

NEWS

Indian doctors demand more specialisation seats and recognition for rural practice

Soumyadeep Bhaumik

Kolkata

Doctors and medical students in India have launched a nationwide campaign demanding that the number of postgraduate specialist training seats (or places) matches that of undergraduate seats at medical schools.

The “Save the Doctors” campaign was launched in Bangalore on 29 July by the Indian Medical Association, the largest association of doctors in India, and the Association of Healthcare Providers in India, which represents about 4000 hospitals in the country. It urges the government to equalise the number of medical undergraduate and postgraduate seats and to include rural posts as part of internship and postgraduate courses.¹

India produces more than 46 000 medical graduates every year and 22 000 specialist doctors, although only 12 000 specialists qualify in a clinical discipline. Speaking in 2012, prime minister Manmohan Singh said that the country had just one doctor for every 2000 people against a desirable rate of one per 1000 population, although this ratio was far lower in rural areas.²

The discrepancy between undergraduate and postgraduate seats has led to a huge demand for specialist doctors. In addition, most medical graduates are choosing not to treat patients, preferring instead to sit at home or join coaching centres where they try to memorise answers to thousands of multiple choice questions to gain a seat on a specialist course. Admission to postgraduate courses is based solely on the ability to answer these questions and not on work experience, ability, or interest.

At least 100 000 doctors have taken the specialist entrance exam, but the intense competition means that only one in 10 gets a clinical postgraduate seat, although often not in their chosen specialty.

Devi Shetty, of the Association of Healthcare Providers in India, told the *BMJ* that young doctors were becoming increasingly frustrated about their inability to get specialist seats. “The norm in developed nations is to have more specialist PG [postgraduate] seats than UG [undergraduate] seats. For example, in the USA there are 19 000 UG seats and 32 000 PG seats. The burden of cardiovascular diseases, cancer and neurological diseases in India is increasing and specialists are needed to tackle them,” he said.

Shetty said that most medical graduates leave India to work in developed nations because of the lack of availability on specialist training courses. Three years ago, he added, the Medical Council of India passed a resolution to double the number of postgraduate seats but little progress had been made.

However, given India’s acute shortage of medical faculty and infrastructure for even undergraduate medical education, the move to increase postgraduate seats seems to be an uphill task.

Raman Kumar, president of the Academy of Family Physicians of India, said that part of the problem was that medical training in India was currently based solely in tertiary care facilities.

The solution, he said, was to recognise community hospitals as centres of academic learning for medical training and give recognition to community based specialisation training courses.

Kumar also called for specialty seats to be rationalised to ensure that there was an adequate number of subspecialists, such as cardiologists and neurologists, and general specialists, including family practitioners and paediatricians.

However, for patients extra training for doctors may sometimes mean higher costs. The son of a cancer patient from Kolkata, who asked to remain anonymous, said, “The oncologist charged three times the amount for a consultation for the same medicines that were being prescribed by my family doctor for palliative care for my mother. What would the effect of this equalisation mean [for] healthcare costs?”

Healthcare expenditure in India is mostly on curative services and is increasing at an alarming rate of 12% annually. Of the money spent on health in India, 80% to 90% is “out of pocket” or unplanned expenditures, which contribute significantly to poverty levels.³

- 1 Save the Doctor appeal. www.savethedoctor.in/pdf/save-the-doctor-appeal.pdf.
- 2 Press Information Bureau. PM’s speech at the third convocation of JIPMER, Puducherry. Prime minister’s office. Government of India. 30 June 2012. <http://pib.nic.in/newsite/erelease.aspx?relid=85099>.
- 3 Gerada C. India must raise the status of primary care. *BMJ* 2013;346:f2986.

Cite this as: *BMJ* 2013;347:f4848

© BMJ Publishing Group Ltd 2013