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IAFM: Memorandum on vision-2015

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Indian Academy of Forensic Medicine

Governing Council (2010 – 2012)

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Dated: 15th Jan. 2011

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The Board of Governors

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Sub: **Comments & Suggestions on VISION -2015**

Ref: VISION -2015 Document having proposed UG Medical Education placed on MCI website on/af Dec.2010 with inviting suggestions /comments before 17 Jan.2011 available at

<http://www.mciindia.org/circulars/Notice-vision-2015.pdf><http://www.mciindia.org/mediaroom/announcements.aspx><http://www.mciindia.org/tools/announcement/UG-medical-education.pdf>

Sir,

The Indian Academy of Forensic Medicine (IAFM) is the national body in the area of Forensic Medicine founded in 1972 with an aim to encourage the study, improve the practice, elevate the standard and the progress of forensic medicine (including toxicology) as well as to advice the central government government organizations on matters pertaining to forensic medicine etc. Prima facie the recommendations proposed in the said document appear to be affecting the subject of forensic medicine the most. The IAFM after having detailed discussions with the associated state bodies and organizations as well as individual inputs from forensic fraternity representing different parts of country, is submitting its representation, views and suggestions for your kind consideration.

IAFM further requests you to give us an opportunity by inclusion in finalization of the document to it the meaningful exercise. It is further placed on record that all the annexure (4 in numbers) as mentioned in the said document have not been provided or displayed over MCI website despite several requests therefore this may be treated as our preliminary response.

Development and change is essential part of life and therefore, IAFM welcomes the proposed UG medical

education Vision-2015 document placed on MCI website on/after 28 Dec.2010 indicative of major r suggestive of a comprehensive change in basic medical education course (MBBS). Further, the acad humbly submits its representation since these appear retrogressive with regard to quality of medica in general and Forensic Medicine in particular. IAFM agrees with some of the finest proposal like Medical Teachers Capacity Building in Education and restructuring of curriculum as p the present need. However, IAFM wishes to place following points of concern as few recommendatio may undermine all the efforts taken by IAFM in ameliorating the dismal scenario of medico-legal investigations by strengthening the subject of Forensic Medicine.

The salient points incorporating our inputs are grouped into-

A) The general comments and

B) Specific comments pertaining to forensic medicine & toxicology.

A.VISION-2015 and flaws therein

- Vision-2015 appears to be myopic and tunneled considering the Indian scenario, which is rather from other developed countries. It seems that the aim of proposal is only in increasing the quant doctors in this country ignoring the fact that insufficient teaching will produce inefficient doctor will do more harm than good to the society. Since almost 3/4th population of the country belong areas, the time-honored concept of the BASIC DOCTOR with 4½+1 years training is more releva than the 'metrooriented' VISION-2015. It has become all the more important especially after int of **Rural MBBS (BRMS) course** as promulgated by Government of India (the curriculum of w still not been defined but **tenure is 3½ years**). In this context it surely needs an in-depth analy comprehensive re-look. The proposal of reducing the duration of the medical education from the 4½+1 years to 4+1 years, will lead to an awful corrosion in the quality of medical education, whi will not only tarnish the image of country towards propagating the global industry of medical / h tourism but also moving away from global standards. Implementation of the said proposal may s wrong message to the world that Indian doctors are produced in a short span of time, with inade practical and theoretical background. IAFM advocates that duration of MBBS should be increas years-instead of 4½ ;with 2½ years of clinical training-instead of 2; or 1½ years of Internship ir 1(matter of further deliberation) at par with the global norms.
- For such a major curricular revamp by the MCI, the feedback should have been collected in a tra manner by the Board; comprising of Academicians, National as well as State bodies of individua Educational institutes and other stakeholders. This proposal should have been widely circulated medical institutions all across the country.
- The working group comprising of 8 members under convenorship of Dr George Mathew does not the consultations sought from various branches of medical sciences, the impending consequence disastrous to medical education as envisioned.
- Specifically Annexure-2 as mentioned at page 15 under heading 'Need to review curriculum' has made accessible despite repeated requests, the deadline for feedback needs be extended for a mi time of 2 months or so.
- Grouping the medical subjects as A, B & C, Core & Non-core implies that "C, Non-core & Elective are LESS IMPORTANT/NOT NEEDED in UG curriculum. This would be like trying to tell that s

of the human body may be sacrificed as they do not have a specified and designated function. A body cannot be called as 'complete' if some of its parts are 'missing'.

- From a consumer (patient) point of view, an imperfect, ill-equipped, unprofessional and untrained doctor may just fulfill the required doctor-population ratio as projected. Nevertheless such doctors who deal with life of the patients, are likely to err frequently with compromised quality of medical education imparted. It qualifies for violation of the Article 21 of the constitution, which in all likelihood will result in rampant rise in medical negligence cases.

B. Forensic Medicine in UG Medical Curriculum

- The projected need and shortage of teachers as mentioned under Table-3 (page11) pertaining to Forensic Medicine appears to be misleading. The data look like being cooked-up entirely. It is evident with current need as per the MCI guidelines itself; the same can't be equal for departments like Surgery, Pathology as well as Forensic Medicine since already the requirement for FM teachers were least in comparison to other branches (eg. For 100 students, only 3 forensic medicine faculties are required against 5/6 for surgery). The table shows current need for all these departments as 2000 each which is erroneous. Further the table shows the current shortfall as 1500; again it has been goofed-up compared to the information available at MCI website (although the same has just been withdrawn & replaced within this week itself); there are total 1493 forensic medicine teachers (1390+103) i.e. approx 1500 whereas the table 3 shows only 500 teachers in place. Upon further scrutiny it was also observed that names of so many faculty members are not appearing in this list whereas they are very much working in various medical colleges. According to rough estimate at least names of about 100 forensic medicine faculty are not reflected on website. **That means there are more than 1600 forensic faculty working in place as per conservative estimates.** If one takes into account the current need, there does not appear any shortfall as projected which might have been the basis for making such projections pertaining to fragmentation of the subject of Forensic Medicine & Toxicology.
- Similarly the projected need (2000) also can't be same for all the subjects i.e. Surgery, Medicine, Pathology as well as Forensic medicine as per present requirements of medical teachers. There are almost 100 PG in forensic medicine all over country so we can expect that 100 prospective faculty will be added every year to present pool. Relaxation in criteria for PG seats recently; will further increase the number of seats. In view of the enhancement of age of retirement of medical teachers from 65 to 70 years; in present circumstances the additional need as projected (3500) appears to be grossly inflated.
- The UG working group must go through Mudaliar and Bohr committee reports, which were constituted by Government of India to improve medicolegal work in India as well as recommendations of Central Board of Standardisation of Medical Education. The Central Board of Standardisation of Medical Education, a committee formed under chairmanship of Director General Health Services, Government of India. In 2007, a committee chaired by Former Chief Justice of India Mr. Justice Venkatachalaiah prepared a draft on "revision of undergraduate medico-legal curriculum" for submission to United Nations Development Country Office which also need be taken into consideration before coming onto such conclusions.
- Scientific evidence produced by a doctor, helps in increasing the conviction rate. Majority of criminal cases (about 80-90%) are handled by the basic doctors (MBBS). The **Forensic expertise** matters in criminal cases as is evidenced by the fact that there is ten times the conviction rate in cases investigated by a forensic expert.

use it, in contrast to those undertaken by routine police investigation. By ignoring the importance of forensic medicine in UG curriculum, the conviction rate of the prospective crimes will be lower than before. The Indian legal system will be traumatically affected by the vision-2015 and hence the inputs should also be taken from the Hon'ble Judiciary, Home Ministry, Central & State Government as well as the general public.

- Proposal suggests that '**Forensic Medicine can be effectively taught during Gynecology, Obstetrics (rape, assault), Surgery (injuries), and Pharmacology (toxicology)**'. Nothing is considered as 'equivalent' to a teaching by a "Subject specialist". This transpires that, a Gynaecologist or a teacher may not be able to pick up the nuances of a rape case or an injury case in comparison to a doctor trained in MD Forensic Medicine. By doing so, the "ergonomics" is defeated. Similarly, toxicology should not be taught by a pharmacologist who is well versed with medicines but not DRUGS and POISONS. An expert committee should have realized that the clinicians should be exclusively spared for clinical duties and be let free from medicolegal hassles, thereby not spending lot of time in attending courts which is in conflict with medico-legal duties. We suggest that toxicology cases being essentially medico-legal in nature should remain with Forensic Medicine and not be attached in a piecemeal manner to various departments. The need of the hour is rather to create a separate specialty of Medical Toxicology under FMT with the aim that the subject of Forensic Medicine and Toxicology is clinical and not para-clinical as thought.

IAFM agrees with the broad suggestion as per this document that the subject of Forensic Medicine & Toxicology should not be grouped under pre or para-clinical disciplines but under a clinical discipline because of acquiring inter-disciplinary knowledge. After the students are equipped with Para-clinical knowledge & involve themselves in clinical subjects like Surgery, Casualty (Emergency Medicine including poisoning cases), Obst & Gynae, Ortho, ENT, Ophth., Anesthesiology etc; the teaching of FMT will be more effective because the very definition of forensic medicine (as accepted by law) is "Application of knowledge and principles of all branches of medicine in a court room for administration of justice". **Therefore Forensic Medicine should be taught from 9th semester and the examination should be conducted at the end of 9th semester.**

- Proposal suggests that '**Legal experts can be called for medico-legal issues**'. The legal experts are non-medical persons and they can effectively and efficiently represent cases in the courts only with the guidance of Forensic Expert's medico-legal reports for effective pleading. The Judges and lawyers in a court of Law depend on the expert opinion of a forensic expert in giving judgment in criminal cases. If the best criminal counsel is ignorant of medicine and intricacies of medicolegal cases and thus cannot be considered to train the UG students. It is pertinent to mention that in the eyes of law even an expert doctor is considered as an expert having proper knowledge of Forensic Medicine. The suggestion "outsourcing to a lawyer for teaching forensic medicine to the medical students appears not only unjustified and ridiculous but also gives rise to conflict of interest during court proceedings (different professions).
- Proposal suggests that '**Forensic medicine skills can be acquired during internship such as documentation of medico-legal cases of alcoholism, suicide/homicide, rape, assault, and injury cases**'. It means that 'Forensic skills' is an optional and not a mandatory for a basic doctor. 'Forensic Medicine' posting is an optional posting in the current medical curriculum, rarely one gets a posting during their internship. Majority of the medicolegal works (including postmortems) in India

being performed by these MBBS doctors. This is one of the bitter truths known to every one yet a helpless due to shortage of forensic faculty at Government institutes and non-permission as well reluctance for taking medicolegal works by private medical colleges in many states. If this contin basic doctor without proper forensic training is going to handle medicolegal cases that may lead to the society (as recently seen in “Aarushi Talwar” and “Nirupama Pathak cases). It must be key that MBBS doctor whether passed out from Govt. or private medical college is immaterial since medico-legal knowledge is obligatory which goes hand-in-hand with routine duties of a doctor. IAFM proposes a compulsory rotatory training of one month during internship under FMT.

- Forensic Medicine is not a theoretical subject as has been thought. In contrast it is very much practical oriented. Unless a student has practical knowledge of FMT; he/she cannot meet the expectations of investigating agencies & judiciary who invariably depend upon the medical opinion to deliver the relation to offence committed against human body. **Therefore it should be treated as a core subject** with mandatory exposure of the MBBS students to practical medico-legal problems like Postmortem examination – **Forensic Pathology**, Examination of Injury cases including examination of weapons of offence – **Forensic Traumatology**, Examination of Sexual Assault (RAPE-examination of victim as well as accused) cases – **Sexual Jurisprudence**, Estimation of Age, Disputed Paternity cases – **Forensic Medicine**, Handling of Suspected Poisoning cases including alcohol intoxication-Medical Documentation, Preservation & analysis of poisons – **Forensic & Analytical Toxicology**.

Therefore in the interest of the MBBS students (would be doctors) & for the larger interest of the society giving permission/ approval for opening of new medical colleges; **the**

MCI should insist upon the prospective institutions for a functional unit in this regard like functional mortuary to conduct medico-legal autopsy (after getting the due notification from concerned state), Casualty under clinical forensic **medicine, separate toxicology unit & required laboratory facilities** to start or continue medical education, just like requiring no. of beds/ units/ dept. in the clinical disciplines.

To conclude IAFM agrees that the present curriculum needs be restructured for its adequacy, effectiveness commensurating with incorporation of recent advances as mentioned before according to need of country to forget of the fact that what is expected from MBBS doctor by the society at large (the primary duties along with associated medico-legal duties).

Further, we humbly request to accord the personal hearing for IAFM delegation regarding any clarification suggested before for substantiating our genuine concerns in this context. The inclusion of Forensic Medicine faculty in formulating and finalizing the proposal is essentially required in the fairness of the process.

Therefore the vision document in its present form and content is not acceptable since it has utterly failed in visualizing the far-reaching consequences of its own recommendations. As per the earlier submission this may also be treated as our preliminary response and our right to file additional views is making available all the annexure still continues.

With sincere regards

Sd/-

(Dr. Adarsh Kumar)

General Secretary, IAFM

Copy to:

1. Hon'ble Health Minister, Govt. of India for his kind information
2. Secretary, Ministry of Health, Govt. of India
3. Secretary, Ministry of Home Affairs, Govt. of India
4. Secretary, Ministry of Law & Justice, Govt. of India

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criticizing MCI's vision-2015 i.e. Criticizing the proposed undergraduate (UG) Medical Education

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