



EDITORIAL

The Doctrine & Trajectories in Medical Education: Role, Mutual Responsibilities & Accountability of Consultants and Trainees

Minu Bajpai^{1,*} and Abhijat C. Sheth²

¹*Vice-President & Honorary Executive Director, National Board of Examinations in Medical Sciences, New Delhi*

²*Chairman of National Medical Commission & President, National Board of Examinations in Medical Sciences, New Delhi*

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Medical Education as a Shared Journey. It has long been shaped by a culture of discipline, responsibility, and the willingness to sacrifice personal comfort in the service of learning and patient care. But training is not a one-directional hierarchy. It is a shared professional journey in which consultants and trainees are equal stakeholders with complementary responsibilities.

Academic departments flourish when both parties understand that:

- Consultants are custodians of knowledge, safety, and standards.
- Trainees are learners with responsibilities, rights, and accountability.

Together, they form a learning ecosystem that must be safe, ethical, and professionally enriching.

Medical training is a shared professional endeavour in which consultants and trainees are joint stakeholders with distinct yet complementary responsibilities.

Residents learn best through processes of analysis and synthesis—first asking “What is happening?” and “Why?” and then integrating clinical information, diagnostics and judgment to form a coherent diagnosis. This learning naturally occurs in an environment of complexity and uncertainty, where there is rarely a single correct answer. Training, thus, requires tracking observable achievements, creating flexible and relevant curricula, and strengthening faculty capacity through structured supervisor development programmes.

While medical education has traditionally been grounded in discipline, accountability, and a readiness to sacrifice personal comfort for learning and patient care, training itself is not a one-way hierarchical process.

*Corresponding Author: Minu Bajpai
Email: bajpai2b@gmail.com



Figure 1. This is the only surviving premodern painting which is depicting the students of the Sushruta school of ancient India (6th century BC). Medical student used to learn dissection & anatomy from dissecting vegetables (like pumpkin). Photo from Odisha Museum.

Mutual Responsibilities: Shared Obligations for Consultants and Trainees

Respect as the Foundation: Both must uphold dignity, listen actively, and avoid personal attacks or power misuse.

Communication: Clear, timely communication prevents conflict, ensures safety, and builds trust.

Shared Ownership of the Learning Climate: Both groups influence departmental culture; both must actively contribute to a humane, academic atmosphere.

Commitment to Patient-Centred Care: The patient is always at the centre. All learning must occur within ethical boundaries of patient safety and respect.

Continuous Feedback Loop:

Consultants must provide fair, constructive feedback. Trainees must receive it with openness and implement improvements.

Adherence to Institutional Policies: Compliance with duty hours, documentation norms, ethical guidelines, and academic requirements is a shared responsibility.

Zero Tolerance for Unprofessional Behaviour: Harassment, discrimination, neglect of duty, or reckless behaviour is unacceptable from either side.

Accountability Mechanisms:

1. Consultant Accountability

- Consultants are accountable for:
- Ensuring safe, supervised training

- Meeting curriculum and competency requirements
- Fair evaluation and reliable mentorship
- Maintaining professional behaviour
- Providing a safe work environment

2. Trainee Accountability

- Trainees are accountable for:
- Quality of care delivered
- Adherence to supervision levels
- Honest documentation
- Professional behaviour
- Meeting academic and clinical requirements

3. Institutional Accountability

- Institutions must ensure:
- Clear policies for duty hours and supervision
- Channels for grievance redressal
- Protection against harassment or abuse
- Well-defined assessment and competency norms
- Regular audits of training quality

Medical education has long been shaped by a culture of discipline, responsibility, and the willingness to sacrifice personal comfort in the service of learning and patient care.

The consultant-resident relationship is a sacred academic and clinical contract. In modern PG education, sacrifice must be meaningful and ethical—a shared investment in skill and character, not a cost of systemic neglect.