

Editorial

Reforms

Medical education has always been a topic of intense interest in our country. There are so many standards of education, at all levels, in our country, but none seem to generate as much discussion as medical curriculum and courses.

The apex body, the Medical Council of India, has come for its share of criticism. The government is now proposing to form an apex body, which will be composed almost exclusively of administrators and bureaucrats, with hardly any representation from the medical community. Almost all medical fraternities have written to the government expressing their dissatisfaction and strong objections.

In our own specialty, we have a degree of dichotomy as well. I am referring of course to the M.Ch. and the DNB courses, which run side by side. On the MCI website, there is a reference to a Diploma course in Plastic Surgery as well.

I do not wish to go into details of quality of training across various universities, and institutions around the country. However, I would like to make a point as far as the exit exams are concerned.

Most of us have very little to do with entry-level exams. It is the exit exams, which many of us are involved with, and this is where we can make a difference.

The United States of America has a very interesting take on this. They don't care where you have studied, or for how many years, whether in a private college or public institution. What matters is that you have to pass the relevant exams, which are based on their standard of curriculum, be it GRE, SAT or USMLE. This sort of homogenises the pool, and there is a level playing surface.

Extrapolating to our specialty, and having been examiner for both M.Ch and the DNB exit exams, at various places, I find that there is a huge difference in the standard and

the conduct of these exams. I believe that the MCI is also trying to standardize exit exams, but we as a specialty and as the apex body of that specialty, should put together a standardized exit exam, to be passed by all candidates irrespective of where their course has been done. I am sure that if we put our minds to it, we should be able to achieve this. This can be then communicated to and endorsed by the Medical Council, to make it a nationwide requirement.

This will substantially put to rest all speculation and conjecture about the quality of training and level of knowledge.

As to the pattern and conduct of such exams, and the minimum pass percentage, etc.... that is the topic for another editorial.

I would welcome any discussion on this topic.

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