Affirmative Action in Medical Education in India: A Gateway for Social Justice?

Medical education has become the most coveted field of study across the world, and India has the largest medical system in the world. People from different social backgrounds were admitted to this prestigious field of study through state-level medical entrances based on the respective state's reservations and medical education norms. However, with the introduction of the National Eligibility cum Entrance Test in 2016 (NEET), which is India's biggest entrance exam, purely based on the Central Board of Secondary Education (CBSE) syllabus, NEET became the sole entry point to medical education in India, replacing several other channels, including state-level examinations and reservation policies. Under the NEET, the medical aspirants are ranked nationally, and the only top-ranked medical aspirants get a chance to study medicine (MBBS). Several studies have argued that the introduction of NEET has negatively affected the representation of socially and economically disadvantaged groups in medical education. At the same time, it became advantageous for students from 'financially advantaged' communities for several reasons. Recent data revealed that the number of students appearing for NEET has increased from 1.4 million in 2019 to 2.4 million in 2024. However, this significant increase does not mean all qualified students have an equal opportunity to study MBBS, given that 108,940 medical seats are available in India, 56,300 public and 52,640 offered in private medical colleges.

This study argues that irrespective of the student's social background, those who are endowed with certain capitals, i.e., economic, and cultural, shall secure medical seats in India. Further, the representation of first-generation learners in medicine is barely represented under NEET. This raises several fundamental questions: Who secures top ranks and medical seats in India? Do first-generation medical aspirants secure medical seats in India? Is there a governmental mechanism that ensures the entry of disadvantaged groups to study medicine? The primary reasons for the underrepresentation of backward communities include the adoption of the CBSE syllabus for the NEET exam, which is predominantly chosen by private schools where students from more advantaged communities are educated. On the other hand, economically disadvantaged students study in state-run government schools, following state syllabi in vernacular mediums and without pre-medical entrance coaching. This remains a significant hurdle for socially and financially needy students to secure a medical seat. The introduction of the NEET has paved the way for the evolution of hundreds of coaching centres, taking vast amounts of coaching fees. Eventually, medical aspirants, especially first-generation students from poor economic backgrounds, often need help to secure a higher rank in the NEET. Thus, despite

ensuring education for all, the introduction of NEET failed to offer medical education for first-generation learners, irrespective of the social category.

About 2044 (3.6%) medical seats were offered across the 20 branches of AIIMS (All India Institute of Medical Sciences), which are public funded medical institutions. The present study intended to collect 200 quantitative samples who are currently enrolled in the different branches of AIIMS by using the 'QuantCrit' method to understand how affirmative action benefits distributed in medical colleges. Besides, this study also used NTA (National Testing Agency) data since 2018 to present on caste-wise number of applicants, qualified candidates, pass percentiles etc. This study critically engages with the 'Critical Race Theory' (CRT), which is open to various interpretations, trying to re-examine medical educational access issues associated with caste, merit, and economic mobilization. Candidature for the medical seats, irrespective of the social category, is secured under the open category cutoff marks. For instance, in 2019 and 2024, the total number of qualified SC students was 99890 and 178738; and only 20009 and 34326 students were qualified under the SC category cutoff, and the remaining students qualified under the open category cutoff. That means 79,881 in 2019, and 144,412 students in 2024 have qualified under the open category cutoff. Therefore, students who qualify under any reserved quota shall have the least chance to secure a medical seat in India. The study found a strong association between economic and cultural capital, which helped 99% of the students undergo pre-medical entrance coaching and CBSE education in English medium. The coaching institutions have emerged as alternative science educational institutions. Despite much higher competition for medical education, we found strong attraction towards science education. This illustrates that affirmative action benefits twice and thrice enjoys only already educationally and economically uplifted individuals in medical education admissions.