The NEXT Promise

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Recently, the Union cabinet decided to approve certain recommendations put forth by a Parliamentary Committee to amend some highly controvertible aspects of the National Medical Commission bill, which proposes to replace the Medical Council of India (MCI) with a National Medical Commission. The bill in its new form is anything but perfect. It can nonetheless be seen, on little reflection, to open up potential avenues for reform.

The proposal to adapt the final MBBS examination into a National Exit Test (NEXT) can breathe fresh air into the existing system that is mired in archaic methods of instruction and assessment. The present-day MBBS curriculum, with its inordinate emphasis on theoretical learning and descriptive assessment, provides room for rote memorisation and undermines inculcation of essential bedside skills. Swathes of long and short answer questions predominate in MBBS exam papers. Little attention is paid to testing conceptual soundness and problem solving ability.

A primarily multiple choice question (MCQ) based NEXT replacing the final MBBS exam can easily be made to emphasise on skills testing. By shaping it along the lines of exams like the United States Medical Licensing Examination (USMLE), which mainly test conceptual understanding and problem solving ability, we can transform the learning culture in our medical schools. The structure of periodic college — and university level examinations — must also undergo concurrent revision. Even though the contours of the proposed NEXT aren't yet clear, one can state with confidence that it must include a practical skills assessment component. It is also desirable that the NEXT doesn't entirely steer clear of descriptive questions, which rightfully make a minor yet important component of any comprehensive system of assessment.

Further, the NEXT can best be conducted in two phases, with the theoretical component conducted before and the practical component after the internship year of MBBS. This can significantly incentivise practical learning during the internship year.

It is critical for the bill to come clear on certain areas, such as the provisions for those wanting to retake the exam for improving their scores for PG entrance. Lastly, the proposed NEXT can hold promise only if enough is done to address the primary problem of varying standards of medical instruction across the country's colleges and universities.

With nearly 7,70,000 qualified AYUSH (Ayurveda, Yoga and Naturopathy, Unani, Siddha, and Homeopathy) doctors in the country, it is tempting to think that their addition to the pool of allopathic physicians via a bridge course can easily allow India to achieve the ideal doctor-patient ratio of 1:1,000. But the story is far from being so simple. One of the prime reasons the proposal for a bridge course for AYUSH doctors was so severely contested was because it was construed as a threat to the integrity of modern medicine. Trying to squeeze a highly exhaustive curriculum into a six-month bridge course and thus setting a debased benchmark for modern medical practice cannot go down well with allopathic physicians. Such a bridge course, therefore, will always portend friction between the two qualified cadres of healers, and thus arises the need to scrap the idea.

At the same time, however, the overwhelming number of routinely encountered conditions that necessitate allopathic treatment make it indispensable for an AYUSH practitioner to have some knowledge of allopathy. Given the universal acceptance and hegemony of modern medicine, it would be naïve to expect alternative medicine to be an entirely self-reliant discipline.

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In view of this fact, incorporating some allopathic instruction as part of the AYUSH undergraduate curricula appears to be a promising option. The present AYUSH curricula already embraces many modern medical concepts; adding some more on allopathic management should be no difficult task.

With the bill deciding to come down on quackery, we can move towards institutionalising unauthorised practitioners for the benefit of the nation. Considering that nearly 70 per cent of primary care in rural India is provided by informal providers, quacks represent an untapped potential resource. They can be trained under short-term courses to create medical assistants entrusted with primary curative, preventive, and promotive care.

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