years now, authorities have cited a World Health Organization (WHO) requirement of "one doctor for 1000 patients" for an effective health policy; Kumbhar points out that such a WHO metric does not, in fact, exist! [3] Ostensibly, under pressure to achieve this unsubstantiated target, the government has encouraged privatisation of medical education, focused primarily on achieving the desired numbers of doctors. Recently, the Government even claimed success in achieving this magical ratio, using doubtful data and statistical calisthenics [3], even while the health metrics of the country continue to be woefully low, and millions do not have any access to affordable medical care.

Privatisation of medical education

The answer to improving healthcare access for citizens does not lie merely in churning out more doctors through more private medical colleges. This lopsided approach has become a money-spinner for a nexus of investors that includes equity investors, politicians and local businesses where, under the guise of catering to a serious health need, profit-making appears to be the main focus. A few years ago, a pharmaceutical company started a medical college in Gujarat. This conflict of interest, of unspeakable proportions, appears to have been disregarded by the governing bodies that allowed this pharma company investment in medical education [4]. Now we learn that the behemoth Reliance is also entering the fray, cementing the commercial model in education that does not serve all sections of society and ultimately widens the health access divide [5].

The National Medical Commission (NMC) was instituted in 2020, to replace the erstwhile Medical Council of India (MCI), that was riddled with corruption and failure to institute much-needed reforms in medical education. In this context, Keshri et al have published a commentary on the regulation of medical education in India, highlighting the roles of the erstwhile MCI and newly formed NMC [6]. However, as pointed out in an earlier editorial in this journal, very little appears to have changed, despite the formation of this new body [7].

Recent newspaper reports, and a *Lancet* article, on corruption and failures within the NMC, are deeply discouraging, and of serious concern to medical students, health professionals and citizens who had hoped for a change for the better [8,9]. The report refers to a Central Bureau of Investigation (CBI) probe into a scandal involving regulators, University Grants Commission (UGC) officials and politicians in a scam, where money was exchanged for favours at the time of inspection of medical colleges. The scheme allegedly involved what the agency called "egregious" acts, including bribery, criminal conspiracy, and forgery, as well as collusion in undermining quality standards. *The Lancet* stated that NMC "lacks a clear action plan and is hindered by centralised power and bureaucratic inefficiencies." [9] Is this simply a case of old wine in a new bottle?

The scandal reported in *The Hindu* comes on top of other pronouncements and moves. The Health Minister recently announced that medical colleges and UG/PG seats had doubled since 2014, and the doctor patient ratio is now 1:811, far better than the WHO requirement of 1:1000 [10]. This could be because of the inclusion of Ayurveda, Yoga, Unani, Siddha and Homeopathy (AYUSH) doctors in this calculation. Kumbhar's article refers to the see-saw approach that the GOI has adopted — where the AYUSH doctor data is included at times, and discarded at others, thereby skewing and devaluing the assessment [3]. Quite apart from the validity of this inclusion, this obsession with ratio as a panacea is facile.

There is also a widening education access gap, as deserving students with a dream to serve as doctors, cannot afford the high fees of these "approved" but expensive colleges. Sadly, higher tuition fees do not necessarily translate into quality education; many colleges fall short in terms of infrastructure, leading to a frantic scramble to muster the requisite numbers of patients, beds, and faculty at the time of inspection. Meanwhile, existing colleges are expected to increase their annual intake of students. In recent years, this has rapidly grown from 60 to 100, then 150, and now some existing colleges will be permitted to admit 250 students per class! [11] One can only imagine the strain imposed by this increase on the existing college infrastructure, student learning, faculty-student ratio, and overall quality of education. Even reputed government-owned colleges feel the resource crunch and struggle to retain faculty or upgrade infrastructure to meet expanding intake.

Despite the increase in MBBS seats, according to data tabled in the Lok Sabha, thousands of seats have been going vacant year-on-year since 2021, especially in the newer colleges [12]. Post-graduate seats too have been reported to be going vacant. The reasons may be linked to affordability, remote locations, National Eligibility Entrance Test (NEET) counselling, apprehensions about readiness of new colleges, and aspirations of candidates [13].

The increasing privatisation of medical education will only worsen existing inequalities. NITI Aayog has proposed a public-private partnership model where "private entities" are invited to invest in medical colleges at the district level, attached to the local government district hospital [14]. The reasoning is that it is not possible for either the State or Union governments to bridge the gap in health and medical education infrastructure due to limited resources [15]. In these refurbished hospitals, there will be around 20% "free beds", and the rest "market price" beds so that the venture can be profitable. This would limit the access to healthcare of citizens in that district, as Below Poverty Line (BPL) patients are expected to get authorisation in order to access the free beds. Further, students from private medical colleges get to train on underserved patients in Government hospitals who may have very little choice but to submit [14].

Improve existing colleges

Instead of adding more seats in colleges and increasing the numbers of medical colleges, it is practical and less expensive to improve the infrastructure and quality of the existing colleges. A case in point is the poor state of laboratories in medical colleges; in 2021, of the 555 medical colleges existing then, only 24 biochemistry laboratories, 19 haematology laboratories and 13 histopathology laboratories were accredited by the National Accreditation Board for Laboratories [16]. A recent example is the alarming drop in teaching staff at the various All India Institute of Medical Science (AIIMS) across the nation, because the teaching staff they had have moved to private institutions [17].

An attempt to grade Indian medical colleges in 1996 had used three criteria — reputation of the college, staff–student ratio, and number of papers published. There are obvious gaps and flaws in this rating [18]. Reputation is entirely subjective, and a high staff-student ratio does not necessarily mean better teaching. However, the emphasis on research is of interest; while research does not directly influence the quality of teaching, the *milieu intérieur* of the college is improved in a setting which encourages research and independent thinking [19]. Sir William Osler wrote "A great university has a dual function, to teach and to think… that duty which the professional corps owes to enlarge the boundaries of human knowledge." [20] Unfortunately, when research is done merely with faculty promotions or student compliance in mind, the spirit of research is lost. This, coupled with the burgeoning of predatory journals, has resulted in poor quality and fraudulent research. An analysis by Ray et al in 2015 showed that more than half of the medical colleges (332 of 579 colleges) in India did not produce even a single research paper in the decade 2005-2014 [21]. Clearly, a research conducive environment, with funding and training, is required to promote this objective.

On the wrong track

Instead of improving existing medical colleges, the NMC is focussed on increasing post graduate seats (specialisation). These efforts of the NMC are incongruous with the kind of medical education and primary healthcare that this country needs [22]. The NMC chief cited the increase in PG seats as an achievement [23], even though it is unlikely that these specialists will be available to citizens in rural and remote areas. Specialists are more likely to work in cities and in corporate hospitals with suitable infrastructure and remuneration. Further, the inevitable increase in the numbers of specialists in the cities could result in further unethical practices, as doctors compete for patients. Cut practice and commissions for referrals are already rampant and will only increase the cost of care, when every patient is either seen by a specialist or referred to one. Increase in PG seats and emphasis on specialisation may appeal to the aspirational doctor but appears totally out of sync with social reality and the need for doctors with primary care skills — both in rural and urban India. For most patients, their need for a simple consultation with a general practitioner, and basic medical advice and preventive care, appears to be an elusive dream. It also pushes patients towards quacks, pharmacists and imposters who may be more accessible.

Medical training in the vernacular language is another unexpected and ill-thought-out move. Hindi was approved as a medium of instruction in medical colleges of Madhya Pradesh without a needs and feasibility review. Thus far, the move seems to have failed because technical terms in Hindi were awkward, exams beyond the college were generally in English, and career prospects could be restricted by education in the vernacular. Meanwhile, millions were spent on translation and publication of medical textbooks in Hindi [24, 25]. We are even aware of a journal titled *Journal of Medical Concepts in Hindi (jmch.org)* which has been created to cater to these students. Tamil Nadu too joined this attempt and offered medical courses in Tamil language. We acknowledge that for large numbers of Indian students, English is a difficult language, but a simpler solution would be to have English-language and state-language classes in the first year of training, rather than to produce medical textbooks in India's various languages. Given the migration of citizens between states, a doctor or health worker may have to become conversant in multiple languages in any case, to serve effectively.

Quality not quantity

Medical training needs the highest standard of skilling and training; the focus should be on quality and not quantity. The low standard in medical education, unfortunately, is at all levels: in the establishment and inspection of colleges, selection of medical students, as well as in teaching and training. Substandard medical education directly impacts standards of health services and requires immediate course correction. Quality medical education at an affordable cost is critical to ensure that health workers are available to serve every segment of the population. The health of the nation's citizens has never been a priority for successive governments after independence [26]. The current obsession to achieve artificial and imaginary targets in numbers of personnel is disingenuous, to say the least, and lacking in vision.

There is need for reform in the regulation of medical education, strict accountability and oversight, as well as alignment with the healthcare needs of the population. The NMC is tasked with ensuring the highest quality of education as well as conduct and accountability of doctors. Decisions and policy reform of the NMC should be situated in the context of precarious health access, public health needs, and educational aspirations.

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References

1. Thomas G. Medical education in India - the way forward. *Indian J Med Ethics.* 2016;1(4):200-202. https://doi.org/10.20529/IJME.2016.059
2. Pandya SK. Something is rotten in our medical colleges. *Indian J Med Ethics.* 2019;4(2):92-94. https://doi.org/10.20529/IJME.2019.021
3. Kumbhar K. A Costly Number is Behind India's Medical Education Woes. *The India Forum.* 2025 Aug 14 [Cited 2025 Aug 19]. Available from: https://www.theindiaforum.in/education/costly-number-behind-indias-medical-education-woes
4. Nagarajan R. Pharma bribing doctors is old hat, now it can produce them. *The Times of India.* 2019 Sep 19 [Cited 2025 Sep 6]. Available from: https://timesofindia.indiatimes.com/blogs/staying-alive/pharma-bribing-doctors-is-old-hat-now-it-can-produce-them/
5. Reliance plans 200 bed hosp with med college. *The Times of India.* 2025 Aug 29 [Cited 2025 Sep 6]. Available from: https://timesofindia.indiatimes.com/city/mumbai/reliance-plans-2000-bed-hosp-with-med-college/articleshow/123589579.cms
6. Keshri VR, Sriram V, Baru R. Reforming the regulation of medical education, professionals and practice in India. *BMJ Glob Health.* 2020;5(8):e002765. https://doi.org/10.1136/bmjgh-2020-002765
7. Thomas G. The National Medical Commission — More of the same. *Indian J Med Ethics.* 2018;3(1):177-178. https://doi.org/10.20529/IJME.2018.029
8. Singh SK. Ghost faculty, hawala deals, 66 lakh bribe: Two from Telangana named in pan-India NMC corruption scam. *The Hindu.* 2025 Jul 4[Cited 2025 Sep 6]. Available from: https://www.thehindu.com/news/national/telangana/ghost-faculty-hawala-deals-66-lakh-bribe-two-from-telangana-named-in-pan-india-nmc-corruption-scam/article69772248.ece
9. Sharma DC. Corruption scandal engulfs Indian medical education. *The Lancet.* 2025 July 19; 406:220. https://doi.org/10.1016/S0140-6736(25)01487-4
10. Rajput K. 115,900 MMBBS, 74,306 PG medical seats available in India: Health Minister tells Parliament. [Cited 2025 Aug 19]. Available from: https://medicaldialogues.in/news/education/medical-admissions/115900-mbbs-74306-pg-medical-seats-available-in-india-health-minister-tells-parliament-152443
11. Dasgupta S. Reforms in medical education: optimizing quantity and quality. *Indian J Public Health.* 2014;58(1):1-4. https://doi.org/10.4103/0019-557X.128148
12. TOI education. Thousands of medical seats going vacant; Whats really wrong with medical admissions in India? [Cited 2025 Aug 6]. Available from: https://timesofindia.indiatimes.com/education/news/thousands-of-medical-seats-are-going-vacant-whats-really-wrong-with-mbbs-admissions-in-india/articleshow/123139247.cms
13. Bhattacharya S, Bhattacharya K. Why DM and MCh seats are lying vacant? *Natl Med J India.* 2024;37(5):275-277. https://doi.org/10.25259/NMJI_135_2024
14. Vasan A, Karpagam S. Healthcare in India is being reduced to 'free beds' and 'market beds'. [Cited 2025 Aug 19]. Available from: https://thesouthfirst.com/health/healthcare-in-india-is-being-reduced-to-free-beds-and-market-beds/
15. Government of India. NITI Aayog (PPP Vertical) – Stakeholders Consultation. 2020 Jan [2025 Sep 26]. Available from: https://www.niti.gov.in/sites/default/files/2019-12/ModelConcessionAgreement-forSetting-upMedical-Colleges-under-Public-private-Partnership-Draft-for-Comments.pdf
16. Ahuja N, Rane SR, Pai SA. Lacunae in Laboratory Medicine Services and in Pathology Education in Medical Schools in India. *Arch Pathol Lab Med.* 2023;147(2):236-243. https://doi.org/10.5858/arpa.2021-0545-EP
17. Sharma M. All is not well? 400 doctors leave AIIMS in 2 years to take private route. [Cited 2025 Sep 25]. Available from: https://www.google.com/amp/s/www.indiatoday.in/amp/india/story/doctors-senior-positions-resign-aiims-delhi-private-route-positions-vacant-2771734-2025-08-15
18. Arora M, Banerjee JK, Sahni P, Pande GK, Nundy S. Which are the best undergraduate medical colleges in India? *Natl Med J India.* 1996;9(3):135-140
19. Pai SA, Naresh KN. Medical colleges in India. *Natl Med J India.* 1996;9(5):250.
20. Osler, W. Teaching and thinking. In: A way of life and other selected writings of Sir William Osler, 12 July 1849 to 29 December 1919. New York: Dover; 1951:196.
21. Ray S, Shah I, Nundy S. The research output from Indian medical institutions between 2005 and 2014. *Curr Med Res Pract.* 2016;6(2):49–58.
22. Kumar R. The curious case of extinction of family physicians from the Indian Health System - An open letter to the members of the National Medical Commission: Draft competency-based medical education curriculum regulations 2023 - Complete exclusion of family physicians/family medicine education from the MBBS course curriculum! *J Family Med Prim Care.* 2023;12(8):1477-1484. https://doi.org/10.4103/jfmpc.jfmpc_1323_23
23. PTI, New Delhi. UG, PG medical seats may increase by around 8,000 this academic year, says NMC Chief. *Hindustan Times*. 2025 Aug 20[Cited 2025

Sep 25]. Available from: https://www.hindustantimes.com/education/admissions/ug-pg-medical-seats-may-increase-by-around-8-000-this-academic-year-says-nmc-chief-101755694931277.html
24. Garg R. Medical education in Hindi and indigenous languages in India: Issues and challenges. *Natl Med J India.* 2024;37(2):95-99. https://doi.org/10.25259/NMJI_983_2022
25. Dwary A. Three Years On, MBBS In Hindi Slow To Take Off In Madhya Pradesh. [Cited 2025 Sep 25]. Available from: https://www.ndtv.com/india-news/three-years-on-mbbs-in-hindi-slow-to-take-off-in-madhya-pradesh-medical-education-8950665
26. Kadarpeta, R. S. R., Anand, J. S., & Achungura, G. (2024). Strengthening Public Financing of Primary Healthcare in India: A Perspective. *Health services insights,* 17, 11786329241249289. https://doi.org/10.1177/11786329241249289