Editorial

The curious case of extinction of family physicians from the Indian Health System – An open letter to the members of the National Medical Commission: Draft competency-based medical education curriculum regulations 2023 – Complete exclusion of family physicians/family medicine education from the MBBS course curriculum!

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Abstract

In 2012, India Today, a news agency, reported that 'Family Physicians are dying silent death' in India. The number of practicing family physicians is declining rapidly in the most populous country in the world with pressing public health needs. The previous generation of general practitioners/family physicians/family doctors has entered the age group of the seventies and eighties in both urban and rural areas. Unfortunately, no new family physician is opening the practice in these areas. The recent COVID pandemic has clearly demonstrated the ongoing need, demand, and popularity of family physicians among the general public as first-contact dependable and trustworthy doctors. While it may be an enigma why MBBS doctors are no longer opting to become family physicians, to the experts of this domain, it is not a surprise. To outside observers, this phenomenon may appear to be an outcome of changing times, the expansion of medical sciences, new emerging career choices for medical students, or competition within the healthcare market. However, a closer study reveals that the decline of family physician services in India is not a default situation but an outcome of decades of institutional neglect and perhaps a deliberate exclusion. According to the recently released National Medical Commission (NMC) draft curriculum 2023, the undergraduate medical education program is designed with the national goal of creating an "Indian Medical Graduate" possessing the requisite knowledge, skills, attitudes, values, and responsiveness so that she or he may function appropriately and effectively as a PHYSICIAN OF FIRST CONTACT of the community while being globally relevant. However, we are disappointed to note that the Family Medicine subject (discipline of family physicians) component has been entirely excluded from the draft of the MBBS curriculum. The words such as 'Family medicine', 'Family Physician', 'General practitioners', and 'Family Practice' have not even been mentioned in the entire 83 pages of the draft MBBS curriculum document. This is not an inadvertent occurrence or a default situation. The erstwhile MCI, the Medical Council of India, played a significant role in diminishing the role of family physicians in the Indian health system. It is to be seen

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if the NMC is able to reverse this trend by easing the regulatory restrictions on family physicians/family medicine training by including it in the MBBS course.

Keywords: Draft CBME, family medicine, family physicians, general practice in India, human resource in health, MBBS curriculum, medical education, medical education reforms, National Medical Education, National Medical Commission, NMC Act 2019, National Health Policy 2017, IPHS Guidelines 2022, Supreme Court of India, Universal Health Coverage

National Goal of Undergraduate Medical Education – NMC Draft Curriculum 2023: Physician of First Contact

As per the recently released National Medical Commission (NMC) draft curriculum 2023, the undergraduate medical education program is designed with the national goal of creating an "Indian Medical Graduate" (IMG) possessing the requisite knowledge, skills, attitudes, values, and responsiveness so that she or he may function appropriately and effectively as a physician of first contact of the community while being globally relevant. Family physicians are the physicians of first contact in all health systems of the world. The institutional goal has been articulated as being competent in the diagnosis and management of common health problems of the individual and the community, commensurate with his/her position as a member of the health team at the primary, secondary, or tertiary levels using his/her clinical skills based on history, physical examination, and relevant investigations. The IMG has also been envisaged to be competent to practice preventive, promotive, curative, palliative, and rehabilitative medicine with respect to the commonly encountered health problems. Goals for the learner have been documented as a clinician who understands and provides preventive, promotive, curative, palliative, and holistic care with compassion. It is to be noted that all the above aspirations, skills, and competencies for MBBS doctors define the vocation and academic discipline of family physicians–family medicine.[1] Interestingly, family medicine has been recognized as a distinct specialty in India for several decades but has not been included in the undergraduate (MBBS) curriculum/training till date.

Draft CBME – Competency-Based Education 2023 – National Medical Commission: Abolition of the tradition of family physicians and general practitioners from MBBS training

We are disappointed to note that the Family Medicine subject (discipline of family physicians) component has been entirely excluded from the draft of the MBBS curriculum. This is not an inadvertent occurrence or by default.

The draft NMC MBBS curriculum does not even mention the words 'General Practice', 'Family Medicine', 'Family Physicians', or 'Family Practice'. Summarily, it misses the essence of the healthcare needs of India by dismissing the concept of family physicians. In practicality, it leaves the MBBS students on the path of no return of specialist and hospitalist care. It deprives thousands of medical graduates of an invaluable autonomous career in the community setting as practicing family doctors. Simultaneously, it establishes a treacherous hierarchical monopoly of hospital-based specialist doctors over generalist community-based primary care physicians within the healthcare delivery system of India. Without family physicians/family medicine education within MBBS, the IMG would remain a mini-specialist incomplete doctor trained by exclusive specialist faculty at specialist departments of Indian medical colleges. To assume that an MBBS graduate trained by specialist faculty would turn into a family physician/general practitioner by default is a misplaced assumption in the 21st century. Maybe it was the situation in the 20th century when all doctors used to be general practitioners by default [Image 1].

It would be a tragedy if the largest medical education system in the world capable of producing more than one lakh MBBS doctors but is not able to train them as family physicians due to intrinsic institutional barriers or restrictions. Such a restriction by the regulators on family

Image 1: Medical Education: Specialist-Driven MBBS Course and Fragmentation of Care – Lack of vocational identity of an MBBS Doctor as family physician

physicians may be considered an outcome of a lack of global insight, non-awareness of the evolution of recent developments in medical education, a disconnect from public health needs, and a complex set of inherent conflicts of interest between tertiary care specialists/hospitalists who are key opinion leaders in health policy matters in India. The lack of family physicians within the health system would have substantial public health consequences in terms of cost of care as well as lack of trust by the public in the entire health system itself.

What is the meaning of making MBBS qualification globally relevant if it is not in sync with the Indian national requirements? Almost all countries have mainstreamed family physicians/family medicine education within the undergraduate medical education system. India remains an exception. Keeping family physicians and general practitioners out of the health system means a free flow of patients from the community to expensive tertiary care facilities in the absence of any structured referral system. In 2012, India Today, a news agency, reported that 'Family Physicians are dying silent death' in India.[2]

Halfdan T. Mahler, former Director General of WHO once noted that "Any thoughtful observer of medical schools will be troubled by the regularity with which the educational system of these schools is isolated from the health service systems of the countries concerned. In many countries, these schools and faculties are the proverbial ivory towers. They prepare their students for certain high, obscure, ill-defined, and allegedly international "academic standards" and for dimly perceived requirements of the twenty-first century, largely forgetting or even ignoring the pressing health needs of today and tomorrow's society."

Generalist Versus Specialist – The National Exit Test Impact

The NMC has also announced its proposal to introduce the National Exit Test (NExT) – a national-level licentiate examination for MBBS graduates. Qualification in this examination will enable them to practice independently. Therefore, it is expected that the MBBS qualification and the subsequent licensing would enable IMGs to function as basic family physicians/general practitioners and pursue the vocation of family practice/general practice. However, in the complete absence of any family medicine department/family practice posting/family physicians faculty/structured subject/textbooks/examination/and family medicine posting during an internship, MBBS graduates will not automatically turn into practicing family physicians by default. This is only wishful thinking. NExT acts as both (i) licentiate examination and (ii) entrance examination for PG (postgraduate) courses.[3] But through this double entry gate of NExT, who would like to stay at the MBBS basic level to and not desire for a full length career progression. In all practicalities, the licentiate purpose of MBBS NExT will become dysfunctional as it is today and it will only act as an eligibility for PG specialist courses. MBBS is and will just remain a qualifying eligibility qualification for specialist MD/MS courses.

Career Pathways for MBBS Doctors – The Barrier to Recruitment in Community and Rural Settings for Indian Medical Graduate (IMG): One-Way Career Pathway – On the Road of No Return of Specialization and Super Specialization

In the model of MBBS training, as proposed by the NMC, there is a fragmentation of care at the base itself. All specialist faculty will be training MBBS students at 20-odd specialist departments, and the students will be finally evaluated in specialty subjects only. There is no exposure to family physicians/family medicine department/family practice clinics/family medicine books and journals/family medicine examination. The traditional career pathway and career progression for an MBBS doctor is as follows – MBBS > Post Graduate trainee/resident > Senior Resident (in a specialty) > Assistant–Associate Professor/Junior Consultant > Professor/Consultant. It is to be noted that this career progression option is open only one-way vertical, that is, for hospital-based specialties for hospitalists only. In the absence of the Department of Family Medicine, for community-based family physicians, there is no such option for career progression in India, unlike the rest of the world.

A lifelong career progression is key to the recruitment and retention of medical doctors in any system. The absence of a horizontal career pathway into the community (vs tertiary care hospitals) for generalist disciplines like Family Medicine leads to the complete prohibition of recruitment and retention of generalist medical doctors into the community-based health system. Further, the hierarchical arrangement of disciplines/vocations of medical doctors into Basic (MBBS) > Specialist (MD) > Super (sub) Specialist (DM) propels the desire to specialize further. It is a rat race created by regulators and medical education institutions. In the UK, a GP (general practitioner) holds similar or perhaps more value to the health system as compared to the specialist. However, the Indian regulators continue to support the hierarchical arrangement of different disciplines. The lack of horizontal pathways leading to recruitment into community-based health services is the principal reason for the non-availability of medical doctors in the community and rural settings in India. A large number of medical graduates are spending years of their fruitful youth life memorizing MCQs, multiple choice questions, at coaching classes to be able to qualify for entrance examinations instead of engaging with the health system.

Also, the most of the current generation of medical educators and leaders themselves do not have any first-hand exposure to the Family Medicine discipline during their own MBBS training. As a result, most of them have vague perceptions of family medicine and family physicians. Even if anyone has the right intent, they do not have the necessary competency for implementation of the Family Medicine program at undergraduate/postgraduate levels [Image 2].

Artificial Hierarchy – No Demand for Super Specialist Courses

Nowhere in the world, any group of doctors is designated as 'Super' Specialists. The term super specialty is an artificial and misleading terminology used exclusively in India. In the rest of the world, it is known as sub-specialty. It is a marketing gimmick of creating a perception of 'Superior' over other healthcare providers. This audacity of medical educators and medical colleges in normalizing such terminology is remarkable. It is for the Ethics and Registration Board of the NMC to consider if the propagation of such terminology is ethical or unethical. Such false representation is misleading not only for MBBS students but also for the general public. It has practically categorized doctors once above others in inferior and superior identity. Each branch of medicine is either superior or inferior to one another (origin of the medical rat race). Super speciality has been marketed during recent decades to the general public as the best, superior, direct access, referral-free availability of tertiary care procedures, and world-class services. Such unambiguous marketing for super specialization through the regulatory system has marginalized the generalist – family physicians [Image 3].

It is no wonder that a large section of the population is being pushed below the poverty line due to unexpected catastrophic tertiary care services in the absence of support for preventive and health maintenance services. However, lately, there is a self-realization among MBBS students and young doctors that such a craze for hyper specialization is not worth it. Year after year, the super specialist training posts are going vacant in India as reflected in headlines of top newspapers in India [Table 1].

Actually, there is no campus selection for employment at any medical institution for any level of qualification. Family physicians are the only group of medical doctors who do not

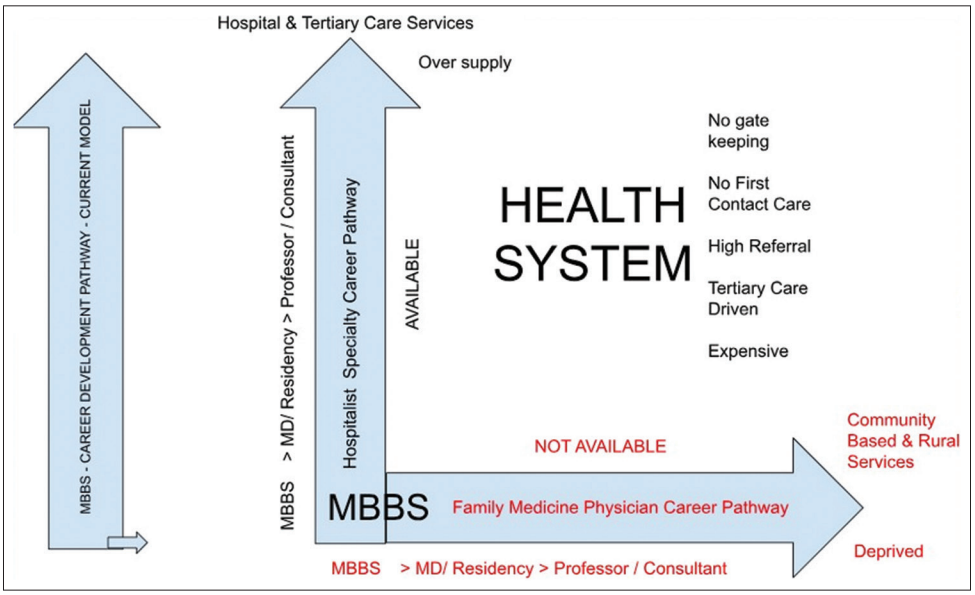

Image 2: MBBS Career Progression Pathway: Comparision of specialist vs generalist career progression opportunities - Human resource deprivation in community-based and rural health service

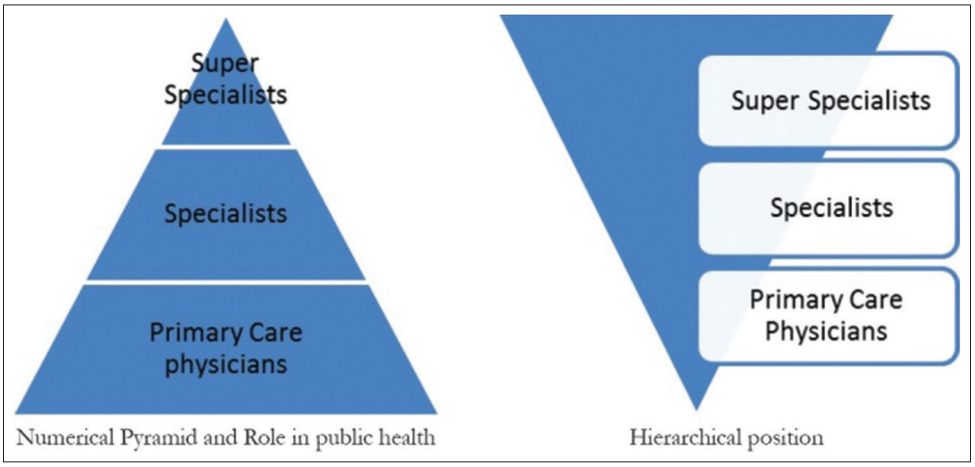

Image 3: Artificial hierarchy of medical disciplines/specialties India: Adverse impact on public health outcomes

Table 1: News Headlines – No Demand for Super Speciality Training in India (2017–2023)

NEET-SS: Supreme Court Expresses Concerns About Vacancies In Super Speciality Seats, Asks Union Govt To Find A Solution https://www.livelaw.in/top-stories/supreme-court-unfilled-vacancies-in-super-speciality-medical-seats-ministry-of-health-committee-admission-2023-226979?infinitescroll=1
Key medical super specialty seats go begging, forces govt to slash cut-off https://www.tribuneindia.com/news/archive/nation/key-medical-super-specialty-seats-go-begging-forces-govt-to-slash-cut-off-830326
Telangana: No takers for 40 super specialty seats despite zero percentile rider http://timesofindia.indiatimes.com/articleshow/93260479.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cpps
NEET SS Counselling 2022: Around 900 seats remain vacant, FORDA requests another mop-up round https://news.careers360.com/neet-ss-counselling-2022-around-900-seats-remain-vacant-mcc-forda-requests-another-mop-up-round
Why Indian Medical and Surgical Super Specialty Seats are going empty? https://worldsurgeryforum.net/2019/10/why-indian-medical-and-surgical.html
Now, super specialty medical seat cut-offs slashed to 20 percentile Read more at: http://timesofindia.indiatimes.com/articleshow/97786173.cms?from=mdr&utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst
Few takers for super specialty med courses https://www.dtnext.in/tamilnadu/2022/07/28/few-takers-for-super-speciality-med-courses-2
SC allows mop-up counselling for vacant medical super-specialty seat https://www.thehindu.com/news/national/sc-allows-mop-up-counselling-for-vacant-medical-super-specialty-seats/article19847062.ece

require any formal sector employment. If trained adequately and equipped with the right skills and competencies, they can engage with communities directly and support the health system in an autonomous (Atmanirbnar) manner. Paradoxically, however, we observe that there is a continuous push for specialization and discouragement for family physicians at the regulatory level.[4]

The Distinction of Family Physicians/Family Medicine - Whole Person Care - Vocational Training Requirement

All health systems require both specialists as well as generalists. The generalist nature of the vocation of family physicians enables them to treat undifferentiated patients from all organ systems, age groups, and genders. Family physicians have the distinction of being whole-body doctors. They provide lifecycle care from early childhood to end-of-life care situations. Any discipline or vocation or specialty of medical doctors requires vocational training through a structured department and curriculum. For example, an orthopedic surgeon requires training at the designated department of orthopedics under a senior faculty/professor of orthopedics. Similarly, a family physician requires training at the designated department of Family Medicine while working under the supervision of a senior family physician. The foundational concepts of family medicine include (a) first contact care, (b) whole-person care, (c) person-centered care, (d) family-centered care, (e) community-oriented care, (f) life cycle care, (g) ecology of care, (h) continuity of care, (i) comprehensive care, (j) epidemiology of illness, (k) medical generalist, (l) managing complexity, (m) care of multi-morbidity, (n) long-term care, (o) clinical prevention, and (p) home care. Family physicians cannot be thus prepared with an exclusive focus on a super specialist-oriented and driven medical education system. Twenty specialist faculty from 20 specialist departments cannot make family physicians out of an MBBS graduate in the absence of a designated department and family physician faculty.

Institutional Neglect for Family Physicians – Historical Perspective: Role of Erstwhile MCI – Medical Council of India in Diminishing the Role of Family Physicians in the Indian Health System

The 92nd report of the department-related parliamentary standing committee on Health and Family Welfare on the ‹Functioning of the Medical Council of India› emphasized the need for post-graduates in family medicine/family physicians in 2016. The committee report has noted that ‘the medical education system is designed in a way that the concept of family physicians has been ignored’. The committee recommended that the Government of India in coordination with State Governments should establish robust PG programs in family medicine and facilitate the introduction of family medicine discipline in all medical colleges. This will not only minimize the need for frequent referrals to specialists and decrease the load on tertiary care but also provide continuous healthcare for individuals and families.[5]

The erstwhile MCI did not let family medicine develop in India by imposing regulatory restrictions on family physicians/family medicine despite the clear mandate from respective National Health Policies of 2002 and 2017. In response to the RTI application in 2009, MCI did not have a curriculum for Family Medicine at the Undergraduate and Postgraduate levels. So callous was the attitude of MCI that in 2015, it replied to yet another RTI that all papers, files, and records related to family medicine were lost in a fire accident. These documents are available with the author. MCI released a MBBS curriculum previously in 2019 titled “Competency-based UG Curriculum for the Indian Medical Graduates.” The curriculum document consisted of 890 pages in three volumes. Overall, 2939 competencies were proposed to be acquired by MBBS doctors, but without mentioning a word on Family medicine/General Practice/Primary Care/Family Practice.[6,7]

Medical Education Regulation: Disenfranchisement of Family Physicians – Wise Men and the Elephant in the Room Situation

The family physicians/family medicine experts were not represented on the erstwhile MCI and now at the present NMC. Why were the general practitioners, family physicians, or practicing primary care doctors never invited to contribute to the curriculum? These successive curriculums did not meet the public health needs of the country not aligned with the stated policies of the GOI-NHP 2002/2017 and the recommendations of the Parliament of India. It appears that the regulators do not have the capacity as well as intent for including family physician training. Over a period of time, the regulatory mechanism of medical education in India has become a specialist monopoly. Due to monopolistic regulation, only specialist doctors can become medical teachers in India. Due to regulatory restrictions, family physicians and family doctors are not eligible to become medical teachers, unlike the rest of the world. In the erstwhile council, all members of MCI were exclusively specialist doctors only. We expect a change with the new body NMC. The curriculum committee which has prepared the new curriculum should have representation of family physicians, general practitioners, or practicing primary care physicians. Primary care doctors and family physicians must be given professional autonomy and not be subdued under the mercy of experts of other disciplines. There should be independent boards for each medical specialty in the majority of the countries, unlike India, where all powers are vested into small committees of specialists and super (sub) specialists.[8]

These respective MBBS curriculums have been prepared by specialists and super (sub) specialists, and they all have a tendency to push for their own domains to be taught to MBBS generalist licensed independent practitioners. It is like the blind wise men and the elephant situation. In the words of Sant Kabir Das, 'Bada hua to kya hua, jaise ped khajoor panthi ko chhaaya nahi, phal laage ati door' (It is of no use to be great like a date palm tree as it neither gives shade to travelers nor allows its fruit to be plucked with ease), meaning only exhibition of greatness does not benefit anyone Image 4.

Image 4: Disenfranchisement of Family Physicians from Medical Education Regulation – Specialist-controlled MBBS licentiate family physician training

Policies of the Government of India and Other Policy Recommendations Supporting the Establishment of Family Medicine Specialty

1. In 1983, "The Medical Education Review Committee" set up by the Ministry of Health and Family Welfare (MOHFW), Government of India (GOI), under the chairmanship of Dr. Shantilal Mehta recommended that 'the undergraduate (MBBS) medical students should be posted in a general practice outpatient unit in order to be exposed to multidimensional nature of health problems, their origins.' The committee also recommended that this specialty should be further developed so that an increasing number of students pursue higher study in this area.
2. National Health Policy (NHP) 2002 stated that in any developing country with inadequate availability of health services, the requirement of expertise in the area of "Public Health" and "Family Medicine" is markedly more important than the expertise required for other clinical specialties.
3. A WHO Regional Office of South-East Asia (SEARO) Regional Scientific Working Group Meeting on Core Curriculum of Family Medicine held in Colombo, Sri Lanka, from July 9 to 13, 2003 devised core curriculum of family medicine for the (a) undergraduate level, (b) intermediate level, and (c) postgraduate level (specialist level).
4. In 2007, the working group of medical education under the Prime Minister's National Knowledge Commission stated that any successful development process must have a pyramidal structure with a strong horizontal base. In terms of medical education, it has to be a strong base of basic scientists and clinical generalists/family medicine specialists, who are the backbone and stability of the system.
5. In 2010, in response to a representation given by the Academy of Family Physicians of India, the MOHFW convened a high-level meeting vide letter no. V. 11025/56/2010 ME (P1) under the chairmanship of Union Health Secretary GOI to discuss the following: (a) initiating of MD family medicine at government medical colleges and (b) employment of DNB family medicine qualified doctors within the National Rural Health Mission.

6. In 2011, the WHO SEARO Regional called a consultation on "Strengthening the Role of Family/Community Physicians in Primary Health Care" in Jakarta, Indonesia, 19–21 October 2011.
7. The working group of the planning commission for the 12th plan (2012–2017) estimated the projected need for specialists in family medicine (family physicians) as 15,000/year for the year 2030.
8. In 2013, the union health secretary GOI vide Letter No. D. O. V 11025/MEP-1 communicated with all Principal Secretaries of Medical Education, Health, and FW of all States/UTs. In this letter, the Union Health Secretary wrote that there is a need for an integrated generalist approach to diagnosis and treatment, and the family physicians are best positioned to deliver this integrated approach to diagnosis, treatment, and complete healthcare management of an individual and a single postgraduate in family medicine can meet the requirement of a surgeon, obstetrician, gynecologist, physician, and pediatrician in a community health center, besides taking care of public health need of the community.
9. The NHP 2017, specifically mentions the importance of family medicine specialty, and mandates the popularization of programs like MD in family medicine. NPH 2017 further recommended that a large number of distance and continuing education options be created for general practitioners in both the private and the public sectors, which would upgrade their skills to manage the large majority of cases at the local level, thus avoiding unnecessary referrals.
10. The 15th finance commission set up by the Government of India has recommended strengthening the role of family medicine specialists in India. The high-level group on the health sector noted and recommended that family medicine physicians are required in India; however, there are not enough opportunities for family medicine specialists. There is a need for a good family medicine program at the district level and a proper cader needs to be in place. The HLG has further recommended that the MOHFW may be requested to create a suitable ecosystem for family medicine specialists. There should be proper family medicine departments in all medical colleges with full-time faculty and effort should be made to increase opportunities after pursuing family medicine. Finally, a model center for family medicine has been recommended to be created at AIIMS New Delhi to guide other healthcare institutions in developing the specialty.[9]
11. The Indian Public Health Standard (IPHS) Guidelines 2022 – Recommendation to recruit Family Medicine physicians against the specialist post – The IPHS guidelines recommend that as the number of family medicine physicians in the system increases, it is strongly recommended that they should be deployed in the public health system. This inclusion can be in a phased manner with posts being first sanctioned at the CHC level in the short-to-medium term, but at the same time looking at offering posts in primary care settings in the long term. Desirable posts for Family Medicine at sub-district and district hospitals have also been recommended.[10]

Legal Status – The Mandate of Parliament of India: NMC Act 2019 on Family Medicine/ Physicians

In 2018, a PIL (Public Interest Litigation) was filed in the Supreme Court of India on behalf of the Academy of Family Physicians of India (AFPI) for the implementation of Family Medicine training in India in the background of successive National Health Policies (NHP). The Supreme Court directed the petitioners to approach the MOHFW, Government of India, and the MCI. Pursuant to the order dated 02.07.2018 of the Hon'ble Supreme Court of India in the case bearing W.P. (C) No. 484/2018 the petitioners approached the regulators once again.

Simultaneously, a petition (PMOPG/E/2017/0548340) was filed with the PMO (Prime Minister's Office). The assurance came from the PMO in response to the petition stating that the matter of Family Medicine/Family Physician training will be addressed in the forthcoming National Medical Commission Bill 2017. The remarks from the PMO were as follows 'Under the National Medical Commission Bill, 2017, the Post Graduate Medical Education Board has been mandated to promote and facilitate post-graduate courses in family medicine. Further, under the said Bill the Under- Graduate Medical Education Board has been mandated develop competency based dynamic curriculum for addressing the needs of primary health services, community medicine and family medicine to ensure health care in such areas'. Finally, NMC Act was passed by the Parliament of India in 2019. Many sections of this bill mandate the inclusion of Family Medicine in the mainstream medical education system.

As per the National Medical Commission (NMC) Act 2019 sections 24 (1) c, 25 (1) J, and 57 (1), Undergraduate Medical Education Board shall develop a competency-based dynamic curriculum for addressing the needs of primary health services, community medicine, and family medicine to ensure healthcare in such areas, in accordance with the provisions of the regulations made under this Act. Also, there is a separate section that mandates promoting and facilitating postgraduate courses in family medicine by NMC.[11]

No Mandate for Independent Department of Family Medicine at All Medical Colleges by NMC – The Key Limiting Factor

Recognizing Family Medicine as a specialty for post-graduation but mandating no teaching of Family Medicine (discipline of Family Physicians) for MBBS students is like an effort to produce family physicians by surrogacy. A certain number of departments compulsorily exist, and teaching of a certain number of subjects is imparted at all medical colleges in India due to the mandate of NMC. Without a mandatory department of Family Medicine, how would any course, UG/PG, can be started? It is more important for the Family Medicine discipline to be included and institutionalized at the MBBS level in comparison to the MD

level. An academic department is the mother of all courses be it undergraduate or postgraduate.

We expect a change of approach toward family physicians by the newly reformed NMC. Failing to include mandatory family physicians/family medicine department/curriculum within the proposed draft of the NMC would also fail the intent of the National Medical Commission Act 2019 passed by the Parliament of India. At a previous opportunity, the NMC ignored the appeal to include Department of Family Medicine to the "Minimum Requirements for Annual MBBS Admission Regulations, 2020" and "Establishment of Medical College Regulations, (Amendment), 2020" inspite of representation from verious stakeholders of primary care including that of AFPI (Academy of Family Physicians of India).

Therefore, it is a fresh appeal to members of the NMC to mandate a compulsory department of family medicine for undergraduate medical education at all medical colleges in India and also include a structured component of Family Medicine discipline within the curriculum of the MBBS with mandatory clinical postings, family physician/family medicine faculty availability, examination and assessments, and internship posting.

Disclosure for the General Public – Why are Family Physicians Getting Extinct in the Indian Health System? The Onus Lies on the NMC

The Government of India, state governments, intelligentsia, judiciary, patient groups, and ordinary citizens must take note of this tremendous tension arising out of a potential situation of conflict or perhaps a lack of intent within the regulatory mechanism of the medical education system, leading to silent death of Family Physicians. For future reference, if family physicians vanish from the Indian healthcare delivery system, it should not be considered a default situation but due to restrictions imposed by the regulators of the medical education system through curriculum designs.

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Conflicts of interest

There are no conflicts of interest.

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