

Health education: Overview, challenges and way out

Jwalant Waghmare^{1*}, Pranita Waghmare², Moreshwar Shende³

{¹Associate Professor, ²Professor and HOD, Department of Anatomy} {²Assistant Professor, Department of Biochemistry}
MGIMS, Sevagram, Wardha, Maharashtra, INDIA.

Email: jewaghmare@mgims.ac.in

Abstract

Medical field has progressed significantly in the 21st century, it demands now the competency based education. Flexner's report in 1910 has been a milestone in medical education which brought reforms and uniformity across the globe. Worldwide there is much more difference in health sector within and between the countries. Lancet commission recommends accreditation of the medical profession and advocates for transformative education breaching the gaps among the different disciplines of health profession. Government of India is taking ambitious steps to improve the current scenario which needs support of the NGOs and peoples.

Keywords: MCI, Medical education, Medical graduate, Accreditation.

*Address for Correspondence:

Dr. Jwalant Waghmare, Associate Professor, Department of Anatomy MGIMS, Sevagram, Wardha-442102, Maharashtra, INDIA.

Email: jewaghmare@mgims.ac.in

Received Date: 05/10/2015 Revised Date: 18/11/2015 Accepted Date: 14/12/2015

Access this article online	
Quick Response Code:	Website: www.medpulse.in
	DOI: 20 December 2015

INTRODUCTION

Globally there is significant growth in health sector in the last century and medical education has evolved through three reforms. The first reform is beginning of 20th century that installed science based curriculum, second reform is around 1970s there was an emphasis on problem based innovations and currently third reform is insisting on competency based education as per the needs of the population¹. In the beginning of the 20th century there were number of medical schools especially in western world, these schools did not maintained uniform standards, this addressed immediate need to conduct surveys for the same. Reports of Flexner, Welch-Rose and Goldmark changed the scenario of medical education². Flexner in 1910 sought data on five points for each institute: (i) entrance requirements and, (ii) training of the faculty, (iii) fees to support the institution, (iv) the adequacy and quality of the laboratories as well as the training and qualifications of the laboratory instructors,

and (v) the relationships between the school and its associated hospitals. He examined total 168 medical schools, twelve were closed or merged because of the Report. He strongly advocated for logical sequencing in exposure in biomedical sciences followed by clinical exposure³. In India during British rule a separate department was established to cater the health services in 1912⁴. Medical council of India (MCI) which looks after medical education was established in 1934 under the medical council act 1933, it's main function is to maintain uniform standards of medical education and recognition of medical qualifications. After independence number of medical colleges were coming up steadily and to maintain quality education was a big challenge, to meet these new challenges MCI act was repealed in 1956, which was further amended regularly as per the need. MCI has set a goal for Indian Medical Graduate (IMG), it states "Indian Medical Graduate" (IMG) possessing requisite knowledge, skills, attitudes, values and responsiveness, so that he or she may function appropriately and effectively as a physician of first contact of the community while being globally relevant⁵. After independence health sector has improved significantly, Life expectancy has almost doubled from 32 in 1947 to 68 recently. We have more than 450 medical colleges as of now, still hospital beds for 1000 population is just 0.7, which is far less than world average 3.96⁴. There is inequity in medical facilities for urban and rural masses as most of the tertiary care centres are clustered in urban areas. Almost one million Indians die every year due to inadequate medical treatment, to bridge these gaps is a

big challenge for the health workers. If we introspect for the failure of the health system it is predominantly because of the fragmented, outdated and static curriculum, poor team work, ineffective leadership, underfinanced institutes, lack of motivation for faculty development, inequitable resources and stand alone culture¹. Globally there is disparity in medical care within and between the nations, across the world there are approximately 2420 medical schools producing around 389 000 medical graduates every year. Most of the medical institutes are in India, China, western Europe, and Latin America and the Caribbean, by disparity with the paucity of schools in central Asia, central and eastern Europe, and sub-Saharan Africa¹. To overcome this disparity Lancet commission on education of health profession stressed emphasis on global initiative for reforms in medical education with transformative learning. In 21st century health professionals are facing several challenges, some of them are governance and accreditation of medical institutes, disparity of health services within and between the nations, increasing complexity and cost of medical treatment, new infectious / non communicable diseases and change in population demography^{1,4,6}.

Governance and accreditation of medical institutes

Lancet commission advocates for major reform movement encompassing instructional design on what to teach and institutional design with clear guidelines how to teach with competency based curriculum. It should be learner centric rather than teacher centric, nurturing evidence based practice with continuous quality improvement⁷. For designing and implementation of curriculum the health and education systems should work together. It's need of the hour to use information technology effectively to strengthen the workforce across the nations working as global partners. More emphasis should be given on inter professional education with team spirit working as change agents. Accreditation of the medical courses is essential to ensure the quality of the graduates who shall deal with the life of patients.

Disparity of health services within and between the nations

As mentioned earlier most of the tertiary care centres are located in the urban areas and rural population is deprived of the primary health care also⁴. States like Bihar, Madhya Pradesh, Rajasthan and Utter Pradesh are short of the medical facilities as compared to rest of the country, which shows imbalance within the country, To fulfil this imbalance an ambitious scheme 'Pradhan Mantri Swasthya Suraksha Yojana' is launched in March 2006. In the first phase of the scheme six institutes in line with AIIMS were started in the above mentioned states⁸. On October 6th 2015 Govt. Of India has also sanctioned 3

more AIIMS like institutes for Maharashtra, Andhra Pradesh and West Bengal. The proposed institutes shall have 960 beds each with AYUSH block and nursing college⁹. In 1969 Dr. Shushila Nayer, former health minister of India and close associate of Mahatma Gandhi, established a medical college to serve the rural masses, now this medical college caters modern health care services to the needy peoples. It was an attempt to pave a path on which the health system was expected to walk narrowing the gap in urban and rural masses.

Increasing complexity and cost of medical treatment

With change in demography there is burden of non communicable diseases, and the cost of treatment. As per the economic survey average monthly income of an Indian is Rs.7300/-. But the actual figures are even less than this in rural part of the country. Under these circumstances it becomes extremely difficult to bear the burden of medical expenses. Focusing on this critical issue Govt. Of Maharashtra in year 2012 started 'Rajiv Gandhi Arogya Jeevandayee Yojana'. The main objective of this scheme is To improve access of Below Poverty Line (BPL) and Above Poverty Line (APL) families (excluding White Card Holders as defined by Civil Supplies Department) to quality medical care. The scheme entails around 971 surgeries/therapies/procedures along with 121 follow up packages, it provides coverage for all expenses relating to hospitalization of beneficiary up to Rs. 1, 50,000/- per family per year¹⁰.

CONCLUSION

Globally there is disparity in health services within and between the nations, predominantly in rural sector. Governments are taking necessary steps to fill the gaps, still we need to put hands together and work as a team to serve the purpose. The health and education systems should together formulate the curriculum as per the need of society and it should be competency driven. Emphasis should be given on inter professional education and use of information technology forming the network across the nations. So that medical graduates will be have global exposure and will use this knowledge to address local needs.

REFERENCES

1. Frenk J, Chen L, Bhutta ZA, Cohen J, Crisp N, Evans T, et al. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. *The lancet*. 2010; 376(9756):1923–58.
2. Chipchase LS, Galley P, Jull G, McMeeken JM, Refshauge K, Nayler M, et al. Looking back at 100 years of physiotherapy education in Australia. *Aust J Physiother*. 2006; 52(1):3–7.

3. Hiatt MD, Stockton CG. The impact of the Flexner Report on the fate of medical schools in North America after 1909. *J Am Physicians Surg.* 2003; 8(2):37–40.
4. Bangdiwala SI, Tucker JD, Zodpey S, Griffiths S, Li L-M, Reddy KS, et al. Public health education in India and China: history, opportunities, and challenges. *Public Health Rev.* 2011; 33:204–24.
5. IMC Amendment Act 2012 [Internet]. [cited 2015 Oct 23]. Available from: <http://www.mciindia.org>
6. Zodpey S, others. Enabling public health education reforms in India. *Indian J Public Health.* 2015; 59(3):167.
7. Cohn D, Atlas L, Ladner R. Improving generalization with active learning. *Mach Learn.* 1994; 15(2):201–21.
8. Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) [Internet]. [cited 2015 Oct 23]. Available from: <http://pmssy-mohfw.nic.in>
9. Cabinet clears proposals to set up three AIIMS, Jammu not in list | The Indian Express [Internet]. [cited 2015 Oct 23]. Available from: <http://indianexpress.com/article/india/india-news-india>
10. RGJAY [Internet]. [cited 2015 Oct 23]. Available from: <https://www.jeevandayee.gov.in/RGJAY>

Source of Support: None Declared
Conflict of Interest: None Declared