Chapter – III

Medical Education in India

3.1 Introduction:

We know Padma Shri winner and a great mathematician as well as a former librarian and information scientist always know that there is no knowledge without college. And the library is of any institution's laboratory. So strong is the heart of our college library. In his words, he is considered the heart of the library of any educational institution "is the utterance of any organization without the library or just a break from the engine is like a human body without blood."

Dr. S.R. Ranganathan

Times, library or any kind of knowledge are not the same thing emitting precious also are locked into chains that had been closed. The libraries are of knowledge, resources and specialized knowledge along with the treasures of individuals that have been guaranteed. His term energy as well as the head and the heart of a university are supposed to be. During the Mughal period was the occurrence of books by sardars. They learn to keep their private libraries are used. After the Sultans and Mughal emperors, was also a book lover. With this, we know that libraries are popular during the Mughal period. They 'Kitabkhanas' This time it's a collection or group of books. In fact; certain about the existence of actual and standard data libraries are available. But nearly four thousand years ago in Mesopotamia, people are used to write something on clay objects. Use it to get details of special collections as well as collections are burned. Then, the pieces in temples or palaces are used to safely display. The system libraries are beginning to be considered. According to some scholars, the existences of a temple in Nirpur Babyleon libraries were considered. In the same way, the Indians 'Veda' all over the world believe that the volume of the most ancient; and its 49collection is the world's first library. In 300 BC, a library of pre-Allage Jandria papairus Mistra was available on seven of the pieces we find inscriptions on 120 different titles. Rome, in the fourth century, as were more than 25 libraries. So knowledge of the modern information age, a citizen of farming was a very long process. Now we enter the digital age and time are hybrid libraries. And library user was very important.

3.2 Education:-
Its common sense, teaching a group of people, knowledge, skills, and habits, education, training, or research, is transferred from one generation to the next, which is a form of education. Education under the guidance of others is often, but may be autodidactic. Formation of the way people think or feel considering any experience or academic work. Generally speaking pre-school, primary, secondary, and college, university, or as a subscription is divided into phases. Most places are compulsory reached a certain age, often do not go to school, family education, e-learning is one of the few people to choose their own mother or child.

**Education Etymology:**

Etymology, the word "education" ("a breeding, a rearing, feeding one"), from EDUCO ("my education, my training") and homophonous EDUCO, which is derived from the Latin education ("I lead, I speculate, because ") and Duco company (" I'm still alive, I), to "eat" (from five), "I take out upright.

**History of Education:**

Nalanda, the center of higher education, the ancient Platonic Academy, education Pompeii mosaic, began early prehistory. Pre-society by imitating are the verbal and implemented. Storytelling continues from one generation to the next one. Culture can be said to have begun to increase their knowledge and skills were to imitate easily learned, formal education is developed. Schools exist in the Egyptian kingdom. 330 BCE founded the city of Alexandria in Egypt, the cradle of ancient Greek wisdom Athens success. Rome in AD 476, literacy and cultural organizations in Europe after the fall suffered a decline. China, Confucius (551-479 BC), in the land of their education concept Korea, Japan and Vietnam country, China will continue to affect society, China's most influential ancient philosopher neighbors. He collected his followers and ideals of good governance will take to find a futile ruling, but was written on the followers, the effect has been teaching at the East Asia region in the modern era.

Cathedral was built in the early medieval art education center schools. Some of which eventually evolved into the European ancestry medieval universities and modern university. Western Christianity and Western European medieval universities were well coordinated in order to promote academic freedom and natural philosopher inquiry and Naples Oxford University
Robert Teste University, Thomas Aquinas, including the fine, a wide variety of scientific experiments systematic method of manufacturing an early criticism; St. Albert and biological research areas. Around 1450, Johannes Gutenberg printing press, which makes it, spreads more quickly than fiction, developed. Education in the era of European empire concept, see the European thought, religion, art and science communication around the world. Charity and scholars also bring back new ideas from other cultures - between China and the knowledge of science in Europe, the transmission of culture Jesuit Mission in China has played a significant role, with Chinese scholars and European works, such as a translation of Confucius Euclid Thinking European audience.

Types of Education:-

1. Formal Education:-

Institutional education systems of education and schools in the system are established in accordance with a predetermined purpose, which is itself a course, including in relation to learning. School system is based on religion, and sometimes even gives them a different process.

2. Pre-school Education:-

Small children learn in Japan a kindergarten. When children enter primary school education up to the age of 4 to 8 education kindergarten. Primary education is the term used for a kindergarten where the USA, except nursery schools and kindergarten are called. It can give a child a competitive edge because of the climate of the world and education Preschool education is important. He started his formal education in their preschool years, who do not accept the alphabet, counting, shapes and basic principles of child colors and designs will teach, knowledge, the children they already have will be back. Kindergarten true purpose of "balancing the load on each of them with the child's physical, intellectual, and moral nature revealed that three of the seven-year-old children in a child-centered preschool curriculum are to provide."

3. Primary School Education:-

Primary education, primary (or elementary) education, formal, structured education is the first 5-7 years. Changes are in between, and sometimes within countries, although in general, primary education, at the beginning of the five or six years, including six or eight years old. In all
driver education by UNESCO in 2015, primary education in most countries committed to achieving universal enrollment, Children who received eight years of basic education in India, spanning twelve years of compulsory education. Five years are of primary education, primary education, upper primary education, including three years.

4. Secondary Education:-

Adolescence education, including formal education occurred during secondary education. It is an optional third option, and the use of 1-13 years in New Zealand. Secondary education for the purpose of higher education or training to prepare directly to the company is common sense. Needs skilled workers to fight the United States appears (for example, the emergence of electrification), large enterprises and factories, due to increased technological progress, but until 1910 white-collar or blue-collar jobs technical course better prepare students for the focus on skills to meet the new tasks, in practical work, high school, was created. White-collar or blue-collar work better technology-focused curriculum is to prepare students to put the skills to meet the new tasks, in practical work, high school, was created. This proved beneficial to both employers and employees reduce costs, to the employer of human capital, which is due for employees to become more efficient and skilled staff to improve the ratio of employees to pay more praise only primary education. They have a long history in public schools, school fees or charitable educational foundations, from the date the form. Community College of non-residential college course gives people living in a particular area has to offer.

5. Tertiary (higher) Education:-

Colleges, higher education, are the main body of country. Overall, this is sometimes referred to colleges and universities. Higher general certificate, diploma or degree, receipts caused. In higher education degree or a foundation degree qualifications typically include treatment work. In most developed countries (50%), both as a significant industry, so it is very important to the national economy and for the rest of the economy, a source of training and staff education. University teaching, research and community service activities, including and not
independent; public and state control of higher education at Penn State system; or as an independent but state-funded universities in Virginia. Available to students through the Internet, some special vocational courses. Technical, vocational or technical courses are compared to the general ability to provide a broad general knowledge and intellectual development, aimed at a college or university course.” ARTS began in Europe, because it is currently known.

6. Professional Education:-

Carpenter is usually learned by apprenticeship. In vocational education, professional education and practical training directly to a particular trade or craft is a form of education focused on. Vocational education is like any types of programs, as well as in the form of institutional apprenticeship or internship.

7. Special Education:-

Early doctors (Itard, Seguin, Howard, like Gallaudet people) is set based on today's special education. They focus on individual instruction and practical skills. Only in the early days of special education is to give people with severe disabilities, learning difficulties, but recently has been open to people who have experienced.

8. Other forms of education

1. Alternative Education: -

After the public school system, a wide range of development in the 19th century; some parents have found a reason not satisfied with the new system. Alternative education and traditional education were cognitive limitations, in part as a reaction to the failure. A wide range of educational methods of alternative schools, self-education, and homeschooling education, including emerging. Kindergarten largely 19th-century German Friedrich Froebel developed a practical approach from early childhood have a greater or lesser extent, in the system experiments and thinking time challenge may be mainstream adoption. Mayor Feng; progressive education, Dewey and founder Francis Parker's George Dennison and academic researchers Ivan Ilyich.

2. Local Education:-
In China Yanyuan County, Sichuan in the indigenous knowledge, models, methods of education Local education within the local education both formal and informal educational systems of indigenous knowledge, models, methods and materials, include mentions. Often in the context of a post, growing recognition and use of indigenous teaching methods through the processes of colonization. In addition, "to recover their language and culture, RMB appreciation. You can make indigenous communities.

3. Informal education:

Non-formal Education Institute for Economic Cooperation and Development (OECD) defines three forms of education. Non-formal education, such as family, there are several. Many learners are of language acquisition, cultural norms and etiquette. Non-formal education of young people in the youth programs at community centers and Media Lab, such as outside school hour’s places, different is that there is an ongoing process. Changing practical needs of informal education, with some events, sporadically, usually does not follow a specific curriculum, educational institutions are exposed and can cause accidental. It requires a systematic and conscious pedagogically According to the subject matter, but unconsciously incidental to the overall problems related to planning, management and fitness; life is not related to the cas. The everyday life of its “natural” functions of direct experience and is often spontaneous. "Education through Entertainment" in the 19th century the concept was applied to the development of childhood. Early in the 20th century, this concept has been expanded to include young people, but the focus is on physical activity. LP socket, lifelong learning is also an early supporter of education through entertainment description: "the art of living, owner and his drama of his work, his work and no sharp difference between the mean for himself, he is always doing both. It is well enough for him. "It does it well." Education through entertainment activities, all of life is an opportunity to learn through a seamless fashion. The concept of teaching anatomy to medical students from the University of Western Ontario has been revived.

4. Self-directed learning:

Self-learning are (also autodidactism) "themselves" in their "learning", or in contemplation, abuse of process, or as a self-teacher. Some libraries and educational websites are self-learning ability to spend a lot of time reviewing tools. A self-taught almost in a person's life changed at any point. Some reports may be a specific field in the traditional way, which
themselves may be notified in another, and the area is often irrelevant. Abraham Lincoln former president of USA was the best self learner who changed the society as well as world.

5. The open learning and online learning: -

2012, e-learning and growth rate are of 14 times, traditional education. Open Education as part of its efficiency and compared with the conventional method faster results for many reasons, education has increasingly become the main form. Cost is an issue throughout the history of education in most countries today is a major political issue. Open a free basic education than the average traditional campus education, and in many cases is significantly cheaper. Now, as a free or nearly free of the former composition courses are at Harvard University, Massachusetts Institute of Technology and the University of Berkeley, many large agencies to offer. Open Education at other universities, Stanford University, Princeton University, Duke University, Press, because we know this is the biggest change. Although the causes of the social and cultural aspects of the effectiveness of favorable research, many people still choose traditional campus education is a must. Some universities have opened, although the extent, college campuses traditional quality system, it is not as common as open education. Currently, open educational resources in the form of a certificate. Since the opening of universal education is this new type of respect and traditional "educational value" to capture the same level of education certificates. Many open universities to students on standardized tests and traditional degrees and certificates, have the ability to work. Study groups, meet UPS and sports examples such as to establish a sound university education and open person.

6. Development Goals of Education:-

Since 1909, the children go to school; the proportion of the developing world has increased. Prior to this, the boy are in a small school not getting various facilities. In the 21st century, all regions of the world, most of the children to school, eight international, is one of them. From the safety of a particular charity fund potential donors is a chronic problem. Priorities for donors are to be received conflicting, capital structure immature main obstacle to aid education and the lack of evidence to support, include the Research Institute for staff development overseas. In addition, the Transparency International education sector in Africa to achieve universal primary education is a major obstacle to be called corruption. In addition, demand in developing countries to improve the educational opportunities is not high, as expected
from abroad. Reluctant are to get involved in local government recurrent expenditure. Capacity for sustainable development, according to some basic principles, organizational, institutional and individual levels require complex interventions:

- Fix proper as well as healthy national policy of Indian education.
- Implementation steps may be needed, but additional interventions.
- They should receive a complete set;
- When working on some short-term achievements of partners, is committed to the development of the ability of long-term investment;
- Different levels of intervention should be conditional, the impact on national capacity to assess;
- Students and Scholars (usually implement school after 10th grade) in a proportion of the team should be deleted.

6.1 Internationalization of Education:-

Universal primary education are compulsary, and now almost every country. International stock market system or schools are of thought to increase equitable international student exchanges. Europe Socrates - Erasmus program, which at the university throughout Europe exchange. Central and Eastern Europe, the University of the United States, in the actual class, classes and lectures recorded material, allowing free access to filesThe OLPC Foundation, by a few large companies Group at the MIT Media Lab and the $ 100 laptop support beyond providing educational mission of developing software. Notebook computers are widely used in 2008. The vulnerable groups, for example, you can access its infrastructure, providing a laptop for each subproject is designed educational materials charities. OLPC foundation is on the outside of a few large companies by the Group at the MIT Media Lab and the $ 100 laptop support, providing educational software for mission development. They sold at cost or given away to donate for 2008 laptop, is widely used. A project called Nabuur.com Agency for International Development Cooperation by allowing the use of the Internet in the personal support began with former US President Bill Clinton's social development issues.

6.2 Private versus Public Funding:-
5 years of research into low-cost private schools in July 2013, coverage was finding increasing polarization and international policy at all (EFA) objectives around education to low-cost private schools are discussed. Polarization of the school, reaching the vulnerable groups, the poor have the ability to provide quality education facilities, destruction of equality, economic sustainability, whether it was because of the controversies around. The report LCPSs supports the development of the main challenges that have been examined. These types of surveys in schools throughout Africa and Asia are expanding, and because of excessive demand dictates. The survey also found that worry.

Growths in low-cost private school or exacerbating the urban and rural populations are low, and high-income families, the continuing inequality in developing countries already exists, and between girls and boys can be equity, inclusive, are found in the literature. LCPSs findings of this report are evidence of the girls and they are underrepresented in some low-income families are reached, often with a small number of high-income families that are prone to see the comparison. In some countries, a teacher ratios, teacher absenteeism, and student level of activity in terms of the quality of education in government schools are better than LCPSs.

Choice and affordability for the poor: the parents, because good quality education and facilities, and an English-language instruction in private schools can choose from a selection of perceptions. However, the 'choice' concept, because to some extent (to the exclusion of the poor majority) limited affordability.

1. The purpose of Education:

May have personal motives are for pursuing education. Objectives and means for social change according to changes in social awareness of the process of education. Topics are around the ability to learn basic literacy skills and developing interpersonal communication. After acquiring the basic abilities, education and livelihood to create value for themselves usually needed to improve the ability of individuals to acquire knowledge and skills focused. Common reasons are why people do so without the use of education to continue and schools "for the greater good, his" career-oriented reasons, personal interest and personal development (education sake) desire satisfied. Education often for all the wealth and status, disabilities and acquired a tool to be removed to achieve greater equality (Sargent 1994) are considered. Responsibilities of
the student-teaching models to study the learner’s interest in the topic are powered by. Many time the children to their full potential in education, and the target is the development of the needs according to its unique potential and development of each individual can be considered a place.

2. Learning Methods: -

The last two decades have been very interested in learning the techniques and styles. The most commonly employed methods of teaching are:

• Visualization: learning on the basis of observation, to see what is learned.

• Hearing: Hearing on the instruction / data, learning.

3. Educational Philosophy:-

The method is that philosophy" and "philosophy of education might be. Learning or teaching discipline It is the process of teaching or education purposes, forms, methods, or results related to the sense of being part of the discipline may have Or disciplinary concepts, objectives, and methods related to the discipline in the sense of being can be met.” As such, he and addressing questions about metaphysics, epistemology, axiology and the philosophical approach to the landscape, Whether in the fields of education and application of the concept in the field of education, educational policy and curriculum (speculative, normative, and / or analysis), E.g. upbringing and education, education and education through the practice of limiting values and legalization and education standards, what is a discipline, teaching and research is the relationship.

4. Curriculum: -

As an idea, of course, the children grow up to become a mature adult, who refers to the action and experience, from the Latin word racecourse stems. University or other methods, such as a discipline, whether through formal instruction, which is a branch of knowledge. Educational institutions are, as part of the 12th grade curriculum, or as an alternative to the major universities, including art. Artists were of different types of music, dance and theatre.

5. Instruction:-
Another suggestion is to facilitate learning. Primary and secondary institutions and teachers often referred to as a teacher, and they and the students to read directly, writing, mathematics, science and history education can draw on many disciplines. According to tertiary institutions, instructors, teachers, lecturers, professors, or can be called type; Teachers learn teaching performance (sets) a popular way, the use of student evaluation, but the evaluation of these biases, since students have been criticized as inaccurate and counterproductive.

6. Need of Education: -

1. Education of our oxygen and how things are working perfectly.
2. Education required for the item as well as the community is the foundation for a better world.
3. Helps to prevent superstitious rationalism of education in our society.
4. Personal Progress share equal to education helps.
5. Information and Technology as well as it give scope for science.
6. Teaching students to solve their problems are all different attitude.
7. On average, educated people to work in our life and job satisfaction were found.
8. Educated people are better at self -esteem.
9. Education has reduced our world war.
10. Education also decreased poverty and ignorance.

7. Importantance of Education: -

Education is all about learning and good quality. We do not really know about it and we already have a tool to discover new things. An educated person, the difference between right and wrong or good and evil have the ability. It is the foremost responsibility of a society to educate its citizens. Knowledge and empowerment of women in the society can bring about a change in the family since the focus should be on women's education. Those women were who do not qualify for the education of illiterate and uneducated people. It's just something he has achieved, but does not contribute to the growth of the nation as a whole to become a person's education. We must realize the importance of education. We educate our nation and every citizen is free to make its aim must.

3.3 Medical Education: -
Where the doctor (ie, medical school training), additional training (eg, housing and scholarships), or training to become a doctor's assistant has become the initial training. The effective area of academic research, medical education in a variety of teaching methods, has become accustomed to:

**Entry-level Education:-**

According to the jurisdiction and universities, this may be enrolled in any university or graduate introductory courses (mainly Australia, Canada and the United States) (Europe, India, China, the most). In general, the initial training was to take medical school. Before the traditional medical education was and clinical differences between early clinical studies. However, a systems-based curriculum, teaching the use of integrated medical applications, and many companies do this. In the United States, until recently, the process is not included in the human nutrition requirements MD degree. Today, the error is corrected; at least to the extent of such a process is required. Wide Dispersion (MBA or MD / MBA is not), because, being criticized, however, research (DO / PhD or MD / PhD), or a combination of management programs medical training programs, which led to a proliferation of clinical practice of final medical knowledge has shown harmful effects on production.

**Postgraduate Education:-**

After the completion of the entry-level training, newly graduated doctors, usually given formal registration required supervision for some time before practice; this is mainly a one-year period, "internship" or "temporary registration" or "live," said. More training can be carried out in a field of medicine. After the start of junior doctors in other jurisdictions prior to normal (untreated) training needs to start year, while some jurisdictions, namely the completion of the entry-level training. Postgraduate education theory itself is increasingly becoming an integral part of medical training. Student formal academic education is becoming increasingly responsible for the medical school teachers are becoming the norm.

**Medical Education and Continuing:-**

In most countries, the continuing license required continuing medical education (CME) courses. CME requirements vary by state and country. In the United States, the validity of the Jury Continuing Medical Education (ACCME) is determined by the oversight. Doctors often
committed to meet their lectures, grand rounds, need conference and attended a performance improvement activity.

**Online Education:-**

This is usually a learning management system (LMS) or a Virtual Learning Environment (VLE), online learning can support a worldwide medical education is becoming increasingly common. In medical education and virtual patients and virtual medical records were, including practical application in the field of online search.

- Dental anatomy software
- Virtual dental patients

Virtual dental patients and digital medical records system to read and create a three-dimensional image is a combination of simulation methods. Contact with the teeth, and the surface of the anatomical structure of the computer system hard and soft tissues, teeth, and contact the patient's jaw motion and provides an accurate representation. Virtual dental patients in dental health diagnosis, prognosis and patient outcome evaluation will provide valuable information. This discovery represents a paradigm shift in clinical dentistry measurement mode.

**Medical Education Systems:-**

Student already has a degree, if present, in the United Kingdom, at the University of the Typical Medicine Course of 5 years or 4 years. Some students and some organizations, it may be six years (including after intercalation accepted preclinical pharmacology studies selected at a time of the year). Bachelor of Medicine and Surgery are in all applications (referred MBChB, MBBS, MBBCh, BM, etc.), produced from the Bachelor. The internship is similar to training, namely F1 and F2, later to be followed by 2 years of clinical foundation. Students with F-1 at the end of the UK General Medical Council register. At F2, they may pursue the study of more years. Systems in Australia, the Australian Medical Council (AMC) with the registration are very similar.

America and Canada, the first of a potential medical student (MD or DO) to pursue graduate medical school before applying for an undergraduate degree in any subject must complete. Almost all American medical schools are four-year programs. Some student’s research
focuses DO / PhD opt for. Or MD / Ph.D. Usually completed in 7-10 years, the dual-degree program. Such as the exact requirements vary by school, etc., General Chemistry, organic chemistry, physics, mathematics, biology, English, labwork, as a prerequisite for being accepted medical school, which is a specific curriculum. In Australia, there are two ways for a medical degree. High school students as the first three degrees of surgical Medicine / Bachelor (MBBS or BMED) or 6-year undergraduate medical degree, Bachelor of five years to choose, or directly after the usual three years (usually can complete a graduate degree Medical Sciences ) after the drug / Bachelor of surgery (MBBS) plans to apply for a four-year college graduation.

**Medical Education and its Journal:-**

Medical education, a large number of journals, Open Access and subscription has increased by two, specializing in support for medical education. In (in alphabetical order) include:

- Academic Journal (subscription)
- Advances in Health Science Education (subscription)
- BMC Medical Education (Open Access)
- International Journal of Medical Education (Open Access)
- Medical Education Network Journal (Open Access)
- Medical Education and Research (Open Access)
- Which scientific journal
- Medicine Education (Open Access)
- Medical Education (subscription)
- Medical Education Online (open access)
- Medical division (subscription)
- Open Medicine Education (Open Access)
In medical education (subscription)

Gulf Medical Journal (GMJ) Gulf Medical University, Ajman, United Arab Emirates is an online magazine.

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1. Validation:--
Indian Medical Council of India approved the law requires these types of organizations. The Indian government has approved an updated list of medical colleges. And Bachelor of Surgery postgraduate medical (MBBS) or Bachelor of Ayurvedic Medicine and Bachelor of Surgery, resulting in a potential student undergraduate curriculum, with science stream HSC (10 + 2, or high school) must complete at least in subjects with biological science, chemistry and physics, 60% of the mark.

2. Post Graduate Course:-

Sign MBBS degree from the Medical Council of India in the field of medicine and surgery is the basic requirement for all graduate courses. India, as the MBBS courses, postgraduate courses, often "graduate" status granted said. In India, high school students in the course of two years (grades 11-12) and (aka bachelor's degree) in a traditional four-year undergraduate medical school and start immediately.

3. Admissions Process:-

The traditional admissions are criteria from one part to another country, or even because the organization is different. Throughout the admissions process the parties in the ongoing litigation is currently a significant improvement. Under normal circumstances, to enter based on one of the following: competition marks the federal or state level examinations obtained.

1. Standard

2. In the final exam to get two marks. XII. (Reserved for the high and low of the general category)

3. The grant-based conference

Similarly, the basic graduate degrees and diplomas are (in) formation of the federal or state level, to obtain admission or donation conference on competitive examinations. Personal interviews with the candidate’s specific institutions, but these cases are sub-specialty courses. Based on these donations seat has been severely criticized, because it makes a valid license in
India, as the official policy of the sale of medical seats in private medical colleges, implicitly accepted the principle of capacity to pay, rather than the merits of the only country, is what counts. These illegal capitation fees are from Rs.50 lakh to Rs.1 crore MBBS seats. In order to reduce the pressure of repeated examinations, and ensure that the minimum capacity and important purpose is to eradicate corruption in the NEET-UG and NEET-PG medical education across the country as early as 2015 Vision Council (marsh) was appointed by the MCI recommends that the Government of India after the dissolution. These exams are considered for entry into a medical school (except like AIIMS, PGI MER, JIPMER, which established a parliamentary order), a single window. Which proposed 2015 Vision document despite the specific NEET UG and PG courses from different current implementation, it basically maintains its core purpose.

NEET-UG (undergraduate), MBBS and BDS courses, the Central Board of Secondary Education (CBSE) were conducted in 2013. NEET-UG All India Pre Medical Test (AIPMT) and the states, or colleges of their MBBS examination was carried out by the individual. However, many colleges and institutions and their MBBS and BDS courses for investing in private exam conducted for admission. However, Banaras Hindu University, if you choose to base the Armed Forces Medical College and many other well-known institutions admitted to the NEET-UG. The first exam was held May 5, 2013, and on June 5, 2013, in India, a huge competition to qualify for MBBS seats in the results announced. NEET-UG2013 registered candidates, a total of 7, 17,127 candidates NEET-UG, 2013 were eligible to appear, including 6 right, 58,040 candidates appeared 31,000 seats exams and 3,66317 candidates qualification testing.

This test checks to ensure a seat in the success rate of 4.71% .Decision: July 18, 2013, the Indian Supreme Court on NEET exam is down to two: a review of India's appeal in August 2013 in the Council, for this reason the decision (as of May 2014) is awaited.

4. Postgraduate: -

Similarly, after graduating from the field (in) the NEET-PG MD / MS and PG Diploma courses is an eligibility-cum-entrance examination. This effectively for entry into postgraduate courses and similar state-level exams were present AIPGMEE. The test window was identified as 6, December 2012, (24 Th, 25 Th and November 28 with a non-test day, 2 December) - The
first NEET- PG November 23 from the examination was conducted by the National Board. The test is that, unlike traditional paper and pen-based computer testing AIIMS All India Entrance 50% quota for the number of years of post-graduate courses based on made a statement. In short, 90,377 candidates took the exam.

5. **Foreigners:**

In addition, all levels of government and private colleges from the current NRI quota, the Indian government’s lack of medical facilities in education in developing countries has been allocated a number of seats for students. The exact number of reserved seats and state funding is based on a year of change. The seats reserved for the students to enter the Indian missions abroad, or are required to apply diplomatic missions in their respective countries. An Indian Embassy or High Commission will be able to provide more information as requested. General admission requirements are waived sponsor candidates. This is a very important foreign citizens (at least all government colleges) still must pass the qualification NEET NRI quota seats, taking all qualified candidates seeking seats will be allocated a quota quality notes. NRI fee structure is also different candidates.

6. **Courses offered:**

**M.B.B.S.:-**

Graduate School of Medicine offers MBBS degree. Only institution in the curriculum, providing MBBS course is called Medical Colleges. College of Graduate and auxiliary programs can teach. Enrollment in the government, because the high subsidies and extensive practical experience, MBBS courses are very competitive. Since the MBBS course, biochemistry, physiology, anatomy, microbiology, pathology and pharmacology as the basic preclinical research begins. For one of the five-year-old student are with real patients in the ward and outpatient interactive, hands-on training to accept. Medical history, examination, differential diagnosis and management of patients in the process are to instill a standard protocol. Patient’s student checking, what is the best treatment plan will help determine what to teach. The course also has a standard medical procedure for a thorough practical knowledge and practice. The course also looks forward to a variety of professional practice for a period of 12-month-long internship containment. In addition to standard medical care, ward management, employee
management skills and in-depth consultations to get the full experience. Degrees awarded (hereinafter referred to as "Bachelor of Medicine and Bachelor of Surgery"). Minimum requirements are for the MBBS courses + 2'10 in physics, chemistry, biology and English, 50% trace test. Students need to reserve is 40%. MBBS entrance set. Entry requirements vary for each university. Under normal circumstances, the qualifying examination and who gets high marks in student bodies MBBS course medical entrance exam to be accepted.

**Postgraduate courses:**

Major colleges and universities also have their own programmer’s graduate degree or diploma courses are MD, (MD) award, Master of Surgery (MS) or diplomat National Bureau (DNB)). MD / Master of subordinates from the exam, the National Health Service and the Indian Ministry of an independent self-governing institution is provided by the Medical Council of India and affiliated to the University the right to grant degrees in the DNB. They are different streams of medical science such as General medicine is available, general surgery, orthopedics, radio diagnosis, radiation therapy, ENT, obstetrics and gynecology, ophthalmology, anesthesiology, pediatrics, community medicine, pathology, microbiology duration of forensic science, pharmacology, anatomy, 2-year diploma courses, degree courses, and other three-year period. After post-graduation, students select an area of interest in the course of a three-year re-DM or DNB (MD), or MCH or DNB (surgical Chirurgery / Master) can choose a super special.

An MD or DNB (general medicine or pediatrics), etc., Cardiology, Nephrology, Neonatology, gastrointestinal enterology, neurology, except Clinical Hematology (pathology or general medicine) is a basic requirement, which specializes in, when MS or DNB (general Surgery, ENT and orthopedic) neurosurgery, urology, cardiothoracic vascular surgery, gastrointestinal surgery, pediatric surgery, plastic surgery and so on.

Now the basic requirements of family medicine have become a priority area in India, many teaching hospitals DNB (Family Medicine) available. Etc., neuroradiology, neurological or cardiac anesthesia postdoctoral fellowship, select courses offered by institutions.

**3.4 Development of Medical Colleges in India:**
Now a days first MBBS course enrolled 28,349 students per year, 262 (2006), medical colleges. In ten years, has increased significantly. In 1994-95, 12,249 students were accepted in 152 medical colleges. Twenty years ago, 11,561 students were accepted 106 medical colleges. The increase is mainly due to the change in private medical colleges. Where the number was 47 in 1995 through 2006; there were 131 private medical colleges. Private colleges and specialized training in public health to the urban bias and have an attitude toward 2001 Master's degree in India (2005-06) of health information, according to data from the latest available year, but only 58 out of 3,181 were given to doctors in community medicine. The total number of doctors (GPs 700,000) is very low in developing countries, only 28% of people located in rural areas. With 83% of total health expenditure in the private sector, the private sector dominant influence in the health system.

Pulse by the private sector to promote and maximize profits, higher costs and increasing dependence on the tilt angle have been cured of high-tech diagnostic support system under the auspices of initiatives. Central Health Service (CHS) in 4712 the total authorized strength, only 78 (1.6%) of the public health sub-cadre posts exist. General duty medical personnel (GDMOs) or elsewhere have medical or educational specialists. Even in this case the state of public health cadres worse. Distortion is currently only 163 seats and 106 seats diploma in community health / preventive health / social medicine and is reflected in the limited number of postgraduate seats. In addition, a very large number centralized medical colleges in six states (Maharashtra, Karnataka, Andhra Pradesh, Tamil Nadu, Kerala and Gujarat) is. Approximately 63 percent of medical schools, the total number of seats in the country and covers 67%.

3.5 Medical Council of India in Brief:-

<table>
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India (MCI), unified and high standards of medical education in the Indian Medical Council is a statutory body. Will give a recognized medical qualification, accredited medical colleges give grants registered doctors, and monitors medical practice in India. Srivastava is the current Chairman of the Board of MCI Dr.RK.

Contents:-

• History
• Functions of the council
• MCI Online
• Awards
• Controversy

History:-

Medical Council of India in the Indian Medical Council Act was established in 1934, after 1933, the Medical Council of India Bills Committee replaced the earlier Act, 1956 is under restructuring. After this, the Council, its functions assigned by the President of India will be dismissed. Governor proposed on May 13, 2011 to attend the Board of Directors.

Functions of the Council:-

MCI's main functions are as follows:

• Establishing and maintaining the same standards for undergraduate medical education. (By the way, it's a different class of graduates of foreign medical or other matter, and his private medical college doctors, healthcare providers if in fact such noises about the quality of doctors, though, to see themselves as standards, never bothers to MCI) this will take away the charm of such meetings, as a deaf year to continue to develop, and the millions of dollars it receives from them.
• It is accredited by the Postgraduate Medical Education regulates medical colleges. (Graduate Medical Education National Examination Board in India is another statutory body).

• Approval of medical institutions in India recognized medical qualifications.

• Foreign medical qualifications certification.

• Recognized medical colleges. (Not never on financial matters, the private medical colleges, teachers and facilities existing on paper only, but is alleged to getting recognition)
• Registration of doctors with recognized medical qualifications. (Called the Indian Medical Register) directory on all registered doctors. Doctors and their qualifications, registered by the State Medical Board would normally do.

**MCI online:-**

The role of MCI (medical qualifications), and apply professional certificates for the Medical Council of India portal registration online processing. MCI provides the Indian Medical Register also offers an online search.

**MCI Awards:-**

• Dr. BC Roy Award: Dr. BC Roy National Award Fund was established in 1962 to perpetuate his memory. The highest level of award diplomatic, medical people and politicians, prominent medical personnel, celebrities in philosophy and art in the famous medical staff proposed different for everyone.

• Hari Om Ashram Award: Hari Om Ashram distiller Research Award Fund, medicine, clinical research and basic research operations research Hari Om Ashram distiller Research Award in the category decided to invite nominations.

• Jubilee Award: Silver Jubilee Research Award Fund aid or assistance to medical institutions and related sciences in the rest of India as well as his reward guy original works in the medical field is the category of medical research and travel / medical institutions / organizations in universe medical education scholarships to help.

**MCI Controversy:-**
Patiala Medical suspicion of accepting bribes, making CBI arrested on April 22, 2010, MCI president Ketan Desai and three others on May 15, 2010 after Japan arrested, was disbanded by the President of India has adequate infrastructure, recruit a new batch of students did not. Desai, alleged middleman, JP Singh and doctor’s sukavindara Singh and Kanwaljit Singh has already lain down to prevent corruption law. However, Ketan Desai is MCI's cronies at the helm of affairs, now. MCI Ketan Desai disgraced back, despite the pending allegations of corruption. This deep-rooted corruption, particularly healthcare. It India Ketan Desai of India and his close contact with the political parties seem to be a classic example of MCI firmly grasp. Between such political paties Ketan Desai political and ideological differences have been swept out to bring back the strength of the medical mafia regulatory agencies.

India (MCI), unified and high standards of medical education in the Indian Medical Council is a statutory body. Will give a recognized medical qualification, accredited medical colleges give grants registered doctors, and monitors medical practice in India. MCI is the current Chairman of the Board of Directors Dr. R of Tahoua.

3.6 Other Health Care Courses in India:-

They include:-

1. B.A.M.S., Bachelor of Ayurvedic Medicine & surgery followed by M.D.
2. B.N.Y.S., Bachelor of Naturopathy & Yogic Sciences followed by M.D.
3. B.U.M.S., Bachelor of Unani Medicine and Surgery followed by M.D.
4. B.S.M.S., Bachelor of Siddha Medicine and Surgery followed by M.D.
5. B.H.M.S., Bachelor of Homeopathic Medicine & Surgery followed by M.D.

Ayurveda, Yoga & Naturopathy, Unani, Siddha Homeopathy are collectively called as AYUSH – Alternative medicine

MBBS

MBBS, BDS, BAMS BNYS, bums, BSMS holding Professionals, BHMS degree "doctor" referred to by the title and the prefix "Dr." is used.

I (first) MBBS:-
The pre-medical courses in anatomy, physiology and biochemistry contains, and the medical student in basic subjects and it lasts for a year. I MBBS 1 ½ years prior to 1997 are included, but the clinical exposure were trimmed to make more time available. I passed the MBBS final examination is mandatory to precede with the course. Clear all the subjects of MBBS 1st until the first failed MBBS exam, a candidate are detained. The Indian medical education system is considered a major limitation. A student will get into an intermediate batch is not clear that the subject of many universities in the graduate medical education in 2012 at the MCI rules have changed. It is a serious drawback. Biostatistics a class may be taken when the morning session, except for one day usually followed by dissection of the anatomy lecture included. In the afternoon session, followed by laboratory work in physiology or biochemistry, has a theory class, or it may be a branch of anatomy histology of.

Another (second) MBBS:-

Pathology, Pharmacology, Microbiology, Forensic Medicine are one and a half years. After cleaning all 4 subjects a student advances to third MBBS. The topics of the lecture classes and lab work, usually morning to attend the clinical wards and outpatient departments to enable students to be taken in the afternoon. Pediatrics, Psychiatry in the short postings (15days duration), forensic medicine, skin and leprosy, TB and Respiratory Medicine, and is followed by. The postings can be followed directly by the drug in a clinical or community interventions can post.

Third (Final) MBBS - Part I:-

Part I of Social and Preventive Medicine (Community Medicine), Ear, Nose and Throat and Ophthalmology, where the formation of the core themes of the year, are included.

IV (Final) MBBS - Part II:-

Medicine, Surgery (Incl.Orthopaedics), Paediatrics, Obstetrics and Gynaecology: the four basic medical subjects, ie, focused training in a year. On passing the final MBBS examination, a candidate for the MCI or State Medical Council has given provisional registration and internship can begin. Permanent registration are (license to practice) and the medical degree (ie, MBBS) of the successful and satisfactory completion of compulsory rotator resident internship, but only after a given CRRI.
Internship:-

After successful completion of the MBBS course, for a period of one year, the approval of a medical college or other approved hospital attached to a medical college hospital is required to work. The post of the compulsory rotator resident internship or Tamil Nadu House surgeon says. The student only after the completion of a satisfactory degree of CRRI gets. (Also called an Internee or a CRRI), an intern on the basis of a rotation of the hospital's medical section of the post. The basic clinical and practical knowledge about them in all branches of medicine and the community to work as a general physician makes the medical graduate fit. An intern's schedule is usually very full. For example, one may have to work for the whole night and then have to start the next day duty only after about one or two hours. This may last until noon. Sleepless duty 24 hours at a stretch is not uncommon, and sometimes even the rest of the schedule is not allowed by superiors. He or she is also on the management of a variety of different medical colleges in the hospital for a monthly stipend paid for their work. This person is licensed to practice medicine only after the completion of the internship. And only after having completed an internship, one can achieve his MBBS degree and post-graduate studies can pursue.

Internship as understood in the UK and other countries, domestic Officership (internship may follow) is different from. The latter is not a mandatory term. Unlike an intern house physician or house surgeon, his or her choice to work in a particular department, and (in the UK, in particular) for their work in the hospital for a monthly "salary" is paid. American counterpart a "resident" (ie, a resident physician or resident surgeon) is called. But in India, the internship or Surgeoncy House or House Officership - all considered and the same. In addition, a "house physician" as a word is medicine. India, high value specialty training internship under the Doctor in a "post-graduate trainee" or PGT is called, because. House officers, interns and junior doctors often referred PGTs. PGTs and House officials sometimes referred to as junior residents.

Intern responsibilities:-

The interns or resident of a medical educator / PGT / senior medical officer are under the supervision of medical responsibility. Interns under their own signatures, medical certificates, death certificates will not be issued or Medico-legal documents.

3.7 National Knowledge Commission (NKC) and their Reports:-
NKC recommendations and India's knowledge-based economy and society made by amendments to the Indian Prime Minister were carried out in 2005. NKC's function is an important part of vocational education, especially education in the medical field. Given its importance, an NKC cell in the medical field has decided to set up a working Group on Education.

Terms of reference for the Working Group on Medical Education
1. Curriculum, education, infrastructure, administration and use of barrier, identify problems and challenges.
2. Changes and problems, and of course, education, infrastructure, administration, and recommend improvements to address challenges related to access.
3. Medium suggested expanding educational opportunities in the medical sciences.
4. of raising the standards and methods to create centers of excellence to decide.
5. Ways to attract and retain talented faculty members to explore.
6. Motivation and medical colleges and teaching hospitals, research suggests measures to sustain the tradition.
7. Ways to test alternative systems of medicine, education and development to occur.
8. Para-professional educations in medical schools strongly recommend means.
9. Medical education, public health, and create a platform to explore synergies between distribution systems.
10. This may be relevant in the context of any other issue that examine.

Medical education is the whole system of education that is part of today's crisis mode, we paid a heavy price for the balanced growth of inadequate investment in social sectors, namely health and education, and moral degradation in conditions permit set these areas, while establishing an industrial and technological capabilities. This is reflected also in the tent, there is no provision of specialized teachers and primary health care centers in crumbling buildings incompetent health care in schools. In this overall downturn, the reform of medical education needs to be broad-based in many areas, aimed at the convergence of ordinary people to provide health care, urban or rural, who can promote economic growth and quality of life of the nation, which is the ultimate goal of education. Across the board in the National Health Quality education is no direction, no regulation and standardization, in addition to a few institutions.
Health-oriented human resources are producing quality, quantity and distribution of highly unsatisfactory. Reference quality, there is no accountability, effective monitoring and implementation of the provisions of the standard, by any regulatory authority or well-designed demand-oriented education programmes. The curriculum has not been updated for many years, there has been no attempt to emphasize - health strategies or injection curriculum and cutting-edge science and technology, unprecedented knowledge explosion, sparking a young mind. Medical personnel reference number and mix of skills, is necessary, it is not based on any disease surveillance data or provide trained human resource requirements for teachers, researchers and executives to study objectively serve the community health care needs of the doctors and nurses or paraprofessionals. Referring to the issue, there are medical facilities and the quality of the position of the large urban-rural gap and increase access and equity and reduce rural and urban slums and over-investigation and medicalisation and technology-driven strategy for the city's rich tertiary hospital despite the presence of all these shortcomings, the infant mortality rate has dropped since 120 to 70, and the maternal mortality rate in the past 60 years from 840 to 407. However, these statistics hide in some countries, such as whether in Kerala and Tamil Nadu have 17 good working infant mortality, while in UP and Bihar hovering around 100. It it seems that this is a personal and individual countries to contribute to the community, the result is no system operation; otherwise it will not happen that major changes. It is a system fails; it must be recognized and addressed.

Primary, secondary and university, in 1946, following the recommendations of the Bhore Committee report, the Indian government, health, independence three-tier system was adopted. We care about appropriate training to the required three levels of human labor. Over the years we have lost local goals and objectives. Health-oriented training in rural areas and poverty-oriented and fair ordinary consciousness, more and more urbanized the doctor-centered, technology-based care change. 30% of the population lives - we have built all the 262 medical colleges are located in urban areas, only 25. Our nursing staff training facilities and equipment no data is available each year, we only 28,349 doctors and 20,000 nurses. Three continuous systems of medical services have been lost. Medical graduates facing the city and their way of thinking and training to prepare their services in urban areas or equip them for further study in the professional field of their choice. Nurse training program lacks in terms of quantity and quality with the doctor a nurse ratio: 1.35, which in developed countries is 1: 3. Doctor population ratio is 1: 1722. In this
case, live in rural areas and urban slums of the vast majority of the population did not get organized primary health care, secondary or tertiary, and will depend on many voluntary agencies or submitted NGO cooperation in the field make a valuable service. But their numbers are very few among the millions who need primary care. Therefore, the medical quacks have occupied the site. Population has no choice but to seek their help because they are locally available, whether urban or rural, while the service they provide is suspect, and so far have disastrous effects from long-term satisfaction. The Constitution of India provides medical fees and eliminates unhealthy population and state responsibility. Therefore, our primary challenge is to provide the public health system and primary health care services in rural areas and most of the vast urban slums. Meanwhile, there is a need to update and improve the quality of training being given to us by medical schools, in order to make sensitive medical education and a globally competitive environment for the country. These two aspects are equally important, must be solved. For the purposes of our report, we introduced the concept of it in two parts, but would like to stress that, functionally they are a continuous need to address two issues in order to achieve the goal of a healthy nation. Too much emphasis on the doctor's medical education only increased will continue to strengthen, the medical condition of the imbalance of the health workforce. Unless the health system is considered part of a complex community health-oriented strategy, there is the danger that market forces will prevail completely over most of the country lives in a real and unmet needs.

Part - I

Into today remain globally competitive, there is a rigorous review of our academic programs and undergraduate, graduate and doctoral levels in the current program and provide recommendations. All participants in the following headings (Follow the recommendations of the medical profession of the target audience) have been resolved:

1 Regulatory Authority and the Central Government
2 Medical Institutions / Colleges
3 Faculty
4 Students

Part - II
It should be provided for them in the community, is committed to providing primary health care and public health services. Countries may be sensitive, we increase our labor productivity and economic growth, which will help improve our health delivery. Community were to give them at the door and are unavailable. These recommendations are being effectively overcome the obstacles basically resolved the new policy priorities, has been proposed to reduce exposure to disease prevention strategies by society and the strengthening of proper care and use of attitudes, institutional change and educational innovation trajectory revolutionized distance education for continuing medical education force. Grassroots NGO and voluntary organizations, their successes and failures have been considered the experience and recommendations into improving our insistence dismal record of health indicators and the corresponding changes in the human development index through education and training strategies. Currently, there are 262 (2006) 28 349 medical colleges in the first year MBBS course admission of students. For decades, significant gains have been. In 1994-5, a total of 152 medical colleges admit 12,249 students. Twenty years ago, there are 106 medical colleges admit 11,561 students. Increase in private medical colleges primarily responsible for the change. Numbers are 47 in 1995, which by 2006 there were 131 private medical colleges. During the same period, the government-run hospital school has increased from 109 to 131. Private colleges and universities have an urban bias and direction of professional training, rather than public health. According to health information from India (2005-6) and a graduate degree in 2001 was awarded the 3181 date information doctors in a single year, but out of which only 58 people in the medical community. While doctors (07,000 doctors) are not very low total number of developing countries, only 28% of people located in rural areas. With 83% of total health expenditure in the private sector, the private sector dominant influence in the health system. Impulse by not less than the private sector, already high costs and maximizes profits more and more and more dependent on high-tech diagnostic support initiatives of treatment, the operating system is skewed. Central Health Service (CHS) in 4712 the total authorized strength, only 78 (1.6%) of the public health sub-cadre posts exist. General duty medical personnel (GDMOs) or elsewhere have medical or educational specialists. Even in this case the state of public health cadres worse. Distortion is currently only 163 seats and 106 seats diploma in community health / preventive health / social medicine and is reflected in the limited number of postgraduate seats.
In addition, a very large number of medical colleges are concentrated in six states (Maharashtra, Karnataka, Andhra Pradesh, Tamil Nadu, Kerala and Gujarat). Approximately 63 percent of medical schools, the total number of seats in the country and covers 67%. In contrast, the total seats of the National Academy and the East Asian Games, the action group is authorized to clear 20% to 18% are located in a disproportionate number of seats to minority institutions; And the total number of colleges and Northeast / 3% of the seats in the hill country of 3%. Medical Colleges are uneven regional distribution system with more distortion. At least some of the distortions in the system are well-known for some time. To this end, the leadership is of the draft prepared by the State Board of Education Bajaj Professor J.S.

3.8 In Health Policy:-

Science and noted that at the beginning:
(1) curricular contents and the performance of various levels of medical and health personnel, bringing the training programmers sets out the necessary changes;
(2) Considering the important inter-relationship between the workers need to take to set up Different grades;
(3) on the basis of realistic guidelines for the production of health personnel to provide Assess manpower requirements
(4) The current severe regional imbalances in the availability solve; And
(5) the level of employees rendering the background are encouraged to ensure that Community Health Services.

Health Sciences in the national education policy, however, was a draft. So, this is not the purpose of the system is attempting to address this very distortions that are addressing the problems without taking into consideration the previous committees. And generate reports, many groups have been good. Referring to medical education and its goals, Bhore Committee (1946) and the Mudaliar Committee (1961), "social doctor", Patel Report (1971), referring to the "basic doctor" about, Srivastava report (1975), which is to talk about "family and community-based professional" social responsibility, and finally, the "community doctor" Bajaj report (1989) says. The expert groups, including the possible related quotes. Instead, the report of the current provision of manpower to meet the health needs of the immediate crisis in the face of the urgent need to implement the recommendations contained herein will be published.
3.9 Medical and Health Education Committee: 1975

We are recommend that measures should be taken immediately, set up by Parliament, medical and health education committee to coordinate and maintain the health and medical education standard behavior. It should UGC after being widely used graphical overall - a Chairman who should be a non-official health services and education in the field and a leading personality. The total number of members should be 9 and 15, one-third of the central and state governments on behalf of S and universities, one-third of Parliament representing different countries, one-third by the Health and Medical Education and field service leader. Its role should be pro-motivation and support, it should be a reform of the health and medical education needed to be responsible for planning and implementation. It should have the necessary administrative bodies should also take measures to put a lot of resources for its fifth five-year plan, so that it can start and strong effect.

3.10 Education Commission in Health Sciences: 1989

It is necessary to set up a central organization related to the field of professional education and health. Because Medical Education Review Committee recommendations in principle, and accept the government, medical education and health committee of the University Grants Committee mode, urgent need to establish. It should be a general obligation of this Board of Education's commitment to the health sciences, and in terms of university and professional committees, in consultation with all of these measures, as it deems appropriate publicity and coordination of education, health sciences. The committee will deal with all branches of health sciences, including also the provider of care, medical and dental science and other categories of health care in medical science at all levels. The main objective of the committee will include:

1. In the ever-changing demands and needs of the population socioepidemiological background of national health manpower requirements continue to review.

2. Be sure to create educational institutions and facilities, or enhance these facilities in existing educational institutions, which will benefit the production forecast human resources for health, and to consider the establishment of a health sciences or more colleges.

3.11 The Report FLEXNER
In 1909, the restructuring is to create the promotion of medical education AMA Medical Education Committee. The Council urges commitment to lead the Carnegie Foundation. Lead Carnegie survey, a school principal and educationist appointed Abraham Flexner. In 1910, Flexner visited the site at the time of the study and present their reports after assessing all 150 medical schools. The implementation of community health infrastructure needed to meet the needs of scientific education in schools has declined based 150. He said: "Medicine is on a strong foundation of medical practice can establish a science and art." Medical Education in the United States has been converted and has not looked back, after centuries of our 262 medical colleges need shakeups.

3.12 Academy of Medicine and Biomedicine (MAMB) Moving

The basic principles and Methods College of Sports Medicine Biomedical (MAMB) through educational programs include new knowledge and technology; non-formal education can be accessed by students, Education program by increasing proximity and access to complete. Seminar sponsored by the Institute or Center to determine the area, students can voluntarily participate in this seminar. Training seminars offered in the student's education program has been undertaken to supplement. In this workshop, new and innovative methods in teaching and students are the minimum cost. It is also cost-effective organizers.

The main features of the training programs are as follows:
1. supplement formal education packages for medical student’s new information / knowledge on the college’s teacher.

2. On medical training / development programs to improve the new research and education.

3. The host institution or center, where students are accumulated around the medical colleges and can learn.

The curriculum and examination program, which does not belong to the current voluntary successful mobile learning program proved positive feedback students and he / she participated in the program improved the performance is measured. For example, the percentage of students in Pune, SP College of Technology workshop after workshop after workshop to 81.1% from
55.2% previously passed up. The student performance pre and post workshop LTM Medical College in Mumbai were, respectively, 47.1% and 74%.

Screening and research strategy for this study MAMB particular disease research laboratory of the disease in rural areas. The cross-checking of results and tertiary centers for disease characterization at the college level for field-based technology, the use of secondary research centers are the primary centers to be made. Best College (Center of Excellence), can be used as a national reference laboratory. The research work involving local initiatives in rural areas and helps to create a research hub. The Academy already has made Pune eukaryote biotechnology laboratory training. The MAMB education program has the following areas: research and carry out a particular disease - studies (eg Thalasemia and Down syndrome) incidence and characteristics, Disease screening and prevention training to the community itself. Therefore, the chance of disease screening and prevention education to the community is extended to include the teaching.

3.13 Established in the National Teacher Training Center experience JIPMER – Pondicherry

Ministry of Health, Government of India and South-East Asia Regional Office Joint in 1970, the National Teacher Training Center JIPMER, Pondicherry was established cooperation, teaching methods, including many medical colleges in the country examination of innovation, through short courses, teacher training center for small groups. These small groups of cells begin a new teacher training colleges, medical education help. In the National Technology Transfer Center also improve education in medical education colleges and universities to provide professional recommendations. AIIMS similar centers and other centers in the country started. National Teacher development process should be based on experience.

Log Book - The internship skills

Rajiv Gandhi University of Health Sciences, Karnataka, several etc. organizations in various departments during the internship young graduate in his / her postings should try to pick up the skill that lists all the logbook of the internship is to be presented. The log book is a record of the training and skills under the supervision and supervisor tried to make a note of each time
by a doctor in the young are made of. Young doctor prepares for the future study confirms the strong skill-oriented training. This innovation should be extended to all medical colleges

3.14 Some innovative graduate programs in AT- CMC - Vellore

1. Comprehensive Education Plan

who promoted the two weeks after I and II MBBS unit integrated learning programmer:

A. integrated education;

B. problem-based learning;

In preclinical and clinical auxiliary C. MBBS second year medical disciplines subjects of medical education began early. Vertical and horizontal integration within the traditional curriculum to promote the short units.

2. Secondary Hospital Program

CMC students in rural and remote locations across the country, which is located at the hospital's mission and the voluntary sector, are exposed to high levels of care where his undergraduate course in 3 weeks. The postings II (1 week) and third MBBS (2 weeks) at the post hospital, including carefully selected medical station two-way exchange of teachers, local health issues and project work plan.

3. Practices and community health programs exist in Vellore mode there are four stages of community:

Phase I - Program of community-based programs, the first year of MBBS, physical therapy, occupational therapy, unfamiliar students, rural folk and Biostatistics and animal husbandry life. It lasted three weeks, and before the preparatory classes in sociology and statistics. This study investigated, in their social and cultural life of the village, working in the context of campus social demographic village only expose students to the practice followed by three days. Student work about 3-30 students batch. Each batch is assigned a maximum of 13. Various methods have been used to try to obtain a sample. In-depth interviews to collect social research methods, such as focus group data, the survey also have several guest lectures in the afternoon schedule.
Simulation games and ready for students to reflect on the conference. Gathered at the university campus presentation of information are discussed in detail.

**Phase II** - Community Health Program I 1st 2 weeks of the year takes place in clinical, epidemiological this program, health administration and planning practices are primarily focused and classroom exercises, lectures and field exercises are included. Meanwhile, working in batches of 2-3 students, and morbidity and mortality, as well as medical services, including the use of a cross-sectional study costs. The students also right up to the village of the district hospital health services to different types of work. The student’s morbidity profile, time-motion studies and The central facility level undertaken an investigation. A health planning work is completed student groups 8-10.

**Phase III** - Community Health Plan II program occurred in the clinical years, continued for 2-3 weeks. This program, in practice, 8-10 groups to assess health status, and in the past two post acquisition plan. Students were to apply knowledge and skills, and provide students with an opportunity to assess. During the program, the pace of work and schedule of the staff to serve as resource persons, are determined by the students.

**Phase IV** - 12-month internship three months of community health services, is fundamental doctor is ready. Community health and primary treatment is essential knowledge for the students. As an integral part of the team, the students are involved in the organization and delivery of health care. Supervise their diagnosis and treatment of common diseases and work minor. The phase sensitive groups, surveys, order, health education, preventive services for family planning focuses on developing planning skills.

### 4. Clerkship Program

This program is part of patient care under the supervision of clerkship students to take responsibility for where medicine and surgery internship consists of a sub. They join with the medical team, medicine and every 4 weeks post-surgery, and are OP, part of the IP and emergency care, and basic steps.

### 5. Family medicine Post
Students at work, a family physician to observe how they are handled separately from tertiary care to learn the common problems Vellore town and surrounding community hospitals to post-secondary level care settings are made of. This post is for 2 weeks in the second MBBS.

3.15 Why job satisfaction for rural service medical practitioner is so bad?

In getting the right types of students to participate in a question is, in view of the position of privilege and authority of the medical profession, job security, there is pressure from the community to be able to access this. Therefore, most medical students tend to come from more privileged segments of society. Contentions are given the vulnerable to become an equal opportunity Portal Access privileges. There is a sneaking suspicion always; "merit" is made up reasons to maintain the privileges within the upper crust of society. (Historically, this is true, is indeed a strange entrance into the medical colleges in France after the French Revolution, a particular stage, it is in this backdrop worthy of nobility in the 1890s has been a long history in some discussed in the literature - like clinics Foucault) .Whatever birth of reasons, one thing is clear, those who also received the current selection process, you do not want to work in these rural areas, because of their background and aspirations and those who are happy in this kind of place to work can not get to choose. The latter does have such a small part of the motivation for entering professional courses, but the nature of professional education is such that, after five years, this motive has replaced the usual drive professional goals as the center of the city and the disease concept. This is because the way of knowledge in this field has been finalized.

Nature adhere to high measure has not been a clear choice in the "benefit" of. If the drug is a scientific and not like music or painting personalized skills / talent - then we have to admit, though it takes time to master it changes that we may also be able to learn through the school medical practices. If on the other hand, we insist that the practice is a special talent or the art is more entrance is irrelevant. Even sexuality courses are not objectively measurable. When we walked down the privilege gradient phenomenon ", to enter the industry, but only to work in urban areas," smaller nurses, pharmacists, and laboratory technicians, and ANMS and male secondary - but it never completely disappear.

3.16 Nursing
Currently, the highest diploma holders nurse service and four states (Karnataka, Tamil Nadu, Maharashtra and Kerala) nurses have a disproportionate share. Improve their skills and clinical nurses, nurse practitioners, nurse anesthetists and nurse training programs expanded to include to the public sector can contribute to the health plan must recognize nurses.

3.17 Paramedical

Provision of effective health care requires that nurses are paramedical than the other. The health education and community-level health services, including the expansion of health care workers, in particular, referring to the male multipurpose worker. Other than nurse - - the support staff in peripheral health facilities curative health care provider. On the periphery, the compounding pharmacist and a laboratory technician is a cadre of dresser, on the CHC, Perspective technician. It may be an ophthalmic assistant? The public health system is also used in the periphery, we have a male and a female supervisor per 3 may have many areas of a woman's supervisor per six sub-centers are adequate (such as the provision of services which are available to the supervisors of the 4 sub-centers). Expected at the primary health care center in a peripheral Given the limited presence, it is unlikely to meet all the staff work 8 hours a day. In PHC thereby losing economic vitality, but also the staff is a serious underutilization of poor service delivery Vacancies up abstained? Multi-skilled health workers should have the following skills:

Health education / communications to provide immunity.
First aid / first contact care, dressing wounds and injuries and ANM level
Level - basic skills lab assistant (experimental side).
Drug preparation and distribution capabilities,
Ophthalmic test for refractory errors.
Performance X-ray machines.
ECG machine assistance.

3.18 Dave Committee: 1956

In 1956, the government recommends that integrated medicine, a 5½ year graduate course "Dave Committee" appointed, but rather the wisdom of indigenous branches of government was supposed to regulate, in the same year, the Indian Medicine Central Council (CCIM), the drug in creating. Now we had 2 different councils - the Indian systems of medicine for the regulation of Indian Medicine (CCIM 1956) prescribed medicine and modern systems for
the Central Committee of the Medical Council of India (MCI 1933 year 1956 Amendment), sowed the seeds of abuse and the people need for a total to disregard the health of both abusing the system. Two pandas Fire and curative towers were built. Recommendations for integration achieved without hearing a quiet burial, and then talked about coordinating committee that it considers. The Bhore Committee, the Chopra Committee and Dave ended the recommendations of the Committee. Real casualties of this situation, as either a tower or by curative, curative medical services as a specific subset of the colonial era, a variety of current and preventive public health services and preventive strategies were easy to forget, was not understood, dispersed and equipment of the curative Towers was diverted to the turn, which was delivering medical services, merged with.

3.19 The Kottayam experiment (1972-76)

The Kottayam experiment in community medicine student has medicine with a holistic view of the obvious goals, as well as the integrated teaching approach was the precursor. In this experiment, the first session of the course content and the process started manually, based on feedback from the community experience of classroom interaction between teachers and students evolved from. Teachers in all subjects a small multidisciplinary core team, both as learning experience for all supervisors. Coordination at all levels of the experiment and were directed toward the community approach. Not surprisingly, the experiment did not establish a serious medical education system. Syllabus and a bachelor's degree, however, the three southern states for public health care (Kerala), health assistants (Tamil Nadu) by practicality elements of the course, Bachelor of Health Science (Andhra Pradesh) 0.68% of the people in any form of the drug is no training, and public health in rural areas in 1995 conducted by UP / an urgent need to strengthen a study of primary health care, doctors, only 3%, respectively, MBBS graduates or allopathic doctor. Learning and improving them from these experiences, and public health in rural or urban residents and the nursing curriculum and provide appropriate and safe health of the human spirit "should." All occupations require different levels of service to different levels of skills. A common engineering diploma does not have the same level of skill of the average academic qualifications, but any project is vital for each of their special skills, in the same special skills at every level of health care and public health workers need to be able to get them medical graduates do not need to provide these services are not required. 2 dialogue and
partnership is with community health networks. Finally, strong countervailing health-oriented sports, the debate on health reform in the community, patients, customers and the role of the parties and that will enhance the health and development groups, clients and public institutions, civil society, have been launched by the medical field. Directed Change and professional needs rather than the needs of public health has been controlled for a long time. The movement of people rather than the needs of the medical market with its approach to health care and community-based medical education is restored. Such dialogue and partnership continue to take responsibility for the implementation of the above recommendations - the Future initiative, the Ministry of Health, Planning Commission and the other should be taken by the Council.

3.20 A Clinical Analysis of Medical Education CMC Vellore session going on.

Visit a country of paradoxes. In the world (more than 350) in the largest number of medical colleges, we have a significant number of medical tourists, our high level of expertise in clinical manifestation. Quality health, however, limited opportunities for the majority of our citizens - are fully vaccinated less than half of our children. Similarly, three investigations during pregnancy are available for a minimum of half of our pregnant women. To understand this anomaly, we have to go back to the doctors received training in clinical settings where.

1 Macro-level problems

Controversies, debates and conflicts surrounding the state of medical education in India are like the common cold - it keeps the surface every now and then. It is often confront the challenges that the recognition process is accomplished faculty, lack, of course, with irrelevant detail, the complex nature of the selection process, etc. dignity ray poor government control, student, KJ Somaiya Medical College and Research Centre, Mumbai, introducing students to the world of medicine there should be a proper induction program, "says. Class XII graduates step in the early years of med school, life is not a cakewalk. We body, urine tests and blood tests are shocked by the sight. Away our inhibitions by this time, seven months may have gone through. Only the second year, we used the surroundings and get our soul back. "BM Hegde, scientist and author, notes," the key players include multiple- based on pre-clinical tests have questioned the validity of the choice of questions. The universities are the only shops selling degrees. Medical schools to
showcase the students' assessment of the methods used to improve the education of students' innovative pedagogical strategies adopted to improve, make radical changes in curriculum, teacher professional development as teachers and educators should pay attention to. "Garima adds," In India, we follow the method of teaching a habit, so is the need of knowledge of clinical bedside. How doctors are the trusted? PG Examinations are ready to study abroad, realizes the importance of an adequate clinical skills. The system emphasizes more on this than on variations must.

2 Visions 2015

India (MCI) Vision 2015 Committee draft report of the Medical Council has proposed sweeping reforms. Shortage of physicians in the quality of medical education (both general and specialists), unequal distribution of manpower and resources, and drawbacks - the report cites three main reasons for the country's healthcare woes. They have proposed the following amendments: focus on primary health and family medicine, doctors, curricular reforms to increase production, and by investing in technology to strengthen medical institutions. Curricular are reform at the end of a skills-based curriculum and the ability to transition from a science-based curriculum. Ultimate goal, the report says, is to produce world-class Indian doctors," Dr. Vishal Marwah, physician leaders and health promotion consultant. Dr. Narendra Saini, secretary, Indian Medical Association, the amendment (IMA) is made half-hearted efforts. "After hearing the pleas of protesters in MCI, undergraduate and perspective of the IMC Act, 1956, all government and private medical colleges in the country eligibility-cum-entrance examination graduate courses (NEET) has announced that it is necessary, national and private medical colleges, the Supreme court on December 13, 2012, allowing them to take them to take the entrance exam, but restrict them to release the results to the outcome of pending cases. Uncertainty continues and imagines the plight of students, "he says. Divya Aggarwal, a student of Lady Hardinge Medical College, he brought forward the dates and results of the test to avoid, to ensure that the start of something, such as guinea pigs for the treatment of severe pathetic on the part of the government, "laments; immature one step!" MCI Finally, on May 5 is going to take the NEET for admission to UG.

3 Infrastructures
To address this issue, we need to understand in view of medical education. On the website of the Ministry of Health and Family Welfare Alliance provided the 2010 report, based on students across states (refer to graph) is a significant disparity in the availability of opportunities. Such disparities are barely visible on the graph, but as far as medical education in Assam, Bihar, Jharkhand, Uttar Pradesh and West Bengal are associated with states such as India, there is a concept that implies. Only four states or regions - Andhra Pradesh, Karnataka, Maharashtra and Tamil Nadu - India, about 1.3 million out of nearly 2.4 million seats account for only 20 per cent of India's population, constituting.

4 The more the merrier

Lobby groups such as the aftermath of inequality have concentrated effort by the irregularities as well. Dr Devi Shetty, MCI and Chairman of Narayana Hrudayalaya (NH) of the former governor, for every one million doctors production, requiring 500 new medical colleges, while in India, the production of 30,000-35,000 graduates each year, approximately 300 medical colleges, says, "year. "By creating new medical colleges, we bring uniformity to fill the gap in demand and supply of ethnic and cultural diversity among students and even beat constantly breaking. Dr. Shetty medical institution not less than 20 acres of land will be a unitary campus ruling that MCI is unhealthy, "he says. For example, Guy's Medical School, London, spread across three acres of land and is one of the best in Europe. We need to follow this. Along with it, the east and the north Indian state governments with regards to setting up new institutions need to change their short-sighted view. "Dr. Alfred Daniel, Principal, Christian Medical College, velora (CMCV), adds:" The central and state governments are referred to as needy areas, indicating that, for the public-private partnership model to build a new medical colleges." Hegde believes healthcare leaders who possess an interdisciplinary view to reform the system are the need of the hour. Dr Marwah urges us to look at the bigger picture. Among all the nit-picking and finger-pointing is a bit original and meaningful conversation. Despite the different levels of diagnosis, the right questions are not surprising. Some of them are: what values should take on a new medical education system to its core? What types of professionals in India are required to address emerging health challenges? And much broader issue we return to India during the decade of transition to a healthcare model healthcare system, "he asks.

5 Social Responsibilities
Social needs and expectations are better than working in isolation, with the need to have a strong desire to organize medical education. All this seems ideal, a social and rural issues a strong emphasis on values, and sensitivity where CMCV may want to look like models. "CMCV, the medical education of health and healing community’s teams go out as servant-leaders, the compassionate, professionally excellent and ethically sound individuals progress through the training is another option. Their service to the education of healthcare or research, for, preventive curative, rehabilitative or tranquilizer may aspects. Here, students of primary to post-graduate and super specialty courses in the villages of Health, Ministry of Healthcare and research on various aspects of a wide range of opportunities to get in touch, "says Dr. Alfred.

6 Super Specialty Craze

But unfortunately it's not suitable for everyone's needs differ significantly from the requirements of the health professionals; the 'right kind' that needs to deliver is an undisputable fact. Using the latest medical technology for the treatment of complex and rare illnesses in remote corners of rural India, providing quality health may vary. For an overview of all aspects of college students must be able to provide. MBBS students are unable to find jobs; they are forced to specialize in a specific area." Hegde says that the idea to study at medical school." under the weight of ill. "Tunnel vision as a result of this research has been sidelined. Another casualty of the system is of rural health services. "Every medical college was in its power to identify the needs and priorities of state health officials and state authorities in conjunction with its focus on medical education. These colleges then the lines can guide their students," Dr. Alfred said. Dr. Marwah expected theory of health and health promotion of the social determinants of acceptance and put a strong emphasis on the Indian health care system, the current biomedical model of disease, eliminating health Psycho social ecological (intended) model included and must wean itself believes that the prevention of disease.

7 Model Systems

Significant progress in medical education needs to be done. Schools and team problem-based learning, group discussions need to include and learning through simulation. The course also includes inter-professional and community-based education needs. Hegde modern science advancing human healing power of alternative medicine, which combines whole-person therapy, vouches. American Medical has appeared in the work of complementary and alternative
medicine (CAM) has been integrated. The students take the initiative to improve their own health management and self-care techniques to help the mind and body class. Georgetown University, the School of Medicine, USA, weaved CAM is integrated into the existing categories. The student’s then acupuncture can be applied to alleviate the pain of Neurosciences how to explore. Health information systems (electronic health records, mobile health applications, telemedicine, etc.) without affecting the quality of care possible, the health workers were performed by physicians or actions that shift.

8 The Path Ahead

The final shape is of the regulatory system, some fundamental changes in medical education to citizens to make whatever is left. Dr. Shetty quality recruiting highly skilled surgeons and cardiac NH Rabindranath Tagore Institute of Science to ensure excellentIt just touches the gap between demand and supply of doctors from the surface, "he said. To solve this problemTagore Institute (at dawn) Udayer Pathe, his / her people to engage with Asia Heart Foundation, organizations will receive free medical treatment. "Policymakers, physicians and physicians opportunities, reality, and should open their eyes to the responsibilities of those who teach. In India we restructure the entire medical education system; holistic, radical surgery is needed.

3.21 "The doctor-population ratio in India - Reality"

India estimates a shortage of 600,000 doctors in the next 10 years, plans to install about 200 new medical colleges, Estimates of the number of warnings and recommendations that are based on discretion, Compared to their pre-independence levels, even in the rural areas in all health parameters showed progressive improvement. Shortage of doctors in primary health care has been introduced. Indeed, countries such as Maharashtra, MBBS, and doctors are now produced in surplus. Maharashtra government, therefore, all students in government medical colleges in the rural sector through the Service has decided to scrap the service bond. On the other hand, India has been facing a shortage of medical total number of teachers. (Primary schools), he proposed a massive expansion path, which will reduce medical colleges, is ill advised. It solves the pain of poor health services, but only the medical world will not downgrade the country's standing.
More attention to medical services, education and research hub of excellence established facility should be paid to the quality of medical education. Today's rural health services are actually an urgent need for well-trained specialists and super specialists. Basis to reach this huge shortfall projected doctor about a minimum percentage of the population is recommended: 1000 to do the "High Level Expert Group (HLEG) universal health insurance" constituted by the Planning Commission, by constituting the Planning Commission. The original concept of the Joint Learning Initiative (JLI), Followed by a more or less developed and adopted World Health Organization. Two parameters are used by the JLI concept and measles vaccination coverage of births by skilled attendant in intensity. This can be both easily by paramedics’ low level of medical expertise. Recommendations are several caveats; however, the issue is more complex. Some countries and states of India with the global standards ratio low physician population health indicators are available1: 5.

3.22 Public Health Programs

In India, the health sector has been very considerable progress since independence - the infant mortality rate (IMR) to 50 (triple reduction) has dropped to 150, Maternal mortality ratio (MMR) declined from 2,000 to 200 per 100,000 live births to 10 times and life expectancy at birth has reached 6. 31 % 6 years, 7 Sixty years ago, doctors at 16300 proportion of the population to the total number of doctors, the number 840 47 524 registered doctors, and 130 (17 fold increase) is. 3. 5-fold improvement reflects, 1800: (population three times), the doctor population ratio is now 1 in spite of the population explosion. Primary health centers (PHCs) is the cornerstone of rural health service system. 7, a 300-fold increase: PHCs 20116 number 23,887 in the first plan (1955) has increased from 77 in.

Each PHC will be open from at least one allopathic doctor. The total lack of a common vision, the default is a real shortage of doctors mainly in the northern states, primary health care centers were only 12% (2900) of. Shortage of doctors is basically a national pastime. On the bright side, 30% of people in primary care centers have two or more doctors and the same number of offers 24 × 7. In the period 2006-2011, the number of doctors increased from 20 308 in primary care centers 26,329 (year 1200 doctors). This trend continues, the shortage of primary care physicians, rather than increasing the number of medical colleges may be met in existing systems in the coming years.
It is to meet rural health services can not be denied. But mismanagement of the agricultural sector's misfortune is due to rampant corruption. Not so long ago, Uttar Pradesh government, India's flagship health program, to the tune of 10,000 crore in the National Rural Health Mission was accused of cheating. However, doctors are reluctant to serve villages that are a fact. But this is a global phenomenon. Challenges Medical students should be exposed to the rural health care is facing, there is no doubt that this can be the proper implementation of the existing undergraduate medical curriculum, rather than through coercive means, such as through the 5.5-year MBBS course be extended to easy 6.5 years after completion of one year rural service mandatory and prohibit doctors from abroad to settle. Citizen demand for basic health and education, in an ideal situation in the public sector should be a programmer. But this also has a mix of public and private health, such as in advanced countries is not possible. In urban India, sixty years ago, Medical services in the private sector accounted for only 8%. Urban health, urban health case, but now, in the private sector more than 80% of the shares in order to grow and change. In the private sector confrontational village are almost nonexistent. India is now a thriving rural economy and quality of development and hope to have a large number of villagers will be able to pay for a private consultation. Government can be more active. Rural health care should be part of a comprehensive social, cultural, educational, and economic and health development programs, which will also help the private sector, rather than as a separate commodity, only the number of countries with more doctors. Indian low levels of literacy twist, especially female literacy, poor road connectivity and high levels of poverty.

3.23 Doctors and Hi-Fi Skills

Primary care shortage has been described; however, provide rural and urban India is facing a severe shortage of specialists and to strengthen its position in the medical profession. Rural India is on a priority basis to the experts. Provide professional services to the villagers, at least in the expert community health service centers (surgeons, physicians, pediatrics, gynecology, etc.) posts (CHC), 70% of the percentage, as long as you can pay for the killing of modern medical procedures, India middle-class population, approximately $ 2.5 million. As the country's well-equipped ICU, cardiac bypass surgery, organ transplantation, advanced imaging technology (MRI, PET), prenatal diagnosis, neonatal screening, focusing on in-vitro fertilization (IVF) the development of high-tech medicine, high heels, etc. in India soon in lifestyle diseases
(cardiovascular diseases and neurological diseases, diabetes and cancer, etc.), will lead to flooding witnessed rapid demographic change. By 2025, India will become the world capital of diabetes. Lifestyle disease management is not only highly skilled, well-trained doctors and patients to provide primary health workers are constantly require long-term interaction. Infant and maternal mortality rates in low mode reference position in the world, India frequently in India worldwide, 151 and 130, respectively. One of the most popular destinations, medical tourism, that is, currently estimated at 2 billion dollars in the fact that the industry has been completely ignored. Highly skilled specialists and in need of medical tourism, it is easy to $5 billion industry in the next decade could be a super expert. Changes in patent law, many foreign companies have come to India's drug clinical trials. Physician Scientist strong base, not only will promote international cooperation in research, but may also make India, which is a major manufacturer of generic drugs, drug development of a website.

3.24 The two streams: Flexner and Welch-Rose

India today is facing two challenges: (a) should strengthen their health services, and (ii), have their own people, even drug testing of medical tourism and international programers, she is both a high-tech person / therapy development of medical services. The former requires a lot of health workers, doctors are not required, but the latter requires skilled physicians and doctors, scientists. The traditional so-called "health workforce" includes treatment and preventive medicine, as two streams history started. Former medical education center, it is the high-quality science and research "Flexneronian", is bound by faith. On the other hand, “Health Sciences” different schools of Welch - Rose formation have its roots in the 1915 report. Medication knowledge assessment is a mandatory requirement for public health training. Only 38 percent of full-time master's student in public health doctors at Johns Hopkins University. Obviously, the doctor's qualities are two streams are often different. For the two population ratio A doctor recommended flow like putting apples and oranges in the same basket, with more than 95% of Helge members and consultants are health scientists, more balanced comprehensive proposal, a single stream of specified requirements has appeared, if the proportion is much larger hard Nuclear Medicine scientists Helg attend the debate, especially in the core is the question of whether India needs more just or more good quality doctor.
3.25 Medical Education in India

Development of independent medical colleges in India very quickly. There were only 20 medical colleges to admit students in independent today in 1500, when 45,000 students (a 30-fold increase in enrollment) received some 350 colleges. The rapid expansion of medical colleges, currently estimated at 40% of the total number of teacher shortage caused. 190 has 350 medical colleges in the private sector, has been in medical education leader. Private Medical College has established a huge money-making business. Recommends the adoption of "private medical college" unethical companies will be made law in the next decade, a large number of medical colleges. Innovation and direct, especially in a severe shortage of specialists and super specialists of rural health services need to develop strategies to deal with. The current system of medical education, it needs about 10 years of production experts. At least one expert to the villagers, the practice of MD / MS courses are expected to provide CHC, was posted on the service. Each graduate student in the second year of his / her training, CHC with the improvement of time (eg six months) should be adopted. Followed by science teachers in the university, "special paper, this concept can be introduced, for example, graduate (PhD) is available to students, in his / her chosen profession in the prescribed time, cost, etc. To do this, digestion Internal Medicine, Nephrology, radiotherapy, oncology, a "special paper" can be chosen to hold School of Medicine and the Medical Council of India (MCI), in an approved professional organization of private higher education in the relevant "special paper" graduate course the process to be trained in a simple procedure. This can significantly reduce the burden on the super experts. Uniform application of surgical disciplines, graduate (MS) can be developed. At present, change the triennium, if necessary, MD / duration of MS courses (resident program) to accommodate, you can extend for six months. Similarly, the rural health service super specialty (DM) may be part of the curriculum provided to the graduate medical education in rural India and super professional in India professional services to reconsider all aspects of the task force / commission appointment will certainly need. Health acute infection of rural health services dominates the scene 60 years ago, the foundation of the Bhore Committee.

In view of the changing health situation, review tailored to meet the structural needs of the times, rural health services and medical education. The Government created a large number
of medical colleges should stop the execution of its decisions. No war has been won by poorly trained army of human history; sick suffering health sector can not be solved by training doctors.

**Medical Education is concerned with the needs of the present?**

Medical Education in India Madras, Bombay and Calcutta in those days, in 1857 three medical colleges of East India Company, has undergone little change since its inception. Most of the water has been under the bridge since the Hoogly and care flow, has not changed a bit, but not a life at all levels of medical education, there have been enormous changes. The reason is not far to seek. We are still slaves to the West. In the West, particularly the United States, medical education, not only in the hands of powerful drug lords and technology, we follow in their footsteps. Medical grandstanding leads us to believe there is no better way to teach students to enable them good doctor. In such transactions, our new doctor screened diseases; only 0.01% of students are from Medical College Hospital, which is not found in the four walls of the western type a pretty good education ever seen. Diagnostics and student learning is mainly based management of high-tech gadget is based on heuristic methods. This is so far removed from the reality of India, refused to anywhere in the world. Today, a new MBBS qualified doctor, all he / she can not practice medicine in the village. The village community and the lack of them entirely dependent on their own lack of high-tech gadgets diagnosis is small due to the symptoms of the disease! An honest young doctor frustrated because of the lack of infrastructure shortages, it is important to feel guilty about missing link. He left to become frustrated or place of work or postgraduate course or transferred to either the primary teaching hospital will use their political influence, either. Today is irrelevant for our basic needs of medical education.

**3.26 Hi-tech gadgets are an integral part of the diagnosis?**

West, a recent, it is very good in London, the best gadget diagnose many studies show doctors trained to know. "If you listen to your patient long enough, if he / she can tell you what is wrong with him / her." Lord PLATT wrote in the last century, a great British doctor. Recently, the old man who is now the top rung of the British medical students, five showed in his excellent study, it does not accidentally touch them, listen to the patient / her in the future final diagnosis and management strategies will be a 80% accuracy % accuracy hundred. For a developing
country like India, this study is an important message. We diagnosed with hi-tech and self-defeating management systems, is able to practice medicine in the basic training of doctors in our medical education must change. A small percentage of patients get better need that kind of medicine. It easily specialists and sub-specialists in particular we can reserve for this kind of a hi-tech centers where patients can, such as the number of patients at any time and not more than ten percent actually very small. Ninety percent of patients hi-tech can do well without. Universal patient care requires that the patient's immune system to stimulate technology of the kind that the good doctor's words. It heals the immune system and helps the medicine or doctor's surgery. A human doctor on the patient's immune system has a placebo effect, the future of medical training of young doctors to accurately diagnose and alone on her bedside skills-based management protocols such faith that must be like. After such a skill just short of expectations, and fall when, as a doctor for the procedure to set up special centers to refer patients for further investigation should be.

3.27 Which Is False In Medical?

Many teachers of my generation feel that all is well, there is no need to change the system, they also feel that this is the best, because it is done in western and also believe that we are in the same system products. This attitude ring state investment in medical education in the killing of innovation. We do not seem to see beyond our noses and our ideas, top support grinding stones are not willing to put our nose, because we like the ostrich attitude. Knowledge repeats well-known fact, but was refuted false dogma of progress. History bold thinker human on this planet is full of examples where progress has changed direction, Time thinking about what is or is not present in the high-tech modern medical technology-based systems, our patients. See some of the on-site audit. We have a better understanding of the patient's condition does not give up even though we claim. AIDS deaths are on the rise. Indeed, due to cardiogenic shock and death, we use these days to think that all of the high-tech, which is 95% below the standard, Interventions, even in major trauma, Vietnam, and the Falklands War than beauty recently, the case of more injuries. Per capita died in Vietnam, where the Americans had a 5-star Saigon-tech hospital for treatment of the wounded may arrive within a few minutes, more than double what the British Falklands wounded soldiers, and sometimes had to stay in snow, as long as 12-24 hours without any help, Los Angeles County and the physicians in Saskatchewan, Canada, at work, in recent years in Israel, a good effect on society.
The fact that the doctor were came back to work; the mortality rate is low during the strike, as long as the original level. Screening of apparently healthy people is another sad story. It is very dangerous to human health and well-being can be. We use the body as a dynamic system based on linear mathematics, the formal definition of appropriate current medical practice in all. Everything is not well with the existing system. Most, if not all, chronic degenerative diseases, long-term medication for pain and death compared to those who helped the drug led to more people. Drug combinations do scientific research. Time and under ideal laboratory conditions study drug, in fact, the ideal situation, but some drugs for patient care. Patient compliance is to give the patient alive by a doctor, if they do not take medication or dose, because it is so bad, people ask, confused. It is a modern high-tech medicine has become expensive in rich countries to control. For those who use high-tech medicine in poor countries who can not imagine to universal health coverage.

3.28 Bija (Basic) medical education should be?

Doctors are trained for public health care. At later times, it is very important for the person concerned, even though the doctors, human machinery fails only when the train is not a quick fix method to intervene with. Time and energy in the long run will reduce the need for expensive quick fixes spent to public health. In addition, quick-fix methods of long-term effects are not good. Most of them can actually do more harm than good. Our medical education is not a burden on public health, The new name, community medicine, not including hospital medicine. Public health is a catch-all term and doctors know and have as their motto for life is a very good word. India has all that we need to reduce our burden of disease in low-tech methods are as follows.

Clean drinking water to every citizen.
Human and / or animal are excreta uncontaminated by the three clean and nutritious meals.
Women and children under five years of age die of cancer and heart attack to avoid the death pneumonic villages cooking smoke free homes.
A damp proof house is to avoid bacterial contamination.
A slum toilet for each house also makes them lose their blood crafty hookworm’s hookworm infestation to avoid rampant in our population.
Judicious is use of universal vaccination.
The method we use quick-fix health care, the need for expensive medical treatment does not bother to attend the above requirements, it will be significantly reduced. Our doctors do not have any anything to do with ordinary people, the above requirements. How they can affect human health and well-being of the guardian?

**3.29 Well human being who is he?**

In this high-tech modern medical terminology is just a good man / woman who worked as one body scan. A (routine screening) every one of us (one-hundred percent of us) has a check-up if the existing gadgetry have been unusually public. Improvements in human well-being routine itself, better living standards and better education exercise to keep fit, to change living conditions, better food, the need for more awareness, even in the West, has been brought on. Very small part of the human health and well-being of the game was played in the hi-tech gadgetry. The fact that time and again, especially in the West, the United States has learned from the study. We learned in the past half-century Western lessons are waiting to submit all the mistakes. We stage of their progress, in the West, they are still in business after a two-decade-aping. Time to change our medical education and Indian wisdom of Ayurveda in the past and most of the times for most people to better medical care in other systems have been supplemented with Western knowledge.

**3.30 Conclusion of the future of medical education in India should be what?**

We far flung towns and villages of our facilities, our family medicine doctors in a cadre of basic needs. We also set-ups in our hi-tech specialists and sub-specialists are to man a small number of needs. Of course, it has been in place for a very long time to have a private five-star healthcare system. Corporate world already has tasted blood. The lobby of raw material and labor problems in medicine and technology without hassles yielding a good return on the milch cows will want to loosen their grip. The goal of drug money and the people they already have Medicare are talking about a billion dollar business. Nevertheless, the common man is a sad day. However, our country needs at the bedside with scientific accuracy, which will be home to practice clinical medicine doctors trained in basic first have to be met. From one day to study the course, Should be patient-centered, community-based. Classroom teaching should be a minimum of lectures, and occasionally you can specify some theoretical points. With three years to go on a 156-week basic problem-based learning in groups of students and teachers; A new front against
the problem of human health and illness each week. Over the course of our common illnesses and minor ailments but are drawn to emphasize features. During the three years, with all of the basic sciences are taught. Credit rating system and evaluation meetings should be based on an assessment of. Bedside perceptiveness and should form the basis of clinical medicine, medical research, trying to unravel some of the mysteries. Western type of research is no use repeating. Many myths need of the hour is to break the regulative medicine research. Following in the footsteps of the successful practitioner of the community should be a year of internship, which should be followed by two years. He LIM, L, GCIM or Medicare may be any other regular system. This is a student and practitioner should work together. Last year, the teaching hospital of the rotation can be set. The exceptionally bright students to family medicine after a gap of three to five years, there should be provision for post-graduate training. The PG Depending on the chosen sub-specialty training lasts between three and seven years. Hi-tech set-ups can be arranged in the future. The default sub-specialist care doctor should be taken to see that the economy is not inferior. Our young doctors in family medicine, this is one reason why hate. Details can be worked out to keep the house after the national debate.

3.31 Brief History of Western Maharashtra

You know Maharashtra is one of leading state in India. Maharashtra has many year georaphy as well as greatest history. In Maharashtra many poets, authors, saints, revolutionaries, kings and empoer are given to India. In middle age the great Maratha leader comes that name is Chhatrapati Shivaji Maharaj. Maharaj’s mother named was Jijamata from Jadhav. And father named was Shahajiraje Bhosale from Verule. Maharaj was great leader, great revolutionary, best manager, best politician, best pocicy maker, great ruler. And Maharaj was self help founder of freedom in first time in India, when bigger enemy attacks on our India. Raje also believed in democratic method. Raje was all society’s people deveolopig. And the greatest empoer as well as philosopier and author is Chhatrapatti Sambhaji Raje. In Maharashtra many supermans / superwomans like Tukaram, Mahatma Fule, Rajashri Shahu Maharaj, Holkar Ahilyabai, Maharani Tarabai, Dr. Bhimrao Ramaji Ambedkar tha is Son of India (BharatRanta), Saint Bahinabai, Karmaveer Bhauro Patil the founder of Rayat Shikshan Sanstha Satara, Maharashtra, Great Economics Dadabhai Nauroji, Sahityaratna and Lokshahir Annabhau Sathe, Greatest KrantiSinh Nana Patil, Graet Shahir Amar Shaikh, Great reformer as well as sait
Gadgebaba, Great Politician and literature king Yashwantrao Chavan. In Maharashtra so many great people as well as leaders. Marathi language is oldest as well as classic. This state daily progresses in education, politics, sports and games, economics, sharemarket, films, industries, agriculture, cultures, business, market, and every thing useful for society. But Western Maharashtra have only five districts namely Sangli, Satara, Solapur, Kolhapur and Pune. We had given information as following in brief.

1. Sangli:

Sangli social and political reformers are the birthplace of many legends. Gopal Ganesh Agarkar Thembu [Khanapur-Aatpadi constituency in the small town] was born. Bollywood actress Bhagyashree Patwardhan of Sangli was the site of the original. "Music written Natakas" (music plays) begins in Sangli. The music is well-known for writing at Vishnudas Natakas father. Sangli his birthplace in the work place of Yashwantrao Chavan Maharashtra Sangli as the 1st Chief Minister, Maharashtra Chief Minister Vasantdada Patil, Rajarambapu Patil, and Gulabrao Patil is the home of many politicians. State of Maharashtra was Rural Development Jayant Patil, the former finance minister in the current cabinet minister in Maharashtra. Now they Vasantdada shetkari Cooperative Sugar Factories Ltd, Sangli Sakar referred to as the 'Shetkari' (farmer cooperative sugar factory), the Sangli sugar factory named. They supported by the Congress were elected from party Dist.against Kooper Satara.

Map No.1

Satara and Sangli Dist. In were started from 1962 to 1971 from 1937, the local board of elections MLC Ankalkhop-Audumber campaign of the Congress party. Audumber-Ankalkhop since the start of his campaign for Congress in Sangli district has a tradition. He Bhilawadi In 1940 he made his historic Dandi March, he was arrested and had a very close friend of the self Yerwada Central Jail. He was sent (in Sangli Dist. Was included), Satara district, Mahatma Gandhi's first personal Bharti was Satyaghari Yashwantrao B.Chavan, Swami Ramananda, V.S.Page, small
and Vasantrao Patil (grandfather) Banduji Patil. He was a great freedom fighter in his native village on 24 May 1982.

2. Satara:-

Satara is famous city in Maharashtra because of Chhatrapati Shivaji Maharaj and his hier rules at the districts. Maratha empire divided into two sectors that is Kolhapur and Satara. Now a days Chhatrapati Udayan Raje Bhosale is the direct relationship in Chhatrapati Shivaji Maharaj. He is a Member of Parliament. In a Satara districts many forts, many famous temples, many caves and famous Kaas plateau and Satara’s sweets like Kandi Pende. Satara is historical place in not only Maharashtra but also India. In Western Maharashtra Satara districts including many talukas and many big villages having different varieties like Mandesh, konkan, plateau and dry areas. Also Satara was workplace of late founder of Andhashdha Nirmulan Samiti that is Dr. Narendra Dabholkar. Karad city is workplace of great leader and former Home Minister late Yashwantrao Chavan.

Map No.2

3. Pune:-

Pune is considered not only the cultural capital but also education hub of Maharashtra. In India Pune is become wider than Mumbai in references to bissiness and commerce. From 1950 to 1960, Pune has continued to grow traditional old economy industries. The city is now known manufacturing and automotive, as well as research institutes, government and private sector information technology (IT) education, management and training, attracting migrant workers,
students and professionals from India, Southeast Asia, Middle East and Africa people. Pune is birthplace of Chhatrapati Shivaji Maharaj. And Pune is always giving proof of his glorious, donerness, grateness, truthness, manager, great planner and revolutionary politician's king of Chhatrapati Shivaji Shahaji Bhosale.

Map No.3

4. Kolhapur: -

Kolhapur is famous for arts, aristocracy and graciousness. Courage, spirituality, education and cultural heritage combined with modern high. Cole Harper, its many versatile roles in the film and one of the city's rich cultural, historical and mythical will last. In fact, nestling under the shining river rocks, such as talking to the banking Panchaganga Karveer or padmapurana called Dakshina Kashi and Skandapurana ancient classic, modern, Cole Harper.

Cole Harper last journey through the various rulers of the mythical past lived by the rule that in the modern age. Hindu era until 1347, then from 1347 to 1700 continued to Muslim rule. Satavahana kings and the magnificent temple built excellent long Shilaharas Kolhapur. From 1700 to 1849, the control was of this area of the Maratha. In 1849, the British took over and became the ruler of Kolhapur, Chhatrapati Sahu Maharaj.

Chhatrapati Sahu Maharaj's rule of the city's progressive spirit, he was in the theater, cinema, music, painting, sculpture, wrestling and crafts expanded his shelter. As a result, the city has a rich cultural nature. In 1945, Brahma Panchaganga mountain river bank close to the archaeological excavations of the ancient city dating back to the Roman era have been found in existence. Today, Cole Harper, as well as current developments in the history of art combines a modern industrial city.

Map No.4
Panhala district is a famous hill station / tourist destination. Panhala hill station near a major tourist attraction, the Jyotiba Temple is. Warananagar Warana Wired Village is known as the industrial hub of India and is well-known cooperative. Panhala to Shivaji Maratha capital was part of the 2. Locketed top of the hill has many ports. An underground route is around 40-50 km from Panhala Vishalgad. Panhala now as a hill station visited the visitor's.

5. Solapur:

Solapur is a famous for Vitthal temple in all Maharashtra. Solapur was also famous for Hutatma Babu Genu for freedom fighter against to British Rule in India. Solapuri bedsheet is very famous in all India. In Solapur districts various famous saint like Damaji Pant and others. The great and world famous sanctuary Indian Bustard Bird is located in Solapur.

Map No.5

3.32 Conclusion:

The third chapter is by learning about what we are studying? Education, learning styles, meaning education is different. Then we teaching them self-definition, types, kinds of talk and higher education system are important. Medical education as a doctor every person from birth to death is a major part of our lives. So different kinds of modern medical education was painless surgery 'Ayurvedas' time started from the ancient time. So we medical education, medical education needs, the purpose of medical education are discussed. Government colleges are not
good as well as private. Status of the things we have seen in the above table. Then we discuss the history of Maharashtra are Maharashtra geographical position, a short history of Maharashtra, western Maharashtra, Chhatrapati Shivaji Maharaj and other great leaders and reformers sections. In this way, we deeply into my thesis end with Chapter III.