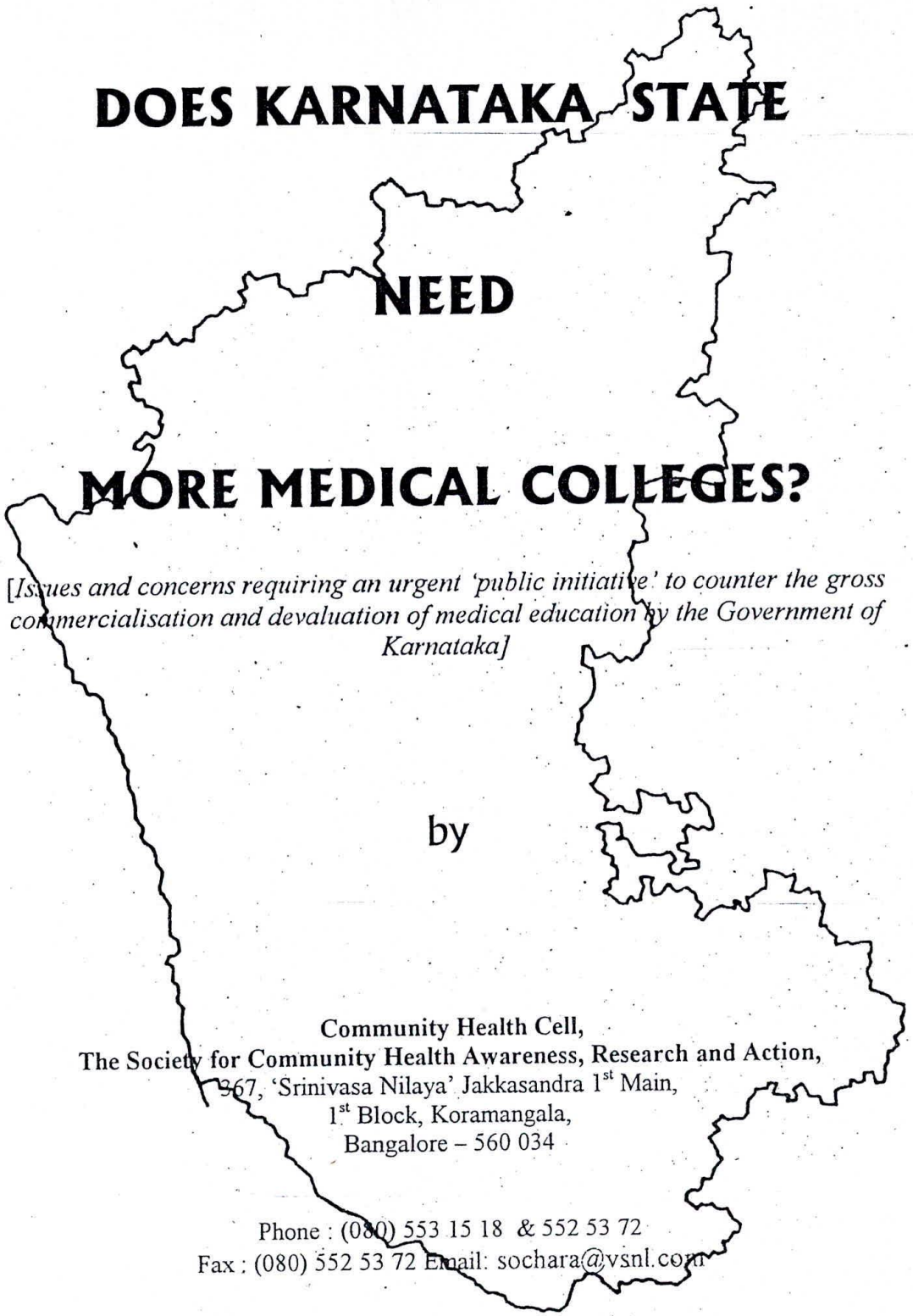
ORIGINAL

DOES KARNATAKA STATE



NEED

MORE MEDICAL COLLEGES?

[Issues and concerns requiring an urgent 'public initiative' to counter the gross commercialisation and devaluation of medical education by the Government of Karnataka]

by

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DRAFT
NOT FOR CIRCULATION

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Dear

A Note of Concern

Sub: **Does Karnataka State Need More Medical Colleges**?

a) The Government of Karnataka recently finalised a list of 20 new medical colleges to be set up and sent it to the Medical Council of India for approval (Deccan Herald News Service, Bangalore, September 3). Apart from 1 medical college to be opened by government, the other 19 educational trusts represent an assortment of old and new trusts and institutions; some with little or no experience in professional education; and many with caste and communal affiliations. This is the largest number ever of applications to which essentiality certificate has been accorded by the State government.

b) A Expert Committee (Prof. Savadatti Report) presented a report to consider intake of existing professional colleges and need to start new professional colleges in the state. This report has some very dubious assumptions to justify further expansion and has not been subject to adequate professional / policy debate. This is urgently required.

c) This populist move, verging on irresponsibility, needs to be challenged by all right thinking people who value medicine, quality of health care, medical education and professional standards in higher education both in the State and in the country.

d) **We need to challenge our State government to be**:

i) more accountable in its decisions and hence give reasons regarding needs and priorities that have determined such a decision;

ii) justify how such permission will improve:

a) the quality of medical education and medical practice in Karnataka;
b) reduce the 'glut of doctors' and increasing under-employment among them in urban areas and continuing vacancies in rural areas;
c) how the decision is in the interest of professional education / higher education / medical education in the State;
d) how it is in keeping with national norms, priorities and policies;
e) how it will solve the current health human power development problems of the State;

e. We feel that we should all suggest that the State Government review this 'populist decision' by involving all these expert and professional bodies who would help to ensure that the policy on medical college expansion be **determined by wholistic planning considerations like health manpower needs, quality standards and norms rather than leave it to considerations of populist politics or market driven compulsions**. The Savadatti Report should be reviewed once again by a small expert group. Perhaps the Rajiv Gandhi University of Health Sciences-Karnataka could be requested to set up such a 'think tank'.

f. Your involvement to put public and professional pressure on the State Government is urgently requested. As citizens and concerned persons and professionals, we owe it to the people and to the goal for Health for All.

g. We enclose a short report which has been evolved from a summary of our Society's recent research projects and reports submitted by us to the Independent Commission on Health in India; and to the recently constituted Sub-Committee on Medical Education of the Parliamentary Standing Committee on Human Resource Development. We have tried to address some of the key issues about Medical Education in Karnataka. These are however relevant to other professional institutions as well. Dental, Nursing, Pharmacy - the trends are similar in these groups - perhaps even worse.

d) We invite you to join us in a campaign to ensure that the over medicalisation and commercialisation of Health Care and health human power development in Karnataka does not become '**a vested interest in the abundance of ill health'.**

We remain in solidarity,

Yours sincerely,
for SOCIETY FOR COMMUNITY HEALTH AWARENESS,
RESEARCH AND ACTION

Thelma Narayan V. Benjamin

C.M. Francis Ravi Narayan

The Society for Community Health Awareness, Research and Action (SOCHARA) *is a multidisciplinary professional think-tank that among other issues in Health care has been seriously researching the issue of Medical Education in the country and looking at alternative policies and options for Health human power development. Community Health Cell is the functional unit of the Society. In the 1990s, the Society has:*

1. *Undertaken an All India Survey of Strategies for Community Orientation and Social Relevance in medical colleges. It identified 30 colleges with some innovative experiments, documented these and then focussed on 6 pacesetter colleges to arrive at strategies for action and factors that promote and or obstruct curriculum innovation (three publications from this study are now available).*

2. *Undertaken a detailed review of Medical Education in India for the Independent Commission on Health in India looking at issues such as : situation analysis, regional distribution, commercialization, norms, qualitative decline in standards, admission requiremens, curriculum development, cost / financing, corruption, PG courses, continuing education and so on. The report also reviewed all the innovative experiments in Medical Education and expert comittee recommendations. It identified 6 issues for further dialogue and evolved a 12 point programme for improving the quality of Medical Education in the country and countering the unhealthy commercialization and decline in standards and quality.*

   This formed a chapter on Perspectives in Medical, Nursing and Para Medical Training and Education in The Report of the Independent Commission on Health in India submitted to the Prime Minister recently.

3. *Participated in some workshops of the newly established Rajiv Gandhi University of Health Sciences in the State in restructuring the curriculum.*

4. *Facilitated a continuing dialogue with a host of medical colleges in the country and in neighbouring countries of Nepal and Bangladesh on evolving mechanisms to operationalise strategies for change.*

5. *Submitted a memorandum to the Sub-Committee on Medical Education of the Parliamentary Standing Committee on Human Resource Development, Parliament House Annexe, New Delhi – 100 001 (on 14th November, 1998).*

The summary of facts and notes are extracts from these publications. Copies of the publication are available on request from the Society.

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State of Medical Education in Karnataka
Facts, Figures and Notes of Concern

A. Growth of Medical Education in India

1. Medical Education in India has shown remarkable growth in numbers since independence (1947-93). From 22 medical colleges in **1947** with an admission of 1983 we have increased to 145 medical colleges with an admission of 16,200 students in **1993**. A 600% expansion in colleges and 800% expansion in admissions (see Appendix A). The estimate of The Medical Council of India in 1996 was 162 medical colleges!

2. The world has a little over 1400 medical schools – so presently India has 10% of the world's medical schools (the data on admissions is not known). Karnataka has 13% of the medical colleges in India and presently 1.3% of the colleges in the world. With the recent decision it could potentially have nearly 23% of the colleges in India.

3. The increase was gradual till 1975 with a predominant increase in 'government run and sponsored medical education' during the earlier phase. Following the **Srivastava Report** 1975, (3) there was a plateau till 1985 and then another phase of expansion till the Presidential Ordinance of 1993 – a phase which was characterised as the 'commercialisation and private sector' phase of medical college expansion.

4. Significantly, three states contributed most to this privatization and commercialisation of medical education – namely Maharashtra, Karnataka and Tamil Nadu, opening 18, 8 and 5 colleges respectively since the 1980s – all the new colleges being in the private sector.

B. Regional Distribution

5. The **Mudaliar Committee** of 1969 (3) recommended the norm of one college with 100 seats per 50 lakh (5 million) population. A review of the present regional distributions of colleges taken against the 1991 census (see Appendix B) show some important trends:

   a) Karnataka, Maharashtra and Tamil Nadu show a number far beyond their entitlement and requirement against this norm :

State / Population	Entitlement	Actual	Excess
Karnataka 45 million	Entitlement 9	Actual 19	Excess 10
Maharashtra & Goa 80.1 million	Entitlement 16	Actual 30	Excess 14
Tamilnadu & Pondicherry 56.7 million	Entitlement 11	Actual 15	Excess 4

b) Karnataka and Maharashtra, the 'commercial medical education belt' in India also have the largest admission ratios thereby proving the economy of scale theory – more admissions, more income and more profits! (2)

c) It is important to note that the **Srivastava report** (1974), had recommended a series of steps for qualitative improvement in medical education rather than further quantitative expansion (3). The special study group set up by the Indian Council of Social Science Research and Indian Council for Medical Research (**Health for All : An alternative Strategy, 1981**) consisting of internationally renowned National Experts had also categorically stated as early as 1980 that :

i) "There should be no new medical college and no increase in the intake of existing medical colleges"

ii) "There is no need at all to set up new and additional institutions to train additional doctors through short term courses"

d) **The Bajaj Report** which later became the National Education Policy for Health Sciences has also recommended primarily qualitative changes in standards and no further quantitative expansion. (4)

e) A report of the **Medical Council of India in 1996** (5) has noted that "..... *it is evident that there is no shortage of doctors in the country and there is really no need for starting more medical colleges for production of more doctors, except perhaps in certain States which do not have any medical college as yet. With the amendment of the I.M.C. Act, 1956, in 1993, (under the provisions of which no medical college can be established, no new postgraduate course can be started or increase of seats in medical colleges allowed, without the prior permission of the Central Government), it is hoped that the much needed breaks for the mushroom-growth of medical colleges in the country, will be applied".*

C. Commercialization – Beyond Privatization

6. In terms of ownership and governance there has been a gradual increase in the number of medical colleges run by the Private Sector (Trusts or Societies) from less than **5%** at Independence to 30% in 1993-94.

7. In Karnataka, the percentage in the late 1970s was 33% private (2 out of 6) and by 1993, it was 78.9% (15 out of 19).

8. All serious, quality oriented policy makers and professional associations are concerned about the 'commercialised', 'unhealthy trends' that this private sector take over of medical education represents, namely :

a) All the new private medical colleges belong to the 'capitation' fee charging variety of medical colleges with capitation fees rising from 5 lakhs in the 1980s to 35 lakhs in the 1990s.

b) All were initiated by trusts and societies with either caste or communal affiliations or by individuals and groups representing specific sectoral lobbies in agriculture and other areas (sugar barons in Maharashtra, and other pressure groups in Karnataka and Andhra Pradesh), with little or no involvement in higher education and health care.

c) In the 1993-94 Ministry of Health and Family Welfare (Government of India) Annual Report, 26 colleges out of 146 were unrecognised by The Medical Council for shortfall in standards (but recognised by state government and local universities!). All belong to this group of commercial capitation fee colleges.

d) In Karnataka, the power of the commercial medical education lobby has been significant. Some of the policy decisions they had been able to facilitate at state or university level have been

- In the beginning, fixing of the level of capitation fees rather than banning or opposing it, even after banning was on the political election manifestos of all the recent governments (this also meant a permissible fees that had been regularised and not surprisingly, exceeded by irregular and unofficial means);

- contracting out public sector government hospitals to private sector colleges for use of clinical facilities at a fee per bed which was most often not collected; since these medical colleges did not have the necessary clinical facilities to begin with;

- permission to allow government college professors to go on deputation to private medical colleges for varying periods of time with lien on their jobs, thereby losing the services of experienced teachers in a situation where there were not enough teachers.

e) The NRI Quota – the Non-resident Indian quota allowed by the government permitted NRIs to be charged 1,00,000 US$ for a seat in a private college. A few years ago at the instance of a Union Health Minister and to counter growing opposition to the 'commercial medical education lobby' an NRI quota has been suggested even in government colleges with the proposal that the money so collected would be used to upgrade the technological facilities in the government teaching hospitals!

f) There is reason to believe, from an informal survey of examiners, that the 'commercial factor' has also begun to affect examination systems with payment for 'ensuring success' being required at different levels – within the department, or within the institution and/or at the examiner level. While this has been a feature reported sometimes even in government institutions, this is more in the 'commercial colleges' where the availability of resources is greater among the students. **Also with the focus on quantity rather than quality there is an increasing phenomena of substandard teaching producing substandard students who are unable to pass exams in the normal way and have to 'purchase' a pass. Alternatively with the availability of monetory resources among these**

capitation fee paying students, examiners and institutions are also indulging more in unethical market-economy processes.

This commercialization is contributing to a fall in qualitative standards by allowing money, power and political influences to affect results.

D. Supreme Court Judgment and Thereafter

9. To place the above trends in context, it is important to take note of the Supreme Court Judgement in a special writ petition from Andhra Pradesh on Capitation Fees, which recorded that –

> *Capitation fees as it is practiced today*
>
> *Violates the right to education under the Constitution.... is wholly arbitrary; is unconstitutional according to Article 14 – equality before law;... is evil unreasonable, unfair and unfit... and enables the rich to take admissions whereas the poor have to withdraw due to financial inability... and therefore is not permissible in any form....'*

10. The Supreme Court judgment effectively put a legal brake on this unhealthy trend. State governmentals and state politicians had to come to terms with it and so after much dialogue and lobbying a differential fees scale has now been introduced allowing private ex-capitation fee colleges to charge substantially higher fees for 'paying students', with government quota introduced into all the private colleges as well with some exceptions.

    In a Government Order dated 21-11-96, the Government of Karnataka has now fixed the intake of all colleges and fixed numbers in four quotas – free (merit seats); Karnataka (payment); Non-Karnataka (payment); and NRI/others (See Appendix)

    There is need to review this whole recently evolved fees system. Apart from it being inequitous and very much supporting the market economy in medical education, there is reason to believe that once again it is also being circumvented by unofficial means.

11. The Medical Council of India was also directed by the Supreme Court judgment of 9-8-1996 to evolve a fee structure keeping in mind the student community management and also the location of the colleges. The Executive Committee of MCI gave its recommendations to the Central Government in September 1996. While appearing to rationalise the fees issue this recommendation (see Appendix) has further strengthened the market economy by justifying differential fee structure from 15,000 for free merit seats (for 18 months) to 1.5 lakhs per course for 18 months and $75000 for NRI and foreign students. **The ethics, legality and 'commercialisation' trend generated by this recommendation is still to be reviewed and there is need for a urgent professional / public dialogue on it.**

12. The recent controversy about the 'illegal' expansion of seats in some government and private medical colleges in the state in the 1990s through the permission of the state government against the norms of recognition by the Medical Council of India are well known including the judgement of the Supreme Court, declaring it illegal. This has vindicated the increasing concerns about the nexus between commercial lobby and professional political leadership but has also put a legal impediment to this state sponsored illegality.

13. In the light of the above trends in the market economy driven medical education in Karnataka there is need for an urgent study on the potential nexus between the commercial lobbies and the medical education policy makers and leadership at state / central levels to understand the active and continuation of the trend. In the light of this, the recent announcement of a list of 20 medical colleges being given essentiality certificate by the Government of Karnataka is a matter of serious concern.

E. Implications of Governments Recent Decision

14. In the previous sections, we have outlined the situation, the trends in the development of Medical education, the concerns regarding the growth of 'capitation fees' and commercial medical education culture and the dangers of the 'market economy' related transformation of medical education planning in the state. It is obvious that thedecision to give 'essentiality' certificates to 20 more colleges initiatives will worsen these trends.

However, even if the 'market economy' factors were to be regulated or controlled there are other implications that have just not been given adequate consideration by the State authorities.

15. **Teaching Faculty – from where?**

The Medical Council of India recommendations on teaching faculty for a 100 seat medical college requires a minimum of 100 faculty of varying grades – Professors/Associate/Assistant Professors, Lecturers/Demonstraters, etc. **20 new colleges means 2000 new faculty. Where are these large numbers of adequately trained faculty going to come from?** especially when recent medical council surveys themselves record shortage of faculty all over the country! Such a massive expansion will only lead to recruitment of inadequately qualified staff; movement of qualified staff from existing institutions to the new ones often due to the lure of enhanced salaries; irregularities such as the appointment of part-time staff or the same staff appointment being shown in two different institutions. All these are already taking place and are no longer in the realm of hypothesis!

16. **Teaching Hospital Beds – where is this available?**

The Medical Council of India recommendation of teaching hospital beds per student is 7 and hence a 100 seat medical college requires 700 hospital beds for recognition purposes . ***For 20 new medical colleges, we need 14,000 hospital beds. Where is this resource available in the state?*** It is important to emphasise that these guidelines are 'minimum' with the proviso that anything less would severely jeopardise the quality of medical education since adequate 'teaching hospital beds' are an important pre-requisite to bed side clinical teaching, which in the training of doctors is absolutely crucial. Any alternative arrangements like showing other government hospitals, private hospitals, district and taluka level hospitals to add up adequate numbers without upgrading facilities and services in these hospitals and making them suitable for 'medical education' will be a disservice not only to the medical students who will become 'guinea pigs' subjected to substandard medical education but also to the state resulting in the production of sub-standard doctors.

17. ***Ethos of Higher Education***

Medical Education is a serious professional challenge and trusts, organisations and institutions that are given the essentiality certificate must be (i) those that are capable of understnading the professional complexities of medical education including the essentiality of maintaining quality and standards (ii) have some previous experience of running higher educational initiatives (iii) have the resources and experience in health care – not just financial but in terms of human expertise (iv) have credibility in operationalising social ventures in the public interest and so on. ***Do the 20 organisations in the recently announced list of potential medical colleges meet these requirements? What were the criteria on which the state government gave the essentiality certificate?*** The professionals and general public have a right to know and the state government should be invited to be more transparent and evidence based in its planning.

18. ***Complexity of Recognition and Affiliation***

The recent announcement by the State government and its reporting in the media has confused the complexity of recognition and affiliation of Medical Education. Since the Presidential Ordinance of 1993 and the recently updated Medical Council of India Act, the National standardisation and recognition and monitoring of Medical Education has become the responsibility of the Medical Council of India. When the state gives an essentiality certificate, it only authorises an institution / association or trust to apply for permission to MCI. An essentiality certificate cannot a guarantee MCI recognition. However, some of the organisations in the recently announced list of 20 have already announced recruitment of staff (see Appendix) which is rather unusual!

The MCI requires proof of adequate resources including land, access to hospital beds and other facilities. The MCI inspects the institution before giving the green signal. All this taken times and any rush, over confidence, shown by organisations contemplating such a venture can only be based on inadequate understanding of the complexities of the process.

Incidentally, only 5 out of the 20 applicant managements have a teaching hospital.

F. Issues raised in Recent Debate in Media

19. Since the state government announcement there has been a spate of letters to the editors of newspaper and frequent pronouncements by various policy makers especially the Minister of Higher Education of the State that has further confused the issues. Some of these need clarifications (see Appendix)

20. ***MCI has a dominant role in the functioning of medical colleges*** and the state government is unhappy with in (refer appendix) The Hindu, 29-11-98 – Government seeks more powers on medical admissions.

    The State Government has to realise that it is precisely because of the 'irresponsibility' that previous governments of Karnataka and Maharashtra have shown in the past vis-à-vis promotion and collusion with capitation fee medical colleges and with standards in general, that the Presidential Ordinance and the MCI Act of 92-93 was brought in. The Training of Doctors were seen as too important to be left completely to these forms of state sponsored changes in framework and standards.

21. ***"As per the MCI rules, the intake of under-graduate medical course could not be more than 150".***

    The state government must note that the guidelines on Medical Education standards for colleges, teaching faculty are based on colleges with low seats. Medical Educationists all over the world have come to realise that 50-100 seats in the maximum number to be handled by a college if complex quality / requirements teaching standards have to be maintained. Keeping in mind the Indian situation, there has been some relaxation to 150. However, mass production of doctors is not called for. The previous state governments have already shown their irresponsibility in increasing the intake of students for above this limit in a number of colleges in the state with no increase in teaching faculty or faculties. That the Supreme Court had to intervene to regulate this state sponsored illegality and degradation of medical education in the state is a matter of great concern. It is high time that policy makers stopped making a mockery of the production of doctors as if they were a 'commodity' whose production can be enhanced or reduced according to market demand.

    Another important MCI Guidelines is the enhanced use of small group learning methods. Clinics are supposed to be organised in small group not more than 10 students per teacher. Group discussions are encouraged with not more than 20 students in a group. A 100-150 seat medical college means simultaneously 10-15 clinical units to be involved in teaching or 5-8 simultaneous group discussion. This itself is quite a load. Mega educational effort 150 to 300 make small group work near impossible.

22. "One medical college for every district"

The government has recently justified part of the applications given essentiality certificate on the basis of 'districts where medical college are being established for the first time' – these being Raichur, Bidar, Bangalore Rural, Hassan and Bagalkot.

While 'one medial college per district' may sound a good decentralised proposition especially if the medical college and its teaching hospital was closely involved as an apex referral hospital for other secondary and primary health care centres in the district, this is not a practical proposition in the existing skewed and disparate situation of medical college distribution in the state.

Already, Bangalore has 5, Mysore-2 and Bijapur-2 each. 5 more from Bangalore in the list.

Unless seats are reduced in these colleges further and transferred to new medical colleges in new districts – the college per district lobby will only be a convenient and populist proposition to increase the number of colleges / seats irrationally.

23. There are many more issues of relevance some highlighted in the letters of concern appearing already in the media. These three issues were given as examples to show that the State Government seems to have gone ahead with the matter without any evidence based planning, rational norms of doctor/population ratio, medical college/population ratio, state needs or regional disparities. This is a very sad reflection of the non-serious and adhoc nature of state planning in spite of the presence of a multidisciplinary state planning board and a capital city which is considered the Science capital of the country!!

G. Some Additional Trends and the Relevance of Medical Education Expansion in the State in that Context

24. To understand the context and appropriateness of Medical Education expansion in the state or country four other well established trends need to be understood as well. There are :

a) the continuation of the production of the wrong type of Doctor for India and the State;
b) the problem of Brain drain and student wastage;
c) corruption in Medical Education; and
d) market economy and medical education.

25. **Wrong type of Doctor**

a) It is now well documented that majority of the doctors who graduate from the existing 145 medical coleges In India are not motivated to primary health care, public health or rural service and opt for urban clinical practice and / or furthur specialisation.

The Srivastava Report surveying the Indian scene in 1974 had identified the problem as "stranglehold of the inherited system of medical education, the exclusive orientation towards the teaching hospital (urban), the irrelevance of the training to the health needs of the community, the increasing trend towards specialisation and acquisition of post graduate degrees, the lack of incentives and adequate recognition for work within rural communities and the attraction of the export market for medical manpower".

b) The WHO South East Asia report in 1988 reviewing the medical schools of this region including those in India noted :

> *"Medical schools in the Region were, for the most part, originally modelled on European-American institutions. They have functioned within a clinical, scientific and administrative system which retains much of its colonial inappropriateness, and aspire to 'international' (i.e., often irrelevant) standards of excellence. Medical students are liable to be selected, formally and informally, for upper middle-class career aspirations, and then trained in high-technology curative biomedicine. They look forward to working alone or with other physicians, in an urban setting, with predominantly middle class patients. The science and values to which they are exposed emphasize the old biology, and it is this, together with the credo of their profession, which shapes their behaviour".*

c) A decade later the situation has not charged drastically. While the recently established Rajiv Gandhi University of Health Sciences is trying to restructure curriculum and improve quality, the recent move by the State government may fuel counter productive trends which will worsen the situation drastically.

d) The doctor population estimates used by planners are further skewed by this 'irrelevant doctor' factor. So we have an increasing number of wrong type of doctor concentrating in the urban situation and a continued shortage in rural area. Not surprising the Bajaj Report of 1994 has noted *"The state of Maharashtra which accounts for almost one fifth of the total national outturn of doctors annually, has about one fourth of the sanctioned pasts of doctors at rural PHCs lying vacant as of 1st January of the current year".*

26. **'Braindrain' - Internal and External**

Estimates of 'Brain drain' both external (from India to the developed world) and internal (from the public sector to the profit oriented private urban sector) is variable but on the whole have been showing an increasing trend.

- In 1986-87, it is estimated that 5304 doctors representing 30% of the annual output migrated from India. The trend today is similar or slightly increased.

- Studies are beginning to show that the tax-payer supported governmental medical education sector benefits the private sector in the country and the health service sector of the established market economies of the western world, more than the health services of the government and this is probably even more significant in Karnataka and Maharashtra.( )

There is therefore neither a shortage in the country nor any evidence that increase in numbers either in public or private sector will improve the health care in the underserved regions of the state or country.

Any expansion can therefore only be justified as a response to 'market economy forces' not state priorities or peoples health needs.

27. **Corruption in Medical Education**

Corruption and graft have become the bane of public and private life in India and Medical Education is no exception particularly in Karnataka State. Apart from the commercialisation problem engineered by the 'capitation fee' concept which has now been temporarily regulated by the Supreme Court Judgment and the MCI Recommendations other forms of corrupt practices are becoming quite common.

- Influence of money power and power politics in the selection of medical college admission and postgraduate seats have been rife (recently regulated by centralisation of admission tests and allotments! for undergraduates only)

- Influence of money power and politics at examinations at various levels;

- From anecdotal and often experiential evidence and media reports.

  It is however surprising how reports and studies undertaken by professional researchers and numerous internal and external reviews, fail to highlight or even mention this fall in ethical standards in medical colleges. One wonders whether the 'conspiracy of silence' has a professional / class bias as well;

- Increasing concern that other practices are becoming fairly common;

- Extraneous influences in promotions and transfers of medical college teachers in government colleges;

- Growth of private practice values in patient care in government and private teaching hospitals.

- There is growing evidence that the situation in Karnataka in this area is probably among the worst in the country and at least one contributory factor would have been the growth of the 'capitation fees related commercial medical college culture'.

28. **The Medicine – industrial complex**

Commercialization of Medicine is rampant in India with the country in recent years becoming the 'Mecca' for the medical-industrial complexes of the world especially since the new economic policy has ushered in the triple force of Liberalisation, privatization and Globalisation. Many important trends in the state are symbolic of this new development and the inroads that these market forces are make into existing medical education infrastructure is a cause for concern.

a) Private Practice

While MCI and state / central government and most professional bodies have endorsed in the past the need for teachers of medical colleges to be full-time non-practicing, this situation is changing rapidly with clandestine or officially sanctioned private practice, becoming common place.

Under pressure of the Medical profession, who are getting more and more involved with lucrative and competitive practice, more colleges are beginning to reconsider this rule and allow various forms of practice, to the detriment of the medical educator's primary commitment. The 'teachers status' is now becoming a status symbol to help the competition in private practice rather than as a vocation of commitment. This trend is very significant in Karnataka and will be further accentuated by the state Governments promotion of 'commercialised medical education'.

NRI Phenomena

b) The recent phenomena of NRIs from the 'US' promoting High technology Diagnostic Centres in the country is reflective of the MNCs in the 'west' opening new market avenues for high tech gadgets whose sale in the 'west' has shown a slump in recent years. Thus while the NRI process in Health care is often portrayed in the media and policy formulations as an 'altrustic process' in reality it is also a 'market economy process' and is strengthening the commercialisation trend.

There is urgent need to dialogue with NRI groups to share these concerns and ensure that NRI support the social/societal needs/priorities as well.

29. **Teaching Faculty vacancies**

While data on current availability and the actual shortfalls are not easily available at state or central level, there is increasing concern that this is becoming a major problem. In states like Karnataka, with the unchecked proliferation of private capitation fees colleges the depletion or shift of faculty from Government colleges to private colleges in the lure of better pecuniary benefits has become a serious problem. In the near future, this could lead to a situation of potential derecognition, of the government colleges itself.

30. **Quality control**

In the context of the Norms available at present, MCI inspectors tend to concentrate primarily on infrastructure and staff position rather than quality / methodology / orientation of medical education. Hence even in colleges which have been certified as being recognition worthy on the basis of infrastructure and faculty norms, the quality of medical education has been declining.

The decline in standards, that have been seen in more recent years, have been quite remarkable and it would not be 'rash' to state that if an objective evaluation were to be made of the 19 medical colleges presently recognised by the MCI, using its own minimum requirements norms, then **at least 50% of the colleges would have to be derecognised immediately. Perhaps this would be true even at the country level!**

Since MCI norms are published documents, professional groups and consumer / peoples organisation can make their own studies to confirm the veracity of these facts.

H. THE WAY AHEAD

31. Finally in the light of this recent dramatic decision by the State Government, and response to the complex mosaic of factors that are actively distorting the role, scope, goals, objectives and context of medical education today we recommend the following agenda for action:

32. **BAN ON MEDICAL COLLEGE EXPANSION**

A comprehensive and total ban on Medical College expansion today till the controversies and distortions are tackled legally and supported by the strengthening of the monitoring of standards structures in the state with the full involvement of the Rajiv Gandhi University of Health Sciences.

The ban should be further supported by ensuring that colleges with 'mega' educational efforts (150-300 seats) that were regulated recently maintain that level gradually bring down to 100 seats for undergraduate medical education

to improve standards and quality of the programmes by reaching better staff/student ratio and student/hospital bed ratios.

33. EDUCATIONAL TRANSFORMATION – Focus on Process and Quality

For too long, educationists and health human power development consultants and experts have been preoccupied with the content of change rather than the 'structure' and 'process of change'. The emphasis has been on changing the components of the curricula – the topics and nitty gritty of what is taught – often under the mistaken notion that the irrelevance of the conventional curriculum is primarily a 'content' irrelevance. **There is now a growing realisation that medical education is too teacher centred, too top down, too preoccupied with practice and too ivory towered. There is an urgent need to change it to become learner centred, student and situation driven, community oriented and geared to skill development.**

From the 'banking type' of education when facts and minutiae are banked in the students mind, to be recalled when the need demands it, there is a shift of emphasis of learning experiences to become problem oriented and problem solving in their approach, linked to real-life field experiences. **This pedagogical transformation is absolutely crucial for change** and in the absence of this understanding much of the community based experience has been affected by orthodox educational attitudes – that miss the 'woods for the trees'.

The Rajiv Gandhi University of Health Sciences has already begun this process in right earnest supported by the new 1997 recommendations of Medical Council of India and should be fully supported in this process.

34. REGULATION OF PRIVATE SECTOR / PRIVATIZATION IN HEALTH CARE / MEDICAL EDUCATION TRENDS

There is an urgent necessity to set up a state level 'think tank' committee or some such review mechanism to undertake a detailed study of Health Care and Medical Education in the state and the role of the private sector. The study should explore all aspects of the growth of this sector to assess its existing and evolving contribution. The study should also identify the negative trends; the problems, this sector faces in making a contribution to the state effort; and means by which its efforts can be regulated by the development of standards and technical guidelines so that its role is positive rather than negative.

35. ENHANCING PUBLIC DEBATE ON ISSUES

For too long the Medical Profession and Medical Education sector have been directed by professional control and debate. It is time to recognise the important role of the community, the consumer, the patient, the people in the entire debate. Bringing Medical Service under the purview of the Consumer Protection Act has been the first of the required changes. Promoting public debate, review and scrutiny into the planning dialogues for reform or reorientation has to be the next step. This could be brought about by the involvement of peoples /

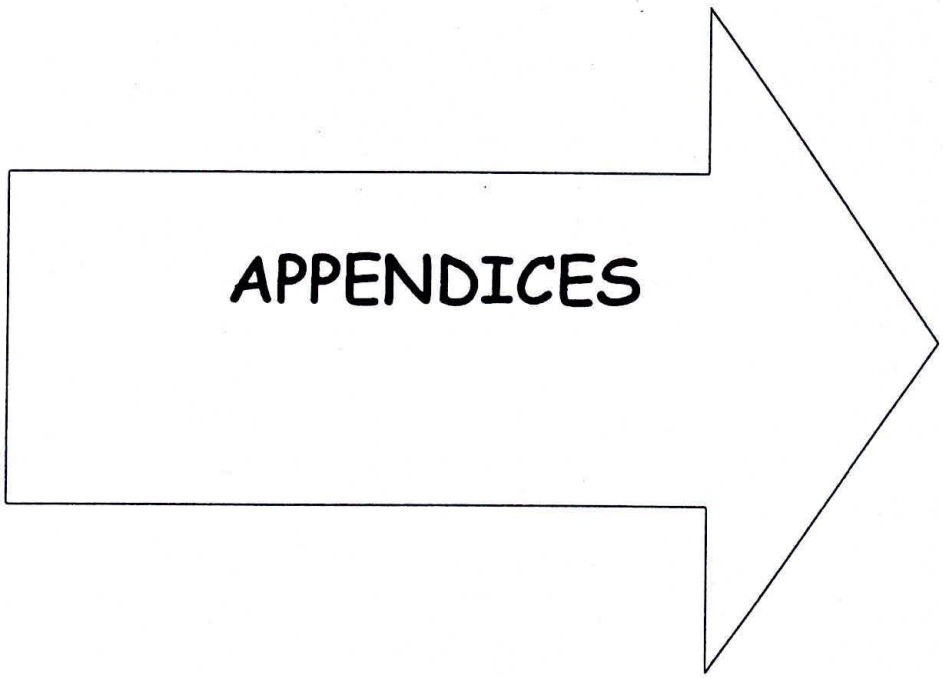
consumers representatives at all levels of the system – be it service, training or research sectors. However, all these steps can never be brought about by a top down process. What is needed is a strong countervailing consumer and professional movement initiated by health and development activists, consumer and people's organisations that will bring health care and medical education and their right orientation high on the political agenda of the country.

All those concerned about 'peoples needs' and 'peoples health' will have to take on this emerging challenge as we approach the end of the millenium. Our efforts today, will determine, whether in 2000 AD, Health Care and Medical Education will primarily respond to the peoples health needs and aspirations, or will market phenomena continue to distort the process?

"MARKET" ECONOMY or PEOPLE's HEALTH? What Should be Our State Government's Choice?

NOTE:

This report was written before the Expert Committee appointed by the Government (Savadatti Report) was available. The justification in the expert report are rather dubious. The section on Medical Colleges is included as an appendix to this report to enable the debate process. A chart commenting on the expert committee propositions is being prepared.


APPENDICES

Medical Council of India and Medical Education in India - 1995

Dr. P.S. Rugmini & Dr. M. Sachdeva

Though medical education in India dates from ancient times in the Indian systems of medicine such as Ayurveda, Siddha, Unani etc., education in modern scientific (Allopathic) system was introduced with the advent of the British rule in India. However, indigenous systems of medicine are still in existence and being practised all over the country.

The pattern of education in the modern scientific system of Medicine (Allopathy) has been modelled after the British system. The early medical colleges in India were established during the British rule at Madras, Calcutta and Bombay, under the supervision of the General Medical Council of Britain.

The Indian Medical Council Act was passed as an Act of Parliament in 1933 and the Medical Council of India came into existence in Feb., 1934. The Indian Medical Council Act, 1933 was repealed in 1956 and later amended from time to time, as deemed necessary in the context of needs of medical education and health care in the country.

Medical Colleges in the country & medical manpower.

Starting with about 5 colleges at the turn of the century, the number of medical colleges had increased to 25 at the time of independence. This number has progressed by leaps and bound especially of the last few years and is now over 160 :-

Year	Number of Medical Colleges
1835	1
1906	5
1947	25
1951	30
1961	67
1971	101
1981	111
1991	146
	Upto March 96, 162

Various Committees, such as Bhore Committee (1946) and Mudliar Committee (1961) had been set up to lay down policies for health survey and planning health services in India. As per the recommendations of the Mudaliar Committee, the doctor : population ratio to be reached was 1:3500. However this target has not only long been achieved but has also been surpassed. Taking the number of doctors whose names are included in the Indian Medical Register i.e. doctors of modern system of medicine (about 5 lakhs), the doctor : population ratio now works out to approximately 1:1800. This does not take into consideration a great number of practitioners of other systems of Medicine such as Indian systems of Medicine and Homoeopathy (about 6 lakhs).

Thus it is evident that there is no shortage of doctors in the country and there is really no need for starting more medical colleges for production of more doctors, except perhaps in certain States which do not have any medical college as yet. With the amendment of the I.M.C. Act, 1956, in 1993, (under the provisions of which no medical college can be established, no new postgraduate course can be started or increase of seats in medical colleges allowed, without the prior permission of the Central Govt.), it is hoped that the much needed breakes for the mushroom-growth of medical colleges in the country, will be applied.

Appendix 2

Sub: Intake of I MBBS and I BDS for Medical and Dental colleges in Karnataka 1996-97.

Proceedings of Government of Karnataka

Read Interim Order of Hon'ble High Court of Karnataka dated 14-11-1996 in Writ Appeal No. 8413/96 etc.

GO – NMF 212 MSF 96 Bangalore dated 12-11-1996.

Sl. No.	Name of the College	Total Seats	Free (Merit) seats	Payment seats Karnataka	Payment seats - Non Karnataka	NRI / others
1.	2	3	4	5	6	7
1.	Bangalore Medical College, Bangalore	150	150	-	-	-
2.	Mysore Medical College, Mysore	100	100	-	-	-
3.	K.I.M.S. Hubli (subject to the result of the appeals pending before the Hon'ble High Court of Karnataka in W.A. No. 8413/96 etc.) (except AIG filled through CBSE)	50	50	-	-	-
4.	V.I.M.S. Bellary	100	100	-	-	-
5.	J.J.M. Medical College, Davanagere (subject to the result of the appeals pending before the Hon'ble High Court of Karnataka in W.A. No. 8413/96 etc.)	150 (95)	75 (48)	30 (19)	22 (14)	23 (14)
6.	J.M. Medical College, Belgaum (subject to the result of the appeals pending before the Hon'ble High Court of Karnataka in W.A. No. 8413/96 etc.) (except AIG filled through college	130 (70)	65 (35)	26 (14)	19 (10)	20 (11)
7.	M.S.Ramaiah Medical College, Bangalore	150	75	30	22	23
8.	Sri Devaraja Urs Medical College, Kolar (subject to the result of the appeals pending before the Hon'ble High Court of Karnataka in W.A. No. 8413/96 etc.)	100 (50)	50 (25)	20 (10)	15 (07)	15 (08)

9.	Adi Chunchanagiri Institute of Medical Sciences, Bellur	100	50	20	15	15
10.	Dr. Ambedkar Medical College, Bangalore.	120	60	24	18	18
11.	J.S.S. Medical College, mysore	100	50	20	15	15
12.	Kempegowda Institute of Medical Sciences, Bangalore	120	60	24	18	18
13.	M.R. Medical College, Gulbarga	100	50	20	15	15
14.	B.L.D.E.A. Medical College, Bijapur	150	75	30	22	23
15.	Siddartha Medical College, Tumkur	130	65	26	19	20
*	TOTAL:	1750	1075	270	200	205

* Nos. in paranthesis excluded

22 – 11 - 96

Sd/-
N.O. Palekar
Under-Secretary to Government
Health and Family Welfare Department

Appendix - 3

Relevant Extract from letter of Secretary, MCI.

To: All the members of the Council.
No. MCI-34(41)/96-Med./18457/Medical Council of India.

Subject : **Evolution of the structure for unaided professional institutions in light of Supreme Court's Judgment delivered on 9-8-1996.**

"..The Executive Committee noted that the Constitutional Bench of the Hon'ble Supreme Court of India in W.P. No. 317/93 dated 9-8-1996 has stated that the Central Govt. and the authorities concerned shall be free to fix fee structure in such an appropriate manner as they think just and equitable to all concerned. Further they have stated that this would be done keeping in mind the student community, management and also the location of the colleges"

The Executive Committee decided to classify the medical institutions under the following heads:-

a) **Institutions with their own hospital**
b) **Institutions utilising the facilities of Govt. as well as their own hospital**
c) **Institutions utilising the facilities completely as provided by Govt. hospitals.**

Taking into consideration the above classification, the following fee structure is recommended:

1. **Rs. 1.5 lakhs per Prof. Course (18 months) per student for medical institutions/medical colleges belonging to category (a).**
2. **Rs. 1.3 lakhs per Prof. Course (18 months) per student for medical institutions/medical colleges belonging to category (b).**
3. **Rs. 1.1 lakhs per Prof. Course (18 months) per student for medical institutions/medical colleges belonging to category (c).**
4. **Rs. 15,000/- for each Prof. Course per student for free seats belonging to medical institutions/medical colleges falling under the categories (a) (b) and (c).**
5. **$75,000/- to be charged from NRI/foreign students for the complete MBBS course.**

However, the institutions which are running post-graduate courses and admitting more than 50% of the students at their own discretion in clinical specialities and Pathology, 25% relaxation in the fees stated above will be given.

For the following non-clinical courses the institutions will charge no fee – Anatomy, Physiology, Biochemistry, Microbiology, Forensic Medicine, P.S.M. & Pharmacology.

The Executive Committee also recommends that the Govt. Colleges be allowed to admit upto a maximum of 15% of the total seats by NRI/foreign students. The committee was of the firm opinion that the funds collected by these admissions should be utilized for the development of the particular institutions".

Since the Hon'ble Supreme Court directed the authorities concerned to submit its recommendations within 3 months relating to fee structure, the decision of the Executive Committee quoted above was communicated to the Central Govt. vide Council letter dated 18-9-1998 as directed by the President"

Sd/-
Mr. M. Sachdeva,
Secretary.

EXPERT COMMITTEE REPORT TO CONSIDER INTAKE OF EXISTING PROFESSIONAL COLLEGES AND NEED TO START NEW PROFESSIONAL COLLEGES IN THE STATE

FOREWORD

The Government appointed this committee to go into the entire issue of Professional education in the state keeping in view the man power requirement of the state and also the fact that students from outside Karnataka come to the state for education and some of the students of Karnataka after the completion of education may go out of Karnataka and report on policy decisions for the next ten years. The whole canvas of professional education includes Medical, Engineering, Dental, Pharmacy, Ayurveda, Homeopathy, Nursing and other Paramedical courses, the last one being a cluster of number of subjects.

The committee tried to obtain the man power requirement for the state/country from possible sources. It happens that some systematic data are available for engineering and some data are available for medical and inadequate data exist for Dental, Pharmacy and Nursing and absolutely no dependable data exist for paramedical courses. The job of this committee became more complicated since the norms that were suggested by various committees (National & International) were more in the nature of achievable recommendations rather than scientifically evolved requirements. There is no data system available except for Engineering to know the employment profiles of professionals. A large number of these professionals are either self employed or employed in private establishments wherein it is not feasible to know the remuneration package. Hence the committee had to rely on general indications as to what the people in the field say or what some graduates say. Another very important factor taken into consideration is the quality of the professional education which is badly hurt because of unplanned and rapid expansion.

With this background the committee has endeavored for the last seven months to arrive at the recommendations which are in the best interest of establishing quality institutions. The reason for this emphasis on quality is that institutions without quality are ruining the quality institutions. The

committee appreciates that the Government thought it fit to appoint a committee and to have a serious look at the situation. The committee while appreciating the opportunity given to its members to examine the status of professional education, it hopes that the government would take serious note of the recommendations made in the report.

The committee wishes to place on record the assistance it has received from many sources. It is a pleasure to thank Prof. D.M.Nanjundappa, Chairman, Planning Board and Prof. Ashokchandra, Director, Institute of Applied Man power research, New-Delhi for discussion on man power & perspective planning.

The committee appreciates the support of the member secretary Dr.C.R. Thirumalachar, Director of Medical Education and his team particularly Mr. A.N.Vishwanath, Professor of Statistics, Bangalore Medical college and Mr. H. ShivaKumaraswamy for putting in efforts beyond the call of duty to see that the committee had adequate editorial and secretarial support. . The departments of Government particularly Health, Planning and Education through their Secretaries and Directors have rendered useful assistance.

The committee wishes to appreciate Mr. R.Shankara, and Mr. L.Shama Sundar of Karnataka Govt. Computer center for their quality design and nice printing of the report

The chairman appreciates the active support of all the members.

M I Sat

(Prof. M.I.SAVADATTI)
Chairman
EXPERT COMMITTEE

Bangalore
September 24,..1997

PART I

MEDICAL COLLEGES

REPORT OF THE EXPERT COMMITTEE TO CONSIDER INTAKE OF EXISTING MEDICAL COLLEGES AND THE NEED TO START NEW MEDICAL COLLEGES IN THE STATE.

The Cabinet sub-committee constituted to look into the question of granting permission for starting new medical, dental, engineering, ayurvedic, homeopathic and unani colleges and determine the intake not only of existing institutions but also of new institutions, set up an expert committee headed by Professor M.I.Savadatti, former Vice Chancellor and member UGC, comprising experts from different related disciplines in Government Order no. HFW350MSF96, dated:7.10.96 with the following terms of reference.

"The Expert Committee should go into all the factors determining the need for medical, paramedical and engineering manpower in different systems of medicine and engineering in the State for the next ten years, keeping in view the fact that many of the students who are trained in the existing institutions do not stay in Karnataka but go elsewhere."

The Committee was requested to give its findings within a period of two months. A list of members of the committee is given below:

1. Prof.M.I.Savadatti Retd. Vice Chancellor.	Chairman
2. Dr.S.Kantha Vice Chancellor Rajiv Gandhi University of Health Sciences	Member
3. Dr.C.M. Gurumurthy Retd. Special officer, Health University	Member

4. Shri.R.N. Shastri Secretary-II, Health and Family Welfare Department.	Member
5. Director, Manpower and Employment Division, Planning Dept.	Member
6 Dr.Renuka Viswanathan Secretary to Government, Planning Department	Member
7 Dr. N.R. Shetty Vice Chancellor, Bangalore University	Member
8 . Dr.Rame Gowda Former Vice Chancellor, Karnataka University	Member
9 .Prof.M.H.Dhananjaya Director,J.T.E. Mysore.	Member
10. Dr Chennabasappa Retd.Prof. of surgery	Member
11. Dr.Thirumalachar C. R. Director. Medical Education	Member Secretary

Expert Committee deliberations:

The Expert Committee met on 7.11.96 and decided to get first hand information about professional colleges, how they are run. their requirements, needs, problems and possible expansion. It was decided to visit three medical Colleges: the Bangalore Medical College (government), J.N.Medical Collage, Belgaum(private), and the Adhichunchanagiri Institute of Medical Sciences, Bellur (private/rural).In the second meeting held on 20.11.96,the committee reviewed data on the number of

graduates passing out from different medical colleges in the State upto 1995. Manpower and Employment Division, Planning Department was requested to help the committee in working out the demand and supply of medical graduates taking into account the government sector, private sector and self-employed professionals. In the 3rd meeting heldon 10.12.96 the methodology, of perspective planning for various sectors with particular reference to the need for medical qraduates was discussed at length and it was agreed that Planning Department should forecast the requirements of doctors taking into accout the estimated needs of the State and the estimated number of students seeking medical education from outside the State and outside the country. It was also agreed that the report of the Planning Department should clearly state the methodology adopted, the assumptions made and the limitation involved taking into account similar studies made at the National level. In the 4th meeting held on 10.1.97 the report of Planning Department was discussed and it was decided that reports submitted by similar committees be studied. At the 5th sitting of 28.1.1997,the recommendations of various reports were discussed and it was decided that a draft report be prepared based on all the above discussions. The Committee decided to take up the assessment of medical and engineering manpower for the next 10 years on top priority and go into the question of the manpower requirements of other professional and paramedical personnel paramedical personnel in the second phase.

Present Status:

The Expert Committee reviewed the present status of medical education in the State in terms of the number of institutions and their intake and the out turn of medical students. Karnataka had only two medical colleges in 1956 with an intake of 200. At present there are 19 medical colleges in the state. Of these 19, two colleges K.M.C., Manipal and K.M.C., Mangalore have become part of MAHE and only 63 seats are available for the state quota. With the remaining seats being filled on all india basis with their own entrance examination. Similarly St.John's Medical College, Bangalore also admits on the basis of its own examination on an All India basis. Therefore in effect the intake for the state is for 16 Colleges plus 63 seats from MAHE. Details of total intake and outurn in these institutions are as below:

Year	Intake			Expected Outturn		
	Total	N K	KAR	Total	NK	KAR
1992-93	2755	730	2025	1820	402	1418
1993-94	3076	694	2382	2049	382	1667
1994-95	2960	801	2159	1952	441	1511
1995-96	2948	790	2158	1946	435	1511
1996-97	2128	587	1541	1402	323	1079

In this table total intake for the state is arrived at by excluding admission in MAHE (except 63 seats given to state by MAHE and in St. John's,. Bangalore)

Many of the Colleges have postgraduate programmes and some have superspecialisation and Phd. Programmes. These colleges attract students from other states and countries and have been by and large providing training as per the norms of the Medical Council of India . Except for four Government Medical

Colleges, they are self-financing. The demand for medical education is high as available seats are filled soon leaving thousands of qualified aspirants disappointed. In the last five years no new medical colleges has been started in the State under the assumption that the number of colleges is Optimum, despite increasing demand for admission to medical Colleges. Many private managements have applied to universities and the state government for permission to start new medical colleges. There are instances of applicants and managements moving the High Court for directions to process such applications. There have been many court cases because of the huge demand for medical education.

Methodological options:

The expert committee did a quick review of a recent study made by the planning department of the requirements of manpower in medical, dental paramedical and pharmacy colleges in the state. The study had assessed the requirement for the 8th plan period on the basis of the end users method. The study was however confined to the period 1992-97, while the cabinet sub-committee wanted an assessment of the next 10 years i.e. 1997-2007.

To assess the requirement of medical manpower, the Expert Committee had to adopt a methodology that would result in a reasonably reliable estimation of public and private sector doctors needed over the period 1997-98 to 2006-07.

Broadly the Expert Committee had the following methodological options available.

1. Methodology based on the incidence of morbidity: According to this methodology, demand for doctors can be estimated on the basis of morbidity patterns, duration of sickness by disease etc.

2. Another approach considered was the end users approach with estimates of demands for doctors in terms of different components public sector, private sector and self-employment requirements.

3. The third methodology that was considered was the normative approach based on the doctor population ratio under which demand for medical doctors is estimated on the basis of the desirable population to be covered per doctor.

The major constraint in selection of methodology was the time factor of two months given for completion of the report. Approaches 1 and 2 require detailed sample surveys based on schedules and can be completed only over at least 6 months. Hence the committee opted for the normative approach of the doctor population ratio hoping to base its findings on any ratio accepted by National level committees, policy makers of International agencies and also make comparisons with the ratios prevailing in other countries.

Report of the Planning Department:

The Expert Committee requested the planning department to prepare the prespective of medical doctors for Karnataka for a period of ten years (1997-98 to 2006-07). It was also suggested that in the demand projections factors such as migration, drop outs and replacement requirements should be taken into consideration. The Committee also suggested that while assessing the requirement of medical doctors, the intake level prescribed by the Medical Council of India for 1996-97 was to be adopted and the exercise restricted to only Karnataka students.

The Director of Medical Education was requested to provide data on the intake and out run of medical students (excluding non-Karnataka students) from 1992-93 and the 1996-97 intake level based on MCI standards. As regards the desirable doctor-population ratio to be adopted, the Expert Committee requested the Director of Medical Education to provide National Health Policy norms if available.

The Planning Department prepared a paper on the health man-power prespective for medical doctors (Allopathic) for Karnataka for the period 1997-98 to 2006-07, utlilising data already available in the department and data furnished by the Director of Medical Education on the intake and out turn of medical students since 1992-93. For the desirable doctor population ratio the ratio as recommended by the various committees was adopted to get a feel for the situation. The expert committee on health man-power popularly known as the Bajaj Committee which is the most recent expert committee on health at the National level 1987 also recommends 1:3000 as the ratio. No report goes into detail about the determination of a ratio. The Bajaj report says, "there is no Universally accepted method of assessing the future requirements of health professionals and para-professionals. The techniques of health manpower forecasting are yet at the stage of infancy. Nonetheless, three methods are available for estimating the projections viz., (1) the normative approach which is the most common method for projecting requirements of doctors and nurses based on norms(2) the medical user approach which takes into consideration the willingness and capacity of people to pay for medical services. Demand in economic sense is realted to price and would generally be limited by the financial resources of the family. There is relationship between family income and expenditure on health services. On the basis of the household

data on common expenditure, the perspective planning division of the planning commission has worked out the income elasticity of household expenditure on medical services to be 2.3. This means that if per capita income goes up by 1 percent, households are inclined to increase their expenditure on health services by 2.3 percent. (3) Finally the third viz., the Component or pragmatic approach for projecting the demand for health professionals requires a clear outline of the development of integrated and comprehensive medical health services in the country over a period of 15 to 20 years".

The Bhore committee of 1946 or the Health Survey and Development Committee with Sir Joseph Bhose as Chairman, had recommended 1: 3000 as the norm of doctors to population. While making this suggestion he mentioned. "the possibility of achieving the target one doctor for 1000 population seems to be very remote". Adopting this norm and projecting population up to 2006-07 using demographic projections made by the Expert Committee on Demographic Projections headed by the Registrar General of Census operations based on the 1991 Census, the following inferences were arrived at.

1. The total number of doctors (active stock) in Karnataka is estimated at 23727 for 1997-98 which gives a doctor population ratio of 1:2110. This is slightly better than all India ratio of 1:2460 for 1990

2. The cumulative stock of doctors for the period ending 2006-07 estimated at 33393 which gives a doctor population ratio of 1:1682.

3. Demand projections show that for 1997-98 the number of doctors required as per the ratio of 1:3000 is 16687 and for 2006-07 shall be 18727.

4. A comparison of supply and demand projections shows that there would be a cumulative surplus of 7040 doctors during 1997-98 and a cumulative surplus of 14666 doctors by 2006-07.

5. The total supply of doctors of the year period (1997-98 and 2006-07) is estimated at 10740 and the total demand for doctors during the period is 2040 leaving a surplus of 8700 doctors.

Doctor-population ratio: how effective is the norm:

There are different views expressed on the doctors-population ratio as a norm to estimate the requirement of doctors. Several organisations such as the World Bank and the Planning commission at the national level have extensively relied on the doctor-population ratio in their publications as macroindicator of health services and as an instrument for estimation of the demand projections of doctors.

The World Development Report 1993- investing in Health, makes a reference to the minimum requirement of number of doctors required per thousand population (refer page 139 of report) it is mentioned in the report that "Public health and minimum esential clinical interventions require about 0.1 physicians per thousand population. There is no optimal level of Physicians per capita."in the same report an International comparision has been made for countries with different levels of economic development and respective ratio per physician. A selected list of countries is given in the following table.

Countries	Per-capital Income (in dollars)	Population Per Physician (1990)
Low income economies	350	6760
1. Tanzania	100	24880
2. Nepal	180	17700
3. India	330	2460
4. Nigeria	340	4240
5. Egypt	610	1320
6. Ghana	400	22970
Middle income economies	2480	2060
7. Uzbekistan	1350	280
8. Kirgystan	1550	280
9. Georgia	1640	170
Upper middle Income	3530	640
10. South Africa	2560	1750
11. Korea	6330	1370
High Income:	31050	420
12. Spain	12450	280
13. Singapore	14210	820
14. Italy	18520	210
15. USA	22240	420
16. Sweden:	25110	370
World	4010	3980

Source World Development report 1993. Investing in Health, World Development Indicators, Basic Indicators (page 238 and 239) and health and nutrition (pages 292 and 293)

The above inter-country comparison shows the disparities in health service as reflected in the indicator of population covered per doctor. The ranges in doctor-population ratio for each income group are as below:-

Population covered per physician (1990)		
	Highest	Lowest
Low Income countries	72990	1450
Lower middle income countries	17650	250
Upper middle income countries	5150	210
High income countries	820	210

India falls within the group of low income countries its doctor population ratio is the best within the group after Nicargua. The Indian ratio is equivalent to the average ratio of lower middle income countries.

The Bhore committee norm of 1:3000 population was adopted during the first and second five year plan periods. For the third plan, the guiding factor was the report of the Health Survey and Planning Committee popularly known as the Mudaliar Committee 1961. This Committee recommended a target of one doctor for every 3000/3500 population at the end of the Fourth Plan. A component approach to estimate the demand for doctors was adopted for the fourth and fifth plan periods. The Medical and Health Care Policy for the fifth plan has observed that "in regard to minimum public health facilities, generalised norms such as improvement in doctor population ratio and bed population ratio or per capita expenditure on health are not adequate" (refer report of the Working Group on Medical

Manpower, Employment and Manpower Division, Planning Commission, GOI, September 1973 p.3). The National Health Policy - 1983 Government of India has not set any targets for the country in terms of doctor-population ratio.

Although several organisations both at international and national levels and several expert committees have relied on doctor population ratio both as a health services indicator and as a norm to estimate the requirement of medical personnel, there are views which are against using it as a norm to estimate the requirement of medical personnel.

One criticism is that the doctor-population ratio is a gross figure of medically qualified persons which includes a large number of doctors who are engaged in administration, teaching, family planning etc., and are not providing direct medical services. The doctor population norm does not take into consideration the distribution pattern of doctors According to an IAMR study (IAMR Report on 2/1966 page 20) only 33 per cent of doctors serve 80 percent of the country's population which lives in rural India. This shows that all doctors do not cater to the needs of equal segments of population. Further the number of doctors registered at the Karnataka medical council over the year were:

Year	Number registered (January to December)
till 1985	25571
1985	1020
1986	1028
1987	1206
198	1262
1989	1516
1990	1527
1991	1785
1992	2110
1993	2528
1994	2439
1995	2596
1996	2727

The mean number of doctors registered during the last 5 years works out to 2478 of which if emigration, non karnataka and mortality is taken into consideration (36%) roughly 1586 doctors stay in Karnataka in a year.

Although the doctor-population ratio is a useful tool in the estimation of the requirement of doctors, this ratio by itself is not exhaustive and there are other factors which influence the demand for doctors.

Other Factors which influence demand for doctors:

Demand for medical care and for medical manpower is the net result of a number of factors such as demographic changes, social economic and technological factors. Important among these factors are growth in population and its age and sex composition and economic growth which affects per capita income and standard of living including demand for medical services. According to the Bajaj Committee there is a relationship between family income and expenditure on health services. On the basis of household data on consumer expenditure the Perspective Planning Division of the Planning commission has worked out the income elasticity of household expenditure on medical services to be 2.3 which means that if per capita income goes up by 1 percent household expenditure on health services goes up by 2.3 percent. This shows that as personal income goes up there is more than proportionate increase in demand for health services which creates additional demand for medical personnel.

The Expert Committee felt that factors other than demographic changes which influence demand for medical doctors have to be considered taking into account location development, nearness to similar facilities and possibilities of contribution to education health care and economic and social development of region. These factors can be measured on the basis of data derived from a detailed survey covering users, medical personnel and applicants to medical colleges but at least 6 months would be necessary for conducting the survey and analysing results. Given that the committee is expected to furnish its recommendations within two months, such as detailed study would not be possible.

The following additional factors were also of concern to the expert committee:-

i) the impact of establishing a medical college on improvement of the health care delivery system in surrounding areas.

ii) the contribution of medical college to the socio-economic and cultural development of an area including indirect development sectors like catering and transport.

iii) the facilities offered by a medical college for jobs and innovative training programmes for medical personnel and others.

iv) the medical college as an instrument for correcting development imbalances.

v) the attraction of quality medical college for students from abroad leading to the export of education and the help these colleges give to our local students.

vi) improvement of accessibility to education and satisfaction of educational and professional aspirations of those who are eager, competent enough to complete medical education and willing and capable of meeting the costs.

vii) the importance of a new medical college not becoming a burden on the State exchequer.

Viii the responsibility of the Medical Council of India for the maintenance of quality.

Feasibility and desirability:

The desirability for a new medical college has to be decided taking into account location, the development of the region, the nearness of similar facilities and the possible contribution of the college to education, health care and economic and social development of the region.

Feasibility may be based on the possibility of building and sustaining a quality institution in a desirable location and the strength of management that proposes to set it up. The management should have background and experience, adequate financial strength and a time bound programme for implementation of the project. The yardstick should be whether the project is achievable in a given time. These general guidelines have to be applied to individual cases after assessing each case on merit.

With the short time at its disposal, the committee would not be able to quantify the above factors and test its assumptions on empirical data. Nevertheless, if a decision to open fresh colleges is taken the following principles may be adopted to determine location and desirability.

RECOM MEDATIONS

1. From 1946 to 1987 in various expert committee reports the doctor population ratio of 1:3000 is stated as a target/norm. No target has been prepared or suggested by the Govt. of India. Therefore, it is not possible to draw any firm conclusions on what should be the target for the next decade for the State. Further to quantify unemployment amongst doctors is not feasible, because - a) the employment exchange registration is not reliable as many doctors do not register and many doctors do not find job placement through employment exchange: and b) self employment opportunities available for doctors are difficult to asses.

2. In view of these if a decision to open new colleges is taken it should be necessary to have a cell or a committee at State level that would obtain data on the number of doctors, their profiles in employment & such other related economic indicators (essentially

information system for medical practitioners) on a continuing basis so that the exercise would provide inputs for future decisions that may modify the policy in the best interest of health care and economy in the State.

3. In view of what has been said earlier and in view of the uncertainty of data available for employment status, it is difficult to recommend precise intake for the State. However, taking into account the demand and other factors mentioned earlier, it appears reasonable to keep the admission level for the State as 3000 (excluding MAHE & St.John's) this would give a doctor: population ratio of 1:1528 by 2006.

4. It is evident from the report of the committee that visited the medical colleges, that establishment of medical colleges has helped in improving the economy and health care of the area. This strengthens the case for fresh medical colleges in areas where there are no medical colleges at present. Therefore it is desirable not to have a fresh college in Bangalore city and not to encourage new medical colleges in areas already having medical colleges.

5. While giving recommendations for feasibility for additional intake or a fresh college, Government should rigidly adhere to MCI norms.

EXISTING MEDICAL COLLEGES IN THE STATE

excluding Mahe & St. Johns Medical College

			Intake 1996 –97	1995-96
1	BANGALORE	Bangalore Medical College	150	245
2		Kempegowda Inst. of Medical Science	120	120
3		Ambedkar Medical College	120	120
4		MSR Medical College	150	150
5	BELLARY	Govt. Medical College	100	140
6	BELGAUM	JN Medical College	200	195
7	BIJAPUR	Al Ameen Medical College	100	130
8		BLDEA Medical College	150	180
9	DAVANGERE	JJM Medical College	245	328
10.	HUBLI	Karnataka Medical College	50	147
11.	GULBARGA	MR Medical College,	100	185
12.	KOLAR	Devaraj Urs Medical College	150	150
13	MYSORE	Mysore Medical College	100	205
14.		JSS Medical College,	100	200
15.	BELLUR	AIMA.	100	195
16	TUMKUR	Siddartha Medical College	130	195
17	MAHE (Mangalore) seats given to state quota		63	63
	TOTAL		2128	2948

A Submission to

The Sub Committee on Medical Education

Of the

Parliamentary Standing Committee on

Human Resource Development

At

Bangalore

On 14th November 1998

By

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Introduction

- The Society for Community Health Awareness, Research and Action is a multidisciplinary resource centre consisting of professionals interested in making health care services, medical and health personnel education, and health research activities in the country

  - more responsive to the needs of all our people, especially the poor and marginalised;

  - more relevant to rural, urban poor and tribal communities; and

  - more sensitive to disadvantaged groups.

- Many members of our Society have worked in medical colleges and teaching institution in various senior capacities.

- Among our many activities has been a longstanding and continued interest in the Reorientation of Medical Education towards greater Social Relevance and Community Orientation.

- In this connection, we have undertaken the following in recent years:

  i) A detailed study of Recommendation on Medical Education from the Bhore Committee (1946) upto the **MCI Curriculum Recommendations (1997)**.

  ii) A study of Social Relevance and Community Orientation in Medical Education in the country. We studied initiatives of around 25 medical colleges.

  iii) A study of feedback on the curriculum from young doctors (medical graduates) who have had work experience in peripheral health care institutions in the early 1990s.

  iv) A study of innovative Community Health Training Experiments in the country.

  v) A policy study on "Perspectives in Medical Education" for inclusion in the Report of the Independent Commission on Health in India – recently submitted to the Prime Minister.

  vi) A continuing dialogue with a host of medical colleges in the country and in neighbouring countries of Nepal and Bangladesh on evolving mechanisms to operationalise strategies of change.

Based on these studies and reviews we make a submission to the Sub-Committee on Medical Education (Parliamentary Standing Committee on Human Resource Development).

A. CONCERNS

The following disturbing trends and developments in Medical Education in India are a cause for **grave concern.**

1. Commercialisation of Medical Education

* Growth of **'Capitation fee'** colleges in Maharashtra, Karnataka and Tamil Nadu.

* Mushrooming of institutions based on caste and communal affiliations often sponsored by trusts and lobby groups with little previous credibility or commitment to higher education.

* Commercial growth of high technology secondary and tertiary medical care at the cost of primary health care.

* Increasing involvement of full time medical college teachers in private practice.

* Increasing problem of 'money power' and political interference in selections, examinations, appointments and transfers even in government health services and medical colleges.

2. Overall Fall in Standards of Medical Colleges

* Inability of increasing number of medical colleges in the country to maintain even the minimum requirements for undergraduate and postgraduate medical education as laid down by Medical Council of India especially with regard to:
  - Teaching staff
  - Hospital beds
  - Pedagogical norms.

* Growing dissonance between present selection procedures of medical students and the type of doctors the country needs.

3. The Increasing Erosion of Norms of Medical Ethics

* Increase in medical mal-practice and negligence.
* Growth in doctor-drug producer axis.
* Growth in powerful medical industrial complexes.
* Inadequate response of the medical profession to the societal needs.

Inadequate Social and Community Orientation

4. Inadequate social and community reorientation of Medical Education of all faculties inspite of MCI guidelines, expert committee recommendations and innovative experimentation by pace-setting medical colleges in the country.

AGENDA FOR ACTION

In the report to the Independent Commission on Health in India, which submitted its report to the Prime Minister in May 1998 (recently forwarded by us with some modifications to the sub-committee on Medical Education), we suggest the following agenda for action, reform and governmental initiative:

1. Control of Commercialization Education in Medicine

a) Setting up Health Human power Development Commission consisting of representation of all the professional councils such as MCI, DCI, NCI, etc., professional resource groups and knowledgeable other persons, to plan Health Human power Development including undergraduate and postgraduate medical education on need based and evidence based planning.

b) Review of Financing of Medical Education under both government and private ownership to identify the problems, options and prospects and approaches that are rational, legal and do not allow merit and social justice to be compromised. This should include a review of the concept of Capitation Fee colleges, 'self financing' colleges, free and paying seats, NRI and management quotas and the recently recommended differential fee structure for various categories by MCI, so that the options are decided by people's needs and not market forces.

2. Quality Control and Improvement of Standards

* Ensuring that all the existing medical colleges have adequate infrastructure, teaching faculty, clinical facilities and pedagogical standards and banning quantitative expansion of medical education.
* Strengthening of MCI and Directorates of Medical Education at State level, to ensure quality control and monitoring of standards.
* Evolving mechanisms to include wider societal representation in decision making to ensure greater social relevance.

3. Introduction of short courses in Medical Colleges to improve ethical standards and broaden the horizons.

Ethical standards

* Medical Ethics (Recently introduced by Rajiv Gandhi University of Health Sciences – Ordinance 1998)
* Rational Drug Use and Essential Drugs concept.

Broaden horizons

* Introduce Mental Health Care; Integration of Medical Systems; Management; and Gender sensitivity in Medicine/Health

4. Continued Reorientation of Medical Education to enhance Social Relevance and Community Orientation

   * Universal acceptance and promotion of recent MCI 1997, Regulation on Graduate Medical Education especially institutional goals; skill development, orientation, new internship guidelines, (which have substantial changes since the 1982 guidelines).

   * Proper faculty selection and reorientation towards social/community objectives of medical education, of all faculty.

   * Provision for creative autonomy for a few selected pace setter colleges to experiment with Alternative Track Medical Education – geared more specifically towards Primary Health Care / Family Medicine / General Practice (cf. Kakkar Report to MCI, 1995).

We request the Chairman and Members of the Sub-Committee on Medical Education to consider these recommendations and include them in their report for necessary actions. We would be happy to provide further information, data and resource materials on these and other concerns.

Thank you.

Dr. Ravi Narayan

Dr. C.M. Francis

Dr. Thelma Narayan

On behalf of

Society for Community Health Awareness, Research and Action,
Bangalore.

Dated : 14th November, 1998

THE HINDU 4.9.98

Govt. approves over 20 medical colleges

By S.Rajendran

BANGALORE, Sept. 3.

The State Government, after a gap of about 10 years, has granted approval for the setting up of over 20 medical colleges in the belief that the Union Government would give its final sanction to at least seven medical colleges, thus ensuring that there is at least one medical college in each district.

Under the rules of the Medical Council of India, amended in 1992, the State governments have been deprived of the powers to give outright permission for the establishment of medical colleges. The States, based on the applications received and the necessity for new colleges, may issue an "essentiality certificate". Thereafter, the applicants have to approach the Medical Council of India, which gives a recommendation to the Union Government. The Government decides whether to accept the recommendation or not.

The Chief Minister, Mr. J.H.Patel, now on a fortnight- long official trip to Europe, reportedly accorded permission to the Medical Education Ministry to issue essentiality certificates to 20 of the 60 applicants, according to official sources.

While the applications of some of the influential applicants such as the Dayanandasagar group of educational institutions (which had moved the court and obtained a directive), the MVJ Institutions and the Sringeri Math have been kept on hold, those of some little known educational institutions have been approved.

The Minister of State for Medical Education, Dr. M.Shankarnaik, told *The Hindu* here today that he would not like to go into the details of how approval was granted since the Cabinet had, at a recent meeting, authorised the Chief Minister to take a final decision on the matter. "I stand by the Chief Minister's decision since it is in the interest of the State. The State Government is confident of securing the final approval for at least seven medical colleges and this should suffice for the present," he said.

The districts where medical colleges are proposed to be established for the first time are Raichur, Bidar, Bangalore Rural, Hassan and Bagalkot. Bangalore City, which already has five medical colleges including the St. John's Medical College (a minority institution and consequently out of the purview of the State Government), will have three more medical colleges. While the State Government will open another college in the premises of the Bowring and Lady Curzon Hospital, the Indian Air Force, which runs a major hospital for the personnel of the IAF and their kith and kin, has also received the essentiality certificate. The third college proposed to be established in Bangalore will be managed by members of the Adi Jambhava community.

In the view of Dr. Shankarnaik, the objective of giving approval for starting new colleges is to neutralise the sudden drop in the intake of medical colleges following the Medical Council of India deciding to go by the rule book and the Union Government strictly following the recommendations of the MCI irrespective of the overriding powers vested in it. The four Government medical colleges in the State have been worst hit with their intake reduced from 1,585 to 790. The intake of private colleges has come down. A few years ago, the intake of Davangere college was reduced to 150 from 345. The J.S.S. College at Mysore is perhaps the only college the intake of which has been enhanced.

The State Government is hopeful that the MCI would approve an intake of at least 700 seats in the new colleges. Even if 30 per cent of these go to the respective managements and the non-Karnataka quota, nearly 500 additional seats will be available for the local candidates. The intake of the medical colleges will thus increase to around 2,500 from 1,900.

Most of the applicants for medical colleges have claimed that they are ready with the infrastructure, including a building and hospital. As per information available with the Government, at least six of the applicants are willing to face an inspection by the MCI. The State Government itself will have to get into top gear to prepare the Bowring Hospital for the MCI team's visit.

The Savadatti Committee, which went into the need for new medical and engineering colleges two years ago, had recommended that there was a need for at least 3,000 MBBS seats in the State. The Government thereafter constituted a Cabinet sub-committee under the chairmanship of the Minister for Law, Mr. M.C.Nanaiah, to study the matter and scrutinise the applications. In 1990-91, late Veerendra Patil put a halt to new medical colleges and said they would not be allowed for five years. Successive Governments have conformed to the policy in the last eight years.

Newspaper Reports on new Medical Colleges

DH- 25/6/98

LETTERS

Opening of new medical colleges: To what end?

Sir, This has reference to Karnataka's Minister of State for Medical Education M Shankar Naik about the Government's proposal to start six more medical colleges in the State (DH, June 19). The Government will definitely have an ultimate say in the governance and policy making. But in the changing trends of our democracy, where in the governments and ministers keep changing in months or years, floating half-baked policies for their convenience may have long term harm also.

The ministers will not be in power to share the good and bad results of their actions. The governments cannot tailor-make such policies to suit their convenience and tenure.

Karnataka has 17 medical colleges in Bangalore, Belgaum, Bellary, Bijapur, Gulbarga, Davangere, Hubli, Kolar, Manipal, Mangalore and Mysore. Twelve medical colleges are under constant scrutiny by the Medical Council of India (MCI) for reasons like inadequate staff and poor facilities. Nearly 80 per cent courses offered are not recognised by the MCI. Thousands of medical graduates are without proper job and the Government has no plans to employ them. The position of Government medical colleges are still worse.

There is a need to collect exact figures from all the colleges, analyse them realistically and arrive at an information base. This should be followed by a debate. Such formed opinions only shall be the guiding principles for such policy making and not the desire of those in power who feel no accountability for the future of the State.

The issues in question are: Has the Government worked out the future needs of medical doctors? Can't the present medical colleges be improved instead of starting newer ones? How can the Government take up such issues for short-term gains? Is the Government bypassing the MCI leaving the institutions and graduates high and dry for future years?

DR H R VIVEKANANDA
Medical Superintendent
Karnataka Institute of
Medical Health
DHARWAD

It has become necessary for the people themselves to find out the quality of milk being supplied to them.

Can't some enthusiastic entreprenuers come forward to manufacture lactometers to examine the density of milk supplied to them? This will go a long way in assisting the public to check the quality of milk.

S SUNDARA
Bangalore

DH 5.9.98

Make it need-based

The Karnataka Government's decision on Thursday to forward the list of 20 new medical colleges to the Medical Council of India (MCI) for approval should be seen in the context of the former's professed intentions to ensure at least one medical college in each district. In fact, the Minister of State for Medical Education, Mr Shankar Naik, had hinted in July that the Government was thinking of sanctioning six new medical colleges in the unrepresented and newly-carved out districts. However, before recommending the need for 20 new medical colleges, it is not clear whether the State Cabinet had ascertained the professional requirement in the existing colleges. Whatever the Government's intentions, one cannot overlook the fact that the very policy on sanctioning new medical colleges should be genuinely need-based, related to doctor-patient ratio and other such functional norms, and not based on caste or other considerations.

Even though the State Government will issue "essentiality certificates" to the 20 new colleges, the MCI will take a final decision on the matter and recommend the same to the Union Government for approval. Thus, the MCI needs to play a responsible role in this regard. Before according approval, it has to make a realistic assessment of the potential for infrastructural facilities, quality of equipment, condition of laboratories and the teaching staff in the new institutions in the offing so that they fulfill the statutory norms prescribed by it. The rural areas in the State continue to face a dearth of doctors in government hospitals because of the doctors' reluctance to serve in these areas. To that extent, the proliferation of medical colleges and increase in medical manpower will continue to be a paradox. Most modern-day doctors seem reluctant to go to rural areas. This attitude should change for the better if the rural health care system should be strengthened.

IE

3.9.98

'More medical colleges needed'

EXPRESS NEWS SERVICE

Gulbarga, Sept 12: Medical Education Minister Shankar Nayak has said that Karnataka needs more medical colleges as thousands of students from the State are deprived of medical education.

Speaking to reporters, the minister said only 1,900 students from Karnataka could now get admission to medical colleges while the Savadatti Committee had observed that 3,000 students could afford it. Based on the Savadatti Committee recommendations, the State Government felt the need for recommending more medical colleges, Nayak said.

He said the government would not allow any medical college to admit students in excess of the prescribed quota. "If violation of rules is brought to our notice, we will write to the MCI to derecognise the college," he said.

Nayak justified the issuance of essential certificates by the State Government for starting 20 medical colleges. He said although the State Government had recommended the starting of colleges, the decision rested with the Medical Council of India (MCI). He hoped that the MCI may approve about half a dozen medical colleges.

He denied that the State Government had arbitrarily and indiscriminately issued essential certificates to proposed medical colleges although he agreed that caste and community factors of the promoters of the institutions were considered in some cases.

Asked whether the institutions which had applied for medical colleges had infrastructure as per the MCI norms, Nayak said it was for the MCI to ascertain such factors. He said the government had received about 60 applications for starting medical colleges and after thorough screening, the State had recommended only 20 applications.

He pointed out that although the Andhra Pradesh Government had recommended opening of 17 medical colleges the MCI approved only two.

The minister said most of the applicants would use government hospitals for teaching facilities.

He said the government had no objection for allowing private medical colleges to use government hospitals as it could charge clinical fee.

State finalises list of new medical colleges

DH News Service

BANGALORE, Sept 3

The Government has finalised the list of 20 new medical colleges to be set up and sent the list to Medical Council of India for its approval. Chief Minister J H Patel is learnt to have cleared the new colleges before leaving on his foreign tour last week.

Two colleges to be opened by the Government and one by The Malnad College of Medical Science and Research Education Trust of Shimoga headed by Mr Patel himself also figures in the list.

The cabinet sub-committee recommendations came before the Cabinet meeting on Friday. However, the Cabinet is learnt to have authorised the chief minister to take the appropriate decision.

The other educational institutions whose proposals have been cleared, are: Nitte Educational Trust, Mangalore; Siddaganga Educational Trust, Tumkur; Kaginele Mahasamsthaana Kanaka Gurupeetha Educational Institution, Chikmagalur; Jagadguru Murugarajendra Vidyapeetha, Chitradurga; Islamic Academy of Education, Mangalore; Dharmasthala Educational Trust, Dharwad; Father Muller's Institute of Education and Research Institute, Mangalore; H D Deve Gowda Medical College (Adi Chunchanagiri Educational Trust, Belur); K V G Medical College, Sullia; Karnataka Adi Jambava Social and Educational Trust, Nelamangala; Shantivardhaka Education Society, Bhalki; Khaja Hajarat Bandenawaz Education Society, Gulbarga; Basavalingamma Sanganatha Subedar Trust, Raichur; Government Medical College, Bowring Hospital, Bangalore; Armed Forces Medical Institute, Bangalore; Vijayanagar Education Trust, Bangalore Rural District; Navodaya Education Trust, Raichur; Sanchara Charitable Trust, KGF; and Basaveswara Vidyavardhaka Sangha, Bagalkote.

IE 5.9.98

MCI unlikely to grant new colleges for State

EXPRESS NEWS SERVICE

Bangalore, Sept 4: The Medical Council of India (MCI) is unlikely to grant any new medical college to Karnataka.

Indications to this effect were available from the MCI headquarters in Delhi on Friday. The stand follows the Karnataka Government's reported decision to give 'essentiality' certificates to 20 new colleges. These include – two to be set up by the Government, one named after former Prime Minister H D Deve Gowda and one headed by Chief Minister J H Patel.

The MCI officials told *The Indian Express* that a surprise inspection of the existing 17 medical colleges in Karnataka would lead to many of them being disqualified. Most of them lack in clinical facilities and teaching staff. "No new medical college can manage the required teaching staff overnight. They invariably woo teachers from existing medical colleges causing deficiency there," the officials said.

MCI president Ketan Desai speaking from Gandhinagar in Gujrat said: "The State Government can only give 'desirability' certificate, and recommend the applications to the Union Health Ministry. The Health Department will in turn refer the applications to the Medical Council. If the applications are in order, the Council will send teams to the new colleges for inspection and later take a decision based on their opinion".

The State Government is believed to have cleared the applications of the following colleges, and decided to recommend them to the Centre.

The Malnad College of Medical Science and Research Education Trust at Shimoga headed by J H Patel; Nitte Educational Trust, Mangalore; Siddaganga Educational Trust, Tumkur; Kaginele Mahasamsthana Kanaka Gurupeetha Educational Institution, Chikmaglur; Jagadguru Murugharajendra Vidyapeetha, Chitradurga; Islamic Academy of Education, Mangalore; Dharmasthala Educational Trust, Dharwad; Father Muller's Institute of Education and Research Institute, Mangalore; H D Deve Gowda Medical College (Adichunchanagiri Educational Trust, Bellur); KVG Medical College, Sullia; Karnataka Adi Jambhava Social and Educational Trust, Nelamangala; Shanthivardhaka Educational Society, Bhalki; Khaja Hajarat Dandenawaz Education Society, Gulbarga; Basavalingamma Sanganatha Subedar Trust, Raichur; Government Medical College, Bowring Hospital, Bangalore; Armed Force Medical Institute, Bangalore; Vijayanagar Education Trust, Bangalore rural district; Navodaya Education Trust, Raichur; Sanchara Charitable Trust, KGF and Basaveshwara Vidyavardhaka Sangha, Bagalkot.

Meanwhile, Bangalore-based Rajiv Gandhi University of Health Sciences has already cleared the applications of Kurunji Venkatramana Gowda Medical College, Sullia and Yenepoya Medical College, Mangalore.

IE 14.9.98

Minister wants MCI's wings clipped

EXPRESS NEWS SERVICE

Gulbarga, Sept 13: Medical Education Minister Shankar Nayak has made a strong plea for clipping the wings of the Medical Council of India (MCI) and restoring the power of sanctioning medical colleges to State and Central Governments.

Inaugurating the XII Karnataka State Obstetics and Gynaecological Societies Conference organised jointly by the M R Medical College and Gulbarga Obstretrics and Gynaecological Society, Nayak criticised the MCI for its "dictatorial" and "authoritarian" behaviour in sanctioning new medical colleges, a power vested in it by the Supreme Court.

"MCI should only be a recommendatory body and should not be given powers to overrride the decisions of Governments."

Nayak said the Supreme Court had vested the powers with the MCI but went on with a volley of rhetorical questions: "To whom is the MCI accountable? Is it a dictator? Is it proper to accept whatever MCI does and says?" He urged the Central Government to withdraw these powers from the MCI.

Shankar Nayak, who has taken an active role in issuing essential certificates for 20 medical colleges, said he hoped the MCI would clear at least half a dozen.

There was a shortage of doctors particularly lady doctors in rural Government hospitals. Despite facilities, doctors are unwilling to work in rural areas.

"Doctors want to make fast money. However, they should realise their social responsibility.

"Doctors should develop the tendency to serve the poor and the needy to make their profession meaningful," Nayak said.

Without adequate health care facilities in rural areas, it would not be possible to achieve the goal of "health for all by the year 2000."

Director of Medical Education Shivaratna Savadi inaugurated the scientific session.

Gulbarga University Vice-Chancellor M Muniyamma, who released the souvenir, urged the medical community to organise camps in rural areas to bring about awareness on health and hygiene, particularly among women.

Hyderabad Karnataka Education Society president Basavarj Bhimalli presided over the function.

The three-day conference was attended by about 500 delegates coming from across the length and breadth of Karnataka as well as neighbouring states.

MCI does a volte-face on nod for new colleges

IE-8/10/98

EXPRESS NEWS SERVICE

Bangalore, Oct 7: In a complete turn around from its earlier stand, the Medical Council of India, (MCI), has said it would accord permission to new colleges only if they met the regulations stipulated by them.

Talking to media persons on Wednesday, MCI president Dr Ketan Desai said those institutions which owned 25 acres of land, a 300-bedded hospital and adequate financial support would be given permission.

The State Cabinet had, last month, given essentiality certificates to 21 medical colleges and had forwarded the proposal to the MCI. Dr Desai had, however, reacted by saying that the MCI would not permit any new colleges from coming up in the State.

Justifying the present stand, Dr Desai said if these institutions followed the legalities, there was no way he could deny them permission. He, however said, the MCI had not received any such proposal from the State Government.

The MCI would also consider the requirements of doctors in the State before giving permission to medical colleges, he said.

When asked about the rationale behind granting any new institutions to the State even as the existing ones lacked infrastructure facilities and other requirements, Dr Desai said it was for the State Government to take a decision on the issue.

Commenting on the recent statements of Medical Education Minister Dr M Shankar Naik against the powers of the MCI, Dr Desai said the body was constituted by an Act of Parliament. "If the Minister has any problems, he should take it up with the Centre. There is no need to issue such statements. The Supreme Court verdict has also upheld the powers of the MCI", he said. Earlier, the MCI president said opening of new colleges would only lead to deterioration in the standards of medical education.

"Doctors will then use their bargaining powers as they would be tempted to work in those colleges which offer more salaries. This situation will only lead to a fall in medical standards and ethics", he said.

Desai regretted that there was a "rat race" in Karnataka to open new colleges, either medical or dental. Drawing a comparison between Karnataka and Gujarat, he said while Gujarat had just two dental colleges, Karnataka had the distinction of having 40 dental colleges.

Dr Desai said opening new colleges would not solve the problems if quality teachers were not produced. He urged academicians to indulge in introspection to improve the quality of medical education.

Politicians control professional colleges

BY K R BALASUBRAMANYAM

EDUCATION AS COMMERCE

Bangalore, Oct 7; At least 45 professional colleges in Karnataka are run with active involvement of politicians.

Of the 20 applications recently floated by the Government, 8 have politicians including Chief Minister J H Patel on the management.

Karnataka has 17 medical colleges, 40 dental colleges and 90 engineering colleges. Of these, only four medical colleges, one dental college an no engineering college are run by the Government.

A rough estimate shows that the Congress party has tacit control over three medical, seven dental and 14 engineering colleges. The Janata Dal has its members in one medical and three engineering colleges. The BJP has at least one medical, two dental and three engineering colleges.

That's not all. Bhanumathi Tambidurai, wife of Union Law Minister M Thambidurai is one of the three trustees of the Bangalore College of Engineering and Technology at Malur in Kolar district. An Andhra Pradesh politician too has set up an engineering college in Bangalore. Evidently Karnataka has some special attraction to those who run education as business.

Patel heads the proposed Malnad College of Medical Science and Research Education Trust in Shimoga. In the same district, former Chief Minister S Bangarappa's son, Kumar Bangarappa, looks after Sharavathi Dental College.

In Hassan, Malnad College of Engineering is headed by senior Congress member Harnahally Ramaswamy. Hassan may soon get a medical college named after H D Deve Gowda.

In Bangalore, former Minister for Information C M Ibrahim of the Janata Dal administers Khwaja Khuthubuddin Bakthiar Kaki College of Engineering while Adult Education Minister R Krishnappa is with Revanasiddeshwara Institute of Technology. One of the old engineering colleges in the City, named after Dayananda Sagar is being run by former Congress Minister Premachandra Sagar.

Two Ministers have got two medical colleges cleared for Raichur district. Textiles Minister M S Patil and the other Religious Endowments Minister Muniyappa Muddappa. Interestingly, some political groups in Raichur have opposed medical colleges with the involvement of Ministers. They want a Government college.

Former Union Minister and senior Congress member M Basavarejeshwari set up Bellary Rural Engineering College at Bellary last year.

Former Sericulture Minister and Congress member G Parameshwar is looking after Siddartha Institute of Technology in Tumkur. His brother looks after Siddartha Medical College there. Last year, former Congress MLA Shafi Ahmed's HMS education trust started an engineering college in Tumkur. In all, Tumkur City has three engineering colleges.

Congress-turned-Dal -turned-Congress leader R L Jalappa heads the Devaraj Urs Medical College in Kolar. Davanagere's Congress MP Shamanur Shivashankarappa is also a 'leading educationist' running Bapuji College of Engineering, Bapuji Dental College and other colleges at Davanagere.

Shanti Vardhaka Education Society at Bhalki in Bidar district involves former Transport Minister and Congress MLC Bheemanna Khandre on its management.

A trust headed by Mysore's former mayor Vasu runs Vidya Vikas Institute of Engineering and Technology, Mysore. Former JD MLA P M Chikkaboraiah started the Vidyavardhaka College of Engineering at Gokulam in Mysore.

■ **Why are politicians, including uneducated ones, profoundly interested in education? Read all about it tomorrow.**

Govt. seeks more powers on medical admissions

The Hindu 29/11/95

By Our Special Correspondent

BANGALORE, Nov. 28.

The State Government, unhappy with what it calls "the dominant role played by the Medical Council of India in the functioning of medical colleges", has urged the Union Health Minister, Mr. Dalit Ezhimalai, to vest powers with the State Government in the management of private and Government-run medical colleges.

Barring the issue of Essentiality Certificate to managements seeking to set up medical colleges, the State Governments, under the amended MCI Act, have been deprived of any control over admissions. The Union Government, however, has been vested with adequate powers to overrule the MCI recommendations and has the final say with regard to professional colleges.

The Minister for Medical Education, Dr. M. Shankar Naik, told presspersons here today that he had met the Union Health Minister recently and requested that the Centre be more assertive and not be carried away by the recommendations of the MCI, which at times, in the view of the State Government, were questionable. The latter had assured that he would call a meeting of State Health Ministers to discuss the issue. If need be, the Centre would amend the MCI Act, the Union Minister had said.

Dr. Shankar Naik said the States should at least have powers to increase the admission intake into the undergraduate and postgraduate courses in medical colleges and the Union Government and the MCI could have powers to approve new medical colleges. With the orders of the High Courts and the Supreme Court, the State Governments were now virtually deprived of any power.

On the status of the Government medical colleges in the State, he said the four medical colleges and their attached hospitals had been given Rs. five crores each. The funds would be used for upgrading the facilities including equipment and buildings. It had, however, been estimated that the four colleges put together required Rs. 30 crores more for installing the latest medical equipment.

The Minister said the applications for 20 new medical colleges, which were cleared by the State Government a few months ago, were pending with the Centre. It was for the MCI to send an inspection team and the Centre to act on the MCI recommendations. The applicant-managements would have three years to meet the conditions laid down by the MCI though the MCI generally gave its assent only to the colleges which had an attached teaching hospital. Of the 20 applicants, five had attached hospitals. The State Government is an applicant and has sought to establish a medical college at the Bowring Hospital here.

The Government has also urged for increasing intake in the Bellary, Hubli and Mysore medical colleges. For the Hubli college, it has sought 75 seats as against 50 now and for the Mysore and Bellary colleges 150 as against 100 now. As per the MCI rules, the intake for the undergraduate course (MBBS) could not be more than 150. Thus, the intake of the Bangalore Medical College was reduced from 245 to 150 seats.

The Government was yet to decide on the reintroduction of outpatient charges in its hospitals. Collecting outpatient charges would ensure that the patients concerned preserved their outpatient card. It would help in the easy location of the case-sheet of the patient concerned.

Most of the Government teaching hospitals, he said, suffered from poor upkeep and shortage of drinking water. The sinking of five borewells in each hospital had put an end to the water shortage. The Government had ordered that contractors be involved in the upkeep of the institutions and this was found to pay better dividends. The recruitment of class four employees in the Government hospitals has been suspended for several years and the present employees would be retained until their superannuation. The Government had issued directions to all hospitals to issue free medicines to the inpatients in the general wards. Prescriptions should be issued only to the patients in the special wards. The bed charges for the special wards has been raised from Rs. 10 to Rs 20 per day. The charges had been revised for the first time in 30 years.

Admission to 2 medical colleges banned

The Times of India News Service

FRIDAY, MAY 19, 2000

BANGALORE: The Karnataka government on Thursday notified the provisional seat matrix for first year medical and dental courses in government and private medical colleges.

The matrix contains 2,245 medical seats, 345 more than last year and 1,520 dental seats, 700 less than last year as eight dental colleges have not been permitted to admit students by the Dental Council of India (DCI).

In a notification, the government invited objections from the public and educational institutions, if any, within 15 days. A final matrix will be issued after that.

The government has banned admission of students to Father Muller's Medical College, Mangalore and Yenepoya Medical College, Mangalore as per Medical Council of India (MCI) directions. As for dental colleges, KVG dental College, Sullia, Yenepoya Dental College, Mangalore, K.G.F. Dental College, KGF, Oxford Dental College, Bangalore, R.V. Dental College, Bangalore, Siddhartha Dental College, Tumkur, Krishnadevaraya Dental College, Bangalore and Sharavathi Dental College, Shimoga, have not been permitted to admit students for this academic year as the DCI has not fixed their intake.M.S. Ramaiah Medical College has surrendered nine management quota seats for making 18 excess admissions last year and the A.B. Shetty Dental College, Mangalore, has surrendered four management seats for making excess admissions previously.

The intake for first year MBBS course in government medical colleges has been fixed at 150 for Bangalore Medical College, 100 for Mysore Medical College 50 for Karnataka Institute of Medical Sciences, Hubli and 100 for the Vijayanagar Institute of Medical Sciences, Bellary.

Among the private medical colleges, JJM medical college, Davanagere 245, J.N. Medical College, Belgaum 150, M.S. Ramaiah Medical College, Bangalore 150, Devaraj Urs Medical College, Kolar 150, JSS medical college, Mysore 150, B.M. Patil Medical College, Bijapur 150, Siddartha Medical College, Tumkur 130, KIMS, Bangalore 120, Adi Chunchanagiri Institute of Medical Sciences, Bellur 100, Dr B.R. Ambedkar Medical College, Bangalore 100, M.R. Medical College, Gulbarga 100, K.S. Hegde Medical academy, Mangalore 100 and Khaja Banda Nawaz Institute of Medical Sciences, Gulbarga 100.

The other colleges are: Government Dental College, Bangalore 60. (Private): Bapuji Dental College, Davanagere 100, College of Dental Sciences, Davanagere 100, KLE Dental College, Belgaum 100, Dr Ambedkar Dental College, Bangalore 100, P.M. Nadagouda Dental College, Bagalkot 100, JSS dental college, Mysore 60, Rajiv Gandhi College of Dental Sciences, Bangalore 60, SJM dental college, Chitradurga 60, V.S. Dental College, Bangalore 60, HKE Dental College, Humnabad, Dr Shyamala Reddy Dental College, Bangalore, HKDET'S Dental College Humnabad, KLE Dental College, Bangalore, Bangalore Institute of Dental Sciences, Bangalore, Dayanandasagar Dental College, Bangalore, Nijalingappa (Hasanamba) Dental College, Hassan, M.S. Ramaiah Dental College, Bangalore, S.B. Patil Dental College, Bidar and AME Dental College, Raichur at 40 each.

▶ CET results before PU results, page 5

MBBS exams

BANGALORE: The MBBS examinations of Bangalore University, scheduled to be held from May 22 have been postponed to June 1, according to a university release. The detailed time-table for each year and subject can be had from the colleges concerned.

GOVERNMENT OF KARNATAKA

NO.HFW 217 MPS 98

Karnataka Government Secretariat,
M.S.Building,
Bangalore, dated: 20-03-99

From

The Secretary to Govt(ME)
Health & Family Welfare Dept.
M.S.Building, Bangalore-1

To

The Secretary(Health)
Ministry of Health & Family Welfare,
Government of India,
Nirman Bhavan, New Delhi-110 011

Sir,

Sub: Issue of Essentiality Certificate for increase of intake from 50 to 100 to the proposed New Medical College by Karnataka Adi Jambhava Social and Educational Trust, Bangalore.

With reference to the subject mentioned above, I am directed to state that a 11 members Expert Committee was constituted under the Chairmanship of Prof.M.I.Savadathi, Retired Vice-Chancellor to consider the intake of existing professional colleges and the need to start the new professional colleges in the State.

2. The Committee opined that;

(1) "The desirability for a new Medical College has to be decided taking into account location, the development of the region, the nearness of similar facilities and possible contribution of the college to education, health care and economic and social development of the region".

(2) The Committee observed "..... to quantify unemployment amongst Doctors is not feasible, because a) Employment exchange registration is not reliable as many doctors do not register and many doctors do not find placement through employment exchange and b) Self employment opportunities available for doctors are difficult to assess".

(3) "..... taking into account the demand and other factors mentioned earlier, it appears, reasonable to keep the admission level for the State as 3000(excluding MAHE and St.Johns) this would give a Doctor:Population ratio of 1:1528 by 2006".

During the year 1998-99 the intake for Karnataka Students in M.B.B.S Seats (excluding MAHE & St.Johns, but including Government Medical College) comes to 1405.

...2/-

Therefore, I am directed to convey the concurrence of the Government of Karnataka for issue of Essentiality Certificate for M.B.B.S Course with an increase of intake from 50 to 100 in respect of proposed Karnataka Adi Jambhava Social and Educational Trust, Bangalore subject to condition to obtaining affiliation from Rajivgandhi University of Health Sciences, Bangalore and from the Academic Year 1999-2000.

Yours faithfully,

(N.C.PALEKAR)
Under Secretary to Govt.
Health & Family Welfare Dept.
(Medical Education)

To:

1. The Director, Medical Education, Government of India, Ministry of Health & Family Welfare, Nirman Bhavan, New Delhi,
2. The Secretary, Medical Council of India, Kotla Road, New Delhi,
3. The Registrar, Rajiv Gandhi University of Health Sciences, 4th T Block, Jaynagar, Bangalore,
4. The Director, Medical Education, Bangalore,
5. The Director:Secretary, Karnataka Adijambhava Social & Educational Trust, No.14/3, 4th N Block, Rajajinagar, Bangalore-560 010.
6. The SGF/Spare copies.