



THE LAWWAY WITH LAWYERS JOURNAL

VOLUME:-13 ISSUE NO:- 13 , JULY 5 , 2024

ISSN (ONLINE):- 2584-1106

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NEET AND ITS IMPLICATIONS FOR MEDICAL ADMISSIONS IN INDIA

ABSTRACT:

The National Eligibility-cum-Entrance Test (NEET) was introduced in India to standardize the medical admissions process nationwide. However, since its inception, NEET has been embroiled in controversies, particularly concerning its impact on fairness, accessibility, and the overall integrity of medical education.

This paper offers a comprehensive policy analysis of NEET, examining its development, challenges during implementation, and implications for medical admissions in India. NEET was initially designed to ensure a transparent and merit-based selection process for aspiring medical students. Nonetheless, it has faced criticism for widening socioeconomic disparities. Students from rural and economically disadvantaged backgrounds often find it challenging to compete in NEET due to the competitive environment and the need for expensive coaching classes, raising concerns about equal educational opportunities. NEET has been marred by allegations of misconduct, including leaks of exam papers and instances of cheating, which have undermined

its credibility. These incidents have also added to the stress and psychological strain experienced by candidates, impacting their mental well-being.

This paper assesses NEET's effectiveness in achieving its goals of transparency and maintaining high standards in medical admissions. It examines the ongoing discourse surrounding NEET and suggests policy reforms to address its shortcomings, aiming to foster a more equitable and inclusive medical education system in India.

KEYWORDS

Medical education, Medical admissions, Merit-based selection process, Equal educational opportunities, psychological strain, Entrance examination; NEET-PG; NEET-UG; financial barriers

INTRODUCTION

The implementation of the National Eligibility-cum-Entrance Test (NEET) in 2016 marked a significant change in how medical admissions are conducted in India. Designed to standardize the selection process for undergraduate and postgraduate medical courses nationwide, NEET aimed to replace multiple state and private institution entrance exams with a single, uniform test. Its primary goals were to ensure fairness, meritocracy, and maintain high standards in medical education. NEET has been surrounded by controversy since its inception. Despite its intended benefits, criticisms have emerged regarding its impact on equity, access, and the integrity of medical education. One of the major concerns is the widening socioeconomic disparities exacerbated by NEET. Students from rural areas and economically disadvantaged backgrounds often lack access to adequate preparation resources and face challenges in competing effectively in a highly competitive exam environment. The financial burden associated with coaching classes further amplifies these disparities, raising questions about equal opportunities for all aspiring medical students. NEET has faced allegations of irregularities such as question paper leaks, cheating scandals, and instances of impersonation. These issues have not only damaged the credibility of the exam but have also eroded trust among stakeholders, including students, parents, and the public at large.

This paper seeks to conduct a comprehensive policy analysis of NEET, examining its evolution, challenges in implementation, and its implications for medical admissions in India. It will explore the socioeconomic impacts of NEET, evaluate its effectiveness in promoting transparency and merit-based admissions, and contribute to ongoing discussions about its role in shaping medical education policies. Ultimately, the study aims to offer insights and recommendations for policy reforms that can create a more inclusive and equitable medical education system in India.

AN OVERVIEW OF EDUCATIONAL INEQUALITY IN INDIA¹

Education has long been recognized as a crucial factor in human development, playing a significant role in improving individuals' income and living standards by enhancing their skills and self-determination. Moreover, education generates positive externalities that contribute to the overall welfare of society. Increasing participation in schooling is driven by various factors, including indicators of well-being such as health outcomes, fertility rates, nutritional levels, and infant mortality. It is worth noting that the competition among countries, states, and regions for both foreign and domestic investments heavily relies on the proportion of the workforce that has attained at least a basic level of education. Maksymenko and Rabbani (2008) argue that there is a positive relationship between education and economic growth. Similarly, there is a strong correlation between the quality of education and an increase in GDP per capita. Furthermore, improving education is crucial for achieving the Sustainable Development Goals, which emphasize the need for inclusive and high-quality education for all, with a focus on lifelong learning by the year 2030.

Based on the Census of India 2011, the younger population aged 0 to 14 years make up approximately 39.5% of the total population, with those aged 0 to 4 years representing 9.7% of the total population. Ensuring equal access to education for this sizable demographic poses a significant challenge for policymakers, especially given that a majority of them come from middle-income and impoverished families. The slow progress in educational achievement has long been a known issue in our country. For example, in 2001, the number of illiterate individuals in India was disproportionately high compared to the overall population at the time of

¹<https://www.frontiersin.org/articles/10.3389/feduc.2022.871043/full#B4>

independence. Approximately 350 million of these illiterate individuals were a direct result of ineffective policies and funding practices dating back to the second Five-Year Plan (Mehrotra, 2012). However, by 2004, there was a noticeable increase in school attendance levels, although illiteracy rates remained relatively high (Pieters, 2011). School attendance rates had doubled or tripled in all states except Andhra Pradesh, Rajasthan, Odisha, and Tripura. Furthermore, educational achievement is significantly higher in urban areas of India compared to rural regions (Asadullah and Yalonetzky, 2012). The lack of education and high illiteracy rates among females were particularly concerning, with a 24% gap identified in 2001. Previous research has shown significant improvements in school enrollment, with near-universal enrollment among children aged 6 to 10 years. However, illiteracy rates remain relatively high, especially in rural areas and among female children, potentially due to persistent dropout rates (Chatterjee et al., 2018). In 1968, the Government of India introduced its initial National Policy on Education (NPE). Subsequently, the second and third policies were implemented in 1986 and 1992, respectively. These policies primarily focused on significant restructuring, prioritizing the elimination of disparities, ensuring equal educational opportunities, and establishing a standardized minimum program. Following this, the Right to Education (RTE) bill was passed in December 2002, with the Indian parliament enacting the Constitution 86th Amendment Act and incorporating Article 21A into the list of fundamental rights. This article states that "the State shall provide free and compulsory education to all children aged 6–14 years in a manner determined by the State through legislation" (Mehrotra, 2012). The objective of the bill is to ensure universal access to elementary education for children aged 6 to 14 years, extending up to the secondary school level. Building on the success of RTE, the Government of India has devised a nationwide program that primarily emphasizes universal access to elementary education. To achieve this, the Integrated Childhood Development Scheme (ICDS) was formulated, which includes the Mid-day Meal Scheme, effectively enhancing preschool education among children. Under ICDS, the number of children aged 3 to 5+ years has increased from 16.7 million to 35.3 million in 2012–2013 (NUEPA, 2014).

MEDICAL EDUCATION IN INDIA

Medical education in India requires completion of five and a half years of formal medical school training followed by at least three years of residency specialization. Admission to medical

school, residency, and fellowship programs is determined annually through standardized entrance examinations known as the National Eligibility cum Entrance Test (NEET) Undergraduate (NEET-UG), Postgraduate (NEET-PG), and Super-Specialty (NEET-SS) as of 2023. NEET, originally proposed in 2013, faced delays and legal challenges before its full national implementation in 2017. In contrast to countries like the United Kingdom (U.K.) and the United States (U.S.), where medical school admissions involve a holistic review of applicants, India relies solely on rank-based selection criteria. The competitiveness of NEET-UG underscores the scale, with over 2 million candidates competing for approximately 108,898 medical school seats in 2023, resulting in a highly competitive environment. By comparison, the U.K. saw about 26,820 applicants vying for 7,600 medicine positions in the same.

NEET ENTRANCE EXAM

The National Eligibility cum Entrance Test (NEET), designed as a unified system for admission into medical and dental programs across India, requires a thorough reassessment of its legality, socio-economic impact, and core objectives, given its significant implications for the nearly 2.3 million students who take the exam annually. There are five key questions that demand scrutiny from scholars, policymakers, and the judiciary regarding NEET's framework, legal basis, socio-economic effects, and alignment with broader goals of equitable medical and dental education in India. Initially intended to simplify admissions, promote meritocracy, and eliminate capitation fees while ensuring transparency, NEET has faced challenges with recent incidents like paper leaks and bribery allegations that undermine its integrity. Concerning meritocracy, there are concerning cases, such as students allegedly failing in Class 12 but excelling in NEET, indicating a rise in rote learning culture post-NEET as highlighted by the Justice A.K. Ranjan Committee Report. Has NEET effectively addressed socio-economic disparities? The AK Ranjan Committee report reveals an increase in admissions among Open Category students post-NEET, contrasting with reduced representation among Backward Class and Most Backward Class groups. NEET has also reduced admissions from families earning less than 2.5 lakhs annually, while increasing those from higher-income families. NEET bridged the urban-rural divide. Evidence suggests significant disparities in admission rates between rural and urban students post-NEET, underscoring unequal access to medical education. NEET constitutionally validity initially challenged for exceeding statutory limits, the Supreme Court upheld its constitutionality

to uphold meritocracy and eliminate malpractices in admissions. Recent controversies and the A.K. Ranjan Committee Report's findings, however, raise questions about its validity.

INEQUITIES IN AND ECONOMIC BARRIERS TO MEDICAL EDUCATION IN INDIA²

Economic barriers to medical education in India are pervasive and deeply rooted in historical inequalities. This review focuses on these financial obstacles and their impact on equity and representation within the allopathic physician workforce. It identifies three primary sets of economic barriers: (A) the financial hurdles associated with NEET-UG for medical school admission, (B) costs related to medical school tuition and educational resources, and (C) financial challenges in securing residency positions through NEET-PG. These barriers disproportionately affect candidates from diverse socioeconomic backgrounds, exacerbating existing disparities.

This is not all. In high-stakes NEET, where over 16,00,000 aspirants will compete for 1,00,000 seats, aspirants need coaching to make the cut. The Justice A K Ranjan Committee, set up by the Tamil Nadu government to study if students in English-medium schools have an advantage, found that they did. The committee, which gave its report in September this year, says seats are going to affluent students with the cost of coaching a whopping Rs 10 lakh per individual.

FINANCIAL BARRIERS AND INEQUITY³

India has long grappled with inadequate and unevenly distributed healthcare infrastructure. Addressing this challenge in resource-limited areas, such as many parts of India, necessitates comprehensive approaches, including efforts to recruit and train a healthcare workforce that reflects the population it serves. Achieving this goal requires overcoming deep-seated barriers to equity and representation within Indian medical education, which are multifaceted and historically rooted in inequality. However, existing literature lacks sufficient exploration of the

² <https://www.tandfonline.com/doi/full/10.1080/10872981.2024.2302232>

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<https://economictimes.indiatimes.com/industry/services/education/the-money-one-needs-to-shell-out-to-become-a-doctor-in-india/articleshow/87389789.cms?from=mdr>

financial obstacles and their implications on equity and representation in the Indian allopathic physician workforce, a gap this review aimed to fill.

Direct and indirect costs related to medical education have significantly increased in recent times. Addressing these issues urgently is crucial not only for fostering a healthcare workforce that mirrors India's diverse population but also for alleviating the shortage of primary care physicians, particularly in rural areas.

NEET IN TAMILNADU

⁴The Tamil Nadu government passed the Tamil Nadu Admission to Undergraduate Medical Degree Courses Bill, 2021, aimed at exempting the state from the National Eligibility and Entrance Test (NEET). However, the refusal of the Tamil Nadu Governor to give assent to the bill has led to a deadlock between the state and the Centre, raising concerns about the future of medical education and healthcare services in Tamil Nadu.

Since its introduction in 2017, Tamil Nadu has been staunchly opposed to NEET, viewing it as a threat to the state's autonomy, healthcare system, social justice, and educational quality. To understand the implications of NEET in detail, both its advantages and disadvantages need to be examined.

NEET, formerly known as the All-India Pre-Medical Test (AIPMT), serves as the qualifying examination for MBBS and BDS programmes in Indian medical and dental colleges. Initially introduced by the Central Board of Secondary Education (CBSE) in 2013, it is now conducted by the National Testing Agency (NTA). Advantages of NEET include its function as a single entrance test, replacing multiple state-level and private exams, thereby saving time, money, and effort for both students and colleges. It promotes fairness and transparency by reducing the possibility of corruption and malpractice, ensuring admission based on merit. NEET also provides equal opportunity for students nationwide and offers language options to overcome linguistic barriers.

⁴<https://www.drishtias.com/daily-updates/daily-news-editorials/anti-neet-movement-in-tamil-nadu#:~:text=Tamil%20Nadu%20has%20opposed%20the,to%20be%20discussed%20in%20detail>.

However, NEET poses several issues, including its highly competitive nature, reliance on CBSE syllabus which may disadvantage students from different state boards, and associated costs that may be prohibitive for economically disadvantaged students. Moreover, NEET has faced opposition in Tamil Nadu for violating principles of federalism, denying opportunities to disadvantaged students, promoting a coaching culture, and being linked to student suicides in the state.

Recent developments include the Tamil Nadu government's plea to the Supreme Court challenging the constitutional validity of NEET, alleging violations of federalism and the right to equality. The plea seeks a declaration from the Supreme Court to hold Section 14 of the National Medical Commission Act, 2019, prescribing NEET, as ultra vires the Constitution.

Moving forward, potential solutions include shifting education from the Concurrent List to the State List, granting states more autonomy in admission policies, and designing a more inclusive admission process that considers NEET scores, Class XII marks, and other factors to balance equity and quality in medical education.

⁵M.K. Stalin, the Chief Minister of Tamil Nadu, stirred controversy by calling for the transfer of education back to the State List. Previously, education was shifted from the State List to the Concurrent List of the Constitution, allowing both state legislatures and Parliament to enact laws on it. This issue gained attention again after S. Jagadeeswaran, a nineteen-year-old NEET aspirant, tragically committed suicide due to disappointment over his exam performance. Two days later, his father also took his own life. In response, Stalin pledged to ban the NEET exam in Tamil Nadu, expressing concern over its negative impact. Centralized entrance exams like NEET and JEE have become the norm for admissions to prestigious courses and universities in India. While proponents argue that centralization streamlines the admission process and promotes equality among students, critics believe it adds unnecessary pressure to an already burdened education system. NEET and JEE, with their advanced syllabi and focus on objective questions, have led to the proliferation of coaching institutes and favored wealthier candidates. The emphasis on these exams diminishes the importance of school and board examinations, which traditionally hold cultural significance in India. The recent pushback against NEET in Tamil Nadu reflects broader concerns about the fairness and impact of centralized entrance exams.

⁵<https://theleaflet.in/the-necessary-politics-over-neet/>

While some advocate for a return to state-level exams, others argue for a more nuanced approach that balances standardization with regional autonomy. Overall, the debate over NEET exemplifies the ongoing struggle to reconcile national standards with regional diversity in Indian education.

⁶In a letter addressed to PM Modi, Stalin said that the selection process for professional courses should only be through class 12 marks which would help lift off unwarranted additional stress students face. Stalin's letter to PM Modi comes amid a massive uproar across the nation over NEET paper leak cases, which has prompted a CBI probe and crackdown against those involved in the exam irregularities.

NEET DISPARITIES⁷

Despite its intended purpose of standardizing the medical admissions process in India, NEET has been plagued by widespread irregularities that call into question its effectiveness in upholding high standards in medical education. There has been a significant rise in reports of suicides among NEET aspirants both before and after the exams, particularly highlighting the city of Kota in Rajasthan where students flock from across the country for coaching classes, correlating with a higher suicide rate. Tamil Nadu has also witnessed several tragic cases, beginning with S Anita, a Dalit girl, underscoring the mental health challenges faced by aspirants.

Reports of rampant cheating have further exacerbated anxiety and disillusionment among NEET candidates, resulting in numerous arrests in Maharashtra and Rajasthan. In Bihar, a serious incident involved the leakage of the question paper a day before the exam, where students were provided with answers in advance at a designated lodge. Similarly, in Gujarat, an invigilator named Tushar Bhat allegedly engaged in malpractice by offering to fill in correct answers for a hefty fee of ₹1 crore. These incidents underscore the reality that exam irregularities are not mere rumors but significant issues impacting the integrity of NEET. Over a hundred individuals across India have been arrested this year alone in connection with NEET-related fraud. Tamil Nadu has also experienced disparities among aspirants, with economically and socially disadvantaged students unable to afford coaching classes, further exacerbating their challenges.

⁶

<https://timesofindia.indiatimes.com/india/mk-stalin-writes-to-pm-modi-8-cms-to-abolish-neet-nationally-amid-paper-leak-row/articleshow/111354750.cms>

⁷ <https://thewire.in/education/why-neet-as-an-entrance-exam-raises-questions-over-equity-and-fairness>

Tamil Nadu, known for its robust medical infrastructure with a doctor-to-population ratio surpassing global standards, achieved this milestone prior to the introduction of NEET. However, the introduction of NEET has led to concerns that meritorious students are being overlooked due to widespread cheating and economic disparities. This raises critical questions about how NEET can accurately assess the abilities of bright scholars under its current flawed framework. The NEET system has inadvertently marginalized scholars from Tamil Nadu, particularly those from rural and economically weaker backgrounds, limiting their access to medical education. This trend risks diminishing Tamil Nadu's reputation as a leader in primary healthcare providers. Amidst reluctance among some doctors to fulfill mandatory service bonds, neglecting rural aspirants could adversely affect Tamil Nadu's healthcare delivery. Consequently, there is a growing call to reconsider the NEET format and place greater emphasis on school education performance as a fairer criterion for medical admissions.

NEET IN POSTGRADUATE

NEET PG, administered by the National Board of Examinations, serves as a qualifying and ranking test for postgraduate medical courses in India's government and private medical colleges. Conducted by the Directorate General of Health Services, the exam facilitates counselling and seat allocation. Previously, candidates in the general category needed to achieve a minimum of 50 percentile to qualify. However, a recent change now allows even zero percentile scorers to be eligible for postgraduate courses. This alteration increases the pool of eligible candidates, ensuring more seats are filled but potentially complicating the process for those awaiting seat allotment or upgrades. Whether this change will be permanent remains uncertain. While some welcome the move, others, including medical professionals and politicians, criticize it as undermining the healthcare system. This adjustment follows demands from doctors nationwide to lower the NEET-PG 2023 cut-off criteria.

SUGGESTION

Education serves as a powerful tool for promoting social mobility, empowering individuals, and building more equitable societies. As education is crucial in India, ensuring equal educational opportunities for all students is imperative. Disparities in economic backgrounds often lead to some students receiving high-quality education while others struggle to access basic educational

resources, particularly in underserved areas. This creates a significant challenge for students from low-economic backgrounds who must compete with their peers from more privileged backgrounds.

NEET students from disadvantaged economic backgrounds often face obstacles in meeting the required cutoff marks due to inadequate access to quality education and lack of resources for coaching classes. To address this issue, I propose that admissions to medical colleges be based on students' performance in their 12th-grade examinations, utilizing reserved quotas for disadvantaged groups. Additionally, standardizing the undergraduate and postgraduate medical syllabus would ensure that all students receive the same level of education, regardless of their background.

This approach would level the playing field and ensure that every student has an equal opportunity to pursue a career in medicine based on their academic abilities rather than their economic circumstances