LETTER

Increasing medical colleges without quality training: a growing concern

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India's healthcare ambitions have led to a historic rise in the number of medical colleges and MBBS seats, expanding from 387 colleges in 2013–14 to over 808 in 2025–26, according to the Press Information Bureau [1]. While this expansion aims to correct the doctor-to-population imbalance, it has unintentionally created new challenges that threaten the quality of medical training.

The rapid creation of institutions has outpaced the growth of qualified faculty and teaching infrastructure. Reports indicate that nearly one-third of faculty positions remain vacant, especially in newer or rural colleges [2]. The National Medical Commission (NMC) has relaxed faculty recruitment norms and promotion criteria to fill these gaps, but experts warn this may dilute the rigor of undergraduate training. A *BMJ* commentary recently raised similar concerns, noting that easing qualifications to meet seat targets risks undermining both clinical supervision and ethical practice [3].

Students in some newly established colleges report limited clinical exposure due to low patient inflow and inadequate facilities. The emphasis on meeting inspection requirements, rather than nurturing competency-based learning, creates a system where degrees multiply, but skill acquisition lags behind [4]. This imbalance could worsen healthcare inequities if newly qualified graduates are insufficiently prepared to serve India's complex clinical realities.

Expansion is necessary, but sustainability demands a parallel focus on quality assurance and mentorship [5]. Strengthening faculty development programmes, enforcing transparent infrastructure audits, and establishing a national mentorship network for new colleges could ensure that growth does not compromise standards. Policies that prioritise numbers alone risk producing doctors without adequate bedside confidence, an outcome that would defeat the very purpose of expanding medical education.

India's future doctors deserve not just a seat, but a system that teaches them to heal with competence, ethics, and empathy. Growth must go hand-in-hand with quality, if we are to build a healthcare system worthy of our ambition.

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References

1. Press Information Bureau. India expands medical education: MBBS seats rise to 1.37 lakh across 808 colleges. 2025 Sep 24[Cited 2025 Dec 10]. Available from: https://www.pib.gov.in/PressReleasePage.aspx?PRID=2172069
2. Kumbhar K. A costly number is behind India's medical education woes. *The India Forum*. 2025 Aug 14 [Cited 2025 Dec 10]. Available from: https://www.theindiaforum.in/education/costly-number-behind-indias-medical-education-woes
3. Mudur G. India relaxes medical college recruitment rules, raising concerns about training quality. *BMJ.* 2025 Jul 9;390:r1431. https://doi.org/10.1136/bmj.r1431
4. Rajnish. Bridging the gaps in the medical education system of India. *Edufever.* 2025 Sep 22. [Cited 2025 Dec 10]. Available from: https://www.edufever.com/gaps-in-medical-education-system-of-india/
5. Samajdar SS, Venkatraman S. Transforming medical education to meet India's healthcare needs. *J Assoc Physicians India.* 2025 Nov; 73(11):91–92. https://doi.org/10.59556/japi.73.1196

Diagnostic and laboratory referrals: Balancing clinical judgement, ethics, and patient autonomy

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The practice of classical medicine is grounded in the integration of the best available scientific evidence, clinical expertise, and patient values. While this triad defines evidence-based medicine, a less obvious yet highly consequential aspect of contemporary care is the physician's preference for specific diagnostic laboratories, imaging centres, radiology specialists, or referral institutions for advanced management. This issue merits careful ethical scrutiny, as it encompasses both legitimate clinical judgement and potential conflicts of interest [1].

In routine clinical practice, physicians often develop preferences for certain laboratories, imaging centres, or radiologists based on accumulated experience with technical quality, analytical and reporting accuracy, expertise, and diagnostic concordance with clinical, surgical, or pathological findings. Such preferences are not inherently unethical. They may even enhance diagnostic precision, reduce pre-analytical and analytical errors, improve disease tracking through consistent reporting standards, and facilitate timely clinical decision-making. Recommending a laboratory known for stringent quality control or an imaging centre with robust protocols and subspecialty competence can thus be viewed as an extension of responsible professional judgement.

However, ethical concerns arise when such preferences are