Review Article

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Modification in Indian Medical Education Plan-need of the Decade

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Abstract

It is the obligation of Indian Government to serve the rural poor. Modification in the Indian Medical Education system is the need of the decade in order to fulfill this obligation and bridge the national urban-rural gap in health care. The recent introduction and subsequent withdrawl of rural posting after the basic medical education course (MBBS) in India introduced a new controversy to the medical education system. A 7-year integrated MBBS-MD course-MBBS (4 year) + MD (3 years) may bring much needed respite to the students aimimg for post-graduate medical education within India and a clinical posting of 3-months duration (depending on the intern's choice / availability) during internship may facilitate the interns / fresh medical graduates to get a better exposure to their chosen speciality, medical problems, management & technology. Introducing 3 or 6 month rural posting(s) during / at end of the integrated curriculum might be welcome as it would facilitate learning about community and social problems in India and to get good exposure of the countries' medical problems. Adequate provision of newer technologies and diagnostics in rural setups through NRHM & state / central / NGO fund will benefit the rural population as well as the medical recruits in continuing medical education. The community work in our country may be further addressed through increase in rural posts and better service regulations, which may be achieved by setting up of additional Rural Health Service (RHS) Cadre or the Rural Medical Service (RMS) Cadre with additional benefits for those opting for it. Provision of optional / voluntary rural posting clause in the existing services, with additional service benefits, may be another option to strengthen the rural healthcare sector.

Keywords: Medical Education; Rural Medicine.

The number of poor people in India, according to country's Eleventh National Development Plan, amounts to more than 300 million. Almost one-third of the country's population continues to live below the poverty line, and a large proportion of poor people live in rural areas. Hence, it has been the obligation of subsequent Indian Governments to serve the rural poor.

The recent introduction and subsequent withdrawl of rural posting after the basic medical education course (MBBS) in India introduced a new controversy to the medical education system of our country. The medical students and the new doctors are striving for higher education and excellence and trying to reach new heights of advanced patient care, while a rural / community medicine posting system is feared to create an educational time lapse (of the duration of rural posting) which might slow the progress of the individual and the medical education system, along with introducing a gender bias, as the women doctors may not be able to undertake higher specializations due to social factors such as marriage and family life.

Introduction of a clinical posting of 3-months duration (depending on the intern's choice / availability) during internship may facilitate the interns / fresh medical graduates to get a better exposure to their chosen speciality, medical problems, management & technology. Alternatively, introducing an 7-year integrated MBBS-MD course-MBBS (4 year) + MD (3 years) may bring much needed respite to the students aimimg for post-graduate medical education within India and 3 or 6 month rural posting(s) during / at end of such curriculum might be welcome

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as it would facilitate learning about community and social problems in India and to get first hand exposure of the countries' medical problems. The new system might give first hand insight to doctors and inspire them to choose a specialization according to their perspective after their rural stint and some young minds may opt according to community needs. This may be supplemented by 2-3 years super-speciality fellowships, as followed in USA. This may reduce the total duration to 9-10 years to prepare a super-specialist for the country, compared to the present 12 years for MBBS+MD+DM / Mch.

The Bhore committee (1946) had recommended the 3-month training in social and preventive medicine to prepare social physicians for India and the Mudaliar committee (1962) recommended strengthening of district hospitals with Specialist services and setting up of All India Health Service (1). But despite subsequent efforts achievement of national health goals has been a far-fetched dream. The integrated course may benefit the country & the medical system by provision of much needed specialist services in rural health.

Practical learning about recent advances in medicine and new technologies, can continue by way of adequate provision of newer technologies and diagnostics in rural setups through NRHM & state / central / NGO fund. This will benefit the rural population as well as the medical recruits.

The integrated system may have some additional advantages too. The financially disadvantaged students might benefit by the introduction of the integrated system as they can expect a better renumeration sooner (ie after 4 years of entering the course). The number and amount of scholarships may be increased in order to help the needy and disadvantaged students.

Goverments ought to view doctors as professional, practitioner, scholar and scientist and the medical professionals should also live up to such high standards in order to derive full benefits from the Government / regulating bodies (3).

The trend towards early specialization and higher studies has indeed helped the country attain high standard of medical care and expertise. The high standards of medical care, specialization and education along with good community work attained by the Armed Forces in our country is a good example.

The community work in our country may be further addressed through increase in rural posts and better service regulations, which may be achieved by setting up of additional Rural Health Service (RHS) Cadre or the Rural Medical Service (RMS) Cadre with additional benefits for those opting for it. Introduction of Rural Medical Service (RMS) Cadre with special service benefits is expected to provide better stability of workforce in rural areas (4). How the Indian Medical System (or the proposed Indian Medical Service) absorbs, retains, trains, encourages and motivates the new recruits to keep their morale high will determine the eventual success of rural health care. The rural service period or internship rendered by the individual may continue to be counted as an advantage towards further studies or training. This will help the government retain the young doctors in service in rural areas. Provision of optional / voluntary rural posting clause in the existing services, with additional service benefits, may be another option to strengthen the rural healthcare sector. The provision of better infrastructure in rural areas will also help in retaining rural cadre manpower. The Integrated Action Plan(IAP) for selected Tribal and Backward Districts under the BRGF programs and other rural development programs cover many districts and require further expansion to cover the entire country.

The proposed system of extended 3-month clinical posting along with the integration of the MBBS-MD course and the efficient implementation of the National Rural Health Mission (NRHM) shall help to strengthen the community and social service sector in the country, along with providing an excellent career opportunity for young medical post-graduates.

Several countries such as Nigeria, South Africa too have a one –year community work requirement, 2 year rural service in Thailand and 3 year rural service in Myanmar. Bolivia too requires 3-month rural internship similar to India. Canadian colleges look for student's volunteer work along with a graduate course prior to admission in medical course. United States colleges look for activities such as leadership roles prior to medical college admission. Some offer the medical course with two-year internship after a 5-year basic medical course such as the Hong Kong University, South Africa and Tunisia. Norway and Sweden (with six-months of family medicine training) have 18-months internship for medical students. New Zealand places patient care and supervision responsibility on 'Trainee Interns'. Medical students in Italy and Romania write and discuss a medicine related 'thesis' over a period of one –year before their registration as medical practitioners. Interestingly, Brazil offers a shorter (4-year) medical course supplemented by 2-year internship (2). Australia has a "rural medical course" to cater to the rural areas and the graduates are subsequently given rural postings after its completion. They take up rural

medicine by choice (6,7,8). Such graduates have a lower attrition rate (9,10).

To allay the fears of young medical students and graduates and prevent attrition, these changes should be implemented as a priority. Addition and strengthening of Rural Service cadre with options for temporary postings will provide diversity to the Indian Medical Service. Amalgamating the changes in internship programme, rural postings and the setting up of Rural Medical Service (RMS)/ Rural Health Service (RHS) Cadre may help achieve an amicable solution to the current situation.

References

1. Health Planning and Management *In*: Park's Text-book of Preventive and Social Medicine Ed Park K. M/s Banarsidas Bhanot Publishers, Jabalpur, India. 22th Ed.
2. Medical school (search topic) from http://en.wikipedia.org – Wikipedia - the free encyclopedia, last modified 30 August 2008 at 07.34, accessed 03.9.2008.
3. Assessment in Undergraduate Medical Education. Advice Supplementary to Tomorrow's Doctors (2009).General Medical Council, UK.
4. Eley D, Baker P.Rural Remote Health. Does recruitment lead to retention? Rural Clinical School training experiences and subsequent intern choices. 2006 Jan-Mar; 6(1): 511. Epub 2006 Feb 3.
5. Jones GI, DeWitt DE, Cross M. Medical students' perceptions of barriers to training at a rural clinical school.Rural Remote Health. 2007 Apr-Jun;7(2):685. Epub 2007 May 28.
6. Henry JA, Edwards BJ, Crotty B. Why do medical graduates choose rural careers? Rural Remote Health. 2009 Jan-Mar;9(1):1083. Epub 2009 Feb 28.
7. Bourke L, Sheridan C, Russell U, Jones G, DeWitt D, Liaw ST. Developing a conceptual understanding of rural health practice. Aust J Rural Health. 2004 Oct;12(5):181-6.
8. Talbot J, Ward A. Alternative Curricular Options in Rural Networks (ACORNS): impact of early rural clinical exposure in the University of West Australia medical course. Aust J Rural Health. 2000 Feb;8(1):17-21.
9. Daniels ZM, Vanleit BJ, Skipper BJ, Sanders ML, Rhyne RL. Factors in recruiting and retaining health professionals for rural practice. J Rural Health. 2007 Winter;23(1):62-71.
10. Ranmuthugala G, Humphreys J, Solarsh B, Walters L, Worley P, Wakerman J, Dunbar JA, Solarsh G. Where is the evidence that rural exposure increases uptake of rural medical practice? Aust J Rural Health. 2007 Oct;15(5):285-8.

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