Indemnity Bonds for MBBS students – a viewpoint

(Letter to the Editor)

Dear Sir / Madam,

Compulsory service programmes for MBBS students have existed for many years in India and other parts of the world. Different names have been given to such programmes such as ‘obligatory’, ‘mandatory’, ‘requisite’ and ‘compulsory’ service programmes (1). This has arisen due to the fact that governments look at compulsory service programmes as a means to deploy and retain the health workforce while health professionals are lost to emigration and opportunities in other countries (2). These programmes have shown promising results but are often enforced upon medical students in the form of an indemnity bonds in many MBBS courses (3).

Students seeking admission to the MBBS (Medicine Bachelor and Bachelor of surgery) or the BDS (Bachelor of Dental Surgery) course in Maharashtra (and also in many other states of India) are required to submit two undertakings (indemnity bonds).

1. If the student goes abroad within 5 years of completion of the course, he will pay a sum of Rupees 10,00,000/- (Ten Lakhs) to the Government of Maharashtra (i.e. the expense incurred by the Government for his education).
2. A student will complete the course including the internship and will serve the Government for a period of 1 year after the completion of the course or he will pay a sum of Rupees 1,000,000 (Ten Lakhs) plus the tuition fees (around 1 to 5 Lakhs) of the course to the Government.

Like any other rules and regulations, even these undertakings have their own benefits and limitations for the Government as well as for the students.

1. On one hand, it compels (or rather coerces) the students to complete the course and discourages them from leaving it in between at any time; assures that the government will have doctors to work at primary health centres and district places and prevents brain drain. On the other hand, does it not interfere with the fundamental right of the student to leave the course which they wouldn’t like to continue; right to take-up a job of their choice after the graduation and a right to go abroad, right after the completion of the course?
2. Though these undertakings may appear to be equal, it may not be equitable for all the students. The students from affluent background may not find it very difficult to pay the sum of indemnity bond and flout the undertaking, while the students from humble background may not be able to do so due to financial constraints.
3. Since there are limited number of seats and a tough competition for the admission in medical courses, some of the aspirants may not get the admission and may have to remain on a waiting list. If those students, who wish to opt out of the course, within few months of joining, are not discouraged to leave the course by the indemnity bond, the students on waiting list may get the seats. Thus, the student who wants to leave and the one who is on the waiting list, both will benefit.
4. The world has become a global village. It may be useful for the students to go abroad, and have the experience of the medical teaching and practice in different parts of the world. It may be a good idea for the government and universities to develop liaison with the medical schools abroad and facilitate going abroad by offering financial help, through student exchange programs, by providing sabbaticals (special study leave). An embargo of 5 years may only deprive the student from the exposure to the medical practice in the other parts of the world.
5. The stringent undertakings and indemnity bonds like these may deter students from opting for the medical courses. They may either prefer to enrol for some other course which does not impose such restrictions or seek admission in a more liberal medical school abroad.
6. In order to have doctors in rural areas and to prevent brain drain the government may consider offering incentives and better facilities rather than such punitive measures.

It may be a good idea for the government to review this practice of imposing undertakings and indemnity bonds on the students seeking admission in medical courses. It is high time that we discuss its pros, cons and ramifications and then, either modify it or abolish this undesirable practice altogether or come up with viable alternatives.

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