Understanding the Facets of Service Bond for Medical Graduates and Post-Graduates in India

Anoushka Kapila[1], Hara Prasad Mishra[2] and Nandini Upadhyay[3]

From the Departments of [1]Pediatrics and [2]Pharmacology, University College of Medical Sciences and [3]MBBS student, University College of Medical Sciences, University of Delhi, Delhi, India

Correspondence to Dr. Anoushka Kapila, Junior Resident, Department of Pediatrics, University College of Medical Sciences, University of Delhi, Delhi 110095, India. anoushka.kapila@gmail.com

Health equity and availability of health services are major concerns for our country. The shortage of trained doctors in India is particularly perturbing considering that India is the world's second most populous country. According to the World Health Organization (WHO), the average number of medical doctors per 10,000 population is 16.37 globally in 2012-2020.[1] The corresponding figure for India was only 7.4 doctors per 10,000 population.[1]

To combat this vexing issue, the solution that most state governments have devised is a service bond for medical students when they join a graduate or post-graduate course. According to the service bond policy in India, medical graduates and post-graduates are obliged to serve for a specific period in state-run hospitals or peripheral health centres after completion of their under-graduate and/or post-graduate degree. Failure to do so warrants a penalty varying from a substantial amount of bond money (specified beforehand by the administration), and in some rare instances, even cancellation of the degree.[2]

Such policies have long been a part of the world-wide landscape, with the earliest such programmes dating back to the early 20th century.[3] These were introduced to encourage students, who received government financial aid for their medical education, to work for the public sector as a way of "giving back to society." Such service bonds come in a variety of forms, from rural recruitment in Thailand, to service in exchange for scholarships in Nepal and Indonesia.

Although, there was no provision for a service bond under the National Medical Commission (NMC) Act 2019 or the Indian Medical Council Act 1956, several states included service bonds as an obligatory requirement for admission to medical courses. These were adopted by state governments to fill up the vacant posts in community health centres and primary health centres as well as for the implementation of the government's vaccine and woman-and-child medical programmes, especially in peripheral, rural and tribal areas.

Since the state government provides subsidised education in state-run medical colleges, it gets to decide the bond amount. The bond amount has ranged from rupees 5 lakh in Rajasthan and Tamil Nadu, upto rupees 1 crore in Uttarakhand for admission to Bachelor of Medicine and Bachelor of Surgery (MBBS) course. The amount extends to a few crores for post-graduate and super-specialty medical training (***Table* I** and ***Table* II**). The duration of compulsory service also varies from state-to-state ranging from 1 year to 5 years. However, this system of service bonds is ridden with numerous complications in the current scenario of our country's healthcare infra-structure, as well as uncertain and unclear terms of implementation. Very often these postings are not allotted to graduates within a stipulated time and they are left with no option but to find other jobs or join higher studies. However, since the government withholds issuing degrees to medical graduates until the completion of the mandatory service, this often also renders such doctors unable to work elsewhere. In a recent example from Rajasthan, doctors were forced to sit idle for five months without salaries after the completion of their junior residency due to the delayed implementation of bond service.[4] To prevent the occurrence of such situations, it might be more beneficial for bonds to specify a duration of time after which doctors are no longer required to do mandatory service. It has also been seen that sometimes policies are changed after the students have started the counselling process for admission or when they have already joined the courses. Many states have very strict bond requirements which leave students with no time for individual study. In some states there are different rules for

TABLE I: State-wise rural service bonds in India after completing Bachelor of Medicine and Bachelor of Surgery (MBBS)

State	*Service bond*	
	Duration of service	*Penalty (Rupees)*
Andhra Pradesh	-	-
Andaman and Nicobar	1 year	10 lakhs
Assam	5 years	30 lakhs
Bihar	-	-
Chandigarh	-	-
Chhattisgarh	2 years	25 lakhs
Delhi	-	-
Goa	1 year	10 lakhs
Gujarat	1 year	20 lakhs
Haryana	5 years	30 lakhs
Himachal Pradesh	-	-
Jharkhand	3 years	30 lakhs
Karnataka	1 year	10 lakhs
Madhya Pradesh	1 year	10 lakhs
Maharashtra	1 year	10 lakhs
Manipur	-	-
Meghalaya	-	-
Mizoram	-	-
Odisha	2 years	25 lakhs
Pondicherry	-	-
Punjab	-	-
Rajasthan	2 years	5 lakhs
Tamil Nadu	5 years	5 lakhs
Telangana	-	-
Tripura	5 years	20 lakhs
Uttar Pradesh	2 years	10 lakhs
Uttarakhand	5 years	1 crore
West Bengal	-	-

All-India quota (AIQ) seats and state-quota seats, with students joining through AIQ being exempt from service bond. Haryana has introduced a bank loan policy for the bond with unclear specifications regarding interest rates; a 5-year-long service-bond period and no job guarantee. This led to the eruption of widespread protests by medical students all over the country.[5] In August 2019, the Supreme Court observed that the service bond conditions in some states were too unaccommodating and needed changes. It advised the centre and the Medical Council to develop a uniform national policy regarding the compulsory bond service.[6]

TABLE II: State-wise rural service bonds in India after completing Doctor of Medicine (MD) or Master of Surgery (MS) Course

State	*Duration of service*	*Penalty (Rupees)*
Andhra Pradesh	1 year	20 lakhs
Assam	10 years	20 lakhs
Bihar	3 years	25 lakhs
Chhattisgarh	2 years	50 lakhs
Goa	1 year	50 lakhs
Himachal Pradesh	2 years	40 lakhs
Jharkhand	3 years	30 lakhs
Karnataka	3 years	50 lakhs
Kerala	1 year	50 lakhs
Madhya Pradesh	1 year	10 lakhs
Maharashtra	1 year	50 lakhs
Manipur	1 year	20 lakhs
Odisha	2 years	40 lakhs
Pondicherry	3 years	10 lakhs
Punjab	1 year	10 lakhs
Rajasthan	2 years	25 lakhs
Tamil Nadu	2 years	40 lakhs
Telangana	1 year	20 lakhs
Tripura	3 years	50 lakhs for clinical courses; 35 lakhs for pre and para clinical
Uttar Pradesh	2 years	40 lakhs
Uttarakhand	2 years	2.5 crores
West Bengal	3 years	30 lakhs

Students also claim that there are no service bonds applicable to students studying in subsidised educational institutions other than the state-run medical colleges. The state-to-state disparity in service bond has a significant impact on medical students' college choices during the counselling process. This has resulted in students opting for medical courses in those states or institutions which have no service bond. Currently, students studying in medical colleges under the ambit of Institutes of National Importance (INI) including All India Institute of Medical Sciences (AIIMS), medical colleges in few states like Delhi, and unaided private medical colleges have no service bond obligations. Therefore, students preferentially opt for these institutes to bypass the obligatory service bond.

In 2010, the WHO published several recommendations to improve healthcare services in remote and rural areas. They discussed the importance of education and exposure of students to rural healthcare, setting up of medical

colleges outside of big cities, providing personal and professional support, along with financial incentives and scholarships.[7]

NMC's recent guidelines on implementation of the District Residency Programme makes it mandatory for all students pursuing post-graduate medical courses in India to serve at a district hospital for 3 months, on a rotational basis, during the 3rd, 4th or 5th semester of their post-graduation. As this programme is a part of medical training itself, it is a prime example of a policy that enables resident doctors to provide non-bonded service while also improving healthcare facilities at the district level.[8]

A study conducted in Odisha concluded that facilities such as housing, better pay, and improved healthcare resources could give better results with respect to rural service.[9] The state government of Uttarakhand fired 43 doctors who chose to not join their state service duties on account of inadequate infrastructure at hospitals and poor overall facilities for doctors as well as patients.[10] It was observed that in states like Gujarat, majority of the students chose to pay the penalty amount *in-lieu* of completing the mandatory service and proceed for higher education.[11] It is apparent that service bonds can only partially help with the workforce shortage and are by no means the only solution. The infrastructure and management of the peripheral and rural health centres has to be prioritized. A greater impetus to healthcare needs to be the focus to motivate health professionals to serve in remote areas and thereby improve availability of healthcare in rural areas.[12]

Apart from the service bond policy, other implementable measures to increase the availability of manpower in peripheral and rural health care centres can be the provision of in-service quota in post-graduate admissions for candidates who serve in the peripheral areas, ensuring adequate medical infrastructure and support staff in peripheral health centres and hospitals, providing financial incentives apart from the salary for serving in rural and tribal areas, improving infrastructure for living, and creating additional facilities so that doctors can settle with their families in these areas. Any sort of bond should never hinder a medical student's higher education; but it should be flexible enough to make room for it. There needs to be a provision to complete the service bond after completing higher education within a reasonable time frame.

The strategy in some states, which involves banks and has an unacceptably long service time, appears to be more focused on protecting the state and recouping its costs than it is on encouraging public service. Two more considerations further demonstrate this: first, the number of applicants has recently outpaced the number of openings announced; and second, the most current Rural Health Statistics (RHS), 2020-21, indicate a shortage of positions for rural primary health centre doctors.[13]

The state is required to invest in medical education for the benefit of the general public. Doctors also continue to give back to society even while working in the private sector or abroad, regardless of mandatory public service clauses. Over the last ten years, the number of government and private medical seats, as well as ambitious private-public collaborations in medical education, has increased significantly in the country. Now the programme has also prioritised the vernacularisation of medical education to provide access to the underprivileged members of our community.[14] Service bond rules will create a significant entry hurdle in medical education and produce unfavourable outcomes by discouraging students from pursuing medicine. However, whether the mandated rural service needs to be completely eliminated is debatable. There is a compelling moral and social obligation on the part of the students for returning their financial aid. In locations where there is a recognised shortage of doctors even a tiny contribution from candidates towards bonded service can have a big impact. Evidence-based, well-balanced interventions that are mindful of both society's needs and students' aspirations are urgently needed. The distinction between rural recruitment and rural doctor retention holds the key to the solution. Even if the latter is the ideal outcome, it will be expensive to solve the rural doctor retention issue over a sustained period of time as the rural-urban divide is essentially a developmental issue. It would be simpler to deal with, requiring fewer changes to the current regulations, to make periodic, short-term recruitments attractive. Strict regulatory tools should not tempt governments just because they have lower direct costs. Similarly, potentially beneficial options like rural service requirements should not be completely rejected. Finding a beneficial middle path that benefits the society as a whole without alienating its doctors is the best course of action.

CONTRIBUTORS: AK and HPM performed a literature search, collated the data and drafted the initial manuscript. NU gave critical inputs and revised the manuscript. All authors approved the final version and are accountable for the contents of the manuscript.

COMPETING INTEREST: None; FUNDING: Nil.

REFERENCES

1. World Health Organisation. World Health Statistics 2022: Monitoring Health for the SDGs, Sustainable Development Goals. Annex 2. Country, WHO region and global health estimates. Geneva: World Health Organization; 2022.

2. Press Trust of India. (November 06, 2022). Health Ministry working on guidelines to scrap bond policy for doctors. *The Hindu.* Accessed January 02, 2023. *https://www. thehindu. com/news/national/health-ministry-working-on-guidelines-to-scrap-bond-policy-for-doctors/article66104090.ece*
3. Frehywot S, Mullan F, Payne PW, Ross H. Compulsory service programmes for recruiting health workers in remote and rural areas: do they work? *Bull World Health Organ.* 2010;88(5):364-370. doi:10.2471/BLT.09.071605
4. Times Now News. (October 03, 2022). Doctors protest bond rules, seek salary for five months. *The Times of India*. Accessed January 02, 2023. *https://timesofindia. indiatimes. com/city/jaipur/docs-protest-bond-rules-seek-salary-for-five-months/articleshow/94609255.cms*
5. Tribune News Service (December 01, 2022). Haryana Govt blinks, now 5-year bond policy for MBBS students. *The Tribune.* Accessed January 02, 2023. *https://www. tribuneindia.com/news/haryana/haryana-govt-blinks-now-5-year-bond-policy-for-mbbs-students-456436*
6. Press Trust of India (November 6, 2022). Health Ministry working on guidelines to scrap bond policy for doctors. *NDTV*. Accessed January 02, 2023. *https://www.ndtv.com/education/health-ministry-working-on-guidelines-scrap-bond-policy-for-doctors*
7. World Health Organization. Increasing access to health workers in remote and rural areas through improved retention: Global policy recommendations. Accessed January 02, 2022. *https://apps.who.int/iris/handle/10665/44369*
8. National Medical Commission. Draft Postgraduate Medical Education Regulations 2021. Accessed January 02, 2023. *https://www.nmc.org.in/MCIRest/open/getDocument? path =/Documents/Public/Portal/LatestNews/final%20 PGMER%20draft.pdf*
9. Nallala S, Swain S, Das S, Kasam SK, Pati S. Why medical students do not like to join rural health service? An exploratory study in India. *J Family Community Med.* 2015;22(2):111-117. doi: 10.4103/2230-8229.155390
10. Azad S. (December 16, 2022). Uttarakhand fires 43 "missing" government doctors. *The Times of India*. Accessed January 02, 2022. *https://timesofindia.indiatimes.com/city/dehradun/uttarakhand-fires-43*-missing-government-doctors/articleshow/96265199.cms
11. Times News Network. (March 31, 2022). 1,630 did not join rural service after MBBS, only 100 did. *The Times of India*. Accessed Jannuary 02, 2023. *https://timesofindia.indiatimes.com/city/ahmedabad/1630-did-not-join-rural-service-after-mbbs-only-100-did/articleshow/90553139.cms*
12. Fernandes A, Santinha G, Forte T. Public service motivation and determining factors to attract and retain health professionals in the public sector: A systematic review. *Behav Sci (Basel)*. 2022;12(4):95. doi: 10.3390/bs12040095
13. Government of India. Ministry of Health and Family Welfare. Rural Health Statistics 2020-21. Accessed January 03, 2023. *https://main.mohfw.gov.in/sites/default/files/rhs 20-21_1.pdf*
14. Pandav CS, Kaushik S. (20 November, 2022). With the incorporation of major Indian regional languages, the Indian medical education system is progressive. The Economic Times: ETHealthWorld. Accessed January 02, 2023. *https://health.economictimes.indiatimes.com/news/education/with-the-incorporation-of-major-indian-regional-languages-the-indian-medical-education-system-is-progressive/95637175.*