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# **Revisiting NEET**

The medical health education systems in India have not grown qualitatively over the years in spite of a massive expansion in the number and interventions from various stakeholders. The chapter on health education in the draft National Education Policy (NEP), 2019 also does not provide for any improvement on quality, and is subject to many contradictions and ambiguities.

The proposal for a national common exit exams at the end of the fourth year, which will also serve as an entrance test for postgraduate programmes, like the National Eligibility cum Entrance Test postgraduate (NEET-PG), is very likely a farce. Mandating exit exams for prospective postgraduate students massacres the tradition of clinical practice after graduation and the ideology of serving the rural public. The medical graduates will be carried away by the competitive multiple choice question (MCQ) exams, rather than the acquiring of clinical skills. As per a senior professor from a government medical college in Tamil Nadu,

Now the medicos are keen to attend entrance coaching classes rather than my theory classes in medicine and attending the patients in op/bedside unlike previous times. This has tremendously affected the quality of doctors passing out these days.

The locus standi for an exit exam itself is suspect, and bringing it forward into the fourth year is even more undesirable. The NEET UG [undergraduate], NEET-PG and exit exams are forcing students to enrol in coaching centres, which distance healthcare education from medical students hailing from middle and poor socio-economic backgrounds, thus contradicting the NEP's goal.

One central problem with the policy draft is reducing all considerations of quality to performance in a common national examination, which is a poor indicator of medical competence and none at all of skills, either hard or soft. The present system is not up to the mark, but it has the potential for improvement through more reforms. This includes a greater emphasis on teacher education, process criteria like residency work in different departments, regular formative internal evaluation, exposure to field situations, training on soft skills, learning the use of information technology (IT) platforms and so on. The draft NEP seems to be integrating healthcare education, but not actually respecting the various professions within the healthcare sector.

The other problem with the policy draft is an unquestioned acceptance of мсоbased common testing as the only objective test of merit, where merit is conceptualised much like a physical quality (like measuring the height or weight of students), over its primary strategy of developing clinical skills. In reality, мсоs fragment knowledge into small bits that can be memorised, usually without context. Performance would inadvertently reflect the way a subject is treated in the school board examinations, as well as have its own implicit knowledge structures. Students also respond differently to stress and to making rapid-fire choices within a limited time period. All these facts account for the huge success of coaching institutes, and within these, of some more than others. Under-serviced states, regions and communities would need affirmative action and this understanding of a standardised and absolute measure of merit runs counter to all that we know about what makes for a sensitive healthcare provider who can serve such communities. Many meritorious students have committed suicide as a result of the NEET examination in the last two years. The NEET is also less favourable to those students with a non-CBSE, background and those from rural and backward communities.

Another side of this understanding of merit is the high levels of discrimination that Scheduled Caste (sc) and Scheduled Tribe (sT) and to a lesser extent Other Backward Class (OBC) students face within the educational institutions even after admission, merely because they have a lower cut-off at the time of admission (as brought out recently by the suicide of Payal Tadvi in one of Mumbai's prestigious medical education institutions).

Most important, the NEET undermines the federal powers of states to make plans to expand healthcare education on terms that can serve their own populations. It is not only knowledge that makes for a good healthcare provider. An ability to relate to the community served and to find fulfilment in this service is even more important. While tests cannot measure this, the policies of admission, the site, contexts and modes of training, and the nature of curriculum adaptation are all important to build this understanding. The presence of a standardised NEET reduces the scope for medical institutions to draft their own curriculum within a broader framework, and their capacity for innovations and improvements. A case in point is with regard to Christian Medical College Vellore, whose entire admission process was disrupted by the NEET. While this did not undermine or improve the quality of graduates they produce, it completely disrupted their ability to reach out to under-serviced and marginalised communities.

While granting individual institutions autonomy to draft their own curriculum will be a fatal blow to medical education, there is a need for innovation, adaptation and constant improvements, which a standardised NEET obstructs. Much better forms of assessment and regulation are required, and again, the draft NEP is found wanting in this regard. The concern that medical institutions will game any system of regulation, and therefore common examinations are the only solution, rises in a context where there are many for-profit agencies operating at huge profit margins. The obvious solution is limiting healthcare education to public agencies and select not-for-profits, and excluding profit considerations from the running of these institutions.

In Tamil Nadu, after the implementation of the NEET exam in specialty and superspecialty courses, the in-service reservation of seats was scrapped. In the past three years, the number of in-service doctors entering into higher studies decreased, which ultimately will result in a deficit of specialists in the public health sector. To restore in-service reservation in postgraduate medical degree/diploma, a case filed by the Tamil Nadu Medical Officers Association (TNMOA) is still pending in the Supreme Court. Hence, it is not a coincidence that Tamil Nadu, one of India's best-performing states in healthcare and having one of the best planned expansions of medical education under the public sector, has come out in united opposition to the NEET and pushed for its withdrawal. All political parties, with the sole exception of the Bharatiya Janata Party, have adopted resolutions or included the withdrawal of Tamil Nadu from NEET in their manifestos.

The solutions are to limit the scope of the NEET to All India Quota seats (UG [15%], PG seats [50%]) and State Quota seats, allowing the states to formulate their own transparent admission systems, which provides fair access to students from lower socio-economic backgrounds. The admission systems should be tested for fairness in assessing merit and for effectiveness in meeting the service requirements of the regions and communities where they are needed the most. It is also necessary to build a strong process-oriented quality regulation system for healthcare education, creating special participatory public institutions that can play this role. Such regulatory bodies would include-but not be limited to-medical professionals even in leadership roles. The quality regulation process that would include the exit examination would need the approval of a central regulatory body for conformity to basic standards, but need not be fully defined by the central body. T Sundararaman , Adithyan GS MUMBAI

#### Philosophy in Daily Life

The postscript article "What Is Philosophy?" by Suyash Saxena (*EPW*, 15 June 2019) was a delightful read. The author answered a question that was not so easy to answer, that too in a form understandable to a nine-year-old child.

It is learned that philosophy, like all sciences, is a pursuit of knowledge in the mundane affairs of daily life; that philosophy, like art, is essentially an activity of discovering the abstract beauty hidden behind the obviousness of ordinary things, which go unnoticed by an ordinary person.

There is not much difference between the "mysterious" smile of Mona Lisa and the smiles one encounters daily. But Leonardo Da Vinci, with his extraordinary mind, successfully extracted the beauty of this ordinary smile and brilliantly expressed it through the art of painting. Ordinary minds lack such perception. Hence, many events of everyday life go unnoticed and unappreciated until thought of and acted upon by extraordinary minds, like those of Da Vinci, Picasso and their ilk.

"Where science ends, philosophy starts." Essentially, there is no conflict between science and philosophy or science and art as believed by the common person. Rabindranath Tagore asserted that the essence of science lies in its beauty. Incidentally, Einstein's "e=mc<sup>2</sup>" is the most beautiful equation ever created by man. Thus, philosophy is the mother of all wisdom and all sciences are her children.

The author further goes on to state, "Philosophy is an activity of making the obvious a bit more obvious." Having understood the essence of philosophy and its application in ordinary business of life, it may be asserted that in today's chaotic world, a large number of philosophers are needed, not only to make sense of daily life, but to "help people shape their behaviour in the desirable direction."

Samares Kumar Das

#### Corrigendum

In the article "Statewise Report Cards on Ecological Sustainability of Agriculture in India" by Velguri et al in the Review of Rural Affairs supplement (in this issue), some data in column 12 of Figure 1 was incorrect.

The errors have been corrected on the website.

# **EPW** Engage

The following article has been published in the past week in the *EPW* Engage section (www.epw.in/engage).
(1) Examining the Draft National Education Policy, 2019—*Kumkum Roy*

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