Brief Communication

The Future of Pulmonary Medicine Physician Work-Force in India

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We describe with concern the findings from the results of the round-1 seat allotment for the National Eligibility-cum-Entrance Test-Post Graduation (NEET-PG) 2020 that were brought out in April, with regards to the future of pulmonary medicine physician work-force in India. Other than certain institutes which hold their own examinations, this competitive, norm-referenced test has been representing the sole gateway to the bulk of residency positions across the nation since its beginning in 2017.[1] The all-India ranks (AIRs), a metric that utilises examination score alone, obtained here also act as the foundation for Diplomate of National Board (DNB) counselling. Currently, for courses of pulmonary medicine or 'tuberculosis and chest disease', there exist 693 seats of Doctor of Medicine (MD) and 47 seats of Diploma.[2] In the last few years, there has been a nation-wide push to convert all Diploma seats into MD, which is expected to be complete by 2021.[3]

We observe that the NEET-PG 2020 continues with the trend of prior years of fewer candidates with top AIRs preferring pulmonary medicine for postgraduate training, and thereby, their future career. Unfortunately, within the top-500 AIRs, likely the best scholars presented by our medical education system, not a single examinee has chosen pulmonary medicine since the start of NEET-PG. However, this year, 78.8% of these top-500 chose one amongst the following four 'medical' fields: radio-diagnosis, internal medicine, paediatrics and dermatology.[1] Disconcertingly, in the top-1000 AIRs, the number of candidates choosing pulmonary medicine has fallen from 11 in 2017 to 2 in 2020 (Figure 1A). Similarly, amongst top-3000 AIRs, this has dropped from 61 in 2017 to 37 in 2020 (Figure 1B). However, good tidings remain amongst top-6000 AIRs, the number has nearly doubled from 2017 to 2020 (Figure 1C).

Speciality choices of the top-500 AIRs, majority of which have been in internal medicine, suggest that the aversion of top candidates to pulmonary medicine is likely not a result of the speciality's 'medical' nature, rather other factors are at play. Several past studies in India on medical students have found these factors to include issues of life-style, compensation, personal interests, perceptions of job opportunity and influence of role model.[4-6] We may only stem this decline in preference of top rankers in pulmonary medicine if we know the exact reasons for the same. Thus, socio-demographic and academic covariates of student preferences, concerning our speciality, urgently need

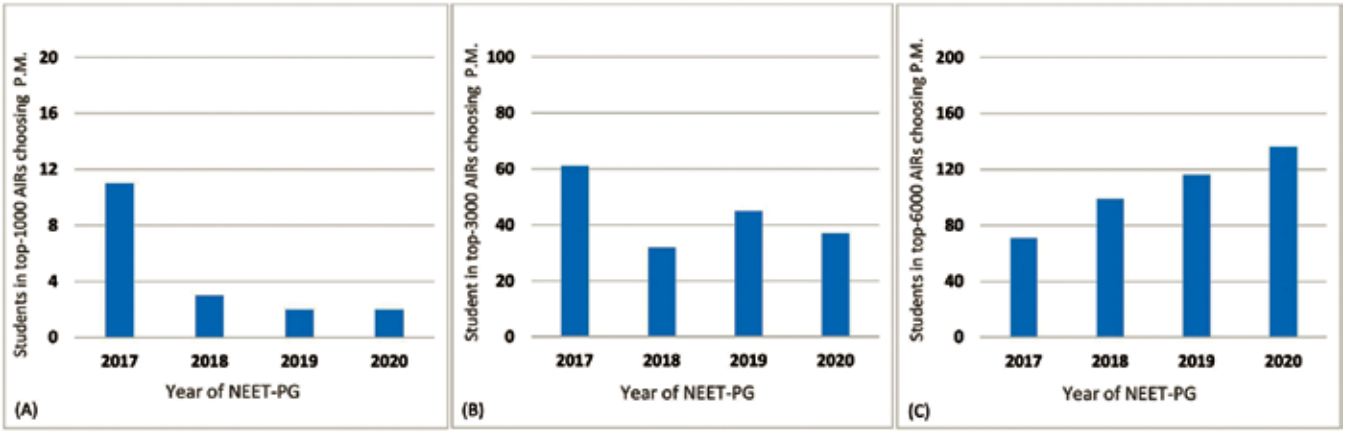

Figure 1. Number of candidates choosing MD and Diploma seats in pulmonary medicine in the National Eligibility-cum-Entrance Test-Post Graduation (NEET-PG), showing (A) the top-1000 all India ranks (AIRs), (B) the top-3000 AIRs, and (C) the top-6000 AIRs. NEET-PG was started in 2017.[1]

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to be explored further through both qualitative and quantitative research methods.

In India, similar to the United Kingdom (UK), pulmonary medicine has historically represented a separate training pathway from internal medicine and continues to to be so, considering our chequered history with tuberculosis.[7] Yet, unlike the UK, where the Royal College of Physicians has actively worked to recruit the best candidates to their speciality, we have paid less attention to the next generation of our profession, *i.e.* our medical students. As chest physicians, it is now mandated upon all of us to keep our profession's light burning bright. We ought to take lessons from how the Royal College of Physicians and the American College of Chest Physicians (ACCP) have promoted the field to the next generation.[8]

In order to cater to the future of pulmonary medicine work-force, we suggest a multi-disciplinary approach to encourage the finest medical students to choose our speciality, led jointly by the Indian Chest Society (ICS) and the National College of Chest Physicians (NCCP). To accomplish this, we need to start promoting the enormous social and national value of our field, the eternal gratitude obtained from the patients we help heal, the at-par compensation with other 'medical' specialities, and the expanding horizons of our profession. We must actively make known to the students that we are not physicians stuck with tuberculosis alone, rather we have kept pace with the times. As our bread-and-butter cases have expanded to include procedures of thoracoscopy, flexible bronchoscopy, polysomnography, endobronchial ultrasound, so has the name of the degree changed too. For this to happen, we need to appoint social media editors, who will regularly put out curated content, that helps make evident the information noted above. We must highlight the diversity of our scope of practice, the incredible innovations in our field and the strong integration between research and practice. Finally, we must begin today, since changes in perception take years to seep in.

References

1. Medical Counselling Committee. [Internet] India: Medical Counselling Committee. Final Result Round 1 PG 2020 (Medical): PG Medical Counselling. [cited 2020 April 20]. *Available from URL:* https://mcc.nic.in/PGCounselling/Home/ShowPdf?Type=50C9E8D5FC98727B4BBC93CF5D64A68DB647F04F&ID=7EE51D9582EF3D3B56EC2FC25B77FC147D8563E5.
2. Medical Council of India (MCI). [Internet] India: Medical Council of India. College and Course Search. Information desk. [cited 2020 April 20]. *Available from URL:* https://www.mciindia.org/CMS/information-desk/college-and-course-search.
3. Conversion Of PG Diploma To PG Medical Degree Seats 2020-21: Union Health Ministry Invites Applications. Medical Dialogues [Internet] 2019 Oct 10 [Cited 2020 Apr 20];news:[about 3 screens]. *Available from URL:* https://medicaldialogues.in/conversion-of-pg-diploma-to-pg-medical-degree-seats-2020-21-union-health-ministry-invites-applications?infinitescroll=1.
4. Anand R, Sankaran PS. Factors influencing the career preferences of medical students and interns: a cross-sectional, questionnaire-based survey from India. *J Educ Eval Health Prof* 2019;16:12.
5. Ramalingaswami P. Specialty choice of medical students in India. *Med Educ* 1987;21:53—8.
6. Subba SH, Binu VS, Kotian MS, *et al.* Future specialization interests among medical students in southern India. *Natl Med J India* 2012;25:226—9.
7. General Medical Council, United Kingdom. [Internet] London (UK): General Medical Council. Respiratory Medicine Curriculum; [cited 2020 Apr 20]; [about 2 screens]. *Available from URL:* https://www.gmc-uk.org/education/standards-guidance-and-curricula/curricula/respiratory-medicine-curriculum.
8. American College of Chest Physicians, US. [Internet] Ilinois (US): ChestNet. Trainee Opportunities; [cited 2020 Apr 20]; [about 2 screens]. *Available from URL:* https://www.chestnet.org/Get-Involved/Membership/Trainee-Opportunities.