



REFORMING MEDICAL EDUCATION IN INDIA: CHALLENGES, TRENDS, AND FUTURE DIRECTIONS

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ABSTRACT India hosts one of the largest medical education systems globally, yet persistent challenges affect quality, equity, and outcomes. This narrative review synthesizes published literature from the past decade to analyze structural, regulatory, and academic barriers within Indian medical education. Key concerns include uneven distribution of medical institutions, faculty shortages, limited research output, and gaps in competency-based training. Recent reforms such as the National Medical Commission and National Education Policy offer opportunities for systemic improvement. The paper proposes pragmatic strategies focusing on governance, faculty development, assessment reform, and research capacity strengthening.

KEYWORDS : Medical education; National Medical Commission; competency-based curriculum; faculty development; India

INTRODUCTION

India produces a substantial proportion of the world's medical graduates, yet struggles with maintaining consistent educational standards. Despite expansion in the number of medical colleges and seats, healthcare workforce shortages and quality concerns persist. This paper examines systemic issues in Indian medical education and evaluates reform initiatives aimed at improving outcomes.

METHODS

A narrative review of peer-reviewed articles, policy documents, and reports published between 2010 and 2024 was undertaken. Databases including PubMed, Google Scholar, and official government portals were consulted. Literature focusing on governance, curriculum, faculty, assessment, and research in Indian medical education was included.

DISCUSSION

Findings reveal that rapid privatization, regulatory limitations, and inadequate faculty development have diluted educational quality. Implementation of competency-based curricula has been uneven due to infrastructural and human resource constraints. Research productivity remains concentrated in a few institutions, limiting national academic impact.

Future Directions

Strengthening accreditation mechanisms, expanding faculty training programs, improving assessment systems, and incentivizing ethical research are essential. Integration of district hospitals into teaching networks and greater emphasis on primary care training may enhance relevance and equity.

CONCLUSION

Reforming medical education in India requires coordinated policy execution, institutional accountability, and sustained investment in human and academic resources. Ongoing reforms provide a framework, but effective implementation will determine long-term success.

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