Endocrinology training in India: A student’s perspective

Sir,
I read with great interest the editorial published in the July–August 2015 issue on Endocrinology training in India. With reference to the article, I would like to highlight a few points from the student’s point of view.

As rightly mentioned by the authors, the student’s journey to becoming an Endocrinologist in India is not an easy one. After a 5.5 years long MBBS course and a 3 years long MD course with intermittent 1–2 years rural bond enforced by a few institutions, the students are subjected to the heavily competitive entrance examinations for the DM degree. As the colleges are spread over the length and breadth of the country, attending these exams proves to be an expensive affair for the students, given the fact that sparing this large amount at that point in their career, may be difficult for a large majority. The cost of the exams alone may be a deterring factor in a few cases. To add to these monetary woes, each institution and university has its own protocol for selection of students. Although, the theory examinations are objective, the practical examinations which are predominantly subjective, have left many a student disappointed. Considering all these factors, a
uniform subjective selection criteria throughout the country to give equal opportunities to all the meritorious students, will be a welcome move.

As endocrinology is still a developing science, there are so many new avenues to be explored. What we lack as a nation in this regard is normative data for our population. The data that we use that are predominantly derived from studies from the Western population, may not be applicable to a population as diverse and unique as ours. Hence, the training institutions in particular designated zones of the country should come together to establish this data and the postdoctoral fellows can be involved in this measure with adequate funding from the concerned bodies.

Another lacuna in the training is the lack of incorporation of community health in the curriculum. Endocrinology has not been given due importance in the drafting of national policies, for example, neonatal screening for congenital hypothyroidism. A small but significant step in this direction will be drafting of community health programs targeting specific populations and diseases such as gestational diabetes mellitus, childhood obesity, hypothyroidism in school children, etc., at the taluk or district level by the trainees in endocrinology. This can be extended further to state and national levels.

Another suggestion to improve the quality of training in endocrinology would be to encourage interdepartmental discussions in the form of regular meetings with radiologists, pathologists, and surgeons to discuss interesting cases and further our knowledge in the management of such cases. In drafting this letter, I think that I have voiced some of the concerns of the student community, and I do hope that these issues will be addressed for the betterment of the present training scenario.

At the end, I would like to thank the authors of this interesting editorial for opening up a portal to express our views and suggestions on improving the academic training in endocrinology in India.

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Financial support and sponsorship
Nil.

Conflicts of interest
There are no conflicts of interest.

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Cite this article as: Anne MB. Endocrinology training in India: A student’s perspective. Indian J Endocr Metab 2015;19:693-4.