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NMC to Phase Out PG Diploma Medical Courses

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NMC to Phase Out PG Diploma Medical Courses

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WHY IN NEWS

The National Medical Commission (NMC), in a notice reported on June 22, 2026, announced that Post-Graduate (PG) Diploma medical courses will be phased out. The academic year to PG Diploma programmes, with **no admissions from 2027-28**. Medical colleges have been directed to apply for conversion of existing PG Diploma seats into corresponding **MD/MS degree seats** through the Medical Assessment and Rating Board (MARB).

The move marks a significant restructuring of India's post-graduate medical education architecture, aimed at standardising specialist training and expanding broad-speciality (MD/MS) capacity at a time when the country faces an acute shortage of specialist doctors.

THE DECISION AND THE TIMELINE

The NMC's directive sets a clear, phased schedule rather than an abrupt closure, protecting students already in the pipeline.

STAGE	ACTION
Academic year 2026-27	Last permitted year of admission to PG Diploma courses
From 2027-28	No fresh admissions to PG Diploma courses
Transition	Existing PG Diploma seats to be converted to corresponding MD/MS degree seats
Conversion authority	Applications routed through the Medical Assessment and Rating Board (MARB)

Students admitted up to 2026-27 will complete their diploma normally. Going forward, the seats once earmarked for a two-year diploma are intended to be absorbed into the three-year MD/MS degree stream in the same speciality, so total PG capacity is preserved and ideally upgraded.

What the PG Diploma Was

The PG Diploma was a shorter post-graduate qualification (typically two years against three years for an MD/MS degree) offered in specialities such as gynaecology and obstetrics, paediatrics, anaesthesiology, ophthalmology, radiodiagnosis and orthopaedics. It allowed a doctor to gain focused speciality training in less time. Its phase-out means the **degree (MD/MS) becomes the single uniform PG pathway** in these subjects.

WHAT IS THE NATIONAL MEDICAL COMMISSION (NMC)

The NMC is the **apex** (<https://ujivari.com/vocab/apex/>) statutory regulator of medical education and the medical profession in India.

- It was established under the **National Medical Commission Act, 2019**, which came into force on **September 25, 2020**.
- It **replaced the Medical Council of India (MCI)**, which had functioned under the Indian Medical Council Act, 1956, and had faced sustained criticism over corruption and **opacity** (<https://ujivari.com/vocab/opacity/>).
- The NMC is the body that conducts policy on medical education standards, regulates fees in a proportion of private and deemed college seats, and oversees the registration of doctors.

The Four Autonomous Boards of the NMC

The NMC Act, 2019 created four autonomous boards, each with a defined **mandate** (<https://ujivari.com/vocab/mandate/>), to distribute regulatory functions.

BOARD	FULL FORM	CORE MANDATE
UGMEB	Under-Graduate Medical Education Board	Standards, curriculum and regulation for undergraduate (MBBS) medical education
PGMEB	Post-Graduate Medical Education Board	Standards, curriculum and regulation for MD/MS, diploma and super-speciality education
MARB	Medical Assessment and Rating Board	Assessment, rating and permission for medical colleges; granting and renewing approvals
EMRB	Ethics and Medical Registration Board	Maintaining the National Medical Register; enforcing professional conduct and ethics

MARB's Role in This Reform

The Medical Assessment and Rating Board is the gatekeeper for institutional capacity. It grants permission to start or expand courses, assesses infrastructure, faculty and compliance, and rates colleges. Because converting a diploma seat into a degree seat is a change in course recognition and capacity, colleges must route these applications through **MARB**, which will verify that each institution meets the higher faculty, infrastructure and training requirements of an MD/MS programme before approval.

Rationale

The NMC's stated objectives are to:

- **Standardise PG education** by removing the parallel diploma track and making the MD/MS degree the uniform qualification.
- **Align with contemporary standards** of speciality training, where a degree carries broader recognition and career mobility.
- **Optimise and increase MD/MS capacity**, since converted seats add to the pool of fully qualified specialists.

THE SPECIALIST-SHORTAGE CONTEXT

The reform sits against the backdrop of India's specialist doctor deficit and an evolving doctor-population picture.

- **Doctor-population ratio:** The WHO benchmark is **1 doctor per 1,000 population (1:1000)**. The Government has stated that India has crossed this norm when AYUSH practitioners are counted alongside allopathic (modern medicine) doctors; counting only registered allopathic doctors, the ratio is tighter and unevenly distributed.
- **Specialist gap:** The shortage is sharpest in **rural and district-level secondary care**, where Community Health Centres report large vacancies in specialist posts (surgeons, physicians, paediatricians, gynaecologists) as documented in successive Rural Health Statistics reports.
- **NEET-PG:** Admission to PG medical courses, including the seats being restructured, is through the **National Eligibility cum Entrance Test (Post-Graduate), NEET-PG**, the single national entrance examination for MD/MS and PG diploma seats.
- **Brain drain:** A significant number of Indian-trained doctors migrate abroad for higher remuneration and training, intensifying the domestic specialist shortfall.

ANALYSIS AND WAY FORWARD

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The case for the reform. A single, degree-based PG pathway removes the perception of the diploma as a “second-tier” qualification and gives every specialist a uniformly recognised credential. It simplifies regulation, supports *portability* (<https://ujivari.com/vocab/portability/>) of qualifications across states and internationally, and, if conversions genuinely expand seats, it deepens the specialist pool. Standardisation also aligns training duration and curriculum with global norms.

The countervailing (<https://ujivari.com/vocab/countervailing/>) **concern.** The PG Diploma was a **shorter, faster route** to a working specialist. Phasing it out without a net increase in MD/MS seats could reduce the annual output of trained specialists in the transition years and lengthen the time-to-qualification. Diploma holders historically served an important role in **district hospitals and rural deployment**, where the immediate need is for competent hands rather than research-oriented degrees. The reform must therefore avoid shrinking the rural specialist supply.

Way forward.

- 1 **Guarantee seat parity or growth.** Conversions should at minimum preserve, and ideally raise, the total number of PG seats so that specialist output does not dip during the transition.
- 2 **Strengthen faculty and infrastructure.** MARB approvals for degree conversion must be matched by support to colleges (especially in smaller towns) to meet the higher faculty norms, so that capacity is not lost in districts that most need it.
- 3 **Protect rural service.** Pair the reform with incentives, District Residency Programme rotations and bond-service deployment so that the additional MD/MS graduates reach underserved areas.
- 4 **Monitor outcomes.** The PGMEB should track speciality-wise seat numbers and rural specialist availability annually to ensure the policy widens, rather than narrows, access to specialist care.

UPSC RELEVANCE

Prelims: NMC Act, 2019 (year of enforcement, body it replaced); the four autonomous boards and their full forms; which board handles college assessment and rating (MARB); NEET-PG as the PG entrance exam; the WHO doctor-population norm (1:1000).

Mains (GS2, Governance, Health):

- *“Statutory”* (<https://ujivari.com/vocab/statutory/>) *reform of medical education in India should be judged by its effect on equitable access to specialist care, not merely on standardisation.” Discuss in light of the phasing out of PG Diploma courses.*
- Examine how the NMC’s board-based structure improves accountability over the *erstwhile* (<https://ujivari.com/vocab/erstwhile/>) Medical Council of India.

- Discuss the structural causes of India's specialist doctor shortage and evaluate recent policy responses.

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GS2 angles: statutory bodies and regulatory governance; health as a development indicator; centre-state coordination in health (a State subject with central regulation of professional education); welfare and access dimensions of social-sector reform.

FACTS CORNER

National Medical Commission (NMC): Apex regulator of medical education and the profession in India, set up under the National Medical Commission Act, 2019 (enforced September 25, 2020). It replaced the Medical Council of India (MCI).

Four autonomous boards: UGMEB (Under-Graduate Medical Education Board), PGMEB (Post-Graduate Medical Education Board), MARB (Medical Assessment and Rating Board), EMRB (Ethics and Medical Registration Board).

MARB: Assesses and rates medical colleges and grants/renews permissions; handles applications for converting PG Diploma seats to MD/MS seats.

PG Diploma phase-out: Last admission year is 2026-27; no admissions from 2027-28; existing PG Diploma seats to be converted to corresponding MD/MS degree seats.

NEET-PG: National entrance examination for PG medical (MD/MS and diploma) admissions.

WHO doctor-population norm: 1 doctor per 1,000 population (1:1000).

Sources: National Medical Commission (<https://www.nmc.org.in>), The Hindu (<https://www.thehindu.com>), Press Information Bureau (<https://pib.gov.in>)

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