

Editorial

Quantity with Quality: The Twin Mandate for Medical Education in India

The conversation dominating Indian medical education today is expansion. Many new colleges are emerging across the country, with seat numbers increasing every year. For the first time, India has surpassed the mark of 700 medical colleges and over 120,000 MBBS seats. This growth reflects a national commitment to bring medical education within easier reach and to strengthen healthcare delivery in remote and underserved areas. Yet, it has also raised an uneasy question — can we focus on quantity without letting quality slip?

Many see this as an impossible balance. Larger batches, limited faculty, and ever-changing curricula make teaching even more challenging. But this does not have to be the case. Countries that have undergone similar transitions have shown that scale and quality can coexist — if expansion is thoughtfully planned and supported by innovation.

Cuba's model is instructive. Despite producing one of the highest numbers of doctors per capita, it has maintained a strong emphasis on public health and primary care. Students are trained early in the community, closely linked to the healthcare needs of their people. The United Kingdom, during its own phase of expansion, achieved balance through careful workforce planning and national-level regulation that maintained consistent standards. Australia and Canada, facing constraints of clinical exposure in big hospitals, turned to regional campuses and community-based training. This distributed approach created more learning sites, offered richer clinical experience, and helped address rural healthcare gaps — lessons that are highly relevant to India.

For India, a similar shift in thinking is essential. Instead of adding beds or buildings at a few large centres, we can consider the existing district hospitals and community health facilities as training extensions. With uniform curricula, structured evaluation methods, and trained supervisors, these can become vibrant teaching environments while strengthening local healthcare delivery.

Technology can come in handy. Simulation-based teaching enables students in large batches to practise procedures and manage emergencies in a controlled setting, ensuring everyone gets equal opportunities to learn core skills. Mass online courses and national e-learning platforms can share high-quality teaching content across institutions. Virtual patients, online case discussions, and flipped classrooms can make learning more interactive and independent. When used wisely, technology can extend the teacher's reach without replacing the teacher's role.

But the real heart of quality lies with faculty. Expansion must go hand in hand with large-scale ongoing faculty development. Teachers need support in planning curricula, adopting modern educational methods, updating the assessment toolbox, and using the digital tools effectively. Structured programs — whether through regional training hubs, online modules, or peer networks — can empower faculty to adapt and lead change. Encouraging senior students and residents to participate formally in teaching can also ease pressure on faculty and build a culture of mentorship. Peer assessment, too, is promising.

Ultimately, the focus of expansion would shift from numbers and infrastructure to competencies and outcomes. Competency-based education, workplace-based assessment, and national exit examinations can help ensure that every graduate meets the defined standards of an Indian medical graduate.

India's rapid growth in medical education is a remarkable achievement, but it must be guided by purpose. Expansion by design, not by default, can transform this moment into an opportunity to train future doctors effectively. If we can combine distributed training, technology, and strong faculty development within a framework of competency-based education, we can achieve what once seemed contradictory- quantity with quality.

The true success of this effort will not be in the quantity of doctors produced, but in the quality measured in their ability to deliver competent, compassionate care where it is needed most. That is the vision medical education in India must hold onto as it moves forward.

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