

Medical education in India: Looking beyond doctor: Population ratio

Dear Respectable Editor,

The requirement of medical doctors for a given population provided by WHO through a metric, though not rigorous, is a general guideline to review performance of health-care services and plan health personnel management.^[1] The number of doctors is just one of the factors in the planning of health workforce. India is home to different forms of health practitioners of not only allopathic medicine but also native or indigenous medicine which are abbreviated as AYUSH. We also have a sizeable number of doctors who have graduated from countries across the world.^[2] They need to be considered as part of the health-care team which add diversity to the services provided. The recent editorial in this journal points to this and explains how it impacts the doctor: population ratio.^[3]

Doctors are heterogeneous in nature. We are in a situation where health-care professionals are available but not utilized optimally due to discrepancies in the numbers of undergraduate and postgraduate courses that are available.^[4,5] It is important to recognize the reasons for this situation. Medical education is considered incomplete if not accompanied by at least a postgraduate degree. Due importance needs to be given for postgraduate careers of doctors and other members of health-care team. An overemphasis of one specialty of doctors (family medicine) may not solve the problems of health workforce and health-care delivery. It is important to recognize the role of family medicine doctors along with other broad specialty doctors for primary and secondary level care. It is essential to understand that primary and secondary level care does not and should not refer to rural and semiurban areas alone. All levels of care must be made available in both rural as well as urban areas. The levels of care must not be confused with the geography.

In addition to physicians, we need adequate numbers of other members of the health-care team. It is essential to define professional standards and optimize the human resources for health of all categories including allied health professionals, nurses, pharmacists, social workers, and community workers. Health system consists of hospitals and health centers that function under both government and private sectors. Health workforce suppliers include medical colleges, AYUSH colleges,

dental colleges, nursing and allied health colleges, and health universities. Creation of the concept of health-care team and ensuring sufficient numbers of people of each category of health-care professionals need to be done.

Our focus needs to be on building and maintaining the infrastructure and creating optimal work-space environments driven by the need of the population that they plan to serve. The direction of focus should be that the health-care needs drive the health-care resources which include both human resource as well as infrastructure.

In summary, the numbers that need attention are the health indicators, and to improve them, our focus needs to be on building health infrastructure with appropriate utilization of human resources.

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Conflicts of interest

There are no conflicts of interest.

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