

Letter to Editor

IGNOU Training Model and District Residency Programme

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Dear Sir,

The 16th September, 2020 notification of the Board of Governors in Supersession of Medical Council of India¹ announced an amendment in the 'Postgraduate Medical Education Regulations, 2000' and introduced the District Residency Programme (DRP) to be implemented from the PG batch joining in academic session 2020-21. It envisages 'compulsory residential rotation of three months in district hospitals/district health system as a part of the course curriculum' in either 3rd/ 4th/ 5th semester. District hospital means 'functional public sector/government-funded hospital of not less than 100 beds' and the District health system means 'public sector/government-funded hospitals and facilities (including community health centres, primary health centres, sub health centres, urban health centres etc.), as well as community outreach system in a district'.

For clinical specialty, the residents are to be posted in concerned/aligned specialty team/unit at district hospitals under overall guidance of the district specialists. For pre and para clinical specialties, posting will be in district hospital/health system team within the available avenues. The quality of training will be monitored by logbooks, supportive supervision and continuous assessment. District Residency Programme Coordinator (DRPC) of concerned District will monitor the training where as the students will remain in touch with the teachers of parent departments in the medical college through e-communication. The completion of DRP is essential for being eligible for final PG examination for which DRPC will issue a certificate of satisfactory completion in a prescribed format.

At National level, there will be a National Steering Committee providing quarterly report to central government under which a National Coordination Cell (NCC) will be operational which will be responsible for smooth implementation of the DRP. Similarly, at state/ Union territory level, steering committee will be formed having Director of Medical Education, Director of Health Services, Dean of medical colleges as members in addition to others.

Indira Gandhi national Open University (IGNOU) has been offering PG medical education involving clinical and para clinical specialties since 1997 which followed almost the same model.² It attaches the admitted students of a batch to a medical college where demonstration and return

demonstration of skills take place in addition to doubt clearing sessions related to theory component. Then they are attached to a district hospital having respective subject specialist who supervises the training, countersign logbook records and provides a completion certificate on the basis of structured assessment process. The monitoring is done by a regional consultant appointed for the purpose who provides regular feedback to national level coordinator. State level monitoring is done through Regional Health Sciences Advisory Committee (RHSAC) that has Director of Medical Education, Director of Health Services, regional consultant and medical college coordinator as members in addition to others. National level coordination is done by the programme coordinator of School of Health Sciences, IGNOU.³

IGNOU experience over 2 decades has demonstrated that involving district hospitals in the PG training helps to overcome the academics and practitioner divide. It infuses academic environment at district level and automatically takes care of Continuing Medical Education (CME) for the specialists involved in the training process. It not only provides additional health manpower for patient care, but also improves quality of patient care. The learning resources available at district level in terms of qualified specialists and Patients at early stage of disease get utilized optimally. It helps to maintain teacher student ratio as students of one medical college get distributed to several hospitals simultaneously.⁴ The greatest advantage is that students get opportunity to build their self confidence by handling patients independently. 'Learning under resource constraints' is an important pedagogic step⁵ which is very essential for doctors of developing nations. DRP will fulfill this pedagogic step which the medical colleges lacked since long.

References

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