

## 'Innovation in training medical students can transform India'

### healthcare

PART-II

*Young doctors across India have kicked off a 'Save the Doctor' campaign to demand more post-graduate seats in medical colleges to meet the acute shortage of specialists. Dr Devi Shetty, chairman of Narayana Health City, Bengaluru, tells HT how more specialists can help save lives and give a leg-up to medical education in India.*

**Has the medical education changed since the time you were a student?**

Unfortunately, the curriculum in India has not changed since I was a medical student 40 years ago. Today, medical students across developed world follow problem-based education wherein they get hands-on training from the day they join a medical college. We are very far off from the innovation. As a result, the quality of doctors graduating today in India has not improved significantly.

**What is the biggest shortcoming in India?**

It is the acute shortage of post-graduate seats. Nearly two lakh students spend two to five years mugging up multiple choice questions to get one of those rare PG seats. If the trend continues, bright students will not opt for medical education. Till the shortage of medical specialists is met, maternal mortality and infant mortality cannot come down.



• Dr Devi Shetty

Also, hospitals won't come up in tier-2 and tier-3 cities since these hospitals will not have anaesthetists, gynaecologists, radiologists and paediatricians.

**What is the way forward?**

The government should equalise UG and PG seats. The Medical Council of India has changed the norms to make way for more PG seats. We only need to implement the policy. Without spending a single rupee, government will get 40,000 PG seats.

If this is accomplished, within two to three years, we will have enough medical specialists to run secondary medical care facilities in tier-2 and tier-3 cities.

**How can we meet the demand of doctors in the rural areas?**

Unless cities get saturated with medical specialists, doctors will not go to tier-2 and tier-3 cities, leave alone rural India. Only when doctors do not have opportunity to practice in big cities, they will explore other cities.

**Why hasn't Karnataka's Yeshaswini health insurance scheme for poor, where they can choose the hospital for treatment, been replicated in other states?**

Yeshaswini scheme is a self-funded health insurance scheme. All the other schemes are doled out from taxpayers' money. If the members do not contribute to the scheme, for whatever reason, if the tax collection goes down, these schemes are at a risk of failing. Understanding this, Karnataka government designed Yeshaswini. Unfortunately, this model has not been replicated in other parts of the country because policymakers have a mental block to collect money from the citizens.

**Will more seats in the absence of teachers and infrastructure impact the quality of medical education?**

India can transform its medical education in no time. Instead of concentrating on better innovations in creating new syllabus for better medical education, current policies focus on acres of land, size of toilets in hospitals and size of professor's office. Unless we make a major shift in the syllabus, concentrating only on infrastructure will not improve medical education.

#### TOMORROW

Why young doctors want change