



PERSPECTIVE ARTICLE

Redefining Global Medical Education Governance: Advocating for India's National Medical Commission as an Independent WFME Regional Entity

Lokesh Edara,¹ Pragnesh Parmar,^{2,*} Gunvanti Rathod³ and Abhishek Kashyap⁴

¹*Clinical Assistant Professor of WMU School of Medicine, Kalamazoo, Michigan*

²*Additional Professor and HOD, Department of Forensic Medicine and Toxicology, AIIMS, Bibinagar, Telangana, India*

³*Additional Professor, Pathology and Lab Medicine, AIIMS, Bibinagar, Telangana, India*

⁴*Junior Resident, Department of Medicine, Balrampur Hospital, Uttar Pradesh, India*

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Abstract

Background: The World Federation for Medical Education (WFME) governs global medical education through six regional associations, despite being home to the largest number of medical colleges and producing over 125,000 medical graduates annually. India, through its statutory regulator, the National Medical Commission (NMC), lacks direct representation in this structure. **Objective:** This article advocates for the formal recognition of the National Medical Commission (NMC) as an independent regional entity within the WFME framework, emphasizing that India's central role in shaping global health systems warrants direct and proportionate representation in global medical education governance. **Discussion:** The NMC has implemented wide-ranging reforms, including digital accreditation systems and a competency-based curriculum, establishing itself as a model for emerging regulators, particularly in low- and middle-income countries. However, current representation through SEARAME does not provide the regulatory authority or scope needed to engage meaningfully in global decision-making. International precedents exist where WFME has recognized national bodies with substantial influence, justifying similar recognition for the NMC. **Conclusion:** India's medical education scale, regulatory sophistication, and global outreach warrant a dedicated platform within WFME. The structural inclusion of India, either through NMC, AHPE, or a federation formed by all medical educators in India, would foster equitable governance, enhance collaboration, and support medical education reform across diverse regions.

Keywords: National Medical Commission, WFME, medical education governance, global health workforce, SEARAME, accreditation, India, NexT, competency-based education, regulatory reform, Pan-American Federation of Associations of Medical Schools

*Corresponding Author: Pragnesh Parmar
Email: drprag@gmail.com

Introduction

Global medical education is undergoing a transformative shift driven by increasing demands for quality assurance, standardization, and equitable representation in international regulatory frameworks. The World Federation for Medical Education (WFME) plays a pivotal role in shaping these developments by setting global standards and accrediting medical education authorities worldwide. The idea for an international medical education body began at the 1966 New Delhi Conference, led by Amador Neghme of the Pan-American Federation of Associations of Medical Schools (PAFAMS). In 1972, WFME was officially established in Copenhagen, with its Constitution signed by regional representatives, the World Health Organization (WHO), and the World Medical Association (WMA). The Constitution was deposited with WHO, recognizing WFME as the global authority for medical education [1].

WFME brings together a broad coalition of stakeholders committed to enhancing the quality of medical education globally. Its governance includes six regional associations: the Association for Medical Education in the Eastern Mediterranean Region (AMEEMR), the Association of Medical Schools in Africa (AMSA), the Association of Medical Schools in Europe (AMSE), the PAFAMS, the South East Asian Regional Association for Medical Education (SEARAME), and the Western Pacific Association of Medical Education (WPAME). In addition, WFME is supported by global partner organizations, including the Association for Medical Education in Europe (AMEE),

Intealth™, the World Medical Education Junior Doctors Network (WMA JDN), and the World Medical Association (WMA). Educational Commission for Foreign Medical Graduates (ECFMG®), which is also a member of Intealth™, Non-voting members include Health Care in Danger (HCID), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the International Federation of Medical Students' Associations (IFMSA), the WHO, FAIMER®, another Intealth™ member. And other key global organizations. These non-voting members, while not holding voting rights, play a vital role in shaping WFME's initiatives through collaboration, insight, and global outreach.

FAIMER and WFME collaborate to oversee the World Directory of Medical Schools, a unified and comprehensive database of medical education institutions globally. This directory was established through a partnership involving the WHO and the University of Copenhagen, merging FAIMER's International Medical Education Directory (IMED) with WFME's Avicenna Directory to create a single authoritative resource on undergraduate medical education worldwide [2].

India stands as a major global force in medical education, both in terms of scale and impact. With over 770 operational medical colleges and an annual output exceeding 125,000 medical graduates, India leads the world in the number of trained physicians produced each year [3]. This vast infrastructure not only caters to the domestic healthcare system but also attracts thousands of international students, particularly from low- and middle-income countries (LMICs) in Asia and Africa [4].

As the host of the world's largest medical education ecosystem, India occupies a uniquely influential position in the global health workforce pipeline.

Despite this substantial contribution, India's role in global medical education governance remains underrepresented. The National Medical Commission (NMC), which succeeded the Medical Council of India (MCI) in 2020 as the country's primary regulatory authority for medical education and practice, does not hold a formal position within WFME's Executive Council or its committees responsible for setting global standards in medical education [5]. India's representation is currently channeled through SEARAME, a consortium that includes academic bodies from multiple nations but lacks statutory authority or regulatory influence over India's national policies [6]. Notably, the Academy of Health Professions Education (AHPE) represents India within SEARAME, but it functions more as an academic association than a policy-making or accrediting body [7]. WFME also lacks formal representation from several major medical regulatory bodies, including the Liaison Committee on Medical Education (LCME), the Accreditation Council for Graduate Medical Education (ACGME), the UK General Medical Council, and numerous other national medical councils. In some countries, the quality of medical education is overseen by private organizations, while in others, it is regulated more directly through government-appointed authorities.

This representational gap creates a mismatch between India's and other countries' actual influence on medical education and its role within global regulatory structures. The lack of direct

participation in WFME's decision-making processes undermines equitable governance and limits India's and other countries' ability to contribute meaningfully to global educational standards. The NMC has undertaken major reforms streamlining undergraduate and postgraduate regulations, digitizing compliance monitoring, and mandating transparent accreditation processes, placing it among the most progressive medical education regulators globally [8].

In light of India's unparalleled capacity, regulatory maturity, and increasing global influence, it is imperative to reassess its position within the WFME structure. This article advocates for the formal recognition of NMC as an independent WFME regional entity along with other countries. Such recognition would not only reflect India's rightful status in the global medical education hierarchy but also enable more inclusive, representative, and context-sensitive governance of medical education worldwide. Reimagining India's place within WFME is a necessary step toward a more balanced and globally relevant educational ecosystem.

India's Dominant Position in Global Medical Education

India has emerged as a global epicenter for undergraduate and postgraduate medical training, not merely by scale but through strategic reforms, cross-border influence, and sustained investment in medical education infrastructure. With over 770 operational medical colleges and approximately 118,148 medical admissions annually, India is home to the world's largest medical education system [9]. The magnitude of this

output surpasses any other country, positioning India as a critical supplier of trained physicians for both domestic and international healthcare systems.

Scale and Institutional Footprint

As of 2025, NMC oversees 706 recognized government and private medical colleges with an annual undergraduate intake capacity exceeding 108,000 students [10]. Including new approvals under the NMC's dynamic expansion plan, the number of operational colleges has surpassed 770 institutions, supported by a network of teaching hospitals and affiliated research centers [11]. In contrast, Brazil, the second-largest contributor, hosts approximately 357 medical schools, followed by the United States with 173 and China with around 164 [12].

The centralized admission process through the National Eligibility cum Entrance Test (NEET) has further streamlined access to medical education in India and ensured standardized academic entry criteria across all institutions [13]. Simultaneously, India is also planning to transition to a National Exit Test (NExT) model, which will serve as a uniform licensure and postgraduate entrance examination, adding transparency and accountability to the quality assurance process [14].

Global Reach and Support to LMICs

India's influence extends beyond its borders through the education of thousands of international medical students annually, predominantly from low- and middle-income countries (LMICs) in Africa, Central Asia, and Southeast Asia. Estimates suggest that more than 25,000 international students are currently enrolled in Indian

medical institutions, many of whom are recipients of bilateral scholarships or self-financed education seekers [15]. These students often return to serve in their home countries, thereby contributing to global health workforce capacity building.

Comparative Standing Among WFME Regions

When comparing across WFME-recognized regional associations, India's medical education system outpaces most in terms of infrastructure and output. The African continent, though vast, collectively operates around 444 medical schools, while Europe hosts approximately 479 [12]. The Western Pacific Region, including countries such as China, Australia, and Malaysia, has about 408 institutions, and the PAFAMS covers roughly 650 affiliated schools [12]. India's centralized governance through the NMC enables consistent standards across its vast network, unlike in many other regions where regulatory control is fragmented or decentralized [14].

This unparalleled scale, coupled with a harmonized regulatory framework, distinguishes India as a standalone educational force rather than just another regional contributor. Given India's scale and significance in global medical education, there is a need for fair representation of India, NMC, within WFME's governance structure. Currently, India is represented through SEARAME [17].

The WFME Representation Gap

The WFME operates through a decentralized structure involving six regional associations that support WFME's mission of improving the quality of medical

education globally. These associations include: PAFAMS, AMEE, AMEEMR, AMEWPR, AFREhealth, and SEARAME [2]. Each regional body serves as a liaison between WFME and its member countries, contributing to policy formulation, accreditation advocacy, and quality enhancement. However, in the case of India, this structure presents several representational inadequacies that merit critical review.

SEARAME's Composition and Limitations

SEARAME, the designated WFME regional association for the South-East Asia region, comprises academic bodies from multiple countries, including the Association for Medical Education (Bangladesh), the Myanmar Academy of Medical Science, the Association of Health Professions Educationists of Nepal (AHPEN), the Indonesian Association for the Study of Health Professions Education (IASHE), the Forum of Sri Lankan Medical Educationists (FOSME), the Consortium of Thai Medical Schools (COTMES), and the Academy of Health Professions Education (AHPE) from India [6]. While the intention behind such a consortium is to foster regional cooperation in educational innovation and standards alignment, its composition remains largely academic and advisory in nature.

Most of SEARAME's constituent organizations lack statutory authority over their respective national medical education systems, like in the USA. In India's case, the AHPE is an academic association that plays no role in regulatory oversight, licensing, or accreditation. It operates independently of the NMC, which is the sole legal and statutory authority governing

medical education and practice in India under the National Medical Commission Act, 2019 [5].

This structural disconnect severely limits SEARAME's capacity to represent India's regulatory interests at the global level. Unlike regions where regulatory bodies themselves have direct participation in WFME discussions, India is effectively represented by a non-statutory academic organization without decision-making authority, rendering its engagement superficial and misaligned with national priorities.

Inadequacy of Current Representation for India's Regulatory Authority

India's representation through AHPE within SEARAME does not reflect the scale or strategic priorities of the NMC, which oversees 770+ medical colleges and licenses over 125,000 doctors annually, far exceeding most SEARAME region countries [9]. Despite this immense scale and regulatory responsibility, NMC does not have a formal seat at the WFME decision-making table.

The absence of the NMC in WFME's regional or global governance processes results in a fundamental misalignment between India's contributions to global medical education and its ability to influence the policies and standards that affect it. Given the NMC's recent implementation of transformative reforms such as the Undergraduate and Postgraduate Regulations of 2023, and a centralized accreditation portal with live compliance monitoring, the exclusion of this high-capacity regulator from WFME representation appears increasingly anachronistic [14].

Disproportionate Influence Versus Contributions

India trains more medical graduates annually than any other nation and hosts more medical institutions than the entire African continent or the European region individually [18]. It serves as a critical node in global health workforce development, especially for low- and middle-income countries. Yet, in the WFME governance structure, smaller nations with minimal medical education output are granted equal or greater influence through their regional representatives.

This disproportionate model not only marginalizes India's role but also limits the broader global health community's ability to learn from and integrate India's scalable, cost-effective, and outcomes-focused innovations in medical training. The lack of appropriate representation stifles opportunities for equitable leadership and prevents WFME from leveraging India's regulatory best practices to strengthen medical education in similar contexts.

It is within this context that a reassessment of India's position becomes necessary. A formal restructuring that recognizes the NMC as a standalone regional entity within WFME would rectify these asymmetries, create space for substantive policy input, and foster a more inclusive and proportionally representative governance framework in global medical education.

The Case for NMC as a Separate WFME Regional Association

For equitable representation within global medical education governance is not solely a matter of scale but also one of institutional capability, innovation, and

relevance. The National Medical Commission (NMC), established under the National Medical Commission Act, 2019, has not only inherited the statutory authority of its predecessor (the Medical Council of India) but also introduced sweeping reforms aligned with modern regulatory standards. These transformations distinguish the NMC from academic bodies within SEARAME and position it as a suitable and necessary candidate for recognition as an independent regional association under the World Federation for Medical Education (WFME).

Institutional Capacity: NMC's Structure, Digitization, and Transparency

The NMC functions as a statutory autonomous regulatory authority under the Ministry of Health and Family Welfare, Government of India. It comprises four vertical autonomous boards - Undergraduate Medical Education Board (UGMEB), like LCME in the USA, Postgraduate Medical Education Board (PGMEB), similar to ACGME, Medical Assessment and Rating Board (MARB), and Ethics and Medical Registration Board (EMRB), equal to FSMB in the USA. Each is tasked with specific mandates to ensure streamlined governance [5].

One of the NMC's hallmark advancements is the integration of digital governance platforms for institution recognition, faculty tracking, student admissions, and compliance monitoring. The Medical College and Institution Information Management System (MCIIMS) enables real-time tracking of infrastructure, faculty qualifications, and hospital patient load - significantly enhancing transparency and regulatory

oversight [19]. These systems reduce bureaucratic delays and ensure public accountability, placing India at the forefront of regulatory modernization among LMICs and comparable economies.

Furthermore, the NMC mandates public disclosure of institutional data, decisions on recognitions, and faculty qualifications, thereby promoting a culture of transparency rarely matched by similar bodies in the region [20].

Regulatory Innovation: UG NEET, PG NEET, and National Standards

The NMC has initiated several policy-level innovations that reflect a commitment to outcome-based, standardized medical education. The National Eligibility cum Entrance Test (UG NEET) ensures a merit-based, uniform admissions process across all government and private medical institutions in India. This has significantly improved equity and standardization in medical education access [13].

In parallel, as per NMC Gazette, NMC is planning to implement the National Exit Test (NExT) - a unified licensure and postgraduate entrance exam - which represents a landmark regulatory shift. It eliminates multiple assessments across states and universities, thereby ensuring that all graduating medical students meet a national benchmark of competency before entering clinical practice [14].

The NMC has also revised the Undergraduate and Postgraduate Medical Education Regulations, focusing on competency-based medical education (CBME), integrated curricula, early clinical exposure, and formative assessment strategies that align with global best practices [21]. These developments

underscore India's ability to not only regulate but also lead in pedagogical innovation.

Global Relevance: Emulation by LMICs and Education Export

India's medical education system plays a pivotal role in training international medical students, especially from LMICs across Africa, Central Asia, and Southeast Asia. With over 25,000 foreign medical students currently enrolled in Indian institutions, the country functions as a global hub for affordable, English-medium medical education [15].

Moreover, several LMICs have shown interest in adopting regulatory frameworks modeled on India's experience with centralized examinations (NEET/NExT), digital accreditation platforms, and structured curricula. This diffusion of regulatory practices signals India's soft power in medical education governance - an aspect of global relevance that further justifies its need for independent recognition at the WFME level [16].

International Precedents and Comparative Models

WFME has long espoused principles of inclusivity, adaptability, and regional engagement in its mission to improve the quality of medical education globally. Although the formal structure of WFME operates through six recognized regional associations, it has historically demonstrated flexibility in engaging with diverse regional models and adapting to unique geopolitical or educational circumstances. These precedents support the argument that the current regional framework is not rigid and can evolve to

accommodate emerging needs and powerhouses in global medical education, such as India.

WFME's Flexible Engagement with Regions

WFME has adopted a region-based approach primarily to foster regional collaboration, context-specific standard-setting, and decentralized quality assurance. However, this structure has not been uniformly applied or enforced with exclusivity. In several instances, WFME has established working relationships with national regulatory bodies, accreditation agencies, and regional consortia, even outside the six formal regional associations.

For example, AMEE, although named as a regional body, maintains active collaborations beyond Europe and includes members from Asia, Africa, and the Americas [23]. Similarly, WFME has acknowledged PAFAMS as a broad regional entity, while also working closely with national bodies like the ECFMG in the United States on accreditation standards and recognition protocols [24].

Moreover, the Middle East and North Africa (MENA) region does not constitute a formal WFME-defined zone. Nonetheless, entities such as the AMEEMR were granted regional recognition despite overlapping significantly with other WFME regions [25]. This adaptability demonstrates WFME's capacity and precedent to accommodate new or hybrid regional configurations, especially when driven by national regulatory maturity and scale.

Examples of Custom Regional Groupings or Special Recognitions

Several custom arrangements highlight WFME's precedent for asymmetric or specialized recognition of regional actors in response to evolving educational landscapes. Africa's fragmented representation is a case in point. While AFREhealth is broadly recognized as a collaborative platform for African medical educators and researchers, there is no single continent-wide accreditation body under WFME. Instead, individual countries such as South Africa and Egypt have developed independent accreditation agencies that engage directly with WFME for recognition [26, 27]. The ECFMG and the LCME in the United States have also received individual recognition or maintained bilateral roles in WFME initiatives, despite being part of a broader Pan-American grouping [28].

These precedents reflect the WFME's pragmatic and functionalist approach - granting recognition or entering into strategic partnerships when national agencies demonstrate substantial infrastructure, accountability, and global influence. Given India's NMC meets and arguably exceeds such thresholds, there is no structural barrier within WFME's policy tradition that would preclude recognizing NMC (India) as an independent regional association.

Furthermore, in light of growing calls for greater diversity, inclusion, and equity in global health governance, acknowledging large-scale, high-capacity regulators like the NMC (India) would not only align with WFME's mission but also enhance the effectiveness and legitimacy of its global educational framework.

Strategic Benefits of Independent Representation

Recognizing India's NMC as a separate regional association within the WFME would not only address representational imbalances but also provide several strategic benefits for global medical education governance. These advantages include the expansion of international collaborations, the alignment of global standards with India's national health education goals, and the promotion of equity in shaping policy discourse for medical education reform. As global health education frameworks become increasingly decentralized and collaborative, the inclusion of high-capacity national regulators such as NMC in leadership positions is essential for achieving shared objectives.

Enhanced Global Collaborations

India is already deeply engaged in transnational educational cooperation. Each year, it trains thousands of international medical students, particularly from LMICs, and actively partners with nations in Africa, Central Asia, and Southeast Asia for academic exchange and capacity building [15]. However, India's participation in shaping global accreditation and curricular frameworks remains limited by its indirect representation within the WFME via SEARAME, a body with limited regulatory authority and narrow geographic influence [5,6].

Independent regional recognition for NMC would enable direct participation in WFME-led policy development, accreditation guideline formation, and international quality assurance benchmarks. This structural inclusion

would empower India to establish bilateral and multilateral partnerships with other national regulators, facilitate mutual recognition agreements, and lead initiatives focused on cost-effective, scalable medical education solutions, especially relevant for LMIC contexts [16].

Furthermore, India's digital infrastructure in medical education regulation, such as real-time institutional dashboards, centralized licensure examination (NExT), and uniform admission systems (NEET), serves as a replicable model for emerging regulatory ecosystems worldwide. A standalone regional status would offer a platform for India to export regulatory innovations, contribute to global capacity building, and extend its influence in collaborative research, training, and health systems strengthening initiatives [19].

Better Alignment with India's National Education Goals

India's National Education Policy (NEP) 2020 and subsequent reforms under the NMC emphasize competency-based, interdisciplinary, and technology-driven medical training tailored to national healthcare needs [29]. The policy's objectives include increased autonomy for educational institutions, greater integration of health education with national development goals, and creation of a globally competent yet locally responsive healthcare workforce.

Currently, the disconnect between WFME's regional representation and India's statutory regulator means that India's medical education strategies are underrepresented in global forums. Independent recognition of NMC would bridge this gap, allowing Indian priorities,

such as rural health training, cost containment, and primary care strengthening, to influence international policy discourse.

It would also create opportunities for India to align its accreditation systems with WFME standards without compromising on the contextual relevance of its curriculum, assessment methods, and public health orientation. Such alignment is crucial for Indian medical graduates seeking international mobility and for institutional credibility in global rankings and partnerships [14].

Equity in Decision-Making for Global Medical Education Reform

India's contributions to the global medical education landscape are unmatched in scale. It trains more physicians annually than any other country, serves as a key training destination for students from underserved regions, and pioneers innovative models in regulation and pedagogy. Yet, its voice in global governance structures remains diluted due to indirect representation through academic associations with no regulatory mandate [5,6].

Recognizing NMC as a standalone WFME regional body would rectify this inequity by granting India a proportional and policy-relevant seat at the table. This would not only reflect India's actual contribution to the global health workforce but also promote more balanced decision-making in the evolution of medical education standards, accreditation benchmarks, and ethical governance.

Moreover, equitable inclusion of regulators from high-burden, high-output countries like India is essential to diversifying the epistemic foundation of

global medical education - moving away from Euro-American-centric models toward more inclusive, pluralistic frameworks that reflect the realities of LMICs [30].

Recommendations

Given India's unparalleled contribution to the global medical education ecosystem, its institutional regulatory maturity, and its expanding influence on education models across low- and middle-income countries (LMICs), it is both logical and timely that the World Federation for Medical Education (WFME) reconsider its regional representation framework. The following recommendations provide a structured path forward to promote equity, effectiveness, and global inclusivity in medical education governance.

WFME to Formally Recognize the (India) National Medical Commission as a Separate Region

Granting this recognition would not require dismantling SEARAME or undermining existing regional bodies; rather, it would expand WFME's regional architecture to reflect proportional representation and accommodate the growing influence of nations that operate at a supranational scale in education. Similar to how WFME has acknowledged national agencies like the ECFMG (USA), FAIMER, AMSE, WMA JDN of the World Medical Association, IFMSA, for their autonomous roles in accreditation, the NMC also merits equivalent recognition on account of its statutory authority, governance depth, and international engagement [24,27].

To promote global equity in medical education, an advisory council comprising accrediting agencies with WFME Recognition Status should be established, ensuring diverse regional perspectives inform WFME policy and international standards

Discussion

The global architecture of medical education governance is undergoing increasing scrutiny as stakeholders recognize the need for greater equity, contextual relevance, and representation in regulatory decision-making. The WFME, as the apex body for medical education standard-setting and accreditation, holds a pivotal role in ensuring that all regions and contributors to the global medical education ecosystem are adequately represented. While the current framework of regional representation is valuable, there remains a need to better reflect the scale, influence, and regulatory advancement of key contributors, most notably, India.

India, through its NMC, administers the largest medical education system in the world, both in terms of infrastructure and annual graduate output [8]. With over 770 medical colleges, a highly standardized national curriculum, centralized assessments (NEET and NExT), and a digital regulatory platform for institutional compliance, NMC exemplifies a modern, outcome-oriented, and transparent national medical regulator [13, 14, 31].

This disparity reflects a broader issue within global health governance - where historical regional divisions and academic associations continue to serve as gatekeepers, even when they no longer align with contemporary realities. As illustrated in earlier sections, SEARAME's

composition is primarily academic and lacks statutory authority in most member countries, including India [17]. This raises important concerns about the effectiveness of regional representation under WFME, particularly when such arrangements result in the exclusion of high-capacity national regulators from critical decision-making processes.

There is precedent for reevaluating and reconfiguring WFME's regional frameworks. Entities such as the Educational Commission for Foreign Medical Graduates (ECFMG) in the United States and the have been recognized independently, based on their national capacity and global engagement, rather than their inclusion in a larger regional consortium [24,27]. This precedent supports the argument that structural flexibility is not only possible within WFME but has already been exercised in contexts of demonstrated regulatory maturity and global relevance.

India's unique position as a training ground for thousands of international students from low- and middle-income countries (LMICs) further amplifies its global significance. With many LMICs facing critical shortages of trained physicians, India has become an indirect contributor to the health workforce capacity in Africa, Southeast Asia, and Central Asia [16]. Furthermore, its regulatory reforms - especially the implementation of competency-based education, national exit testing, and transparent digital monitoring- are now being studied and adapted by emerging regulators in comparable settings [22]. Such policy diffusion strengthens the case for India to serve not only as a participant but as a leader in shaping global medical education frameworks.

An independent regional recognition body for India, separate from SEARAME, such as the NMC, AHPE, or a federation formed by all medical educators in India, could present an additional council within the WFME. would facilitate better integration of India's priorities, such as equity in access, public health alignment, rural workforce deployment, and affordability, into the global accreditation discourse. The International Liaison Committee on Resuscitation (ILCOR), another global association, has allotted India one council seat among its nine councils, with some councils representing multiple countries together [34].

It would also allow India to assume a proactive role in south-south collaboration, particularly in mentoring regulators in other LMICs, sharing scalable best practices, and promoting bilateral and multilateral educational exchanges [30]. These contributions would not only enhance WFME's global impact but also strengthen the collective mission of building a competent, ethical, and regionally responsive health workforce worldwide.

In addition, such a move would promote normative equity. India's current contribution to the global physician workforce and its educational infrastructure far exceeds that of many nations with equal or greater representation within WFME structures. Rectifying this imbalance is not merely a symbolic gesture; it is an operational imperative to ensure that global governance structures remain credible, inclusive, and responsive to evolving dynamics in medical education and healthcare delivery. This is allowed by the WFME Constitution.

“The World Federation for Medical Education (WFME) may include in its constitution regional organizations that are wholly or substantially devoted to the advancement of medical education, as designated by its Executive Council from time to time. In addition, the Executive Council may also recognize and include other global, regional, or national organizations that align with the WFME's mission and objectives” [32].

Conclusion

India has demonstrated the institutional capacity, regulatory innovation, and global relevance necessary to warrant recognition as a standalone regional entity within the WFME, with the world's largest network of medical colleges and a rapidly evolving framework for standardized, competency-based medical education. India is poised to lead, not just participate, in shaping global education standards. Current regional representation needs to reflect India's scale and contributions, underscoring the need for structural realignment.

WFME and its allied stakeholders must act decisively to ensure equitable representation by recognizing India as either NMC, AHPE or a Federation formed by all medical educators in India as an independent regional association. Such recognition will enhance global collaboration, foster south-south partnerships, and align medical education governance with contemporary realities. Now is the time to acknowledge India's leadership and integrate its voice meaningfully into the future of global medical education.

Statements and Declarations

Conflicts of interest

The authors declare that they do not have conflict of interest.

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