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With MCI downgrading the diploma and cutting PG seats, medical students are feeling the pain. Soon, patients will too as the shortage of specialists is set to get to worse

## Doctor Who

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apitation fees for medicine have always been stiff but this year, those seeking admission to post-graduate seats in private medical colleges found that instead of Rs 1 crore they have to shell out Rs 3 crore, and in some cases Rs 5 crore, depending on the specialty in question. Behind this sudden spike are two decisions that the Medical Council of India (MCI) pushed through this March. First, it unilaterally downgraded the Diplomate National Board (DNB), a postgraduate medical qualification on par with conventional degrees. It also cut postgraduate seats to ostensibly maintain the "quality" of medical education.

In DNB, 4,500 seats were to be downgraded and 3,500 postgraduate seats had been slashed. In the crucial months leading up to the admission season, the decisions led to panic and pushed up the price

of medical seats.

But in its haste to push through the decision on DNB, the MCI ended up defying an essential protocol — it communicated the decision to all directors of medical education, state health secretar-

ies and medical colleges without consulting the union ministry of health.

Late last month, the ministry wrote a sharp letter to the MCI pointing out that it could not overrule the provisions of a 2009 gazette notification which clearly stated that DNB qualification was on par with a Doctor of Medicine (MD) and other PG degrees. It also said that the MCI's circulars were to be kept in abevance. But by then, damage had been done. "This has led to widespread confusion among students, resulting in many students paying up capitation fees and taking ad-

mission in private medical colleges. The ministry must communicate the fact that they have shot down MCI's attempt to downgrade DNB to all universities and medical colleges to dispel the confusion,"

said a senior official.

The medical fraternity is upset by the move that could have significantly shrunk the space for postgraduate education. Dr Devi Shetty of Narayana Hrudayalaya, one of the many hospitals that run DNB courses, says the situation is similar to the artificial scarcity created by diamond mining companies which keep the stones expensive by restricting supply.

## **ANATOMY OF A POSTGRADUATE COURSE**

MD/MS (3 years)

Run in medical colleges affiliated to local/state universities

Govt colleges have all-India and state quota seats. Pvt colleges have negotiated entry including through capitation fees and management / NRI quotas

Govt colleges affordable. Pvt ones charge up to Rs 30 lakh, plus capitation fee

Quality varies from institute to institute. Each medical college conducts its own final exam

- Regional /local level exam. Both internal and external examiners.
  Results often get influenced by interpersonal factors
- Students take practicals without theory papers being evaluated first

COURSE

MODE OF ENTRY

COST

TRAINING

FINAL EXAM DNB (3 years)

Run in large hospitals and autonomous institutions including colleges affiliated to NBE under Union health ministry

100% seats filled through merit-based centralized counseling. Computer-based test of international standards conducted by NBE

Course fee less than Rs 50,000

Single uniform national curriculum, central monitoring of training. Single national exam

- National level exam
- Only independent external examiners
- Mandatory to pass theory before taking practical exam

"This has exacerbated the shortage of PG seats and pushed up the valuation of these seats. The same happened in MBBS when the MCI slashed over 15,000 seats," says Shetty.

When it was introduced in 1975 by the government, DNB was put on par with the other PG degrees in medicine such as MD, MS, MCh and DM. The idea was to increase the number of specialist doctors.

The MCI's academic council took another radical decision — a candidate with

DNB postgraduate degree from a nonteaching hospital would have to do three more years as a full-time resident or tutor in a recognized medical college to be eligible for the post of assistant professor.

The ministry was goaded into action after the Association of National Board Accredited Institutions (ANBAI), comprising several hospitals that run DNB courses, complained about the MCI decision. ANBAI president and Director (CEO) of Bangalore Baptist Hospital, Dr Alexander Thomas, points out that DNB had far stricter regulation than a regular MD/MS — candidates needed to clear a

centralized entrance exam and counselling to get a DNB seat and another centralized exam at the end of the course. Both exams are conducted by the National Board of Examination, which administers and regulates the DNB programme.

There is another problem with the downgrading of DNB — the availability of teachers for undergraduate students in medical colleges. "With a large number of medical colleges opening, there has been a shortage of faculty. The equivalence of DNB had helped address this gap," points out Dr Thomas. In fact, the lack of required faculty was one of the main reasons why the MBBS and PG seats of many colleges were slashed. Thus the MCI's decision affected not only postgraduate but also undergraduate education.

DNB pushes down the cost of PG education considerably, a factor that could not have gone down too well with the highly commercialized private medical colleges. "Of the 20,000 PG (MD/MS) seats, 12,000 are in the private sector. About 50% of the private sector seats are filled through the management quota. DNB costs only about Rs 1 lakh over three years but in private colleges, annual college fees alone could be over Rs 10 lakh. And then there is the capitation fee of Rs 1 crore or more to get a PG seat in a private college," points out NBE executive director Dr Bipin Batra.