Three-year rural healthcare course to start from next year

Kounteya Sinha, TNN  Nov 24, 2012, 03.20AM IST

NEW DELHI: A three-year medical course with six months of rotational internship will be introduced from 2013.

Despite strong objections from the Indian Medical Association (IMA), Union health minister Ghulam Nabi Azad has decided to go ahead and introduce the Bachelor of Science (Community Health) keeping in mind the nation's acute shortage of doctors and specialists.

Azad said on Friday, "Admissions as well as deployment will be district based and reservations would apply as norms." According to the minister, after acquiring the degree, the graduates will be employed as Community Health Officers by state governments.

"The proposed course is likely to be introduced in the states willing to adopt it from 2013. A few medical associations like IMA have not welcomed the proposal. Nonetheless, in order to address the serious concern of shortage of availability of human resources in the health sector in rural areas, the government is committed to introduce the course, with in-built safeguards," he said.

The new medical course will create mid-level health professionals with candidates eligible to apply being students who have studied physics, chemistry and biology in the high secondary (10+2) level.

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The Medical Council of India (MCI) recently cleared the introduction of the three-and-a-half-year course.

MCI board chairman Dr K K Talwar had said this special cadre of health workers will be trained mainly in district hospitals, then placed in sub centers or primary health centers and to be taught "some module of clinical work". The cadre can diagnose and treat basic medical cases, get involved in immunization programmes and administer extended first aid.

"We intend to introduce the course from next April. This cadre will also refer patients according to their condition to other centres. We have also prepared the syllabus for the course. Now, the ministry had to take the final call," Dr Talwar had said.

The Planning Commission's high-level expert group too has strongly backed the all new health cadre and had said that as a career progression incentive, they should be promoted to the level of public health officers after 10 years of service.
The committee envisages that by 2022 India should actually have colleges teaching B.Sc. Community Health in all the districts that have over 5-lakh population.

Health ministry has been pushing for the introduction of this cadre to tackle the menace of doctors unwilling to serve in rural areas.

Only 26% of doctors in India live in rural areas, serving 72% of the population. Urban density of doctors is nearly four times than in rural areas, and that of nurses also three times higher.

It's become worse in the past few decades which have seen the disappearance of certain cadre "village health guides and traditional birth attendants, first instituted in 1986. Experts said the selection of students would be based on merit in the higher secondary examination.

Azad had earlier said that he wanted an MCI stamp on the degree so that it is universally recognized.

"The syllabus of the course is also ready and is need based. If MCI endorses it, students will get the confidence that the degree has a standing," he had said.

The Plan panel said that the course should focus on "high quality of competence in preventive, promotive and rehabilitative services required for rural populations with focus on primary healthcare".

The Commission, however, was clear that the course was not a mini-MBBS but rather a unique training programme aimed at the basic healthcare needs of its target population.

Azad said, "We have tried everything to get doctors to serve in far flung and backward areas. But everyone wants to be in either the state capital or district headquarters. Nobody wants to serve in sub district and primary health centres."

"Measures such as a compulsory posting of one year for all MBBS graduates immediately after internship, with 10% extra marks weight age for one year of rural service and 20% extra marks for 2 years of rural service in the postgraduate entrance examination wasn’t successful. We also reserved 50% seats for post graduate diploma course doctors who serve in rural areas. But that hasn’t worked too," he added.

The number of allopathic doctors registered with the MCI has increased since 1974 to 6.12 lakh in 2011 - a ratio of one doctor for 1,953 or a density of 0.5 doctors per 1,000 population.

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http://articles.timesofindia.indiatimes.com/2012-11-24/india/35333663_...

Dr Ajay (New delhi)
25 Nov, 2012 01:33 AM
Oh ooh... Poor decision by Govt . The real situation is totally different as a doctor I know these decision are taken by persons who are not aware of ground reality. Like mr gulam nabi azad and dr talwar What is experience of dr talwar in a village PHC ? Nothing. I worked previosuly as a medical officer in a small village in madhyapradesh. Poor Infrastructure, insulting payment, contract service, non working paramedical permanent staff and corruption is the main region of non availability of doctors. Govt is willing to generate registered quake for mango people of banana republic. Congratulations

chinmoy pal (kolkata) replies to Dr Ajay
25 Nov, 2012 06:19 AM
mr .minister unable to find out the basic truth that since independence to till date minimum govt. allocation in health sector in budget, deep rooted corruption in spending the fund.poor Infrastructure too are the basic cause. govt. till date failed to give general rural public basic needs like water, sanitization, routine check up including pregnant woman, general rural mass have been passing their days in the name of god or allah

CB (Vizag)
25 Nov, 2012 12:27 AM
The whole process of introducing such a rural oriented short term medical course can lead to many ills that are sure to create problems than solving the rural health administration issues. Quality, service delivery, migration to towns and even cities of such persons would create such medico-legal issues that courts shall become unable to handle. Solution is to set up more medical colleges and increasing of seats in the existing institutions, compulsory service in rural areas for graduates and introduction of special incentives for rural service are the correct solutions.

parv (gurgaon)
24 Nov, 2012 11:23 PM
Govt is playing with fire .. half knowledge is always dangerous. In India, already quacks & semi medical staff are exploiting the situation and over this, it will create more risk of life in remote and backward areas.

raj (up)
24 Nov, 2012 08:19 PM
Atleast we wil have graduate Junior doctors in small villages and towns now rather than RMP or compounded acting up as doctors

Dr.A.K.M (padampur) replies to raj
24 Nov, 2012 09:04 PM
I donot understand the logic behind this. Whether the life of rural people is miserable in comparision to urban people as the health of rural people will be left over underqualified so called DOCTER where as the later will enjoy high quality specialised service. Is it justified??????

N Dash (Odisha)
24 Nov, 2012 08:05 PM
Most welcome for the rural people of the India. But I am not able to understand why Govt. is reluctant to create Public Health Cadre for the districts and block level for the qualified public health professionals by which the objectives of preventive, promotive and rehabilitative services can be ensured which is also one of the recommendation from HLEG report.