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Government Of India



Quality of Medical Education

राष्ट्रीय आयुर्विज्ञान आयोग

NATIONAL MEDICAL COMMISSION

Present statistics of seats

Year	UG Seats	PG Seats*
2014-15	54348	30191
2021-22	91927	58364
2022-23	96077	64509
2023-24	108990	68073

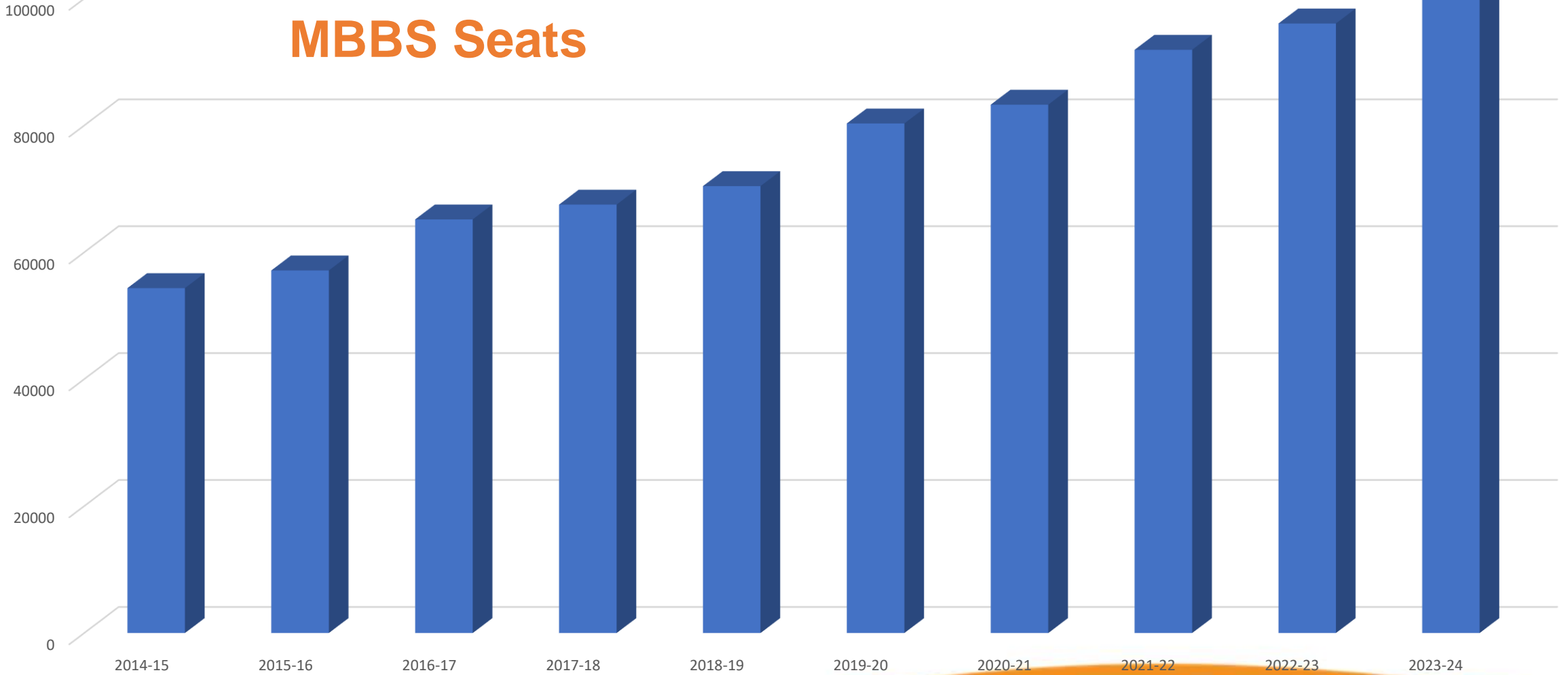
***Total PG seats (NMC+NBEMS+INI)**



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MBBS Seats

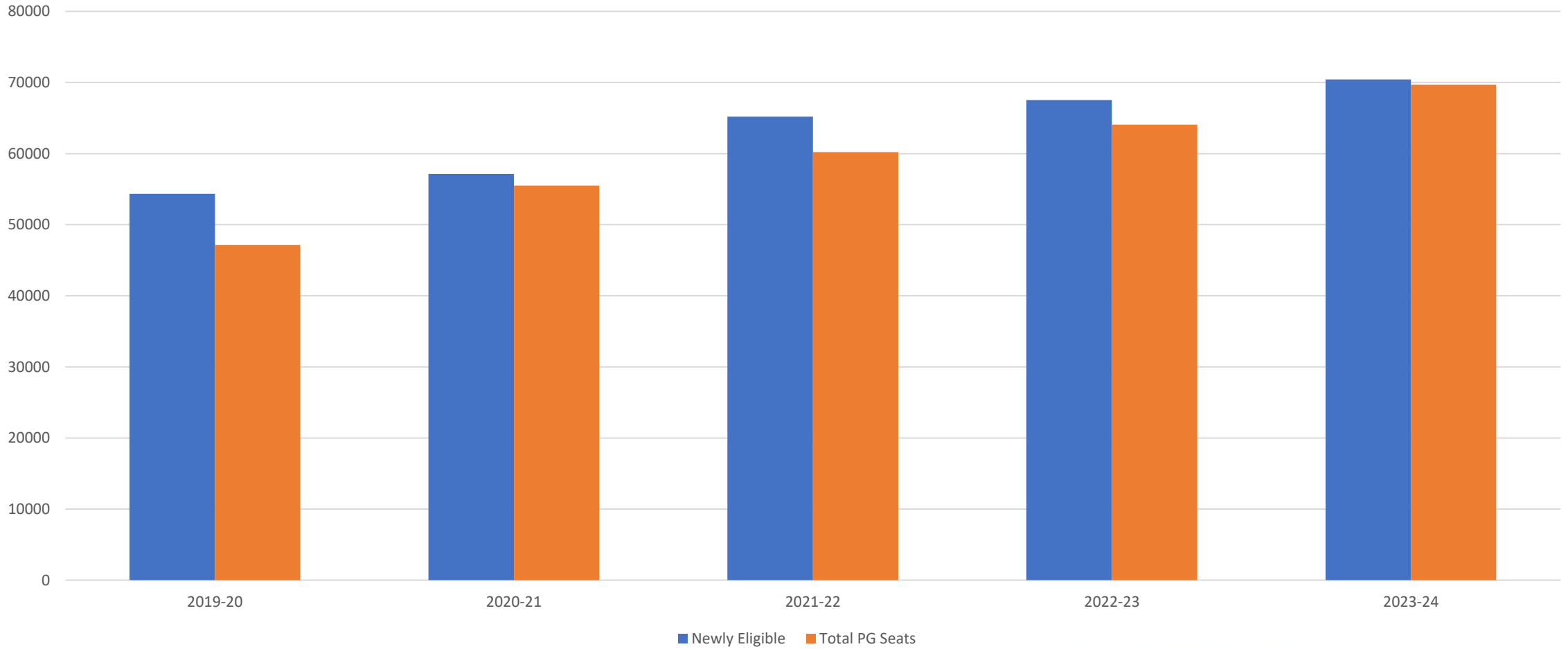




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New UG eligible and PG seats ratio (last 5 years)



Bridging UG-PG seat numbers

Year	21-22	22-23	23-24
UG PASSOUTS Expected	65183	67523	70433
Available PG Seats (NMC+NBEMS+INI)	58364	62438	68073
Deficit	6819	5085	2360

However, about 2 lac write the NEET PG. Backlog of 1.3 lacs



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Total Trust & Transparency



- NMC Provides guidelines/requirements for a course
- Colleges have the onus to declare the accurate details
- The declarations shall happen annually
- The same are on website (public domain)
- 'Inspection' shall be digital (AEBAS & ABHA ID)
- Rating of colleges by third party
- Result of all these on public domain (rejection, lower # or LOP)
- Surprise inspection by faculty (assessors)
- Inaccuracy invites sanctions/penalty

Learning from different quarters

Teachers, Self, Fellow students &
Experience over time with Patients

acharyat padamadatte padam shishya svamedhaya |

padam sabrahmacharibhya: padam kala kramena cha ||

आचार्यात् पादमादत्ते पादं शिष्य स्वमेधया ।

पादं सब्रह्मचारिभ्यः पादं काल क्रमेण च ॥

Six factors for making a good doctor

- 1. Choose the best among aspirants**
- 2. Build the best curriculum**
- 3. Provide optimal infrastructure**
- 4. Ensure best teachers (in good numbers)**
- 5. Ensure good clinical resource (patients, etc)**
- 6. Release quality product**

Choosing aspirants

Small size classes (<150)
Two sections?

- **NEET is a game changer**
- **Uniform measurements of caliber of entrants**
- **Percent mark vs percentile rank**
- **100,000 seats for 2,000,000 (1:20)**
- **Caliber/eligibility rank be decided 3 or 4 times seats?**
- **Top rankers (till 400,000) vs (percentile) 1,000,000**

The curriculum

- **Competence-based**
- **Knowledge vs Skill based training**
- **Early clinical exposure**
- **Rote vs analytical/problem solving**
- **AETCOM & Family adoption**
- **Opportunity for elective credits**

Infrastructure & environment

- Class rooms, offices, hostels & quarters
- Library, physical vs digital
- Laboratory and equipment
- Skill laboratory
- Extracurricular, entertainment, Gym etc
- Anti-ragging, Mentor-mentee program
- Yoga in foundation

Distribute colleges evenly
100 MBBS per 1 M population

Teachers (faculty & others)

- **Student: Teacher Ratio from start to end**
- **All 19 departments under one roof**
- **Vertical & horizontal integration**
- **Faculty development programmes**
- **Mandating research competence in faculty**
- **Ensuring their availability (AEBAS)**
- **Fulltime non-practice engagement**

Clinical resources (MBBS)

- **Outpatients (8 per student)**
- **Inpatients (4 per student)**
- **Variety of clinical procedures**
- **Diagnostics labs and equipment**
- **Small group discussion rooms**
- **Patient authentication (ABHA)**

Evaluating 'product' quality

- Annual examinations (By state university?)
- Early exit limitation (4 attempts in first yr)
- Evaluate practical and clinical skills
- MCQs to build objectivity in evaluation?
- NExT-1 at final exam for all at national level
- NExT-2 to evaluate clinical skills post internship
- Continuing professional development credits



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Criteria for opening of new medical colleges



DIFFERENCES BETWEEN MSR 2020 AND MSR 2023 (UG)



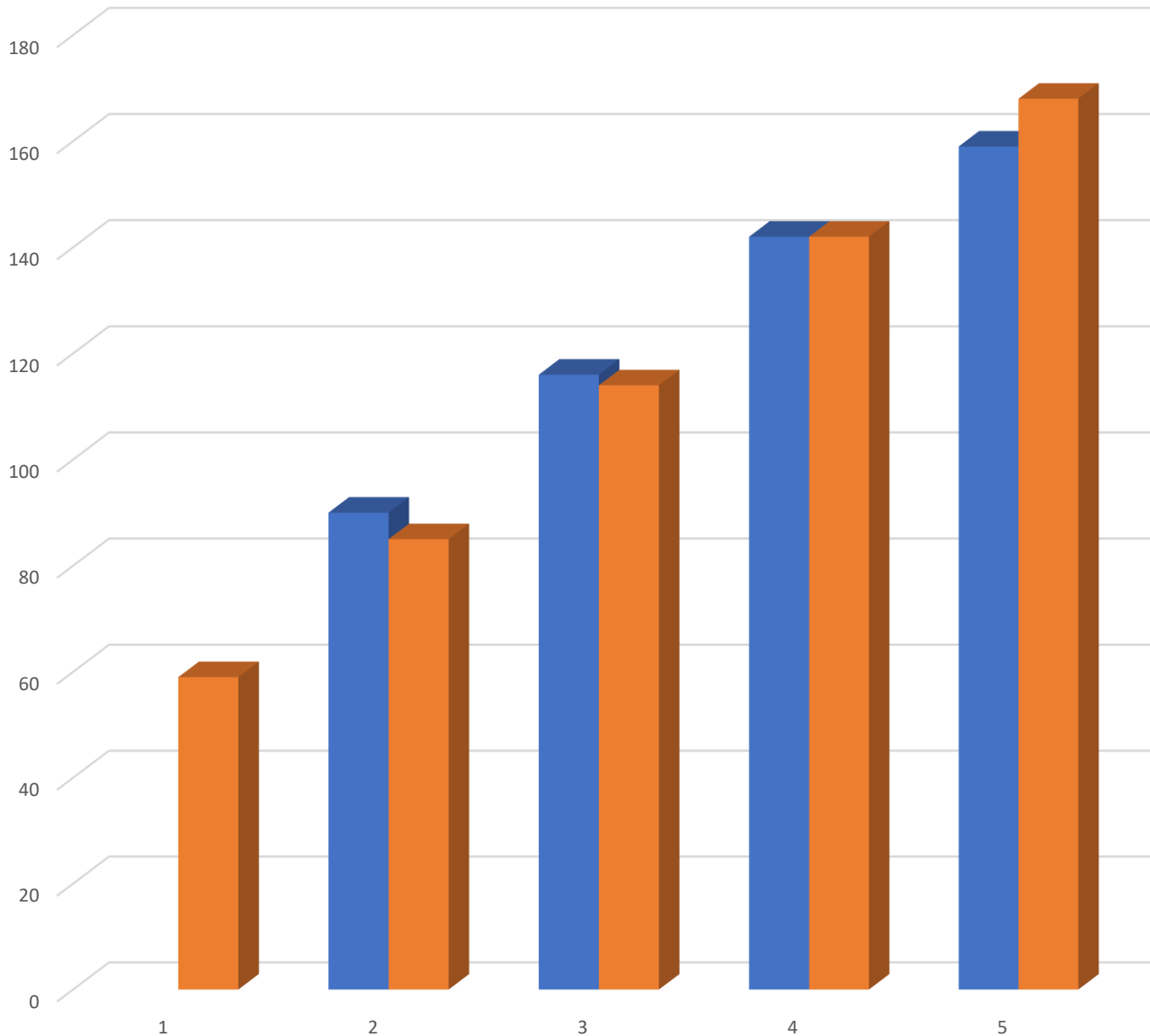
#	PARAMETER	MSR 2020	MSR 2023
1	Land requirement	20 acres gen/ 10 acres metropolis	Nil. Removed (easy to start)
2	SUBJECTS	23	20 (Student friendly)
3	Number of seats	100/150/250	50/100/150 (Student friendly)
4	Requirements increase	Allowed year-wise	Full availability from start
5	Increase in seats	5-year wait	Successive years (capped at 150)
6	Concept of permitted/ recognized	Present- Step-wise increase in infrastructure, material, faculty: recognition in final yr	Recognised from start requirement constant (Student friendly)-



DIFFERENCES BETWEEN MSR 2020 AND MSR 2023 (UG)



#	PARAMETER	MSR 2020	MSR 2023
7	Laboratory	Separate for each dept.	May be shared
8	Autopsy facility	Non-govt. institutions not allowed	Allowed
9	Biometric (AEBAS) attendance	Not implemented (90% during physical assessment)	AEBAS implemented (75% attendance of working days)
10	AEBAS for students	Not required	Mandated
11	Assessment	NMC designated assessors	Self-assessment by video clippings and affidavit, AEBAS (rarely physical)



11/May/2024

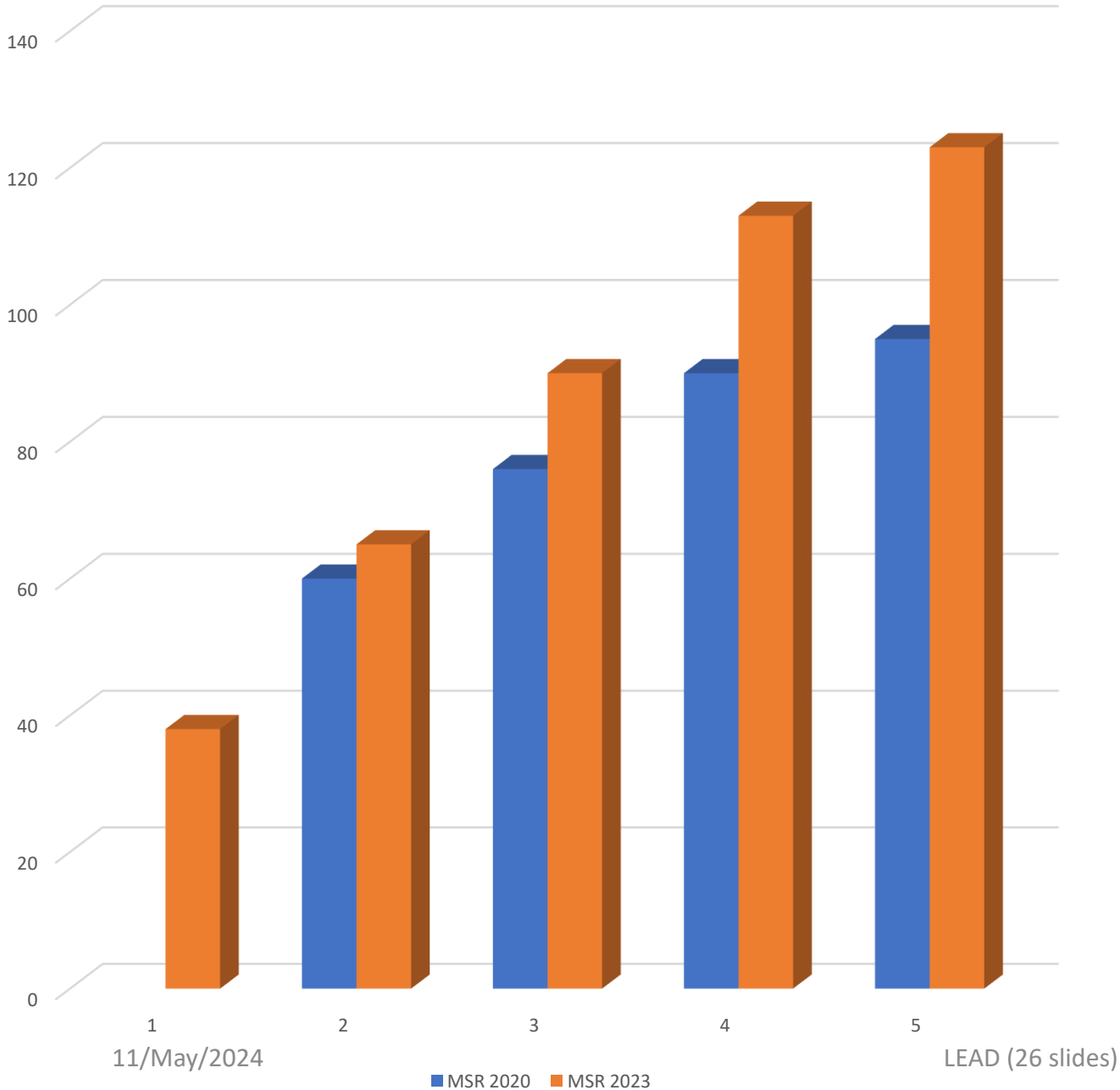
■ MSR 2020 FACULTY ■ MSR 2023 FACULTY

LEAD (26 slides)

UG guidelines: 2020 v/s 2023

Comparison of Faculty requirements

MBBS SEATS	MSR 2020	MSR 2023
50		59
100	90	85
150	116	114
200	142	142
250	159	168



SRs, Demonstrators and Tutors, : 2020 v/s 2023

MBBS SEATS	MSR 2020	MSR 2023
50		38
100	60	65
150	76	90
200	90	113
250	95	123



REQUIREMENTS AS PER MSR 2023



Beds/Dept	50	100	150	200	250
GEN MEDICINE	50	100	150	220	225
PEDIATRICS	25	50	75	100	125
DERMATOLOGY	5	10	10	10	10
PSYCHIATRY	5	10	15	20	25
GEN. SURGERY *	50	100	150	150	200
ORTHOPEDICS	20	40	60	80	100
ENT	10	20	20	30	30
OPHTHALMOLOGY	10	20	20	30	30
OBS. & GYN	25	50	75	100	125
ICUs	20	20	30	30	30
TOTAL	220	420	605	770	900
OPD/DAY	400	800	1200	1600	2000

24 Regional centers & 14 Nodal centers (doubled in last 3 years)

#	COURSE (trained till Dec 2023)	WORKSHOPS HELD	NUMBER TRAINED
1	Revised & Basic Course Med Education (rBCW & BCME)	1534	44593
2	Advanced Course of Medical Education (ACME)	12	360
3	Curriculum implementation support program-I (CISP-I) (2019-2021) (For phase-1 MBBS)	557	15509
4	CISP-II (Phase 2 MBBS)	566	16566
5	CISP-III (For Final MBBS) (from April 2023)	83	2432

Initiatives of National Medical Commission for bringing transparency in its functioning

- Public comments sought on draft regulations on its web-site.
- Consultations with colleges, DMEs, SMCs, visits to colleges
- Implementation of E-Office in NMC
- Posting of approval letters with speaking order on website.
- NMC has achieved ISO 9001-2015 and
- WFME (World Federation of Medical Education) certification for 10 years
- IT initiatives :
 - Eg., Assessors' allotment randomized by computer software



Affordable Medical Education



- **Regulation of fees: Capping tuition fees for 50% UG & PG medical seats in private medical colleges and universities. (Office memorandum dated 3rd Feb 2022) (Currently under litigation)**
- **One government medical college in every district of the country resulting into increased number of medical seats of lower fees**
- **Relaxed land requirement standards:**
 - **NMC removed the mandate to have large land for a medical college**
 - **2 years requirement of having hospital to start waived off**
 - **Fewer departments mandated**
 - **Smaller hospitals (220 beds) can start Medical college for 50 MBBS students**

Quality improvement measures in PG

Number of Specialities Increased Since 2000

Courses	No. of Specialities as per PGMER-2000	No. of Specialities as per PGMER-2023
Broad Specialties	34	38
Super Specialties	21	48
Diplomas courses	28	28
Post-Doctoral Certificate (PDCC)/Post Doctoral Fellowship (PDF) Courses	Nil	12

Summary

- **Ensure best students**
- **Updated syllabus**
- **Motivated teachers**
- **Adequate clinical resource**
- **Evaluate product quality**
- **Sustain motivation by rating colleges**
- **Modest costs of education**



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THANKS