A personal submission on NEET revamp for better public health outcomes in rural areas

Dear Nandan Nilekani

I teach Computer Science and Engg. at IIT Bombay and also work in the area of planning for basic amenities for our towns and villages. I wish to make a submission to the NEET revamp panel, in my personal capacity.

I believe that NEET and JEE have created a highly corrosive and stressful environment for our high school students. There have been many attempts at reforms, and yet the core structure remains unchanged.

Let us talk about NEET. Two days after the result of the NEET re-exam, Ankita Sangole of Karjat taluka in Ahilya Nagar district died by suicide. She scored 168 marks in NEET, but the cutoff was 177. She was preparing through online coaching from home. Had she gone to Latur, a coaching center, her chances of achieving that cut-off would have been substantially higher. After that, if her family were wealthy enough, she could even have obtained a medical degree from a private college. Two obvious questions arise - did not Ankita's parents have the financial resources and mental confidence to send Ankita to a hostel in Latur?

Two days later, another girl - Samiksha from Satara - died by suicide, reportedly over NEET.

Now, let us look at the CAG report of 2024 on public health in Maharashtra and focus on doctors - nurses is a similar story. For a population of about 12.5 crores, the WHO prescribes a requirement of 1.25 lakh doctors, while the state actually has 1.7 lakh doctors, a surplus of 37%. However, for doctors in PHCs and secondary PHCs, only 5,765 were in place against a sanctioned strength of 7,381 doctors, a shortfall of 22%. In other cadres too (such as the NHM), the shortfall exceeded 30%. As you would expect, this shortage is expressed much more in the backward areas of Maharashtra, and the reasons are simple. Resident doctors prefer places where basic needs for their families are better met. Ahilya Nagar and Satara are districts where there is such a shortage of doctors.

There are thousands of Ankita's and Samiksha's who would be very happy to serve as doctors in their districts, but the NEET process is unable to locate them and prepare them for such a career. On the other hand, sons and daughters of doctors from private hospitals are better prepared to obtain the qualifying marks and subsequently, a degree from a private college, often at considerable expense. This must then be recovered from their customers. This creates a vicious cycle of public shortages and private abundance - but at higher costs - of a basic developmental service.

The same story repeats, with some variations, in other public systems such as drinking water supply, roads, irrigation or public transport. Large competitive exams with miniscule odds of clearing creates a surplus of graduates with increased aspirations. These can only be met in the affluent segments of the urban economy, while much of the general population remains underserved. Indeed, funds too flow in the same manner - while we spend over Rs.

10,000 crores on a single bridge or tunnel which remains under-utilized, we are loath to provide an annual subsidy of a fraction of that amount to MSRTC, the public bus system.

What could be done?

Let us assume the “One Nation One Exam” version of NEET, whatever its merits, continues. Of the 1 lakh seats available every year, there are roughly 40,000 government seats whose fees are affordable to the median student. Let us distribute 50% of these to the districts. This is about 30 seats for a typical rural district in Maharashtra. Let us hold NEET as before but with a center in each district. We may then prepare a merit list of 50 students who have qualified from the district. Thirty of these 50 may be selected by a district-level panel drawn from civil society. The selection may be based on the student's socio-economic background, her knowledge of the district and her overall suitability. Upon receiving her degree, the selected candidate must serve in the public health system of the district for 5 years.

Such a procedure will produce a different crop of doctors who will better address the needs of people. It may also strengthen the linkages between the administration, local leadership and the community and help convert us from mere beneficiaries and voters to participating citizens with skin in the game. This suggestion is just one of many possibilities a state may adopt.

Who is to do it?

The National Testing Agency (NTA), states as its vision that “The right candidates joining best institutions will give India her demographic dividend”. Its mission is “to improve equity and quality in education by administering research based [..] efficient, fair and international level assessments”. So it is clearly its job to assess the efficacy of NEET or JEE and to suggest reform. And yet, no such study by the NTA is available.

But it is also the job of the concerned ministers of the states to ensure that the correct arrangements exist to fill positions in the public services by the right set of young graduates. It is for them to also see that the right curricula are followed and the needed research is undertaken in the top institutions in their state. Ultimately, it is their job to end the slow-motion tragedy which befell Ankita and Samiksha.

Perhaps my proposal does not strictly fall within the terms of reference for your committee. But our inability to convert our problems of basic well-being into jobs and professions through better research and training is perhaps the broader question which we need to address. My appeal to you is not as a member of the NEET committee but as a distinguished alumnus of an illustrious institution which has provided thought leadership for many vexing problems of this country.

With regards,

Milind Sohoni.
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