Convocation Address by Dr. K. Venkatasubramanian, Member (Education & Health), Planning Commission at the 41st Annual Conference of the National Academy of Medical Sciences at Varanasi on March 23, 2002.

I deem it a privilege to be invited to deliver the Convocation Address of the National Academy of Medical Sciences (NAMS). The fact that this academy of eminent Biomedical Sciences was inaugurated by no less a person than the first Prime Minister of India, Shri Jawaharlal Nehru in 1961 and the first convocation address was given by our eminent scholar President Dr. S. Radhakrishnan, is the best testimony to the stature of this academy. Since then the academy has grown from strength to strength. It gives me great pleasure to be here today when this noted small select band of eminent medical scientists are being conferred with the prestigious Membership or Fellowship of the Academy in recognition of their signal contribution to the promotion of knowledge of medical sciences in India and application of this knowledge to solve the health problems of the nation. I would like to congratulate each and every members and fellows on this important day and I am sure they will cherish this honour.

The Academy has another important responsibility : through its programme of Continuing Medical Education (CME), the academy is trying to update the knowledge and skill of all the practitioners so that the population gets the benefit of on-going improvement in diagnostic and therapeutic procedures. Recognizing the pivotal role of NAMS as a nodal agency for CME Programmes in the country, I am sure that the tremendous advances and progress achieved by the Academy during the Ninth Plan period will be consolidated and newer avenues explored during the tenure of Dr. Hari Gautam as President of NAMS.

We in the Planning Commission are very glad to hear that during the Tenth Plan period the National Academy is proposing to sponsor Intra Mural CME Programmes in subject of national importance such as effective operationalisation of on-going National Diseases Control Programmes and Family Welfare Programmes : drawing up standard treatment protocol and hospital infection control and waste management. We are also very happy to hear increasingly the Academy is entering into collaboration with other institutions such as IGNOU for improving distance learning through appropriate utilization of information technology.

Eminent Medical Educationists from all over the country, University Vice-Chancellor and policy makers have come over to this sacred city of wisdom to discuss the opportunities and challenges in the country's programmes in Human Resource Development for Health, faced in the new century. I would like to use this opportunity to share with you some of the deep concerns and dilemmas we face in planning for human resource development and human well being for the health sector and also the huge untapped potential in this area.

At the time of independence the country had 30 crore population. Famine and starvation, epidemics of communicable diseases took massive toll of human life : infant and maternal death rates were among the highest in the world and life expectancy was just above 33 years. There were about 50,000 medical graduates and 25,000 nurses belonging to modern system of medicine to provide health care to the population.

Soon after independence the country embarked on a massive expansion of medical and paraprofessional training so that health manpower needs for the proposed expansion of the health system institutions are met through training within the country. Five decades later there are 181 medical colleges in the modern system of medicine and 400 ISM&H colleges. Annually the country produces over 16,000 doctors in modern system of medicine and a similar number of ISM&H practitioners as well as para professionals. A vast health care infrastructure in Government, voluntary and private sector has been created and is manned by professionals and para professionals trained in the country. In spite of several constraints, health professionals have migrated to developed and developing countries. Indian health professional knowledge, skills and

commitment have gained global recognition. These achievements are impressive. However there are several paradoxes, which are causing increasing concern.

The country has succeeded in producing large number of skilled professionals who man major hospitals and teaching institution in the country and abroad. But even after five and half decades after independence, there are huge gaps in critical health manpower in primary health care institutions in remote rural and tribal areas. The initiatives taken up by most of the states to correct this problem have not been very successful.

There are massive interstate differences in health indices, health care institutions and health manpower production. The four states (Karnataka, Andhra Pradesh, Tamil Nadu and Maharashtra) have over 1/3rd of country's medical colleges. However populous states with poor health indices such as Bihar and UP with large gaps in health manpower & poor heath infrastructure are not investing adequately in health manpower production t meet their health care needs.

Initially, most of the medical colleges were funded by either state or central Government. The Indian Medical Council Act as amended in 1993 providing that no person shall establish a medical college and no medical college shall open a new or higher course of study or training or increase in its admission capacity without prior permission from the Central Government because we have adequate number of doctors to meet the health care needs of our population. In spite of this, newer medical colleges are being set up not only in the areas where there are very few medical colleges but also in those, which already have a large number of medical colleges.

Over the last two decades, several medical colleges have been set up in private sector. There had been massive disparity in the criteria for admission and fee structure between private and Government funded medical colleges. Judicial intervention, has to some extent, moderated the differences in the criteria for admission and fee structure between private and Government funded institutions. However even today large sum of money is being spent for admission in good medical colleges indicting that demand for these continues. It is important to meet the demand for medical education in a manner that would enable the country to meet growing healthcare needs of the population.

The rationale for investment in health manpower development is to provide good quality healthcare to the citizens and improve health indices of the population. The outcome and impact of all the efforts to improve health status of the population depends upon the knowledge, competence, skills, aptitudes and commitment of persons providing health care. India's achievement in health and family welfare are impressive. However we have to recognize that some of our neighbouring countries with far less investment in health manpower development have far better health indices.

The vast health care infrastructure in the Government sector is to provide essential primary healthcare, emergency life saving services, family welfare services, and services under national disease control programmes free of cost to all citizens. However ready access to health care at affordable cost continues to elude both rural poor and urban slum residents. Unmet needs for contraception and maternal child health exist in all states; if all these unmet needs are fully met the country will easily achieve the goals set in the National Population Policy. Coverage under many disease control programmes is poor and many persons seeking care for these problems do not have ready access to Government services. About 80% of curative ambulatory care is provided by the private practitioners some of who are untrained. Hospitalization ranks among major causes of indebtedness not only among poor but also among middle-income population.

Over years, there has been a perception that the quality of Medical Education has declined. This might partly be due to difficulties both the teachers and the students had in coping with the explosive expansion in medical knowledge and technology during the last two decades. Mushrooming of medical colleges and para professional institutes with inadequate staff and infrastructural facilities has undoubtedly contributed to the decline in quality of teaching and

training. Decline in quality of medical education will inevitably result in poor quality of the graduates and deterioration in quality of health care. Yet another problem will be decline in the quality of the teachers; once the vicious cycle of poor teachers contributing to decline in quality of medical education and poor quality of medical education resulting in decline in the quality of teacher, it may be difficult to reverse.

All the committees constituted by the Ministry and by the Planning Commission for Health Manpower Development have recommended that Medical Education should be reoriented to meet the health care requirements of the population. Doctors and para professionals have to be trained in community settings. The current system of Medical Education does not appear to enable the students to develop clinical and analytical skills and function effectively in the primary health care centers. The community and family welfare physicians who had not only excellent clinical skills but also appropriate people orientation and commitment to improvement of health status of the community, appears to be dwindling. There is an increasing trend towards specialization. It is estimated that about 2/3rd of doctors obtain postgraduate degree or diploma. They prefer to practice in urban private sector hospitals and provide high cost high technology, tertiary or super specialized health care, which generally does not address major public health problem at affordable cost.

As we enter the new century, we face newer opportunities and challenges. The Country's health professionals need redouble their efforts and commitment to improve health status of the citizens and to achieve rapid population stabilization. Medical Educationists have to train adequate number of health professionals with appropriate knowledge, skill and attitude to meet health care needs of our growing population and dual burden of disease. In this era of globalization, India with its excellent teachers and abundant clinical material can become a global player in medical education. The health care institutions both in modern medicine and ISM&H can transform India into a major medical tourism destination. Appropriate investment in R&D and quality control can result in explosive expansion of the pharmaceutical sector for both modern medicine and ISM&H. The future decade will show whether we have successfully used these opportunities to provide gainful employment of highly skilled technical manpower within the country and contribute substantially to country's economic development.

I learn that Dr. Hari Gautam the noted Cardiologist of distinction and currently Chairman of the UGC is to take over as President. I am positive his Presidentship will launch a golden age for NAMS and let the resolutions taken at Varanasi put medical sciences in India on the road of progress.

In this task let me assure you the full and active cooperation of the Union Planning Commission.

JAI HIND.