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Medical Education: Mapping post-COVID-19 Migration Aspirations of Religious Minority Medical Students of Hyderabad (India)

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Abstract

Medical education is one of the most widespread and elite professional education in the field of education. It is widely respected, considered a remunerative career with greater prestige, and often presumed to be a ticket to emigration. There is a growing number of medical students who aspire to migrate to developed countries to advance better clinical experience, employment opportunities and pecuniary benefits. Thus, the significant migration after the undergraduate courses continues to skew the doctors' distribution. The present study attempts to examine why minority medical students aspire to migrate to different countries post-COVID-19. Though Hyderabad city (Telangana state) has substantial capital investment in health education, the desire to migrate remains a salient feature among the religious minorities in the post-COVID-19 period and the 'culture of migration' has been discussed among religious minorities. The present study argues that students with different forms of capital, whose immediate relatives working abroad, especially in medicine, are most likely to aspire to go abroad for higher studies and subsequent settlement in the host country because of the 'epistemological awareness.' This study employed quantitative and qualitative methods; thus, 200 quantitative and 20 qualitative samples from the students currently enrolled in MBBS, MD and MS courses were interviewed and also who are practicing medicine have been incorporated in the study; purposive and snowball sampling methods were used. Most medical students perceived that migrating to developed countries would promote their educational credentials with higher clinical experiences, eventually providing them with employment security. Therefore, the present study highlighted that post-COVID-19 and medical education cultural capital has accelerated and shaped the idea of migration to developed countries.

Key words: Medical education, minority students, Migration, Medical educational cultural capital, social networks.

Introduction

Medical education is widely respected, seen as a remunerative career with greater prestige, and often presumed to be a ticket to emigration. India's medical education system is one of the largest in the world in terms of having higher number of medical admission and medical

institutions (Frenk et al., 2010; Kumar, 2021; Supe & Burdick, 2006). Given this, there is a significant increase in the number of medical professionals with significant increase in the seat intake. For instance, there is an increase of medical colleges from 387 before 2014 to 704 in 2024 and additionally, in MBBS seats from 51,348 before 2014 to 107,950 in 2024 (LOK SABHA, 2023). Similarly, there is a 105% increase in postgraduate seats in medical education from 31,185 before 2014 to 64,059 in 2024 (Sabha, 2020). According to estimates in 2020, there are 704 medical colleges in India; 389 public and 317 private medical institutions with a total capacity intake of 107,950 MBBS seats, out of which 56, 300 are in government medical colleges and 52, 640 are in private medical colleges (Sabha, 2024). However, these number are unable to meet students' medical educational aspirational requirements. In the year 2021, 2022 and 2023, 1.5, 1.7, 2 million students appeared for the NEET-UG[1] entrance examination, but only 0.87, 0.9 and 1.4 million students qualified the entrance examination respectively; within this less than 15% of the total qualified medical aspirants secure seats in India (Agarwal et al., 2023). As for post-graduate medical intake concern, there are 54834 seats available in the country, 33,416 are in government medical colleges and 21418 are in private medical colleges (Sabha, 2024).

The number of students who wanted to pursue medicine either in India or abroad has substantially increased due to higher requirements of medical professionals in the post-COVID-19 period. During 2016, 1.6 million students appeared for the medical entrance examination and 2023-24 academic year 2.2 million students aspired to join the medical profession (N. T. Agency, personal communication, June 13, 2023). Despite the rapid increase in the number of students writing the medical entrance examination, their mass migration to other countries has been challenging to meet the WHO norms for the doctor-patient ratio, which is 1:1000.

The migration of Indian medical professionals has significantly contributed to the world healthcare system (Bhat, 2015; Mullan, 2006). For instance, an empirical study found that 56 % of undergraduate medical students from India tend to migrate to the United States of America for further training, and 22 % of them were definite about their migration (Rao et al. 1998). In 2006, another study found that 42% of medical graduates desired to migrate to the United States of America (USA), another 43% of them preferred the United Kingdom

[1] National Eligibility Cum entrance examination (NEET) countrywide implemented in 2016 to conduct medical entrance examination for all the medical institutions for the courses like under-Graduation and Post-graduation conducting for all the medical institutions in India since 2016.

(UK), and 9% preferred Canada, Australia, or New Zealand (Searight and Gafford 2006). Moreover, it is estimated that every year one-third of Indian medical graduates leave for the United States alone for residence training (Boulet et al. 2006; Supe and Burdick 2006). Another study estimated that almost 60,000 registered medical professionals are practicing medicine in the United States of America, the United Kingdom, Canada, and Australia (Mullan 2006). "Among developing countries, India is the biggest exporter of trained physicians with India-trained physicians accounting for about 4.9% of American physicians and 10.9% of British physicians"(Mullan, 2005).

However, it is found that the USA, UK, Canada, and Australia have prioritized importing healthcare professionals to compensate for their shortage (Stilwell et al. 2004). The United States of America and the United Kingdom are the most preferred countries for the India and Pakistan medical graduates to practice medicine

Table 1: Country of destination for India and Pakistan medical students

Preferred countries for India and Pakistan medical graduates				
SL. No	Australia	United Kingdom	Canada	United States of America
2000-2001	42.9	33.7	35.1	24.4
2010-2011	52.9	53.4	34.9	26.4
2015-16	53.9	33.1	38.5	30.2

Source: OECD 2019

However, since 2005, tighter immigration policies and regulations have reduced the outflow of Indian medical professionals to the United Kingdom (Potnure & Khadria, 2019). USA alone shares the highest number of foreign-trained doctors that is 2,15000 in 2016 (OECD, 2019). In addition to this, during the last decade, American foreign-trained medical professionals have replaced Indian medical graduates from 27% in 2007 to 11% in 2011 (OECD, 2019). A recent study reported that 90,537 medical professionals from India are working abroad; among them, 53 % (48,337) are working in the USA which is one-fifth of the total doctors, and another 27 % (25,116) are working in Europe which is one-third of the foreign-trained doctors, another 4 % (3981) are working in Australia and 2 % (1943) in Canada (OECD, 2019). In addition to this, there is a sizeable number of medical professionals spread across the middle east and other European countries.

Thus, these countries had more medical migrants than any other country. In addition to this, more than one-fifth that is 21% to the USA in 2016, and one-third that is 32% to the United Kingdom in 2017 had migrated from India as foreign-trained doctors to practice medicine (OECD, 2019). On the other side, there is a significant gap in the community health specialist between 2005 and 2022 from 46% to 80% and the shortage of specialists in the rural areas have increased, “with the vacancy rate for specialists’ positions increasing from 47% in 2005 to 68% in 2022” (Agarwal et al., 2023). This is largely due to the supply-demand factor of medical professionals. Therefore, developing nations continue to lose a significant number of healthcare professionals to more prosperous countries (World Health Organization 2006). A recent study argued that " there are only 4.8 practicing doctors per 10,000 population available in India in 2014, in contrast to the belief of having 7 doctors per 10,000 people, and therefore rest of the registered doctors have either retired or emigrated from the country to practice abroad" (Potnuru 2017). It is also noted that there are substantial differences in inter-state and rural-urban doctor-patient ratios. These studies establish that the migration of healthcare professionals should not be treated as an isolated issue; it needs to be seen in the country's wider political, legal, organization, socio-economic, and cultural context (World Health Organization, 2017). Some developing countries also ask for compensation from the destination countries for their losses (Kaushik et al. 2008). India is the most common country of origin for doctors emigrating to the United States of America (Frenk et al., 2010). Studies have argued that over the last decade, the number of doctors outflow and production of doctors is higher than in the 2000-2010 period (Agarwal et al., 2023).

Navigating Global Opportunities: Impact of limited opportunities at homeland

The culture of migration increased the prevalence of migration of the community in the host country and the density of migrant networks (Kandel & Massey, 2002). The migration of health care professional accelerates the potential harmful effects on the source country and their communities which may not be possible to capture in statistics (Kaushik et al., 2008; Organisation mondiale de la santé, 2006). However, there is a strong presence of literature on ‘push and pull’ factors that are operating in developed countries (Astor et al., 2005; Mullan, 2006). “Migration changes local culture in a way that affects not only those families that send migrants abroad, but also those who remain at home”(Ali, 2007). Between 1989 and 2000, 54% of graduates from AIIMS-Delhi migrated abroad. Students belonging to the general category (unreserved were twice as likely to migrate than others due to different forms of capital especially informed social networks (Kaushik et al., 2008). However, it varies by the

medical courses that they have studied previously i.e., MBBS and BPT etc. Ali argued that 'while those who already have relatives abroad may be highly motivated to migrate, those without migrant relatives have an equal desire to migrate in a social milieu where migration is a culturally diffused norm'(Ali, 2007).

First COVID-19 cases were registered in India (Kerala state) by the return of three medical students from China which later had adverse effects on the Indian healthcare system (Rajan, 2020). COVID-19 has set up unprecedented problems for society; nations with higher GDP (Gross domestic product) were forced to hire a greater number of medical professionals, especially from developing nations to meet their medical works force requirement and cheaper services. On the other hand, some developed countries 'import brainpower' and some countries import cheap labour from the developing nations (Khadria, 2002, 2006; Subramanian, 2019). For instance, Ireland has the highest number of graduates per population and it alone holds 53% of their junior doctors who studied in India (OECD 2019). Obviously, this trend limits Ireland student's entry into medical education.

Medical education In Telangana and Religious minorities

In the case of the Telangana state, there are 56 medical colleges both 28 public and 28 private medical institutions and 5 minority institutions were included in the public sector institutions; the total number of medical seats is 8490 in which 45% of the (4600) seats are offered in private colleges (Sabha, 2024). However, "The total number of Telangana doctors registered with Indian Medical Association is 9867, of whom 538 comprising 5.5% of the total belong to the Muslim minority community. The total number of doctors enrolled in the newly formed Telangana State Medical Councils is 2074, of whom 375 comprising 18% of the total enrolled belonged to the Muslim community (Sudhir et al., 2021). It was identified that medical professionals especially from Muslim minority communities who had finished their MBBS found very limited employment opportunities in their home country (Ali, 2007). All the studies mentioned above were empirically significant but could not trace migration aspiration during post-COVID-19. Therefore, the present study argues that; mass migration of early medical professionals/graduates, better employment and career opportunities with foreign degrees have enabled the current medical students to aspire for migration. On the other side, the 'culture of migration' is very much prevalent among the religious minorities in India. Migration a dynamic phenomenon but not new; however, studying medical students aspirations on migration during post-COVID-19 within the socially and economically

deprived communities that are religious minorities is relatively very recent. Thus, the present study explores the following research questions;

Research questions

This paper aims to contribute to epistemological understanding in the field of migration and health education through analysis of how religious minority medical educational professionals are aspire to migrate by using medical educational cultural capital and social networks. Additionally, this study analyses differences among students with a medical educational cultural capital in the family and push and pull factors influence.

- How students with medical educational credentials and social networks are shaping the idea of migration during post-COVID-19; or is it due to the 'culture of migration' among religious minorities in Hyderabad?
- Is there any association between medical educational cultural capital in the family/social networks and the student's intentions to study abroad and secure employment?

Methodology

The present study employed quantitative and qualitative methods to critically understand why Indian medical students/professionals migrate to other countries. This study was conducted in Hyderabad city in Telangana state, India. The sample consists of 200 respondents currently enrolled in undergraduate and postgraduate courses such as MBBS, BPT, MD, and MS from government, private, and minority medical institutions in Hyderabad city. Additionally, 20 unstructured interviews were conducted with medicos.

To collect the quantitative sampling, we have sent google forms to the students after taking permission from the medical institute authorities. The medical institutions cross-verified the questionnaire before students filled it up. This is because of inferior complex of institutes whether this study consist of questions related to capitation fee, or management quota fee and bound fee. However, being as an outsider of the community; I was always questioned by the authorities and also students where they were reluctant to provide information. 20 unstructured interviews were conducted by using purposive sampling technique to understand the migration aspirations, destination countries, how social networks and 'culture of migration' operates. To protect the interviewees from any potential negative consequences of sharing their thoughts and experiences regarding their social and religious minority status in

the context of medical education in India, pseudonyms were used for all respondents. Some of the additional information was given from the informal chats.

Table: 1 Distribution of Respondents

Quantitative Data									
Gender		**Course**			**Locality**		**Mode of data collection**	**Medical educational capital**	**Total**
Female	Male	MBBS	BPT	MD	Urban	Rural	Online	Medical educational culture in the family	Respondents
143	57	137	55	8	153	47	200	86	200
Personal Informal Interviews									
Gender		**Course**			**Locality**		**Mode of data collection**	**Medical educational culture**	**Total**
Female	Male	MBBS		MD	Urban	Rural	Offline	Medical educational culture in the family	Respondents
12	8	17		3	17	3	20	7	20

Source: Computed from field data, 2022.

Findings

This study found that among total 200 respondents 86 respondents have medical education culture in the family within that 40 respondents have their relatives working in the medical filed in aboard. Personal informal interviews were conducted from the phenomenological approach, which explained the personal, medical education aspirations and all the interviews were not exceeded more than 20 minutes necessitated due to the compressed schedule of medical students. Personal informal interviews were representative to the total respondents. To analyses quantitative data IBM SPSS version 23 has been used and qualitative information was transcribed. Majority of the respondents were not ready to audio and video record the information; due to given the horrific circumstances of medical schools in India. However, respondents were allowed to write down the information with pseudonyms.

Table1 Distribution of respondent's Country of Destination

S.L No	Course	Preferred country to practice Medicine														
		India	**%**	**USA**	**%**	**UK**	**%**	**Canada**	**%**	**Middle East**	**%**	**Australia**	**%**	**Not decided**	**%**	**Total**	**%**
1	**MBBS**	49	24.5	28	14	17	8.5	4	2	14	7	2	1	23	11.5	137	**68.5**
2	**BPT**	8	4	7	3.5	4	2	17	8.5	3	1.5	2	1	14	7	55	**27.5**
3	**MD**	2	1	1	.5	0	0	1	.5	2	1	0	0	0	0	6	**3**
4	**MS**	0	0	0	0	1	.5	0	0	1	.5	0	0	0	0	2	**1**
Total		**59**	**29.5**	**36**	**18**	**22**	**11**	**22**	**11**	**20**	**10**	**4**	**2**	**37**	**18.5**	**200**	**100**

Sources: Data computed from the field, 2022.

MBBS= Bachelor of Medicine and Bachelor of Surgery, BPT= Bachelor of Physiotherapy, MD=Doctor of Medicine, MS= Master of Surgery

Results

Destination for the medical students reveals that greater share of the medicos tends to work in abroad than their home country. The study found that 71.5% of the respondents were female and 28.5% of the respondents were male. Moreover, among the total 'respondents 43% of the respondents had a medical educational culture in their family, with 21% having relatives practicing medicine in the foreign countries. The study focused on students with relatives practicing Medicine both in India and abroad. The findings indicate that over 52% of respondents express a desire to migrate to countries such as the United States, the United Kingdom, and Canada, driven by a 'culture of migration' (Kandel and Massey 2002), better educational opportunities, availability of best specializations in the host country, employment security as a health care professional, employment opportunities with a foreign degree in multi-specialty hospitals and pecuniary gains. In addition to this, students with medical culture in the family are highly motivated to migrate as they see the growth of their relatives in foreign countries, including life security, prestige, recognition, etc. Among total respondents 59 (29.5%) them are interested to work in the home country of education after their graduation and near about 37 (17.5%) of them have not decided whether they should work in India or abroad. This is because of the majority of the minority medical students does not possesses the medical educational cultural capital due to historical under representation in the professional education. However, remaining 104 respondents (52%) of them attracted to work in abroad due to the different types of benefits; for instance, one respondent stated that,

> "Employment, better medical resources, pecuniary benefits, significant research on the medical field and greatest support by the host countries; On the other hand, existing medical professional migration, early Indian professionals' establishment in abroad, better medical exposure in specialist programs, were reasons for my migration."[2]

Among total who wish to work in abroad; majority of the respondents which is 18% of them found aspire to work in the United States of America and 11% of them United Kingdom. While 15% of the respondents desired to work in Canada and Australia and 10% of them determined to work in middle east counties especially in United Arab Emirates (UAE). It further believed that, respondents who choose to work in Middle-eastern countries would pay higher payment than the other European countries. On the other side it is believed that; religious uniqueness for the Muslim minority medical students. Thus, this could be assumed

[2] Personal informal Interview with the respondent on 20 October 2022, Time 5:30 PM IST

that there is significant of absenteeism by the state to improve the medical facilities which is owing to the migration of medical students. Therefore, the migration of the Indian medical professionals adversely affects the doctor patient ratio and Indian health care system itself (Agarwal et al., 2023). In addition, this also creates the imbalance in the availability, affordable and reliable tertiary healthcare to its citizens. On the other hand, the existence of rural medical facilities in India is still waiting for the best resources and specialist medical practitioners. Moreover, availability of health professionals in the urban areas higher than the rural area because availability of multi-speciality and super speciality hospitals which are extremely profitable hospitals. A highly marketed and aggressively interventionist medical environment has been established as a result of the concentration of doctors in metropolitan areas, strong pharmaceutical and medical equipment sales methods, and physician ownership of institutions (Mullan, 2006). Apart from this, for instance; in the state of Maharashtra 34% of the MBBS graduates were opted work only in urban areas compare to rural areas (Chakraborty, 2021), this is due to lack of better medical facilities and infrastructure followed by lack of security.

Push and pull factors

There is a mass migration of health care professionals due to the "Push and Pull factors" (Mej'ia, Pizurki, 1979), in this context Push factors are lack of intakes in the specializations in home country, low wages, lack of employment security, lack of medical resources, poor support by the state and limited carrier opportunities, significant working hours in the hospital, lack of patient diversity particularly in the rural health care system and lack of friendly environment . In contrast to this, pull factors are better remuneration, better working condition, employment security and prestige. The first push factor is directly associated with; though there is continuous increase in the medial seats 51348 before 2014 to 107,950 in 2024 (Sabha, 2024), but state could not stop the migration of the health care professionals. Apart from this, it can be closely examined with the concept of 'Culture of Migration' (Kandel & Massey, 2002) which also reflects on ties of economic factors to migrate. As mentioned above there is considerable scarcity of medical seats in Indian institutions compare to the number of students competing for the medical admission, though there is a greater support for science education at the higher secondary level, but this could not transform the medical aspirations to study in India. One of the medical student explained why he wanted to migrate to US.

> I have relatives who are working in the United States of America health care system for the past 20 years and they were the most influencing personalities for me to study medicine. I have been told by my relatives that there are significant employment opportunities with greater pecuniary benefits. Therefore, if I migrate to US; I would be offered double benefits, one is getting specialization and consequent employment security with greater pecuniary benefits. In addition, I wanted to expressed that there is a greater scope for the skill improvement and economic security out there in abroad [3].

This is because of the greater prestige, immediate employment with higher pecuniary benefits associated with the foreign degree. It is very important to redress the phenomena, as it would hamper the both medical education and medical care needs of the home country. The lack of medical seats, lack of employment security and shortage of health care professionals in the host countries continued to increase the level of interest among the medical students in India. Though medical professionals with foreign medical training certificate given prime financial importance in the Indian private medical industries; they would remain in the host country due to better living conditions and employment security reasons. However, approximately 80% of the respondents believed that medical professional migration to destined countries have become even more free due to higher requirement after the COVID-19 outbreak. A study in 2006 found that only 29% of medical school graduates were able to enter into post-graduate medical education, this is because of the lack of post-graduate medical intakes, emigration (Supe & Burdick, 2006). However, for the academic year 2023-24 there are 1,445 post-graduate medical seats were left vacant even after reducing qualifying marks to zero in NEET-PG (Sukanya Dutta, 2023). The major reasons for vacant seats due to the non-clinical specializations such as anatomy, biochemistry, physiology, microbiology, pharmacology, and some of the seats left vacant in the unpopular private medical institutions. Thus, one of the study respondent stated that

> I am very interested to work in rural health care needs of the county, despite having trifling medical resources, I choose to work in the rural health care system under the promising bond to work for the state for one year. Throughout the working period I was experienced state inability in better distribution of medical resources which I feel cease to better medical experience. Major reason for choosing abroad for residency training because of the paucity of health care resources in the home country. There are different types of problems associated with the rural health care system

[3] Personal informal Interview with the respondent, 27 October, 2022, Time 12:30 PM (IST)

> major reason lack of better distribution of health care needs, lack of better remunerations, and lack of security [4].

This case reveals that most of the medical professional's dependent on foreign countries for the development of the skills as they provide the better resources with simultaneous observance inability of home country in developing the health care resources. In response to this, majority of the public hospital seekers would rely on the private hospitals which is potentially increasing the health care inequalities. Further, above case exemplifies that once medical practitioners migrate to the developed countries, they tend to settle down in the host country.

> I am internship student in government hospital; It is extremely disappointing to describe that approximately 24- and 40-hours continuous duty in the emergency ward is undesirable. In addition, it is even more difficult during menstrual cycle to manage long working hours in the hospital. We residency students have not given any relaxation during the menstrual time. Therefore, I personally choose to go European countries because of the limited working time; though it differs from specialty to specialty but the average working hours for medical professionals is 48 hours per week. Which I strong believe that I can work without any mental and physical pressure [5].

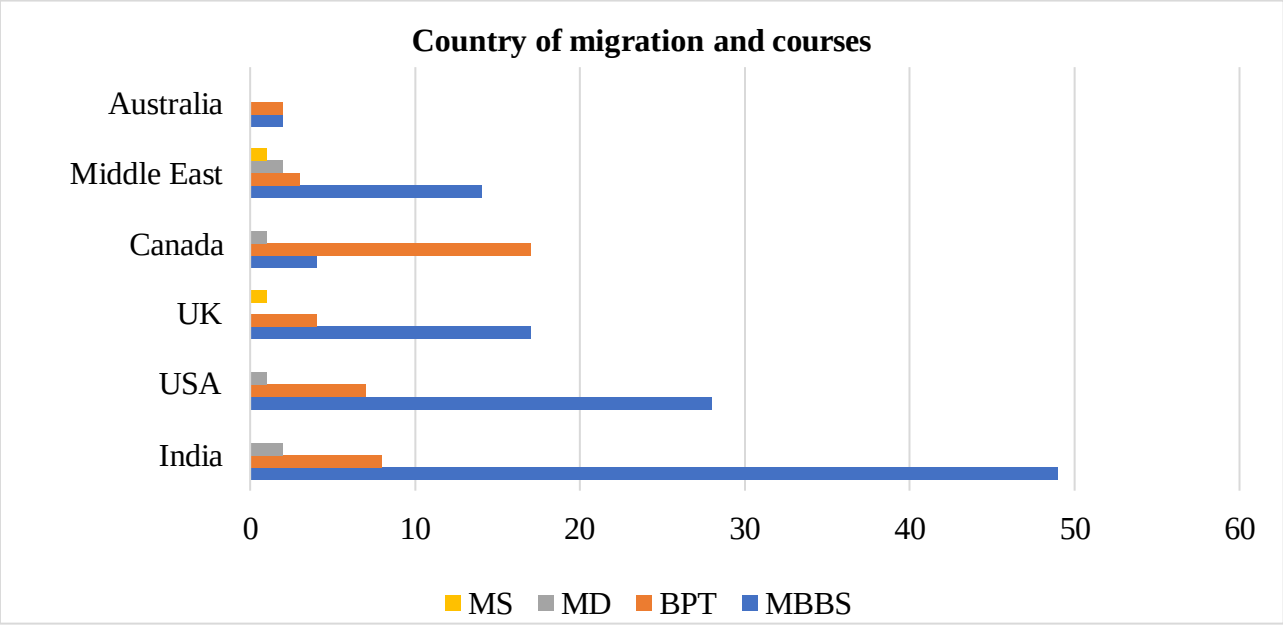
This case particularly shed light upon inconvenient working environment of internship medical students. There is completely unwelcoming working environment against medical students especially among students who are in the internships and Residence Doctors (RDs) forced to work 30 to 40 hours continuously which is potentially threatening mental health of medical students (Mohanty, 2023). The mental stress ultimately led to suicide of medical student in Gandhi Medical College (GMC) (Free Press Journal, 2023). It is because of lack of sufficient number of health care professionals, and their migration from the country. Therefore, it is triggering two sides one is medical professionals and other is health care seekers.

> It is my childhood dream to work in the European countries, as my both parents are practicing medicine In India, since from young age, my parents instilled the idea of studying medicine and work in any European county; because of the prestige and recognition. Adding to this, my relatives who are working in United Kingdom health care system; are helpful to choose the best and demanding specialization in United Kingdom[6]

[4] Personal informal Interview with the respondent, 30 October, 2022, Time 12:30 PM (IST)
[5] Personal Informal Interview with the respondent, 29th October, 2022, Time 7PM (IST)
[6] Personal Informal Interview with the respondent, 2nd December, 2022, Time 3:30 PM (IST)

It is very evident that there is continuous mental and educational support by the parents and his relatives to achieve his dreams. However, this is not limited to second generation medical learners, but there is strong desire among majority of the Indian medicos to migrate to other countries for practice. It is impossible to know whether present study results representative of 107,950 MBBS students and 54834 post graduate medical students which spread across Indian medical institutions. However, this study has emerged as a picture that enlightens the degree of medical professional's migration during post COVID-19 period. Although 29.5% of respondents expressed a desire to practice Medicine in India, the trend of medical professionals migrating abroad creates a significant shortage of healthcare professionals in the country, adversely affecting the healthcare needs of poor and rural people. The main reasons for migration are; further training, lack of specialization opportunities in the home country and better employment opportunities in the host country. This is largely because the number of MBBS graduates is higher than the number of available post-graduate seats, lack of specializations and lack of quality employment opportunities in the country. The findings of this study will contribute to a better understanding of the migration patterns and decision-making processes among medical students particularly in India, and provide insights into the factors that influence their choices. It is recommended that making it mandatory for medical professionals to work in India for a certain period and increasing the intake in medical institutions to address healthcare problems.

Diagram: 1 Distribution of students and preferred country of migration



Source: Author's classification

4th year Under-graduate medical student stated the implications for migration;

> It is quite difficult to get the placement to work with under-graduation degree. Majority of the private health care institutions recruit specialist doctors from the foreign-graduates or who has done specialization from the abroad. Some of the private and multi-specialty hospitals recruit their own community medical partitioners of course with foreign degrees [7].

There is strong association between the having relatives working in abroad, being foreign graduates and getting employment in the multi-specialty hospitals in India.

Conclusion

Majority of the respondents wish to migrate to the other countries to study medicine are not intended to return to their home country due to unavailability of employment opportunities, lack of security, lack of clinical exposure and limited higher educational opportunities especially in the medical specializations. The status of medical professionals with foreign degree is higher than the non-foreign degree holders; on the other hand, it also increases the potentiality of getting better employment position in the multi-specialty hospitals with pecuniary benefits. Majority of the medical professionals desire to migrate to abroad for better clinical experience, higher educational attainments, higher pecuniary benefits, better living conditions limited working hours, permanent resident opportunities, and access to better educational attainments of their children's. Other hand, once a medical student earns a degree from US or UK, getting job in the host country dissolves. India has only 4.1 number of medical graduates 100,000 population while Ireland has 25.4 number of medical students which is highest among all the countries (Agarwal et al., 2023). After COVID-19 outbreak, there is slight changes in the destination countries for higher studies and to practice medicine among the minority medical students. Though it has been found that USA and UK countries are the major destination to the Indian medical professionals; but the present study found during post-COVID-19 about 10% of the total study sample wish to migrate to middle east countries. Therefore, there is strong migration aspiration changes during post-COVID-19. This reflected in the reduction of outflow of doctors from the United States of America and United Kingdom to slight outflow of medical professionals to the Canada, Australia, and Middle east countries. However, medical students' top priority continues to remain USA and UK.

[7] Personal informal Interview with the respondent, 23 October 2022, Time 6:30 PM (IST)

This paper addressed that almost 52% of the medical professionals tend to migrate to abroad. Since there is significant number of medical professionals who desired to work in abroad; certainly, creating the shortage of the health care professionals in the home country. To conclude, if this trend continuous to increase; country is going face acute shortage of the medical professionals in which access to health care needs for the poor and rural people could be deplorable. This uneven and rapid migration should stop without disappointing the free migration of the medical professionals followed by creating better working environment, developing the rural health care system, and proving employment security etc. On the other hand; India is capitalizing and updating configuration to the India foreign policies. In these circumstances, making positive compulsion for the medical professionals to work for certain period in India and increasing intake in the medical institutions could at least resolve the healthcare paradoxical problem. Furthermore, the shortage of medical professionals in India has no solution rather than increasing the number of medical/specialization seats with better employment opportunities. Migration of medical professionals is continued to be a complex phenomenon and striking the doctor-patient ratio.

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