

OATH OF HYPOCRITES

INDIA TODAY exposes how some private, unaided medical colleges fake the facilities and flout the Medical Council of India norms, affecting the credibility and quality of education

■ By Shefalee Vasudev

It was an unlikely phone call. A young Pune doctor was asked by a prestigious private medical college if he would be willing to play faculty during a Medical Council of India (MCI) inspection. As fees, he was offered Rs 1,000 a day for two days—for a branch he had no qualification in. Two days later, on December 15, 2003, INDIA TODAY found the Bharati Vidyapeeth Deemed University's medical college in Pune geared up for inspection. The MCI team had come to evaluate whether the college facilities were adequate for upgrading its student capacity from 120 to 150. The hospital car park was overflowing. "Aaj sabhi doctoron ki emergency lagi hai (all the doctors are on an emergency today)," joked the parking attendant. The corridors were crowded, the OPD was in full swing and the residents were readying for a headcount. A guard confided he had been told not to limit visitors, even 10 attendants per patient was fine—the hospital must look busy. A few doctors even held evening clinics for students, a big exception.

The next afternoon, after the inspection team had left, the hospital corridors were silent. The OPD was lifeless. "First check if the doctor is present, then I'll give you a case paper," said the receptionist when INDIA TODAY asked for an orthopaedician during the listed OPD hours. The deserted look in the hospital was puzzling. Had so many people sud-

denly taken ill the previous day or was this a particularly good day?

The same day in Mumbai, a report was presented on a high-level probe into the working of private medical colleges in Maharashtra. The 700-page study was conducted at the behest of Maharashtra Governor Mohammed Fazal, who in a September 13, 2003 letter to Chief Minister Sushil Kumar Shinde expressed dissatisfaction with the lopsidedness in the fee structure of private, unaided medical colleges and the grossly inadequate facilities. He asked for an inspection to ascertain if these colleges fulfilled the norms laid down by central medical councils.

The subsequent probe by the Medical Education and Drugs Department found that of the 17 private MBBS colleges inspected, only one fulfilled the MCI norms. Three colleges had a 50 per cent shortage in the professor cadre, while four colleges had a shortage of more than 50 per cent in the associate professor cadre. This, when the MCI condones only a 5 per cent shortfall. Among others, the Bharati Vidyapeeth, whose first batch passed out in 2002, was also listed for insufficient teaching and non-teaching staff, inadequate infrastructure in some departments, and fewer patients than mandated in the hospital. However, the Bharati Vidyapeeth strongly denies the charges. The college registrar wrote to INDIA TODAY, asserting that there was no faculty shortage and that "in some depart-



SILENCE OF THE SCALPELS: MG Vidyamandir College during peak OPD hours on December 19, 2003.

LAPSE 1: SHORTAGE OF FACULTY AND PATIENTS, INADEQUATE TRAINING.



THE FIGHTER

"The college looks great but where are the patients for us to train with?"

HITESH KAKADIA, STUDENT

- According to a December 2003 report on a probe by the Medical Education and Drugs Department, Maharashtra, the MG Vidyamandir Dental College, Nashik, had insufficient faculty and only 50-60 patients a day, inadequate for 100 students.
- On December 17, 2003, INDIA TODAY witnessed several students pleading with the few patients present to volunteer as subjects for their examination.
- Students also accuse the college authorities of misusing the campus and hostel for other vocational courses and charging heavy penalties for petty offences.

ments, faculty members exceeded the normative requirements of the MCI".

Yet, a few investigators described their experiences in some private colleges as "trips to hell". Dr Kalpana R. Sulhyan, dean, Government Medical College, Miraj, and a member of the inspection team says that the lack of facilities, even in colleges with post-graduate courses, is shocking. "These students will become doctors but how

will they treat their patients? This report is a wake-up call," she says.

Maharashtra Health Minister Digvijay Khanvilkar agrees. "Our worry is that medical education is becoming more of a business than a noble service," he says.

A number of instances where basic norms of training have been violated indicate that private medical education in India has turned into a shady and cyni-

cal commerce. Maharashtra is its thriving hub, but the problem spills over into other states too. The major suspects are the new unaided, private colleges mushrooming across the country. In the past four years, 26 private colleges have come up in Andhra Pradesh, all conspicuous for their inadequacies. In Kerala, six new colleges with 100 seats each have been set up; to begin with, there were 45 applicants. Karnataka

has 13 new colleges with 3,300 medical seats. With 16 more colleges scattered across other states, in all, 60-odd colleges have come up in the past five years. Appallingly, some have got provisional registrations from the MCI despite obvious shortcomings.

The MCI is the central regulatory body that controls medical education, recognition and approval of colleges. There is a clear charter for the estab-

GETTING AWAY WITH FLOUTING MCI RULES	
LAND: The MCI specifies a 25-acre single piece of land to be used exclusively for an MBBS college and hospital, with no lease allowed for any commercial or academic purpose.	Many colleges blatantly use their campuses for conducting other courses, including those on engineering, allied health sciences, vocational courses, even junior colleges in some cases.
HOSPITAL BEDS: A 300-bed hospital is required to teach 100 students and should be upgraded to 500 beds in five years with at least 80 per cent occupancy.	Many teaching hospitals have been functioning with inadequate patients in the out-patient departments. A few colleges don't even have their own hospitals.
FACULTY: The MCI specifies 17 professors, 29 associate professors, 48 lecturers and 227 non-teaching staff for 100 students. There are also norms for physical and clinical infrastructure.	Many teaching hospitals have insufficient faculty, even less than 50 per cent of the required number. Honorary part-timers, including those with private practices, have been listed as full-timers.
NO-OBJECTION CERTIFICATE: Only after getting an NOC from the concerned university and state government can a college approach the MCI for registration.	Some colleges have directly sought approval from the Central government without a no-objection certificate from the state government or an MCI clearance.

ishment and functioning of a medical college, including the space required, the requisite number of faculty members and non-teaching staff, and a well-defined infrastructure for classrooms, clinical and para-clinical departments.

The Dental Council of India (DCI) too has similar guidelines for dental colleges. But most of the norms are being openly flouted, the rules randomly bent. Dr Kesavan Kutty Nair, the Thiruvananthapuram-based MCI president, agrees that the system needs a massive clean-up. "The allegations that institutions did not have the required infrastructure, clinical material and faculty were true in some cases," he admits. Rules are also flouted during admissions. According to MCI, admissions can only be made through the Central Entrance Test and no college can advertise for a medical seat or conduct private entrance tests. However, a report

by an expert panel of the Maharashtra wing of the Students' Federation of India cites an advertisement placed by the two D.Y. Patil medical colleges at Nerul and Pimpri in the March 11, 2003 edition of *Sakal*, a Marathi newspaper.

Research is a lofty term because even basic training seems hard to come by. Take Nashik's MG Vidyamandir Dental College. On December 17, 2003, the college's peak OPD time coincided with an exam for failed students. But as INDIA TODAY found, no examiner turned up till an hour after the scheduled time. Students were also found pleading with the few patients present to volunteer as subjects—mandatory for taking the exam. The few who agreed promptly disappeared when the power went off. The college has a DCI clearance to teach 100 students. "Medical students learn with the help of patients, not on machines. But where are the patients and what is the quality of education im-

parted?" asks Dr Ravindra Bapat, vice-chancellor, Health Sciences University, Maharashtra. He had also written to the Maharashtra governor, apprising him of the "real" state of private colleges.

Hitesh Kakadia, a student of the MG Vidyamandir Dental College who has been waiting for four years to get his degree, concurs. "The hospital may look great, but where are the patients?" he asks. Kakadia accuses the college authorities of deliberately detaining him and not providing the facilities that the students are charged for. He also claims that he took incriminating documents to the DCI officials during an inspection, but that he was refused a hearing.

DCI's Delhi-based President Dr R.K. Bali expressed ignorance of the Maharashtra report and other allegations. Angry students, however, allege that the college campus and hostel are used to run other academic courses and signboards keep changing to suit the particular inspection. But hospital coordinator Professor V.M. Aurangabadkar denies the allegations, including those of Kakadia. He insists that the hospital gets more than 150 patients every

day and that fines or separate fees for entering the exam halls are unheard of.

To hide their shortcomings and cover up the lapses, many colleges resort to tricks—setting up fake wards, hiring fake faculty or listing private practitioners as full-time faculty. The Maharashtra report quotes a team member who found that a patient on traction in an orthopaedic ward had disappeared within 10 minutes of inspection, assuming that the team would not return. Such cases validate the alarm sounded by Dr Dayanand Dongaonkar, former dean of Grant Medical College, Mumbai, and former vice-chancellor of Maharashtra Health Sciences University, who detected several inconsistencies during his tenure. "Even reputed institutes were presenting fake teachers," says Dongaonkar, who found doctors practising in other cities listed as full-time faculty.

These gimmicks are not peculiar to Maharashtra. On December 26, 2003, a couple of regional TV channels in Andhra Pradesh telecast reports alleging that the Bhaskara Medical College at Moinabad in Ranga Reddy district had

arranged fake patients and got medical students to pose as doctors and nursing students as staff nurses. But B. Suresnder Rao, principal of the college that is awaiting clearance for registration, refutes the charges. "It is wrong to believe that we do not have competent faculty and have presented nursing students as staff. We offer free medical service and transport for those coming to the hospital. Is there anything wrong with it?" he asks.

Meanwhile, Maharashtra activist Maruti Bhapkar alleges a corrupt pact between the D.Y. Patil Women's Medical college at Pimpri and the local municipal corporation, saying that children were brought from a nearby orphanage to increase bed occupancy for an inspection in 2003. When INDIA TODAY visited the orphanage—Niradhar Balsangopan at Dapodi village near Pimpri—Malan

Balu Tulve, its aggressive owner, threw out the team saying she had taken the children for a "check-up". She failed to explain why the 50-odd children suddenly needed to be "checked up". Dean D.L. Ingole denies it outright: "There is no question of bogus patients or wards. The vested interests of some locals are behind these accusations."

But the various allegations against the MCI itself suggest that inspections can be manipulated. The MCI's image took a beating in 2001 when its then president Dr Ketan Desai was suspended by the Delhi High Court. The charges included large-scale bungling in admissions and manipulation of inspection records of two medical colleges in Pune and Ghaziabad for granting them recognition. "The MCI often acts in a whimsical, idealistic manner," agrees Karnataka Medical Education Minister Dr A.B. Malakaraddy. The issue was also raised in the Karnataka Assembly which debated

LAPSE 2: HIRING OF FAKE STAFF AND PATIENTS DURING INSPECTIONS



B. K. RAMESH

On December 26, 2003, a couple of regional TV channels in Andhra Pradesh telecast reports alleging that the Bhaskara Medical College had arranged fake patients and hired medical students to pose as doctors and nursing students as staff nurses during an MCI inspection. The college denies this.

As many as 26 private medical colleges have been set up in Andhra Pradesh in the past four years, many conspicuous for their inadequacies.

TRUE LIES: Bhaskara Medical College, Moinabad



"Even some prestigious colleges were found presenting fake teachers during inspections."

D. DONGAONKAR, SECY GENERAL, ASSOCIATION OF INDIAN UNIVERSITIES



"The MCI is a whimsical, arbitrary body instead of a modern, liberalised institution."

A. B. MALAKARADDY, MEDICAL EDUCATION MINISTER, KARNATAKA

PROBE REPORT

Damning Findings

■ A high-level investigation into private health science institutions in Maharashtra was conducted last year and the report submitted in December 2003. As per the findings, out of 17 private, unaided colleges, only one fulfilled all the MCI norms.

■ A majority had up to 50 per cent faculty shortage and the hour-basis honorary doctors were found to be working on meagre salaries.

■ Two colleges did not have their own hospitals.

■ As many as 95 per cent of teachers in dental colleges were not approved by the Maharashtra University of Health Sciences.

■ There was a dearth of equipment and para-clinical material in almost all the medical colleges.

the MCI's methods of granting recognition to some colleges.

Nair, however, assured INDIA TODAY that the controversial practices were being done away with. "Applicant colleges are no longer allowed to arrange for the accommodation of MCI teams," he says. Yet, there is enough evidence to show that colleges continue to get recognition by hook or by crook with no regard for the impact of such practices on the students' careers.

Ever since the Supreme Court's October 2002 ruling in the T.M.A. Pai case—50 per cent admissions on merit and the remaining on the management's discretion—the private medical education industry has been on an unprecedented high. The judgement condemned profiteering, but the allowance of "reasonable surplus"—money paid in addition to the tuition fees—was left to broad interpretation. "Management quota" is a litany of corrupt practices. It is either reserved for rich NRIs or is governed by influential people and the seats can be bought and sold. The Pushpagiri Institute of Medical Sciences and Research, Kerala, made more than Rs 8 crore last year

LAPSE 3: MCI WAKES UP LATE

■ The MVJ Medical College and Research Hospital at Channasandra on the outskirts of Bangalore did not have a hospital that fulfilled the MCI norms, but continued to teach for two years. Finally, the MCI struck down its registration for the year 2003-4.



BUILDING HOPES: The MVJ Medical College, Channasandra, Karnataka

even before the first batch had begun classes. As opposed to 50 per cent seats to be given at the college management's discretion, 75 out of a 100 seats were filled for cash. The capitation fees—between Rs 4.5 lakh and Rs 22 lakh—exceeding the "reasonable surplus" that colleges are allowed for development work. "The college managements did not keep their word, causing the Government much embarrassment," laments Chief Minister A.K. Antony.

The disproportionate earnings by colleges have been underlined in another incriminating study. Undertaken by the Institute of Cost and Works Accountants of India, it exposed large-scale manipulation of accounts in private medical and dental colleges of Maharashtra. The study found that in order to hide profits, college records showed inflated costs and expenditure as compared to their earnings.

No wonder the students are restive. Those thrown out of equalised competition because they have no money are

disillusioned, while those who have paid fat amounts to secure admissions—the going rate of capitation fees is Rs 10 lakh-Rs 25 lakh per medical seat across the country—feel cheated. Baljeet Singh Khara of the Darbhanga Dental College waited six years for his degree, while for Jafar Iqbal, president of the students' federation, it was a 12-year wait. The college kept running into problems with the Mithila University and was finally de-affiliated in 2001 for continuing without an NOC from the state government. The matter rests with the Patna High Court but infuriated students who attempted mass suicide in June last year, left Bihar Governor M. Rama Jois, who is the university chancellor, at a loss for words.

An impassioned protest was also held by students in July 2003 against the D.Y. Patil Women's Medical College, Pimpri, alleging auction of seats, poor facilities and failure to fill up vacant faculty posts. Dongaonkar, then chairperson of the Maharashtra Fee Fixation

"How come inspection teams aren't able to make out that the people on beds are not patients?"

RAVINDRA BAPAT, V-C, HEALTH SCIENCES UNIVERSITY, MAHARASHTRA



LAPSE 4: DELAY IN DEGREES

■ In 2001, the Darbhanga Dental College was de-affiliated from the Mithila University because it didn't have an NOC from the Bihar government. The students continue to wait for their degrees.

RANJAN RAHI



UNCURED MALADY: Students of the Darbhanga Dental College, Bihar

Committee, admits that talks between parents and college managements were only blame games. There is lukewarm or no response from the authorities despite litigation and protests because many colleges are owned by politicians, allege local activists.

The politician-promoter nexus is evident in many states. In Andhra Pradesh, some private colleges have managed to get NOCs by lobbying with the ruling TDP politicians. Others have got the go-ahead from the Health Ministry without a clearance from the MCI. In Maharashtra, at least seven colleges are owned or supported by politicians.

"In many cases, the doctors are to be blamed. If they don't comply, nobody can perpetuate these wrongdoings," says Dongaonkar. The disloyalty to the Hippocratic oath has impaled doctors on their own scalpels. Experts from

around the country say that colleges are being set up to serve vested interests and that many states don't need them at all. "Medical education is not based on the health needs of the country," says Bapat. He has requested the Maharashtra governor to ban new colleges for two years. The Karnataka Government's Task Force on Health, chaired by Dr H. Sudarshan, a senior activist and doctor from Mysore, has also urged a two-year moratorium on setting up new colleges.

The MCI president asserts that on the Supreme Court's instructions a massive operation has been launched to ensure that the MCI functioning is rendered foolproof and transparent. Also, an ad hoc committee of three doctors has been constituted for the overall supervision of the MCI. Surprise inspections and insistence on affidavits for personal and professional identification, proof of work place, salary slips and income-tax



"A number of MBBS students from private colleges can't even handle small emergencies."

S. OUSEPPARAMPIL, EX-OFFICIAL, ST JOHN'S MEDICAL COLLEGE, BANGALORE

REMEDIES

A New Order

- The MCI should be reformed. The number of members nominated by the Central and state governments should be reduced. Instead, industry representatives like chartered accountants and administrative experts should be included in the council.
- Greater autonomy can help increase the MCI's effectiveness. To improve the enforcement of rules, surprise visits should be conducted and prohibitive penalties imposed for non-compliance.
- Admission procedures should be completely transparent with details made available to the public.
- Annual perspective plans should be introduced to assess the need of medical colleges in a state.
- Merit criterion should be introduced even for the NRI seats and management quota.

return receipts are now sought to double-check the claims of the colleges and doctors. In Andhra Pradesh, meanwhile, a panel has been set up under Dr Kakarla Subba Rao, director, Nizam's Institute of Medical Sciences, Hyderabad, for a high-level inspection of the new colleges in the state.

The situation is worse in many of the Unani, ayurvedic, homoeopathic and allied sciences colleges. The MCI needs to indulge in introspection, says Father Sebastian Ousepparampil, former administrator and associate director of St John's Medical College, Bangalore. "Are all the requirements laid down for new colleges justified or is the unwarranted list of demands forcing the colleges to resort to malpractice?" he asks.

The MCI and the government must urgently address the issues that leave a question mark on the quality of medical education in the country. Worse, the credibility of doctors churned out by such institutions will always be suspect.

—with Amarnath K. Menon,

M.G. Radhakrishnan, Stephen David, Sanjay Kumar Jha and Sheela Raval