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NEET:

Looking Beyond Competitive Entrance Exams for Higher Education

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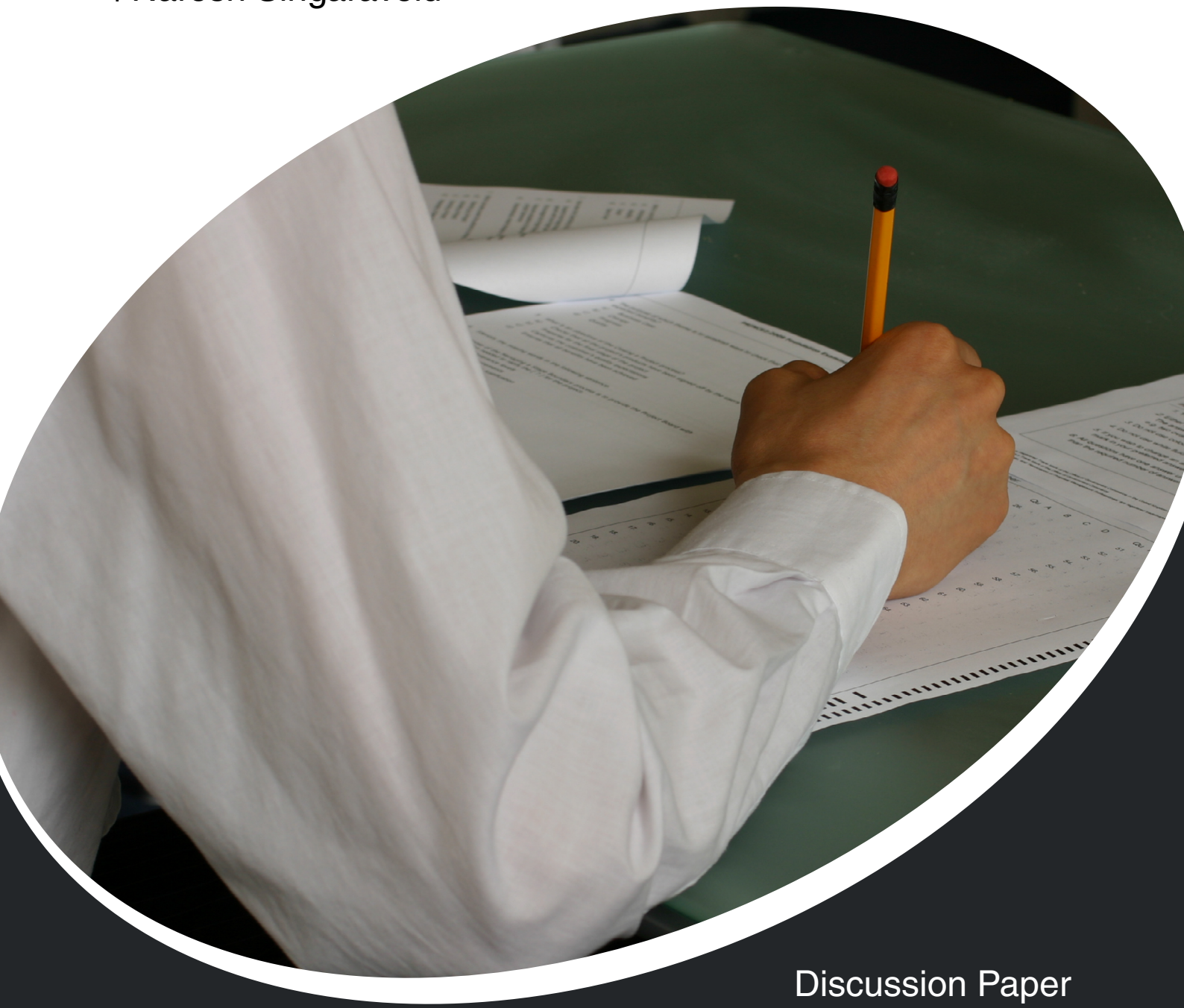
| Naresh Singaravelu



Discussion Paper

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Discussion Paper

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ABSTRACT

Admission into professional courses via highly competitive entrance examinations is becoming the norm in universities. The Union government's decision to make the National Eligibility-cum-Entrance Test [NEET] the sole criterion for admission to medical and dental colleges is a significant step in this direction. However, studies worldwide have criticised high-stakes examinations for propagating socio-economic inequalities and affecting students' learning outcomes. In this light, the paper examines whether introducing a compulsory examination for admission in medical colleges achieves its stated goals of reducing corruption and promoting merit. Using medical admission data from Tamil Nadu in the report by the Justice A.K. Rajan Committee report, the paper also examines if the introduction of NEET affected the demographic of MBBS graduates and the state's public health system.

Keywords: High-stakes examinations, entrance examinations, NEET, merit, inequality in higher education, public health, credentialism, corporatisation of healthcare.

NEET: THE STORY SO FAR

Over 16 lakh students across India wrote the National Eligibility-cum-Entrance Test [NEET] in September 2021 (Special Correspondent, 2021). The examination helps secure admission to one of the 600 medical colleges (National Medical Council, n.d.) and 300 institutes offering dental courses (Dental Council of India, n.d.).

In 2013, the Supreme Court ruled the exam unconstitutional (Christian Medical College v. Union of India, 2013). It held that the exam deprived States and medical colleges of the right to admit students to MBBS and BDS courses as per their provisions. The Court said that the exam would create only a "mirage of equality of opportunity" (ibid.). It would deter a vast section of students from underprivileged sections from pursuing higher education (ibid.). Three years later, the Supreme Court recalled the aforementioned order and paved the way for NEET in 2016 (Sankalp Charitable Trust v. Union Of India, 2016). The proponents of the exam identified two major advantages of instituting a common entrance examination. Firstly, it would reduce the stress and expenditure of counselling sessions and travelling to multiple states to write the respective exams. Secondly, it would also weed out corruption in medical admissions by centralising the admission system, thus preempting universities from charging exorbitant capitation fees (Choudhury, 2016).

However, the decision was poorly received in certain states, especially in Tamil Nadu. Consider the case of S. Anitha, the daughter of a Dalit daily-wage labourer. She scored a whopping 1176 out of 1200 in the class 12 Tamil Nadu State Board examinations in 2017. Still, she was denied a seat since NEET scores were used as the sole criteria for admission to medical colleges (Rajaram, 2017). Before NEET, the Tamil Nadu government used Class 12 Board examination scores for admission to medical colleges instead of entrance tests (Yazhini & Karpagam, 2021).

The Tamil Nadu government moved to the Supreme Court seeking exemption from the exam and Anitha impleaded herself in the case (Regi & Sivagnanam, 2020). However, the Court denied the petition and ordered Tamil Nadu to follow NEET scores for admission (Scroll Staff, 2017). On September 1, 2017, 9 days after the order, 17-year-old Anitha died by suicide at home. Her death led to state-wide agitations against the examination (Rajaram, 2017). Since then, several students in the state have died by suicide, citing pressure caused by NEET (Regi & Sivagnanam, 2020).

High-stakes Competitive Exams: Some Issues

An examination can be classified as high-stakes if it has important consequences for its taker such as admission to universities, awarding of degrees, or, as it is widely used in the US, for ranking and categorising schools, teachers, and children (Au, 2007). NEET can be classified as high-stakes as it is the deciding factor for every student wanting to pursue MBBS or dental courses across the country.

Studies globally have criticised high-stakes competitive examinations for various reasons. A Brazilian study found that the country's national exam for secondary education, the Exame Nacional do Ensino Medio, was biased toward students from wealthy backgrounds studying in elite private schools (Schwartzman & Knobel, 2016). Research from Turkey also found that having highly competitive entrance examinations as the admission criteria gave an unfair advantage to students who

can afford private tutoring (Tansel & Bircan Bodur, 2005). High-stakes entrance exams also create immense psychological pressure to succeed, especially in fiercely competitive environments such as China (Davey et al., 2007). Another consequence of placing immense importance on high-stakes examinations is that they exclusively shape the high school curriculum to aim at cracking such exams (Au, 2007).

High-stakes testing in the U.S. has its root in eugenics and racism. This method of examination was initially used to classify students into 'ability groups' based on their perceived worth (Au, 2016). The Alpha and Beta army tests, an early example of standardised testing, classified soldiers based on race and served as 'scientific' proof that people belonging to specific ethnicities were mentally inferior (ibid.). The lower scores of African-Americans in standardised tests were used almost exclusively to assign vocational courses to them. This separated them from the conventional academic stream of education (Stoskepf, 1999). Despite being in use for decades, standardised tests in the U.S. have not narrowed achievement gaps amongst different racial and economic groups (Au, 2013). Instead, there is a widespread belief in meritocracy — the acceptance that high scorers achieved their outcomes exclusively based on talent alone. Au (2013) argues that meritocracy masks structural inequality and the influence of wealth or power status (Karier, 1972).

When the social scenario of India is considered, the negative impact of imposing a nationwide high-stakes examination becomes even clearer. Despite the constitutional provisions for reservation for the Scheduled Castes [SCs], Scheduled Tribes [STs], and the Other Backward Classes [OBCs], their representation in higher education is much lower compared to those from the so-called upper castes (Ministry of Education, 2021). Data from the Ministry of Education suggests that upper castes accounted for 58% of enrollment in MBBS courses across the country in 2019-20, as represented in table 1. On the other hand, 80% of those enrolled in vocational education diplomas were SCs, STs, and OBCs (Ministry of Education, 2021).

Table 1: Programme-wise enrolment by social category

Stream	SC Enrolment	ST Enrolment	OBC Enrolment	UC Enrolment
B.Tech.-Bachelor of Technology	10.20%	3.20%	31.93%	54.67%
B.E.-Bachelor of Engineering	12.09%	2.38%	44.09%	41.44%
B.A.-Bachelor of Arts	18.19%	7.62%	36.84%	37.34%
B.Sc.-Bachelor of Science	14.06%	4.79%	45.44%	35.72%
B.Com.-Bachelor of Commerce	11.73%	3.49%	38.06%	46.73%
L.L.B.-Bachelor of Law or Laws	13.15%	3.21%	28.64%	55.00%
M.B.B.S.-Bachelor of Medicine and Bachelor of Surgery	9.26%	4.36%	28.26%	58.11%
A.N.M.-Auxiliary Nurse & Midwife	32.99%	14.47%	26.47%	26.07%
D.Voc.-Diploma in Vocational Education	11.73%	16.05%	51.38%	20.84%

Source: Ministry of Education (2021)

The meritocratic worldview is thus prevalent in the Indian context as well. It is considered sufficient if an entrance exam generates a ranked ordering of lakhs of test-takers. The principle behind the differentiation thus produced is not expected to be justified (Deshpande, 2006). It is taken for granted that the better the rank, the greater the merit. Merit is taken to be the only explanation for the disproportionate representation of upper castes in certain fields, while the social, cultural, and economic capital accumulated by them are ignored/rendered irrelevant (ibid.).

"Credentialism" can be defined as the "pressure to upgrade formal educational prerequisites for entry into and promotion through labour markets" (Davis, 1981). Credentialism leads to the all-too-familiar situation where qualification — the degree awarded, the CGPA achieved, and the 'brand' value of the educational institution — is valued more in the job market than students' skills (Ghosh & Bray, 2018). Credentialism has driven the higher education system in India to gatekeep access to prestigious universities while making the selection process more exclusive. The exclusive nature of the top universities has been enabled by competitive entrance exams, which in turn has led to the rise of a "shadow education system" of private supplementary tutoring, which "maintains or exacerbates social and economic inequalities" (Bray, 2009).

India's multi-billion-dollar private coaching industry that preys on the high-stakes exam culture has become mainstream over the decades. Economically well-off parents are readily willing to pay fees equivalent to eight months of their household income (Bhorkar & Bray, 2018) to enrol their children into coaching institutes. This is true, especially for those institutes that train students to crack the Joint Entrance Examination [JEE] for admission to the elite Indian Institutes of Technology [IITs]. Research has examined how such institutes tend to supplant mainstream school education, especially in high schools (ibid.). The pedagogy employed in private institutes "may erode students' creativity and encourage them to rely on teaching that focuses on providing correct responses" in entrance exams (Punjabi, 2020).

The dependence on coaching institutes to crack high-stakes exams has diminished learning outcomes. Moreover, exorbitant fee structures have also widened inequalities in access to higher education. A study has shown that success in high-stakes exams like the JEE is dependent on socio-economic factors such as the educational qualification of the parent, family income, and geographic location (Mann et al., 2021). For instance, children of non-graduates find it much harder to crack the exam, and urban students are more likely to succeed.

There is, however, a dearth of research focusing specifically on NEET. Since NEET is the only mechanism to gain admission to a college offering MBBS, it can potentially disrupt the status quo on a much larger scale.

The now-defunct Medical Council of India initially introduced NEET. It was argued that doing away with multiple entrance exams and bringing standardised testing would prevent malpractices like capitation fees[1] that severely plagued medical admissions (Christian Medical College v. Union of India, 2013). Another key reason for its introduction was to "introduce uniformity of standards, merit, and transparency and to lessen the hardship of aspiring students" (ibid.).

The introduction of NEET led to private medical colleges hiking tuition fees significantly to offset the loss of revenue from capitation fees. Some universities even doubled their tuition fee (Times News Network, 2016). A fee hike defeats the purpose of ending fee-related malpractice.

[1] Capitation fees refer to the exorbitant 'donations' that are charged by private colleges/universities over and above tuition fees

NEET is expected to favour students from urban, well-to-do households studying under the Central Board of Secondary Education [CBSE] curriculum. The remainder of the paper uses the example of Tamil Nadu to argue that NEET will widen the skewed access to medical education. The subsequent section will highlight some indicators to establish the well-functioning public health system in the state, followed by arguments that show that the introduction of NEET has impacted it.

TAMIL NADU'S PUBLIC HEALTH SYSTEM

The Madras Presidency was the first province in colonial India to pass a Public Health Act in 1939. The Act made the state government directly responsible for public health services. Since then, the Act has been frequently amended according to the changing needs of the State (Kalaiyarasan & Vijayabaskar, 2021).

As of 2018, Tamil Nadu had an infant mortality rate of 15 per 1,000 live births, less than half of India's. The State also had one of the lowest maternal mortality ratios of 60 per 1 lakh live births, while India's ratio was 113. More importantly, the corresponding indicators for SCs and STs were also among the best in the country (Government of India, 2018).

A key reason behind these outcomes is the State administration's special focus on establishing and strengthening primary health centres [PHCs]. The density of PHCs in Tamil Nadu is significantly higher than at the all-India level. More than 93% of the PHCs in rural Tamil Nadu have a labour room, compared to 72% in the country (Government of India, 2019).

The number of people covered per community health centre [CHC] also indicates the robustness of the rural health infrastructure in Tamil Nadu. A CHC in Tamil Nadu covers 94,410 people living in rural areas. The corresponding number for Gujarat is just over a lakh, while in Karnataka, it is more than twice the share of Tamil Nadu (1,91,076). The average rural population covered by a CHC in Uttar Pradesh was over 2.5 lakh, worse than only Bihar (over 7 lakh) (Government of India, 2019).

The 69% reservation system in Tamil Nadu has produced a diverse caste composition of medical professionals. The higher representation of SCs/STs and OBCs enabled by reservation has translated to an increased willingness among doctors to work in the public healthcare system, especially in PHCs in rural areas (Kalaiyarasan & Vijayabaskar, 2021).

The State also devised incentives to retain professionals in the public healthcare system. The "in-service quota" allocated 50% of seats for postgraduate courses in government colleges for MBBS graduates who had completed at least two years of work in PHCs or district hospitals. In addition, the in-service candidates were also required to sign a bond stating that they would work for the State government for a specified period. The bond helped retain them in the system even after graduation (Bruno Mascarenhas, 2012).

Thus, the above system in Tamil Nadu ensures that rural areas are not neglected. This is in contrast with the situation in the rest of India. Since the workforce is concentrated in urban areas, rural people do not receive timely, quality care (Rao et al., 2011).

THE IMPACT OF NEET: WIDENING INEQUALITY?

The Tamil Nadu government set up a high-level committee headed by retired judge A.K. Rajan to study the impact of NEET. The committee found that of the students who secured MBBS seats in the state before the exam was introduced, over 98% belonged to the state board. This share dropped to 65% in 2019 (Government of Tamil Nadu, 2021). The share of students who studied in a Tamil-medium school dropped from 15% in 2016 to 1.7% in 2019 (Government of Tamil Nadu, 2021). The share of seats in government medical colleges secured by students from rural areas dropped from 65% to 50% in the same period (ibid.).

The introduction of NEET, therefore, has disadvantaged students from poor, marginalised communities, who are an integral part of the success of the public healthcare system in Tamil Nadu. Since NEET is based on the CBSE curriculum, it places students from State boards at a disadvantage and leaves them with no option but to seek additional coaching classes.

NEET has impacted the success of those who would be the first graduates in their family (i.e., their parents are not college graduates). In 2016, 25% of the students allotted seats in MBBS colleges would have been future first-generation graduates. This share dropped to 13.6% when NEET was introduced and improved marginally to 18% in 2019. NEET also decreased the success rate of students from poorer families. 47% of the seats allotted in 2016 comprised candidates whose parents' annual incomes were less than ₹2.5 lakh. However, their share dropped sharply to 31% with the introduction of NEET before rising to 42% in 2019 (ibid.).

The share of forward castes in self-financed colleges rose sharply from 5.4% in 2016 to 18.5% in 2017. This share stabilised at around 10% in 2019, which is still nearly double the corresponding share pre-NEET. On the other hand, the Backward Classes' presence dropped from 52% in 2016 to 47% in 2019. More importantly, the share of forward castes increased from 8.3% of the open seats to 12.2% between 2016 and 2019. On the other hand, the share of Most Backward Classes dropped from 18.2% to 12.6% in the period. Additionally, the share of Scheduled Castes under seats allotted through open competition halved, from 2.7% to 1.2%.

Admission data from 2019 showed that only 48 out of the 3,081 or 1.6% of students who secured admission to government medical colleges in the State did so without attending any coaching centres (Imranullah, 2019). Taking this into account, the Madras High Court labelled the exam "anti-poor." "Medical education is not available to the poor people and it is available only to those who underwent coaching classes by spending lakhs and lakhs of rupees," the court observed (ibid.). The impact of coaching gains more significance when we consider the share of first-timers, i.e., those who gain admission in their first attempt to do so after finishing school. Their share dropped from 99.6% in 2014 in the pre-NEET era to just 28.6% in 2020 (Rajan, 2021). In other words, over 70% of the students who were allocated MBBS seats in Tamil Nadu had appeared for NEET more than once. When seen in tandem with the share of students who underwent coaching to clear NEET, it is clear that students who can afford coaching have a disproportionate edge over those who can not.

The exam also disrupts the existing incentives for retaining doctors in the public health system. Before introducing NEET, a state-level exam was conducted for admission in postgraduate and super-speciality courses. Fifty per cent of the seats were reserved for doctors who worked for the state government. This changed post the introduction of NEET in 2017. The share of doctors in government service who secured admission to super-speciality courses dropped below 17% annually,

going as low as 9% in 2019. The corresponding share before NEET was over 40% (Jane, 2021).

The significant change in the socio-economic profile of MBBS students due to NEET is likely to impact the public health system in Tamil Nadu by changing the demographics of the doctors. Those from rural and disadvantaged backgrounds are more likely to be retained in the public sector, as the history of Tamil Nadu demonstrates. Such medical professionals might show more willingness to work in PHCs or government hospitals in rural areas and districts with low HDI outcomes (Rajan, 2021).

The introduction of NEET comes at a time of accelerating corporatisation of healthcare in the country, enabled by a favourable policy environment (Chakravarthi, 2013). This is accompanied by a shift from preventive care, the hallmark of the public health system, to curative care. Curative care involves the provision of medical services to diagnose/treat illnesses after their onset.

The corporatisation of healthcare has led to a situation where only 11.4% of the registered doctors across the country work for the government (Central Bureau of Health Intelligence, 2021). A study from Maharashtra documents how corporatisation has reordered power within the healthcare industry to favour specialists and super-specialists in prominent brands of corporate hospitals instead of senior general practitioners (Marathe et al., 2020). In other words, employment opportunities are strongly determined by who can get into prestigious medical universities and can afford to pursue speciality and super-speciality degrees (ibid.). The advent of NEET is thus bound to push doctors towards corporate hospitals, which risks the endangerment of the public health system.

THE WAY FORWARD

With high-stakes testing becoming the norm, the public character of higher education is under threat. The increasing need for private coaching to crack NEET has exacerbated existing inequalities in access to medical education. While the need for objective criteria for education is paramount, the evidence presented suggests that NEET fails to promote equal access to medical education.

In a country as diverse as India, there is a need to acknowledge that imposing a common admission standard is bound to ignore local realities and methods of learning. In the absence of a common nationwide curriculum at the school level, an exam broadly favouring one among the various standards of school education - CBSE, in this case - serves to disadvantage students from other curricula.

Factoring in the high-stakes exam culture that has mushroomed in the field of engineering, especially with respect to the JEE, a compulsory entrance exam criterion would also lead to a neglect of the school curriculum and a disproportionate focus on the exam's syllabus. The diminished learning outcomes that result from this erode any marginal gains achieved through a standardised examination.

The way forward must involve considering the state-level variations in the school curriculum. The Constitution originally allocated education under the purview of the State (entry 11 of List II of the Seventh Schedule), subject to certain provisions in the Union List (Entries 63-66 in List I). However, the 42nd Amendment of the Constitution in 1976 transferred education from the State List to the Concurrent List. Entry 25 of List III gives both the States and the Centre the power to make laws related to education. In order to effectively promote inclusive education, appropriate standards must

be framed that reflect the local context. This signifies the need for reassigning education policy to the domain of the state.

Research into the validity of high-stakes entrance examinations globally has questioned their ability to objectively assess students and exposed their tendency to widen socio-economic inequalities. A possible solution to this could involve using scores from competitive tests in combination with other factors to determine admission, rather than test scores being the only criterion. For instance, the Medical College Admission Test is recognised in the US, Canada, and in a few other parts of the world. The test is used in conjunction with the undergraduate grade point average of the applicant to predict the academic performance of medical students in the US (Julian, 2005).

In order to ensure that NEET does not feed into the corporatisation of healthcare, it is imperative to ensure that adequate incentive structures are in place to retain doctors in the public health system. A recent Supreme Court order (N. Karthikeyan And Ors. v. State of Tamil Nadu, 2018) dismissed an interim order that put on hold the 50% reservation for in-service candidates for admission in super-speciality courses in Tamil Nadu. Such measures are needed to ensure adequate staffing and quality healthcare in the public health system.

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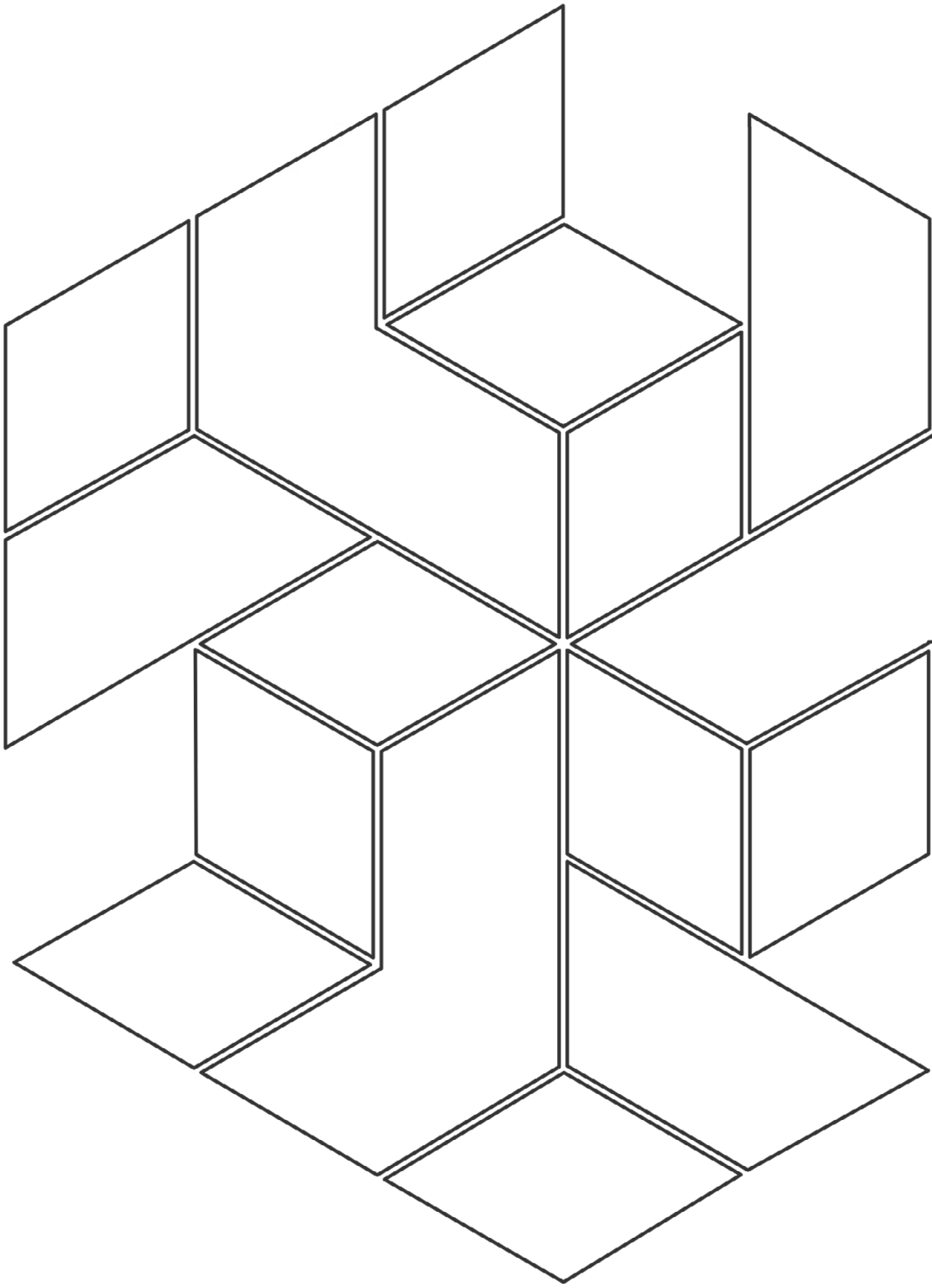

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