



Indian Students in Higher Education Abroad: The Case of Medical Education in China

Madhurima Nundy

Associate Fellow, Institute of Chinese Studies

madhurima.nundy@gmail.com

The mobility of students, travelling for higher education¹ has increased globally over the last decade. Increasing opportunities in a globalised world, market forces, revolution in information technology and communication, a growing middle class in developing countries who have the financial power along with aspirations of students have led to a greater mobility of students across the world. In 2014, about 300,000 Indian students travelled to other countries for higher education (Khosla 2015).

There are several push and pull factors that determine the outbound flow of students

¹ Higher education covers all undergraduate, postgraduate and doctoral programmes across disciplines. It also includes diploma and certificate courses received from vocational or professional institutes.

globally from their home countries. Snehi (2013) discusses these factors and observes that push factors are mostly due to inadequate number of seats and facilities in the desired programme, poor quality of teaching, lack of diversity in the programmes available and so on. The pull factors could be several – wider pool of options to select from, scholarship opportunities, better facilities for research and so on. The wider factors are manifold that would include better social status and future prospects. In the present context, governments are also increasingly encouraging students to seek opportunities abroad by announcing joint scholarships for international programmes as well as attracting foreign students to come to study. India has more outbound students than inbound that reveals that there is a crisis in

higher education that needs some serious discussion and policy changes.

In 2014, India had the highest growth rate in terms of number of students travelling for higher education abroad and surpassed China in this regard, although in actual numbers there are twice as many students going from China to study abroad as compared to India (M. M. Advisory Services 2015).

In the higher education market, China and India have the maximum number of outbound students going to foreign universities respectively, followed by South Korea. Almost 50 percent of the international students are from these three countries (M. M. Advisory Services 2015). Business and administration, science, engineering and construction and humanities and arts are some of the top subjects for which students seek admissions.

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Between 2005 and 2012, the top seven countries to enrol Indians in higher education were – United States (US), United Kingdom (UK), Australia, Canada, New Zealand, China and Germany, in that order of maximum to minimum enrolments (Clark 2013).

This trend is now changing with the US retaining the first position and witnessing a massive growth of Indian students (almost 50 percent of all Indian students going abroad) seeking admission for higher education. Canada and Australia have taken over UK in the last few years due to strict immigration policies in the latter in addition to the weakening of the rupee that has made UK far too expensive. China is one of the emerging contenders where Indian students are now going and this number is steadily increasing.

Table 1
Indian Students Enrolled in Higher Education in Top 7 Countries, 2014

Rank	Countries students travelling to	Number of students
1	United States	132,888
2	Canada	37,399
3	Australia	26,433
4	United kingdom	21,000
5	China	13,578
6	New Zealand	10,709
7	Germany	9,495 (2013-14)

Source: Compiled from Institute for International Education. n. d. a

After North America and Western Europe, East Asia and Pacific region is the next favoured destination for Indian students (Snehi 2013). While English-speaking nations are the most favoured destinations for Indians, China is one of the top non-English speaking country where Indians are going for higher education (Clark 2013).

Higher Education in China: Inbound Students

Since the beginning of this century the scale of higher education in China has expanded. It is estimated that the number of inbound students will increase to 500,000 by 2020. Presently, almost 70 per cent of the international students are from Asia (UNESCO 2013: 20). China is an attractive place to study due to several factors. The Chinese government in the recent years has introduced a series of scholarship programmes to attract foreign students in various fields. They also have several ‘split campus programmes’ where they have partnered with a foreign university (mostly North American). An enrolled student finishes part of the programme in the university in China and the other part in the partnering university in the West.

Table 2
International Students in China, 2014

Rank	Place of Origin	Number of Students	Percentage of total
1	South Korea	62,923	16.7
2	United States	24,203	6.4
3	Thailand	21,296	5.6
4	Russia	17,202	4.6
5	Japan	15,057	4.0
6	Indonesia	13,689	3.6
7	India	13,578	3.6
8	Pakistan	13,360	3.5
9	Kazakhstan	11,764	3.1
10	France	10,729	2.8

Source: Institute for International Education. n. d. b

There are joint venture universities, for example, the Duke Kunshan University (jointly funded by Duke University in the US and Wuhan University), where a student can get an international degree by studying in China itself. Another important factor is that the cost of living and tuition fees is relatively lower than other developed countries (Onsman 2013; UNESCO 2013).

Table 3
**Total Number of International Students
by Field of Study in China, 2014**

Rank	Field of Study	Number of Students	Percentage of total
1	Humanities	208,472	55.3
2	Business and Management	54,750	14.5
3	Health Professions	52,090	13.8
4	Engineering	34,134	9.1
5	Social Sciences	9,118	2.4
6	Education	6,664	1.8
7	Fine and Applied Arts	5,531	1.5
8	Physical and Life Sciences	3,927	1.0
9	Agriculture	2,368	0.6

Source: Institute for International Education. n. d. b

China is gradually becoming an important destination for Indian students – for language, literature and medical education. In 2015, the total number of Indian students in China was reported as 13,578 as compared to 765 a decade ago. Interestingly, 80 per cent of them are pursuing undergraduate medical courses followed by

Chinese language and literature. Comparatively, the number of Chinese students in India has remained low to about 2000 (*Press Trust of India* 2015).

Given the large proportion of Indian students travelling for undergraduate courses on medicine (MBBS), it is important then to understand the push and pull factors that lead Indian students to seek medical education in other countries especially China.

State of Medical Education in India: Commercialisation and its Implications

The commercialisation of medical education in India has led many students to study medicine abroad. Medical education in India is in a state of crisis but there is no sense of urgency to address the serious issues of maldistribution of resources, the

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unregulated growth of the private sector, dearth of faculty, the lack of uniform admission procedures and dated curricula that needs to undergo a review. There are serious concerns over issues of quality,

regulation and increasing corruption in selection and recruitment procedures as has been exposed by the Vyapam scandal leading to the ‘criminalisation of medical education’ (Baru and Diwate 2015).

According to the latest data by the Medical Council of India (MCI), there are 412 colleges teaching MBBS with total seats of 52,965 (MCI 2016a). Since providing education is considered to be a non-profitable activity, over 50 per cent (211 out of 412) of these colleges that are in the private sector are registered as trusts or societies. The rest are government owned and funded with few that are in partnership with a society. The non-profit status does not prevent the private colleges from demanding high capitation fees that could vary from anything between 5 million to 15 million, apart from the annual college fees. These are shown as donations. Despite the Supreme Court declaring the practice of capitation as illegal, the demand for it from private colleges continues unabatedly.

Many of the failures regarding medical education have been attributed to the functioning of the MCI in the recent Standing Committee Report that was released early this year acknowledging that the MCI must undergo extensive reforms and a complete overhauling (Rajya Sabha Secretariat 2016). The Committee clearly stated that the MCI had created many roadblocks and had failed to create a transparent system for accrediting medical colleges. The well-entrenched and powerful interests that drive the MCI will be difficult to undo but the fact that it is now documented to have failed in its duty is a

good beginning. It will need some political commitment to see that the shift happens soon.

It is well acknowledged that there is a dearth of human resources in medical care in India but there is also a problem of distribution of available medical personnel with very high concentration in urban areas. The demand for medical seats exceeds the supply. Given the highly competitive examination and clamour for seats in public medical colleges and high fees in private colleges, many aspiring students who are unable to make it here, look for other alternatives. These alternatives come in the form of seeking admissions in medical colleges in other countries.

Indian Students Studying Medicine in China

Among the most preferred destination to study medicine abroad, China tops the list followed by Russia, Nepal, Ukraine, Kazakhstan, Kyrgyzstan, and others. There are over 13,000 Indian students in these countries studying medicine. More recently, Philippines is also attracting students from India (Banerjee 2015).

On returning, most of the graduate students from abroad (barring US, UK, Australia, New Zealand, and Canada) have to sit for the Foreign Medical Graduate Exams (FMGE) organised by the National Board of Examinations (NBE), a prerequisite to start medical practice in India. In 2014, 12,494 students appeared for the FMGE (3930 from

China; 2519 from Russia; 1600 from Ukraine; 1279 from Nepal; 694 from Kyrgyzstan; 307 from Kazakhstan and 2165 from other countries) (Banerjee 2015).

China opened its doors for foreign students seeking admission in medicine courses in 2004. Streamlining of regulations took number of years. For the admission year 2016-17, the MCI lists about 45 Chinese Medical Institutions, which are public institutions, providing 3,470 seats to international students (MCI 2016b). This list has been issued and approved by the Ministry of Education of the PRC as those that provide medical education in English medium. The course is for six years that includes a year of internship and learning Mandarin is compulsory and a prerequisite for doing the internship in the 6th year.

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MCI approves only students from these 45 universities to appear for the FMGE. The Indian Embassy in Beijing provides detailed guidelines to students wishing to study medicine in China (Embassy of India, Beijing 2016). Recruitment of Indian students takes place through ‘agents’ in India who facilitate the process. There are spurious agents too but the guidelines given by the Indian Embassy clearly warn students

seeking admission about them (MCI 2016b). There are instances of students being recruited by agents and sent to sub-standard privately run universities that do not meet the standards of the Ministry of Education in China.

One of the major reasons that Chinese medical colleges are sought is due to affordability. Comparing to other countries, China works out the cheapest when taking in to account fees, accommodation, living cost and miscellaneous expenses. In 2014, an undergraduate student in China spent on an average 25 lakhs for the complete course (Banerjee 2015). Students also said that unlike Indian private colleges, there were no hidden costs in the form of donations in China. All these colleges taught in English but going by student experiences language was an issue during the internship year when they had to interact with Chinese patients.

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Students say that the medical colleges have better equipment, lab facilities and technology when compared to the colleges in India. They claim that the training they receive in China is extremely competent and quality is often better than several private and government medical colleges in India. In some instances they agree that there is less practical knowledge and clinical

exposure as language is a barrier initially. Some have even started returning for post-graduation as seats in India are very limited. The students acknowledge that China was never part of their imagination and they had a lot to learn when they were exposed to a completely new culture and environment. Women students feel it is a safe country (Kumar Vr 2013; Zhao 2015). The Indian embassy encourages students to interact more with people from different countries and to absorb as much as they can about China.

The problem seems to arise when they return to India. Analysis of data from 2012-14 shows that China and Russia had the highest number of students and the lowest pass percentage of 18.9 in the FMGE. This pass percentage has come down over the years (Factly 2015). In the last two sessions of the screening exams that took place in 2015, only 10.4 per cent and 11.4 per cent students were able to succeed (*Press Trust of India* 2016). Students argue that the paper set by the NBE is extremely tough and the questions are of the postgraduate level. Since the pass percentage is so low, many students spend more money and time in coaching centres that have mushroomed over the last few years. Yet, the number of students going to China has not gone down.

The poor pass percentage might seem indicative of poor quality of medical education but this raises a lot of questions regarding the different standards of evaluating students which is depriving many young doctors to enter the profession. The Standing Committee Report of the Parliament on the functioning of the MCI

raises this issue and also the Minimum Standard Requirement (MSR) required by medical colleges in India. It observes that the rigid standards cannot be applied to foreign medical colleges that will probably be very different and these standards have also been an impediment to establishing more medical colleges in India.

There is undue focus on infrastructure and none on the quality of education. It further recommends that along with a Common Medical Entrance Test there should be a Common Exit Test in order to ascertain the quality of students and indirectly the quality of medical education being imparted by medical colleges in India (Rajya Sabha Secretariat 2016).

There is some information of the experiences of Indian students travelling to China for medical education but there is very little information on the curriculum and pedagogy for training them (Mishra 2012; Bhattacharyya 2012; Desikan 2013; Kumar Vr 2013; Zhao 2015). A lot is based on assumptions and therefore, there is an important question that arises of poor recognition of Chinese medical degrees by the MCI. The issue is far more complex. Is it only a problem with the skills of the curriculum or is it the many inadequacies of the MCI in restricting the practice of foreign medical graduates who could be potential competitors in the Indian market?

The President of the All India Foreign Medical Graduates Association in many of his interviews has accused the MCI of discriminating against graduates from China and Russia. He has argued that the MCI is

extremely corrupt and probably expects kickbacks for recognition of degrees. Foreign medical graduates are seen as competition to graduates who come out of private medical colleges in India. He further argues that the Indian graduates should undergo a similar screening examination given the quality of private medical education in India. An ex-member of the board of the NBE states that the FMGE is intentionally kept tough as that would suit the interest of many private medical colleges in India who charge capitation fees from students (Banerjee 2015; *The Telegraph* 2015).

Is the poor recognition of Chinese medical degrees a problem with the curriculum or does it reflect the many inadequacies of the MCI?

The increasing number of students travelling to China for a degree in medicine each year clearly reveals that there are several push and pull factors. To make a more in-depth analysis, one needs more information on the students who go to China for medical education. Who are these students and which part of India do they mostly come from? What is their experience in China, not only in terms of skills and quality of education but also of the general ethos and life in a country that was never part of their imagination? This is clearly an under-researched area which requires greater attention. ■

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