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In India, Clinical Legal Education has been a significant part of legal education. The concept is fast expanding across the globe also. Clinical legal education is essential in preparing law students to practice law effectively. It involves teaching students to be lawyers by learning through experience or “learning by doing.” The concept of clinical Legal Education has evolved and contributed a new pedagogy in the teaching of law. It , to large extent, also plays a crucial role in bridging the gap between the theory and real-life practice of law, or at least the environment in which they operate.

What is meant by Clinical Legal Education?

The Clinical Legal Education can be defined in various ways –

“Clinical Legal Education is essentially a multi-disciplined, multipurpose education which can develop the human resources and idealism needed to strengthen the legal system... a lawyer, a product of such education would be able to contribute to national development and social change in a much more constructive manner.”

“A learning environment where students identify, research and apply knowledge in a setting which replicates, at least in part, the world where it is practiced. It almost inevitably means that the student takes on some aspect of a case and conducts this as it would be conducted in the real world.”

The Clinical Legal Education is a term which encompasses learning which is focused on enabling students to understand how the law works in action. This can be done by undertaking real or realistic simulated case work . In early days law is thought as one of the curriculum available to the students. Even though the casebook method was growing in earlier days, there were critics of this method from the beginning. However the first hand experience method will really educate the law students. The legal education clinics if properly channelled may help the students to gain their knowledge. The use of the word ‘clinic’ prompts the analogy of trainee doctors meeting real patients in their medical clinics. Clinical Legal Education is only one way in which theory and practice can be brought together.

Benefits of Clinical Legal Education:

Following are some benefits of the Clinical Legal Education.

a) It involves a different approach to the learning of law: it encompasses experimental learning, or “learning by doing” The scope of the client’s problem is determined and solutions are given to them. It generates confidence in students as their success is determined by their own efforts rather than external factors. It is the application of knowledge. It gives opportunities for the knowledge to be applied, but it also goes beyond this and calls for reflection and self examination. It gives students the opportunity to explain why they are taking certain actions and they are able to discuss and reconsider their actions. Students can examine the legal and social issues in some depth.

b) Students are self-motivated and highly committed to the work. Students are more responsible in their work.

c) Some skills are very important to a lawyer. Clinical Legal Education is based on practical approach and hence it helps in acquisition of skills. The skills may include skills like Research skills, Communication skills, interviewing of clients and witnesses, Counseling, Drafting, Negotiating, and Problem Solving etc skills. These skills are very important to a lawyer.

d) There is need of study of ethics and the professional responsibility and conduct of lawyers. This is growing in recent years as Clinical Legal Education includes practical training.

e) A law clinic can help to reduce isolation by making the law school more relevant to community. It can offer advice and assistance to local people and help to reduce isolation. There are many benefits of this. Also the students can be able to understand the problems of different generation and background. This experience can add to their understanding of the position of others in society, and can increase their maturity and sense of responsibility

a) **The Integration of the clinic within the law school:** Some eminent authors stated that there is a danger that the clinic will become an isolated outpost of the law school, and not absorbed within its mainstream activity. To avoid diversion of students from the rest of their legal teaching, it is important to draw clear links between substantive law courses and work done in the clinic. For example, problems arising in the clinic can be re-examined in other law classes, research can be done on them, and even action recommended. A wide range of teacher involvement is desirable. However, there is no ready-made solution to the problem of integration.

b) **Resources:** Extra resources must be allocated to the teaching and running of the clinic. This can be another cause of resentment for traditional academics who are less involved in skills teaching, and it is another reason why the support and involvement in the clinic of the law school is needed. The pressures created by the high caseload may badly affect the moral of both staff and

students. Resources can be particularly stretched if the clinic operates an open door policy and attempts to deal with all cases which come in off the street. Hence there is need to limit access in some way.

c) **Difficulties in supervision and assessment:** Supervising students in the clinic is difficult task. It is important to include checks on the quality of work being done for the system of supervision.

d) **The dangers of public service:** The idea of providing free legal advice is attractive but problems can develop if the public service aim takes precedence over that of providing a sound and well rounded legal education.

e) **Relationship with the local legal profession:** Some may fear that a legal clinic offering free legal work will upset the law school's relation with the local legal profession.

History of Clinical Legal Education

Clinical Legal Education includes not only the clinical courses but also practice-oriented courses and activities included in or offered outside the curriculum. Clinical Legal Education is more than a vehicle for the study of lawyering and the legal profession. Clinical Legal Education should be devised and implemented; this will give law students a deeper and more meaningful understanding of law.

The subject-matter or content of Clinical Legal Education and the Clinical method of law teaching can be separated; the subjects sought to be taught in a clinical course or program can be presented in traditional classes, and the clinical teaching method can be utilized in courses outside the usual "clinical" subject areas.

Clinical Legal Education in India has its roots in both the Legal Aid and Legal Education Reform Movements. During British rule, legal education in India followed the general colonial model of producing clerks, not managers or advocates. Its primary goal was to support the existing financial interests of England, certainly not to reform the local legal profession (Government of India, Calcutta 1930). After independence, legal education was expected to bring the legal system in tune with the social, economic, and political desires of the country. With 500 law schools and 40,000 law students graduating every year, law schools could play a pivotal role in promoting and providing justice, particularly through the field of legal aid. But, until clinical programs entered the scene, skills training and social justice work were out of the legal education agenda. Legal doctrine dominated law school syllabi, with virtually all instruction offered through classroom courses dominated by traditional lectures in India. This concentration on "the law" pushed consideration of law practice to the background, to the point that any practical training seemed out of place in law school. The idea was that law graduates would learn about being lawyers once they

entered practice. At various points, this policy has been implemented through required apprenticeships (Apart from clinical education, recent legal education “reform” in India has consisted mainly of efforts to replace one-way lectures with more effective.). Actual Clinical Legal Education in India has emerged only in 1960s with its roots in both the Legal Aid and Legal Education Reform Movements. For the first time in 1949, the Bombay Legal Education Committee recommended that practical courses should be made compulsory only for students who choose to enter the profession of law and the teaching method should include seminars or group discussions, moot court competitions etc. Later, in 1958, the 14th Report of the Law Commission of India recognized the importance of professional training and for a balance of both academic and vocational training. It recommended that University training must be followed by a professional course concentrating on practical knowledge to those who chose to practice law in the courts. The Commission’s Report concentrated on institutionalizing and improving the overall standards of legal education. In that regard, the Report also discussed teaching methods and suggested that seminars, discussions, mock trials, and simulation exercises should be introduced. There were demands for improved training in skills and ethics in law school. Concerns arose about maintaining the quality of law practice when apprenticeship requirements were eliminated in the early 1960s (The Bar Council of India reintroduced a one-year training requirement after graduation from law school in 1994, based on recommendations of the Ahmadi Committee.). As a result, in 1977, the BCI recommended practical training in the curriculum. Reports of University Grants Commission (UGC) also played important roles in the history of Clinical Legal Education by outlining the objectives of reformed teaching as making students more responsive to learning and making them demonstrate their understanding of law. Report made by UGC, emphasized need of teaching a variety of skills and sensibilities to develop legal education as a hermeneutical profession and also took some initiatives by constituting committee for development of curriculum in law. On the basis of the report, considerable emphasis on clinical legal education was introduced in 1997, by increasing the number of subjects from 16 to 28. The Bar Council of India issued a circular, using its authority under the Advocates’ Act 1961 directing all universities and law schools to revise their curriculums. It included 21 compulsory courses and 2 optional courses, leaving Universities free to add more subjects. The circular also mandated the inclusion of 4 practical papers. Law schools have been required to introduce these 4 practical papers since academic year 1998-99, which was viewed as a big step toward introducing Clinical Legal Education formally into the curriculum. The 2nd UGC report of particular interest to Clinical Legal Education was prepared by a Curriculum Development Committee, which was asked to upgrade the syllabi of the LL.B. course. Primary focus of Clinical legal education of the proposed curriculum is on legal aid, social justice, and professional responsibility. The basic model of

clinical legal education promotes professional skills training and law school involvement in social justice. Typically, clinic students are engaged in experiential learning through active involvement in some type of social justice activity, such as a legal aid clinic. Bar Council of India rules that require credit for clinical work seem to contemplate some measure of specific skills training (Frank S. Bloch, et al, 1990). The entire idea and structure of clinical legal education is based on American Bar Association task force report, namely, the MacCrate Report, which is relevant to the Indian experience.

In India, there have been waves of national-level reform efforts concentrating on the development of a skills-based curriculum. In a 2002 report, the Law Commission of India suggested that clinical legal education be mandatory. Today there are a number of “legal aid cells” in Indian law schools where students, largely without faculty guidance or supervision, provide direct legal services to individuals. Despite these national calls for reform, most law schools in India lack robust clinical education programs where faculty directly supervise students in experiential learning. A recent UNDP report surveying 39 law schools with legal aid cells found that although 82% of those schools had faculty designated to supervise legal aid cells, 63% of those schools gave no academic credit to students. Where law schools do undertake legal aid activities, most involve legal literacy camps.

The Key Problems in Developing Law School Clinics in India

- In India, the Bar Council, Law Commission, and other important government and non-governmental agencies have recognized the importance of clinical legal education, yet it has not been adequately developed. Among other things, this is so because of,
- lack of resources devoted by law schools to clinics,
- Lack of trained faculty
- Lack of financial support
- Restriction on faculty to practice in court of law
- Restriction on students to represent clients in court
- Lack of involvement of the Indian Bar
- Lack of involvement of the Judiciary
- Lack of specific directions from Bar Council of India
- No academic credit to students for legal aid work
- Legal aid not counted as faculty workload
- Lack of infrastructural facilities.

- no credit is given to students who undertake these activities, which is a disincentive to students to conduct them and discourages them to follow through on their commitments;
- there is no workload reduction given to faculty who are designated to supervise legal aid cells;
- communities are not aware that the law schools provide free legal services; and
- under the Advocates Act, full-time law teachers and students are not allowed to represent clients before courts.

Recommendations

The introduction of clinical legal education programs in Indian law schools is critical to teaching essential skills to law students and instilling in them the importance of social justice. Effective clinics provide legal services to poor and marginalized groups that would not otherwise receive them. Though the BCI has made it mandatory to have clinical legal education in the curriculum, the institutions are not showing much interest in adopting the necessary skills. But the purpose and scope of legal education is to prepare students for the practice of the profession of law. Therefore, the law and legal education which together constitute the backbone of society should change according to the changing needs and interests of the ever changing society. Hence, not only the law colleges even the authorities have to take steps to initiate clinical legal education in an effective manner. To promote clinical legal education in India, we recommend:

- Bar Council: Amend rules to allow law professors to practice in the course of teaching a clinical class and encourage law schools to dedicate faculty to teaching clinics and offer students credits for participating in clinics.
- Vice-Chancellors and other law school administrators: Devote resources to hiring clinical faculty and offering clinical courses with low student-teacher ratios.
- Law professors: Develop sustainable clinics and work with law school administrations to implement them.
- Non-governmental organizations: Partner with law schools to further your work with communities and advance the social justice mission of education.
- Legal services authorities: Broaden the scope of legal aid by supporting law schools to make legal aid and advice easily accessible to communities within the premises of law schools.
- Grant making or funding agencies: Fund law school-based legal clinics to engage with communities in strengthening democracy and improving governance for the advancement of justice and the rule of law.

Conclusion

It is necessary to emphasize that the purpose and scope of legal education must be to prepare students for the practice of the profession of law. Therefore, the law and legal education which together constitute the backbone of society should change according to the changing needs and interests of the ever changing society. Undoubtedly clinical work will be more expensive than class room teaching. The time frame of curriculum will be difficult to maintain as stated by the university. There are some things which are good for clinical experience is enabling students to understand experimentally how the law works in practice. Hence clinic must be included as a part of curriculum.

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