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Bridging the Gaps in Health Care Delivery in India Through Reformation of Medical Education

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Abstract

Health is a global priority. Health care needs of a country are met through health-related manpower, infrastructure and resources to run and coordinate between these two entities. However, in developing and underdeveloped countries, there is gross scarcity of resources, manpower as well as infrastructure, which adversely affects the health care delivery. In order to compensate the manpower deficits in health care delivery, bridge course has been proposed in India. This article critically appraises the steps to initiate bridge courses in medical education in India.

Keywords: Health; Manpower; Bridge course; Medical education.

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Introduction

Health is a basic public need. Since centuries people struggle to avail health care facilities. If we consider the Indian scenario, at many places it is not available. If it is available, then it is either not easily accessible or affordable for the general mass. Even after more than seventy years of independence, India fail to generate adequate number of health -related manpower to meet the demand of country's people.

The Problem Statement: Health, Manpower and Challenges

A portion of health related manpower trained in India, migrate to other countries and practically of no use with regards to providing health care in the country. The existing doctors are mostly concentrated around the urban and semi-urban areas of the country.

As per the recommendation of Bhore committee (1946), for every 1,00,000 population there should be 62.3 doctors.[1] As per the recently conducted National Mental Health Survey 2015–16 in 12 states of the country, doctors (both MBBS and specialists) per one lakh population in the country ranges from 5.66 doctors in Jharkhand to 51.19 in Manipur.[2] There are many other challenges related to health care delivery in India. The national spending on health sector is still low. There is poor regulation of commercialization of health care and cost of health care is unaffordable for the common.[3] Since long, it has been observed that most part of the existing manpower (doctors) provide service in the urban areas and their reluctance to go to the rural areas hamper the delivery of health care to a larger chunk of people of India.

India has a population of more than 1.3 billion. The health care need of the country is huge and existing infrastructure and manpower in health is falling short to meet the needs. The allied/alternative systems of medicine (AYUSH: Ayurveda, Yoga & Naturopathy, Unani, Siddha, and Homeopathy) are well accepted health care delivery system in the country. Many existing health care professionals

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from the alternative systems of medicine provide health care services in the community. The government of India has taken substantial steps to transform the health care system in past few decades including more emphasis on strengthening of the alternative systems of medicine to revive the traditional medicine practice.

However, recently the government of India had proposed to develop many bridge courses to fill the gap of shortage of manpower in the health system. Bridge courses have been proposed for doctors of alternative systems of medicine, dental surgeons to bring them to the equivalent of MBBS. The government is also proposing to consider MBBS doctors with certain degrees of exposure to specialty health care (diploma course) as specialist doctors.

Bridge course in medicine has been welcomed by several groups of people whereas it had also received several criticisms and protests in various health sectors. Bridge course may create a parallel group of health professionals that is believed to be equivalent to the MBBS degree and may supplement to the existing manpower in the health system. However, this will discourage the practice of alternative systems of medicine in the country. This is a paradox in itself as it contradicts the government's initiative to strengthen the traditional system of medicine in India.

Another dilemma in this context is about the future of these practioners/doctors, who will be practicing medicine through bridge course and declared as specialist without specialized degree. Over past few years, there is increase in number of medical colleges including premiere institutes like All India Institute of Medical Sciences (AIIMS). Also there is increase in MBBS seats and postgraduate seats of various medical specialties in many medical institutions. This is likely to increase the manpower and may be useful in filling the gap over next decades to come. Once the country will have qualified and specialized doctors, it may affect the doctors who practice after getting through bridge course or those who are not having specialist degree but practicing as specialists. Disharmony may happen across the medical professionals in future, which may affect the health care delivery.

Bridge course enhances the academic readiness in students.[4] But it is high time to evaluate that whether bridge courses are need of the country to fill the gap of manpower of doctors or strengthening the existing infrastructure and manpower will do the same. It is difficult to predict that after introducing the bridge course, the health facilities in the rural areas will improve. An integrated health care system around a strengthened primary care system can be useful in transforming the health system of India.[5] Supporting all the systems of medicine, bringing them to a common platform and building adequate infrastructure might be more useful to meet the demands of health care in India.

Conclusion

The unmet needs of health-related manpower resources cannot be met adequately through bridge course program, without compromising the quality of care. There is need to try other strategies of manpower generation or infrastructure generation (e.g., connecting resource scarce centers through telemedicine/virtual networks) for delivering care.

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