

Letter to the Editor

Are medical diplomas anteduvilian and asynchronous in 21st century India?

Dear sir,

I would like to draw your attention to dwindling availability of post MBBS diploma courses seats. In the midst of All India post graduate counselling being conducted for AIPGMEE 2018. I am heartbroken to find limited postgraduate diploma seats. Hence through your journal I would like to raise the question:

In nothing do men more nearly approach the Gods than in giving health to men. ~Cicero

In India postgraduate medical curriculum aims at specializing a graduate in a particular medical specialty to produce competent specialists and/or Medical teachers.¹ In this curriculum the students will be trained to diagnose and manage the majority of the conditions in the specialty concerned, on the basis of clinical assessment, and appropriately selected and conducted investigations.¹ Following which the Post graduate is expected to plan and advise measures for the prevention and rehabilitation of patients suffering from disease and disability related to the specialty.¹ After completion of course he is anticipated to acquire skills as a self-directed learner through continuing education by use of appropriate learning resources.¹ During the course, students shall involve learning experience 'derived from' or 'targeted to' the needs of the community. Post graduation in various in broad specialities can be drawn out by degree (MD/MS) for three years and in two years in the case of the Diploma course after MBBS.¹ The selection of specialty opted is based on entrance exam conducted annually. The exam covers almost 20 subjects taught during MBBS courses.

In the recent times it had been noted that there is a shortage of availability of Post graduate diploma courses. As the seat availability for diploma in India (Government and Private institutes) are 3,903 against 26,318 MD/MS seats.^{2,3} It is of the general opinion that post MBBS student would like to choose for better institute for PG studies. These institutes being centers of excellence with good clinical exposure and better teaching facilities. Likewise, many of the staff members are stalwarts in particular fields. Especially in terms of National capital New Delhi has 45 diploma seats against 1179MD seats and 615 MS seats in various courses in all its institutes.² These institutes give handsome stipends and good PG training facilities. Merely it is really discouraging to find out very few Post MBBS diploma courses in these

institutes. This situation does not fulfil the current situation of health services in India in the recent past Government of India has set goals to enhance our Health services by the increasing number of seats in undergraduate and postgraduate courses. But no attention is paid to increase diploma courses. The point here is diploma courses being of shorter duration helps in the training of qualified physicians at great pace. It is frequently regarded that they are at par with their contemporary degree candidates. The whole course is similar in terms of teaching curriculum and quality of students' post training. The only thing lacking is the thesis/dissertation, which is not a component of the diploma track.

Postgraduate diploma course is of vast importance in Indian settings as even till now we are dealing with common public health problems which are very easily managed after 2 years training. Also, the choice of a discipline in India is made on the basis of entrance exam. In general, observation persons with better ranks in entrance opt for a degree in specialization of interest. Generally, diplomas offer students with lower ranks to enhance their knowledge of specialty in this two-year course. As seen that the number of diploma courses are much less than degree courses. Also, the centers of excellence are devoid of any such courses, shuns any possibility and hence aspiration of student to study subjects of his choice. He is then left with option to reappear in exam in the next academic session. During that time, he may be depleted in resources to take up exam in full fervour. As it is seen that in India there is no social security for doctors. After internship a budding doctor who fails to get a seat in post graduate course has limited options to earn his livelihood. The most common means to meet the ends is to opt for medical officer ship in government and private setups. This is often viewed as distracting from PG entrance studies as a mammoth syllabus is needed to be traversed. Some of them are fortunate to be borne by parents/guardians and families. But most of the students have to struggle to understand and make bread. In some condition a person has economic constraints and would be compelled to start earning earlier. Hence, in such context if a diploma seat is offered a motivated individual would opt for a course, acquire necessary skills and would have started his professional life.

Also, it is being perceived that an individual who has opted for a particular specialty may find himself in a

setting which demand him to acquire knowledge of some other faculty for example a person qualified in M.D. Community medicine may have regular exposure to pediatric patient in his setting. Hence the doctor may think of gaining essential skills in pediatrics to help those patients. Such personnel may think of pursuing diploma in child health (DCH). During which he will learn authentic case management skills to help the general population in his settings. But as there are limited seats available in DCH he will feel constrained, as he may not be inclined to do another degree as it is time consuming and will serve the same purpose as a diploma.

In most of the institutions the infrastructure and inputs require to provide both the courses are common. The central and apex institutions receive heavy patient input. Hence there is a constant shortage of manpower to handle work in wards. Diploma candidates in such situation can contribute a helping hand and assist in managing patients. Hence medical teachers can train postgraduate students better. Being in cordial conditions with medical/paramedical staff and patients, students learn better patient doctor etiquette and moral philosophy in medicine. Likewise, they do not have pressure to make thesis/dissertation they can contribute a helping hand to the degree candidates, who can then have un-diverted attention to produce a dissertation. It is argued that diploma students do not add to research in medical field. But they can be given projects which will help them to learn research methodology through which they may contribute to medical science.

It has been argued that after possessing a postgraduate medical degree in the subject the specialists can be appointed as teachers in medical colleges. This professional vista is not made available to diploma candidates, as a minimal qualification to become a faculty is a post graduate degree.⁴ But the question arises that what percentage of postgraduate degree doctors, actually opt for an academic career. Most of the postgraduates work as specialists in public and private sector. In this context the line of differentiation between degree and diploma specialists blurs. They both work for the service of mankind and in this way earns a living. It is also expected that many degree holders will not be motivated to work in rural areas and areas with difficult terrain. However, a diploma candidate being equally competent may prove to be a great asset to populate in such areas.

Hence it can be concluded that India is still in a state where we need diploma post graduates. As at the end of the postgraduate course, diploma students are at par with their contemporaries'. The central and apex institutes should provide diploma courses for all specialties in equal number as that of degree seats. Every bit in the community, both degree and diploma students will play equally for the enhancing situation of health services in the country.

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