Commentary

COVID-19 pandemic highlights the need to reconsider psychiatry training of Indian medical graduate

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Abstract:

In the middle of COVID-19 crisis in India and the psychological impact on millions of peoples, is it time to reconsider psychiatry training for Indian medical graduate under the new competency-based curriculum? India has one of the highest numbers of medical colleges in the world and also has over a million doctors, including MBBS graduates working at the primary health-care centers who are important pillars for health-care delivery. In a major drawback that also plagued the earlier curriculum, the new competency-based curriculum has not incorporated a single mandatory skill in psychiatry which a medical trainee has to demonstrate to become doctor. Mental health and the COVID-19 pandemic are interlinked in a complex manner. Hence, millions are likely to have mental health consequences. With no skill required in psychiatry as a must for a medical trainee to become an MBBS doctor, the mental health services during or aftermath of a disaster are severely compromised and need urgent reconsideration under the new curriculum.

Keywords:

Competency-based medical curriculum, COVID-19, Indian medical education, mental health in disaster, undergraduate psychiatry training

In the middle of COVID-19 crisis in India and the psychological impact on millions of peoples, is it time to reconsider psychiatry training for Indian medical graduate under the new competency-based curriculum?

India has one of the highest numbers of medical colleges in the world; there are more than 500 medical colleges with an annual intake of over 70,000 medical students.[1] India also has over a million doctors, including MBBS graduates working at the primary health-care centers who are important pillars for health-care delivery in India. The Medical Council of India has introduced a new medical curriculum for Indian medical graduates, which was implemented in 2019.[2] In a major drawback that also plagued the earlier curriculum, the new competency-based curriculum has not incorporated a single mandatory skill in psychiatry which a medical trainee has to demonstrate to become a doctor.[3] This has been criticized by experts based on the health-care needs of India.[4] The increasing mental health burden has serious implications for India; the estimated economic loss due to mental

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health conditions, in the year 2012–2030, is 1.03 trillion US dollars.[5] Clearly, not needing to learn a single mandatory skill in psychiatry to be able to practice as a doctor is a paradox for a country like India with over 1350 million people, having a high burden of mental health conditions and one of the highest suicide reports in the world.[6] The Global Burden of Disease Study mentions that in India, one in seven has a mental health disorder that needs treatment, while only 5% of those suffering from even common psychiatry disorders receive appropriate treatment, indicating a massive treatment gap of 95%.[7] In addition to these challenges, the ongoing major global health and humanitarian disaster, the novel coronavirus (COVID-19) pandemic has unleashed an unprecedented health-care crisis.[8] The need for psychological services for millions of people including those who are being treated for infection in isolation or at quarantine center and their families is an important area that has to be addressed.[9] Mental health and the COVID-19 pandemic are interlinked in a complex manner; millions are likely to have mental health consequences due to many reasons such as job loss, unemployment, financial constraints, and an uncertainty even after the pandemic is contained.[10] There have been efforts for urgent multidisciplinary research on mental health issues during the COVID-19 crisis that can affect millions of people with the onset or recurrence of anxiety, depression, substance use, suicide, and self-harm.[11] There seem to be many challenges in strengthening disaster mental health services at all levels of disaster management and in all stages of disaster response. Meeting these challenges would ensure that psychosocial support following disaster, would be a norm and not an exception in the affected country. Mental disorders are stigmatizing and walled off from the public health mainstream. Mental health needs to be accepted as an integral to almost every aspect of health and development. The greatest obstacle to promoting mental health in developing countries is that it remains largely ignored by health policies.[12] This is particularly true for India, with no skill required in psychiatry as a must for a medical trainee to become an MBBS doctor; the mental health services are severely compromised. It is not difficult to estimate the deficiencies in services, even for minimal psychological services; the Indian doctor may not do justice for the people affected during disaster or the aftermath. There is an urgent need for competent MBBS doctors who have learned the required psychiatry skills in all domains, not just in cognitive domain, and are able to demonstrate affective and psychomotor skill to help the affected people. This is crucial, more so in a disaster because India has one of the lowest number of psychiatrists in the world with 0.4/100,000 population.[13] The Indian medical curriculum should have provided adequate mandatory psychiatry skills for licensing and certification in the

new competency-based curriculum that incorporates learning in disaster management. Unfortunately, in the competency-based MBBS curriculum, disaster as a topic is covered only in six sessions in the entire medical curriculum:[2] four competencies in community medicine (CM13.1 to CM13.4) that have vertical integration with general medicine and general surgery, one in forensic medicine (FM2.33) and one in psychiatry (PS 19.6). Almost all are core competencies in the knowledge (K) domain except forensic, which is in attitude and communication (A and C), all are in the "know-how" (KH) level of learning; the method of learning is through "Lecture and Small Group discussion," and the assessment suggested for all is by written examination or viva voce, and none of these six competencies are required to certify a Indian medical graduate for becoming a doctor in India!!

Hence, in this unprecedented COVID-19 pandemic crisis engulfing India and its consequence on millions of people vulnerable for developing psychiatric conditions, it is right time to reconsider psychiatry training for Indian medical graduates under the new competency-based curriculum.

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Conflicts of interest
There are no conflicts of interest.

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