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**EDITORIAL****Transformative model of medical education***Vedprakash Mishra<sup>1,2\*</sup>*

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The '**Western Medicine**' came to India through Portuguese in early 16<sup>th</sup> Century. However, it was not institutionalized in a concrete sense until British East India Company constructed hospital at Madras followed by Surat and Machhalipattam, which were the first trading ports of the British on the Indian soil. It was in 1639 that through the construction of Fort Saint George the first permanent medical facility came into existence by the Britishers. This very hospital subsequently was moved to its current location in 1772 known as 'Madras General Hospital'. In 1835 this very hospital came to be converted into 'Madras Medical School'.

In continuation with the pace of establishment of western medicine in India, the medical school so created was upgraded to the status of a college in the year 1852. This was followed by creation of a full-fledged medical college in Calcutta in the year 1860 and by 1916 a quantum of 16 more medical colleges came to be added through establishment in different geographic locations.

The Indian Medical Degrees Act was enacted in the year 1916 followed by adoption of Indian Medical Council Act, 1933 that resulted in invocation of Medical Council of India as a statutory authority for the maintenance of Indian Medical Register which came to be repealed by the

Indian Medical Council Act, 1956 adopted by the Indian Parliament in Independent India. This enactment finally was repealed by National Medical Commission Act, 2019, whereby in place of Medical Council of India having the statutory regulatory authority for medical education and profession, National Medical Commission came to be created.

The pace of growth and development of medical education specially in terms of its structure, form, shape and operation can be viewed in the context of its transformation in terms of **Flexner's Report of 1910**, which propounded '**Formative Model of Medical Education**'. This was modified in terms of the '**Reformative Model**' proposed in 1983 by World Health Organization (WHO) and finally **Lancet Commission Report of 2010** evoked '**Transformative Model of Medical Education**' [1]. As such, the shifts in terms of operational models of medical education in India have been in tune with the said developmental dimensions in as much as presently the '**Competency Based Model**' of medical education which has been put into operation with effect from academic year 2019 in the country by the National Medical Commission is a transformation from '**Reformative Model**' to '**Transformative Model**' of Medical Education to a limited extent.

The dimensions that are categorically brought out in Lancet Commission Report with reference to **'Transformative learning' and 'Interdependence in medical education'** are vital in the context of invocation of 'Transformative Medical Education Model'.

The **'transformative learning'** as propounded in the said report is about developing leadership attributes and its purpose is to produce enlightened change agents. It involves three fundamental shifts, **'from facts memorization to searching, analysis and synthesis of information for decision making, from seeking professional credentials to achieving core competencies for effective team work in health systems and from non-clinical adoption of educational models to creative adoption of global resources to address local priorities'**.

Likewise, **'interdependence'** in education also involves three fundamental shifts, namely **'from isolated to harmonized education and health system, from standalone institutions to networks, alliances and consortia and from inward looking institutional preoccupations to harnessing global flows of education content, teaching resources and innovations'**.

On these counts, if the present Competency Based Model of medical education as in vogue from 2019 vide which the first admitted batch has completed its end certificate examination of Graduate Medical Education Qualification and is in the phase of Internship is evaluated, **it would be evident that there are still 'Structural gaps' as against proposed transformative model of medical education in Lancet Commission Report [2].**

In the backdrop of the material fact that today India is the largest producer of trained health manpower and in the teeth of the recognition of National Medical Commission as regulator of the Indian Medical Education by the World Federation For Medical Education through a Notification dated 20<sup>th</sup> September, 2023 for a period of 10 years up to 19<sup>th</sup> September, 2033 is landmark in nature whereby as of now well-over 700 medical schools under the ambit of National Medical Commission that are recognized by it and are depicted in Schedule-1 appended to the National Medical Commission Act, 2019 stand included in the directory of Medical Schools maintained by World Federation For Medical Education. It is on this very count India turns out to be the country that has single largest number of medical schools included in the directory of WFME.

This recognition has definitely added substantial onus on the policy makers of the country to ensure that the model of medical education as in vogue is structured in tandem with the Transformative Model as brought out in **Lancet Commission Report, 2010** and also in tune with the guidelines / recommendations propounded by **World Federation for Medical Education** in regard to Under Graduate and Post Graduate Medical Education respectively.

It is also an advantage of its type that National Education Policy, 2020 in its ambit has put across governing principles specially in regard to **academic flexibility, credit based assessment continual in nature, lateral entry and co-lateral exit in educational continuum and also incorporation of electives**, which can be availed for structuring of the model of medical education,

so as to put into the same frame as that of '**Transformative Model**' inbuilt in **Lancet Commission Report and Guidelines of WFME**, which paves the way for Indian supremacy in Medical Education in the world in coming times making it feasible for the country to clinch the legitimately entitled title of '**Vishwaguru**' in the domain of Medical Education to begin with. Hence the need to undertake the fill-up of the

palpable gaps in the model of medical education in vogue at its earliest.

***NB: Author is Former Chairman of the Postgraduate Committee and also of the Academic Council of the Medical Council of India that authored Competency Based Medical Education with inbuilt AETCOM Module document.***

### References

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