

# Why Family Medicine is a Good Career Choice for Indian Medical Graduates?

### ABSTRACT

Internationally family medicine has evolved as an independent academic discipline of medical science and speciality vocational training for community based primary care physicians. India has a long tradition of family practice however due to various regulatory barriers family medicine did not optimally develop in mainstream medical education system for many decades. Recently, there is growing interest in this concept in India and family medicine is emerging as a viable career option for medical graduates in India.

**Keywords:** DNB family medicine, Family medicine, MD family medicine, Medical education reforms, Medical council of India, Medical profession, National Board of Examination

### Being a Physician in India

Medical profession has been traditionally considered as a respectable, stable, and evergreen career choice in India. With more than 360 medical colleges, India produces close to 50,000 fresh medical graduates every year. During past few decades, health care landscape has rapidly transformed and so have the Indian economy and the society. Health care has also become more technology centric, expensive, urban focussed, and privatized. Most metropolitan cities and tier 1 and 2 cities are flustered with corporate-owned tertiary care hospitals. However, rural population is largely uncovered from this boom and people have to travel long distances to get proper medical treatment.

Even the urban communities are devoid of quality community-based health facilities, and population is dependent on tertiary care hospitals for minor illnesses and primary health care needs. As an outcome, public sector hospitals are overburdened with patient load and are always short of resources. Although a section of society is able to afford treatment and medical care from flourishing private sector hospitals, a large chunk of urban population cannot afford their cost and visits nonqualified care providers.

### Career Choice

Theoretically, given the population and morbidity, medical profession should be financially very lucrative for fresh medical graduates and young physicians in India. But paradoxically it is not so. Contrary to what one would like to believe, if we compare the average salary of fresh Bachelor of Medicine, Bachelor of Surgery (MBBS) or Doctor of Medicine (MD) doctors in Bangalore, Hyderabad, Chennai, and Mumbai, it is less than entry level call center employees. There is no campus interview and fat salary packages for medical graduates in India unlike management and engineering graduates. There are

contract jobs available in public sector with little social security.

### Urban preference but at a cost

Healthcare professionals prefer to stay in urban areas; this is a perception and also the truth. But this is also a reality that young doctors, nurses, and health care professionals are least paid employees as compared with other industries in the urban areas. A fresh MBBS doctor while working at a hospital would find it difficult to sustain a stable low-middle class family life in urban area in a metropolitan city of India. A resident medical officer (RMO) employed in a private hospital of Delhi would require to work at two to three hospitals stretching over 100 hours per week to make ends meet. Many of them get paid on hourly basis and, therefore, are deprived of any other benefits such as earned leave, medical leave, casual leave, or any kind of gratuity and social security. Most of them would work as identity-less front face for their senior colleagues. Unlike other industries, medical graduates do not have the option of job hopping and the associated pay increment. Years of experience do not count as expertise and does not necessarily lead to income growth.

### Job versus PG (postgraduate) entrance

Owing to existing professional circumstances and peer behavior pattern, most young doctors without a PG qualification would reluctantly join work as a junior resident or medical officer, as a short-term survival strategy, while waiting for selection in PG specialization (MD/Master of Surgery (MS) entrance). Chances of success at postgraduate (PG) entrance are rather odd given the statistical ratio of undergraduate (UG) and PG seats. It takes several years for many medical graduates to realize statistical impossibility of getting a PG training opportunity of choice. Many start thinking of setting their own practice, but often it is too late and difficult due to requirement of steady income and has no option but to continue working at hospitals.

## Is PG End of the Game?

Many who actually get success at PG entrance test only realize a few years later that they are in no better condition. Many PG qualifications only serve the purpose of ornamental title adding little to clinical skills or employability, which renders them further vulnerable as non-practicing doctors. Even those with highly focused clinical skills find themselves dependent on tertiary care hospitals. Many specialists realize later that there are few available patients who would require or could afford their services. Also there is paradoxical oversupply of MBBS doctors as well as specialists in the urban area leading to low demand and lower income.

## Are you aware of Family Medicine?

Most medical graduates are not aware of the family medicine—the vocational training for community-based skilled medical practitioners capable of taking care of 90% of the clinical conditions in a given community. Family medicine is an independent academic discipline and speciality that prepares medical graduate to be able to provide comprehensive health care in community setting. A family medicine-trained physician is perhaps the best person to start a clinic and work in community hospitals and health care facilities. Our population needs them, but unfortunately our medical education system does not produce that kind of doctor. Family medicine not only prepares a medical doctor with clinical skills but also with managerial and financial skills. Family medicine offers professional independence and preserves autonomy of the practitioner. Family practice is one of the easiest practices to establish among all the categories of speciality practice. Owing to recent developments in health sector in public and private sector, family medicine experts are going to be in good demand in the future. National Health Mission (NHM) is emerging. Private sector is also venturing into primary and community-based health care facilities. Family medicine is the need of community and population.

## Why there are Less PG Seats in India?

In United States of America (USA) and United Kingdom (UK) 50% of the PG residency seats are in family medicine. In India there are less PG seats for no other reason but because there is no family medicine. There is an urgent need on the behalf of the Medical Council of India (MCI) to recommend family medicine to be introduced in the MBBS curriculum as an independent and compulsory academic discipline.<sup>[1]</sup> The PG level MD family medicine has been made to fossilize as an item in the list of PG qualification for decades.<sup>[2]</sup> Owing to regulatory restriction, primary care physicians working in community setting are legally not eligible to become faculty/teachers at MCI- controlled medical colleges and are also disfranchised from professional, educational, and policy leadership positions. Community-based health facilities such as district hospitals, community health centers, family practices, and so forth cannot be designated as training locations.

## What Medical Students Need to Ask From Regulators?

While there may be extremely successful and satisfied medical professionals in India, there is a growing number of younger generation of medical doctors who getting frustrated with the limited opportunities and difficult professional conditions.

Many bright students have started looking at MBBS as a dead end of career. The medical council of India needs to look into this matter on priority basis. Medical education regulatory mechanism must promote specialist vocational training for community-based primary care physicians. Regulators must remove the existing professional bias and should be aware of potential conflict of interest leading to the damage of public interest at large. Lack of family medicine training in India depriving the health system, the community-based doctors in rural and urban areas. No family medicine also means that young medical doctors will be continued to be deprived of an excellent opportunity for career development. The current generation of medical students is much more informed and is aware of the international developments in this area.

## Raman Kumar

*Editor in Chief JFMPC, President, Academy of Family Physicians of India*

**Address for correspondence:** Dr. Raman Kumar,  
B-32 Chanakya Place Part 1, Opp C-1 Janakpuri,  
New Delhi - 110 059, India.  
E-mail: dr\_raman@hotmail.com

Author's Note: The findings and conclusions in this article are those of the author and do not necessarily represent the official position of ILBS, New Delhi, India.

## References

1. Minimum standard requirement for the medical college for 100 admission annually, Medical Council of India regulations 1999. Available from: <http://www.mciindia.org/for-colleges/Minimum%20Standard%20Requirements%20for%20100%20Admissions.pdf>. [Last Accessed on 2013 Feb 15].
2. Medical Council of India Post Graduate Medical Education Regulations 2000 (Amended up to May 2013) Available from: <http://www.mciindia.org/RulesandRegulations/PGMedicalEducationRegulations2000.aspx>. [Last Accessed on 2013 Feb 15].

### Access this article online

#### Quick Response Code:



**Website:**  
[www.jfmipc.com](http://www.jfmipc.com)

**DOI:**  
10.4103/2249-4863.130242