

AN ESSENTIAL PARTNERSHIP

Relevant for: Health, Education & Human Resources | Topic: Education and related issues

There are about 460 medical colleges in India, a respectable figure, but the fact is that its archaic system of medical education is failing to meet the needs of its population of 1.32 billion people.

The system is crumbling under the weight of a culture of rote learning and a static curriculum. Notably, medical education, as it exists now, lacks the inclusion of research, state-of-the-art diagnostics, new treatment paradigms, and up-to-date technologies. The Medical Council of India (MCI) aims to achieve a 1:1000 doctor-patient ratio by the year 2031, but these numbers alone cannot guarantee quality health care. Therefore, medical education needs to scale up to accommodate advances in biomedical science.

This is an age of breakthroughs in medical technology, yet the medical syllabus in India remains outdated. It is teacher-centric, does not employ the latest communication technologies and is accompanied by an ineffective assessment system. The current examination system in Indian medical schools places little emphasis on analytical skills, which prove more useful for clinical problem-solving.

For instance, anybody acquainted with the cardiology examinations — DM/DNB (Doctor of Medicine/Diplomate of National Board) — would know how much emphasis is placed on assessment of traditional skills such as the use of palpitation, and a stethoscope. Little attention is paid to echocardiography examination or interpretation of CT/MRI films, and the skills to undertake angiography and catheterisation.

Medical devices can usher in a change and medical colleges must take this into consideration. It is time to improve training by raising the standards of theoretical and practical know-how. For instance, interventional cardiologists need to be updated about latest procedures such as retrograde chronic total occlusion (CTO) and transcatheter aortic valve implantation (TAVI). The curriculum should not only be updated to reflect these techniques but also incorporate training modules to impart these skills.

There is a need to ensure that hospitals are well-equipped and imparting cutting-edge diagnostic and therapeutic options. In fact, the milieu in which our physicians-to-be are trained goes a long way in deciding patient outcomes. However, all this comes at a cost in terms of financial and material resources as well as manpower. In my opinion, we need the medical devices industry to work with institutes in an academic-industry partnership model, in a way that benefits everyone.

In the West, as soon as the patient-population and their needs change, a new sub-specialty is established. For instance, there are fellowships for electrophysiology, paediatric cardiology and other specialised areas of health care. Unfortunately, in India, these advance models of training have not been instituted in a big way. There are virtually no specialised degree courses for students to pursue interventional cardiology or electrophysiology. For industry to continue supporting the needs of the curriculum, a strong partnership between industry and medical colleges is vital. This cannot exist unless the government provides an ecosystem for such public-private partnerships to prosper and benefit students.

Specialisations require additional infrastructural facilities for quality practice, along with mentors, teachers and operators. The medical devices industry can help in setting up these programmes in these institutions. This will benefit both industry and students. This could also lead to the

creation of regional “centres of excellence” where students and even practising physicians can undertake training to pick up additional skills; again, a ‘non zero-sum game’ for all.

The good news is that private hospitals and colleges are welcoming the idea by incorporating changes to their practice algorithms. This is to meet industry standards every few years. The model needs to be adopted by government medical colleges as well.

Hospitals and universities may not have enough resources to develop these programmes on their own. Technology is also moving at a speed faster than traditional education can even grasp. It is time for industry and academics to join hands to get our students ready for what clinical practices will demand of them in the “real world”.

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