

Roundtable Report

# TRANSFORMING MEDICAL EDUCATION IN INDIA

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**A Journey from Student to Doctor**

*February 2025*

*New Delhi*

Academic Partner



Convened by



Organised by



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# Introduction

In the rapidly evolving landscape of healthcare and technology, reforming medical education has become imperative to ensure alignment with global advancements while addressing the unique challenges faced within India. These reforms are important for modernizing outdated curricula, integrating cutting-edge technologies like artificial intelligence, strengthening faculty development programs, enhancing training infrastructure, and developing a new generation of compassionate, well-rounded doctors equipped to handle the complexities of modern healthcare.

Recognizing this critical need, **DataLEADS** and **FirstCheck** hosted a roundtable discussion on ***“Transforming Medical Education in India: A Journey from Student to Doctor” on February 18, 2025 in Delhi.*** The event brought together diverse stakeholders, including policymakers, educators, healthcare professionals, and technology experts, to engage in an open and insightful dialogue on the key challenges and actionable solutions to improve India’s medical education ecosystem.

Free flowing conversations allowed all participants to share personal anecdotes from their journey—right from being medical students to becoming doctors. They also highlighted pressing challenges that need urgent attention to shape a more robust and future-ready medical education system. The roundtable was chaired by **Dr. (Prof) B Srinivas, Secretary of the National Medical Commission (NMC), Government of India**, who also underscored the significance of this initiative and its alignment with national goals.

Through this discussion, DataLEADS sought to catalyze actionable solutions that address the evolving needs of India's healthcare system. The event emphasized the importance of collective efforts needed in transforming medical education into a system that not only meets the current demand for skilled professionals but also anticipates future healthcare challenges, ensuring the nation is equipped with a resilient and capable workforce.

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**Transforming medical education requires structured courses from inception, comprehensive assessments, and dynamic rankings. While systemic change takes time, consistent feedback, student quality, and global benchmarks offer hope for aligning with international standards.**



**Dr. (Prof) B Srinivas**  
Secretary,  
National Medical Commission,  
Government of India



# Building a Dialogue on the Futu

- **Diverse Representation of Educators:** Professors, HODs, Deans, and Vice Chancellors brought firsthand insights from their direct engagement with students, highlighting real-time challenges in medical education.
- **Multi-Stakeholder Participation:** The roundtable included a diverse set of voices —academia, healthcare, and policy—ensuring a well-rounded, balanced discussion, and broad perspective on systemic issues.





# re of Medical Education in India

- **Chaired by NMC Secretary:** Dr. (Prof) B Srinivas, Secretary of the National Medical Commission (NMC), led the discussion, ensuring that key takeaways and concerns were directly conveyed to India's top medical regulatory body.
- **Actionable Outcomes for Policy Reform:** The challenges, insights, and recommendations discussed have been documented in this report to be presented to the NMC, ensuring the conversation translates into meaningful policy advancements.



# Participating

**Representatives from leading private and government industry bodies across Delhi NCR,**

- 01 All India Institute of Medical Sciences (AIIMS), Delhi**
- 02 Vardhman Mahavir Medical College - Safdarjung Hospital, Delhi**
- 03 Maulana Azad Medical College (MAMC), Delhi**
- 04 Confederation of Indian Industry (CII)**
- 05 Hamdard Institute of Medical Sciences and Research, Delhi**
- 06 University College of Medical Sciences (UCMS), Delhi**
- 07 Amrita Vishwa Vidyapeetham Medical College, Faridabad**
- 08 Hindu Rao Hospital - North MCD Medical College, Delhi**
- 09 Al Falah School of Medical Science and Research, Faridabad**
- 10 National Institute of Tuberculosis and Respiratory Diseases (NITRD)**

# Organizations

medical colleges, private and government hospitals, as well were present at the roundtable.

11 Apollo Group of Hospitals

12 Fortis Escorts Heart Institute Okhla, Delhi

13 Services Export Promotion Council (SEPC), Delhi

14 Guru Teg Bahadur Hospital, Delhi

15 Ashoka University, Sonipat

16 Manav Rachna Dental College, Faridabad

17 Holy Family Hospital, Delhi

18 Yashoda Super Speciality Hospital, Kaushambi, Ghaziabad

19 Sharda University School of Medical Sciences & Research, Greater Noida

20 Metro College of Health Sciences and Research, Noida

# Participant Profile

Health Policy Advisor

Dean

Medical Advisor

Vice Chancellor

Group Director

Professor

Head of Department

Director General

Principal

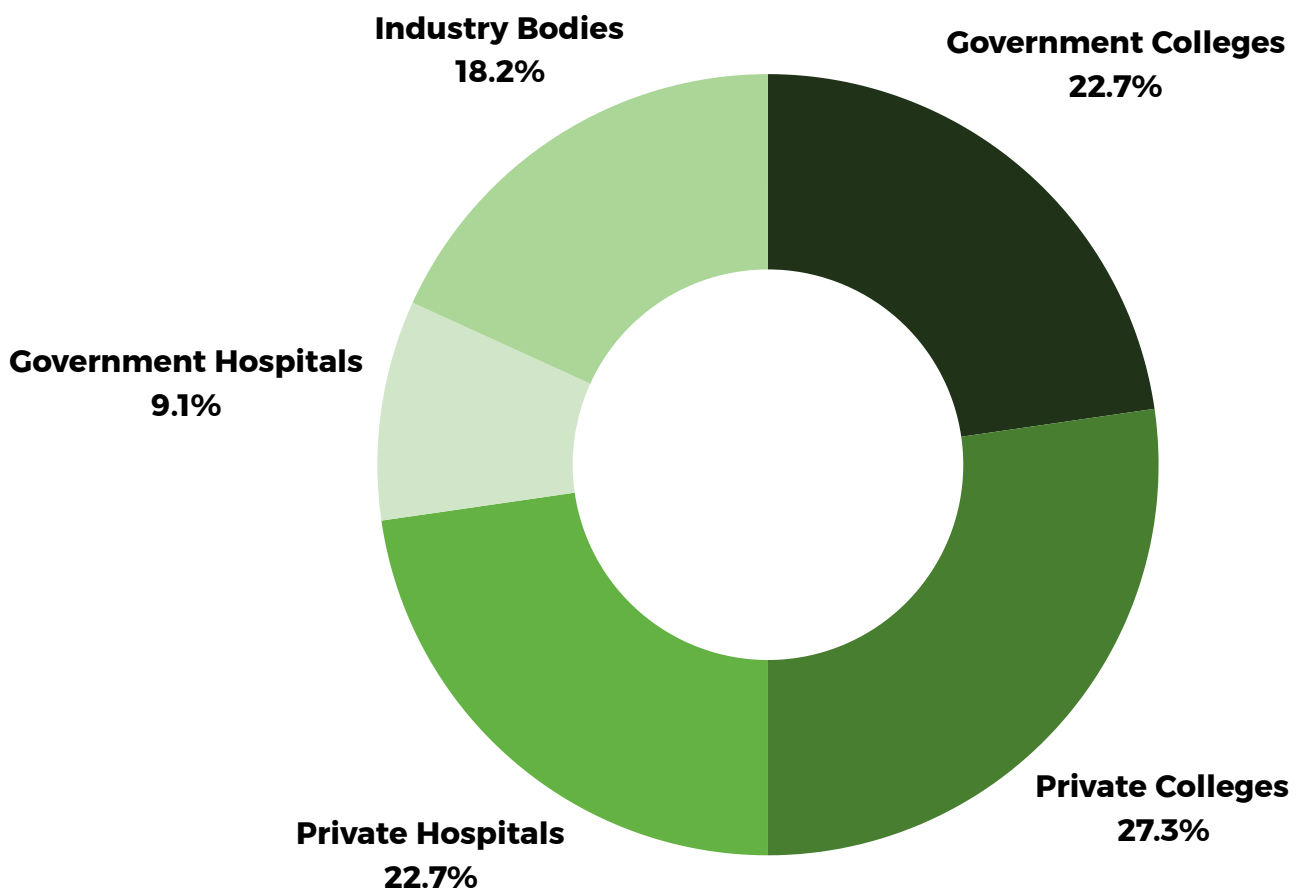
Medical Education Coordinator

Medical Director

Additional Medical Superintendent

Junior Resident

Consultant



# Key Challenges Identified

Through discussions and deliberations, key stakeholders identified some of the most pressing challenges facing medical education in India today:



## Limited Seat Availability

Insufficient number of seats in medical colleges relative to demand.



## Outdated Curricula

The need for curriculum reforms to align with evolving medical advancements and global best practices.



## Exorbitant Fees

High tuition fees making medical education unaffordable for many students.



## Inadequate Hands-on Training

Insufficient practical exposure and clinical experience for students.



## Faculty Shortage

A lack of qualified and experienced faculty members to adequately train future doctors.



## Need for Faculty Upskilling

The ongoing requirement for faculty to stay updated with new teaching methodologies and medical knowledge.



## Inadequate Technological Integration

Insufficient incorporation of modern technology, like simulation and AI, into medical training.



## Limited Research Opportunities

A lack of focus on research and innovation within medical education.

# Words of

*Lack of faculty, outdated equipment, and limited immersion in hands-on clinical material hinder the delivery of quality education. Agility to introduce new, relevant courses is essential to align education with industry needs*

**Dr. Shubnum Singh**

Principal Advisor Health,  
Confederation of Indian Industry (CII)



*The true measure of education lies in competence. An MBBS graduate should be capable of diagnosing at least 15 major medical conditions and handling 20-30 surgical issues. Competence is required to practice medicine effectively.*

**Dr. Anubhav Gupta**

Professor & HOD of CTVS, VMCC &  
Safdarjung Hospitals



*Education should prioritize quality over quantity. While curricula are evolving, uniform and measurable implementation remains a challenge. Let's focus on skill development and ensure consistency in execution.*

**Dr. Arun Kumar Agarwal**

Medical Advisor,  
Apollo Group of Hospitals



*Increasing student numbers at the expense of teaching quality only weakens the foundation of education. To strengthen the existing system, we need to listen to the feedback from all stakeholders before blindly expanding seats and lowering eligibility criteria.*

**Dr. Poonam Narang**

Dean, Maulana Azad Medical College (MAMC),  
Delhi



*The true measure of a medical graduate is not just knowledge, but competence, empathy, and readiness to serve. India's medical education system must move beyond rote learning and foster a culture of mentorship, continuous learning, and practical skills.*

**Dr. (Lt. Gen) Ajit Singh Narula**

Principal Director, Nephrology,  
Fortis Escorts Heart Institute



*A structured internship, case-based learning, and continuous teacher upskilling are needed for producing competent healthcare professionals. A dynamic curriculum too needs to be aligned with evolving medical needs*

**Dr. Puneet Batra**

Pro Vice Chancellor, Dean SDS and Dean  
SAHS, Manav Rachna Institute of Research  
and Studies



*Medicine should prioritize compassion over commercialization, and a balanced approach over over-specialization. The dumbing down of the MBBS degree and the over-emphasis on technology and protocols undermines the human aspect of care.*

**Dr. Sanjay Agrawal**

Additional Medical Superintendent & HOD  
Psychiatry, GTB Hospital



*Shifting toward student-directed learning is essential, with online access to learning materials empowering students. However, changes should be gradual, allowing institutes time to adapt, with continuous monitoring and support.*

**Dr. Khan Amir Maroof**

Director Professor of Community Medicine,  
University College of Medical Sciences  
(UCMS) Delhi





*There is a need to shift in medical education from grades 9 to 12, focusing on concept-based, clinically oriented, and patient-centric learning, with an emphasis on the disease patterns of the Asian Subcontinent.*

**Dr. (Brigadier) Chander Mohan**

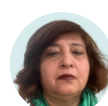
Group Director (Rad & IR) and Academics, Research and Medical Education, Yashoda Super Speciality Hospitals, Kaushambi



*To nurture doctors who are both skilled and compassionate, medical education must move beyond textbooks, focusing on holistic learning. This involves stimulating passionate teaching, utilizing multi-sensory methods, and reducing reliance on coaching centers.*

**Dr. Ratna Chopra**

Head of Department, Surgery, NDMC Medical College and Hindu Rao Hospital



*Regulatory complexities and frequent changes in policies create instability for students and institutions. The commercialization of medical education leads to high fees in private colleges, affecting accessibility and quality.*

**Dr. Ashish Wadekar**

Junior Resident, All Indian Institute of Medical Sciences (AIIMS)



*Over-reliance on MCQs compromises the development of essential clinical skills, while toxic work culture further undermines the learning environment. A balanced approach to education and workplace ethics is critical for holistic medical training*

**Dr. Ravindra K Dewan**

Principal Consultant, National Institute of Tuberculosis and Respiratory Diseases



*If doctors and students have ideals aligned with the goal of quality healthcare, transformation will follow. Collaborative efforts with the private sector and inter-professional teaching will be pivotal in reshaping the system.*

**Dr. Sumit Ray**

Medical Director and HOD Critical Medicine, Holy Family Hospital



*In the digital era, India's medical education system has the potential to leapfrog traditional barriers. While infrastructure and faculty quality take time to transform, virtual AI-guided classrooms have already shown promising results.*

**Dr. Anurag Agrawal**

Dean, Biosciences and Health Research, Ashoka University



*CBME, NMC, and BCME are essential components of medical education. However, there is a critical need to implement a thorough verification process for internships, including clinical examinations and the addressing of necessary competencies.*

**Dr. Sanjeev Singh**

Medical Director, Amrita Vishwa Vidyapeetham Medical College, Amrita Hospital



*We need well-qualified faculty, exchange programs between private and government colleges, and more engaging internships. We also must explore topics like AI in healthcare, health insurance in tier 2/3 cities, and the importance of preventive health checkups.*

**Dr. Sabba Mehmood**

Co-founder & Director, FirstCheck





## Some key recommendations borne out

### Introducing pre-medical orientation programs

Need to introduce orientation programs to help students understand the realities of medical education, aligning their expectations with the practical challenges they will face once they start their journey as a medical student.

### Structured mentorship programs

Establish long-term mentorship systems that extend beyond graduation, ensuring continuous guidance for career development and clinical competence.

### Extended mentored internship

Increase the duration of internships with structured assessments to ensure that medical graduates are prepared for independent practice and equipped with practical skills.

### Faculty training & assessment

Implement mandatory faculty training with periodic assessments by peers, seniors, and students. Incentives should be provided for teaching excellence, research, and continuous professional development.

### Integrated and holistic curriculum

Need for a curriculum that integrates clinical and non-clinical subjects from the start and includes soft skills training, such as doctor-patient communication, ethical decision-making, and emotional resilience.

### Simulation and digital learning

Leverage technology, including simulation-based learning and AI-driven virtual classrooms, to improve hands-on clinical training and address faculty shortages, especially in remote areas.

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# endations

**of the discussion are shared below:**

## Private-public sector collaboration

Foster partnerships between the government and private sector to optimize resource allocation, enhance clinical training, and ensure access to advanced technologies and equipment.

## Focus on employability

Ensure the education system not only increases the number of medical graduates but also enhances their employability and readiness to meet the evolving needs of the healthcare sector.

## Global standards and competency-based education

Align curricula with international best practices, introducing competency-based assessments to ensure medical graduates meet global healthcare standards and can perform effectively in various healthcare settings.

## Regulate coaching centres

Need to limit coaching class timings to prevent disruption of regular medical education or formally integrate them into the system with proper certifications.

## Pooling of resources

Pool resources across institutions, including leveraging technology, to optimize faculty deployment and provide access to high-quality education across regions.

## Continuous teacher upskilling

Regular teacher training and upskilling programs must be institutionalized to keep educators updated with the latest medical advancements and teaching methodologies.

# Captured





# Moments



# Academic Partner

*There is a significant emphasis on aligning medical education in India more closely with clinical practice, as advocated by policymakers, hospitals with residency programs, and medical schools teaching MBBS. This creates a substantial opportunity for AMBOSS in India to bridge the gap and support students in preparing for exams while enhancing their clinical knowledge. For over a decade, AMBOSS has successfully helped students become clinicians and residents become specialists in Germany, the USA, and many other countries.*

**Dr. Majid Salimi**  
Co-Founder & CO-CEO,  
AMBOSS



*I'm happy to see so much passion and engagement from the delegates actively voicing the need for change in medical education. A significant gap exists between medical students and their clinical knowledge, primarily due to the focus on merely passing exams. This presents a great opportunity to educate students early by combining pre-clinical and clinical expertise, which will help them become better clinicians. AMBOSS is explicitly built to address this challenge. We hope to bring about change in medical education in India with policymakers and inspiring individuals who aspire to make a difference.*

**Dr. Anna Schuster**  
Co-Founder & Director  
International Markets, AMBOSS



## About AMBOSS

AMBOSS is an AI-powered medical education and clinical decision-making platform. It serves as a comprehensive study resource for students and a point-of-care tool for physicians.

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**First Check**

First Check is a unique global health information initiative of DataLEADS which is safeguarding public health against misinformation.



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DataLEADS is a globally recognized New Delhi-based award-winning digital media and tech company, leading conversations on information, media literacy, digital transformation, climate change, health and AI ecosystem globally.