



Clinical Research in India

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Editorial

There is a sea change happening the way medical education and practice is being carried out in India. Without doubt, this is going to have far reaching consequences for future generations of physicians.

There was a time in the earlier days in India, if and when the collector of a district went on leave, the district medical officer was given charge to run the district (one step above even the district superintendent of police). Such high regard was given to the medical profession both for the clinical acumen and administrative wealth. Where does that “doctor” stand today??

The ancient Indian culture had delivered two giants-Charaka, the physician (of charak-samhita fame) and Susrutha, the surgeon (of susrutha-samhita fame). They were leaders because they were researchers, constantly questioning and improving. Alongside Hippocrates, Abu Bakr, Ibn Sidn, John Snow, Edward Jenner, Pierre Fauchard, they have all contributed to medicine as it is today.

From being leaders in health care delivery, to losing credibility among the masses and the respect commanded earlier, it can all be attributed to the quality of the physicians leaving the portals of hallowed institutions and the commercialization of health care delivery. Changes are required to make a course correction.

India has set in tone one such mechanism to get only the best in this service. The introduction of UG-NEET (National Entrance and Eligibility Test) as a common entrance examination for entry into all the undergraduate medical/dental colleges Government, Private and Deemed Institutions, and more importantly, a uniform common counseling in all states has made sure that there is a minimum quality to the undergraduates joining the medical profession and also ensures that every student in any part of the country has access to the best institutions.

The need to take PG-NEET again on completion of the course, as an eligibility cum entrance test (for statutory council registration) to create uniformity of outcome values on completion of the undergraduate curriculum and also for entry into postgraduate medical education too, will definitely create some good minimum standards. Here, again, a uniform common counseling pattern has helped raise the bar.

The standardized screening tests for students returning back to India, with foreign degrees, conducted by the Medical/Dental Councils of India (MCI/DCI), make sure that only those with rigorous academic standards pass the threshold and enter into teaching and practice.

The updated Medical/Dental/Pharmacology/Nursing/Physiotherapy/AYUSH regulations by the respective statutory bodies, the National Assessment and Accreditation Council (NAAC), the Indian Public Health Standards (IPHS), the National Accreditation Board for Hospitals and Healthcare Providers (NABH) have slowly changed the way medical institutions and practice is viewed today. The Indian Council of Medical Research (ICMR) and Indian Institute of Science, Education and Research (IISER) are the torch bearers for a better research atmosphere in India.

The National Health Mission (NHM), both Rural and Urban, which is a Government of India initiative to take health care to every village, is well poised to take healthcare delivery to the doorstep of every Indian citizen. One can only say that all the good Institutions will grow better and force the not so good ones to close shop.

The ultimate aim of the medical profession must be to “Eliminate the need of its own existence.” Let us work towards the same.