

# Medical Education

---

## Re-entry NEET (National Eligibility-cum-Entrance Test): Opportunity and concerns

AVINASH SUPE, TEJINDER SINGH

The recent judgment on NEET will go a long way in reducing gross malpractice and corruption in admissions to MBBS and postgraduate medical courses. It is also an opportunity to improve the quality of the tests conducted.

Currently, medical schools in India have different policies for admission to government-run and privately-run institutions. There are 200 government medical schools (27 180 seats) and 212 private medical schools (25 535 seats), with a total capacity to admit 52 715 students.<sup>1</sup> In 2013, the Medical Council of India (MCI) notified the National Eligibility-cum-Entrance Test (NEET) for admission to MBBS and postgraduate medical courses.<sup>2</sup> Through NEET, aspirants could appear for a single examination and apply for admission to any college of their choice across the country, except in the states of Andhra Pradesh, and Jammu and Kashmir. NEET also specified that students would be admitted on the basis of the examination scores alone and no extraneous factors would come into play. NEET has been held only once in 2013, following which it was struck down by the Supreme Court. On 11 April 2016, a Constitution bench of the Supreme Court recalled its controversial 2013 judgment which struck down the common entrance examination for all medical colleges in India.

NEET was introduced with the purpose of reducing the mental and financial burden on medical aspirants, who had to appear in a number of entrance examinations across the country—at the all-India level, state level or private medical school level. Students had the option to appear for 17 different examinations, each set at various levels of difficulty. The process was costly, cumbersome and confusing, with students of varying academic capabilities being admitted to medical schools through a long-drawn admission process. Another important reason was to prevent financial malpractices, such as compulsory donations, profiteering and capitation fees. NEET would emphasize merit as the only criterion for the selection of students for medical admissions. Private medical schools were permitted an approved fee structure that could be higher than public-funded medical schools. Private institutions would definitely be affected by this judgment, and would argue that it violated their right to practise any profession and that their admission procedure was fair, transparent and non-exploitative.

Privately run medical schools were conducting their own entrance examinations till 2015, with some schools using additional methods of screening students, such as interviews and reference letters. Although the criterion used for admission was mostly

performance in the entrance examination, there were always questions regarding the transparency of the admission process, since some institutes demanded high capitation fees (donations) in addition to tuition fees. A topic which has been under debate is the use of examinations based on multiple-choice questions (MCQs) for admission to medical schools.<sup>3,4</sup> Though not perfect in its current form, NEET will still help to reduce gross malpractice and corruption. The Supreme Court has recently taken a step to restore the faith of the common man in the judiciary.

### IMPROVEMENT IN QUALITY THROUGH NEET

Most examinations in India have factual MCQs which test recall of knowledge. Such examinations have an impact on clinical teaching as they encourage students to concentrate more on factual knowledge than clinical context-based learning. NEET presents a good opportunity to improve the quality of questions by introducing clinical context-based ones which test 'knows how'. If clinical scenario-based questions are introduced in NEET (as was done in 2013), it would kindle the students' interest in clinical reasoning as well as decision-making, something that is lacking among present-day medical graduates. Internship, which is now misused by many as an opportunity to prepare for entrance examinations by rote learning, could be better used for effective clinical learning. Students learn what is asked in examinations and a valid assessment construct would provide a great opportunity to improve the quality of learning.

The standardized NEET examination would mean using the same standards to judge students' ability to learn. This is in contrast to the previous national- and state-level examinations, which were set at different levels of difficulty in different states. The only disadvantage of a single NEET is that students may have fewer chances if they do not attain the required level. However, it is a good compromise in the present situation.

There is no doubt that NEET will help to reduce the costs incurred and efforts made by individual students. However, it has raised the stakes involved in the selection procedure by removing options which students could have explored in the event of non-selection. Although the experience with the maiden effort was positive, we will have to be on our guard to keep non-academic means from creeping in. The second and more important issue involved in raising the stakes is that students might indulge in examination-oriented learning rather than acquiring clinical skills. We sound a note of caution on such a drift, which can perhaps be prevented if NEET is supplemented by a robust system of ongoing assessment and certification. Unless we can ensure that our students come out of medical colleges with the required knowledge, attitudes and skills, the benefits of NEET may be overshadowed by the production of graduates who are knowledgeable but lack clinical skills.

There is a need to establish a special task force to develop a

---

Seth G.S. Medical College, Mumbai 400018, Maharashtra, India  
AVINASH SUPE Department of Surgical Gastroenterology

Christian Medical College, Ludhiana, Punjab 141008, India  
TEJINDER SINGH Department of Paediatrics

Correspondence to AVINASH SUPE; [avisupe@gmail.com](mailto:avisupe@gmail.com)

© The National Medical Journal of India 2016

NEET question bank. Though there are many international agencies which can fulfil this task, it is necessary to develop questions relevant to the Indian context. This is a window of opportunity for our system to correct and bring back quality in our medical education. It may also be worthwhile to consider increasing the testing time to improve the validity and reliability of the test, rather than sticking to the conventional '3 hours, 200 questions' format.

Finally, in a country as diverse as India, it is always a challenge to bring about a change. Diversity, although a boon, may sometimes be a hindrance. A few states may demand regional quotas and lower cut-offs. Such issues should be addressed to maintain regional harmony. One needs to keep everyone apprised of the challenges and opportunities so that NEET is implemented

successfully and achieves what is desired. NEET is a positive step towards bringing about uniformity in the quality of students admitted to medical schools in India. With a further improvement in the quality of the tests and the maintenance of regional balance, NEET could be a model national entrance examination.

#### REFERENCES

- 1 Official website of Medical Council of India 2016. Available at [www.mciindia.org](http://www.mciindia.org) (accessed on 19 Apr 2016).
- 2 NEET. Core syllabus for National Eligibility-Cum-Entrance Test (NEET). 2013. Available at [www.mciindia.org/NEET/NEETUG.aspx](http://www.mciindia.org/NEET/NEETUG.aspx) (accessed on 19 Apr 2016).
- 3 Donnon T, Paolucci EO, Violato C. The predictive validity of the MCAT for medical school performance and medical board licensing examinations: A meta-analysis of the published research. *J Assoc Am Med Colleges* 2007;**82**:100–6.
- 4 Yates J, James D. The value of the UK Clinical Aptitude Test in predicting pre-clinical performance: A prospective cohort study at Nottingham Medical School. *BMC Med Educ* 2010;**10**:55.

### Attention Subscribers

The subscriptions for *The National Medical Journal of India* are being serviced from the following address:

The Subscription Department  
*The National Medical Journal of India*  
 All India Institute of Medical Sciences  
 Ansari Nagar  
 New Delhi 110029

The subscription rates of the journal are as follows:

	One year	Two years	Three years	Five years
Indian	₹600	₹1100	₹1600	₹2600
Overseas	US\$ 85	US\$ 150	US\$ 220	US\$ 365

**Personal subscriptions paid from personal funds are available at 50% discounted rates.**

Please send all requests for renewals and new subscriptions along with the payment to the above address. Cheques/demand drafts should be made payable to **The National Medical Journal of India**. Subscription amounts may be transferred electronically to State Bank of India, Ansari Nagar, New Delhi account no 10874585172, IFSC code SBIN0001536. Please send a scanned copy of the the money transfer document to [nmji@nmji.in](mailto:nmji@nmji.in) along with your name and address.

If you wish to receive the Journal by registered post, please add ₹90 per annum to the total payment and make the request at the time of subscribing.