

The NEET Fiasco Beyond the Obvious

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Much of the discussion about the NEET fiasco has correctly highlighted the governance failures associated with the testing and the urgent need to remedy this. But as the problems run deeper, many of the measures currently proposed, including computerisation, are unlikely to solve this recurrent challenge. We need to rethink merit as an abstract and inherent property of individual students, uncovered by a single multiple-choice-questions-based national examination. We should use this opportunity to align the processes of selection, training, and certification in healthcare education with creating professionals who can respond with empathy to the healthcare needs of people.

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Once again, both the National Eligibility cum Entrance Test (NEET) and the National Testing Agency (NTA) are in the news, and once more for all the wrong reasons. This time, it is the leak of the NEET 2026 paper leading to a cancellation of the entire test. Close to 22.6 lakh students who appeared for the examination on 3 May 2026 will have to once more undergo the stress of a re-examination in one of the 550-plus centres. The colossal waste of money, time and effort for both students, their families, and their teachers, and the suffering it causes lakhs of students cannot be underestimated. NEET-induced stress leading to suicides is now becoming a regular feature, and indeed this cancellation, retesting, and the additional stress have brought about another wave of suicides this year.

The Structural Fault Lines

Once again, there has been widespread protest and comment across a wide spectrum of institutions and social groups. This includes the Supreme Court, the Parliamentary Standing Committee on education, the state governments, media editorials, public intellectuals of different hues writing in the media and appearing in talk shows, as well as statements and protest actions by professional bodies and student associations. But the problem is now so recurrent and entrenched that

it calls for going beyond attribution of the leakage to a few erring officials and corrupt private players, which obviously it is, to a deeper examination of the serious fault lines that the recurrent leaks expose.

If it were only a matter of a few erring officials, then all that may be required is identifying the guilty, punishing them and appointing persons of integrity. Others, and this includes the union minister of education, suggest that the NEET examinations be completely computerised, so that there is no physical paper involved and therefore no “paper leak.” But as the whole history of recurrent paper leaks across many examinations conducted by NTA shows, this is easier said than done.

The NTA, as currently constituted, is not designed for integrity or competence. It is an ad hoc structure, registered as a society, with most of its staff on contractual appointments, which has outsourced many of its core functions. Given the fact that NTA conducts not only the NEET examination, but also eight more nationally standardised examinations in which close to one crore students appear, surely a more robust institutional design is needed. The All India Peoples Science Network has, in its statement on this issue, called for an NTA created by an act of Parliament, and which functions as a public institution providing public service. Computerisation is not going to ease the problem, but may actually exacerbate it. The huge digital divide across social groups and geographies could compromise access to significant sections. And as the testing would have to be done in batches, the computerised standardisation across multiple parallel question papers that will become necessary can actually increase complexity

and reduce transparency without decreasing the possibilities of leakage. The ongoing problems with the computerisation of the Central Board of Secondary Education (CBSE) examinations should also alert us to any mechanistic understanding of computerisation being the big solution.

But it is a moot question as to how a stronger NTA or computerisation will help against the enormous pressures from lakhs of students, interacting with a network of coaching agencies and tutorials, which now make up what can be called the “exam sector,” as different from the education sector. The picture that preliminary investigations of the NEET leak are throwing up is that leakages are not a random phenomenon driven by a few deviants. Rather it is suggestive of a planned profit-hungry nexus of coaching centres operating in cahoots with the paper-setters used by NTA. Investigations reveal that question papers were sold for ₹10 lakh to ₹30 lakh, and there were centres taking advance payment in anticipation of the leak. In such a context, the stubborn denial of leakages

by NTA's top management only adds to the widespread erosion of trust in NTA.

Rethinking NTA and MCQs

One must therefore re-examine the premise that despite the problems of the NTA, there is no alternative to having one examination at an all-India level, as it saves the students from facing multiple examinations. The justification is also that it makes selection strictly merit-based and that there is a standardisation of merit metrics in a context where multiple school board examinations have different standards. Driving this understanding is an ideological formulation that sees centralisation as a virtue and calls for “one nation, one examination” as the way to resolve many of the problems described above.

Standardised testing largely relies on an unquestioned acceptance of multiple-choice questions (MCQs)-based testing as the only objective test of merit, where merit is conceptualised much like a physical quality and attributed a numerical value. In reality, MCQs fragment knowledge into small, disconnected facts

that can be memorised, usually without context. These are very poor measures of the many skills and abilities to correlate and conceptualise that education imparts. So what merit is it measuring?

Even if we were to accept MCQs as a necessary evil, is the NEET really all about merit? Such a contention is rendered farcical by the fact that about half of all medical seats are allocated to the management quota of private medical colleges. Typically, for a medical college seat in a state government college, a student would need to score above 600 out of 800 marks, whereas for the management quota, a score of 150 to 300 is enough. And these management quota seats get sold to the highest bidders, with lower scores often having to pay more. The NEET-postgraduate examination system takes this so-called logic of merit to absurd levels.

Postgraduate medical courses in private medical colleges charge upward of a crore of rupees for a seat, and it is difficult to find candidates who can pay this amount. To fill the management quota for postgraduate, the eligibility threshold

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score is therefore lowered to a zero or single-figure score. Thus, a student who just attended the examination but did not answer even a single question would also have fulfilled the eligibility criteria for postgraduate admissions. So much for the proclamations on merit. Clearly, this is a system design that provides superprofits for the private medical education industry with no concerns about merit, and generates huge profits for the coaching industry, while at the same time ensuring that there is a legitimising façade of merit-based selection, which less-privileged students can vie for. Even within this framework, the concern is that NEET-based selection is less favourable to those students with a non-CBSE background, and those coming from rural and backward communities.

Other than the farce of merit-based selection, our bigger area of concern should be centred on what NEET has done to school education. At the end of the day, only about 58,000 students of those who successfully cracked the MCQ test would get admission into a somewhat good quality government medical college where they can afford the fees. Another 69,000 may, after paying anywhere from ₹75 lakh to ₹1.25 crore, get a private medical college seat. The remaining 95% of NEET aspirants will be left with a sense of defeat, having squandered the best of their school years in cracking MCQs, instead of spending time on conceptual learning and all-around education. Activities such as extra-curriculars, leisure reading, or conceptual learning are often dismissed as distractions that could hinder exam success. Attending coaching classes beyond regular school hours becomes obligatory, as students need to be trained through practice tests in responding to stress and in making rapid-fire choices within a limited time period.

The resultant proliferation of costly competitive coaching institutes has led to the emergence of what can be called an “exam sector,” which has taken over and dominates the entire education sector. Families become indebted as they try to pay for such coaching, and teachers become mere instruments of exam preparation, with little professional autonomy

and no incentive to cultivate skills beyond test performance. Even if it were true that the standardised national testing leads to a notionally merit-based selection of students for medical education, the resulting compromise in the quality of education for lakhs of students is a disproportionate penalty paid by all students and by all of society.

Furthermore, there emerges a larger question of how medical education is aligned with its social goals. The goals of all health professional education ought to be to create the number and type of healthcare providers who would best cater to the needs of healthcare in different geographies and populations and who are motivated to do so. The numbers matter, but so does the distribution and the quality. It is not only the academic merit that makes for a good healthcare provider, and anyway academic merit is not a prefixed quantity. An ability to relate to the community being 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. Successful state governments and even private not-for-profit hospitals have used a number of mechanisms, including reservations, weightages in scoring, preferential admissions and incentives, to achieve this larger objective.

Privatisation of Medical Education: Grave Consequences

Much of the problems we see now, arose with the privatisation of medical education in the last three decades. As private for-profit medical colleges were promoted by state policy, the role of the state was seen as restricted to ensuring quality, and aligning the outcomes with public health goals. Clearly, neither NEET-undergraduate nor NEET-postgraduate helps with this goal. If anything, they make it less likely. How can we reasonably expect someone who has spent the best of his schooling years on preparing day and night for a highly competitive examination, and whose family has paid lakhs of rupees for coaching, for undergraduate

medical education, and still more for postgraduation, to become ready to work in public service or even as an ethical private healthcare provider? We now generate over 1,00,000 medical graduates every year, but how many of these would be “fit for purpose”? Will they be able and willing to provide the healthcare services which are required, and where they are required?

Some good will come out of this fiasco if the NEET examination is cut back and limited to being a selection examination for central government institutions and a small proportion, say, about 15%, of seats in state medical (public and private) colleges. The selection of the remaining seats should be left to state governments, with flexibility to innovate and adapt as per their health sector needs. This is much like what it was earlier. The National Medical Commission only needs to ensure that the process followed by states is transparent and provides fair access to students from weak socio-economic backgrounds, and that it generates graduates who are willing to meet the health service requirement in 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 be led by medical professionals, but not be limited to only medical professionals, even in leadership roles. The quality regulation process would include a university-conducted exit examination that could need the approval of a central regulatory body for conformity to basic standards, but need not be fully defined, much less conducted by the central body. MCQ-based national standardised tests, even if conducted without paper leakages, are certainly no substitute.

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