# *Medical Education Re-examined and Beyond**

A review of the mfc contribution to the process towards an alternative medical education strategy

> **"To work towards a medical curriculum and training tailored to the needs of the vast majority of the people in our country.."**
>
> **- mfc pamphlet**

## 1. INTRODUCTION

In 1991, the medico friend circle (mfc) published its major critique on Medical Education in India entitled Medical Education Re-examined. Eight years earlier, the Conference on Alternative Medical Curriculum organised by the Gonoshasthya Kendra (GK), Bangladesh, in March 1983, had become the stimulus for initiating an MFC response and serious reflections on Medical Education - a process which finally resulted in the Medical Education Anthology (MEA).

It is now fifteen years since publication of the anthology, during which several significant changes have taken place in the medical education scene in India. In addition, there are some new efforts in the country to strengthen public health education and capacity building, which has stimulated mfc to start a process of Re-examining Public Health Education as well. This short reflection will explore known and relatively unknown facets of the mfc - medical education anthology process and also initiatives by The Community Health Cell (CHC) which has functioned as a mfc linked resource centre on medical education in the country and tried to transform the deliberations of a 'thought current' to an 'action current' for change.

Mfc's involvement in medical education as discussed in this paper can be divided into three phases:

a) the first phase 1974-83 - medical education dialogue in the bulletin;
b) the second phase 1983-1991 - the process resulting in the mfc anthology titled Medical Education: Re-examined;
c) the third phase 1992 and beyond - the post anthology phase of CHC and others – advocating for change and alternative experimentation.

## 2. PHASE ONE (1974-82) EARLY REORIENTATION DIALOGUE IN MFC BULLETINS (mfcb)

From its origins in 1975, young mfc pioneers, some of whom were medical students or medicos, had been dissatisfied with the state of medical education in the country. The earliest pamphlet in 1976-77 published by Ashok Bhargava, the founder of mfc identified the need to evolve a pattern of medical education relevant to Indian needs and conditions, as an important aim of medico friend circle, they also noted the **"need for a change in approach in the total orientation and contents of medical education"**.

**An updated version of an earlier paper prepared for mfc silver Jubilee Meet "25 years of the Health Movement", January 28-30, 1999, at Wardha, Maharashtra. '*

However, in keeping with the youthful vigour of members and their practical action orientation, it listed out a series of programmes for mfc members individuals and groups that demonstrated early attempts to evolve a new educational pattern through the 'learning by doing' approach. True to its early Gandhian orientation it sought to encourage the new approach through mfc member initiated experiments in curricular re-emphasis,' alternative skill development and value reorientation. Some ideas suggested are shown in Box 1.

Box 1

**PROGRAMMES FOR INDIVIDUALS AND GROUPS**

- To emphasise more on preventive and social medicine during their education,
- Try to curtail unnecessary use of drugs, and use minimum amount of drugs.
- Emphasise more on health education, prevention of diseases during practice.
- Study other paths and learn their useful parts and seek and enlist the cooperation of their adherents.
- Study sociology, economics and political science to understand society, its working and its problems.
- Learn clinical medicine perfectly, relying less on costly investigations.
- Learn nursing procedures and basic investigations.
- Not to accept 'physicians samples' ITom medical representatives as it is a subtle corruption
- Doing symbolic acts to change social values e.g., doing productive labour; giving up cultural slavery; opposing ragging in medical colleges; improving relations and team work between different categories of health workers.
- Visit rural health projects during vacations to gain first hand experience and devote at least one year to develop a new pattern of medical care suitable to rural India.

Till 1983, in the first ninety issues of the mfc bulletin, Medical Education featured from time to time as a recurring theme and concern. A wide range of issues were discussed and debated through' pages of the bulletin.

- Mfcb 1-3 presented D. Banerji's analysis of the evolution of the existing health services system of India, including the development of westernised medical education. The colonial value system of British rulers; the class orientation of Indian physicians; their inculturation in British modelled Indian medical colleges; their thorough indoctrination by the General Medicine Council and Royal Colleges of Britain; the power, prestige, status and money oriented attitudes of the profession; the unsuitably trained doctors of the present model identifying with the highly expensive, urban, curative oriented medicine of the West; the "go to the States (USA)" mentality, and the resulting distortion of the country's health priorities were presented to readers.

- The proceedings of the second All India meet of Medico Friend Circle at Sevagram in December 1975 mentions that medical education was discussed in the Session on Health Problem and Needs (see mfcb 1,2) and the following practical changes were suggested:
  - Medical students should be involved in community development projects throughout their training, i.e., dehospitalisation of medical education
  - Co-education with paramedical personnel was thought to be important and possible
  - Dissertation and thesis in community problems should be encouraged
  - Training in medical administration should also be incorporated in medical education.
- mfcb 9 featured Mao Tsetung's June 26th Direction of 1965, the radical reforms of medical education that were part of the early cultural revolution in China - "study while practising; go to the countryside; solve urgent problems of the masses; focus on prevention; put stress on rural areas in medicine and health....." .
- Mfcb 14-17 ran a dialogue on the need for new Managers for Medical Colleges and identified the qualities required for Deanship - leadership, professional competence; integrity; knowledge of the philosophy and science of medical education and administrative abilities; and explored remedies including an IAS type medical cadre.
- Young doctors and medical students camps at Kishore Bharati in December 1976 probing the cycle of Poverty and Disease (mfcb 15), the Kissa Khesari Ka camp in Rewa in June 1978 (mfcb 30) which explored the socio-economicpolitical-cultural roots of the lathyrism problem; the Kerala mfc group's visit to the Kundungal fisherman colony in April 79 (mfcb 44); the mfc Sevagram group's experiences in Nagapur village (mfcb 47-48) are excellent examples of practical rural orientation camps. These have been pioneering forerunners of what are now called Community Orientation Programmes (COP) which became an integral part of the medical curriculum of some community oriented medical colleges in the early 1980s. The first medical college to introduce it, was St. John's Medical College, Bangalore and three mfc members on its staff - were the pioneers.
- The mfc bulletins from July 1978 till April 1983 (88) carried debates and dialogues on different aspects of medical education. These included protests against new medical colleges in Maharashtra; reflections on over-dependence of investigations in medical education; a reflection on the irrelevance of frog experiments in physiology; on the 'Medical Education in Malayalam' controversy in Kerala; a dialogue on the 3 year medical diploma course; and reflections on internship training by interns experiencing rural postings.

More substantial articles included:

- The Draft National Medical Education Policy circulated by the Ministry of Health and Family Welfare (Gal) in October 1979 which was featured in the bulletin (mfcb 46) for information and comment; a report from Jhansi medical college on efforts to counter 'ragging' by a new initiative of seniors for juniors (mfcb46); a reflection on training of interns from SMS Medical College in Jaipur (mfcb 62); a reflection on caste war by medicos in Gujarat and the issue of reservations in education (mfcb 63);

♦ In 1982, Rational Therapeutics and Rational Drug policy issues dominated the themes of the mfcb around and after the Tara meet in January 1982, which was focussed on the theme: **Use and Misuse of Drugs** and Women's Health Contraceptive related issues became the dominant theme in the bulletin in 1983 around the annual meet at Anand, Gujarat, on the **"Prejudice against Women in Health Care"**.

Medical Education issues then disappeared from the mfcb for a while. It was also reflective of the fact that 'medical education' had been an issue of concern particularly when many of the members of the founding group were medicos or junior doctors but as they moved into health care practice, issues of health care and practice became predominant in mfcb and in meetings.

## 3. PHASE TWO - TOWARDS THE MFC MEDICAL EDUCATION ANTHOLOGY

Medical Education resurfaced in 1983 as an important concern for mfc, when mfc was invited to participate in the conference on 'Alternative Medical Curriculum' organised by the Gonoshasthaya Kendra (GK) in Bangladesh in March 1983. Out of the thirteen delegates from India, six were from mfc (Abhay, Anant, Ashwin, Dhruv, Satya, Padma). The conference entitled 'People and Health', reported in mfcb 89, evolved some guidelines for a new medical curriculum as an alternative to the hospital centred, urban based and individual patient oriented curriculum. The mfc team participating in the conference found it an opportunity to explore ideas of alternatives with Bangladeshi doctors, interns, medical students and delegates from Sri Lanka, Philippines, Malaysia, Nepal, Mozambique, North Korea and Thailand. As mentioned in Dhruv's editorial in the mfc Medical Education anthology that evolved eight years after the conference stimulus, **'mfc is particularly grateful to Dr. Zafrullah Choudhury and other friends from Gonoshasthya Kendra, Bangladesh, without whose challenge by way of invitation to the conference on Alternative Medical Curriculum, we would not have been motivated to undertake an extensive debate on this extremely important theme'.**

♦ The conference theme inspired a preliminary meeting in India on the 'Role of the new doctor or Primary Health Care provider' to be produced by an alternative college'. This was held soon after the Annual meeting at Anand in February 1983.
Some initial consensus was evolved concerning:

a) Social context of primary health care provider,
b) Role and objectives of education,
c) Criteria for selection of students,
d) Nature of set up of training centres and resource personnel,
e) Selection and reorientation of teachers, and
f) Methodology of training

(see mfc MEA, Chapter 7).

d) At the GK Conference, 7 mfc papers were circulated by the organisers. included:
a) Alternative Medical Education (Report of Anand meeting),

b) Towards a Clinical Syllabus,
c) Ideology and Sociology in medical education,
d) Integration of Traditional Medicine with Modem Medicine,
e) Womens' Health
f) Prejudices in Medical system against female health functionaries and
g) Politics of medical work.

(4 of these are included in the mfc MEA - Chapter 6, 7, 10 and 11).

* In July 1983, at Hoshangabad, at the mid-annual core group meeting, mfc took stock of the Gonoshasthya Kendra Conference and it was decided a) to take up the theme 'why alternative medical education is necessary' for the Annual meeting in January 1984 (mfcb96) b) In preparation for the meeting, a historical review and summary of reports and recommendations from Bhore Committee to the ICSSR/ICMR - Health for All report (1981) was presented to the group by Ravi Narayan, who was already deeply involved in medical education reorientation at St. John's along with mfc members like Thelma and Luis.

(mfcb98 and MEA Chapter 1)

* The mfcb 97-98 was devoted Medical Education as a background to the annual meet hosted at Calcutta at CINI. 150 years of Medical Education was reviewed (MEA Chapter 1) and three case studies of innovative programmes in Medical Education from Nepal, Philippines and Australia were included. (MEA, Chapter 12).

* The Tenth Annual Meet held at Calcutta was an important landmark in the mfc 'Medical Education' discussions. The participants consisted of doctors, health activists, interns and medical students. Apart form mfcb 97-98, four important background papers were circulated:-

a) Pre-requisites necessary for making of the basic doctor
b) Critique of existing methodology of training of medical students
c) Note on teaching of Community Medicine: A critique and few suggestions
d) Medicine and Society: Socio-history in PSM.

(MEA Chapters 2-5)

In addition, some issues for Group Discussions were prepared. Group A Structure and Content of Pre - Para and Clinical subjects; Group B - Structure and Content of Community Medicine; Group C - Methodology of Training (MEA, Chapter 8). The group discussions proved to be very intensiv.e, int1ractive and meaningful and comprehensive reports on all three discussions emerged (MEA, Chapter 9).

* In July 1989, at Sevagram, it was decided that all the background papers and bulletin articles that had emerged from the Calcutta, Anand and Dacca meetings seemed substantial for a separate anthology and it was felt that such an anthology could be an mfc statement on medical education. While work started on the anthology in 1986, not unusually and in typical mfc style, the anthology was printed only in 1991.

* In the meanwhile The Community Health Cell (CHC), Bangalore, had decided to take up 'alternative medical education' as an important thrust area. Two additional reflections were contributed by CHC as the Medical Anthology evolved.

a) The 1980s were a watershed for reorientation of Medical Education in India. From the National Health Policy of 1982, several significant initiatives emerged on the Indian scene which had relevance to medical education reform. These included the MCI Guidelines of 1982; the New Education Policy 1986, the Jawaharlal Nehru University (JNU) Plea for a New Public Health; the ROME experiment; the Kottayam experiment; the Alternative Track initiative in 1988; the Medical College Consortium on decision based approaches; the development of a Health University concept; the National Teacher Training (NTTC) process; the ENCL YN Network, and the Science and Technology Perspective Plan for 2001 AD.

The mfc discussions needed to be located in the wider context and environment of change. Therefore, a review of all these ,initiatives was included in the MEA (Chapter 14).

b) CHC felt that the 'anthology' of articles would not be taken seriously if it remained as a series of reflections by groups of radical thinkers and social activists. Therefore, an exhaustive exercise was initiated wherein ideas from all the existing articles were extracted and collated into The 'Framework of an Alternative' under the same headings and subheadings used in the MCI 1982 Guidelines. Therefore anyone reading this Anthology of ideas (MEA, Chapter 13) in comparison with the MCI-1982 document would clearly understand what the mfc alternative was.

It was a difficult consensus building exercise but not many in mfc know how significant this final chapter proved to be (see next phase).

* Phase two came to an end with the publication of the Medical Education Anthology in 1991 as an mfc-CED Bombay joint venture. As in previous years, the Anthology was well received and reviewed by the radicals and alternative press. Copies were sold at meetings and through the Centre for Education and Documentation (CED), Mumbai and Voluntary Health Association of India (VHAI), New Delhi.

Very few mfc members had direct involvement with Medical Education, so continued involvement after the anthology would have had to be theoretical. Also other action demanding issues in the areas of irrational drug prescribing and health care policy issues emerged, needing urgent response. Medical Education reorientation therefore moved down, on thepriority agenda of mfc.

## 4. PHASE THREE - CONTINUING THE AGENDA THROUGH CHC / OTHERS )

CHC had been the mfc organisational and bulletin office from 1984-86. Since many of us in CHC and among its associates had a 'medical college' teaching background, reorienting medical education became a key concern, especially through the intense involvement in the anthology process. While the Bhopal disaster, Tuberculosis control, Pesticides and Environmental Health also emerged as new concerns during the CHC phase of mfc, Medical Education remained a major concern leading to series of significant initiatives in Medical Education.

- In 1991, CHC took the initiative of sending the mfc Medical Education Anthology to 125 Deans of all the medical colleges in India. We felt that if the mainstream was not challenged and if we did not actively dialogue with 'existing system', there was a danger that all mfc' s efforts towards and evolving alternative curriculum would remain an interesting and provocative book, on the dusty shelves of various libraries - of activists, NGOs, the voluntary sector, development groups and so on. We decided that endorsement by the converted was not the way ahead.

- We were prepared for silence from the 'mainstream Deans'. What followed was however rather unusual. The CMC-Ludhiana Principal wrote to us that they had submitted Chapter 13 of the anthology along with their application for an 'Alternative Track Medical course' to Punjab University. The application was being considered and they invited us to visit the college to orient the core faculty interested in medical education reform to the mfc anthology and Chapter 13 as a background (!). We visited the college and planned the orientation process. However, the project was shelved later due to some extraneous circumstances that overtook the college, in its relationship with the University.

- Three medical colleges CMC-Vellore, St. John's - Bangalore, CMC-Ludhiana came together along with two national coordinating agencies CHAI and CMAI to form a medical education network to help Wanless Hospital in Miraj (Maharashtra) to evolve an alternative medical college project. This hospital had been a teaching hospital of the Government Medical College at Miraj for decades. The decision of the government to build its own teaching hospital had led to the 'mission hospital' getting notice of loss of this linkage. The management decided that they should start their own medical college and the 'Miraj manifesto' (mentioned in Chapter-14 of MEA) evolved. The supporting network formed to evolve this new experiment invited CHC to present the mfc alternative as a 'keynote address' for the first meeting of the Network and Dr. P. Zachariah, who was the project leader kept close touch with CHC and also attended a few mfc meetings to dialogue with all those who have contributed to this anthology.

- A Medical Education Review Meeting was organised in July 1992 to take stock of the study findings and build a collective commitment to a Medical Education Alternative. The invited participants included Medical college faculty from 10 colleges in the country. NIMHANS-Bangalore, VHAI, CHAI, CMAI, KSSP and FRCH also participated. Dr. Zafarullah Choudhury of Gonoshasthya Kendra attended as a surprise guest and resource person. The proceedings of this significant meeting recorded the tasks and challenges ahead at individual level, institutional level and collective level (mfc core – Thelma, Ulhas, Mira Shiva, Ravi).

- During the research project on Strategies of Social Relevance and Community Orientation in Medical Education, there was a steady dialogue of the CHC team with many mfc core group members. One of the concerns expressed in this dialogue was that the focus on evolving an alternative should not distract from the larger problems in medical education which were the distortions and trends due to market economy forces, commercialization and the new economic policies. Some of these distortions were listed out in MEA Chapter 14. However, CHC continued to keep track of these and collect supplementary information on them.

- In 1993, VHAI set up the Independent Commission on Health in India (ICHI) and CHC was invited to be an associated and contribute the chapter on Medical Education. While the alternative training experiments and the mfc efforts were included in the report. CHC also presented a deeper analysis which included: regional distribution and disparities; norms and estimates; commercialisation and capitation fees issue; student wastage; brain drain; qualitative decline in standards; corruption; medical student protest movements; problems of PG education; lack of CME and so on. A 12 point prescription for change was also suggested. The ICHI report presented to the Prime Minister in 1998 now includes a substantial part of the CHC report. This Chapter was then republished in 2001 as a separate booklet entitled 'Perspectives in Medical Education' in the VHAI Health Policy series.
- The mfc anthology and the CHC reports were also sent to the International Network of Community Oriented Health Science institutions - which is an international network promoting medical education alternatives. The books and reports have been reviewed and reported in the newsletter and journal.

- In 1997, the Rajiv Gandhi University of Health Sciences was established in Karnataka State and 17 medical colleges were brought under its jurisdiction 9 apart from all the nursing colleges, pharmacy colleges, dental colleges and colleges of Ayurveda, Unani, Homeopathy and other systems of Medicine. CHC was invited to be a consultant on Medical Education reorientation and is gradually became a catalyst for 'mainstream change and restructuring'. The University bought many copies of the publications for its library and these were also background materials for various workshops. A workshop on Vision/Mission and Management Challenges of Medical education for Deans/Principals of all the medical colleges was held in December 1998, apart from workshops on restructuring the pre-clinical and para-clinical courses. Among the initial gains have been the change of focus from 'frog experiments and cadaver dissections' to more clinical orientation of preclinical studies; introduction of Rational Drug Use and the Essential Drug concept in pharmacology. The most important change however was the

introduction of medical ethics as a separate subject with its own curriculum and text book, which included many of the issues of concern to mfc/CHC. It was a great experience in one of these workshops to find a 'Principal from a privatemedical college in Bijapur' who had read the MEA copy in his library and was now enthusiastically in touch with CHC for further meetings on various themes. The Unviersity have also taken some very important steps for examination reform.

- The Parliament set up a sub-committee on medical education as part of a larger task force on Manpower Development under the Chairmanship of Sharad Pawar. The CHC report was provided to all the sub-committee members as background reading which helped them to get a more comprehensive understanding. A written submission was also presented in person to the Sub-Committee during their public dialogue in Bangalore.

- Three medical colleges in the region have been in touch with CHC to explore alternatives based on MEA and the CHC reports. These are the medical college of Gono-Biswabidyalaya – (GK Bangalore), Pramukhswami Medical College in Gujarat, the B.P. Koirala Institute of Health Sciences in Dharam, Nepal, though the process did not proceed beyond the initial dialogue and sharing of ideas, partially because of the resistance and/or hesitancy of the faculty trained in the mainstream model.

- Mira Shiva of VHAI initiated discussions on Gender issues in Medical Education in the 1990s. Following this, Thelma of CHC wrote a specific paper on gender issues in medical education for a consultation in Mumbai organized by CEHAT and Achuta Menon Centre. The project of these centers led by Mala Ramanathan and leading to a gender review of various medical college text books and a whole process of training / learning on gender issues in medical education have evolved.
- The MCI revised its curriculum in 1996 and two important new recommendations are very relevant to our advocacy efforts: (1) skills have been identified to be developed for every medical graduate and (2) social community orientation have been emphasized during internship with permission to spend at least one month with community health projects run by voluntary agencies and NGOs in the country.
- A special report entitled 'Does Karnataka need more medical colleges?' were also prepared and submitted to the Karnataka Government, to counter the trend towards commercialization of medical education by the Government of Karnataka and to initiate a public debate to counter the gross devaluation of medical education by the government. The report was also used to orient the junior doctors association in the state who included some of the demands in their strike for medical education reform.
- The Government of Karnataka set up a Task Force on Health and Family Welfare in which CHC played an important role in developing the Task Force report including developing the chapters on 'Health Human Power Development' and the 'Health Policy'. The report mentioned earlier was also submitted to the Task Force and led to their recommendations on a moratorium on medical colleges. This however has changed with the change of government!

- Finally, some of these ideas were then also included in the 5th booklet of the Jan Swasthya Sabha on Commercialization of Health Care, which were used for the mobilization towards the national health assembly in 2000.

**To summarise then,**

- the mfc's concern for alternative Medical Education led to a provocative and inspiring anthology of reflections on medical education and the framework of an alternative curriculum.
- The post anthology phase has shown that while 'critique and alternative formulations' are 'the first steps' commonly undertaken by radical thinkers and activists, translating them into policy by engaging 'mainstream decision makers' and the mainline health system is a much more difficult task requiring patience; sustained effort; ability to dialogue pro-actively and opportunistically; and move beyond rhetoric to focused but voluntary incrementalism. CHC, as an mfc linked, and mfc inspired organization has tried to bridge this gap and take the Medical Education agenda forward.
- Every mfc member dissatisfied with his or her own medical training and / or disillusioned with the role that doctors and health workers play in our society in the context of the health realities and socio-economic-political-cultural context in which health action and medical care have to operate, can be a great resource person to support, contribute, help evolve alternative medical education – not just conceptually but in formulating specific objectives, content detail, nitty-gritty.
- We hope that some mechanism can be found as mfc moves into the new chalienge of the examining public health education that this contribution can be a sustained collective process for change and not stop with discussion and publication in radical spaces. The politics of critical and sustained engagement is something that mfc has to take quite seriously if we want to be part of the ongoing developments and change process. The new millennium could be seen as an opportunity for more pro-activity.

**In conclusion,**

We would like to share the last part of the CHC report to VHAI-ICHI submitted in December 1995 since though it was outlined more than a decade ago, it has relevance for what mfc and JSA may wish to do today.

"For too long, the Medical Profession and the Medical Education sector have been directed by professional control and debate. It is time to recognise the role of the community, the consumer, the patient, the people in the whole 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 people's / consumer's 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 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".

- CHC, Bangalore

**Further Reading:**


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2. Mfc bulletins 1,2,3,9,14,15, 16, 17,30,44,46,47-48,62,63,88,96,97-98.

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5. Narayan R et al (1993) Stimulus for Change - an Annotated Bibliography.

6. Community Health Cell "Education Policy for Health Sciences" - Proceedings of the Community Health Trainers Dialogue, October 1991.

7. Community Health Cell Towards a Collective Commitment - Proceedings of the Medical Educators Review Meeting, June 1992.

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9. R. Narayan, T. Narayan and S. P. Tekur, Strategies for Social Relevance and Community Orientation :Building on Indian Medical College Experiences, Annals of Community-Oriented Education, Volume 7, 1994, Network of Community Oriented Educational Institutions for Health Sciences, Maastricht.

10. Community Health Cell Perspectives in Medical Education A report prepared for the Independent Commission on Health in India, VHAI, December 1995.

11. CHC and DAF-K (Drug Action Forum-Karnataka) Towards Implementing the Teaching of Essential Drugs and Rational Therapeutics in Under-graduate Medical Education, A note for the Rajiv Gandhi University of Health Sciences, Karnataka, Bangalore, October 1998.

12. Community Health Cell A Submission on "Medical Education" to the Sub-Committee on Medical Education of the Parliamentary Standing Committee on Human Resource Development at Bangalore, November 1998.

13. Rajiv Gandhi University of Health Sciences, Karnataka, Bangalore, Ordinance governing MBBS Degree Programme, 1997 (includes Objectives of Medical Graduate Training Programme and Medical Ethics Curriculum).


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