

The leadership crisis of medical profession in India: ongoing impact on the health system

ABSTRACT

By 2030 India will have one million additional MBBS doctors; currently being produced @50,000 per year. Contrary to perception of scarcity of medical doctors, a large section of newly qualified physicians are spending considerable years in dysfunctional status due to mismanagement in human resource in health in India. There are very few employment opportunities for qualified doctors in public sector; at the same time the average salary of MBBS doctors in urban private hospitals is very low. Paradoxically, in a country of 1.3 billion populations there is no actual demand for medical professionals. While the popular perception is that young doctors are not willing for community service, a reality check is required on the count of intent and capacity of public sector as well as industry towards engagement of medical doctors in the process of service delivery. The visible leaders of medical profession are unable to reflect the ground reality. There is a leadership crisis among medical doctors in India.

Cardiac surgeons and cardiologists have been disproportionately influential in health policy formation in India. Thanks to the vast majority of Indian politicians belonging to an age group for which heart disease is a pressing concern. In a country where evidence based policy making is still an uncertain prospect, perhaps access to a vulnerable politician is the most efficient method of policy intervention. (Source: a random facebook comment)

Dr Bidhan Chandra Roy was the second chief minister of West Bengal state of India. He remained in his post for 14 years as an Indian National Congress candidate, from 1948 until his death in 1962. He was a highly respected physician and a renowned freedom fighter.

Dr B C Roy was not only a statesman but also influenced medical profession during his times. He laid down a sound foundation for professional development of colleagues with establishment of institutions such as Indian Medical Association (IMA) and the Medical Council of India (MCI). Being a physician himself, he made sure that the medical professionals continue to have an important role in future development of health system of India. He perhaps had nation building in his mind.

Today with more than 380 medical colleges (largest number in the world) we are producing more than 50,000 MBBS doctors

per year. In a country where we continue to talk about about deficiency of health care professionals, majority of newly produced doctors are under employed or unemployed. By 2030 India will have one million additional MBBS doctors; currently being produced @50,000 per year who would remain dysfunctional and not have any work in a country of 1.30 billion population.

As a common sense, a lay person would like to believe that most of these doctors are greedy professionals who wish to live and work in urban areas for monetary benefits or worldly pleasures. But the the evidence is otherwise. There is no campus interview for any level of medical qualification at any medical institution in India, including All India Institute of Medical Sciences (AIIMS). The average salary of a fresh medical graduate (MBBS) at private hospitals in sizzling cities like Bangalore, Hyderabad, Chennai and Mumbai is much lower than an entry level call center employee. At most cities this income cannot support a lower middleclass living.

What does this phenomenon signify

In under-developed states like Bihar, for every available post for a salary of USD 400 per month public sector medical officer job there are hundreds of applicants for every district [Table 1].^[1] The health system clearly does not have necessary capacity to employ the existing workforce of medical doctors. So where exactly the newly qualified doctors are disappearing to? Interestingly majority of the medical graduates are engaged in postgraduate entrance test for the first 5-10 years of their career and youthful lives instead of fruitful engagement with the health system. Is this a default situation? Or is it design to keep the doctors away from communities, maintain high level of morbidity and create an environment where people have compulsion to visit hospitals for industrial consumption of medical goods.

Today the relevance of Dr B C Roy is more than ever. As a matter of fact medical professionals effectively do not have a leadership in India. There are giants but no leaders. There are celebrity physicians; who are rather being the leaders of profession actually seem to be representing the industry. The so-called professional organizations have been hijacked by hospital owners. There are deans and principals challenged with meeting routine regulatory deficiencies and without focus on any national vision.

Majority of doctors do not have any forum to voice their concerns. Their issues are often being misrepresented through the proxy leaders. The professional fraternity is getting more and more structured like hierarchical pyramids with few super specialist (which are in fact sub-specialties) at the top and a large number of primary care physicians at the bottom. Majority of the Indian doctors (general practitioners, family physicians, medical officers, resident medical officers, recently qualified

Table 1: District wise vacancy position as on 20/02/2015 doctors (all categories) State of Bihar India

District	GN		BC		BCF		MBC		SC		ST	
	VA	NOA	VA	NOA	VA	NOA	VA	NOA	VA	NOA	VA	NOA
Araria	-3	161	2	88	1	4	3	24	8	13	1	0
Arwal	2	8	0	0	0	0	0	0	2	1	0	0
Aurangabad	2	15	1	9	2	0	9	2	4	0	0	0
Banka	0	294	0	37	0	8	9	47	1	39	0	8
Begusarai	5	30	2	17	5	8	19	1	10	5	0	0
Bhagalpur	6	448	2	138	1	11	3	78	4	66	0	5
Bhojpur	0	82	2	126	0	9	3	23	2	45	0	24
Buxar	11	37	0	0	0	0	4	0	7	3	0	0
Champaran-E	2	21	2	15	0	0	10	0	16	0	0	0
Champaran-W	2	22	1	12	2	0	13	5	12	6	0	0
Darbhanga	7	262	4	138	2	12	5	53	5	61	1	2
Gaya	0	200	0	39	0	4	8	104	6	85	0	0
Gopalganj	2	110	2	39	0	0	12	36	6	20	0	6
Jamui	3	124	0	43	0	0	4	44	3	26	0	0
Jehanabad	0	0	0	0	0	0	1	0	0	0	0	0
Kaimur	8	110	2	29	1	1	8	8	7	15	1	5
Katihar	1	291	0	133	1	12	12	65	19	32	0	17
Khagaria	2	16	0	0	0	0	4	1	4	0	0	0
Kishanganj	1	127	3	50	1	2	5	14	5	10	0	0
Lakhisarai	2	140	2	105	0	0	6	17	4	51	0	0
Madhepura	11	152	2	68	0	0	11	33	8	13	0	0
Madhubani	0	170	0	85	1	15	0	47	4	62	1	1
Munger	1	204	0	43	0	0	7	34	3	41	1	5
Muzaffarpur	1	175	0	0	3	12	3	29	6	26	0	0
Nalanda	0	0	0	0	1	3	13	4	1	5	0	0
Nawada	0	1	0	0	1	1	13	0	4	2	0	0
Patna	2	692	0	73	0	4	1	68	0	54	0	1
Purnea	1	526	0	16	0	0	5	92	5	48	0	0
Rohtas	0	0	0	0	0	0	16	0	10	6	1	0
Saharsa	0	0	0	0	0	0	5	2	6	1	0	0
Samastipur	0	449	0	130	1	17	24	99	1	92	1	11
Saran	5	43	0	0	1	2	8	7	3	8	0	0
Sheikhpura	6	153	1	71	1	5	5	24	3	29	0	0
Sheohar	0	46	0	11	1	4	2	6	1	13	0	0
Sitamarhi	14	150	4	35	2	0	10	11	11	11	1	0
Siwan	12	404	0	90	3	4	14	59	8	59	1	2
Supaul	0	0	1	7	1	0	6	2	8	0	1	0
Vaishali	0	0	0	0	0	0	2	11	0	0	0	0

VA: Vacancy available, NOA: Number of applicants applied online till date for post

medical graduates) are disfranchised from the academic and professional leadership positions. Medical professionals are compartmentalized into caste like rigid occupational vocations. The vocational training and long-term career path for primary care doctors have been blocked at the regulatory level. Primary care physicians do not have any representation at Medical Council of India (MCI).^[2] Non-medical professionals may not be aware that primary care doctors are also legally barred from becoming faculty at medical colleges.

Ongoing impact on health system

Due to aggressive unregulated business practices of the medical industry, an environment for mal practice and corruption has

been created for industrial consumption of pharmaceutical and consumable medical products. Physicians and doctors who used to be trusted partners of the patients and communities are losing faith of the people. Their position to negotiate on the behalf of the common people has been severely compromised. Instead of taking professional call, the existing proxy leaders of medical profession are busy in defending their own positions and able to maintain status quo. How long this will continue?^[3,4]

There is a leadership vacuum and a new leadership has to emerge from the newly qualified young doctors. All medical students and young doctors must take up this challenge not only for the noble profession which they belong to but also for the society which we all are part of and the country which we live in.

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References

1. District wise vacancy of position as on 20/02/2015 doctors (All category) State Health Society Bihar. Available from: http://www.bihhealth.cloudapp.net/doctor/home/vacancy_status.asp [Last cited on 2015 Feb 20].
2. Council Members at Medical Council of India. Available from: <http://www.mciindia.org/AboutMCI/CouncilMembers.aspx> [Last cited on 2015 Feb 20].
3. Indian health care: Inspiring possibilities, challenging

journey, Report prepared for Federation of Indian Industry by Mckinse and Company; 2012. p. 1-34.

4. Report on "Moving Towards Universal Health Coverage in India": Confederation on Indian Industry July 2014. Available from: <https://www.mycii.in/KmResourceApplication/42087.UHCPaperfinal8July2014.pdf> [Last cited on 2015 Feb 20].

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