Expansion Of Medical Education In India

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Executive Summary

1. India's medical education sector faces intense competition, with only **4.69%** of aspirants securing MBBS seats annually. The Union Budget 2025 announced 10,000 new medical seats as part of a five-year plan to introduce 75,000 seats, though reservation policies further limit opportunities for general category students.
2. Despite 779 medical colleges, access remains uneven. The 18 least-performing states, home to 51.3% of India's population, have only 26.5% of medical colleges.
3. Previous initiatives like PMSSY and NMC reforms faced challenges due to delays, resource constraints, and affordability issues.
4. Key recommendations include prioritizing underserved regions, collaborating with Patanjali to establish Ayurveda colleges, and requiring students to train in primary and secondary healthcare centers, like Mohalla Clinics, ensuring practical experience while addressing healthcare gaps.
5. Effective implementation can ensure equitable access, improve medical education quality, and strengthen healthcare across India.

I. Introduction

India's medical education sector is at a crucial turning point. With over 2.3 million aspirants competing for a limited number of medical seats each year, the acceptance rate stands at just 4.69% (1,07,948 - no of seats/23,00,000 - no of applicants).[1] This intense competition has pushed thousands of Indian students to seek medical education abroad, often in countries with varying standards of training and accreditation. Recognising this challenge, the Indian government has taken significant steps to expand medical education. In the Union Budget 2025, Finance Minister Smt Nirmala Sitharaman Ji announced the addition of 10,000 new medical seats next year as part of a broader five-year plan (2025- 2030) to introduce 75,000 seats. This builds on the government's achievement of increasing undergraduate and postgraduate medical seats by 1.1 lakh over the past decade with a 130% rise.[2] These initiatives aim to address the country's doctor shortage, reduce dependence on foreign medical education, and strengthen India's healthcare system. However, the challenge remains: how can nations expand medical education while maintaining quality and addressing the broader implications of international medical migration?

[1] IE, June 2024, Source
[2] Source

II. Current Landscape of Medical Education in India: Distribution and Disparities

As of 2024, India has **779 medical colleges** offering 1,18,137 **MBBS seats** across the country. The private sector plays a significant role, with **317 private and deemed universities** accounting for **52,615 seats** (48.3%).[3] In contrast, **389 government medical colleges**, including **20 AIIMS institutions and 2 JIPMER colleges**, provide **56,300 seats** (51.7%). Despite this expansion, disparities in access to medical education persist, particularly in underdeveloped regions. The **18 least-performing states**, representing approximately **62 crore people (51.3% of the population)**, house only **94 medical colleges (26.5%)**. The presence of private institutions remains lower in these regions, with only **38 private colleges (40.4%)** compared to **157 (60.2%)** in better-performing states. Additionally, geographical accessibility remains a challenge. Taluks (sub-districts) in underdeveloped regions have a median distance of **65.1 km** to the nearest medical college, significantly higher than **41.2 km** in better-performing states.[4] The areas farthest from medical institutions tend to be economically weaker districts, characterized by lower health indicators, lower urbanization rates, and poor living standards. However, ensuring equitable distribution of these new institutions, particularly in underserved regions, remains essential for balanced healthcare development.

Year	Outflow of Doctors	Inflow of Doctors	Newly Added Doctors
2012-14	4,329	7,335	112,084
2015-18	6,625	8,764	194,197
2019	2,350	7,375	54,238
2020	2,195	5,897	49,356
2021	2,499	9,996	NA

Image 1. Trends in the migration of doctors

III. Challenges Faced During Earlier Government Initiatives?

The Government of India has launched several schemes to address regional imbalances in medical education and healthcare access. While these initiatives aim to enhance medical infrastructure in underserved areas, they face specific challenges:

A. **Pradhan Mantri Swasthya Suraksha Yojana (PMSSY):** The objective is to correct regional imbalances in the availability of affordable and reliable tertiary healthcare services and to augment facilities for quality medical education in underserved states. Challenges are:

1. **Implementation Delays:** The establishment of new AIIMS under PMSSY has been slower than anticipated. The CAG reported delays of 4–5 years for Phase I AIIMS due to poor project management and administrative issues.[5]
2. **Resource Constraints:** Many new AIIMS face shortages of faculty and equipment. Out of 5,943 sanctioned faculty posts across 23 AIIMS, 2,244 remain vacant. AIIMS Bhubaneswar had 284 uninstalled equipment pieces worth ₹25.28 crore due to pending civil works.[6]

[3] Number of UG and PG medical seats , NMC
[4] Medical College in India
[5] TOI, August 2018
[6] The Tribune, Feb 2025

B. **Scheme for Establishment of New Medical Colleges Attached With Existing District/Referral Hospitals:** The objective is to increase the number of medical colleges by utilizing existing district/referral hospitals, particularly in underserved areas, thereby addressing the urban-rural divide in medical education. The challenges are:

1. **Geographical Disparities**: Despite the scheme's intent, the distribution of medical colleges remains uneven, with rural districts still underrepresented. As of July 2022, states like Tamil Nadu, Karnataka, and Kerala have a higher percentage of medical colleges compared to their population percentages, whereas states such as Uttar Pradesh, Bihar, and West Bengal have higher population percentages but a lower proportion of medical colleges.[7]
2. **Infrastructure Limitations:** Many district hospitals lack the necessary infrastructure to support medical colleges, leading to delays or the inability to establish new institutions in these areas. For instance, the Indian Public Health Standards (IPHS) prescribe that a district hospital should have 220 beds per 10 lakh population. However, as of May 2023, there was a shortage of 7,833 beds across 21 district hospitals in Maharashtra, indicating significant infrastructural gaps.[8]

C. **National Medical Commission (NMC) Reforms:** Their objective is to streamline medical education regulation, enhance quality, and ensure the availability of adequate and high-quality medical professionals across the country. Their Challenges are:

1. **Centralized Regulation:** The NMC's centralized approach offers limited regional flexibility concerning infrastructure and faculty eligibility, which can impede the establishment and functioning of medical colleges in diverse local contexts. For instance, the uniform standards set by the NMC may not account for regional disparities, leading to challenges in implementing regulations uniformly across all states.
2. **Financial Barriers:** The cost of medical education remains prohibitive for many students from economically weaker sections. Despite measures like the NMC's guidelines to regulate fees for 50% of seats in private medical institutions, tuition fees often remain high, ranging from ₹60 lakh to over ₹1 crore in the private sector. This financial burden deters prospective students from underserved regions and drives many to seek more affordable medical education abroad.[9]

[7] NLM
[8] CAG
[9] TNIE,Jan 2025

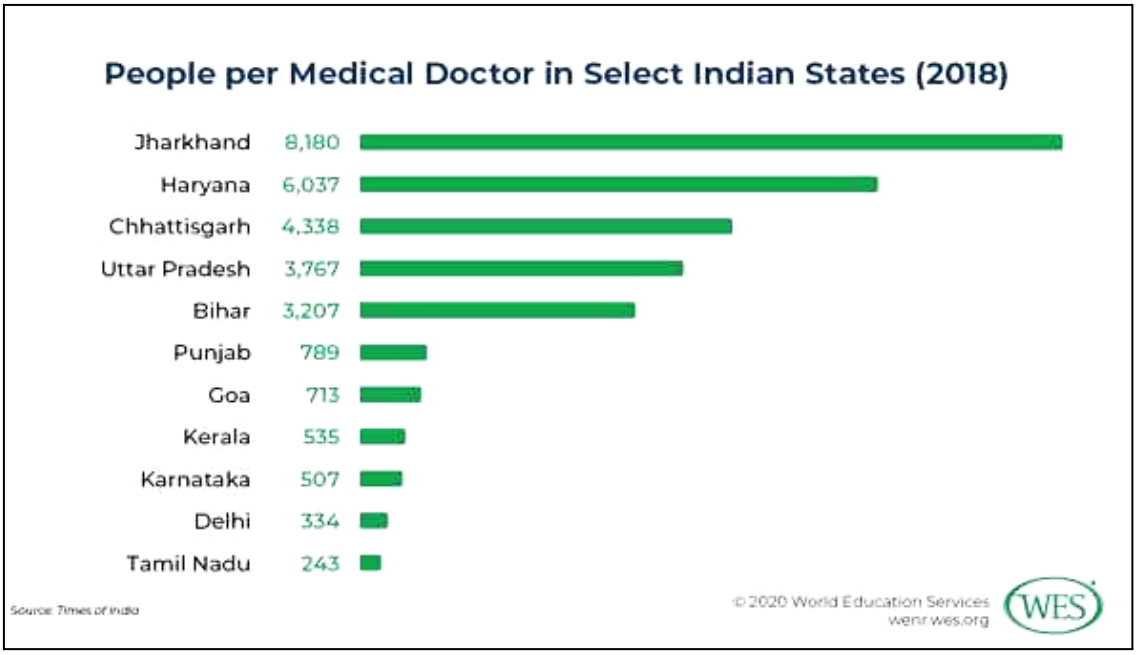

Image 2: Regional Disparity in healthcare access.

IV. Challenges:

A. Regional Disparities: The distribution of medical colleges in India is highly uneven, with the 18 least-performing states—home to 51.3% of the population—hosting only 26.5% of the medical colleges. Rural districts in these states often lack nearby medical institutions, with many sub-districts located over 50 km from the nearest college. This geographical imbalance restricts access to medical education and healthcare services in economically weaker regions.

B. Faculty Shortage: India currently faces a shortage of over 12,000 medical faculty members, creating significant challenges for both existing institutions and the establishment of new colleges. This lack of qualified educators undermines the quality of medical education, particularly in rural and underserved areas.

C. Affordability and Financial Barriers: The high cost of private medical education continues to be a significant obstacle, especially for students from economically disadvantaged backgrounds. With nearly half of India's medical seats in private institutions, affordability remains a barrier to accessibility, pushing many students to pursue medical education abroad.

D. Limited Seats for General Category: Reservation policies, while aimed at ensuring inclusivity, have reduced the number of seats available for general category students. This intensifies competition and forces many deserving candidates to seek opportunities outside the country.

V. Recommendations:

A. Expand Medical Colleges in Underserved Regions: To bridge regional disparities, the government should prioritize establishing medical colleges in underserved areas promoting more emphasis on the One District, One Medical College Scheme, particularly in the 256 High Priority Districts (HPDs) identified under the National Health Mission (NHM), including aspirational districts recognized by NITI Aayog. These districts should be selected based on socio-economic and health indicators, ensuring equitable access to medical education and healthcare infrastructure.

B. Integrate Rural Practice with Medical Training: Collaborating with Ayushman Arogya Mandirs (formerly Mohalla Clinics) can provide medical students with hands-on experience while strengthening

primary and secondary healthcare in underserved regions. Integrating rural practice into medical training ensures future doctors understand community health challenges, resource constraints, and disease patterns. Medical institutions can deploy students to assist in diagnostics, preventive care, and health awareness programs, while the clinics provide infrastructure and real-world exposure. The government can support this by funding internships, supplying medical resources, and integrating telemedicine. This collaboration enhances healthcare delivery while preparing medical professionals for rural healthcare challenges.

C. **Promote Public-Private Partnerships (PPP)**: Public-Private Partnerships (PPPs) can play a critical role in expanding medical education by leveraging private investment to develop and upgrade institutions. Collaborating with organizations like Patanjali, Sri Sri Ayurveda, Baidyanath, Himalaya Wellness, Zandu Ayurveda, Arya Vaidya Sala (Kottakkal), Kerala Ayurveda Limited, and Charak Pharma to establish Ayurveda colleges can further diversify healthcare education, promoting both modern and traditional medicine.

D. **Address Faculty Shortages:** To attract and retain qualified educators, the government should introduce faculty-focused initiatives, including scholarships, salary incentives, housing allowances, and specialized training programs. Investing in faculty development is crucial for ensuring the quality of education in newly established medical colleges.

E. **Enhance Affordability and Accessibility**: The government should allocate funding for scholarships, fee waivers, and student loan subsidies to make medical education more accessible. Establishing a regulatory framework for private medical college fees can further ensure affordability, particularly for students from underserved regions.

F. **Increase Overall Seat Capacity**: To address the strain on general category students caused by reservation policies, the government should increase the overall number of medical seats. This can be achieved by expanding the intake capacity of existing government and private medical colleges, fast-tracking the approval of new institutions in underserved regions, and upgrading district hospitals to teaching hospitals under the Centrally Sponsored Scheme. Additionally, encouraging the establishment of more medical colleges through PPP models and collaborations with organizations like Patanjali for Ayurveda colleges can further expand seat availability.

VI. Conclusion

The expansion of medical education seats, as outlined in the Union Budget 2025, offers an opportunity to address the doctor shortage and improve healthcare access across India. However, careful planning is required to ensure that this expansion is geographically balanced, supported by necessary infrastructure, and maintains high standards of education. By focusing on underserved regions, incentivizing private participation, ensuring faculty availability., India can not only increase the number of medical seats but also improve the overall quality of medical education.

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