Addressing Socio Economic Challenges of Medical Students

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Despite of having one of the oldest and largest medical education system in the world, medical students in India are facing challenges of rising cost of medical education, the introduction of National Eligibility Cum Entrance (NEET) for entry to medical schools has created a complex problem that candidates with affluent backgrounds are able to prepare and compete for entry to medical schools, aspirants from low income and under-served backgrounds are unable to secure admission in vast majority of medical schools due to high cost of education.

Candidates from poor socio-economic backgrounds face challenges of differential attainment and the socio-economic background of candidates is one of the key contributory factors for underachievement, this coupled with lack of support systems in the institutional framework is a key challenge to address accountability of medical education systems in India.

There is lack of comprehensive data on magnitude for underachievement of medical student and its impact on social accountability of medical institutions.

Interventions such as committed endowment funds, economic support from civil society organizations and institutional mechanisms in medical schools as counselling, faculty support are needed to support the medical students complete their education to the best of their abilities.

List of Oldest Medical Schools in India

1. The Native Medical Institution (1822), Calcutta
2. L'école de médecine de Pondichery (1823), Pondichery
3. Medical College (1835), Calcutta
4. Escola Médico-Cirúrgica de (Nova) Goa (1838), Goa
5. Madras Medical College (1835), Chennai
6. Stanley Medical College (1838 -39)
7. Grant Medical College (1845), Mumbai
8. Osmania Medical College (1846), Hyderabad
9. Sarojini Naidu Medical College, Agra (1854)
10. Lahore Medical College (1860), Lahore (King Edward Medical University)
11. Government Medical College (1864), Amritsar
12. Campbell Hospital, 1873 (NRS Medical College), Calcutta

India is home to world's oldest medical schools, presently the JIPMER in Puducherry traces its origins to the 'Ecole de Medicine de Pondicherry' established by the French Government in 1823, subsequently the Medical Schools at Calcutta, Chennai, Mumbai, Hyderabad, Goa, Agra and Amritsar were established. Presently, India has 542 medical schools with annual intake of 76928 MBBS students, whereas the numbers of aspirants for the MBBS seats are 1.593 million.[1] India ranks 129 on the UNDP Ranking with avg. per capita income of 2000 USD.[2]

The adverse ratio of MBBS aspirants to seats available (20:1) [3]; high cost of medical education (mean medical school fees for MBBS is USD 8000 in public vs 18000 in private medical schools)[4] , lack of community stratification, there are no significant schemes to protect enrolment of students from local and deprived regions.

The introduction of NEET for admissions to MBBS and BDS courses have led to a situation that entry to medical schools is increasingly being limited to students from affluent families having high per capita income. Average spending on preparation for NEET for entry to medical school is 2500 USD, which majority of aspirants are unable to bear, out of 1.5 million aspirants for NEET approx. 15% of the aspirants received formal coaching for the test and vast majority of seats in medical schools were enrolled by the candidates who had received formal coaching for the NEET.

In a survey conducted as part of the current review at two medical schools in North India with 388 participants, 342 candidates (88%) had received formal coaching for NEET; out these 205 (60.2%) had received coaching for over 2 years while the remaining had coaching for lesser period.

The parents with low socio economic standing have increasingly adopted the fait accompli and children don't take up medical school seat, even if the aspirants could qualify the NEET on account of their inability to pay for the fees of medical school.

The affiliating universities and regulatory bodies for medical education have failed to address the challenges faced by medical students especially those from lower socio-economic strata.

By far, the medical schools do not have even adhoc mechanisms to safeguard the medical students from the ground realities of socio-economic challenges faced by them. The absence of institutional mechanisms compounds the problems of medical students translating poor socio economic status to academic underachievement.

Raelyn Cooter et al in 2004 in their work concluded that, providing access to higher education across all income groups is a national priority. Their analysis assessed the performance, career choice, and educational indebtedness of medical college students whose educational pursuits were assisted by the provision of financial support. Their study looked at designated outcomes (academic performance, specialty choice, accumulated debt) in relation to the independent variable, family (parental) income, of 1,464 students who graduated from Jefferson Medical College between 1992 and 2002. Students were classified into groups of high, moderate, and low income based on their parental income. During the basic science years, the high-income group performed better; however, in the clinical years, performance measures were similar. Those in the high-income group tended to pursue surgery, while those in the low-income group preferred family medicine. The mean of accumulated educational debt was significantly higher for the low-income group.[5]

The General Medical Council, UK (GMC) leads by example

by addressing the issue of differential attainment; as per the GMC, Differentials that exist because of ability are expected and appropriate. Differentials connected solely to age, gender or ethnicity of a particular group is unfair. The GMC standards require training pathways to be fair for everyone[6]

While, there is lack of cross sectional studies in India, the important reasons for dropouts and defaulters amongst medical students or differential attainment amongst medical students are:

- Lack of personal interest and less intellectual Capability.
- **Poor socio-economic and family background.**
- Overloaded curriculum.
- Attitude of faculty members.
- **Lack of Counseling and remedial action.**

As part of the global consensus for accountability of medical institutions, the medical schools are required to strengthen governance and partnerships with other stakeholders. Acel Institute has evolved partnerships at institute level to address the twin issues of socio-economic background & lack of counseling and remedial action for students suffering from differential attainment or academic underachievement due to these factors.

Working in close partnership with philanthropic, faith based and charities the students are provided the following levels of support by the Acel Institute:

i) **Prior to entry to medical school** (NEET Level): providing access to learning resources and mentoring support to students desirous of pursuing medical education and coming from family backgrounds that are not in a position to support education and medical school expenses of tuition, boarding & lodging.

ii) **During Medical School Years**: Developing network for counseling & remedial action to promote & bolster self-confidence; provide financial support to medical students from poor socio economic backgrounds.

The following sequential steps are required to strengthen these initiatives as sustainable on long term basis:

iii) Advocacy with medical school alumni and faculty to foster endowments and create awareness for early detection of differential attainment for timely remedial action.

iv) Preparation of an institutional plan and eventually a mandatory provision for every medical school to formally address the issues of differential attainment or underachievement.

Few state governments in India have taken the initiative to provide state sponsored coaching for NEET to students from low socio economic backgrounds. The development of generic low cost, technologically enabled model for providing uniform learning resources for all aspirants of NEET is required to ensure level playing field for students from diverse backgrounds.

There is evidence to this effect in a study conducted by Ben Kumwenda et al 2018 students from independent and state schools enter with similar pre-entry grades, once in medical school, students from state-funded schools are likely to outperform students from independent schools. This evidence contributes to discussions around contextualizing medical admission.

Considering the steep cost of medical education, institutional mechanisms as fees regulation and finance mechanisms as collateral free loan support, subsidized tuition, boarding and lodging must be ensured by state agencies.

The faculty development must address the adoption of mandatory mentoring support from faculty and dedicated counsellors to contain underachievement.

CASE STUDY 1

Female Candidate from District Navsari Currently studying in MBBS (1st year).

- She is from a low middle class family; father is welder, mother is housewife. 2 other siblings - one in 12th standard and other is in 9th standard.
- She secured 93% in SSC, decided to take science in 11th with biology. In 12th standard she secured 90% and wanted become a doctor and appeared for NEET exam. Because of the low marks she could not get admission in any medical college.
- She was determined to study medicine and she took a gap year to prepare for NEET. In this period, she prepared for the NEET with the resource material arranged by Acel. Then in 2nd NEET exam she secured 516 out of 720 marks and on the basis of merit she got admission in a Government Medical College.
- Family's income was not sufficient to afford the medical college fees.
- Scholarship was arranged to support the medical student for entire expenses of MBBS course

Case Study 2

- A student from low socio economic background secured admission to a Government Medical College in Gujarat in 2013 after securing 90% in 12th Standard on merit; the college fee per year was 250,000 rupees.
- He has four younger siblings and his father was a low paid employee in a private company; the family was unable to pay the MBBS fees, the medical student was on verge of dropping out from college.
- He received scholarship and support for the course from a faith based organization.
- The doctor completed his M.B.B.S in 2018.
- After completion of M.B.B.S, he is working as Resident Medical Officer at a Village Hospital for the past 18 months and he is aspiring to become a Post Graduate specialist in pediatrics.

Considering the magnitude of problems, the cited interventions are not even a drop in the ocean, but have delivered outstanding results and are reminiscent of the fact that one must never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has.

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